

## Non-emergency transportation for members

Prestige Health Choice (Prestige) offers non-emergency transportation for members who need assistance visiting provider offices for their scheduled appointments, as well as for other related needs, such as pharmacy and lab visits.

Providers are encouraged to refer members requiring transportation services to our transportation vendor to ensure the member does not fall behind with any ongoing treatment, or miss his or her scheduled regular checkups.

Please contact our transportation vendor at **1-855-371-3968**. For questions about non-emergency transportation, please contact Member Services at **1-800-355-9800**.

## Medical management platform update

To improve our operating systems, Prestige has upgraded its medical management platform to Jiva 5.6. If you are using the Jiva Provider Portal to submit and follow up on requests for authorization, please note the following important points:

- Jiva 5.6 is optimized for Internet Explorer 11 (IE11). Internet Explorer 8 is no longer supported by Jiva 5.6. An upgrade to IE11 is strongly recommended.
- After the Jiva upgrade, all previously entered cases will remain valid, but will only be viewable by our internal Prestige staff.
  - ▶ All inpatient cases will remain in the old system until discharge. To request a continued stay review, please fax clinical requests to **1-855-236-9286**.
  - ▶ Outpatient requests will be considered complete in the old system. For any authorization extension requests, you can start a new case in the upgraded system by faxing your request to Prestige at **1-855-236-9285** or by creating a new prior authorization request in the upgraded Jiva Provider Portal.
  - ▶ For questions about a previously entered case, please call **1-855-371-8074**.
- For your reference and assistance, our updated Jiva Provider Portal Reference Guide has been posted to our website at [www.prestigehealthchoice.com/pdf/provider/itn/training-education/jiva-reference-guide.pdf](http://www.prestigehealthchoice.com/pdf/provider/itn/training-education/jiva-reference-guide.pdf).

## Refunds for improper payment or overpayment of claims

Prestige encourages providers to conduct regular self-audits to ensure receipt of accurate payment(s) from the health plan. Medicaid program funds must be returned when identified as having been improperly paid or overpaid.

If a provider identifies improper payment or overpayment of claims from Prestige, the improperly paid or overpaid funds must be returned to Prestige within 60 days from the date of discovery of the overpayment. Providers may return improper or overpaid funds to the health plan by completing page one of the Provider Claim Refund Form (available online at [www.prestigehealthchoice.com/provider/itn/resources/forms.asp](http://www.prestigehealthchoice.com/provider/itn/resources/forms.asp)), using page two of the form, as needed, to list multiple claims connected to the return payment. Submit the completed form and refund check by mail to the claims processing department:

Prestige Health Choice  
Attn: Provider Refund Unit  
P.O. Box 7367  
London, KY 40742

If you have any questions, please call Provider Services at **1-800-617-5727**.

