

Humana Healthy Horizons

Behavioral Health Provider Resource Guide

Cardinal Care Managed Care Contract in Virginia

Welcome to Humana Healthy Horizons® in Virginia, serving Cardinal Care Managed Care Contract in Virginia, a community-based health plan serving Medicaid beneficiaries statewide. This provider resource guide includes tools and information to assist network- and Virginia-designated behavioral health (BH) providers in working with Humana Healthy Horizons. You can find updates to this provider resource guide at [Humana.com/HealthyVA](https://www.humana.com/HealthyVA).

Provider Relations representatives

Humana Healthy Horizons has a knowledgeable subset of regionally based Provider Relations representatives who specialize in working with BH providers. Representatives are specially trained to understand the unique contractual requirements, educational needs and resources for BH providers. They will be happy to assist with answering questions, triaging issues, onboarding, learning about Humana Healthy Horizons and ongoing practice support. To find the provider relations representative in your area, please visit [Humana.com/HealthyVA](https://www.humana.com/HealthyVA).

Credentialing

BH providers included within the scope of credentialing for the Humana Healthy Horizons network includes, but is not limited to, fully licensed independent providers and providers working in behavioral healthcare facilities providing mental health or substance abuse services in inpatient, residential/extended care and ambulatory settings, including:

- Ambulatory detox
- Community mental health centers
- Crisis stabilization units
- Foster care homes
- Intensive outpatient programs
- Office-based opioid treatment programs
- Opioid treatment programs
- Mental health service facilities
- Partial hospitalization
- Psychiatric residential treatment facilities
- Substance use disorder (SUD) residential treatment facilities

Humana
Healthy Horizons®
in Virginia

BH provider expectations

Humana Healthy Horizons believes integrated physical and BH services are vital to supporting our members' whole health. Our mission is to provide high-quality, integrated and person-centered healthcare to our members to improve health outcomes. BH providers are required to notify the primary care provider (PCP) when a member initiates BH services after the BH provider:

1. Obtains a signed release of information for sharing of personal health information (PHI) in compliance with 42 CFR Part II requirements around BH and SUD.
 - a. BH providers should not share information with the member's PCP without obtaining signed release of information.
2. Provides initial and summary reports to the PCP (after receiving approval to release of information).

Humana Healthy Horizons requires that members schedule an outpatient follow-up appointment prior to discharge from an inpatient BH treatment facility. The appointment must occur within 7 days of the discharge date. You can find additional resources and support of Healthcare Effectiveness Data and Information Set (HEDIS®) measures, including tip sheets, training and clinical practice guidelines to assist in integration, treatment and improving health outcomes at [Humana.com/HealthyVA](https://www.humana.com/HealthyVA).

Access to care requirements

BH providers must make appointments available as expeditiously as the member's condition requires and within no more than 5 business days from Humana Healthy Horizons determination that coverage criteria are met.

Covered services

For a comprehensive list of all BH care services covered by Humana Healthy Horizons, please review the Humana Healthy Horizons provider manual at [Humana.com/HealthyVA](https://www.humana.com/HealthyVA).

BH crisis/ARTS services

Humana Healthy Horizons provides coverage for BH crisis services including, but not limited to, mobile- and community-based same-day crisis response services. Humana Healthy Horizons collaborates with BH crisis providers to ensure members receive timely discharge planning, including support in obtaining community stabilization services, peer crisis support, outpatient BH services and any other support services that may be necessary at discharge. Humana Healthy Horizons is notified of all members who have utilized the Clinical Triage Line (Behavioral Health Crisis/Addiction and Recovery Treatment Services ARTS, nurse line and care coordination line).

Upon notification that a member has utilized the Clinical Triage Line and/or a crisis service, a Humana Healthy Horizons care manager will conduct a post-crisis outreach as soon as possible, but no later than 24 hours after notification. During this follow-up, the care manager will conduct a BH assessment to ensure the member has the appropriate follow-up appointments scheduled, address any other needs, and enroll the member in the Humana Healthy Horizons care management services, if not already enrolled.

Temporary detention orders

Humana Healthy Horizons covers services for members rendered as a result of a temporary detention order (TDO) for mental health services, except if the member is 21 through 64 years old and admitted to a free-standing facility. A TDO is an order issued by a magistrate for a person who:

- Has a mental illness and for whom there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future:
 - Cause serious physical harm to themselves or others as evidenced by recent behavior causing, attempting or threatening harm and other relevant information, if any, **or**
 - Suffer serious harm due to their lack of capacity to protect himself/herself from harm or to provide for their basic human needs;
- Is in need of hospitalization or treatment; **and**
- Is unwilling to volunteer or incapable of volunteering for hospitalization or treatment.

If the member is 21 through 64 years old and goes into a private free-standing institution for mental disease (IMD) or a state free-standing IMD for a TDO, providers should submit the TDO claim to the state TDO program.

Services covered by Department of Medical Assistance Services (DMAS)

Humana Healthy Horizons refers to and collaborates with the DMAS service authorization contractor for BH and mental health services (MHS) not covered by Humana Healthy Horizons. Services not covered by Humana Healthy Horizons include psychiatric residential treatment facility services, treatment foster care case management and therapeutic group home services for Medicaid members younger than 21.

Availity Essentials

Healthcare providers who want to work with Humana Healthy Horizons online can register for Availity Essentials™ at no cost. With this multi-payer portal, providers can interact securely with Humana Healthy Horizons and other participating payers without learning multiple systems or remembering different user IDs and passwords for each payer. Many Humana Healthy Horizons-specific tools are accessible within Availity Essentials.

With Availity Essentials, providers can securely:

- Check eligibility and benefits
- Submit and view authorizations—BH providers can submit authorizations in Availity Essentials by selecting “Humana Healthy Horizons Behavioral Health” in the dropdown
- Submit claims and view claim status—when filing an electronic claim, providers should use payer ID 61101
- Submit appeals
- View remittance advice
- Access training by logging in to Availity Essentials and selecting “Help & Training” from the top navigation bar.

If you need further assistance, please visit [Availity.com](https://www.availity.com) or call Availity Essentials at **800-282-4548**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Mental health services registrations and authorizations

Virginia Cardinal Care providers must complete registration for certain ARTS and MHS. “Register” or “Registration” means the provider’s notification to Humana Healthy Horizons that an individual will receive services requiring a registration but not requiring service authorization. Providers must request services that require a prior authorization, using the appropriate service authorization request form for each respective service. There are separate forms for initial authorization and continued stay. Follow Humana Healthy Horizons processes as indicated in the Virginia DMAS MHS and ARTS Doing Business spreadsheet, which can be located by visiting **Training and Resources**.

Registration and service authorization forms are located on the following DMAS websites:

- General mental health/BH services: **Training and Resources (virginia.gov)**
- ARTS services: **ARTS – Service Authorization and Registration (virginia.gov)**

To find out which services require registration or authorization, call the clinical intake team at **844-881-4482** Monday – Friday, 7 a.m. – 7 p.m., Eastern time or access the service authorization list at **Humana.com/PAL**.

Humana Healthy Horizons does not require service authorization for screening, brief intervention and referral to treatments.

Providers can access the **ARTS and Mental Health Services (MHS) Registration Form** on the DMAS website.

Coordination of care

Humana Healthy Horizons recognizes the importance of having an integrated setting that addresses both physical and BH to promote the well-being of our members. Humana Healthy Horizons’ approach focuses on the PCP relationship to ensure there is one provider who has knowledge of the member’s physical and behavioral healthcare needs. Members may receive behavioral healthcare via telehealth as appropriate and as desired by the member.

We recognize members who experience complex BH needs often have strong, established relationships with their care providers. Rather than disrupt these relationships with our own personnel, our care management program structure incorporates and supports existing member case management services provided by our network providers, state agencies or community-based organizations. Data sharing enhances this structure via our provider portal, our provider communication lines and participation in interdisciplinary care team meetings led by our care management team or provider-led case management team, based on member preference and need.

BH and ARTS care management

If you have a Humana Healthy Horizons-covered patient you believe would benefit from our BH and ARTS care management program, you can have your patient contact us directly or submit a referral on or their behalf by calling Provider Services at **844-881-4482**.

We encourage you to refer members who might need individual attention to help them manage special healthcare challenges. Humana Healthy Horizons adheres to a no-wrong-door approach to care management referrals. We will assist with provider referrals, appointment scheduling and coordination of an integrated approach to the member’s health and well-being by coordinating care

between BH providers, PCPs and specialists. If you would like to discuss additional BH/ARTs benefits/ referrals and/or need connection to physical health providers, please feel free to call **844-881-4482** and ask for the BH care management team.

Critical incident reporting

A critical incident is any actual or alleged event or situation that threatens or impacts the physical, psychological or emotional health, safety or well-being of the member. Critical incidents include, but are not limited to:

- Medication errors
- Theft
- Suspected physical, mental, verbal or sexual abuse or neglect
- Financial exploitation
- Sentinel events
- Quality of care incidents
- Other critical incidents

Quality of care incidents include any incidents that call into question the competence or professional conduct of a healthcare provider in the course of providing medical services and have adversely affected, or could adversely affect, the health or welfare of a member. These are incidents of a less critical nature than those defined as sentinel events.

Other critical incidents include events or situations that create a significant risk to the physical or mental health, safety or well-being of a member not resulting from a quality-of-care issue and less severe than a sentinel event.

Providers must report critical incidents involving children to at least 1 of the following entities:

- The local Department of Social Services in the county or city where the child resides or where the abuse or neglect is believed to have occurred
- The Virginia Department of Social Services' child abuse and neglect hotline:
 - In Virginia: **800-552-7096**
 - Out of state: **804-786-8536**
 - TTY: **800-828-1120**

Providers must report critical incidents involving adults to at least 1 of the following entities:

- The local adult protective services office
- The Virginia Department of Social Services' hotline **888-832-3858**

Providers should also report critical incidents involving children or adults to Humana Healthy Horizons by:

- Fax at **877-313-7257**
- Email at **VACriticalIncidents@humana.com**

Go365 rewards program

Go365 for Humana Healthy Horizons® is a well-being and rewards program available to Humana Healthy Horizons members. Go365 rewards members for completing activities that contribute to whole-person health, including getting preventive screenings and working with a Wellness Coach. Rewards can be redeemed for gift cards in the Go365 Mall to help with everyday living expenses and other well-being-related purchases. Members also have access to our robust library of expert-led online courses and podcasts on topics such as nutrition and cooking, heart health and diabetes management.

Get details, including a list of rewardable activities, in the **Provider Manual**.