***Provider Quick Reference Guide***

Prestige wants to collaborate with the Local Early Steps programs to meet *all* the needs of the child. This EIS Provider Quick Reference Guide is intended to outline how we will work together from the time a member is identified for EIS services until the successful payment of your claims.

**Availity Provider Portal**

We recommend registering for the Availity portal at [**www.availity.com/providers/registration-details/**](http://www.availity.com/providers/registration-details/) to access eligibility and benefits, claim status, authorization submission and inquiry, and reporting. If you need assistance, call 1-800-Availity.

**EIS Coordination**

We want to support your efforts by providing care coordination for needed medical services and transportation. Once a Prestige member has been identified for the Early Steps program, here’s the workflow:

1. Confirm member eligibility and benefit information, which is available on Availity, Florida’s Medicaid portal at <https://portal.flmmis.com/FLPortal/Eligibility/tabId/68/Default.aspx>, or by contacting Member Services at **1-855-355-9800**, which is also located on the member’s ID card.
2. During the MDT meeting, the EIS Service Coordinator will call the Prestige Care Manager, Ledayne Martinez, at **1-855-464-8812, ext. 305-102-1163** to participate by assessing and coordinating medical care.
3. The EIS Service Coordinator sends the member’s completed IFSP to the Prestige Care Manager at the designated Prestige EIS fax # **1-833-669-7675**. Each child’s completed IFSP should be sent in a single faxed transmission. Please ensure all the pages of the IFSP are sent together. Do not send IFSPs for more than one member at a time, as it will be included in the member’s record.
4. Routine case review will occur with the EIS Service Coordinator and Prestige Care Manager to ensure collaboration of efforts with ongoing care.
5. For IFSP reviews (at least every6 months), the EIS Service Coordinator will send the member’s updated IFSP to the designated Prestige EIS fax # **1-833-669-7675**.
6. To reach out to the designated Prestige Care Management team, send your email to DLPHCPHCEISCM@PrestigeHealthChoice.com.

**Prior Authorization Requirements**

* All services included on the Early Intervention Services and Targeted Case Management fee schedules DO NOT require prior authorization.
* For physical therapy, occupational therapy and speech therapy, evaluations DO NOT require prior authorization for participating or non-participating providers. All other services outside of the EIS fee schedule DO REQUIRE prior authorization for participating or non-participating providers.
* Providers can request prior authorization in two different ways.
	1. Submit the prior authorization request in Availity.
	2. Complete Prestige’s Prior Authorization Request Form found on our website at:  <http://www.prestigehealthchoice.com/pdf/provider/resources/prior-authorization-request-form.pdf>, then fax the request form to **1-855-236-9285.**
* Prestige follows all timeliness requirements for prior authorization requests, which include responding in 7 days for a standard request and in 2 days for an expedited request.

**How to file a claim**

All claims must be billed on a CMS 1500 for submission to Prestige for payment.

For *line by line* instruction on how to complete a claim form (CMS 1500), go to AHCA’s website at this link: <http://ahca.myflorida.com/medicaid/review/Reimbursement/RH_08_080701_CMS-1500_ver1_4.pdf>.

You can submit your claims 2 ways:

* + Electronic Claim Submission: Prestige Health Choice **Payer ID # 77003**
	+ Paper Claims Submission: Prestige Health Choice
	 P.O. Box 7367
	 London, KY 40742

For additional information on submitting claims and reimbursement, please go to our website at [www.prestigehealthchoice.com](http://www.prestigehealthchoice.com). You can also contact Prestige Provider Services at 1-800-617-5727.

**Tips to Avoid Claim Denials:**

* Verify the member’s eligibility before each visit.
* Bill with the member’s ID, name, and DOB exactly as they appear on the member’s ID card.
* Ensure that the servicing, billing, and ROPA (when required) providers have active Medicaid IDs.
* If prior authorization was obtained, please include the authorization in Box 23 of the claim form.

**Provider Appeals**

Should a provider disagree with an authorization or claims decision, the provider can use the Provider Appeal process by downloading the Provider Appeal Form at [www.prestigehealthchoice.com](http://www.prestigehealthchoice.com) and submitting the completed Provider Appeal Form with supporting documentation via mail or fax:

 **Mail**: Prestige Provider Appeals Dept. **Fax**: 1-855-358-5853

 PO Box 7366

 London, KY 40742

**Rapid Response & Outreach Team**

A valuable resource available to each Prestige member is the Rapid Response & Outreach Team (RROT). The RROT is a call center with dedicated nurses and nonclinical care connectors readily available to service our members by locating and scheduling an appointment with a PCP or patient-centered medical home or specialist provider (including behavioral health and vision services), and arrange transportation and interpreter services when needed. RROT also assists members with scheduling Well-Child and Child Health Check-Up (CHCUP) appointments for a comprehensive examination, immunizations, assessments for nutrition, dental, vision & hearing, and labs with lead screening. You can contact the RROT at **1-855-371-8072**.