

Answers to frequently asked questions about Notice of Adverse Benefit Determination letters

We will send a **Notice of Adverse Benefit Determination** letter to a member if:

- His or her doctor asks us for permission for him or her to have a certain service or procedure, **and**
- Our medical director, after reviewing the request, decides that we cannot give permission, **or**
- A member's doctor performs a service or procedure on a member and then submits a claim to us that we deny (e.g., decline to pay)

Below, you'll find answers to frequently asked about questions about **Notice of Adverse Benefit Determination** letters.

Q. Who do you notify of your decision to not give permission to a doctor who wants to perform a specific procedure on a Humana Healthy Horizons™ in Florida member?

A. We notify our member and his or her doctor by mail.

Q. Can a member and/or his or her doctor appeal the decision?

A. Yes. A member and/or his or her doctor can appeal our decision, **if you disagree with our decision**. You can learn more about our appeals process at **[Humana.com/FloridaGrievanceAndAppeals](https://www.humana.com/FloridaGrievanceAndAppeals)**.

Q. How long do I have to file an **appeal**?

A. You or your provider must file an **appeal** orally or in writing within 60 calendar days from the date of our decision. An **appeal** may take up to 30 days to process. For information about how to file an appeal, please visit **[Humana.com/FloridaGrievanceAndAppeals](https://www.humana.com/FloridaGrievanceAndAppeals)**.

Q. How will you let me know your decision on my appeal?

A. We will notify you of our decision in writing.

Q. What happens if you deny my appeal?

A. If we deny your appeal, we will send you another **Notice of Adverse Benefit Determination** letter.

Q. Why does Humana Healthy Horizons in Florida deny claims?

A. Typically, we deny claims if a member receives a service or procedure that is not a covered service or benefit of the Humana Healthy Horizons in Florida plan.

Q. If Humana Healthy Horizons in Florida denies a claim from a provider, does this denial affect a member's benefit or coverage?

A. No. The denial of a claim **does not** affect a member's Humana Healthy Horizons in Florida benefits and medical coverage. A member's benefits and medical coverage **remain the same**.

Q. What happens if the doctor sends the member a bill for the service that Humana Healthy Horizons in Florida declines to pay?

A. Members who receive bills from their doctors should call Member Services.

Q. How can a member contact Member Services?

A. Members with medical coverage through Humana Healthy Horizons can call **800-477-6931 (TTY: 711)**, Monday – Friday, from 8 a.m. – 8 p.m., Eastern time. Members with long-term care coverage can call **888-998-7732 (TTY: 711)**, Monday – Friday, from 8 a.m. – 8 p.m., Eastern time.

Q. How does a member know if he or she has medical coverage or long-term care coverage?

A. A member can look at his or her Member ID card to see their coverage type.

For answers to other questions, chat with us online:

- Log into your MyHumana account
- Click the “Chat with us” button near the bottom of the page

Online chat is available Monday – Friday, from 8 a.m. – 8 p.m., Eastern time. If you do not have a MyHumana account, you quickly can [create one](#).

ENGLISH: This information is available for free in other languages and formats. Please contact our Customer Service number at **800-477-6931**. If you use **TTY**, call **711**, Monday – Friday, 8 a.m. to 8 p.m.

SPANISH: Esta información está disponible gratuitamente en otros idiomas y formatos. Comuníquese con nuestro Servicio al Cliente llamando al **800-477-6931**. Si usa un **TTY**, marque **711**. El horario de atención es de lunes a viernes de 8 a.m. a 8 p.m.

CREOLE: Enfòmasyon sa a disponib gratis nan lòt lang ak fòma. Tanpri kontakte nimewo Sèvis Kliyan nou an nan **800-477-6931**. Si ou itilize **TTY**, rele **711**, Lendi - Vandredi, 8 a.m. a 8 p.m.

FRENCH: Ces informations sont disponibles gratuitement dans d'autre langues et formats. N'hésitez pas à contacter notre service client au **800-477-6931**. Si vous utilisez un appareil de télétype (**TTY**), appelez le **711** du lundi au vendredi, de 8h00 à 20h00.

ITALIAN: Queste informazioni sono disponibili gratuitamente in altre lingue e formati. La preghiamo di contattare il servizio clienti al numero **800-477-6931**. Se utilizza una telescrivente (**TTY**), chiami il numero **711** dal lunedì al venerdì tra le 8 e le 20:00.

RUSSIAN: Данную информацию можно получить бесплатно на других языках и в форматах. Для этого обратитесь в отдел обслуживания клиентов по номеру **800-477-6931**. Если Вы пользователь **TTY**, звоните по номеру **711** с понедельника по пятницу, с 8.00 до 20.00.

Discrimination is Against the Law.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at **800-477-6931 (TTY 711)**.

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

Discrimination Grievances.

P.O. Box 14618, Lexington, KY 40512 – 4618. **800-477-6931** or if you use a **TTY**, call **711**. You can file a grievance by mail or phone. If you need help filing a grievance, Customer Service is available to help you.

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW, Room 509F, HHH Building Washington, D.C. 20201.
800-368-1019, 800-537-7697 (TDD)

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

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **800-477-6931 (TTY: 711)**.

Español: (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **800-477-6931 (TTY: 711)**.

Kreyòl Ayisyen: (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **800-477-6931 (TTY: 711)**.

Tiếng Việt: (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **800-477-6931 (TTY: 711)**.