PROVIDER CONNECTIONS

Prestige HEALTH CHOICE®
Leading the Way to Quality Care

2019 **ISSUE 2**

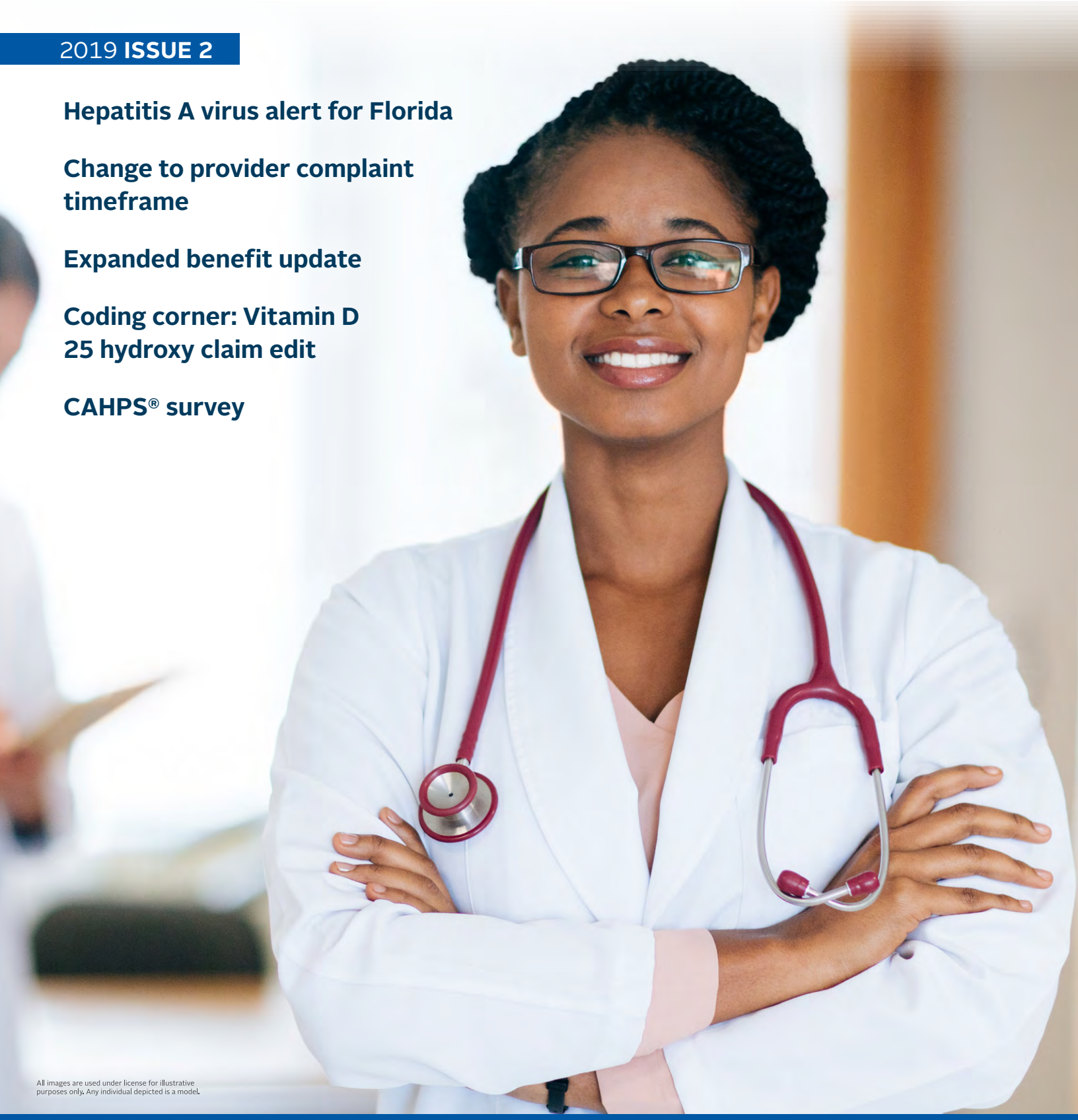
Hepatitis A virus alert for Florida

Change to provider complaint timeframe

Expanded benefit update

Coding corner: Vitamin D 25 hydroxy claim edit

CAHPS® survey



A Provider's Link to Prestige Health Choice

Hepatitis A virus alert for Florida

The Florida Department of Health has published an alert on its website at **www.floridahealth.gov/hepa** to educate Floridians on hepatitis A prevention and the steps to take to prevent the spread of infection. Please visit the website to obtain a fact sheet and other educational resources.

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 our website at **www.prestigehealthchoice.com**.

2019 Medicaid fee schedules

The 2019 fee schedules were promulgated on July 17, 2019. Rates will be applied prospectively unless stated otherwise in your contract.

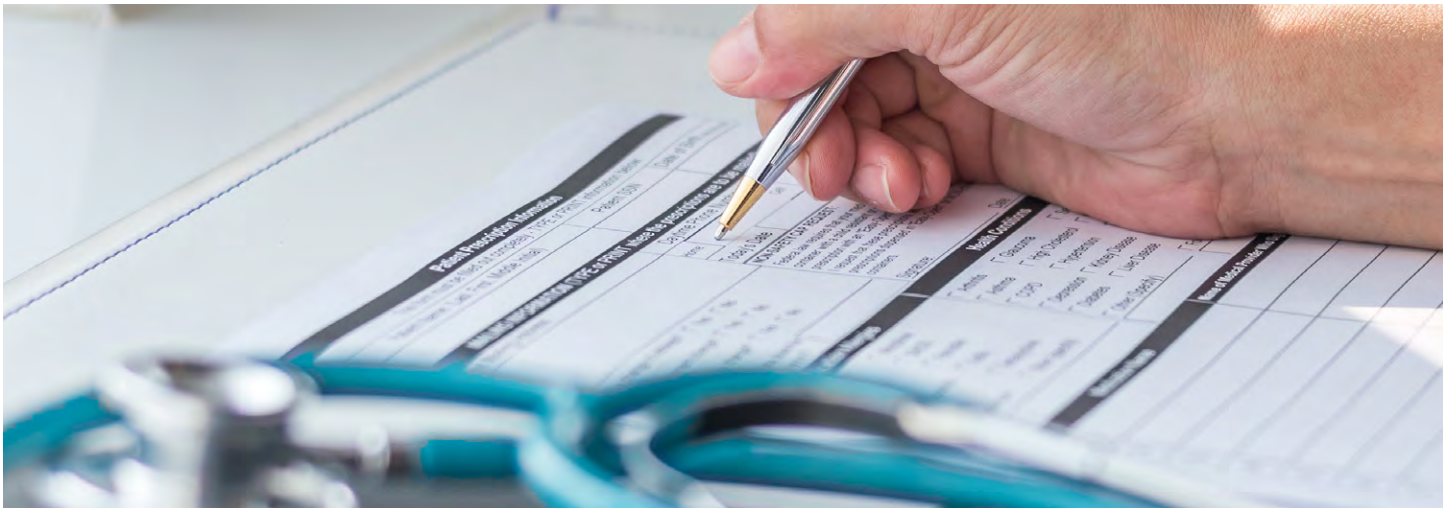
Change to **provider complaint timeframe**

Effective September 1, 2019, providers submitting complaints will have 90 calendar days from the clinical decision or claims payment date to do so. The date used to determine the complaint timeframe will be the date of the Notice of Adverse Benefit Determination (NABD) or the claim Remittance Advice (RA) date, as applicable.

Providers are reminded that all claim disputes should be submitted using the formal provider complaint process outlined in the Provider Manual.

You can find more information on the Prestige Health Choice provider complaint process at **www.prestigehealthchoice.com**.

If you have questions, please contact your Account Executive or Provider Services at **1-800-617-5727**.



Corrected claim submission reminder

Please remember to follow the guidelines below when submitting corrected claims:

Paper claims

Submit to:
Prestige Health Choice
Attn: Claims Department
P.O. Box 7367
London, KY 40742

Claim filing guidelines:

- CMS 1500 Claim – Resubmission code "7" and the Plan's original claim number must be in Field 22.
- Institutional UB04 Claim – Bill type should end in "7" in Form Locator 4 and the Plan's original claim number must be in Form Locator 64A (Document Control Number).

Electronic claims

Payer ID: 77003

Claim filing guidelines:

- Bill frequency code "7" in the 2300 Claim Loop in the field CLM05-3.
- Bill the original claim number in the 2300 Claim Loop in the REF*F8 segment.

Important tips

- When submitting a corrected claim, you do not need to append a Provider Complaint Form. Attaching this form to a corrected claim will cause a delay in claim processing.
- Corrected claims must be received within six months from the date of service, unless otherwise specified in your contract.
- If Prestige Health Choice is the secondary payer, corrected claims must be received within 90 days after the final determination by the member's primary insurance, unless otherwise specified in your contract.

Other important **claim timeframes**

Action	Timeframe*	Timeframe begins
Initial claim submission (Prestige Health Choice is primary payer.)	6 months	Date of discharge (inpatient) or date of service (outpatient)
Corrected claim submission (Prestige Health Choice is primary payer.)	6 months	Date of discharge (inpatient) or date of service (outpatient)
Initial claim submission (Prestige Health Choice is secondary payer.)	90 days	Date of primary payer's final determination
Corrected claim submission (Prestige Health Choice is secondary payer.)	90 days	Date of primary payer's final determination
Provider complaint	90 days	Date of remittance advice
Overpayment dispute	40 days	Date of overpayment notice

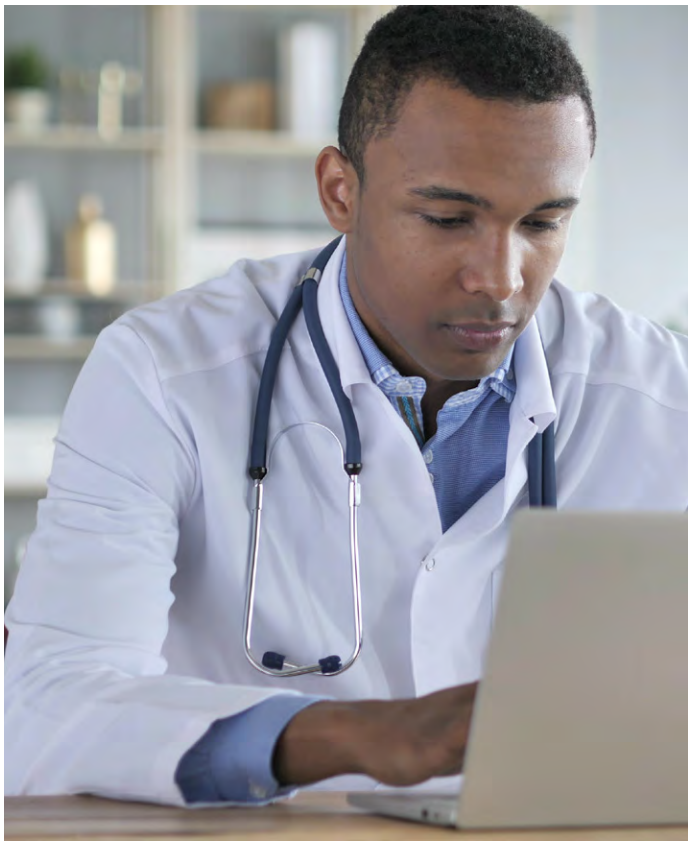
*Provider's contractual timeframe will prevail when more advantageous than the timeframes outlined above.

Check the **Provider Master List (PML)**

To avoid denials and/or claim payment recoveries, please ensure that your information registered on the Florida Agency for Health Care Administration (AHCA) Provider Master List is consistent with the information provided on the claim form. The claim may be denied if the following claim elements do not match the PML:

- Provider NPI.
- Provider specialty.
- Provider type.
- Taxonomy.
- ZIP+4.

If changes are needed to the provider's PML record, please visit the Provider Enrollment page of the AHCA website, **http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/tabId/42/Default.aspx**.



Expanded benefit update

Prestige Health Choice has changed the way members access their over-the-counter (OTC) expanded benefit. OTC items must now be ordered through our pharmacy benefits manager, PerformRx℠.

- Effective August 1, 2019, Prestige Health Choice will no longer reimburse local pharmacies for OTC product claims as part of the OTC expanded benefit.
- Members can order OTC products through PerformRx. OTC products will be mailed directly to the member.

To view the OTC catalog, visit **http://www.prestigehealthchoice.com/pdf/member/eng/health-and-wellness-over-the-counter-products.pdf**. If you have questions about how members access this benefit, please contact Prestige Health Choice Provider Services at **1-800-617-5727**.

For a complete listing of expanded benefits, please review the Provider Manual at **www.prestigehealthchoice.com/pdf/provider/provider-manual-new.pdf**. Expanded benefits may be subject to medical necessity and/or prior authorization.

Coding corner: Vitamin D 25 hydroxy claim edit

For claims with dates of service on or after October 1, 2019, Prestige Health Choice will implement a claim edit denying payment for CPT 82603, Measurement of vitamin D 25 hydroxy, when the patient is age 18 or older, unless the procedure is billed with a requisite diagnosis. To view a list of allowable diagnosis codes, visit **www.prestigehealthchoice.com**.

Please share this information with your billing service or revenue cycle management organization as required.

If you have questions, please contact your Account Executive or Provider Services at **1-800-617-5727**.

Online trainings and guides **available**

Did you know that Prestige Health Choice provides online training that you can access at your convenience?

Visit the Providers > Training and education section of our website to find available trainings and to access registration links, e-learning modules, and user guides.

Refer members to **Care Management**

Prestige Health Choice welcomes you to refer members for additional 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**.

Put your **provider portal** to work today!

We encourage all network providers to register for our secure provider portal. The portal is fully automated to fit your workflows. You can perform the following tasks securely through your account:

- Confirm member eligibility.
- Check the status of your claims.
- Determine which services require a prior authorization.
- Request and view your prior authorizations.
- Run and review clinical reports.
- Review panel and capitation rosters.

You can also update your contact information. Register at **https://www.availity.com/resources/support/provider-portal-registration**. If you prefer, we can help you set up your account. Call Provider Services at **1-800-617-5727**.

Take a look at our **searchable online provider directory**

Your practice demographic information is important. Please visit **http://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**.

Cervical cancer **screening reminder**

Please recommend to members who are noncompliant with the cervical cancer screening measure to get their screening done before the end of the year. If you need more information about noncompliant members, please contact your Account Executive. Below is an excerpt from the technical specifications for cervical cancer screening.

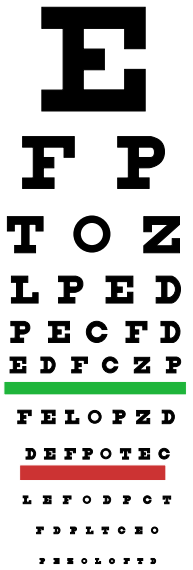
The Quality department is reminding providers about cervical cancer screening for women ages 21–64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21–64 who had cervical cytology performed within the past three years.
- Women ages 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the past five years.
- Women ages 30–64 who had cervical cytology/high-risk papillomavirus (hrHPV) contesting within the past five years.

Members who are on hospice during the reporting period are excluded. Also excluded are women who had a hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the member's history through December 31 of the measurement year.

Diabetic eye disease awareness

November is Diabetic Eye Disease Awareness month. Please remind your Prestige Health Choice members who need comprehensive eye exams to get their tests completed before the end of the year.



CAHPS® survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Health plans that are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for National Committee for Quality Assurance (NCQA) accreditation are required to field the CAHPS survey among their eligibility population. Prestige Health Choice uses an NCQA-certified survey vendor that uses an NCQA-approved protocol of administration to ensure that results are collected in a standardized way and can be compared across health plans.

The timing of the CAHPS survey is usually right after the first of the year. Prestige Health Choice is involved in CAHPS improvement initiatives. Here is some summary information about the 2019 survey.

Adult survey

- Overall health plan score went up to 81% for overall satisfaction with the health plan in 2019.
- Our response rate was very low at 5%. Therefore, encouraging our members to participate in the survey process will be very important this year coming up.
- Areas of improvement include:
  - Provider communication, which includes:
    - Showing respect for what the member had to say.
    - Listening carefully to the member.
    - Explaining things in a way the member can understand.
    - Spending enough time with the member.
  - Access:
    - Ease of getting care the member believes is necessary.

Child survey

- Overall health plan score stayed the same as last year at 86% satisfaction with the health plan.
- Again, the response rate was low at 8%, so encouragement from our providers for members to complete the survey would be very helpful.
- Areas of improvement include:
  - Provider communication, which includes:
    - Treating the member with courtesy and respect.
    - Discussing reasons not to take medicine.
    - Spending enough time with child.
    - Asking preference for medicine.
  - Access:
    - Easy to get appointment with specialist.

Our Quality department and Provider Network Management department will be in touch with our providers to determine how to improve these CAHPS scores and will be initiating programs to support our members.

Flu and pneumonia shot reminders

Flu season is upon us. Prestige Health Choice encourages all of our members to get flu and pneumonia shots if applicable. Please emphasize the need to get flu and/or pneumonia shots unless there is a contraindication. Flu and pneumonia shots are covered benefits with no prior authorization needed. Please see the Provider Manual for details and coverage limitations.

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

Secure and confidential. You may remain anonymous.

Prestige HEALTH CHOICE®
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PRES-19686014

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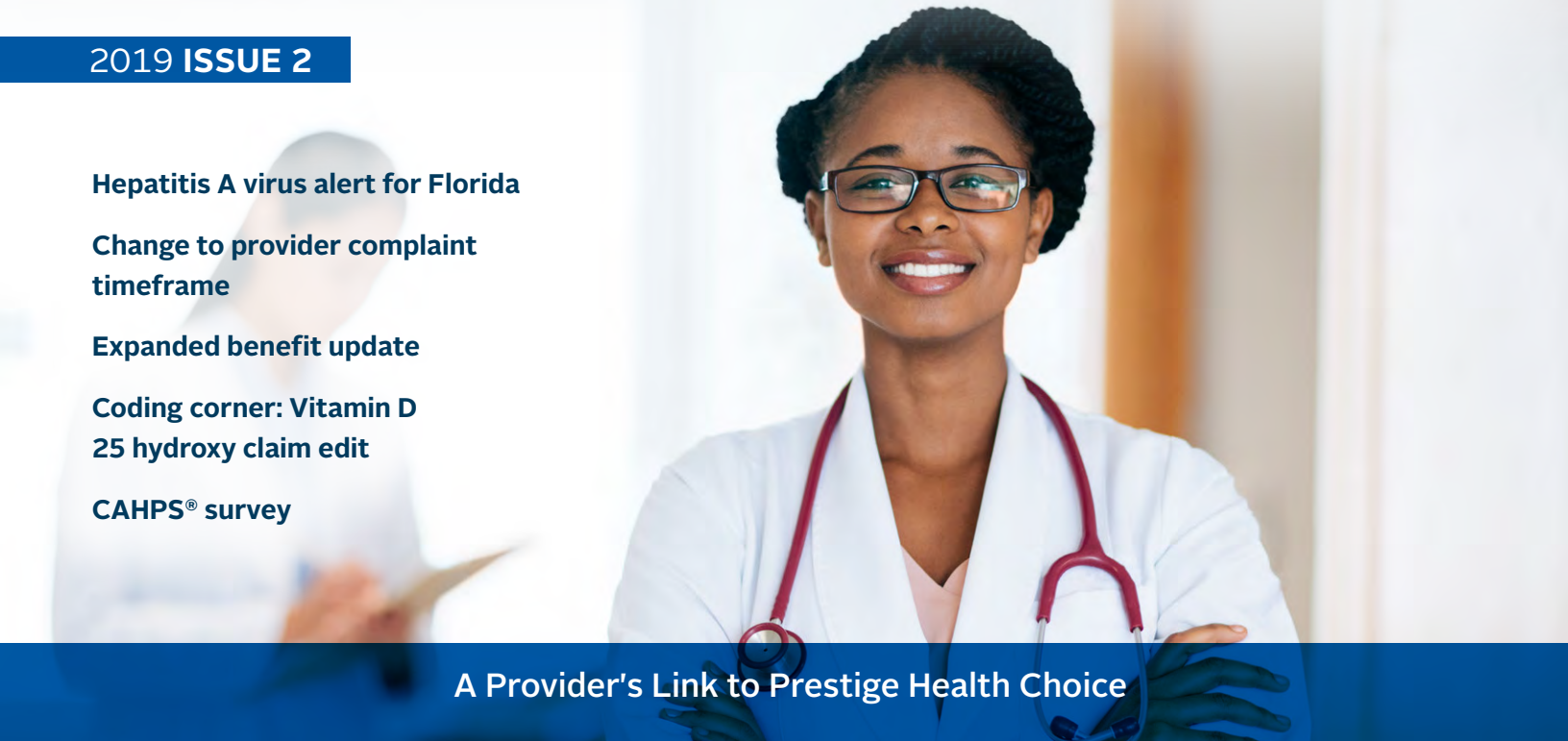

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