

# Washington Appendix to the Humana Provider Manual for Healthcare Providers

## Humana Medicare Advantage Dual-eligible Special Needs Plans

Welcome.

This is a Washington appendix to the Humana Provider Manual. It provides additional information for Washington physicians and other healthcare providers regarding members of Humana's Medicare Advantage (MA) dual-eligible special needs plans (D-SNPs). Please reference it in conjunction with the Humana Provider Manual.

The appendix discusses key points related to Humana Gold Plus SNP-DE plans H5619-136-001, H5619-136-002, H5619-136-003, H5619-136-004 and H5619-155 (HMO SNP) policies and procedures. It explains additional requirements when working with D-SNP members in Washington.

Thank you for your participation with Humana, where our goal is to provide quality services to your Washington MA-covered patients. We look forward to a long and productive relationship with you and your staff. Should you need further assistance, please call Humana Customer Care at 800-457-4708, daily, 8 a.m. – 8 p.m., Eastern time.

Sincerely,



Timothy Brown  
Regional Vice President, Provider Experience  
Intermountain Region

# I. Introduction

This document is a Washington appendix to the Humana Provider Manual. It provides additional information for Washington physicians and other healthcare professionals regarding Humana's MA dual-eligible special needs plans (D-SNPs). Please reference it in conjunction with the Humana Provider Manual.

The Humana Gold Plus SNP-DE plans (H5619-136-001, H5619-136-002, H5619-136-003, H5619-136-004 and H5619-155) are Medicare Advantage (MA) health maintenance organization (HMO) special needs plans (SNP) that contract with the federal government. The D-SNP plan limits membership to people who receive assistance from the state and Medicare. Humana has entered into an agreement with the Washington State Health Care Authority to help coordinate the delivery of Medicaid services for Humana's Medicare dual-eligible enrollees.

# II. Glossary of Terms

- **Appeal** – For Medicaid benefits and services, pursuant to 42 CFR 438.400(b), a request for review of an adverse benefit determination. Under Medicare, pursuant to 42 CFR 422.561, an appeal means any of the procedures that pertain to the review of adverse organization determinations on the healthcare services the enrollee believes he or she is entitled to receive, including delay in providing, arranging for or approving the healthcare services (such that a delay would adversely affect the health of the enrollee), or on any amounts the enrollee must pay for a service, as defined under § 422.566(b). These procedures include reconsiderations by the MA organization, and if necessary, an independent review entity, hearings before Administrative Law Judge, review by the Medicare Appeals Council (Council) and judicial review.
- **Cost-sharing obligations (Washington)** – Medicare premiums, deductibles, copayments, and coinsurance that Humana and/or Medicaid is obligated to pay for certain D-SNP Medicare beneficiaries:
- **Qualified Medicare beneficiaries (QMB and QMB+)** – Medicaid pays Part A, Part B (or both) premiums, deductibles, coinsurance, and copayments.
- **Specified Low Income Medicare Beneficiary (SLMB)** – Medicaid pays Part B premiums only. **\*Please note:** For 2024, Humana is paying member deductible, coinsurance and copayments.
- **Specified Low Income Medicare Beneficiary Plus (SLMB+)** – Medicaid pays Part A, Part B (or both) premiums, deductibles, coinsurance and copayments.
- **Qualified Individual (QI-1)** – Medicaid pays Part B premiums only. **\*Please note:** For 2024, Humana is paying member deductible, coinsurance and copayments.
- **Other Full Benefit Dual Eligible enrollee (FBDE)** – Medicaid pays Part A, Part B (or both) premiums, deductibles, coinsurance and copayments.
- **Dual-eligible** – For purposes of Humana Washington D-SNP, a Humana D-SNP enrollee who is also eligible for Washington Medicaid (Apple Health). Medicaid covers their Medicare premiums, cost-sharing, or both.
- **Partial Dual-eligible** – An individual who qualifies for a **Medicare Savings Program (MSP)**. MSPs are managed by the Medicaid program in each state. While MSPs cover certain Medicare costs, like Medicare Part A and Part B premiums, an individual with partial dual eligibility does not receive full Medicaid medical benefits.
- **Full Dual-eligible** – An individual who is eligible for Medicare Part A and/or Part B benefits and is eligible for Medicaid benefits (services), including those who are categorically eligible and those who qualify as medically

needy under the state plan.

- **Grievance** – An expression of dissatisfaction about any matter other than an action. This can be any complaint or dispute, other than one that constitutes an adverse benefit determination or organization determination, expressing dissatisfaction with any aspect of a plan or provider's operations, activities or behavior, regardless of whether remedial action is requested. Possible subjects for grievances include, but are not limited to, the quality of care, quality of services provided and aspects of interpersonal relationships, such as rudeness of a provider or employee or failure to respect the member's rights. Under Medicaid, grievance includes an enrollee's right to dispute an extension of time proposed by the Managed Care Organization, Prepaid Inpatient Health Plan or Prepaid Ambulatory Health Plan to make an authorization decision.
- **MA agreement** – The MA agreement between Humana and the Centers for Medicare & Medicaid Services (CMS) to provide Medicare Part C and other health plan services to Humana's members.
- **National Provider Identifier (NPI)** – A Health Insurance Portability and Accountability Act of 1996 (HIPAA) administrative simplification standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

### III. Washington D-SNP Member Grievance and Appeal Filing

At any time, MA members may express dissatisfaction with the healthcare services received for any aspect of the plan, or who have received an adverse determination. This may include the services they have received from their Medicaid plan carrier.

Through any member touchpoint, if a member requests assistance in filing a grievance and/or appeal for Medicare or Medicaid, Humana associates will assist the member with contact information and warm transfer. Members can contact Humana Customer Care for assistance at the number on the back of their member ID card. Humana has also provided a list of Washington D-SNP health plan contact information, for provider awareness, below.

Topics could include, but are not limited to, any of the following:

- A problem with their doctor's office
- Receiving a bill from a doctor
- Being sent to collections due to an unpaid medical bill
- The quality of care or how they were treated, including their Home Health care coordinator
- The service provided by doctors, health plan or Home Health care coordinator
- Any other problems they may experience receiving healthcare

Health Plan	Contact Information	Notes
Community Health Plan of Washington	866-907-1906	
Coordinated Care/Wellcare D-SNP	833-444-9089	Select Member or Provider as appropriate for the caller being handed off.
Coordinated Care - BHSO	877-644-4613	Select Member or Provider as appropriate for the caller being handed off.
Humana D-SNP	<b>Verbal</b> 800-457-4708  <b>Written</b> Humana Grievances and Appeals Department P.O. Box 14165 Lexington, KY 40512-4165	
Molina - BHSO	<b>Verbal</b> 800-869-7165  <b>Written</b> WAMemberServices@MolinaHealthCare.com	
United	<b>Verbal</b> 866-944-4984  <b>Written</b> United Healthcare Appeals and Grievances Department P.O. Box 6106 MS CA124-0187  <b>Electronic</b> <a href="#">Appeals and Grievances Process   UnitedHealthcare Community Plan: Medicare &amp; Medicaid Health Plans (uhcommunityplan.com)</a>	
Wellpoint	844-209-5407	



## IV. Office of Behavioral Health Advocacy (OBHA)/(Ombuds) Information

The Office of Behavioral Health Advocacy (OBHA) is an independent body protecting the interests of Washingtonians engaged in behavioral health services and their supports by providing consulting, resources, advocacy and mediation for complaints against behavioral health services by individual providers and facilities.

Behavioral Health Advocates (formerly known as Behavioral Health Ombuds) are people with lived experience who can help navigate and resolve problems. Their services are free and confidential. Advocates serve as neutral and confidential intermediaries and provide an informal process to support Washington residents in resolving complaints related to behavioral health programs, services and certified providers. Behavioral Health Advocates are primarily for beneficiaries receiving Medicaid services.

To connect a member to a Behavioral Health Advocate:

1. Click here [REGIONS | OBHA \(obhadvocacy.org\)](#)
2. Select the county in which the member resides:



3. The landing page will list services, resources and contact information available for that area.

Additional information about OBHA can be found here:

[Ombuds services | Washington State Health Care Authority](#)  
[HOME | OBHA \(obhadvocacy.org\)](#)

[OBHA Flyer & Brochure](#)  
[DOWNLOADS | OBHA \(obhadvocacy.org\)](#)

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## V. Additional Washington Resources

### Humana D-SNP Plan Information

Please see our Washington D-SNP page (Washington - Dual Eligible Special Needs Plans (D-SNPs) | Humana) for additional information on our Washington Dual Eligible Special Needs Plans (D-SNPs), including:

- Contact information for member Customer Care, care management and provider call center
- Plan Benefit Package (PBP) descriptions – located in Evidence of Coverage and Summary of Benefits documents
- Benefit comparison charts – located in Summary of Benefit documents

### Washington D-SNP Health Home Program

Humana works with the Washington State Healthcare Authority (HCA) and local care coordination organizations to provide Health Home services to our eligible D-SNP membership. The Health Home program helps to improve health and reduce costs by providing community-based care coordination and comprehensive care management. Health Home benefits include:

- Comprehensive care management
- Care coordination and health promotion
- Individual and family support
- Referral to community services
- Transitional care

For additional information on the Washington D-SNP Health Home program, please refer to our Washington Health Home page (Washington State Health Home Program | Humana).

Humana's D-SNP Care Management team can be reached by emailing [SNP\\_Intermountain\\_Coordination@humana.com](mailto:SNP_Intermountain_Coordination@humana.com) or calling 866-868-5092 (TTY: 711) Monday – Friday, 5 a.m. – 3 p.m., Pacific time.

### Long Term Services and Supports

Humana has responsibility to provide care management and care coordination to members by collaborating with any providers working with the member, including agencies providing Medicaid-funded Long-Term Care (LTC) or Long-Term Services and Supports (LTSS). LTC and LTSS help members who require assistance with daily living activities to remain in their homes or community settings for as long as it is safe to do so.

Providers can reach out to Humana's D-SNP Care Management team by emailing a specific need to [SNP\\_Intermountain\\_Coordination@humana.com](mailto:SNP_Intermountain_Coordination@humana.com) or calling 866-868-5092 (TTY: 711) Monday – Friday, 5 a.m. – 3 p.m., Pacific time.

Providers may also contact their local Area Agency on Aging (AAA) for assistance determining what services and supports are available for any adult older than 60 who needs or wants additional supports and services. Additional resources for guidance provided by Washington State Department of Social and Health Services:

- [Long-Term Care Services & Information | DSHS \(wa.gov\)](#) – general information page.
- [Find Local Services, Information, and Resources | DSHS \(wa.gov\)](#) – find local services, information and resources, including the local AAA serving the dual-eligible population in the county where the member lives.
- [Agencies That Help | DSHS \(wa.gov\)](#) – List of agencies in Washington and when to contact them.



## **Coordination of Medicare and Medicaid benefits**

Humana's Care Management teams are available to assist Washington D-SNP members with coordinating Medicare and Medicaid benefits, including services provided by the Behavioral Health Administrative Services Organizations (BH-ASO), Behavioral Health Services Only (BHSO) prescription drug benefits and other services paid for by the state of Washington.

Humana's D-SNP Care Management team can be reached by emailing [SNP\\_Intermountain\\_Coordination@humana.com](mailto:SNP_Intermountain_Coordination@humana.com) or calling 866-868-5092 (TTY: 711) Monday – Friday, 5 a.m. – 3 p.m., Pacific time.

## **Health equity**

Health equity is the elimination of unjust, avoidable and unnecessary barriers in health and healthcare. These barriers can be based on a person's background, where they live, the resources they have, or systemic factors such as racism and discrimination.

Humana seeks to influence and enable an equitable healthcare ecosystem, so every person has a fair, just and dignified opportunity to reach their full health potential. Our priorities include improved access to care, improved quality of care and addressing barriers to healthy living.

For more information and resources, please visit our Health Equity page ([Humana Health Equity & Social Impact | Overview](#)).