Humana Healthy Horizons® in Kentucky Medicaid Member Handbook

Humana Healthy Horizons® in Kentucky

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **800-444-9137 (TTY: 711)**. We are available **Monday through Friday, from 7 a.m. to 7 p.m., Eastern Time.** We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to the Member Rights and Responsibilities section of this Handbook on page 83 regarding your rights.

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

- A **TTY** machine. Our **TTY** phone number is **711.**
- Qualified American Sign Language interpreters
- Closed captioning
- Written information in other formats (like large print, audio, accessible electronic format, and other formats)

Important!
At Humana, it is important you are treated fairly.

Humana is dedicated to supporting the health of every person we serve, including you and your family. We have been at this for a while. Building trust and taking care of people has always been core to our values and our company's purpose and mission. However, we recognize that all of this is only possible if we advance health equity, which is about making sure that all people have the opportunity to attain their full health potential. This means we have to address health disparities, which are differences in health and health care between groups caused by unjust circumstances that create social or economic disadvantages. These unjust circumstances – whether based on your background, where you live, the resources you have, or factors like race, gender, income, ethnicity, or other social conditions – need to be eliminated. Everyone deserves to be as healthy as possible. That's why Humana works with organizations across Kentucky to create the most effective solutions for our members and the communities we serve. We are making progress towards creating a more equitable health system by improving access to quality healthcare and addressing health-related social needs like healthy food, reliable transportation, and quality housing, with a goal to reduce disparities and improve the health of communities.

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Part One
Helpful Information

This section will give you valuable information on how to use this Handbook, contacting Humana Member Services, and contacting other helpful Medicaid resources.

Humana Healthy Horizons® in Kentucky

Part One: Helpful Information

Welcome! You are now a member of Humana Healthy Horizons® in Kentucky.

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

Humana Healthy Horizons is a managed care health product serving the Commonwealth. This handbook will answer many of your questions. Please take time to read it and keep it in case you need to look something up. If you have questions about the information in your welcome packet, this handbook, or your health plan, call Member Services or visit our website.

Member Services Phone Number:
800-444-9137 (TTY: 711)
Open 7am to 7pm EST, Monday through Friday

Our Member Website:
Humana.com/HealthyKentucky

Emergency Services

- **In case of a medical emergency, call 911.**

About This Handbook

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

As referenced in the table of contents, the handbook is divided into sections. Refer to the table of contents found on page 3.

Critical information is highlighted in green boxes or tables. Certain key words in this handbook are defined in the Key Words section on page 113.

When you have a question, check this handbook, ask your Primary Care Provider (PCP) or call Member Services. You can also visit our website.

Part One: Helpful Information

How to Reach Us

Important Contact Information	
Member Services	**800-444-9137, TTY: 711** Open 7am to 7pm EST, Monday through Friday.
Online	**Humana.com/HealthyKentucky**
Transportation	**888-941-7433**
Mail	Humana P.O. Box 14546 Lexington, KY 40512-4546
Concierge Services for Accessibility (available for alternative formats, interpreter, hearing impaired)	**877-320-2233**
24 Hour Nurse Advice Line (available 24 hours a day, 7 days a week, 365 days a year)	**800-648-8097 (TTY: 711)**

Hours of Service

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

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

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

Humana is closed on the following days:

- New Year's Day- Observed January 1, 2025
- Martin Luther King Jr Day - Observed January 20, 2025
- Memorial Day - Observed May 26, 2025
- Juneteenth - Observed June 19, 2025
- Independence Day - Observed July 4, 2025
- Labor Day - Observed September 1, 2025
- Thanksgiving Day - Observed November 27, 2025

- The day after Thanksgiving - Observed November 28, 2025
- Christmas Day - Observed December 25, 2025

Let Us Know If Your Information Changes

We want to make sure we are always able to connect with you about your care. We don't want to lose you as a member, so it is important to let us know if information from your Medicaid application changes.

You must report any changes to the Department for Community Based Services (DCBS) within 30 days. Failure to report changes within 30 days may result in loss of medical benefits. Examples of changes you must report within 30 days include:

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

Changes may be reported to DCBS in the following ways:

Contacting DCBS	
In Person	To locate a DCBS office near you please visit https://prd.webapps.chfs.ky.gov/Office_Phone/
In Writing by Mail	DCBS P.O. Box 2104 Frankfort, KY 40601
By Phone	**855-306-8959**

The Department for Medicaid Services may disenroll you from the Medicaid program if the

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

If you are released from incarceration, and you are still Medicaid eligible, you can update your eligibility.

Update your eligibility with the Kentucky Department for Medicaid Services by:	
Completing the MAP-INC form (available at **Humana.com/KentuckyDocuments**) and submitting via:	
Fax:	Kentucky Department for Medicaid Services Member Services: **502-564-0039**
Email:	**DMS.eligibility@Ky.gov** (Recommend sending a secure email)
Mail:	Department for Medicaid Services Incarceration/Eligibility Services 275 East Main St, 6W-D Frankfort, KY 40621
Online:	Through your Kynect account **https://kynect.ky.gov/**

Loss of Medicaid

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

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

Other Insurance?

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

You should also call us if you have lost medical insurance that you told us about.

Part One: Helpful Information

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

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

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

- The person at fault
- His or her insurance company
- Any lawyers involved

This information will help avoid delays in processing your benefits.

Medicaid State Plan Information

Welcome Kit

Humana Healthy Horizons will mail you a Welcome Kit including the Welcome Letter, the booklet with important information and the Health Risk Assessment 5 days after you enroll in our health plan. These documents can also be found on our webpage **Humana.com/medicaid/kentucky-medicaid/enrollee-support/documents-forms**.

Health Risk Assessment

Humana Healthy Horizons and Kentucky Medicaid are committed to helping you stay healthy. We can provide better care when we know more about you. Completing the Health Risk Assessment (HRA) will help us help you to reach or maintain your healthcare goals. Please take the time to answer each question as accurately as you can. The information you share will remain private.

When should you complete your HRA?

Upon enrollment

When you enroll and complete your HRA within 30 days you are eligible for a one-time $20 reward.

Part One: Helpful Information

Once a year

To better help you manage your care and identify any changes in your health, we encourage you to complete your HRA each year. When you complete your annual HRA in the calendar year 2025 you are eligible for a one-time $20 reward.

Here are 7 easy ways to complete your HRA:

- **Application:** **Registering for a Go365 account(opens in new window)**
- **Online:** **Registering for a MyHumana account(opens in new window)**
- **Welcome Call:** Receive an automated call upon enrollment and annually where you can complete your HRA over the phone, or
- **Call:** If you have a care coordinator or care manager, you can complete over the phone or in person with them. If you don't have a care coordinator or care manager, call us at **866-331-1577** (**TTY: 711**), or
- **Email/Fax/Mail:** Print and complete the below HRA
  - **Health Risk Assessment (HRA) - English(pdf opens in new window)**
  - **Health Risk Assessment (HRA) - Spanish(pdf opens in new window)**

After printing and filling out one of the above forms, please send them one of the below:

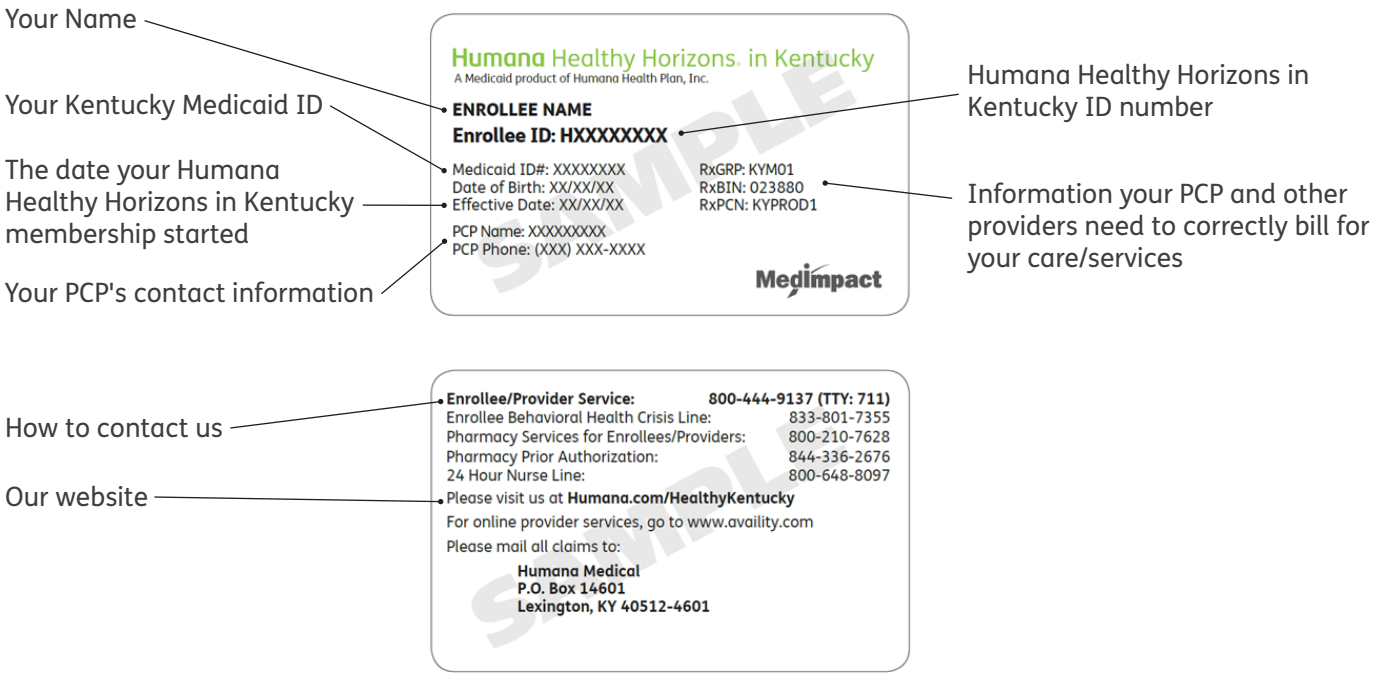
- Email: **medicaidhra@humana.com**
- Fax: **1-888-899-6741**
- Humana Healthy Horizons in Kentucky
  P.O. Box 14823
  Lexington, KY 40512-4823

If you have questions or need assistance with completing the HRA, contact your MCO Member Services at **800-444-9137**, Monday through Friday, from 7 a.m. to 7 p.m., Eastern time.

Part One: Helpful Information

Medicaid State Plan Member ID Card

Humana Healthy Horizons gives all members an ID card. Your State Plan Member ID card looks like this:



The front side has personal information, including your enrollee ID and your assigned PCP with name and contact phone number. The card also has key Humana phone numbers.

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

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

You can also access your Member ID card via MyHumana/logon or the MyHumana app. Refer to page 17 for details on how to setup your account.

Call Member Services at **800-444-9137** or **TTY: 711** right away if:

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

Part One: Helpful Information

Always Keep Your Member ID Card with You

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

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

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

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

- You have not received your Humana ID card
- Any information on the card is wrong
- You lose your card
- You have a baby, so we can send you an enrollee ID card for your baby
- You have any questions on how to use your Humana enrollee ID card

Tools for Easy Access

MyHumana Account

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

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

Part One: Helpful Information

MyHumana App

- Use your Humana plan on the go with the free MyHumana* mobile app. The app safely allows you to use your mobile device to:
  - Review your latest health summary including status, summary, and detailed information
  - Access your Humana member ID card instantly with a single tap
  - Find a provider by specialty or location. The MyHumana app even can use your current location to locate the closest in-network provider no matter where you are. This may require location sharing enabled on your phone.
  - Change your PCP

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

How Managed Care Works

The Plan, Our Providers and You

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

Provider Directory

The Provider Directory is a list of the doctors and providers you can use to get services. This list is called our provider network and contains important information about our providers such as address, telephone number, specialty, and other qualifications.

Part One: Helpful Information

You have several ways to access the provider directory:

To access the provider directory:
Physician Finder, "Find a Doctor" network search tool **Humana.com/HealthyKentucky** Scroll to the bottom of the page, under Member Resources, select "Find a doctor"
MyHumana account **Online:** MyHumana.logon **Smartphone App:** MyHumana app for iPhone® and Android® users
On our Member Webpages: **Humana.com/HealthyKentucky** **Go to:** Medicaid Documents and Forms for Kentucky Members Enrollees - Humana. Directories are available by region and county. You can open, download and print the directory.
Member Services: **Call:** **800-444-9137 (TTY: 711)** Request a printed copy be mailed to you at no charge

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

Member Services

There is someone to help you. Just call Member Services **800-444-9137** or **TTY: 711** Monday – Friday, 7 a.m. – 7 p.m., for help with non-emergency issues and questions such as:

- To choose or change your PCP
- To ask about benefits, services, or eligibility
- What services are covered and how to use them
- To get help with referrals
- To find out if prior authorization or approval is necessary for a service
- To get a new ID card, report and replace a lost ID card

- To report the birth of a new baby
- To ask about any change or other issue that might affect you or your family's benefits.
- To file a complaint
- To let us know when you are pregnant. You should call us and your local Department for Community Based Services right away. We can help you choose a doctor for both you and your baby before he or she is born. Your child will become part of Humana Healthy Horizons plan on the day your child is born.
- To get help if you don't speak or read English well. If English is not your first language (or if you are reading this for someone who doesn't read English), we can help no matter what language you speak. Just call us and we will find a way to talk with you in your own language. We have a group of people who can help. We want you to know how to use your health plan.
- How we can help members understand information who have vision or hearing problems or for people with disabilities. We can tell you if a doctor's office is wheelchair accessible or is equipped with special communications devices. Also, we have services like:
  - Auxiliary, Aids and Services, refer to page 120
  - **TTY** machine. Our **TTY** phone number is **711**.
  - Information in large print
  - Help in making or getting to appointments
  - Names and addresses of providers who specialize in your condition

For faster service, please have your Enrollee ID number on your Humana Member ID card handy. You can find more information about your Member ID card on page 16.

You can also visit **Humana.com/HealthyKentucky** to learn more about your health plan and how to access services.

Interpreter Services

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

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

Humana Healthy Horizons offers sign and language interpretation at no cost (in-person, video remote interpretation, or over the phone) at all Humana touchpoints. Oral interpretation is provided in more than 200 languages.

If you require assistance speaking with us or a healthcare provider, we can help you. Please contact

Part One: Helpful Information

Member Services. You can use these services to assist with grievances and/or appeals. See pages page 76-page 82 for more information about grievances and appeals.

Printed materials are available in English and Spanish. Materials are read over the phone in more than 200 languages. They are available in alternative formats in print format (Braille, Large Print, Accessible PDF, and Daisy) and audio.

Just call us at **800-444-9137** (**TTY: 711**) or the Concierge Service for Accessibility (**877-320-2233**) to request alternative formats or interpreter services (in-person, video remote interpretation, or over the phone).

24-Hour Nurse Advice Line

You can call any time to talk with a caring, experienced registered nurse. This call is free.

Nurse Advice Line: 800-648-8097 (TTY: 711)
24 hours a day, 7 days a week, 365 days a year.

Our nurses can help you:

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

Part Two
Receiving Care

This section will give you valuable information on receiving care as a Humana Healthy Horizons in Kentucky member.

Humana Healthy Horizons® in Kentucky

Part Two: Receiving Care

Your Primary Care Provider

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

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

You can reach your PCP by calling the PCP's office. Your PCP's name and phone number are on your Member ID card. (See page 16 for sample ID Card.) It is important to see your PCP as soon as you can. This will help your PCP get to know you and understand your health care needs. If you are

seeing a new doctor, make sure to take all your past medical records with you or ask that they be sent to your new doctor.

Choosing a PCP

As a Humana Healthy Horizons Member, you can choose your own PCP. If you would prefer, you can choose an in-network PCP that has the same cultural, ethnic, or racial background as you if available. There may be a reason that a specialist will be your PCP. Examples include but are not limited to, women who have diabetes while pregnant and members recovering from a heart attack.

When choosing a PCP, you may want to find a PCP who:

- You have seen before
- Understands your health problems
- Is taking new patients
- Can speak in your language
- Has an office that is easy to get to

- Each family member enrolled with Humana Healthy Horizons can have a different PCP, or you can choose one PCP to take care of the whole family.
- You can find the list of all the doctors, clinics, hospitals, labs, and others who partner with Humana Healthy Horizons in our provider directory. Please see page page 18 for information on accessing our provider directory.
- Women can choose an OB/GYN to serve as their PCP. Women do not need a PCP referral to see an in-network OB/GYN doctor or another provider who offers women's health care services. Women can get routine check-ups, follow-up care if needed and regular care during pregnancy.
- If you have a difficult health condition or a special health care need, you may be able to choose a specialist to act as your PCP.
- If your PCP leaves our provider network, we will tell you within 15 days from when we know about this. We will contact you to help you choose another PCP.

Just call Member Services at **800-444-9137** (**TTY: 711**) to get help in finding a provider to get the care you need before a PCP is assigned or to set you up with a PCP.

Special Cases

If you receive Medicare and Medicaid (dual eligible), meaning you have Medicare (Humana or another health plan) and Humana Healthy Horizons Medicaid insurance, you do not have to choose a Humana Healthy Horizons in Kentucky network PCP.

If you are presumptively eligible ("presumptively eligible" – see page 116), you do not have to

choose a PCP. Please note, Humana Healthy Horizons will assign a PCP for members who are presumptive eligible for this special case, however, the member is not required to see that PCP.

What happens if you don't choose a PCP?

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

Changing Your PCP

You may change your PCP for any reason. If you would prefer to have a PCP that has the same cultural, ethnic, or racial background as you, please call Member Services to ask if there's someone in the network.

To request the PCP change:
Call: Member Services Phone Number: **800-444-9137** (**TTY: 711**) Open 7am to 7pm EST, Monday through Friday
Write: Humana P.O. Box 14546 Lexington, KY 40512-4546
In Person: Humana 101 East Main Street Louisville, KY 40202
Mobile App: MyHumana mobile app See page 18 for more details

You may choose a PCP from the Humana Healthy Horizons Provider Directory on page 18.

We will make your change on the date of your request. We will send you a new member ID card that has information about your new PCP. You can see that PCP starting on the first day you are enrolled.

Part Two: Receiving Care

Humana Healthy Horizons Initiated PCP Change

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

Sometimes PCPs tell us that they are moving away, retiring, or leaving our network. This is called a voluntary termination. If this happens with your PCP, we will let you know by mail within 15 days and help you find a new doctor.

Provider Initiated PCP Change

Humana Healthy Horizons may notify you to change your PCP if your provider requests to no longer be your doctor. Your PCP must make this request to Humana Healthy Horizons in writing. You have the right to file a grievance should your PCP request this change. (See page 81 on how to file a grievance.) Should your PCP request to no longer be your doctor, they must serve you until your new PCP's service begins, barring ethical or legal issues.

Specialists

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

Sometimes providers tell us that they are moving away, retiring, or leaving our network. This is called a voluntary termination. If this happens with your specialist that you have seen in the last 6 months, we will let you know by mail within 30 days and help you find a new doctor.

How to Get Regular Health Care

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

"Regular health care" means exams, regular check-ups, shots, or other treatments to keep you well, give you advice when you need it, and refer you to the hospital or specialists when needed. It means you and your PCP work together to keep you well or to see that you get the care you need.

Part Two: Receiving Care

See your PCP for all regular health care and routine visits. See the below chart for some examples of general conditions that can be treated by your PCP:

General conditions that can be treated by your PCP	
Dizziness	High/low blood pressure
Swelling of the legs and feet	High/low blood sugar
Persistent cough	Loss of appetite
Restlessness	Joint pain
Colds/Flu	Headache
Earache	Backache
Constipation	Rash
Sore throat	Taking out stitches
Vaginal discharge	Pregnancy tests
Acute Pain Management	Mental Health

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

Examples of preventive care include immunizations; diabetes screening; obesity screening; and routine physicals for children, adolescents, and adults.

Doctor Visits

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

Preventive care includes	Routine care includes
Regular checkups	Colds/Flu
Immunizations (Shots)	Earache
Lab tests	Rash
Screening tests	Mental Health

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

Part Two: Receiving Care

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

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

- Always take your Humana Healthy Horizons Member ID card
- Take your prescriptions. It's good for your doctor to know what medications you take.
- Prepare any questions for your doctor ahead of time, so you don't forget anything
  - Your doctor is someone you can trust and rely on
  - Ask about any concerns you may have
- Make a list of your medical conditions to share with your PCP
- Day or night, your PCP is only a phone call away. Be sure to call your PCP whenever you have a medical question or concern. If you call after hours or on weekends, leave a message telling them where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your health plan works.
- Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If you cannot keep an appointment, call to let your PCP know as soon as you can.
- If you need care before your first appointment, call your PCP's office to explain your concern. Your PCP will give you an earlier appointment. You should keep the first appointment to talk about your medical history and ask questions.

Referrals are not required

You may see any provider within our network including specialists and inpatient hospitals. Humana does not require referrals from your PCP to see specialists within our network.

Your PCP is your first contact for medical needs and should coordinate your care. You should call your PCP to tell him/her you are going to the other provider. You may self-refer to any in-network provider. If you have not reached the benefit limit for the service, a PCP does not need to arrange or approve these services for you.

If you have met the benefit limit and require care, your PCP will need to assist in arranging or approving those services for you.

Exceptions to this policy apply to members who are in the Kentucky Lock-In Program (KLIP). Please refer to the KLIP section of the handbook on page 94.

Part Two: Receiving Care

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

- Emergency care
- Family planning services provided at qualified family planning providers (e.g., Planned Parenthood)
- Primary care vision services, including the fitting of eyeglasses, provided by ophthalmologists, optometrists, and opticians
- Primary care dental and oral surgery services and evaluations by orthodontists and prosthodontists
- Maternity care for members under eighteen (18) years of age
- Immunizations for members under twenty-one (21) years of age
- Sexually Transmitted Disease screening, evaluation and treatment
- Tuberculosis screening, evaluation and treatment
- Testing for Human Immunodeficiency Virus (HIV, HIV-related conditions, and other communicable diseases
- Chiropractic services
- An assessment of special health care needs requiring a specialist's course of treatment or regular care monitoring
- Women's health specialist
- Behavioral health services

All other out-of-network providers are required to have a referral from your in-network PCP or Specialist.

How to Get Out-of-Network Referrals

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

For exceptions to this process, please reference "**You may go to out of network providers, without a referral" on page 29**.

If you have trouble getting a referral you think you need, contact Member Services at **800-444-9137** (**TTY: 711**).

Part Two: Receiving Care

Humana may not approve an out-of-network referral because:

- We may have another provider that can treat you in network.
- The in-network provider can provide similar care as the out-of-network provider.
- The out-of-network provider is not registered in Kentucky to provide Medicaid services

If you do not agree with Humana Healthy Horizons decision, you can **appeal** our decision (See page 76).

Out-of-Network Providers

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

Urgent Care

Whether you are at home or away, call your PCP any time, day, or night. If you cannot reach your PCP, call Member Services. Tell the person who answers what is happening. They will tell you what you can do.

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

- A child with an earache who wakes up in the middle of the night and won't stop crying
- The flu
- If you need stitches
- A sprained ankle
- A bad splinter that you cannot remove

You can walk into an urgent care clinic to get care the same day or make an appointment for the next day.

Emergencies

If you have an emergency, call 911 or go to the nearest Emergency Room (ER)

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

Part Two: Receiving Care

If you are not sure what to do, call your PCP for help, or you can call our 24-Hour Nurse Advice Line at **800-648-8097** (**TTY: 711**).

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

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

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

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

You do not have to call us for an approval before you get emergency services.

Remember, if you have an emergency:

- Call **911** or go to the nearest ER. Be sure to tell them that you are a member of Humana Healthy Horizons. Show them your Member ID card.
- Call **988** or go to the nearest ER if you have a mental health crisis or emergency.
- If the provider that takes care of your emergency thinks that you need other medical care to treat the problem that caused it, the provider must call Humana Healthy Horizons.
- If you are able, call your PCP as soon as you can. Let him or her know that you have a medical emergency or have someone call for you. Then, call your PCP as soon as you can after the emergency to schedule any follow-up care.

Part Two: Receiving Care

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

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

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

  For example:
  - Tell you what to do at home
  - Tell you to come to the PCP's office
  - Tell you to go to the nearest urgent care or emergency room

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

Post-Stabilization Care

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

Care Outside Kentucky

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

- If you need medically necessary emergency care while traveling anywhere within the United States, we will pay for your care.
- We will not pay for care received outside of the United States.
- We will not pay for care received by providers not registered in Kentucky for Medicaid services

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

Part Two: Receiving Care

Virtual Care (Telehealth) Services

MDLIVE®

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

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

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

Getting care from MDLIVE® is easy.

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

*Internet access required

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

Timeframes for Receiving Care

It is important that you can visit a doctor within a reasonable amount of time, depending on what the appointment is for. When you call for an appointment, use the Appointment Guide below to know how long you may have to wait to be seen.

APPOINTMENT GUIDE	
IF YOU CALL FOR THIS TYPE OF SERVICE:	**YOUR APPOINTMENT SHOULD TAKE PLACE:**
Adult preventive care (services like routine health check-ups or immunizations)	Within 30 days
Urgent care services (care for problems like sprains, flu symptoms, or minor cuts and wounds)	Within 48 hours
Emergency or urgent care requested after normal business office hours	Immediately (available 24 hours a day, 7 days a week, 365 days a year)

Mental Health	
Routine services	Within 30 days
Urgent care services	Within 48 hours
Emergency services (services to treat a life-threatening condition)	Immediately (available 24 hours a day, 7 days a week, 365 days a year)
Substance Use Disorders	
Routine services	Within 30 days
Urgent care services	Within 48 hours

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

Long-Term Care

If you need services at a nursing facility for long-term care, we will help you. We will talk to your doctor and the facility to make sure you get the care you need. Once admitted to the nursing facility, Humana Healthy Horizons will cover services such as doctor's services, therapy services, oxygen, etc., if you are a member with us. Keep in mind that after 30 days in long-term care, your eligibility with Humana Healthy Horizons Plan will transition to the Cabinet for Health and Family Services and they will be responsible for covering your care in the nursing facility. If you have questions, please call Member Services at **800-444-9137** (**TTY: 711**).

Second Opinions

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

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

Any tests for a second opinion should be given by a doctor in our network and may need prior authorization. Your PCP will look at the second opinion and help you decide the best treatment.

Family Planning and Pregnancy

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

Family Planning Services

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

You can receive family planning services. You may go to any doctor or clinic that takes Kentucky Medicaid and offers family planning services. You can also visit one of our family planning providers. Either way, you do not need a referral from your PCP.

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

You can get birth control and birth control devices (IUDs, implantable contraceptive devices, and others) that are available with a prescription, and emergency contraception and emergency sterilization services. You can also see a family planning provider for human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing and treatment, and counseling related to your test results. Screenings for cancer and other related conditions are also included in family planning visits.

Before You Are Pregnant

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

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

Part Two: Receiving Care

While You Are Pregnant

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

Our pregnant members have access to our HumanaBeginnings® program. You can learn more about it later in this handbook.

After Your Baby is Born

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

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

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

Sexually Transmitted Diseases Services

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

Prescription Drug Benefit

Your drug benefit is provided by MedImpact Healthcare Systems, Inc (MedImpact), a pharmacy benefit manager (PBM), and Kentucky Medicaid. MedImpact serves all Kentucky Medicaid members enrolled in managed care.

Humana Healthy Horizons in Kentucky works with MedImpact to provide your pharmacy benefit. See below on how to contact MedImpact and access their website.

MedImpact Member Services:
800-210-7628
24 hours a day, 7 days a week

To find a pharmacy or see what is covered, go to https://kyportal.Medimpact.com.

Your ID card has important information for your pharmacy. If you do not have your new ID card you can still go to the pharmacy. Tell them you have Medicaid, and the pharmacist can call MedImpact to get the needed information. Before you go, make sure the pharmacy accepts Kentucky Medicaid.

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

Creating an account is the best way to review your pharmacy benefits online. However, many of your questions can be answered without creating an account. At the bottom of the MedImpact

webpage, in the "FOR MEMBERS" section, there are three links that are very helpful. They are "Resources," "Tools," and "Contact."

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

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

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

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

Step Therapy

Step therapy uses lower priced drugs which are widely recognized as safe and effective. Step therapy requires the use of a lower priced or safer drug first before "stepping up" to a higher priced or riskier drug.

If your doctor prescribes a drug that has a step therapy requirement, a step therapy exception is required. Our approval must be received before you fill your prescription for the more costly or risky drug. If you don't get approval, we may not cover the drug. You may appeal a denied step therapy exception request. Please see the appeals section of this handbook for more details on how to appeal.

Behavioral/Mental Health Services

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

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

- Outpatient services such as counseling for individuals, groups, and families
- Targeted Case Management
- Help with medications

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

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

We are here to help!

For help finding a behavioral health provider or to schedule an appointment
Call us at:
800-444-9137 (TTY: 711)

If you are experiencing a behavioral health crisis
Call:
988 or 833-801-7355 (TTY: 711)
Crisis intervention services are available 24 hours a day, 7 days a week.

Part Three
Your Benefits

This section will give you valuable information on your benefits.

Humana Healthy Horizons® in Kentucky

Part Three: Your Benefits

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

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

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

Benefits

Your health benefits can help you stay as healthy as possible. We can assist you if you have any questions about your benefits and to find a network provider so you can use those covered services you need. You can call **800-444-9137** (**TTY: 711**) if you:

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

The section below describes the specific services covered by Medicaid.

Services Covered by Humana Healthy Horizons' Network

You must get the services below from the providers who are in our provider network. Services must be medically necessary, provided and managed by your PCP. Refer to page 29 for additional details about referral requirements and exceptions allowing you to see an out-of-network provider. Talk with your PCP or call Member Services if you have any questions or need help with any health services.

Part Three: Your Benefits

Regular Health Care

- Office visits with your PCP, including regular check-ups, routine labs, and tests
- Colorectal cancer screening beginning at age 45, as recommended by your PCP
- Mental Health Care
- Eye/hearing exams
- Well-baby care
- Well-child care
- Immunizations (shots) for children and adults
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under age 21 (see page 66 for more information about EPSDT services)
- Help with quitting smoking, vaping or dipping

Maternity Care

- Pregnancy care
- Childbirth education classes
- OB/GYN and hospital services
- One medically necessary post-partum home visit for newborn care and assessment following discharge (but no later than 60 days after delivery)
- Care management services for high-risk pregnancies during pregnancy and for after delivery

Hospital Care

- Inpatient care
- Outpatient care
- Labs, X-rays, and other tests

Home Health Services

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

Personal Care Services/Private Duty Nursing

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

Hospice Care

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

Vision Care

- Services provided by ophthalmologists and optometrists, including routine eye exams and medically necessary lenses.
- Specialist visits for eye diseases
- Adult glasses and contacts

Pharmacy

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

Emergency Care

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

hospital room or in another setting.

Specialty Care

- Respiratory care services
- Podiatry services (foot care)
- Chiropractic services
- Cardiac care services
- Surgical services

Nursing Home Services

- Humana Healthy Horizons will cover services such as doctor's services, therapy services, oxygen, etc.
- Must be ordered by a physician and authorized by Humana Healthy Horizons
- Includes short term, or rehabilitation stays
- You must get this care from a nursing home within our provider network.
- Refer to the Long-Term Care section in this handbook for more information.

Behavioral Health Services and Substance Use Disorder Services

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

- Behavioral Health Services
  - Services to help figure out if you have a mental health need (diagnostic assessment services)
  - Individual, group and family therapy
  - Mobile crisis management services
  - Facility-based crisis programs
  - Specialized behavioral health services for children with autism
  - Outpatient behavioral health services
  - Outpatient behavioral health emergency room services
  - Inpatient behavioral health services
  - Research-based intensive behavioral health treatment

  - Partial hospitalization
  - Other Supportive Services such as: Peer Supports, Comprehensive Community Supports, and Targeted Case Management
- Substance Use Disorder Services
  - Individual, group and family therapy
  - Substance Use Disorder inpatient, residential and outpatient treatment with withdrawal management if needed
  - Peer Support Services and Targeted Case Management to build recovery capital
  - Specialized maternity care

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

Transportation Services

If you have a medical emergency, call **911**.

Humana Healthy Horizons covers ambulance transportation to and from medical appointments when your provider says you must be transported on a stretcher and cannot ride in a car. Transportation is covered for medical appointments if you are bedridden or paralyzed. You must get prior authorization for non-emergency ambulance or stretcher services. If you believe you need access to non-emergency ambulance or stretcher services, call Member Services **800-444-9137** (**TTY: 711**).

How to Get Non-Emergency Transportation

Kentucky Medicaid covers non-emergency transportation for covered medical services. If you need a ride, you must talk to the transportation broker in your county to schedule a trip.

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

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

- Kentucky Medicaid doesn't cover rides to pick up prescriptions

Transportation Services and Broker Information	
Website with list of transportation brokers and their contact information	**https://www.chfs.ky.gov/agencies/dms/provider/Pages/nemt.aspx**
By Phone to The Kentucky Transportation Cabinet	**888-941-7433** Hours of Operation: Monday through Friday: 8 AM to 4:30 PM ET Saturday: 8 AM to 1 PM ET. If you need a ride, you must call 72 hours before the time that you need the ride. If you must cancel an appointment, call your broker as soon as possible to cancel the ride.
By Phone to Kentucky Medicaid	**800-635-2570**

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

Family Planning

You can get birth control and birth control devices (IUDs, implantable contraceptive devices, and others) that are available with a prescription, and emergency contraception and emergency sterilization services. You can also see a family planning provider for human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing and treatment, and counseling related to your test results. Screenings for cancer and other related conditions are also included in family planning visits. For more information, refer to the Family Planning Services section on page 35.

Other Covered Services

- Medical Services, Equipment, and Appliances (MSEA)/prosthetics/orthotics
- Dental services
- Hearing aids for adults
- Hearing aids products and services
- Telehealth
- Extra support to manage your health
- Home infusion therapy

- Rural Health Clinic (RHC) services
- Federally Qualified Health Center (FQHC) services
- Free Clinic services

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

Benefits Offered by the State

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

- **First Steps** – A program that helps children with developmental disabilities from birth to age 3 and their families, by offering services through a variety of community agencies. Call **877-417-8377** or **877-41-STEPS** for more information.
- **HANDS (Health Access Nurturing and Development Services)** – This is a voluntary home visitation program for new and expectant parents. Contact your local health department for information and to learn about resources.
- **Non-emergency medical transportation** – If you cannot find a way to get to your health care appointment, you may be able to get a ride from a transportation company. Call **888-941-7433** for help or see the list of transportation brokers using the following link - **https://transportation.ky.gov/TransportationDelivery/Pages/ Human-Services-Transportation.aspx** and companies.
- **Services for children at school** – These services are for children from 3 to 21 years of age, who are eligible under the Individuals with Disabilities Education Act (IDEA) and have an Individual Education Plan (IEP). These services include speech therapy, occupational therapy, physical therapy, and behavioral (mental) health services.
- **Supplemental Nutrition Assistance Program (SNAP) -** The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being.
- **Women, Infants and Children (WIC) -** The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk. The WIC program provides nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

Part Three: Your Benefits

Extra Support to Manage Your Health

Population Health Management Services Available to You

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

- A rewards program for healthy behaviors
- Health self-management digital tools
- A weight management program
- GED test prep
- Criminal expungement services
- Care Management
- Chronic Condition Management
- Social Determinants of Health Support

Care Management and Outreach Services

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

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

Care Management Services can:

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

Part Three: Your Benefits

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

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

At times, a member of your PCP's team will be your Care Manager. To learn more about how you can get extra support to manage your health you can:

- Talk to your PCP
- Call Care Management Support Services at **888-285-1121** (**TTY: 711**)
- Email at **KYMCDCaseManagement@humana.com**.

For assistance with community resources call:
866-331-1577 (TTY: 711)

Email: KYMCDPopulationhlth@humana.com

Complex Care Management

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

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

To get additional information about the Complex Case Management Program, self-refer or opt out of the Complex Case Management Program:

Call us at:
888-285-1121 (TTY: 711)
Email: KYMCDCaseManagement@humana.com

Management of Chronic Conditions

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

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

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Heart Disease
- Diabetes
- Cancer
- Members with special healthcare needs
- Behavioral health needs and substance use disorder

We can:

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

To get additional information about our Care Management Program, self-refer into any of our Care Management Programs, or opt out of any of a Care Management Program:

Call us at:
888-285-1121 (TTY: 711)
Email: KYMCDCaseManagement@humana.com

Help with Problems beyond Medical Care

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

Call our Member Services if you:

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

Other Programs to Help You Stay Healthy

HumanaBeginnings® Program

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

To learn more or enroll HumanaBeginnings®:

Call us at:
888-285-1121 (TTY: 711),
Monday – Friday, 7 a.m. – 7 p.m., EST

Please refer to the chart on page 54 of this handbook for more details on the HumanaBeginnings® Program.

Part Three: Your Benefits

Weight Management Coaching

Our Weight Management Coaching program offers one-on-one time with a coach to help you reach your goals. Our National Board-Certified Health and Wellness Coaches are experts in guiding people who want to improve their lives and well-being. This is available to any Medicaid member 12 years old or older. A Care Manager may refer you to the program if you express interest. Information about the program is also available in the Go365 for Humana Healthy Horizons app.

To get started with Weight Management Coaching:

Call us at:
877-264-2550 and Press 2

Please refer to the Go365 for Humana Healthy Horizons chart starting on page 64 for more information.

Tobacco & Vaping Cessation Coaching

If you smoke or use other tobacco products, Humana Healthy Horizons can help you quit. Quitting tobacco is one of the most important things you can do to improve your health and the health of your loved ones. You don't have to do it alone! We will provide you with access to one of our National Board-Certified Health and Wellness Coaches. Your coach will support you in your commitment to stop smoking. Your coaches will listen to you, help you understand your habits, and work with you to act.

This is available to any Medicaid member 12 years old or older. Members 18 and older are eligible to receive 3 months' worth of nicotine replacement therapy supplies per benefit year at no cost to them. You can learn more about the program by speaking with a Care Manager or looking into the program via the Go365 for Humana Healthy Horizons app, which is available on mobile devices. Your doctor also may recommend you try medicines.

To reach a coach who can help you quit smoking or vaping, or you are pregnant and need help quitting:

Call us at:
877-264-2550 (TTY: 711)

Refer to the Go365 for Humana Healthy Horizons chart starting on page 64 for more information.

Part Three: Your Benefits

Care Transitions

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

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

If you or your family needs help when you get out of the hospital, or if you need help transitioning back to your home from other places where you were treated, please let us know. Call the Care Management Support Services at **888-285-1121** (**TTY: 711**) or email **KYMCDCaseManagement@humana.com**.

Added Benefits

Part Three: Your Benefits

Value-Added Services

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

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

Value Added Services	Details	How Do I Access the Benefit
Baby and Me Meals	Up to 2 pre-cooked home-delivered meals per day for 10 weeks for pregnant women who are high risk. Care Manager approval required.	To enroll in the HumanaBeginnings® program: **Call:** **888-285-1121 (TTY: 711)** Monday - Friday, from 8 a.m. - 6 p.m. EST **Email:** **KYMCDHumanaBeginnings@humana.com**
Convertible Car Seat or Portable Crib	Pregnant members can select 1 convertible car seat or portable crib per infant, per pregnancy. Members must 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.	To enroll in the HumanaBeginnings® program: **Call:** **888-285-1121 (TTY: 711)** Monday - Friday, from 8 a.m. - 6 p.m. EST **Email:** **KYMCDHumanaBeginnings@humana.com**

Value Added Services	Details	How Do I Access the Benefit
Criminal Expungement Services	Members 18 and older may receive financial assistance, of up to $340 for criminal record expungement, as allowed per KYCourts.gov, per lifetime Funds will not be paid directly to the member.	To request the criminal expungement services benefit: **Call:** Member Services **800-444-9137 (TTY: 711)** Enrollees 18 and older may receive financial assistance, of up to $340 for criminal record expungement, as allowed per KYCourts.gov, per lifetime Funds will not be paid directly to the enrollee. To submit the form: **Email:** **ExpandedBenefitsreimbursement@humana.com** **Fax:** **855-510-0041**
Disaster Preparedness Meals	1 box of 14 shelf-stable meals twice a year once the Governor has declared the disaster. Member must not live in a residential or nursing facility. The Governor must declare the disaster in the member's county of residence to be eligible for the meals	Members affected by a disaster can request meals by phone. **Call:** Care Management Support Services **888-285-1121 (TTY: 711)**

Value Added Services	Details	How Do I Access the Benefit
Doula Services	Doula assistance for pregnant members to provide emotional and physical support to the laboring mother and her family, 5 prenatal visits, 3 postpartum visits and 1 visit for delivery assistance per pregnancy.	Members can find and contact a Doula Service provider without asking us for permission (or getting prior authorization). For help finding a Doula Services provider: **Call:** Your HumanaBeginnings® Care Manager (if you have one) Member Services **800-444-9137 (TTY: 711)** The Doula Services provider you pick must be willing to register with Humana Healthy Horizons to provide Doula services in Kentucky for reimbursement at our published rates. Will submit the Doula Reimbursement Form directly to us for the services you receive (to include only the services available through this benefit). Your Doula will receive reimbursement directly from Humana Healthy Horizons in Kentucky.
GED Testing	GED test preparation assistance for members aged 18 and older, including a bilingual advisor, access to guidance and study materials, and unlimited use of practice tests. Test preparation assistance is provided virtually to allow maximum flexibility for members. Also includes test pass guarantee to provide members multiple attempts at passing the test.	**Sign up for GEDWorks online:** **GED.com/Humana** Humana Healthy Horizons in Kentucky pays the course fee of $125 per section, with 4 total sections, so member can access the GEDWorks preparation materials, resources, practice tests, and tests.

Value Added Services	Details	How Do I Access the Benefit
Haircuts for Kids	1 standard haircut for members in grades K-12 valued at $20, who upload a photo of their school registration form or school ID or class schedule, redemption period March through April 1 standard haircut for members in grades K-12 valued at $20, who upload a photo of their school registration form or school ID or class schedule, redemption period July through September	Members may redeem this reward through the Go365 Mobile Wellness application by uploading a photo of their school registration form, school ID, or class schedule.

Value Added Services	Details	How Do I Access the Benefit
Housing Assistance	For members 18 and older, up to $500 per member per year (unused allowance does not roll over to the next year) to assist with the following housing expenses: • Apartment rent or mortgage payment (late payment notice required) • Utility payment for electric, water or gas (late payment notice required) • Trailer Park and lot rent if this is your permanent residence (late payment notice required) • Moving expenses via licensed moving company when transitioning from a public housing authority. Plan approval required. • Member must not live in a residential facility or nursing facility. • Funds will not be paid directly to the member. • If the bill is in the spouse's name, a marriage certificate may be submitted as proof.	Community Resource line **Call:** **866-331-1577 (TTY: 711)** **Email:** **KYMCDPopulationhlth@humana.com** If you are engaged in one of the applicable care management programs, please speak to your care manager for assistance

Value Added Services	Details	How Do I Access the Benefit
Post – Discharge Meals	14 refrigerated home-delivered meals following discharge from an inpatient or residential facility. Limited to 4 discharges per year.	If you have been discharged from an inpatient or residential facility and Mom's Meals on behalf of Humana Healthy Horizons in Kentucky has not called you, **Call:** Care Management Services **888-285-1121** (**TTY: 711**) within 30 days of the discharge date to request the post-discharge meals benefit.
Self-Monitoring Devices – Blood Pressure Monitoring Kit	Members 21 and older under care management may receive 1 digital blood pressure kit once every 3 years. Kit includes the cuff and monitor. Care Manager approval required.	If you are engaged in one of the applicable care management programs, please speak to your care manager for assistance.
Self-Monitoring Devices – Weight Scale	Members 21 and older under care management may receive 1 weight scale every 3 years. Care Manager approval required.	If you are engaged in one of the applicable care management programs, please speak to your care manager for assistance.

Value Added Services	Details	How Do I Access the Benefit
Smartphone App for Diabetes Management	For members 18 and older with type 2 diabetes who are not already receiving care management services, unlimited access to an innovative digital therapeutics' smartphone application for diabetes management.	Humana Healthy Horizons in Kentucky will notify eligible members about the program. **To participate, you must:** Download the Vida Health app (available in English and Spanish) at no cost from iTunes/App Store® or Google Play® on a mobile device. Take a health and wellness assessment. Pick a health coach to work with. Begin coaching sessions. **For more information, visit online:** **Vida.com/HumanaKentucky** **Humana.com/KentuckyDiabetes**
Smartphone Services	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.	For more information: **Call:** Member Services **800-444-9137** (**TTY: 711**)
Sports Physical	1 sports physical per year for members ages 6 to 18.	Schedule an appointment with an in-network provider. You have no out-of-pocket costs. Humana Healthy Horizons in Kentucky will reimburse the provider, once the provider submits a claim for the sports physical.

Value Added Services	Details	How Do I Access the Benefit
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. The program also offers support for both over the counter (OTC) and prescription nicotine replacement therapy (NRT) for members aged 18 and older.	To reach a coach who can help you quit, or, if you are pregnant and looking to get help quitting: **Call:** **877-264-2550** (**TTY: 711**).
Weight Management Coaching	Weight Management Coaching helps members who are 12 and older achieve or maintain a healthy weight. Upon receiving physician clearance, the member can complete six (6) sessions with a Wellness Coach; approximately one (1) call per month for a period of six (6) months.	Our weight management program offers one on one time with a coach to help you reach your goals. This is available to any Medicaid member 12 years old or older. To find out more information: **Call:** **877-264-2550** and press 2 for weight management coaching.

Value Added Services	Details	How Do I Access the Benefit
Workforce Development Program	For members 18 and older, up to 12 months of assistance to support each participant in planning for the future (e.g., education, training, financial counseling) and engaging in and maintaining meaningful work. (e.g., job support and retention coaching), and 3 round trip bus vouchers for transportation when enrolled in the program where available. Member reimbursement for childcare of $40 max per quarter, up to 4 times per year, for caretakers seeking job opportunities; member must participate in the Humana Workforce program to be eligible for reimbursement consideration.	To request to participate in the Humana Workforce development Program: **Email:** **KYMCDPopulationhlth@humana.com** **Call:** Member Services **800-444-9137 (TTY: 711).** Call our Toll-Free Community Resource Line **866-331-1577** **Emails should include:** • "Workforce" in the subject line • Member ID number (which you can find on the back of your ID card) • Brief description of why you want to participate in the program. After Humana receives this self-referral, a Health Services associate contacts prospective members to: • Complete an employment assessment. • Determine if member meets participation criteria. • Determine interest. After enrollment into the program, the Health Services associate assists members with requests for childcare and transportation assistance, where available.

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

VIDA

For members with Type 2 diabetes who are not already receiving care management services, unlimited access to an innovative digital therapeutic smartphone application for diabetes management.

The program includes:

12 weeks of structured outreach, during which members participate in a weekly program and interact with their respective health coaches.

12 weeks of maintenance, during which members practice self-care that their respective health coaches monitor.

After the full 24-week program, members graduate.

Humana Healthy Horizons in Kentucky will notify eligible members about the program.

For more information, visit **Vida.com/HumanaKentucky/** or **Humana.com/KentuckyDiabetes**.

Go365 for Humana Healthy Horizons®

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

Participate in healthy activities and earn rewards

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. For more details see page page 63.
2. Create an account.

Call Go365 at **888-225-4669** to learn more.

Go365 App

Members can download the free Go365 for Humana Healthy Horizons app from Google Play® or iTunes/App Store® and easily earn and redeem rewards for completing key healthy activities.

Once members have downloaded the app, they must register to create an account to access and engage in the program.

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

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

Go365 Healthy Activities and Rewards

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

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

Healthy Activity	Reward
Breast Cancer Screening	Annual $25 reward for female members 40 and older who obtain a mammogram
Cervical Cancer Screening	Annual $15 reward for female members 21 and older who obtain a pap smear.
Chlamydia Screening	$15 reward for female members who obtain a chlamydia screening when sexually active and as recommended by their healthcare provider
Colorectal Cancer Screening	Annual $15 reward for getting a colorectal cancer screening as recommended by a PCP. Available to members 45 and older.
Diabetic Screening	Annual $25 reward for Diabetic members 18 and older who obtain a screening with their PCP for HbA1c and blood pressure
Diabetic Retinal Eye Exam	Annual $25 reward for a diabetic retinal eye exam. Available to members 18 and older with diabetes or a diabetes diagnosis.
Digital Onboarding	One-time $10 reward for downloading Humana's mobile Go365 application and completing the registration

Healthy Activity	Reward
Flu Vaccine	Annual $20 reward for members who receive an annual flu vaccine from their provider, pharmacy or self-reporting if they received a vaccine from another source
Health Risk Assessment (HRA) Completion	Annual reward of $20 for those members who complete the HRA within the first 30 days of enrollment.
HPV Vaccine	One-time $80 reward for members who receive 2 doses of the HPV vaccine between their 9th and 13th birthday
Level of Care Education	Annual $5 reward upon watching a short educational video about when to access the emergency room
Postpartum Visits	$25 in rewards for postpartum females who complete 1 postpartum visit within 7 to 84 days after Delivery once per pregnancy
Prenatal Visits	Pregnant members can earn $5 per prenatal visit, up to 10 prenatal visits, for a total of up to $50 once per Pregnancy
Tobacco Cessation Program	Members 12 and older who enroll in the Tobacco Cessation Program will have two opportunities to earn rewards annually • $25 reward for completing two calls within 45 days of enrollment in the program • $25 reward for completing the full program
Weight Management Program	Members 12 and older who enroll in the Weight Management Program will have two opportunities to earn rewards: • $15 in rewards for completing enrollment • $15 in rewards for completing the program
Well-Child Visits, 0-15 Months	Up to $60 reward for members who complete routine well-child visits. Members can receive $10 in reward per visit with a six-visit limit
Well-Child Visits, 16-30 Months	$20 reward for members who complete routine well-child visits. Members can receive $10 reward per visit with a two-visit limit
Wellness Visit	$15 reward for members 3 years and older for completing an annual wellness visit

Go365 for Humana Healthy Horizons is available to all members who meet the requirements of the program. Rewards are not used to direct the member to select a certain provider.

Rewards may take 90 to 180 days or greater to receive. Rewards are non-transferrable to other Managed Care Plans or other programs. Member will lose access to the Go365 app and to the earned incentives and rewards, if they voluntarily disenroll from Humana Healthy Horizons or lose Medicaid eligibility for more than one-hundred eighty (180) days. At the end of plan year (December 31), members with continuous Humana Healthy Horizons enrollment will have 90 days to redeem their rewards.

How to Redeem your Rewards

Once registered, members can complete activities and rewards can accumulate in their Go365 account. By accessing the Go365 mall in the app, rewards can then be redeemed for e-gift cards from popular retailers.

Rewards are non-transferable and have no cash value.

Gift cards cannot be used to purchase prescription drugs or medical services that are covered by Medicare; Medicaid; or other federal healthcare programs; 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.

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

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) preventive (well care) exams and age-recommended health screenings are recommended for members from birth through the end of their 21st birthday month. Humana Healthy Horizons covers EPSDT preventive (well care) exams and health screenings at no cost to you.

This section is to inform you and your family of our EPSDT program. You have the right to appeal any decision related to EPSDT, the same way you do with any other Medicaid service. For more detail on how to file an appeal see page 76.

Part Three: Your Benefits

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

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

If you have questions about EPSDT services, talk with your child's PCP. You can also find more information online by visiting our website at **Humana.com/medicaid/kentucky-medicaid/enrollee-support** or call Member Services at **800-444-9137** (**TTY: 711**).

Services NOT Covered

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

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

- Services from providers who are not Kentucky Medicaid providers
- Services that are not medically necessary
- Massage and hypnosis
- Induced abortion and miscarriage performed out-of-compliance with federal and Kentucky laws and judicial opinions
- In vitro fertilization
- Paternity testing
- Hysterectomy procedures for hygienic reasons or for sterilization purposes
- Sterilization of a mentally incompetent or institutionalized member
- Hospital stays if you can be treated outside the hospital
- Cosmetic procedures or services performed solely to improve appearance
- Fertility drugs and treatments (e.g., the reversal of sterilization)
- Personal service or comfort items, such as fans, air conditioning, humidifiers, air purifiers, computers, home repairs
- Postmortem services
- Experimental drugs and services
- Services not covered (including those listed above)
- Unauthorized services
- Services provided by providers who are not part of your Health Plan
- Any laboratory service performed by a provider without current certification in accordance with the Clinical Laboratory Improvement Amendment (CLIA). This requirement applies to all facilities and individual providers of any laboratory service.
- Services provided in countries other than the United States, unless approved by the Secretary of the Kentucky Cabinet for Health and Family Services
- Services or supplies in excess of limitations or maximums set forth in federal or state laws, judicial opinions, and Kentucky Medicaid program regulations

- Services for which the member has no obligation to pay and for which no other person has a legal obligation to pay

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

If You Get a Bill

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

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

Member Copayment

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

Part Four
Plan Procedures

This section will give you valuable information on authorizations, grievances, appeals, quality of care, your privacy, your rights and responsibilities as a member, and advanced directives.

Humana Healthy Horizons® in Kentucky

Part Four: Plan Procedures

Prior Authorization and Actions

Covered services that need a Prior Authorization are detailed below. These are services Humana Healthy Horizons needs to approve before you get them. Your provider will ask for a prior authorization from us and should schedule these services for you. Humana Healthy Horizons will not pay for these services if they are done without prior approval. At the direction of the Kentucky Department for Medicaid Services, prior authorizations may be waived.

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

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

You can find our entire Prior Authorization list online at the following link: https://provider.Humana.com/coverage-claims/prior-authorizations/prior-authorization-lists

Prior Authorization Requests for Children Under Age 21

Special rules apply to decisions to approve medical services for children under age 21 receiving EPSDT services. To learn more about EPSDT services, see page 66 or visit our website at **Humana.com/HealthyKentucky**.

What Happens After We Get Your Prior Authorization Request?

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

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

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

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

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

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

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

- Healthcare services
- Medical devices
- Therapies
- Treatment options

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

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

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

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

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

Prior Authorization and Timeframes

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

- **Standard review:** We will decide about your request within five (5) Business Days of receiving the request. The timeframe for a standard authorization request may be extended up to fourteen (14) Days if you or your doctor requests it.
- **Expedited (fast track) review:** We will decide about your request, and you will hear from us within twenty-four (24) hours.
- **Retrospective (post service) review:** We will decide about your request within five (5) days.

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

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

Part Four: Plan Procedures

How You Can Help with Health Plan Policies

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

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

To reserve your spot or for more information:

Call: 888-800-8659 (TTY: 711)
Email: KYMCDCommunityManagement@humana.com.

When leaving a message, please speak slowly and clearly and provide your name and contact information. We will return your call as soon as we can.

Members who join us for an in-person or virtual meeting get a $40 gift card.

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

How to join the Quality Member Access Committee

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

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

To reserve your spot or for more information	
Call	**888-800-8659 (TTY: 711)**
Email	**KYMCDCommunityManagement@humana.com**
Write	Humana Healthy Horizons in Kentucky P.O. Box 3048 Louisville, KY 40201-3048

Part Four: Plan Procedures

Appeals

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

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

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

You can file an appeal by:
Calling Member Services at **800-444-9137** (**TTY: 711**)
Filling out the form in the back of this handbook or writing us a letter and mailing it to: Humana Healthy Horizons in Kentucky Attn: Grievance and Appeals Department P.O. Box 14546 Lexington, KY 40512-4546 Be sure to put in the letter your first and last name, the member number from the front of your Member ID card, and your address and phone number. Having this information will allow us to contact you if we need to. You also should send any information that helps explain your appeal.
Submitting a request online at **Humana.com**
Faxing your appeal to **800-949-2961**

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

We will send you a letter with our decision on your appeal within 30 days of receipt. If you feel waiting for the 30-day timeframe to resolve an appeal could seriously harm your health, you can request that we expedite the appeal. For your appeal to be expedited, it must meet the following criteria:

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

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

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

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

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

- Make a decision no later than 14 days from the day we asked for more information.
- We also will inform you of the right to file a grievance if you disagree with that decision.

You or someone you choose to act for you may:

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

Evidence for Appeals

You can ask questions and give any information (including new medical records and/or statements from your providers, etc.) that you think will help us to approve your request. You can provide evidence, testimony, and allegations of fact or law, in person, orally, as well as in writing. You can include the information with your appeal submission prior to the end of the appeal resolution timeframe. For a standard appeal, we must receive this information within 30 calendar days of us receiving your appeal. For an expedited appeal, we must receive any supporting information within 72 hours of receipt.

If you need more time to gather your documents and information, just ask. You, your provider, or someone you choose to act for you, may ask us to delay your case for 14 calendar days. We want to make the decision that supports your best health. This can be done by calling Member Services at **800-444-9137** (**TTY: 711**).

State Fair Hearings

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

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

State Fair Hear Requests

Write to:

Cabinet for Health and Family Services
Department for Medicaid Services
Division of Program Quality and Outcomes
275 East Main Street, 6C-C
Frankfort, Kentucky 40621-0001
Attn: Hearing Request

Phone: 800-635-2570
Fax: 502-564-9523

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

- Be received within 120 days from the date on our appeal decision letter.
- Explain why you need a State Fair Hearing.
- Tell us the date of the service and the kind of service that was denied. Include a copy of the last appeal decision letter you got from us.

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

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

If you need help to understand the State Fair Hearing, you can contact the Medicaid Managed Care Ombudsman Program (see page 111 for more information about the Ombudsman Program).

Part Four: Plan Procedures

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

The State Fair Hearing decision will be made within 90 calendar days from the date the Kentucky Department for Medicaid Services receives the request.

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

Continuation of Benefits

For some adverse benefit determinations, you may request to continue services during the appeal and State Fair Hearing process. You can request that services be continued if:

- You already are receiving the services that are being reduced, suspended or terminated.
- The services were ordered by an authorized provider.
- The period covered by the original authorization has not yet ended.

If you request continuation of services within ten (10) days from the date on our Notice of Adverse Benefit Determination letter, or on or before the date we told you the service would be reduced, suspended or terminated, whichever is later, your benefits will continue until one of the following occurs:

- The original authorization period for your services has ended
- You withdraw your appeal or fair hearing request
- You do not request a State Fair hearing with continuation of benefits within ten (10) days from the date Humana Healthy Horizons mails the appeal decision letter
- Following a State Fair Hearing, the administrative law judge issues a decision that is not in your favor

If the appeal was denied and you request a State Fair Hearing with continuation of services within ten (10) days from the date on the Notice of Plan Appeal Resolution letter, your services will continue during the State Fair Hearing process. (See the State Fair Hearing section on page 78.)

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

Part Four: Plan Procedures

Grievances (Complaints)

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

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

How to file a grievance/complaint:
Calling Member Services at **800-444-9137** (**TTY: 711**)
Writing us a letter and mailing it to: Horizons in Kentucky Attn: Grievance and Appeals Department P.O. Box 14546 Lexington, KY 40512-4546 Be sure to put in the letter your first and last name, the member number from the front of your Member ID card, and your address and phone number. Having this information will allow us to contact you if we need to. You also should send any information that helps explain your grievance/complaint.
Submitting a request online at **Humana.com**
Faxing your grievance/complaint to **800-949-2961**

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

What happens next?

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

- A member who files a grievance

- A provider that supports a member's grievance or files a grievance on behalf of a member, with written consent

You can also contact the Medicaid Managed Care Ombudsman Program for help with problems you have with Humana Healthy Horizons, your care, provider, or services. If you are not happy with the decision for your grievance, appeal, or state fair hearing, you can file a complaint with the Ombudsman Office. For more information, refer to the Ombudsman Program section of this handbook.

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

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

- If you choose to leave Humana Healthy Horizons, we will share your health information with your new plan.
- You can finish receiving any services that have already been authorized by your previous health plan. After that, we will help you find a provider in our network to get any additional services if you need them.
- In almost all cases, your doctors will be Humana Healthy Horizons providers. There are some instances when you can still see another provider that you had before you joined Humana Healthy Horizons. You can continue to see your doctor if:
  - At the time you join Humana Healthy Horizons, you have an ongoing course of treatment or an ongoing special health condition. In that case, you can ask to keep your provider for up to 90 days.
  - You are more than 3 months pregnant when you join Humana Healthy Horizons, and you are getting prenatal care. In that case, you can keep your provider until after your delivery and for up to 60 days of post-partum care.
  - You are pregnant when you join Humana Healthy Horizons, and you receive services from a behavioral health treatment provider. In that case, you can keep your provider until after your delivery.
- If your provider leaves Humana Healthy Horizons, we will tell you in writing at least 30 days from when we know about this, and help you find a new provider. If it is your PCP, we will let you know in at least 15 days. We will tell you within that letter how you can choose a new PCP or choose one for you if you do not make a choice within 30 days.

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

Part Four: Plan Procedures

Member Rights and Responsibilities

Your Rights

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

- Prepare Advance Medical Directives pursuant to KRS 311.621 to KRS 311.643.
- To receive all services that the plan must provide and to get them in a timely manner.
- To get timely access to care without any communication or physical access barriers.
- To have reasonable opportunity to choose the provider that gives you care whenever possible and appropriate.
- To choose a PCP and change to another PCP in Humana Healthy Horizon's network. We will send you something in writing that says who the new PCP is when you make a change.
- To be able to get a second opinion from a qualified provider in or out of our network. If a qualified provider is not able to see you, we must set up a visit with a provider not in our network.
- To get timely access and referrals to medically indicated specialty care.
- To be protected from liability for payment.
- To receive information about your health. This information also may be given to someone you have legally approved to have the information, or to someone you said should be reached in an emergency, when it is not in the best interest of your health to give it to you.
- To ask questions and get complete information about your health and treatment options in a way that you can follow. This includes specialty care.
- To have a candid discussion of any appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- To take an active part in decisions about your health care unless it is not in your best interest.
- To say yes or no to treatment or therapy. If you say no, the doctor or Humana Healthy Horizons must talk to you about what could happen. They will put a note in your medical record.
- To be treated with respect, dignity, privacy, confidentiality, accessibility, and non-discrimination.
- To have access to appropriate services and not be discriminated against based on health status, religion, age, gender, or other bias.
- To be sure that others cannot hear or see you when you get medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in federal laws.
- Receive information in accordance with 42 CFR 438.10.

- Be furnished healthcare services in accordance with 42 CFR 438.
- Any American Indian enrolled with Humana Healthy Horizons eligible to receive services from a participating I/T/U provider or an I/T/U primary care provider shall be allowed to receive services from that provider if part of Humana Healthy Horizon's network. I/T/U stands for Indian Health Service, Tribally Operated Facility/ Program, and Urban Indian Clinic.

  To get help with your medical records in accordance with applicable federal and state laws.
- To be sure that your medical records will be kept private.
- To ask for and receive one free copy of your medical records, and to be able to ask that your health records be changed or corrected if needed. More copies are available to members at cost. Records will be retained for five (5) years or longer as required by federal law.
- To say yes or no to having information about you given out unless Humana Healthy Horizons must provide it by law.
- To be able to get all written member information at no cost to you in:
- The prevalent non-English languages of members in our service area
- Other ways to help with the special needs of members who have trouble reading the information for any reason.
- To be able to get help from us and our providers if you do not speak English or need help to understand information. You can get the help free of charge.
- To get help with sign language if you are hearing impaired.
- To be told if a healthcare provider is a student and be able to refuse his or her care.
- To be told if care is experimental and be able to refuse to be part of the care.
- To know that Humana Healthy Horizons must follow all federal, state, and other laws about privacy that apply. This includes procedures for assuring confidentiality of services for minors who consent to diagnosis and treatment for sexually transmitted disease, alcohol and other drug abuse or addiction, contraception, or pregnancy or childbirth with parental notice or consent.
- If you are a female, to be able to go to a woman's health provider in our network for covered woman's health services.
- To voice or file an appeal or grievance (complaint) or request a State Fair Hearing.
- You can also get help with filing an appeal or a grievance. You can ask for a State Fair Hearing from Humana Healthy Horizons and/or the Department for Medicaid Services (DMS).
- To make advance directives, such as a living will.
- To contact the Office of Civil Rights at the address below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services.

Office for Civil Rights Sam Nunn
Atlanta Federal Center
62 Forsyth Street, S.W. Suite 16T70 Atlanta, GA 30303-8909
Phone: **800-368-1019**
TDD: **800-537-7697**
Fax: **202-619-3818**

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

Your Responsibilities

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

- Work with your PCP to protect and improve your health
- Find out how your health plan coverage works
- Listen to your PCP's advice and ask questions when you are in doubt
- Call or go back to your PCP if you do not get better or ask to see another provider
- Treat health care staff with the respect you expect yourself
- Tell us if you have problems with any health care staff by calling Member Services at Member Services at **800-444-9137** (**TTY: 711**).
- Keep your appointments, calling as soon as you can if you must cancel
- Use the emergency department only for real emergencies
- Call your PCP when you need medical care, even if it is after-hours
- As a member of Humana Healthy Horizons, you must be sure to:
- Know your rights
- Follow Humana Healthy Horizons and Kentucky Medicaid policies and procedures
- Know about your service and treatment options
- Take an active part in decisions about your personal health and care, and lead a healthy lifestyle

- Understand as much as you can about your health issues
- Take part in reaching goals that you and your healthcare provider agree upon
- Let us know if you suspect healthcare fraud or abuse
- Let us know if you are unhappy with us or one of our providers
- Put the request in writing if you file an appeal with us
- Use only approved providers
- Report any suspected fraud, waste, or abuse using the information provided in this manual
- Keep scheduled doctor visits. Be on time. If you must cancel, call 24 hours in advance.
- Follow the advice and instructions for care you have agreed upon with your doctors and other healthcare providers
- Always carry and show your Member ID card when receiving services
- Never let anyone else use your Member ID card
- Let us know of a name, address, or phone number change, or a change in the size of your family. We want to make sure we are always able to connect with you about your care. Let us know about births and deaths in your family. We don't want to lose you as a member, so letting us know is important.
- Tell your local Department for Community Based Services (DCBS) about any changes. To find the nearest DCBS office, visit their website at **https://prd.webapps.chfs.ky.gov/Office_Phone/**
- Call the Ombudsman toll-free at **866-596-6283**.
- Call your PCP after going to an urgent care center, a medical emergency, or getting medical care outside of Humana Healthy Horizon's service area.
- Let Humana Healthy Horizons and the DCBS know if you have other health insurance coverage.
- Provide the information that Humana Healthy Horizons and your healthcare providers need in order to care for you.
- Report suspected fraud, waste, or abuse.

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

Ending Your Membership

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

If you would like to change your MCO you can do so by:

- Online using the kynect self-service portal at **http://kynect.ky.gov**

- Calling Humana Member Services at **800-444-9137** (**TTY: 711**)
- Calling kynect Contact Center at **855-459-6328**, or the Department for Community Based Services at **855-306-8959**.

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

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

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

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

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

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

Cabinet for Health and Family Services Department for Medicaid Services
Attn: Division of Provider and Member Services
275 East Main Street, 6E-C Frankfort, KY 40621
Fax: **(502) 564-3852**

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

You Could Become Ineligible for Medicaid Managed Care

You will be disenrolled from Humana Healthy Horizons if you:

- Lose your Medicaid eligibility
- Stay in a nursing home for more than 30 days in a row
- Become eligible for Medicare

- Abuse or harm health plan members, providers, or staff
- Do not fill out forms honestly or do not give true information (commit fraud)
- Go to jail

If you become ineligible for Medicaid, all your services may stop. If this happens, call DCBS **502-564-3703**, Fax **502-564-6907**, or write to:

Department for Community Based Services

P.O. Box 2104

Frankfort, KY 40602

You can also contact the Medicaid Managed Care Ombudsman Program to discuss your options for appeal (see Ombudsman section for more information about the Ombudsman Program).

Advance Directives

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

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

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

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

Advance Directives in Kentucky

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

Part Four: Plan Procedures

Medical Order Scope of Treatment (MOST)

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

A MOST is usually for those who have a serious illness, or for those who want to have some of their wishes set as a medical order. MOSTs are not intended to address all your healthcare decisions. You still may need other types of Advance Directives.

Living Will

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

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

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

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

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

Living Wills must be in writing. They must be signed and dated by you and witnessed by two adults (who are not your healthcare providers, relatives, heirs, or guardian) or one notary.

Mental Health Treatment Directive

You also may state your specific preferences regarding the mental health treatment you may or

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

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

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

Others Who May Make Healthcare Decisions for You

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

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

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

Guardianship

What is a guardian?

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

When will a guardian be chosen?

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

Who can become a guardian?

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

Who appoints a guardian?

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

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

Health Care Power of Attorney

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

Again, it is always helpful to discuss your wishes with your family, friends and your doctor. A health care power of attorney will go into effect when a doctor states in writing that you are not able to make or to communicate your health care choices. If, due to moral or religious beliefs, you do not want a doctor to make this determination, the law provides a process for a non-physician to do it.

Fraud, Waste and Abuse

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

Fraud can be committed by providers, pharmacies, or members. We monitor and act on all provider, pharmacy, or member fraud, waste, and abuse.

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

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

Examples of pharmacy fraud, waste, and abuse include:

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

Examples of member fraud, waste, and abuse include:

- Inappropriately using services, such as selling prescribed narcotics or trying to get controlled substances from more than one provider or pharmacy
- Changing or forging prescriptions
- Using pain medications, you do not need
- Sharing your Member ID card with another person
- Not disclosing that you have other health insurance coverage
- Getting unnecessary equipment and supplies
- Receiving services or picking up medicines under another person's ID (identity theft)
- Giving wrong symptoms and other information to providers to get treatment, drugs, etc.
- Too many ER visits for problems that are not emergencies
- Misrepresenting eligibility for Medicaid

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

- Be required to pay back money that we paid for services that were determined to be a misuse of benefits
- Be prosecuted for a crime and go to jail
- Lose Medicaid benefits
- Be locked into one PCP, one controlled substance provider, one pharmacy, and/or one hospital for non-emergency services. See Kentucky Lock-In Program (KLIP) for details on page 94.

Part Four: Plan Procedures

If You Suspect Fraud, Waste, or Abuse

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

To Report Fraud, Waste, or Abuse:	
Call	**800-614-4126** (**TTY: 711**) 24 hours a day, 7 days a week Select the menu option for reporting fraud
Online Form	Complete the Fraud, Waste, and Abuse Reporting Form found on the Humana Healthy Horizons website at **Humana.com/fraud**
Write	Humana Attn: Special Investigations Unit 1100 Employers Blvd. Green Bay, WI 54344
Call U.S. Office of Inspector General's Fraud Line	**800-HHS-TIPS** (**800-447-8477**)

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

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

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

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

Part Four: Plan Procedures

Medicaid Managed Care Ombudsman Program

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

- Answer your questions about your benefits
- Help you to understand your rights and responsibilities
- Provide information about Medicaid and Medicaid Managed Care
- Help you understand a notice you have received
- Refer you to other agencies that may also be able to assist you with your health care needs
- Answer your questions about enrolling or disenrolling with a health plan
- Help to resolve issues you are having with your health care provider or health plan
- Be an advocate for you when dealing with an issue or a complaint affecting access to health care
- Provide information to assist you with your appeal, grievance, mediation, or State Fair Hearing
- Connect you to legal help if you need it to help resolve a problem with your health care

To Contact the Ombudsman Program:	
Call	**866-KYOMBUD (866-596-6283)**
Online	https://www.auditor.ky.gov/kyombud/Pages/default.aspx
Write	209 St. Claire St. Frankfort, KY 40601
Email	**kyombud@ky.gov**
Fax	**(502) 564-2912**

Kentucky Lock-In Program

Kentucky Lock-In Program (KLIP) is designed to provide coordination of health care to assure you are getting the right medicines to stay healthy. You may see different prescribers for different medical care needs. Each prescriber may prescribe you different medications and using one pharmacy can help ensure you are getting the best possible care. If you are eligible for the KLIP, Humana Healthy Horizons will work with you and your provider to have your prescriptions transferred to one pharmacy to make filling your prescriptions as easy as possible. If you are identified as a potential candidate for this program, you will receive a letter with information about the program and the pharmacy that has been selected for your care.

Part Four: Plan Procedures

Quality Improvement

Program Purpose

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

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

There are two guiding statements for the Quality Improvement Program:

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

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

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

The purpose of the Humana Healthy Horizons Quality Improvement Program is to ensure that Humana Healthy Horizons has the necessary ability to:

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

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

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

Part Four: Plan Procedures

Program Scope

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

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

The Quality Improvement Program is overseen by the Humana Healthy Horizons Medical Director and implementation is facilitated by the Director, Quality Improvement. Humana Healthy Horizons makes information available about how quality is measured at: **Humana.com/medicaid/kentucky-medicaid/enrollee-support/measuring-performance**.

To get a printed copy of the Humana Quality Improvement Program (QIP) please write to:

Humana Quality Operations Compliance and Accreditation Department-QI Progress Report
321 W. Main Street, WFP 20
Louisville, KY 40202

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

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Quality Measures

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

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

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

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

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

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

Satisfaction survey measures Humana Healthy Horizons monitor include:

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

Preventive Guidelines and Clinical Practice Guidelines

Humana Healthy Horizons recommends evidence-based nationally accepted standards and guidelines to help inform and guide the clinical care provided to Humana Healthy Horizons members. Guidelines are reviewed annually, or more often as appropriate, and updated as necessary.

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

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

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

Your Health is Important

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

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

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

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

Notice of Privacy Practices

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

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

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 **Humana.com/medicaid/kentucky-medicaid/enrollee-support/documents-forms**

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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

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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 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.
- Transfer - You may have the right to request that we transfer the Personal Information we have collected about you to another organization, or directly to you, in a structured, commonly used, and machine-readable format, under certain conditions.

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

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 **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 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:

To Obtain Privacy Forms:	
Call	**1-866-861-2762 (TTY: 711)**
Online	**Humana.com** and going to the Privacy Practices link
Write	Humana Inc. Privacy Office 003/10911 101 E. Main Street Louisville, KY 40202

Appeal Request Form

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

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

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

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

_____
Relationship to enrollee (if Representative)

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

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

Grievance and Appeal Office
APPOINTMENT OF REPRESENTATIVE FORM

_____ _____

Enrollee Name **Enrollee ID Number**

_____

Reference Number

The Enrollee **will complete this section.**

I choose _____ to advocate for me.

(The legal guardian or representative name goes here.)

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

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

_____ _____

The Enrollee signs here. **Date**

Address: _____ **Phone Number:** _____

_____

_____

The legal guardian or representative will complete this section.

I am the _____ of _____.

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

I agree to advocate or represent for _____.

(The Enrollee's name goes here.)

_____ _____

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

Address: _____ **Phone Number:** _____

_____

_____

Member Information Materials

As a Humana Healthy Horizons in Kentucky member, you have a right to request and obtain the information listed below. We will give new members the information in this section within a reasonable time after your enrollment with the plan. Humana Healthy Horizons in Kentucky will communicate any change in the below information to you at least thirty (30) days before the change goes into place.

A. Names, locations, telephone numbers of, and non-English languages spoken by, providers in the Humana Healthy Horizons in Kentucky's Network, including identification of providers that are not accepting new patients. This includes, at a minimum, information on PCPs, specialists, and hospitals

B. Any restrictions on your freedom of choice among network providers

C. Any changes in covered services by Humana Healthy Horizons in Kentucky due to moral or religious objections and how to obtain the service

D. Your rights and protections listed in 42 C.F.R. §438.100

E. Information on the right to file grievances and appeals and procedures in 42 C.F.R. §§438.400 through 438.424 and 907 KAR 17:010, including: requirements and timeframes for filing a grievance or appeal; availability of help in the filing process; tollfree numbers that you can use to file a grievance or an appeal by phone; that when requested, benefits can continue during the grievance or appeal; and that you may be required to pay the cost of services furnished while the appeal is pending if the final decision is adverse to you

F. Information on a State Fair Hearing including the right to hearing; how to obtain a hearing; and rules over who can represent you at the hearing

G. The amount, duration, and scope of benefits available to you as a Humana Healthy Horizons in Kentucky member

H. Procedures for obtaining benefits, including authorization requirements.

I. The extent to which, and how, you may obtain benefits, including Family Planning Services, from Out-of-Network Providers

J. The extent to which, and how, after-hours and emergency coverage are provided, including:

- What is included in Emergency Medical Condition, Emergency Services, and Post-Stabilization Services, with reference to the definitions in 42 C.F.R. §438.114(a) and 907 KAR 3:130
- The fact that Prior Authorization is not required for Emergency Services
- The process and procedures for obtaining Emergency Services, including use of the 911-telephone system
- The locations of any emergency settings and other locations where providers and hospitals furnish covered Emergency Services and Post-Stabilization Services
- The fact that you have a right to use any hospital or other setting for Emergency Care.

K. The post-stabilization care services rules set forth at 42 C.F.R. §422.113(c)

L. Humana Healthy Horizons in Kentucky's policy on referrals for Specialty Care and for other benefits not provided by your PCP

M. Cost sharing, if any

N. How and where to access any benefits that are available under the State plan but are not covered by Humana Healthy Horizons in Kentucky

O. Any appeal rights made available to providers to challenge the failure of Humana Healthy Horizons in Kentucky to cover a service

P. Advance directives, as set forth in 42 C.F.R. §438.6(i)(2)

Q. Upon request, information on the structure and operation of Humana Healthy Horizons in Kentucky and physician incentive plans; and

R. Your right to request and receive a copy of your Medical Records and request that the records be amended or corrected.

Your Medicaid Quick Reference Guide

This is a list of contact information that you can use when you want to do the below-listed things.

I WANT TO:	I CAN CONTACT:	CONTACT INFORMATION:
Find a doctor, specialist, or health care service	**Member Services** **Humana Find-a-Doc Tool** **MyHumana**	**Phone: 800-444-9137** or **TTY: 711** **Find-a-Doc: https://finder.Humana.com/finder/medical?customerId=1** **MyHumana:** See page 18 of this handbook for App Details
Get the information in this handbook in another format or language	**Member Services**	**Phone: 800-444-9137** or **TTY: 711**
Keep better track of my appointments and health services	**Member Services** **Your PCP**	**Phone: 800-444-9137** or **TTY: 711** _____ **(Fill in your PCP's Phone Number)**
Get help with getting to and from my doctor's appointments	**Member Services**	**Phone: 800-444-9137** or **TTY: 711** See also page 45 of this handbook for more information on transportation services.
Get help to deal with my stress, anxiety, or Behavioral Health Crisis	**Behavioral Health Crisis Hotline**	**Phone: 833-801-7355** or **TTY: 711**. 24 hours a day, 7 days a week. Call **911** if you are in danger or need immediate medical attention.
Get answers to basic questions or concerns about my health, symptoms, or medicines	**24-Hour Nurse Advice Line** **Member Services** **Your PCP**	**Phone: 800-648-8097** 24 hours a day, 7 days a week **Phone: 800-444-9137** or **TTY: 711**. _____ **(Fill in your PCP's Phone Number)**
Understand a letter or notice I got in the mail from my health plan File a complaint about my health plan Get help with a recent change or denial of my health care services	**Member Services** **Medicaid Managed Care Ombudsman Program**	**Phone: 800-444-9137** or **TTY: 711** **Phone:** Toll-Free **866-596-6283** You can find more information about the Ombudsman Program on page 111 this handbook.

I WANT TO:	I CAN CONTACT:	CONTACT INFORMATION:
Update my address	**Department for Community Based Services**	**Phone: 855-459-6328** **Online: https://kynect.ky.gov** or call
Find my Humana Healthy Horizons' provider directory or other general information about my plan	**Humana Healthy Horizons' Webpage**	**Online: Humana.com/medicaid/kentucky-medicaid** **Online Provider Directory: Humana.com/medicaid/kentucky-medicaid/enrollee-support/documents-forms**
Contact my Care Management	**Humana Care Management**	**Phone: 888-285-1121** **Email: KYMCDCasemanagement@humana.com**
Inquire about Community Resource Assistance	**Humana Population Health**	**Phone: 866-331-1577** **Email: KYMCDPopulationhlth@humana.com**
Contact HumanaBeginnings®	**Humana Care Management**	**Phone: 888-285-1121** **Email: KYMCDHumanaBeginnings@humana.com**

Important Phone Numbers

These numbers are mentioned at different parts of this handbook. Below is a combined directory for easy access.

CONTACT POINT:	PHONE NUMBER:
Member Services (this includes prescriber and provider as well)	**800-444-9137 or TTY: 711 7am-7pm EST**
Behavioral Health Member Services	**888-666-6301 or TTY: 711**
24-Hour Nurse Advice Line	**800-648-8097 or TTY: 711**
Behavioral Health Crisis Line	**833-801-7355**
Concierge Services for Accessibility	**877-320-2233**
Dental	**800-444-9137**
Department for Community Based Services (DCBS)	**855-306-8959**
Vision	**800-444-9137**
To report Medicaid Fraud and Abuse	**800-372-2970**
To request a Medicaid State Fair Hearing	**800-635-2570**
To file a complaint about Medicaid Services	**866-596-6283**
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	**877-597-2331**
To find out information about domestic violence	**800-799-7233** **TTY: 800-787-3224**
Medicaid Managed Care Ombudsman Program	**866-596-6283**
KY Medicaid Contact Center	**855-459-6328**
The KY Mediation Network	**502-573-2350**
Free Legal Services line	**800-292-1862**, Louisville and surrounding area **866-277-5733**, Eastern Kentucky area **859-431-8200**, Central and Northern Kentucky area **800-782-1924**, Western Kentucky area
Advance Health Care Directive Registry phone number	**502-564-7992, EXT 2800**
State Auditor Waste Line	**800-592-5378**
U.S. Office of Inspector General Fraud Line	**502-564-2888**
Pharmacy Services (MedImpact)	**800-210-7628**
Enrollee Services (this includes prescriber and provider as well)	**800-444-9137** or **TTY: 711** 7am-7pm EST
Behavioral Health Enrollee Services	**888-666-6301**
24-Hour Nurse Advice Line	**800-648-8097**
Behavioral Health Crisis Line	**833-801-7355**

CONTACT POINT:	PHONE NUMBER:
Concierge Services for Accessibility	**877-320-2233**
Dental	**800-444-9137**
Department for Community Based Services (DCBS)	**855-306-8959**
Vision	**800-444-9137**
To report Medicaid Fraud and Abuse	**800-372-2970**
To request a Medicaid State Fair Hearing	**800-635-2570**
To file a complaint about Medicaid Services	**866-596-6283**
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	**877-597-2331**
To find out information about domestic violence	**800-799-7233** **TTY: 800-787-3224**
Medicaid Managed Care Ombudsman Program	**866-596-6283**
KY Medicaid Contact Center	**855-459-6328**
The KY Mediation Network	**502-573-2350**
Free Legal Services line	**800-292-1862**, Louisville and surrounding area **866-277-5733**, Eastern Kentucky area **859-431-8200**, Central and Northern Kentucky area **800-782-1924**, Western Kentucky area
Advance Health Care Directive Registry phone number	**502-564-7992, EXT 2800**
State Auditor Waste Line	**800-592-5378**
U.S. Office of Inspector General Fraud Line	**502-564-2888**
Pharmacy Services (MedImpact)	**800-210-7628**

Key Words Used in This Handbook

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

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

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

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

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

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

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

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

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

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

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

Claim: Bill for services.

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

Disenrollment: The removal of a member from Humana benefits.

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

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

Durable Power of Attorney for Healthcare: A written agreement between you and another person that lets the other person make medical and/or financial decisions for you if you cannot speak for yourself.

Early Period Screening, Diagnosis and Treatment (EPSDT): A program that is for preventive health care and well-child checkups for children under the age of 21.

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

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

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

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

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

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

Expedited Appeal: Review done fast to meet a member's health need.

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

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

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

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

Habilitation Services and Devices: Services or therapy that help a person with disabilities keep, learnor improve skills and functioning for daily living. They can be either inpatient or outpatient.

Health Disparities: This is when some people have better health and healthcare than others. This happens because of unfair situations that make it harder for some people to have what they need to be healthy. These unfair situations might be because of where they live, how much money they have, or how they're treated based on their race, gender, or something else.

Health Equity: This is when everyone has everything they need to be as healthy as they can be. This includes great healthcare. It also includes supportive friends and family, healthy food, a safe place to live, a car, or some other way to get around.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Pharmacy: Drug store.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Supplemental Nutrition Assistance Program (SNAP): A program that helps low-income people buy food for healthy meals at participating stores. Kentucky SNAP benefits increase household food buying power when added to the household's income.

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

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

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

Value Added Benefit: An additional service or item offered to members that is outside of the Medicaid benefit package but seeks to improve quality and health outcomes, and/or reduce costs.

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

Women, Infants and Children (WIC): A federally-funded health and nutrition program for women, infants, and children.

Publish date 12/5/2024

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

Auxiliary aids and services, free of charge, are available to you. **800-444-9137 (TTY: 711)**, Monday through Friday, from 7:00 a.m. to 7:00 p.m., Eastern time.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **800-444-9137 (TTY: 711)**, Monday through Friday, from 7:00 a.m. to 7:00 p.m., Eastern time. If you believe that Humana, Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail, or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618**,** **800-444-9137 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

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I’m looking forward to better, brighter days.

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

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