



Lighthouse
HEALTH PLAN

Come shine with us!

2020 Provider Manual



1.0 Introduction.....	7
1.1 Provider Welcome.....	7
1.2 Florida Medicaid Program	7
1.3 Overview of Lighthouse Health.....	8
1.4 Important Telephone Numbers	8
2.0 Administrative Procedures	12
2.1 Enrollee Eligibility.....	12
2.2 Lighthouse Health Plan Assignment.....	12
2.3 Choosing a Primary Care Provider (PCP)	12
2.4 Identification Cards	13
2.5 Health Education and Special Programs	14
2.6. Translator and Interpreter Services.....	16
2.7 Credentialing/Re-Credentialing Process.....	16
2.8 Provider Terminations/Changes in Provider Information	19
2.9 Provider Grievances and Appeals	21
2.10 Enrollees’ Rights.....	23
2.11 Enrollee Grievances and Appeals	24
3.0 Provider Roles and Responsibilities	30
3.1 Confidentiality.....	30
3.2 The Role of the Primary Care Provider (PCP)	31
3.3 The Role of Specialists and Consulting Providers	33
3.4 Responsibilities of All Providers	33
4.0 Office Standards.....	39
4.1 Appointment Scheduling Standards	39
4.2 Enrollee to Provider Ratio Maximum	40
4.3 Provider Office Standards.....	40
4.4 Medical Record Keeping, Continuity, and Coordination of Care	41
Standards	45
4.5 Hospital Care.....	45

4.6 Florida Health Information Exchange (FHIE).....	45
4.7 Communication Guidelines.....	46
5.0 Utilization Management.....	50
5.1 Utilization Management.....	50
5.2 Review Criteria.....	54
5.3 Authorization Requirements.....	54
5.4 Retrospective Authorization.....	55
5.5 Denials.....	56
5.6 Prior Authorizations for Enrollees who request a Second Opinion.....	57
5.7 Prior Authorizations for Enrollees with Another Carrier.....	57
6.0 Referrals.....	59
6.1 Enrollee Self-Referral (Direct Access).....	59
6.2 Referral Requirements.....	60
6.3 Distribution of Referrals.....	61
7.0 Benefit Summary.....	64
7.1 Enrollee Benefit Summary.....	64
8.0 Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	67
8.1 Overview of EPSDT	67
8.2 EPSDT Eligibility.....	67
8.3 Covered Services.....	67
8.4 EPSDT Audits for Screening Elements.....	68
8.5 EPSDT Tracking/Enrollee Outreach.....	68
8.6 EPSDT Reporting/Billing (Preventative Health Screens/Immunizations).....	68
8.7 EPSDT Expanded Services.....	70
9.0 Quality Improvement.....	72
9.1 Quality Improvement Program Description.....	72
9.2 Quality of Care Concerns.....	74

9.3 Provider Sanctioning Policy	74
9.4 Clinical Practice Guidelines	75
10.0 Emergency Care/Urgent Care Services.....	81
10.1 Emergency Care.....	81
10.2 Out-of-Service-Area Care	82
10.3 Urgent Care Services.....	82
11.0 Special Programs	84
11.1 Case Management	86
11.2 Health and Disease Management Programs	86
11.3 Telemedicine.....	88
12.0 Outpatient Pharmacy Services	90
12.0 Prescribing Outpatient Medications for Lighthouse Health Plan Enrollees	90
12.1 Prescription Medications and Prior Authorization	93
12.2 Pharmacy Lock-In Program.....	95
12.3 Enrollee Pharmacy Access	95
12.4 Specialty Pharmacy Solutions	96
13.0 Obstetrical and Family Planning.....	98
13.1 Obstetrical Services.....	98
13.2 Family Planning Services.....	103
13.3 Hysterectomies, Sterilizations, and Termination of Pregnancies	104
14.0 Provider Billing Manual.....	106
14.1 Claim Submission.....	106
14.2 Timely Filing Requirements	112
14.3 Corrected Claims and Requests for Appeals and/or Refunds.....	112
15.0 Behavioral Health	115
15.1 Behavior Health.....	115
16.0 Forms and Documents.....	118
16.1 Claims Forms	118

16.2 Utilization Management Forms	118
16.3 Provider Contracting/Provider Network Management Forms	118
16.4 Care Coordination/Case Management Forms.....	119
17.0 Acronyms	123