Humana Healthy Horizons in Virginia

Long-Term Services and Supports 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 throughout Virginia. This provider resource guide includes tools and information to assist network and Virginia-designated long-term services and supports (LTSS) providers in working with Humana Healthy Horizons. You can find updates to this provider resource guide at **Humana.com/HealthyVA**.

Provider Relations representatives

Humana Healthy Horizons has regionally based Provider Relations representatives who specialize in working with LTSS providers. They are specially trained to understand the unique contractual requirements, education needs and resources of LTSS providers. Our Provider Relations representatives are happy to assist you 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**.

For questions or concerns regarding LTSS, please call Provider Services at **844-881-4482**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time or send an email to **VAMedicaidProviderRelations@humana.com**.

LTSS program overview

The LTSS model of care is designed to enable independence and aging safely in place. Our care team provides specialized face-to-face supports for members with LTSS and psychosocial needs. Our LTSS programs offer evidence-based support to help your Humana Healthy Horizons-covered patients live safe and healthy lives in the setting of their choice. The LTSS program assists individuals with health or personal needs, activities of daily living, and instrumental activities of daily living. LTSS can be provided at home, in the community or in various types of facilities, including nursing facilities (NFs).

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LTSS eligibility

LTSS may be provided in the home or community through a 1915(c) home- and community-based services (HCBS) waiver. The Virginia Department of Medical Assistance Services (DMAS) operates 2 types of waivers: the Commonwealth Coordinated Care Plus (CCC Plus) HCBS waiver and the Developmental Disability (DD) waiver. Individuals enrolled in CCC Plus receive waiver and medically necessary nonwaiver services through Humana Healthy Horizons. CCC Plus waiver services include:

- Adult day health center (ADHC)
- Assistive technology
- Environmental modifications
- Personal care services (agency or consumer directed)
- Personal emergency response system (PERS)
- Respite care (agency or consumer directed)
- Service facilitation
- Skilled private duty nursing
- Transition services and coordination

Individuals enrolled in DD waivers are covered only for their medically necessary nonwaiver services.

HCBS services require prior authorizations and are determined based on an individual's functional, medical and nursing needs.

In accordance with VA. Code §32.1-330, all individuals requesting the CCC Plus waiver or LTSS NF services and supports must receive an LTSS screening to determine if they meet the level of care (LOC) needed for NF services. Details about the LOC criteria required for LTSS eligibility can be found in **the Department's Screening Manual for Medicaid-Funded Long-Term Services and Supports (LTSS)**.

NF LOC eligibility

The NF LOC refers to the minimum amount of assistance an individual requires to receive services in a community or institutional setting under the Virginia Medicaid State Plan for medical assistance or to receive CCC Plus HCBS waiver services. LOC reviews are performed at least annually and consist of a review of the member's condition and service needs to determine whether the member continues to need an LOC specified by a waiver.

To receive NF care, specialized care or long-stay hospital services, the member must meet the NF LOC. Admission requires a completed LTSS screening performed by a hospital or community team before NF admission. The NF LTSS screening team may complete the LTSS screening for members who apply for or request LTSS while receiving skilled nursing services in a setting not covered by Medicaid after discharge from an acute care hospital.

Humana Healthy Horizons ensures members have the right to make informed choices about the settings in which they live and receive services. Members should receive care in the least restrictive setting to ensure their health, safety and welfare. At least annually and whenever the member expresses an interest in being discharged, Humana Healthy Horizons will review all options for discharge from the NF with the NF and the member or the member's authorized representative.

Required information for LTSS provider credentialing

All providers offering LTSS services must initiate and complete enrollment with Virginia DMAS. If a provider hasn't already done so, they must **complete the Virginia DMAS provider enrollment process**.

A complete LTSS provider assessment application, including supporting documentation, is necessary to assess a provider's offering of LTSS services for network participation and must include all of the following:

- The provider's license, as applicable
- Accreditation letter, as applicable
- Centers for Medicare & Medicaid Services certification, as applicable
- Malpractice insurance policy face sheet showing effective and expiration dates and limits of liability within the minimum amount in accordance with Virginia state laws
- Clinical Laboratory Improvement Amendments (CLIA), as applicable
- National Provider Identifier (NPI) or atypical identifier issued by Virginia DMAS
- Disclosure of ownership

Failure to submit a complete application will delay the credentialing and contracting process. LTSS providers are notified within 30 days if the credentialing application is determined to be incomplete.

LTSS/HCBS waiver contract submissions

Providers can submit contracts via:

- Mail: Humana Healthy Horizons in Virginia
  P.O. Box 74007
  Louisville, KY 40201-4007
- Phone: **877-233-4705**, Monday – Friday, 7:30 a.m. – 6 p.m., Eastern time
- Email: **LTSSContracting@humana.com**

LTSS access to care requirements

LTSS services must be made 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 is met.

LTSS-covered services

For a comprehensive list of all behavioral healthcare services covered by Humana Healthy Horizons, please review the Humana Healthy Horizons provider manual at **Humana.com/HealthyVA**. Humana Healthy Horizons also offers enhanced benefits, services that are not covered in the Virginia Medicaid State Plan and Medicaid fee schedules. Enhanced benefits for LTSS members include:

- Photo album
- Fall prevention kit
- Home-based virtual assistance technology

The following enhanced benefits also are available to members not enrolled in waiver programs:

- Environmental modifications
- Caregiver respite
- Personal attendant service
- PERS

Service authorizations for HCBS

HCBS require prior authorization and are determined based on an individual's functional, medical and nursing needs. HCBS include adult day care, assistive technology, environmental modifications, personal care services, private duty nursing, PERS, respite care services, skilled respite care services, service facilitation and transition services.

LTSS providers can request a service authorization by emailing the required documents to the LTSS utilization management (UM) department at **VAMCDLTSSUtilizationManagement@humana.com** or faxing the required documents to **502-508-1607**.

LTSS-specific billing and reimbursement policies

Humana Healthy Horizons will not reimburse an NF or CCC Plus HCBS waiver services provider for services provided to any members who are newly admitted to an NF or the CCC Plus HCBS waiver until:

1. An LTSS screening has been completed for the member by an appropriate screening team
2. The screening has been entered into the Electronic Medicaid LTSS Screening record system
3. The individual meets NF LOC criteria

Payment must not be made to the LTSS provider until Humana Healthy Horizons receives a copy of the screening. For those members who are not newly enrolled in an NF or CCC Plus HCBS waiver and do not have a screening, Humana Healthy Horizons must notify DMAS.

For a list of billing codes, **visit the Virginia DMAS website**.

Patient pay toward LTSS

Patient pay, calculated by the Department of Social Services (DSS), must not be confused with a copay, deductible or coinsurance.

Patient pay is calculated for every individual receiving NF or waiver services unless it is not required based on eligibility category. Not every eligible individual will have a patient-pay liability. When a member's income exceeds an allowable amount, they must contribute to the cost of their LTSS.

After processing the claim, Humana Healthy Horizons will note on the Explanation of Review the amount for which the member is responsible.

Care management

Our LTSS programs offer additional, evidence-based support to help our members live safe and healthy lives in the setting of their choice. The LTSS program assists individuals with health or personal needs, activities of daily living and instrumental activities of daily living over a period of time. LTSS can be provided at home, in the community or in various types of facilities, including nursing facilities.

Each LTSS member is assigned a care manager trained in person-centered planning. The LTSS care manager will develop the treatment/service plan with member participation and in consultation with any providers caring for the member. The Humana Healthy Horizons LTSS service authorization process is based on the LTSS care manager's assessment of the member's current needs and is consistent with member's person-centered service plan.

Providers can refer members for evaluation of eligibility to receive CCC Plus waiver services by:

- Calling Provider Services at **844-881-4482**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time
- Emailing the care management team at **VAMCDCareManagement@humana.com**
- Faxing the care management team at **888-241-3745**

You can review members' individualized care plans and health assessments on **Availity Essentials**™, our preferred provider portal, with the member's prior approval and upon request by contacting our care management team.

Electronic visit verification

Electronic visit verification (EVV) verifies visit activity for in-home and in-community care services and offers a measure of accountability to ensure members receive the care and services they need and are authorized to receive.

Agency-directed providers who bill for personal care and respite care services must use an EVV system that verifies and collects data that meets the requirements consistent with the 21st Century Cures Act, Section 12006, 42 U.S.C. § 1396(b). At a minimum, the EVV must capture in real time the following data elements for personal care and respite services:

- Type of service performed
- Member receiving the service
- Date of service
- Time the service begins and ends
- Location of service delivery at the beginning and the end of the service
- Employee providing the service

EVV codes

Home health agencies are required to implement EVV to comply with the 21st Century Cures Act. EVV systems verify in-home service visits. For more information, **visit the DMAS website**.

Providers can connect their EVV platform with Humana Healthy Horizons' selected vendor platform, **HHA Exchange**, using their EDI connection to link with **HHA Exchange**. Please email **EDISupport@hhaexchange.com** with any questions.