

PROVIDER CONNECTIONS



2020 ISSUE 1

Coronavirus (COVID-19) and telemedicine

2019 Provider Satisfaction Survey results

Hurricane preparedness

**Practice management reminder for
primary care providers (PCPs)**

**How to access criteria for Utilization
Management decisions**

Medical record criteria

**Refer members to
Care Management**

**How our Utilization
Management program
works for providers**

**Healthy Behaviors
programs**



A Provider's Link to Prestige Health Choice

All images are used under license for illustrative purposes only. Any individual depicted is a model.

Coronavirus (COVID-19)

At Prestige Health Choice, we care about your health and safety.

To help keep you informed of the latest information on COVID-19 as it pertains to Prestige Health Choice, we have created an informational webpage on our website: <http://www.prestigehealthchoice.com/provider/covid-19.aspx>.

This page includes important information and links to the Centers for Disease Control and Prevention (CDC) and the Agency for Health Care Administration (AHCA) websites for the latest guidance.

If you need to close your office, we are committed to helping ensure member access to care. If you decide to close your office, please direct your patients who are Prestige Health Choice members to call our Member Services department at **1-855-355-9800 (TTY 1-855-358-5856)**. We have tools in place to help connect members to alternate providers who can support their continued care.

Telemedicine

Please visit the AHCA website for the most current updates on how telemedicine services may be provided to Florida Medicaid enrollees, including Prestige Health Choice members. General information and FAQs are available at: https://ahca.myflorida.com/covid-19_alerts.shtml.

If you have any questions related to COVID-19 as it pertains to Prestige Health Choice, please contact your Provider Network Account Executive.

Healthy Behaviors programs

Prestige Health Choice offers Healthy Behaviors programs for eligible members to earn rewards for reaching certain health milestones. Members can earn up to a \$50 reward per program. There is no limit on how many programs members can complete as long as they qualify. For a complete list of Healthy Behaviors programs and associated forms, please visit www.prestigehealthchoice.com.

For current information on the coronavirus (COVID-19), please visit our website at www.prestigehealthchoice.com.

How our **Utilization Management** program works for providers

Our UM staff (i.e., nurses, Medical Directors, and pharmacists) regularly reviews the medical appropriateness of services for which authorization is requested. Approval or denial of coverage for requested services is based on medical necessity, eligibility for outpatient and inpatient services, and benefit guidelines. The medical necessity review is performed using:

- Nationally accepted and state-specific medical guidelines.
- Medical information, including Medicaid benefits and supporting clinical information.

Prestige Health Choice does not reward health care providers for denying, limiting, or delaying benefits or health care services.

How to access criteria for **Utilization Management** decisions

The Prestige Health Choice Utilization Management (UM) team bases coverage decisions only on the appropriateness of care and the service provided.

All Prestige Health Choice providers and members may receive, at no cost, a copy of our criteria for UM determinations. Our provider and member handbooks, and UM determination letters, describe how to obtain a copy of the clinical criteria we use for UM determinations.

To receive a fax copy of these criteria, providers may contact the UM team at **1-855-371-8074**.

Medical record criteria

Prestige Health Choice providers must keep medical records in a secure location to help ensure the member's privacy. All medical records, Medicaid-related member cards, and communications are to be maintained for 10 years according to legal, regulatory, and contractual rules of confidentiality and privacy. Prestige Health Choice providers must maintain a medical records system that is consistent with professional standards. Providers are to deliver prompt access to records for review, survey, or study if needed.

Medical records should reflect all services and referrals supplied directly by all providers. This includes all ancillary services and diagnostic tests ordered by the provider, and the diagnostic and therapeutic services for which the provider referred the member. Members' medical records must be treated as confidential information and be accessible only to authorized persons.

Medical records must be in accordance with the standards in the Provider Manual and the standards listed below:

- History and physicals.
- Allergies and adverse reactions.
- Problem list.
- Medications.
- Clinical findings.
- Evaluation of each visit.
- Preventive services/risk screenings.

Providers are required to adhere to the requirements in safeguarding the confidentiality of member medical records. In addition, providers must ensure compliance with the privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA).

A member or authorized representative must sign and date a release form before any clinical or case records can be released to another party. Clinical/case record release must be consistent with state and federal law.

Providers are also required to comply with the privacy and security provisions of HIPAA, and are further required to maintain the confidentiality of a minor's consultation, examination, and treatment for a sexually transmitted disease, in accordance with s. 384.30(2) F.S.

Prestige Health Choice conducts record review audits to help ensure adherence with our medical record documentation standards and guidelines, and compliance with state and federal rules, laws, and contractual obligations.

Pharmacy contact information

PerformRxSM provides pharmacy benefit management services to Prestige Health Choice.

- You may fax prior authorization requests to PerformRx at **1-855-825-2717**.
- You may call Provider Services at **1-800-617-5727** for assistance.

For pharmacy questions, call the Pharmacy Help Desk at **1-855-371-3963**, 24 hours a day, seven days a week.

Upon approval of a specialty authorization, you may forward the corresponding prescription to PerformSpecialty[®] via fax at **1-844-489-9565** for prompt service. You can contact them by phone at **1-855-287-7888**.

Refer members to Care Management

Prestige Health Choice has Care Managers to help keep our members healthy. Our Care Management programs help with long-term illnesses, injuries, pregnancy, and mental health. We have health programs for conditions like asthma, pregnancy, heart problems, and diabetes. There programs are offered to members at no cost to them. Please visit **www.prestigehealthchoice.com** for more information.

We welcome you to refer members for support from our clinical Care Managers. Our Care Managers are registered nurses who assist members with coordinating care and linking to services that best meet their needs.

If you have a member who is struggling to connect with Prestige Health Choice services or has special health care needs, please call our Rapid Response and Outreach Team at **1-855-371-8072**.

2019 Provider Satisfaction Survey results

In an ongoing effort to meet the needs of our providers and measure provider satisfaction with our health plan, an independent third party distributes our Provider Satisfaction Survey annually.

This survey is designed to gain your insight into our health plan's overall engagement levels, along with benchmarking our progress against previous survey results to reveal strengths as well as areas for improvement.

Prestige Health Choice would like to sincerely thank all the practices that participated in the 2019 Provider Satisfaction Survey. We value your insight and appreciate the time taken to participate in the survey. We take your input and recommendations seriously and we are here to support you in the care of our members.

OVERALL PROVIDER SATISFACTION WITH PRESTIGE

TOP 2 BOX RATING

Provider satisfaction with Prestige is similar compared to satisfaction with "All Other" health plans

(Over half give a Top 2 Box rating (Excellent or Very Good) to Prestige vs. just over a third for all other health plans)

Higher satisfaction among Providers:

- Who are Specialists
- Practices with 1 Physician
- Higher Prestige patient volumes

ADVOCACY

9/10

providers recommend Prestige to patients and other provider practices

Higher advocacy ratings are evident among providers with:

- Practices with 1 Physician
- Higher Prestige patient volumes

PROVIDER NETWORK

8/10

providers believe the provider network has an adequate number of specialists

KEY STRENGTHS

Strengths include measures that meet at least one of the following criteria:

AT LEAST 20%

of respondents giving Prestige a Top Box rating on that item

>90%

of respondents giving Prestige a Top 3 Box rating on that item

(Top 3 Box ratings: Excellent, Very Good, or Good)

AREAS IDENTIFIED AS STRENGTHS:

Network Operations/ Network Management

- Responsiveness/courtesy of Network Account Executive
- Timeliness answering questions/resolving problems

Claims

- Timeliness of claims processing
- Accuracy of claims processing

Quality Management

- Plan's encouragement/support of provider participation in quality improvement activities
- Process of obtaining provider-specific HEDIS results
- Helpfulness of HEDIS results in assisting/improving patient care
- Degree to which plan promotes/encourages preventive care/wellness programs

Care Coordination

- Timeliness of information exchanged
- Accuracy of information exchanged
- Clarity of information exchanged

Pharmacy Services

- Utilization of online prior authorization tool

Hurricane preparedness

Prestige Health Choice is committed to the health and safety of our members. With the approach of hurricane season, which officially runs from June 1 to November 30, now is the time to start preparing.

When an emergency does arise, perhaps the most important step is to be informed. Prestige Health Choice is committed to keeping you — our provider partners — updated on any changes to our coverage policies and procedures to help ensure continuity of care for our members.

We encourage you to visit our website at **www.prestigehealthchoice.com** for important updates this hurricane season.

For state information on emergency planning, please visit **www.floridadisaster.org**.

Practice management reminder for primary care providers (PCPs)

Prestige Health Choice assigns a PCP to each member. Members can find their assigned PCP on their member ID card. Please remember to treat only Prestige Health Choice members who are assigned to you. Treating members who are assigned to you creates opportunities to improve quality of care and your pay-for-performance scores. You can verify your patient's eligibility and benefits on Availity. If a member would like to change their PCP, please refer them to Member Services at **1-800-355-9800**.

Important reminder: provider data

The Agency for Health Care Administration (AHCA) provides two reports of provider data, the Provider Master List (PML) and the Pending Provider List. Prestige Health Choice uses the PML to verify if a provider is enrolled in Medicaid. It is also used as a source to verify provider demographic data. Please ensure that your provider data is up to date with AHCA. Incorrect information can result in claim

rejections and/or denials. Also, please remember to maintain your data with the Council for Affordable Quality Healthcare (CAQH).

Availity updates

You can now find missing recommended services (care gaps) for your Prestige Health Choice members right on Availity. Care gap reports provide patient care information through Availity (e.g., immunizations for which the member is due) and Healthcare Effectiveness Data and Information Set (HEDIS®) care gap information when you need it.

You can also perform the following on Availity:

- Eligibility and benefits inquiry.
- Claim status inquiry.
- Authorization submission and inquiry.
- Report inquiry, including Panel Roster.

Go to Availity at **www.availity.com/providers/registration-details**. Click the **Register** tab to begin the enrollment process.

Quest Laboratory services

Quest Diagnostics is Prestige Health Choice's preferred outpatient lab provider.

- Labs must be processed through the Quest Diagnostics network.
- For offices that do not have a Quest Diagnostics account, the member should be directed to a Quest Diagnostics Patient Service Center.

Please refer your Prestige Health Choice patients to Quest Diagnostics for laboratory services. For a list of centers, use the search located at **<https://appointment.questdiagnostics.com/patient/confirmation>**. To become a draw site, contact Quest Diagnostics at **www.questdiagnostics.com** or at **1-800-825-7380**.

Make sure you get news and updates!

At Prestige Health Choice, we are committed to delivering timely communication of health plan updates. Please be sure we have your correct fax and/or email contact information. You can update your information by using the provider portal on our website, or by contacting your Account Executive or Provider Services at **1-800-617-5727**.

Stay up to date on plan news and resources by visiting us at **www.prestigehealthchoice.com**.

Searchable online provider directory

Your practice demographic information is important. Please visit **www.prestigehealthchoice.com/provider/find-provider/index.aspx** to review and confirm that your information in our provider directory is accurate. If you notice any errors in the directory, please notify your Account Executive or Provider Services at **1-800-617-5727**.

Member rights

Prestige Health Choice is committed to complying with all applicable requirements under federal and state law and regulations pertaining to member privacy and confidentiality rights. Please share this information with your Prestige Health Choice patients, if asked.

Members of Prestige Health Choice have the right to:

- Be treated with courtesy and respect.
- Have your dignity and privacy respected at all times.
- Receive a quick and useful response to your questions and requests.
- Know who is providing medical services and who is responsible for your care.
- Know what member services are available, including whether an interpreter is available if you do not speak English.

- Know what rules and laws apply to your conduct.
- Be given information about your diagnosis, the treatment you need, choices of treatments, risks, and how these treatments will help you.
- Say no any treatment, except as otherwise provided by law.
- Be given full information about other ways to help pay for your health care.
- Know if the provider or facility accepts the Medicare assignment rate.
- To be told prior to getting a service how much it may cost you.
- Get a copy of a bill and have the charges explained to you.
- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment.
- Receive treatment for any health emergency that will get worse if you do not get treatment.
- Know if medical treatment is for experimental research and to say yes or no to participating in such research.
- Make a complaint when your rights are not respected.
- Ask for another doctor when you do not agree with your doctor (second medical opinion).
- Get a copy of your medical record and ask to have information added or corrected in your record, if needed.
- Have your medical records kept private and shared only when required by law or with your approval.
- Decide how you want medical decisions made if you can't make them yourself (advanced directive).
- To file a grievance about any matter other than a Plan's decision about your services.
- To appeal a Plan's decision about your services.
- Receive services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for you that is part of our Plan.
- Get care without fear of restraint or seclusion used for bullying, discipline, convenience, or revenge
- Exercise these rights without changing the way Prestige Health Choice or its network providers treat you.

Member responsibilities

Please share this information with your Prestige Health Choice patients.

Members of Prestige Health Choice have the right to:

- Give accurate information about your health to your Plan and providers.
- Tell your provider about unexpected changes in your health condition.
- Talk to your provider to make sure you understand a course of action and what is expected of you.
- Listen to your provider, follow instructions, and ask questions.
- Keep your appointments or notify your provider if you will not be able to keep an appointment.
- Be responsible for your actions if treatment is refused or if you do not follow the health care provider's instructions.
- Make sure payment is made for non-covered services you receive.
- Follow health care facility conduct rules and regulations.
- Treat health care staff with respect.
- Tell us if you have problems with any health care staff.
- Use the emergency room only for real emergencies.
- Notify your case manager if you have a change in information (address, phone number, etc.).
- Have a plan for emergencies and access this plan if necessary for your safety.
- Report fraud, abuse, and overpayment.

Provider rights

Prestige Health Choice is committed to complying with all applicable requirements under federal and state law and regulations pertaining to provider rights. As a provider, you have the right to:

- Review information submitted to support your credentialing application. This includes any information you submit or any outside information obtained through primary source

verification. The Credentialing department will share all information with you with the exception of references, recommendations, or peer-review protected information.

- Correct erroneous information. You will be notified by phone or in writing of the discrepancy. You will be requested to return, within 10 business days, confirmation acknowledging communication of the discrepancy and will be required to submit a written explanation or provide an amended application.
- Upon request, to be informed of the status of your credentialing or recredentialing application. Requests can be made via phone, email, or in writing. Our responses to you will be made via email or phone.

You have the right to appeal adverse credentialing determinations

If a provider or organizational provider's application is terminated from participation during the recredentialing process, the provider or organizational provider may appeal or dispute the termination. Denial of participation into the Prestige Health Choice network during initial credentialing does not have appeal rights.

If Prestige Health Choice denies or terminates a provider during credentialing or recredentialing, a notification will be sent to the provider within the timeframe required by contract, state regulation, or accreditation body. The notification will include the reason for the decision, notification of the right to appeal the action (when applicable, i.e., recredentialing), and time frames regarding response for a request to appeal the decision.

If your Prestige Health Choice patients need information about our services and benefits in a language other than English, please have them call Member Services at **1-855-355-9800 (TTY 1-855-358-5856)**. We are committed to serving all of our members and we have interpreters for many languages your patients may need. We can also provide your patients with written materials in other languages.

Fraud Tip Hotline: 1-866-833-9718,
24 hours a day, seven days a week.

Secure and confidential. You may remain anonymous.

All images are used under license for illustrative purposes only. Any individual depicted is a model.

PRES-20837078

P2580_2003

PROVIDER CONNECTIONS

2020 **ISSUE 1**

Coronavirus (COVID-19) and telemedicine

2019 Provider Satisfaction Survey results

Hurricane preparedness

**How to access criteria for Utilization
Management decisions**

Medical record criteria

Refer members to Care Management

Healthy Behaviors programs

A Provider's Link to Prestige Health Choice