

# 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**  
775.770.1500 Phone  
775.770.9027 Fax

**Provider Relations**  
775.770.9270 Phone  
775.770.9006 Fax  
[PHP-ProviderRelations@uhsinc.com](mailto: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](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 - CommCare

**CommCare Specialty Pharmacy**  
888.203.7973 Phone  
888.203.7980 Fax

### Laboratory Services

**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 151987  
Tampa, FL 33684-1987  
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 Appeals  
PO Box 152879  
Tampa, FL 33684-2879  
Fax: 813.513.7309

Prominence Grievances  
PO Box 152899  
Tampa, FL 33684-2899  
Fax: 813.513.7309

## 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 855.969.5884 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!

[www.phpprovider.prod.healthaxis.net/login](http://www.phpprovider.prod.healthaxis.net/login)

- 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

## Behavioral Health - Magellan

Please contact Magellan directly for all questions regarding mental health or substance abuse services.

Magellan – 800.424.2572 Phone

## Sample Member ID Card

**Prominence**  
Health Plan

RxBIN#: 015574  
RxGrp#: UPH20  
RxID#: T0000XXXXX

RxPCN#: ASPROD1  
Issuer#: 80840

Prominence Plus (HMO)

ID: T0000XXXXX

JOHN SMITH

Effective Date: 1/1/20XX  
PCP: JERRY JOHNSON, MD  
Phone: (999) 999-9999

Member Since  
20XX

**Medicare**  
Prescription Drug Coverage

H7680 00X

PCP Office Visit: \$  
Specialty Office Visit: \$

Urgent Care: \$  
ER: \$

Member Services-Medical: 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

Submit Claims to:  
Prominence Health Plan  
Claims Department  
P.O. Box 151987  
Tampa, FL 33684

Pharmacy Technical Support:  
1-844-587-7389

EDI PayerID: 80095

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