

Prominence[®] Health Plan

Nevada Medicare Advantage Quick Reference Guide

Important Telephone Numbers

Customer Service
(Eligibility, benefits, claim status, etc.)
855.969.5882 Phone
www.ProminenceMedicare.com

**Prior Authorizations/
Utilization Management**
775.770.1500 Phone
775.770.9027 Fax

Provider Relations
775.770.9270 Phone
775.770.9006 Fax
PHP-ProviderRelations@uhsinc.com

In-Network Hospitals



Pharmacy - MedImpact

Pharmacy Customer Service
844.587.7389 Phone
858.790.7100 Fax
711 TTY

Mail Order Pharmacy
855.873.8739 Phone
888.783.1773 Fax
www.MedImpactDirect.com

Appeals & Grievances
Prominence c/o MedImpact
Attn: Appeals & Grievance
10181 Scripps Gateway Court
San Diego, CA 92131
858.790.6060 Fax
844.587.7389 Phone

Specialty Pharmacy – CVS/Pharmacy Specialty Services

CVS/Pharmacy Specialty Services
800.300.1199 Phone
800.824.5170 Fax

Laboratory Services - LabCorp

LabCorp – go to www.labcorp.com to find a lab near you or call 800.762.4344

Claims

Prominence Electronic Claim Submission

Through a partnership with our contracted clearinghouse, Change Healthcare, Prominence Health Plan accepts Prominence Medicare Advantage claims electronically.

Payer ID: 93082

Prominence Paper Claim Submission

Prominence Medicare Advantage paper claims may be submitted to:

Prominence Health Plan
PO Box 93480
Lubbock, TX 79493
Attn: Claims Department

Appeals & Grievances

A provider may seek an appeal through the Appeals Department within 60 calendar days when a claim is denied for no authorization or other medical reasons. Mail an appeal or grievance with supporting clinical documentation to:

Prominence Health Plan
1510 Meadow Wood Ln.
Reno, NV 89502-8503
Attn: Appeals

Fax: 775-770-9036
Email: PHPMAAppeals@uhsinc.com

Utilization Management (UM) Department - Authorizations

Authorization Requests

Standard: Medicare allows up to 14 days to make a decision regarding a request for service

Urgent: Service is requested and date of service is within 3-5 days

Expedited: A request can only be expedited if it is felt that waiting up to 14 days for a decision would place the patient's life, health or ability to regain maximum function in serious jeopardy. If this is the case, please call the UM Department at 844.540.9595 and make a request for an expedited review.

Prominence Provider Portal

Access the information you need 24 hours a day through our secure online portal!

<https://prominence.aaneelcare.com>

- Member eligibility, benefits and claim status
- Request & view Prior Authorization

For help with the use of the portal, you may contact Provider Relations at 775.770.9270

Provider Complaints

Provider complaints related to any administrative issue such as Prominence's policies and procedures or authorizations/referral process must be submitted within 45 calendar days from the date of the occurrence.

Please submit your complaint in writing by mail or fax to:

Provider Relations
PO Box 15859
Tampa, FL 33684-5859

Fax: 813.513.7301

Sample Member ID Card

Prominence[®]
Health Plan

RxBIN#: 015574
RxGrp#: UPH20
RxID#: N00000000

RxPCN#: ASPROD1
Issuer#: 80840

Prominence Plus (HMO)

ID: N000000000

JOHN L. DOE

Effective Date: 1/1/2020
PCP: JANE PROVIDER
Phone: 777-123-3456

Member Since
2020

Medicare^R
Prescription Drug Coverage

DENTEMAX

H5945 001

PCP Office Visit: \$0
Specialty Office Visit: \$30

Urgent Care: \$30
ER: \$90

Member Services: 1-855-969-5882
Member Services-Rx: 1-844-587-7389

TTY/TDD: 711
TTY/TDD: 711

Website: www.prominencemedicare.com

Prior Authorization (UM): 1-855-969-5884

Submit Claims to:
Prominence Health Plan
Claims Department
P.O. Box 93480
Lubbock, TX 79493

Pharmacy Technical Support:
1-844-587-7389

EDI PayerID: 93082

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