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In this issue:

- Providers and patients can use the SIMON database as a vaccination record resource
- Comprehensive Drug List medications are exempt from copayments
- Providers must furnish medical records when requested by Humana Healthy Horizons
- Help prevent delays in care by using correct prior authorization forms
- Familiarize your team with the Medicaid access and availability standards
- Motivate your patients with Go365 for Humana Healthy Horizons rewards
- Take advantage of Humana Healthy Horizons community partner resources

Humana
Healthy Horizons®
in South Carolina

Healthy Connections 

Humana Healthy Horizons in South Carolina is a Medicaid product of Humana Benefit Plan of South Carolina, Inc.

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Providers and patients can use the SIMON database as a vaccination record resource

Providers can help Humana Healthy Horizons® in South Carolina members stay up to date with their vaccines with **SIMON**, a secure electronic vaccine database accessible to healthcare providers across South Carolina. Help patients find their previous vaccine records, and be sure to enter all new vaccine administrations into **SIMON**. Patients who receive immunizations from South Carolina providers can access their immunization record through the **SIMON public portal** as well.

Members may be able to retrieve an official copy of their vaccination records by contacting previous healthcare providers, pharmacies or neighborhood clinics. When providers retire or a medical practice changes hands, old patient records often are sent to a medical record storage company. Members may be able to obtain their records directly from the company.



Comprehensive Drug List medications are exempt from copayments

Effective July 1, 2024, Humana Healthy Horizons members are eligible for \$0 copayments for medications on the **2024 Comprehensive Drug List**.

Prescribers may request a drug that is not on the list. Generally, Humana Healthy Horizons will approve the request if the drug on the list will not work as well or will have a negative effect on patient health.

Prescribers can request approval quickly by:

- Making an online request at **Covermymeds**
- Calling Humana Clinical Pharmacy Review at **800-555-CLIN (2546)**

Humana Healthy Horizons will make a decision based on the patient's needs within 24 hours of receipt of the prescriber's request.

To learn more about their pharmacy coverage, members can visit the **prescription coverage webpage** or call Member Services using the number on the back of their member ID card.



Providers must furnish medical records when requested by Humana Healthy Horizons

Humana Healthy Horizons may request medical records from providers for many reasons, including quality investigations, external quality review organization requests, **Healthcare Effectiveness Data and Information Set (HEDIS®)** reviews, and quality assurance.

The provider contract requires you to furnish member medical records to Humana Healthy Horizons for these purposes. These reviews are a permitted disclosure of a member's protected health information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Reviewers protect member information from unauthorized disclosure and ensure all HIPAA guidelines are enforced.



Help prevent delays in care by using correct prior authorization forms

Providers should complete the appropriate prior authorization forms and submit them with each authorization request. Using these forms ensures authorizations are built for the correct members with the correct code(s), dates and units as communicated by the provider.

Properly completed forms with accurate provider contact information allows our utilization review staff to reach out directly to the correct individual if clarification or additional clinical review is required.

You can find the physical health Universal Prior Authorization Form and all behavioral health prior authorization forms on the **Humana Healthy Horizons provider website**.

The following prior authorization forms are required for nursing facilities before admitting a member for long-term care services:

- Level of Care Certification (South Carolina Department of Health and Human Services [SCDHHS] form 185/185S)
- Completed Preadmission Screening and Resident Review (PASARR) form
- Notice of Admission, Authorization & Change of Status for Long Term Care (SCDHHS Form 181)

Humana Healthy Horizons will provide authorizations for up to 90 days for all eligible members transitioning to a nursing facility for long-term care when appropriate.

Other important resources to keep in mind when submitting a request include:

- **The South Carolina Medicaid Preauthorization and Notification List**
 - This list provides insight as to when certain codes, such as Home Health, require prior authorization.
- **The South Carolina Medicaid Fee Schedule**
 - This list identifies Common Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes for covered benefits under Medicaid.
- **The SCDHHS provider manuals**
 - These manuals clarify the administrative requirements set by the state of South Carolina. Examples of such requirements include Medicaid Certificates of Medical Necessity for durable medical equipment prior authorization requests, a signed and dated order (referral) for therapy services, or a plan of care noting short-term and long-term goals for the services requested.

Submit an initial prior authorization request or check on ongoing prior authorization requests via:

- The web at **Availity Essentials™** (registration required)
 - If you are submitting a request for an inpatient stay, avoid entering a discharge date unless a discharge has already occurred.
- Email at **CorporateMedicaidCIT@humana.com**
- Fax at 833-441-0950



Familiarize your team with the Medicaid access and availability standards

The SCDHHS has specific access and availability standards for all providers in the Medicaid program. Please ensure your team is familiar with the following access-to-care requirements:

- Providers must offer hours of operation that are no less than the hours of operation offered to commercial members or comparable to Medicaid fee-for-service, even if the provider serves only Medicaid managed care members.
- Providers are required to ensure all services included in the contract are made available 24 hours a day, 7 days a week when medically necessary.
- Providers must maintain formalized relationships with other healthcare providers to refer members for after-hours care during certain days, for certain services and for other reasons to extend the hours of services of their practice.
- An after-hours telephone number must be provided to all members. The after-hours number must connect the member to an answering service, a call center or a recording that directs the caller to another number to reach you or your designated medical practitioner for answering calls.

Primary care access to care requirements:

Patients with:	Should be seen:
Emergency needs	Immediately on presentation
Urgent care needs	Within 48 hours of a request
Routine care needs	Within 4 to 6 weeks of member's request
Nonurgent needs (walk-in members)	If possible or scheduled for an appointment consistent with written scheduling procedures

Non-primary care provider specialist access to care requirements:

Patients with:	Should be seen:
Emergency needs	Immediately on receiving referral for emergent specialty visit
Urgent care needs	Within 48 hours of referral or notification from primary care provider (PCP)
Routine care needs	Within 4 weeks of member's request and a maximum of 12 weeks for unique specialists

Behavioral health providers:

Patients with:	Should be seen:
Emergency needs	Immediately on receiving referral for emergent visit
Urgent care needs	Within 48 hours of referral or notification from PCP
Routine care needs	Within 4 weeks of member's request and a maximum of 12 weeks for unique specialists

To ensure we continue to provide excellent service to our members and providers, we may contact your office to participate in either an access and availability or a provider satisfaction survey. We encourage you to complete the survey so we can better serve you and our members.

If you have any questions or need assistance, please call or email one of the following Humana Healthy Horizons associates:

Provider Relations Team:

Gina M. Ruiz — Provider relations executive
Hospitals, healthcare systems and provider hospital organization providers
gruiz7@humana.com | 864-265-9858

Jermaine Tart — Senior provider relations professional
Federally qualified health centers, rural health clinics and independent practices
jtart2@humana.com | 803-486-8339

Tammy Nollen — Senior provider engagement professional
Behavioral health providers
tnollen@humana.com | 803-977-3392

For additional assistance on claims and roster updates, contact us via email:

Claim disputes: SCMCDProviderDispute@humana.com

Provider roster updates: SCProviderUpdates@humana.com



Motivate your patients with Go365 for Humana Healthy Horizons rewards

Members 18 and older can earn rewards by enrolling in **Go365 for Humana Healthy Horizons®**. Completing recommended screening and provider visits can earn your patients rewards, which can encourage them to be more proactive in their health.

At the conclusion of a visit, please take the opportunity to remind them about qualifying for specific rewards. This **printable chart** shows eligible healthy activities and their rewards.



Take advantage of Humana Healthy Horizons community partner resources

Members, community partners and providers can view our statewide calendar of free community events to attend with family and friends at the Humana Healthy Horizons **South Carolina Medicaid: News and Alerts webpage**.

All Humana Healthy Horizons members, providers and community partners can access the **Humana Community Navigator®** for assistance with utility services, food resources, housing support, transportation programs and more.

If you have questions about our programs, sponsorships or community, please call or email our community engagement team members:

Ashley McClendon Senior community management professional, Pee Dee region	amccclendon6@humana.com 803-920-9780
Chris Sherill, MA, MAIS, QP, LSSBB Senior community management professional, Upstate region	csherill@humana.com 864-923-4287
Melody Clark, MBA Senior community management professional, Midlands region	mclark72@humana.com 803-876-8152
Melissa Doyle Senior community management professional, Lowcountry region	mdoyle9@humana.com 843-544-5848
Madonna Farray, MSP, CCM Community management lead	mfarray@humana.com 803-873-6128

Humana Healthy Horizons in South Carolina provider website and resources

The **Humana Healthy Horizons in South Carolina provider website**, has materials and resources to help you achieve optimal results:

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

We encourage you to visit the website frequently, as we regularly update the information.

Humana's provider compliance training

Healthcare providers serving Humana Healthy Horizons in South Carolina Medicaid plans must complete the following training modules:

- Humana Medicaid provider orientation
- Health, safety and welfare training
- Cultural competency
- Fraud, waste and abuse training

To start your training: Go to [Availity.com](https://www.availity.com).

1. Sign in and select “**Payer Spaces**,” then “**Humana**.”
2. Under the **Resources** tab, select “**Humana Compliance Events**” to begin.

For more information, please visit [Humana.com/ProviderCompliance](https://www.humana.com/ProviderCompliance) or [Humana.com/SCTraining](https://www.humana.com/SCTraining). Updated versions of the Provider Orientation and Training Module are posted on the South Carolina Medicaid provider website at [Humana.com/HealthySC](https://www.humana.com/HealthySC).