Humana Healthy Horizons™ in Kentucky Medicaid Enrollee Handbook 2022

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **800-444-9137 (TTY: 711)**. We are available Monday through Friday, from 7 a.m. to 7 p.m., Eastern Time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **800-444-9137** or if you use a **TTY**, call **711.**
- You can also file a civil rights complaint with the
  U.S. Department of Health and Human Services, Office for Civil Rights
  electronically through their Complaint Portal, available at
  https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html.**

Auxiliary aids and services, free of charge, are available to you.

800-444-9137 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

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

Language assistance services, free of charge, are available to you. **800-444-9137 (TTY: 711)**

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

العربية (Arabic) اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية

Srpsko-hrvatski (Serbo-Croatian): Nazovite gore navedeni broj ako želite besplatne usluge jezične pomoći.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Deitsch (Pennsylvania Dutch): Ruf die Nummer owwe fer koschdefrei Hilf in dei eegni Schprooch.

नेपाली (Nepali): निःशुल्क भाषासम्बन्धी सहयोग सेवाहरू प्राप्त गर्नका लागि माथिको नम्बरमा फोन गर्नुहोस् ।

Oroomiffa (Oromo): Tajaajila gargaarsa afaan argachuudhaf bilbila armaan oli irratti bilbilaa.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Ikirundi (Bantu – Kirundi): Hamagara izo numero ziri hejuru uronswe ubufasha kwa gusa bw'uwugusobanurira mu rurimi wumva.

You are now an enrollee of Humana Healthy Horizons™ in Kentucky. Welcome!

Thank you for joining Humana Healthy Horizons! We are happy to have you as an enrollee. Our main goal is to keep you healthy, and we aim to keep it simple for you. We know that the healthcare system can be complicated. This handbook has everything you need to know about your healthcare plan.

Humana Healthy Horizons is a managed care health product serving the Commonwealth. This handbook will answer many of your questions. Please take time to read it and keep it in case you need to look something up. If you have questions about the information in your welcome packet, this handbook or your health plan, call Enrollee Services at **1-800-444-9137 TTY: 711** or visit our website at **www.Humana.com/HealthyKentucky**.

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

How to Reach Us

Enrollee Services	1-800-444-9137,TTY: 711
Online	www.humana.com/HealthyKentucky
Transportation	1-888-941-7433
Mail	Humana P.O. Box 14546 Lexington, KY 40512-4546
Concierge Services for Accessibility (available for alternative formats, interpreter, hearing impaired)	1-877-320-2233

Hours of Service

Enrollee Services is open 7am to 7pm, Monday through Friday. After business hours, or when our office is closed, you can reach us by:

- Choosing an option from our phone menu that meets your needs

We want to hear what you think of us. If you have ideas about how we can improve or ways we can serve you better, please let us know. Your feedback is important. We want you to be a happy and healthy enrollee.

Humana is closed on the following days it observes major holidays:
- New Year's Day
- Martin Luther King Jr Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas Eve
- Christmas Day
- Day after Christmas (Monday, December 26th)

Your Medicaid Quick Reference Guide

I WANT TO:	I CAN CONTACT:
Find a doctor, specialist or health care service	My Primary Care Provider (PCP). If you need help with choosing your PCP, call Member Services at **1-800-444-9137 or TTY: 711.**
Get the information in this handbook in another format or language	Enrollee Services at **1-800-444-9137 or TTY: 711.**
Keep better track of my appointments and health services	Your PCP or Enrollee Services at **1-800-444-9137 or TTY: 711.**
Get help with getting to and from my doctor's appointments	Enrollee Services at **1-800-444-9137 or TTY: 711.** You can also find more information on Transportation Services in this handbook.
Get help to deal with my stress or anxiety	Call 911 if you are in danger or need immediate medical attention. Behavioral Health Crisis Hotline at any time, 24 hours a day, 7 days a week. **1-833-801-7355 or TTY: 711**.
Get answers to basic questions or concerns about my health, symptoms or medicines	Nurse Line, at any time, 24 hours a day, 7 days a week, or talk with your PCP. **1-800-648-8097** or the general service line **1-800-444-9137 or TTY: 711.**
• Understand a letter or notice I got in the mail from my health plan • File a complaint about my health plan • Get help with a recent change or denial of my health care services	Member Services at **1-800-444-9137 or TTY: 711** or the Medicaid Managed Care Ombudsman Program at Toll-Free 1-800-372-2973. You can also find more information about the Ombudsman Program in this handbook.
Update my address or other contact information	Call your local Department of Social Services (DSS) office to report an address change. A list of DSS locations can be found here: https://prd.webapps.chfs.ky.gov/Office_Phone/
Find my Humana Healthy Horizons' provider directory or other general information about my plan	Humana Healthy Horizons **www.Humana.com/HealthyKentucky.**

Medicaid State Plan Information

Medicaid State Plan Enrollee ID Card

Humana Healthy Horizons gives all enrollees an ID card. Your State Plan enrollee ID card looks like this. The front side has personal information, including your enrollee ID and your assigned PCP with name and contact phone number. The card also has key Humana phone numbers.

Every person in your family who is an enrollee will get their own ID card. Each card is good for as long as the person is an enrollee of Humana or until we send you a new one. You also will get a new card if you ask for one. You will get a new card if you change your PCP.

Humana Healthy Horizons will mail your ID Card 5 days after you enroll in our health plan. We get your address from your local Department for Community Based Services (DCBS).

Call Enrollee Services at 1-800-444-9137 or TTY: 711 right away if:

- Anything is wrong with your ID Card,
- If you lose your card

Always Keep Your Enrollee ID Card with You

Never let anyone else use your enrollee ID card. Be sure to show it each time you get healthcare services. You need your ID card when you:

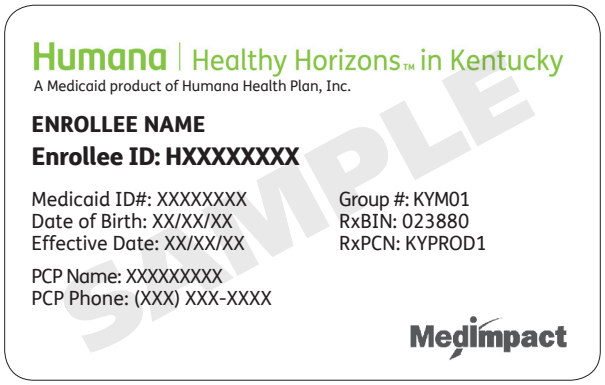
- See your doctor
- See any other health care provider
- Go to an emergency room
- Go to an urgent care center
- Go to a hospital for any reason
- Get medical supplies
- Get a prescription
- Have medical tests

Be sure to have a picture ID with you. Your doctor or provider may ask you for your Humana Healthy Horizons ID card and a picture ID.

Remember, when you call us, please have the enrollee ID number on your Humana Healthy Horizons enrollee ID card available. This will help us serve you faster. Call Enrollee Services if:

- You have not received your Humana ID card

- Any information on the card is wrong
- You lose your card
- You have a baby, so we can send you an enrollee ID card for your baby
- You have any questions on how to use your Humana enrollee ID card



Key Words Used in This Handbook

As you read this handbook, you may see some new words. Here is what we mean when we use them.

Abuse: The payment for items or services when there is no legal right to that payment and the healthcare provider has not knowingly and/or intentionally changed facts to obtain payment.

Advance Directive: Legal papers you create and sign in case you become seriously ill or if you want to name a Health Care Surrogate. These documents let your doctor and others know how you want to be treated if you get very sick and cannot speak for yourself.

Adverse Action: A decision your health plan can make to reduce, stop or restrict your health care services.

Appeal: A request you or your authorized representative make to the health plan to review a decision the plan made to deny, cut back or stop your healthcare services.

Appointment: A visit you set up to see a provider.

Authorized Representative: A trusted person (family member, friend, provider, or attorney) who you allow to speak for you concerning your Medicaid benefits, enrollment or claims.

Behavioral Health Care/Emotional Care: Mental health (emotional, psychological and social well-being) and substance use (alcohol and drugs) disorder treatment and rehabilitation services.

Benefits: A set of health care services covered by your health plan.

Care Management: A process for Humana to assign someone to help you get the care you need.

Care Manager: A specially trained health care worker who works with you and your doctors to make sure you get the right care when and where you need it.

Claim: Bill for services.

Covered Services: Medically necessary health care services Humana must pay for.

Disenrollment: The removal of an enrollee from Humana benefits.

Dual Eligible: You are eligible for both Medicare and Medicaid.

Durable Medical Equipment: Certain items (like a walker or a wheelchair) your doctor can order for you to use if you have an illness or an injury.

Durable Power of Attorney for Healthcare: A written agreement between you and another person that lets the other person make medical and/or financial decisions for you if you

cannot speak for yourself.

Emergency Medical Condition: A situation in which your life could be threatened, or you could be hurt permanently if you don't get care right away (like a heart attack or broken bones).

Emergency Room Care: Care you receive in a hospital if you are experiencing an emergency medical condition.

Emergency Services: Services you receive to treat your emergency medical condition.

Emergency Medical Transportation: Ambulance transportation to the nearest hospital or medical facility for an emergency medical condition.

Enrollee: A person eligible for Medicaid who has joined a Medicaid Managed Care.

Excluded Services: Health care services that are not covered by Medicaid.

Expedited Appeal: Review done fast to meet an enrollee's health need.

Federal Poverty Level (FPL): Income guidelines programs such as WIC or SNAP use to set eligibility criteria.

Formulary: List of generic and Brand drugs maintained by the Kentucky Department of Medicaid Services.

Fraud: Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice to defraud any health care benefit program; or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

Grievance: A complaint you can write to or call your health plan about if you have a problem with your health plan, provider, care or services.

Health Insurance: A type of insurance coverage that pays for your health and medical costs. Your Medicaid coverage is a type of insurance.

Health Plan (or Plan): The managed care company providing you with health insurance coverage.

Health Care Services: Care related to the health of an enrollee, such as preventive, diagnostic or treatment.

Healthcare Surrogate: An adult who you have picked to make health decisions for you when you are not able to.

HIPAA: The Health Insurance Portability and Accountability Act, a U.S. law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers.

Home Health Care: Health care services provided in your home such as nurse visits or physical therapy.

Hospice Services: Special services for patients and their families during the final stages of illness and after death. Hospice services include certain physical, psychological, social and spiritual services that support terminally ill individuals and their families or caregivers.

Hospitalization: Admission to a hospital for treatment that usually requires an overnight stay.

Hospital Outpatient Care: Care in a hospital that usually does not require an overnight stay.

In-Network: A term used when a provider is contracted with your health plan.

Managed Care: An organized way for providers to work together to coordinate and manage all your health needs.

Medicaid: A health plan that helps some individuals pay for health care.

Medical Home: The relationship you have with your primary care provider (PCP) is considered your "medical home."

Medically Necessary: Medical services or treatments that you need to get and stay healthy.

Member: A person eligible for Medicaid who has joined a Medicaid Managed Care.

Network (or Provider Network): A complete list of doctors, hospitals, pharmacies and other health care workers who have a contract with your health plan to provide health care services for members.

Non-Emergency Medical Transportation: Transportation your plan can arrange to help you get to and from your appointments, including personal vehicles, taxis, vans, mini-busses, mountain area transports and public transportation.

Non-Participating Provider: A doctor, hospital or other licensed facility or health care provider who hasn't signed a contract with your health plan.

Notice of Action: A response from Humana giving a decision.

Out of Network: A doctor, hospital, pharmacy, or other licensed health care professional who has not signed a contract to provide services to Humana enrollees.

Participating Provider: A doctor, hospital, pharmacy or other licensed healthcare professional who has signed a contract agreeing to provide services to Humana enrollees. We list Participating Providers in our Provider Directory.

Pharmacy: Drug store.

Physician Services: Health care services provided or coordinated by a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine).

Plan (or Health Plan): The managed care company providing you with health insurance coverage.

Post-Stabilization Care: Care you get after you have received emergency medical services. This care is to help you return to better health.

Power of Attorney: A written agreement between two people that lets one person act and decide for another person on certain matters; the durable power of attorney (see above) remains when you no longer can make decisions.

Prescription Drugs: A drug that, by law, requires a prescription by a doctor.

Prescription Drug Coverage: Covers all or part of the cost of prescription drugs.

Presumptively Eligible: Enrollees, including pregnant women and children up to age one (1), may be "presumptively eligible" if s/he is a resident of Kentucky and meets certain income levels. This means prenatal care for the pregnant woman or other services will be given while an application for Medicaid is being processed.

Primary Care Provider (PCP): The provider who takes care of and coordinates all your health needs. Your PCP is often the first person you should contact if you need care. Your PCP is usually in general practice, family practice, internal medicine, or pediatrics or is an OB/GYN.

Primary Insurance: Insurance you may have that is not Medicaid. This insurance will pay your claim before Medicaid.

Prior Authorization: Sometimes participating providers contact us about the care they want you to get. This is done before you get the care to make sure it is the best care for your needs. They also make sure that it will be covered. It is needed for some services that are not routine, such as home health care or some scheduled surgeries.

Preferred Drug List (PDL): A list of covered pharmacy medicines.

Preventive Care: Care that an enrollee gets from a doctor to help keep the enrollee healthy.

Provider: A health care worker or a facility that delivers health care services, like a doctor, hospital or pharmacy.

Provider Directory: A list of participating providers in your health plan's network.

Provider Network: A list of all health care providers actively participating with the plan ("participating providers"). The Provider Directory is created from this list.

Rehabilitation Services and Devices: Health care services and equipment that help you recover from an illness, accident, injury or surgery. These services can include physical or speech therapy.

Referral: When your PCP sends you to another healthcare provider.

Skilled Nursing Care: Services from licensed nurses in your home or in a nursing home.

Specialist: A doctor who is trained and practices in a special area of medicine such as cardiology (heart doctor) or ophthalmology (eye doctor).

State Fair Hearing: A way you can make your case before an administrative law judge if you are not happy about a decision your health plan made that limited or stopped your services after your appeal.

Step Therapy: In managed medical care, step therapy is an approach to prescription intended to control the costs and risks posed by prescription drugs. The practice begins medication for a medical condition with the most cost-effective drug therapy and progresses to other more costly or risky therapies only if necessary.

Substance Use: A medical problem that includes using or depending on alcohol and/or legal or illegal drugs in the wrong way.

Supplemental Security Income: A federal funding program designed to help aged, blind, and disabled people, who have little or no income. This program provides cash to meet basic needs for food, clothing, and shelter.

Urgent Care: Needed care for an injury or illness, usually not life threatening that should be treated within 24 hours.

Utilization Management: A review process that looks at services delivered to enrollees.

Waste: Overutilization of services or other practices that, directly or indirectly, results in unnecessary costs to the health care system, including the Medicare and Medicaid programs. It is generally considered to be caused by the misuse of resources, and not by criminally negligent actions.

Table of Contents

How to Use This Handbook

This handbook will tell you how to use your Healthy Horizons Plan. This handbook is your guide to health and wellness services. It tells you the steps to take to make the plan work for you.

The first few pages will tell you what you need to know right away. Use it for reference or check it out a bit at a time.

When you have a question, check this handbook, ask your Primary Care Provider (PCP) or call Enrollee Services. You can also visit our website www.Humana.com/HealthyKentucky.

How Managed Care Works

The Plan, Our Providers and You

- Many people get their health benefits through managed care, which works like a central home for your health. Managed care helps coordinate and manage all your health care needs.
- Humana Healthy Horizons has a contract with the Kentucky Department for Medicaid Services to meet the health care needs of people with Kentucky Medicaid. In turn, Humana Healthy Horizons partners with a group of health care providers to help us meet your needs. These providers (doctors, therapists, specialists, hospitals, home care providers and other health care facilities) make up our provider network.
- Humana Healthy Horizons network of providers are there to support you. Most of the time, that person will be your Primary Care Provider (PCP). If you need to have a test, see a specialist or go into the hospital, your PCP can help arrange it.
- Your PCP is available to you day and night. If you need to speak to your PCP after hours or weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible. Even though your PCP is your main source for health care, in some cases, you can go to other doctors for some services without checking with your PCP.
- You will find a list in our provider directory. Refer to the Provider Directory section (below.)

Provider Directory

Humana Healthy Horizons will give you a Provider Directory if requested. The Provider Directory is a list of the doctors and providers you can use to get services. This list is called our provider network. Keep in mind our Provider Directory may change and you always can call us to see if we have added or removed any providers since the directory was printed. We also can give you more details about providers, or give you a more current Provider Directory. Just call Enrollee Services at 1-800-444-9137 (TTY: 711), or reference page 21 for more information.

Physician Finder (Find a Doctor)

We have improved our online Find a Doctor service. Using the service is easier than ever. Our website www.Humana.com/healthykentucky and scroll to the bottom of the page. Select "Find a Doctor" under Member Resources.

Building a good relationship with your PCP as soon as you can is important. Please call your PCPs office to schedule a visit. Take any past medical records to your first visit or ask that they be sent before your appointment. Your assigned or chosen PCP will want to get to know you and understand your healthcare needs.

Enrollee Services

There is someone to help you. Just call Enrollee Services.

- For help with non-emergency issues and questions, call Enrollee Services 1-800-444-9137 or TTY: 711 Monday – Friday, 7 a.m. – 7 p.m.
- In case of a medical emergency, call 911.
- **You can call Enrollee Services to get help anytime you have a question.** You may call us to choose or change your Primary Care Provider (PCP), to ask about benefits and services, to get help with referrals, to replace a lost ID card, to report the birth of a new baby, or ask about any change or other issue that might affect you or your family's benefits.
- If you are or become pregnant, your child will become part of Humana Healthy Horizons on the day your child is born. You should call us and your local Department of Community Based Services right away if you become pregnant and for help with choosing a doctor for both you and your newborn baby before he or she is born.
- **If English is not your first language (or if you are reading this for someone who doesn't read English), we can help.** We want you to know how to use your health plan, no matter what language you speak. Just call us and we will find a way to talk with you in your own language. We have a group of people who can help.
- For people with disabilities: If you use a wheelchair or have trouble hearing or understanding, call us if you need extra help. If you are reading this for someone who is blind, deaf-blind or has difficulty seeing, we can also help. We can tell you if a doctor's office is wheelchair accessible or is equipped with special communications devices. Also, we have services like:
    - o TTY machine. Our TTY phone number is 711.
    - o Information in large print
    - o Help in making or getting to appointments
    - o Names and addresses of providers who specialize in your condition

Call Enrollee Services 1-800-444-9137 or visit www.Humana.com/healthykentucky to learn more about:

- Benefits or eligibility
- If prior authorization or approval is necessary for a service
- What services are covered and how to use them
- How to get a new enrollee ID card
- Reporting a lost enrollee ID card
- Selecting or changing your primary care provider (PCP)
- Help we have for enrollees who don't speak or read English well
- How we can help enrollees understand information due to vision or hearing problems
- Filing a complaint

For faster service, please have your enrollee ID number on your Humana enrollee ID card handy. You can find more information about your enrollee ID card on page 8.

Let Us Know If Your Information Changes

We want to make sure we are always able to connect with you about your care. We don't want to lose you as an enrollee, so it is really important to let us know if information from your Medicaid application changes. You must report any changes to the Department for Community Based Services (DCBS) within 30 days. Failure to report changes within 30 days may result in loss of medical benefits. Examples of changes you must report within 30 days include:

- Change of physical/mailing address or change in contact information
- Household income changes. For example, increase or decrease in work hours, increase in pay rate, change in self-employment, beginning a new job, or leaving a job
- Household size or relationship changes. For example, someone moved into or out of your household, marries or divorces, becomes pregnant, or has a child
- You or other enrollees qualify for other health coverage such as health insurance from an employer, Medicare, Tricare, or other types of health coverage
- Changes in immigration status
- Being in jail or prison
- You start or stop filing a federal income tax return
- Changes to your federal income tax return. For example, you have a change in dependents or a change to the adjustments to taxable income on page one of the income tax form

Changes may be reported:

- By visiting a DCBS office in person (to locate a DCBS office near you please visit https://prd.webapps.chfs.ky.gov/Office_Phone/)
- By submitting a change in writing and mailing to:
- DCBS, P.O. Box 2104, Frankfort, KY 40601
- By calling DCBS at 1-855-306-8959

The Department for Medicaid Services may disenroll you from the Medicaid program if the Department is unable to contact you by first class mail and if Humana cannot provide them with your valid address. You may remain disenrolled until either the Department or Humana can locate you and eligibility can be restored.

Loss of Medicaid

The Department for Community Based Services (DCBS) decides who is eligible for Medicaid. If the DCBS says you no longer can have Medicaid, then we would be told to stop your membership. We will let you know 30 days ahead of time that you may lose your benefits. You no longer would be covered by Humana once you lose Medicaid.

If you have questions about your Medicaid eligibility, please contact your local DCBS office or call 1-855-306-8959.

Other Insurance?

If you have other medical insurance, please call Enrollee Services at 1-800-444-9137 TTY: 711 to let us know. You may have medical insurance through your job, or your children may be insured through their other parent.

You should also call us if you have lost medical insurance that you told us about. Not giving us this information can cause problems with getting care and with bills.

Providers will send a bill to your primary insurance first. After your primary insurance pays its amount, your provider will bill us. We will pay the remaining amount after the primary insurance has made payment (up to the amount we would have paid as the primary insurance). You should let us know right away if:

- Your other insurance changes
- You are hurt in a car wreck
- You are bitten by a dog
- You fall and are hurt in a store
- You are hurt at work

Another insurance company might have to pay the doctor or hospital bill if you are in an accident that involves other people. Please tell us the name of:

- The person at fault
- His or her insurance company

- Any lawyers involved

This information will help avoid delays in processing your benefits.

Interpreter Services

Is there a Humana Healthy Horizons enrollee in your family who:

- Does not speak English?
- Has hearing or visual problems?
- Has trouble reading or speaking English?

If so, we can help. Humana Healthy Horizons offers sign and language interpreters at no cost (in-person, video remote interpretation, or over the phone) at all Humana touch-points. Oral interpretation is provided in more than 200 languages.

If you require assistance with speaking with us or a healthcare provider, we can help you. Please contact Enrollee Services. Interpreter services are available at all Humana touchpoints, and you can use these services to assist with grievances and/or appeals. See pages 63-65 for more information about grievances and appeals.

Printed materials are available in English and Spanish. Materials are read over the phone in more than 200 languages and are available in alternative formats in print format (Braille, Large Print, Accessible PDF, and Daisy) and audio. Just call us at 1-800-444-9137 (TTY:711) or the Concierge Service for Accessibility (1-877-320-2233) to request alternative formats or interpreter services (in-person, video remote interpretation, or over the phone).

24-Hour Nurse Advice Line

You can call any time to talk with a caring, experienced registered nurse. This call is free. You can call 1-800-648-8097 (TTY: 711) 24 hours a day, 7 days a week, 365 days a year.

Our nurses can help you:

- Decide if you need to go to the doctor or the emergency room
- Find out about medical tests or surgery
- Find out more about prescriptions or over-the-counter medicines
- Learn about a medical condition or recent diagnosis
- Learn about nutrition and wellness
- Make a list of questions for doctor visits

Auxiliary Aids and Services

If you have a hearing, vision or speech disability, you have the right to receive information about your health plan, care and services in a format that you can understand and access. We provide free aids and services to help people communicate effectively with us, like:

- A TTY machine. Our TTY phone number is 711.

- Qualified American Sign Language interpreters
- Closed captioning
- Written information in other formats (like large print, audio, accessible electronic format, and other formats)

These services are available to members with disabilities for free. To ask for aids or services, call Enrollee Services at 1-800-444-9137 TTY:711.

Kentucky Medicaid complies with federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability or sex. If you believe that Humana Healthy Horizons failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Enrollee Services.

Important Phone Numbers

Enrollee Services (this includes prescriber and provider as well)	1-800-444-9137 or TTY: 711
Behavioral Health Enrollee Services	1-888-666-6301
24-Hour Nurse Advice Line	1-800-648-8097
Behavioral Health Crisis Line	1-833-801-7355
Concierge Services for Accessibility	1-877-320-2233
Dental	1-800-444-9137
Department for Community Based Services (DCBS)	1-855-306-8959
Vision	1-800-444-9137
To report Medicaid Fraud and Abuse	1-800-372-2970
To request a Medicaid State Fair Hearing	1-800-635-2570
To file a complaint about Medicaid Services	1-800-372-2973
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	1-877-597-2331
To find out information about domestic violence	1-800-799-7233 TTY: 1-800-787-3224
Medicaid Managed Care Ombudsman Program	1-800-372-2973
KY Medicaid Contact Center	1-855-459-6328
The KY Mediation Network	1-502-573-2350
Free Legal Services line	1-800-292-1862, Louisville and surrounding area 1-866-277-5733, Eastern Kentucky area 1-859-431-8200, Central and Northern Kentucky area 1-800-782-1924, Western Kentucky area

Advance Health Care Directive Registry phone number	1-502-564-7992, EXT 2800
State Auditor Waste Line	1-800-592-5378
U.S. Office of Inspector General Fraud Line	1-502-564-2888
Pharmacy Services (MedImpact)	1-800-210-7628

Part I: First Things You Should Know

Your Primary Care Provider (PCP)

Your Primary Care Provider or PCP is the main health care person who takes care of you on a regular basis. Your PCP gets to know your medical history. A PCP may be a physician, nurse practitioner, or physician assistant or another type of provider. He or she may be trained in family medicine, internal medicine, or pediatrics. Your PCP is your medical home and quickly will learn what is and is not normal for you. When you need medical care, you will see your PCP first. He or she will treat you for most of your routine health care needs.

If needed, your PCP will refer you to other doctors (specialists) or admit you to the hospital. Your PCP will work with you on all your health- related concerns.

You can reach your PCP by calling the PCP's office. Your PCP's name and phone number are on your enrollee ID card. It is important to see your PCP as soon as you can. This will help your PCP get to know you and understand your health care needs. If you are seeing a new doctor, make sure to take all your past medical records with you or ask that they be sent to your new doctor.

Choosing a PCP

As a Humana Healthy Horizons Enrollee, you are able to choose your own PCP. If you would prefer, you can choose a PCP that has the same cultural, ethnic or racial background as you. There may be a reason that a specialist will be your PCP. Examples include but are not limited to, women who have diabetes while pregnant and enrollees recovering from a heart attack. Just call Enrollee Services at 1-800-444-9137 (TTY: 711). We can help you get the care you need and set you up with a PCP.

- When choosing a PCP, you may want to find a PCP who:
    - o You have seen before
    - o Understands your health problems
    - o Is taking new patients
    - o Can speak in your language
    - o Has an office that is easy to get to
- Each family member enrolled Humana Healthy Horizons can have a different PCP, or you can choose one PCP to take care of the whole family. A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Call Member Services at 1-800-444-9137 to get help with choosing a PCP that is right for you and your family.

- You can find the list of all the doctors, clinics, hospitals, labs and others who partner with Humana Healthy Horizons in our provider directory. You can visit our website to look at the provider directory online. You can also call Member Services to get a copy of the provider directory.
- Women can get routine check-ups, follow-up care if needed and regular care during pregnancy.
- If you have a difficult health condition or a special health care need, you may be able to choose a specialist to act as your PCP.
- If your provider leaves our provider network, we will tell you within 15 days from when we know about this. If the provider who leaves is your PCP, we will contact you to help you choose another PCP.

If you need help finding a provider before you have an assigned PCP or choose a PCP, please contact Enrollee Services. We can help you get the care you need.

Special Cases

- If you receive Medicare and Medicaid (dual eligible) meaning you have Medicare (Humana or another health plan) and Humana Healthy Horizons Medicaid insurance, you do not have to choose a Humana PCP.
- Presumptively eligible ("presumptive eligible" – see page 12), you do not have to choose a PCP. Please note, Humana Healthy Horizons will assign a PCP for presumptive eligible for this special case, however, the enrollee is not required to see that PCP.

What happens if you don't choose a PCP?

If you did not choose a PCP at the time of enrollment, we will choose one for you. You can find your PCP's name and contact information on your ID card. You can see your PCP starting on the first day you are enrolled.

Changing Your PCP

Choosing a PCP will help you take care of your healthcare needs. You may choose a PCP from the Humana Healthy Horizons Provider Directory. You can see that PCP starting on the first day you are enrolled. To view our directory, please visit www.Humana.com or call our Enrollee Services at 1-800-444-9137 (TTY: 711).

We hope you are happy with your PCP. If you want to change your PCP for any reason, please call Enrollee Services to let us know. We will make your change on the date you call. We will send you a new enrollee ID card that has information about your new PCP.

If you would prefer to have a PCP that has the same cultural, ethnic or racial background as you, please call Enrollee Services.

Humana Healthy Horizons wants to ensure you are assigned to the PCP of your choice. If you are receiving services from a PCP that is not listed on your current card, we may periodically update the PCP assignment to accurately reflect the provider you have established a relationship with for primary care. When this occurs, we will send you a new ID Card

reflecting the accurate PCP relationship.

Sometimes PCPs tell us that they are moving away, retiring, or leaving our network. This is called a voluntary termination. If this happens with your PCP, we will let you know by mail within 30 days and help you find a new doctor.

Humana Healthy Horizons may notify you to change your PCP if your provider requests to no longer be your doctor.

It is important to keep your scheduled visits. Sometimes things happen that keep you from going to the doctor. If you have to cancel your appointment, please call the doctor's office at least 24 hours before your appointment.

How to Get Regular Health Care

We want to make sure you get the right care from the right healthcare provider when you need it. Use the following information to help you decide where you should go for medical care.

See your PCP for all routine visits. Here are examples of general conditions that can be treated by your PCP:

Dizziness	High/low blood pressure
Swelling of the legs and feet	High/low blood sugar
Persistent cough	Loss of appetite
Restlessness	Joint pain
Colds/Flu	Headache
Earache	Backache
Constipation	Rash
Sore throat	Taking out stitches
Vaginal discharge	Pregnancy tests
Pain management	

See your PCP for preventive care. This means making regular visits to your doctor even if you do not feel sick. Regular checkups, tests, and health screenings can help your doctor find and treat problems early before they become serious.

> Examples of preventive care include immunizations; diabetes screening; obesity screening; and routine physicals for children, adolescents, and young adults, from birth to age 21.

Doctor Visits

Once you officially have your PCP, this will be your personal doctor. You can see your PCP to get preventive care and routine checkups.

Preventive care includes	Routine care includes
Regular checkups	Colds/Flu
Immunizations (Shots) for children	Earache

Preventive care includes	Routine care includes
Tests and screenings when needed	Rash
	Sore throat

You should visit your PCP within 90 days of joining Humana Healthy Horizons. Here are some things to remember before going to the doctor:

- Always take your Humana Healthy Horizons enrollee ID card
- Take your prescriptions
    - o It's good for your doctor to know what medications you take

Prepare any questions for your doctor ahead of time so you don't forget anything

- o Your doctor is someone you can trust and rely on
- o Ask about any concerns you may have

- Make a list of your medical conditions to share with your PCP
- "Regular health care" means exams, regular check-ups, shots or other treatments to keep you well, give you advice when you need it, and refer you to the hospital or specialists when needed. It means you and your Primary Care Provider (PCP) work together to keep you well or to see that you get the care you need.
- Day or night, your PCP is only a phone call away. Be sure to call your PCP whenever you have a medical question or concern. If you call after hours or on weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your health plan works.
- Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If you cannot keep an appointment, call to let your PCP know.
- **If you need care before your first appointment**, call your PCP's office to explain your concern. Your PCP will give you an earlier appointment. You should still keep the first appointment to talk about your medical history and ask questions.
- It is important that you can visit a doctor within a reasonable amount of time, depending on what the appointment is for. When you call for an appointment, use the Appointment Guide below to know how long you may have to wait to be seen.

APPOINTMENT GUIDE	
IF YOU CALL FOR THIS TYPE OF SERVICE:	**YOUR APPOINTMENT SHOULD TAKE PLACE:**
Adult preventive care (services like routine health check-ups or immunizations)	Within 30 days
Urgent care services (care for problems live sprains, flu symptoms, or minor cuts and wounds)	Within 48 hours

APPOINTMENT GUIDE	
Emergency or urgent care requested after normal business office hours	Immediately (available 24 hours a day, 7 days a week, 365 days a year)
Mental Health	
Routine services	Within 30 days
Urgent care services	Within 48 hours
Emergency services (services to treat a life-threatening condition)	Immediately (available 24 hours a day, 7 days a week, 365 days a year)
Mobile crisis management services	Within 30 minutes
Substance Use Disorders	
Routine services	Within 30 days
Urgent care services	Within 48 hours
Emergency services (services to treat a life-threatening condition)	Immediately (available 24 hours a day, 7 days a week, 365 days a year)

If you are having trouble getting the care you need within the time limits described above, call Enrollee Services.

Referrals are not required

You may see any provider within our network to include specialists and inpatient hospitals. Humana does not require referrals from primary care providers (PCPs) to see specialists within our network. Your PCP is your medical home and should coordinate your care. You should call your PCP to tell him/her you are going to the other provider. You may self-refer to any in-network provider. PCPs do not need to arrange or approve these services for you, as long as you have not reached the benefit limit for the service.

Exceptions to this policy apply to enrollees who are in the Kentucky Lock-In Program (KLIP). Please refer to the KLIP section of the handbook.

You may go to out of network providers, without a referral, for:

- Emergency care
- Family planning services provided at qualified family planning providers (e.g., Planned Parenthood)
- All other out of network providers are required to have a referral from your in network PCP or Specialist.

How to Get Out of Network Referrals

Your PCP will contact Humana Healthy Horizons to receive approval for you to go to an out of network provider. Once approved, your PCP will go through the referral process and assist you in making an appointment with that out of network provider. This is called an out-of- network referral. In order for Humana Healthy Horizons to pay for an out of network provider, we must approve the referral and a prior authorization request.

If you have trouble getting a referral you think you need, contact Enrollee Services at 1-800-

444-9137 (TTY: 711).

Humana may not approve an out of network referral because:

- We may have another specialist than can treat you that is in network.
- The in network specialist can provide similar care as the out of network specialist.

If you do not agree with Humana Healthy Horizons decision, you can **appeal** our decision.

Out-of-Network Providers

If we do not have a specialist in our provider network who can give you the care you need, we will get you the care you need from a specialist outside our plan, or an **out-of-network provider**. For help and more information about getting services from an out-of-network provider, talk to your Primary Care Provider (PCP) or call **1-800-444-9137 (TTY: 711)**.

Emergencies

You are always covered for emergencies in and out of our service area. Emergency services are for a medical problem that you think is so serious that it must be treated right away by a doctor. An emergency medical condition is a situation in which your life could be threatened, or you could be hurt permanently if you don't get care right away. Some examples of an emergency are:

Pregnancy with symptoms like: pain, fever, vomiting, vaginal bleeding	Uncontrolled bleeding
Severe chest pain	Severe vomiting
Shortness of breath	Rape
Loss of consciousness	Major burns
Seizures/convulsions	Broken bones
When you feel you may hurt yourself or others	Drug overdose

To decide whether to go to an emergency room (ER), urgent care, or your PCP, ask yourself these questions:

- Is it safe to wait and call my doctor first?
- Is it safe to wait and make an appointment in the next day or two with my doctor?
- Is it safe to wait if I can get an appointment today with my doctor?
- If my doctor can't see me, is it safe to wait to be seen at an urgent care clinic?
- Could I die or suffer a serious injury if I don't get medical help right away?

You do not have to call us for an approval before you get emergency services. If you have an emergency, call 911 or go to the nearest ER. If you are not sure what to do, call your PCP for help, or you can call our 24-Hour Nurse Advice Line at 1-800-648-8097 (TTY: 711).

Remember, if you have an emergency:

- Call 911 or go to the nearest ER. Be sure to tell them that you are an enrollee of Humana Healthy Horizons. Show them your Enrollee ID card.
- If the provider that takes care of your emergency thinks that you need other medical care to treat the problem that caused it, the provider must call Humana Healthy Horizons.
- If you are able, call your PCP as soon as you can. Let him or her know that you have a medical emergency or have someone call for you. Then, call your PCP as soon as you can after the emergency to schedule any follow-up care.

If the hospital has you stay, please make sure that Humana Healthy Horizons is called within 24 hours.

Sometimes you get sick or injured while you are traveling. Here are some tips for what to do if this happens.

- If it's an emergency, call 911 or go to the nearest emergency room.
- If it's not an emergency, call your PCP for help and advice.
- If you're not sure if it's an emergency, call your PCP or our 24-Hour/7 days a week. Nurse Advice Line at 1-800-648-8097 (TTY: 711). We can help you decide what to do. For example:
    - Tell you what to do at home
    - Tell you to come to the PCP's office
    - Tell you to go to the nearest urgent care or emergency room

If you go to an urgent care center, call your PCP as soon as you can. Let him or her know of your visit.

***Remember: Use the Emergency Department only if you have an emergency.*

Post-Stabilization Care

Post-stabilization care is care you get after you receive emergency medical services. This care helps to improve or clear up your health issue, or stop it from getting worse. It does not matter whether you get the emergency care in or out of our network. We will cover services medically necessary after an emergency. You should get care until your condition is stable.

Urgent Care

You may have an injury or an illness that is not an emergency but still needs prompt care and attention. Some examples include:

A child with an ear ache who wakes up in the middle of the night and won't stop crying	The flu or if you need stitches
A sprained ankle or a bad splinter you cannot remove	

You can walk into an urgent care clinic to get care the same day or make an appointment for the next day. Whether you are at home or away, call your Primary Care Provider (PCP) any time, day or night. If you cannot reach your PCP, call Enrollee Services. Tell the person who answers what is happening. They will tell you what you can do.

Virtual Care (Telehealth) Services

MDLIVE®

Can't see your regular doctor immediately? You can connect with board-certified doctors 24 hours a day, seven days a week, via virtual visits with MDLIVE®.

Go to www.MDLIVE.com/HumanaMedicaid*, create an account, and connect with a doctor.

MDLIVE® can provide treatment for a variety of healthcare needs, including cold and flu symptoms, medication adjustments, prescription refills, and skin conditions, without you having to see anyone in person.

Getting care from MDLIVE® is easy.

- Go to www.MDLIVE.com/HumanaMedicaid*, create an account, and connect with a doctor
- Call **1-844-403-0556 (TTY: 711)**, 24 hours a day, seven days a week
- Download the MDLIVE mobile app from the App Store® or Google Play®*

*Internet access required

All MDLIVE doctors® are board-certified and state-licensed, and are experts in having virtual visits with their patients.

Long-Term Care

If you need services at a nursing facility for long-term care, we will help you. We will talk to your doctor and the facility to make sure you get the care you need. Once admitted to the nursing facility, Humana Healthy Horizons will cover services such as doctor's services, therapy services, oxygen, etc., as long as you are an enrollee with us. Keep in mind that after 30 days in long-term care, you no longer may be eligible for the Humana Healthy Horizons Plan. Your nursing facility services will be covered by the Cabinet for Health and Family Services. If you have questions, please call Enrollee Services at 1-800-444-9137 (TTY: 711).

Second Opinions

You have the right to a second opinion about your treatment, including surgical procedures and treatment of complex or chronic conditions. A second opinion means talking to a different doctor about an issue to get his or her point of view. This may help you decide if certain services or treatments are right for you. Let your PCP know if you want to get a second opinion.

You may choose any doctor in or out of our network to give you a second opinion. If you cannot find a doctor in our network, we will help you find a doctor. If you need to see a doctor that is not in the Humana Healthy Horizons network for a second opinion, you must get prior approval from us (see page 13).

Any tests for a second opinion should be given by a doctor in our network. Tests requested by the doctor giving you the second opinion must have the prior approval of Humana Healthy Horizons. Your PCP will look at the second opinion and help you decide the best treatment.

Pregnancy and Family Planning

Humana Healthy Horizons wants you to have access to reproductive health care. These services are confidential and private for all enrollees regardless of age. Here is how you can take advantage of the services and benefits we have to offer.

Sexually Transmitted Diseases

Screening, diagnosis, and treatment of sexually transmitted diseases is a service provided without a referral. You may see a provider who is not in the Humana Healthy Horizons network.

Family-Planning Services

Humana Healthy Horizons offers access to family-planning services and is provided in a way that protects and allows you to choose the method of family planning you want.

You can receive family-planning services. You may see a provider who is not in the Humana Healthy Horizons network.

Appointments for counseling and medical services are available as soon as possible within a maximum of 30 days. If it is not possible to receive complete medical services for enrollees who are less than 18 years of age on short notice, counseling and a medical appointment will be provided right away, preferably within 10 days. Family-planning services also are provided at qualified family-planning health partners (e.g., Planned Parenthood) who may not be part of the Humana Healthy Horizons health partner network. Family-planning services and any follow-up services are confidential for you, including enrollees who are younger than 18.

Before You Are Pregnant

It is never too early to prepare for a healthy pregnancy. If you are considering having a baby, you can do some things now to be as healthy as possible before you get pregnant to reduce potential problems during pregnancy:

- Make an appointment to see your doctor for a physical exam
- Talk with your doctor about what makes a healthy diet
- Talk with your doctor about your current medications
- Don't drink alcohol, smoke, or use illegal drugs

If you are pregnant, make an appointment with an obstetrician (OB). You can find an OB in your provider directory. If you need help, call Enrollee Services at 1-800-444-9137 (TTY: 711). Be sure to make an appointment as soon as you know you are pregnant.

Our pregnant enrollees have access to our Moms First Program. You can learn more about it later in this handbook.

After Your Baby is Born

Congratulations! Please call the Department for Community Based Services (DCBS) to tell them you have had a baby.

You can reach DCBS at 1-855-306-8959 (TTY: 711). If you are getting Social Security income, you will need to apply with DCBS to ensure your baby receives benefits.

Having a postpartum checkup with your OB also is important. Your OB will make sure your body is healing and recovering from giving birth. Call your OB to schedule an appointment for 4 to 6 weeks after your baby is born. If you delivered by C-section or had any problems during delivery, make your appointment within the first or second week after your baby is born.

Prescription Drug Benefit

Your drug benefit is provided by MedImpact and Kentucky Medicaid.

Humana Healthy Horizons in Kentucky works with a pharmacy benefit manager (PBM), MedImpact Healthcare Systems, Inc., that serves all enrollees in managed care. Their enrollee service team is available 24 hours a day, 7 days a week by calling 1-800-210-7628.

Your ID card has important information for your pharmacy. If you do not have your new ID card you can still go to the pharmacy. Tell them you have Medicaid and the pharmacist can call MedImpact to get the needed information. Before you go, make sure the pharmacy accepts KY Medicaid. To find a pharmacy or see what is covered, go to https://kyportal.Medimpact.com.

The MedImpact Website provides answers to many questions you may have about your pharmacy benefit. MedImpact's website can be accessed through a computer or mobile device. Simply enter the website link listed above and it will take you to a Welcome page for the Department for Medicaid Services hosted by MedImpact. Once there, you can create your own account by clicking on the "Member Portal" link at top of the webpage. This will bring you to another page where you will have the option to create a personalized account. At the Sign in page click on "Create an account" just below the "GET STARTED" button.

Creating an account is the best way to review your pharmacy benefits online. However, many of your questions can be answered without creating an account. At the bottom of the MedImpact webpage, in the member section, there are three links that are very helpful. They are "Resources", "Tools", and "Contact".

The Resource link provides downloadable documents including the Preferred Drug List (PDL), Over-the-Counter (OTC) Drug List, Prior Authorization (PA) Criteria, and Diabetic Supplies Preferred Drug List among other important information about your pharmacy benefit.

The Tools link is where you can quickly check drug coverage and find a pharmacy in your area that accepts your benefit.

The Contact link is where you can find important phone numbers to talk with someone at you plan about medical questions or MedImpact about pharmacy questions or concerns.

We recommend that you take a few minutes to review the MedImpact website and familiarize yourself to your pharmacy benefit. If you have any questions about the MedImpact Website or your pharmacy benefit, MedImpact is available 24 hours a day, 7 days a week by calling 1-800-210-7628.

Behavioral/Mental Health Services

Behavioral/mental health is an important part of your overall wellness. Our goal is to help you take care of all your health needs. We want to make sure that you get the right care to help you stay well.

You have many behavioral/mental health services available to you. These include:

- Outpatient services such as counseling for individuals, groups, and families

- Peer support
- Help with medication
- Drug and alcohol screening and assessment
- Substance use services for all ages, including residential services
- Therapeutic Rehabilitation Programs (TRP)
- Day treatment for children under 21
- Psychological Testing
- Crisis Intervention
- Other community support services to help you feel better

Asking for help is OK. You can use behavioral/mental health care to help you cope with all sorts of issues. These issues can include stress, trauma, worries, or sadness. Sometimes you only may need someone to talk to. We can help you figure out what type of care you need, and we can help connect you with an experienced provider.

We are here to help. Please call Enrollee Services at 1-800-444-9137 (TTY: 711). A staff member can help you find a provider or schedule an appointment. Crisis intervention services are available 24 hours a day, 7 days a week at 1-833-801-7355.

Care Outside Kentucky

In some cases, we may pay for health care services you get from a provider located along the Kentucky border or in another state. Humana Healthy Horizons and your PCP can give you more information about which providers and services are covered outside of Kentucky, and how you can access them if needed.

- If you need medically necessary emergency care while traveling anywhere within the United States, we will pay for your care.
- We will not pay for care received outside of the United States.

If you have any questions about getting care outside of Kentucky or the United States, talk with your PCP or call Enrollee Services 1-800-444-9137 (TTY:711).

Part II: Your Benefits: What is Covered under The Humana Healthy Horizons Plan

We cover all medically necessary Medicaid-covered services. These services are equal to the services that are provided to Medicaid enrollees under the fee-for-service program in the same amount, period of time, and scope. The services should meet your medical needs as ordered by your physician; help you achieve age-appropriate growth and development; and help you to attain, maintain, or regain functional capacity. Services supporting individuals with ongoing or chronic conditions, or who require long-term services and supports, are authorized in a manner that reflects the ongoing need for such services and supports.

Below you will find details surrounding covered and non-covered services. We recommend you refer to this handbook for your future needs and guidance.

Benefits

Your health benefits can help you stay as healthy as possible. We can assist you in finding a network provider so you can use those covered services you need. You can call 1-800-444-9137 (TTY:711) to get help with:

- Need a physical or immunizations
- Have a medical condition (things like diabetes, cancer, heart problems)
- Are pregnant
- Are sick or injured
- Experience a substance use disorder or have behavioral health needs
- Need assistance with tasks like eating, bathing, dressing or other activities of daily living
- Need help getting to the doctor's office
- Need medications

The section below describes the specific services covered by Medicaid. Ask your Primary Care Provider (PCP) or call Enrollee Services if you have any questions about your benefits.

Services Covered by Humana Healthy Horizons' Network

You must get the services below from the providers who are in our provider network. Services must be medically necessary, provided and managed by your PCP. Refer to page 30 for additional details about referral requirements. Talk with your PCP or call Enrollee Services if you have any questions or need help with any health services.

Regular Health Care

- Office visits with your PCP, including regular check-ups, routine labs and tests
- Colorectal cancer screening beginning at age 45, as recommended by your PCP
- Eye/hearing exams
- Well-baby care
- Well-child care
- Immunizations (shots) for children and adults
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under age 21 (see page 55 for more information about EPSDT services)
- Help with quitting smoking or dipping

Maternity Care

- Pregnancy care
- Childbirth education classes
- OB/GYN and hospital services
- One medically necessary post-partum home visit for newborn care and assessment following discharge (but no later than 60 days after delivery)
- Care management services for high-risk pregnancies during pregnancy and for two months after delivery
- Hospital Care
- Inpatient care
- Outpatient care
- Labs, X-rays and other tests

Home Health Services

- Must be medically necessary and ordered by your doctor
- Time-limited skilled nursing services
- Specialized therapies, including physical therapy, speech-language pathology and occupational therapy
- Home health aide services (help with activities such as bathing, dressing, preparing meals and housekeeping)
- Medical supplies

Personal Care Services/Private Duty Nursing

- Must be medically necessary and ordered by your doctor
- Help with common activities of daily living, including eating, dressing and bathing, for individuals with disabilities and ongoing health conditions

Hospice Care

- Hospice helps patients and their families with their special needs that come during the final stages of sickness.
- Hospice provides medical, supportive and palliative care to terminally ill individuals and their families or caregivers.
- You can get these services in your home, in a hospital or in a nursing home.

Vision Care

- Services provided by ophthalmologists and optometrists, including routine eye

exams and medically necessary lenses.

- Specialist visits for eye diseases

Pharmacy

- Prescription drugs
- Some medicines sold without a prescription (also called “over-the-counter”), like allergy medicines
- Insulin and other diabetic supplies (like syringes, test strips, lancets and pen needles)
- Smoking cessation products, including over-the-counter
- Enteral formula
- Birth control
- Medical and surgical supplies

Emergency Care

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition.
- Depending on the need, you may be treated in the emergency department, in an inpatient hospital room or in another setting.

Specialty Care

- Respiratory care services
- Podiatry services
- Chiropractic services
- Cardiac care services
- Surgical services

Nursing Home Services

- Humana Healthy Horizons will cover services such as doctor’s services, therapy services, oxygen, etc.
- Must be ordered by a physician and authorized by Humana Healthy Horizons.
- Includes short term, or rehabilitation stays
- You must get this care from a nursing home within our provider network.

- Refer to the Long Term Care section in this handbook for more information.

Behavioral Health Services and Substance Use Disorder Services

Behavioral health care includes mental health (your emotional, psychological, and social well-being) and substance (alcohol and drugs) use disorder treatment and rehabilitation services. All members have access to services to help with mental health issues like depression or anxiety, or to help with alcohol or other substance use disorders. These services include:

- Behavioral Health Services
    - Services to help figure out if you have a mental health need (diagnostic assessment services)
    - Individual, group and family therapy
    - Mobile crisis management services
    - Facility-based crisis programs
    - Specialized behavioral health services for children with autism
    - Outpatient behavioral health services
    - Outpatient behavioral health emergency room services
    - Inpatient behavioral health services
    - Research-based intensive behavioral health treatment
    - Partial hospitalization
    - Other Supportive Services such as: Peer Supports, Comprehensive Community Supports and Targeted Case Management
- Substance Use Disorder Services
    - Outpatient opioid treatment
    - Outpatient withdrawal management
    - Non-hospital medical withdrawal management
    - Alcohol and drug abuse treatment center withdrawal management crisis stabilization
    - Peer Support Services and Targeted Case Management

If you believe you need access to more intensive behavioral health services that Humana Healthy Horizons does not provide, talk with your PCP or call Enrollee Services 1-800-444-9137 (TTY:711).

Transportation Services

If you have a medical emergency, call 911.

Humana Healthy Horizons covers ambulance transportation to and from medical appointments when your provider says you must be transported on a stretcher and cannot ride in a car. Transportation is covered for medical appointments if you are bedridden or paralyzed. You must get prior authorization for non-emergency ambulance or stretcher services. If you believe you need access to non-emergency ambulance or stretcher services, call Enrollee Services.

How to Get Non-Emergency Transportation

Kentucky Medicaid will pay to take some members to get medical services covered by Kentucky Medicaid. If you need a ride, you must talk to the transportation broker in your county to schedule a trip.

For non-emergent transportation services, please call 1-888-941-7433 to get help with the closest transportation service available to you.

Each county in Kentucky has a transportation broker. You can only use the transportation broker for a ride if you can't use your own car or don't have one. If you can't use your car, you have to get a note for the transportation broker that explains why you can't use your car. If you need a ride from a transportation broker and you or someone in your household has a car, you can:

- Get a doctor's note that says you can't drive
- Get a note from your mechanic if your car doesn't run
- Get a note from the boss or school official if your car is needed for someone else's work or school
- Get a copy of the registration if your car is junked
- Kentucky Medicaid doesn't cover rides to pick up prescriptions

For a list of transportation brokers and their contact information, please visit the website **https://chfs.ky.gov/agencies/dms/dpo/bpb/Pages/transportation.aspx** or call Kentucky Medicaid at **1-800-635-2570.** For more information about transportation services, call the Kentucky Transportation Cabinet at **1-888 941-7433.**

The hours of operation are Monday through Friday, 8 AM to 4:30 PM ET and Saturday 8 AM to 1 PM ET. If you need a ride, you have to call 72 hours before the time that you need the ride. If you have to cancel an appointment, call your broker as soon as possible to cancel the ride.

You should always try to go to a medical facility that is close to you. If you need medical care from someone outside your service area, you have to get a note from your PCP. The note has to say why it is important for you to travel outside your area. (Your area is your county and the counties next to it).

Family Planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. Either way, you do not need a referral from your PCP. You can get birth control and birth control devices (IUDs, implantable contraceptive devices and others) that are available with a prescription, and emergency

contraception and sterilization services. You can also see a family planning provider for human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing and treatment and counseling related to your test results. Screenings for cancer and other related conditions are also included in family planning visits.

Other Covered Services

- Durable medical equipment/prosthetics/orthotics
- Hearing aids products and services
- Telehealth
- Extra support to manage your health
- Home infusion therapy
- Rural Health Clinic (RHC) services
- Federally Qualified Health Center (FQHC) services
- Free Clinic services

If you have any questions about any of the benefits above, talk to your PCP or call Member Services.

Benefits Offered by the State

Most Medicaid services will be provided by Humana Healthy Horizons. Some services will still be provided by Kentucky Medicaid. You will use your Medicaid ID card for these services. These services are:

- **First Steps** - A program that helps children with developmental disabilities from birth to age 3 and their families, by offering services through a variety of community agencies. Call 877-417-8377 or 877-41-STEPS for more information.
- **HANDS (Health Access Nurturing and Development Services)** - This is a voluntary home visitation program for new and expectant parents. Contact your local health department for information and to learn about resources.
- **Non-emergency medical transportation** - If you cannot find a way to get to your health care appointment, you may be able to get a ride from a transportation company. Call 1-888-941-7433 for help or see the website http://chfs.ky.gov/dms/trans.htm for a list of transportation brokers or companies and how to contact them.
- **Services for children at school** - These services are for children from 3 to 21 years of age, who are eligible under the Individuals with Disabilities Education Act (IDEA) and have an Individual Education Plan (IEP). These services include speech therapy, occupational therapy, physical therapy and behavioral (mental) health services.

Extra Support to Manage Your Health

Population Health Management Services Available to You

We care about you and strive to bring you solutions for the problems you face day-to-day, by providing value-added services like:

- A rewards program for healthy behaviors
- Health self-management digital tools
- Expanded vision services
- A weight management program
- GED test prep
- Criminal expungement services
- Case Management
- Disease Management
- Social Determinants of Health Support

Care Management and Outreach Services

We offer Care Management services to all enrollees who can benefit from this service. Enrollees can self-refer, too. Children and adults with special healthcare needs often can benefit from care management. We have registered nurses, social workers, and other outreach workers who can work with you one-on-one to help coordinate your healthcare. This may include helping you find community resources you need. They may contact you if:

- Your doctor asks us to call you
- You ask us to call you
- Our staff feels this service may be helpful to you or your family

Care Management Services can:

- Coordinate your appointments and help arrange for transportation to and from your doctor
- Support you in reaching your goals to better manage your ongoing health conditions
- Answer questions about what your medicines do and how to take them
- Follow up with your doctors or specialists about your care
- Connect you to helpful resources in your community
- Help you continue to receive the care you need if you switch health plans or doctors
- Help figure out when to get medical care from your PCP, Urgent Care or ER

Humana Healthy Horizons can also connect to you to a Care Manager who has special training in supporting:

- People who need access to services like nursing home care or personal care services to help manage daily activities of living (like eating or bathing) and household tasks
- Pregnant women with certain health issues (like diabetes) or other concerns (like wanting help to quit smoking)
- Children from birth to age 5 who may live in stressful situations or have certain health conditions or disabilities

At times, a member of your Primary Care Provider's (PCP's) team will be your Care Manager. To learn more about how you can get extra support to manage your health, talk to your PCP or call Care Management Support Services through Enrollee Services at 1-800-444-9137 (TTY: 711) or email at KYMCDCaseManagement@humana.com.

Complex Care Management

Humana Healthy Horizons enrollees may be eligible to get Complex Care Management services if they experience multiple hospitalizations or have complex medical needs that require frequent and ongoing assistance. Complex Care Management provides support to Enrollees with complex clinical, behavioral, functional and/or social needs, who have the highest risk factors such as multiple conditions, or multiple medications, served within multiple systems and often have the highest costs.

Required interventions are more intensive. A team of physicians, nurses, social workers, and community service partners are available to make sure your needs are met and all efforts are made to improve and optimize your overall health and well-being. The care management program is optional.

To get additional information about the Complex Case Management Program, self-refer or opt out of the Complex Case Management Program you may contact Enrollee Services at 1-800-444-9137.

Management of Chronic Conditions

Humana Healthy Horizons provide services to Enrollees that aim to reduce healthcare costs and improve quality of life for Enrollees who have a chronic condition through integrative care. Care Coordination helps Enrollees to address potential co-morbidities or other complications and help to avoid complications. A team of physicians, social workers, and community service partners are available to make sure your needs are met and all efforts are made to improve and optimize your overall health and well-being. The care management program is optional.

Disease Management

We offer free Disease Management programs. We can help you learn about your condition and how you can better take care of your health. We have programs for:

- Asthma

- Heart Disease
- Diabetes
- COPD
- Hypertension
- HIV/AIDs
- Bi-Polar
- Schizophrenia

We can:

- Help you understand the importance of controlling the disease
- Give you tips on how to take good care of yourself
- Encourage healthy lifestyle choices

To get additional information about our Care Management Program, self-refer into any of our Care Management Program, or opt out of any of our Care Management Program, you can reach Care Management Support Services through Enrollee Services at 1-800-444-9137 (TTY: 711) or email at KYMCDCaseManagement@humana.com.

Help with Problems beyond Medical Care

It can be hard to focus on your health if you have problems with your housing or worry about having enough food to feed your family. Humana Healthy Horizons can connect you to resources in your community to help you manage issues beyond your medical care.

Call our Member Services if you:

- Worry about your housing or living conditions
- Have trouble getting enough food to feed you or your family
- Find it hard to get to appointments, work or school because of transportation issues
- Feel unsafe or are experiencing domestic violence (if you are in immediate danger, call 911)

Other Programs to Help You Stay Healthy

Moms First program

Our Moms First program helps our pregnant enrollees during and after a pregnancy. We tailor this program to each of our pregnant enrollees, to make sure they get the care they need, like extra support from a nurse, post-delivery meals, pregnancy and family-planning resources, gift cards, and a portable crib.

Call Enrollee Services at 1-800-444-9137 (TTY: 711), Monday – Friday, 7 a.m. – 7 p.m., Eastern time to learn more and to enroll into Moms First program. Refer to chart starting on page 52 for more information.

Weight Management

Our weight management program offers one on one time with a coach to help you reach your goals. This is available to any Medicaid enrollee 12 years old or older. To find out more information, call 1-877-264-2550 and press 2 for weight management coaching.

Refer to the Go365 for Humana Healthy Horizons chart starting on page 52 for more information.

Tobacco Free Program

If you smoke or use other tobacco products, Humana Healthy Horizons can help you quit. Quitting tobacco is one of the most important things you can do to improve your health and the health of your loved ones. You don't have to do it alone! We will provide you with coaches. Your coach will support you in your commitment to stop smoking.

Your coaches will listen to you, help you understand your habits, and work with you to take action. Your doctor also may recommend you try medicines. To reach a coach who can help you quit, call 1-877-264-2550 (TTY: 711). If you are pregnant call 1-877-264-2550 (TTY: 711) to get help quitting.

Care Transitions

If you are hospitalized, we offer a program to help you before you leave the hospital. We can:

- Answer any questions you may have about getting out of the hospital
- Answer questions about the drugs your doctor gives you
- Help arrange your doctor visits
- Help set up support for when you get home

If you or your family member needs help when you get out of the hospital, or if you need help transitioning back to your home from other places where you were treated, please let us know. You can reach a member of the Care Management Support team through Enrollee Services at 1-800-444-9137 (TTY: 711) or email at KYMCDCaseManagement@humana.com.

Added Benefits

Value Added Services

As a Humana enrollee you get more! These extra benefits, tools, and services are at no cost to you.

All Value-Added Benefits, Services, and Healthy Rewards are subject to change, with advance notice to enrollees.

Value Added Services	Details
Cell Phone Services	Free Tracfone through the federal program, per household. Enrollees who are under 18 will need a parent or guardian to sign up This benefit covers: 1 phone, 1 charger, 1 set of instructions, 350 minutes per month, 4.5GB of data per month, unlimited text messages per month, training for you and your caregiver at the first case manager orientation visit, calls to Humana Enrollee Services for health plan assistance and 911 for emergencies are free even if you run out of minutes, you must make at least 1 phone call or send 1 text message every month in order to keep your benefit Enrollees under case and disease management may be eligible for unlimited minutes and an additional 4GB of data upon Plan approval Benefits are subject to change by the FCC under the Lifeline program
Criminal Expungement Services	For enrollees age 21 and older, reimbursement of up to $340 for criminal record expungement, as allowed per KYCourts.gov
Dental Services - Adult	1 additional cleaning per year for enrollees age 21 and older
Doula Services	Doula assistance to provide emotional and physical support to the laboring mother and her family, 4 prenatal visits, 4 postpartum visits and 1 visit for delivery assistance per pregnancy
GED Testing	GED test preparation assistance for enrollees age 18 and older, including a bilingual advisor, access to guidance and study materials, and unlimited use of practice tests. Test preparation assistance is provided virtually to allow maximum flexibility for enrollees. Also includes test pass guarantee to provide enrollees multiple attempts at passing the test.
Portable Crib	Female pregnant enrollees who enroll in the Moms First Care Management program and complete 6 prenatal visits are eligible for one portable crib per infant per pregnancy
Post-Discharge Meals	Up to 10 home-delivered meals for enrollees following discharge from an inpatient or residential facility, limited to 4 discharges per year
Vida Health - A smartphone app	For enrollees 18 and older who have Type 2 diabetes and who do not currently get care management services, unlimited access to an innovative digital therapeutics smartphone application for diabetes management

Value Added Services	Details
Pacify - A smartphone app	For pregnant female enrollees and enrollees with a child up to 1 year of age, unlimited access to a smartphone application that provides 24 hour a day, 7 days a week access to a proprietary, video-enabled call routing system that allows enrollees to connect with a lactation consultant or a physician extender for on-demand assistance
Sports Physical	1 sports physical per year for enrollees age 6 to 18
Go365 – Wellness Coaching, Tobacco Cessation	Access to the Wellness Coaching Team using Go365 for participation in the tobacco and vaping cessation program. • For all enrollees age 12 and older, up to 8 health coaching/cessation support calls within 12 months of the first coaching session • For enrollees age 18 and older, nicotine replacement therapy upon request
Vision Services - Adult	Eyeglasses (frames and lenses) every 24 months for enrollees age 21 and older
Go365 – Wellness Coaching, Weight Management	Enrollment in Weight Management Program, completion of a well-being check-up and form with their PCP, completion of 6 total wellness coaching calls within 12 months of enrollment date or return of the PCP form and a final well-being check-up and form with their PCP

Value Added Services	Details
Humana Workforce Development Program	The Humana Workforce Development Program will provide enrollees age 21 and older up to 12 months of assistance to support each participant in planning for the future (e.g., education, training, financial counseling) and engaging in and maintaining meaningful work (e.g., job support and retention coaching). **Limited space is available.** Humana identifies enrollees who may meet the criteria to participate in this program based on: • Their responses to questions in the Health Risk Assessment (HRA) • Referral from a Humana care manager • Enrollee self-referral A Workforce Development Program Employment Coach contacts prospective enrollees to: • Complete an employment assessment • Determine if enrollee meets participation criteria • Determine interest After enrollment into the program, enrollees are assigned an Employment Coach. To request to participate in the Humana Workforce Development Program: Email KYMCDPopulationhealth@humana.com Call Enrollee Services at **1-800-444-9137 (TTY: 711)** Emails should include: • "Workforce" in the subject line • Enrollee ID number (which you can find on the back of your ID card) • Brief description of why you want to participate in the program Enrollee caretakers age 21 and older participating in the Humana Workforce program may be eligible for reimbursement up to $40 per quarter for child care during job seeking opportunities, limited to 4 times per year

For more details on how to access these value added services and benefits, call Enrollee Services 1-800-444-9137 or TTY: 711.

Pacify

Humana Healthy Horizons in Kentucky offers access to **Pacify** memberships – at no cost! Pacify is a mobile application for our pregnant enrollees and our new moms.

Pacify connects you with:

Pacify Lactation Consultants: Available **24/7** via video to offer breastfeeding support and answer other feeding related questions.

You do not need an appointment, and you can call Pacify as much as you want.

Visit https://www.pacify.com/humana-healthy-horizons-in-kentucky to get your membership code and sign up.

Note: Pacify is only available to download in the App Store or Google Play Store.

Humana Healthy Horizons in Kentucky Nurse Line: Available **24/7** via phone to help if you or your baby are feeling under the weather.

Humana Healthy Horizons in Kentucky Enrollee Services: Available **7am-7pm** M-F via phone to help with benefits, finding a doctor, or scheduling an appointment

Behavioral Health Crisis Line: Available **24/7** via phone to help with behavioral health.

Quit Smoking Coaches: Available **8am-6pm** M-F via phone to help with quitting smoking.

Go365 for Humana Healthy Horizons™

Go365 for Humana Healthy Horizons is a wellness program that offers you the opportunity to earn rewards for taking healthy actions.

Participate in healthy activities and earn rewards

As of January 1, 2021, participating in healthy activities and earning rewards through our Go365 for Humana Healthy Horizons wellness program is easy.

To earn rewards, you must:

- Download the Go365 for Humana Healthy Horizons App from iTunes/Apple Shop or Google Play on a mobile device
- Create an account
- Call Go365 at 1-888-225-4669 to learn more

If you have a MyHumana account, you can use the same login information to access Go365 for Humana Healthy Horizons, after you download the app. After logging into the app and completing a healthy activity, you can redeem your rewards for e-gift cards to popular retailers. For enrollees under the age of 18, a parent or guardian must register for the Go365 app.

You can qualify to earn rewards by completing one or more healthy activities:

Healthy Activity	Reward
Health Risk Assessment (HRA)	$20 in rewards (1 per lifetime) for enrollees ages 18 and older who complete a HRA within 90 days of enrollment with Humana Healthy Horizons
Breast Cancer Screening	$25 in rewards (1 per year) for female enrollees ages 50 and older who receive a mammogram
Cervical Cancer Screening	$20 in rewards (1 per year) for female enrollees ages 21 and older who receive a pap smear
Colorectal Cancer Screening	$25 in rewards (1 per year) for enrollees ages 45 and older who obtain a colorectal cancer screening as recommended by their PCP
COVID-19 Vaccine	$40 in rewards (1 per year) for enrollees ages 5 and older who upload a picture/file of their completed COVID-19 vaccine card
Diabetic Retinal Exam	$20 in rewards (1 per year) for enrollees with diabetes ages 18 and older who receive a retinal eye exam
Diabetic Screening	$40 in rewards (1 per year) for enrollees with diabetes ages 18 and older who complete an annual screening with their primary care provider for HbA1c, and blood pressure
Flu Vaccine	$20 in rewards once per year for enrollees who receive an annual flu vaccine from their provider, pharmacy or self-reporting if they received a vaccine from another source
Haircuts for Kids	1 standard haircut for enrollees in grades K-12 valued at $15, redemption period 7/20/22 through 9/15/22
Human Papillomavirus (HPV) Vaccine	$50 in rewards (1 per lifetime) for enrollees who receive 2 doses of the HPV vaccine between their 9th and 13th birthday
Weight Management	$10 in rewards for enrollees ages 12 and older who enroll in the weight management program and complete an initial well-being check-up with their PCP, and $30 in rewards for enrollees ages 12 and older who complete the weight management program (6 calls) and final well-being check-up
Level of Care Education	$10 in rewards (1 per year) for enrollees ages 19 and older who complete education around when to go to an emergency room
Pediatric Dental Visits	Up to $30 in rewards for enrollees ages 2 to 20 who complete a dental cleaning, $15 in rewards per cleaning with a limit of 2 cleanings per year

Healthy Activity	Reward
Postpartum Visit	$25 in rewards (1 per pregnancy) for postpartum females who complete 1 postpartum visit within 7 to 84 days after delivery
Prenatal Visit	$25 in rewards (1 per pregnancy) for all pregnant females who complete 1 prenatal visit within their first trimester or 1 prenatal visit within 42 days of enrollment with Humana Healthy Horizons
Tobacco Cessation	$25 in rewards (1 per year) for enrollees ages 12 and older who complete the first of 2 calls within 45 days of enrollment in the tobacco-cessation program, and $25 in rewards for enrollees ages 12 and older who complete the program (6 additional calls)
Well-Child Visits	Up to $60 in rewards for enrollees ages 0 to 15 months who complete a well-child visit, $10 in rewards per visit with a 6 visit limit
Wellness Visit	$20 in rewards (1 per year) for enrollees ages 2 and older who complete 1 annual wellness visit, and $10 in rewards for new enrollees ages 2 and older who complete a PCP well visit within 90 days of enrollment with Humana Healthy Horizons™ in Kentucky

Humana Healthy Horizons is available to all enrollees who meet the requirements of the program. Rewards are not used to direct the enrollee to select a certain provider. Rewards may take 90 to 180 days or greater to receive. Rewards are non-transferrable to other Managed Care Plans or other programs. Enrollees will lose access to the Go365 App to the earned incentives and rewards if they voluntarily dis-enroll from the Humana Healthy Horizons or lose Medicaid eligibility for more than one-hundred eighty (180) days. At the end of plan year (December 31), enrollees with continuous enrollment will have 90 days to redeem their rewards.

How to Redeem your Rewards

Once registered, enrollees can complete activities and rewards can accumulate in their Go365 account. By accessing the Go365 mall in the app, rewards can then be redeemed for e-gift cards from retailers such as Amazon, Walmart, CVS.

Rewards are non-transferable and have no cash value.

E-gift cards may not be used for tobacco, alcohol, firearms, lottery tickets, and other items not supporting a healthy lifestyle.

Tools for Easy Access

MyHumana App

- Use your Humana plan on the go with the free MyHumana mobile app. The app

safely allows you to use your mobile device to:

- Review your latest health summary including status, summary, and detailed information
- Access your Humana enrollee ID card instantly with a single tap
- Find a provider by specialty or location. *The MyHumana app even can use your current location to locate the closest in-network provider no matter where you are

*Download the MyHumana app for iPhone or Android by going to the App Store or Google Play.

May require location sharing enabled on your phone.

Go365 App

Enrollees can download the free Go365® for Humana Healthy Horizons app from Google Play or iTunes store and easily earn and redeem rewards for completing key healthy activities. Once enrollees have downloaded the app, they must register to create an account to access and engage in the program.

Enrollees under the age of 18 must have a parent or guardian register on their behalf to participate and engage with the program. Those age 18 and older can register to create their own Go365 account – you will need your Medicaid Member ID to complete the registration process. Parents or guardians registering for access on behalf of a minor member or another enrollee they care for must have that enrollee's Medicaid Member ID to complete the registration process.

For each eligible Go365® activity completed, enrollees can earn rewards that can be redeemed for gift cards in the Go365 in-app mall. Rewards earned through Go365 have no cash value and must be earned and redeemed prior to the reward expiration date.

MyHumana Account

Your MyHumana account is a private, personal online account that can help you get the most out of your enrollee experience. You can get to your MyHumana account on your mobile device or on your computer by visiting www.Humana.com. Sign-in with your username and get access to key coverage information as well as useful enrollee tools and resources.

To get started, click the "Sign In" button at the top, or if you haven't registered, create an account by going to www.Humana.com/logon and select the "Register now" link below the "Not registered?" heading.

Benefits You Can Get from Humana Healthy Horizons OR a Medicaid Provider

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) preventive (well care) exams and age-recommended health screenings are recommended for enrollees from

birth through the end of their 21st birthday month. Humana Healthy Horizons covers EPSDT preventive (well care) exams and health screenings at no cost to you.

Plan members under age 21 can get any treatment or health service that is medically necessary to treat, prevent or improve a health problem. This special set of benefits is called Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Members who need EPSDT benefits:

- Can get EPSDT services through Humana Healthy Horizons or any Medicaid provider
- Do not have to pay any copays for EPSDT services
- Can get help with scheduling appointments and arranging for free transportation to and from the appointments
- EPSDT includes any medically necessary service that can help treat, prevent or improve a member's health issue, including:
    - Comprehensive health screening services (well-child checks, developmental screenings and immunizations)
    - Dental services
    - Health education
    - Hearing services
    - Home health services
    - Hospice services
    - Inpatient and outpatient hospital services
    - Lab and X-ray services
    - Mental health services
    - Personal care services
    - Physical and occupational therapy
    - Prescription drugs
    - Prosthetics
    - Rehabilitative services
    - Services for speech, hearing and language disorders
    - Transportation to and from medical appointments
    - Vision services
    - Any other necessary health services to treat, fix or improve a health problem

If you have questions about EPSDT services, talk with your child's Primary Care Provider (PCP). You can also find more information online by visiting our website at www.Humana.com/HealthyKentucky or call Enrollee Services at 1-800-444-9137.

Services NOT Covered

Kentucky Medicaid only pays for services that are medically necessary. Below are some of the services that Kentucky Medicaid does not pay for. If you use services that Kentucky Medicaid does not pay for, you will have to pay for them.

You will find many examples of service limitations or exclusions from coverage in the list below, including those due to moral or religious objections.

- Services from providers who are not Kentucky Medicaid providers
- Services that are not medically necessary
- Massage and hypnosis
- Abortion (unless the mother's life is in danger, or in the case of incest or rape)
- In vitro fertilization
- Paternity testing
- Hysterectomy for sterilization purposes
- Hospital stays if you can be treated outside the hospital
- Cosmetic surgery
- Fertility drugs
- Braces for teeth, dentures, partials, and bridges for persons 21 and over
- Contact lenses for persons 21 and over
- Hearing aids for persons 21 and over
- Fans, air conditioning, humidifiers, air purifiers, computers, home repairs
- Services not covered (including those listed above)
- Unauthorized services
- Services provided by providers who are not part of your Health Plan

This list does not include all services that are not covered. To determine if a service is not covered, call Enrollee Services at 1-800-444-9137 TTY: 711.

If You Get a Bill

If you get a bill for a treatment or service you do not think you should pay for, do not ignore it. Call Enrollee Services at 1-800-444-9137 TTY: 711 right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, **Humana Healthy Horizon** will contact the provider and help fix the problem for you.

You have the right to ask for State Fair Hearing if you think you are being asked to pay for something Medicaid or **Humana Healthy Horizon** should cover. A State Fair Hearing allows you or your representative to make your case before an administrative law judge. See the State Fair Hearing section in this handbook for more information. If you have any questions,

call Enrollee Services.

Member Copayment

Copayments (co-pay) are not required for any service.

Part III: Plan Procedures

Prior Authorization and Actions

Covered services that need a Prior Authorization are detailed below. These are services Humana Healthy Horizons needs to approve before you get them. Your provider will ask for a prior authorization from us and should schedule these services for you. Humana Healthy Horizons will not pay for these services if they are done without prior approval.

- Ambulatory Surgical Center Services
- Behavioral Health Services - Mental Health and Substance Use Disorders
- Chiropractic Services
- Community Mental Health Center Services
- Dental Services, included oral surgery, orthodontics and prosthodontics
- Durable Medical Equipment, including prosthetic and orthotic devices, and disposable medical supplies
- Home Health Services
- Hospice Services (non-institutional only)
- Inpatient Hospital Services
- Inpatient Mental Health Services
- Meals and Lodging for Appropriate Escort of Enrollees
- Medical Services, including but not limited to, those provided by Physicians, Advanced Practice Registered Nurses, Physicians Assistants and FQHCs, Primary Care Centers and Rural Health Clinics
- Organ Transplant Services not considered investigational by the FDA
- Outpatient Hospital Services
- Outpatient Mental Health Services
- Pharmacy and Limited Over-the-Counter Drugs including Mental/Behavioral Health Drugs
- Psychiatric Residential Treatment Facilities (Level I and Level II)
- Specialized Case Management
- Specialized Children's Services Clinics

- Targeted Case Management
- Therapeutic Evaluation and Treatment, including Physical Therapy, Speech Therapy, Occupational Therapy
- Transportation to Covered Services, including Emergency and Ambulance Stretcher Services

Prior Authorization Requests for Children under Age 21

Special rules apply to decisions to approve medical services for children under age 21 receiving Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. To learn more about EPSDT services, see page 55 or visit our website at www.Humana.com/HealthyKentucky.

What Happens After We Get Your Prior Authorization Request

Humana Healthy Horizons Utilization Management makes sure you get the right amount of care you need when you need it. This is to make sure they are appropriate and necessary. UM requests are reviewed carefully by our review team, which includes nurses, licensed behavioral health providers, and doctors. Their job is to be sure that the treatment or service you asked for or need is covered by Humana Healthy Horizons and is medically necessary.

Any decision to deny a prior authorization request or to approve it for an amount that is less than requested is called an **adverse action (or action)**. These decisions will be made by a health care worker. You can request the specific medical standards, called **clinical review criteria**, used to make the decision for actions related to medical necessity.

After we get your request, we will review it under either a **standard** or an **expedited** (faster) process. You or your doctor can ask for an expedited review if it is believed that a delay will cause serious harm to your health. In all cases, we will review your request as fast as your medical condition requires us to do so but no later than described in the next section of this handbook.

We will tell you and/or your provider if your request is approved or denied. We will also tell you the reason for the decision. We will explain what options you will have for an appeal or a State Fair Hearing if you don't agree with our decision.

Any decisions we make with your healthcare providers about the medical necessity of your health care are based only on how appropriate the care setting or services are.

We do not reward providers or our own staff for denying coverage or services. We do not offer financial rewards to our staff that affects their decisions. We do not deny or limit the amount, length of time or scope of the service only because of the diagnosis or type of illness or condition. Any financial incentives for decision makers do not encourage decisions that result in under use of services.

We may decide that a new treatment not currently covered by Medicaid will be a covered benefit. This might be new:

- Healthcare services
- Medical devices
- Therapies
- Treatment options

This information is reviewed by a committee of healthcare professionals who will make a decision about coverage based on:

- Updated Medicaid and Medicare rules
- External technology assessment guidelines
- Food and Drug Administration (FDA) approval
- Medical literature recommendations

You can call the Enrollee Services to get any other information you want. You can find out about:

- Our structure and operation
- How we pay our providers
- How we work with other health plans if you have other insurance
- Results of enrollee surveys
- How many enrollees leave our plan
- Benefits, eligibility, claims, or participating providers

If you want to tell us about things you think we should change, please call Enrollee Services at 1-800-444-9137 or TTY: 711.

Prior Authorization and Timeframes

We will review your request for a Prior Authorization within the following timeframes:

- **Standard review:** We will decide about your request within two (2) Business Days of receiving the request. The timeframe for a standard authorization request may be extended up to fourteen (14) Days if you or your doctor requests it.
- **Expedited (fast track) review:** We will decide about your request and you will hear from us within twenty-four (24) hours.

Once we make a decision based on medical necessity, you will be notified. **If we approve a service and you have started to receive that service, we will not reduce, stop or restrict the service during the time it has been approved unless we determine the approval was based on information that was known to be false or wrong.**

If we deny payment for a service, we will send a notice to you and your provider the day the payment is denied. These notices are not bills. **You will not have to pay for any care you received that was covered by Humana Healthy Horizons or by Medicaid, even if Humana Healthy Horizons later denies payment to the provider.**

How You Can Help with Health Plan Policies

We value your ideas. You can help us develop policies that best serve our members. Maybe you would like to work with one of the member committees at Humana Healthy Horizons or with Kentucky, like:

- Humana Healthy Horizons Quality Member Advisory Committee (QMAC) and Community Advisory Board (CAB)
- Technical Advisory Committees (TAC) - TACs act as advisors to the Advisory Council for Medical Assistance. Each TAC represents a specific provider type or are individuals representing Medicaid beneficiaries

Call Enrollee Services at 1-800-444-9137 or TTY: 711 to learn more about how you can help.

How to join the Quality Member Access Committee

Humana Healthy Horizons is excited to offer you the chance to improve your health plan. We invite you to join your Quality Member Access Committee. As a Committee member, you share with us how we can better serve you.

Attending offers you the chance to meet other plan members in your community. You can bring a family member, caregiver, or close friend. We want to hear how we can improve your health plan.

If you want to attend or want more information, please call Enrollee Services at 1-800-444-9137 (TTY: 711), Monday – Friday, 7 a.m. — 7 p.m., Eastern time.

You also can write us at:

Quality Member Access Committee

Attn: Community Outreach Department Humana

P.O. Box 14546

Lexington, KY 40512-4546

Appeals

If you are unhappy with a decision or action we take, you or your authorized representative can file an appeal. You must file your appeal within 60 calendar days from the date you receive our response, the Notice of Adverse Benefit Determination, from us. We will not treat you any differently or act badly toward you because you file an appeal.

If needed, we can help you file an appeal. You can also get help from others. People who can help you are:

- Someone you choose to act for you with your written consent
- Your legal guardian
- A provider you choose to act for you with your written consent
- Interpreters that we will provide to you if needed

You can file an appeal by:

- Calling Enrollee Services at 1-800-444-9137 (TTY: 711)
- Filling out the form in the back of this handbook and sending it to us at the address below
- Writing us a letter
- Be sure to put in the letter your first and last name, the enrollee number from the front of your enrollee ID card, and your address and phone number. Having this information will allow us to contact you if we need to. You also should send any information that helps explain your appeal.
- Mail the form or letter to:

  Humana Health Horizons in Kentucky

  Attn: Grievance and Appeals Department

  P.O. Box 14546

  Lexington, KY 40512-4546
- Faxing your appeal to 1-800-949-2961

We will send you a letter within five (5) business days from the receipt of your appeal request to let you know we received it.

If you feel waiting for the 30-day timeframe to resolve an appeal could seriously harm your health, you can request that we expedite the appeal. For your appeal to be expedited, it must meet the following criteria:

- It could seriously jeopardize your life, physical or mental health, or ability to attain, maintain, or regain maximum function.

We make decisions on expedited appeals within 72 hours or as fast as needed based on your health. Negative actions will not be taken against:

- An enrollee or provider who files an appeal
- A provider that supports an enrollee's appeal or files an appeal on behalf of an enrollee with written consent

If we extend the timeframe for your appeal or expedited appeal (we are requesting it, not you) we will make reasonable efforts to give you prompt oral notice of the delay, and give you written notice, within two (2) calendar days, of the reason for the decision to extend the timeframe. If we need more information to make either a standard or an expedited decision about your appeal, we will:

- Write you and tell you what information is needed. For expedited appeals, we will call you right away and send a written notice later.
- Explain why the delay is in your best interest.

- Make a decision no later than 14 days from the day we asked for more information.

We also will inform you of the right to file a grievance if you disagree with that decision. After we complete the review of your appeal, we will send you a letter within 30 calendar days to let you know our decision. You or someone you choose to act for you may:

- Review all of the information used to make the decision
- Provide more information throughout the appeal review process
- Examine the enrollee's case file before and during the appeals process
    - This includes medical, clinical records, other documents and records, and any new or additional evidence considered, relied upon, or generated in connection with the appeal
    - This information shall be provided, upon request, free of charge and sufficiently in advance of the resolution timeframe

You can ask questions and give any information (including new medical documents from your providers) that you think will help us to approve your request. You may do that in-person, in writing or by phone.

If you need more time to gather your documents and information, just ask. You, your provider or someone you trust may ask us to delay your case until you are ready. We want to make the decision that supports your best health. This can be done by calling Enrollee Services at 1-800-444-9137 (TTY:711).

Timeframes for Appeals

You can present, in person or in writing, evidence (such as medical records, supporting statements from a provider, etc.) to include with your appeal submission prior to the end of the appeal resolution timeframe. For a standard appeal, we must receive this information within 30 calendar days of us receiving your appeal. For an expedited appeal, we must receive any supporting information within 72 hours of receipt.

State Fair Hearings

You also have the right to ask for a State Fair Hearing from the Department for Medicaid Services after you have completed the Humana Healthy Horizons appeal process. If you don't agree with our decision. A State Fair Hearing is your opportunity to give more information and facts, and to ask questions about your decision before an administrative law judge. The judge in your State Fair Hearing is not a part of Humana Healthy Horizons in any way.

You can do so in writing, by mail or fax. You must ask for a hearing within 120 days from the date on our appeal decision letter.

Write: Office of the Ombudsman and Administrative Review

Attn: Medicaid Appeals and Reconsiderations

275 East Main Street, 2E-O

Frankfort, KY 40621

Phone: 502-564-5497

Fax: 502-564-9523

To qualify for a State Fair Hearing, your letter should:

- Be mailed or filed within 120 days from the day you hear from us about our decision about your appeal.
- Explain why you need a State Fair Hearing.
- Give the day of the service and the kind of service that was denied. Include a copy of the last appeal decision letter you got from us.

A state employee called a hearings officer is in charge of your State Fair Hearing. The hearings officer will send you a letter with the date and time for your hearing. The letter will also explain the hearing process. If you do not want to speak or are unable to speak for yourself, you can choose someone to speak for you at the hearing. You can request the State Fair Hearing or you can ask someone to do it for you. You can choose anyone you want, including a friend, your doctor, a legal guardian, a relative or an attorney to speak for you. If you pick a person to do the State Fair Hearing for you, that person is your Authorized Representative. If you didn't already do so during the appeal, you must fill out a consent form to let someone else speak for you.

If you filled out a consent form for the appeal, they'll be able to speak for you. If you didn't, you can still call us to get one for the State Fair Hearing.

If you need help to understand the State Fair Hearing, you can contact the Medicaid Managed Care Ombudsman Program (see page 77 for more information about the Ombudsman Program).

If you request a State Fair Hearing and want your Humana Healthy Horizons benefits to continue, you must file a request with us (Humana) within 10 days from the date the Notice of Plan Appeal Resolution is mailed.

If you have an urgent health condition, ask for an expedited hearing. If the hearing finds that our decision was right, you may have to pay the cost of the services provided for the benefits that were continued during the State Fair Hearing.

Continuation of Benefits

For some adverse benefit determinations, you may request to continue services during the appeal and State Fair Hearing process. Services that can be continued must be services that you already are receiving, including services that are being reduced or terminated.

If you request continuation of services within ten (10) days from our notice of adverse benefit determination letter, or before the date we told you they would be reduced or terminated, whichever is later, your benefits will continue until one of the following occurs:

- The original authorization period for your services has ended

- Ten (10) days after we mail the appeal decision
- You withdraw your appeal
- Following a State Fair Hearing, the administrative law judge issues a decision that is not in your favor

If the appeal was denied and you request a State Fair Hearing with continuation of services within ten (10) days of the date on the appeal resolution letter, your services will continue during the State Fair Hearing process. (See the State Fair Hearing section.)

However, if the outcome of the appeal remains the same as the first decision to deny your service, you may be required to pay for these services.

Grievances (Complaints)

A grievance is when you are unhappy with Humana Healthy Horizons or one of our providers. You, or someone you have chosen to represent you, should call us. You may file a grievance orally or in writing. If you ever want information about grievances, please ask us. Call Enrollee Services at 1-800-444-9137 (TTY: 711). If needed, we can help you file a grievance. You also can get help from others. People who can help you include:

- Someone you choose to act for you with your written consent
- Your legal guardian
- A provider you choose to act for you with your written consent
- Interpreters that we will provide to you if needed

How to file a grievance/complaint:

- Call Enrollee Services at 1-800-444-9137 (TTY: 711)
- Fill out the form in the back of this handbook
- Write us a letter
    - Be sure to put in the letter your first and last name, the enrollee number from the front of your enrollee ID card, and your address and phone number. Having this information will allow us to contact you if we need to. You also should send any information that helps explain your problem
    - Mail the form or letter to:

      Humana

      Grievance and Appeals Department

      P.O. Box 14546

      Lexington, KY 40512-4546
    - Faxing your grievance to 1-800-949-2961

We will send you a letter within five (5) business days from the day we receive your grievance to let you know we received it.

What happens next:

We then will review it and send you a letter within 30 calendar days to let you know our decision. Negative actions will not be taken against:

- An enrollee who files a grievance
- A provider that supports an enrollee's grievance or files a grievance on behalf of an enrollee with written consent
- If your complaint is about the denial of an expedited appeal, we will let you know in writing that we got it within 24 hours of receiving it. We will review your complaint about the denial of an expedited appeal and tell you how we resolved it in writing within 5 days of receiving your complaint.

You can also contact the **Medicaid Managed Care Ombudsman Program:**

- For help with problems you have with **Humana Healthy Horizons.**
- Care, provider or services.
- If you are not happy with how we resolved your issue, you can file a complaint.

For more information, refer to the Ombudsman Program

Your Care When You Change Health Plans or Doctors (Transition of Care)

If you join Humana Healthy Horizons from another health plan, we will contact you within 5 business days from your expected enrollment date with us. We will ask you for the name of your previous plan, so we can add your health information, like your medical records and prescheduled appointments, into our records.

- If you choose to leave Humana Healthy Horizons, we will share your health information with your new plan.
- You can finish receiving any services that have already been authorized by your previous health plan. After that, we will help you find a provider in our network to get any additional services if you need them.
- In almost all cases, your doctors will be Humana Healthy Horizons providers. There are some instances when you can still see another provider that you had before you joined Humana Healthy Horizons. You can continue to see your doctor if:
    - At the time you join Humana Healthy Horizons, you have an ongoing course of treatment or an ongoing special health condition. In that case, you can ask to keep your provider for up to 90 days.
    - You are more than 3 months pregnant when you join Humana Healthy Horizons and you are getting prenatal care. In that case, you can keep your provider until after your delivery and for up to 60 days of post-partum care.

- You are pregnant when you join Humana Healthy Horizons and you receive services from a behavioral health treatment provider. In that case, you can keep your provider until after your delivery.

- If your provider leaves Humana Healthy Horizons, we will tell you in writing at least 30 days from when we know about this. We will tell you within that letter how you can choose a new PCP or choose one for you if you do not make a choice within 30 days.

If you have any questions, call Member Services at 1-800-444-9137 (TTY: 711).

Enrollee Rights and Responsibilities

Your Rights

As an enrollee of Humana Healthy Horizons, you have a right to:

- Prepare Advance Medical Directives pursuant to KRS 311.621 to KRS 311.643;
- To receive all services that the plan must provide and to get them in a timely manner.
- To get timely access to care without any communication or physical access barriers.
- To have reasonable opportunity to choose the provider that gives you care whenever possible and appropriate.
- To choose a PCP and change to another PCP in Humana Healthy Horizon's network. We will send you something in writing that says who the new PCP is when you make a change.
- To be able to get a second opinion from a qualified provider in or out of our network. If a qualified provider is not able to see you, we must set up a visit with a provider not in our network.
- To get timely access and referrals to medically indicated specialty care.
- To be protected from liability for payment.
- To receive information about your health. This information also may be given to someone you have legally approved to have the information, or to someone you said should be reached in an emergency, when it is not in the best interest of your health to give it to you.
- To ask questions and get complete information about your health and treatment options in a way that you can follow. This includes specialty care.
- To have a candid discussion of any appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- To take an active part in decisions about your health care unless it is not in your best interest.
- To say yes or no to treatment or therapy. If you say no, the doctor or Humana

Healthy Horizons must talk to you about what could happen. They will put a note in your medical record.

- To be treated with respect, dignity, privacy, confidentiality, accessibility, and non-discrimination.
- To have access to appropriate services and not be discriminated against based on health status, religion, age, gender, or other bias.
- To be sure that others cannot hear or see you when you get medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in federal laws.
- Receive information in accordance with 42 CFR 438.10.
- Be furnished healthcare services in accordance with 42 CFR 438.
- Any American Indian enrolled with Humana Healthy Horizons eligible to receive services from a participating I/T/U provider or an I/T/U primary care provider shall be allowed to receive services from that provider if part of Humana Healthy Horizon's network. I/T/U stands for Indian Health Service, Tribally Operated Facility/ Program, and Urban Indian Clinic.
- To get help with your medical records in accordance with applicable federal and state laws.
- To be sure that your medical records will be kept private.
- To ask for and receive one free copy of your medical records, and to be able to ask that your health records be changed or corrected if needed. More copies are available to enrollees at cost. Records will be retained for five (5) years or longer as required by federal law.
- To say yes or no to having information about you given out unless Humana Healthy Horizons must provide it by law.
- To be able to get all written enrollee information at no cost to you in:
- The prevalent non-English languages of enrollees in our service area
- Other ways to help with the special needs of enrollees who have trouble reading the information for any reason
- To be able to get help from us and our providers if you do not speak English or need help to understand information. You can get the help free of charge.
- To get help with sign language if you are hearing impaired.
- To be told if a healthcare provider is a student and be able to refuse his or her care.
- To be told if care is experimental and be able to refuse to be part of the care.
- To know that Humana Healthy Horizons must follow all federal, state, and other laws about privacy that apply. This includes procedures for assuring confidentiality of services for minors who consent to diagnosis and treatment for sexually

transmitted disease, alcohol and other drug abuse or addiction, contraception, or pregnancy or childbirth with parental notice or consent.

- If you are a female, to be able to go to a woman's health provider in our network for covered woman's health services.
- To file an appeal or grievance (complaint) or request a State Fair Hearing.
- You can also get help with filing an appeal or a grievance. You can ask for a State Fair Hearing from Humana Healthy Horizons and/or the Department for Medicaid Services (DMS). To make advance directives, such as a living will, see page 71.
- To contact the Office of Civil Rights at the address below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services.

  Office for Civil Rights

  Sam Nunn

  Atlanta Federal Center

  62 Forsyth Street, S.W. Suite 16T70 Atlanta, GA 30303-8909

  Phone: 1-800-368-1019

  TDD: 1-800-537-7697

  Fax: 1-202-619-3818

- To receive information about Humana Healthy Horizons, our services, our practitioners and providers, and enrollee rights and responsibilities.
- To make recommendations to our enrollee rights and responsibility policy.
- If Humana Healthy Horizons is unable to provide a necessary and covered service in our network, we will cover these services out of network. We will do this for as long as we cannot provide the service in network. If you are approved to go out of network, this is your right as an enrollee. There is no cost to you.
- To be free to carry out your rights, and know that Humana Healthy Horizons and/or our providers will not hold this against you.

Your Responsibilities

As a member of Humana Healthy Horizons, you agree to:

- Work with your PCP to protect and improve your health
- Find out how your health plan coverage works
- Listen to your PCP's advice and ask questions when you are in doubt
- Call or go back to your PCP if you do not get better or ask to see another provider
- Treat health care staff with the respect you expect yourself

- Tell us if you have problems with any health care staff by calling Enrollee Services at Enrollee Services at 1-800-444-9137 (TTY: 711).
- Keep your appointments, calling as soon as you can if you must cancel
- Use the emergency department only for real emergencies
- Call your PCP when you need medical care, even if it is after-hours

As an enrollee of Humana Healthy Horizons, you must be sure to:

- Know your rights
- Follow Humana Healthy Horizons and Kentucky Medicaid policies and procedures
- Know about your service and treatment options
- Take an active part in decisions about your personal health and care, and lead a healthy lifestyle
- Understand as much as you can about your health issues
- Take part in reaching goals that you and your healthcare provider agree upon
- Let us know if you suspect healthcare fraud or abuse
- Let us know if you are unhappy with us or one of our providers
- Put the request in writing if you file an appeal with us
- Use only approved providers
- Report any suspected fraud, waste, or abuse using the information provided in this manual
- Keep scheduled doctor visits. Be on time. If you have to cancel, call 24 hours in advance
- Follow the advice and instructions for care you have agreed upon with your doctors and other healthcare providers
- Always carry and show your enrollee ID card when receiving services
- Never let anyone else use your enrollee ID card
- Let us know of a name, address, or phone number change, or a change in the size of your family. We want to make sure we are always able to connect with you about your care. Let us know about births and deaths in your family. We don't want to lose you as an enrollee, so letting us know is really important.
- Tell your local Department for Community Based Services (DCBS) any about any changes. To find the nearest DCBS office, visit their website at https://chfs.ky.gov/agencies/dcbs/Pages/default.aspx.
- Call the Ombudsman toll-free at 1-800-372-2973
- Call your PCP after going to an urgent care center, a medical emergency, or getting medical care outside of Humana Healthy Horizon's service area.

- Let Humana Healthy Horizons and the DCBS know if you have other health insurance coverage.
- Provide the information that Humana Healthy Horizons and your healthcare providers need in order to care for you.
- Report suspected fraud, waste, or abuse (see page 74).

We will tell you about changes to our enrollee rights and responsibilities on our website at www.Humana.com/HealthyKentucky.

Ending Your Membership

We want you to be happy with Humana Healthy Horizons. Please let us know about your problems or concerns. We can help you.

You may ask to stop your membership with Humana Healthy Horizons. You can do this for any reason during your first 90 days of your enrollment or at the time of re-enrollment.

After the first 90 days, you may ask to stop your membership for cause. This means you have a special reason that you need to end your membership. Some examples of good cause are:

- You move out of our service area
- Your PCP is no longer in our network
- You lack access to covered services
- You can't access a qualified provider to treat your medical condition

You can ask to change plans. To change plans, you can file a Grievance by writing or calling Humana Healthy Horizons with your reason(s) for the request.

If your request is approved, you will get a notice that the change will take place by a certain date. Humana Healthy Horizons will provide the care you need until then.

If your request to change is not approved, you may appeal the decision to the Department for Medicaid Services (DMS) Enrollment Processing Branch:

Cabinet for Health and Family Services Department for Medicaid Services

Division of Provider and Member Services 275 East Main Street, 6E-C

Frankfort, KY 40621

Fax: (502) 564-3852

The change may take up to 90 days. If you have questions or need help with the process, you may call us at 1-800-444-9137 (TTY: 711) or Kentucky Medicaid Member Services at (800) 635-2570 from 8 a.m. - 5 p.m. ET Monday – Friday.

You may change to a different managed care plan during the annual open enrollment period. You will get a letter from the DMS each year. It will let you know when your open enrollment period is and how to change plans.

You Could Become Ineligible for Medicaid Managed Care

You will be disenrolled from Humana Healthy Horizons if you:

- Lose your Medicaid eligibility
- Stay in a nursing home for more than **30 days** in a row
- Become eligible for Medicare
- Abuse or harm health plan members, providers or staff
- Do not fill out forms honestly or do not give true information (commit fraud)

If you become ineligible for Medicaid, all your services may stop. If this happens, call DCBS 1-502-564-3703, Fax 502-564-6907. You can also contact the Medicaid Managed Care Ombudsman Program to discuss your options for appeal (see Ombudsman section for more information about the Ombudsman Program).

Advance Directives

Advance Directives are forms you fill out in case you become seriously ill or not able to make your own healthcare decisions. Doctor's offices and hospitals may have these forms available. If you haven't thought about this, now is a good time to start. You may want to talk to your family, too. However, Advance Directives are always voluntary. You must be older than 18 years old to have an Advance Directive.

Advance Directives can give you peace of mind knowing your choices about your medical treatment will be voiced and followed. They let your doctors and others know how you want to be treated or who you want making healthcare decisions for you if you get very sick.

You sign them while you are still healthy and able to make these decisions. They are only used when you are too ill or not able to communicate. They allow you to express if you would like things done to keep you alive or name someone to make healthcare decisions for you. You have the right to cancel your advance directives at any time as long as you're able.

Kentucky law requires us, your family, doctor, and other healthcare providers to honor your valid Advance Directives unless the law provides an exception.

Advance Directives in Kentucky

In Kentucky, there are different types of Advance Directives. Advance Directives include (1) Medical Order Scope of Treatment (MOST) forms, (2) Living Wills, and (3) Mental Health Treatment Directives. We will notify you within ninety (90) days of changes in rules and regulations for these Advance Directives, as well as your PCP and Enrollee Services staff.

Medical Order Scope of Treatment (MOST)

A MOST is a medical order signed by you, your Healthcare Surrogate or other caretaker, and your doctor telling what life-prolonging treatment you wish to have, if any. Unlike other types of Advance Directives, a MOST is a doctor's order to which you have agreed.. It is a standardized form used to complement other types of Advance Directives you may have.

A MOST is usually for those who have a serious illness, or for those who want to have some of their wishes set as a medical order. MOSTs are not intended to address all your healthcare

decisions. You still may need other types of Advance Directives.

Living Will

A Living Will allows you to leave instructions in these important areas. You can:

- Name a HealthcCare Surrogate
- Refuse or request life-prolonging treatment
- Refuse or request artificial feeding or hydrations
- Express your wishes regarding organ donation

When you name a Healthcare Surrogate, you allow one or more persons, such as a family member or close friend, to make healthcare decisions for you if you lose the ability to decide for yourself. When choosing a Healthcare Surrogate, remember that the person you name will have the power to make important treatment decisions, even if other people close to you might want a different decision.

Choose the person best qualified to be your Healthcare Surrogate. Also, consider picking a back-up person, in case your first choice isn't available when needed. Be sure to tell the person that you have named them as a Healthcare Surrogate and make sure that the person understands what's most important to you. Your wishes should be laid out specifically in the Living Will.

A Living Will allows you to make your wishes known regarding life-prolonging treatment and artificial feeding or hydrations so your Healthcare Surrogate or doctor will know what you want them to do. You also can decide whether to donate any of your organs in the event of your death. If you decide to make a Living Will, be sure to talk about it with your family and your doctor.

Living Wills must be in writing. They must be signed and dated by you and witnessed by two adults or one notary.

Mental Health Treatment Directive

You also may state your specific preferences regarding the mental health treatment you may or may not wish to receive in the event you become unable to make your own decisions regarding mental health treatment. For example, you may not want certain types of medication or treatment.

Mental Health Treatment Directives must be in writing. They must be signed and dated by you and witnessed by two adults or one notary.

For more information on how you can state your preferences on the mental health treatment you wish to receive, please visit www.Humana.com.

Others Who May Make Healthcare Decisions for You

If you do not have an Advance Directive and you are not able to make healthcare decisions, Kentucky law still lets others make decisions for you. Other people may be a(n):

- Adult child

- Attorney
- Guardian
- Next-of-kin
- Parent
- Spouse

If you have any questions regarding Advance Directives, you should consult a qualified legal professional. This information is provided for general information purposes and is not intended to be legal advice.

Guardianship

What is a guardian?

A guardian is an adult chosen by a court to legally be in charge for another person.

When will a guardian be chosen?

A court will choose a guardian for someone who no longer can make safe choices. This is usually due to legal or mental incapacity. In certain situations, a minor also may have a guardian chosen for them.

How do I get a guardianship?

Any adult can seek to have guardianship appointed for another person. Usually, guardianship is requested by a family member.

Who appoints a guardian?

Only a court can choose a guardian. The court that chooses a guardian is your local court. This could differ based on where you live. Call your local Health and Family services, local court, local lawyer, or local legal aid service for more information.

If you have any questions regarding guardianship, you should consult a qualified legal professional. This information is provided for general information purposes and is not intended to be legal advice.

Health Care Power of Attorney

A health care power of attorney is a legal document in which you can name one or more people as your health care agents to make medical and behavioral health decisions for you as you become unable to decide for yourself. You can always say what medical or behavioral health treatments you would want and not want. You should choose an adult you trust to be your health care agent. Discuss your wishes with the people you want as your agents before you put them in writing.

Again, it is always helpful to discuss your wishes with your family, friends and your doctor. A health care power of attorney will go into effect when a doctor states in writing that you are not able to make or to communicate your health care choices. If, due to moral or religious

beliefs, you do not want a doctor to make this determination, the law provides a process for a non-physician to do it.

Fraud, Waste and Abuse

We have a comprehensive fraud, waste, and abuse program in our Special Investigations Department. It is designed to handle cases of managed care fraud. Help us by reporting questionable situations.

Fraud can be committed by providers, pharmacies, or enrollees. We monitor and take action on all provider, pharmacy, or enrollee fraud, waste, and abuse.

Examples of provider fraud, waste, and abuse include doctors or other healthcare providers who:

- Prescribe drugs, equipment, or services that are not medically necessary
- Fail to provide patients with medically necessary services due to lower reimbursement rates
- Bill for tests or services not provided
- Use wrong medical coding on purpose to get more money
- Schedule more frequent return visits than are medically necessary
- Bill for more expensive services than provided
- Prevent enrollees from getting covered services resulting in underutilization of services offered
- Agent fraud

Examples of pharmacy fraud, waste, and abuse include:

- Not dispensing medicines as written
- Submitting claims for a more expensive brand name drug that costs more, but you get a generic drug that costs less
- Dispensing less than the prescribed quantity and then not letting the enrollee know to get the rest of the drug

Examples of enrollee fraud, waste, and abuse include:

- Inappropriately using services, such as selling prescribed narcotics or trying to get controlled substances from more than one provider or pharmacy
- Changing or forging prescriptions
- Using pain medications you do not need
- Sharing your enrollee ID card with another person

- Not disclosing that you have other health insurance coverage
- Getting unnecessary equipment and supplies
- Receiving services or picking up medicines under another person's ID (identity theft)
- Giving wrong symptoms and other information to providers to get treatment, drugs, etc.
- Too many ER visits for problems that are not emergencies
- Misrepresenting eligibility for Medicaid

Enrollees who are proven to have abused or misused their covered benefits may:

- Be required to pay back money that we paid for services that were determined to be a misuse of benefits
- Be prosecuted for a crime and go to jail
- Lose Medicaid benefits
- Be locked in to one PCP, one controlled substance provider, one pharmacy, and/or one hospital for non-emergency services. See Kentucky Lock-In Program (KLIP) for details on page 77.

If You Suspect Fraud, Waste, or Abuse

If you think a doctor, pharmacy or enrollee is committing fraud, waste, or abuse, you must inform us. Report it to us in one of these ways:

- Call 800-614-4126 (TTY: 711) 24 hours a day, 7 days a week
- Select the menu option for reporting fraud
- Complete the Fraud, Waste, and Abuse Reporting Form found on the Humana Healthy Horizons website below.
- You can write a letter and mail it to us Sent it to:

  Humana

  Attn: Special Investigations Unit

  1100 Employers Blvd.

  Green Bay, WI 54344

You can report suspected fraud and abuse by calling the U.S. Office of Inspector General's Fraud Line at 800-HHS-TIPS (800-447-8477).

You can go to our website, www.humana.com/fraud for more information.

You do not have to give us your name when you write or call. There are other ways you may contact us that are not anonymous. If you are not concerned about giving your name, you also may use one of the following ways to contact us:

- Send an email* to siureferrals@humana.com or ethics@humana.com
- Fax us at 920-339-3613

When you report fraud, waste, or abuse, please give us as many details as you can. Include names and phone numbers. You may remain anonymous. If you do, we will not be able to call you back for more information. Your report will be kept confidential to the extent permitted by law.

*Most email systems are not protected from third parties. This means people may access your email without you knowing or saying it's okay. Please do not use email to tell us information that you think is confidential, like your enrollee ID number, social security number, or health information. Instead, please use the form or phone number above. This can help protect your privacy.

Keep Us Informed

Call Member Services at 1-800-444-9137 (TTY: 711) when these changes happen in your life:

- You have a change in Medicaid eligibility
- You give birth
- There is a change in Medicaid coverage for you or your children

If you no longer get Medicaid, check with your local Department of Social Services. You may be able to enroll in another program.

Medicaid Managed Care Ombudsman Program

The Ombudsman Program ensures people who use various public services are treated fairly.

The Ombudsman Program can:

- Answer your questions about your benefits
- Help you to understand your rights and responsibilities
- Provide information about Medicaid and Medicaid Managed Care
- Help you understand a notice you have received
- Refer you to other agencies that may also be able to assist you with your health care needs
- Answer your questions about enrolling or disenrolling with a health plan
- Help to resolve issues you are having with your health care provider or health plan

- Be an advocate for you when dealing with an issue or a complaint affecting access to health care
- Provide information to assist you with your appeal, grievance, mediation or State Fair Hearing
- Connect you to legal help if you need it to help resolve a problem with your health care

Here is how you can contact the Ombudsman Program:

https://chfs.ky.gov/agencies/os/omb/Pages/default.aspx

To get help or for more details, please contact:

The Office of the Ombudsman

Cabinet for Health and Family Services

275 East Main Street, 2E-O Frankfort, KY 40621

Toll free at 1-800-372-2973

Local 502-564-5497

Fax 502-564-9523

Email is CHFS.Listens@ky.gov

TTY for hearing impaired 1-800-627-4702

Kentucky Lock-In Program (KLIP)

The Lock-In program is designed to give support to enrollees who need assistance in managing healthcare needs through the establishment of a medical home or providing structured access to controlled substances through the Medicaid program except those needed for legitimate clinical purposes. The Lock-In program restricts an enrollee from seeing too many providers. People who use one doctor, one pharmacy, and one hospital get better care. The providers know more about the person's health and can better diagnose and treat health conditions. Having fewer providers helps make sure a person gets the right medicine in the right amounts.

Humana Healthy Horizons tracks how often some drugs are filled, if these drugs are filled at different pharmacies, and how many doctors enrollees visit. In some cases, we may limit an enrollee to fill prescriptions at one pharmacy and from one doctor. We may also limit which doctor can prescribe drugs that can be abused. Finally, if you go to several emergency rooms, you may be limited to one hospital. We take these steps to get you the right amount of care, at the right time, and in the right place.

For more details, visit www.Humana.com/HealthyKentucky.

Quality Improvement

Program Purpose

The Humana Healthy Horizons Quality Improvement Program includes clinical **and** non-clinical services and is updated as needed to remain responsive to enrollee needs, provider feedback, current standards of care, and business needs. The goals and objectives of the Quality Improvement Program are:

- Coordination of care
- Promoting quality of care
- Evaluating performance and efficiency of services received, clinical and non-clinical. Improving the quality and safety of clinical care and services provided to enrollees

There are two guiding statements for the Quality Improvement Program:

- Our mission is to make a lasting difference in our enrollees' lives by improving their health and well-being.
- Our vision is to transform lives through innovative health and life services.

Humana Healthy Horizons supports the Institutes for Healthcare Improvement's Triple Aim:

> At the same time improve the health of enrollees, enhancing the experience and outcomes of the enrollees, and lowering the cost of care to benefit everyone.

The purpose of the Humana Healthy Horizons Quality Improvement Program is to ensure

that Humana Healthy Horizons has the necessary ability to:

- Obtain Accreditation Compliance with National Committee for Quality Assurance (NCQA) Accreditation standards
- Receive a high level of Healthcare Effectiveness Data and Information Set (HEDIS) performance
- Receive a high level of Consumer Assessment of Healthcare Providers and Systems (CAHPS) performance
- Create a comprehensive Population Health Management Program
- Create a comprehensive Provider Engagement Program

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Program Scope

The Humana Healthy Horizons Quality Improvement Program governs the quality assessment and improvement activities for the Humana Healthy Horizons Medicaid Program. The scope includes:

- Meeting the quality requirements of the Centers for Medicare and Medicaid Services (CMS) as outlined in the CMS's Medicare Managed Care Manual, Chapter 5, Quality Assessment; and 42 CFR§422.152
- Establishing safe clinical practices throughout the network of providers
- Providing quality oversight of all clinical services
- Compliance with NCQA accreditation standards
- HEDIS compliance audit and performance measurement
- Monitoring and evaluation of enrollee and provider satisfaction
- Managing all quality of care and quality service complaints
- Promoting the Institute for Healthcare Improvement's Model for Improvement
- Evaluating if the Quality Improvement Program is effectively serving enrollees with culturally and linguistically diverse needs
- Evaluating if the Quality Improvement Program is effectively serving enrollees with complex health needs
- Assessing the characteristics and needs of enrollees
- Assessing the geographic availability and accessibility of primary and specialty care providers

The Quality Improvement Program is overseen by the Humana Healthy Horizons Medical

Director and implementation is facilitated by the Director, Quality Improvement. On an annual basis, Humana Healthy Horizons makes information available about its Quality Improvement Program to enrollees and providers at www.Humana.com/HealthyKentucky. To get a printed copy of the Humana Quality Improvement Program (QIP) please call Enrollee Services.

Humana Healthy Horizons gathers and uses provider performance data to improve quality of services.

Quality Measures

Humana Healthy Horizons continually assesses and analyzes the quality of care and services offered to our enrollees. This is accomplished by using data to identify areas for improvement and to evaluate programs put in place to improve outcomes.

We use HEDIS, a widely used set of healthcare measures in the United States, to measure the quality of care delivered to enrollees. HEDIS is developed and maintained by the NCQA.

The HEDIS tool is used by America's health plans to measure important dimensions of care and service and allows for comparisons across health plans in meeting state and federal performance measures and national HEDIS benchmarks.

HEDIS measures are based on evidence-based care guidelines and address the most pressing areas of care. Examples of quality measures that monitors Humana include:

- Preventive screenings (e.g., breast cancer, cervical cancer, chlamydia)
- Well-child care
- Diabetes Care
- Controlling High Blood Pressure

Humana Healthy Horizons uses the annual enrollee satisfaction survey, called the CAHPS survey, to capture enrollee perspectives on healthcare quality. CAHPS is a program overseen by the United States Department of Health and Human Services – Agency for Healthcare Research and Quality (AHRQ).

Satisfaction survey measures Humana Healthy Horizons monitor include:

- Customer service
- Getting care quickly
- Getting needed care
- How well doctors communicate
- Ratings of all health care, health plan, personal doctors, and specialists

Preventive Guidelines and Clinical Practice Guidelines

Humana Healthy Horizons recommends evidence-based nationally accepted standards and guidelines to help inform and guide the clinical care provided to Humana Healthy Horizons

enrollees. Guidelines are reviewed annually, or more often as appropriate, and updated as necessary.

The use of these guidelines allows us to measure the impact of the guidelines on outcomes of care. Review and recommendation of the guidelines are completed by the Humana Clinical Practice Guideline Committee; the guidelines are approved by the Humana Corporate Quality Improvement Program Committee. The guidelines are then presented to the Humana Quality Assurance Committee. Topics for guidelines are identified through analysis of enrollees. Guidelines may include, but are not limited to:

- Behavioral health (e.g., depression)
- Adult health (e.g., hypertension, diabetes)
- Population health (e.g., obesity, tobacco cessation)

Information about clinical practice guidelines and health information are made available to Humana Healthy Horizons enrollees via enrollee newsletters, the Humana Healthy Horizons enrollee website (www.Humana.com/HealthyKentucky), or upon request. Preventive guidelines and health links are available to enrollees and providers via the website or hard copy.

Your Health is Important

Here are some ways that you can maintain or improve your health:

- Establish a relationship with a health care provider
- Make sure you and your family have regular checkups with your health care provider
- If you have a chronic condition (such as asthma or diabetes), make sure you see your doctor regularly, follow the treatment that your doctor has given you, and take the medicines that your doctor has asked you to take.

Remember, the 24-Hour Nurse Advice Line is available to help you. You can call the number on your enrollee ID card 24 hours a day, 7 days a week, 365 days a year.

Humana Healthy Horizons has programs that can help you maintain or improve your health. Call us for more information about these programs: 1-800-444-9137 (TTY: 711).

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You don’t need to do anything unless you have a request or complaint.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by law. This includes the right to make changes in our privacy practices and the revised terms of our notice effective for all personal and health information we maintain. This includes information we created or received before we

made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is personal and health information?

Personal and health information - from now on referred to as "information" - includes both medical information and individually identifiable information, like your name, address, telephone number, or Social Security number. The term "information" in this notice includes any personal and health information created or received by a healthcare provider or health plan that relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare. We protect this information in all formats including electronic, written, and oral information.

How do we protect your information?

In keeping with federal and state laws and our own policy, we have a responsibility to protect the privacy of your information. We have safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our associates about company privacy policies and procedures

How do we use and disclose your information?

We must use and disclose your information:

- To you or someone who has the legal right to act on your behalf.
- To the Secretary of the Department of Health and Human Services.
- Where required by law.

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments
- For healthcare operation activities including processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of healthcare professionals, and determining premiums for performing underwriting activities, however, we

will not use any results of genetic testing or ask questions regarding family history

- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment, and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations such as to allow your plan sponsor to obtain bids from other health plans. We will not share detailed health information to your plan sponsor unless you provide us your permission or your plan sponsor has certified they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you if you have not opted out as described below
- To your family and friends if you are unavailable to communicate, such as in an emergency
- To your family and friends or any other person you identify, provided the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid.
    - To provide payment information to the subscriber for Internal Revenue Service substantiation
    - To public health agencies if we believe there is a serious health or safety threat
    - To appropriate authorities when there are issues about abuse, neglect, or domestic violence
    - In response to a court or administrative order, subpoena, discovery request, or other lawful process
    - For law enforcement purposes, to military authorities and as otherwise required by law
    - To assist in disaster relief efforts
    - For compliance programs and health oversight activities
    - To fulfill our obligations under any workers' compensation law or contract
    - To avert a serious and imminent threat to your health or safety or the health or safety of others
    - For research purposes in limited circumstances
    - For procurement, banking, or transplantation of organs, eyes, or tissue
    - To a coroner, medical examiner, or funeral director

Will we use your information for purposes not described in this notice?

In all situations other than described in this notice, we will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not use or disclose your information for any reason not described in this notice without your permission. The following uses and disclosures will require an authorization:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of protected health information

What do we do with your information when you no longer are an enrollee or you do not obtain coverage through us?

Your information may continue to be used for purposes described in this notice when your membership is terminated or you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

The following are your rights with respect to your information. We are committed to responding to your rights request in a timely manner:

- Access – You have the right to review and obtain a copy of your information that may be used to make decisions about you, such as claims and case or medical management records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for each page, a per hour charge for staff time to locate and copy your information, and postage.
- Adverse Underwriting Decision – You have the right to be provided a reason for denial or adverse underwriting decision if we decline your application or insurance.*
- Alternate Communications – You have the right to receive confidential communications of information in a different manner or at a different place to avoid a life threatening situation. We will accommodate your request if it is reasonable.
- Amendment – You have the right to request an amendment of information we maintain about you if you believe the information is wrong or incomplete. We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will give you a written explanation of the denial.
- Disclosure – You have the right to receive a listing of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for a period of six years at your request. If you request this list more than once in a 12-month period, we

may charge you a reasonable, cost-based fee for responding to these additional requests.

- Notice – You have the right to receive a written copy of this notice any time you request.
- Restriction – You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

What types of communications can I opt out of?

- Appointment reminders
- Treatment alternatives or other health-related benefits or services
- Fundraising activities

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable privacy rights request forms. You may obtain any of the forms by:

- Calling us at 1-866-861-2762 (TTY: 711) at any time
- Visiting www.Humana.com and going to the Privacy Practices link
- E-mailing us at privacyoffice@humana.com
- Send completed request form to:

  Humana Inc.

  Privacy Office 003/10911

  101 E. Main Street

  Louisville, KY 40202

What should I do if I believe my privacy has been violated?

If you believe your privacy has been violated in any way, you may file a complaint with us by calling us at 1-866-861-2762 (TTY: 711) any time.

You also may submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You also have the option to e-mail your complaint to OCRComplaint@hhs.gov. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.

We follow all federal and state laws, rules, and regulations addressing the protection

of personal and health information. In situations when federal and state laws, rules, and regulations conflict, we follow the law, rule, or regulation that provides greater enrollee protection.

What will happen if my private information is used or disclosed inappropriately?

You have a right to receive a notice that a breach has resulted in your unsecured private information being inappropriately used or disclosed. We will notify you in a timely manner if such a breach occurs.

The following affiliates and subsidiaries also adhere to our privacy policies and procedures:

American Dental Plan of North Carolina, Inc.

American Dental Providers of Arkansas, Inc.

Arcadian Health Plan, Inc.

CarePlus Health Plans, Inc.

Cariten Health Plan, Inc.

Cariten Insurance Company CHA HMO, Inc.

CompBenefits Company

CompBenefits Dental, Inc.

CompBenefits Insurance Company

DentiCare, Inc.

Emphesys, Inc.

Emphesys Insurance Company

HumanaDental Insurance Company

Humana Behavioral Health

Humana Benefit Plan of Illinois, Inc.

Humana Benefit Plan of South Carolina, Inc.

Humana Benefit Plan of Texas, Inc.

Humana Employers Health Plan of Georgia, Inc.

Humana Health Benefit Plan of Louisiana, Inc.

Humana Health Company of New York, Inc.

Humana Health Insurance Company of Florida, Inc.

Humana Health Plan of California, Inc.

Humana Health Plan of Ohio, Inc.

Humana Health Plan of Texas, Inc.

Humana Health Plan, Inc.

Humana Health Plans of Puerto Rico, Inc.

Humana Insurance Company

Humana Insurance Company of Kentucky

Humana Insurance Company of New York
Humana Insurance of Puerto Rico, Inc.
Humana Medical Plan, Inc.
Humana Medical Plan of Michigan, Inc.
Humana Medical Plan of Pennsylvania, Inc.
Humana Medical Plan of Utah, Inc.
Humana Regional Health Plan, Inc.
Humana Wisconsin Health Organization Insurance
Go365 by Humana for Healthy Horizons
Managed Care Indemnity, Inc
The Dental Concern, Inc.
The Dental Concern, Ltd.

Appeal Request Form

Please complete this form with information about the enrollee whose treatment is the subject of the appeal.

Enrollee name:	
Enrollee ID number:	Date of birth:
Authorized Representative*:	
Phone Number:	
Address: _____ _____ _____	

Service or Claim number:
Provider name:
Date of service:

Please explain your appeal and your expected resolution. Attach extra pages if you need more space

_____
Relationship to enrollee (if Representative)

Important: Return this form to the following address so that we can process your grievance or appeal:

Humana Healthy Horizons
Grievance and Appeal Department
P.O. Box 14546
Lexington, KY 40512-4546
Fax: 1-800-949-2961

Grievance and Appeal Office
APPOINTMENT OF REPRESENTATIVE FORM

_____ _____

Enrollee Name **Enrollee ID Number**

_____

Reference Number

The Enrollee **will complete this section.**

I choose _____ to advocate for me.

(The legal guardian or representative name goes here.)

√ My legal guardian or representative can discuss everything about my medical services.

√ My legal guardian or representative can have all the documents directly related to my case.

_____ _____

The Enrollee signs here. **Date**

Address: _____ **Phone Number:** _____

_____

_____

The legal guardian or representative will complete this section.

I am the _____ of _____.

(spouse, child, friend, lawyer, or other) (The Enrollee's name goes here.)

I agree to advocate or represent for _____.

(The Enrollee's name goes here.)

_____ _____

The legal guardian or representative needs to sign here. **Date**

Address: _____ **Phone Number:** _____

_____

_____

“I’m looking forward to better, brighter days.”

Humana

Healthy Horizons™ in Kentucky

Questions? Call Enrollee Services at **800-444-9137 (TTY: 711)**.

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