

FREQUENTLY ASKED QUESTIONS

For the Provider Community

ELIGIBILITY, ENROLLMENT AND ELIGIBILITY VERIFICATION

Each participating provider is responsible to verify a member's eligibility with Health Options BEFORE providing services.

- **Who is eligible?**
 - ✓ The Department of Health & Social Services (DHSS) determines recipient eligibility.
- **How members are enrolled and assigned an effective date.**
 - ✓ DHSS employs a Health Benefit Manager (HBM) who performs outreach, education, enrollment, transfer, and disenrollment of members. The HBM explains the benefits offered by Highmark Health Options and other MCOs and helps the recipient choose an MCO that meets their needs.
- **How to verify eligibility?**

To verify a member's eligibility using the Health Options member ID number, the following methods are available to all providers:

 - ✓ NaviNet's Eligibility and Benefits Inquiry Transaction is available 24 hours a day, seven days a week. Providers can access NaviNet at: www.navinet.net. NaviNet can search eligibility by member name, Date of Birth, SSN and member ID number.
 - ✓ The Health Options automated voice response system is available at 844-325-6161. If the patient's member ID number is not presented because the member is new to Highmark Health Options, Providers can press 0 to speak with a Provider Service Representative.
 - ✓ Highmark Health Options Provider Services Department is available Mon. – Fri. 8 a.m. to 5 p.m. to help in determining eligibility at 844-325-6252.
 - ✓ Pharmacy Providers that do not have the member's ID card on file because the member is new to Highmark Health Options, can obtain the member ID from the Argus Health Systems Help Desk at 1-844-848-4312 by providing the BIN/PCN #, patient last name, first name, and Date of Birth. Have the following information available when calling:
 - ✓ BIN: 600428
 - ✓ Rx PCN: 07130000
 - ✓ Patient's Last Name, First Name, Patient's Date of Birth
- **Will Highmark Health Options issue Identification Cards?**
 - ✓ In addition to the Medicaid card, after a member chooses Highmark Health Options as their MCO, they will receive a new Highmark Health Options member ID card in the mail.
 - ✓ Highmark Health Options ID card cannot be sole verification of eligibility
 - ✓ Members should present Highmark Health Options ID card and Delaware Medical Assistance Program ID card

- **Sample Highmark Health Options member ID card**

Health Options  Highmark Blue Cross Blue Shield Delaware		www.highmarkhealthoptions.com	
EFFECTIVE mmdd/yyyy	MEDICAID ID xxxxxxxxxx	24 Hour Nurse Line: 24 hour access to nurses who provide health education and support. Call the Behavioral Health number to get help in obtaining services. If your medical condition is very serious or life or death, go to the nearest Emergency room (ER). Always carry your ID card. Be sure to give both your Health Options ID card and your state Medicaid ID card to your provider.	
MEMBER NAME FIRST MI LAST	SEX X	Member Service: 1-844-325-6251 TTY Hearing Services: 711 or 1-800-232-5460 24 Hour Nurse Line: 1-855-445-4241 Behavioral Health: 1-844-325-6257	
ID # xxxxxxxx	DOB mmdd/yyyy	For Providers Eligibility IVR: 1-844-325-6161 Precertification: 1-844-325-6254	
PRIMARY CARE DOCTOR PCP PRACTICE NAME	PHONE xxx-xxx-xxxx	Health Options Claims Department P.O. Box 830419 Birmingham, AL 35283 Electronic Payer ID: 47181 Pharmacy: Argus 1-844-848-4312 BIN# 600428 Group 07130000	
Diamond State Health Plan		Highmark Blue Cross Blue Shield Delaware and Health Options are independent licensees of the Blue Cross and Blue Shield Association	

- **PCP assignment and continuity of care.**

- ✓ Most Highmark Health Options members are required to select Primary Care Physicians (PCPs)
- ✓ If members do not select PCPs, they are auto-assigned to a PCP
- ✓ The name and phone number of the PCP is printed on the member's ID card
- ✓ To ensure continuity of care, for the first 90 days of 2015, Highmark will cover services provided by any PCP for any member, regardless of PCP assignment