

Prominence[®]

Health Plan

Florida Medicare Advantage Quick Reference Guide

Important Telephone Numbers

<p>Customer Service (Eligibility, benefits, claim status, etc.)</p> <p>855.969.5882 Phone</p> <p>www.ProminenceMedicare.com</p>	<p>Prior Authorizations/ Utilization Management</p> <p>844.540.9595 Phone 813.513.7304 Fax</p>	<p>Provider Relations</p> <p>833.863.0323 Phone 775.770.9006 Fax</p> <p>PHP-ProviderRelations@uhsinc.com</p>
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Pharmacy - MedImpact

<p>Pharmacy Customer Service</p> <p>844.587.7389 Phone 858.790.7100 Fax 711 TTY</p>	<p>Mail Order Pharmacy</p> <p>855.873.8739 Phone 888.783.1773 Fax</p> <p>www.MedImpactDirect.com</p>	<p>Appeals & Grievances</p> <p>Prominence c/o MedImpact Attn: Appeals & Grievance 10181 Scripps Gateway Court San Diego, CA 92131 858.790.6060 Fax 844.587.7389 Phone</p>
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Specialty Pharmacy - CVS/Pharmacy Specialty Services

CVS/Pharmacy Specialty Services

800.300.1199 Phone
800.824.5170 Fax

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: 83352

Prominence Paper Claim Submission

Prominence Medicare Advantage paper claims may be submitted to:

Prominence Health Plan
Attn: Claims Department
P.O. BOX 981748
El Paso, TX 79998-1748

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.

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
Attn: Appeals
1510 Meadow Wood Ln.
Reno, NV 89502-8503
Fax: 775.770.9004
Email: PHPMAAppeals@uhsinc.com

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 193480
Lubbock, TX 79493

Sample Member ID Card

Prominence Health Plan

Member
Group Number:
Member ID:
Member Name:
Effective Date:
Primary PCP/Phone Number:

Pharmacy Plan
Rx Group: L2900 | PCN: ASPRO01
Issued: 03/16 | SN: 012274
Plan Name: Technical Support
1-844-587-7389
Rx ID: L29405

Prominence Plus (HMO)

Additional Benefits
TELADOC 1-800-Teladoc
LIBERTY DENTAL PLAN
MedicareRx
NVA

Medical Plan
Copayments
Office Visit: E.R.:
Specialist: Urgent Care:

Provider
Prior Authorization (UM): 1-855-968-5884
Submit electronic auth's, check eligibility and claims status online at:
<https://prominence.aaneelcare.com>
Submit Claims to:
Prominence Health Plan
EDI PayerID:

Member
Website: www.prominencemedicare.com
Member Services- Medical: 1-855-968-5882 TTY/TDD: 711
Member Services- Rx: 1-844-587-7389 TTY/TDD: 711

www.prominencemedicare.com

This form is subject to change. For the most current version, please go to www.prominencehealthplan.com

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