

VBID Model Hospice Benefit Component Availity Submission Guidelines for In-Network and Out-of-Network Providers

Determine Member VBID Eligibility

Viewing Member ID Card in Availity to Determine VBID Eligibility

To determine member's eligibility in a VBID plan, view the member's ID card in Availity to check their plan number and cross-reference their plan number with the "2024 Humana Hospice VBID - Participating Plans" grid on www.humana.com/hospice. There are two ways to view a member's ID card in Availity.

Option 1

1. Enter username and password to log into Availity Essentials
 - a. If you have not yet registered as a provider to use Availity Essentials, please first see separate instruction guide for registration
2. Navigate to the top left of the banner under **"Patient Registration"** select **"Eligibility and Benefits Inquiry"**

Once on the Eligibility and Benefits Inquiry screen, select **"Humana"** as the Payer, complete the request form and submit.

The screenshot shows a web form titled "Patient Information" and "Service Information".

Patient Information

- Single Patient (selected) / Multiple Patients
- Patient Search Option: Patient ID, Date of Birth
- * Patient ID: [text input]
- * Date of Birth: [text input with mask mm/dd/yyyy]
- Patient's Relationship to Subscriber: Self

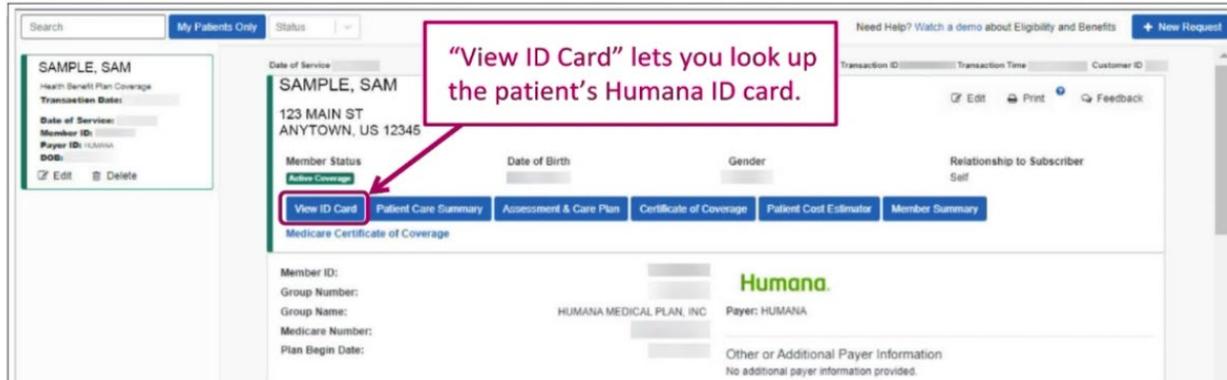
Service Information

- * As of Date: 09/19/2023
- * Benefit / Service Type: Medical Care - 1 [clear button]

At the bottom, there is a checkbox "Submit another patient" and a blue "Submit" button.

The results page will display with the option to view id card

Viewing ID Card



3. After selecting Organization Name and Member's ID, select **"Search"**. Note that the Member's ID can be either the Humana member ID or Medicare Beneficiary Identifier (MBI).

[Home](#) > View Member ID Card

View Member ID Card

i To view a member ID card, select an organization and enter a Humana member ID in the box below. Please note that if a member ID card is unavailable, proof of coverage can be viewed and printed.

Organization *
Humana Provider Testing Org

Search Type *
Member ID

Member ID *

Member ID
Medicare Beneficiary Identifier (MBI)

Search

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4. A high-level member eligibility screen will appear. Select the **"View and print an ID card"** link on the right of the screen to download a PDF of the member's ID card. The member's plan ID can be located on the bottom right of the front of the ID card. Navigate to www.humana.com/hospice to cross-reference their plan number with the **"2024 Humana Hospice VBID - Participating Plans"** grid.

i To view and print a member ID card, select a member and plan type. Please note that if a member ID card is unavailable, proof of coverage can be viewed and printed.

Associated members

Member's Plans

— Medical

Name: [REDACTED] I want to:

Member ID: [REDACTED]

Plan name: [REDACTED] [View and print an ID card](#)

Group ID: [REDACTED]

Effective date: [REDACTED]



Option 2

1. Enter username and password to log into Avality Essentials
 - a. If you have not yet registered as a provider to use Avality Essentials, please first see separate instruction guide for registration
2. Navigate to the top right of the banner under **“Payer Spaces”** select **“Humana”**
3. Once on the Humana page, on the **“Applications Tab”** select the link for **“View ID Card”**
4. After selecting Organization Name and Member’s ID, select **“Search”**

View Member ID Card

i To view a member ID card, select an organization and enter a Humana member ID in the box below. Please note that if a member ID card is unavailable, proof of coverage can be viewed and printed.

Organization *
Humana Provider Testing Org

Search Type *
Member ID

Member ID *

Member ID
Medicare Beneficiary Identifier (MBI)

Search

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5. A high-level member plan screen will appear. Select the **“View and print an ID card”** link on the right of the screen to download a PDF of the member’s ID card. The member’s plan ID can be located on the bottom right of the front of the ID card. Navigate to www.humana.com/hospice to cross-reference their plan number with the **“2024 Humana Hospice VBID - Participating Plans”** grid.

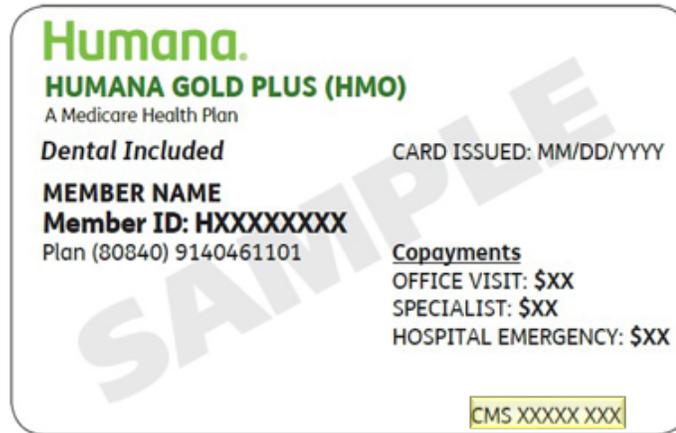
i To view and print a member ID card, select a member and plan type. Please note that if a member ID card is unavailable, proof of coverage can be viewed and printed.

Associated members

Member's Plans

— Medical

| | | | |
|-----------------|----------------------|----------------------------------|---|
| Name: | <input type="text"/> | I want to: | |
| Member ID: | <input type="text"/> | <input checked="" type="radio"/> | View and print an ID card ↗ |
| Plan name: | <input type="text"/> | | |
| Group ID: | <input type="text"/> | | |
| Effective date: | <input type="text"/> | | |



Viewing Plan/Product Information in Availity to Determine VBID Eligibility

1. Enter username and password to log into Availity Essentials
 - a. If you have not yet registered as a provider to use Availity Essentials, please first see separate instruction guide for registration
2. Navigate to the top left of the banner under **“Patient Registration”** select **“Eligibility and Benefits Inquiry”**
3. Once on the Eligibility and Benefits Inquiry screen, select **“Humana”** as the Payer. After selecting Humana, enter an NPI and patient information and press submit.
6. A screen will appear with Eligibility and Benefits Details. Select the **Patient Information** tab and scroll to the **“Plan/Product Information”** section. The member’s **Plan/Product** number will be displayed. Navigate to www.humana.com/hospice to cross-reference their Plan/Product number with the **“2024 Humana Hospice VBID - Participating Plans”** grid.

Plan type and details are displayed here.

Submitting notifications to Humana for Hospice Elections and Discharges

The following document describes the steps required to utilize Availity.com to submit member-level notifications to Humana inclusive of the Notice of Election (NOE) in the form of the signed Medicare Election statement, Notice of Termination/Revocation (NOTR), and in the case of in-network providers, the Transitional Concurrent Care (TCC) Addendum. **Please ensure you have the NOE and TCC addendum completed before you start the authorization process via Availity.com**

Please note: The below steps outline the process of submitting what Availity calls an “authorization” or “pre-authorization” to Humana. This is a naming convention based on their system set up and is not an “authorization” that requires a medical review. This “authorization” will auto approve in order to flag members on service and capture timely NOE, and TCC Addendum documentation.

Submitting a Pre-Authorization

Accessing the Submission Tools

1. Enter username and password to log into Availity Essentials
 - a. If you have not yet registered as a provider to use Availity Essentials, please first see separate instruction guide for registration
2. Navigate to the top left of the banner under “**Patient Registration**” select “**Authorizations & Referrals**”
3. Under “Multi-Payer Authorizations and Referrals” select “**Authorization Request**”

Starting a Pre-Authorization

1. Once on the Authorization screen, select your organization, and select **Humana** as “**Payer**”. The screen will refresh to show fields requested by the chosen payer. Then select **Outpatient Authorization/Referral** as the “**Request Type**”.

Home > Authorizations & Referrals > Authorizations

Authorizations

[Give Feedback](#) [Go to Dashboard](#) [New Request](#)

SELECT A PAYER

Organization
ABCDEFG Pediatrics

Payer
HUMANA

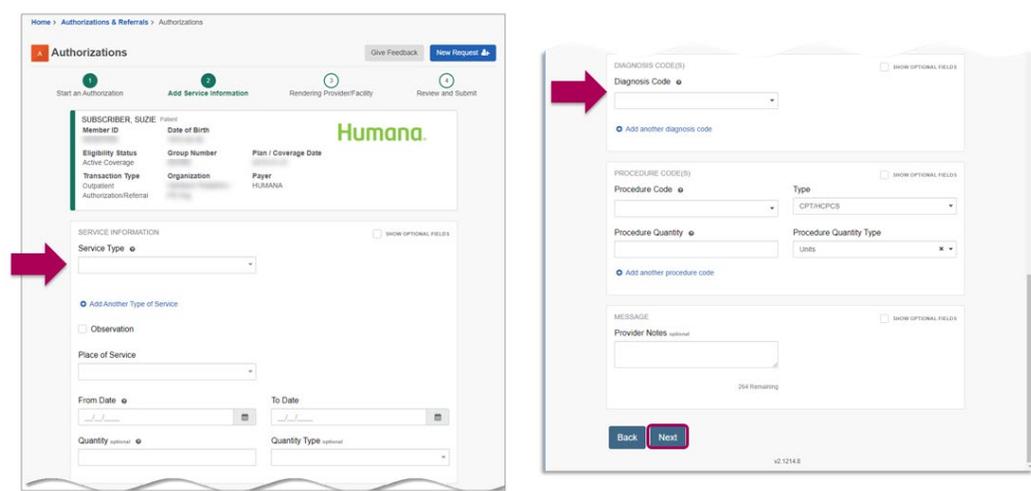
Request Type
Select Authorization Type
Inpatient Authorization
Outpatient Authorization

Next

2. When “Outpatient” is selected, the screen automatically refreshes to bring you to a page designed to check if an authorization is required. Scroll to the bottom of this page and select “Skip” since all Hospice VBID members require an authorization. After selecting “skip” you will be brought to the Authorizations page.
 - a. In the **“Start an Authorization”** step, enter information for the patient including their Member ID, Relationship to Subscriber, and Date of Birth
 - b. Enter your requesting provider information. If your provider information has been added to the Express Entry tool on Availity, it can be selected from the “Select a Provider” drop-down menu. If using the “Select a Provider” option, be sure to double-check that the information populated is accurate.
 - i. Note: For questions regarding Express Entry, navigate to “Help & Training” on the top of the page and select ‘Find Help.’ Use the search box to search for the term “Express Entry”.
 - c. Confirm your contact name and phone number are correct and click **“Next”** to continue. Once you click, the system will conduct an eligibility check, and you will be informed on the next screen if the patient’s coverage is not active.

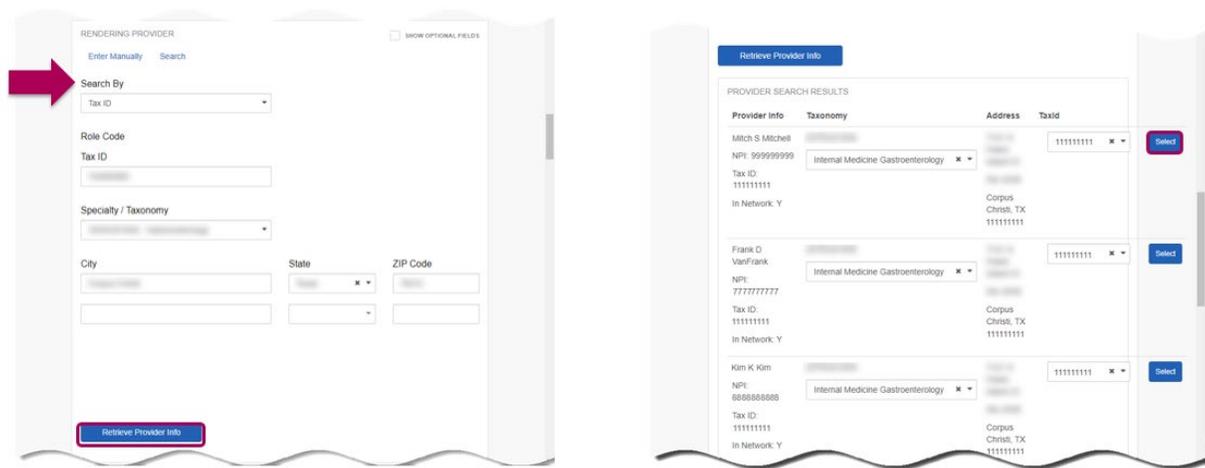
Add Service Information

1. For **“Service Type”** select **“Hospice”** (selection #45).
2. Do not select the **“Observation”** box. This is only to be used if the patient is in a facility in observation status. When this box is selected, CPT Code 99235 will automatically be added to the form and cannot be removed without unchecking this box.
3. Select appropriate **“Place of Service”** from drop down selections. Always choose #12-Home, even if admitting in a GIP setting.
4. Be sure to select the appropriate **“from”** and **“to”** dates based on the expected date(s) of service. The end date ultimately will be calculated by Humana, based on the service(s) requested (enter 1 in the quantity field). When entering the **“from”** and **“to”** dates, the Humana system is set up to auto approve for 30 days. Once Humana receives notification of an approved authorization, a Humana Hospice Centralized Team associate will reach out for the initial case conference to plan coordination and will update the hospice auth period accordingly.
 - a. Ensure that the **“From”** date matches the hospice election date on the Notice of Election form (NOE).
 - b. Following the case conference, Avility Essentials should reflect the updated **“to”** date
5. Enter the appropriate **Diagnosis Code(s)** for the case. You can add up to four diagnosis codes.
6. Next, enter the **Procedure Code** Q5009 (Hospice/home hlth place nos) and the appropriate quantity for the case (quantity is 1 unit).
7. When all the information is complete, click **“Next.”**



Entering Rendering Hospice Provider/Facility

1. Please select your hospice as the rendering healthcare provider. Select the field by which you wish to search for your hospice by (tax ID, NPI or NPI and tax ID) and role code, then fill in the fields and click **“Retrieve Provider Info.”**
2. After matching search results are displayed, click the **“Select”** button next to your hospice’s name. The screen will update with the information for your hospice.
3. Further down the screen, follow the same process for entering your hospice’s information for the rendering facility selection. Click the **“Retrieve Provider Info”** button and select your hospice from the search results.
4. Once all required information has been entered, click **“Next”** to proceed.



Reviewing and Submitting

1. Review all the information you have entered so far to confirm its accuracy.
2. If any field needs to be changed, click the **“Back to Step”** link for that section to return to that screen and make the necessary update.

3. Once all the information is complete, click **“Submit.”**
 - a. Please note the initial submission confirmation will display a 30-day approval. This will be modified by the Humana Hospice Care Manager after the initial case conference.

Results Screen and Submitting Required Attachments to Authorization

1. Results will be displayed immediately on the Authorization Response Screen
2. Each transaction is given a unique transaction ID. This number is a useful reference when contacting Availity Client Services concerning a specific transaction.
3. The “Certificate Information” section will show the certification or reference number, the status of the request and any available messages from the payer.
4. Further down on the screen, provider, service, and additional services information will be displayed.
5. On the Authorization Response Screen page, please attach **Notice of Election (NOE) in the form of the signed Medicare Election statement** and **Transitional Concurrent Care (TCC) Addendum** to upload documents directly to the preauthorization (*see instructions below under “Adding Attachments to Authorization”*). *These are the only two documents that should be submitted to the Availity platform. Humana does **not** need of the member’s plan of care.*
 - a. If for some reason you are unable to add attachments, please fax to the Humana Hospice Centralized Team at 502-414-0237 or 5024140237@fax2mail.com
6. Click the “Print” button to print a copy of the preauthorization if desired.

Three (3) Methods to Add Clinical Attachments to Authorization

Method 1: After submission of authorization, the **Authorization Response Screen** will be displayed. On this page, you will have the option to add clinical documents.

Authorization Response Give Feedback New Request

Transaction ID: 94949494 Customer ID: [REDACTED] Transaction Date: [REDACTED]

SUBSCRIBER, SUZIE Patient

| | | |
|---------------------------|----------------------|---|
| Member ID | Date of Birth |  |
| Eligibility Status | Group Number | |
| Transaction Type | Organization | |
| Outpatient | [REDACTED] | Payer HUMANA |
| Authorization/Referral | [REDACTED] | |

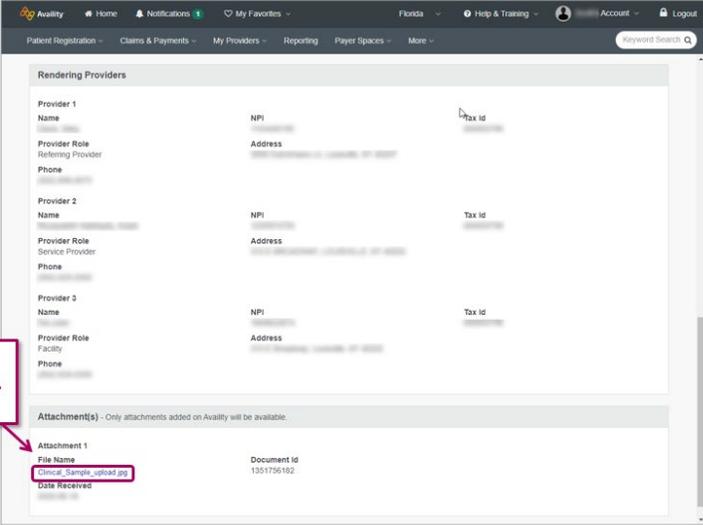
[Print](#) [Add Clinical Documents](#)

Certificate Information

| | |
|--|--|
| Certification Number 080808080 | Status CERTIFIED IN TOTAL |
|--|--|

Message
Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

1. Select **"Add Clinical Documents"** link
 - a. Upload **Notice of Election (NOE)** in the form of the signed Medicare Election statement and **Transitional Concurrent Care (TCC) Addendum**
 - i. Note: Only one file can be uploaded at a time. To add another file, repeat the process by clicking the **"Add Clinical Documents"** button.
2. If your file is a password-protected PDF, the app will prompt you to enter the password. This will allow Humana to view the file.
3. Click the **"Submit"** button to proceed to the "Upload Confirmation" step. Click **"OK"** to submit the attachment(s) to Humana.
4. Confirmation of a successful upload will be displayed in the window.
5. Submitted attachments appear on the view-details page after looking up the authorization in the Authorization Management tool. Clicking the attachment link allows you to view/download the attached file.



The screenshot shows the Aviality web application interface. At the top, there is a navigation bar with 'Aviality', 'Home', 'Notifications', 'My Favorites', 'Florida', 'Help & Training', 'Account', and 'Logout'. Below the navigation bar, there are tabs for 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A search bar is located on the right side of the navigation bar.

The main content area is titled 'Rendering Providers' and displays a table with three providers. Each provider entry includes fields for Name, NPI, Address, Phone, and Tax id. The 'Attachment(s)' section below the providers table shows a list of attachments. The first attachment is 'Clinical_Samples_upload.pdf', with a 'View attachments.' callout box pointing to it. The 'Attachment(s)' section also includes a note: 'Only attachments added on Aviality will be available.' and a table with columns for 'Attachment 1', 'File Name', 'Document id', and 'Date Received'.

Method 2: Using the Humana Authorization Management Application

1. Humana’s Authorization Management application lets you review your authorization and referral requests online with the ability to:
 - a. Search for specific authorizations using the applications quick search feature.
 - b. Review previously submitted authorizations and referrals to find their current status.
 - c. In some cases, changes can be made to previous submissions and additional information added.
2. Authorization Management is a Humana-specific application. To find it, select “Humana” from the “Payer Spaces” drop-down list.
 - a. If you have access to the Authorization Management application, it will appear under your applications.
 - b. If you do not see the app, ask your organization’s Availity administrator to grant you the “Authorization & Referral Inquiry” role.
3. A search can be completed using the authorization reference number generated on authorization submission.
4. On the search result screen, the last column “Attachments” provides the ability to “Add Clinical Documents”.

The screenshot shows the Humana Authorization Management application interface. At the top, there is a breadcrumb trail: Home > Humana > Authorization Management. The Humana logo is in the top right corner. Below the breadcrumb, there is a disclaimer: "Disclaimer: Preauthorization is a determination of medical necessity, not a guarantee of payment. Payment is subject to the member's coverage. Charges by out of network providers may be greater than Humana allows. Verify benefits online or with Customer Service. Does not apply to fully insured plans if issue state is Colorado, if member resides in Colorado, or if services take place in Colorado." Below the disclaimer, there is a section titled "YOU SEARCHED FOR" with search criteria: ORGANIZATION: HUMANA INC. - P3 ORG, PRIMARY SORT: ENTRYDATE, DESCENDING, ENTRY DATE FROM: 03/18/2020, ENTRY DATE TO: 09/18/2021, and AUTH TYPE: OUTPATIENT. There are buttons for "Turn off tooltips" and "Give Feedback". Below the search criteria, there are "Edit Search" and "Quick Search" buttons. The results section is titled "Your Results (Displaying 1-1 of 1)" and shows a table with one row of results. The table has columns: Auth Type, Certification/Reference Number, Patient Name, Member ID, Date of Birth, Admission / DOS, Entry Date, Status Change Date, Auth Status, View Details, and Attachments. The row shows: Outpatient/Referral, Certification #, Patient Name, Member ID, Date of Birth, 09/18/2021, 09/18/2021, -, APPROVED, View Details, and Add Clinical Documents.

| Auth Type | Certification/Reference Number | Patient Name | Member ID | Date of Birth | Admission / DOS | Entry Date | Status Change Date | Auth Status | View Details | Attachments |
|---------------------|--------------------------------|--------------|-----------|---------------|-----------------|------------|--------------------|-------------|--------------|------------------------|
| Outpatient/Referral | Certification # | | | | 09/18/2021 | 09/18/2021 | - | APPROVED | View Details | Add Clinical Documents |

Method 3: By selecting the “View Details” link for a specific authorization in the search results in Authorization Management, the Authorization/Referral Inquiry Results screen displays.

1. If the authorization allows updates or attachments, the appropriate buttons will appear with the ability to “Add Clinical Documents”.
2. From this screen, navigate back to your search results by clicking the “Return to Authorization Management” button at the top.

Home > Authorizations & Referrals > Authorization/Referral Inquiry Results Need help? Watch a demo about Authorizations and Referrals.

Authorization/Referral Inquiry Results Give Feedback

[Return to Authorization Management](#)

Transaction ID: Customer ID: Transaction Date: 2021-09-15



| | | |
|-----------------------------------|----------------------|--------|
| Transaction Type | Organization | Payer |
| Outpatient Authorization/Referral | Humana Inc. - PS Org | HUMANA |

[Print](#) [Update](#) [Add Clinical Documents](#) [Pin to Dashboard](#)

Certificate Information

| | |
|----------------------|---------------------------|
| Certification Number | Status |
| <input type="text"/> | CERTIFIED IN TOTAL |
| Effective Date | Expiration Date |
| 2021-09-15 | 2021-10-15 |

Information Needed Upon Discharge

- Hospice providers must also submit a copy via fax of the Notice of Termination/Revocation (NOTR) to Humana at 502-414-0237@fax2mail.com or 502-414-0237. Please contact Humana's Hospice Centralized Team at 1-800-950-1071 to notify them of the discharge date and disposition after submission of the NOTR.
 - A Humana Care Manager will collect key information including the discharge disposition and advise of any outstanding services for unrelated care or supplemental benefits
 - Member revokes
 - Member chooses to transfer to another hospice
 - Member does not meet recertification criteria
 - Member is discharged due to cause
 - Member passes away
- After notification of discharge, Humana's Hospice Centralized Team will close the auth in Availity.

Support

- If an authorization is submitted in error, please contact the Humana Hospice Centralized Team:
 - Phone: 1-800-950-1071
 - Email: HHCT_Support@humana.com
- If you already have an Availity account and need support, please log in to Availity Essentials and submit a ticket (24 hours a day, 7 days a week), or call Availity Client Services at 1-800-282-4548 between the hours of 8:00 am and 8:00 pm Eastern, Monday through Friday.