THE HEALTH OPTIONS PROVIDER MANUAL

TABLE OF CONTENTS

Chapter/Unit	TOPIC	See Page
CHAPTER 1	GENERAL INFORMATION AND CONTACT INFORMATION	
1.1	Health Options Overview	
	Introduction	2
	General Information	2
	Purpose of This Manual	2
1.2	Quick Reference Directory	
	Health Options Contact Information	2
	 Health Options Website 	2
	 Telephone Numbers and Hours of Availability 	2
	■ NaviNet	3
	Health Options Provider Services	3
	Pharmacy Services	4
	State of Delaware Contact Information	5
CHAPTER 2	MEMBER INFORMATION	
2.1	Enrollment and Eligibility	
	Enrollment and Eligibility Determination	2
	 Enrollment and Eligibility Determination 	2
	Role of the Health Benefit Manager (HBM)	2
	Member Resources	3
	Member Handbook	3
	Member Advocates	3
	Member Services	3
	Verifying Eligibility	4
	 Health Options Identification Card 	4
	 Health Options Interactive Voice Response (IVR) System 	4
	PCP's Role in Verifying Eligibility	5
	Member Identification Cards	6
	SAMPLE ID CARD: Diamond State Health Plan (DSHP)	6
	 SAMPLE ID CARD: Diamond State Health Plan – Plus (DSHP 	7
	Plus)	
	 SAMPLE ID CARD: Diamond State Health Plan – Plus Long 	8
	Term Services and Support (DSHP Plus LTSS)	



Chapter/Unit	ТОРІС	See Page
2.2	Member Rights	
	Member Rights and Responsibilities	3
	Member Rights	3
	 Member Responsibilities 	4
	Critical Incidents	5
	What are Critical Incidents?	5
	Reporting Critical Incidents	5
	 Reporting Suspected Abuse or Neglect 	5
	Second Opinions	6
	Interpretation Services	7
	Billing for Missed Scheduled Appointments Prohibited	8
CHAPTER 3	COVERED BENEFITS AND SERVICES	
3.1	Member Benefits	
	Covered Services	2
	Overview	2
	Basic Benefits	2
	Prescription Drugs	6
	Overview	6
	Prior Authorization and Exceptions	6
	 When Prescription Medications are Covered 	7
	Over-the-Counter (OTC)	7
	Non-Covered Pharmacy Services	7
	 Delaware Prescription Monitoring Program 	8
	Pharmacy and PCP Lock-In	8
	Urgent and Emergent Services	9
	■ Emergency Services	9
	 Situations When Emergency Care Is Typically Not Needed 	9
	Hospital Guidelines Followed for Triage	10
	 Follow-Up Care After Emergency Room Visit 	10
	Urgent Care	10
	Non-Covered Services	11
3.2	Behavioral Health Services	
	Overview	2
	Introduction	2
	Referring Members	2
	Benefits and Services	3
	Limitation of Benefit	3
	Verifying Eligibility	3



Chapter/Unit	ТОРІС	See Page
(Ch3.2 cont'd)	Provider Appointment Standards	3
	In-Office Wait Time	3
	 Coordination Between Physical Health and Behavioral Health 	4
	Crisis Intervention Services	5
	Statewide Service Locations	6
	Northern Delaware	6
	Southern Delaware	7
	Behavioral Health Authorizations	8
	Services Requiring Authorization	8
	Requesting Precertification	8
	 Requesting Ongoing (Concurrent) Authorization 	9
	 Discharge Notification Form 	9
3.3	Additional Services	
	Dental and Vision Services	2
	Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	3
	 Primary Care Practitioner Responsibilities 	3
	Required Screenings Schedule	3
	Initial Assessments	4
	Coordinating Services	4
	Reporting Services	4
	■ Referrals	5
	Member Outreach Form	5
	Transplant Services	6
	Covered Transplant Services	6
	Eligibility Requirements	6
CHAPTER 4	PROVIDER PARTICIPATION AND RESPONSIBILITIES	
4.1	Health Options Provider Network Participation	
	Introduction to Network Participation	2
	Eligible Professional Providers	2
	Provider Disclosure Statement	3
	 National Provider Identifier (NPI) 	3
	 Registering as a Non-Participating Provider 	3
	 Mutual Roles and Obligations for Network Participating 	4
	Providers and Health Options	
	 How to Participate in Health Options' Credentialed Networks 	5
	 For CAQH Participating Practitioners 	5
	If You Are Not Yet Registered with CAQH	6
	 Notification of Application Status 	6



Chapter/Unit	TOPIC	See Page
(Ch4.1 cont'd)	 How to Resign from Network Participation 	6
	Assignment Accounts	7
	Eligible Entities and Arrangements	7
	 How to Establish an Assignment Account 	8
	Electronic Transactions Required	8
	 Keeping Assignment Account Information Up to Date 	9
	 Notification of New or Departing Practitioners 	9
	Restrictions	9
	 How to Make Changes to an Existing Assignment Account 	10
	Changes to EFT Account	10
	Provider Tax Identification Numbers	11
	Electronic Transaction Requirements	12
	Non-Network Provider Payment Guidelines	13
	Facility and Ancillary Provider Networks	14
4.2	Health Options Credentialing and Recredentialing	
	Introduction to Credentialing	2
	Health Options Network Credentialing Policy	4
	Practitioners' Credentialing Rights	9
	The Credentialing Process	10
	If You Already Have a CAQH ID	10
	If You Are Not Yet Registered with CAQH	11
	 Steps in the Initial Credentialing Process 	11
	Application Status	13
	The Recredentialing Process	14
	 Assessment of Clinical Quality 	14
	 Assessment of Data Completeness 	15
	 Office Site Reviews 	16
	Step-by-Step Process	16
	Credentialing Requirements for Facility-Based Providers	17
	 Facility-Based Practitioner Credentialing Policy 	17
	■ PARE Attestation	17
	 Credentialing Requirements for Behavioral Health Care Providers 	19
	 Dual Credentialing and Recredentialing as Both PCP and Specialist 	21
	Practitioner Quality and Board Certification	22
	Malpractice Insurance Requirement	24
	Termination from the Networks	25
	Reconsiderations and Appeals	28



Chapter/Unit	TOPIC	See Page
4.3	Policies and Procedures for Providers	
	Maintaining Medical and Financial Records	2
	Medical Records Maintenance and Retention	2
	 Financial Records Maintenance and Retention 	2
	 Confidentiality and HIPAA Requirements 	2
	Availability and Accessibility	4
	 Availability and Accessibility Standards 	4
	Office Wait Times	4
	Cultural Competence	5
	What is Cultural Competence?	5
	The CLAS Standards	5
	Language Interpretation Standards	5
	Second Opinions	6
	Advance Directives	7
	Member Non-Compliance	8
	Fraud and Abuse	9
	Prohibited Marketing Activities	10
4.4	Primary Care Providers	
	Primary Care Practitioner Assignments	2
	PCP Assignment Changes	2
	 Health Options Member No-Show Policy 	3
	Written Transfer Requests	3
	Primary Care Practitioner Responsibilities	4
	 Delivery of Early and Periodic Screening, Diagnostic, and 	5
	Treatment (EPSDT) Services	
	 Primary Care Practitioner Responsibilities 	5
	Required Screens Schedule	5
	Initial Assessments for SSI Members Under Age 21	6
	Obstetrics and Gynecology	7
	Maternity Care Providers	8
	Intake Visit	8
	 Perinatal Care and Risk Assessment Form 	8
1	Obstetrics Billing	9



Chapter/Unit	TOPIC	See Page
4.5	Specialty, Ancillary, and Facility Providers	
	Specialty Care Practitioners	2
	 Verifying Eligibility 	2
	Billing Members for Covered Services Prohibited	2
	 Specialists Functioning as Primary Care Practitioners 	2
	 Continuity and Coordination of Care Requirements 	2
	Ancillary Providers	3
	 Ambulance Services 	3
	 Durable Medical Equipment 	4
	Imaging Services	4
	Hospital/Facility Services	5
	 Authorization Requirements 	5
	 Authorization Requests 	5
	 Transmission of Laboratory Data 	5
	Procedures in a Hospital's SPU or ASU	5
	Emergency Services	6
	 Continuity and Coordination of Care Requirements 	7
	On-Site Care Coordinators	8
CHAPTER 5	HEALTH CARE MANAGEMENT	
5.1	Medical Management	
	Medical Necessity Criteria	2
	 Medical Necessity Defined 	2
	Prior Authorization	4
	 Requesting Prior Authorization 	4
	 Services Requiring Authorization 	5
	Authorization Process	6
	 Procedures Specific to Durable Medical Equipment 	7
	Skilled Nursing Facility (SNF)	9
	 Outpatient Therapy Services 	9
	 Acute Inpatient Rehabilitation Facility 	9
	Home Infusion	9
	 Hospice Services 	10
	 Behavioral Health Services 	10
1		10
	Pharmacy Services	10
	Pharmacy ServicesHome Health Care	11
	· · · · · · · · · · · · · · · · · · ·	
	Home Health Care	11



Chapter/Unit	TOPIC	See Page
5.2	Case Management and Care Management	
	Health Options Lifestyle Management Program	2
	Asthma Program	4
	Diabetes Program	5
	Cardiac Program	6
	Chronic Obstructive Pulmonary Disease (COPD) Program	7
	MOM Options Program	8
	Health Options Care Management Program	9
	Complex Care Management Program	10
5.3	Complaints, Grievances, and Appeals	
	Provider Complaint Procedures	2
	Registering a Formal Complaint	2
	Complaints About Claim Payments	2
	 Filing Grievances and Appeals on Behalf of a Member 	3
	Grievances	4
	Appeals	6
	State Fair Hearings	10
	Dispute Resolution	12
5.4	Quality Management	
3.4	Quality Management	
3.4	Quality Improvement/Utilization Management Program	2
3.4	Quality Improvement/Utilization Management Program Overview	2
3.4	 Quality Improvement/Utilization Management Program Overview Program Purpose 	2
3.4	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal 	2 2
3.4	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal Program Objectives 	2 2 3
3.4	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal Program Objectives Program Scope 	2 2 3 4
3.4	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal Program Objectives Program Scope Clinical Quality 	2 2 3 4 6
3.4	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal Program Objectives Program Scope 	2 2 3 4
3.4	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal Program Objectives Program Scope Clinical Quality Practitioner Office/Facility Site Quality and Medical/Treatment 	2 2 3 4 6
3.4	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal Program Objectives Program Scope Clinical Quality Practitioner Office/Facility Site Quality and Medical/Treatment Evaluations 	2 2 3 4 6 7
CHAPTER 6	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal Program Objectives Program Scope Clinical Quality Practitioner Office/Facility Site Quality and Medical/Treatment Evaluations Environmental Assessment Standards 	2 2 3 4 6 7
	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal Program Objectives Program Scope Clinical Quality Practitioner Office/Facility Site Quality and Medical/Treatment Evaluations Environmental Assessment Standards Service Quality 	2 2 3 4 6 7
CHAPTER 6	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal Program Objectives Program Scope Clinical Quality Practitioner Office/Facility Site Quality and Medical/Treatment Evaluations Environmental Assessment Standards Service Quality LONG TERM SERVICES AND SUPPORT (LTSS)	2 2 3 4 6 7
CHAPTER 6	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal Program Objectives Program Scope Clinical Quality Practitioner Office/Facility Site Quality and Medical/Treatment Evaluations Environmental Assessment Standards Service Quality LONG TERM SERVICES AND SUPPORT (LTSS) General Information and Covered Services 	2 2 3 4 6 7 8 12
CHAPTER 6	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal Program Objectives Program Scope Clinical Quality Practitioner Office/Facility Site Quality and Medical/Treatment Evaluations Environmental Assessment Standards Service Quality LONG TERM SERVICES AND SUPPORT (LTSS) General Information and Covered Services Overview 	2 2 3 4 6 7 8 12
CHAPTER 6	 Quality Improvement/Utilization Management Program Overview Program Purpose Program Goal Program Objectives Program Scope Clinical Quality Practitioner Office/Facility Site Quality and Medical/Treatment Evaluations Environmental Assessment Standards Service Quality LONG TERM SERVICES AND SUPPORT (LTSS) General Information and Covered Services Overview Goals of the DSHP Plus LTSS Program 	2 2 3 4 6 7 8 12



Chapter/Unit	TOPIC	See Page
(Ch6.1 cont'd)	At-Risk Members	4
	 Self-Directed Attendant Care Services 	4
	Money Follows the Person (MFP)	5
	 Long Term Services and Support (LTSS) Billing and 	6
	Reimbursement	
	Additional LTSS Program Information	7
	Background Checks	7
	Critical Incident Reporting	7
6.2	Case Management for Long Term Services and Support	
	(LTSS)	
	Plan of Care	2
	Long Term Services and Support (LTSS) Providers	4
	Long Term Services and Support (LTSS) Case Managers	5
6.3	Long Term Services and Support (LTSS) Provider	
	Contracting and Credentialing	
	LTSS Credentialing Process	2
	LTSS Credentialing Criteria	6
	Attachment A	9
CHAPTER 7	CLAIMS, BILLING, AND REIMBURSEMENT	
7.1	Health Options Claim Submission and Reimbursement	
-		
	General Information	2
	General Information Reporting Practitioner Identification Number	
	 Reporting Practitioner Identification Number 	2 2 2
		2
	Reporting Practitioner Identification NumberDiagnosis Coding	2 2
	 Reporting Practitioner Identification Number Diagnosis Coding Hospital Services 	2 2 3
	 Reporting Practitioner Identification Number Diagnosis Coding Hospital Services Claims Mailing Address 	2 2 3 3
	 Reporting Practitioner Identification Number Diagnosis Coding Hospital Services Claims Mailing Address Claim Submission Procedures 	2 2 3 3 3
	 Reporting Practitioner Identification Number Diagnosis Coding Hospital Services Claims Mailing Address Claim Submission Procedures Claim Coding Software 	2 2 3 3 3 5
	 Reporting Practitioner Identification Number Diagnosis Coding Hospital Services Claims Mailing Address Claim Submission Procedures Claim Coding Software Coordination of Benefits 	2 2 3 3 3 5 6
	 Reporting Practitioner Identification Number Diagnosis Coding Hospital Services Claims Mailing Address Claim Submission Procedures Claim Coding Software Coordination of Benefits Submission of Health Options Secondary Payer Claims 	2 2 3 3 3 5 6 6
	 Reporting Practitioner Identification Number Diagnosis Coding Hospital Services Claims Mailing Address Claim Submission Procedures Claim Coding Software Coordination of Benefits Submission of Health Options Secondary Payer Claims Auto and Casualty Claims 	2 2 3 3 3 5 6 6
	 Reporting Practitioner Identification Number Diagnosis Coding Hospital Services Claims Mailing Address Claim Submission Procedures Claim Coding Software Coordination of Benefits Submission of Health Options Secondary Payer Claims Auto and Casualty Claims Clean Claims 	2 2 3 3 3 5 6 6 6 8
	 Reporting Practitioner Identification Number Diagnosis Coding Hospital Services Claims Mailing Address Claim Submission Procedures Claim Coding Software Coordination of Benefits Submission of Health Options Secondary Payer Claims Auto and Casualty Claims Clean Claims Timely Filing Guidelines 	2 2 3 3 3 5 6 6 6 8 9
	 Reporting Practitioner Identification Number Diagnosis Coding Hospital Services Claims Mailing Address Claim Submission Procedures Claim Coding Software Coordination of Benefits Submission of Health Options Secondary Payer Claims Auto and Casualty Claims Clean Claims Timely Filing Guidelines Electronic Claim Submission 	2 2 3 3 3 5 6 6 6 8 9
	 Reporting Practitioner Identification Number Diagnosis Coding Hospital Services Claims Mailing Address Claim Submission Procedures Claim Coding Software Coordination of Benefits Submission of Health Options Secondary Payer Claims Auto and Casualty Claims Clean Claims Timely Filing Guidelines Electronic Claim Submission Electronic Remittance Advice (ERA) 	2 2 3 3 3 5 6 6 6 8 9



Chapter/Unit	TOPIC	See Page
(Ch7.1 cont'd)	CMS-1500 Data Elements for Paper Claim Submission	16
	UB-04 Data Elements for Paper Claim Submission	17
7.2	Health Options Specific Billing Guidelines	
	Specialty/Fee-For-Service Providers	2
	Health Options Members with Medicare Coverage	3
	Subrogation	5
	 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services 	6
	Obstetrical Care Services	7
	Surgical Procedure Services	8
	Anesthesia Services	9

