

# Prominence<sup>®</sup>

## Health Plan

### Texas Medicare Advantage Quick Reference Guide

#### Important Telephone Numbers

##### Customer Service (Eligibility, benefits, claim status, etc.)

855.969.5882 Phone

[www.ProminenceMedicare.com](http://www.ProminenceMedicare.com)

##### Prior Authorizations/ Utilization Management

855.969.5884 Phone

775.770.9027 Fax

##### Provider Relations

833.863.0323 Phone

775.770.9006 Fax

[PHP-ProviderRelations@uhsinc.com](mailto:PHP-ProviderRelations@uhsinc.com)

#### 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](http://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

**Clinical Pathology Laboratories** – go to [www.cpllabs.com](http://www.cpllabs.com) to find a lab near you or call 512.339.1275

**LabCorp** – go to [www.labcorp.com](http://www.labcorp.com) to find a lab near you or call 800.762.4344

**Quest Diagnostic** – go to [www.questdiagnostics.com](http://www.questdiagnostics.com) to find a lab near you or call 866.697.8378

#### 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: 80095**

##### 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: 775-770-9004  
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 833.863.0323

## 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

## Behavioral Health

Please contact our Behavioral Health team directly for all questions regarding mental health or substance abuse services.

844.540.9595 Phone

## Sample Member ID Card

**Prominence<sup>®</sup>**  
**Health Plan**

**RxBIN#:** 015574  
**RxGrp#:** UPH20  
**RxDID#:** 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**

**MedicareRx**  
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](http://www.prominencemedicare.com)

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

Pharmacy Technical Support:  
1-844-587-7389

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

EDI PayerID: 93082

20191003

This form is subject to change. For the most current version, please go to [www.prominencemedicare.com](http://www.prominencemedicare.com)

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