



## 2023 NEW PROVIDER ORIENTATION CHECKLIST

Practice/Hospital Name: \_\_\_\_\_

Health Options Provider Number or NPI: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Provider Relations Rep: \_\_\_\_\_

### AGENDA

- Corporate Overview
- Service Area
- Provider Set Up Correct in System (1500/UB, Demographics)
- Plan Overview/Benefits
- Referrals and Authorizations
- Continuity and Coordination of Care
- Telehealth – Member Consent
- Translation Services
- Health Options Lifestyle Management Programs
- Special Needs and Case Management/Behavioral Health
- Health Options EPSDT Program
- OB/GYN Services
- Access Standards
- Practitioner Education and Sanctioning
- Claims and Billing
- Claims & Medical Policies
- Coordination of Benefits
- Provider Appeals & Grievances
- Balance Billing
- Medical Records Requests
- Fraud and Abuse
- Points of Contact and Reference Tools
- Cultural Competency
- EFT/ERA
- Members Rights and Responsibilities

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_