

Humana Behavioral Health Appeal Process

Definition of Appeal Terms:

Expedited Appeal:

A request by an enrollee for a case to be reviewed by a different physician reviewer after an adverse determination. To be considered expedited, the enrollee must still be in the same level of care originally denied or the adverse determination must be considered to threaten the life of the enrollee.

Urgent or life threatening care:

Any request for medical or behavioral treatment where the absence of such could seriously jeopardize the health or safety of the patient or other individuals due to the patient's psychological state, or in the opinion of a practitioner with knowledge of the patient's medical or behavioral health condition would subject the patient to adverse health consequences without the care or treatment that is the subject of the request.

Standard Appeal:

If an appeal made by an enrollee does not meet the criteria for an expedited appeal, it is considered a standard appeal. After an adverse determination, a different physician reviewer will review the appeal. Results of the appeal will be given in writing within 30 calendar days of the date when Humana Behavioral Health receives the appeal request. Humana Behavioral Health submits the results of an appeal within state-specific time frames.

Second Level Appeal:

If an enrollee makes an appeal and the denial is upheld following review, and dependent upon the enrollee's account, the enrollee may be eligible to request a second level appeal. The request must be made in writing within 10 working days of the appeal notification. The second level appeal review is completed and the determination letter is sent within 15 working days of the receipt of the request.

Specialty Appeal Review:

A Specialty review may be requested at any level of appeal. A Specialty review shall be conducted by a behavioral health care practitioner that typically manages the medical condition, procedure, or treatment under review, and must provide good cause for having a specific type of specialty provider review the case.

Independent Review Organization (IRO):

Please reference the adverse determination letter for information on obtaining an independent review. If an adverse determination is upheld on appeal and the enrollee has the right to have the decision reviewed by someone completely independent of the health plan and/or utilization review agent, an IRO may be requested. Instructions, process, and availability of IROs vary by state and type of benefit plan. If the IRO is available and determines that the enrollee should receive the health care services previously denied, the claim will be processed. If the IRO agrees that the health care services were not medically necessary or appropriate, the care will not be covered. The decision of the IRO is final.

Types of Appeals

A. Administrative Appeals

Non-Covered Service

Requested services do not meet the requirements of the enrollee's health plan or services are excluded from the plan.

B. Clinical Appeals

Certification denied because the services being requested do not meet Humana Behavioral Health's clinical criteria for medical necessity.

Appeal Process:

How to Initiate an Appeal

- A. The following individuals may submit an appeal of an adverse determination:
 1. Any enrollee or his/her designated representative
 2. Any health care provider or practitioner
 3. The enrollee or enrollee's attorney or a legislative or regulatory agency, such as an Insurance Commissioner or Department of Labor
- B. The appeal should be submitted as soon as possible after medical necessity certification for a treatment service has been denied.
- C. Humana Behavioral Health enrollees may contact Humana Behavioral Health one of two ways to initiate an appeal:

****Humana and Bravo Health enrollees-** *Humana and Bravo Health appeals are not processed by Humana Behavioral Health. Please refer to the phone number on the back of your insurance card. Your account representative can assist you with further instructions.*

Please Note: *Humana Behavioral Health shall not take any retaliatory action against an enrollee or any other person acting on the enrollee's behalf who has filed a complaint against or appealed a decision made by Humana Behavioral Health.*

Verbal Appeals:

All other enrollees please refer to the phone number on the back of your insurance card or call the Humana Behavioral Health Grievance and Appeals department at 800-777-6330.

Written Appeals:

Humana Grievance & Appeal Department
PO Box 14546
Lexington, KY 40512-4546

Expedited Appeals Process:

- A. An expedited appeal is an emergency request for review of a Humana Behavioral Health certification denial of emergency care, care for life threatening conditions, or continued stays for hospitalized patients.
- B. Expedited appeals may be submitted by phone or fax to the Humana Behavioral Health grievance and appeal specialist at the [phone or fax numbers](#) listed above.
- C. The party appealing may be required to provide information necessary to review the appeal. Such information may be presented orally by telephone or in writing via mail or fax.
- D. Information will be reviewed by a behavioral health care provider who has not previously reviewed the case and who is of the same or similar specialty as would typically manage the condition.
- E. A determination will be made with 72 hours of receipt of the expedited request or as expeditiously as the enrollee's health condition requires or if the State mandates a shorter time frame.
- F. The results of an expedited appeal are relayed in writing to the patient or enrollee, enrollee's representative, facility, attending physician, and/or other ordering provider rendering the service as expeditiously as the medical condition requires, but not later than 72 hours after the receipt of the request for the appeal.
- G. Notification of the appeal determination will include a clear statement of the specific medical or contractual reasons for the resolution, the clinical criteria used to review the appeal, and the specialty of the physician making the determination.

Procedures for Standard Appeals:

- A. Standard appeals may be submitted orally or in writing.
- B. The appeal may be mailed, faxed, or telephoned to Humana Behavioral Health.
- C. Within five (5) working days of receipt of the written appeal, Humana Behavioral Health will notify the appellant in writing of the date the appeal was received. Humana Behavioral Health may request additional specific information or documentation necessary in order to review the appeal.
- D. Upon receipt of sufficient information to review the appeal, a Humana Behavioral Health board- certified psychiatrist will review the information and make a determination.
- E. Results of the appeal will be given in writing to the patient or enrollee within 30 calendar days of the date when Humana Behavioral Health receives the appeal.
- F. Notification of the appeal determination will include a statement of the specific medical or contractual reasons for the resolution, the clinical criteria used to review the appeal, and the specialty of the physician making the determination.

Procedures for Second Level Appeals:

If the appeal is denied, and if within ten (10) working days the provider sets forth in writing good cause for having a specific type of specialty provider review the case, the case will be reviewed by a behavioral health care provider in the same or similar specialty as typically manages the medical condition, procedure, or treatment under review. The specialty provider shall make a determination within 15 working days of Humana Behavioral Health's receipt of the request.

Discrimination is Against the Law

Humana Behavioral Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Behavioral Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Behavioral Health provides:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-800-777-6330 or send an email to accessibility@humana.com, or if you use a TTY, call 711.

If you believe that Humana Behavioral Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with :

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-777-6330 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-777-6330 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-777-6330 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-777-6330 (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 .1-800-777-6330 (TTY: 711)번으로 전화해 주십시오 .

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawagsa 1-800-777-6330 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-777-6330 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-777-6330 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-777-6330 (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-777-6330 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-777-6330 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-777-6330 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-777-6330 (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-777-6330 (TTY: 711) まで、お電話にてご連絡ください。

فارسی (Farsi):

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-777-6330 (رقم هاتف الصم والبكم: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnihi 1-800-777-6330 (TTY: 711)

العربية (Arabic):

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-777-6330 (رقم هاتف الصم والبكم: 711).