



Provider Quick Reference Guide

[Website: https://www.Lighthousehealthplan.com](https://www.Lighthousehealthplan.com)

Important Telephone Numbers		
Customer Service (844) 243-5181	IVR Automated System (844) 243-5181	Provider Services (844) 243-5181
Utilization Management (844) 824-8846 (888) 522-6490 Inpatient Fax (888) 522-6490 Outpatient Fax (888) 522-6490 Concurrent Review	Pharmacy Prior Authorization (844) 716-5412 (866) 266-5511 Fax	Pregnancy Notification (888) 518-5333Fax
Florida Abuse Hotline (888) 501-6256 Retrospective Review	Lighthouse Health Plan Compliance Hot-Line (800) 653-7101 Code (888) 419-3456 Fax	(800) 962-2873
Vendor/Subcontractor Services		
Behavioral Health – Access Behavioral Health (800) 342-3222 (24 hours/7 days/week) www.abhfl.org	Nurse Advice Line- Health Dialog (844) 865-7921 (24 hours/7 days/week) referral@healthdialog.com	
Transportation (Non-emergent)- OneCall (877) 358-3529 (24 hours/7 days/week) (844) 418-0531 (Fax)	Over-the-Counter- Supplies- OTCHS (CVS) (833) 331-1571 (toll free) (866) 682-6733 (Fax) www.Lighthouse.otchs.com	
DME/Home Health/Infusion Pharmacy- Coastal Care Services, Inc. (855) 481-0505 (24 hours/7 days/week) (855) 481-0606 (Fax) www.ccsi.care/providers/ (website) http://web.ccsi.care (provider portal)	Vision- ICARE Health Solutions (855) 373-7627 (toll-free) (305) 675-8195 (Fax) info@myicarehealth.com (email) www.myicarehealth.com (website)	
Laboratory- Quest Diagnostics (866) 697-8378 (toll free) https://www.questdiagnostics.com/home.html		
Provider Services		
Providers can visit the Lighthouse Health Plan Website to access the following: <ul style="list-style-type: none"> Provider Manual Provider Forms Provider Directory Prior Authorization Guide and Referrals Grievance and Appeals Fraud, Waste, and Abuse Cultural Competency Medicaid Physician Incentive Program (MPIP) 	Providers can visit the Lighthouse Health Plan Portal to access the following: <ul style="list-style-type: none"> PCP Verification Member Eligibility/Verification Request Prior Authorization (PA) Claim Submission/Inquiry and Adjustment <p>Contact Lighthouse Health Plan’s Provider Services Department from 8 am to 7 pm EST/SDT, Monday through Friday at (844) 243-5181 for assistance with the following services:</p> <ul style="list-style-type: none"> Questions about claims/credentialing/network status 	



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<ul style="list-style-type: none"> Clinical Practice Guidelines Adding providers to an existing group Reporting demographic changes 	<ul style="list-style-type: none"> Request for a free copy of the Provider Manual Register a provider complaint 									
Claim Submission	Claim Payment Disputes									
<p>Lighthouse Health Plan encourages all providers to submit claims electronically.</p> <p>For support for electronic claim filing, contact your EDI software vendor or the Change Provider Support Line at (800) 845-6592 to arrange transmission.</p> <p>Lighthouse Health Plan Electronic Payer ID: 31828 For paper claims, please submit to Lighthouse Health Plan at the following address: <div style="text-align: center;"> Lighthouse Health Plan PO BOX 211156 Eagan, MN 55121 </div> </p> <p>Timely Filing 180 calendar days from the date of service or date of discharge (inpatient), or as specified in provider contract.</p>	<p>Provider may file a claim dispute by contacting Provider Services at (844) 243-5176 or by mail at: <div style="text-align: center;"> Lighthouse Health Plan PO BOX 211156 Eagan, MN 55121 </div> </p> <p>All requests for claims disputes including reconsiderations or adjustments must be received ninety (90) calendar days from the date of the notification of payment or denial (please refer to Provider Manual).</p>									
Electronic Funds Transfers (EFT)										
<p>InstaMed will deliver claim payments via electronic funds transfer (EFT) and provide electronic remittance advice (ERA). Upon registering for InstaMed, you will receive online access to payment details 24/7 to view and print remittances. The below information is needed for Online Registration:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">• TAX ID</td> <td style="width: 33%;">• Email Address</td> <td style="width: 33%;">• Principal Name (primary decision maker)</td> </tr> <tr> <td>• Legal Business Name</td> <td>• Business Address/Phone</td> <td>• Billing NPI Number</td> </tr> <tr> <td>• Bank Name</td> <td>• Bank Routing Number</td> <td></td> </tr> </table> <p>Please contact InstaMed at connect@instamed.com or (866) 945-7990 with any questions on EFT/ERA delivery.</p>		• TAX ID	• Email Address	• Principal Name (primary decision maker)	• Legal Business Name	• Business Address/Phone	• Billing NPI Number	• Bank Name	• Bank Routing Number	
• TAX ID	• Email Address	• Principal Name (primary decision maker)								
• Legal Business Name	• Business Address/Phone	• Billing NPI Number								
• Bank Name	• Bank Routing Number									
Pharmacy										
<p>Lighthouse Health Plan will adopt the AHCA Medicaid PDL and provide coverage for all drugs and dosage forms listed therein. Refer to the PDL document for the most current list of preferred drugs:</p> <p>http://ahca.myflorida.com/medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml.</p> <p>Please contact Pharmacy Utilization Management at (844) 716-5412 or via fax (866) 266-5511.</p> <p>For specialty pharmacy services, please contact CVS Specialty Pharmacy Solutions at (800) 237-2767 or via email https://www.cvsspecialty.com/wps/portal/specialty</p>										