

Prisma Health Midlands Network

Provider Education Q & A

Q: If a provider is contracted with Cigna, does that make them a tier 1 provider?

A: If you are contracted with Cigna OAP, you would be a tier 2 provider. Tier 1 providers consist of providers who are contracted with Prisma, MyHealth First Network and/or a Palmetto provider.

Q: Do all hospitalizations require pre-certification and how will that be done?

A: Hospitalizations are not required to obtain a pre-certification. It is strongly recommended that a pre-certification is performed prior to an in-patient hospitalization. To start a pre-certification, you can contact Allegiance Care Management at 800-342-6510 or you can send a fax to 406-532-1501.

Q: What is the difference between the four plans?

A: There are 5 plans in total.

- Premiere Consumer Plan- narrow network with a high deductible.
- Premier EPO Plan- narrow network, standard deductible and is subject to office visit copays.
- Consumer Plan- triple tier network with a high deductible.
- Choice Plan- triple tier network, standard deductible and is subject to office visit copays.
- Out of Area Plan- only available to members who live outside the defined service area. This plan is a two tier network with a high deductible.

Q: Will Prisma Health providers ever need to talk to Zelis?

A: Prisma Health providers would only need to work with Zelis on the 835/EFT set up. All claims questions will need to come to Allegiance.

Q: What are the pre-certification requirements for in-patient hospitalization and observation stays in the hospital?

A: In-patient pre-certifications can be initiated by calling 800-342-6510 or faxing to 406-532-1501. The phone number is also listed on the back of the members ID card.

Q: Are the pre-certification requirements the same for all five of the plans?

A: Pre-certification will be the same for all of the Prisma Health Plans. Pre-treatment reviews of outpatient services will differ by network tier. The list of recommended out-patient procedures, forms and contact information is located on the For Provider tab on the website. From there, you will choose the applicable tier for you.

Q: Will CCI handle appeals for in-patient level of care denials?

A: Allegiance will handle first level appeals. Second level appeals will be handled by Prisma Health.

Q: As of 12/17/2018, will providers will be able to look up their patients on the Ask Allegiance website ahead of the New Year?

A: 12/17/2018 is the date that provider may call Allegiance customer service for member information. On the plan effective date, 1/1/2019, member eligibility and benefit information will be available online.

Q: Are out-patient mental health benefits being handled through Allegiance?

A: In-patient mental health will be handled by Allegiance Care Management. Out-patient will be handled per the plan document and the recommended out-patient pre-treatment review listed on the For Providers tab on the website.

Q: Currently pre-certification is not required for employees. What is the hold time if a phone call is required and may we fax in a pre-certification for an emergency admit? Will each facility have a dedicated nurse?

A: There should not be a long hold time on the phone, if there is at all. There is not an emergent admission requirement in the plan document, therefore emergent admissions must be reported within 72 hours of admission. Allegiance will accept faxed submissions. Those can be faxed to 406-532-1501.

Q: What is the turnaround time for in-patient authorizations? Is pre-certification request for OBS admission?

A: Allegiance's turnaround time is 24 business hours after receipt of all clinical information. Pre-certification is not required under federal mandate for vaginal and caesarian delivery.

Q: Will Allegiance issue authorizations as well as give the number of days approved for hospitalization (in-patient and observation)?

A: Allegiance Care Management does concurrent reviews as well as pre-certifications. We will use a certification number as well as state the number of days certified. Observation over 48 hours does not need a pre-certification.

Q: When will ID cards be mailed out?

A: ID cards will be mailed out by December 14th, 2018.

Q: Does Allegiance offer peer to peer reviews?

A: Yes.

Q: Is there someone that Prisma Health employees can contact directly to ask pre-certification utilization questions?

A: Please contact Allegiance customer service for pre-certification questions. The number is 855-999-2271.

Q: Are there time limited on concurrent peer to peer reviews? How are concurrent denials communicated?

A: Yes, Allegiance's team will reach out twice within a 48 to 72 hour time frame. For in-patient certifications the facility will be notified of the denial. For in-patient and out-patient notifications, a denial letter is sent to the physician, facility and the member.

Benefit questions can be directed to our customer service at 855-999-2271.

Reminder: Prisma Health's customer service number will be open on 12/17/2018.