

To:	Prestige Health Choice Providers	From:	Prestige Health Choice
Pages:	2	Phone:	1-855-464-8812
Re:	Equian Inpatient Claims	Date:	6/14/2019

Urgent

 For review

 Please comment

 Please reply

Comments

Prestige Health Choice has entered into an agreement with Equian, to review certain inpatient claims. As a result, claims submission criteria for certain inpatient claims is changing.

Beginning on August 19, 2019, Equian will begin to review all inpatient DRG facility claims that will pay greater than \$50,000.00 if paid as billed. This Prospective Review Service will be conducted to review inpatient hospital bills for billing inconsistencies and variances from industry billing practices. Prestige Health Choice will require that you submit an itemized bill with each inpatient DRG facility claim that will pay greater than \$50,000 if paid as billed. These claims must be submitted with an itemized bill to avoid an upfront EQ1 denial code- *Reimbursement exceeds \$50,000, resubmit with itemized bill*. If you have already received this type of denial, you may elect to send the itemized bill in one of the following formats:

- Excel format – send via secure email to claimsadmin@equian.com (*preferred*)
- PDF or Word format – send via secure email to claimsadmin@equian.com or secure fax to 1-800-435-2049

Mail: Equian, LLC
 Attn: Medical Claims Administration
 600 12th Street, Suite 300
 Golden, CO 80401

Confidentiality Statement: The documents accompanying this transmission contain confidential health information that is legally protected. This information is intended only for the use of the individuals or entities listed above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Once the claim and itemized bill has been received, Equian will conduct a Prospective Review and submit its findings to Prestige Health Choice for claim adjudication. Your remittance advice will reflect any payment differences resulting from Equian's review. If billing issues have been identified, Equian will send a facility packet, which includes the Forensic Review Report outlining review findings within 10 business days of the date of your remittance advice.

If your facility believes that a billing issue identified by Equian may be inaccurate, you must appeal the findings directly to Equian, LLC. Your appeal request must be submitted in writing to the address listed below within 30 days from the date of the facility packet letter.

Mail: Equian, LLC
Attn: Appeals Department
600 12th Street, Suite 300
Golden, CO 80401
Secure Email: reconsiderations@equian.com

General questions regarding these prospective reviews should be directed to Equian, LLC.

Equian, LLC
Attn: Claim Resolution Department
600 12th Street, Suite 300
Golden, CO 80401
Direct: 1-888-895-2254
claimsresolution@equian.com

Equian, LLC is a Prestige Health Choice business associate, as defined by the regulations implementing the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Pursuant to Equian, LLC's agreement with Prestige Health Choice, Equian, LLC is authorized to request, receive, document and discuss any medical information including, but not limited to, itemized bills and medical record information regarding the diagnosis and plan of care for Prestige Health Choice members. Please call Equian, LLC at 1-800-304-5649 if you have any questions regarding Equian, LLC's authorization.

Thank you for your cooperation and assistance in our efforts to ensure the integrity of the Medicaid program.

Sincerely,

Provider Network Manager
Prestige Health Choice