

SPECIAL BULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

JANUARY 2, 2015

HEALTH OPTIONS (MEDICAID): FREQUENTLY ASKED QUESTIONS

Highmark Blue Cross Blue Shield Delaware (Highmark Delaware) now offers Medicaid benefits to Delawareans through Health Options. As you know, Health Options benefits were effective on Jan. 1, 2015. We understand that you may have questions about Health Options and our Medicaid benefits, and we are committed to providing you with answers to these questions. You can visit www.highmarkhealthoptions.com to find more information about Health Options.

ELIGIBILITY, ENROLLMENT AND ELIGIBILITY VERIFICATION

Q. Who is eligible?

A. The Department of Health & Social Services (DHSS) determines recipient eligibility.

Q. How are members enrolled and assigned an effective date?

A. DHSS employs a Health Benefit Manager (HBM) who performs outreach, education, enrollment, transfer and disenrollment of members. The HBM explains the benefits offered by Health Options and other managed care organizations (MCOs) and helps the recipient choose an MCO that meets their needs.

Q. How can I verify Health Options eligibility?

A. To verify a member's eligibility using the Health Options member ID number, you can use the following methods:

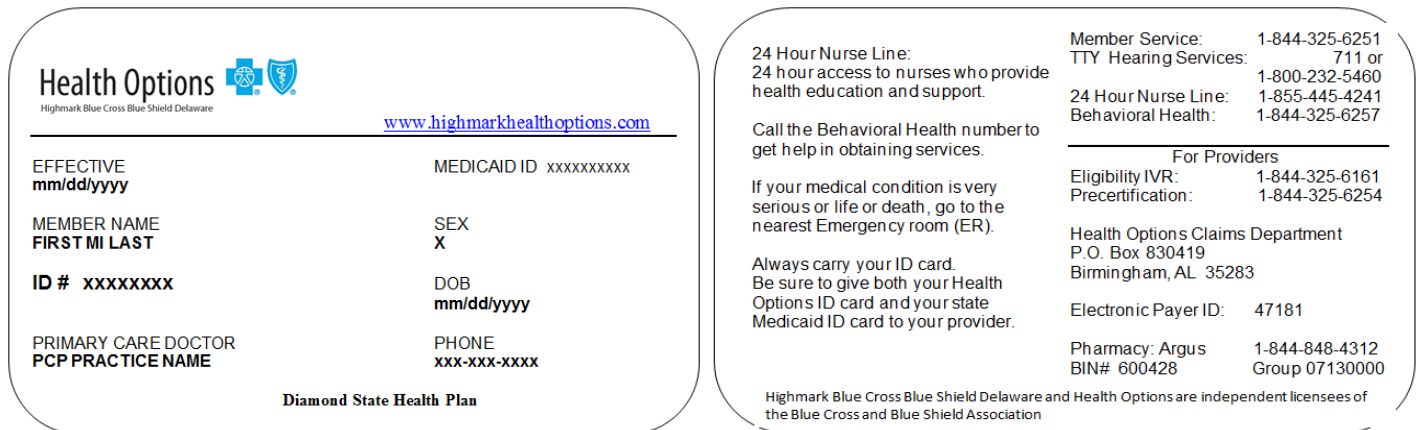
- NaviNet's® *Eligibility and Benefits Inquiry* transaction is available 24/7. Providers can access NaviNet at www.navinet.net. You can search eligibility records by member name, date of birth, social security number and member ID number.
- The Health Options automated voice response system is available at 1-844-325-6161. If you don't have the patient's member ID number because the member is new to Health Options, you can press "0" to speak with a Provider Service Representative.
- The Health Options Provider Service Department is available M – F, 8 a.m. to 5 p.m., to help you determine eligibility at 1-844-325-6252.
- Pharmacy providers that do not have the member's ID card on file because the member is new to Health Options can obtain the member ID by calling the Argus Health Systems Help Desk at 1-844-848-4312. Please have the following information ready when you call:
 - BIN: 600428
 - Rx PCN: 07130000
 - Patient's first name, last name and date of birth

(over, please)



Q. Will Health Options issue identification cards?

- A. After a member chooses Health Options as their MCO, they will receive a new Health Options member ID card in the mail. This ID card cannot be used as the sole verification of eligibility. Members must present their Health Options card **and** their Delaware Medical Assistance Program ID card. A sample Health Options ID card is shown below.



Q. What should I know about PCP assignment and continuity of care?

- A. Most Health Options members are required to select a Primary Care Physician (PCP). If members do not select a PCP, they will be auto-assigned to a PCP. The PCP's name and phone number will be printed on the member's ID card.

For the first 90 days of 2015, to ensure continuity of care, Health Options will cover services provided by a PCP for any member, regardless of PCP assignment. Please refer to PR 14-80, which we sent to you on Dec. 31, 2014, for additional questions regarding continuity of care and authorizations.