2021 Provider Manual

Humana Healthy Horizons in Kentucky™ is a Medicaid product of Humana Health Plan Inc.

Humana

Healthy Horizons℠ in Kentucky

LC12706KY0721-A (HUMP12706) KYHKMD8EN

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Welcome

Welcome and thank you for becoming a participating provider with Humana Healthy Horizons™ in Kentucky.

We strive to work with our providers to make it as easy as possible to do business with us. This strong partnership helps facilitate a high quality of care and respectful experience for our enrollees.

We are a community-based health plan that serves Medicaid consumers throughout the Commonwealth of Kentucky.

Our goal is to provide integrated care for our enrollees. We focus on prevention and partnering with local providers to offer the services our enrollees need to be healthy.

As a managed care organization (MCO), Humana Healthy Horizons in Kentucky improves the health of our enrollees by utilizing a contracted network of high-quality providers. Primary care providers (PCPs) within the network provide a range of services to our enrollees and coordinate patient care by referring them to specialists when needed and ensuring timely access to healthcare services and appropriate preventive services.

Humana Healthy Horizons in Kentucky distributes enrollee rights and responsibility statements to the following groups after their enrollment and annually thereafter:

- New enrollees
- Existing enrollees
- New providers
- Existing providers

About Us

Humana is the nation's premier health benefits innovator with roots in Kentucky. We leverage our deep Medicaid experience and capitalize on proven expertise, a diverse suite of resources and capabilities, established relationships and infrastructure.

Humana Healthy Horizons in Kentucky has the expertise, competencies and resources to make healthcare delivery simpler, while lowering costs and improving health outcomes. **Our enrollees receive the highest quality of care and services by offering:**

- Care Management and care transitions programs
- Analytical tools to identify enrollees who might benefit from special programs and services
- An ongoing focus on customer service, health education and activities to promote health and wellness
- Community engagement and collaboration to ensure the comprehensive needs of enrollees are addressed
- Access to behavioral health services that includes crisis intervention and a dedicated hotline
- An award-winning history in enrollee services, training, clinical programs and customer satisfaction
- The ability to scale, innovate and provide ongoing support to our extensive provider network

Humana Makes a Difference

Humana brings a history of innovative programs and collaborations to ensure that our enrollees receive the highest quality of care. With a focus on preventive care and continued wellness, our approach is simple: We want to make it easier for our enrollees to get the healthcare they need, when they need it. Through community-based partnerships and services, we help our enrollees successfully navigate complex healthcare systems.

Humana has more than 50 years of managed care experience with the expertise and resources that come with it.

Our services include:

- Provider relations
- Enrollee eligibility/enrollment information
- Claim processing
- Decision-support informatics
- Quality improvement
- Regulatory Compliance
- Special investigations for fraud, waste and abuse
- Enrollee services, including an enrollee call center and a 24-hour nurse advice line

In addition to the above, our Care Management programs include the following:

- Case management
- Onsite case management (clinics and facilities)
- Emergency department diversion
  - Higher than normal emergency department utilization (targeted at enrollees with frequent utilization)
  - 24-hour nurse advice line
- Maternal and healthy baby program
- Discharge planning and transitional care support
- Disease management program for asthma and diabetes

Compliance and Ethics

At Humana Healthy Horizons in Kentucky, we serve a variety of audiences: enrollees, providers, government regulators and community partners. We serve them best by working together with honesty, respect and integrity. We are all responsible for complying with all applicable state and federal regulations along with applicable Humana Healthy Horizons in Kentucky policies and procedures.

Humana Healthy Horizons in Kentucky is committed to conducting business in a legal and ethical environment. **A compliance plan has been established by Humana Healthy Horizons in Kentucky that:**

- Formalizes Humana Healthy Horizons in Kentucky's commitment to honest communication within the company and within the community, inclusive of our providers, enrollees and employees
- Develops and maintains a culture that promotes integrity and ethical behavior
- Facilitates compliance with all applicable local, state and federal laws and regulations
- Implements a system for early detection and noncompliance reporting with laws and regulations; fraud, waste and abuse concerns; or noncompliance with Humana Healthy Horizons in Kentucky policy, professional, ethical or legal standards
- Allows us to resolve problems promptly and minimize negative impact on our enrollees or business including financial losses, civil damages, penalties and sanctions

Following are general compliance and ethics expectations for providers:

- Act according to professional ethics and business standards
- Notify us of suspected violations, misconduct or fraud, waste and abuse concerns
- Cooperate fully with any investigation of alleged, suspected or detected violations of applicable state or federal laws and regulations
- Notify us if you have questions or need guidance for proper protocol

For questions about provider expectations, please contact your Provider Relations representative or call Provider Services at **800-444-9137**.

We appreciate your commitment to compliance with ethics standards and the reporting of identified or alleged violations of such matters.

Accreditation

Humana Healthy Horizons in Kentucky holds a strong commitment to quality. We demonstrate our commitment through programs based on national standards, when applicable. Humana Healthy Horizons in Kentucky holds accreditation from the National Committee for Quality Assurance (NCQA) for our Medicaid lines of business.

Communicating with Humana Healthy Horizons in Kentucky

Enrollee/Provider Services: **800-444-9137**
(7 a.m. to 7 p.m., Monday through Friday)

24-Hour Nurse Advice Line (24/7/365): **800-648-8097**

Other helpful phone numbers:

- Prior authorization (PA) assistance for medical procedures and behavioral health: **888-285-1114**
- Medication intake team (prior authorization for medications administered in medical office): **866-461-7273**
- Medicaid case management: **888-285-1121**
- Availity customer service/tech support: **800-282-4548**
- Fraud, Waste and Abuse
  - Special Investigations Unit (SIU) Hotline: **800-614-4126** (24/7 access)
  - Ethics Help Line: **877-5-THE-KEY** (877-584-3539)

Mail

Correspondence
Humana Healthy Horizons in Kentucky
P.O. Box 14601
Lexington, KY 40512

Provider Complaints
Humana Healthy Horizons in Kentucky
P.O. Box 14601
Lexington, KY 40512-4601

Enrollee Grievance and Appeals
Humana Healthy Horizons in Kentucky
P.O. Box 14546
Lexington, KY 40512-4546

Claims
Humana Healthy Horizons in Kentucky
P.O. Box 14601
Lexington, KY 40512

Fraud, Waste and Abuse
Humana Healthy Horizons in Kentucky
1100 Employers Blvd.
Green Bay, WI 54344

Helpful websites

Providers may obtain plan information from **Humana.com/HealthyKY**.

This information includes, but is not limited to, the following:

- Health and wellness programs
- Provider publications (including provider manual, newsletters and program updates)
- Pharmacy services
- Claim resources
- Quality resources
- What's new

For help or more information regarding web-based tools, please call Provider Services at **800-444-9137**.

Availity

Humana Healthy Horizons in Kentucky partnered with Availity to allow providers to reference enrollee and claim data for multiple payers using one login. Availity includes access the following benefits:

- Eligibility and benefits
- Referrals and authorizations
- Claim status
- Claim submission
- Remittance advice
- Enrollee summary
- Overpayment
- Electronic remittance advice/electronic funds transfer

To learn more, please call **800-282-4548** or visit **Availity.com**.

Enrollee Enrollment and Eligibility

Medicaid Eligibility

Medicaid eligibility is determined by the Department for Community Based Services (DCBS) in the county where the consumer resides.

The Commonwealth provides eligibility information for enrollees assigned to Humana Healthy Horizons in Kentucky to Humana Healthy Horizons in Kentucky on a daily basis via an 834 file. Eligibility begins on the first day of each calendar month for consumers joining Humana Healthy Horizons in Kentucky, with two exceptions:

1. Newborns, born to an eligible mother, are eligible at birth; and
2. Consumers who meet the definition of unemployed, in accordance with 45 CFR 233.100, are eligible on the date they are deemed unemployed.

Newborn Enrollment

Humana Healthy Horizons in Kentucky begins coverage of newborns on the date of birth when the newborn's mother is an enrollee of a Humana Healthy Horizons in Kentucky Medicaid plan. The delivery hospital is required to enter the birth record into the birth record system, Kentucky's Certificate of Live Birth, Hearing, Immunization, and Lab Data (KY CHILD). That information is used to auto enroll the newborn deemed eligible within 24 hours of birth. The newborn then appears on the primary care physician's (PCP's) enrollee eligibility list after it is added to the Humana Healthy Horizons in Kentucky system.

You can verify eligibility for a newborn on the provider portal at **Availity.com**. Please refer to the Verify Eligibility section for instructions.

Disenrollment

Enrollees are disenrolled from Humana Healthy Horizons in Kentucky for a number of reasons. If an enrollee loses Medicaid eligibility, they lose eligibility for Humana Healthy Horizons in Kentucky benefits. Humana Healthy Horizons in Kentucky, DCBS or the enrollee can initiate disenrollment.

Enrollee disenrollment can be initiated for the following reasons:

- Unauthorized use of an Enrollee ID Card
- Use of fraud or forgery to obtain medical services
- Disruptive or uncooperative behavior to the extent that it seriously impairs the ability to deliver care to the enrollee or other patients

Please notify enrollee services if one or all of the previously listed situations occur. Please see the section below for procedures for dismissing noncompliant enrollees from your practice. We can counsel the enrollee, or in severe cases, initiate a request to DCBS for disenrollment. DCBS reviews each enrollee disenrollment requests and determines if the request should be granted. Disenrollment from Humana Healthy Horizons in Kentucky always occurs at the end of the effective month.

Involuntary Dismissal

Participating providers can request that a Humana Healthy Horizons in Kentucky enrollee be involuntarily dismissed from their practice if an enrollee does not respond to recommended patterns of treatment or behavior.

Examples include:

- Noncompliance with medication schedules
- Violating no-show office policies
- Failing to modify behavior as requested

When an enrollee misses three or more consecutive appointments, providers may request assistance from the Humana Healthy Horizons in Kentucky Care Management department by sending an email to **KYMCDCaseManagement@humana.com**. Humana Healthy Horizons in Kentucky requires that a provider's office make at least three attempts to educate the enrollee about noncompliant behavior and document them in the patient's record. Please remember that Humana Healthy Horizons in Kentucky can assist you in educating the enrollee. After three attempts, providers may initiate dismissal procedures using the following guidelines:

- The provider's office must notify the enrollee of the dismissal by certified letter. The letter should include the reason for which the disenrollment is requested and the specific dates of the three documented unsuccessful education attempts.
- A copy of the letter must be sent or faxed to Humana Healthy Horizons in Kentucky via the following methods:
  Humana Provider Relations
  Grievance and Appeal Department
  P.O. Box 14546
  Lexington, KY 40512-4546
  Fax: 800-949-2961

For PCPs only, the letter must contain the following specific language:

- The enrollee must contact Humana Healthy Horizons in Kentucky enrollee services to choose another PCP
- The reason for which the disenrollment is requested should include at least one of the following:
  - Incompatibility of the PCP-patient relationship
  - Patient has not utilized a service within one year of enrollment in the PCP's practice and includes the specific dates of documented unsuccessful contact attempts by mail and phone on at least six separate occasions during the year
  - Inability to meet the medical needs of the patient
- The dismissing PCP serves the affected patient until a new PCP can serve the patient, barring ethical or legal issues.

Referrals for Release due to Ethical Reasons

Humana Healthy Horizons in Kentucky providers are not required to perform treatments or procedures that are contrary to the provider's conscience, religious beliefs or ethical principles, in accordance with 42 C.F.R 438.102.

The provider refers the enrollee to another provider who is licensed, certified or accredited to provide care for the individual service appropriate to the patient's medical condition. The provider must be actively enrolled with the Commonwealth of Kentucky to provide Medicaid services to beneficiaries. The provider also must be in Humana Healthy Horizons in Kentucky's provider network.

In such circumstance, where the provider's conscience, religious beliefs or ethical principles require involuntary dismissal of the enrollee as his or her physician, the provider's office must notify the enrollee of the dismissal by certified letter.

The letter should include:

- Reason for the disenrollment request
- Referral to another provider licensed, certified or accredited to provide care for the individual service appropriate to the patient's medical condition (The provider must be actively enrolled with the Commonwealth of Kentucky to provide Medicaid services to beneficiaries and must be in Humana Healthy Horizons in Kentucky's provider network)
- Instructions to contact Humana Healthy Horizons in Kentucky enrollee services at 800-444-9137 for assistance in finding a preferred in-network provider.
- A copy of the letter must be sent or faxed to Humana Healthy Horizons in Kentucky at the following address:
  Humana Provider Relations
  Grievance and Appeal Department
  P.O. Box 14546
  Lexington, KY 40512-4546
  Fax: 800-949-2961

Please call Provider Services at 800-444-9137 if you have questions about disenrollment reasons or procedures.

Automatic Renewal

If Humana Healthy Horizons in Kentucky enrollees lose Medicaid eligibility, but become eligible again within 60 days, they are automatically re-enrolled in Humana Healthy Horizons in Kentucky and assigned tothe same PCP, if possible.

New Enrollee Kits

Each new enrollee household receives a new enrollee kit and an ID card for each person in the family joining Humana Healthy Horizons in Kentucky. New enrollee kits are mailed separately from the ID card.

The new enrollee kit contains:

- Welcome letter
- Information on how to obtain a copy of the Humana Healthy Horizons in Kentucky Provider Directory
- An Enrollee Handbook which explains how to access plan services and benefits
- A health assessment survey
- Other preventive health education materials and information

Enrollee ID Cards

All new Humana Healthy Horizons in Kentucky enrollees receive a Humana Healthy Horizons in Kentucky enrollee ID card. A new card is issued only when the information on the card changes, if an enrollee loses a card or if an enrollee requests an additional card.

The enrollee ID card is used to identify a Humana Healthy Horizons in Kentucky enrollee; it does not guarantee eligibility or benefits coverage. Enrollees may disenroll from Humana Healthy Horizons in Kentucky and retain their previous ID card. Likewise, enrollees may lose Medicaid eligibility at any time. Therefore, it is important to verify enrollee eligibility prior to every service. Please refer to the Verify eligibility section of this manual for more information.

- **Enrollee name**
- **Date of birth** – Enrollee's date of birth
- **Humana Healthy Horizons in Kentucky enrollee ID number** – Use this number on claims.
- **Medicaid ID number** – Please do not use this number to bill Humana Healthy Horizons in Kentucky.
- **Primary care provider/clinic name** – Each enrollee chooses a participating provider to be his or her primary care provider (PCP). If a choice is not made, a PCP is assigned.
- **Enrollee Services** – Phone number and TTY for the hearing impaired.
- **24-hour Nurse Line** – Phone number to reach a registered nurse 24/7/365
- **Behavioral Health Hotline** – Enrollees can call this hotline 24 hours a day, seven days a week and 365 days a year for mental health or addiction services.
- **Website** – Our website contains plan information and access to special functionality, like eligibility verification, claim and prior authorization submission, Coordination of Benefits (COB) check and more.
- **Provider Services** – Use this toll-free phone number if you have questions or wish to verify eligibility over the phone.
- **Mail medical claims to**:
  Humana Healthy Horizons in Kentucky Claims Office
  P.O. Box 14601
  Lexington, Ky. 40512-4601
- **Pharmacy** – Call Provider Services if you have questions about pharmacy benefits and services.

Please note: Humana Healthy Horizons in Kentucky may be notified by the commonwealth that an enrollee has lost eligibility retroactively. This occurs occasionally, and in those situations, Humana Healthy Horizons in Kentucky will take back payments made for dates when an enrollee lost eligibility. The take-back code will appear on the next Explanation of Payment (EOP) for impacted claims.

Card front:

Card back:

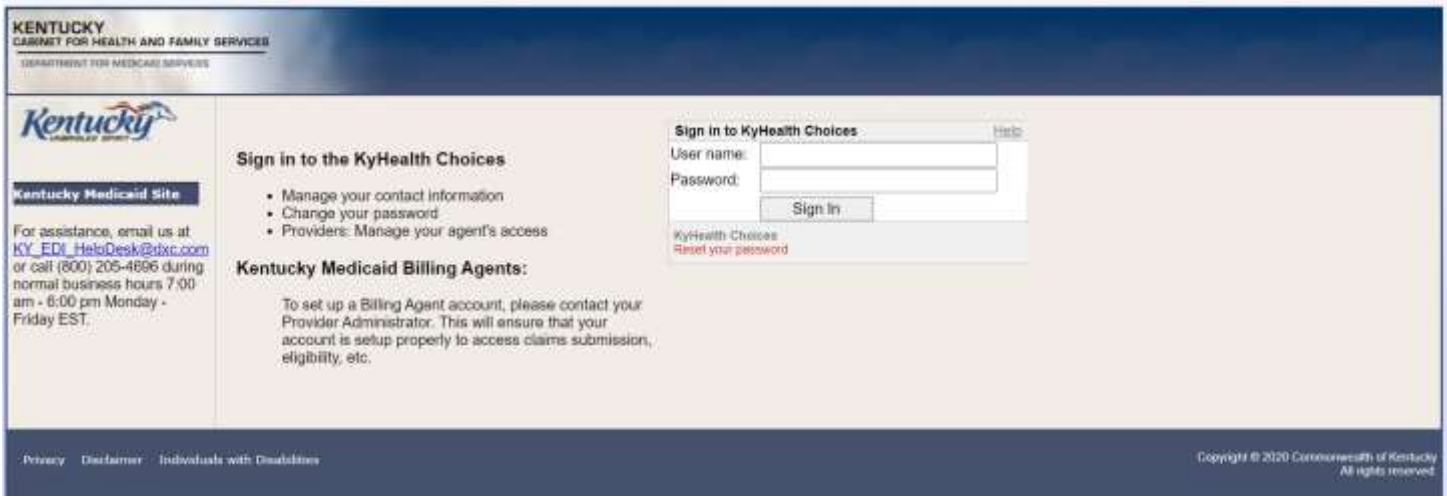
Verify Eligibility

Enrollees are asked to present an ID card each time services are rendered. If you are not familiar with the person seeking care and cannot verify the person as an enrollee of our health plan, please ask to see photo identification.

Before providing all services (except emergency services), providers are expected to verify enrollee eligibility via the HealthNet Portal at Kymmis.com.

HealthNet

HealthNet is the commonwealth's web portal for access to enrollee eligibility and managed care organization enrollment information. It contains many of the tools necessary for enrollee administrative tasks. To access HealthNet, visit Kymmis.com/kymmis/index.aspx. To find out more about HealthNet and to create a login, please visit Chfs.ky.gov/agencies/dms/Pages/kyhealthnet.aspx.



HealthNet displays the enrollee's date of eligibility, termination, cost-share requirement, the managed care organization with which they are enrolled and the Medicaid plan.

Providers also have access to verification resources on the Humana Healthy Horizons in Kentucky provider portal:

- Log on to the provider portal at Availity.com. You can check Humana Healthy Horizons in Kentucky enrollee eligibility up to 24 months after the date of service. You can search by date of service plus enrollee name and date of birth, case number, Medicaid (MMIS) number or Humana Healthy Horizons in Kentucky enrollee ID number. You can submit multiple enrollee ID numbers in a single request.

Each month, PCPs can view a list of eligible enrollees who have selected or are assigned to them as of the first day of that month. Log in to our provider portal at Availity.com to view or print your enrollee list. Eligibility changes can occur throughout the month, and the enrollee list does not prove eligibility for benefits or guarantee coverage. Please use one of the previously described methods to verify enrollee eligibility for the date of service.

Copayment

Per Kentucky Administrative Regulation 907 KAR 1:604, copayments can't be required or utilized for Medicaid services.

Enrollee Support Services and Benefits

Humana Healthy Horizons in Kentucky provides a wide variety of educational services, benefits and supports to our enrollees to facilitate their use and understanding of our services, to promote preventive healthcare and to encourage appropriate use of available services. We are always happy to work with you to meet the healthcare needs of our enrollees.

Enrollee Services

Humana Healthy Horizons in Kentucky can assist enrollees who have questions or concerns about services, such as case management, disease management, nonemergency transportation coordination as well as regarding benefits.

Representatives are available by telephone at **800-444-9137** Monday through Friday, 7 a.m. to 7 p.m. Eastern Time, except on observed holidays. If the holiday falls on a Saturday, we will be closed on the Friday before. If the holiday falls on a Sunday, we will be closed the Monday after.

24-hour Nurse Advice Line

Enrollees can call 24 hours a day, seven days a week, 365 days a year. The toll-free number is listed on the enrollee's ID Card. Enrollees have unlimited access with an experienced staff of registered nurses to talk about symptoms or health questions.

Nurses assess enrollees' symptoms, offering evidence-based triage protocols and decision support using the Schmitt-Thompson Clinical Content triage system, the gold standard in telephone triage.

Nurses educate enrollees about the benefits of preventive care and can make referrals to our Disease and Care Management programs. They promote the relationship with the PCP by explaining the importance of the PCP role in coordinating the enrollee's care.

Key features of this service include:

- Assess enrollee symptoms
- Advise of the appropriate level of care
- Answer health-related questions and concerns
- Provide information about other services
- Encourage the PCP–enrollee relationship

Emergency Behavioral Health Services

For mental or behavioral health services, enrollees should call a contracted behavioral healthcare provider in their area. The behavioral healthcare provider can give the enrollee a list of common problems with behavior health symptoms and talk to the enrollee about how to recognize the problems. Enrollees may call Humana Healthy Horizons in Kentucky's behavioral health toll-free number at **888-666-6301**.

Behavioral Health Crisis Hotline

For emergency behavioral healthcare within or outside the service area, please instruct enrollees to go to the closest hospital emergency room or the closest recommended

emergency setting. They should contact you first if they are not sure the problem is an emergency. Humana Healthy Horizons in Kentucky's emergency and crisis Behavioral Health Services Hotline, **833-801-7355**, is staffed by trained personnel 24 hours a day, seven days a week, 365 days a year, toll-free throughout the commonwealth. Crisis hotline staff includes or has access to qualified behavioral health services professionals to assess, triage and address specific behavioral health emergencies.

Emergency mental or behavioral health conditions include:

- Danger to themselves or others
- Unable to carry out actions of daily life due to functional harm
- Serious harm to the body that may cause death

Disease Management

Humana Healthy Horizons in Kentucky enrollees with chronic conditions are eligible for enrollment in our disease management program. Enrollees who choose to participate in the program receive educational information on how to better manage their condition and care options for them to discuss with their provider. Enrollees identified as high risk are assigned a nurse who helps educate, coordinate and provide resources to the enrollee to optimize their overall health.

Chronic conditions include:

- Diabetes
- Asthma
- Congestive health failure (CHF)
- Coronary artery disease (CAD)
- Chronic obstructive pulmonary disease (COPD)
- Hypertension
- Enrollees with special healthcare needs
- Behavioral and substance abuse

If you have a Humana Healthy Horizons in Kentucky patient with any of these chronic conditions and you believe he or she would benefit from this program, please contact us by calling **888-285-1121** or email us at KYMCDCaseManagement@HumanaHealthyHorizonsinKentucky.com.

Care Management/outreach

Humana Healthy Horizons in Kentucky provides comprehensive and integrated Care Management services through medical and behavioral health nurses, social workers and outreach specialists. We provide one-on-one personal interaction and support for enrollees. Additionally, we have pharmacists on staff to assist with medication reconciliation and we coordinate with community-based resources so that enrollees can address social determinants of health needs, such as accessing a food pantry, utility assistance, etc.

Our Care Management program provides a broad spectrum of educational and follow-up services for your patients. Care Management is especially effective for reducing admission and re-admission risks, managing anticipatory transitions, engaging noncompliant enrollees, reinforcing medical instructions and assessing social needs. Humana Healthy Horizons in Kentucky also has a Care Management program designed for educating pregnant women and first-time mothers on the importance of prenatal care, childbirth, postpartum and infant care. We offer individualized education and support for many diseases.

Referrals

We encourage you to refer enrollees who might need individual attention to help them manage special healthcare challenges. Direct access for Care Management referrals and assistance with enrollee needs is available by calling **888-285-1121**, by faxing a request to **833-939-1312** or emailing us at KYMCDCaseManagement@humana.com.

Services

Humana Healthy Horizons in Kentucky's Care Management program is a fully integrated health management program, supporting a holistic approach by integrating physical and behavioral health while also considering environmental factors that impact health, such as food insecurity. We implement a personalized approach, supporting enrollees from their initial assessment through the continuum of care with the goal of enrollees taking an active part in their healthcare and making healthy lifestyle decisions. We take an enrollee-centric approach, placing them at the center of the process and work to identify their health priorities and support them in meeting those goals. This approach also supports and enhances the care and treatment you provide to your patient. We stress the importance of establishing the medical home, early and ongoing identification of barriers to care and keeping appointments. When necessary, we assist in arranging transportation to the provider's office.

Humana Healthy Horizons in Kentucky encourages you to take an active role in your patient's care management program and we invite and encourage you to direct and participate in the development of a comprehensive care plan as part of your patients' multi-disciplinary care team. We believe communication and coordination are integral to ensure the best care for our enrollees.

High-risk Enrollees

Humana Healthy Horizons in Kentucky provides a comprehensive integrated care management model for our highest-risk enrollees. Utilizing nurses and social workers, this multi-disciplinary approach integrates standards of practice to help enrollees overcome healthcare access barriers. We also strengthen our provider and community resource partnerships by managing enrollees through a collaborative effort within a Multi-disciplinary Care Team.

High-risk enrollees often have multiple medical issues, socioeconomic challenges and behavioral healthcare needs. The multi-disciplinary Care Management teams are led by experienced care managers that perform a comprehensive assessment of the enrollee. The assessment incorporates physical and behavioral health status, along with socioeconomic needs, to develop an individualized treatment plan. The Care Management team then sets an ongoing contact schedule to monitor outcomes and evaluate progress for possible updates to the care plan based upon enrollee needs and preferences. Your patient's care plan is viewable by accessing the provider portal or request a copy by calling us at **888-285-1121**.

Prenatal Care Management

Humana Healthy Horizons in Kentucky has a program for perinatal and neonatal care management utilizing a staff of specialized nurses. Nurses are available to help manage high-risk pregnancies and premature births by working in conjunction with providers and enrollees.

The expertise offered by the staff includes a focus on patient education and support and involves direct telephone contact with enrollees and providers. We encourage our prenatal care providers to notify Care Management support services at **888-285-1121** when an enrollee with a high-risk pregnancy is identified.

Prenatal Risk Assessment Forms (PRAFs)

Humana Healthy Horizons in Kentucky is committed to help providers manage high-risk pregnancies of our enrollees. We ask prenatal care providers use PRAFs to communicate critical information to us about our pregnant enrollees. This information is made available to our Care Management team for outreach to enrollees as necessary.

Prenatal Risk Assessment Forms (PRAFs) – continued

Please remember the following guidelines when submitting PRAFs:

- Use a form designed for prenatal risk assessment documentation, such as the American College of Obstetrics and Gynecology (ACOG) form, the Hollister form or the Pregnancy Risk Assessment Form provided by Humana Healthy Horizons in Kentucky. You may use your own office assessment form if you have one that captures the same information.
- Send completed forms, filled out as completely as possible, no later than four weeks after the enrollee's first prenatal visit.
- Please be sure to include the enrollee's estimated delivery date (EDD) on the form.
- You may use the Notice of Pregnancy Form on our provider portal at Availity.com.
- We accept copies or originals by fax or mail.Please fax forms to **833-939-1317** or email them to KYMCDMomsFirst@HumanaHealthyHorizonsinKentucky.com.

We accept up to three assessment forms per pregnancy if additional forms are needed for changes noted during subsequent visits.

Go365 for Humana Healthy Horizons™

Go365 for Humana Healthy Horizons is a wellness program that offers enrollees the opportunity to earn rewards for taking healthy actions. Most of the rewards are earned by Humana's receipt of the provider's claim services rendered. Humana Healthy Horizons in Kentucky recommends that all providers submit their claims on behalf of an enrollee by end of <February 2022>. This allows the enrollee time to redeem their reward.

Go365 is available to all enrollees who meet the requirements of the program. Rewards are not used to direct the enrollee to select a certain provider. Rewards are non-transferrable to other managed care plans or other programs.

Medicaid enrollees must download the Go365 for Humana Healthy Horizons mobile app and register for access to begin earning rewards. As enrollees complete key healthy actions, rewards accumulate in their Go365 account. Those rewards can be redeemed in the Go365 mall for e-gift cards to popular retailers.

Rewards are non-transferable and have no cash value. E-gift cards may not be used for tobacco, alcohol, firearms, lottery tickets and other items that do not supporting a healthy lifestyle.

Enrollees can qualify to earn rewards by completing one or more of the following healthy activities:

Healthy activity	Reward
Health Risk Assessment (HRA)	$20 in rewards for enrollees 18 and older who complete a HRA within 90 days of enrollment with Humana Healthy Horizons in Kentucky (one per lifetime)
Breast cancer screening	$25 in rewards for female enrollees 50 to 64 who receive a mammogram (one per year)
Cervical cancer screening	$20 in rewards for female enrollees 24 to 64 who receive a PAP smear (one per year)
Diabetic retinal exam	$20 in rewards for enrollees with diabetes 18 and older who receive a retinal eye exam (one per year)
Diabetic screening	$40 in rewards for enrollees with diabetes 18 and older who complete an annual screening with their PCP for HbA1c and blood pressure (one per year)
Flu vaccine	$20 in rewards for enrollees who receive a yearly flu vaccine from their provider, pharmacy or other source (proof may be required, if source other than provider or pharmacy administers the flu vaccine)
Weight management program	$10 in rewards for enrollees 12 and older who complete an initial well-being check-up, and $30 reward for enrollees who complete coaching and a final well-being check-up

Healthy activity	Reward
Level of care education	$10 in rewards for enrollees 19 and older who complete education about when to go to an emergency room (one per year)
Pediatric dental visits	Up to $30 in rewards for enrollees 2 to 20 who complete two dental cleanings per year ($15 per dental cleaning)
Postpartum visit	$25 in rewards for enrollees participating in Moms First who receive one postpartum visit within 60 days after delivery (one per pregnancy)
Prenatal visit	$25 in rewards for enrollees participating in Moms First who complete one prenatal visit within their first trimester or within 42 days of enrollment with Humana Healthy Horizons in Kentucky (one per pregnancy)
Tobacco cessation program	$25 in rewards for enrollees 12 and older who complete the first of two calls within 45 days of enrollment in the tobacco cessation program, and $25 reward for enrollees 12 and older who complete the full program
Well-child visits	Up to $60 in rewards for enrollees 0 to 15 months old who complete six well-child visits ($10 per well-child visit)
Wellness visit	$20 in rewards for enrollees 2 and older who receive one yearly wellness visit and $10 in rewards for new enrollees 2 and older who complete a PCP wellness visit within 90 days of enrollment with Humana Healthy Horizons in Kentucky

Population Health Management (PHM)

Population health is a foundational element of Humana Healthy Horizons in Kentucky's enterprise mission and a core component of our managed care programs. We assess our enrollees to identify needs and preferences, employ strategies to improve health and well-being, and implement interventions for priority populations, Enrollees with emerging risks and significant behavioral health (BH) and social determinants of health (SDOH) issues, and segments of our population experiencing health disparities. Our continuous quality improvement methodology measures data, tracks trends, and monitors outcomes to adjust our approach and achieve Humana Healthy Horizons in Kentucky's Triple Aim – better health, better care, and better value.

Humana Healthy Horizons in Kentucky knows provider have a huge role in helping us achieve the Triple Aim through population health and increasing providers' PHM capabilities requires access to accurate, actionable data. We tailor our care models to support providers with the tools they need to succeed. Using these tools, physician practices can continue focusing on preventative and improving health outcomes, quality and cost while elevating the overall experience for their patients, physicians and care staff.

Availity

Humana Healthy Horizons in Kentucky's provider portal, Availity, assists providers in their efforts to achieve optimal performance under value-based payment (VBP) arrangements. Providers benefit from having a single location and consistent workflow to process transactions and securely access a wide range of financial, administrative and clinical transactions. Availity offers the following features:

- The Practitioner Assessment Form (PAF), available through the Availity Provider Portal, is a comprehensive health assessment form physicians and other healthcare providers can use to help document vital patient information during a face-to-face physical examination. The PAF is a valuable tool to assist in closing care gaps through improved coordination of care.
- Availity's Payer Spaces allows Humana Healthy Horizons in Kentucky to securely deliver information to our providers. We developed proprietary applications within Payer Spaces to partner effectively with our providers and share clinical information. Humana Healthy Horizons in Kentucky's Care Profile application enables providers to view attributed Enrollees' contact information, assessments, and care plans. Our Medical Record Management application enables seamless sharing of medical record information, including ADT data in near real time, between healthcare providers and our Care Management teams through our direct connection with EHRs.

- Availity 360 supports providers in understanding their overall performance, aggregating up to 12 months of information across a number of data types and sources. We use reports from Availity 360 to:
  - Evaluate transaction volumes
  - Identify high-utilizers
  - Analyze error and denial trends
  - Recognize patterns that may indicate fraud, waste and abuse (FWA)
  - Evaluate specific criteria (e.g., enrollee belongs to a disease registry)

Compass

Humana Healthy Horizons in Kentucky's proprietary population health platform, Compass, is a valuable tool for providers. Through our robust data-sharing capabilities, we can feed providers additional insight into their patient panel. These expanded population health data help our providers manage the health of their patients and to better inform their outreach and care.

Compass compiles utilization, financial and clinical data that can be filtered so that providers can identify patients or groups requiring additional support. About a dozen core reports are included in Compass with additional reports available on request. The following reporting types are what we currently share with providers:

- Quality reports identify Healthcare Effectiveness Data and Information Set (HEDIS®) gaps in care as established by NCQA guidelines. These reports are an actionable breakdown of open gaps in care by enrollee, with specific non-compliance reasons and suggested calls to action to aid providers in gap closure. Quality reports also include a detailed, comprehensive view of Humana Healthy Horizons in Kentucky enrollees who suffer from diabetes, including testing for nephropathy, body mass index (BMI) and medication adherence. HEDIS gaps and analyses are updated weekly.
- Pharmacy reports include an actionable list of enrollees at risk for non-compliance for medication adherence. These reports also show a percentage of days covered and list the name and location of the pharmacy where enrollees fill their prescriptions. These reports also help to identify opportunities to improve adherence by highlighting opportunities to use mail order delivery or 90-day refills, when appropriate. Pharmacy savings and pharmacy coverage data are updated monthly.
- Census reports identify all attributed patients who are currently admitted into an inpatient care facility. They also identify enrollees recently discharged from inpatient care. These analyses are updated daily.
- Patient detail reports provide an in-depth look at each enrollee, including demographics, visit history, diagnoses, HEDIS gaps, authorizations, physician visits and clinical program participation.

Providers can access data and reports through the Compass platform at any time. Additional features of Compass include the ability to customize columns to accommodate the users' needs and desired views. Compass also has a new Key Performance Indicator (KPI) dashboard available to external provider access users.

Non-emergency Medical Transportation

Kentucky Medicaid covers non-emergency medical transportation (NEMT) for enrollees who can't drive or don't have transportation to medical facilities. Transportation to pharmacies to pick up prescriptions is not covered.

For non-emergent transportation services, enrollees can call **888-941-7433** to get help with the closest transportation service available to them. A list of transportation brokers and their contact information is available at chfs.ky.gov/dms or by calling the Kentucky Cabinet for Health and Family Services Customer Service Line at **800-635-2570**. Hours of operation are Monday through Friday, 8 a.m. to 4:30 p.m. and Saturday 8 a.m. to 1 p.m. Eastern time. Enrollees must call 72 hours before the time the ride is needed.

If medical care is needed from a medical facility outside the enrollees service area (defined as the enrollee's residential county and the counties next to it) a note from the PCP is required explaining the reason for traveling outside the service area to receive services.

Interpreter Services

Hospital and nonhospital providers are required to abide by federal and state regulations related to the sections 504 and 508 of the Rehabilitation Act, Americans with Disabilities Act (ADA), Executive Order 13166 and Section 1557 of the Affordable Care Act (ACA) in the provision of effective communication; this includes in-person or video-remote interpretation for deaf patients and over-the-phone interpretation with a minimum 150 languages available for non-English speakers.

These services are available at no cost to the patient or enrollee per federal law.

Health Education

Humana Healthy Horizons in Kentucky enrollees receive health information from Humana Healthy Horizons in Kentucky through a variety of communication methods, including easy-to-read newsletters, brochures, phone calls and personal interaction. Humana Healthy Horizons in Kentucky also sends preventive care reminder messages to enrollees via mail and automated outreach messaging.

Covered Services

General Services

Humana Healthy Horizons in Kentucky, through its contracted providers, is required to arrange for the following medically necessary services for each enrollee:

- Alternative birthing center services
- Ambulatory surgical center services
- Behavioral health services – mental health and substance abuse disorders
- Chiropractic services
- Community mental health center services
- Dental services, including oral surgery, orthodontics and prosthodontics
- Durable medical equipment, including prosthetic, orthotic devices and disposable medical supplies
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening and special services
- End-stage renal dialysis services
- Family planning services in accordance with federal and state law and judicial opinion
- Hearing services, including hearing aids for enrollees younger than 21
- Home health services
- Hospice services (non-institutional only)
- Independent laboratory services

- Inpatient hospital services
- Inpatient mental health services
- Meals and lodging for appropriate escort of enrollees
- Medical detoxification, i.e., management of symptoms during the acute withdrawal phrase from a substance to which the enrollee is addicted
- Medical services, including but not limited to, those provided by physicians, advanced practice registered nurses, physicians assistants and federally qualified health centers (FQHCs), primary care centers and rural health clinics (RHCs)
- Medication administered an office, clinic, hospital or home setting
- Organ transplant services not considered investigational by Federal Drug Administration (FDA)
- Other laboratory and X-ray services
- Outpatient hospital services
- Outpatient mental health services
- Pharmacy and limited over-the-counter drugs, including mental/behavioral health drugs
- Podiatry services
- Preventive health services, including those currently provided in public health departments, FQHCs/primary care centers, and RHCs
- Psychiatric residential treatment facilities (Level I and Level II)
- Specialized case management services for enrollees with complex chronic illnesses (includes adult and child targeted case management)
- Specialized children's services clinics
- Targeted case management
- Therapeutic evaluation and treatment, including physical therapy, speech therapy and occupational therapy
- Transportation to covered services, including emergency and ambulance stretcher services
- Urgent and emergency care services
- Post-stabilization care services, in accordance with 42 C.F.R. 422.113(c) and 438.114(e)
- Vision care, including vision examinations, services of opticians, optometrists and ophthalmologists, including eyeglasses for enrollees younger than 21

Behavioral Health and Substance-use Services

Behavioral health and substance-use services are covered services for Humana Healthy Horizons in Kentucky enrollees. Humana Healthy Horizons in Kentucky recognizes that behavioral health and physical health function as a part of the whole person, and one can affect the other. Therefore, we use a holistic approach to addressing behavioral health and substance use. Humana Healthy Horizons in Kentucky provides a comprehensive range of behavioral health services, including:

- Outpatient coverage for medication management, therapy services (individual, group and family therapy) and case management offered through key providers
- A broad range of hospital-based services for both behavioral health and substance dependence disorders such as intensive outpatient, partial hospitalization, crisis stabilization, long- and short-term inpatient stays based on medical necessity.
- Access to community-based resources

Providers, enrollees or other responsible parties can contact Humana Healthy Horizons in Kentucky at **888-666-6301** to verify available behavioral health and substance-use benefits and to seek a referral or direction for obtaining behavioral health and substance-use services.

Humana Healthy Horizons in Kentucky's network focuses on improving the health of our enrollees through efforts aimed at increased well-being, using enrollee centered evidence-based practices. Our goal is to provide the level of care needed by the enrollee in the least restrictive setting – the right care, at the right time and in the right setting.

Screening and Evaluation

Humana Healthy Horizons in Kentucky requires that PCPs have screening and evaluation procedures in place for the detection and treatment of, or referral for, known or suspected behavioral health problems and disorders. PCPs may provide clinically appropriate behavioral health services within the scope of their practice.

When assessing enrollees for behavioral health services, Humana Healthy Horizons in Kentucky and its providers must use the most current version of Diagnostic and Statistical Manual of Mental Disorders (DSM) classification. Humana Healthy Horizons in Kentucky may require use of other diagnostic and assessment instrument/outcome measures in addition to the most current version of DSM. Providers should document DSM diagnosis and assessment/outcome information in the enrollee's medical record.

Humana Healthy Horizons in Kentucky provides training to network PCPs on how to screen and identify behavioral health disorders, on Humana Healthy Horizons in Kentucky's behavioral health services referral process and on clinical coordination requirements for such services. Humana Healthy Horizons in Kentucky also includes coordination and quality of care training and new models of behavioral health interventions.

Care Management and Care Coordination

Humana Healthy Horizons in Kentucky enrollees have access to care managers who provide a holistic approach to addressing the enrollee's physical and behavioral healthcare needs as well as social determinant issues. Humana Healthy Horizons in Kentucky also offers chronic condition management programs for behavioral health and substance use. Humana Healthy Horizons in Kentucky's providers may contact Humana Healthy Horizons in Kentucky to refer enrollees needing care management assistance by calling **800-444-9137** or preferred method via email KYMCDCaseManagement@humana.com. Humana Healthy Horizons in Kentucky adheres to a "no-wrong door approach" to care management referrals.

Behavioral health service providers are required to refer enrollees with known or suspected and/or untreated physical health problems or disorders to their PCP for examination and treatment, with the enrollee's or the enrollee's legal guardian's consent. Behavioral health providers may only provide physical healthcare services if they are licensed to do so.

Humana Healthy Horizons in Kentucky assists with provider referrals, scheduling appointments and coordinating an integrated approach to the enrollee's health and well-being by coordinating care between behavioral health providers, PCPs and specialists. Behavioral health providers are required to send initial and quarterly summary reports to the enrollee's PCP and to refer enrollees for PCP follow up on untreated physical health concerns when identified.

For further information about our integrated Care Management programs, please refer to the section in this handbook on Enrollee Support Services and Benefits.

Continuation of Treatment

For enrollees receiving inpatient behavioral health services, Humana Healthy Horizons in Kentucky requires providers to schedule an outpatient follow-up appointment prior to the enrollee's discharge from the facility. The outpatient follow-up must be scheduled to occur within seven days from the date of discharge. Behavioral health providers are expected to contact patients within 24 hours of a missed appointment to reschedule.

Continuation of Treatment for enrollees with a Severe Mental Illness (SMI)

Behavioral health service providers are required to assign a case manager prior to or on the date of discharge and provide basic, targeted or intensive case management services as medically necessary to enrollees diagnosed with a severe mental illness (SMI) and co-occurring conditions who are discharged from a state-operated or state-contracted psychiatric facility or state-operated nursing facility for enrollees with SMI. The case manager and other identified behavioral health service providers shall participate in discharge planning meetings to ensure compliance with federal Olmstead and other applicable laws.

For enrollees with a diagnosed SMI who are transitioning from an institutional setting to a community-based living arrangement, behavioral health specialists and psychiatric institution staff must collaborate with Humana Healthy Horizons in Kentucky care managers for transition planning purposes. This includes sharing the enrollee's person-centered recovery plan and level-of-care determination as a part of discharge planning and ensuring continuity of care.

Telehealth Services

Virtual Behavioral Health Services – Arcadian (TeleBehavioral Health)

For mental and behavioral health services, Arcadian behavioral health virtual visits are available in select primary care offices. Similar to using FaceTime or Skype, the enrollee uses a webcam and a screen to talk to a licensed behavioral health specialist. These virtual visits are private, confidential and right in the doctor's office.

Arcadian scope of services:

- Diagnostic assessment
- Ongoing counseling
- ePrescribing
- Ongoing medication management
- Care coordination with provider office

Provider types:

- Psychiatrists
- Psychologists

Virtual Urgent Care Services – MDLive (Telehealth)

Humana Healthy Horizons in Kentucky enrollees can connect with a board-certified doctor for virtual urgent care (i.e., telehealth visit). All virtual visits are available on-demand 365 days per year, 24 hours per day or by scheduled appointment with MDLive.

Visits are convenient, private and secure by mobile app, video or phone. Virtual visits avoid high-cost ERs and urgent care facilities. All prescriptions can be sent directly to a local pharmacy if medically necessary.

MDLive scope of services:

- 24/7 urgent care services for non-emergency needs
- Medical evaluation and management
- Virtual urgent care common conditions treated: minor headache, minor sprain, nausea, vomiting, diarrhea, bumps, scrapes, cough, sore throat, congestion and respiratory issues

Provider types (all board-certified):

- Internal medicine
- Family practice

Early and Periodic Screening and Diagnosis and Treatment (EPSDT)

EPSDT is a federally mandated program developed for Medicaid recipients from birth through the end of their 21st birth month. All Humana Healthy Horizons in Kentucky enrollees within this age range should receive age-recommended EPSDT preventive exams, health screens and EPSDT special services needed to address health issues as soon as identified or suspected.

EPSDT benefits are available at no cost to enrollees.

EPSDT Preventive Services

The EPSDT program is designed to provide comprehensive preventive healthcare services at regular age intervals. Regular EPSDT preventive visits find health issues early (including physical health, mental health, growth and developmental) so additional testing, evaluation or treatment can start right away. EPSDT preventive services are available at the recommended ages and at other times when needed.

EPSDT stresses health education to children and their caretakers related to early intervention, health and safety risk assessments at every age, referrals for further diagnosis and treatment of problems discovered during exams and ongoing health maintenance.

Covered services EPSDT preventive exam components include:

- Comprehensive health and development history
- Comprehensive unclothed physical examination

EPSDT Preventive Services – continued

- Laboratory tests, including (where indicated) blood-lead level screening/testing, anemia test using hematocrit or hemoglobin determinations, sickle-cell test, complete urinalysis, testing for sexually transmitted diseases, tuberculin test and pelvic examination
- Developmental screening/surveillance, including autism screening
- Sensory screenings and referrals for vision and hearing
- Nutritional assessment, including body mass index (BMI) and blood pressure
- Dental screenings and referrals to a dentist, as indicated (dental referrals are recommended to begin during a child's first year of life and are required at two years and older)
- Psychological/behavioral assessments, substance-use assessments and depression screenings
- Assessment of immunization status and administration of required vaccines
- Health education and anticipatory guidance (e.g., age-appropriate development, healthy lifestyles, accident and disease prevention, at-risk and risk behaviors and safety)
- Referral for further evaluation, diagnosis and treatment
- Routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 5 and 6 months

EPSDT Special Services

Under the EPSDT benefit, Medicaid provides comprehensive coverage for any service described in section 1905(a) of the Social Security Act. EPSDT special services include coverage for other medically necessary healthcare, evaluation, diagnostic services, preventive services, rehabilitative services and treatment or other measures not covered under Kentucky Medicaid, including:

- Special services included in the EPSDT benefit may be preventive, diagnostic or rehabilitative treatment or services that are medically necessary to correct or ameliorate the individual's physical, developmental or behavioral condition.
- Medically necessary services are available regardless whether those services are covered by Kentucky Medicaid.
- Medical necessity is determined on a case-by-case basis.
- EPSDT special services that are subject to medical necessity often require prior authorization.
- Consideration by the payer source must be given to the child's long-term needs, not only immediate needs and consider all aspects such as physical, developmental, behavioral, etc.

EPSDT Exam Frequency

The Humana Healthy Horizons in Kentucky EPSDT Periodicity Schedule is updated frequently to reflect current recommendations of the American Academy of Pediatrics (AAP) and Bright Futures. To view updates to the schedule, please visit Kyaap.org.

Infancy		
Younger than 1 month	2 months	4 months
6 months	9 months	12 months

Early childhood		
15 months	18 months	24 months
30 months	3 years	4 years

Middle childhood		
5 years	6 years	7 years
8 years	9 years	10 years

Adolescence and young adults		
11 years	12 years	13 years
14 years	15 years	16 years
17 years	18 years	19 years
20 years	21 years (through the end of the enrollee's 21st birth month)	

Child Blood-lead Screenings

The Kentucky Medicaid Department for Public Health Childhood Lead Poisoning Prevention Program (CLPPP) requires that children receive a blood-lead level test at one and two years. Federal regulation requires that all children receive a blood test for lead at:

- 12 months and 24 months
- 36 months and 72 months for children who have not had a previous blood lead screening

This is a required part of the EPSDT exam provided at these ages.

Lead Screening Test Specifications

- Kentucky Medicaid requires healthcare providers to provide blood-lead screening at 12 months and 24 months.
- Children 6 months to 6 years per the AAP: CMS requires each state to use a periodicity schedule to provide EPSDT services at age-recommended intervals that meet reasonable standards of medical practice. Kentucky uses the periodicity schedule published by the AAP and Bright Futures; 907 KAR 11:034.
- All children 72 months and younger and pregnant women who, per KRS 211.900:
  - Reside in dwellings or dwelling units which were constructed and painted prior to 1978
  - Reside in geographic areas defined by the Kentucky Cabinet for Health and Family Service (CHSF) as high risk
  - Possess one or more risk factors identified in a lead poisoning verbal risk assessment approved by Kentucky CHSF

Taking Centers for Disease Control and Prevention (CDC) guidelines and recommendations into account as well as Kentucky laws, children or pregnant women with confirmed elevated blood-lead level greater than 5µg/dL will be provided case management services by the local health department. Children and pregnant women with a confirmed blood-lead level greater than 15µg/dL requires public health environmental action per KRS 211.905 and a comprehensive environmental lead home inspection/ risk assessment.

Immunizations

Immunizations are an important part of preventive care for children and should be administered during well-child/ EPSDT exams as needed. Humana Healthy Horizons in Kentucky endorses the same recommended childhood immunization schedule recommended by the CDC and approved by the Advisory Committee on Immunization Practices (ACIP), the AAP and the American Academy of Family Physicians (AAFP). This schedule is updated annually and current updates can be found on the AAP website at Aap.org.

The Department of Public Health and the Department for Medicaid Services Vaccines for Children Program (VFC) offers certain vaccines free of charge to Medicaid enrollees younger than 21.

Vaccines for Children Program (VFC)

The Kentucky Department of Public Health and the Kentucky Department for Medicaid Services Vaccines for Children Program (VFC) offers certain vaccines free of charge to Medicaid enrollees under the age of 21.

When administering VFC vaccine, providers should never bill two different payers (for example: bill a patient's, Medicaid and private insurance) for the same vaccine administration fee. For Medicaid-eligible children, Medicaid should be billed the vaccination administration fee.

VFC providers are required to maintain immunization records that include all the following elements:

- Name of the vaccine administered
- Date vaccine was administered
- Date vaccine information statements (VIS) was given
- Publication date of VIS
- Name of vaccine manufacturer
- Lot number
- Name and title of person who administer the vaccine
- Address of clinic where vaccine was administered

VFC providers are required to distribute current VIS each time a vaccine is administered and maintain records in accordance with the national Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).

VFC providers are required to maintain all records related to the VFC program for a minimum of three years (or longer if required by state law) and on request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records and vaccine purchase and accountability records.

VFC providers must retain and implement a Vaccine Management Plan for routine and emergency vaccine management.

Additional information on the Vaccines for Children Program can be found at https://chfs.ky.gov/agencies/dph/dehp/idb/Pages/vfc.aspx.

Services Not Covered

Humana Healthy Horizons in Kentucky must provide covered services under current administrative regulations. The scope of services may be expanded with approval of the Kentucky Department for Medicaid Services (DMS) and as necessary to comply with federal mandates and state laws. Certain Medicaid services are currently excluded from the Humana Healthy Horizons in Kentucky's benefits package, but continue to be covered through the traditional fee-for-service Medicaid Program. Humana Healthy Horizons in Kentucky is familiar with these excluded services, designated Medicaid "wrap-around" services and coordinates with Kentucky DMS providers in the delivery of these services to enrollees.

Information relating to these excluded services' programs may be accessed by Humana Healthy Horizons in Kentucky from Kentucky DMS to aid in the coordination of the services.

Under federal law, Medicaid does not receive federal matching funds for certain services. Some of these excluded services are optional services that Kentucky DMS may or may not elect to cover. Humana Healthy Horizons in Kentucky is not required to cover services that Kentucky DMS has elected not to cover for enrollees.

The following services currently are not covered by the Kentucky Medicaid program:

- All laboratory services performed by a provider without current certification in accordance with the Clinical Laboratory Improvement Amendment (CLIA) (This requirement applies to all facilities and individual providers of any laboratory service)
- Cosmetic procedures or services performed solely to improve appearance
- Hysterectomy procedures, if performed for hygienic reasons or for sterilization only
- Medical or surgical treatment of infertility (e.g., the reversal of sterilization, in-vitro fertilization, etc.)
- Induced abortion and miscarriage performed out-of-compliance with federal and Kentucky laws and judicial opinions
- Paternity testing
- Personal service or comfort items
- Post-mortem services
- Services, including but not limited to drugs that are investigational, mainly for research purposes or experimental in nature
- Sex transformation services
- Sterilization of a mentally incompetent or institutionalized enrollee
- Services provided in countries other than the United States, unless approved by the Secretary of the Kentucky CHFS
- Services or supplies in excess of limitations or maximums set forth in federal or state laws, judicial opinions and Kentucky Medicaid program regulations referenced herein
- Services for which the enrollee has no obligation to pay and for which no other person has a legal obligation to pay are excluded from coverage

Out-of-network Care for Services Not Available

Humana Healthy Horizons in Kentucky arranges for out-of-network care if it is unable to provide enrollees with necessary covered services, a second opinion or if a network healthcare provider is not available. Humana Healthy Horizons in Kentucky coordinates payment with the out-of-network provider to confirm that cost to the enrollee is not greater than it would be if the service were provided in-network.

Added Benefits (AB)

Humana Healthy Horizons offers enrollees extra benefits, tools, and services (at no cost to the enrollee) that are not otherwise covered or that exceed limits outlined in the Kentucky State Plan and the Kentucky Medicaid Fee Schedules. These added benefits (AB) are in excess of the amount, duration and scope of those services listed above.

In instances where an added benefit is also a Medicaid covered service, Humana Healthy Horizons in Kentucky administers the benefit in accordance with all applicable service standards pursuant to our contract, the Kentucky Medicaid State Plan and all Medicaid Coverage and Limitations Handbooks.

Humana Healthy Horizons in Kentucky Medicaid enrollees have specific enhanced benefits:

Added benefit	Details and limitations
Cellphone services	Free Tracfone through the federal program, per household. Enrollees younger than 18 will need a parent or guardian to sign up. This benefit covers one phone, one charger, one set of instructions, 350 minutes per month, 3GB of data per month, unlimited text messages per month, training for the enrollee and their caregiver at the first case manager orientation visit, calls to Humana Healthy Horizons in Kentucky Enrollee Services for health plan assistance. 911 calls for emergencies are free even if the enrollee runs out of minutes. Enrollees must make at least one phone call or send one text message every month to keep this benefit. Enrollees in case and disease management may be eligible for unlimited minutes and 4.5GB of data on plan approval.
Child care assistance	Enrollee caretakers 21 and older participating in the Humana Healthy Horizons in Kentucky Workforce program may be eligible for reimbursement up to $40 per quarter for child care during job-seeking opportunities, limited to four times per year.
Criminal expungement services	For enrollees 21 and older, reimbursement of up to $300 for criminal record expungement, as allowed per KYCourts.gov, per lifetime. The enrollee is responsible for the cost of the expungement certificate
Dental services, adult	One additional cleaning per year for enrollees 21 and older.
Doula services	Doula assistance to provide emotional and physical support to the laboring mother and her family, two prenatal visits, two postpartum visits and one visit for delivery assistance per pregnancy
GED testing preparation	GED test preparation assistance for enrollees 16 and older, including a bilingual adviser, access to guidance and study materials, and unlimited use of practice tests. Test preparation assistance is provided virtually to allow maximum flexibility for enrollees.
Non-pharmacological pain management alternatives*	For enrollees 21 and older with chronic pain, up to 24 acupuncture visits per year and up to 26 additional chiropractic visits per year (please refer to covered services for chiropractic base benefit).
Portable crib as Moms First Benefit	Portable crib, per pregnancy, for female enrollees who complete at least seven prenatal visits.
Post-discharge meals	Up to 10 home-delivered meals for enrollees following discharge from an inpatient or residential facility, limited to four discharges per year.
Smartphone app for diabetes management	For enrollees with diabetes, unlimited access to an innovative digital therapeutic smartphone application for diabetes management.

Added benefit	Details and limitations
Smartphone app for prenatal care, breastfeeding, and newborn/infant care assistance	For pregnant enrollees and enrollees with a child up to 1 year old, unlimited access to a smartphone application that provides 24 hours-a-day, seven days-a-week access to a proprietary, video-enabled call routing system allowing enrollees to connect with a lactation consultant or a physician extender for on-demand assistance.
Sports physical	One sports physical per year for enrollees 6 to 18.
Tobacco cessation	Access to the Wellness Coaching Team using Go365® for participation in the tobacco and vaping cessation program: • For all enrollees 12 and older, up to eight health coaching/cessation support calls within 12 months of the first coaching session • For enrollees 18 and older, nicotine replacement therapy on request
Vision services, adult	Eyeglasses (frames and lenses) every 24 months for enrollees 21 and older.

*Humana Healthy Horizons in Kentucky publishes billing guidelines on Humana.com/HealthyKY for these services.

Direct Access

Humana Healthy Horizons in Kentucky makes covered services available and accessible to enrollees as specified by Kentucky DMS and in accordance with 42 C.F.R. 438 and applicable state statutes and regulations. Humana Healthy Horizons in Kentucky routinely evaluates out-of-network utilization and contacts high-volume providers to determine if they are qualified and interested in enrolling in Humana Healthy Horizons in Kentucky's network. If so, Humana Healthy Horizons in Kentucky enrolls the provider as soon as the necessary procedures are completed.

When an enrollee wishes to receive a direct-access service or receives a direct-access service from an out-of-network provider, Humana Healthy Horizons in Kentucky contacts the provider to determine if it is qualified and interested in enrolling in the network. If so, Humana Healthy Horizons in Kentucky enrolls the provider as soon as the necessary enrollment procedures have been completed.

Humana Healthy Horizons in Kentucky ensures direct access and may not restrict the choice of a qualified provider by an enrollee for the following services within the network:

- Primary care vision services, including the fitting of eye glasses, provided by ophthalmologists, optometrists and opticians
- Primary care dental and oral surgery services and evaluations by orthodontists and prosthodontists
- Voluntary family planning in accordance with federal and state laws and judicial opinion
- Maternity care for enrollees younger than 18
- Immunizations to enrollees younger than 21
- Sexually transmitted disease screening, evaluation and treatment
- Tuberculosis screening, evaluation and treatment
- Testing for Human Immunodeficiency Virus (HIV), HIV-related conditions and other communicable diseases as defined by 902 KAR 2:020
- Chiropractic services
- For enrollees with special healthcare needs determined through an assessment that need a course of treatment or regular care monitoring, allow enrollees to directly access a specialist as appropriate for the enrollee's condition and identified needs
- Women's health specialists

Pharmacy

Effective July 1, 2021, the following changes were made to the Kentucky Medicaid pharmacy benefit:

- All Kentucky Medicaid managed care organizations (MCOs), including Humana Healthy Horizons in Kentucky, will partner with one pharmacy benefit manager (PBM), MedImpact, for pharmacy claims processing and pharmacy prior authorizations (PA).
- All outpatient drugs, including over-the-counter (OTC) drugs, are covered under a single Kentucky formulary and preferred drug list (PDL) managed by MedImpact. This does not include physician-administered drugs, which will continue to be managed by MCOs, under their medical benefit.
- If an enrollee is on a drug that currently does not require a PA but will require a PA on July 1, 2021, the enrollee will be granted 90 days to transition to a preferred alternative or request a PA. Please visit Kentucky.magellanmedicaid.com for a list of preferred drugs covered under the Kentucky PDL.
- All prior authorizations will be managed by MedImpact. The Kentucky DMS-approved MedImpact Universal PA Form is posted on the MedImpact Single PBM Website at https://kyportal.medimpact.com/. Please call **844-336-2676** or fax all pharmacy PA requests to **858-357-2612** beginning July 1, 2021. You also may submit your request online through Cover My Meds, Surescripts or CenterX ePA portals. For all medically billed drug (J-code) PA requests, please continue to send those directly to the enrollee's plan for review.

Prior Authorizations	Pharmacy Requests	Physician Administered Drugs (J code) Requests
Prior to July 1, 2021	Submit PA to current MCO	Submit PA to current MCO
On and after July 1, 2021	Submit PA to MedImpact	Submit PA to current MCO

Medications Administered in the Provider Setting

Humana Healthy Horizons in Kentucky covers medications that are administered in a provider setting, such as a physician office, hospital outpatient department, clinic, dialysis center or infusion center. Prior-authorization requirements exist for many injectables. Medicaid providers may:

- Obtain forms at Humana.com/medPA
- Submit request by fax to **888-447-3430**
- View preauthorization and notification lists at Humana.com/PAL

Pharmacy Lock-in Program

The Lock-in Program is designed for individuals enrolled in Medicaid in Kentucky who need help managing their use of prescription medications. It is intended to limit overuse of benefits and reduce unnecessary costs to Medicaid while providing an appropriate level of care for the enrollee. Humana Healthy Horizons in Kentucky enrollees who meet the program criteria will be locked in to one pharmacy.

The Lock-in Program is required by Kentucky DMS.

Humana Healthy Horizons in Kentucky monitors claim activity for signs of misuse or abuse in accordance with state and federal laws. If a review of an enrollee's claim activity reveals an unusually large number of controlled substance prescriptions or misuse of prescriptions, the enrollee is considered a candidate for the Lock-in Program.

Enrollees identified to be enrolled in the lock-in program receive written notification from Humana Healthy Horizons in Kentucky, along with the designated lock-in pharmacy's information and the enrollee's right to appeal the plan's decision.

Enrollees are initially locked-in for a total of 12 months, during which the enrollee can only request a change from their designated lock-in provider once.

Following the enrollee's 12-month enrollment, a utilization review is conducted to determine the enrollee's continued need for the program. Once the restriction has been lifted, the enrollee is placed on a six month follow-up for review of prescription history to determine if the lock-in should be reinstated for an additional period of 24 months.

Referrals

Humana Healthy Horizons in Kentucky monitors enrollees' claim history and utilization to identify enrollees who may benefit from enrollment in the Pharmacy Lock-in Program. Enrollees also may be referred for evaluation to participate in the Lock-in Program by their PCP or a specialist who is caring for them by calling 888-285-1121. Excluded from enrollment in the Lock-in Program are enrollees who:

- Reside in a facility reimbursed pursuant to 907 KAR 1:025 or 1:065 or in a personal care home
- Are younger than 18
- Receive services through a home- and community-based waiver program or hospice services
- Utilize Medicaid services at a frequency that was medically necessary to treat a complex, life-threatening medical condition

Referrals and Prior Authorizations

Referrals

Humana Healthy Horizons in Kentucky allows direct access to specialized providers for enrollees in the following categories:

1. Enrollees with long-term, complex health conditions
2. Aged, blind, deaf or disabled persons
3. Enrollees identified as having special healthcare needs and who require a course of treatment or regular healthcare monitoring.

Humana Healthy Horizons in Kentucky enrollees may see any participating provider within our network, including specialists and inpatient hospitals. Enrollees may self-refer to any participating provider. PCPs do not need to arrange or approve these services for enrollees, as long as applicable benefit limits have not been exhausted.

Exceptions to this policy apply to enrollees who have been designated to participate in the Pharmacy Lock-in Program and/or Provider Lock-in Program. Please refer to the Lock-in Program section of this manual.

If an enrollee requires medically necessary services from a non-participating provider the provider may need to call to obtain prior authorization.

Second Opinions for Nonparticipating Providers

Although Humana Healthy Horizons in Kentucky does not require referrals an enrollee may receive a second opinion. Providers or enrollees may request a second opinion at equal cost to the enrollee than if the service was obtained in network.

The following criteria should be used when selecting a provider for a second opinion:

- The provider must be a participating provider. If not, prior authorization must be obtained to send the patient to a nonparticipating provider. The provider must not be affiliated with the enrollee's PCP or the specialist practice group from which the first opinion was obtained.
- The provider must be in an appropriate specialty area.
- Results of laboratory tests and other diagnostic procedures must be made available to the provider giving the second opinion

Release Due to Ethical Reasons

Providers are not required to perform any treatment or procedure that is contrary to the provider's conscience, religious beliefs or ethical principles, in accordance with 42 C.F.R 438.102. Please refer to the Involuntary Dismissal section of this manual for specific procedural requirements.

Prior Authorization

When prior authorization is requested for a service rendered in the same month, enrollee eligibility is verified at the time the request is received. When the service is to be rendered in a subsequent month, authorization is given contingent upon enrollee eligibility on the date of service. Providers must verify eligibility on the date the service is to be rendered. Humana Healthy Horizons in Kentucky is not able to pay claims for services provided to ineligible enrollees. It is important to request prior authorization as soon as it is known that a service is needed.

All services that require prior authorization from Humana Healthy Horizons in Kentucky should be authorized before the service is delivered. Humana Healthy Horizons in Kentucky is not able to pay claims for services in which prior authorization is required but not obtained by the provider. Humana Healthy Horizons in Kentucky will notify you of prior-authorization determinations by a letter mailed to the provider address on file.

For standard prior-authorization decisions, Humana Healthy Horizons in Kentucky provides notice to the provider and enrollee as expeditiously as the enrollee's health condition requires, but no later than two business days following receipt of the request for service. The time frame for a standard authorization request may be extended up to 14 days if the provider or enrollee requests an extension, or if Humana Healthy Horizons in Kentucky justifies, in writing, to Kentucky DMS a need for additional information and how the extension is in the enrollee's best interest. For cases in which a provider indicates, or Humana Healthy Horizons in Kentucky determines, that following the standard time frame could seriously jeopardize the enrollee's life or health or ability to attain, maintain or regain maximum function, Humana Healthy Horizons in Kentucky will complete an expedited authorization decision within 24 hours and provide notice as expeditiously as the enrollee's health condition requires. Please specify if you believe the request is expedited.

Medicaid Services that Require Prior Authorization

Physicians or other healthcare providers should review the "Kentucky Medicaid Prior Authorization List" online at Humana.com/PAL.

Requesting Prior Authorization

This section describes how to request prior authorization for medical and radiology services. For pharmacy prior authorization information, please refer to the Pharmacy section of this manual.

Medical and Behavioral Health

Prior authorization for healthcare services can be obtained by contacting the Utilization Management department online or via email, fax, phone or mail:

- Visit the provider portal at Availity.com
- Access various prior authorization forms online at Humana.com/provider/medical-resources/authorizations-referrals
- Email completed forms to CorporateMedicaidCIT@Humana.com
- Fax completed prior authorization forms to **833-974-0059**
- Call **888-285-1114**

When requesting authorization, please provide the following information:

- Enrollee/patient name and Humana Healthy Horizons in Kentucky enrollee ID number
- Provider name, National Provider Identifier (NPI) and Tax ID Number (TIN) for ordering/servicing providers and facilities
- Anticipated date of service
- Diagnosis code and narrative
- Procedure, treatment or service requested
- Number of visits requested, if applicable
- Reason for referring to an out-of-plan provider, if applicable
- Clinical information to support the medical necessity of the service
- If the request is for inpatient admission for elective, urgent or emergency care, please include admitting diagnosis, presenting symptoms, plan of treatment, clinical review and anticipated discharge needs.
- If inpatient surgery is planned, please include the date of surgery, surgeon and facility, admit date, admitting diagnosis and presenting symptoms, plan of treatment, all appropriate clinical review and anticipated discharge needs.
- If the request is for outpatient surgery, please include the date of surgery, surgeon and facility, diagnosis and procedure planned and anticipated discharge needs

Chemotherapy

For adults 18 and older, Humana Healthy Horizons in Kentucky partners with New Century Health for chemotherapy agents, supportive and symptom management drug preauthorization requests. Choose from the following options to submit a request for preauthorization to New Century Health:

- For a list of applicable drugs, please visit Humana.com/PAL.
  - This list is subject to change with notification. However, this list may be modified throughout the year, without notification via U.S. postal mail, for additions of new-to-market medications or step-therapy requirements for medications.
- To initiate an online preauthorization request, log in to New Century Health's website at my.newcenturyhealth.com. Enter your username and password. If you have not yet received a username and password, please call New Century Health at 855-427-1372 and select option 1.
- To submit a request by phone, please call New Century Health's intake coordinator department at **855-427-1372** and select Option 1. Assistance is available Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

Authorization is not a guarantee of payment. Authorization is based on medical necessity and is contingent on eligibility, benefits and other factors. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.

Administrative denials may be rendered when applicable authorization procedures are not followed. Enrollees cannot be billed for services that are administratively denied due to a provider not following the requirements listed in this manual.

Retrospective Review

A retrospective review is a request for a review for authorization of care, service or benefit for which an authorization is required but not obtained before the delivery of the care, service or benefit. Humana Healthy Horizons in Kentucky requires prior authorization to ensure covered patients receive medically necessary and appropriate services. Claims not meeting the necessary criteria as described below will be administratively denied.

On request, Humana Healthy Horizons in Kentucky only allows for a retrospective authorization submission after the date of service when a prior authorization is required but not obtained in the following circumstances:

- The service is directly related to another service for which prior approval was obtained and the service was already performed.
- The new service was not needed at the time the original prior-authorized service was performed.
- The need for the new service was determined at the performance of the original prior-authorized service.
- Humana Healthy Horizons in Kentucky-covered patients who are determined to be retroactively eligible for Medicaid. (Retroactive Medicaid coverage is defined as a period of time up to three months prior to the application month.)

Exception: A prior authorization obtained prior to an enrollee transitioning from another managed care organization to Humana Healthy Horizons in Kentucky will be upheld for 90 days following the transition to Humana Healthy Horizons in Kentucky.

Providers have 90 calendar days from:

- the date of service, or
- the inpatient discharge date, or
- the initial date of a service where the service spans across several months, or
- the date of the primary insurance carrier's Explanation of Payment or authorization denial which demonstrates service was not a covered service.

Requests for retrospective review that exceed this 90-calendar-day time frame will be denied and are ineligible for appeal.

When submitting a retro authorization request, the following documentation must be included:

- Patient name and Humana Healthy Horizons in Kentucky ID number
- Authorization number of the previously authorized service for the related request
- Clinical information supporting the service must accompany the request.

Submitting a retrospective review request:
Request for inpatient and outpatient services can be submitted via:

- Availity.com
- Phone/IVR **800-444-9137**
- Fax **833-974-0059**

For requests submitted via Availity.com or by fax, the provider can check the status online on Availity. Providers can see the authorization status along with the authorization number associated with the request. Some outpatient authorization requests may auto approve if the procedure code is not listed on our preauthorization list (PAL).

Humana Healthy Horizons in Kentucky's PAL is available online at Humana.com/PAL. Written notification for approved service requests are not provided unless requested. Requests for written notification can be included when clinical information is submitted or by calling **800-444-9137**.

Exceptions to this policy apply to enrollees designated to participate in the pharmacy and/or provider Lock-in Program.

Obtaining an Authorization to a Nonparticipating Provider

An authorization is required for enrollees to be evaluated or treated by nonparticipating providers. All providers (referring, treating, nonparticipating) must be enrolled with Kentucky DMS as a Kentucky Medicaid-enrolled provider to receive payment for services rendered to a Kentucky Medicaid enrollee.

Utilization Management

Utilization Management helps maintain the quality and appropriateness of healthcare services provided to Humana Healthy Horizons in Kentucky enrollees. Utilization review determinations are based only on appropriateness of care and service and existence of coverage. Humana Healthy Horizons in Kentucky does not reward providers or our staff for denying coverage or services. There are no financial incentives for Humana Healthy Horizons in Kentucky staff to encourage decisions that result in underutilization. Humana Healthy Horizons in Kentucky does not arbitrarily deny or reduce the amount, duration or scope of a required service solely because of the diagnosis, type of illness or condition. Humana Healthy Horizons in Kentucky establishes measures designed to maintain quality of services and control costs that are consistent with our responsibility to our enrollees; we place appropriate limits on a service on the basis of criteria applied under the Medicaid state plan, and applicable regulations, such as medical necessity; and place appropriate limits on a service for utilization control, provided the service furnished can reasonably be expected to achieve its purpose. Services supporting individuals with ongoing or chronic conditions or who require long-term services and supports are authorized in a manner that reflects the enrollee's ongoing need for such services and supports.

The Utilization Management department performs all utilization management (UM) activities, including prior authorization, concurrent review and discharge planning. We monitor inpatient and outpatient admissions and procedures to ensure that appropriate medical care is rendered in the most appropriate setting, using the most appropriate resources. We also monitor the coordination of medical care to ensure its continuity. Referrals to the Humana Healthy Horizons in Kentucky Care Management team are made, if needed.

Humana Healthy Horizons in Kentucky completes an assessment of satisfaction with the UM process on an annual basis, identifying areas for improvement opportunities.

Criteria

Humana Healthy Horizons in Kentucky utilizes nationally recognized criteria to determine medical necessity and appropriateness of inpatient acute, behavioral health, rehabilitation and skilled nursing facility admissions. These criteria are designed to assist providers in identifying the most efficient quality care practices in use today. It is not intended to serve as a set of rules or as a replacement for a physician's medical judgment about individual patients.

Humana Healthy Horizons in Kentucky defaults to all applicable state and federal guidelines regarding criteria for authorization of covered services. Humana Healthy Horizons in Kentucky also has policy statements developed to supplement nationally recognized criteria. If a patient's clinical information does not meet the criteria for approval, the case is forwarded to a medical director for further review and determination.

Access to Staff

Providers may send an email to the Utilization Management staff with any UM questions.

- Medical health inquires: KYMCDMedicalUM@humana.com
- Behavioral health inquiries: KYMCDBehavioralHealthUM@humana.com

Please keep the following in mind when contacting UM staff:

- Staff are available Monday through Friday, 8 a.m. to 6 p.m. Eastern time.
- Staff can receive inbound communications regarding UM issues after normal business hours.
- Staff are identified by name, title and organization name when initiating or returning calls regarding UM issues.
- Staff are available to respond to email inquiries regarding UM issues.
- Staff are accessible to answer questions about the UM process.

- In the best interest of our enrollees and to promote positive healthcare outcomes, Humana Healthy Horizons in Kentucky supports and encourages continuity of care and coordination of care between medical providers as well as between behavioral health providers.

Our enrollees' health is always our number one priority. Physician reviewers from Humana Healthy Horizons in Kentucky are available to discuss individual cases with attending physicians on request. Clinical criteria and clinical rationale or criteria used in making adverse determinations are available on request by emailing our Utilization Management department:

- For medical health inquires: KYMCDMedicalUM@humana.com
- For behavioral health inquiries: KYMCDBehavioralHealthUM@humana.com

On request and at no cost to the provider, Humana Healthy Horizons in Kentucky supplies all documents, records and other information relevant to an adverse payment or coverage determination. If you would like to request a peer-to-peer discussion on an adverse determination with a Humana Healthy Horizons in Kentucky physician reviewer, please send an email to the addresses above within five business days of the determination.

Claims

Humana Healthy Horizons in Kentucky follows the claim reimbursement policies and procedures set forth by the relevant regulations and regulating bodies. It is critical that all physician addresses and phone numbers on file with Humana Healthy Horizons in Kentucky are up to date to ensure timely claims processing and payment delivery.

Please note: Failure to include ICD-10 codes on electronic or paper claims will result in claim denial.

Claim Submissions

Claims must be submitted within 365 calendar days of the date of service or discharge. We do not pay claims with incomplete, incorrect or unclear information. Providers have 180 calendar days from the date of service or discharge to submit a corrected claim or file a claim appeal.

Humana Healthy Horizons in Kentucky accepts electronic and paper claims. We encourage you to submit routine claims electronically to take advantage of the following benefits:

- Faster claims processing
- Reduced administrative costs
- Reduced probability of errors or missing information
- Faster feedback on claims status
- Minimal staff training and cost

All claims (electronic and paper) must include the following information:

- Patient (enrollee) name
- Patient address
- Insured's ID number: Be sure to provide the complete Humana Healthy Horizons in Kentucky enrollee ID for the patient
- Patient's birth date: Always include the enrollee's date of birth so we can identify the correct enrollee in case we have more than one enrollee with the same name
- Place of service: Use standard CMS location codes
- International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) diagnosis code(s)
- HIPAA-compliant Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code(s) and modifiers when modifiers are applicable
- Units, where applicable (anesthesia claims require number of minutes)
- Date of service: Please include dates for each individual service rendered; date ranges are not accepted, even though some claim forms contain from/to formats. Please enter each date individually.
- Prior authorization number, when applicable: A number is needed to match the claim to the corresponding prior authorization information. This is only needed if the service provided required a prior authorization.
- National Provider Identifier (NPI): Please refer to the Location of Provider NPI, TIN and Enrollee ID Number section
- Federal Tax ID Number or physician Social Security number: Every provider practice (e.g., legal business entity) has a different Tax ID Number
- Billing and rendering taxonomy codes that match the Kentucky DMS Master Provider List (MPL)
- Billing and rendering addresses that match the Kentucky DMS MPL
- Signature of physician or supplier: The provider's complete name should be included. If we already have the physician's signature on file, indicate "signature on file" and enter the date the claim is signed in the date field.

Claim Dispute Process

Claim disputes are related to a presumed payment error that occurred in relation to a provider contract issue. Claim dispute documentation must be received by Humana Healthy Horizons in Kentucky within 24 months of the original claim adjudication date.

The following documentation is required when submitting a claim dispute:

- A completed Humana Healthy Horizons in Kentucky Claim Dispute Form. The form can be found online at Humana.com/HealthyKY
- The following attachments must be attached to the Claim Dispute Form:

- Explanation of Payment for the disputed claim(s)
- The contract provision that the provider details was misapplied in paying the claim
- Providers may include other nonmandatory attachments that they feel are necessary

Humana may reject a provider's claim dispute submission if the provider's claim dispute request is incomplete, not submitted within the time frame specified and does not meet all of the requirements as specified above.

Please submit claim disputes to:
Humana Healthy Horizons in Kentucky
Provider Claims Dispute
P.O. Box 14601
Lexington, KY 40512-4601

Humana Healthy Horizons in Kentucky mails claim dispute decision letters within 30 calendar days of receipt of complete claim dispute request. Providers who disagree with a determination and have not already exhausted their appeal rights may request an appeal. Claim appeals must be received within 180 days of the original claim submission adjudication date. For more information about appeals, please see the Grievance and Appeals section of this manual.

For claim payment inquiries or complaints, please contact Humana Healthy Horizons in Kentucky at **800-448-6262** (800-4HUMANA) or your provider contracting representative.

Medicaid Bypass List for Medicare Non-covered Codes

The Kentucky DMS Medicaid Bypass List for Medicare Non-covered Codes is a list of bypass codes and modifiers for Medicaid noncovered services and provider types.

Kentucky DMS developed these lists to allow providers to bill Medicaid managed care organizations directly without first billing Medicare for coordination-of-benefit requirements. Medicare does not cover these codes, so Medicaid acts as primary payer.

These Kentucky DMS lists are specific to provider type, claim type, procedure, revenue, diagnosis codes and date range. Claims submitted that do not meet all bypass requirements are denied when submitted without the Medicare Explanation of Medicare Benefits (EOMB) for appropriate coordination of benefits.

To download copies of the bypass lists, please click the links below:

- Provider Type 30
- All Provider Types (Except Provider Type 30)

Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA)

Electronic claims payment offers you several advantages over traditional paper checks:

- Faster payment processing
- Reduced manual processes
- Access to online or electronic remittance information
- Reduced risk of lost or stolen checks

With EFT, your Humana Healthy Horizons in Kentucky claim payments are deposited directly in the bank account(s) of your choice. You also are enrolled for our ERA, which replaces the paper version of your explanation of remittance.

Fees may be associated with electronic transactions. Please check with your financial institution or merchant processor for specific rates related to EFT or credit card payments. Check with your clearinghouse for fees associated with ERA transactions.

There are two ways to enroll:

EFT/ERA Enrollment through Humana Healthy Horizons in Kentucky

Get paid faster and reduce administrative paperwork with EFT and ERA.

Physicians and other healthcare providers can use Humana Healthy Horizons in Kentucky's ERA/EFT Enrollment tool on the Availity Provider Portal to enroll. To access this tool:

1. Sign in to the Availity Provider Portal at Availity.com (registration required).
2. From the Payer Spaces menu, select Humana Healthy Horizons in Kentucky.

3. From the Applications tab, select the ERA/EFT Enrollment app. (If you don't see the app, contact your Availity administrator to discuss your need for this tool.)

When you enroll in EFT, Humana Healthy Horizons in Kentucky claim payments are deposited directly in the bank account(s) of your choice.

EFT payment transactions are reported with file format CCD+, which is the recommended industry standard for EFT payments. The CCD+ format is a National Automated Clearing House Association (ACH) corporate payment format with a single, 80-character addendum record capability. The addendum record is used by the originator to provide additional information about the payment to the recipient. This format is also referenced in the ERA (835 data file). Contact your financial institution if you would like to receive this information.

Please note: Fees may be associated with EFT payments. Consult your financial institution for specific rates.

The ERA replaces the paper version of the EOR. Humana Healthy Horizons in Kentucky delivers 5010 835 versions of all ERA remittance files that are compliant with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Humana Healthy Horizons in Kentucky utilizes Availity as the central gateway for delivery of 835 transactions. You can access your ERA through your clearinghouse or through the secure provider tools available in the Availity provider portal, which opens a new window

Please note: Fees may be associated with ERA transactions. Consult your clearinghouse for specific rates.

Multipayer EFT/ERA Enrollment through EnrollHub, a CAQH Solution

Practitioners who want to sign up for EFT payments from multiple health plans (Humana Healthy Horizons in Kentucky and others) can do so through EnrollHub, a Council for Affordable Quality Healthcare (CAQH) EFT/ERA Solution.

CAQH is a nonprofit alliance that creates solutions to streamline healthcare business processes. The alliance is known for CAQH ProView®, formerly the Universal Provider Datasource®, a solution that facilitates provider data collection and the credentialing process for more than 1.3 million practitioners.

With EnrollHub, you submit EFT enrollment information to CAQH online. CAQH verifies the information and then sends it to Humana Healthy Horizons in Kentucky and the other payers you select.

These payers process your enrollment and begin sending electronic payments to your bank account. There is no enrollment cost for the provider.

Following the EFT enrollment process, you receive your remittance advice through a clearinghouse. When you enroll, you are prompted to designate the clearinghouse that should receive your ERA.

Please note: Fees may be associated with electronic transactions. Consult your financial institution for specific rates related to EFT and your clearinghouse for fees related to ERA.

Submitting Electronic Transactions

Provider Portal

Humana Healthy Horizons in Kentucky partners with Availity to allow providers to reference enrollee and claim data for multiple payers using one login. Availity provides the following benefits:

- Eligibility and benefits
- Referrals and authorizations
- Claim status
- Claim submission
- Remittance advice

To learn more, call **800-282-4548** or visit Availity.com.

For information regarding electronic claim submission, contact your local Provider Agreement representative or visit Humana.com/providers and choose "Claims Resources" then "Electronic Claims & Encounter Submissions" or Availity.com.

Electronic Data Interchange (EDI) Clearinghouses

EDI is the computer-to-computer exchange of business data in standardized formats. EDI transmissions must follow the transaction and code set format specifications required by HIPAA. Our EDI system complies with HIPAA standards for electronic claim submission.

To submit claims electronically, providers must work with an electronic claim clearinghouse. Humana Healthy Horizons in Kentucky currently accepts electronic claims from Kentucky providers through the clearinghouses listed below. Please contact the clearinghouse of your choice to begin electronic claim submission.

When filing an electronic claim, you will need to utilize one of the following payer IDs:

- 61101 for fee-for-service claims
- 61102 for encounter claims

Following is a list of some of the commonly used claims clearinghouses and phone numbers:

Availity	Availity.com	**800-282-4548**
Trizetto	Trizetto.com	**800-556-2231**
McKesson	Mckesson.com	**800-782-1334**
Change Healthcare	Changehealthcare.com	**800-792-5256**
SSI Group	Thessigroup.com	**800-820-4774**

5010 transactions

In 2009, the U.S. Department of Health and Human Services released a final rule that updated standards for electronic healthcare and pharmacy transactions. This action was taken in preparation to implement ICD-10 CM codes in 2015. The new standard is the HIPAA 5010 format.

The following transactions are covered under the 5010 requirement:

- 837 Claims encounters
- 276/277 Claim status inquiry
- 835 Electronic remittance advice
- 270/271 Eligibility
- 278 Prior-authorization requests
- 834 Enrollment

Procedure and Diagnosis Codes

HIPAA specifies that the healthcare industry use the following four code sets when submitting healthcare claims electronically:

- International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM), available from the U.S. Government Printing Office by calling **202-512-1800**, or faxing 202-512-2250, and from other vendors
- Current Procedural Terminology (CPT), available at Ama-assn.org/practice-management/cpt
- HCFA Common Procedure Coding system (HCPCS), available at Cms.hhs.gov/default.asp
- National Drug Codes (NDC), available at FDA.gov

Please note: Humana Healthy Horizons in Kentucky also requires HIPAA-compliant codes on paper claims. Adopting a uniform set of medical codes is intended to simplify the process of submitting claims and reduce administrative burdens on providers and health plan organizations. Local or proprietary codes are no longer allowed.

Unlisted CPT/HCPCS Codes

If a procedure is performed which cannot be classified by a CPT or HCPCS code, please include the following information with an unlisted CPT/HCPCS procedure code on the claim form:

- A full, detailed description of the service provided
- A report, such as an operative report or a plan of treatment
- Other information that would assist in determining the service rendered

As an example, the code 84999 is an unlisted lab code that requires additional explanation.

National Provider Identifier (NPI), Tax Identification Number (TIN or tax ID) and Taxonomy

Your NPI and Tax ID are required on all claims, in addition to your provider taxonomy and specialty type codes (e.g., Federally Qualified Health Center, Rural Health Center and/or Primary Care Center) using the required claim type format (CMS-1500, UB-04 or Dental ADA) for the services rendered.

Effective Oct. 1, 2013, Kentucky DMS requires all NPIs, billing and rendering addresses and taxonomy codes be present on its Master Provider List (MPL). Claims submitted without these numbers, or information that is not consistent with the MPL, are rejected. Please contact your EDI clearinghouse if you have questions on where to use the NPI, Tax ID or taxonomy numbers on the electronic claim form you submit.

Effective Aug. 1, 2018, Kentucky DMS updated billing provider taxonomy claim requirements for the following provider types:

- Federally Qualified Health Centers, provider type 31 with a specialty code 080
- Rural Health Centers, provider type 35

If billing providers have only one taxonomy linked to their Kentucky DMS MPL NPI, then their claims do not need to include taxonomy. Taxonomy is still required for the following:

- Billing providers who have multiple taxonomies linked to their NPI on the Kentucky DMS MPL
- All rendering providers

If your NPI and taxonomy codes change, please ensure you update your taxonomy information with Humana Healthy Horizons in Kentucky and the Kentucky DMS MPL.

Please contact Humana Healthy Horizons in Kentucky Provider Services at **800-444-9137**, or your provider agreement representative, to update your demographic information. Please mail your changes to:
Humana Provider Correspondence
P.O. Box 14601
Lexington, KY 40512-4601

Location of Provider NPI, TIN and Enrollee ID number

Humana Healthy Horizons in Kentucky accepts electronic claims in the 837 ANSI ASC X12N (005010A1) file format for both professional and hospital claims.

On 5010 (837P) professional claims:

The provider NPI should be in the following location:

- Medicaid: 2010AA Loop – Billing provider name
- 2010AA Loop – Billing provider name
- Identification code qualifier – NM108 = XX
- Identification code – NM109 = billing provider NPI
- 2310B Loop – rendering provider name
- Identification code qualifier – NM108 = XX
- Identification Code – NM109 = rendering provider NPI
- For form CMS-1500, the rendering provider taxonomy code in box 24J. ZZ qualifier in box 24I for rendering provider taxonomy

The billing provider TIN must be submitted as the secondary provider identifier using a REF segment, which is either the employer identification number for organizations (EIN) or the Social Security number (SSN) for individuals:

- Reference Identification Qualifier – REF01 = EI (for EIN) or SY (for SSN)
- Reference Identification – REF02 = Billing provider TIN or SSN
- The billing provider taxonomy code in box 33b

On 5010 (837I) Institutional Claims:
The billing provider NPI should be in the following location:

- 2010AA Loop – Billing provider name
- Identification Code Qualifier – NM108 = XX
- Identification Code – NM109 = billing provider NPI

The billing provider Tax ID Number (TIN) must be submitted as the secondary provider identifier using a REF segment, which is either the EIN for organizations or the SSN for individuals:

- Reference identification qualifier – REF01 = EI (for EIN) or SY (for SSN)
- Reference identification – REF02 = Billing provider TIN or SSN
- The billing taxonomy code goes in box 81

On all electronic claims:
The Humana Healthy Horizons in Kentucky Enrollee ID number should go on:

- 2010BA Loop = Subscriber name
- NM109 = Enrollee ID number

Paper Claim Submissions

For the most efficient processing of your claims, Humana Healthy Horizons in Kentucky recommends you submit all claims electronically. If you submit paper claims, please use one of the following claim forms:

- CMS-1500, formerly HCFA 1500 form — AMA universal claim form also known as the National Standard Format (NSF)
- CMS-1450 (UB-04), formerly UB92 form, for facilities

Paper claim submission must be done using the most current form version as designated by the CMS and the National Uniform Claim Committee (NUCC).

Detailed instructions for completing forms are available at the following websites:

- CMS-1500 Form Instructions: Nucc.org
- UB-04 Form Instructions: Cms.hhs.gov/transmittals/downloads/R1104CP.pdf

Please mail all paper claim forms to Humana Healthy Horizons in Kentucky at the following address:
Humana Claims Office
P.O. Box 14601
Lexington, KY 40512-4601

Humana Healthy Horizons in Kentucky uses optical/intelligent character recognition (OCR/ICR) systems to capture claims information to increase efficiency and to improve accuracy and turnaround time. We cannot accept handwritten claims or super bills.

Humana Healthy Horizons in Kentucky also requires HIPAA-compliant codes on paper claims. Adopting a uniform set of medical codes is intended to simplify the process of submitting claims and reduce administrative burdens on providers and health plan organizations. Local or proprietary codes are no longer allowed.

Instructions for National Drug Code (NDC) on Paper Claims

All of the following information is required for each applicable code required on a claim:

- In the shaded area of 24A, enter the N4 qualifier (only the N4 qualifier is acceptable), the 11-digit NDC (this excludes the N4 qualifier), a unit of measurement code (F2, GR, ML or UN are the only acceptable codes) and the metric decimal or unit quantity that follows the unit of measurement code
- Do not enter a space between the qualifier and the NDC or qualifier and quantity
- Do not enter hyphens or spaces with the NDC
- Use three spaces between the NDC and the units on paper forms

Tips for Submitting Paper Claims

- Electronic claims are generally processed more quickly than paper claims
- If you submit paper claims, we require the most current form version as designated by CMS and NUCC
- No handwritten claims or super bills, including printed claims with handwritten information, will be accepted
- Use only original claim forms; do not submit claims that have been photocopied or printed from a website
- Fonts should be 10 to 14 point (capital letters preferred) in black ink
- Do not use liquid correction fluid, highlighters, stickers, labels or rubber stamps
- Ensure that printing is aligned correctly so that all data is contained within the corresponding boxes on the form
- Federal Tax ID Number or physician Social Security Number (SSN) is required for all claim submissions
- All data must be updated and on file with the Kentucky DMS MPL, including TIN, billing and rendering NPI, addresses and taxonomy codes
- Coordination of Benefits (COB) paper claims require a copy of the Explanation of Payment (EOP) from the primary carrier

Out-of-network Claims

Humana Healthy Horizons in Kentucky established guidelines for payments to out-of-network providers for preauthorized medically necessary services. These services will be reimbursed at 65% of the Kentucky Medicaid fee schedule.

The following are exceptions to the reimbursement guidelines and will reimbursed at 50% of the Kentucky Medicaid fee schedule:

- laboratory services, preauthorized medically necessary

The following are exceptions to the reimbursement guidelines and will be reimbursed at 90% of the Kentucky Medicaid fee schedule:

- Emergency care (nonparticipating professional and facility services provided to enrollees in an emergency room setting)
- Emergency transportation, air ambulance only (When submitting air ambulance claims, please attach documentation that provides justification for the enrollee's need for air transport. Submitted records should support that air transport prevented loss of life and/or limb or prevented significant morbidity for the enrollee, compared to ground transport. Services billed without medical records are paid at 65% of the Kentucky Medicaid fee schedule.)
- Services provided for family planning
- Services for children in foster care

Claim Processing Guidelines

- Providers have 365 calendar days from the date of service or discharge to submit a claim. If the claim is submitted after the applicable timely filing term, the claim will be denied for timely filing.
- If an enrollee has other insurance and Humana Healthy Horizons in Kentucky is secondary, the provider may submit for secondary payment within 6 months from the other insurance payment date.
- If a provider does not agree with the decision on a processed claim, he or she has 180 calendar days from receipt of notification that payment for a submitted claim has been reduced or denied to submit an appeal.
- If a provider indicates that a claim was not paid at the provider's contracted rate, the provider may submit a claim dispute request, which must be received by Humana Healthy Horizons in Kentucky within 24 months of the original claim adjudication date. For more information, please refer to the Claim Dispute Process seciont of this manual.
- If the claim appeal is not submitted in the required time frame, the claim is not considered and the appeal is denied.
- COB electronic claims require a copy of the primary carrier's payment information.

- COB claims (including Medicare and commercial) submitted beyond the 365-day limit must have a copy of the appropriate Remittance Statement that is not more than 180 days from the primary payer's EOB date attached to each claim form involved, to verify that the original claim was received within 365 days of the service date. COB paper claims require a copy of the Explanation of Payment (EOP) from the primary carrier. If a copy of the claim and EOB are not submitted within the required time frame, the claim is denied for timely filing.
- If a claim is denied for COB information needed, the provider must submit the primary payer's EOB for paper claims or primary carrier's payment information for EDI claims within the remainder of the initial claims timely filing period. If the initial timely filing period has elapsed, the EOB must be submitted to us within 60 days from the primary payer's EOB date. If a copy of the claim and EOB are not submitted within the required time frame, the claim will be denied for timely filing.
- All claims for newborns must be submitted using the newborn's Humana Healthy Horizons in Kentucky ID number and Kentucky Medicaid ID number. Newborn infants shall be deemed eligible for Medicaid and automatically enrolled by the birthing hospital with Humana Healthy Horizons in Kentucky for 60 days. Do not submit newborn claims using the mother's identification numbers; the claim will be denied. Claims for newborns must include birth weight.
- Abortion, sterilization and hysterectomy procedure and initial hospice claims submissions must have consent forms attached. The CHFS forms can be found at Humana.com/HealthyKY.
- Claims indicating that an enrollee's diagnosis was caused by the enrollee's employment will not be paid. The provider will be advised to submit the charges to Workers' Compensation for reimbursement.
- Skilled nursing and Hospice claims are processed the same. Both are billed on a UB-04 form. Revenue code 101 for skilled nursing claims for room and board will not be paid on the date of death. All other revenue codes will process according to guidelines outlined in KY MCD contract.
- Home health providers are required to bill the electronic HIPAA standard institutional claim transaction (837) or the provider can bill a paper form CMS-1450, also known as the UB-04. These claims are processed according to the claims guidelines and processing.

Claims Compliance Standards

Humana Healthy Horizons in Kentucky ensures their compliance target and turnaround times for electronic claims to be paid/denied comply within the following time frames:

a. The Managed Care Plan pays 90% of all clean claims submitted within 30 days.
b. The Managed Care Plan pays 99% of all claims submitted within 90 days.

Humana Healthy Horizons in Kentucky will ensure acknowledgment of all electronically submitted claims for services within the following time frames:

- Within 48 hours after the beginning of the next business day after receipt of the claim, provide electronic acknowledgement of the receipt of the claim to the electronic source submitting the claim.
- Within 30 days after receipt of a clean claim, pay the claim or notify the provider or designee that the claim is denied or contested. The notification to the provider of a contested claim shall include an itemized list of additional information or documents necessary to process the claim.
- Pay or deny the claim within 90 days after receipt the claim.

For non-electronic claims Humana Healthy Horizons in Kentucky will ensure their compliance target and turnaround times comply with the following time frames:

- Within 20 days after receipt of the claim, provide acknowledgment of receipt of the claim to the provider or designee or provide the provider or designee with electronic access to the status of a submitted claim.
- Within 30 after receipt of the claim, pay the claim or notify the provider or designee that the claim is denied or contested. The notification to the provider of a contested claim shall include an itemized list of additional information or documents necessary to process the claim.
- Pay or deny the claim within 90 days after receipt of the claim

Crossover Claims

Humana Healthy Horizons in Kentucky must receive the Medicaid EOB with the claim. The claims adjuster reviews to ensure that all fields are completed on the EOB and determines the amount that should be paid out. Crossover claims should not be denied if received within 36 months from the date of service.

Claim Status

You can track the progress of submitted claims at any time through our provider portal at Availity.com. Claim status is updated daily and provides information on claims submitted in the previous 24 months. Searches by enrollee ID number, enrollee name and date of birth or claim number are available.

You can find the following claim information on the provider portal:

- Reason for payment or denial
- Check number(s) and date
- Procedure/diagnostic
- Claim payment date

Claims payments by Humana Healthy Horizons in Kentucky to providers are accompanied by an itemized accounting of the individual claims in the payment including, but not limited to, the enrollee's name, the date of service, the procedure code, service units, the reimbursement amount and identification of Humana Healthy Horizons in Kentucky entity.

Humana Healthy Horizons in Kentucky extends each provider the opportunity for an in-person meeting with a Humana Healthy Horizons in Kentucky representative if a clean claim remains unpaid in violation of KRS 304.17A-700 t0 304.17A-730. Additionally, the same opportunity is extended to providers if a claim remains unpaid for more than 45 days after the date the claim was received by Humana Healthy Horizons in Kentucky and claim or claims amount, individually or in the aggregate, exceeds $2,500.00.

Code Editing

Humana Healthy Horizons in Kentucky uses code editing software to review the accuracy of claim coding, such as the accuracy of diagnosis and procedure codes to ensure claims are processed consistently, accurately and efficiently.

Our code editing review may identify coding conflicts or inconsistent information on a claim. For example, a claim may contain a conflict between the patient's age and the procedure code, such as the submission for an adult patient of a procedure code limited to services provided to an infant. Humana Healthy Horizons in Kentucky's code editing software resolves these conflicts or indicates a need for additional information from the provider. Humana Healthy Horizons in Kentucky's code editing review evaluates the appropriateness of the procedure code only, but not the medical necessity of the procedure.

Humana Healthy Horizons in Kentucky provides notification of upcoming code editing changes. We publish new code editing rules and our rationales for these changes on the first Friday of each month at Humana.com/provider/medical-resources/claims-payments/processing-edits.

Coding and Payment Policies

Humana Healthy Horizons in Kentucky strives to be consistent with Kentucky DMS, Medicaid and national commercial standards regarding the acceptance, adjudication and payment of claims. These standards apply to the code/code set(s) submitted and related clinical standards for claims received electronically or as a hard copy.

We apply HIPAA standards to all electronically received claims. Accordingly, we accept only HIPAA-compliant code sets (i.e., HCPCS, CPT, and ICD-10).

In addition, CMS federal rules for Medicare and Medicaid coding standards are followed.

Finally, generally accepted commercial health insurance rules regarding coding and reimbursement also are used when appropriate. Humana Healthy Horizons in Kentucky strives to follow the prevailing National Correct Coding Initiative (NCCI) edits as maintained by CMS.

To determine unit prices for a specific code or service, please visit https://chfs.ky.gov/agencies/dms/Pages/feesrates.aspx.

Humana Healthy Horizons in Kentucky uses coding industry standards, such as the American Medical Association (AMA) CPT manual, NCCI and input from medical specialty societies to review multiple aspects of a claim for coding reasonableness, including, but not limited to:

- Bundling issues
- Diagnosis to procedure matching
- Gender and age appropriateness
- Maximum units of a code per day
- Valid CPT/HCPCS code or modifier usage

Humana Healthy Horizons in Kentucky seeks to apply fair and reasonable coding edits. We maintain a provider appeals function that reviews, on request, a claim denied based upon the use of a certain code, the relationship between two or more codes, unit counts or the use of modifiers. This review takes into consideration the previously mentioned Kentucky DMS, Medicaid, NCCI and national commercial standards when considering an appeal.

To ensure all relevant information is considered, appropriate clinical information should be supplied with the claim appeal. This clinical information allows the Humana Healthy Horizons in Kentucky appeals team to consider why the code set(s) and modifier(s) being submitted differ from the standards inherent in our edit logic. The clinical information may provide evidence that overrides the edit logic when the clinical information demonstrates a reasonable exception to the norm.

Specific claims are subject to current Humana Healthy Horizons in Kentucky claim logic and other established coding benchmarks. Consideration of a provider's claim payment concern regarding clinical edit logic will be based on review of generally accepted coding standards and the clinical information particular to the specific claim in question.

Prepayment Reviews for Fraud, Waste or Abuse Purposes

The provider has 45 calendar days to submit documents in support of claims under prepayment review. Humana Healthy Horizons in Kentucky denies claims for which the requested documentation was not received by day 46. Humana Healthy Horizons in Kentucky denies claims when the submitted documentation lacks evidence to support the service or code. Humana Healthy Horizons in Kentucky will follow KRS 205.646 for any appeals related to the prepayment process. A provider has 180 days to submit an appeal. Humana Healthy Horizons in Kentucky may extend the length of a prepayment review when it is determined necessary to prevent improper payments. If the provider sustained a 90% error-free claims submission rate to Humana Healthy Horizons in Kentucky for 45 calendar days, Humana Healthy Horizons in Kentucky must request express permission to continue prepayment review from the director of program integrity (or designee) and the director of program quality and outcomes (or designee).

Suspension of Provider Payments

A Network Provider's claim payments are subject to suspension when the Kentucky Department for Medicaid Services (KDMS), Division of Program Integrity has determined that there is a credible allegation of Fraud in accordance with 42 C.F.R. 455.23. Humana will, at the direction of the KDMS, adjudicate claims to an escrow account until KDMS authorizes Humana to release the payment. A remittance advice will be issued to the provider that states "Payment has been placed in escrow per state regulations."

Coordination of Benefits (COB)

Humana Healthy Horizons in Kentucky collects COB information for our enrollees. This information helps us ensure that we pay claims appropriately and comply with federal regulations that Medicaid programs are the payer of last resort.

While we try to maintain accurate information at all times, we rely on numerous sources for information updated periodically, and some updates may not always be fully reflected on our provider portal. Please ask Humana Healthy Horizons in Kentucky enrollees for all healthcare insurance information at the time of service.

You can search for COB information on the provider portal by:

- Enrollee number
- Case number
- Medicaid number/MMIS number
- Enrollee name and date of birth

You can check COB information for enrollees active with Humana Healthy Horizons in Kentucky within the last 12 months.

Claims involving COB will not be paid until an EOB/EOP or EDI payment information file is received, indicating the amount the primary carrier paid. Claims indicating that the primary carrier paid in full (i.e., $0 balance) still must be submitted to Humana Healthy Horizons in Kentucky for processing due to regulatory requirements.

COB Overpayment

When a provider receives a payment from another carrier after receiving payment from Humana Healthy Horizons in Kentucky for the same items or services, Humana Healthy Horizons in Kentucky considers this an overpayment. Humana Healthy Horizons in Kentucky provides 30-days written notice to the provider before an adjustment for overpayment is made. If a dispute is not received from the provider, adjustments to the overpayment are made on a subsequent reimbursement. Providers also can issue refund checks to Humana Healthy Horizons in Kentucky for overpayments and mail them to the following address:

Humana Healthcare Plans
P.O. Box 931655
Atlanta, GA 31193-1655

Providers should not refund money paid to an enrollee by a third party.

Enrollee Billing

Providers should collect copayments from enrollees when applicable, as copayment amounts are subtracted from claim payments for services.

State requirements and federal regulations prohibit providers from billing Humana Healthy Horizons in Kentucky enrollees for medically necessary covered services except under very limited circumstances. Providers who knowingly and willfully bill an enrollee for a Medicaid-covered service are guilty of a felony and on conviction are fined, imprisoned or both, as defined in the Social Security Act.

Humana Healthy Horizons in Kentucky monitors this billing policy activity based on complaints of billing from enrollees. Failure to comply with regulations after intervention may result in both criminal charges and termination of your agreement with Humana Healthy Horizons in Kentucky.

Please remember that government regulations stipulate providers must hold enrollees harmless in the event that Humana Healthy Horizons in Kentucky does not pay for a covered service performed by the provider. Enrollees cannot be billed for services that are administratively denied. The only exception is if a Humana Healthy Horizons in Kentucky enrollee agrees in advance, in writing, to pay for a non-Medicaid covered service. This agreement must be completed prior to providing the service and the enrollee must sign and date the agreement acknowledging his or her financial responsibility. The form or type of agreement must specifically state the services or procedures that are not covered by Medicaid.

Providers should call Provider Services at **800-444-9137** for guidance before billing enrollees for services.

Missed Appointments

In compliance with federal and state requirements, Humana Healthy Horizons in Kentucky enrollees cannot be billed for missed appointments. Humana Healthy Horizons in Kentucky encourages enrollees to keep scheduled appointments and to call to cancel ahead of time, if needed.

Enrollee Termination Claim Processing

From Humana Healthy Horizons in Kentucky to another plan

In the event of an enrollee's termination of enrollment with Humana Healthy Horizons in Kentucky into a different Medicaid plan, Humana Healthy Horizons in Kentucky may submit voided encounters to Kentucky DMS and notify providers of adjusted claims using the following process:

1. On daily receipt of the 834 eligibility file from Kentucky DMS, Humana Healthy Horizons in Kentucky identifies which enrollees received a retro-eligibility date and require termination of enrollment within the Humana Healthy Horizons in Kentucky claims payment system.
2. Humana Healthy Horizons in Kentucky initiates the enrollee termination process. This is completed within five business days of receipt of the 834 file.
3. Humana Healthy Horizons in Kentucky determines whether claims were paid for dates of service in which the enrollee was afterward identified as ineligible for Medicaid benefits with Humana Healthy Horizons in Kentucky. This process is completed within five business days.
4. Humana Healthy Horizons in Kentucky sends out a notice to each affected provider that recoupment of payment will occur for the claim(s) identified in the recoupment letter. The provider is given 30 calendar days to respond to the notice.
5. Once the 30 days expires, if the affected provider has not attempted to appeal the recoupment of payment or has not submitted a refund check before 30 calendar days have expired, Humana Healthy Horizons in Kentucky adjusts the payment(s) for the affected claims listed in the notice letter. This takes place within 10 business days.
6. The provider receives an EOP reflecting the funds recouped. This takes place within five business days of completion of payment adjustment(s).
7. After the recoupment receives a processed date stamp, a voided encounter for the affected claims is submitted to Kentucky DMS within 10 business days, assuming the original submitted encounter was previously accepted. Please note that if the original encounter was denied or rejected by Kentucky DMS, a void does not need to occur.
8. On successful completion of the encounter-void process, affected providers are sent a courtesy letter informing them that the original payment was successfully cleared from the Kentucky DMS system and that they can proceed in billing the claim(s) with the enrollee's current active Medicaid plan. The courtesy letter is sent within five business days. Please note that if the Kentucky DMS did not accept the voided encounter, the process may be delayed an additional 10 business days.

If the provider experiences continued issues receiving payment from another Medicaid plan within 60 days of the issued EOP reflecting recoupment of payments and

the issued courtesy letter, Humana Healthy Horizons in Kentucky encourages providers to contact the enrollee's current Medicaid managed care plan for the claim(s) dates of service.

From another plan to Humana Healthy Horizons in Kentucky

If an enrollee was previously enrolled with another Medicaid plan and is now eligible with Humana Healthy Horizons in Kentucky, providers are required to submit a copy of the EOP reflecting recoupment of payment and documentation from the previous managed care organization (MCO) to validate the original encounter has been voided and accepted by Kentucky DMS.

These items are used to support overriding timely filing, if eligible. If a claim has exceeded timely filing due to retro-eligibility from another Medicaid plan, the provider has 90 days from the date of the accepted voided encounter to submit the claim to Humana Healthy Horizons in Kentucky to avoid timely filing denials.

Grievance and Appeals

Provider Grievance and Appeals

You have the right to file a grievance or appeal with Humana Healthy Horizons in Kentucky regarding a healthcare service, claim for reimbursement, provider payment or a contractual issue.

A grievance is a complaint. An appeal is a request to change a previous decision made by Humana Healthy Horizons in Kentucky. For purposes of this section, coverage denial is Humana Healthy Horizons in Kentucky's determination that a service, treatment, drug or service is specifically limited or excluded under the enrollee's specified health benefit plan. When a coverage denial is involved, you may request an internal appeal.

As a provider, you can file grievances and appeals on your own behalf. You can file an appeal on behalf of an enrollee if you have the enrollee's written consent. Humana Healthy Horizons in Kentucky ensures that no punitive or retaliatory action is taken against an enrollee or provider who files a grievance or appeal or a provider who supports an enrollee's grievance or appeal.

Internal Appeals

If a provider does not agree with the decision on a processed claim, the provider has 180 calendar days from the date of the original claim submission adjudication to file an appeal. If the claim appeal is not submitted in the required time frame, the claim is not considered and the appeal is denied. If the appeal is denied, you are notified in writing. If the appeal is approved, payment shows on your EOP. Humana Healthy Horizons in Kentucky resolves provider grievances and appeals within 30 calendar days of receipt of the appeal request. Humana Healthy Horizons in Kentucky may request a 14-day extension from you to resolve your grievance or appeal.

Internal appeal determination letters include:

1. A statement of the specific medical and scientific reasons for denying coverage or identifying that provision of the schedule of benefits or exclusions that demonstrates coverage is not available
2. The state of licensure and the title of the person making the decision
3. Except for retrospective review, a description of alternative benefits, services or supplies covered by the health benefit plan, if any
4. Instructions for initiating an external review of an adverse determination, or filing a request with Kentucky DMS if a coverage denial is upheld by Humana Healthy Horizons in Kentucky on internal appeal

Please note: If you believe a claim was processed incorrectly due to incomplete, incorrect or unclear information on the claim, you should submit a corrected claim. You do not need to file an appeal. Providers have 180 calendar days from the date of service or discharge to submit a corrected claim.

Verbal Submission

If you have an inquiry, dispute, appeal or complaint, please contact Humana Healthy Horizons in Kentucky Provider Services at 800-444-9137. Based on the type of issue, a Humana Healthy Horizons in Kentucky associate with the designated authority reviews your issue or complaint. To file a written appeal, you may submit your appeal request to the following address:

Grievance and Appeal Department
P.O. Box 14546
Lexington, KY 40512-4546
Fax: 800-949-2961

Digital Submission

Providers can submit encrypted grievance or appeal supporting documentation online via Availity. Grievance and/or appeal status also can be checked via Availity.

Expedited Process

You may request an expedited appeal of either an adverse determination or a coverage denial and receive a decision no later than 72 hours after receipt of the request. A provider may file an expedited appeal only on behalf of the enrollee. Please see the Enrollee Grievances, Appeals and State Fair Hearing section in this manual for more

information. An expedited appeal is deemed necessary when a covered person is hospitalized or if you believe the standard appeal time frame would result in:

1. Placing the health of the enrollee (or pregnant woman and the unborn child) in serious jeopardy
2. Serious impairment to bodily functions
3. Serious dysfunction of a bodily organ or part

External Independent Reviews

Humana Healthy Horizons in Kentucky complies with all rights and requirements conferred to providers, pursuant to 907 KAR 17:035:

- After a provider exhausts all internal appeal rights, the provider can request an external independent review. A provider cannot request an external independent review if the enrollee has exercised his/her right for a state hearing.
- The provider must submit a request for an external independent review within 60 calendar days of receiving final decision on the internal appeal.
- After Humana Healthy Horizons in Kentucky receives a request from a provider for an external independent review, Humana Healthy Horizons in Kentucky sends the provider an acknowledgement letter within five business days.
- The external independent review entity issues a final decision with 30 calendar days of receiving the review packet from Humana Healthy Horizons in Kentucky.
- Humana Healthy Horizons in Kentucky and the provider both have the right to appeal the decision of the external independent review entity to a state hearing proceeding. The request for a state hearing must be sent to the state within 30 calendar days of the external independent review entity's decision.

Kentucky DMS Request for Review of Coverage Denials

If you have exhausted Humana Healthy Horizons in Kentucky's internal appeals process, including review by an external third party, you may appeal the third party's final decision to the Kentucky CHFS Division of Administrative Hearings.

In this case, the Kentucky CHFS Division of Administrative Hearings requests Humana Healthy Horizons in Kentucky review and respond back to the commonwealth within 10 business days of receipt of the request. Humana Healthy Horizons in Kentucky then replies to Kentucky DMS with:

1. Confirmation of whether the enrollee was covered at the time the service was rendered
2. Confirmation of whether you have exhausted your rights under Humana Healthy Horizons in Kentucky's appeal process
3. The reason for the coverage denial

Enrollee Grievances, Appeals and State Fair Hearing Requests

Grievances (Complaints)

Enrollees may file a grievance when they are dissatisfied with Humana Healthy Horizons in Kentucky or a provider. Providers may assist enrollees in filing a grievance when the enrollee provides written consent. Grievances can be filed verbally or in writing:

- Calling Enrollee Services at 800-444-9137 (TTY: 711)
- Filling out the form in the back of the enrollee handbook
- Writing a letter that includes the following information:
  - Enrollee name
  - Enrollee identification number from the front of the Humana Healthy Horizons in Kentucky ID card
  - Enrollee address and phone number in the letter
  - Explanation of issue

Submit written grievances:

Mail the form or letter to:
Humana Healthy Horizons in Kentucky
Grievance and Appeals Department
P.O. Box 14546
Lexington, KY 40512-4546

Fax the form or letter to: **800-949-2961**

Humana Healthy Horizons in Kentucky sends an acknowledgement letter within five business days of the day we receive the grievance.

Following Humana Healthy Horizons in Kentucky's review a letter is sent within 30 calendar days advising of the decision. Negative actions are not taken against:

- An enrollee who files a grievance
- A provider that supports an enrollee's grievance or files a grievance on behalf of an enrollee with written consent

Appeals

If the enrollee isn't satisfied with a decision or action Humana Healthy Horizons in Kentucky takes and appeal can be filed by the enrollee or their authorized representative. Appeals must be filed within 60 calendar days from the date of receipt of the Notice of Adverse Benefit Determination, from us. Appeals can be filed by calling or writing:

- Calling Enrollee Services at **800-444-9137** (TTY: 711)
- Filling out the form in the back of the enrollee handbook

- Writing a letter that includes the following information:
  - Enrollee name
  - Enrollee identification number from the front of the Humana Healthy Horizons in Kentucky ID card
  - Enrollee address and phone number in the letter
  - Any information that will help explain the appeal

Mail the form or letter to:
Humana Healthy Horizons in Kentucky
Grievance and Appeals Department
P.O. Box 14546
Lexington, KY 40512-4546

Fax the form or letter to 800-949-2961

Humana Healthy Horizons in Kentucky sends an acknowledgement letter within five business days of the day we receive the grievance.

Enrollees can file an appeal by:

- Calling Enrollee Services at **800-444-9137 (TTY: 711)**
- Humana Healthy Horizons in Kentucky will start the appeal, but the enrollee still needs to submit the request in writing within 10 calendar days of the phone call in order to complete the appeal review.
- Complete and send the form, located in the back of the Enrollee Handbook
- Send a letter

The written appeal request must include first and last name, the Enrollee Identification number, enrollee address and phone number. Information that helps explain the appeal should also be included.

Please mail the completed form or letter to:
Humana Healthy Horizons in Kentucky
Grievance and Appeals Department
P.O. Box 14546
Lexington, KY 40512-4546

Providers can fax the written appeal request to **800-949-2961**.

Humana Healthy Horizons in Kentucky sends an acknowledgement letter within five business days of the receipt of the appeal. If the appeal request was received by telephone, the letter sent has a Written Appeal Request Form that must be signed and returned to us. We consider this your written request. Humana Healthy Horizons in Kentucky must receive it within 10 calendar days from your telephone call.

If we extend the time frame for the appeal or expedited appeal we make reasonable efforts to provide a prompt oral notice of the delay. Humana Healthy Horizons in Kentucky also sends written notice, within two calendar days, of the reason for the decision to extend the time frame. We also inform the enrollee of the right to file a grievance if there is disagreement with that decision. After we complete the review of the appeal, we send a letter within 30 calendar days advising of our decision. The enrollee or someone that the enrollee choses can:

- Review all of the information used to make the decision
- Provide more information throughout the appeal review process
- Examine the enrollee's case file before and during the appeals process
  - This includes medical, clinical records, other documents and records, and all new or additional evidence considered, relied upon, or generated in connection with the appeal
  - This information shall be provided, on request, free of charge and sufficiently in advance of the resolution time frame

If the enrollee or appointed representative feel waiting for the 30-day time frame to resolve an appeal could seriously harm the enrollee's health, they can request that we expedite the appeal. To expedite your appeal, it must meet the following criteria:

- It could seriously jeopardize the enrollee's life, physical or mental health, or ability to attain, maintain, or regain maximum function.

We make decisions on expedited appeals within 72 hours or as fast as needed based on the enrollee's health. Negative actions will not be taken against:

- An enrollee or provider who files an appeal
- A provider that supports an enrollee's appeal or files an appeal or expedited appeal on behalf of an enrollee with written consent

State Fair Hearings

Enrollees or their appointed representative also have the right to ask for a state fair hearing from Kentucky DMS after Humana Healthy Horizons in Kentucky completes its appeal process. Requests must be made within 120 days from the date on Humana Healthy Horizons in Kentucky's appeal decision letter.

To request a state fair hearing:

- Call: **800-635-2570**
- Write:
  Kentucky Department for Medicaid Services
  Division of Program Quality and Outcomes
  275 E. Main St. 6C-C
  Frankfort, KY 40621
- Fax: **502-564-0223**

Enrollees that request a state fair hearing and want their Humana Healthy Horizons in Kentucky benefits

to continue, must file a request with Humana Healthy Horizons in Kentucky within 10 days from the date the Notice of Plan Appeal Resolution is mailed.

Enrollees with an urgent health condition can ask for an expedited hearing. If the hearing finds that Humana Healthy Horizons in Kentucky's decision was right, the enrollee may have to pay the cost of the services provided for the benefits that were continued during the Medicaid State Fair Hearing.

Continuation of Benefits

For some adverse benefit determinations, enrollees may request to continue services during the appeal and Medicaid Fair Hearing process. Services that can be continued must be services that the enrollee already receives, including those services that are being reduced or terminated.

Humana Healthy Horizons in Kentucky continues services if you request an appeal within 10 days from our notice of adverse benefit determination letter, or before the date we advised they would be reduced or terminated, whichever is later. Enrollee benefits continue until one of the following occurs:

- Until the original authorization period for services has ended
- 10 days after we mail the appeal decision
- The enrollee withdraws the appeal
- Following a Medicaid Fair Hearing, the administrative law judge issues a decision that is not in the enrollee's favor

If the appeal was denied and a request for a Medicaid Fair Hearing with continuation of services is received within 10 days of the date on the appeal resolution letter, the services will continue during the Medicaid Fair Hearing. Please see the Enrollee Grievances, Appeals and State Fair Hearing Requests section of this manual.

However, if we decide that we agree with our first decision to deny your service, the enrollee may be required to pay for these services.

Provider Roles and Responsibilities

Provider Responsibilities

Participating providers are expected to make daily visits to their patients who are admitted as inpatients to an acute care facility or arrange for a colleague to visit. Participating PCPs are expected to have a system in place for following up with patients who miss scheduled appointments.

Participating providers are expected to treat enrollees with respect. Humana Healthy Horizons in Kentucky enrollees should not be treated differently than patients with other healthcare insurance. Please reference the Enrollee Rights and Responsibilities section of this manual.

Humana Healthy Horizons in Kentucky expects participating providers to verify enrollee eligibility and ask for all his or her healthcare insurance information before rendering services, except in an emergency. You can verify enrollee eligibility on HealthNet and obtain information for other healthcare insurance coverage we have on file by accessing the provider portal at Availity.com.

For all Medicaid services provided by Humana Healthy Horizons in Kentucky that require the completion of a specific form (e.g., hospice, sterilization, hysterectomy or abortion), the form needs to be completed according to the appropriate Kentucky Administrative Regulation (KAR) and submitted with the procedure claim or initial hospice claim. Claims are not paid until the provider submits the completed form. The completed forms should be included in the enrollee's chart in the event of audit and, on request, a copy should be submitted to Kentucky DMS. The CHFS forms are located at Humana.com/HealthyKY.

Provider Status Changes

Advance written notice of status changes, such as a change in address, phone or adding or deleting a provider at your practice, should be sent to providerdevelopmentkywv@humana.com, or for behavioral health providers, kybhmedicaid@humana.com. This helps us keep our records current and is critical to process your claims. In addition, it ensures our provider directories are up to date and reduces unnecessary calls to your practice. This information also is reportable to Medicaid and Medicare.

Timelines for provider changes:

Type of change	Minimum notice required
New healthcare providers or providers leaving the practice, ownership changes or convictions	Immediate
Phone number change	10 calendar days
Address change	60 calendar days
Change in capacity to accept enrollees	60 calendar days
Healthcare provider's intent to terminate	90 days or as specified in provider agreement

PCPs

All Humana Healthy Horizons in Kentucky enrollees choose or are assigned to a PCP on enrollment in the plan. PCPs help facilitate a "medical home" for enrollees. This means that PCPs help coordinate healthcare for the enrollee and provide additional health options to the enrollee for self-care or care from community partners. PCPs also are required to know how to screen and refer enrollees for behavioral health conditions. Please refer to the Behavioral Health and Substance Use Services section for more information.

Enrollees select a PCP from our health plan's provider directory. Enrollees have the option to change to another participating PCP as often as needed. Enrollees initiate the change by calling Enrollee Service. PCP changes are effective on the first day of the month following the requested change.

When enrollees change PCP, the medical records or copies of medical records are required to be forwarded to the new PCP or partnership within 10 days from receipt of request. The PCP is required to have enrollees sign a release of medical records before a medical record transfer occurs.

Education

Humana Healthy Horizons in Kentucky will conduct an initial educational orientation for all newly contracted providers within 30 days of activation. Providers receive periodic and/or targeted education as needed.

Roles and Responsibilities

PCPs are:

- Responsible for supervising, coordinating and providing initial and primary care to enrollees
- Responsible for initiating referrals for specialty care as needed
- Responsible for maintaining the continuity of patient care 24 hours per day, seven days a week
- Responsible for holding hospital admitting privileges or a formal referral agreement with a PCP who has hospital admitting privileges

In addition, Humana Healthy Horizons in Kentucky PCPs play an integral part in coordinating healthcare for our enrollees by providing:

- Availability of a personal healthcare practitioner to assist with coordinating an enrollee's overall care, as appropriate for the enrollee
- Continuity of the enrollee's total healthcare
- Early detection and preventive healthcare services
- Elimination of inappropriate and duplicate services

PCP care coordination responsibilities include, at a minimum, the following:

- Treating Humana Healthy Horizons in Kentucky enrollees with the same dignity and respect afforded to all patients – including standards of care and hours of operation
- Maintaining continuity of the enrollee's healthcare
- Identifying the enrollee's health needs and taking appropriate action
- Providing phone coverage for handling patient calls 24 hours a day, seven days a week
  - Refer to section PCP After-Hours Availability for more details
- Making referrals for specialty care and other medically necessary services, both in- and out-of-network when such services are not available within the Humana Healthy Horizons in Kentucky network
- Following all referral and prior-authorization policies and procedures as outlined in this Manual
- Complying with the quality standards of Humana Healthy Horizons in Kentucky and the Commonwealth of Kentucky as outlined in this Manual
- Discussing Advance Medical Directives with all enrollees as appropriate
- Providing 30 days of emergency coverage to a patient dismissed from the practice
- Maintaining clinical records, including information about pharmaceuticals, referrals, inpatient history and documentation of all PCP and specialty care services, etc., in a complete and accurate medical record that meets or exceeds Kentucky DMS specifications
- Obtaining patient records from facilities visited by Humana Healthy Horizons in Kentucky patients for emergency or urgent care if notified of the visit
- Ensuring demographic and practice information is up to date for directory and enrollee use
- Referring enrollees to behavioral health providers and arranging appointments, when clinically appropriate
- Assisting with coordination of the enrollee's overall care, as appropriate for the enrollee
- Serving as the ongoing source of primary and preventive care, including Early and Periodic Screening, Diagnostic and Treatment (ESPDT) for persons younger than 21
- Recommending referrals to specialists, as required
- Participating in the development of Care Management care treatment plans and notifying Humana Healthy Horizons in Kentucky of enrollees who may benefit from Care Management

- Providers understand and agree that provider performance data can be used by Humana Healthy Horizons in Kentucky
- Maintaining formalized relationships with other PCPs to refer their enrollees for after-hours care, during certain days and for certain services or other reasons to extend their practices

Advance Medical Directives

PCPs have the responsibility to discuss advance medical directives with adult enrollees who are 18 or older and who are of sound mind at the first medical appointment. The discussion should subsequently be charted in the permanent medical record of the enrollee. A copy of the advance directive should be included in the enrollee's medical record inclusive of other mental health directives.

The PCP should discuss potential medical emergencies with the enrollee and document that discussion in the enrollee's medical record.

Key Contract Provisions

To make it easier for you, we outlined key components of your contract with Humana Healthy Horizons in Kentucky.

These key components strengthen our relationship with you and enable us to meet or exceed our commitment to improve the healthcare and well-being of our enrollees. We appreciate your cooperation in carrying out our contractual arrangements and meeting the needs of our enrollees. Unless otherwise specified in a provider's contract, the following standard key contract terms apply.

Participating providers are responsible for:

- Providing Humana Healthy Horizons in Kentucky with advance written notice of intent to terminate an agreement with us. This must be done consistent with the terms in your participation agreement and submitted on your organization's letterhead.
- Sending the required 60-day notice if you plan to close your practice to new patients. If we are not notified within this time period, you will be required to continue accepting Humana Healthy Horizons in Kentucky enrollees for a 60-day period following notification.
- Submitting claims and corrected claims within 365 calendar days of the date of service or discharge.
- Filing appeals within 180 calendar days of receipt of notification that payment for a submitted claim was reduced or denied.
- Keeping all demographic and practice information up to date.

Our agreement also indicates that Humana Healthy Horizons in Kentucky is responsible for:

- Paying 90 percent of clean claims within 30 days of receipt.
- Providing you with an appeals procedure for timely resolution of requests to reverse a Humana Healthy Horizons in Kentucky determination regarding claim payment. Our appeal process is outlined in the Grievances and Appeals section of this manual.
- Offering a 24-hour nurse triage phone service for enrollees to reach a medical professional at any time with questions or concerns.
- Coordinating benefits for enrollees with primary insurance up to our allowable rate for covered services. If the enrollee's primary insurance pays a provider equal to or more than the Humana Healthy Horizons in Kentucky fee schedule for a covered service, Humana Healthy Horizons in Kentucky does not pay any additional amount. If the enrollee's primary insurance pays less than the Humana Healthy Horizons in Kentucky fee schedule for a covered service, Humana Healthy Horizons in Kentucky reimburses the difference up to the Humana Healthy Horizons in Kentucky allowable rate.

These are just a few of the specific terms of our agreement. In addition, we expect participating providers to follow industry standard-practice procedures even though they may not be spelled out in our Provider Agreement.

Kentucky Prescription Assistance Program (KPAP)

Humana Healthy Horizons in Kentucky is required to ensure Behavioral Health Service Providers assist Enrollees in accessing free or discounted medication through the Kentucky Prescription Assistance Program (KPAP) or other similar assistance programs. More information, including a listing of KPAP Community Organizers and Coverage Areas, can be found at https://chfs.ky.gov/agencies/dph/dpqi/hcab/Pages/kpap.aspx.

PCP (PCP) Quality Recognition Programs

Humana Healthy Horizons in Kentucky is committed to improving cost and care in the communities we serve. We have developed value-based programs that will allow PCPs to earn financial incentives based on quality and clinical outcomes. The programs are designed based on the provider's panel size and their engagement. The program is reviewed and reimbursed annually.

Annual payments are made one quarter in arrears to allow for reporting/data collection.

Kentucky Health Information Exchange

Kentucky DMS requires that all Humana Healthy Horizons in Kentucky Healthy Horizons in Kentucky providers establish connectivity and sign the Participation Agreement with the Kentucky Health Information Exchange (KHIE) within one month of signing the Humana Healthy Horizons in Kentucky participation agreement. Hospitals also must submit Admission, Discharge and Transfer (ADT) messages to KHIE. If providers do not have an electronic health record, Humana Healthy Horizons in Kentucky-contracted providers must still sign a participation agreement with KHIE and sign up for Direct Secure Messaging services so clinical information can be shared securely with other providers in their community of care. Humana Healthy Horizons in Kentucky submits a monthly report regarding provider compliance to the Kentucky Office of Health Data and Analytics. Please note that the Kentucky DMS may, at its discretion, mandate provider participation with at least 90 days written notice to Humana Healthy Horizons in Kentucky.

The KHIE is an interoperable network in which participating providers with certified electronic health record technology (CEHRT) can access, locate and share needed patient health information with other providers, at the point of care.

The Health Information Exchange provides a common, secure electronic information infrastructure that meets national standards to ensure interoperability across various health systems, while affording providers the functionality to support preventive health and disease management.

KHIE serves as the intermediary for public health reporting in the commonwealth of Kentucky and works with providers and hospitals. Ultimately, KHIE strives to improve care coordination and overall health outcomes while facilitating the adoption, integration and the meaningful use of CEHRT.

Visit the KHIE website and learn how to make the KHIE connection at Khie.ky.gov/Pages/index.aspx.

Americans with Disabilities Act (ADA)

All Humana Healthy Horizons in Kentucky-contracted healthcare providers must comply with the Americans with Disabilities Act (ADA), as well as all applicable state and/or federal laws, rules and regulations. More details are available in the Humana Healthy Horizons in Kentucky Provider Agreement under “Compliance with Regulatory Requirements.”

Humana Healthy Horizons in Kentucky develops individualized care plans that take into account enrollees’ special and unique needs. Healthcare providers with patients who require interpretive services may call **877-320-2233** or email accessibility@humana.com with date, time, provider phone number and location for appointment. Please do not include any patient health information. This is not needed when emailing.

If you have enrollees who need interpretation services, they can call the number on the back of their enrollee ID cards or visit Humana.com/accessibility-resources.

Cultural Competency

Participating providers are expected to provide services in a culturally competent manner which includes, but is not limited to, removing all language barriers to service and accommodating the special needs of the ethnic, cultural and social circumstances of the patient.

Participating providers must also meet the requirements of all applicable state and federal laws and regulations as they pertain to provision of services and care including, but not limited to, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, ADA and the Rehabilitation Act of 1973.

Humana Healthy Horizons in Kentucky recognizes cultural differences and the influence that race, ethnicity, language and socioeconomic status have on the healthcare experience and health outcomes. We are committed to developing strategies that eliminate health disparities and address gaps in care.

A report by the Institute of Medicine in 2002 confirmed the existence of racial and ethnic disparities in healthcare. “Unequal Treatment” found racial differences in the type of care delivered across a wide range of healthcare settings and disease conditions, even when controlling for socioeconomic status factors such as income and insurance coverage. Annual national healthcare disparities reports from the Agency for Healthcare Research and Quality (AHRQ) confirm that these gaps persist in the American healthcare system.

Communication is paramount in delivering effective care. Mutual understanding may be difficult during cross-cultural interaction between patients and providers. Some disparities may be attributed to miscommunication between providers and patients, language barriers, cultural norms and beliefs and attitudes that determine health-care-seeking behaviors. Providers can address racial and ethnic gaps in healthcare with an awareness of cultural needs and improving communication with a growing number of diverse patients.

Humana Healthy Horizons in Kentucky offers a number of initiatives to deliver services to all enrollees regardless of ethnicity, socioeconomic status, culture and primary language. These include language assistance services, race and ethnicity data collection and analysis, internal staff training and Spanish resources. Other initiatives give providers resources and materials, including tools from health-related organizations, which support awareness of gaps in care and information on culturally competent care.

A copy of Humana Healthy Horizons in Kentucky's Cultural Competency Plan is provided at no charge to the provider. Humana Healthy Horizons in Kentucky's Cultural Competency Plan can be viewed at Humana.com/provider/news/language-assistance-program. To request a paper copy, please contact Humana Healthy Horizons in Kentucky Provider Service at **800-444-9137**.

Marketing Materials

No marketing materials are distributed through Humana Healthy Horizons in Kentucky's provider network. If Humana Healthy Horizons in Kentucky supplies branded health education materials to its provider network, distribution is limited to Humana Healthy Horizons in Kentucky's enrollees and not available to those visiting the provider's facility. Such branded health education materials do not provide enrollment or disenrollment information.

Provider Training

Providers are expected to adhere to all training programs identified by the contract and Humana Healthy Horizons in Kentucky as compliance-based training. This includes agreement and assurance that all affiliated participating providers and staff enrollees are trained on the identified compliance material.

As part of training requirements, providers must complete annual compliance training on the following topics:

- Medicaid provider orientation and training
- Compliance and FWA
- Cultural competency
- Health, safety and welfare (abuse, neglect and exploitation)

All new providers also receive Humana Healthy Horizons in Kentucky's Medicaid provider orientation. Providers also must complete annual required training on compliance and FWA to ensure specific controls are in place for the prevention and detection of potential or suspected fraud and abuse as required by s. 6032 of the federal Deficit Reduction Act of 2005.

Providers and enrollees of their office staff can access these online training modules 24 hours a day, seven days a week at Humana.com. Sign in with your existing user ID and password. If your organization is not yet registered, registration can be completed immediately. Choose "Resources," locate the "Compliance" section and then choose "Required Compliance Events."

For additional provider training, please visit Humana.com/providers and select "Web-based Training Schedule" under "Critical Topics."

Enrollee Rights and Responsibilities

As a Humana Healthy Horizons in Kentucky provider, you are required to respect the rights of our enrollees. Humana Healthy Horizons in Kentucky enrollees are informed of their rights and responsibilities via their enrollee handbook. The list of our enrollee's rights and responsibilities is below.

All enrollees are encouraged to take an active and participatory role in their own health and the health of their family. Enrollees have the right:

- To receive all services that the plan must provide and to get them in a timely manner
- To get timely access to care without communication or physical access barriers
- To have reasonable opportunity to choose the provider that gives them care whenever possible and appropriate
- To choose a PCP and change to another PCP in Humana Healthy Horizons in Kentucky's network. We send enrollee notification in writing that says who the new PCP is when a change is made.
- To be able to get a second opinion from a qualified provider in or out of our network. If a qualified network provider is not able to see the enrollee, we must set up a visit with a non-network provider.
- To get timely access and referrals to medically indicated specialty care
- To be protected from liability for payment
- To receive information about their health. It also may be given to someone the enrollee has legally approved to have the information, or it may be given to someone the enrollee said should be reached in an emergency when it is not in the best interest of the enrollee's health to give it to the enrollee.
- To ask questions and get complete information about the enrollee's health and treatment options in a way they can follow including specialty care.

- To have a candid discussion of any appropriate or medically necessary treatment options for the enrollee's condition, regardless of cost or benefit coverage.
- To take an active part in decisions about the enrollee's healthcare unless it is not in his/her best interest.
- To say yes or no to treatment or therapy. If the enrollee says no, the provider or Humana Healthy Horizons in Kentucky must explain what could happen. The provider adds a note in the enrollee's medical record.
- To be treated with respect, dignity, privacy, confidentiality, accessibility and nondiscrimination
- To have access to appropriate services and not be discriminated against based on health status, religion, age, gender or other bias
- To be sure that others cannot hear or see the enrollee when receiving medical care
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease or revenge, as specified in federal laws
- Receive information in accordance with 42 CFR 438.10
- Be furnished healthcare services in accordance with 42 CFR438.206 through 438.210
- Any Indian enrolled with Humana Healthy Horizons in Kentucky eligible to receive services from a participating Indian Health Service, Tribally Operated Facility/Program and Urban Indian Clinic (I/T/U) provider or an I/T/U PCP can receive services from that provider if part of Humana Healthy Horizons in Kentucky's network.
- To get help with the enrollee's medical records in accordance with applicable federal and state laws.
- To be sure that the enrollee's medical records are kept private.
- To ask for and receive one free copy of his/her medical records and to be able to ask that his/her health records be changed or corrected if needed. More copies are available to enrollees at cost.
- To say yes or no to having information about the enrollee given out unless Humana Healthy Horizons in Kentucky must provide it by law
- To receive all written enrollee information:
  a. At no cost to the enrollee
  b. In the prevalent non-English languages of enrollees in our service area,
  c. In other ways to help with the special needs of enrollees who have trouble reading the information for any reason
- To get help from us and our providers if the enrollee does not speak English or needs help to understand information. Enrollees can get the help free of charge.
- To get help with sign language if the enrollee is hearing impaired
- To be told if a healthcare provider is a student and be able to refuse his or her care
- To be told if care is experimental and be able to refuse to be part of the care
- To know that Humana Healthy Horizons in Kentucky must follow all federal, state and other laws about privacy that apply
- If you are a female, to be able to go to a woman's health provider in our network for covered woman's health services.
- To file an appeal or grievance (complaint) or request a state fair hearing.
  - Enrollees also can get help with filing an appeal or a grievance.
  - They can ask for a State Fair Hearing from Humana Healthy Horizons in Kentucky and/or the Kentucky DMS.
  - To make advance directives, such as a living will, see the Advance Medical Directives section of this Manual
- To contact the Office of Civil Rights at the following address with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services:
  Office for Civil Rights
  Sam Nunn Atlanta Federal Center, Suite 16T70
  62 Forsyth St., S.W.
  Atlanta, GA 30303-8909
  Phone: **800-368-1019**
  TDD: **800-537-7697**
  Fax: **202-619-3818**
- To receive information about Humana Healthy Horizons in Kentucky, our services, our practitioners and providers and enrollee rights and responsibilities.
- To make recommendations to our Enrollee Rights and Responsibility policy.
- If Humana Healthy Horizons in Kentucky is unable to provide a necessary and covered service in our network, we cover these services out of network. We do this for as long as we cannot provide the service in network. If an enrollee is approved to go out of network, this is his/her right as an enrollee. There is no cost to the enrollee.
- To be free to carry out their enrollee rights and know that Humana Healthy Horizons in Kentucky or our providers cannot hold this against them.

Humana Healthy Horizons in Kentucky may not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services in the receipt of health services.

Humana Healthy Horizons in Kentucky enrollees are also informed of the following responsibilities:

- Know your rights.
- Follow Humana Healthy Horizons in Kentucky and Kentucky Medicaid policies and procedures.
- Know about your service and treatment options.
- Take an active part in decisions about your personal health and care and lead a healthy lifestyle.
- Understand as much as you can about your health issues.
- Take part in reaching goals that you and your healthcare provider agree on.
- Let us know if you suspect healthcare fraud or abuse.
- Let us know if you are unhappy with us or one of our providers.
- If you file an appeal with us, put the request in writing.
- Use only approved providers.
- Report any suspected fraud, waste or abuse.
- Keep scheduled doctor visits. Be on time. If you have to cancel, call 24 hours in advance.
- Follow the advice and instructions for care to which you have agreed with your doctors and other healthcare providers.
- Always carry your enrollee ID Card. Show it when receiving services.
- Never let anyone else use your enrollee ID Card.
- We want to make sure we are always able to connect with you about your care.
- Let us know of a name, address or phone number change, or a change in the size of your family.
- Let us and DCBS know about births and deaths in your family. To find the nearest DCBS office, visit the website at https://chfs.ky.gov/agencies/dcbs/Pages/default.aspx. Or call the ombudsman toll-free at **855-306-8959**
- Call your PCP after going to an urgent care center, after a medical emergency or after getting medical care outside of Humana Healthy Horizons in Kentucky's service area.
- Let Humana Healthy Horizons in Kentucky and the DCBS know if you have other health insurance coverage.
- Provide the information that Humana Healthy Horizons in Kentucky and your healthcare providers need in order to care for you.

Personally Identifiable Information and Protected Health Information

In the day-to-day business of patient treatment, payment and healthcare operations, Humana Healthy Horizons in Kentucky and its providers routinely handle large amounts of personally identifiable information (PII). In the face of increasing identity theft, there are various standards and industry best practices that guide how PII is appropriately protected when stored, processed and transferred in the course of conducting normal business. As a provider, you should be taking measures to secure your patients' data.

You also are mandated by the Health Insurance Portability and Accountability Act (HIPAA) to secure all protected health information (PHI) related to your patients. There are many administrative, physical and technical controls you should have in place to protect all PII and PHI.

Here are some important places to start:

- Utilize a secure message tool or service to protect data sent by email
- Have policies and procedures in place to address the protection of paper documents containing patient information, including secure storage, handling and destruction of documents
- Encrypt all laptops, desktops and portable media such as CD-ROMs and USB flash drives that may potentially contain PHI or PII

Enrollee Privacy

The HIPAA Privacy Rule requires health plans and covered healthcare practitioners to develop and distribute a notice that provides a clear, user-friendly explanation of individuals' rights with respect to their personal health information, as well as the privacy practices of health insurance plans and healthcare practitioners.

Kentucky DMS provides a privacy notice to Medicaid enrollees. Access the HIPAA Information page at Kymmis.com/kymmis/HIPAA/. The notice informs enrollees about how Kentucky DMS is legally required to protect the privacy of enrollee data.

As a provider, please follow the HIPAA regulations and make only reasonable and appropriate uses and disclosures of protected health information for treatment, payment and healthcare operations.

Enrollee Consent to Share Health Information

Consent is the enrollee's written permission to share their information. Not all disclosures require the enrollee's permission.

The following are consent requirements that pertain to sensitive health information (SHI) and substance-use disorder (SUD) treatment:

- SHI is defined by the state (e.g., HIV/AIDS, mental health, sexually transmitted diseases).
- SUD 42 CFR Part 2 (Part 2), at Ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title42/42cfr2_main_02.tpl, pertains to federal requirements that apply to all states.

While all enrollee data is protected under the HIPAA Privacy Rules, Part 2 provides more stringent federal protections in an attempt to protect individuals with substance-use disorders who could be subject to discrimination and legal consequences in the event their information is inappropriately used or disclosed. The state requirements provide more stringent protections for the sharing of certain information determined to be SHI.

When consent is on record, Humana Healthy Horizons in Kentucky displays all enrollee information on the provider portal at Availity.com and any health information exchanges. Please explain to your patients that if they do not consent to let Humana Healthy Horizons in Kentucky share this information, the providers involved in their care may not be able to effectively coordinate their care. When an enrollee does not consent to share this information, a message displays on the provider portal to indicate that all of the enrollee's health information may not be available to all providers.

Quality Improvement

Humana Healthy Horizons in Kentucky has a comprehensive quality improvement program that encompasses clinical care, preventive care, population health management and the health plan's administrative functions. To receive a written copy of Humana Healthy Horizons in Kentucky's quality improvement program and its progress toward goals, submit a request to the following address:

Quality Operations Compliance and Accreditation Department
QI Progress Report
321 W. Main St., WFP 20
Louisville, KY 40202

Quality Management Activities

Participating providers agree to allow and assist Humana Healthy Horizons in Kentucky with its performance of the following quality management activities:

- Enrollee Medical Records Reviews – Conducted to meet requirements of accrediting agencies and federal and state law requirements.
  - Quarterly, Humana Healthy Horizons in Kentucky will review a sample of clinical records for our enrollees
  - Humana Healthy Horizons in Kentucky does not review all records and is not responsible for assuring the adequacy or completeness of records
  - If a provider fails their quarterly audit, that provider will be audited the following quarter as well
  - Provider Relations representatives will be engaged to provide education and training when a provider fails a quarterly audit
- If the provider fails multiple quarters in a row, this may result in a required corrective action, termination of contract and/or reporting of the violation to appropriate regulatory and/or law enforcement authorities.
  - Compliance with confidentiality requirements of Enrollee Medical Records will be addressed with providers and education provided as appropriate.
  - Areas identified for improvement will be tracked and corrective actions taken as indicated. The effectiveness of corrective actions will be monitored until problem resolution occurs. Reevaluations will occur to ensure that improvement is sustained.
  - In the event that corrective actions are imposed on a healthcare provider or third party, Humana Healthy Horizons in Kentucky will monitor and/or audit the healthcare provider or third party to confirm that corrective actions have been implemented. Monitoring and auditing following implementation of the corrective action will also occur, as appropriate, to facilitate effective corrective actions.
- HEDIS is a set of performance measures. Humana Healthy Horizons in Kentucky may conduct medical record reviews to identify gaps in care for our enrollees. HEDIS now includes care coordination measures for enrollees transitioning from a hospital or emergency department to home for which hospitals and providers have additional responsibilities. In addition to medical record reviews, information for HEDIS is gathered administratively via claims, encounters and submitted supplemental data. There are two primary routes for supplemental data:
  - Nonstandard supplemental data involves directly submitted, scanned images (e.g. PDF documents) of completed attestation forms and medical records. Nonstandard data also can be accepted electronically via a proprietary Electronic Attestation Form (EAF) or Practitioner Assessment Form (PAF). Submitted nonstandard supplemental data is subject to audit by a team of nurse reviewers before ending a HEDIS improvement opportunity.

- Standard supplemental data flows directly from one electronic database (e.g. population health system, EMR) to another without manual interpretation. Therefore, standard supplemental data is exempt from audit consideration. Standard supplemental data can be accepted via HEDIS-specific custom reports extracted directly from the provider's EMR or population health tool and is submitted to Humana Healthy Horizons in Kentucky via either secure email or FTP transmission. We also accept lab data files in the same way. Humana Healthy Horizons in Kentucky partners with various EMRs to provide enrollee summaries and detail reports and to automatically retrieve scanned charts.

- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) – The CAHPS survey includes several measures that reflect enrollee satisfaction with the care and service provided by the physician.
- Humana Healthy Horizons in Kentucky is rated on an annual basis by the government on multiple measures that fall under HEDIS and CAHPS. Each year surveys are sent to our enrollees that ask multiple questions of how you, the physician, and Humana Healthy Horizons in Kentucky are performing. It is imperative that we partner to strive for excellence in these areas. For further information, please visit cms.gov.
- Occurrences and Adverse Events Reporting – Unexpected occurrences and adverse events involving enrollees are reported to the Quality Improvement department by providers, precertification nurses and care managers. Cases are reviewed according to Humana Healthy Horizons in Kentucky's Quality Management and, as applicable, peer-review process, as required by law and accrediting agencies.
- Enrollee Complaints – Enrollee complaints and grievances pertaining to quality of care and concerns may be referred to the Quality Operations Compliance and Accounting department for review.
- Humana Healthy Horizons in Kentucky participates in the following Kentucky DMS requirements:
  - Maintain a health information system that collects, integrates, analyzes and reports data necessary to implement the Quality Improvement program.
  - Initiate performance improvement projects (PIPs) that address those areas that have been identified as healthcare priorities for our enrollees, or topics that are mandated by Kentucky DMS

Quality Improvement Requirements

Humana Healthy Horizons in Kentucky monitors and evaluates provider quality and appropriateness of care and service delivery (or the failure to provide care or deliver services) to enrollees using the following methods:

- **Performance Improvement Projects (PIPs)** – Ongoing measurements and interventions which seek to demonstrate significant improvement to the quality of care and service delivery sustained over time, in both clinical care and nonclinical care areas, that have a favorable effect on health outcomes and enrollee satisfaction.
- **Enrollee Medical Record Reviews** – Medical record reviews to evaluate documentation patterns of providers and adherence to enrollee medical record documentation standards. Medical records may also be requested when investigating complaints of poor quality or service or clinical outcomes.
  - Refer to External Quality Reviews section below for more information on medical record reviews.
- **Performance measures** – Data collected on patient outcomes as defined by HEDIS or otherwise defined by the agency.
- **Surveys** – CAHPS, provider satisfaction, behavioral health surveys, and special surveys to support quality/ performance improvement initiatives.
- **Peer Review** – Review of provider's practice methods and patterns to determine appropriateness of care.

Access Standards

The quality improvement program includes evaluation of the availability, accessibility and acceptability of services rendered to enrollees by participating providers.

Please keep in mind the following access standards for differing levels of care. Participating providers are expected to have procedures in place to see enrollees within these time frames and to offer office hours to their Humana Healthy Horizons in Kentucky patients that are at least the equivalent of those offered to all other patients.

Enrollees should be triaged and provided appointments for care within the time frames outlined in the following table

PCPs

Patients with:	Should be seen:
Emergency needs	Immediately on presentation; 24 hours a day, seven days a week
Urgent care	Not to exceed 48 hours from date of an enrollee's request
Routine care needs	Not to exceed 30 days from date of an enrollee's request

Non-PCP specialists

Patients with:	Should be seen:
Emergency needs	Immediately on presentation
Urgent care	Not to exceed 48 hours
Routine care needs	Not to exceed 30 days from date of an enrollee's request

Behavioral health providers

Patients with:	Should be seen:
Emergency care	Must be provided within six hours, crisis stabilization
Urgent care	Within 48 hours
Routine office visit	Shall not exceed 10 business days
Postdischarge from an acute psychiatric hospital	Within seven days, but may not exceed 14 days*

*Providers must contact enrollees who have missed an appointment within 24 hours to reschedule.

Other referrals may not exceed 60 days.

General vision, lab and X-ray wait times must not exceed 30 days for regular appointments and 48 hours for urgent care.

Dental wait time must not exceed 30 days for regular appointments and 48 hours for urgent care.

An enrollee should be seen as expeditiously as the enrollee's condition warrants based on severity of symptoms. If a provider is unable to see the enrollee within the appropriate time frame, then Humana Healthy Horizons in Kentucky facilitates an appointment with a participating provider or a nonparticipating provider when necessary.

PCP After-Hours Availability

The PCP provides or arranges coverage of services, consultation or approval for referrals 24 hours a day, seven days a week by Medicaid-enrolled providers who accept Medicaid reimbursement. This coverage should consist of an answering service, call forwarding, provider call coverage or other customary means approved by Kentucky DMS.

The chosen method of 24/7 coverage must connect the caller to someone who can render a clinical decision or reach the PCP for a clinical decision. The after-hours coverage must be accessible using the medical office's daytime telephone number. The PCP arranges for coverage of primary care services during absences due to vacation, illness or other situations that require the PCP to be unable to provide services. A Medicaid-eligible PCP must provide coverage.

Further details about PCP after-hours availability are described below:

- PCPs must maintain formalized relationship with other PCPs to refer enrollees for after-hours care, during certain days, for certain services, and other reasons to extend the hours of services of their practice
- Humana Healthy Horizons in Kentucky ensures that the following acceptable after-hours phone arrangements are implemented by PCPs and that the unacceptable arrangements are not implemented as defined below:
  - Acceptable after-hours phone arrangements
    - Office phone is answered after hours by an answering service that can contact the PCP or another designated medical practitioner and the PCP or designee is available to return the call within a maximum of 30 minutes
    - Office phone is answered after hours by a recording directing the enrollee to call another number to reach the PCP or another medical practitioner whom the provider designated to return the call within a maximum of 30 minutes
    - Office phone is transferred after office hours to another location where someone answers the phone and is able to contact the PCP or another designated medical practitioner within a maximum of 30 minutes
  - Unacceptable after-hours phone arrangements
    - Office phone is only answered during office hours
    - Office phone is answered after hours by a recording that tells enrollees to leave a message
    - Office phone is answered after hours by a recording that directs enrollees to go to the emergency room for any services needed
    - Returning after-hours calls outside of 30 minutes

For the best interest of our enrollees and to promote their positive healthcare outcomes, Humana Healthy Horizons in Kentucky supports and encourages continuity of care and coordination of care between medical providers as well as between medical providers and behavioral health providers.

Preventive Guidelines and Clinical Practice Guidelines

These clinical treatment protocols are systematically developed statements that help providers and enrollees make decisions regarding appropriate healthcare for specific clinical circumstances or for specific age ranges.

We strongly encourage providers to use these guidelines and to consider these guidelines whenever they promote positive outcomes for clients.

The use of these guidelines allows Humana Healthy Horizons in Kentucky to measure the impact of the guidelines on outcomes of care. Humana Healthy Horizons in Kentucky monitors provider implementation of guidelines through the use of claim, pharmacy and utilization data.

Preventive health guidelines and clinical practice guidelines are distributed to all new and existing providers through the following formats:

- Provider manual updates
- Provider newsletters
- Provider website at Humana.com/provider/medical-resources/clinical/guidelines

Providers also can receive preventive health and clinical practice guidelines through the Care Management department or their Provider Relations representative.

Clinical Practice Registry

Accessible through our secure provider portal at Availity.com, the clinical practice registry helps PCPs improve patient health outcomes. The primary use of the registry is to help PCPs manage enrollee population. PCPs can quickly sort their Humana Healthy Horizons in Kentucky enrollees into actionable groups to identify areas of focus. The clinical practice registry is a proactive approach to patient care and helps place emphasis on preventive care.

Key benefits of the registry include the following:

- After historical data is collected, the registry is color-coded and provides easy identification of enrollees in need of tests and/or screenings.
- The information can be downloaded as a PDF or to an Excel spreadsheet format (Please note: The Excel spreadsheet contains patient contact information).

Quality Assessment and Performance Improvement Program (QAPI)

Humana Healthy Horizons in Kentucky has a Quality Assessment and Performance Improvement (QAPI) Program that includes, but is not limited to, the following elements:

- PIPs
- Over- and underutilization measures
- Annual analysis of plan demographics, including clinical, geographical and cultural data points, to identify high-risk populations, areas of network need, enrollee education opportunities and performance improvement opportunities
- Assessment of access and availability of network providers, including after-hours availability of PCPs
- Assessment of quality and appropriateness of care furnished to children with special healthcare needs
- Continuity and coordination of care
- HEDIS measurement
- CAHPS
- Annual measurement of effectiveness review of the QAPI

We welcome healthcare providers' input regarding our QAPI program. Feedback can be provided in writing to the following address:
Humana Healthy Horizons in Kentucky Quality Management Department
321 W. Main St., WFP 20
Louisville, KY 40202

External Quality Reviews

Through our contract with the commonwealth of Kentucky, we are required to participate in periodic medical record reviews. The commonwealth retains an external quality review organization (EQRO) to conduct medical record reviews for Humana Healthy Horizons in Kentucky enrollees.

Provider Maintenance of Medical Records

Humana Healthy Horizons in Kentucky ensures that PCPs maintain a primary medical record for each enrollee under their care that contains sufficient medical information from all providers involved in the enrollee's care, to ensure continuity of care. The medical record should be signed by the provider of service.

The enrollee's medical record is the property of the provider who generates the record. In addition:

- Humana Healthy Horizons in Kentucky requires that each enrollee or his/her representative is entitled to one free copy of his/her medical record
- Additional copies are made available to enrollees at cost
- Medical records generally should be preserved and maintained by the provider for a minimum of five years unless federal requirements mandate a longer retention period (i.e., immunization and tuberculosis records are required to be kept for a person's lifetime)

Complete medical records include, but are not limited to:

- medical charts
- prescription files
- hospital records
- provider specialist reports
- consultant and other health care professionals' findings
- appointment records
- other documentation sufficient to disclose the quantity, quality, appropriateness and timeliness of services provided under the Contract

Humana Healthy Horizons in Kentucky periodically requests enrollee medical records to as part of our provider monitoring as described in the Enrollee Medical Record Review section below. We realize that supplying medical records for review requires your staff's valuable time and we appreciate your cooperation with our requests and associated timelines. We offer the following suggestions to ensure complete and accurate documentation of enrollee services:

- Use legible handwriting for paper medical records
- Consider dictated notes, which can improve comprehension of medical records while reducing the chance of misinterpretation
- Include the patient's name on front and back of every page of the medical record
- Initial and date lab results in the medical record to indicate review by a physician
- Record all patient visit dates and sign all chart entries
- Consider using preprinted forms to document all aspects of comprehensive services, such as EPSDT exams

Humana Healthy Horizons in Kentucky appreciates your attention to detail in chart documentation.

Standards for Enrollee Medical Records

1. Enrollee/patient identification information on each page
2. Personal/biographical data, including date of birth, age, gender, marital status, race or ethnicity, mailing address, home and work addresses and telephone numbers, employer, school, name and telephone numbers (if no phone contact name and number) of emergency contacts, consent forms, identify language spoken and guardianship information
3. Date of data entry and date of encounter
4. Provider identification by name
5. Allergies, adverse reactions and all known allergies noted in a prominent location
6. Past medical history, including serious accidents, operations and illnesses
   - For children, past medical history includes prenatal care and birth information, operations and childhood illnesses (e.g., documentation of chickenpox)
7. Identification of current problems
8. The consultation, laboratory and radiology reports filed in the medical record must contain the ordering provider's initials or other documentation indicating review
9. Documentation of immunizations pursuant to 902 KAR 2:060
10. Identification and history of nicotine, alcohol use or substance abuse
11. Documentation of reportable diseases and conditions to the local health department serving the jurisdiction in which the patient resides or Department for Public Health, pursuant to 902 KAR 2:020
12. Follow-up visits provided secondary to reports of emergency room care
13. Hospital discharge summaries
14. Advanced Medical Directives (for adults)
    - PCPs have the responsibility to discuss Advance Medical Directives with adult enrollees at the first medical appointment and chart that discussion in the medical record of the enrollee
15. All written denials of service and the reason for the denial
16. Record legibility to at least a peer of the writer. Any record judged illegible by one reviewer are evaluated by another reviewer

An enrollee's medical record must include the following minimal detail for individual clinical encounters:

1. History and physical examination for presenting complaints, containing relevant psychological and social conditions affecting the patient's medical/behavioral health, including mental health and substance abuse status
2. Unresolved problems, referrals and results from diagnostic tests, including results and/or status of preventive screening services (i.e., EPSDT) are addressed from previous visits
3. Plan of treatment, including:
   - Medication history, medications prescribed, including the strength, amount, directions for use and refills
   - Therapies and other prescribed regimen
   - Follow-up plans including consultation and referrals and directions, including time to return

An enrollee's medical record must include, at a minimum, the following for hospital and mental hospital visits:

1. Identification of the beneficiary
2. Physician name
3. Date of admission and dates of application for and authorization of Medicaid benefits if application is made after admission; the plan of care (as required under 42 C.F.R. 456.172 (mental hospitals) or 42 C.F.R. 456.70 (hospitals).
   - Initial and subsequent continued stay review dates (described under 42 C.F.R. 456.233 and 42 C.F.R. 465.234 (for mental hospitals) and 42 C.F.R. 456.128 and 42 C.F.R. 456.133 (for hospitals)
4. Reasons and plan for continued stay if applicable
5. Other supporting material appropriate to include
6. For non-mental hospitals only:
   - Date of operating room reservation
   - Justification of emergency admission, if applicable

Medical Record Reviews

As stated above, Humana Healthy Horizons in Kentucky performs quarterly audits of randomly selected enrollee medical records so periodically you may receive requests for enrollee medical record copies. Your contract with Humana Healthy Horizons in Kentucky requires that you furnish enrollee medical records to us for this purpose. Enrollee medical record reviews are a permitted disclosure of an enrollee's PHI in accordance with HIPAA. The record reviewers protect enrollee information from unauthorized disclosure as set forth in the Contract and will ensure all HIPAA guidelines are enforced. As in the past, we plan to continue sharing the results of these studies and work in partnership with you to achieve the best healthcare possible for our enrollees.

Humana Healthy Horizons in Kentucky monitors a provider's actions to ensure he/she complies Kentucky DMS and plan's policies, including but not limited to, the following:

- Maintain continuity of the enrollee's health care
- Maintain a current medical record for the enrollee, including documentation of all PCP and specialty care services;
- Document all care rendered in a complete and accurate medical record that meets or exceeds Kentucky DMS's specifications

Humana Healthy Horizons in Kentucky has a process to systematically review provider enrollee medical records to ensure compliance with the medical records standards outlined in the Contract and described above.

After completing the enrollee medical record reviews Humana Healthy Horizons in Kentucky and the Provider Relations representatives institute improvement and actions when standards are not met by the provider. The Medical Records Audit process also assesses the effectiveness of practice-site follow-up plans to increase compliance with established medical records standards and goals. Humana Healthy Horizons in Kentucky developed methodologies for assessing performance/ compliance to medical record standards of provider. Audit activity, at a minimum:

- Demonstrate the degree to which providers comply with clinical and preventative care guidelines
- Allow for the tracking and trending of individual and network provider performance over time
- Include mechanisms and processes that allow for the identification, investigation and resolution of quality of care concerns
- Include mechanisms for detecting instances of overutilization, underutilization and misuse

Provider Performance and Profiling

As a function of Utilization Management oversight responsibilities, Humana Healthy Horizons in Kentucky monitors over- and underutilization of medical services. Provider profiling is performed periodically to measure utilization of common inpatient and outpatient services as preventive services, HEDIS clinical performance measures and pharmacy utilization. Summary reports for these measures are available to individual providers on request, and routine periodic reporting is under development.

If a provider is found to be performing below minimum care standards for participation with Humana Healthy Horizons in Kentucky, this information is shared with the provider so he or she can make positive changes in practice patterns. We are committed to working with our providers to develop an action plan for improvement for those who do not meet standards. Further action may include onsite assessment, auditing medical care at specific intervals, disseminating comparative data or standards of care, meeting with physicians, reporting deficiencies to appropriate authorities or participation termination with Humana Healthy Horizons in Kentucky.

Fraud and Abuse Policy

Providers must incorporate a description of the specific controls in place for prevention and detection of potential or suspected fraud and abuse. Contracted providers agree to educate his or her employees about the False Claims Act's prohibition on submitting false or fraudulent claims for payment, penalties for false claims and statements, whistleblower protections and each person's responsibility to prevent and detect FWA.

Humana Healthy Horizons in Kentucky and Kentucky DMS should be notified immediately if a physician/provider or their office staff:

- Is aware of any physician/provider that may be billing inappropriately, e.g., falsifying diagnosis codes and/or procedure codes, or billing for services not rendered;
- Is aware of an enrollee intentionally permitting others to use his/her enrollee ID card to obtain services or supplies from the plan or any network provider;
- Is suspicious that someone is using another enrollee's ID Card;
- Has evidence that an enrollee knowingly provided fraudulent information on his/her enrollment form that materially affects the enrollee's eligibility.

Providers may provide the above information via an anonymous phone call to Humana's Fraud Hotline at **800-614-4126**. All information will be kept confidential. Entities are protected from retaliation under 31 U.S.C. 3730 (h) for False Claims Act complaints. Humana ensures no retaliation against callers because Humana has a zero-tolerance policy for retaliation or retribution against any person who reports suspected misconduct. Providers also may contact Humana at **800-4HUMANA** (800-448-6262) and Kentucky CHFS at **800-372-2970**.

In addition, providers may use the following contacts: Telephonic:

- SIU Direct Line: **800-558-4444 ext. 1500724** (8 a.m. to 5:30 p.m. Eastern time, Monday through Friday)
- SIU Hotline: **800-614-4126** (24/7 access)
- Ethics Help Line: **877-5-THE-KEY** (877-584-3539)

Email: SIUReferrals@humana.com or ethics@humana.com

Web: Ethicshelpline.com or **Humana.com**

Credentialing and Recredentialing

CAQH Application

Humana Healthy Horizons in Kentucky is a participating organization with CAQH. Providers can confirm Humana has access to your credentialing application by completing the following steps:

1. Log onto the CAQH website at Proview.caqh.org utilizing your account information
2. Select the Authorization Tab
3. Confirm Humana is listed as an authorized health plan; if not, please check the authorized box to add

Please include your CAQH provider ID number when submitting credentialing documents. It is essential that all documents are complete and current. Please include copies of the following documents:

- Current Malpractice Insurance Face Sheet
- A current Drug Enforcement Administration (DEA) certificate
  - All buprenorphine prescribers must have an "X" DEA number
- Explanation of all lapses in work history of more than 6 months or more
- Clinical Laboratory Improvement Amendment (CLIA) certificate, as applicable
- Copy of collaborative practice agreement between an Advanced Registered Nurse Practitioner and Supervising Practitioner.
- Education Council for Medical Graduates (ECFMG), if a foreign medical degree is held

Failure to submit a complete application may result in a delay in our ability to complete or begin the credentialing process.

Humana Healthy Horizons in Kentucky conducts credentialing and recredentialing activities utilizing the guidelines established by the Kentucky DMS, CMS and NCQA. Humana Healthy Horizons in Kentucky credentials and recredentials all licensed independent practitioners, including physicians, facilities and non-physicians, with whom it contracts and who fall within its scope of authority and action. Through credentialing, Humana Healthy Horizons in Kentucky verifies the qualifications and performance of physicians and other healthcare practitioners. A senior medical director is responsible for oversight of the Credentialing and Recredentialing program.

All providers requiring credentialing should complete the credentialing process prior to the provider's contract effective date, except where required by state regulations. Additionally, a provider will only appear in the Provider Directory once credentialing is complete.

You may submit a completed CAQH application via:

Humana Healthy Horizons in Kentucky
Attention: Credentialing
101 E. Main St.
Louisville, KY 40202
Fax: **502-508-0521**
CredInquiries@Humana Healthy Horizons in Kentucky.com

Practitioner Credentialing and Recredentialing

All providers appearing in the Provider Directory are subject to credentialing and recredentialing. Practitioners within the scope of credentialing for Kentucky Medicaid include, but may not be limited to, the following:

- Medical and osteopathic doctors
- Oral surgeons
- Chiropractors
- Podiatrists
- Nurse practitioners
- Physician assistants
- Dentists
- Optometrists
- Audiologists
- Other licensed or certified practitioners, including physician extenders who act as a PCP or those that appear in the Provider Directory

Behavioral health practitioners:

- Psychiatrists and other physicians
- Addiction medicine specialists
- Doctorial or master's level psychologists who are state certified or licensed
- Master's level clinical social workers who are state certified or licensed
- Master's level clinical nurse specialists or psychiatric nurse practitioners who are nationally or state certified or licensed
- Other behavioral health specialists who are licensed, certified or registered by the state to practice independently, including licensed art therapists

The following elements are used to assess practitioners for credentialing and recredentialing:

A. Signed and dated credentialing application, including supporting documents
B. Active and unrestricted license in the practicing state issued by the appropriate licensing board
C. Previous five-year work history
D. Current DEA certificate and/or Kentucky narcotics registration, as applicable
E. Education, training and experience are current and appropriate to the scope of practice requested, including:
   1. Successful completion of all training programs pertinent to one's practice
   2. For M.D.s and D.O.s, successful completion of residency training pertinent to the requested practice type
   3. For dentists and other providers where special training is required or expected for services being requested, successful completion of training program
   4. Board certification, as applicable
F. Current malpractice insurance coverage at the minimum amount in accordance with Kentucky laws
G. In good standing with:
   1. Medicaid agencies
   2. Medicare program
   3. Health and Human Services — Office of Inspector General (HHS-OIG)
   4. General Services Administration (GSA, formerly EPLS)
H. Active and valid Kentucky Medicaid ID number
I. Active hospital privileges, as applicable
J. National Provider Identifier (NPI), as verifiable via the National Plan and Provider Enumerator System (NPPES)
K. Quality of care and practice history as judged by:
   1. Medical malpractice history
   2. Hospital medical staff performance
   3. Licensure or specialty board actions or other disciplinary actions, medical or civil
   4. Lack of enrollee grievances or complaints related to access and service, adverse outcomes, office environment, office staff or other adverse indicators of overall enrollee satisfaction
   5. Other quality of care measurements/activities

Organizational Credentialing and Recredentialing

The organizational providers to be assessed at credentialed and recredentialed include, but are not limited to:

- Hospitals
- Home health agencies
- Skilled nursing facilities
- Free standing ambulatory surgery centers
- Hospice providers
- Behavioral health facilities providing mental health or substance abuse services in an inpatient, residential or ambulatory setting
- Dialysis centers

- Physical, occupational therapy and speech language pathology (PT/OT/SLP) facilities
- Rehabilitation hospitals (including outpatient locations)
- Diabetes education
- Portable X-ray suppliers
- Rural health clinics and federally qualified health centers
- Free standing birth centers

The following elements are assessed for organizational providers:

1. Organization is in good standing with:
   a. Medicaid agencies
   b. Medicare program
   c. Health and Human Services-Office of Inspector General (HHS-OIG)
   d. General Services Administration (GSA, formerly EPLS)
2. Organization has been reviewed and approved by an accrediting body
3. Copy of facility's state license, as applicable
4. CLIA certificates are current, as applicable
5. Completion of a signed and dated application
6. Organization will be informed of the credentialing committee's decision within 60 business days of the committee meeting.
7. Organizational provider are reassessed at least every three years

Provider Recredentialing

Network providers, including practitioners and organizational providers, are recredentialed at least every three years. As part of the Recredentialing process, Humana Healthy Horizons in Kentucky considers information regarding performance to include complaints, safety and quality issues collected through the Quality Improvement program. Additionally, information regarding adverse actions is collected from the National Practitioner Data Bank (NPDB), Medicare and Medicaid sanctions, CMS Preclusion list, the HHS/OIG and GSA (formerly EPLS), and limitations on licensure.

Practitioner Rights

- Practitioners have the right to review, on request, information submitted to support his or her credentialing application to the Humana Healthy Horizons in Kentucky Credentialing department. All submitted information is kept secured and confidential. Access to electronic credentialing information is password protected and limited to staff that require access for business purposes.
- Practitioners have the right to correct incomplete, inaccurate or conflicting information by supplying corrections in writing to the Credentialing department prior to presentation to the Credentialing Committee. If information obtained during the credentialing or recredentialing process varies substantially from the application, the practitioner is notified and given the opportunity to correct information prior to presentation to the Credentialing Committee.
- Practitioners have the right to be informed of their credentialing or recredentialing application status on written request to the Credentialing department.

Provider Responsibilities

Network providers are monitored on an ongoing basis to ensure continuing compliance with participation criteria. Humana Healthy Horizons in Kentucky initiates immediate action in the event that participation criteria are no longer are met. Network providers are required to inform Humana Healthy Horizons in Kentucky of changes in status, including but not limited to, being named in a medical malpractice suit, involuntary changes in hospital privileges, licensure or board certification, an event reportable to the NPDB, federal, state or local sanctions or complaints.

Delegation of Credentialing/Recredentialing

Humana Healthy Horizons in Kentucky only enters into agreements to delegate credentialing and recredentialing if the entity that wants to be delegated is accredited by NCQA for these functions or utilizes a NCQA-accredited credential verification organization (CVO). They must also successfully pass a predelegation audit demonstrating compliance with NCQA federal and state requirements. A predelegation audit must be completed prior to entering into a delegated agreement. All pre-assessment evaluations are performed using the most current NCQA and regulatory requirements. The following, at a minimum, are included in the review:

- Credentialing and recredentialing policies and procedures
- Credentialing and Recredentialing Committee meeting minutes from the previous year
- Credentialing and recredentialing file review

Delegates must be in good standing with Medicaid and CMS. Monthly reporting is required from the delegated entity, which is defined in an agreement between both parties.

Reconsideration of Credentialing/Recredentialing Decisions

Humana Healthy Horizons in Kentucky's Credentialing Committee may deny a provider's request for participation based on credentialing criteria. The Credentialing Committee must notify a provider of a denial that is based on credentialing criteria and provide the opportunity to request reconsideration of the decision within 30 days of the notification. Reconsideration opportunities are available to a provider if he or she is affected by an adverse determination. To submit a reconsideration request, the following steps apply:

Mail a reconsideration request to the senior medical director. A reconsideration request must be in writing and include any additional supporting documentation. Send a reconsideration request to:

Humana Healthy Horizons in Kentucky
Attn: Catalin Jurnalov, M.D.
Regional Medical Director
101 E. Main St.
Louisville, KY 40202

On reconsideration, the Credentialing Committee may affirm, modify or reverse its initial decision. Humana Healthy Horizons in Kentucky notifies the applicant in writing within 60 days of the Credentialing Committee's reconsideration decision within 60 days. Reconsideration denials are final unless the decision is based on quality criteria and providers have the right to request a State Fair Hearing. Practitioners who were denied are eligible for reapply for network participation once they meet the minimum Humana Healthy Horizons in Kentucky credentialing criteria.

Applying providers do not have appeal rights. However, they may submit additional documents to the address above for reconsideration by the Credentialing Committee.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