

Humana Gold Plus[®] Integrated Medicare-Medicaid Alignment Initiative (MMAI)



Provider Resource Guide

Online self-service

A variety of provider materials and resources are available on the public website at [Humana.com/providers](https://www.humana.com/providers) (no registration required). MMAI-specific materials and communications can be found at [Humana.com/HealthyIL](https://www.humana.com/HealthyIL), including:

- Provider publications (e.g., provider manual, newsletters, program updates)
- Preauthorization and notification list
- Prescription drug guide
- Compliance requirements
- Forms

Healthcare providers who want to work with Humana online can register for Availity Essentials at no cost.

This multipayer portal allows providers to interact securely with Humana and other participating payers without learning to use multiple systems or remembering different user IDs and passwords for each payer. Many Humana-specific tools are accessible through Availity Essentials.

To learn more, call Availity Essentials at 800-282-4548 or visit [Availity.com](https://www.availity.com). Availity Essentials provides the following functions:

- Check eligibility and benefits
- Submit referrals and authorizations for non-long term services and supports (LTSS) services
- Check claim status
- Confirm/make claim submissions
- Receive remittance advice
- View member summaries
- Confirm/remedy overpayment
- Set up electronic funds transfer (EFT)
- Submit provider claim dispute
- Check provider claim dispute status

Get paid faster and have your Humana claim payments deposited automatically with EFT and electronic remittance advice (ERA). Visit [Humana.com/EpaymentInfo](https://www.humana.com/EpaymentInfo) or call Humana Medicaid Customer Care at 800-787-3311 (TTY:711) for more information about these self-service tools.

For training opportunities, please visit [Humana.com/ProviderSelfService](https://www.humana.com/ProviderSelfService) and select “View the webinar schedule” under “Attend an educational webinar.”

Dual Medicare-Medicaid Plan preauthorization list

Humana requires preauthorization for certain services to facilitate care coordination and confirm the services are provided according to Centers for Medicare & Medicaid Services (CMS) and Illinois Department of Healthcare and Family Services (HFS) coverage policies. To determine whether preauthorization is required for a patient with Humana MMAI coverage, physicians and other healthcare providers should review the Medicare and Dual Medicare-Medicaid Plans Preauthorization and Notification List online at Humana.com/PAL.

Frequently used contact information

Services	Phone number/email address	Hours of operation (all times Central)
Humana MMAI provider call center	800-787-3311	Monday through Friday, 7 a.m. to 7 p.m.
Provider relations —Health planning and support (fee schedule requests)	800-626-2741	Monday through Friday, 8 a.m. to 5 p.m.
Preauthorization assistance for medical procedures	800-523-0023	Monday through Friday, 7 a.m. to 7 p.m.
Preauthorization assistance for LTSS Personal Emergency Response Services (PERS) Must be submitted to care coordinators	HumLTSStransitions@humana.com	
Medication prior authorizations —Step therapy, quantity limits and medication exceptions for medication supplied and billed through the pharmacy. Online submission available at www.covermy meds.com/epa/humana . Forms also available at Humana.com/PA .	800-555-2546 Fax: 877-486-2621	Monday through Friday, 8 a.m. to 6 p.m.
Medication intake team —Prior authorization for medication administered in medical office. Forms available at Humana.com/medPA .	866-461-7273 Fax: 888-447-3430	Monday through Friday, 8 a.m. to 6 p.m.
Medication Therapy Management (MTM) Program	888-210-8622 (TTY: 711)	Monday through Friday, 8 a.m. to 6 p.m.
CenterWell Pharmacy™ —Mail order for maintenance medications	800-379-0092 (TTY: 711) Fax: 800-379-7617	Monday through Friday, 7 a.m. to 10 p.m., and Saturday, 7 a.m. to 5:30 p.m.
CenterWell Specialty Pharmacy™	800-486-2668 (TTY: 711) Fax: 877-405-7940	Monday through Friday, 7 a.m. to 10 p.m., and Saturday, 7 a.m. to 5:30 p.m.

Pharmacy appeals	Fax: 877-556-7005	
Claim payment inquiries	800-787-3311	Monday through Friday, 7 a.m. to 7 p.m.
Availity Essentials	800-282-4548 (800-AVAILITY)	Monday through Friday, 7 a.m. to 6:30 p.m.; press 0 for live assistance
Provider Payment Integrity (PPI) Customer Service —Confirm/remedy overpayment as well as inquire/review issues related to financial recoveries	800-438-7885	Monday through Friday, 7 a.m. to 7 p.m.
Fraud, waste and abuse reporting		
Humana	800-614-4126	
Illinois Department of Healthcare and Family Services—Medicaid/Welfare Fraud Hotline	844-453-7283	

Important addresses

Humana department	Address
Provider correspondence	Humana P.O. Box 14601 Lexington, KY 40521 4601 Attn: Provider Correspondence
Provider complaints	Humana, Attn: Provider Complaints P.O. Box 14601 Lexington, KY 40521-4601
Member grievances and appeals	Humana Health Plans P.O. Box 14546 Lexington, KY 40512-4546
Claims	Humana Claims Office P.O. Box 14601 Lexington, KY 40512-4601
Quality improvement program	Humana Quality Management Department 321 W. Main St., WFP 20 Louisville, KY 40202
Pharmacy appeals	Humana Appeals P.O. Box 14546 Lexington, KY 40512-2961

Other network information

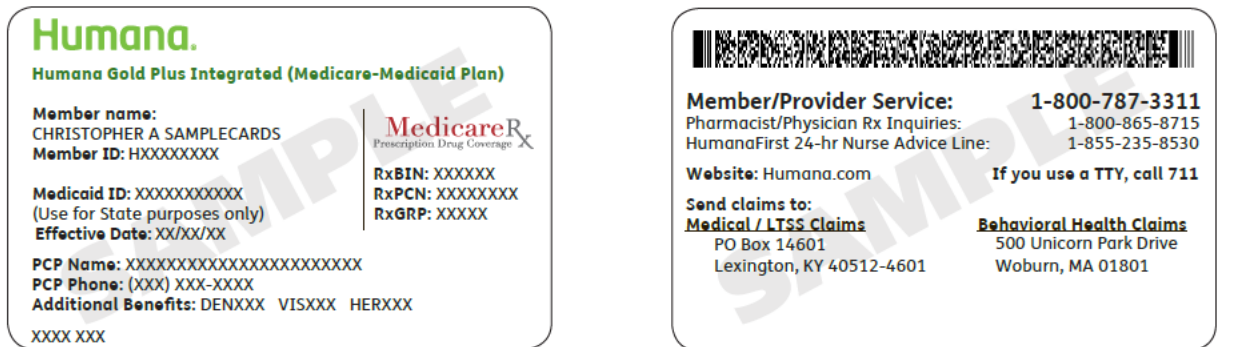
Required networks/ vendor name	Phone number
Carelon Behavioral Health	855-481-7044
MTM Inc.—Non-emergency transportation vendor	855-253-6867

Available web resources

- Humana MMAI Provider Manual – [Humana.com/provider/news/publications](https://www.humana.com/provider/news/publications)
- Humana Prior Authorization List – [Humana.com/PAL](https://www.humana.com/PAL)
- Availity Essentials – [Availity.com](https://www.availity.com)
- Humana Long-term Services and Supports Provider Resource Guide – [Humana.com/ILLTSS](https://www.humana.com/ILLTSS)
- Part D redeterminations – [Humana.com/provider/pharmacy-resources/exceptions-appeals](https://www.humana.com/provider/pharmacy-resources/exceptions-appeals)

Member ID card samples

Please ask members to present their ID card at the time of service.



Please note: These sample IDs comply with state guidelines. They are subject to change without notice.

The following are some of the many clearinghouses offering services to healthcare providers. Some clearinghouses and vendors charge a service fee. Contact the clearinghouse for more information.

Clearinghouse vendor name	Website
Availity Essentials	www.availity.com
Change Healthcare	www.changehealthcare.com
TriZetto®	www.trizetto.com
SSI Group	www.thessigroup.com
Humana payer ID	
Fee-for-service claims (noncapitated)	61101
Commercial encounter claims (capitated)	61102
Delegated encounter claims	61105
Carelon Behavioral Health—behavioral health claims	43324

Annual compliance training

Humana supports physicians and other healthcare providers in their efforts to provide care to patients with Medicaid coverage by offering training materials to help them meet state and federal compliance requirements.

There are a variety of materials available, including:

- Humana Illinois Medicare-Medicaid Provider Orientation
- Humana Illinois Medicare-Medicaid Provider Training

- Health, Safety and Welfare Training
- Cultural Competency
- General Compliance and Fraud, Waste and Abuse Training

More information is available on Humana's website at [Humana.com/ProviderCompliance](https://www.humana.com/ProviderCompliance).

Provider compliance training also is available at [Availity.com](https://www.availity.com) in the Humana Payer Space Resource tab.

Eligibility

Potential members must be Medicare-eligible and Medicaid-eligible disabled adults aged 21 and older. Medicaid-eligible disabled adult designation also includes certain home- and community-based waiver members.

Primary care provider (PCP) assignment

All potential members must have a medical home. They are given a 180-day transition period during which they may maintain a current course of treatment with a provider who is currently in-network with Humana. The 180-day transition period with an in-network provider is applicable to all provider types. Potential members may select a Humana network PCP earlier than 180 days.

Covered benefits

Humana provides the same covered benefits potential members would receive when dually enrolled in original Medicare and state Medicaid programs, plus some extras.

Humana members will receive the following benefits:

- \$0 copay for doctor visits and hospital stays
- \$0 copay for other covered healthcare services
- Up to \$30 in certain non-Medicaid covered over-the-counter items each quarter
- Unlimited rides to and from medically necessary appointments and to the pharmacy right after a doctor's visit
- 30- or 90-day prescriptions can be mailed to the member's home from in-network mail-order pharmacies
- 10 frozen meals home delivered after an overnight stay in a hospital or nursing home
- Additional dental care benefits

Medical copayments

\$0 copays for medically covered services

- Doctor visits
- Hospital stays
- Emergency room (ER) visits
- Prescriptions

Care management

Humana MMAI members are assigned to a care coordinator (CC) on enrollment. The CC conducts regular assessments, develops a comprehensive care plan and assists members to access needed services. As part of the care plan development process, CCs request input from providers through an Interdisciplinary Care Team (ICT) meeting. If you would like additional information regarding care coordination services, please contact Humana MMAI Customer Care at 800-787-3311.