Humana
Healthy Horizons®
in Ohio

Provider Orientation and Training

Information for Medicaid Healthcare Providers and Administrators 2023 - 2024

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

Humana®

Ohio Department of Medicaid

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Training topics

Training topics are based on:

- Humana's contract with the Ohio Department of Medicaid (ODM)
- Humana's policies and procedures

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Availity Essentials Enrollment

Working with Humana Healthy Horizons online – Availity Essentials

Humana Healthy Horizons' preferred method for online transactions.–

- ✓ Submit claims
- ✓ Check eligibility and benefits
- ✓ View claim status (claim submission, updates and attachments)
- ✓ Authorization submission and inquiry (authorization updates and attachments should be submitted via Availity Essentials)
- ✓ Confirm member primary language and special communication needs
- ✓ Annual compliance training
- ✓ View remittance advice (electronic remittance advice and electronic funds transfer enrollment should be submitted)
- ✓ View member summaries
- ✓ Confirm/remedy overpayment
- ✓ Confirm/remedy appeal

Availity enrollment

Availity
Log on to Availity.

If you have not registered for Availity, please select "Register" to begin the process.

After selecting "Log in," please enter your User ID and password.

If you forget your login information, you can select Options and have your password reset or sent to you via email.

Help with Availity Essentials
Availity Client Services
Phone: **800-AVAILITY (282-4548)**

Humana Healthy Horizons in Ohio Provider Services
Phone: **877-856-5707**.

Availity ERA/EFT enrollment

Enroll for electronic claim payments and remittance advice using Humana's ERA/EFT Enrollment app.

The app enables you to:

- Receive payments via electronic funds transfer (EFT) into your choice of bank account(s)
- Receive electronic remittance advice (ERA) via your clearinghouse or download remits online via Availity Essentials
- Review previous ERA/EFT enrollment requests and check their status

Enroll by NPI or TIN

Humana offers enrollment by National Provider Identifier (NPI). This means you can have your organization's claim payments deposited in different bank accounts based on NPI. Or, if you prefer, you can have claim payments for an entire Tax Identification Number (TIN) deposited in a single bank account.

To access the ERA/EFT Enrollment app:

1. Sign into Availity Essentials and select Humana from the Payer Spaces menu.
2. From the Applications tab, select the ERA/EFT Enrollment app.

For more about online tools or to register for training, visit Humana.com/ProviderSelfService

Provider Network Management (PNM) Portal

PNM Portal

Ohio Department of Medicaid (ODM) utilizes a Provider Network Management (PNM) module with a centralized credentialing feature to ease administrative burden.

Provider Network Management - Provider Network Management | Medicaid (ohio.gov)

As of Oct. 1, 2022, healthcare providers must utilize the new PNM module to access the Medicaid Information Technology System (MITS) Portal. Through this link, providers can:

- Submit and adjust fee-for-service claims
- Submit prior authorization requests
- Submit hospice applications
- Verify recipient eligibility

The link also allows providers to submit cost reports for managed service providers, hospitals and long-term care.

Creating an OH|ID and PNM account

Creating an OH|ID

- The OH|ID is an account created through the Innovate Ohio Platform that allows for a single ID to access systems for multiple state agencies throughout Ohio.
- An OH|ID is required to access the PNM module.
- You can create an OH|ID by going to: Log In | OH|ID | Ohio's State Digital Identity Standard and selecting “Create Account.”

Creating a PNM account

- Each individual user of PNM should have their own unique OH|ID account.
- The OH|ID will be used to log in to PNM and replaces any existing MITS login.
- Creating an OH|ID Account for PNM Quick Reference Guide:
  Creating OH ID for IOP PNM Login

PNM – Source of Truth

Providers must update their ODM records in the PNM system. Per Ohio Administrative Code rule 5160-1-17.2(F):

“All providers with a signed Medicaid provider agreement agree to ‘“inform ODM within thirty days of any changes including, but not limited to changes in licensure, certification, or registration status; ownership; specialty; additions, deletions, or replacements in group membership and hospital-based physician affiliations; and address, including all locations where servicers are rendered.’”

Instructions for updating provider file are available in PNM under “Learning.”

Additional resources

- ODM PNM website
- Education and training resources
- How to sign up for PNM trainings through Absorb LMS
- For PNM access and/or technical issues, please call the ODM Integrated Help Desk at **800-686-1516** or email ihd@medicaid.ohio.gov to obtain assistance.

Annual Required Compliance Training

Compliance training required

- The Centers for Medicare & Medicaid Services (CMS) and state Medicaid contracts mandate that all Humana-contracted healthcare providers complete compliance trainings each year.

- You must complete the Medicaid compliance training if your organization has rendered or may render healthcare services for a Medicaid-eligible beneficiary who is a member of a Humana-administered Medicaid plan in Ohio.

- To be considered compliant for this training, please complete a training attestation form:
  - Manually
  - Via Availity Essentials

Compliance training materials required annually

Health, Safety and Welfare Training

This training includes information about abuse; neglect; exploitation; interventions; “handle with care” measures; reporting abuse, neglect, or exploitation; rights of mandated reporters; general reporting requirements; critical incidents; and information about Ohio agencies.

Cultural Competency Training

This training includes information about culture, cultural competence, clear communication, various subcultures and populations, strategies for working with seniors and people with disabilities, and additional information we want our providers to have.

Claims

Claims submission process

The claims submission process is different for Humana Healthy Horizons in Ohio than for other Humana business. For all payable claims:

- Electronic data interchange (EDI), must be submitted through the provider's EDI.
- Direct data entry (manual) claims and associated attachments must be submitted through Availity Essentials.
- **Paper claim submissions are prohibited.**
- All Humana Healthy Horizons in Ohio claims must include **Humana payer ID 61103.**

Please note: Humana's traditional fee-for-services payer ID (61101) cannot be used to submit Humana Healthy Horizons in Ohio claims. Humana rejects all claims for all Humana Healthy Horizons in Ohio-covered patients submitted in this manner.

Claims adjudication

- In accordance with 42 CFR 447.46, Humana Healthy Horizons:
  - Pays or denies 90% of all submitted clean claims within 21 calendar days of the date of receipt
  - Pays or denies 99% of clean claims within 60 calendar days of the date of receipt
  - Pays or denies 100% of all claims within 90 calendar days of receipt

Please note: Regardless of all established, mutually agreed alternative payment schedules described in the Provider Contract between Humana Healthy Horizons and the network healthcare provider, Humana Healthy Horizons must abide by the time frames listed above.

If a provider and/or a provider's clearinghouse submits a Health Insurance Portability and Accountability Act (HIPAA)-compliant 276 EDI transaction to Humana Healthy Horizons via Availity Essentials, then Humana Healthy Horizons responds with a complete HIPAA-compliant 277 EDI transaction within the required Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) time frames. These responses include HIPAA-compliant claim status category code(s) and claim status code(s) that provide information on all denied, paid or pended/suspended claims to the submitter.

Timely filing

- Humana Healthy Horizons accepts claims within 365 calendar days of the date of service or date of discharge. Claims submitted outside this time frame are denied.
- Corrected claims must be submitted within 365 days of the date of service or 180 days from the date that Medicare or other insurance plan paid the claim.
- Providers have 365 days from the date of service to file a written claim dispute or 60 calendar days after the payment, denial or partial denial of the timely claim submission, whichever is later.
- Claims timely filing and Healthcare Effectiveness Data and Information Set (HEDIS®):
  - Providers are required to file their claims/encounters in a timely manner for all services rendered to members. Timely filing is an essential component reflected in Humana Healthy Horizons' HEDIS reporting and can ultimately affect how a plan and its providers are measured in member preventive care and screening compliance.

Visit Humana.com/MakingItEasier for more information on claims and payment processes.

Balance billing and missed appointments

Per the Humana Healthy Horizons in Ohio Provider Manual:
The provider, referral provider and subcontractor may not balance bill any member for services covered under the contract.

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

The Humana Healthy Horizons in Ohio Provider Manual and other provider communications can be found at Humana.com/HealthyOH.

Visit Humana.com/MakingItEasier for more information on claims and payment processes.

Provider Disputes System

Provider claim dispute submissions

Provider claim disputes are any healthcare provider inquiries, complaints or requests for reconsiderations, ranging from general questions about a claim to a healthcare provider disagreeing with the handling of a claim.

- **How to file**:

Verbally	In writing	Online
Call Provider Services: **877-856-5707**	Mail: Humana Healthy Horizons in Ohio Provider Disputes P.O. Box 14601 Lexington, KY 40512-4601	Complete Claims Status application on Availity.com

Health Information Exchange and Electronic Health Records

Health Information Exchange (HIE)

Healthcare providers connected to HIEs can exchange protected health information, connect to inpatient and ambulatory electronic health records, access care coordination information technology system records, and support secure messaging or electronic querying between providers, patients and the health plan. This includes, but is not limited to, using the HIEs for:

- Admission, discharge and transfer (ADT) data
- Closing referral loops for social determinants of health (SDOH)

Hospitals are required to provide ADT data to both Ohio HIEs.

Information on the Ohio HIEs can be found on the following websites:

- CliniSync
- Healthbridge

Electronic Health Records (EHRs)

Advantages of EHRs:

EHRs and the ability to exchange health information electronically can help you provide higher quality and safer care for patients while creating tangible enhancements for your organization. EHRs help providers better manage care for patients and provide better healthcare by:

- Providing accurate, up-to-date and complete information about patients at the point of care
- Enabling quick access to patient records for more coordinated, efficient care
- Sharing electronic information securely with patients and other clinicians
- Helping providers more effectively diagnose patients, reduce Medicaid errors and provide safer care
- Improving patient and provider interaction and communication, as well as healthcare convenience
- Enabling safer, more reliable prescribing
- Helping promote legible, complete documentation and accurate, streamlined coding and billing
- Enhancing privacy and security of patient data
- Helping providers improve productivity and work-life balance

Member Grievance and Appeals

How providers can educate members about grievance and appeal rights

- Grievance and appeal (G&A) information can be found in the Humana Healthy Horizons in Ohio member handbook and the provider manual. Both can be found at Humana.com/HealthyOH.

- If you have additional questions regarding Humana's G&A policy and procedures, you can call Provider Services at **877-856-5707** or ask your provider relations representative.

Clinical

Health services and utilization management

Utilization management (UM) helps maintain the quality and appropriateness of healthcare services provided to Humana Healthy Horizons members.

- Provides concurrent review and discharge planning
- Promotes effective level of care based on member's individual needs
- Refers to appropriate Humana Healthy Horizons programs

Prior authorizations for medical procedures

- Availity Essentials will serve as the centralized location for provider submissions of prior authorization (PA) requests for all services.

- Humana Healthy Horizons has qualified UM review staff, available by calling **877-856-5707** Monday through Friday, 8 a.m. to 5 p.m., Eastern time, except for the following days: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day, to render UM decisions for providers.

- Humana Healthy Horizons in Ohio allows providers to submit authorization requests for unplanned and/or emergency inpatient admissions the next business day, and the plan utilization review staff will review within the appropriate time frames for decision making.

- All UM review staff are appropriately qualified and licensed, with subject matter expertise that review and make PA decisions for specialty services (e.g., services for substance use disorders, durable medical equipment).

Prior authorization submission

Healthcare providers must submit all prior authorization requests, including physician-administered drug requests and associated attachments, through Availity Essentials via one of the following methods:

Practice management system: Prior authorization submissions sent from a provider's practice management system must use Humana's specific Humana Healthy Horizons in Ohio payer ID 61103 for Humana Healthy Horizons members.

Direct entry into Availity Essentials: After logging in to your Availity account, please select the following payer descriptions from the dropdown menu in Availity Essentials:

- Humana (medical)
- Humana Behavioral Health

Continuity of care

The managed care entity (MCE) must allow members new to the plan up to 90 days to receive services from in- and out-of-network healthcare providers or if:

- The MCE confirms that the Group VIII-Expansion member currently receives care in a nursing facility on the effective date of enrollment with the MCE.
- The member is pregnant and in the third trimester of pregnancy.
- A member's provider is terminated from the plan's network.

Transition of prior authorizations

If the member secures a prior authorization before the member's transition, Humana Healthy Horizons must honor the prior authorization through the expiration of the authorization, regardless of whether the authorized or treating provider is in or out of Humana Healthy Horizons' network.

Humana Healthy Horizons may conduct a medical necessity review for previously authorized services if the member's needs change and warrant a change in service. Humana Healthy Horizons renders an authorization decision pursuant to OAC rule 5160-26-03.1.

Humana Healthy Horizons may help the member access services through a network provider when any of the following occur:

- The member's condition stabilizes, and Humana Healthy Horizons can ensure no interruption to services.
- The member chooses to change his/her current provider to a network provider.
- There are quality concerns identified with the previously authorized provider.
- The member needs assistance with previously approved and/or pre-certified scheduled inpatient or outpatient surgeries, pursuant to OAC rule 5160-2-40, or appropriate follow-up care.
- There are questions regarding organ, bone marrow or hematopoietic stem cell transplant coverage.

Access to care requirements

- Healthcare providers must offer hours of operation that are no less than the hours of operation offered to commercial members or comparable to Medicaid fee-for-service, even if the provider serves only Medicaid managed care members.
- Services must be available 24 hours a day, seven days a week, when medically necessary.

Please refer to the Humana Healthy Horizons in Ohio Provider Manual for information on required appointment access standards.

Behavioral health services

Humana Healthy Horizons recognizes the significance of behavioral health (BH) needs to overall health for well-being and emphasizes a strengths-based approach, with fully integrated physical and BH care. Humana Healthy Horizons' overall BH system includes mental health, alcohol and drug addiction treatment, and developmental disabilities services, with the following being eligible:

- Adults: All covered BH services
- Child/adolescent: All covered BH services for child/adolescent members not enrolled in the OhioRISE Plan

Prior authorization process for BH: Please refer to the Clinical section of this document or in the Humana Healthy Horizons in Ohio Provider Manual online at Humana.com/HealthyOH.

Substance-use disorder treatment

- Humana Healthy Horizons utilizes American Society of Addiction Medicine (ASAM) level-of-care criteria and does not add criteria when reviewing level of care for substance-use disorder (SUD) treatment provided in a community BH center or a hospital billing outpatient hospital BH services.
- When making medical necessity determinations for inpatient services for co-occurring BH and physical health conditions or for co-occurring substance-use and mental health disorders, other clinical criteria (e.g., MCG® or InterQual®) in addition to ASAM criteria, are used. If either ASAM or MCG/InterQual indicate the need for inpatient services, the service are then authorized.
- The adolescent ASAM level-of-care criteria is used for members younger than 21.
- For additional information please refer to the Behavioral Health and Substance-use Services section in the Humana Healthy Horizons in Ohio Provider Manual online at Humana.com/HealthyOH.

Social determinants of health (SDOH)

Humana Healthy Horizons realizes the impact of SDOH on each member's health and health outcomes. Humana Healthy Horizons has a range of actions in place to address these factors, including:

- Complete assessments made by Humana case managers, including identification of SDOH needs. Referrals to community-based organizations are made based on identified needs.
- Utilize a robust network of community-based organizations for member referral throughout Ohio.
- Provide a closed-loop referral platform available through Humana's secured provider portal. The closed-loop referral platform allows providers and their staff to search for resources and make and track/manage referrals.
- Aggregate information through the closed-loop referral platform and the network of community-based organizations to identify the correct community-based organizations for Humana's membership and member preferences and corresponding opportunities for partnership.

For more information on SDOH, please visit Humana.com/HealthyOH.

Care management overview

Care management:

Humana Healthy Horizons manages and coordinates care for members with special healthcare needs who require ongoing care management/chronic condition management. Outreach frequency is determined by individual member needs, preferences and risk level.

Humana Healthy Horizons includes the following steps in its care management:

- Identifies members through referrals from on-site/telephonic UM nurses, primary care providers (PCPs), specialists, member self-referral, health needs assessment, predictive model algorithms, post-discharge assessments, etc.
- Obtains member's permission/agreement to participate. (Members can opt out at any time.)
- Completes a comprehensive assessment, incorporating physical and behavioral health as well as social determinants of health.
- Identifies key people of members' multidisciplinary care team and engages the PCP.
- Creates an individualized comprehensive care plan with the member and works toward identified goals.
- Makes available the individualized care plan to providers by contacting Humana Healthy Horizons.

More information is available at Humana.com/HealthyOH.

Quality

Quality improvement requirements

Humana Healthy Horizons monitors and evaluates provider quality and appropriateness of care and service delivery to members using the following methods:

- **Performance improvement projects (PIPs)** – Ongoing measurements and interventions that demonstrate significant improvement in the quality of care and service delivery sustained over time, in both clinical and nonclinical care areas, that have a favorable effect on health outcomes and member satisfaction.
- **Performance measures** – Data collected on patient outcomes as defined by HEDIS or otherwise defined by the agency.
- **Surveys** – Includes Consumer Assessment of Healthcare Providers and Systems (CAHPS), provider satisfaction, behavioral health surveys and special surveys that support quality/performance improvement initiatives.
- **Peer review** – Review of provider's practice methods and patterns to determine appropriateness of care.

External Quality Review Organization (EQRO)

Ohio's Medicaid state agency retains an EQRO for an annual external and independent review of the quality, outcomes, timeliness of and access to services provided by Humana, including medical record reviews for Humana Healthy Horizons members. Participating healthcare providers are expected to partner with Humana Healthy Horizons on all EQRO activities.

- A provider's contract with Humana Healthy Horizons in Ohio requires provider to furnish member medical records to Humana Healthy Horizons for this purpose.

- EQRO reviews are a permitted disclosure of a member's personal health information, in accordance with HIPAA standards.

Quality Assurance and Performance Improvement (QAPI) requirements

Healthcare providers can obtain a written QAPI program description by calling Provider Services at **877-856-5707**. We welcome healthcare practitioners' input regarding our QAPI program.

Access other quality resources.

Clinical practice guidelines

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

- Provider website
- Provider manual updates
- Provider communications

The protocols:

- Incorporate relevant, evidence-based medical and behavioral health guidelines from recognized sources, such as professional medical associations, voluntary health organizations and National Institutes of Health (NIH) centers/institutes
- Help providers make decisions regarding appropriate healthcare for specific clinical circumstances

Value-based Programs

Value-based programs (VBP) overview

Humana Healthy Horizons is committed to fostering high-value care in the communities we serve. Humana Healthy Horizons participates in the Ohio Department of Medicaid's VBP models, including Comprehensive Primary Care (CPC) and CPC for Kids. To learn more about these programs, please reach out to your Provider Engagement professional by emailing OHMedicaidProviderRelations@humana.com, or visit the ODM's special programs and initiatives website.

In addition to ODM's VBP models, Humana network healthcare providers can participate in a variety of value-based programs that allow them to earn financial incentives and rewards based on quality, cost and clinical outcomes. The programs are designed based on the healthcare provider's panel size and readiness, as well as participation in ODM's programs or other specific contracting arrangements. Program terms and metrics are reviewed annually and modified as appropriate. All earned performance-based payments are made in arrears to allow for reporting and data collection. To learn more about Humana Healthy Horizons' available VBP programs, please contact Provider Engagement.

ODM VBP opportunities

What is Ohio CPC?

CPC is a patient-centered medical home program, in which a team-based care delivery model is led by a primary care practice that manages a patient's health needs.

The goal is to empower practices to deliver the best care possible to their patients by both improving quality of care and lowering costs. Most medical costs occur outside a primary care practice, but primary care providers can guide many decisions that impact those broader costs, improving cost efficiency and care quality.

CPC practices may be eligible for two payment streams, in addition to existing payment arrangements with ODM and the Medicaid Managed Care Plans:

- Per-member-per-month (PMPM) payment, to support activities required by the CPC program
- Shared savings payment, to reward practices for achieving total cost-of-care savings

Additionally, joining the CPC program gives practices access to data and reports that provide actionable, timely information needed to make better decisions about outreach, care and referrals.

PLEASE NOTE: Per ODM's announcement on Aug. 25, 2023, the Episodes of Care program is retired. Episodes of Care Announcement

Ohio Department of Medicaid

Information directly sourced from ODM: Comprehensive Primary Care (CPC); CPC for Kids; Episode-Based Payments; Episodes of Care Quick Reference Guide (2019)

Healthcare Provider Training Requirements

Initial and ongoing provider training requirements

Healthcare providers receive ongoing education based on a variety of topics, including provider requirements, member care expectations, changes in policies and procedures, billing, and issues resolution processes.

Training is delivered via:

- Print communications (provider manual, newsletters, clinical and non-clinical educational materials)
- Humana's provider website and Availity.com
- In-person trainings (one-on-one, face-to-face, town hall meetings)
- Virtual trainings (webinars)
- Provider orientations
- Provider technical assistance

Additional training requirements

Humana Healthy Horizons requires contracted healthcare providers to complete additional annual compliance training on the following topics:

- General compliance, fraud, waste and abuse
- Cultural competency
- Health, safety and welfare (abuse, neglect and exploitation)
- Others, as required

These training materials can be found at **Humana.com/ProviderCompliance** and **Availity.com**.

Be sure to submit a completed Medicaid Partner Training Attestation form to document completion of training.

Fraud, Waste and Abuse

Fraud, Waste and Abuse (FWA) reporting requirement and reporting options

Anyone who suspects or detects an FWA violation is required to report it either to the appropriate state agency or within his/her respective organization, which then must report it to Humana Healthy Horizons.

Contact Humana Healthy Horizons using the following methods:

- **Telephone:**
  - Special Investigations Unit (SIU) Direct Line: **800-558-4444** (Monday through Friday, 8 a.m. to 4 p.m., Eastern time)
  - SIU Hotline: **800-614-4126** (24/7 access)
  - Ethics Help Line: **877-5-THE-KEY (584-3539)**
- **Email:** siureferrals@humana.com or ethics@humana.com
- **Web:** EthicsHelpline.com

All information will be kept confidential.

Entities are protected from retaliation under 31 U.S.C. 3730 (h) for False Claims Act complaints. Also, Humana has a zero-tolerance policy for retaliation or retribution against all individuals who report suspected misconduct.

FWA reporting information

You can contact ODM by:

- Calling **614-466-0722**
- Visiting ODM's reporting suspected Medicaid fraud site

Ohio Attorney General's Office Medicaid Fraud Control Unit (MFCU):

- Calling **800-282-0515**
- Visiting the MFCU website

Ohio Auditor of State (AOS):

- Calling **866-FRAUD-OH (372-8364)**
- Emailing fraudohio@ohioauditor.gov

False Claims Act

- The False Claims Act also permits a person with knowledge of fraud against the U.S. government to file a lawsuit (plaintiff) on behalf of the government against the person or business that committed the fraud (defendant).
- Individuals who file such suits are known as “whistleblowers.” If the action is successful, the plaintiff is rewarded with a percentage of the recovery. Retaliation against individuals for investigating, filing or participating in a whistleblower action is prohibited.

Disallowed Actions (31 U.S.C. §§ 3729-3733)
Links to the previously mentioned provisions of this act are listed within Humana’s Compliance Policy for Contracted Health Care Providers and Business Partners, which is available at Humana.com/fraud.

Liability (31 U.S.C. 3729(a)(1) and (a)(3)): Liability for the foregoing acts includes:

- A civil penalty of $5,000 – $10,000
- Three times the amount of damages the government sustains because of that act
- A person or company who violates the False Claims Act is also liable to the government

Web Resources

Provider website – public

Humana.com/HealthyOH

- Answers to frequently asked questions
- Availity Essentials
- Claims and payments
- Communications and network notices
- Documents and resources
- External medical review
- Join our network
- Optimization of pregnancy outcomes
- Pharmacy
- Prior authorization
- Services for children
- Telehealth services
- Training materials

For questions about and assistance with Humana.com, please call Provider Services at 877-856-5707.

Provider orientation and training revisions

This Provider Orientation and Training document is reviewed and updated at least once a year. Orientation updates include, but are not limited to, the following:

- New or revised policy and procedures and administrative clinical practices
- Modifications to existing services
- New or amended Medicaid policies and procedures, including state and federal mandates

Updated versions of the Provider Orientation and Training document are posted on the Humana Healthy Horizons in Ohio provider website at Humana.com/HealthyOH.

Access the Humana Healthy Horizons in Ohio Provider Manual.

Helpful Numbers

24-hour nurse advice line

Humana Healthy Horizons in Ohio's Medical Advice Hotline offers 24-hour, seven-days-a-week access to health information and medical triage services to Humana Healthy Horizons members. Members can access this free service by calling **866-376-4827.**

The nurses that staff the hotline can:

- Assess symptoms, answer health-related questions, and make recommendations for the most appropriate treatment, clinical resources and care setting (e.g., home, virtual consultation, retail clinic, doctor's office, urgent care, emergency room [ER])
- Offer advice on urgent and non-urgent care
- Deliver health and wellness education, reminders and resources
- Explain condition, procedure and treatment options
- Help deliver medication information, including drug interactions, appropriate use, and adherence benefits and strategies

Emergency and crisis behavioral health calls

The Ohio Department of Mental Health and Addiction Services (OMHAS) statewide crisis line, called The Ohio CareLine, is a toll-free emotional support call service administered in community settings. Behavioral health professionals' staff the CareLine 24 hours a day, seven days a week. The service offers confidential support in times of personal or family crisis when individuals are struggling to cope with challenges in their lives. When callers need additional services, they receive assistance and connection to local providers. Humana Healthy Horizons members have access to this service by calling the Ohio CareLine directly at **800-720-9616** or texting “4hope” to 741-741.

If the member calls Humana Healthy Horizons directly, we operate a 24/7 system to route emergent and crisis behavioral health calls directly to the OMHAS statewide crisis line.

As needed, Humana Healthy Horizons collaborates with ODM and OMHAS to ensure the OMHAS statewide crisis line has access to mobile response and stabilization services (MRSS) providers to deploy when necessary.

Helpful numbers

Humana Healthy Horizons in Ohio's provider interactive response line (IVR):
877-856-5707

- Prior authorization assistance for medical procedures, behavioral health and medications billed as medical claim
- Utilization management
- Medical and behavioral health inquiries
- Care management chronic condition management

Humana Healthy Horizons in Ohio member interactive response line (IVR):

877-856-5702

Humana Healthy Horizons in Ohio Coordinated Services Program (CSP): **855-330-8054**

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