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Get to know PHP Customer Service – a friendly voice with answers to help

You may have many questions when it comes to healthcare, such as: “Is my doctor in-network?” “Do I have coverage for this treatment?” “Where can I go to get this procedure done?” The good news is that our friendly and accommodating Customer Service team is here to help you.

At Prominence Health Plan, we want to be sure you make the most of your membership. While you can find a variety of information and resources on www.prominencehealthplan.com – such as drug information, provider searches and plan benefit documents – sometimes it helps just to have someone to talk to.

How can we help? We can:
- Determine if your treatment requires prior authorization
- Help you understand a recent Explanation of Benefits or provide status on a claim
- Review your member rights and responsibilities

To contact our Customer Service team, refer to the number on the back of your health plan member ID card. Our team is available Monday through Friday from 8 a.m. to 5 p.m., and we are ready for your call and willing to help. We can track down answers to any questions you may have and will do our best to ensure you understand the benefits you are eligible for and what the next steps might be in receiving care. We pride ourselves on exceptional customer service at all times.

We are here for you!
Prominence Health Plan welcomes new Chief Medical Officer

Prominence Health Plan is pleased to welcome Louis C. Tripoli, MD, as Chief Medical Officer. Dr. Tripoli earned his bachelor’s degree from Harvard University and obtained his medical degree and postgraduate training at the University of Pittsburgh, and is Board Certified in Internal Medicine. He currently serves part-time as a Rear Admiral in the Medical Corps of the U.S. Navy, as Deputy Commander of Navy Medicine East, and Deputy Chief of the Medical Corps. He actively practices medicine when not at Prominence or performing duties in the service of our country.

Prior to his role at Prominence Health Plan, Dr. Tripoli served on active duty at Walter Reed National Military Medical Center and has been a civilian senior medical executive at several leading healthcare organizations, including MedImpact Health Systems and Prudential Health Care.

Dr. Tripoli has held academic and faculty appointments at the University of Pittsburgh, St. Louis University and Johns Hopkins University. He also conducted teaching rounds for medical residents and students at many leading residency programs. Dr. Tripoli holds numerous teaching recognitions and certifications and is a published author in several scientific publications. He holds two recent patents in medication safety technology.

“I am very pleased to be able to offer three decades of experience in medical practice, leadership and service to my country to the benefit of Prominence Health Plan members. On a personal level, my family and I are looking forward to participating in the greater Northern Nevada/Tahoe community and all it has to offer.”

– LOUIS C. TRIPOLI, MD

Convenient, affordable medical care from Teladoc™

Teladoc is a practical alternative to an in-person appointment with your doctor or making a trip to an urgent care facility or the emergency room. You can contact the service 24/7 to talk to a Teladoc doctor who can diagnose, recommend treatment and prescribe medication, when appropriate, for many medical issues including sinus problems, bronchitis, allergies, ear infections, pink eye and more. All of this can be done on your own time as soon as you are ready. Plus, the copay for Teladoc is the same or less than a PCP copay.

Establish your account today!
It’s quick and easy online or over the phone.

• Visit www.teladoc.com, click “Set up account” and provide the required information.

• Call Teladoc at 1-800-TELADOC (835.2362).

Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulations and may not be available in certain states. Teladoc does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc phone consultations are available 24 hours, seven days a week while video consultations are available 7 a.m. to 9 p.m., seven days a week.
How to appeal a benefit or medical necessity denial

To initiate a benefit or medical necessity appeal, Nevada members must submit a request for an appeal in writing to Prominence Health Plan within 180 calendar days after receipt of their denial notice. Texas members must submit a request for an appeal in writing within 30 days after receipt of the denial notice.

- For pre-service appeals (before services are received), Prominence Health Plan must give you a written decision no later than 30 calendar days after we receive your appeal request.
- For post-service (after services are received), Prominence Health Plan must give you a written decision no later than 30 calendar days after we receive your appeal.
- If you are in a hospital or if you or your doctor believes that waiting too long for a decision could seriously harm your health, you may request, orally or in writing, an Expedited or Urgent Care Appeal. We must give you a decision within 24-72 hours after we receive your appeal.

With your appeal, please provide any information or documents relevant to your appeal. All appeals are reviewed by the Plan Medical Director or by a specialist in the same or similar specialty as the requesting practitioner.

Remember:
- You have the option and the right to be represented in the appeal process by anyone you choose, including an attorney.
- You can obtain a copy of actual benefit provisions, guidelines or protocol on which the denial decision was based upon request. Guidelines and protocols are nationally recognized Medical Management review criteria that are objective and based on medical evidence, in order to make impartial, fair and consistent decisions.
- If you fail to appeal a denial within the 180-calendar-day time frame (Nevada members) or 30-calendar-day time frame (Texas members), you lose your right to appeal.

You may fax your written appeal confidentially to 775.770.9034. If you have any questions, the Prominence Health Plan Appeals Specialist can be reached at 775.770.9246 or 800.863.7515.

External independent review of denied claims

If Prominence Health Plan has denied your request for the provision of or payment for a healthcare service or course of treatment, you may have a right to have our decision reviewed by independent healthcare professionals. These are professionals who have no association with the health plan and who will be impartial if our decision involved making a judgment as to the medical necessity, appropriateness, healthcare setting, or level of care or effectiveness of the healthcare service or treatment.

Your request for external review must be made within four months after initial receipt of denial.

Nevada members contact: Office for Consumer Health Assistance
555 East Washington, #4800, Las Vegas, NV 89101
Phone: 702.486.3587 or 888.333.1597

Texas members contact: Texas Department of Insurance
333 Guadalupe, Austin, TX 78701 or P.O. Box 149104, Austin, TX 78714
Phone: 512.676.6000 or 800.578.4677
Well-child annual checkup

To ensure a healthy future for your child as he or she reaches important milestones, a well-child visit each year is recommended. Well-child visits with your child’s primary care provider (PCP) are an important tool used to screen for medical and developmental issues.

During these checkups, your healthcare provider will assess your child’s physical and emotional development, offer age-specific guidance on topics such as safety, nutrition, physical activity and adolescent decision-making, as well as offer advice about needed immunizations or other tests.

The once-a-year visit is recommended for children ages 3 to adolescence; however, discuss the visit frequency with your child’s PCP to establish a schedule that meets your child’s developmental needs.

Immunize your children and pre-teens

Parents want to ensure their children are as healthy as possible. One of the easiest and most important steps is to ensure your child is immunized with the right immunizations, at the right time. Immunizations protect children from possible life-threatening effects of vaccine-preventable diseases. No child should ever have to suffer from these diseases simply because he or she was not vaccinated on time.

For a newborn child, a number of standard vaccinations are recommended to keep your child from having vaccine-preventable diseases like measles, polio and others. Take your child to see his or her physician when your child is 2 months old, 4 months old, 6 months old, and 12 to 18 months old for his or her immunizations and well-baby checks. Recommended childhood vaccinations should be completed by your child’s second birthday.

For children 6 to 12 years of age, be sure they have had all recommended and required vaccinations for school. Recommended adolescent vaccinations should be completed by the time your child starts seventh grade. Preventive guidelines recommend that children in this age group see their physician at least once a year for a well-child visit to keep them healthy. Each visit to the doctor is an opportunity to talk about your child’s immunizations.

For more information about immunizations, visit our website at www.prominencehealthplan.com and click on the “Members” tab, then go to “Wellness Services” and click on “Wellness Resources.”
Help improve the quality of care you receive

Each of us is responsible for taking an active role in the coordination of our healthcare. Many of us may see more than one doctor so it is more important that our primary care provider (PCP) is aware of and helps coordinate and oversee our healthcare, including treatment provided by specialists.

A few simple steps will help ensure you receive the quality of care you are entitled to:

• Always present your Prominence Health Plan membership card when receiving services and/or treatment.
• If you see a specialist, request that a copy of the diagnosis and treatment plan be forwarded to your PCP.
• Whether you are in the hospital or having tests outside the hospital, request that a copy of all test results be sent to your PCP, regardless of who ordered the test.
• Keep a current list of all the medications you are taking. Include the name of the medication, the dose and how many times a day you are taking it (this information can be copied right off the label on the bottle). Update the list – including allergies – when medications are changed, added or discontinued. Carry the medication list with you and show it to all doctors involved in your care each time you have an appointment.
• If you are seen at an urgent care facility or in an emergency room, notify your PCP’s office. Your doctor may want to see you to follow up on the problem that prompted you to seek urgent or emergent care.
• Schedule an annual well-visit appointment with your PCP to review your health and treatment plan and ensure age-appropriate preventative and maintenance care.

Information regarding your healthcare should be noted in your primary medical record at your PCP’s office. By following these simple steps, you can help your doctor provide continuity and coordination of your healthcare needs to facilitate your access to high-quality care.
Recent updates to the existing prescription drug formulary

Changes to the health plan formulary are common and take place throughout the year. Changes can include:
- Addition of drugs to the formulary;
- Addition of restrictions to a new formulary drug, such as prior authorization, quantity limits and/or step therapy;
- Transition of a drug to a lower cost-sharing tier; and
- Addition of generics which are equivalent to the brand name drugs and result in brand name drug cost sharing tier changes to promote generic use and reduce member share of cost.

Additionally, if the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug’s manufacturer removes the drug from the market, PHP will immediately remove the drug from the formulary.

To view the most current Formulary Reference Guide online, visit [www.prominencehealthplan.com](http://www.prominencehealthplan.com) and click on the “Pharmacy Services” tab.

If you have questions regarding the prescription drug plan, please call the pharmacy Help Desk at 844.282.5339. Member services representatives are available to assist members and providers 24/7.

For additional pharmacy information, PHP members can call MedImpact directly at 844.282.5339. The following information is available to registered users on [www.medimpact.com](http://www.medimpact.com):
- Drug cost, including member responsibility
- Pharmacy locator tool
- Prescription drug history
- Information about drug interactions and possible side effects
- Generic prescription substitution options

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<td>Tier 2; New Generic Available</td>
<td>Azilect 0.5mg and 1mg</td>
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What you need to know about prior authorization

Prior authorization is the standard process of receiving approval for certain procedures and services to ensure that the requested medical care is appropriate and necessary.

As a condition of reimbursement, the requesting healthcare professional must justify the need for the services or medications and obtain approval from Prominence Health Plan before actually providing the services.

For a list of specialty provider services and procedures that require prior authorization, visit the “Forms and Resources” page found on www.prominencehealthplan.com. You can also access the information in the secure member portal.

Have you considered RX by mail?

Don’t miss out on a simple way to save on out-of-pocket expenses. Prominence Health Plan members may obtain a 90-day supply of ongoing medication(s) by mail with our pharmacy partner, MedImpact Direct®. With mail order, you can save money and time by having prescriptions for maintenance medication(s) delivered right to your home.

Important Note: You will need a 90-day supply prescription for your first custom delivery order and will need to register with MedImpact Direct. Go to www.medimpactdirect.com to register.

Prescriptions can be sent to MedImpact Direct in 1 of 3 ways:

Option 1
Call MedImpact Direct at
855.873.8739
Monday through Friday
7:00 a.m. – 7:00 p.m. (Central)
Saturdays
8:00 a.m. – 4:00 p.m. (Central)
With a simple call, MedImpact Direct will contact your provider or transfer in your prescriptions.

Option 2
Mail Us Your Prescription
Download and complete the MedImpact Direct Medication Order form available on the “Forms and Resources” page of www.prominencehealthplan.com.
You must mail your paper prescription and payment with the form.

Option 3
From Your Prescriber
Ask your doctor to send your prescription electronically to MedImpact Direct or fax it to 888.783.1773.
Corn and Green Chili Salad

**Ingredients**

- 2 cups corn (frozen and thawed), or try using fresh corn when it is in season
- 1 can diced tomatoes with green chilies (10 ounce)
- 1/2 tablespoon vegetable oil
- 1 tablespoon lime juice
- 1/3 cup green onion (sliced)
- 2 tablespoons cilantro (fresh chopped)

**Directions**

1. Combine all ingredients in a medium bowl.
2. Mix well.

**Nutrition information per serving (recipe yields 4 servings)**

- Total calories 120, Total fat 3g, Saturated fat 0g, Cholesterol 0mg, Sodium 230mg, Total carbohydrate 25g, Dietary fiber 4g, Total sugars 4g, Protein 3g

Recipe courtesy of United States Department of Agriculture, What's Cooking? USDA Mixing Bowl