

# **Provider Manual**

## **Section 1.0**

### **Introduction**

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# 1.0 Introduction

## 1.1 Provider Welcome

We are pleased you are part of the Lighthouse Health Plan (“Lighthouse”) provider network. As a participant in Lighthouse’s network, you can make a positive impact on the health of our community’s underserved populations. You are the key to delivering high-quality, cost-effective medical services to Medicaid recipients. Lighthouse recognizes that achieving its mission “to improve quality of life and to make sure that every patient, every time, has a positive health care experience with us” would not be possible without your participation. We want happy, healthy families living in our community. Lighthouse is committed to earning your ongoing support and looks forward to working with you to provide the best service possible to our enrollees and your patients.

This Provider Manual explains the policies and administrative procedures of Lighthouse. You may use it as a guide to answer questions about enrollee benefits, claim submissions, and many other issues. This Provider Manual also outlines day-to-day operational details for you and your staff. It will describe and clarify the requirements identified in the Provider Agreement you hold with Lighthouse. Updates to this Provider Manual will be posted on Lighthouse’s website on an annual basis, at minimum. As your office receives communications from Lighthouse, it is important that you and/or your office staff read the Provider Alerts, Medical Office Notes, Lighthouse eNews, and other special mailings and retain them with this Provider Manual so you can integrate the changes into your practice. All Lighthouse provider materials, including the Provider Manual and Provider Directory, are available online at [www.lighthousehealthplan.com](http://www.lighthousehealthplan.com). Please note, the term “provider” as used throughout this Provider Manual is inclusive of all practitioners, individual and group affiliated, as well as facilities and ancillary service suppliers, as appropriate.

## 1.2 Medicaid Program

Medicaid is the state and federal partnership that provides health coverage for selected categories of people with low incomes. Medicaid’s purpose is to improve the health of people who might otherwise go without medical care for themselves or for their children. Medicaid is different in every state.

Florida Agency for Health Care Administration (“Agency”)

The Agency is responsible for administering Florida’s Medicaid program. In 2014, the Agency implemented a new system through which Medicaid enrollees (“enrollees”) receive services. This program is called the **Statewide Medicaid Managed Care (SMMC)**. The SMMC program has three components: the Long-Term Care (LTC)

program, the Managed Medical Assistance (MMA) program, and the Dental Program. Most Medicaid recipients must enroll in an MMA program.

As an MMA **Provider Service Network (PSN)** under the SMMC program, Lighthouse disburses the reimbursement to providers for covered services provided to Lighthouse enrollees. The Agency remains responsible for developing, maintaining, and administering the policies and procedures, the scope of benefits, and the basis for reimbursement for the medical care aspects of the program. As a Lighthouse provider, please be aware that you are bound by both federal and state Medicaid statutes and regulations governing the administration of the Florida Medicaid state plan.

### **1.3 Overview of Lighthouse Health**

Lighthouse is a Provider Service Network (PSN) contracted with the Agency to serve Medicaid enrollees in Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Calhoun, Liberty, Franklin, Leon, Gulf, Gadsden, and Jackson counties, which comprise SMMC Regions 1 and 2.

### **1.4 Important Telephone Numbers**

#### **1.4.1 Case Management 844-243-5176**

The Case Management department is available from 8 a.m. to 8 p.m. EST/ 7 a.m. to 7 p.m. CST, Monday through Friday. The Case Management department assists enrollees and providers in managing and coordinating services to meet the enrollees' medical and social needs.

#### **1.4.2 Compliance Department**

Providers are also required to cooperate with the investigation of suspected fraud and abuse. If you suspect fraud or abuse by a Lighthouse enrollee or provider, it is your responsibility to immediately report this by calling one of the telephone numbers listed below:

Lighthouse Compliance Hotline: 800-653-7101 Code LTHP

Medicaid Fraud Hotline: 888-419-3456

Lighthouse Compliance Email Address: [compliance@lighthousehealthplan.com](mailto:compliance@lighthousehealthplan.com)

**1.4.3 Health and Disease Management 844-243-5176** The Health and Disease Management department is available from 8 a.m. to 8 p.m. EST/ 7 a.m. to 7 p.m. CST Monday through Friday. The Health and Disease Management department offers many programs that assist providers and enrollees in the management of the enrollees' care, including programs relating to:

- Chronic Respiratory Disease Management (including asthma and COPD)

- Congestive Heart Failure (CHF) Disease Management
- Diabetes Disease Management
- Early and Periodic, Screening, Diagnosis and Treatment (EPSDT)
- Mommy Steps Perinatal Program
- Obesity

#### 1.4.4 Enrollee Services 844-243-5176

Enrollee Services representatives are available from 8a.m. to 8 p.m. EST/ 7 a.m. to 7 p.m. CST Monday through Friday. Enrollee Services representatives assist enrollees by answering questions regarding changes, benefits, and grievance issues. They may also direct enrollees to other Lighthouse departments and/or send communication materials to enrollees.

#### 1.4.5 Lighthouse Provider Portal

The Lighthouse Provider Portal offers you a secure, real-time online connection between your office and Lighthouse. The Lighthouse Provider Portal can facilitate your office processes so that you spend less time on the phone or processing paperwork. Offered services include: enrollee eligibility verification, claim status inquiry, and referral submission and inquiry. Access to and use of the Lighthouse Provider Portal is offered free of charge. The provider portal can be found on our website [www.lighthousehealthplan.com](http://www.lighthousehealthplan.com).

#### 1.4.6 Other Services

Service	Provider	Telephone	Hours
Behavioral Health	Access Behavioral Health	800-342-3222 (phone) TTY:711850-595-0258 (fax)	24 hours/7 days/week <a href="http://www.abhfl.org">www.abhfl.org</a> (website)
Nurse Advice Line	Health Dialog	844-865-7921 (phone) TDD/TTY 711 800- 499-7033 (fax)	24 hours/7 days/week <a href="mailto:referral@healthdialog.com">referral@healthdialog.com</a> (email)
Transportation (Non- emergent)	OneCall	877-848-5993 (phone) 877-358-3529 Enrollee Complaint Line 844-418-0531 (fax)	<a href="mailto:RideRequest@onecallcm.com">RideRequest@onecallcm.com</a> (email)
Over-the-Counter-Supplies	OTCHS (CVS)	833-331-1571 (toll free) 866-682-6733 (fax)	<a href="https://lighthouse.otchs.com/">https://lighthouse.otchs.com/</a> (website)

<b>Service</b>	<b>Provider</b>	<b>Telephone</b>	<b>Hours</b>
DME/HH/Infusion Pharmacy	Costal Care Services, Inc.	855-481-0505 (toll free) 855-481-0606 (fax)	24 hours/7 days/week
Vision	iCare Health Solutions	855-373-7627 (toll free) 305-675-8195 (fax)	<a href="mailto:info@myicarehealth.com">info@myicarehealth.com</a> (email) <a href="http://www.myicarehealth.com">www.myicarehealth.com</a> (website)

#### **1.4.7 Pharmacy Prior Authorization 844-716-5412**

Lighthouse's prior authorization department is available 24 hours per day. Prior authorizations for prescriptions should be faxed to 855-710-6731.

Urgent requests should be reserved only for those situations in which applying the standard procedure may seriously jeopardize the enrollee's life, health or ability to regain maximum function. It is inappropriate to use the urgent fax line for non-urgent requests. Please refer to Section 12 for the prior authorization procedural requirements.

#### **1.4.8 Provider Claims Service Unit 844-243-5181**

The Provider Claims Customer Service Unit (PSCU) answers providers' calls regarding any claim-specific issues. The Provider Claims Customer Service team is available Monday through Friday from 8 a.m. to 8 p.m. EST/ 7 a.m. to 7 p.m. CST.

#### **1.4.9 Provider Services 844-243-5181**

Provider Services representatives are available Monday through Friday from 8 a.m. to 8 p.m. EST/ 7 a.m. to 7 p.m. CST. to assist providers with questions about policies, procedures, enrollee eligibility and benefits. The representatives can also help providers request forms or literature, report enrollee noncompliance, or assist enrollees in obtaining ancillary direct access services or other specialty care.

#### **1.4.10 Utilization Management 844-824-8846**

The **Utilization Management (UM)** Department is available Monday through Friday from 8 a.m. to 8 p.m. EST/ 7 a.m. to 7 p.m. CST. You may contact the UM department by calling **844-824-8846**. Please refer to section 5.1 for additional contact information.

### **Other Important Contact Information**

#### **Department of Children and Families (DCF)**

Toll-free: 866-762-2237