

# New Horizon

## Kentucky Volume I

October 2020



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You can always find the most current New Horizon issue by visiting [Humana.com/NewHorizon](https://www.humana.com/NewHorizon). Previous newsletters and New Horizon issues will be archived on [Humana.com/HealthyKY](https://www.humana.com/HealthyKY), so you can reference them at any time. Thank you for being a Humana Kentucky Medicaid provider and for letting us partner with you.

### Introducing Humana Healthy Horizons in Kentucky



New things are on the horizon for Humana Medicaid health plans. As of Jan. 1, 2021, Humana Kentucky Medicaid will be Humana Healthy Horizons in Kentucky. This new name reflects our goal not only to help our enrollees achieve their best health and live their best lives, but also to give you the support you need to provide quality care. The name may change but the strength and stability of Humana remain the same.

**Humana** | Healthy Horizons™ in Kentucky

Humana Healthy Horizons is more than a health plan. It's our commitment to providing you with what you need to give our enrollees the best care possible. Humana Healthy Horizons features the same great medical benefits, but with a few additions. New extras, such as our Go365 for Humana Healthy Horizons Rewards program, expanded vision services and childcare assistance, and helpful digital tools will help enrollees better manage their health. Before the end of the year, enrollees should receive a new ID card that reflects the new Humana Healthy Horizons plan name. Enrollees can continue to use their current ID card until they receive the latest version.

**Humana | Healthy Horizons™ in Kentucky**  
A Medicaid product of Humana Health Plan, Inc.

**ENROLLEE NAME**  
**Enrollee ID: HXXXXXXXXX**

Medicaid ID#: XXXXXXXX      Group #: XXXXX  
Date of Birth: XX/XX/XX      RxBIN: 610649  
Effective Date: XX/XX/XX      RxPCN: 03191501

PCP Name: XXXXXXXXX  
PCP Phone: (XXX) XXX-XXXX

Enrollee/Provider Service: 1-800-444-9137  
Enrollee Behavioral Health Crisis Line: 1-833-801-7355  
Pharmacist Rx Inquiries: 1-800-865-8715  
24 Hour Nurse Line: 1-800-648-8097  
Please visit us at **Humana.com/HealthyKentucky**

**For online provider services, go to [www.availity.com](http://www.availity.com)**

Please mail all claims to:  
**Humana Medical**  
**P.O. Box 14601**  
**Lexington, KY 40512-4601**

Humana Healthy Horizons in Kentucky offers providers many resources to help navigate our plan offerings. [Humana.com/HealthyKY](http://Humana.com/HealthyKY) has educational materials, pharmacy and quality resources and training materials to help support you every step of the way. If you have questions regarding the new name, please call Provider Services at **800-444-9137 (TTY: 711)**. Hours of operation are Monday through Friday, 7 a.m. to 7 p.m. Eastern time. You also can find more information at [Humana.com/HealthyKentucky](http://Humana.com/HealthyKentucky).

Humana Healthy Horizons provides the support you need to help your patients achieve many healthy days ahead. Thank you for letting us be your partner in healthcare.

## COVID-19 Updates and Information

### Kentucky Implements Contact Tracing

Kentucky implemented a contact tracing program to help stop the spread of diseases like COVID-19 and help Kentuckians stay healthy and safe. Contact tracing allows public health workers to record individual information of Kentuckians who have been exposed to COVID-19, conduct outreach and monitor wellness. Members of the contact tracing team contact Kentucky residents if they were exposed to an individual testing positive for COVID-19 and share instructions on how to self-quarantine and reduce the spread to other individuals.

Public health workers need to know about potential COVID-19 exposure to make sure that all Kentuckians are safe and supported. Kentucky's Contact Tracing and Tracking system helps disease investigators and contact tracers gather the necessary information.

**Disease investigators** are responsible for calling individuals who test positive for COVID-19, confirming their lab results, verifying their isolation needs and asking about potential contacts.

**Contact tracers\*** are responsible for calling individuals who were exposed to individuals who tested positive for COVID-19 (i.e. contacts), providing information and assessing their health on a daily basis.

\*In some areas, the disease investigator and the contact tracer may be the same person.

### To help with this effort, you can:

- Make audiences **aware** that they may be contacted by a public health worker to gather information as it pertains to the virus
- Help audiences **understand the importance** of this process, encourage them to answer these calls and follow instructions provided
- Provide audiences with any **materials** as they are made available
- Be on the lookout to share **communications** from [kycovid19.ky.gov](https://kycovid19.ky.gov) and Governor Beshear's social media

Together, we can enable public health organizations to collect information about COVID-19 throughout the commonwealth to reduce the risk of community spread.

Click [here](#) to view the full Commonwealth of Kentucky Department for Public Health presentation.

## Humana Reinstates Specific Prior-authorization Requirements

The Kentucky Department for Medicaid Services (DMS) authorized Humana to resume specific prior-authorization policies effective for dates of service starting Aug. 1, 2020.

Please note prior authorizations continue to be waived for the following services:

- Behavioral health and substance-use disorder (SUD) services, defined as services provided by any behavioral health provider type (02, 03, 04, 05, 06, 23, 26, 30, 62, 63, 66, 67, 81, 82, 83, 84, 89, 92)
- Services listed on the Behavioral Health and Substance Abuse Services Inpatient and Outpatient fee schedules
- Services listed on the Community Mental Health Center (CMHC) Mental Health Substance Abuse Codes and Units of Service fee schedule

Please refer to the Kentucky Medicaid Prior Authorization List online at [Humana.com/PAL](https://Humana.com/PAL).

## Humana Updates and Clarifies its Retrospective Review Policy

Humana recently identified that the current provider manual does not detail provider retrospective review request submission time frames. Humana will maintain the same submission time frame outlined in the Humana – CareSource® Kentucky Medicaid plan provider manual, as detailed in a Jan. 4, 2019 network notification, with additional clarification provided.

### Definition

A retrospective review is a request for a review for authorization of care, service or benefit for which authorization is required but not obtained before the delivery of care, service or benefit. Humana requires prior authorization to ensure covered patients receive medically necessary and appropriate services.

**Claims that do not meet the necessary criteria as described below are administratively denied.**

### Retrospective review policy

Humana only allows for a retrospective authorization submission with written request, when prior authorization is required but not obtained, in the following circumstances:

- The service is related to another service that received prior approval and was performed, and the new service was not needed at the time the original prior-authorized service was performed
- The need for the new service was determined at the performance of the original prior-authorized service

- The service is for Humana-covered patients who are retroactively eligible for Medicaid (Retroactive Medicaid coverage is a period of up to three months prior to the application month)

The exception to this policy applies only to prior authorizations obtained before an enrollee transitions from another managed care organization to Humana. Humana will uphold the prior-authorization approval from other managed care organizations for 90 days following the transition.

### To request a retrospective review, providers have 90 calendar days from:

- The date of service, or
- The inpatient discharge date, or
- The initial date of a service, for a service that spans several months, or
- The date of the primary insurance carrier's Explanation of Payment or authorization denial, which demonstrates the service was not a covered service.

Requests for retrospective review that exceed the 90-calendar-day time frame are denied and ineligible for appeal.

### What to include when submitting a retrospective review request

- Patient name and Humana ID number
- Authorization number of the previously authorized service for the related request
- Clinical information supporting the service

### How to submit a retrospective review request

Providers can submit a retrospective review request for inpatient and outpatient services via the following methods:

- [Availity.com](https://www.availity.com) (registration required)
- Phone/IVR: **800-444-9137**
- Fax: 833-974-0059

For requests submitted via [Availity.com](https://www.availity.com) or by fax, the provider can check the status on Availity. Providers can view authorization status, along with the authorization number associated with the request. Some outpatient authorization requests may auto-approve even when the procedure code may not appear on our preauthorization list (PAL). Humana's Kentucky Medicaid PAL is available online at [Humana.com/PAL](https://www.humana.com/PAL). Written notification for approved service requests is not provided unless requested. Requests for written notification can be included when clinical information is submitted or by calling **800-444-9137**.

## Kentucky DMS Medicaid Bypass Code List Implemented in Humana's Claim Payment System

Kentucky DMS developed the Medicaid Bypass List for Medicare Non-Covered Codes and modifiers to allow providers to bill Medicaid managed care organizations directly without first billing Medicare for coordination-of-benefit requirements. Humana is currently configuring this list of bypass codes and modifiers in our claims payment system. Once this process is complete, Humana will reprocess all affected claims with service dates of Jan. 1, 2020 and later.

These Kentucky DMS lists are specific to provider type, claim type, procedure, revenue, diagnosis codes and date range. As Medicare does not cover these codes, Medicaid will act as primary payer. Claims submitted that do not meet all bypass requirements are denied when submitted without the Medicare Explanation for Member Benefit (EOMB) for appropriate coordination of benefits.

To download copies of the bypass lists, please click on one or both of the following links and save the linked spreadsheets to your computer:

- [Provider Type 30](#)
- [All Provider Types \(Except Provider Type 30\)](#)

## 2021 Humana Healthy Horizons Added Benefits

For 2021, Humana Healthy Horizons in Kentucky will offer enrollees extra benefits, tools and services that are not otherwise covered or that exceed limits outlined in the Kentucky state plan and the Kentucky Medicaid fee schedules. The following are some examples of these value-added services (VAS), provided at no cost to the enrollee. For full details, please refer to the [provider manual](#).

VAS	Details and limitations
<b>Dental Services, Adult</b>	One additional cleaning per year for enrollees 21 and older
<b>Doula Services*</b>	Doula assistance to provide emotional and physical support to the laboring mother and her family, two prenatal visits, two postpartum visits and one visit for delivery assistance per pregnancy
<b>Home Visits for High-risk Pregnant Enrollees*</b>	Unlimited in-home maternity services for pregnant female enrollees identified as high-risk when medical conditions do not allow travel to/ participation in normal office-based care
<b>Non-pharmacological Pain Management Alternatives*</b>	For enrollees 21 and older with chronic pain, up to 24 acupuncture visits per year and up to 26 additional chiropractic visits per year (refer to covered services for chiropractic base benefit)
<b>Sports Physical*</b>	One sports physical per year for enrollees 6 to 18
<b>Vision Services, Adult</b>	Eyeglasses (frames and lenses) every 24 months for enrollees 21 and older

## New Wellness Program: Go365 for Humana Healthy Horizons

Starting Jan. 1, 2021, enrollees can register for the new Go365 for Humana Healthy Horizons wellness program and earn rewards for participating in healthy activities.

### To earn rewards, enrollees must:

- Download the Go365 for Humana Healthy Horizons App from the Apple App Store or Google Play on a mobile device
- Create an account to access and engage in the program
  - Enrollees younger than 18 must have a parent or guardian register on their behalf. Whoever completes the registration process on the minor's behalf must have the minor's Medicaid enrollee ID.
  - Enrollees 18 or older can register and create their own Go365 account. They must have their Medicaid enrollee ID to register.

Enrollees can use the same login information from their MyHumana account to access Go365 for Humana Healthy Horizons.

For each eligible Go365 activity completed, enrollees earn rewards that can be redeemed in the Go365 in-app mall. Rewards earned through Go365 are not transferrable to other managed care plans or other programs. Rewards are non-transferable and have no cash value.

**Please note:** Humana Healthy Horizons in Kentucky will publish billing guidelines on Humana.com/HealthyKY for services indicated above with an asterisk (\*).

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

**Enrollees can qualify to earn rewards by enrolling in Go365 for Humana Healthy Horizons and then completing one or more healthy activities. Healthy activities include:**

Healthy Activity	Details and Limitations
Breast Cancer Screening	<b>\$25 in rewards (one per year)</b> for female enrollees 50 to 64 who receive a mammogram
Cervical Cancer Screening	<b>\$20 in rewards (one per year)</b> for female enrollees 24 to 64 who receive a PAP smear
Diabetic Retinal Exam	<b>\$20 in rewards (one per year)</b> for enrollees with diabetes age 18 or older who receive a retinal eye exam
Diabetic Screening	<b>\$40 in rewards (one per year)</b> for enrollees with diabetes age 18 or older who complete an annual screening with their primary care provider for HbA1c and blood pressure
Flu Vaccine	<b>\$20 in rewards</b> for enrollees who receive a yearly flu vaccine from their provider, pharmacy, or other source (proof may be required, if source other than provider or pharmacy administers the flu vaccine)
Level of Care Education	<b>\$10 in rewards (one per year)</b> for enrollees 19 and older who complete education about when to go to an emergency room
Pediatric Dental Visits	<b>Up to \$30 in rewards</b> for enrollees ages 2 to 20 who complete two dental cleanings per year (\$15 per dental cleaning)



Healthy Activity	Details and Limitations
Postpartum Visit	<b>\$25 in rewards (one per pregnancy)</b> for enrollees participating in Moms First who receive one postpartum visit within 60 days after delivery
Prenatal Visit	<b>\$25 in rewards (one per pregnancy)</b> for enrollees participating in Moms First who complete one prenatal visit within their first trimester or within 42 days of enrollment with Humana Healthy Horizons
Tobacco Cessation Program	<b>\$25 in rewards</b> for enrollees 12 and older who complete the first of two calls within 45 days of enrollment in the tobacco cessation program, and <b>\$25 in rewards</b> for enrollees 12 and older who complete the full program
Weight Management Program	<b>\$10 in rewards</b> for enrollees 12 and older who complete an initial well-being check-up, and <b>\$30 in rewards</b> for enrollees who complete coaching and a final well-being check-up
Well-Child Visits	<b>Up to \$60 in rewards</b> for enrollees ages 0 to 15 months who complete six well-child visits (\$10 per well-child visit)
Wellness Visit	<b>\$20 in rewards</b> for enrollees ages 2 and older who receive one yearly wellness visit, and <b>\$10 reward</b> for new enrollees ages 2 and older who complete a PCP wellness visit within 90 days of enrollment with Humana Healthy Horizons in Kentucky



The monetary amounts listed above are reward values, not actual dollars.

Humana's receipt of the provider's claim rendered services earns enrollees most of their rewards. Humana Healthy Horizons in Kentucky also recommends that all providers submit their claims on behalf of an enrollee by March 15, 2022 to allow enrollees time to redeem their reward(s) earned during the 2021 plan year. Go365 for Humana Healthy Horizons is available to all enrollees who meet the requirements of the program. Rewards are not used to direct the enrollee to select a certain provider. Rewards may take 90 to 180 days or more to reflect on Go365 for Humana Healthy Horizons. Enrollees lose access to the Go365 app and the earned incentives and rewards if they voluntarily disenroll from Humana Healthy Horizons in Kentucky or lose Medicaid eligibility for more than 180 days. On Dec. 31, 2021, the end of plan year, enrollees with continuous enrollment have 90 days to redeem their rewards.

## Prevent or Report Fraud, Waste and Abuse

Humana has an ongoing commitment to detecting, correcting and preventing fraud, waste and abuse. If you suspect fraud, waste or abuse in the healthcare system, you must report it. Your actions may help improve the healthcare system and reduce costs for our members, customers, and third parties.

**To report suspected fraud, waste or abuse, you can contact us in one of the following ways:**

- Phone: **800-614-4126**
- Fax: **920-339-3613**
- E-mail: [SIUReferrals@humana.com](mailto:SIUReferrals@humana.com)
- Mail: Humana, Special Investigation Unit, 1100 Employers Blvd., Green Bay, WI 54344
- Ethics Help Line:  
**877-5-THE-KEY (877-584-3539)**
- Ethics Help Line reporting website:  
[Ethicshelpline.com](http://Ethicshelpline.com)

### **The Special Investigations Unit (SIU):**

- Treats all information it receives or discovers as confidential
- Discusses the results of investigations only with persons having a legitimate reason to receive the information (e.g., state and federal authorities, Humana corporate law department, market medical directors, or Humana senior management)

When filing your report, you have the option to remain anonymous.

Visit [Humana.com/Legal/Fraud-Waste-and-Abuse](http://Humana.com/Legal/Fraud-Waste-and-Abuse) to learn more about Fraud, Waste, and Abuse and Humana's prevention commitments.

## Humana Healthy Horizons in Kentucky Provider Web Page

Our [Humana Healthy Horizons provider website](http://Humana.com/HealthyHorizons) has a variety of materials and resources to help you achieve your best success. Materials and resources include:

- Provider Manual
- Regular network notices
- Telemedicine information
- Provider Resource Guide
- Provider training materials
- Prior authorization information

And other useful materials!

We encourage you to visit our website frequently, as we regularly update the information available.  
[Humana.com/HealthyKY](http://Humana.com/HealthyKY)

## Complete Humana's 2020 Provider Compliance Training

Healthcare providers serving Humana Medicaid plans in Kentucky must complete the following training modules:

- Humana Medicaid Provider Orientation
- Health, Safety and Welfare Training
- Cultural Competency
- Compliance and Fraud, Waste and Abuse training

To start your training:

1. Go to [Availity.com](http://Availity.com)
2. Sign in and select "Payer Spaces," then "Humana"
3. Under the Resources tab, select "Humana Compliance Events" to begin

For more information, visit [Humana.com/ProviderCompliance](http://Humana.com/ProviderCompliance) or see the Provider training materials tab at [Humana.com/HealthyKY](http://Humana.com/HealthyKY).