

Humana Healthy Horizons in South Carolina Member Handbook 2026

Humana
Healthy Horizons®
in South Carolina

Healthy Connections

You can get this handbook and other plan information in large print for free. To get materials in large print, call member services at 866-432-0001 (TTY: 711), Monday – Friday, from 8 a.m. – 8 p.m., Eastern time.

If English is not your first language (or if you are reading this on behalf of someone who doesn't read English), we can help. Call member services at 866-432-0001 (TTY: 711), Monday – Friday, from 8 a.m. – 8 p.m., Eastern time. You can ask us for the information in this handbook in your language. We have access to interpreter services and can help answer your questions in your language.

Language assistance services, free of charge, are available to you. 866-432-0001 (TTY: 711)

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

Spanish (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。

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

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

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

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

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

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

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

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

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

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。

Укра нська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовно мовно п дтримки.

हदिी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्रा प्त करने के लिए ऊपर के नंबर पर कॉल करें।

ខ្មែរ (Cambodian): ហៅមកលេខទូរស័ព្ទខាងលើ ដើម្បីទទួល
ជានសេវាកម្មបកប្រែភាសាដោយមិនអស់ប្រាក់ ។

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

Thank you for joining Humana Healthy Horizons in South Carolina! 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 South Carolina.

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 member kit:

- Go to Humana.com/HealthySouthCarolina
- Call member services at **866-432-0001 (TTY: 711)**, Monday – Friday, from 8 a.m. – 8 p.m., Eastern time

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



Key Contact Information

Below are different ways to reach us if you have any questions.

Member Services	**866-432-0001 (TTY: 711)**
Online	Humana.com/HealthySouthCarolina
Transportation	https://www.scdhhs.gov/site-page/transportation-beneficiary-information Refer to the transportation section of this handbook for more information.
Mail	P.O. Box 14601 Lexington, KY 40512
Concierge Services for Accessibility (available for alternative formats, interpreter, hearing impaired)	**877-320-2233**

Hours of Service

Member services is open Monday – Friday, from 8 a.m. – 8 p.m., Eastern time. If you call when we are closed, please leave a message. We will call you back the next business day. If you have an urgent question, you may call our 24-Hour-Nurse Advice Line at **877-837-6952 (TTY: 711)**. Our nurses are available to help you 24 hours a day, 7 days a week.

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 in observation of the following major holidays:

- New Year's Day
- Martin Luther King Jr Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas Eve
- Christmas Day

Additional Information

Please call member services if you want information about the structure and operation of Humana Healthy Horizons in South Carolina, physician incentive plans and service utilization policies.

Your Medicaid Quick Reference Guide

I WANT TO:	I CAN CONTACT:
Request the race and/or ethnicity of my provider	Member services at **866-432-0001 (TTY: 711).**
Find a doctor, specialist or health care service	My Primary Care Provider (PCP). If you need help finding and choosing a PCP, go to https://findcare.humana.com/ or call member services at **866-432-0001 (TTY: 711).**
Get the information in this handbook in another format or language	Member services at **866-432-0001 (TTY: 711).**
Keep better track of my appointments and health services	Your PCP, or member services at **866-432-0001 (TTY: 711).**
Get help with getting to and from my doctor's appointments	Member services at **866-432-0001 (TTY: 711)**. You also will find more information on Transportation Services in this handbook.
Get help to deal with my stress or anxiety	Call 911 if you are in danger or need immediate medical attention. Behavioral Health Crisis Hotline at any time, 24 hours a day, 7 days a week. **833-364-2274 (TTY: 711).**
Get answers to basic questions or concerns about my health, symptoms or medicines	Your PCP, or our 24-Hour-Nurse Advice Line at **877-837-6952 (TTY: 711)**.
• Understand a letter or notice I got in the mail from my health plan • File a grievance about my health plan • Get help with a recent change or denial of my health care services	Member services at **866-432-0001 (TTY: 711).**
Update my address	Call your local Department of Social Services (DSS) office to report an address change.
Find my Humana Healthy Horizons in South Carolina Provider Directory or other general information about my plan	Humana.com/SouthCarolinaDocuments

Member Enrollment and Eligibility

Medicaid eligibility

The South Carolina Department of Health and Human Services (SCDHHS) in the member's county of residence determines Medicaid eligibility.

SCDHHS provides eligibility information to Humana for members assigned to Humana. Eligibility begins on the first day of each calendar month for members joining Humana, except for members otherwise identified by the state.

New member kits

Each new member receives a new member kit and a welcome letter.

The new member kit contains:

- Information on how to get a copy of the Humana Healthy Horizons in South Carolina Provider Directory
- Information about accessing a member handbook, which includes information about plan benefits and services
- A health assessment survey
- Other preventive health education materials and information

We also send each new member a member ID card. We send the ID card separate from the new member kit.

Automatic primary care provider (PCP) assignment

We assign each new member a PCP. We choose this PCP based on one or more of the following criteria:

- If the member currently or previously has had a PCP in our provider network
- Based on family or household pcp assignment
- Based on where the member lives, if the member does not see or has not seen a PCP in our provider network
- Based on the age of the member (e.g., pediatric members are assigned to a pediatrician, adult members are assigned to a PCP who specializes in adult medicine, etc.)

If you want to see a PCP who is different than the PCP we assign you, please call member services at **866-432-0001 (TTY: 711)**, Monday – Friday, from 8 a.m. – 8 p.m., Eastern time.

To see if a doctor is in our network, go to our online Find care service at https://findcare.humana.com/.

Medicaid State Plan Information

Medicaid State Plan Member ID Card

South Carolina Department of Health and Human Services (SCDHHS) issues you an ID card when you become eligible for Medicaid. This card will stay the same no matter what Managed Care Organization (MCO) you are enrolled with.

Humana Healthy Horizons in South Carolina gives all members an ID card. The front side has personal information, including your member 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.

Show both ID cards every time you get care. You may have problems getting care or prescriptions if you do not have it with you. If you have other health insurance cards, bring them with you always carry both cards. Remember to show your Medicaid ID card for items not covered by Humana Healthy Horizons in South Carolina.

The ID cards can only be used by the member whose name is on the card. Do not let anyone else use your card. If you do, you may be responsible for their costs.

We will mail your ID card 5 days after you enroll in our health plan. We get your address from your local South Carolina Department of Health and Human Services.

Call member services at **866-432-0001 (TTY: 711)** right away if:

- Anything is wrong with your ID card
- You lose your ID card

Always Keep Your Member ID Card with You

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

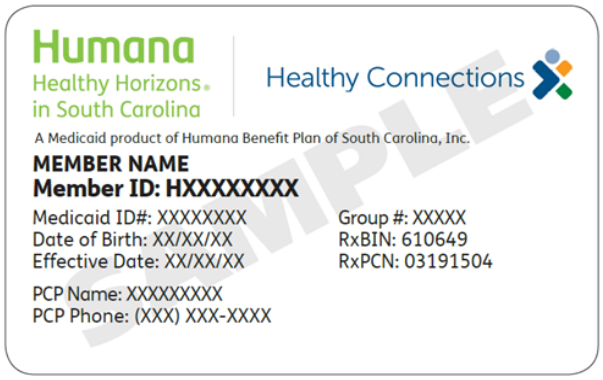
Never let anyone else use your member ID card. Be sure to show it each time you get healthcare services. Be sure to have a picture ID with you. Your doctor or provider may ask

you for your Humana Healthy Horizons in South Carolina ID card and a picture ID.

Call member service if:

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

When you call us, please have your member ID number available. This will help us serve you faster.





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 Benefit Determination: See Appeals section for complete definition.

Appeal: A request for Humana to review a decision to deny, reduce, or end a service or other adverse benefit determination.

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

Authorized Representative: A trusted person (e.g., 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 (e.g., emotional, psychological, and social well-being) and substance use (e.g., alcohol and drugs) disorder treatment and rehabilitation services.

Benefits: A set of healthcare 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 healthcare 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.

Comprehensive Drug List (CDL): drugs that are eligible to be covered on your Medicaid plan.

Covered Services: Medically necessary healthcare services Humana must pay for.

Disenrollment: The removal of a member from Humana benefits.

Dual Eligible: When you are eligible for Medicare **and** Medicaid.

Durable Medical Equipment (DME): 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.

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.

Excluded Services: Healthcare 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-name medications that we cover.

Fraud: Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice to defraud any healthcare 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 healthcare benefit program.

Grievance: Means an expression of dissatisfaction about any matter other than an adverse benefit determination. Possible subjects for Grievances include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a Provider or employee, or failure to respect the member's rights.

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.

Healthcare 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 healthcare providers.

Home Health Care: Healthcare 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 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 Plan (such as Humana Healthy Horizons in South Carolina).

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

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

Non-Participating Provider: A doctor, hospital, or other licensed facility or healthcare 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 healthcare 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: Healthcare 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 South Carolina and meets certain income levels. This means prenatal care for a 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.

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

Provider: A healthcare worker or a facility that delivers healthcare 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 healthcare providers actively participating with the plan ("participating providers"). The Provider Directory is created from this list.

Rehabilitation Services and Devices: Healthcare 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.

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

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.

Waste: Overutilization of services or other practices that, directly or indirectly, results in unnecessary costs to the healthcare 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.

Table of Contents

Key Contact Information **4**

Your Medicaid Quick Reference Guide **5**

Member Enrollment and Eligibility **6**

Medicaid State Plan Information **7**

Key Words Used in This Handbook **9**

Table of Contents **14**

How to Use This Handbook **19**

How Managed Care Works **19**

The Plan, Our Providers, and You 19

Provider Directory 20

Physician Finder 20

Member Services 20

Let Us Know If Your Information Changes 22

Loss of Medicaid 22

Other Insurance? 22

Interpreter Services 23

24-Hour Nurse Advice Line 24

Auxiliary Aids and Services 24

Important Phone Numbers 24

Part I: First Things You Should Know **25**

Your Primary Care Provider (PCP) 25

Choosing a PCP 25

Special Cases 26

What Happens If You Don't Choose a PCP? 26

Changing Your PCP 27
How to Get Regular Health Care 27
Emergencies 29
Post-Stabilization Care 30
Urgent Care 30
Long-Term Care 31
Second Opinions 31
Pregnancy and Family Planning 31
Sexually Transmitted Diseases 32
Family-Planning Services 32
Before You Are Pregnant 32
Prescription Drugs 32
Comprehensive Drug List 33
Participating Pharmacies 33
Copay 34
Over-the-Counter (OTC) Health and Wellness 34
Statewide Pharmacy Lock-in Program (SPLIP) 34
Additional Information 35
Behavioral/Mental Health Services 35
Care Outside South Carolina 35
Part II: Your Benefits: What is Covered for Humana Healthy Horizons in South Carolina Members. 36
Benefits 36
Services Covered by Humana Healthy Horizons in South Carolina. 37
Regular Health Care 37
Maternity Care. 37

Home Health Services 38
Personal Care Services. 38
Vision Care 38
Transplant and Transplant Related Services. 38
Communicable Disease Services. 38
Pharmacy. 39
Emergency Care 39
Specialty Care 39
Nursing Home Services 40
Behavioral Health Services and Substance Use Disorder Services. 40
Transportation Services. 41
How to Get Non-Emergency Transportation. 41
Family Planning 41
Other Covered Services 42
Benefits Offered by the State 42
Extra Support to Manage Your Health 42
Care Management and Outreach Services 43
Complex Care Management. 43
HumanaBeginnings® Program. 44
Care Transitions 44
Disease Management. 44
Help with Problems Beyond Medical Care 45
Other Programs to Help You Stay Healthy 45
Weight Management Coaching. 45
Tobacco and Vaping Cessation Coaching 46
Added Benefits. 46

Value Added Benefits 46
To earn Go365 rewards 51
Tools for Easy Access 54
MyHumana 54
Benefits You Can Get from Humana Healthy Horizons in South Carolina or a Medicaid Provider 55
Early and Periodic Screening, Diagnostic and Treatment 55
EPSDT Exam Frequency 57
Services NOT Covered 57
If You Get a Bill 58
PART III: Plan Procedures 58
Prior Authorization 58
Prior Authorization Requests for Children under Age 21 58
What Happens After We Get Your Prior Authorization Request 58
Prior Authorization and Timeframes 60
How You Can Help with Health Plan Policies 60
Appeals 61
Timeframes for Appeals 63
State Fair Hearings 63
Continuation of Benefits 64
Grievances 65
What Happens Next 65
Your Care When You Change Health Plans or Doctors (Transition of Care) 66
Member Rights and Responsibilities 67
Your Rights 67
Your Responsibilities 69

Ending Your Membership 71
You Could Become Ineligible for Medicaid Managed Care 72
Advance Directives 72
Advance Directives in South Carolina 72
Physician Orders for Scope of Treatment (POST) 73
Living Will 73
Declaration for Mental Health Treatment Directive/Psychiatric Advance 73
Others Who May Make Healthcare Decisions for You 74
Healthcare Power of Attorney 74
Fraud, Waste, or Abuse 74
If You Suspect Fraud, Waste, or Abuse 76
Keep Us Informed 76
Quality Improvement 77
Program Purpose 77
Program Scope 78
Quality Measures 79
Preventive Guidelines and Clinical Practice Guidelines 80
Your Health is Important 81
Notice of Privacy Practices 82
Appeal/Grievance Request Form 85
Grievance and Appeal Office Appointment of Representative Form 86

How to Use This Handbook

This handbook includes information you should know as a Humana Healthy Horizons in South Carolina member. This handbook is your guide to health and wellness services. It tells you the steps to take to make the plan work for you.

The first few pages will tell you what you need to know right away. Use it for reference or check it out a bit at a time.

If you have a question:

- Check this handbook
- Go to Humana.com/HealthySouthCarolina
- Ask your PCP, if the question is about health and wellness
- Call member services at **866-432-0001 (TTY: 711)**, Monday – Friday, from 8 a.m. – 8 p.m., Eastern time

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 healthcare needs.
- Humana Healthy Horizons in South Carolina has a contract with the South Carolina Department of Health and Human Services to meet the healthcare needs of people with South Carolina Medicaid. In turn, Humana Healthy Horizons in South Carolina partners with a group of healthcare providers to help us meet your needs. These providers (e.g., doctors, pharmacists, therapists, specialists, hospitals, home care providers, and other healthcare facilities) make up our provider network.
- The Humana Healthy Horizons in South Carolina network of providers is there to support you. Most of the time, the provider you see most for your health care is your PCP. Your PCP can help if you need to schedule a test, see a specialist, or go into the hospital.
- Your PCP will have a system in place, if you need care after hours or weekends. If you call and must leave a message, be sure to include information about how to reach you. 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 of healthcare providers in our provider directory. Refer to the provider directory section below.

Provider Directory

Humana Healthy Horizons in South Carolina will give you a Provider Directory if requested. The Provider Directory is a list of the doctors and providers you can use to get services, along with important information such as address, telephone numbers, specialty, and other qualifications. If there is any information that is not included in the directory that you would like to know such as the residency of the provider or the medical school they attended, please contact the provider office directly to ask. This list is called our provider network. Keep in mind our Provider Directory may change, and you always can call us to see if we have added or removed any providers since the directory was printed. For more information about providers, or to see the most current version of our Provider Directory:

- Go to Humana.com/SouthCarolinaDocuments
- Call member services at **866-432-0001 (TTY: 711)**, Monday – Friday, from 8 a.m. – 8 p.m., Eastern time
- We will send you a free paper copy of the Provider Directory within 5 business days from when you request it.

Physician Finder (Find care)

Our online Find care service has information about care options in your area, including:

- In-network providers
- Other healthcare facilities
- Pharmacies
- Retail clinics
- Specialists
- Urgent care centers

To access our Find Care service, visit https://findcare.humana.com/.

Building a good relationship with your PCP as soon as you can is important. Please call your PCP's office as soon as you can after enrolling in Humana Healthy Horizons in South Carolina 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.

Member Services

- For help with non-emergency issues and questions, call member services at **866-432-0001 (TTY: 711)**, Monday – Friday, from 8 a.m. – 8 p.m., Eastern time
- In case of a medical emergency, call 911.
- **You can call member services to get help anytime you have a question.** You may call us to choose or change your PCP, to ask about benefits and services, to get help

with referrals, to replace a lost ID card, to report the birth of a new baby, or ask about any change or other issue that might affect you or your family's benefits.

- If you are or become pregnant, your child will become part of Humana Healthy Horizons in South Carolina on the day your child is born. You should call us and your local South Carolina Department of Health and Human Services right away if you become pregnant and for help with choosing a doctor for both you and your newborn baby before he or she is born.
- **If English is not your first language (or if you are reading this for someone who doesn't read English), we can help.** We want you to know how to use your health plan, 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.
- For people with disabilities: If you use a wheelchair or have trouble hearing or understanding, and/or if you are reading this for someone who is blind, deaf-blind, or has difficulty seeing, we can help. We can tell you if a doctor's office is wheelchair accessible or is equipped with special communications devices.

Also, we have services like:

- TTY Machine – Our TTY phone number is 711
- Information in large print
- Help making or arranging transportation to healthcare appointments
- Names and addresses of providers who specialize in treating certain condition(s).

Go to Humana.com/HealthySouthCarolina or call member services at **866-432-0001 (TTY: 711)**, Monday – Friday, from 8 a.m. – 8 p.m., Eastern time to learn more about:

- Benefits or eligibility
- If prior authorization or approval is necessary for a service
- What services are covered and how to use them
- Getting a new member ID card
- Reporting a lost member ID card
- Selecting or changing your PCP
- Help we have for members who don't speak or read English well
- How we can help members understand information due to vision or hearing problems
- Filing a grievance

For faster service, please have your member ID number available. Your member ID number is on your member ID card.

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 really important to let us know if information from your Medicaid application changes. You must report any changes to the South Carolina Department of Health and Human Services. Failure to report changes may result in loss of medical benefits. Examples of changes you must report 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 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

The South Carolina Department of Health and Human Services (SCDHHS) determines Medicaid eligibility in the member's county of residence. If any of the above changes, please call or visit your local Medicaid office.

Loss of Medicaid

The South Carolina Department of Health and Human Services decides who qualifies for Medicaid. If the South Carolina Department of Health and Human Services says you no longer can have Medicaid, then we would be told to stop your membership. You no longer would be covered by Humana once you lose Medicaid.

If you have questions about your Medicaid eligibility, please contact your local South Carolina Department of Health and Human Services office or call **888-549-0820**.

Other Insurance?

If you have other medical insurance, please call member services at **866-432-0001 (TTY: 711)**, Monday – Friday, from 8 a.m. – 8 p.m., Eastern time to let us know. Other insurance may include insurance:

- You have through your job
- Your children have through another parent

Please call us if you lose medical insurance that you tell us about. Not giving us this information can cause problems with getting care and with bills.

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 on the job

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
- The location where the accident occurred

This information will help avoid delays in processing your benefits.

Notify us immediately of any worker's compensation claim, a pending personal injury or medical malpractice lawsuit, or if you have been involved in an auto accident.

Interpreter Services

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

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

If so, we can help. Humana Healthy Horizons in South Carolina offers sign and language interpreters (e.g., in-person, video remote interpretation, or over the phone) at no cost at all. Oral interpretation is provided in more than 200 languages.

If you require assistance with speaking with us or a healthcare provider, we can help you. Please contact member services. Interpreter services are available at all Humana touchpoints, and you can use these services to assist with grievances and/or appeals. See pages 61-66 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 and are available in alternative formats in print format (Braille, Large Print, Accessible PDF, and Daisy) and audio at no charge to you. Just call us at

866-432-0001 (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. You can call **877-837-6952 (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

Auxiliary Aids and Services

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)

These services are available to members with disabilities for free. To ask for aids or services, call member services at **866-432-0001 (TTY: 711)**, Monday – Friday, from 8 a.m. – 8 p.m., Eastern time.

Humana Healthy Horizons in South Carolina complies with federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability, or sex. If you believe that Humana Healthy Horizons in South Carolina failed to provide these services, you can file a grievance. To file a grievance or to learn more, call member services.

Important Phone Numbers

Member Services (this includes prescriber and provider as well)	866-432-0001 (TTY: 711)
Behavioral Health Member Services	866-432-0001 (TTY: 711)

24-Hour Nurse Advice Line	877-837-6952
Behavioral Health Crisis Line	833-364-2274 (TTY: 711)
Case Management	866-432-0001 (TTY: 711) Ext. 12345
Concierge Services for Accessibility	877-320-2233
Dental	888-307-6552
South Carolina Department of Health and Human Services	888-549-0820 (TTY: 888-842-3620)
Disease Management	866-432-0001
Vision	866-432-0001 (TTY: 711)
To report Medicaid Fraud and Abuse	800-372-2970
To request a Medicaid State Fair Hearing	800-635-2570
To file a grievance about Medicaid Services	866-432-0001
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

Part I: First Things You Should Know

Your Primary Care Provider (PCP)

Your PCP is the main healthcare 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. Your PCP is your medical home and quickly 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.

Referrals are not required. If you need help, talk to your PCP and they can 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. It is important to see your PCP as soon as you can. This will help your PCP get to know you and understand your healthcare needs. If you are seeing a new doctor, make sure to take all your past medical records with you or ask your previous doctor to send your records to your new doctor.

Choosing a PCP

As a Humana Healthy Horizons in South Carolina member, you can choose your own PCP. If you would prefer, you can choose a PCP that has the same cultural, ethnic, or racial background as you. 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. Just call member services at **866-432-0001 (TTY: 711)**. We can help you get the care you need and set you up with a PCP.

When choosing a PCP, consider a PCP who:

- You have seen before
- Understands your health problems
- Is accepting new patients
- Can speak in your preferred language
- Has an office that is easy for you to get to
- Each family member enrolled Humana Healthy Horizons in South Carolina can have a different PCP, or you can choose one PCP to take care of the whole family. A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Call member services at **866-432-0001 (TTY: 711)** to get help with choosing a PCP that is right for you and your family.
- You can find the list of all the doctors, clinics, hospitals, labs, and others who partner with Humana Healthy Horizons in South Carolina in our provider directory. You can visit our website to look at the provider directory online. You also can call member service to get a free copy of the provider directory which we will send you within 5 business days from when you request it.
- 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 in-network provider who offers women's healthcare 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 healthcare need, you may be able to choose a specialist to act as your PCP.
- If your provider leaves our provider network, we will tell you within 15 days from when we know about this. If the provider who leaves is your PCP, we will contact you to help you choose another PCP.

If you need help finding a provider before you have an assigned PCP or choosing a PCP, please contact member services. We can help you get the care you need.

Special Cases

- Presumptively eligible ("presumptive eligible" – see page 12), you do not have to choose a PCP. Please note: We will assign presumptively eligible members a PCP, **but** these members are not required to see the PCP we assign.

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

Choosing a PCP will help you take care of your healthcare needs. You may choose a PCP from the Humana Healthy Horizons in South Carolina Provider Directory. You can see that PCP starting on the first day you are enrolled. To view our directory, please visit Humana.com/SouthCarolinaDocuments or call member services at **866-432-0001 (TTY: 711)**.

We hope you are happy with your PCP. If you want to change your PCP for any reason, please call member services to let us know. We will make your change on the date you call.

We will send you a new member ID card that has information about your new PCP.

If you would prefer to have a PCP that has the same cultural, ethnic, or racial background as you, please call member services.

Humana Healthy Horizons in South Carolina may contact you if we see that you are receiving PCP services from a PCP that is not listed on your member ID card. Humana wants to ensure that you are always assigned to the PCP of your choice.

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.

Humana Healthy Horizons in South Carolina may notify you to change your PCP if your provider requests to no longer be your doctor.

It is important to keep your scheduled visits with providers. Sometimes things happen that keep you from going to the providers. If you must change or cancel your appointment, please call the provider's office at least 24 hours before your appointment or as soon as you can. It is always best to let your provider's office know if you can't be there.

How to Get Regular Health Care

We know you can get sick or hurt without warning. For most issues, your PCP:

- Can give you the care you need
- Can see you when you're well and when you're sick
- May be able to offer you a virtual care (telehealth) visit

See your PCP if you need care for:

Backache	Pain management
Cold/flu	Persistent cough
Constipation	Possible pregnancy
Dizziness	Rash
Earache	Restlessness
Headache	Sore throat
High/low blood pressure	Swelling of the legs and feet
High/low blood sugar	Taking out stitches

Joint pain	Vaginal discharge
Loss of appetite	

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 young adults, from birth to age 21.

You should visit your PCP within 90 days of joining Humana Healthy Horizons in South Carolina. When you visit your doctor:

- Always take your Humana Healthy Horizons in South Carolina member ID card
- Talk to your doctor about any healthcare concerns you have
- Talk to your doctor about the medicine you take
- Prepare in advance any questions you have for your doctor

"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.

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 and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and how your health plan works.

Your PCP will take care of most of your healthcare needs, but you must have an appointment to see your PCP. If you cannot keep an appointment, call to let your PCP know.

- **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.
- 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 4-6 weeks
Urgent care services (care for problems like sprains, flu symptoms, or minor cuts and wounds)	Within 48 hours

APPOINTMENT GUIDE	
Emergency or urgent care requested after normal business office hours	Immediately (available 24 hours a day, 7 days a week, 365 days a year at an urgent care clinic (for urgent care) or emergency room (for emergency care))
Mental Health	
Routine services	Within 4-12 weeks
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)
Mobile crisis management services	Within 30 minutes
Substance Use Disorders	
Routine services	Within 4-12 weeks
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)

If you have trouble getting the care you need within the time limits described above, call member services.

Emergencies

You are always covered for emergencies in and out of our service area. You have the right to go to any hospital or other setting for emergency care. 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:

Broken bones	Severe chest pain
Drug overdose	Severe vomiting
Loss of consciousness	Shortness of breath
Major burns	Uncontrolled bleeding
Rape	When pregnant, symptoms like pain, fever, vomiting, and/or vaginal bleeding
Seizures/convulsions	When you feel you may hurt yourself or others

To decide whether to go to an emergency room (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. If you have an emergency, call 911 or go to the nearest ER. If you are not sure what to do, call your PCP for help, or you can call our 24-Hour Nurse Advice Line at **877-837-6952 (TTY: 711)**. 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 in South Carolina. Show them your member ID card.
- 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 in South Carolina.
- 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.

If the hospital has you stay, please make sure that Humana Healthy Horizons in South Carolina 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 Nurse Advice Line at **877-837-6952 (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.

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

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.

Urgent Care

You may have an injury or an illness that is not an emergency, but still needs prompt care and attention. Retail clinics and urgent care centers are:

- Convenient – Most open early, close late, and have weekend hours
- Quick – No appointment needed
- Staffed by trained professionals – Get treatment for a range of issues, including urgent flu-like symptoms, moderate stomach pain, small cuts, minor injuries, ongoing diarrhea, a child with an earache who wakes up in the middle of the night and won't stop crying, and wheezing

You can walk into an urgent care clinic to get care the same day or make an appointment for the next day. 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. She or he will tell you what you can do.

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 in South Carolina 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, you no longer may be eligible for Humana Healthy Horizons in South Carolina. Your nursing facility services will be covered by the Cabinet for Health and Family Services. If you have questions, please call member services at **866-432-0001 (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. 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 our network to give you a second opinion at no cost. If you cannot find a doctor in our network, we will help you find an out of network doctor. If you need to see a doctor that is not in the Humana Healthy Horizons in South Carolina network for a second opinion, you must get prior approval from us (see page 12 for a definition of prior approval/prior authorization).

Any tests for a second opinion should be given by a doctor in our network. Tests requested by the doctor giving you the second opinion must have the prior approval of Humana Healthy Horizons in South Carolina. Your PCP will look at the second opinion and help you decide the best treatment.

Pregnancy and Family Planning

Humana Healthy Horizons in South Carolina wants you to have access to reproductive health care. These services are confidential and private for all members regardless of age. Services and benefits include:

Sexually Transmitted Diseases

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

Family-Planning Services

Humana Healthy Horizons in South Carolina 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 without a referral. You may see a provider who is not in the Humana Healthy Horizons in South Carolina network.

Appointments for counseling and medical services are available as soon as possible within 4-6 weeks. 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 in South Carolina network. Family-planning services and any follow-up services are confidential for you, including members who are younger than 18.

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

If you are pregnant, make an appointment with an obstetrician (OB). You can find an OB in your provider directory. If you need help, call member services at **866-432-0001 (TTY: 711)**. Be sure to make an appointment as soon as you know you are pregnant.

Your newborn will be automatically enrolled in Humana Healthy Horizons in South Carolina as of the month she or he is born. You may choose to enroll your newborn in another health plan after the baby is born by calling South Carolina Healthy Connections Choices **877-552-4642 (TTY: 877-552-4670)**.

Prescription Drugs

Managing your medicines is important. We want you to feel comfortable knowing what medicines your plan covers. As a Humana Healthy Horizons in South Carolina member, you can access a full range of safe and effective medicines. These medicines are on our Comprehensive Drug List (CDL). This list also includes medications in therapeutic classes that are on the state’s preferred drug list (PDL) and additional classes of medications that

are not managed by the state.

Humana follows all state requirements about which medicines are included in the drug list. Members can use Humana's website to find the South Carolina Department of Health and Human Services' list of preferred drugs and see if they need approval for state managed drugs.

Unmanaged drugs that are not on the state's preferred drug list are available to our members when medically necessary. Any request for an unmanaged drug or a drug on the state's list which requires prior authorization should be submitted using the prior authorization process, before the drug can be covered.

Comprehensive Drug List (CDL)

Your provider will the use the CDL to choose the best medicine to treat you and your condition. Occasionally, your provider may need to get our approval if he or she wants you to use a medicine that is not on our CDL. Your provider also will need to get approval if covered medicines have a limit such as:

- Age limit: covered for certain age group
- Quantity limits: a limit on the number of drugs you can get at one time
- Prior authorization: requires approval before it can be covered

We will not cover some medications, including:

- Drugs used to help you get pregnant
- Drugs used for erectile dysfunction
- Drugs that are for cosmetic purposes or to help you grow hair
- Drug Efficacy Study Implementation (DESI) drugs and drugs that are identical, related, or like such drugs
- Investigational or experimental drugs
- Drugs used for any purpose that is not medically accepted
- Drugs used for gender dysphoria according to South Carolina law

The CDL may change from time to time. New drugs are added or removed as needed. Don't worry; we will notify you if your medicine is removed from the CDL. You can find the most up to date CDL on our website at Humana.com/SouthCarolinaDocuments.

To view current medical and pharmacy coverage policies, please visit Medical and Pharmacy Coverage Policies.

Participating Pharmacies

You can fill your prescription at any pharmacy that accepts Humana Healthy Horizons in South Carolina. Use our online Find a Pharmacy service at Humana.com/FindaPharmacy to find an in-network pharmacy near you. Make sure to bring your member ID card with you to the pharmacy.

As a Humana Healthy Horizons in South Carolina member, you can use Humana's mail-order pharmacy, CenterWell Pharmacy®, which will send medicine to your home.

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

You may be able to fill your specialty prescriptions at our CenterWell Specialty Pharmacy®. This pharmacy will fill and mail your specialty prescription to your home or provider.

For more information, go to CenterWellPharmacy.com.

Copay

There are no copays for all Medicaid members enrolled in the Humana Healthy Horizons in South Carolina plan.

Over the Counter (OTC) Health and Wellness

As part of your expanded pharmacy benefit, you have a $65 per quarter allowance to spend on OTC health and wellness items. These medicines will be sent by UPS or the U.S. Postal Service within 10–14 working days after the order is made. There is no charge to you for shipping. Go to Humana.com/SouthCarolinaPharmacy to see the list of health and wellness items available as well as an OTC order form. Keep in mind that some OTC medicines are covered on your pharmacy benefit.

If you have questions about this mail-order service, call:

CenterWell Pharmacy

800-379-0092 (TTY: 711), Monday - Friday, 8 a.m. - 11 p.m., and Saturday, 8 a.m. to 6:30 p.m. Eastern time

Statewide Pharmacy Lock-in Program (SPLIP)

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 this program, we will work with you and your provider to have your prescriptions transferred to one pharmacy to make filling your prescriptions as easy as possible.

One pharmacy location will help provide better coordination of health care to assure you are getting the right medicines to stay healthy. If you have any questions, please contact us by:

- Phone: **833-410-2496**, 8 a.m. – 5:30 p.m., Eastern time. After hours, please leave a voicemail with the member's name, Humana member ID number, case number, contact phone number, and a detailed description of your request.
- Fax: **1-502-996-8184**

- Email: CPORM@humana.com

Additional Information:

We hope you don't have to pay for any medicines out of pocket. If you do, let us know by filling out a reimbursement claim form, and you may get a refund. You can find the prescription drug reimbursement claim form at Humana.com/SouthCarolinaDocuments.

Please contact member services at **866-432-0001 (TTY: 711)** for help with your pharmacy questions.

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
- Peer support
- Help with medication
- Drug and alcohol screening and assessment
- Substance use services, including residential services for members, regardless of age
- Therapeutic Rehabilitation Programs (TRP)
- Day treatment
- Psychological Testing
- Crisis Intervention
- Other community support services to help you feel better

Asking for help is OKAY. 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 only may need someone to talk to. We can help you figure out what type of care you need, and we can help connect you with an experienced provider.

We are here to help. Please call member services at **866-432-0001 (TTY: 711)**. A staff member can help you find a provider or schedule an appointment.

Care Outside South Carolina

In some cases, we may pay for healthcare services you get from a provider located along the South Carolina border or in another state. Humana Healthy Horizons in South Carolina

and your PCP can give you more information about which providers and services are covered outside of South Carolina, 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.

If you have any questions about getting care outside of South Carolina or the United States, talk with your PCP or call member services at **866-432-0001 (TTY: 711)**.

Part II: Your Benefits: What is Covered for Humana Healthy Horizons in South Carolina Members

We cover all medically necessary Medicaid-covered services at no cost to you. 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 healthcare provider; 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 in finding a network provider so you can use those covered services you need. You can call **866-432-0001 (TTY: 711)** for help when you:

- Need a physical or immunizations
- Have a medical condition (e.g., 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. Ask your PCP or call member services if you have any questions about your benefits.

Services Covered by Humana Healthy Horizons in South Carolina

You must get the services below from the providers who are in our provider network. Services must be medically necessary and provided and managed by your PCP. Talk with your PCP or call member services if you have any questions or need help with any health services.

Regular Health Care

- Office visits with your PCP, including regular check-ups, routine labs, and tests
- Office visits to specialists
- Eye/hearing exams
- Well-baby care
- Well-child care
- Immunizations (vaccines) for children 18 years and younger are covered through the Vaccines for Children (VFC) Program
- Immunizations (vaccines) for adults ages 19 years and older are covered as recommended by the Advisory Committee on Immunization Practices (ACIP)
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under age 21
- Rehabilitative Therapies for Children – Non-Hospital Based Rehabilitative Therapies for members under age 21 are provided through the Local Education Authorities (LEA) or the Private Rehabilitation Services Program.
- Help with quitting dipping, smoking, and/or vaping

Maternity Care

- Pregnancy care
- Newborn hearing screenings (Rendered to newborns in an inpatient hospital setting)
- Newborn metabolic screenings
- Childbirth education classes
- OB/GYN and hospital services

- Care management services for members that are pregnant and up to 12 months after delivery
- Hospital Care
- Inpatient care
- Outpatient care
- Labs, X-rays and other tests
- BabyNet is a service for infants and toddlers under three years of age with development delays

Home Health Services

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

Personal Care Services

- 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

Vision Care

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

Transplant and Transplant Related Services

- In-state and out-of-state evaluations
- Pre-admission services
- Post-transplant services upon discharge
- Post-transplant pharmacy services

Communicable Disease Services

- Examinations

- Assessments
- Diagnostic procedures
- Health education and counseling
- Treatment
- Contact tracing, according to the Centers for Disease Control and Prevention (CDC) standards
- Specialized outreach services are provided such as Directly Observed Therapy (DOT) for TB cases
- All Members have the freedom to receive TB, STD and HIV/AIDS testing and counseling services from any public agency without any restrictions

Pharmacy

- Prescription drugs
- Insulin, Continuous Glucose Monitor (CGM), and other diabetic supplies (like syringes, test strips, lancets, and pen needles)
- Smoking cessation products
- Select over the counter (OTC) drugs with a prescription
- Birth control
- Certain Immunizations

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
- Chiropractic services (6 visits per plan year, starting July 1-June 30)
- Cardiac care services
- Surgical services

Nursing Home Services

- Humana Healthy Horizons in South Carolina will cover services such as doctor's services, therapy services, oxygen, etc.
- Must be ordered by a physician and authorized by Humana Healthy Horizons in South Carolina
- 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 (e.g., 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 Serious Mental Illness (SMI) services

Substance Use Disorder Services

- Outpatient opioid treatment

- Outpatient withdrawal management
- Non-hospital medical withdrawal management
- Alcohol and drug abuse treatment center withdrawal management crisis stabilization
- Peer support services and Targeted case management

If you believe you need access to more intensive behavioral health services that Humana Healthy Horizons in South Carolina does not provide, talk with your PCP or call member services at **866-432-0001 (TTY: 711).**

Transportation Services

If you have a medical emergency, call 911.

Transportation is available for doctor appointments, dialysis, X-rays, lab work, drug store, or other medical appointments. The state covers ambulance transportation to and from medical appointments when a member must be transported on a stretcher and cannot ride in a car. You must get prior authorization for non-emergency ambulance or any other non-emergency transportation.

How to Get Non-Emergency Transportation

South Carolina Medicaid uses ModivCare (formerly LogistiCare) for their transportation broker.

To ask for a ride, call at least 3 days before your appointment.

Call member services at **866-432-0001 (TTY: 711)** Monday – Friday, from 8 a.m. to 5 p.m.

To cancel a ride, call at least 24 hours in advance.

Family Planning

You can go to any doctor or clinic that takes Medicaid and offers family-planning services. You also can visit one of our family-planning providers. Either way, you do not need a referral from your PCP. You can get birth control and birth control devices (e.g., IUDs, implantable contraceptive devices, and others) that are available with a prescription, and emergency contraception and sterilization services. You also can 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.

The plan will also cover sterilization procedures such as a tubal ligation and hysterectomy, under certain circumstances, with the proper consent forms that must be signed by the member and the provider.

The Plan will cover emergent and non-emergent abortions only when a physician has found and certified in writing, on the Abortion Statement Form, that based on professional judgment, the pregnancy was a result of rape or incest or that the mother suffers from a life-endangering condition that would place the mother in danger of death unless an abortion is performed.

Other Covered Services

- Durable medical equipment/prosthetics/orthotics
- Hearing aids products and services
- Virtual care (telehealth) services, if your provider offers these types of services
- Extra support to manage your health
- Home infusion therapy
- Rural Health Clinic (RHC) services
- Federally Qualified Health Center (FQHC) services
- Developmental Evaluation Center (DEC) 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

Humana Healthy Horizons in South Carolina will provide most of your services. South Carolina Medicaid will provide some of your services. You will use your Medicaid ID card when getting any of the below services:

- **Dental Services -** Routine and emergency dental services are available to members under the age of 21. Limited dental services are available to members aged 21 and over. Contact DentaQuest at **888-307-6552** (toll-free) or go to Dentaquest.com.
- **Targeted Case Management (TCM) Services -** Targeted Case Management (TCM) consists of services that assist an individual eligible under the State Plan in gaining access to needed medical, social, educational, and other services. Contact **888-356-2197**.
- **MAPPS Family-Planning Services -** Medicaid Adolescent Pregnancy Prevention Services (MAPPS) provide Medicaid-funded Family-Planning Services to at-risk youths. MAPPS are designed to prevent teenage pregnancy among at-risk youths, promote abstinence, and educate youth to make responsible decisions about sexual activity. These services are provided in schools, office setting, homes, and other approved settings.

Extra Support to Manage Your Health

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
- Expanded vision services for adults

- A weight management program
- GED test prep
- Case management
- Disease management

To learn more about our how you get can extra support to manage your health, talk to your PCP or call Care Management Support Services at **866-432-0001 (TTY: 711)**.

Care Management and Outreach Services

Children and adults with special healthcare needs often can benefit from care management. We offer care management services to all members who can benefit from this service. Members can self-refer, too. We have registered nurses, social workers, and other outreach workers who can work with you one-on-one to help coordinate your health care. This coordination may include helping you find community resources you need. We 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 you figure out when to get medical care from your PCP, Urgent Care, or ER

There are several Care Management programs available including:

Complex Care Management

Humana Healthy Horizons in South Carolina 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 who take multiple medications,

served within multiple systems, and often have the highest costs.

To get additional information about the Complex Care Management Program, self-refer into, or opt out of the Complex Care Management Program, you may contact our Care Management Support Services at **866-432-0001 (TTY: 711).**

Required interventions are more intensive. A team of healthcare providers, social workers, and community service partners are available to make sure your needs are met, and all efforts are made to improve and optimize your overall health and well-being. The care management program is optional.

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, pregnancy and family-planning resources, and gift cards.

Call member services at **866-432-0001 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time to learn more and to enroll into HumanaBeginnings program.

Care Transitions

If you are hospitalized, our care managers can 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 member 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. You can reach member services at **866-432-0001 (TTY: 711)**.

Disease Management

Humana Healthy Horizons in South Carolina provides members with chronic conditions access to integrative care services that can help improve quality of life and help to reduce healthcare costs. These integrative care services help members address potential co-morbidities or other complications and avoid complications.

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

- Asthma
- Bipolar Disorder

- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Heart Disease
- HIV/AIDS
- Hypertension
- Schizophrenia

We can:

- Help you understand the importance of controlling the disease
- 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 Program, or opt out of any of our Care Management Program, you can reach Care Management Support Services at **866-432-0001 (TTY: 711)**.

If there are any changes in your benefits, we will inform you in writing with in 30 days before the effective date of the change.

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 in South Carolina can connect you to resources in your community to help you manage issues beyond your medical care.

Call member services at **866-432-0001 (TTY: 711)** 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 (call 911, if you are in immediate danger)

Other Programs to Help You Stay Healthy

Weight Management Coaching

Weight Management Coaching offers one-on-one support for members who want to achieve or maintain a healthy weight. Our National Board-Certified Health and Wellness Coaches are experts in guiding people who want to improve their lives and well-being. After getting a doctor's approval, participants completes 6 sessions with a Wellness Coach.

Participants have 12 months to complete the program. Available to members 12 and older.

More information is available in the Go365 for Humana Healthy Horizons app. To get started, call **800-955-0782 (TTY: 711)** and press 2 for Weight Management Coaching.

Tobacco and Vaping Cessation Coaching

Tobacco & Vaping Cessation Coaching offers one-on-one support for members who want to stop using nicotine products. Our National Board-Certified Health and Wellness Coaches are experts in guiding people who want to improve their lives and well-being. Participants complete 8 sessions with a Wellness Coach and have 12 months to complete the program. Available to members 12 and older.

More information is available in the Go365 for Humana Healthy Horizons app. To get started, call **800-955-0782 (TTY: 711)** and press 1 for Tobacco & Vaping Cessation Coaching.

The program also offers support for both over the counter (OTC) and prescription nicotine replacement therapy (NRT) for members 18 and older.

Added Benefits

Value Added Benefits

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

Value Added Benefits	Age	Details
Baby and Me Meals	All	Up to 2 pre-cooked home-delivered meals per day for 10 weeks for pregnant members who are high risk. Care Manager approval required.
Breast Pumps	All	Pregnant and postpartum members can receive 1 non-hospital grade breast pump every 2 years.
Convertible Car Seat and Portable Crib	All	Get ready for your baby's arrival with essential items that help keep them safe at home and while traveling. Families actively participating in the HumanaBeginnings® program can receive one free car seat or one free portable crib after completing the prenatal comprehensive assessment. They may also receive one additional free item that was not previously received after completing the postpartum assessment and one follow-up call for each baby, per pregnancy. To request this benefit, please contact your Care Manager.

Value Added Benefits	Age	Details
GED Testing	16 years old and older	GED test preparation assistance 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. You can be ages 16 - 18 if you have a South Carolina Verification of School Withdrawal form completed by the principal or attendance supervisor of the last school attended. The GED may be taken at age 19+ without the South Carolina Verification of School Withdrawal form.
Healthy Food Produce Box	All	Poor nutrition can worsen existing health conditions and slow recovery, while a healthy diet can prevent and manage disease. If you are living with or at risk of living with qualifying chronic conditions, members can get up to four produce boxes containing nutritious food that meets medical dietary guidelines, and educational materials that include recipes tailored to your condition. Members must have at least 1 of the following qualifying chronic conditions: • Congestive Heart Failure (CHF) • Chronic Obstructive Pulmonary Disease (COPD) • Chronic kidney disease • End-stage renal disease • Cancer • Human Immunodeficiency Virus (HIV) • Serious Mental Illness (SMI) • Diabetes Type I • Diabetes Type II
Home-Based Asthma Interventions	All	Member can receive up to $200 allowance per year for allergen free bedding, carpet cleaning and/or air purifier. Member must be asthmatic.

Value Added Benefits	Age	Details
Housing Assistance (continues on next page)	18 years old and older	$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)
Housing Assistance (continued)	18 years old and older	• 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

Value Added Benefits	Age	Details
Housing Support for SMI Members	18 years old and older	Members diagnosed with Serious Mental Illness and eligible for Intensive Case Management who are homeless, at imminent risk of becoming homeless, or transitioning from a behavioral health inpatient or residential facility without stable housing may be eligible for housing assistance up to $5,000. This once per lifetime assistance can cover rent/mortgage, security deposits, and utility deposits, household furnishings/ supplies, and moving expenses. Benefits will be tailored to meet functional needs of each member. Members must meet the following criteria: • Diagnosed with Serious Mental Illness • Eligible for Intensive Case Management • Homeless (per HUD definition) or at imminent risk of becoming homeless (i.e. becoming evicted or losing current housing) • Must be able to continue paying for his/her expenses upon award of this one-time benefit • Voluntarily consents to housing support allowance
Newborn Circumcision	29 days old through 12 months	Circumcision for all newborn male members
Non-Medical Transportation	18 years old and older	Up to 15 round trips (30 one-way trips) up to 30 miles for non-medical transportation per year to locations such as social support groups, wellness classes, WIC and SNAP appointments, and food banks. This benefit also offers transportation to locations providing social benefits and community integration for members such as community and neighborhood centers, parks, recreation areas, and churches.
Over the Counter (OTC) Pharmacy Allowance	All	Up to $65 per quarter allowance enables members to purchase products that support chronic condition management, medicines such as pain relivers, diaper rash cream, cough and cold relief medicine, and first aid equipment that do not require prescriptions.
Post-Discharge Meals	All	Up to 14 home-delivered meals following discharge from an inpatient or residential facility. Limited to 4 discharges per year.

Value Added Benefits	Age	Details
Produce Box for Maternal Care	All	To reduce access and cost barriers, Humana delivers up to 4 boxes of in-season, nutritious, fresh food annually with Care Manager approval. Each box comes with an educational pamphlet tailored to the specific items in the delivery with recipes and meal ideas.
Self-Monitoring Device: Blood Pressure Monitoring Kit	21 years old and older	Members can receive a Digital Blood Pressure Kit, which includes a cuff and monitor, every 3 years. • Prior authorization is required for members under 21 years old • The age limit and/or prior authorization does not apply to members who are pregnant or within 3 months postpartum
Smartphone Services	18 years old and older	With a smartphone, you have easy access to health-related information and can stay connected to your care team and health plan. Any member who qualifies for the Federal Lifeline program will be eligible to receive a free smartphone with monthly talk minutes, text, and data. • Only emancipated minors under the age of 18 can quality for the program
Sports Physical	6-18 years old	1 sports physical per year.
Tobacco and Vaping Cessation Coaching	12 years old and older	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.
Vision Services	21 years old and older	Our Vision Services benefit provides financial assistance to increase access to vision care and services and reduce potential sociodemographic disparities in vision services use. Through this benefit, we cover exams and provide an annual allowance of up to $150 to cover glasses frames and/or contact lenses.
Weight Management Coaching	12 years old and older	Weight Management Coaching helps members who are 12 and older achieve or maintain a healthy weight. Members can complete 6 sessions with a Wellness Coach; approximately 1 call per month for a period of 6 months.

Value Added Benefits	Age	Details
Youth Academic Support	5 - 18 years old	Empowering students to reach their full academic potential, this benefit offers personalized tutoring services for members between ages 5 - 18. With up to 20 hours of tutoring available over a 10-week period each year, students receive targeted assistance to enhance their learning experience and excel in their studies.
Youth Development and Recreation	18 years old and younger	Members can receive reimbursement of up to $250 annually for participation in activities such as: • YMCA • Boys and Girls Club programming • Swim lessons • Computer coding classes • Music lessons

For more details on how to access these value-added benefits, call member services at **866-432-0001 (TTY: 711)**.

Go365 for Humana Healthy Horizons: Download the app and start earning rewards

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

For each eligible Go365 activity completed, you earn rewards that can be redeemed for e-gift cards in the Go365 Shop. Rewards earned through Go365 have no cash value and must be earned and redeemed in the same plan year.

To earn Go365 rewards:

1. Download the Go365 for Humana Healthy Horizons app from iTunes/App Store® or Google Play® on a mobile device.
2. Create an account. 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.

   If you are the guardian of a minor, follow these steps to register the minor:

   a. Register for the Go365 Healthy Horizons app using your adult member/ caregiver account credentials.

   b. After signing in, click the button to 'Add a Minor' or go to account settings and select the option to add a dependent/minor and follow the prompts.

      i. Enter the minor's information exactly as shown on Humana records, including the minor's Member ID and demographic details (name, date of birth, address, etc.).

c. Where applicable, upload documents that verify your relationship to the minor. The app will prompt you for required documents and accepted file types. Typical documents that may be requested include:

   i. Birth certificate

   ii. Divorce decree or custody order

   iii. Legal guardianship papers or court order

   iv. Medical support order or related legal documentation

   v. Adoption decree

d. Submit the documents and confirm that uploads were successful.

e. Once approved, upon login, you will have access to all accounts under the same username and password.

3. Complete a healthy activity.

4. Redeem your rewards. Sign in to the Go365 app and access the 'Shop' tab to redeem your rewards for e-gift cards to popular retailers.

Note: Members under the age of 18 must have a parent or guardian register on their behalf to participate and engage with the program. Members 18 and older can register to create their own Go365 account using their Medicaid member ID.

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

You can qualify to earn rewards by completing one or more healthy activities in the chart below.

Activity	Reward criteria	Reward amount
Annual Well Visit	Complete an annual wellness visit with a primary care provider (PCP). Available to members 3 years and older.	$25 in rewards per year
Behavioral Health	Have a follow-up visit within 30 days after hospital discharge for behavioral health diagnosis. Available to all members.	$25 in rewards per year
Breast Cancer Screening	Get a mammogram. Available to female members 40 and older.	$25 in rewards per year
Cervical Cancer Screening	Get a cervical cancer screening as part of a routine Pap smear. Available to female members 21 and older.	$25 in rewards per year
Chlamydia Screening	Get a chlamydia screening when sexually active or as recommended by your healthcare provider. Available to all female members.	$25 in rewards per year

Activity	Reward criteria	Reward amount
Colorectal Cancer Screening	Get a colorectal cancer screening as recommended by your PCP. Available to members 45 and older.	$25 in rewards per year
Comprehensive Diabetic Screening	Get an annual HbA1c and blood pressure screening with your PCP. Available to diabetic members 18 and older.	$25 in rewards per year
Diabetic Retinal Eye Exam	Get a retinal eye exam. Available to diabetic members 18 and older.	$25 in rewards per year
Digital Onboarding	Download the Go365 for Humana Healthy Horizons app and update communication preferences. Available to all members.	$25 in rewards per lifetime
Flu Shot	Get the flu vaccine and, if received from someone other than a physician or at a pharmacy, upload a photo for documentation in the Go365 app. Available to all members.	$20 in rewards per year
Health Risk Assessment (HRA)	Complete within 90 days of enrollment in Humana Healthy Horizons. The HRA can be done in 1 of 4 ways: 1. Complete through the Go365 for Humana Healthy Horizons app, or 2. Fill out and send back the HRA in the envelope from your welcome kit, or 3. Call 855-223-9868 (TTY: 711), Monday – Friday, 7 a.m. – 8 p.m., EST, or 4. Create a MyHumana account and complete and submit the HRA online (available via desktop only). Available to all members	$20 in rewards per year
High-Intensity Care of Substance Use Disorder	Have a follow-up visit within 30 days after discharge from inpatient care, residential treatment or detoxification visit. Available to all members.	$25 in rewards per year
Human Papillomavirus Vaccine (HPV)	Must complete both doses to receive reward. Available to members 9 to 13 years.	$20 in rewards per lifetime
Postpartum Visit	Complete one postpartum visit within seven to- 84 days after delivery. Available to all female members.	$25 in rewards per pregnancy
Prenatal Visits	Complete up to 10 prenatal visits. Available to all female members.	$10 in rewards per visit, up to 10 visits, max $100 per pregnancy

Activity	Reward criteria	Reward amount
Tobacco Cessation Program	Work with a coach over the phone to quit smoking or vaping. • $25 for for completing 2 calls within 45 days of enrolling in coaching • $25 for completing 6 more calls (8 total) within 12 months of enrolling in coaching Enroll by calling 800-955-0782 (TTY: 711). When prompted, select option one. Available to members 12 and older.	Up to $50 in rewards
Weight Management Program	Work with a coach over the phone to reach or keep a healthy weight. • $15 for completing enrollment • $15 for completing coaching, six calls total, within 12 months of enrolling To enroll, call 800-955-0782(TTY: 711). When prompted, select option two. Available to all members 12 and older.	Up to $30 in rewards
Well-Child Visits (0 to 15 months)	Complete a wellness visit with a pediatrician. Available to members 0 to 15 months.	$20 in rewards per visit up to 6 visits, max $120 per year
Well-Child Visits (16-30 months)	Complete a wellness visit with a pediatrician. Available to members 16 to 30 months.	$15 in rewards per visit up to 2 visits, max $30 per year

*Questions? Call Go365 at **1-888-225-4669** to learn more.*

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. 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.

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

Tools for Easy Access

MyHumana

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 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

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

May require location sharing enabled on your phone.

MyHumana Account

Your MyHumana account is a private, personal online account that can help you get the most out of your member experience. Your account includes key coverage information and useful member tools and resources.

You can access your MyHumana account on a mobile device or on a desktop computer by:

- Going to Humana.com/Login
- Entering your username and password

Need to register for MyHumana?

- Go to Humana.com/Registration
- Follow the prompts to create an account, username, and password

Benefits You Can Get from Humana Healthy Horizons in South Carolina or a Medicaid Provider

Early and Periodic Screening, Diagnostic and Treatment

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 in South Carolina covers EPSDT preventive (well care) exams and health screenings at no cost to you.

The EPSDT program is designed to provide comprehensive preventive healthcare services at regular age intervals. Regular EPSDT preventive visits find health issues early (including physical health, mental health, growth and developmental) so additional testing, evaluation or treatment can start right away. EPSDT preventive services are available at the recommended ages and at other times when needed.

EPSDT stresses health education to children and their caretakers related to early intervention, health and safety risk assessments at every age, referrals for further diagnosis and treatment of problems discovered during exams and ongoing health maintenance.

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 Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Members who need EPSDT benefits:

- Can get EPSDT services through Humana Healthy Horizons in South Carolina by 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

EPSDT Exam Frequency

The Humana Healthy Horizons in South Carolina EPSDT Periodicity Schedule is updated frequently to reflect current recommendations of the American Academy of Pediatrics (AAP) and Bright Futures. To view updates to the schedule, please visit aap.org.

Infancy:

Younger than 1 month	2 months	4 months
6 months	9 months	12 months

Early childhood:

15 months	18 months	24 months
30 months	3 years	4 years

Middle childhood:

5 years	6 years	7 years
8 years	9 years	10 years

Adolescence and young adults:

11 years	12 years	13 years
14 years	15 years	16 years
17 years	18 years	19 years
20 years	21 years (through the end of the enrollee's 21st birth month)	

If you have questions about EPSDT services, talk with your child's PCP. You can also find more information by visiting our website at Humana.com/HealthySouthCarolina or by calling member services at **866-432-0001 (TTY: 711)**.

Services NOT Covered

South Carolina Medicaid only pays for services that are medically necessary. Below are some of the services that South Carolina Medicaid does not pay for. If you use services that South Carolina 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.

- Medical (non-ambulance) transportation
- Dental services
- Targeted case management (TCM) services
- Home- and community-based waiver services

- Medicaid Adolescent Pregnancy Prevention Services (MAPPS) family planning
- Early Intervention (EI) Services (if not provided as part of the BabyNet program)

This list does not include all services that are not covered. If your doctor does not cover your medical services because of moral or religious reasons, call member services for referrals or counseling. Humana Healthy Horizons in South Carolina does not cover all of your services. Some services may be covered by the State under Medicaid Fee-for-Service. If you have any questions you have about these services, you can contact SCDHHS toll-free at **888-549-0820**. To determine if a service is not covered, call member services at **866-432-0001 (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 **866-432-0001 (TTY: 711)** right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, we will contact the provider and help fix the problem for you.

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

Part III: Plan Procedures

Prior Authorization

Certain covered services need a prior authorization. These are services Humana Healthy Horizons in South Carolina 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 in South Carolina will not pay for these services if they are done without prior approval. To find out if a service needs a prior authorization, you can call member services or you can access the prior authorization list on the website.

Prior Authorization Requests for Children under Age 21

Special rules apply to decisions to approve medical services for children under age 21 receiving Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. To learn more about EPSDT services, see page 56 or visit our website at Humana.com/HealthySouthCarolina.

What Happens After We Get Your Prior Authorization Request

Humana Healthy Horizons in South Carolina Utilization Management (UM) makes sure you get the right amount of care you need when you need it. This is to make sure the care is 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 in South Carolina 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 doctor. You can request the specific medical standards, called **clinical review criteria**, used to make the decision for adverse actions related to medical necessity.

After we get your request, we will review it under either a **standard, expedited** (faster), or a post-service 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. If your request for an expedited review is denied, we will tell you and your case will be handled under the standard review process. 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 your provider in writing if your request is denied. We also will 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 the 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 **866-432-0001 (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 seven (7) Calendar Days of receiving the request
- **Expedited (fast track) review:** We will decide about your request, and you will hear from us within seventy-two (72) hours
- **Retrospective (post-service) review:** We will decide about your request within thirty (30) calendar days from receipt

Note: Both timeframes for standard and expedited reviews can be extended up to 14 calendar days if, the member, the member's authorized representative, or the provider requests an extension, or if the Humana Healthy Horizons in South Carolina justifies a need for additional information and the extension is in your best interest.

Once we decide based on medical necessity, you will be notified. **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 a service, we will send a notice to you and your provider the day the service 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 in South Carolina or by Medicaid, even if Humana Healthy Horizons in South Carolina later denies payment to the provider.**

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 in South Carolina, like:

- Community Advisory Committees (CAC) - CACs act as a space for members and community partners to meet and provide us feedback on our services and quality initiatives. This partnership helps Humana improve the quality of care our members receive.
- Call member services at **866-432-0001 (TTY: 711)** to learn more about how you can help.

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 Notice of Adverse Benefit Determination, you receive from us. You can file by calling or writing to us. We will not treat you any differently or act badly toward you because you file an appeal.

An appeal is defined as a request for Humana to review a decision to deny, reduce, or end a service or other adverse benefit determination.

An Adverse Benefit Determination is:

- The denial or limited authorization of a requested service.
- The reduction, suspension, or termination of a previously authorized service.
- The denial of payment for a service.
- The failure to provide services in a timely manner.
- The failure of Humana to resolve appeals and grievances within timeliness requirements.
- For a resident of a rural area with only one Managed Care Organization, the denial of a member's request to exercise his or her right to obtain services outside the network.
- The denial of a member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.

If needed, we can help you file an appeal. You also can 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 **866-432-0001 (TTY: 711)**
- Filling out the form in the back of this handbook and sending it to us at the address below
- Writing us a letter
    - 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

- Mail the form or letter to:

  Grievance and Appeals Department

  P.O. Box 14546

  Lexington, KY 40512-4546

- Faxing your appeal to 1-800-949-2961

- Using our online grievance and appeal submission process at Humana.com/SouthCarolinaGrievance or via your MyHumana account

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.

If waiting the 30-day timeframe to resolve an appeal could seriously harm your health, we will expedite your appeal. An expedited appeal request may be made by you or someone you choose to act for you with your written consent.

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 it is in your best interest, we will extend the timeframe of your appeal or expedited appeal by up to 14 calendar days. You also may request that we extend the decision timeframe if needed. If we extend the timeframe for your appeal or expedited appeal, we will make reasonable efforts to give your 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 and it is in your best interest for us to receive that information, we will:

- Extend the decision timeframe by up to 14 calendar days
- Write you and tell you what information is needed
- Inform you of your right to file a grievance if you disagree with us taking an extension

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 your 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

Timeframes for Appeals

It is important that we receive any important information before our timeframe to decide on your appeal ends. The timeframe begins when we receive your appeal, whether it was received verbally or in writing.

- **Standard appeals:** We will tell you about our decision in writing within 30 days from receiving your appeal
- **Expedited (fast track) appeals:** We will call you and send you a written notice of our decision within 72 hours from receiving your appeal

State Fair Hearings

You also have the right to ask for a State Fair Hearing from the South Carolina Department of Health and Human Services (SCDHHS) after you have completed the Humana Healthy Horizons in South Carolina appeal process. If you do not 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 part of Humana Healthy Horizons in South Carolina in any way.

You can request a fair hearing in writing, by mail, or by fax. You must ask for a hearing within 120 days from the date you receive our appeal decision letter.

Call: 1-803-898-2600 (toll free: 1-800-763-9087)

Write the South Carolina Department for Health and Human Services Division of Appeals and Hearings at 1801 Main Street, P.O. Box 8206, Columbia, SC 29202

Fax: 1-803-255-8206

Email: appeals@scdhhs.gov

Website: https://msp.scdhhs.gov/appeals/

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

- Be mailed or filed within 120 days from the day you receive our decision about your appeal
- Explain why you need a State Fair Hearing
- Give the day of the service and the kind of service that was denied. Include a copy

of the last appeal decision letter you got from us

The hearings officer will send you a letter with the date and time for your hearing. Before the actual State Fair Hearing, there is a Pre-Hearing Conference that is between the member and SCDHHS liaison to try to resolve the issue. The letter also will 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 a consent form to let someone else speak for you.

If you filled out a consent 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 request a State Fair Hearing and want your Humana Healthy Horizons in South Carolina benefits to continue, you must file a request with us (Humana) within 10 calendar days from the date the Notice of Plan Appeal Resolution is mailed. Your request must also meet other requirements outlined below in the Continuation of Benefits section.

If you have an urgent health condition, ask for an expedited hearing. SCDHHS will decide on your appeal within 3 business days of receiving your hearing request. If your health condition is not urgent, the state's standard timeframe for reaching a decision is 90 calendar days.

Continuation of Benefits

For some adverse benefit determinations, you may request to continue services during the appeal and State Fair Hearing process. Services that can be continued must be services that we previously approved and you already are receiving as ordered by an authorized provider, including services that we are reducing, suspending, or terminating.

If you request continuation of services within ten (10) calendar days from our notice of adverse benefit determination letter, or before the date we told you they would be reduced or terminated, whichever is later, your benefits will continue until one of the following occurs:

- Ten (10) days after we mail the appeal decision
- You withdraw your appeal
- 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) calendar days of the date on the appeal resolution letter, your services will continue during the State Fair Hearing process. (See the State Fair Hearing section.)

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

Grievances

A grievance is when you are unhappy with Humana Healthy Horizons in South Carolina or one of our providers regarding anything other than an adverse benefit determination. You, or someone you have chosen to represent you, may file a grievance orally or in writing at any time. If you ever want information about grievances, please ask us. Call member services at **866-432-0001 (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:

- Call member services at **866-432-0001 (TTY: 711)**
- Fill out the form in the back of this handbook and send to us at the address below
- Use our online grievance and appeal submission process at Humana.com/SouthCarolinaGrievance or via your MyHumana account
- Write us a letter
    - 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 problem
    - Mail the form or letter to:

      Grievance and Appeals Department

      P.O. Box 14546

      Lexington, KY 40512-4546
- Fax your grievance to 1-800-949-2961

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 your grievance and send you a letter within 90 calendar days to let you know our resolution. 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

- If your grievance is about the denial of an expedited appeal, we will resolve your grievance within 24 hours of receiving it
- For help with problems, you have with **Humana Healthy Horizons in South Carolina** care, provider, or services

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

- If you choose to leave Humana Healthy Horizons in South Carolina, 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 in South Carolina providers. There are some instances when you can still see another provider that you had before you joined Humana Healthy Horizons in South Carolina. You can continue to see your doctor if:
    - At the time you join Humana Healthy Horizons in South Carolina, 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.
    - If you are in your 1st or 2nd trimester of pregnancy or less than 27 weeks pregnant, you can continue to see your provider until you can find another provider that is in the plan's network. The plan will work with you to help you find a new provider if you need help.
    - You are in your 3rd trimester of pregnancy, or more than 28 weeks when you join Humana Healthy Horizons in South Carolina, 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 in South Carolina, 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 the Plan network, you can continue to receive necessary services from the provider until either you have finished the course of treatment or until the provider has released you to see another provider who is within the Plan's provider network or through the postpartum period for members in their second or third trimester of pregnancy.
- Healthy Horizons in South Carolina will tell you in writing at least 30 days from when we know about this. This letter will tell you how you can choose a new PCP or that we will choose one for you if you do not make the choice.

If your provider leaves the Plan network, we will notify you within fifteen (15) days of receipt or issuance of the termination notice or no less than thirty (30) days prior to the provider termination date. We will also tell you how you can select a new PCP or specialty provider, and we will work to assist you in finding a provider if you need help.

If you have any questions, call member services at **866-432-0001 (TTY: 711)**.

Member Rights and Responsibilities

Your Rights

As a member of Humana Healthy Horizons in South Carolina, you have a right:

- You have the right to request a copy of the provider directory.
- To request a copy of the Provider Directory
- To accept or refuse medical, surgical, or behavioral health care. Any changes will be updated in this handbook as soon as possible, but no later than ninety (90) calendar days after the effective date of the change.
- To prepare Advance Medical Directives. Any changes will be updated in this handbook as soon as possible, but no later than ninety (90) Calendar Days after the effective date of the change.
- 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 in South Carolina's network. We will send you something in writing that says who the new PCP is when you make a change.
- To change providers
- To be able to get a second opinion from a qualified provider in 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 in South Carolina 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 nondiscrimination.
- 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 CFR438.206 through 438.210.
- Any Indian enrolled with Humana Healthy Horizons in South Carolina eligible to receive services from a participating I/T/U provider or an I/T/U PCP shall be allowed to receive services from that provider if part of Humana Healthy Horizon in South Carolina'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 in South Carolina 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 in South Carolina 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 or request a State Fair Hearing.
- To get help with filing an appeal or a grievance. You can ask for a State Fair Hearing from Humana Healthy Horizons in South Carolina and/or the South Carolina Department of Health and Human Services. To make advance directives, such as a living will, see page 74.
- To contact the Office of Civil Rights 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: 1-202-619-3818
- To receive information about Humana Healthy Horizons in South Carolina, 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 in South Carolina 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 in South Carolina and/or our providers will not hold this against you.

Your Responsibilities

As a member of Humana Healthy Horizons in South Carolina, 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 healthcare staff with the respect you expect yourself
- Tell us if you have problems with any healthcare staff by calling member services at **866-432-0001 (TTY: 711)**.
- Keep your appointments, and 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 in South Carolina, you must be sure to:

- Know your rights
- Follow Humana Healthy Horizons in South Carolina and South Carolina 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.
- 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. It is also a good idea to tell your

local South Carolina Department of Health and Human Services (SCDHHS).

- Call your PCP after going to an urgent care center, a medical emergency, or getting medical care outside of Humana Healthy Horizons in South Carolina's service area.
- Let Humana Healthy Horizons in South Carolina and the South Carolina Department of Health and Human Services know if you have other health insurance coverage.
- Provide the information that Humana Healthy Horizons in South Carolina and your healthcare providers need in order to care for you.
- Report suspected fraud, waste, or abuse (see page 75).
- Notify us immediately of any worker's compensation Claim, a pending personal injury or medical malpractice lawsuit, or if you have been involved in an auto accident.

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

Ending Your Membership

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

You may ask to stop your membership with Humana Healthy Horizons in South Carolina. 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 request to do so by writing or calling South Carolina Department of Health and Human Services (SCDHHS) with your reason(s) for the request.

If your request to change is not approved by the Department based on your appeal, then you may request a State Fair Hearing. You must send a written request for a hearing to ask for disenrollment. The request must have the reason you are asking to be disenrolled.

You may change to a different managed care plan during the annual open enrollment period. You will get a letter from the SCDHHS each year. It will let you know when your open enrollment period is and how to change plans.

You Could Become Ineligible for Medicaid Managed Care

You will be disenrolled from Humana Healthy Horizons in South Carolina 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)
- Move out of the service area

If you become ineligible for Medicaid, all your services may stop. If this happens, call South Carolina Department of Health and Human Services.

Advance Directives

Advance Directives are forms you fill out in case you become seriously ill or 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 as long as you're able.

You can change your advance directives whenever you want. You should give copies to your provider and health care facility to put into your medical record. Give one to a trusted family member or friend and keep a copy for your records

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

Federal law gives you the right to file a grievance with Humana Healthy Horizons in South Carolina Department of Public Health.

Advance Directives in South Carolina

In South Carolina, there are different types of Advance Directives. Advance Directives may include: (1) Physician Orders for Scope of Treatment (POST) forms, (2) Living Wills, (3) Healthcare Power of Attorney and (4) Declaration for Mental Health Treatment Directive/ Psychiatric Advance Directive. We will notify you within ninety (90) days of changes in rules and regulations for these Advance Directives and notify your PCP and member services staff.

Physician Orders for Scope of Treatment (POST)

A POST is a document used as part of advanced care planning which is limited to situations where a patient has been diagnosed with serious illness or, based upon medical diagnosis, may be expected to lose capacity within twelve months and consists of a set of medical orders signed by a patient's physician addressing key medical decisions consistent with patient goals of care concerning treatment at the end of life. Unlike other types of Advance Directives, a POST is a physician's order to which you have agreed. It is a standardized form used to complement other types of Advance Directives you may have.

POSTs 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 or one notary.

Declaration for Mental Health Treatment Directive/Psychiatric Advance 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, South Carolina 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.

Healthcare Power of Attorney

A healthcare power of attorney is a legal document in which you can name one or more people as your healthcare 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 not want. You should choose an adult you trust to be your healthcare 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 healthcare power of attorney will go into effect when a doctor states in writing that you are not able to make or to communicate your healthcare 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
- Agent Fraud

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 that 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 in to one PCP, one controlled substance provider, one pharmacy, and/or one hospital for non-emergency services

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:

- Call **800-614-4126 (TTY: 711)** 24 hours a day, 7 days a week
    - Select the menu option for reporting fraud
- Complete the Fraud, Waste, and Abuse Reporting Form found on the Humana Healthy Horizons website below
- You can write a letter and mail it to us

  Sent it to:

  Humana

  Attn: Special Investigations Unit

  1100 Employers Blvd.

  Green Bay, WI 54344

You can report suspected fraud and abuse by calling the U.S. Office of Inspector General's Fraud Line at **1-800-HHS-TIPS (1-800-447-8477)**.

You can go to our website, Humana.com/Fraud for more information.

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 1-920-339-3613

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.

Keep Us Informed

Call member services at **866-432-0001** (**TTY: 711**) when these changes happen in your life:

- You have a change in Medicaid eligibility
- You give birth
- There is a change in Medicaid coverage for you or your children

If you no longer get Medicaid, check with the South Carolina Department of Health and Human Services (SCDHHS) in your county. You may be able to enroll in another program.



Quality Improvement

Program Purpose

The Humana Healthy Horizons in South Carolina Quality Improvement Program includes clinical and nonclinical services. It is updated as needed to be responsive to member needs, provider feedback, current standards of care, and business needs. The goals and objectives of the Quality Improvement Program are:

- Facilitate optimal continuity of care and care coordination between providers
- Identify and address health disparities and provide culturally and linguistically appropriate services
- Ensure the plan's provider network performance meets the access and availability needs of its members and providers are credentialed and re-credentialed timely for a sustainable network
- Maintain high satisfaction and experiences of members and providers through the delivery of safe, timely, high-quality care and services
- 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 in South Carolina 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 in South Carolina Quality Improvement Program is to ensure that we have the necessary ability to:

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

Program Scope

The Humana Healthy Horizons in South Carolina Quality Improvement Program governs the quality assessment and improvement activities for the Humana Healthy Horizons in South Carolina 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
- Complying 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 grievance

- Promoting the Institute for Healthcare Improvement's Model for Improvement
- Ensuring that the Quality Improvement Program is effectively serving members with culturally and linguistically diverse needs
- Ensuring that 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 in South Carolina Medical Director. The Quality Improvement Director implements the program. On an annual basis, Humana Healthy Horizons in South Carolina makes information available about its Quality Improvement Program to members and providers at South Carolina Medicaid: Measuring our performance. To get a printed copy of the Humana Quality Improvement Program (QIP), please call member services at **866-432-0001 (TTY: 711)**.

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

Quality Measures

Humana Healthy Horizons in South Carolina continually assesses and analyzes the quality of care and services offered to our members. We use objective and systematic monitoring and evaluation to improve outcomes.

We use HEDIS® to measure the quality of care delivered to members. HEDIS® is one of the most widely used means of healthcare measurement in the United States. HEDIS® is developed and maintained by the NCQA.

The HEDIS® tool is used by America's health plans to measure important domains of care and service. It 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 and address the most pressing areas of care. Potential quality measures for Humana are related to:

- Wellness and prevention
- Preventive screenings (e.g., breast cancer, cervical cancer, chlamydia)
- Well-childcare
- Chronic disease management
- Comprehensive diabetes care
- Controlling high blood pressure
- Maternal health

- Behavioral health
- Follow-up after hospitalization for mental illness
- Antidepressant medication management
- Follow-up for children prescribed ADHD medication
- Medicaid coverage and timeliness of refills
- Member safety

Humana Healthy Horizons in South Carolina uses the annual CAHPS® surveys 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).

Potential CAHPS® or ECHO measures the plan uses are:

- Customer service
- Getting care quickly
- Getting needed care
- How well doctors communicate
- Treatment options available
- Office wait time
- Understanding medication side effects
- Understanding how to manage your conditions
- Understanding patient rights and your ability to refuse treatment
- Ratings of all health care, health plan, personal doctors, and specialists to include behavioral health specialists

Preventive Guidelines and Clinical Practice Guidelines

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

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 Committee. The guidelines are then presented to the Humana Healthy Horizons in South Carolina 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 in South Carolina members via member newsletters, the Humana Healthy Horizons member website (Humana.com/HealthySouthCarolina), or upon 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 healthcare provider
- Make sure you and your family have regular checkups with your healthcare provider
- If you have a chronic condition (such as asthma or diabetes), 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 877-837-6952 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.

Humana Healthy Horizons in South Carolina has programs that can help you maintain or improve your health. For more information about these programs, call member services at **866-432-0001 (TTY: 711)**, Monday - Friday, from 8 a.m. - 8 p.m.

Insurance ACE
Notice of Privacy Practices

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

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

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

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is nonpublic personal or health information?

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

How do we collect information about you?

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

What information do we receive about you?

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

How do we protect your information?

We have a responsibility to protect the privacy of your information in all formats including electronic and oral information. We have administrative, technical, and physical safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures

How do we use and disclose your information?

We use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care.
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities, including processing your enrollment, responding to your inquiries, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform, plan administration functions such as eligibility, enrollment, and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- To your family and friends, or any other person you identify. This applies if the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that there is a

Insurance ACE
Notice of Privacy Practices (continued)

serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- For law enforcement purposes, to military authorities and as otherwise required by law.
- To help with disaster relief efforts.
- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner, or funeral director.

Will we use your information for purposes not described in this notice?

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

The following uses and disclosures will require your written permission:

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

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

Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

We are committed to responding to your rights request in a timely manner

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

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

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

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

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

Our Responsibilities

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

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

Insurance ACE
Notice of Privacy Practices (continued)

described in this notice and give you a copy of it.

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

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

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

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

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

Appeal/Grievance Request Form

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

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

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

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

_____
Relationship to member (if Representative)

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

Humana Healthy Horizons in South Carolina
Grievance and Appeal Department
P.O. Box 14546
Lexington, KY 40512-4546
Fax: 1-800-949-2961

Grievance and Appeal Office
APPOINTMENT OF REPRESENTATIVE FORM

_____ _____

Member Name **Member ID Number**

_____

Reference Number

The Member **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 Member 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 Member's name goes here.)

I agree to advocate or represent for _____.

(The Member's name goes here.)

_____ _____

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

Address: _____ **Phone Number:** _____

_____

_____

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 **866-432-0001 (TTY: 711)**, Monday through Friday, from 8:00 a.m. to 8:00 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, **866-432-0001 (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)**.
- You can also file a civil rights complaint with the South Carolina Department of Health and Human Services, Civil Rights Division, 1801 Main Street, P.O. Box 8206, Columbia, South Carolina 29202, **888-808-4238**, **TTY: 888-842-3620**, **civilrights@scdhhs.gov**. Complaint form is available at **https://www.scdhhs.gov/sites/default/files/SCDHHS%20Civil%20 Rights%20Discrimination%20 Complaint_0.pdf**.

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

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

SCHLCMJEN

Auxiliary aids and services, free of charge, are available to you. **866-432-0001 (TTY: 711)**, Monday through Friday, from 8:00 a.m. to 8:00 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。

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

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

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

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

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

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

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

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

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

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。

Українська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

ខ្មែរ (Cambodian): ហៅមកលេខទូរស័ព្ទខាងលើ ដើម្បីទទួលបានសេវាកម្មបកប្រែភាសាដោយមិនអស់ប្រាក់ ។

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

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

SCHLCMJEN

THIS HANDBOOK IS NOT A CERTIFICATE OF INSURANCE AND SHALL NOT BE CONSTRUED OR INTERPRETED AS EVIDENCE OF INSURANCE COVERAGE BETWEEN THE CONTRACTOR AND THE MEMBER.

Questions?

Call Member Services at 866-432-0001 (TTY: 711).



Care dedicated to better, brighter days





Humana
Healthy Horizons®
in South Carolina

Healthy Connections

Last Revised: 05/26/2026
SCHL2L4EN26
HHP_07092024_M_1.4_WM_U