Humana Healthy Horizons in Virginia Member Handbook

Plan year 2025

Humana
Healthy Horizons®
in Virginia

CardinalCare
Virginia's Medicaid Program

Medicaid Managed Care

VAHMLMLEN_0325

Issuance Date: 07/01/25

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1. Let's Get Started

Welcome to Cardinal Care

Medicaid and Family Access to Medical Insurance Security (FAMIS) Plan are health insurance programs funded by the state and the federal government. They are run by the Virginia Department of Medical Assistance Services (DMAS or "the Department"). For more information, visit dmas.virginia.gov and dmas.virginia.gov/for-members/cardinal-care. Monthly income limits for eligibility vary by program. For more information on eligibility, visit coverva.org. Both programs have full benefits as described below.

This Handbook explains benefits and how to access services for Cardinal Care, Virginia's Medicaid/FAMIS program. For questions, call Humana Healthy Horizons in Virginia Services at **844-881-4482 (TTY: 711)** date/hours of operation, visit our website at Humana.com/HealthyVirginia, or call your care manager.

Other Languages and Formats

If you need this handbook in large print, in other formats or languages, read aloud, or if you need a paper copy, call Humana Healthy Horizons in Virginia Services **844-881-4482 (TTY: 711)** You can get what you need for free. Members with alternative hearing or speech communication needs can dial **711** to reach a Telecommunications Relay Services (TRS) operator who can help you. Auxiliary aids and services are available upon request at no cost. Visit us online anytime at Humana.com/HealthyVirginia or dmas.virginia.gov.

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **844-881-4482 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **844-881-4482 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք՝ **844-881-4482 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **844-881-4482 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]：我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **844-881-4482（听障专线：711）**。

繁體中文 [Traditional Chinese]：我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **844-881-4482（聽障專線：711）**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **844-881-4482 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **844-881-4482 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **844-881-4482 (TTY: 711)** تماس بگیرید.

Français [French] : Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **844-881-4482 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **844-881-4482 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **844-881-4482 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **844-881-4482 (TTY: 711)** પર કૉલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **844-881-4482 (TTY: 711)**

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **844-881-4482 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **844-881-4482 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **844-881-4482 (TTY: 711)**.

This notice is available at **Humana.com/VirginiaDocuments**.

VAHMEDKEN_Approved

日本語 [Japanese]:言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**844-881-4482 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរស័ព្ទទៅ លេខ **844-881-4482 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
844-881-4482 (TTY: 711) 번으로 문의하십시오.

ພາສາລາວ [Lao] ມີການບໍລິການດ້ານພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ຟຣີ. ໂທ **844-881-4482 (TTY: 711)**.

Diné [Navajo]: Saad t’áá jiik’eh, t’áadoole’é binahjį’ bee adahodooníłígíí diné bich’į’ anídahazt’i’í, dóó łahgo át’éego bee hada’dilyaaígíí bee bika’aanída’awo’í dahólǫ. Kohjį’ hodíilnih **844-881-4482 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **844-881-4482 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **844-881-4482 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **844-881-4482 (TTY: 711)** ‘ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **844-881-4482 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **844-881-4482 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **844-881-4482 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **844-881-4482 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **844-881-4482 (TTY: 711)** కి కాల్ చేయండి.

اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **844-881-4482 (TTY: 711)**۔

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **844-881-4482 (TTY: 711)**.

አማርኛ [Amharic]፦ ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችም ይገኛሉ። በ **844-881-4482 (TTY: 711)** ላይ ይደውሉ።

Bǎsɔ́ɔ̀ [Bassa]: Wuɖu-xwíníín-mú-zà-zà kǔà, Hwòɖǒ-fɔńɔ-ńnyɔ,́ kè nyɔ-bɔǔn-po-kà bě bé nyuɛɛ se wídí pɛ́ɛ̀-pɛ́ɛ̀ ɖò kɔ.̀ **844-881-4482 (TTY: 711)** ɖá.

Bekee [Igbo]: Asụsụ n’efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **844-881-4482 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn iṣẹ́ àtìlẹhìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà lárọwọ́tó. Pe **844-881-4482 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी नि:शुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **844-881-4482 (TTY: 711)** मा कल गर्नुहोस् ।

Important Contact Information

Below is a list of important phone numbers you may need. If you are not sure who to call, contact Humana Healthy Horizons in Virginia Member Services for help. This call is free of charge. Free interpreter services are available in all languages for people who do not speak English.

Entity Name	Contact Information
Humana Healthy Horizons in Virginia Services	**844-881-4482 (TTY: 711)** Humana.com/HealthyVirginia
Clinical Triage Line (behavioral health/ ARTS crisis, and nurse line)	**888-445-8714 (TTY: 711)** 24 hours a day, seven days a week
Department of Behavioral Health and Developmental Services (DBHDS) for DD Waiver Services	My Life My Community Helpline **844-603-9248 (TTY: 804-371-8977)** Monday – Friday, 9 a.m. to 4:30 p.m. https://www.mylifemycommunityvirginia.org/
Cardinal Care Dental Benefits Administrator	**888-912-3456 (TTY: 800-466-7566)** https://dentaquest.com/state-plans/regions/virginia/ Monday – Friday, 8:00 a.m. to 6:00 p.m.
Humana Healthy Horizons in Virginia Vision Services	**844-881-4482 (TTY: 711)** Humana.com/HealthyVirginia
Transportation Services (ModivCare)	**877-718-4215 (TTY: 711)** Monday – Friday, 8:00 a.m. to 8:00 p.m. ET
Cardinal Care Transportation for Developmental Disability Waiver Services	**866-386-8331 (TTY: 866-288-3133)** Dial **711** to reach a TRS operator 24 hours a day, seven days a week
Cardinal Care Managed Care Enrollment Helpline	**800-643-2273 (TTY: 800-817-6608)** Monday – Friday, 8:30 a.m. to 6:00 p.m.
Department of Health and Human Services' Office for Civil Rights	**800-368-1019 (TTY: 800-537-7697)** hhs.gov/ocr
Office of the State Long-Term Care Ombudsman	**800-552-5019 (TTY: 800-464-9950)** elderrightsva.org

Staying Connected

Have you moved, changed phone numbers, or gotten a new email address? It is important to let us know so that you keep getting high quality health insurance. The Department and Humana Healthy Horizons in Virginia need your current mailing address, phone number, and email address so that you do not miss any important updates, and you receive information about changes to your health insurance.

You can update your contact information today:

- By calling Cover Virginia at **833-5CALLVA**.
- Online at commonhelp.virginia.gov.
- By calling Humana Healthy Horizons in Virginia Member Services.
- By calling your local Department of Social Services (DSS).

2. Cardinal Care Managed Care Overview

Health Plan Enrollment

You are successfully enrolled in Humana Healthy Horizons in Virginia. Humana Healthy Horizons in Virginia, a Cardinal Care Medicaid/FAMIS managed care plan (a "health plan"), covers your health care and provides care management. A health plan is an organization that contracts with doctors, hospitals, and other providers to work together to get you the health care you (the Member) need. In Virginia, there are six Cardinal Care health plans that operate statewide.

If you move out-of-state you will no longer be eligible for Cardinal Care in Virginia, but you may be eligible for the Medicaid program in the state where you live. If you have questions about your eligibility for Cardinal Care, contact your local DSS or call Cover Virginia at **833-5CALLVA (TTY: 888-221-1590)**. This call is free of charge.

Humana Healthy Horizons in Virginia Member Services is available to help if you have any questions or concerns. Call Member Services for more information at **844-881-4482** no cost/free of charge or visit us at Humana Healthy Horizons in Virginia.

You can change your health plan:

- For cause, at any time.
- Without cause, at the following times:
- For any reason during the first 90 days of enrollment.
- For any reason once a year during your open enrollment period.
- If you lose Medicaid coverage temporarily and it causes you to miss your open enrollment period.
- Upon automatic enrollment under 42 CFR § 438.56(g), if the temporary loss of Medicaid eligibility.
- If losing a Long-Term Services and Supports provider would cause a change in important services you receive, such as employment or residential services. For "good cause" reasons determined by the Department. Examples include poor quality of care and lack of access to appropriate providers, services, and support, including specialty care. This includes obstetric (OB) care. If you are pregnant and your OB provider does not participate with Humana Healthy Horizons in Virginia but does participate with Medicaid fee-for-service (FFS), you can ask to get coverage through Medicaid FFS until after the delivery of your baby.
- When the State imposes the intermediate sanction specified in § 438.702(a)(4)—suspension of all new enrollment, including default enrollment, after the date the Secretary or the State notifies the MCO of a determination of a violation of any requirement under sections 1903(m) or 1932 of the Act.1.

- If you move out of Humana Healthy Horizons in Virginia service area.
- The plan does not, because of moral or religious objections, cover the service the member seeks.
- The member needs related services (for example, a cesarean section and a tubal ligation) to be performed at the same time and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk.
- For members that use MLTSS, the member would have to change their residential, institutional, or employment supports provider based on that provider's change in status from an in-network to an out-of-network provider with the MCO and, as a result, would experience a disruption in their residence or employment. Pregnant individuals, in Medicaid or FAMIS MOMS, who are in their third trimester of the pregnancy, may request good cause exemption to temporarily return to fee-for-service if their OB provider is enrolled in Medicaid FFS but does not participate under any health plan. To be considered for good cause exemption, pregnant members within the third trimester of the pregnancy must obtain an attestation from a physician or nurse practitioner (including Certified Professional Midwives and other Nurse Practitioners), within the third trimester, that no diagnoses are present which could increase the risk of adverse outcomes for mother or baby. Following the end of the pregnancy, the member will be required to enroll in a MCO to the extent the member remains eligible for Medicaid/FAMIS MOMS. FAMIS enrollees cannot be exempted for this reason.
- For other reasons, including poor quality of care, lack of access to services covered under the contract, lack of access to an available FQHC Managed Care plan enrollment with D-SNP plan enrollment, or lack of access to providers experienced in dealing with the member's care needs.
- Note: Members in Foster Care, Former Foster Care, and receiving Adoption Assistance are automatically assigned to Anthem's Foster Care Specialty Plan unless they elect to opt out. If you are a Former Foster Care or Adoption Assistance member, you may select a different health plan if you opt out but will not have access to the extra benefits offered by the Foster Care Specialty Plan.

If requesting disenrollment, you must submit your request orally or in written format by calling the Cardinal Care Managed Care Enrollment Helpline at **800-643-2273 (TTY: 800-817-6608)** Monday – Friday, 8:30 a.m. to 6:00 p.m. or visit the website at Virginiamanagedcare.com. You can also download the app. To get the app, search for Virginia Cardinal Care on Google Play or the App Store for information about your open enrollment period, or "good cause," or to help you choose or change your health plan. Cardinal Care Managed Care Enrollment Helpline services are free. Effective 7/1/25, FAMIS members should contact the Managed Care Helpline.

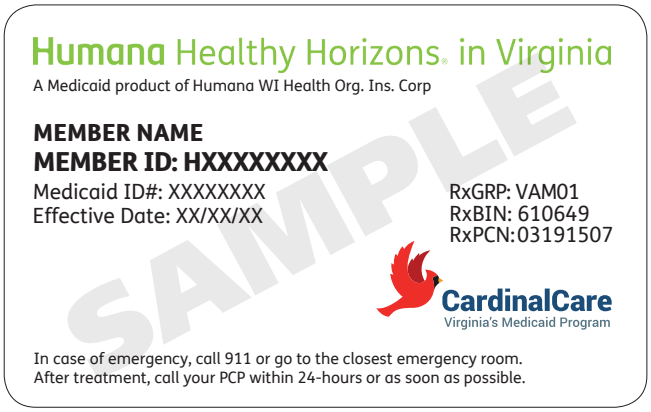
Welcome Packet

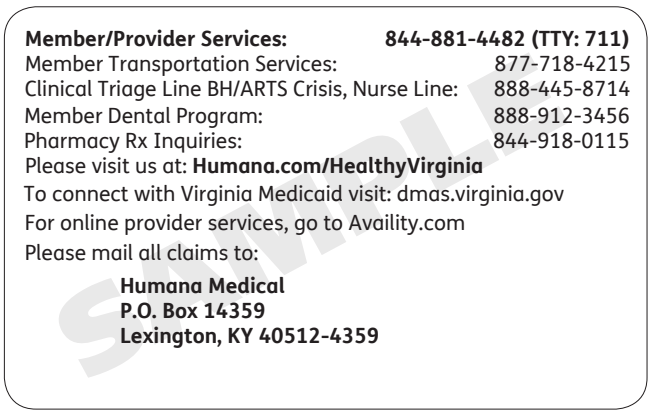
You should have received a Welcome Packet that includes your ID Card, information on Humana Healthy Horizons in Virginia Provider Directory, and the Preferred Drug List. If you did not receive your welcome packet, call Humana Healthy Horizons in Virginia Member Services **844-881-4482** no cost/free of charge. You also can view your Welcome Packet on Humana.com.

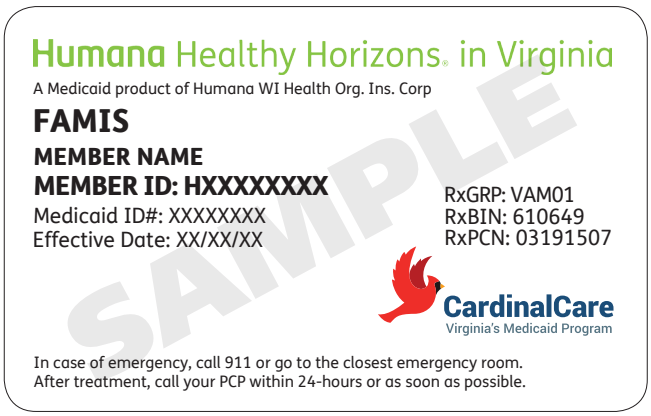
Humana Healthy Horizons in Virginia ID Card

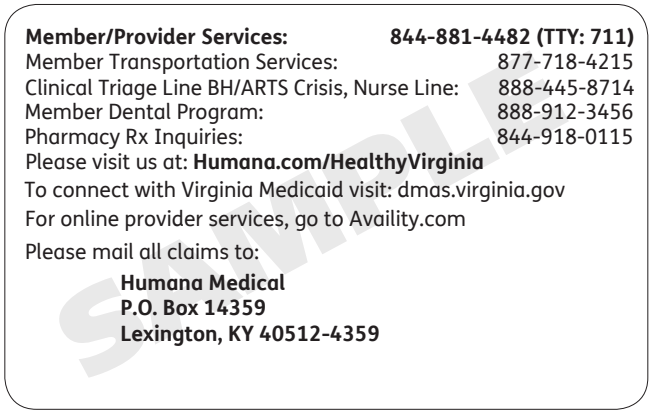
You must show your Humana Healthy Horizons in Virginia ID card to get services or prescription

drugs covered by Humana Healthy Horizons in Virginia (see sample ID card below) when you go to your provider or pharmacy. If you have not received your card, or if your card is damaged, lost, or stolen, call Humana Healthy Horizons in Virginia Member Services right away to get a new one.









You may have more than one health insurance card. In addition to your Humana Healthy Horizons in Virginia ID card, you should also have your Commonwealth of Virginia Medicaid/FAMIS ID card. Keep this card to access services that are covered by the Department under Medicaid. If you have Medicare and Medicaid, show your Medicare card and Humana Healthy Horizons in Virginia ID Card when you receive services. If you have coverage with a private (non-Medicaid) insurance company, show your private insurance ID Card and your Humana Healthy Horizons in Virginia ID Card when you receive services.

Humana Healthy Horizons in Virginia Provider Directory

The provider directory lists providers and pharmacies that participate in Humana Healthy Horizons in Virginia network of contracted providers. It also includes information on the accommodations each provider has for members with disabilities or who do not speak English. The Provider Directory is available at Humana.com/HealthyVirginia.

Other important information such as:

- Address
- Telephone numbers
- Specialty and other qualifications

If there is any information that is not included, like the residency of the provider or the medical school they attended, please contact the provider office to ask.

Preferred Drug List

This list tells you which prescription drugs are covered by Humana Healthy Horizons in Virginia and the Department. It also tells you if there are any rules or restrictions on the drugs, like a limit on the amount you can get (*see Section 6, Your Prescription Drugs*). Call Humana Healthy Horizons in Virginia Services to find out if your drugs are on the list or check online at Humana.com/healthyVirginia. Humana Healthy Horizons in Virginia can also mail you a paper copy at your request.

Other Insurance

If you have more than one health insurance plan, then Medicaid pays for services after your other insurance plans have paid your provider. This means that if you have other insurance, are in a car accident, or if you are injured at work, then your other insurance or workers compensation must pay for your services first. Let Humana Healthy Horizons in Virginia Member Services know if you have other insurance so that Humana Healthy Horizons in Virginia can coordinate your benefits.

If you receive or are eligible for Medicare and have questions about how Medicare and Medicaid work together, the Virginia Insurance Counseling and Assistance Program (VICAP) provides free and confidential health insurance counseling to people on Medicare. Call **800-552-3402 (TTY: 711)**. This call is free.

3. Providers and Getting Care

Getting Care

As soon as you get your ID Card, even if you are not sick, call and schedule an appointment with your PCP for a well visit. Your PCP will look for any problems you may have because of your age, weight, and habits. Your PCP will also find ways to be healthier. Children should also see their PCP for checkups, shots, and screenings as soon as possible. For checkups, shots, and screenings, try to call your child's PCP two or three weeks ahead to ask for an appointment. To obtain information on service authorization requirements for physical health services, you may call Member Services at **844-881-4482 (TTY: 711)** 8 AM – 8 PM, EST., 7 days/week or your Care Manager Monday through Friday, 9 AM – 5 PM EST.

You can request your doctor's incentive plans. See Section 5, Your Benefits for the specific services that require service authorization.

Humana Healthy Horizons in Virginia Provider Network

We use the term "providers" to refer to doctors, hospitals, pharmacies and other health care that provide the services you need. All of the providers we contract with are referred to as our "provider network."

We refer to providers as "in-network" when Humana Healthy Horizons in Virginia contracts with them to serve our members, and "out-of network" if Humana Healthy Horizons in Virginia does not contract with them. It is important that the providers you choose accept Cardinal Care members and participate in Humana Healthy Horizons in Virginia network (they are "in-network providers").

Humana Healthy Horizons in Virginia network includes access to care 24 hours a day, seven days a week.

Humana Healthy Horizons in Virginia provides you with a choice of providers that are located near you. If you live in an urban area, you should not have to travel more than 30 miles or 45 minutes to receive services. If you live in a rural area, you should not have to travel more than 60 miles or 75 minutes to receive services. To find providers, such as primary care providers (PCPs), specialists, and hospitals, you can:

- Search for providers in the Provider Directory (*see Section 2, Cardinal Care Managed Care Overview*).
- Call Humana Healthy Horizons in Virginia Services at **844-881-4482** or visit us at Humana.com/HealthyVirginia.

You do not need a referral or service authorization to get:

- Care from your primary care provider (PCP).
- Family planning services and supplies.
- Routine women's health care services like breast exams, screening mammograms, pap tests, and pelvic exams, as long as you get them from a network provider.
- Emergency or urgently needed services.
- Routine dental services.
- Services from Indian health providers, if you are eligible.
- Other services for members with special health care needs as determined by Humana Healthy Horizons in Virginia

See below for more information about when a provider leaves the network and times when you can get care from out-of-network providers.

Primary Care Providers (PCPs)

Your PCP is a doctor or nurse practitioner who helps you get and stay healthy. Your PCP will provide and coordinate your health care services. You should see your PCP:

- For physical exams and routine checkups.
- For preventive care services.
- When you have questions or concerns about your health.
- When you are not feeling well and need medical help.

To help your PCP get to know you and your medical history, you should have your past medical records sent to your PCP's office. Humana Healthy Horizons in Virginia Member Services or your care manager can help.

Choosing Your PCP

You have the right to choose a PCP that is in Humana Healthy Horizons in Virginia network. Review your Provider Directory to find a PCP in your community who can best meet your health care needs. You can also call Humana Healthy Horizons in Virginia Services or your care manager for help. If you

do not choose a PCP by the 25th day of the month before your health coverage begins, Humana Healthy Horizons in Virginia will assign you a PCP. Humana Healthy Horizons in Virginia will notify you in writing of your assigned PCP.

You can choose between many types of network providers for your PCP. Some types of PCPs include:

- Family doctor (also called a general practitioner) – cares for children and adults
- Gynecologist (GYN) – cares for women
- Internal medicine doctor (also called an internist) – cares for adults
- Nurse Practitioner (NP) – cares for children and adults
- Obstetrician (OB) – cares for pregnant women
- Pediatrician – cares for children

If you already have a PCP who is not in Humana Healthy Horizons in Virginia network, you can continue seeing them for up to 60 days after enrolling in Humana Healthy Horizons in Virginia. For individuals who are pregnant or have significant health or social needs, you can continue seeing your PCP for up to 60 days after enrolling. If you do not choose a PCP in Humana Healthy Horizons in Virginia network after the 30 day or 60 day period, Humana Healthy Horizons in Virginia will assign you a PCP. If you have a Medicare assigned PCP, you do not have to choose a PCP in Humana Healthy Horizons in Virginia network. Call Humana Healthy Horizons in Virginia Member Services or your care manager for help with selecting your PCP and coordinating your care. If you would prefer, you can choose a PCP that has the same cultural, ethnic, or racial background as you.

Changing Your PCP

You can change your PCP at any time. Call Humana Healthy Horizons in Virginia Member Services to choose another PCP in Humana Healthy Horizons in Virginia network.

Specialists

If you need care that your PCP cannot provide, Humana Healthy Horizons in Virginia or your PCP may refer you to a specialist. A specialist is a provider who has additional training on services in a specific area of medicine, like a surgeon. The care you receive from a specialist is called specialty care. If you need ongoing specialty care, your PCP may be able to refer you for a specified number of visits or length of time (a “standing referral”).

Out-Of-State Providers

The care you can get from out-of-state providers is limited to:

- Necessary emergency, crisis, or post-stabilization services.
- Special cases in which it is common practice for those living in your locality to use medical resources in another state.
- Medically necessary and required services that are not available in-network and within the state of Virginia.
- Periods of transition (until you can get timely services from a network provider in the state).
- Out-of-state ambulances for facility-to-facility transfers.

Humana Healthy Horizons in Virginia may need to give you authorization to see a provider who is out-of-state. Humana Healthy Horizons in Virginia does not cover any health care services outside of the U.S.

When a Provider Leaves the Network

If your PCP leaves Humana Healthy Horizons in Virginia network, Humana Healthy Horizons in Virginia will let you know and help you find a new PCP. If one of your other providers is leaving Humana Healthy Horizons in Virginia network, contact Humana Healthy Horizons in Virginia Member Services or your care manager for help finding a new provider and managing your care. You have the right to:

- Ask that active medically necessary treatment you get is not interrupted and Humana Healthy Horizons in Virginia will work with you to ensure that it continues.
- Get help selecting a new qualified provider.
- File a complaint (*see Section 8, Appeals and Complaints*) or request a new provider if you feel Humana Healthy Horizons in Virginia has not replaced your previous provider with a qualified provider or that your care is not being appropriately managed.

Getting Care Outside of Humana Healthy Horizons in Virginia Network

You can get the care you need from a provider outside of Humana Healthy Horizons in Virginia network in any of the following circumstances:

- If Humana Healthy Horizons in Virginia does not have a network provider to give you the care you need.
- If a specialist you need is not located close enough to you (within 30 miles in urban areas or 60 miles in rural areas).
- If a provider does not provide the care you need because of moral or religious objections.
- If Humana Healthy Horizons in Virginia approves an out-of-network provider.
- If you are in a nursing facility when you enroll with Humana Healthy Horizons in Virginia, and the nursing facility is out-of- network.
- If you get emergency care or family planning services from a provider or facility that is out- of-network, to ensure timely access to covered services. You can receive emergency treatment and family planning services from any provider, even if the provider is not in Humana Healthy Horizons in Virginia network. This care is free.
- If you need 2 separate procedures that are not all covered within Humana's network and it will cause risk to you if performed at different times.

If you were previously enrolled in Virginia's Medicaid program but are new to Humana Healthy Horizons in Virginia, you also have the right to see your old providers and access prescription drugs or other needed medical supplies for up to 60 days if you were previously enrolled in Virginia's Medicaid program but are new to Humana Healthy Horizons in Virginia. After 60 days, you will need to see providers in Humana Healthy Horizons in Virginia network unless Humana Healthy Horizons in Virginia extends this timeframe for you. You can call Humana Healthy Horizons in Virginia Member Services or your care manager, if you have one, for help finding a network provider (*see Section 4, Care Coordination and Care Management for more information about your care manager*).

Choices for Nursing Facility Members

If you are in a nursing facility at the time you enroll in Humana Healthy Horizons in Virginia, you may choose to:

- Remain in the facility as long as you remain eligible for nursing facility care.
- Move to a different nursing facility.
- Receive services in your home or other community-based settings.

Making Appointments with Providers

Call your provider's office to make an appointment. For help with making an appointment, call Humana Healthy Horizons in Virginia Member Services. If you need a ride to your appointment, call Humana Healthy Horizons in Virginia Transportation Reservation Line. If you call after hours, leave a message explaining how to reach you. Your PCP or other provider will call you back as quickly as possible. If you have difficulty getting an appointment with a provider, contact Humana Healthy Horizons in Virginia Services. Remember to tell Humana Healthy Horizons in Virginia when you plan to be out of town so Humana Healthy Horizons in Virginia can help you arrange your services.

Timeliness of Appointments

We require your provider to make routine primary care service appointments within 30 days of your request. These appointments do not include routine physical exams, routine specialty services (such as dermatology, for example), or regularly scheduled visits to monitor a chronic condition that does not require visits every 30 days.

If you are pregnant, prenatal care appointments must be made available to you between 3 business days and seven calendar days of your request, depending on the stage and risk of the pregnancy. Remember to tell Humana Healthy Horizons in Virginia when you plan to be out of town so Humana Healthy Horizons in Virginia can help you arrange your services.

Telehealth

Telehealth lets you get care from your provider without an in-person office visit. Telehealth is usually done online with internet access on your computer, tablet, or smartphone. Sometimes it can be done over the phone. While telehealth is not appropriate for every condition or situation, you can often use telehealth to:

- Talk to your provider over the phone or through video chat.
- Send and receive electronic messages with your provider.
- Participate in remote monitoring so that your provider can track how you are doing at home.
- Get medically necessary medical and behavioral health care.

To make a telehealth appointment, contact your provider to see what services they provide through telehealth.

Getting Care from the Right Place When You Need it Quickly

It is important to choose the right place to get care based on your health needs, especially when

you need care quickly or unexpectedly. Below is a guide to help you decide whether your usual care team, like your PCP, can help you or whether you should go to an urgent care center or the emergency room. If you are not sure what type of care you need, call your PCP or Humana Healthy Horizons in Virginia Clinical Triage Line at **888-445-8714 (TTY: 711)** 24 hours a day, seven days a week. This call is free. The toll-free number is live answered. The experienced agent will guide you to the appropriate support based on your reported need and connect you with a registered nurse about your health care questions. Remember, if you need immediate medical help right away, call **911**.

Type of Care	How to Get Care	Examples of When to Get This Type of Care	Need a Referral?
PCPs can provide care for when you get sick or injured and preventive care that keeps you healthy	Contact your PCP's office or Humana Healthy Horizons in Virginia to schedule an appointment	• Minor illness/injury • Flu/fever • Vomiting/diarrhea • Sore throat, earache, or eye infection • Sprains/strains • Possible broken bones	No
Urgent care is care you get for a sickness or an injury that needs medical care quickly and could turn into an emergency	Check the Provider Directory at Humana.com to find an urgent care clinic	Urgent care can manage similar things as your PCP, but is available when other offices are unavailable	No, but make sure to go to an urgent care clinic that is in Humana Healthy Horizons in Virginia network if you can.
Emergency care (or care for an emergency medical condition) is care you get when an illness or injury is so serious that your (or, as applicable, your unborn baby's) health, bodily functions, body organs or body parts may be in danger if you do not get medical care right away	Call **911** and go to the nearest hospital. You have the right to get emergency care 24 hours a day, seven days a week from any hospital or other setting, even if you are in another city or state. Humana Healthy Horizons in Virginia will provide follow-up care after the emergency	• Unconsciousness • Difficulty breathing • Serious head, neck, or back injury • Chest pain/pressure • Sudden severe headaches • Trouble speaking, numbness in face, arm, or leg • Severe bleeding • Severe burns • Convulsions/seizures • Broken bones • Fear you might hurt yourself or someone else ("behavioral health emergency") • Sexual assault	No. You can get emergency care from network providers or out-of-network providers. You do not need a referral or service authorization.

Humana Healthy Horizons in Virginia will not deny payment for treatment obtained under the following reasons:

- You had an emergency medical or behavioral health condition, emergency medical or

behavioral health condition, including cases in which the absence of immediate medical attention would not have had the outcomes as specified in the definition of "emergency medical condition."

- A representative of the Humana Healthy Horizons in Virginia instructs the member to seek emergency services.

Getting Care After Hours

If you need non-emergency care after normal business hours, call Clinical Triage Line at **888-445-8714 (TTY: 711)**. A nurse or behavioral health professional can:

- Answer medical questions and give you advice for free.
- Help you decide if you should see a provider right away.
- Help with medical conditions.

If you have contacted the Clinical Triage Line, a care manager will call you to ensure that you received the needed care and evaluate your ongoing needs, including the potential to benefit from Care Coordination and/or social support.

Transportation to Care

Non-Emergency Medical Transportation

If you need transportation to receive covered benefits such as medical, behavioral, dental, vision and pharmacy services, call Humana Healthy Horizons in Virginia Transportation Reservation line **877-718-4215 (TTY: 711)**. Humana Healthy Horizons in Virginia covers non-emergency transportation for covered services. If you have trouble getting an appointment, call Humana Healthy Horizons in Virginia Transportation Where's My Ride/Ride Assist, Services or your care manager. If you have your own ride to your appointment, your driver may be paid back at set rate per mile (limits apply). Members, family, friends and caregivers are eligible for mileage reimbursement through health plan. You must call Plan transportation phone number before your appointment to be eligible for reimbursement.

FAMIS children are eligible for Non-Emergency Medical Transportation.

If you need transportation to developmental disability waiver services, contact the Cardinal Care Transportation for Developmental Disability Waiver Services Contractor at **866-386- 8331 (TTY: 866-288-3133)** or visit transportation.dmas.virginia.gov/. If you have problems getting transportation to your developmental disability waiver services, call Where's My Ride at **866-246-9979** or your developmental disability waiver Case Manager.

Emergency Medical Transportation

If you are experiencing an emergency medical condition and need transportation to the hospital, call **911** for an ambulance. Humana Healthy Horizons in Virginia will cover an ambulance if you need it.

4. Care Coordination and Care Management

Care Coordination

All members can get help finding the right health care or community resources by calling Humana Healthy Horizons in Virginia Member Services. You can also call the Clinical Triage Line **888-445-8714 (TTY: 711)** 24 hours a day, seven days a week to talk to a nurse or licensed behavioral health professional.

What is Care Management?

If you have significant physical and/or behavioral health care needs, you will receive care management. Care management helps to improve the coordination between your different providers and the services you receive. If you are eligible for care management, Humana Healthy Horizons in Virginia will assign you a care manager. Your care manager is someone from Humana Healthy Horizons in Virginia with special health care expertise who works closely with you, your PCP and treating providers, family members, and other people in your life to understand and support your needs and goals.

Complex Care Management

We offer Complex Care Management services for Members if they experience multiple hospitalizations or have complex medical needs that require frequent and ongoing assistance. Complex Care Management provides support to Members with complex clinical, behavioral, functional, and/or social needs, who have the highest risk factors, such as multiple conditions, or who take multiple medications, and often have the highest costs. To get additional information about the Complex Care Management Program, self-refer into, or opt out of the Complex Care Management Program, you may contact our Care Management department at **844-881-4482 (TTY: 711)**. Required interventions are more intensive. A team of healthcare providers, 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.

How to Get a Care Manager

During the first three months after you enroll, Humana Healthy Horizons in Virginia will contact you or someone you trust (your "authorized representative") to conduct a Health Screening. During the Health Screening, you will be asked to answer some questions about your health needs (such as medical care), your behavioral health (such as mental health and substance use) and social needs (such as housing, food, and transportation). The Health Screening includes questions about your health conditions, your ability to do everyday things, and your living conditions. Your answers will help Humana Healthy Horizons in Virginia understand your needs and decide whether to assign you to a care manager. If you are not assigned a care manager, you can ask Humana Healthy Horizons in Virginia to consider assigning you one if you need help getting care now or in the future.

If you have questions or need help with the Health Screening, contact Member Services at **844-881-4482 (TTY: 711)** This call is free.

How Your Care Manager Can Help You

Your care manager is someone from Humana Healthy Horizons in Virginia with special health care expertise who can help you manage your health and social needs. Your care manager can:

- Assess your health and social needs.
- Answer questions about your benefits, like physical health services, behavioral health services, and long-term services and supports (LTSS) (*see Section 5, Your Benefits*).
- Teach you about health conditions you may be experiencing and provide wellness support (safe sleep, weight management).
- Help connect you to community resources (for example, programs that can support your housing and food needs such as the Program for Women Infant and Children (WIC).
- Support you in making informed decisions about your care and what you prefer.
- Assist you with scheduling appointments when needed and find available providers in Humana Healthy Horizons in Virginia network, and make referrals to other providers, as needed.
- Help you get transportation to your appointments (*see Section 3, Providers and Getting Care*).
- Make sure you get your prescription drugs and help if you feel side effects.
- Share your test results and other health care information with your providers so your care team knows your health status.
- Help with moving between health care settings (like from a hospital or nursing facility to home or another facility).
- Make sure your needs are met once you leave a hospital or nursing facility and on an ongoing basis.

How to Contact Your Care Manager

Free interpreter services are available in all languages for people who do not speak English.

Contact Method	Contact Information
Call	**844-881-4482** **TTY: 711** Information on the use of alternative technologies Days/hours of operation
Fax	**888-241-3745**
Email	VAMCDCareManagement@humana.com
Website	www.dmas.virginia.gov/for-providers/cardinal-care/cardinal-care-managed-care/

Your care manager will regularly check in with you and can help with any questions or concerns you may have. You have the right at any time to ask your care manager to contact you more or less often. You decide how you want your care manager to contact you (by phone, video conference, or visit you in-person). If you meet your care manager in-person, you can suggest the time and place. You are encouraged to work with your care manager and to have open communication with them. If you want to change care managers anytime, call Member services at **844-881-4482 TTY: 711**.

Health Risk Assessment

After Humana Healthy Horizons in Virginia conducts the Health Screening and assigns you a care manager, Humana Healthy Horizons in Virginia will contact you to conduct a more in-depth Health Risk Assessment. During the Health Risk Assessment, your care manager or another health care professional will ask you more questions about your physical health, behavioral health, social needs, and your goals and preferences. The Health Risk Assessment helps your care manager to understand your needs and get you the right care. You can choose to do the Health Risk Assessment in-person, over the phone, or by video conference. Over time, your care manager will check-in with you to repeat the Health Risk Assessment questions to find out if your needs have changed.

Your Care Plan

Based on your Health Risk Assessment, your care manager will work with you to develop your personalized Care Plan. Your Care Plan will include health care, social services, and other supports that you will get and explains how you will get them, how often and by what provider. Your care manager will update your Care Plan once a year. Your care manager may make changes more often than once a year if your needs change. It is important to keep your Care Plan updated.

Your Care Team

Your care team includes your providers, nurses, counselors, or other health professionals. You and your family members or caregivers are important members of your care team. Your care manager may organize a meeting with your care team depending on your needs, or you can ask to meet with your care team. You have the choice of whether to participate in care team meetings. Communication among your care team members helps ensure your needs are met.

Coordination with Medicare or Other Health Plans

If you have Medicaid and Medicare, Humana Healthy Horizons in Virginia is responsible for coordinating your Cardinal Care benefits with your Medicare health plan and any other health plan(s) you have. Call Humana Healthy Horizons in Virginia Member Services or your care manager if you have questions about how your different health plans work together and make sure your services are paid for correctly.

Transitioning Care Between Health Plans

If you change Medicaid health plans, as your new health plan, Humana Healthy Horizons in Virginia, is responsible for coordinating your Cardinal Care benefits with your previous health plan. The previous Medicaid health plan is responsible for transferring service authorizations and other pertinent information to your new health plan, Humana Healthy Horizons in Virginia, to ensure continuity of care and services. For more information and details regarding your specific transition, call Humana Healthy Horizons in Virginia Member Services or your care manager if you have questions about how your new and previous health plans work together and make sure your services are transitioned.

Additional Care Management Services

You may be able to get additional care management services if you:

- Are in foster care or were in foster care
- Are pregnant and/or are at higher risk for complications during and after pregnancy
- Receive services in your home or the community, such as home health, personal care, or respite services
- Have a substance use disorder
- Use a ventilator
- Are homeless

If you need a care manager, contact Member Services at **844-881-4482** for assistance.

5. Your Benefits

Overview of Covered Benefits

Covered benefits are services provided by Humana Healthy Horizons in Virginia, the Department, or its contractor. In order to get covered benefits, the service must be medically necessary. A medically necessary service is a service you need to prevent, diagnose, or treat a medical condition or its symptoms. Your health care provider will give Humana Healthy Horizons in Virginia your medical records and other information to show that the service is medically necessary.

You can also access the full list of covered benefits at: Humana.com/HealthyVirginia. Call Humana Healthy Horizons in Virginia Member Services at 844-881-4482 (TTY: 711) or your care manager, if you have one, for more information about your services and how to get them.

Generally, you must get services from a provider that participates in Humana Healthy Horizons in Virginia network. In some cases, you may need to get approval ("service authorization") from Humana Healthy Horizons in Virginia or your PCP before getting a service. Services may require prior authorization. For more information you can visit Humana.com, call Member Services **844-881-4482**, or contact your provider.

See *Section 3, Providers and Getting Care,* for more information on what to do if you need services from an out-of-network provider. See *Section 7, Getting Approval for Your Services, Treatments, and Drugs,* for more information if a service you need requires approval.

Carved-out services

The services listed below are "carved-out" or covered under the Medicaid or CHIP State Plan but not by Humana Healthy Horizons. These services are handled by DMAS or its designee directly, on a fee-for-service basis.

Carved-out Service	Humana Healthy Horizons' responsibility (scope of coverage)
The following services are carved-out as a part of Cardinal Care Managed Care Services	
Christian Science Sanatoria facilities and nurses	Members will be excluded from Managed Care participation when admitted to a Christian Science Sanatoria.

Carved-out Service	Humana Healthy Horizons' responsibility (scope of coverage)
Community intellectual disability case management	Humana Healthy Horizons provides information and referrals as appropriate to assist members in accessing these services through the member's local community services board.
Developmental disability support coordination	Humana Healthy Horizons provides information and referrals as appropriate to assist members in accessing these services through the member's local community services board.
Developmental disability waiver services, targeted developmental disability case management and transportation to the waiver services	N/A
Psychiatric residential treatment facility for children younger than 21 years old	N/A
Routine dental services for adults and children	Limited (please see dental services section above). All members needing dental care should be referred to DMAS' Dental Benefits Administrator.
Services provided through Tribal Clinic provider types	Covered under Fee for Service Medicaid
State geriatric hospital placements	Individuals in Piedmont, Hiram Davis and Hancock state geriatric facilities are excluded from managed care participation.
Therapeutic group home for children and adolescents younger than 21 years old	N/A
The following services are carved-out as a part of FAMIS children services	
Local education agency (LEA)–based services	LEA are covered on a fee-for-service basis. Humana Healthy Horizons will not deny medically necessary services or therapies in the outpatient, home, or school setting based on the fact that the child is also LEA-based services.
The following services are carved-out as a part of LTSS services	
Intermediate care facility/individuals with intellectual disabilities (ICF/IID)	Members receiving services in an ICF-ID will be excluded from MLTSS participation.
Program of all-inclusive care for the elderly (PACE) services	Members in PACE will be excluded from managed care participation or have the right to transition from the managed care program to PACE, including outside their annual open enrollment period.

Excluded services

Humana Healthy Horizons will not pay for services or supplies received that are not covered by Medicaid.

Excluded Service	Humana Healthy Horizons' responsibility (scope of coverage)
The following services are excluded as a part of Cardinal Care Managed Care Services	
Assisted suicide	Humana Healthy Horizons does not cover services related to suicide, euthanasia, mercy killings or any action that may secure, fund, cause, compel or assert/advocate a legal right to such services.
Cosmetic services	Cosmetic surgery is not covered when provided solely for the purpose of improving appearance. The exclusion of cosmetic surgery does not apply to congenital deformities or to deformities or to deformities due to recent injury. When surgery also restores or improves a physiological function, it is not considered cosmetic surgery.
Experimental and investigational procedures	For those members younger than 21, clinical trials are not always considered to be experimental or investigational and must be evaluated on a case-by-case basis, including using EPSDT criteria as appropriate.
Infertility treatments	Services to treat infertility or services to promote fertility are not covered.
The following services are excluded as a part of FAMIS children services	
Cosmetic services	Cosmetic services are excluded except to correct deformity resulting from disease, trauma or congenital abnormalities, which cause functional impairment, or complete a therapeutic treatment as a result of such deformity.
Court-ordered services	Court-ordered services are excluded unless the service is medically necessary and is a FAMIS-covered service.
EPSDT services, including EPSDT clinical trials	N/A
Infertility treatments	Services to treat infertility or services to promote fertility are not covered.
Psychiatric residential treatment services	N/A
Temporary detention orders (TDOs)	Humana Healthy Horizons will not cover inpatient psychiatric treatment as a result of a TDO outside the coverage guidelines described in the Cardinal Care managed care services agreement for inpatient behavioral health services.

Benefits for All Members

Physical Health Services

Humana Healthy Horizons in Virginia and the Department cover physical health services (including

dental and vision) for Cardinal Care members:

- Adult Day Health Care
- Cancer screenings and services (colorectal cancer screening, mammograms, pap smears, prostate specific antigen and digital rectal exams, reconstructive breast surgery)
- Care management and care coordination services (*see Section 4, Care Coordination and Care Management*)
- Clinic services
- Clinical trials (routine patient costs related to participation in a qualifying trial)
- Court-ordered services, emergency custody orders (ECO), and temporary detention orders (TDO)
- Dental services (more on this below)
- Durable Medical Equipment (DME) (respiratory, oxygen, and ventilator equipment and supplies; wheelchairs and accessories; hospital beds; diabetic equipment and supplies; incontinence products; assistive technology; communication devices; rehabilitative equipment and devices)
- Early and Periodic Screening Diagnostic and Treatment (EPSDT) (more on this below)
- Early Intervention (EI) services (more on this below)
- Emergency and post-stabilization services
- Gender dysphoria treatment services
- Glucose test strips
- Hearing services
- Home and community-based waiver services (more on this below)
- Home health
- Hospice
- Hospital care (inpatient and outpatient)
- Human Immunodeficiency Virus (HIV) services (testing and treatment counseling)
- Immunizations (adult and child)
- Laboratory, radiology, and anesthesia services
- Lead Investigations
- Oral services (hospitalizations, surgeries, services billed by a medical provider)
- Organ transplants (for all children and for adults who are in intensive rehabilitation)
- Orthotics (children under age 21)
- Nutritional counseling for chronic disease
- Podiatry services (foot care)
- Prenatal and maternal services (pregnancy/ postpartum care) (more on this below)
- Prescription drugs (*see Section 6, Your Prescription Drugs*)
- Preventive care (regular check-ups, screenings, well-baby/child visits)
- Prosthetics (arms/legs and supportive attachments, breasts, and eye prostheses)
- Regular medical care (PCP office visits, referrals to specialists, exams)
- Radiology services
- Rehabilitation services (inpatient and outpatient, including physical/ occupational therapy and speech pathology/audiology services)
- Renal services (dialysis, End Stage Renal Disease services)
- School health services (more on this below)
- Surgery services
- Telehealth services (more on this below)
- Tobacco cessation services
- Transportation services (*see Section 3, Providers and Getting Care*)
- Tribal clinical provider type services
- Vision services (eye exams/treatment/ glasses to replace those lost, damaged, or stolen for children under age 21 (under EPSDT))
- Well visits
- Annual wellness exams for children and adults
- ACIP-recommended adult vaccines
- Blood pressure and cholesterol screenings

Services may require prior authorization. For more information you can visit Humana.com, call Member Services **844-881-4482**, or contact your provider.

The Department contracts with a Dental Benefits Administrator, DentaQuest, to provide dental services to all Medicaid/FAMIS members. See the table below for dental services available to you. You are not responsible for the cost of dental services received from a participating dental provider.

Some dental services will require prior approval. Humana Healthy Horizons in Virginia will work with the Department's Dental Administrator to authorize some services, including anesthesia, when medically necessary. For questions about your dental benefits or to find a participating dentist near you, call DentaQuest Services at **888-912-3456 (TTY: 800-466-7566)** or visit dmas.virginia.gov/dental.

Dental Service	Children/Youth Under Age 21	Pregnant/ Postpartum People	Adults Age 21 and Older
Braces	Covered	Not Covered	Not Covered
Cleanings	Covered (including fluoride)	Covered	Covered
Crowns	Covered	Covered	Limited Coverage
Dentures	Covered (including partials)	Covered (including partials)	Covered
Exams	Covered (including regular check-ups)	Covered	Covered
Extractions and Oral Surgeries	Covered	Covered	Covered
Fillings	Covered	Covered	Covered
Gum Treatment	Covered	Covered	Covered
Root Canals	Covered (including treatment)	Covered	Covered
Sealants	Covered	Not Covered	Not Covered
Space Maintainers	Covered	Not Covered	Not Covered
X-Rays	Covered	Covered	Covered

Behavioral Health Services

Humana Healthy Horizons in Virginia, the Department or its contractor covers the behavioral health treatment services in the table below for Humana Healthy Horizons in Virginia members. Behavioral health refers to mental health and substance use. In Virginia, treatment for addiction is called "Addiction and Recovery Treatment services" (ARTS). Humana Healthy Horizons in Virginia Services, your PCP, and your care manager can help you get the behavioral health services you need.

Mental Health Services	
• 23-hour crisis stabilization • Applied behavior analysis • Assertive community treatment • Community stabilization • Functional family therapy • Intensive in-home • Mental health case management • Mental health intensive outpatient • Mental health partial hospitalization program • Mental health peer recovery supports services (Individual and Group)	• Mental health skill-building services • Mobile crisis response • Multisystemic therapy • Psychiatric residential treatment facility + • Psychosocial rehabilitation • Residential crisis stabilization unit • Therapeutic day treatment for children • Therapeutic group home + • Inpatient psychiatric services • Outpatient psychiatric services

Mental Health Services
+Services that are managed by the Department's behavioral health administrator contractor. Your care manager will work with the Department's behavioral health administrator contractor to help you get these services if you need them.

Addiction and Recovery Treatment Services (ARTS)	
• Screening, Brief Intervention and Referral to Treatment • Substance Use Case Management • Outpatient Counseling Services • Intensive Outpatient Services • Partial Hospitalization Program	• Substance Use Residential Treatment • Medication Assisted Treatment • Substance Use Peer Recovery Support Services (Individual and Group) • Opioid Treatment Services • Office Based Addiction Treatment

Limits on behavioral health services including mental health benefits or addiction recovery, and treatment benefits are no more restrictive than similar physical health benefits. You may need prior approval for your behavioral health services. Contact your provider if you have questions related to prior approval.

For questions about addiction and recovery services, call the Clinical Triage Line at **888-445-8714 (TTY: 711)** 24 hours a day, seven days a week. You may call your Humana Care Manager to talk about your options and learn about ARTS. This call is free of charge. The experienced agent will guide you to the appropriate support based on your reported need.

If you are experiencing a behavioral health crisis, are thinking of harming yourself or someone else or having thoughts of suicide, call Clinical Triage Line **888-445-8714 (TTY: 711)** and receive help, 24 hours a day, seven days a week. This call is free. The experienced agent will guide you to the appropriate support based on your reported need. Remember, if you need immediate medical help right away, call **911**.

In addition to our Clinical Triage Line, you can also contact the 988 Suicide & Crisis Lifeline, which is a three-digit calling code that Virginians can use to reach a crisis agent. Members can call or text **988**, or go to 988lifeline.org to chat, and receive immediate help 24/7.

If you have contacted the Clinical Triage Line...

If you have contacted the Clinical Triage Line, a care manager will call you to ensure that you received the needed care, help and evaluate your ongoing needs, including the potential to benefit from Care Coordination and/or social support.

Long-Term Services and Supports (LTSS)

Humana Healthy Horizons in Virginia and the Department cover LTSS such as private duty nursing, personal care, and adult- day health care services to help people meet their daily needs and maintain independence living in the community or a facility. Before receiving LTSS, a community-based or hospital team will conduct a screening to see if you meet "level of care" criteria – in other words, whether you qualify for and need LTSS. Contact your care manager to learn about the screening process to receive LTSS.

You can get LTSS in the setting that is right for you: your home, the community, or a nursing facility. Members who are interested in moving from the nursing facility into their home or the community should talk with their care manager. However, it is important to know that receiving certain types of care will end your enrollment with managed care and Humana Healthy Horizons in Virginia, but you will still have Medicaid. These types of care include:

- Intermediate care facility for individuals with intellectual disabilities (ICF/IID).

- Care from one of the following nursing facilities:
  - Bedford County Nursing Home
  - Birmingham Green
  - Dogwood Village of Orange County Health
  - Lake Taylor Transitional Care Hospital
  - Lucy Corr Nursing Home
  - The Virginia Home Nursing Facility
  - Virginia Veterans Care Center
  - Sitter and Barfoot Veterans Care Center
  - Braintree Manor Nursing Facility and Rehabilitation Center
- Care from Piedmont, Hiram Davis, or Hancock state operated long term care facility.
- Program of All Inclusive Care for the Elderly (PACE) care.

If you get LTSS, you may need to pay for part of your care (*see Section 9, Cost Sharing*). If you have Medicare, Humana Healthy Horizons in Virginia will cover nursing facility care after you have used all of the skilled nursing care that was available to you.

Benefits for Home and Community Based Services (HCBS) Waiver Enrollees

Some members may qualify for HCBS waiver services (see table below). To learn more or to find out if you are eligible, contact Humana Healthy Horizons in Virginia or your care manager. Developmental Disability waiver services are managed through the Department of Behavioral Health and Developmental Services (DBHDS). You can also find more information about Developmental Disability waiver services on the DBHDS website mylifemycommunityvirginia.org or by calling **844-603-9248**.

Waiver	Description	Examples of Covered Benefits
Commonwealth Coordinated Care (CCC) Plus Waiver	Provides care in your home and community instead of a nursing facility. You can choose to receive agency- directed or consumer-directed services, or both.	• Adult Day Health Care • Assistive technology • Environmental modifications • Personal care • Personal Emergency Response System and medication monitoring • Private duty nursing • Respite care • Skilled Respite care • Transition services

Waiver	Description	Examples of Covered Benefits
Developmental Disability Waivers: Building Independence (BI) Community Living (CL) Family and Individual Supports (FIS)	Provides supports and services to members with developmental disabilities to help with successful living, learning, physical and behavioral health, employment, recreation, and community inclusion. Waivers may have a waiting list. You should put your name on the waiting list if you need to so that when space opens up you can start receiving these services.	• Assistive technology • Benefits planning services • Electronic home-based services • Employment and day support • Environmental modifications • Personal emergency response system • Crisis supports • Residential options

Some services may require a prior approval. You can talk to your Care Manager or HCBS Provider for more information.

Benefits for Children/Youth Under Age 21

Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

Taking care of your health before you get sick helps you feel better, saves money, and keeps your community healthy. Preventive health care services include things like check-ups and vaccines. Members under age 21 can use services to treat or prevent a health condition. These benefits are called Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Members can receive EPSDT services from their primary care physician (PCP). You can talk to your child's PCP to learn more. Please visit Humana.com/HealthyVirginia for more information.

Benefits are not the same for all Cardinal Care members. Medicaid children and youth under age 21 are entitled to EPSDT, a federally required benefit. EPSDT provides comprehensive services to identify a child's condition, treat it, and make it better or prevent it from getting worse. Covered services include any medically necessary health care, even if the service is not normally available to adults or other Medicaid members. EPSDT services are available at no cost. Examples of EPSDT services include:

- Screenings/well-child visits and immunizations
- Periodic screening services (vision, hearing and dental)
- COVID-19 counseling visits
- Developmental services
- Eyeglasses (including a replacement for glasses that are lost, broken, or stolen) and other vision services
- Orthotics (braces, splints, supports)
- Personal care or personal assistance services (for example, help with bathing, dressing and feeding)
- Private duty nursing
- Treatment foster care case management

Clinical trials may be considered on a case-by-case basis.

We recommend regular child health appointments. This table shows when your child should have appointments.

Child Health Visits Schedule		
Infancy		
Younger than 1 month	2 months	4 months
6 months	9 months	12 months

Child Health Visits Schedule		
Early childhood		
15 months	18 months	24 months
30 months	3 years	4 years

Child Health Visits Schedule		
Middle childhood		
5 years	6 years	7 years
8 years	9 years	10 years

Child Health Visits Schedule		
Adolescence and young adult		
11 years	12 years	13 years
14 years	15 years	16 years
17 years	18 years	19 years
20 years	21 years (through the end of the enrollee's 21st birth month)	

FAMIS children are eligible for well-child visits and immunizations, but not all EPSDT services. For more information on accessing EPSDT services, contact Humana Healthy Horizons in Virginia Services or your care manager.

Early Intervention (EI) Services

If you have a baby under the age of three that is not learning or developing like other babies, your child may qualify for EI services. EI services include, for example:

- Speech therapy.
- Physical therapy.
- Occupational therapy.
- Service coordination.
- Developmental services to support the child's learning and development.

EI services do not require service approval from Humana Healthy Horizons in Virginia. There is no cost to you for EI services. Contact Humana Healthy Horizons in Virginia Services for a list of EI

providers, specialists, and case managers. Your care manager can connect you to your local Infant and Toddler Connection program to help you access these services. You can also call the Infant and Toddler Connection program directly at **800-234-1448. (TTY: 711)** or visit itcva.online.

School Health Services

The Department covers the cost of some health care or health-related services provided to Cardinal Care-enrolled children at their school. School health services can include certain medical, behavioral health, hearing, personal care, or rehabilitation therapy services, such as occupational therapy, speech therapy, and physical therapy services and are based on your child's individualized education plan (IEP), as determined by the school. Your child's school will arrange these services and your child can get them for free. Children may also receive covered EPSDT services while they are at school (*see Section 5, Your Benefits*). Contact your child's school administrator if you have questions about school health services.

Benefits for Family Planning and Pregnant/Postpartum People

You can get free health care services to help you have a healthy pregnancy and a healthy baby. This includes health care services for up to 12 months after you give birth. Humana Healthy Horizons in Virginia and the Department cover the following services:

- Labor and delivery services
- Doula services
- Family planning (services, and/or methods of family planning including but not limited to barrier methods, oral contraceptives, vaginal rings, contraceptive patches and long-acting reversible contraceptives (LARCs) for the delay or prevention of pregnancy)
    - Family planning services are provided to protect and enable the Member's freedom to choose the method of family planning
- Lactation consultation and breast pumps
- Nurse midwife/provider services
- Pregnancy-related services
- Prenatal/infant services and programs (include Plan-specific information on pregnancy programs)
- Postpartum services (including postpartum depression screening)
- Services to treat any medical condition that could complicate pregnancy
- Smoking cessation services
- Substance Use Treatment Services
- Abortion services (only if a doctor certifies in writing that there is a substantial danger to the mother's life)

Remember, you do not need a service authorization or a referral for family planning services. You can get family planning services from any provider, even if they are not in Humana Healthy Horizons in Virginia network. Additional information on service authorization requirements for benefits for pregnant people and mothers, as needed.

Newborn Coverage

If you have a baby, report the birth to the Department as quickly as possible so that your child can get health insurance. You can do this by either:

- Calling Cover Virginia at **833-5CALLVA** or by contacting your local DSS
- Contact Humana Healthy Horizons in Virginia Member Services at **844-881-4482**

You will be asked to provide your name and Medicaid ID number, as well as your baby's:

- Name
- Date of birth
- Race
- Gender

Other Programs to Help You Stay Healthy

Enhanced Benefits

To obtain information on enhanced benefits, you may call Member Services at **844-881-4482 (TTY: 711)** or your Care Manager Monday through Friday, 9 AM – 5 PM EST.

Enhanced Benefits	Details
Caregiver Respite (non-waiver members)	Members not covered by waiver program may receive up to 240 hours of caregiver respite services per year with Care Manager approval. A 4-hour minimum is required per use.
Convertible Car Seat or Portable Crib	Pregnant members who enroll and actively participate in our HumanaBeginnings Care Management program and complete a comprehensive assessment and at least 1 follow-up call with a HumanaBeginnings Care Manager can select 1 convertible car seat or portable crib per infant, per pregnancy.
Criminal Expungement	Members 21 and older can receive reimbursement of up to $110 for criminal record expungement once per lifetime.
Disaster Preparedness Meals	14 shelf-stable meals up to twice per year, aim to reduce members' anxiety and uncertainness in the face of natural disaster. The Governor must declare the disaster in the member's county of residence to be eligible for the meals.
Employment Physical	1 employment physical per year.
Environmental Modifications (non-waiver members)	Members not covered by waiver program can receive up to a $5,000 per year benefit to offset the costs of making changes to member's primary residence or vehicle that enables a higher level of independence with Care Manager approval. Potential uses may include a handrail or grab bar, widening a doorway, installing a walk-in shower, or the maintenance of these items.

Enhanced Benefits	Details
Fall Prevention Kit	Members who are at risk for falls may receive a Fall Prevention Kit once per lifetime with Care Manager approval. Kit contains: • Non-Slip Socks • Reacher/Grabber • Non-Slip Bathmat • Stair Treads Member must not reside in a residential facility or nursing facility.
Financial Literacy Coaching	Up to 6 life coaching sessions for members aged 16 and older to help them with their money management goals.
Produce Box for Maternal Care	Pregnant members participating in HumanaBeginnings may receive up to 4 boxes of in-season, nutritious, fresh food annually to pregnant members from their second trimester to 60 days postpartum that are deemed food insecure with Care Manager approval.
Healthy Food Produce Box	Poor nutrition can worsen existing health conditions and slow recovery, while a healthy diet can prevent and manage disease. If you are living with or at risk of living with chronic conditions, we offer up to 4 produce boxes containing nutritious food that meets medical dietary guidelines, and educational materials that include recipes tailored to your condition. To be eligible for this benefit, you must have a qualifying chronic condition, be able to prepare your own meals and actively participate in Care Management.
GED Testing	Members 16 and older may receive GED test preparation assistance in both English and Spanish, including an advisor, access to guidance and study materials, and unlimited use of practice tests. Our test preparation assistance is provided virtually to allow for maximum flexibility and includes test pass guarantee to provide members multiple attempts at passing.
Haircuts for Kids	Members in grades K-12 (5-20 years old) may receive 2 haircuts a year valued at $20 each with the two redemption periods (March-April, July-September). Members must enroll in Go365 Mobile Wellness application by uploading a photo of their school registration, school ID, or class schedule.
Hearing Services	Members 21 and older can take advantage of 1 hearing exam per year, 1 hearing aid per ear every 3 years, 2 hearing aid fitting/checking visit every 3 years, and 60 batteries per year.

Enhanced Benefits	Details
Home-Based Virtual Assistance Technology	Members participating in our Care Management or Disease Management Program are eligible to receive 1 artificial intelligence (AI)-enabled virtual assistance device. One device per lifetime, per Member. Members must have one the following conditions: • Social isolation • Depression • Memory loss • ADRD (Alzheimer's disease and related dementias)
Non-Medical Transportation	Up to 30 round trips (or 60 one-way trips) up to 30 miles per year to locations such as social support groups, wellness classes, WIC and SNAP appointments, and food banks. This benefit also offers transportation to locations providing social benefits and community integration for members such as community and neighborhood centers, parks, recreation areas, and churches.
Over the Counter Pharmacy Allowance	Up to $65 per quarter per household allowance enables Members to purchase products that support appropriate care such as: • Feminine products • First aid equipment that do not require prescriptions. Unused amounts do not roll over to the next quarter
Pain Management Alternative - Chiropractic Services	Up to 12 annual chiropractor visits to manage chronic pain.
Parent/Guardian Self Care Allowance	Reimbursement up to $40 per quarter for members that are a legal parent or guardian for children up to 12 months old to help cover the costs of childcare and enable our new parents/ guardians to spend time doing activities independently and relieve stress.
Personal Care Attendant Services (non-wavier members)	Members not covered by waiver program may receive up to 80 hours of personal care attendant services per year with Care Manager approval. A 4-hour minimum is required per use.
Personal Emergency Response System (PERS) (non-waiver members)	Members not covered by waiver program and enrolled in our Care Management or Diseases Management Programs may receive 1 personal emergency response system device per lifetime to provide round-the-clock emergency service with Care Manager approval. Members must not reside in a residential facility or nursing facility. Care Management approval required.
Photo Album	Members with Alzheimer's or Dementia residing in a home and/or community based setting and enrolled in Care Management or Disease Management Programs may receive 1 photo album annually.

Enhanced Benefits	Details
Post Discharge Meals	14 pre-cooked, home-delivered meals that can be stored in the refrigerator following an inpatient or residential facility admission up to 4 times per year.
Smartphone Services	With a smartphone, you have easy access to health-related information and can stay connected to your care team and health plan. Any member who qualifies for the Federal Lifeline program will be eligible to receive a free cell phone with monthly talk minutes, text, and data.
Sports Physical	1 sports physical per year
Tobacco & Vaping Cessation Coaching	Tobacco & Vaping Cessation Coaching is focused on helping members aged 12 and older with stopping their usage of nicotine products. The program is designed as a monthly engagement for a total of 8 coaching calls, but the Member has 12 months to complete the program if needed. Nicotine Replacement: The program also offers support for both over the counter (OTC) and prescription nicotine replacement therapy (NRT) for members aged 18 and older.
Vision Services	• 1 Eye exam per year and • Up to $150 annual allowance for 1 set of glasses (frames and lenses) and/or contacts
Weight Management Coaching	Weight Management Coaching delivers weight management intervention for members who are 12 and older. Members can complete 6 weight management coaching sessions with Health Coach; approximately 1 call per month for a period of 6 months.
Youth Academic Support	Empowering students to reach their full academic potential, this benefit offers personalized tutoring services for members between ages 5 - 18. With up to 20 hours of tutoring available over a 10-week period each year, students receive targeted assistance to enhance their learning experience and excel in their studies.
Youth Development and Recreation	Members ages 4-18 years old may receive reimbursement of up to $250 annually for participation in activities such as: • YMCA • Boys and Girls Club • Swim lessons • Computer coding classes • Music lessons

Go365 for Humana Healthy Horizons

Go365 for Humana Healthy Horizons® is a well-being and rewards program available to Virginia Cardinal Care members. Go365 rewards members for completing activities that contribute to whole-person health. With Go365, members also have access to our library of expert-led online courses and podcasts on topics such as nutrition and cooking, pregnancy and parenting, and chronic condition management.

Participating in healthy activities and earning rewards through our Go365 for Humana Healthy Horizons wellness program is easy.

To Earn Go365 healthy rewards, you must:

1. Download the Go365 for Humana Healthy Horizons app from iTunes/App Store® or Google Play® on a mobile device.
2. Create an account. Register an account on the app and sign in. If you are registered on MyHumana.com, you can use the same login information on the app (Bonus: You'll earn $20 in rewards). Guardians without Humana coverage would not have a MyHumana account and should register by selecting "Register here" from the Go365 app's sign in screen.

Helpful tips:

- Smartphones can provide easy access to health-related information and enable members to stay connected to their care team and health plan. Humana members that qualify for the Federal Lifeline program are eligible to receive a free smartphone with monthly talk minutes, text and data.
- Adults on the plan earn $20 in rewards for downloading the app and completing registration.
- Guardians (with or without Humana coverage) must register under their name to add their minor(s).

Learn more about rewardable activities

You can earn rewards for completing healthy activities such as working with a Wellness Coach, getting preventive screenings and going to prenatal and postpartum visits. Rewards can be redeemed for e-gift cards through the Go365 Mall in the app.

Activity	Reward criteria	Reward amount
Annual Well Visit	Complete an Annual Wellness Visit with a primary care provider (PCP). Applies to members 3 years and older.	$25 in rewards per year
Be Active	Complete 12 workouts in a month, including doing chair exercises, achieving a set number of steps, and attending a fitness class. Must self-report on the app to get rewarded. Applies to members 19 and older.	$5 in rewards per quarter, $20 per year
Behavioral Health Follow-Up Visit	Have a follow-up visit within 7 days after hospital discharge for behavioral health diagnosis or intentional self-harm. Applies to all members.	$50 in rewards per quarter, $200 yearly max
Bone Density Screening	Complete a bone density screening. Applies to members 65 and older.	$20 in rewards once every 2 years
Breast Cancer Screening	Get a mammogram. Applies to female members 40 and older.	$25 in rewards per year
Cervical Cancer Screening	Get a cervical cancer screening as part of a routine Pap test. Applies to female members 21 and older.	$25 in rewards per year

Activity	Reward criteria	Reward amount
Chlamydia Screening	Get a chlamydia screening when sexually active or as recommended by your healthcare provider. Applies to all female members.	$25 in rewards per year
Colorectal Cancer Screening	Get a colorectal cancer screening as recommended by your PCP. Applies to members 45 and older.	$25 in rewards per year
COVID Vaccination	Upload a photo of your completed vaccination card to the Go365 app within 90 days of vaccination.	$20 in rewards per year
Diabetic Retinal Eye Exam	Get a retinal eye exam. Applies to diabetic members 18 and older.	$25 in rewards per year
Diabetic Screening	Complete an HbA1c screening and blood pressure check. Available to members with diabetes who are 21 and older.	$40 in rewards per year
Digital Onboarding	Download the Go365 for Humana Healthy Horizons app and complete registration. Applies to all members.	$20 in rewards per lifetime
Fall Prevention Video	Watch the Fall Prevention Video in the Go365 app. Applies to members 55 and older.	$10 in rewards per year
Flu Shot	Get the flu vaccine and, if received from someone other than a doctor or at a pharmacy, upload a photo for documentation in the Go365 app. Applies to all members.	$20 in rewards per year
Get Involved	Complete 4 social activities, including volunteering and other community engagement activities. Must self-report on the app to get rewarded. Applies to members 19 and older.	$5 in rewards per quarter, up to $20 per year
Haircuts for Kids	Members 5 – 20 can receive $20 to get their hair cut two times throughout the year. Redeem this reward through the Go365 for Humana Healthy Horizons app during the redemption periods, March – April and July – September. Redeem by uploading a photo of your child's school registration form, school ID or class schedule in the Go365 app. Applies to members in grades K-12, ages 5 – 20.	$20 in rewards per haircut, max $40 per year

Activity	Reward criteria	Reward amount
Medicaid Health Screening (MMHS)	Must complete within 30 days of enrollment in Humana Healthy Horizons. The MMHS can be done in 1 of 4 ways: 1. Complete through the Go365 for Humana Healthy Horizons app, or 2. Fill out and send back the MMHS in the envelope from your welcome kit, or 3. Call **844-881-4482 (TTY: 711)**, Monday – Friday, 8 a.m. – 7 p.m., Eastern time, or 4. Create a MyHumana account and complete and submit the MMHS online. Applies to all members.	$50 in rewards per lifetime
High-Intensity Care of Substance Use Disorder	Have a follow-up visit within 7 days after discharge from inpatient care, residential treatment or detoxification visit. Applies to all members.	$50 in rewards per quarter, $200 yearly max
Human Papillomavirus Vaccine (HPV)	Must complete both doses to receive rewards. Applies to members 9 to 13 years.	$50 in rewards per lifetime
Level of Care Video	Watch this video in the Go365 app about when to access the emergency room. Applies to members 19 and older.	$10 in rewards per year
Notification of Pregnancy (NOP)	Let Humana know you are pregnant prior to giving birth in the Go365 app. Applies to pregnant female members.	$25 in rewards per pregnancy, max $50 per year
Postpartum Visit	Must complete 1 visit with your provider within 7 to 84 days after delivery. Applies to female members 13 and older.	$25 in rewards per pregnancy
Prenatal Visit	Complete a visit with your provider before giving birth. Applies to all female members.	$10 in rewards per visit, up to 10 visits, max $100 per pregnancy
Safe Sleep Education Video	Complete the Safe Sleep education video in the Go365 app. Applies to parents/guardians of members 0-2 years. Video may be watched on the minor's Go365 account.	$10 in rewards per year
Tobacco & Vaping Cessation Coaching	Work with a Coach over the phone to quit smoking or vaping. • $25 for completing 2 calls within 45 days of enrolling in Coaching • $25 for completing 6 more calls (8 total) within 12 months of enrolling in Coaching Enroll by calling **855-852-9446 (TTY: 711)**. When prompted, select option one. Applies to members 12 and older. Nicotine replacement therapy is available to members 18 and older.	Up to $50 in rewards per year

Activity	Reward criteria	Reward amount
Transition of Care	Complete a follow-up visit within 30 days of an inpatient, non-psychiatric discharge. Applies to all members.	$25 in rewards per quarter, $100 yearly max
Weight Management Coaching	Work with a Coach over the phone to reach or keep a healthy weight. • $15 for completing enrollment • $15 for completing Coaching, six calls total, within 12 months of enrolling To enroll, call **855-852-9446 (TTY: 711)**. When prompted, select option two. Applies to all members 12 and older.	Up to $30 in rewards per year
Well-Child Visit (0 to 15 months)	Complete a wellness visit with a pediatrician. Applies to members 0 to 15 months.	$10 in rewards per visit up to 6 visits, max $60 per year
Well-Child Visit (16 to 30 months)	Complete a wellness visit with a pediatrician. Applies to members 16 to 30 months.	$10 in rewards per visit up to 2 visits, max $20 per year

Your rewards will be available in your Go365 account once criteria and activities are confirmed. You may also view a full list of rewardable activities in the app.

How to redeem your rewards

After completing any of the healthy activities listed above:

- Download the Go365 app. Make sure to choose the one that says Humana Healthy Horizons in the name. Add eligible minors to your account.
- Find your available rewards in the Go365 for Humana Healthy Horizons app
- Access the Go365 Mall in the app
- Redeem your rewards for e-gift cards

Go to Humana.com/medicaid/virginia or call **844-881-4482 (TTY: 711)** for more information about Go365 for Humana Healthy Horizons.

Humana Healthy Horizons in Virginia is a Medicaid product of Humana Medical Plan, Inc.

Go365 for Humana Healthy Horizons is available to all who meet the requirements of the program. Rewards are not used to direct you to select a certain provider. Rewards may take 90 to 180 days or greater to receive. Rewards are non-transferable to other plans or programs. You will lose access to the Go365® app and the earned incentives and rewards if you voluntarily disenroll from Humana Healthy Horizons or lose eligibility for more than one-hundred eighty (180) days. At the end of plan year (December 31), those with continuous enrollment will have 90 days to redeem their rewards.

Rewards have no cash value. The monetary amounts listed above are reward values, not actual dollars. For some rewards, your doctor has to tell us that you completed the healthy activity. Once we get this information from your doctor, you will see in the app the option to redeem the reward. For any reward you qualify to earn during the current plan year, we must get confirmation from your

doctor by no later than March 15 of the following year.

Gift cards cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid, or other federal healthcare programs; gambling, alcohol; tobacco; e-cigarettes; or firearms. Gift cards must not be converted to cash. Rewards may be limited to once per year, per activity. See description for details.

Wellness coaches do not offer medical, financial, or other professional advice, and should not be used in place of consulting a licensed professional. You should consult with an applicable licensed professional to determine what is right for you.

6. Your Prescription Drugs

Understanding Your Prescription Drug Coverage

Prescription drugs are medicine your provider orders ("prescribes") for you. Usually, Humana Healthy Horizons in Virginia will cover ("pay for") your drugs if your PCP or another provider writes you a prescription and your prescription is on the Preferred Drug List (PDL). If you are new to Humana Healthy Horizons in Virginia, you can keep getting the drugs you are already taking for up to 60 days. If a prescription you need is not on the Preferred Drug List, you can still get it if it is medically necessary.

To know which prescriptions are covered by Humana Healthy Horizons in Virginia and the Department, see the Preferred Drug List (PDL) at Humana.com/HealthyVirginia. We also cover a wide range of over-the-counter (OTC) prescriptions. Members can get coverage for these OTC when they get the prescription from their provider and fill their prescription at a pharmacy in our network. The Preferred Drug List (PDL) can change during the year, but Humana Healthy Horizons in Virginia will always have the most up-to-date information. Don't worry, we will notify you if your medicine is removed from the PDL. You can find the most up to date PDL on our website at Humana.com/HealthyVirginia or call Member Services at **844-881-4482** for help. To view current medical and pharmacy coverage policies, please visit Medical and Pharmacy Coverage Policies at Humana.com/coveragepolicies.

By law there are some drugs that cannot be covered. Drugs that cannot be covered include experimental drugs, drugs for weight loss or weight gain (drugs for weight loss are covered for members who meet the medical criteria), drugs used to promote fertility or for the treatment of sexual or erectile dysfunction, and drugs used for cosmetic purposes. Contact Member Services with questions about your prescription coverage.

Drugs that Require You or Your Provider to Take Extra Steps

Some drugs have rules or restrictions on them that limit how and when you can get them. For example, a drug may have a quantity limit, which means you can only get a certain amount of the drug each time you fill your prescription. For drugs with special rules, you may need a service authorization from Humana Healthy Horizons in Virginia before you can get your prescription filled (*see Section 7, Getting Approval for Your Services, Treatments, and Drugs*). If your provider does not get approval, Humana Healthy Horizons in Virginia may not cover the drug. To find out if the drug you need has a special rule, your provider can check the Preferred Drug List. If Humana Healthy Horizons in Virginia denies or limits your coverage for a drug and you disagree with the decision, you

have the right to appeal (*see Section 8, Appeals and Complaints*).

In some cases, Humana Healthy Horizons in Virginia may require "step therapy". This is when you try a drug (usually one that is less expensive) before Humana Healthy Horizons in Virginia will cover another drug (usually one that is more expensive) for your medical condition. If the first drug does not work, then you can try the second drug.

Emergency Supply of Drugs

If you ever need a drug and your provider cannot get a service authorization quickly enough (like over the weekend or a holiday), you can get a short-term supply of your drug by getting Humana Healthy Horizons in Virginia approval. You can get Humana Healthy Horizons in Virginia approval if a pharmacist believes that your health would be at-risk without the benefit of the drug. When this happens, Humana Healthy Horizons in Virginia may authorize a 72-hour emergency supply. To request an emergency supply, your pharmacist would call the pharmacy help desk for a 72-hour emergency supply authorization or submit the appropriate submission clarification code.

Long-Term Supply of Drugs

You can get a long-term supply of certain drugs on Humana Healthy Horizons in Virginia Drug List.

Getting Your Drugs from a Network Pharmacy

Once your provider orders a prescription for you, you will need to get your prescription drugs filled at a network pharmacy (except during an emergency). A network pharmacy is a drug store that agrees to fill drugs for Humana Healthy Horizons in Virginia members. To find a network pharmacy, use your Provider Directory available at Humana.com/HealthyVirginia. You can use any of Humana Healthy Horizons in Virginia network pharmacies.

If you need to change pharmacies, you can ask your pharmacy to transfer your prescription to another network pharmacy. If your pharmacy leaves Humana Healthy Horizons in Virginia network, you can find a new pharmacy in the Provider Directory or by calling Humana Healthy Horizons in Virginia Member Services at **844-881-4482 (TTY:711).**

When you go to the network pharmacy to drop off a prescription or pick up your drugs, show your Humana Healthy Horizons in Virginia ID Card. If you have Medicare, show both your Medicare Card and Humana Healthy Horizons in Virginia ID Card. Call Humana Healthy Horizons in Virginia Member Services or your care manager if you have questions or need help getting a prescription filled or finding a network pharmacy.

Getting Your Drugs Mailed to Your Home

Sometimes you may need a drug that is not available at a pharmacy near you, such as a drug used to treat a complex condition or one that requires special handling and care.

If this happens, a specialized pharmacy will ship these drugs to your home or your provider's office.

As a Humana Member, you can use Humana's mail-order pharmacy, CenterWell Pharmacy®, which will send medicine to your home.

If you need medicine to treat a complex or long-lasting condition like cancer, HIV, or multiple sclerosis, for example, you may need to get your prescription filled at a specialty pharmacy. Medicines to treat complex or long-lasting conditions may only be available at certain locations.

You may be able to fill your specialty prescriptions at our CenterWell Specialty Pharmacy®. This pharmacy will fill and mail your specialty prescription to your home or provider. For more information, you can call CenterWell Pharmacy at **800-379-0092** or CenterWell Specialty Pharmacy at **800-486-2668**.

Patient Utilization Management and Safety Program (PUMS)

Some members who need additional support with their medication management may be enrolled in the Patient Utilization Management and Safety Program (PUMS). The program helps coordinate your drugs and services so that they work together in a way that will not harm your

health. For safety, members in the PUMS Program may be restricted (or locked in) to only using one pharmacy to get their drugs. Members may also receive further drug education.

As part of this program, we may check the Prescription Monitoring Program (PMP) tool that the Virginia Department of Health Professions maintains to review your medications. This tool uses an electronic system to monitor the dispensing of controlled substance prescription medications.

Humana Healthy Horizons in Virginia will send you a letter with more information if you are in the PUMS Program. If you are placed in the program but do not think you should have been, you can appeal within 60 days of receiving the letter (see Section 8, Appeals and Complaints).

7. Getting Approval for Your Services, Treatments, and Drugs

Second Opinions

If you disagree with your provider's opinion about the services you need, you have the right to a second opinion. You can get a free second opinion from a network provider without a referral. When network providers are not accessible or when they cannot meet your needs, Humana Healthy Horizons in Virginia can refer you to an out-of-network provider for a second opinion at no cost.

Service Authorization

There are some services, treatments, and drugs that require service authorization before you receive them or to continue receiving them. A service authorization helps to understand if certain services are medically necessary and if Humana Healthy Horizons in Virginia can cover them for you. After assessing your needs and making a care recommendation, your provider must submit a request for a service authorization to Humana Healthy Horizons in Virginia with information that explains why you need the service. This helps make sure that they can be paid for the services they provide to you. Humana Healthy Horizons in Virginia will use it to help make decisions about medical necessity when your doctor requests new services, treatments, or drugs.

If you are new to Humana Healthy Horizons in Virginia, Humana Healthy Horizons in Virginia will honor any previously approved service authorizations made by the Department or another health plan for up to 60 days (or until the authorization ends if that is sooner)

Decisions are based on what is right for each Member and on the type of care and services that are needed. We look at standards of care based on:

- Medical policies
- National clinical coverage guidelines
- Medicaid guidelines and health benefits

Humana Healthy Horizons in Virginia does not reward employees, consultants, or other providers to:

- Deny care or services that you need
- Support decisions that approve less than what you need
- Say you do not have coverage

Service authorization is never required for emergency care or services provided to stabilize your condition, preventive services, EI services, family planning services, basic prenatal care, or Medicare-covered services.

How to Get a Service Authorization

For assistance with obtaining a service authorization, you or your doctor may call Member Services at **844-881-4482** or your care manager can answer your questions and share more about how to request a service authorization. If you want to request a specific service that requires a service authorization, your care manager can help you find the right provider who can help figure out if you need the service.

Timeframe for Service Authorization Review

After receiving your service authorization request, Humana Healthy Horizons in Virginia will decide whether to approve or deny a request. Humana Healthy Horizons in Virginia will decide as fast as your health condition requires, and no longer than seven (7) calendar days after the service has been requested for standard requests with a possible extension of up to fourteen (14) additional calendar days if you or your doctor requests it. If your doctor tells Humana Healthy Horizons in Virginia, seven (7) days is too long, Humana Healthy Horizons in Virginia will make a decision as fast as possible, but no later than seventy – two (72) hours of three (3) calendar days with a possible extension up to fourteen (14) calendar days, if you request it.

Humana Healthy Horizons in Virginia will make a decision in fourteen (14) calendar days for long term services and support (LTSS). Post service authorization requests are reviewed in thirty (30) calendar days with a possible fourteen (14) calendar day extension. Post service authorization requests are reviewed in 30 calendar days with a possible 14 calendar day extension.

If you are under twenty-one (21), your service request will be reviewed for medical necessity and early periodic screening diagnostic and treatment, specific to your condition before Healthy Horizons Virgina will make and adverse decision.

You can see all of your service authorizations and the status (approved, pending, no decision has been made yet, or denied) on Humana.com under Member Services. For any service authorization Humana Healthy Horizons in Virginia does not approve, we will send you a letter in the mail to tell you within the timeframe(s) above.

Humana Healthy Horizons in Virginia will make any decisions about pharmacy services within 24 hours. On weekends or a holiday, Humana Healthy Horizons in Virginia may authorize a 72-hour emergency supply of your prescribed drugs. This gives your provider time to submit a service authorization request and for you to potentially receive an additional supply of your prescribed drug after the 72-hour emergency supply is done.

Humana Healthy Horizons in Virginia will contact your provider if Humana Healthy Horizons in Virginia needs more information or time to make a decision about your service authorization. You will be informed of the communication to your requesting provider. If you disagree with Humana Healthy Horizons in Virginia taking more time to review your request or if you do not like the way Humana Healthy Horizons in Virginia handled your request, see *Section 8, Appeals and Complaints,* on how to file a complaint. You can talk to your care manager about your concerns, or you may call the Cardinal Care Managed Care Enrollment Helpline at **800-643-2273 (TTY: 800-817-6608)**. If you have more information to share with Humana Healthy Horizons in Virginia to help decide your case, then you, or your provider can ask Humana Healthy Horizons in Virginia to take more time to make a decision in order to include the additional information.

Adverse Benefit Determinations

If Humana Healthy Horizons in Virginia denies a service authorization request, this is called an adverse benefit determination. An adverse benefit determination can also occur when Humana Healthy Horizons in Virginia approves only part of the care request or a service amount that is less than what your provider requested.

Examples of adverse benefit determinations include when Humana Healthy Horizons in Virginia:

- Denies or limits a request for health care or services your provider or you think you should be able to get, including services outside of your provider's network.
- Reduces, pauses, or stops health care or services you were already receiving.
- Fails to provide services in a timely manner.
- Fails to act in a timely manner to address grievances and appeals.
- Denies your request to reconsider a financial liability.
- Does not pay for all or part of your health care or services.

Humana Healthy Horizons in Virginia will notify you and your doctor in writing of any adverse benefit determination within the timeframes above, depending on if the request is a standard, expedited, or retrospective request. If Humana Healthy Horizons in Virginia stops, suspends, or reduces a service of previously authorize Medicaid services you are currently receiving Humana Healthy Horizons in Virginia will notify your provider and you in writing at least ten (10) calendar days before plus five (5) calendar days for mailing for a total of fifteen (15) calendar days of the date of making changes to your service. If Humana Healthy Horizons in Virginia makes an adverse benefit determination on a previously approved service, Humana Healthy Horizons in Virginia will usually notify your provider and you in writing at least 10 days before making changes to your service. But, if you do not hear from Humana Healthy Horizons in Virginia, contact Humana Healthy Horizons in Virginia Member Services or the provider who would be providing you the service to

follow up. When Humana Healthy Horizons in Virginia tells you the decision in writing, Humana Healthy Horizons in Virginia will tell you what the decision was, why the decision was made, and how to appeal if you disagree. Humana Healthy Horizons in Virgina will treat oral inquiries wanting to appeal an Adverse Benefit Determination as an appeal. You should share a copy of the decision with your provider. If you disagree with the decision, you can request an appeal. See *Section 8, Appeals and Complaints,* for more information on the appeal process.

8. Appeals and Complaints

Complaints (or Grievances)

As a member, you may file a grievance orally or in writing with Humana Healthy Horizons in Virginia at any time. With the exception of an attorney, a provider or an authorized representative may file a grievance for you with the written consent.

Appeals

When to File an Appeal with Humana Healthy Horizons in Virginia

You have the right to file an appeal orally or in writing. With written consent from you the member, your attorney, a provider or an authorized representative may request an appeal on behalf of you the member. You may file an appeal if you disagree with an adverse benefit determination (*see Section 7 Getting Approval for Your Services, Treatments, and Drugs*) that Humana Healthy Horizons in Virginia makes about your health coverage or covered services. You must appeal within 60 calendar days of the date on Humana Healthy Horizons in Virginia's decision letter about your service authorization request. You can allow your attorney or an authorized representative (provider, family Member, etc.) with written consent, to act on your behalf. See *Section 7, Getting Approval for Your Services, Treatments, and Drugs,* for more information on service authorizations and adverse benefit determinations. Humana Healthy Horizons in Virginia only has one level of appeal for members. If you need assistance with an appeal, you may talk to your care manager. In handling appeals, Humana Healthy Horizons in Virginia will give you any reasonable assistance in completing forms and taking other procedural steps related to an appeal. This includes, but is not limited to, auxiliary aids and services upon request, such as providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.

You will not lose coverage if you file an appeal. In some cases, you may be able to keep getting services that were denied while you wait for a decision on your appeal or state fair hearing. Contact Humana Healthy Horizons in Virginia's Member Services if your appeal is about a service you get that is scheduled to end or be reduced. If you do not win your appeal, you may have to pay for the services that you received while the appeal was being reviewed.

How to Submit Your Appeal to Humana Healthy Horizons in Virginia

You can file your appeal by phone or in writing. You can submit either a standard (regular) or an expedited (fast) appeal request. Humana Healthy Horizons in Virginia establishes and maintains an expedited review process for appeals when we or your provider think that taking the time for a standard resolution could seriously jeopardize your life, physical or mental health, or ability to attain, maintain, or regain maximum function.

Phone Requests	**844-881-4482 (TTY: 711)**
Written Requests	Mail: Humana Healthy Horizons in Virginia, Grievance and Appeal Department, PO Box 14163 Lexington, KY. 40512-4163 Fax: **800-949-2961**

If you need help with filing a compliant (grievance) or an appeal, or help filling out a form, we will help you. Please call member services at **844-881-4482 (TTY: 711)**. This includes, but is not limited to, auxiliary aids, interpreter services and toll-free numbers.

Timeframe for Appeal to Humana Healthy Horizons in Virginia

When you file an appeal, be sure to let Humana Healthy Horizons in Virginia know of any new or additional information that you want to be used in making the appeal decision. Appeal requests or any additional information can be submitted to the above address and fax number or by calling the above telephone number. You can also call Humana Healthy Horizons in Virginia Member Services if you need help. Within 5 business days, Humana Healthy Horizons in Virginia will send you a letter to let you know that we received your appeal.

For expedited appeals (meaning appeals that need to happen on a faster than normal timeline), Humana Healthy Horizons in Virginia will let you know right away that we received your appeal. If Humana Healthy Horizons in Virginia needs more information, the decision about your standard or expedited appeal could be delayed by up to 14 days from the respective timeframes. If we need more information we will:

- Write you and tell you what information is needed. For expedited appeals, we will call you right away and send you a letter within two days letting you know additional time is needed,
- Explain why the delay is in your best interest,
- Make a decision no later than 14 days from the date we asked for more information.

If Humana Healthy Horizons in Virginia has all the information needed from you:

- Within 72 hours of receiving your expedited appeal request, Humana Healthy Horizons in Virginia will send you a written notice and try to provide verbal notice to tell you the decision,
- Within 30 days of receiving your standard appeal request, Humana Healthy Horizons in Virginia will send you a written notice to tell you the decision.

If You Are Unhappy with Humana Healthy Horizons in Virginia Appeal Decision

You can file an appeal to the Department through what is called the State Fair Hearing process after filing an appeal with Humana Healthy Horizons in Virginia if:

- You disagree with the final appeal decision you receive from Humana Healthy Horizons in Virginia and you have exhausted all appeals processes mentioned above.

OR

- Humana Healthy Horizons in Virginia does not respond to your appeal in a timely manner.

Like Humana Healthy Horizons in Virginia's appeals process, you may be able to keep getting

services that were denied while you wait for a decision on your State Fair Hearing appeal (but you may have to pay for these services if your State Fair Hearing appeal is denied).

You may request a State Fair Hearing only after receiving notice that Humana Healthy Horizons in Virginia is standing by the Adverse Benefit Determination related to the appeal. You're your written consent, a provider or an authorized representative may request a State Fair Hearing on your behalf.

How to Submit Your State Fair Hearing Appeal

You (or your authorized representative) must appeal to the state (request a State Fair Hearing) within 90 to 120 calendar days from the date on Humana Healthy Horizons in Virginia's appeal decision letter. You can appeal by phone, in writing, or electronically. If you appeal in writing, you can write your own letter or use the Department's appeal request form. Be sure to include a full copy of the final written notice showing Humana Healthy Horizons in Virginia's appeal decision and any documents you want the Department to review. If you have chosen an authorized representative, you must provide documents that show that individual can act on your behalf.

If you feel waiting the standard timeframe for a State Fair Hearing decision could seriously harm your health, you can ask that the State Fair Hearing be handled quickly or expedited. Please write "EXPEDITED REQUEST" on your State Fair Hearing request.

Humana Healthy Horizons in Virginia includes parties to the appeal and State Fair Hearing as:

- You the member or your representative
- The legal representative of a deceased member's estate
- For State Fair Hearing, Humana Healthy Horizons in Virginia

Phone Requests	**804-371-8488 (TTY: 800-828-1120)**
Written Requests	Mail: Virginia Department of Medical Assistance Services, Appeals Division, 600 E. Broad Street, Richmond, VA 23219 Fax: **804-452-5454**
Electronic Requests	Website: dmas.virginia.gov/appeals Email: appeals@dmas.virginia.gov

Timeframe for State Fair Hearing Appeal

After you file your State Fair Hearing appeal, the Department will tell you the date, time, and location of the scheduled hearing. Most hearings can be done by phone. You may also request an in-person hearing.

If you qualify for an *expedited* State Fair Hearing appeal the Department will issue a written appeal decision within 72 hours of receiving the expedited request letter from your provider.

For *standard* State Fair Hearing appeals, the Department will usually issue a written appeal decision within 90 days of you filing your appeal with Humana Healthy Horizons in Virginia. The 90-day timeframe does not include the number of days between Humana Healthy Horizons in Virginia decision on your appeal and the date you sent your State Fair Hearing request to the Department. You will have the chance to participate in a hearing and present your position.

State Fair Hearing Outcome

If the State Fair Hearing reverses Humana Healthy Horizons in Virginia's appeal decision, we will authorize or provide the services as quickly as your condition requires and no later than 72 hours from the date the Department gives notice to Humana Healthy Horizons in Virginia.

If you continued to get services while you waited for a decision on your State Fair Hearing appeal, Humana Healthy Horizons in Virginia will pay for those services. If you do not win your appeal, you may have to pay for the services that you received while the appeal was being reviewed. The State Fair Hearing decision is the Department's final decision. If you disagree, you may appeal to your local circuit court.

How FAMIS members ask for an External Review

FAMIS members can request an external review. The external review is optional and is not required before requesting a state fair hearing. You or your authorized representative must submit a written request to the Department for external review within 120 calendar days from the date on the Humana Healthy Horizons in Virginia's final appeal decision letter. Please mail external review requests to:

FAMIS External Review

c/o Kepro

2810 N. Parham Road Suite 305

Henrico, VA 23294

Or submit online at www.DMAS.KEPRO.COM

Please include: your name, your child's name (or your name, if for services you yourself received) and Medicaid ID number, your phone number with area code, and copies of any relevant notices or information.

Complaints

When to File a Complaint

You have the right to file a complaint ("grievance") at any time. You will not lose your coverage for filing a complaint.

You can complain about anything except a decision about your health coverage or covered services. (For those types of issues, you will need to submit an appeal – see above). You can file a complaint with Humana Healthy Horizons in Virginia if you are unhappy. Some of the issues you can make complaints about include:

- Accessibility: For example, if you cannot physically access your provider's office/facilities or you need language assistance and did not get it.
- Quality: For example, if you are unhappy with the quality of care you got from a provider or in the hospital.
- Customer Services: For example, if your provider or health care staff was rude to you.
- Wait Times: For example, if you have trouble getting an appointment or have to wait a long

time to see your provider.

- Wait Times for a Decision: For example, if you are unhappy about the extension of time proposed by Humana Healthy Horizons in Virginia to make an authorization decision.
- Privacy: For example, if someone did not respect your right to privacy or shared your confidential information.

How to File a Complaint with Humana Healthy Horizons in Virginia

To file a complaint with Humana Healthy Horizons in Virginia, call Humana Healthy Horizons in Virginia Member Services at **844-881-4482 (TTY:711)**. To file a complaint in writing by mailing it to Humana Healthy Horizons in Virginia, Grievance and Appeal Department, PO Box 14163, Lexington, KY 40512-4163 or faxing it to **800-949-2961**. Be sure to include details on what the complaint is about so that Humana Healthy Horizons in Virginia can help.

If you need assistance with a complaint, you may talk to your care manager. In handling complaints, Humana Healthy Horizons in Virginia will give you any reasonable assistance in completing forms and taking other procedural steps related to a complaint. This includes, but is not limited to, auxiliary aids and services upon request, such as providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.

Humana Healthy Horizons in Virginia will tell you our decision within 90 calendar days after getting your complaint. If your complaint is about your request for an expedited appeal (see above), Humana Healthy Horizons in Virginia will respond within 24 hours of getting your complaint.

How to File a Complaint with an Outside Organization

- Call the Cardinal Care Managed Care Enrollment Helpline at **800-643-2273 (TTY: 800- 817-6608)**.
- Contact the U.S. Department of Health and Human Services' Office for Civil Rights:
  - Phone Requests: **800-368-1019 (TTY: 800-537-7697)**.
  - Written Requests: Office of Civil Rights – Region III, Department of Health and Human Services, 150 S Independence Mall West Suite 372, Public Ledger Building, Philadelphia, PA 19106; or fax to **215-861-4431**.
- Contact the Virginia Long-Term Care Ombudsman for complaints, concerns or assistance with nursing facility care or long-term services and supports in the community:
  - Phone Requests: **800-552-5019 (TTY: 800-464-9950)**.
  - Written Requests: Virginia Office of the State Long-Term Care Ombudsman, Virginia Department for Aging and Rehabilitative Services, 8004 Franklin Farms Drive Henrico, Virginia 23229.
- Contact the Office of Licensure and Certification at the Virginia Department of Health (for complaints specific to nursing facilities, inpatient and outpatient hospitals, abortion facilities, home care organizations, hospice programs, dialysis facilities, clinical laboratories, and health plans):
  - Phone Requests: **800-955-1819 (TTY: 711).**
  - Written Requests: Virginia Department of Health, Office of Licensure and Certification, 9960 Maryland Drive, Suite 401, Richmond, Virginia 23233-1463; or email: mchip@vdh.virginia.gov.

9. Cost Sharing

Copayments

Copayments are when you pay a fixed amount for certain services covered by Humana Healthy Horizons in Virginia or the Department. Humana Healthy Horizons in Virginia members will not owe copayments for covered services. If you receive a bill for a covered service, contact Humana Healthy Horizons in Virginia Member Services for help at **844-881-4482 (TTY: 711)**. Remember, if you get services that are not covered through Humana Healthy Horizons in Virginia or the Department, you must pay the full cost yourself.

If you have Medicare, you may have copayments for prescription drugs covered under Medicare Part D. Revisions to this bullet if plan covers Part D copayments as an enhanced benefit.

Patient Pay

If you get LTSS, you may need to pay for part of your care. This is called your patient pay amount. If you have Medicare, you may also have a patient pay responsibility towards skilled nursing facility care. Your local DSS will notify you if you have a patient pay responsibility and can answer questions about your patient pay amount.

Premiums

You do not need to pay a premium for your coverage. However, the Department pays Humana Healthy Horizons in Virginia a monthly premium for your coverage. If you are enrolled in Humana Healthy Horizons in Virginia but do not actually qualify for coverage because information you provided to the Department or to Humana Healthy Horizons in Virginia was false or because you did not report a change (like an increase in your income, which may impact whether you qualify for Medicaid/FAMIS), you may have to pay the Department back the cost of the monthly premiums. You will have to pay the Department even if you did not get services during those months.

10. Your Rights

General Rights

As a Cardinal Care Member, you have the right to:

- Be free from discrimination based on race, color, ethnic or national origin, age, sex, sexual orientation, gender identity and expression, religion, political beliefs, marital status, pregnancy or childbirth, health status, or disability.
- Be treated with respect and consideration for your privacy and dignity.
- Get information (including through this handbook) about your health plan, provider, coverage, and benefits.
- Get information in a way you can easily understand. Remember: interpretation, written translation, and auxiliary aids are available free of charge.
- Access health care and services in a timely, coordinated, and culturally competent way.
- Get information from your provider and health plan about treatment choices regardless of cost

or benefit coverage.

- Participate in all decisions about your health care, including the right to say "no" to any treatment offered.
- Ask your health plan for help if your provider does not offer a service because of moral or religious reasons.
- Get a copy of your medical records and ask that they be changed or corrected in accordance with State and Federal Law.
- Have your medical records and treatment be confidential and private. Humana Healthy Horizons in Virginia will only release your information if it is allowed under federal or state law, or if it is required to monitor quality of care or protect against fraud, waste, and abuse. Plan can choose to include PHI Use and Disclosure statement
- Live safely in the setting of your choice. If you or someone you know is being abused, neglected, or financially taken advantage of, call your local DSS or Virginia DSS at **888-832-3858.** This call is free.
- Receive information on your rights and responsibilities and exercise your rights without being treated poorly by your providers, Humana Healthy Horizons in Virginia, or the Department.
- Make recommendations about the plan's right and responsibilities policy.
- Be free from any restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Voice or file appeals and complaints and ask for a State Fair Hearing (*see Section 8, Appeals and Complaints*).
- Exercise any other rights guaranteed by federal or state laws (the Americans with Disabilities Act, for example).

Advance Directives

Advance directives are written instructions to those caring for you that tell them what to do if you are unable to make health care decisions for yourself. Your advance directive lists the type of care you do or do not want if you become so ill or injured that you cannot speak for yourself. It is your right and choice about whether to fill out an advance directive. Humana Healthy Horizons in Virginia is responsible for providing you with written information about advance directives and your right to create an advance directive under Virginia law. Humana Healthy Horizons in Virginia must also help you understand why Humana Healthy Horizons in Virginia may not be able to follow your advance directive.

If you want an advance directive, you can fill out an advance directive form. You can get an advance directive form from:

- Virginiaadvancedirectives.org
- Your care manager, if you have one
- Your provider, a lawyer, a legal services agency, a social worker, the hospital
- Humana Healthy Horizons in Virginia member services

You can cancel or change your advance directive or power of attorney if your decisions or preferences about your health care decisions or authorized representative change. If your provider is not following your advance directive, complaints can be filed with the Enforcement Division at the

Virginia Department of Health Professions:

- **800-643-2273 (TTY: 711)**
- Email enfcomplaints@dhp.virginia.gov.
- Write Virginia Department of Health Professions, Enforcement Division, 9960 Maryland Drive, Suite 300, Henrico, Virginia 23233-146.

If you believe Humana Healthy Horizons in Virginia has not provided you with the information you need about advance directives, or you are concerned that Humana Healthy Horizons in Virginia is not following your advance directive, you can contact the Department to file a complaint:

- **800-643-2273 (TTY: 711)**
- Email DMAS-Info@dmas.virginia.gov, or
- Write to the Department at Department of Medical Assistance Services, 600 East Broad Street, Richmond, Virginia 23219.

Member Advisory Committee

You have the right to let us know how the Department and Humana Healthy Horizons in Virginia can better serve you. Humana Healthy Horizons in Virginia invites you to join the Advisory Committee. As a member of the committee, you can participate in educational meetings that happen once every three months. You can attend in-person or virtually. Attending committee meetings will give you and your caregiver or family Member the chance to provide input on Cardinal Care and meet other members. If you would like more information or want to attend, contact Humana Healthy Horizons in Virginia Services.

You can also apply to join the DMAS Member Advisory Committee (MAC). The Department established the MAC to provide a formal method for enrollees' voices to be included in the DMAS decision-making process and to inform DMAS change management strategies. The committee is made up entirely of Medicaid-enrolled individuals or an authorized representative of an enrollee. If you are interested in learning more about the MAC, visit the Department's MAC website at https://www.dmas.virginia.gov/about-us/boards-and-public-meetings/member-advisory-committee/.

11. Your Responsibilities

General Responsibilities

As a Cardinal Care Member, you have some responsibilities. This includes the responsibility to:

- Follow this handbook, understand your rights, and ask questions when you do not understand or want to learn more.
- Treat your providers, Humana Healthy Horizons in Virginia staff, and other members with respect and dignity.
- Choose your PCP and, if needed, change your PCP (*see Section 3, Providers and Getting Care*).
- Be on time for appointments and call your provider's office as soon as possible if you need to cancel or if you are going to be late.
- Show your ID Card whenever you get care and services (*see Section 2, Cardinal Care Managed Care Overview*).

- Provide (to the best of your ability) complete and accurate information about your medical history and your symptoms.
- Understand your health problems and talk to your providers about treatment goals, when possible.
- Work with your care manager and care team to create and follow a care plan that is best for you (*see Section 4, Care Coordination and Care Management*).
- Invite people to your care team who will be helpful and supportive to be included in your treatment.
- Tell Humana Healthy Horizons in Virginia when you need to change your care plan.
- Get covered services from Humana Healthy Horizons in Virginia network when possible (*see Section 3, Providers and Getting Care*).
- Get approval from Humana Healthy Horizons in Virginia for services that require a service authorization (*see Section 7, Getting Approval for Your Services, Treatments, and Drugs*).
- Use the emergency room for emergencies only.
- Pay for services you get that are not covered by Humana Healthy Horizons in Virginia or the Department.
- Report suspected fraud, waste, and abuse (see below).

Call Humana Healthy Horizons in Virginia Member Services at Member Services at 844-881-4482 (TTY:711) to let them know if:

- Your name, address, phone number, or email have changed (*see Section 1, Let's Get Started*).
- Your health insurance changes in any way (from your employer or workers' compensation, for example) or you have liability claims, like from a car accident.
- Your Member ID Card is damaged, lost, or stolen.
- You have problems with health care providers or staff.
- You are admitted to a nursing facility or the hospital.
- Your caregiver or anyone responsible for you changes.
- You join a clinical trial or research study.

Quality Improvement

Overview

Your care means a lot to us. The Plan aims to make a lasting difference in your life by improving your health and well-being through the latest health and life services. We have a Quality Improvement (QI) Program that aims to:

- Improve the health of all members
- Ensure positive experiences and outcomes of members, and
- Lower the cost of care to benefit everyone

Our QI Program goals and purpose are:

- Organize care
- Promote value

- Ensure ongoing performance and efficiency
- Improve the quality and safety of clinical and nonclinical care and services

We work to:

- Meet national quality standards
- Receive high customer and provider satisfaction, and
- Achieve top Member health outcomes

Our QI Program conducts the following activities:

- Assess the unique needs of members
- Assess the availability of providers for members in every region of the state
- Meet national quality standards
- Ensure The Plan is effectively serving members with complex health needs
- Ensure The Plan is effectively serving members with diverse cultural and language needs
- Establish safe clinical practices with all of our providers
- Manage all quality of care and quality service complaints
- Provide quality oversight of all clinical services
- Meet the quality requirements of the Centers for Medicare and Medicaid Member Services (CMS)
- Monitor and evaluate Member and provider satisfaction

For more information on the QI Program, or our clinical and practice guidelines please call Member Services or visit Humana.com/HealthyVirginia.

Reporting Fraud, Waste, and Abuse

As a Cardinal Care Member, you are responsible for reporting suspected fraud, waste, and abuse concerns and making sure you do not participate in or create fraud, waste, and abuse. Fraud is an intentional deception or misrepresentation by a person who knows the action could result in an unauthorized benefit to themselves or someone else. Waste is overusing, underusing, or misusing Medicaid resources. Abuse is the practice of causing unnecessary cost to the Medicaid program or payment for services that are not medically necessary or that do not meet certain health care standards.

Examples of *Member* fraud, waste, and abuse include:

- Falsely reporting income and/or assets to qualify for Medicaid.
- Permanently living in a state other than Virginia while receiving Cardinal Care benefits.
- Using another person's ID Card to get services.

Examples of *provider* fraud, waste, and abuse include:

- Providing services that are not medically necessary.
- Billing for services that were not provided.
- Changing medical records to cover up illegal activity.

Information on how to report suspected fraud, waste, or abuse is included in the table below:

Humana's Contact Information for Reporting Fraud, Waste, and Abuse	
Phone	**800-614-4126 (TTY:711)** Ethics Help Line: **877-5-THE-KEY (877-584-3539)**
Email	Siureferrals@humana.com
Mail	Humana Special Investigations Unit 1100 Employers Blvd. Green Bay, WI 54344
Online	Humana Special Investigations Referral Form

The Department's Fraud and Abuse Hotline	
Phone	**804-786-1066** **Toll free: 866-486-1971 (TTY: 711)**
Email	RecipientFraud@DMAS.virginia.gov
Mail	Department of Medical Assistance Services, Recipient Audit Unit 600 East Broad St Suite 1300 Richmond, VA 23219

Virginia Office of the State Inspector General Fraud, Waste, and Abuse Hotline	
Phone	**800-723-1615 (TTY: 711)**
Email	covhotline@osig.virginia.gov
Mail	State Fraud, Waste, and Abuse Hotline 101 N. 14th Street The James Monroe Building 7th Floor Richmond, VA 23219
Online	Office of the State Inspector General - Fraud, Waste, and Abuse Complaint Form

Virginia Medicaid Fraud Control Unit (Office of the Attorney General)	
Phone	**804-371-0779** **Toll free: 800-371-0824 (TTY: 711)**
Fax	**804-786-3509**
Email	MFCU_mail@oag.state.va.us
Mail	Office of the Attorney General, Medicaid Fraud Control Unit 202 North Ninth Street Richmond, VA 23219

Insurance ACE 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 do not need to do anything unless you have a request or complaint.

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at https://huma.na/insuranceace

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including 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 nonpublic personal or health information?

Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information, or demographic information. The term "information" in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

How do we collect information about you?

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

What information do we receive about you?

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

How do we protect your information?

We have a responsibility to protect the privacy of your information in all formats including electronic and oral information. We have administrative, technical, and physical 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 employees about our privacy program and procedures

How do we use and disclose your information?

We 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

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, coordinating your care, improving quality, 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. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- 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. This applies if 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 if 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 that there is a

Insurance ACE
Notice of Privacy Practices (continued)

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 help with 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 and provided that they have taken appropriate measures to protect your privacy.
- 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?

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.

The following uses and disclosures will require your written permission:

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

What do we do with your information when you are no longer a member?

Your information may continue to be used for purposes described in this notice. This includes when 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?

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. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.
- Adverse Underwriting Decision – If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate Communications – To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- Amendment – You have the right to request correction of any of this personal information through amendment or deletion. Within 60 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. If we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.*
- Disclosure – You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice – You have the right to request and receive a written copy of this notice any time.
- Restriction – You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

If I believe that my privacy has been violated, what should I do?

If you believe that your privacy has been violated, you may file a complaint with us by calling us at 1-866-861-2762 any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also email your complaint to OCRComplaint@hhs.gov. If you elect to file a complaint, your benefits will not be affected, and we will not punish or retaliate against you in any way.

We support your right to protect the privacy of your personal and health information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices

*This right applies only to our Massachusetts residents in accordance with state regulations.

Insurance ACE
Notice of Privacy Practices (continued)

described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office, and on our web site.

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 forms. You may obtain any of the forms by:
- Contacting us at 1-866-861-2762
- Accessing our website at Humana.com and going to the Privacy Practices link
- Send completed request form to:
  Humana Inc. Privacy Office 003/10911
  101 E. Main Street
  Louisville, KY 40202

12. Key Words and Definitions in This Handbook

- **Addiction and Recovery Treatment** Member Services **(ARTS)**: A substance use disorder treatment benefit for members with addiction. Members can access a comprehensive continuum of addiction treatment services, such as inpatient services, residential treatment services, partial hospitalization, intensive outpatient treatment, Medication Assisted Treatment (MAT), substance and opioid use services, and peer recovery support services.
- **Adverse Benefit Determination:** Any decision by the health plan to deny a service or a service authorization request for a member. This includes an approval for a service amount that is less than requested.
- **Appeal:** A request by an individual (or someone they trust acting on their behalf) for the health plan to review a service request again and consider changing an adverse benefit determination made by the health plan about health coverage or covered services.
- **Authorized Representative:** A person who can make decisions and act on a member's behalf. Members can select a trusted family Member, guardian, or friend to be their authorized representative.
- **Brand Name Drug:** A medication that is made and sold by a single company. Generic versions of these drugs are sometimes available with the same ingredients but made by a different company.
- **Cardinal Care Managed Care Enrollment Helpline:** Assistance provided by an organization that contracts with the Department to help individuals with enrollment activities and choosing a health plan. Cardinal Care Managed Care Enrollment Helpline services are free and may be provided by phone or online.
- **Cardinal Care:** Virginia's Medicaid/FAMIS program, which includes the state's two prior Medicaid managed care programs, Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus), fee-for-service (FFS) Medicaid members, FAMIS Children, FAMIS MOMS and FAMIS Prenatal Coverage.
- **Care Coordination:** Help that the health plan provides to members so that members understand what services are available and how to get the health care or social services that they need. Care coordination is available to all members, including those who are not assigned a care manager and do not need or want care management.
- **Care Management:** Ongoing support provided to members with significant health, social, and other needs by a health plan's care manager. Care management services include a careful review a member's needs, development of a Care Plan, regular communication with a care manager and the member's care team and help with getting health care and social services transitions between different health care settings.
- **Care Manager:** A health professional that works for the health plan with special health care expertise that is assigned to and works closely with certain members with more significant needs. The Care Manager works with the Member, the member's providers, and their family members/caregivers to understand what health care and social services the Member needs, help them get the services that they need and to support them making decisions about their care.
- **Care Plan:** A plan that is developed and updated regularly by a member and their care manager that describes a member's health care and social needs, the services the Member will get to meet their needs, how they will get these services, by whom, and in some cases, how frequently.

- **Care Team:** A group of health care providers, including a member's doctors, nurses, and counselors, as selected by the Member, who help the Member get the care they need. The Member and their caregivers are part of the Care Team.
- **CCC Plus Waiver:** A home and community-based services (HCBS) waiver program in Virginia that provides care in the home and community instead of a nursing facility to members who qualify.
- **Centers for Medicare & Medicaid** Member Services **(CMS):** The federal agency in charge of the Medicaid and Medicare programs.
- **Copayment:** A fixed dollar amount that a member may be required to pay for certain services. Most Cardinal Care members will not have to pay copayments for covered services.
- **Cover Virginia:** Virginia's statewide support center. Individuals can call **833-5CALLVA (TTY: 888-221-1590)** for free or visit coverva.org/en to learn about and apply for health insurance, renew their coverage, update information, and ask questions.
- **Covered Benefits:** Health care services and prescription drugs covered by the health plan or the Department, including medically necessary physical health services, behavioral health services, and LTSS.
- **Doulas:** A trained individual in the community who provides support to members and their families throughout pregnancy, during labor and birth, and up to one year after giving birth.
- **Dual Eligible:** A person who has Medicare and full Medicaid coverage.
- **Durable Medical Equipment (DME):** Medical equipment and appliances, such as walkers, wheelchairs, or hospital beds, that members can get and use at home when medically necessary.
- **Early and Periodic Screening, Diagnostic, and Treatment** Member Services **(EPSDT):** A federally- required benefit that Medicaid members under age 21 are entitled to get. EPSDT provides comprehensive services to identify a child's condition, treat it, and make it better or prevent it from getting worse. EPSDT makes sure children and youth get needed preventive, dental, mental health, developmental, and specialty services.
- **Early Intervention (EI):** Member Services **for** babies under the age of three who are not learning or developing like other babies. Member Services **may** include speech therapy, physical therapy, occupational therapy, service coordination, and developmental services to support learning and development.
- **Eligible:** Meeting conditions or requirements for a program.
- **Emergency Care (or Emergency Services):** Treatment or services an individual gets for an emergency medical condition.
- **Emergency Medical Condition:** When an illness or injury is so serious that an individual (or, as applicable, their unborn baby's) health, bodily functions, body organs, or body parts may be in danger if they do not get medical care right away.
- **Emergency Medical Transportation:** Transportation in an ambulance or emergency vehicle to an emergency room to receive medical care. Members can get emergency medical transportation by calling **911**.
- **Emergency Room Care:** A hospital room staffed and equipped for the treatment of individuals that require immediate medical care and/or services.
- **Excluded Services:** Member Services **that** are not covered under Cardinal Care by the health plan or the Department.

- **Family Access to Medical Insurance Security (FAMIS) Plan or FAMIS Children:** A comprehensive health insurance program run by the federal and state government for uninsured children from birth through age 18 not eligible for Medicaid with income less than 200% of the federal poverty level.
- **FAMIS MOMS:** A health insurance program run by the federal and state government for uninsured pregnant individuals with income eligibility the same as FAMIS children.
- **FAMIS Prenatal Care (FAMIS PC):** A health insurance program run by the federal and state government for pregnant individuals who do not meet eligibility for Medicaid or FAMIS MOMS because of their citizenship or immigration status. Coverage begins during pregnancy and lasts through two months after the baby is born.
- **Fraud, Waste, and Abuse:** Fraud is an intentional deception or misrepresentation by a person who knows the action could result in an unauthorized benefit to themselves or someone else. Waste is overusing, underusing, or misusing Medicaid resources. Abuse is Member or provider practice of causing unnecessary cost to the Medicaid program or payment for services that are not medically necessary or that do not meet certain health care standards.
- **Generic Drug:** A medication that is approved by the federal government to use in place of a brand name medication because they have the same ingredients and work equally.
- **Good Cause Reasons:** Acceptable reasons to change health coverage. Examples of good cause reasons are: (1) an individual moves out of the state, or (2) the health plan is not able to provide the required medical services.
- **Grievance (or Complaint):** A written or verbal complaint that an individual makes to their health plan or an outside organization. Complaints can be concerns about accessibility, the quality of care, customer service, wait times, and privacy. A grievance (or compliant) is also expressing dissatisfaction about any matter other than an adverse action or an adverse benefit determination (ABD). Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a Provider or employee, or failure to respect the Member's rights. Grievances includes a member's right to dispute an extension of time proposed by Humana Healthy Horizons in Virgina to make an authorization decision.
- **Habilitation** Member Services **and Devices:** Member Services and devices that help individuals keep, learn, or improve skills and functioning for daily living.
- **Health Assessment:** An in-depth assessment completed by the care manager to help identify a member's health, social, and other needs, goals, and preferences. The Health Assessment helps guide the development of the Care Plan for members receiving care management.
- **Health Insurance:** A type of insurance coverage that pays for some or all of the member's health care costs. A company or government agency makes the rules for when and how much to pay.
- **Health Plan (or Plan):** A Cardinal Care Medicaid/FAMIS managed care organization that contracts with a group of doctors, hospitals, pharmacies, other providers, and care managers. They all work together to get members the care and care coordination they need.
- **Health Screening:** A screening administered to all members by the health plan to help understand if the Member would benefit from Care Management. The screening asks members about their health needs, social needs, medical conditions, ability to do everyday things, and living conditions.
- **Home Health Aide:** Short term services provided to Medicaid members to support them with personal care. Home health aides do not have a nursing license or provide therapy.

- **Home Health Care:** Health care services a member receives at home, including nursing care, home health aide services, physical/occupational therapy and other services.
- **Hospice Services:** Care to provide comfort and support for members (and their families) with a terminal prognosis – meaning the individual is expected to have six months or less to live. A Member with a terminal prognosis has the right to choose to stay in hospice. In hospice, a specially trained team of professionals and caregivers provide care for the whole person, including physical, emotional, social, and spiritual needs.
- **Hospital Outpatient Care:** Care or treatment in a hospital that usually does not require an overnight stay.
- **Hospitalization:** When an individual is admitted to a hospital as a patient to receive care. This is also known as inpatient hospital care.
- **Long-Term** Member Services **and Supports (LTSS):** Member Services and supports that help elderly individuals and children or adults with disabilities meet their daily needs and maintain independence. Examples include assistance with bathing, dressing, eating, and other basic activities of daily life and self-care, as well as support for everyday activities such as laundry, shopping, and transportation. Members can get LTSS in the setting that is right for them: the home, the community, or a nursing facility.
- **Medicaid or FAMIS Fee-for-Service (FFS):** The way in which the Department pays providers for Medicaid or FAMIS services. Cardinal Care members who are not enrolled in managed care are enrolled in FFS.
- **Medicaid/FAMIS Managed Care:** When the Department contracts with a health plan to provide Medicaid/FAMIS benefits to members.
- **Medicaid:** A health insurance program run by the federal and state government that provides free or low-cost health coverage and care to low-income individuals. In Virginia, Medicaid is called Cardinal Care.
- **Medically Necessary:** Services, supplies, or drugs needed to prevent, diagnose, or treat a medical condition or its symptoms. Medically necessary also means that services, supplies, or drugs meet accepted standards of medical practice or as necessary under current Virginia Medicaid coverage rules.
- **Medicare:** The federal health insurance program for individuals 65 years of age or older, some individuals under age 65 with certain disabilities, and individuals with end-stage renal disease (generally meaning those with permanent kidney failure who need dialysis or a kidney transplant) or Amyotrophic Lateral Sclerosis (ALS).
- **Medicare Part A:** The Medicare program that covers most medically necessary hospital, skilled nursing facility, home health, and hospice care.
- **Medicare Part B:** The Medicare program that covers services (such as lab tests, surgeries, and provider visits) and supplies (like wheelchairs and walkers) that are medically necessary to treat a disease or condition. Medicare Part B also covers many preventive and screening services.
- **Medicare Part C:** The Medicare program that lets private health insurance companies provide Medicare benefits through a Medicare Advantage Plan.
- **Medicare Part D:** The Medicare prescription drug benefit program. Medicare Part D covers outpatient prescription drugs, vaccines, and some supplies not covered by Medicare Part A, Medicare Part B, or Medicaid.
- **Medicare-Covered Services:** Member Services covered by Medicare Part A and Part B. All

Medicare health plans must cover all of the services that are covered by Medicare Part A and Part B.

- **Member Services:** A department at the health plan responsible for answering questions about membership, benefits, appeals, and complaints.
- **Network:** A group of doctors, clinics, hospitals, pharmacies, and other providers contracted with the health plan to provide care to members.
- **Network Provider (or Participating Provider):** A provider or facility that contracts with the health plan to provide covered health care services to members.
- **Network Pharmacy:** A drugstore that has agreed to fill prescription drugs for the health plan's members. In most cases, prescription drugs are covered only if they are filled at one of the health plan's network pharmacies.
- **Nursing Facility:** A medical care facility that provides care for individuals who cannot get their care at home but who do not need to be in the hospital. Members must meet specific criteria to live in a nursing facility.
- **Out-of-Network Provider (or Non-Participating Provider):** A provider or facility that is not employed, owned, or operated by the health plan and is not under contract to provide covered health care services to members.
- **Patient Pay:** The amount a member may have to pay for LTSS based on their income. The local DSS calculates the member's patient pay amount if they live in a nursing facility or receive CCC Plus waiver services and have an obligation to pay a portion of care.
- **Personal Care Aide Services:** Member Services **provided** by a Personal Care Aide that help members with personal care (bathing, using the toilet, dressing, or carrying out exercises) on an ongoing or long-term basis.
- **Poststabilization care services:** Related to an emergency medical condition that is provided after a member is stabilized to maintain a stabilized condition or to improve or resolve the member's condition.
- **Premium:** The monthly amount a member may be required to pay for their health insurance every month. Cardinal Care Medicaid managed care members do not need to pay any premiums for coverage. If a member is enrolled in a health plan but does not qualify for coverage because information they reported to the Department or the health plan was false or because they did not report a change, the Member may have to pay the Department back the cost of the monthly premiums. The Member will have to repay the Department even if they did not get services during those months.
- **Prescription Drug Coverage (or Covered Drugs):** Prescription medications covered (paid for) by the health plan. The health plan also covers some over-the-counter medications.
- **Prescription Drugs:** Medications that by law, members can only obtain through a provider prescription.
- **Primary Care Provider (PCP) (or Primary Care Physician):** A doctor or nurse practitioner who helps members get and stay healthy by taking care of their needs. PCPs provide and coordinate health care services.
- **Private Duty Nursing Services:** Skilled in-home nursing services provided by a licensed registered nurse (RN), or by licensed practical nurse under the supervision of an RN, to CCC Plus waiver members who have serious medical conditions or complex health care needs. Medicaid children and youth under age 21 can also get private duty nursing services under the EPSDT benefit.

- **Prosthetics and Orthotics:** Medical devices ordered by a member's provider. Covered items include, but are not limited to arm, back, and neck braces; artificial limbs; artificial eyes; and devices needed to replace an internal body part or function.
- **Provider:** Doctors, nurse practitioners, specialists, and other individuals who are authorized to provide health care or services to members. Many kinds of providers participate in each health plan's network.
- **Provider Services (or Physician Services):** Care provided by an individual licensed under Virginia state law to practice medicine, surgery, or behavioral health.
- **Referral:** Approval from a PCP to use other providers in the health plan's network. A PCP's referral is required before a member can see other network providers.
- **Rehabilitation Services and Devices:** Treatment to help individuals recover from an illness, accident, injury, or major operation.
- **Service Authorization (or Preauthorization):** Approval that may be needed before a member can get certain services, treatments, or prescription drugs. Service authorizations are requested by providers to the health plan to help make sure that the provider can be paid for the services they provide to the Member.
- **Skilled Nursing Care:** Skilled care or treatment that can only be provided by licensed nurses. Examples of skilled nursing needs include complex wound dressings, rehabilitation, tube feedings, or rapidly changing health status.
- **Skilled Nursing Facility (SNF):** A facility with staff and equipment to provide skilled nursing care, in most cases, skilled rehabilitative services and other related health services.
- **Specialist:** A provider who has additional training on services in a specific area of medicine, like a surgeon. The care members receive from a specialist is called specialty care.
- **State Fair Hearing:** The process where a member appeals to the state about a decision made by the health plan. Individuals can file a State Fair Hearing appeal if the health plan does not respond to or provide a decision on an individual's appeal on time, or if the individual does not agree with the plan's appeal decision.
- **Urgent Care:** Care an individual gets for a sickness or an injury that needs medical care quickly and could turn into an emergency.

Questions?

Call member services
at 844-881-4482 (TTY: 711)

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CardinalCare
Virginia's Medicaid Program