

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 **Humana.com** (no registration required). MMAI-specific **provider documents**, **training materials** and communications are also available on this site, 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**. Availity Essentials lets you:

- 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

Humana[®]

Humana Gold Plus Integrated (Medicare-Medicaid plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to members.

- View member benefit 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/EpayoutInfo](https://www.humana.com/EpayoutInfo) 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.”

National Provider Identifier

Providers are required to have a National Provider Identifier (NPI) in accordance with Section 1173 (b) of the Social Security Act, as enacted by Section 4707 (a) of the Balanced Budget Act of 1997.

If a provider does not include a valid NPI and is not atypical, they must submit a corrected claim that includes a valid NPI and matches the taxonomy. Multiple NPIs and Illinois Medicaid Program Advanced Cloud Technology (IMPACT) Medicaid IDs must match on the claim. Humana does not pay a claim if the specific NPI used does not match the corresponding Medicaid ID and IMPACT-registered categories of service.

Illinois Medicaid provider number

All providers must have a unique state Medicaid provider number that is obtained as part of enrollment in the state’s IMPACT program and is in accordance with the agency guidelines. An entity that bills Humana for Medicaid-reimbursable services provided to Illinois Medicaid recipients, or that provides billing services for all Medicaid provider types, must be active and enrolled as a Medicaid provider or have “limited enrollment status” in the HFS IMPACT Provider Enrollment system.

To verify enrollment, you can log into the HFS IMPACT Provider Enrollment system, a resource tool for Illinois Medicaid-enrolled/registered providers. Find out more at [Illinois’ IMPACT site](#).

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 and Illinois Department of Healthcare and Family Services (HFS) coverage policies. To determine whether preauthorization is required for a patient with Humana MMAI coverage, please review the Medicare and Dual Medicare-Medicaid plans preauthorization and notification list on Humana’s [prior authorization list](#).

Frequently used contact information

Services	Phone number/email address	Hours of operation
Humana MMAI provider call center	800-787-3311	Monday – Friday, 7 a.m. – 7 p.m., Central time
Provider relations —Health plan support (e.g. copy of contract, fee schedule requests, cre-credentialing status, etc.)	800-626-2741	Monday – Friday, 8 a.m. – 5 p.m., Central time
Preauthorization assistance for medical procedures	800-523-0023	Monday – Friday, 7 a.m. – 7 p.m. Central time
Preauthorization assistance for LTSS Personal emergency response system Must be submitted to members care coordinator	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 – Friday, 7 a.m. – 7 p.m., Central time
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 – Friday, 7 a.m. – 5 p.m., Central time
Medication Therapy Management (MTM) Program	888-210-8622 (TTY: 711)	Monday – Friday, 7 a.m. – 6 p.m., Central time
CenterWell Pharmacy ®—Mail order for maintenance medications	800-379-0092 (TTY: 711) Fax: 800-379-7617	Monday – Friday, 7 a.m. – 10 p.m., and Saturday, 7 a.m. – 5:30 p.m., Central time

Services	Phone number/email address	Hours of operation
CenterWell Specialty Pharmacy®	800-486-2668 (TTY: 711) Fax: 877-405-7940	Monday – Friday, 7 a.m. – 10 p.m., and Saturday, 7 a.m. – 5 p.m., Central time
Pharmacy appeals	Fax: 877-556-7005	
Claim payment inquiries	800-787-3311 or Availity.com	Monday – Friday, 7 a.m. – 7 p.m., Central time
Availity Essentials	800-AVAILITY (800-282-4548)	Monday – Friday, 7 a.m. – 7 p.m., Central time; press 0 for live assistance
Provider payment integrity customer service— Confirm/remedy overpayment as well as inquire/review issues related to financial recoveries	800-438-7885	Monday – Friday, 7 a.m. – 7 p.m., Central time
Fraud, waste and abuse reporting		
Humana	800-614-4126	
Illinois Department of HFS —Medicaid/Welfare Fraud Hotline	844-ILFRAUD (844-453-7283)	

Important addresses

Humana department	Address
Provider correspondence	Humana Attn: Provider Correspondence P.O. Box 14601 Lexington, KY 40521-4601
Provider disputes	Humana Attn: Provider Complaints P.O. Box 14601 Lexington, KY 40521-4601 or Availity.com
Member grievances and appeals	Humana Health Plans P.O. Box 14546 Lexington, KY 40512-4546

Humana department	Address
Claims submission	Humana Claims Office P.O. Box 14601 Lexington, KY 40512-4601 or Availity.com
Quality Investigations	Quality Investigations 3401 SW 160th Ave., Bldg. A, 1st Floor Miramar, FL 33027-6305
Pharmacy appeals	Humana Inc. Grievance and Appeal P.O. Box 14546 Lexington, KY 40512-4546

Other network information

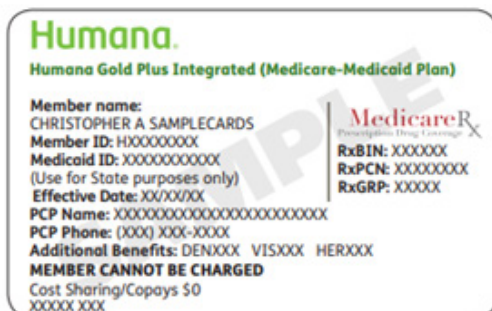
Required networks/vendor name	Phone number
Carelon Behavioral Health	855-481-7044
MTM Inc.-Non-emergency transportation vendor	855-253-6867

Available web resources

- Humana MMAI **Provider Manual** Humana **Prior Authorization List**
- Availity Essentials
- Humana **Long-term Services and Supports Provider Resource Guide**
- **Part D redeterminations**
- State of Illinois | HFS IMPACT: Home
- Carelon Behavioral Health | Behavioral Health Services (Beacon)

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.

Clearinghouses

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

Annual compliance training

Humana supports physicians and other healthcare providers in their efforts to provide care to patients with Medicare-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 Training
- General Compliance and Fraud, Waste and Abuse Training

More information is available at Humana.com/ProviderCompliance.

Provider compliance training also is available at Availity.com in the Humana Payer Space Resource tab.

Eligibility

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

Primary care provider assignment

All potential members must have a medical home. Potential members may select a Humana network primary care provider (PCP) earlier than 180 days. Members also have 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.

Covered benefits

Humana provides the same covered benefits potential members would receive when dually enrolled in original Medicare and state Medicaid programs, and value-added benefits.

Humana members receive the following value-added benefits:

- Up to \$65 in certain over-the-counter items not covered by Medicaid each quarter
- Unlimited rides to and from medically necessary appointments and to the pharmacy right after a doctor's visit
- 14 frozen meals home delivered after an overnight stay in a hospital or nursing home
- Additional dental care benefits

Humana members also receive the following benefits:

- \$0 copay for other covered healthcare services
- 30- or 90-day prescriptions can be mailed to the member's home from in-network, mail-order pharmacies

Medical copayments and cost share

\$0 copays for medically covered services, including:

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

Member balance billing

The state is required by law to pay Medicare cost-sharing expenses for Qualified Medicare Beneficiaries (QMBs) whose income and resources are at or below the QMB income and resource standards. For potential members who meet these requirements, the state pays Medicare cost-sharing expenses. The cost share is paid by Humana. **Providers cannot balance bill, charge, seek payment or have any recourse against Humana or members for any amounts related to the provision of healthcare services for which privileges have not been granted to providers by Humana.** Humana covers both Medicare- and Medicaid-covered copayment and/or cost-share.

Care management

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