



Prominence
Medicare Advantage



2022 Member Guide

Great coverage, from people who care.

Prominence
Medicare Advantage

Great coverage, from people who care.

ProminenceMedicare.com

Welcome

THANK YOU FOR BEING A MEMBER

Dear Member,

Thank you for choosing Prominence Medicare Advantage as your healthcare partner. We know you have many options to choose from and are thankful that you trusted us with your healthcare journey.

If you are a new member, welcome! We are excited to have you be a part of our plan. If you are an existing member, thanks again for trusting us, and welcome back! We are thrilled to have you with us!

Our goal is to help create healthier and more empowered communities by providing you access to compassionate, affordable, and high-quality care.

We understand that your healthcare needs are unique, and we're dedicated to providing products and services that can help you take the first (or next) step towards living a healthier life.

This member guide will serve as a resource for you to learn the best way to improve your quality of life through the services and benefits provided to you as a valued member.

We are here to give great coverage and peace of mind. Should you have any questions, please call our dedicated Care Advocate team at 1-855-969-5882 (TTY: 711).

Thank you,



A handwritten signature in black ink, appearing to read 'KJ'.

Kamal Jemmoua
CEO, Prominence Health Plan

Your Member Guide

WHAT'S NEW FOR 2022?

- Unlimited one-way trips to plan approved locations
- Higher over-the-counter (OTC) allowance
- Lower inpatient hospital copays

This is an addition to:

- \$0 Primary Care Provider (PCP) visits
- \$0 Preventive screenings
- \$0 Routine lab tests
- \$0 Telemedicine visits
- \$0 Fitness membership
- No referral to specialists

In this guide you will find:

- How to Use Our Network – What Kind of Care is Right for You
- Prominence Perks Program – Rewarding You for Keeping Healthy
- Prominence Health Assessment
- Health Risk Assessment Tool
- Continuity of Care
- Prominence Health Plan Case Management Team
- Member Portal – Taking Ownership of Your Health at Your Fingertips
- Important 2022 Pharmacy Information
- Exclusive Benefits Just for Prominence Members
- Prominence Is Here to Help

Also new this year is our Member Referral Program! Help your friends get the great service and coverage that Prominence provides by having them request more information at prominencemedicare.com/refer. Prominence is happy to answer their questions, discuss their needs, and see if we are right for them.

I Have My Member Guide What Should I Expect Next?

WELCOME AND WELCOME BACK CALL

To kick-off 2022 with a great start, we want to walk you through the highlights of our new benefits with our 2022 Welcome or Welcome Back Call. During the call, a member of our outreach team will:

- Confirm your contact information, communication preferences and Primary Care Provider (PCP)
- Give an overview of your plan, additional services and benefits
- Schedule your annual Prominence Health Assessment
- Give you options to complete your Health Risk Assessment Tool

The call will take approximately 25 minutes and since your time is important to us, we want to reward you with a \$15 gift card mailed to you between 4-6 weeks after completing the call. To complete your 2022 Welcome Call, please call us promptly upon the receipt of your 2022 Member Guide at 877-397-7320 (TTY: 711).

YOUR MEMBER ID CARD

You will receive your Prominence ID card separately in the mail. Your membership ID card includes important information, such as:

- Your plan benefits and information for your pharmacy
- Your Prominence Health Plan identification number
- Your plan number
- Member Services toll-free number
- Plan information for your doctor

OVER-THE-COUNTER (OTC) CARD

If you are a returning member, please keep your current OTC card.

For new members, you will be receiving your OTC card in the mail. Please call the phone number included on your card to activate it as soon as you receive it in the mail so you can unlock all the amazing benefits we have for you in 2022.

What Kind of Care Is Right for Me?

When an unexpected illness or emergency happens, it is important to remember that as a Prominence Medicare Advantage member you have several options for where you can go for care.

Prominence Health Plan contracts with specific providers, urgent care facilities and hospitals to provide in-network healthcare services. For more information, refer to our online directory at ProminenceMedicare.com. Understanding your provider network can reduce your out-of-pocket costs significantly. In the event of a serious or life-threatening emergency, call 9-1-1 or go straight to the nearest ER.


YOUR PRIMARY CARE PROVIDER (PCP)

Your PCP can diagnose, treat, manage health care problems, coordinate services, and your track health and wellness. Your medical condition will typically determine how often you should see your PCP. Those with chronic medical conditions are usually seen routinely every three to six months. This frequency increases as you age or condition changes. PCP visits are at no cost to you. Below are some of the common things your PCP can address:

- Treat patients with flu, colds, strep throat and other infectious diseases
- Prescribe medications and give advice about over-the-counter medications
- Treat patients with lacerations, sprains, back pain and other injuries
- Help manage chronic conditions including hypertension, asthma, diabetes and high cholesterol
- Provide routine health exams and physicals
- Treat anxiety, depression and other mild to moderate mental health conditions
- Perform screening and diagnostic tests
- Discuss treatment options and make recommendations for the most appropriate care
- Provide acute care for symptoms such as high fever, stomach pain or cough

Where To Get Care?

Make the Right Choice When your PCP is not available, you have access to quality and convenient health care.

 Provides access to board-certified doctors, pediatricians and behavioral health specialists by phone or video 24-hours a day, every day of the year. Some of the things that can be treated are:

- Allergies
- Cold or flu
- Coughs
- Earaches
- Sore throat or cough
- Sinus infection
- Bronchitis
- Pink eye
- Non-severe allergic reactions

For treatment, call 1-800-TELADOC (835-2362).

Visit teladoc.com to establish your health history before you need care.

Cost: \$0

URGENT CARE

Receive prompt in person care for non-life threatening medical conditions, such as:

- Rashes
- Cuts
- Burns
- Sprains and strains
- Colds
- Most stomach pain
- Headaches
- Urinary track infections
- Nausea, vomiting, and diarrhea

For the closest urgent care location, visit ProminenceMedicare.com or call the Prominence Care Advocate team at

1-855-969-5882 (TTY:711).

Cost:

**\$0 per visit for South Texas Members
\$30 per visit for North Texas Members**

EMERGENCY CARE




Call 911 or go to the nearest emergency room for life-threatening illness and injuries, such as serious trauma, poisoning, serious breathing issues, severe bleeding, chest pain, sudden loss of function, or consciousness.

Cost:

**\$120 per visit for South Texas Members
\$90 per visit for North Texas Members**

2022 Prominence Perks Program

Earn rewards* while getting healthier. We want you to be your healthiest this year. Part of that means completing certain screenings and managing your chronic conditions. From January 1 to December 31, 2022, you can earn gift cards for completing recommended preventive screenings including:

Health Screening	Eligible Gift Card Amount	Description
 Routine or Comprehensive Primary Care Provider (PCP) Visit	\$25	Visit your PCP to discuss your health and wellness
 Welcome Call	\$15	Complete a 25 minute welcome call with our outreach team to receive critical information about 2022 benefits and programs
 Prominence Health Assessment (PHA)	\$50	A 60 minute visit performed by an approved PHA provider in 2022
 Flu Shot	\$10	Annual flu shot, applicable starting in September 2022
 Breast Cancer Screening**	\$25	Mammography performed in 2022
 Colorectal Cancer Screening- Colonoscopy**	\$50	Colonoscopy performed in 2022
Colorectal Cancer Screening – FIT/ FOBT/ Colonoscopy completed in 2021 or earlier**	\$25	Specific to FIT lab test/ FOBT and/or previously performed service, such as an older colonoscopy
 Diabetic Eye Exam**	\$25	Diabetic Retinal Eye exam service must be performed in 2022
 Medication Adherence for Diabetic members	\$75	Members that remain adherent to their diabetes medications thru December 31, 2022

*Rewards are non-transferable and may be subject to applicable restrictions. Individual rewards based on current eligibility status. Prominence Health Plan may discontinue this program at any time.

**Consult with your doctor about the appropriateness of these services based on your risk factors and medical history.

What is the Prominence Health Assessment (PHA)?

It is a no-cost health assessment that is part of your benefits as a Prominence member. It is an opportunity for our skilled providers to develop a personalized preventive care plan, ensure you get any needed care and complete your screenings.

What happens during your PHA?

- We review your medical and family history
- We develop or update your list of providers and prescriptions
- We assess any changes in your ability to remember or process things which may impact decision making
- We evaluate your risk factors and treatment options
- We perform preventive care screenings – making it easier for you to redeem your Prominence Perks Rewards!
- We complete routine measures like height, weight and blood pressure
- We provide personalized health advice

Added bonus - the PHA is so important to us that we will give you a **\$50 gift card** just for completing it!*

Please note: Your Prominence Health Assessment does not replace your annual physical exam with your Primary Care Provider (PCP). We collaborate with your PCP to provide you the appropriate care and this assessment helps support your overall wellness. The information from the visit will be shared with your PCP.

Take advantage of your Welcome Call and schedule your PHA early in the year to start your personalized care plan right away.

You can also call our outreach team at 877-397-7320 (TTY:711) to schedule your Prominence Health Assessment. Our outreach team is available Monday to Friday from 8:00am to 5:00pm (PT).

*Prominence Health Plan will send you a \$50 gift card in the mail 4-6 weeks after your complete your PHA. Only one \$50 gift card per member per calendar year.

What is Your Health Risk Assessment Tool (HRAT) and Why is it Important?

At Prominence, we strive to help you stay as healthy as possible. We use the Health Risk Assessment Tool (HRAT) to help us design customized care plans and integrate specific strategies to improve your health. Completing your HRAT helps us understand your healthcare needs, ensure you are using the most appropriate level of care and getting the most out of your benefits.

You will answer questions related to your health history, daily activities and lifestyle to give us your understanding of your current health status.

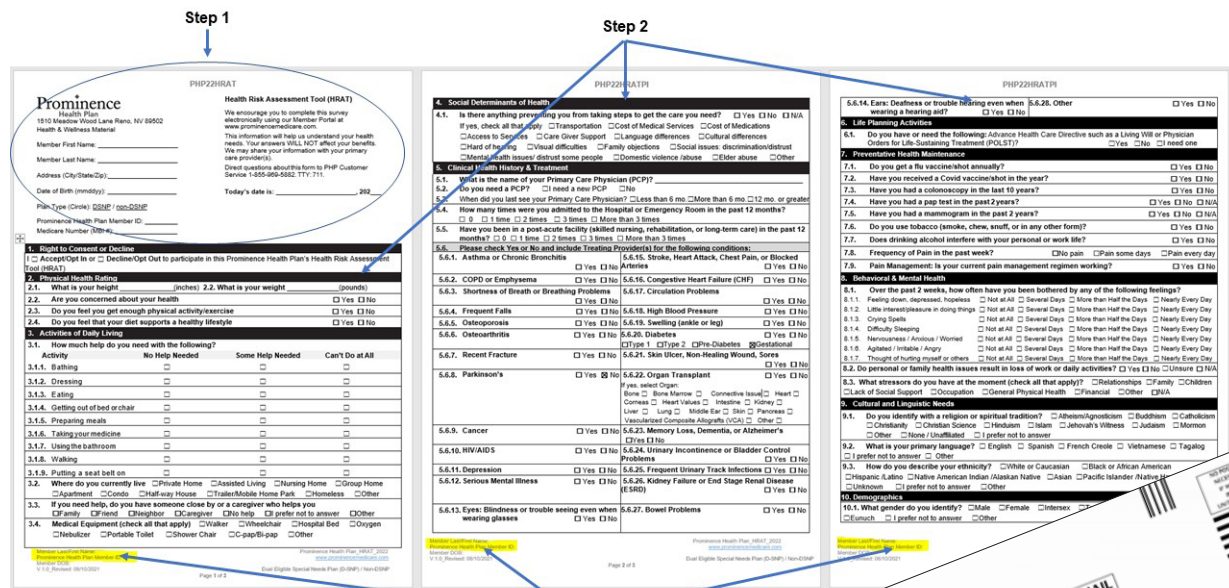
Once you complete your HRAT, if your answers indicate that you could benefit from Case Management, our Case Management Team will reach out to you to begin designing a personalized plan of care for you. This plan can be shared with your Primary Care Provider (PCP) and other health care providers.

A paper copy of the Health Risk Assessment is included in your member guide with a prepaid envelope for your convenience. Please follow the steps below when you are filling out the paper HRAT form:

Step 1 - Complete the top section of Page 1 with your demographic information, including the date.

Step 2 - Answer all questions on all four pages

Step 3 - At the bottom of all four pages, fill out Last Name/First, Member ID and DOB



Step 4 - Use the pre-paid envelope to mail the HRAT

If you prefer to fill out your HRAT online, you can do so by going to our member portal at **ProminenceMedicare.com**.

Continuity of Care

If you are a new Medicare Advantage member, we need some information to make sure your transition from your prior insurer to Prominence is as smooth as possible. Especially, if you have ongoing treatment needs or have an existing provider leaving our network since you may be eligible to continue seeing your current provider for a defined period of time under Continuity of Care.

What is Continuity of Care?

Our Continuity of Care program helps ensure that you continue to get the care you need while you are switching health plans. If you are new to Prominence Medicare Advantage and have a medical condition that prevents you from being immediately transferred to an in-network provider, you may request extended coverage from an out-of-network provider until you can be safely established with an in-network provider.

Our Continuity of Care program also allows existing Prominence Medicare Advantage members to request extended coverage from a provider leaving our network when undergoing active treatment, and until their care can be transferred to an in-network provider.

The attached Continuity of Care form is for you to fill out and return to help us get to know you and your medical needs better.

Fill out the form completely, and do not leave any blanks. Please use N/A if the information requested does not apply to your situation.

If you have internet access, please visit <https://prominence.gopatientportal.com> to complete the form.



Prominence Health Plan Case Management Team

Healthcare today can be confusing, especially when dealing with serious or complex illnesses. Each person has a unique situation and personal set of goals and ideas.

Case Management is a process used to identify and coordinate the appropriate aspects of individualized care. The goal of case management is to help you manage your health and bring about a better quality of life. It is patient-centered, voluntary, and can help improve the overall health of members like you who may have serious medical conditions.

Prominence offers this program to members who might need extra help managing complex health problems and/or in navigating the health care system. This program is offered at no cost to Prominence Health Plan members and is voluntary. If you decide to participate, you can opt out at any time. Opting out does not affect your health plan benefits.

The Case Management program allows you to work closely with a Case Manager, who is a Registered Nurse or a Licensed Clinical Social Worker. The Case Manager can assist you in figuring out ways to make changes to your health, ensure that all your healthcare providers understand your needs, and help you deal with some of the stresses that may be interfering with you achieving your healthcare goals. We will work closely with you and your physician(s) to create a care plan to help you improve your overall health.

Your Case Manager will be in regular contact with you to check how your plan is working and, with your input, make changes if needed. As your health improves and you gain confidence in your own self-management, case management services will no longer be necessary.

To learn more about our Case Management program, please call our Care Advocate team at **1-855-969-5882 (TTY: 711)**.

Prominence

Health Plan

1510 Meadow Wood Lane Reno, NV 89502
Health & Wellness Material

Member First Name: _____

Member Last Name: _____

Address (City/State/Zip): _____

Date of Birth (mmddyy): _____

Plan Type (Circle): DSNP / non-DSNP

Prominence Health Plan Member ID: _____

Medicare Number (MBI #): _____

Health Risk Assessment Tool (HRAT)

We encourage you to complete this survey electronically using our Member Portal at www.prominencemedicare.com.

This information will help us understand your health needs. Your answers WILL NOT affect your benefits. We may share your information with your primary care provider(s).

Direct questions about this form to PHP Customer Service 1-855-969-5882. TTY: 711.

Today's date is: _____, 202__

1 Right to Consent or Decline

Accept/Opt In or **Decline/Opt Out** to participate in this Prominence Health Plan's (PHP) Health Risk Assessment Tool (HRAT)

2 Physical Health Rating

2.1 What is your height _____ (inches)? 2.2 What is your weight _____ (pounds)?

2.3 Are you concerned about your health? Yes No

2.4 Do you feel you get enough physical activity/exercise? Yes No

2.5 Do you feel that your diet supports a healthy lifestyle? Yes No

3 Activities of Daily Living

3.1 How much help do you need with the following?

Activity	No Help Needed	Some Help Needed	Can't Do at All
3.1.1 Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.2 Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.3 Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.4 Getting out of bed or chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.5 Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.6 Taking your medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.7 Using the bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.8 Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.9 Putting a seat belt on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2 Where do you currently live? Private Home Assisted Living Nursing Home Group Home
 Apartment Condominium Half-Way House Trailer/Mobile Home Park Homeless Other

3.3 If you need help, do you have someone close by or a caregiver who helps you?
 Family Friend Neighbor Caregiver No help I prefer not to answer Other

3.4 Medical Equipment (check all that apply)? Walker Wheelchair Hospital Bed Oxygen
 Nebulizer Portable Toilet Shower Chair C-pap/Bi-pap Other

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4 Social Determinants of Health	
4.1 Is there anything preventing you from taking steps to get the care you need? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, check all that apply: <input type="checkbox"/> Transportation <input type="checkbox"/> Cost of Medical Services <input type="checkbox"/> Cost of Medications <input type="checkbox"/> Access to Services <input type="checkbox"/> Care Giver Support <input type="checkbox"/> Language Differences <input type="checkbox"/> Cultural Differences <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Visual Difficulties <input type="checkbox"/> Family Objections <input type="checkbox"/> Social issues: Discrimination/Distrust <input type="checkbox"/> Mental Health Issues/Distrust Some People <input type="checkbox"/> Domestic Violence/Abuse <input type="checkbox"/> Elder Abuse <input type="checkbox"/> Other	
5 Clinical Health History/Treatment & Cognitive Impairment	
5.1 What is the name of your Primary Care Physician (PCP)? _____	
5.2 Do you need a PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5.3 When did you last see your Primary Care Physician? <input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> More than 6 mo. <input type="checkbox"/> 12 mo. or greater	
5.4 How many times were you admitted to the Hospital in the past 6 months? <input type="checkbox"/> 0 <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> More than 3 times	
5.5 How many times did you go to the Emergency Department in the past 6 months? <input type="checkbox"/> 0 <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> More than 3 times	
5.6 Please check Yes or No and include Treating Provider(s) for the following conditions:	
5.6.1 Asthma or Chronic Bronchitis <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.15 Stroke, Heart Attack, Chest Pain, or Blocked Arteries <input type="checkbox"/> Yes <input type="checkbox"/> No
5.6.2 COPD or Emphysema <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.16 Congestive Heart Failure (CHF) <input type="checkbox"/> Yes <input type="checkbox"/> No
5.6.3 Shortness of Breath or Breathing Problems <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.17 Circulation Problems <input type="checkbox"/> Yes <input type="checkbox"/> No
5.6.4 Frequent Falls <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.18 High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No
5.6.5 Osteoporosis <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.19 Swelling (Ankle or Leg) <input type="checkbox"/> Yes <input type="checkbox"/> No
5.6.6 Osteoarthritis <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.20 Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Pre-Diabetes <input type="checkbox"/> Gestational
5.6.7 Recent Fracture <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.21 Skin Ulcer, Non-Healing Wound, or Sores <input type="checkbox"/> Yes <input type="checkbox"/> No
5.6.8 Parkinson's <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.22 Organ Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select Organ: Bone <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Connective Tissue <input type="checkbox"/> Heart <input type="checkbox"/> Corneas <input type="checkbox"/> Heart Valves <input type="checkbox"/> Intestine <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Middle Ear <input type="checkbox"/> Skin <input type="checkbox"/> Pancreas <input type="checkbox"/> Vascularized Composite Allografts (VCA) <input type="checkbox"/> Other <input type="checkbox"/>
5.6.9 Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.23 Memory Loss, Dementia, or Alzheimer's <input type="checkbox"/> Yes <input type="checkbox"/> No
5.6.10 HIV/AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.24 Urinary Incontinence or Bladder Control Problems <input type="checkbox"/> Yes <input type="checkbox"/> No
5.6.11 Depression <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.25 Frequent Urinary Tract Infections (UTI) <input type="checkbox"/> Yes <input type="checkbox"/> No
5.6.12 Serious Mental Illness <input type="checkbox"/> Yes <input type="checkbox"/> No (Schizophrenia, Schizoaffective Disorder, Bipolar Disorder,	5.6.26 Kidney Failure or End Stage Renal Disease (ESRD) <input type="checkbox"/> Yes <input type="checkbox"/> No

Member Last/First Name:
 Prominence Health Plan Member ID:
 Member DOB:
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and/or Major Depressive Disorder)		
5.6.13 Eyes: Blindness or trouble seeing even when wearing glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.27 Bowel Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.6.14 Ears: Deafness or trouble hearing even when wearing a hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6.28 Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7 Cognitive Impairment		
5.7.1 In the past year, have you experienced changes in thinking, remembering, or decision making? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No		
5.7.2 Does forgetfulness (such as paying bills or taking your medication) cause problems in your daily life? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Life Planning Activities		
6.1 Do you have or need the following: Advance Health Care Directive such as a Living Will or Physician Orders for Life-Sustaining Treatment (POLST)? <input type="checkbox"/> Yes, I have an Advance Health Care Directive <input type="checkbox"/> No <input type="checkbox"/> I need an Advanced Health Care Directive		
7 Preventative Health Maintenance		
7.1 Do you get a flu vaccine/shot annually?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Have you received a COVID vaccine/shot in the past year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Have you had a colonoscopy in the last 10 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 Have you had a pap test in the past 2 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7.5 Have you had a mammogram in the past 2 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7.6 Do you use tobacco (smoke, chew, snuff, or in any other form)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.7 Do you drink more than 8 ounces per day on a typical day?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8 Frequency of Pain in the past week?		<input type="checkbox"/> No Pain <input type="checkbox"/> Pain Some Days <input type="checkbox"/> Pain Every Day
7.9 Pain Management: Is your current pain management regimen working?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.10 Medication Adherence: Do you take your medications as prescribed by your doctor? <input type="checkbox"/> I do not have to take medicine <input type="checkbox"/> Sometimes I take medicine as prescribed <input type="checkbox"/> I always take medicine as prescribed <input type="checkbox"/> I rarely take medicine as prescribed		
7.11 How many different prescribed medications do you take every day (not including over-the-counter medications)? <input type="checkbox"/> 0 Medications <input type="checkbox"/> 1-4 Medications <input type="checkbox"/> 5-7 Medications <input type="checkbox"/> 8 or more Medications		
8 Behavioral & Mental Health		
8.1 Over the past 2 weeks, how often have you been bothered by any of the following feelings?		
8.1.1 Feeling down, depressed, hopeless	<input type="checkbox"/> Not at All <input type="checkbox"/> Several Days <input type="checkbox"/> More than Half the Days <input type="checkbox"/> Nearly Every Day	
8.1.2 Little interest/pleasure in doing things	<input type="checkbox"/> Not at All <input type="checkbox"/> Several Days <input type="checkbox"/> More than Half the Days <input type="checkbox"/> Nearly Every Day	
8.1.3 Crying Spells	<input type="checkbox"/> Not at All <input type="checkbox"/> Several Days <input type="checkbox"/> More than Half the Days <input type="checkbox"/> Nearly Every Day	
8.1.4 Difficulty Sleeping	<input type="checkbox"/> Not at All <input type="checkbox"/> Several Days <input type="checkbox"/> More than Half the Days <input type="checkbox"/> Nearly Every Day	
8.1.5 Nervousness / Anxious / Worried	<input type="checkbox"/> Not at All <input type="checkbox"/> Several Days <input type="checkbox"/> More than Half the Days <input type="checkbox"/> Nearly Every Day	
8.1.6 Agitated / Irritable / Angry	<input type="checkbox"/> Not at All <input type="checkbox"/> Several Days <input type="checkbox"/> More than Half the Days <input type="checkbox"/> Nearly Every Day	
8.1.7 Stressed	<input type="checkbox"/> Not at All <input type="checkbox"/> Several Days <input type="checkbox"/> More than Half the Days <input type="checkbox"/> Nearly Every Day	

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8.1.8 Thought of hurting myself or others Not at All Several Days More than Half the Days Nearly Every Day

8.2 Do personal or family health issues result in loss of work or daily activities? Yes No Unsure N/A

8.3 What stressors do you have at the moment (check all that apply)? Relationships Family Children
 Lack of Social Support Occupation General Physical Health Financial Other N/A

9 Cultural and Linguistic Needs

9.1 Do you identify with a religion or spiritual tradition? Atheism/Agnosticism Buddhism Catholicism
 Christianity Christian Science Hinduism Islam Jehovah's Witness Judaism Mormon Other
 None / Unaffiliated I prefer not to answer

9.2 What is your primary language? English Spanish French Creole Vietnamese Tagalog
 I prefer not to answer Other

9.3 How do you describe your ethnicity? White or Caucasian Black or African American
 Hispanic /Latino Native American Indian /Alaskan Native Asian Pacific Islander /Native Hawaiian
 Unknown I prefer not to answer Other

10 Demographics

10.1 By what gender do you identify yourself? Male Female Intersex Transsexual
 Non-Conforming Personal Eunuch I prefer not to answer Other

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2022 CONTINUITY OF CARE (CoC) REQUEST FORM - MEDICARE ADVANTAGE

Please complete this Prominence Health Plan (PHP) CoC form electronically on our Member Portal: <https://prominence.gopatientsportal.com> if you are a new member with ongoing health care needs. This information will assist us in transitioning your care when you become effective.

Important: If you are seeing an out of network provider for any service within the next 90 days, have your provider complete a new authorization request electronically on our PHP Provider Portal (prominence.aaneelcare.com) or Fax 775-770-9027.

GENERAL INFORMATION						
1	Please select one: <input type="checkbox"/> New PHP Member <input type="checkbox"/> Existing PHP Member Whose Provider Is No Longer on Plan					
2	Member Name:		2.1 Medicare Number (MBI #) found on Medicare Health Insurance Card:		3. Member Date of Birth (mm/dd/yyyy):	
4	Relationship to Member: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child		5. Cell Phone (with area code):		6. Home Phone (with area code):	
7	Mailing Address:					
8	City	9. State	10. Zip	11. Your Email Address:		
12	Your Employer:		13. Select your PHP plan: HMO: Health Maintenance Organization - Medicare Advantage (MA) / Commercial (Cmcl) PPO: Preferred Provider Organization - Commercial DSNP: Dual Special Needs Plan - Medicare & Medicaid Dual Plan		14. Primary Care Provider (PCP): <input type="checkbox"/> Yes <input type="checkbox"/> I need a Primary Care Provider	
			13.1. MA HMO <input type="checkbox"/>	13.2. CMCL HMO <input type="checkbox"/>	13.3. CMCL PPO <input type="checkbox"/>	13.4. DSNP <input type="checkbox"/>
15	Are you covered by any other health insurance, including Medicaid or VA? If so, please complete the information below:					
	<input type="checkbox"/> Insurance Carrier: _____		<input type="checkbox"/> Plan Name (15.2): _____			
	<input type="checkbox"/> Group #: _____		<input type="checkbox"/> Policy #: _____			
16. MEDICAL INFORMATION						
16.1.	Do you expect to be in the hospital when coverage with PHP begins or in the next 90 days?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16.2.	Do you have a surgery scheduled <u>after</u> your effective date of coverage?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If yes to above, what type of surgery?					
	If yes to above, when is your surgery scheduled?					
	If yes to above, who is your surgeon?					
	If yes to above, where is your surgery taking place?					
16.3	Are you currently under the care of a specialist?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If yes to above, Specialist name and specialty?					
	If yes to above, Diagnosis?					
16.4	Are you pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, what is your due date:	
	If pregnant, who is your OB doctor?					
	If pregnant, which hospital are you scheduled to deliver at?					
	If pregnant, is your pregnancy considered high risk (e.g., twins, diabetes, age)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16.5	Are you currently receiving chemotherapy or radiation oncology therapy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If yes, what is your diagnosis?					
	If yes, who is your treating doctor?					
	If yes, where are you receiving chemotherapy or radiation therapy?					
16.6.	Do you have Kidney Failure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		or		16.9. End Stage Renal Disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16.7.	Are you receiving: Pre-Dialysis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		or		16.8. Dialysis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	If yes, what type of dialysis?					
	If yes, where are you receiving dialysis?					
16.10.	Are you currently a candidate for an organ transplant?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If yes, what type of organ? <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Heart <input type="checkbox"/> Lungs <input type="checkbox"/> Pancreas <input type="checkbox"/> Intestines <input type="checkbox"/> Other:					
	If yes, approximately when?					
	If yes, which facility?					
16.11.	Are you currently using Home health?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If yes, who is your Home Health Provider?					
16.12.	Are you currently using Durable Medical Equipment (c-pap, bi-pap, O2) ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If yes, who is your supplier?					

Turn Page Over

16.13. Please list any questions that you may have for our nurses in regards to your continuity of care. N/A

17. PHARMACY INFORMATION

17.1. Prior to your effective date, please make sure you have enough medication refills. Contact your Primary Care Provider (PCP) if you have any questions about your ongoing medication needs. If you have prescription drug questions please call 844-587-7389.

17.2. Are you currently taking any pain medication drugs? - If yes please list below Yes No N/A

17.3. What medications are you currently taking? List each medication separately Not taking any medications

17.3.1. Medication 1. _____	17.3.6. Medication 6. _____
17.3.2. Medication 2. _____	17.3.7. Medication 7. _____
17.3.3. Medication 3. _____	17.3.8. Medication 8. _____
17.3.4. Medication 4. _____	17.3.9. Medication 9. _____
17.3.5. Medication 5. _____	17.3.10. Medication 10. _____

For a complete list of covered medications please visit www.prominencemedicare.com or call 855-969-5882 (TTY: 711)

SIGNATURE OF MEMBER (REQUIRED)

I hereby authorize the above provider to give Prominence Health Plan (PHP) or any affiliated PHP company any and all information and medical records necessary to make an informed decision concerning my request for Continuity of Care Benefits under PHP. I understand I am entitled to a copy of this authorization form.

Signature of Member, Authorized Representative	Date (mm/dd/yyyy)
---	--------------------------

Submit this form electronically at PHP Member Portal <https://prominence.gopatientportal.com> or by fax to PHP's secure fax line: 775-770-9027.

If you need to contact our Customer Service call: 855-969-5882.

2022 version: 1.0

Manage Your Health Online

SECURE MEDICARE MEMBER PORTAL

The Prominence Health Plan Medicare member portal is designed to help you easily manage your plan benefits and see your personal health information in a secure online setting.

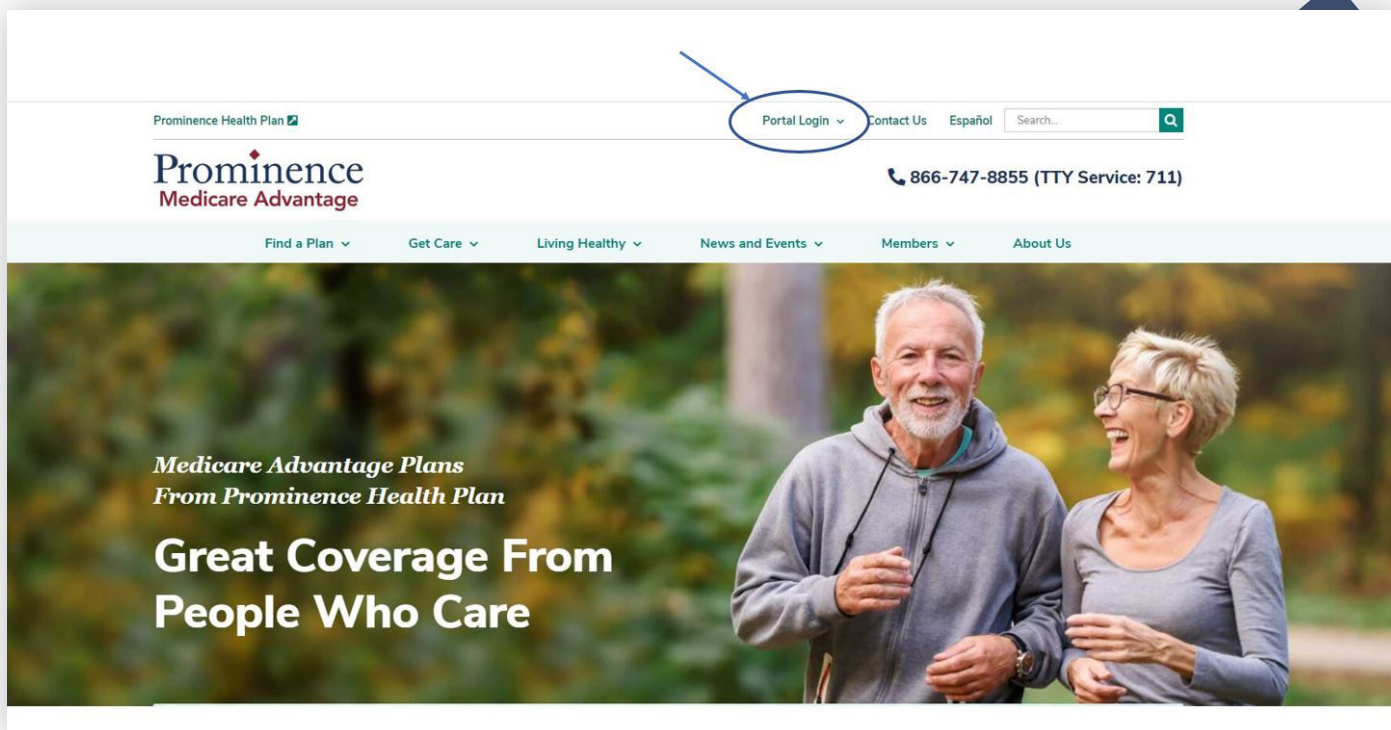
Registered users have access to:


- Online Health Risk Assessment Tool
- Continuity of Care Form
- Reorder your member ID card
- Recent claims information and history
- Out-of-pocket balances
- Provider authorization status
- Information about your health plan and important documents like benefit summaries



You can also change or update your Primary Care Provider (PCP) selection and connect to your Teladoc telemedicine benefit.

You can register now for our online portal by going to ProminenceMedicare.com and clicking on our new members section of the website.

To create a new account, you will be asked for your first name, last name, date of birth, member ID number and to create a password. You will then be sent a confirmation code to finalize your account set-up.








Prominence Health Plan 

Portal Login  Contact Us Español Search... 

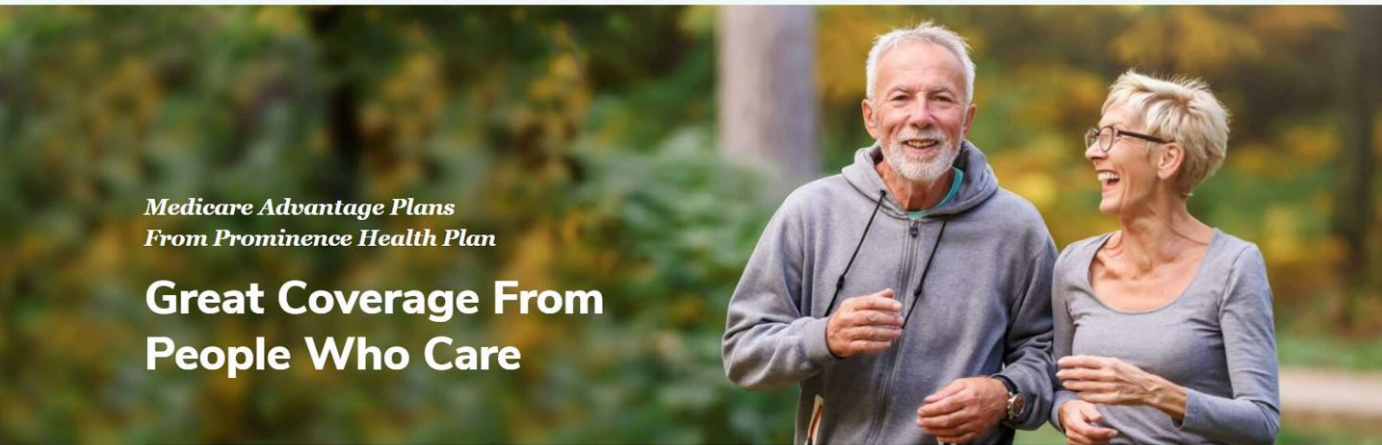
Prominence
Medicare Advantage

866-747-8855 (TTY Service: 711)

Find a Plan  Get Care  Living Healthy  News and Events  Members  About Us

*Medicare Advantage Plans
From Prominence Health Plan*

**Great Coverage From
People Who Care**



Your 2022 Pharmacy Benefits

\$0 PRESCRIPTION DRUGS

We know that paying for prescriptions can sometimes be a challenge and that is why we have made more prescription drugs available at a \$0 copay. Medications in Tier 1 (Preferred Generic) and Tier 6 (Select Care Drugs) are a **\$0 copay for 2022.**

PROMINENCE SENIOR SAVINGS PROGRAM

To ensure our members have affordable access to the prescriptions they need, we have created the Prominence Senior Savings Program. As part of this program, Select Insulins are covered at no more than \$35 for a 30-day supply and will be covered in the Medicare Part D Coverage Gap.

To see which insulins are considered “Select Insulins,” review our 2022 formulary documents available on ProminenceMedicare.com. Select Insulins will be identified with an “SI” in the Requirements/Limits column in the formulary.

DON'T RUN OUT OF YOUR MEDICATIONS AND TAKE ADVANTAGE OF OUR 100-DAY SUPPLY PROGRAM

We have created a convenient 100-day supply program where you can get ten (10) more days of your prescription drug supply instead of the usual 90-day supply for the same copayment. This applies to Tier 1, 2, 3, 4 and 6 drugs (excludes Tier 5). Ask your provider about this option, so you can prevent lapses in refills and save time waiting to fill prescriptions monthly!

WHY GO TO THE PHARMACY IF YOU CAN GET YOUR PRESCRIPTIONS MAILED TO YOUR HOME?

Don't miss out on a convenient way to easily refill your prescription drugs. As a Prominence Medicare Advantage member, you may obtain a 100-day supply of ongoing medication(s) by mail. With mail order, you can save time by having prescriptions for maintenance medication(s) conveniently delivered right to your home.

Important Note: You will need a 100-day supply prescription for your first custom delivery order and will need to register with MedImpact Direct, our mail-order pharmacy partner.



Three ways to get prescriptions by mail:

1 CALL 833-775-MEDS (6337)

Monday through Friday
7:00 a.m. – 7:00 p.m. (Central)
Saturdays
8:00 a.m. – 4:00 p.m. (Central)

With a simple call, MedImpact Direct will contact your provider or your local pharmacy to help transfer your prescription.

2 MAIL MEDIMPACT DIRECT YOUR PRESCRIPTION

Download and complete the Medication Order Form available on the “Prescription Drug Forms and Resources” page under the “Prescription Drugs” section at ProminenceMedicare.com.

You must mail your paper prescription and payment with the form.

3 FROM YOUR PRESCRIBER

Ask your doctor to send your prescription electronically to MedImpact Direct, fax it to 888-783-1773.



Exclusive Benefits Just for Prominence Members

Vision Benefit

- Prominence Medicare Advantage Members must use the National Vision Administrators (NVA) network.
- You are entitled to one \$0 routine eye exam each calendar year with an NVA in-network provider.
- Your vision benefit covers either eyeglasses or contact lenses up to \$200 total. You will be responsible to pay any costs exceeding \$200.

Please note: You will also be responsible for all costs for services and/or materials from a provider not in the network.

If during the year, you would like an additional routine eye examination or additional eyeglasses or contact lenses, you may obtain the services or materials at a discounted rate.

To find an NVA in-network provider, please call 1-800-672-7723 (TTY:711) or visit www.E-NVA.com.

Hearing Aid Coverage

Hearing aid allowance: \$600 per ear.

Your plan covers a routine hearing exam and the hearing aid benefit is included with no additional monthly premium.

You must receive your hearing tests from a Hearing Care Solutions network provider, where as a Prominence member you can receive:

- Comprehensive hearing exam at no charge
- Hearing aid evaluation at no charge
- Fixed, discounted pricing at multiple levels of technology
- A wide selection of fully digital instruments
- A choice of up to 9 major manufacturers
- Access to an audiology physician and product specialists to respond to your questions or make recommendations
- A choice of more than 5,000 locations nationwide

All instruments purchased through Hearing Care Solutions include:

- Hearing aid fitting at no charge
- Three year manufacturer's warranty including loss, damage & repair
- Two year supply of batteries (up to 64 cells per ear, per year)
- 60-day evaluation period
- 12 month interest-free financing available to qualified applicants.

To schedule an appointment or talk to a representative call 866-344-7756 (TTY:711).

Member out-of-pocket per hearing aid amount varies based on technology level selected.

Dental Benefit

Preventive and comprehensive dental is included at no additional cost and covers routine dental checkups, including cleanings and examinations. **Members must use a Liberty Dental network provider.**

To find a network dentist near you, visit:
www.libertydentalplan.com/Prominence

		Comprehensive Dental Plan Benefits
<ul style="list-style-type: none"> • No Deductible • Frequencies and Limitations Apply • In-Network Benefits Only 		Calendar Year Maximum \$2,000
Covered Services	Member Cost	
Diagnostic Services Oral evaluations, radiographic images	\$0	
Preventive Services Prophylaxis, fluoride excluding varnish	\$0	
Restorative Services Amalgam restorations, resin-based composites, inlays, onlays, crowns, core buildup	\$0	
Endodontic Services Endodontic therapy, pulp cap, retreatment of endodontic therapy, apicoectomy	\$0	
Periodontal Services Periodontal scaling and root planing, gingivectomy, full mouth debridement, periodontal maintenance, gingival irrigation	\$0	
Fixed Prosthodontic Services Pontics, retainer crowns, re-cement fixed partial denture	\$0	
Removable Prosthodontic Services Complete dentures, partial dentures, denture repair, relines, tissue conditioning, overdentures	\$0	
Oral & Maxillofacial Services Extractions, impacted tooth removal, alveoloplasty, vestibuloplasty, incision and drainage of abscess	\$0	
Other Services Palliative treatment, sedation, teledentistry	\$0	

Frequently Asked Questions (FAQs)

My dentist is not part of the Liberty Dental network. Can I still see him/her?

You must utilize a contracted dental provider in order to receive the benefits outlined in the 2022 Evidence of Coverage.

My dental office is not part of Liberty Dental and wants to join. What should they do?

Your dental provider should contact Liberty Dental at 888-352-7809 to initiate the credentialing process.

Are cosmetic dental procedures covered?

Cosmetic procedures are not a covered benefit.

What if I paid for dental services, vision hardware, or hearing aids out of pocket. What is the reimbursement process?

The process varies based on the type of service. Please contact our Care Advocate team at 1-855-969-5882 (TTY: 711) to discuss the process and steps. Do not proceed with any out-of-pocket payments until you discuss the specifics with a Care Advocate team member.

Over-the-Counter (OTC) Debit Card



No charge for OTC drugs and supplies!

You can use this card to buy eligible OTC drugs and supplies at major retail stores, such as Walmart, Walgreens or CVS Pharmacy.

You can also visit <https://athome.medline.com/prominence> or call 1-833-569-2328 (TTY:711) to place an order.

Examples of Eligible OTC Items

- Acid controllers
- Adult cough, cold & flu
- Adult pain relief
- Bandages (Band-Aids)
- External pain relief
- First aid treatments
- Sleep aids, stimulants & motion sickness
- Stomach remedies
- Vitamins, multi-vitamins & minerals

Examples of Non-Eligible Items

- Alternative medicines; botanicals, herbals, probiotics, and nutraceuticals
- Cosmetic products of any kind
- Diabetic test strips
- Food products
- Grooming devices
- Hair color/hair products
- Teeth whitening products
- Toiletries of any kind

For more information on the types of items covered or to find a participating retailer, call our Care Advocate team at 1-855-969-5882 (TTY:711) or visit [ProminenceMedicare.com](https://www.ProminenceMedicare.com).



The OTC Supplemental Benefit Card

Order health and wellness products through Medline at Home using OTC funds.

Easily access healthcare essentials with the OTC Network® Card.

- Hospital and retail brands you know and trust
- Live customer service
- 2-day shipping anywhere in the U.S.

Order products with Convenience



Online*

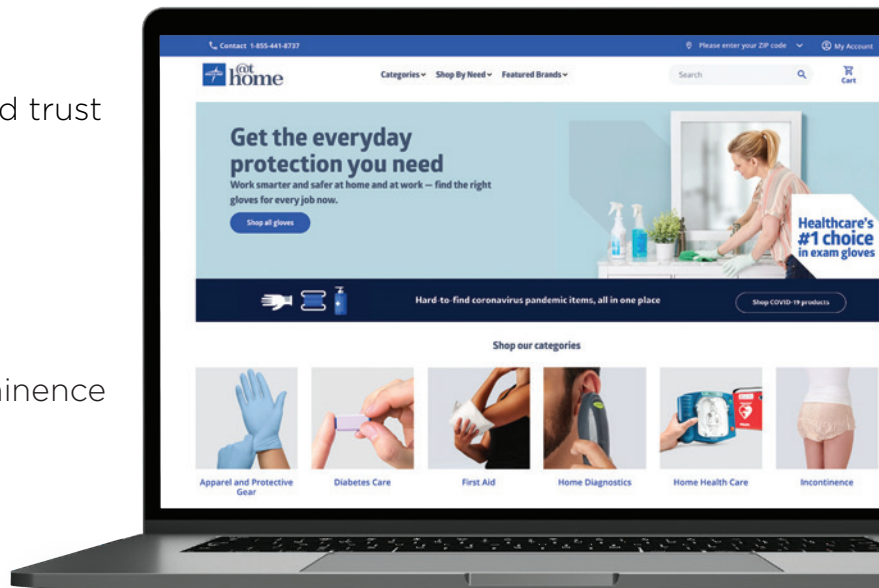
<https://athome.medline.com/prominence>

- 24/7 availability
- Easy navigation
- Order tracking available



By Phone*

833-569-2328



Shop In-Store at 65,000+ Locations

InComm Payments offers the largest network for OTC products of national and independent retailers.



*Please have your member ID and OTC card handy to place orders online or over the phone

Visit <https://athome.medline.com/prominence> or call 833-569-2328 to place an order.

The Silver&Fit[®] Healthy Aging and Exercise Program



Prominence offers the Silver&Fit Healthy Aging and Exercise program where you can get fit in the best way for you!

In addition to a local network of participating fitness centers, you can find information about healthy aging on the Silver&Fit website.

Benefits include:

- No-cost access to a participating fitness center or a select YMCA.
- Group classes tailored to older adults,* where offered.
- 8,000+ digital workout videos through the Silver&Fit website and mobile app to view workout videos, perfect for all fitness levels.
- Home Fitness tools that include access to one Home Fitness Kit per benefit year and the Get Started Program to provide a personal exercise plan, including suggested workout videos just by answering a few online questions.
- Healthy aging materials (online).
- A newsletter four times a year (online, or by email).
- The Silver&Fit Connected![™] tool, for tracking activity to earn rewards.**
- One-on-One Healthy Aging Coaching sessions by phone.

To learn more, visit Silverandfit.com.

Please note: for new members, with a January 1, 2022 effective date, Silver&Fit website registration and eligibility to enroll into a network fitness center is effective on or after January 1, 2022. However, we invite you to visit the Silver&Fit website to search for a fitness center near you before the effective date.

* Fitness center services that require an additional cost are not included in the Silver&Fit program.**Rewards are subject to change. Purchase of a wearable fitness tracker or app may be required to use the Connected! tool and is not reimbursable to the Silver&Fit program.

Your use of the Silver&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc., (ASH Fitness) to receive information about your tracked activity and to use that data to process and administer available rewards to you under the program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit, Silver&Fit Connected! and the Silver&Fit logo are trademarks of ASH and used with permission herein. Participating facilities and fitness chains may vary by location and are subject to change. Kits are subject to change.





Quality Healthcare When and Where You Need It

As a Prominence Health Plan member you have access to Teladoc's® national network of U.S. board-certified doctors and therapists by phone or video who are available anywhere, 24/7 to treat many of your medical issues.

Telemedicine services provided by Teladoc are provided at a \$0 copay.

Teladoc is a convenient and affordable option that allows you to talk to a doctor who can diagnose, recommend treatment and prescribe medication, when appropriate, for many medical issues including:

- Sinus problems
- Bronchitis
- Allergies
- Cold and flu
- Respiratory infection
- Ear infection
- Pink eye

In addition, if the challenges of everyday life are affecting your wellbeing, talking to a therapist can help you regain your sense of happiness and improve your overall mental health. Teladoc's licensed therapists are available seven days a week.

Choose one that's right for you, pick a convenient time and then have a private conversation from your home or anywhere you feel comfortable.

Teladoc therapists can help treat:

- Anxiety
- Depression
- Panic disorder
- Stress/post-traumatic stress disorder (PTSD)
- Family and marriage issues

It's quick and easy to set up an account online or over the phone.

Visit teladoc.com and provide the required information.

You can also call Teladoc at 1-800-TELADOC (835-2362).

Prominence
Medicare Advantage

Great coverage, from people who care.

ProminenceMedicare.com

Your Healthy Checklist for **2022**

**This helpful checklist can be used
to make sure you receive
important preventive screenings
this year to help keep you healthy.**

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ProminenceMedicare.com



2022 Healthy Checklist

Preventive Service	Date Completed
Prominence Health Assessment	
Bone Density	
Annual Eye Exam	
Breast Cancer Screening (Mammogram)	
Colorectal Cancer Screening	
Diabetes Screening (A1c, urine test, diabetic eye exam)	
Blood Pressure Check	
Vaccines: flu and pneumonia	
Complete Advance Care Planning/ Advance Directive	

Note: Please ask to your primary care provider (PCP) which screenings are right for you.

Prominence[®]
Health Plan

ProminenceMedicare.com



Prominence Is Here to Help!

If you need additional support, we have staff at an office in your service area who can help you.

Our team is trained to provide you with the service and assistance that you deserve.

Don't hesitate to visit if you need assistance or have questions about your benefits.

Texas Office Locations

South Texas

1700 S. 10th Street, Suite 115,
McAllen, TX 78503
Phone: 956-928-1971

Laredo Texas

9114 McPherson Road, Suite 2520
Laredo, TX 78045
Phone: 956-370-7975

Texoma/Northwest Texas

305 W. Woodard Street, Ste 220
Denison, TX 75020
Phone: 903-400-9909

Great coverage, from people who care.

ProminenceMedicare.com

Important Plan Documents Available

- **MEDICARE ADVANTAGE PROVIDER AND PHARMACY DIRECTORY**

The Provider and Pharmacy Directory includes a list of Prominence Health Plan's network providers.

- **MEDICARE ADVANTAGE FORMULARY INFORMATION**

The formulary is a list of prescription drugs covered by Prominence Health Plan.

- **EVIDENCE OF COVERAGE (EOC)**

The EOC contains detailed information about your plan coverage.

You can access any of these documents online at ProminenceMedicare.com or have a copy of any of these documents mailed to you by calling Member Services at the number below.

If you need help finding a provider or pharmacy, information about prescription drugs or general plan information, please call Member Services at:

1-855-969-5882 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week from October 1 to March 31 and Monday through Friday from April 1 through September 30. These documents will be available by October 15.

Thank you.

Prominence Health Plan is an HMO and HMO SNP plan with a Medicare contract and a contract with the Medicaid program. Enrollment in Prominence Health Plan depends on contract renewal.

Prominence Health Plan complies with applicable Federal civil rights laws and does not discriminate based on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-969-5882 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-969-5882 (TTY: 711).

CONTACT US

1-855-969-5882

TTY call 711

Contact Us

1-855-969-5882

(TTY: 711)

HOURS:

October 1 to March 31

7 days a week, 8 am – 8 pm

April 1 to September 30

Monday through Friday

8 am – 8 pm



Prominence
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