

# Humana Healthy Horizons in Virginia Cardinal Care Managed Care Contract

## Provider Resource Guide

Welcome to Humana Healthy Horizons® in Virginia and Humana Dual Fully Integrated in Virginia Medicaid and Medicare-Medicaid managed care programs, dedicated to helping members achieve their best health. This provider resource guide offers tools and information to support network and Virginia-designated providers in working with Humana. Please visit [Provider.Humana.com/medicaid/virginia-medicare/documents-and-forms](https://Provider.Humana.com/medicaid/virginia-medicare/documents-and-forms) for Humana Healthy Horizons and Humana Dual Fully Integrated updates and news.

### Contact information

Humana Healthy Horizons has knowledgeable Provider Relations representatives assigned for each Virginia Medicaid region with extensive knowledge about Humana Healthy Horizons policies and processes. They can answer questions, triage issues, help with onboarding, offer training regarding Humana Healthy Horizons and provide practice support. You can identify the Provider Relations representative in your area by visiting [Provider.humana.com/medicaid/virginia-medicare/contact-us](https://Provider.humana.com/medicaid/virginia-medicare/contact-us).

### About Humana Dual Fully Integrated Plans

A Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) is a type of Dual Eligible Special Needs Plan (D-SNP), which is a Medicare Advantage (MA) plan designed for individuals who are eligible for Medicare and full Medicaid benefits. In addition to Medicare plan benefits, FIDE-SNP members also receive all Virginia Medicaid benefits under the Humana Healthy Horizons in Virginia plan. FIDE-SNPs are the most integrated type of D-SNP, offering coverage under a single legal entity that contracts with Medicare and Medicaid. FIDE-SNPs provide a comprehensive range of services, including primary and acute care, long-term services and supports (LTSS), behavioral health services and prescription drug coverage. Humana offers 2 FIDE-SNPs in Virginia to serve dual-eligible individuals:



Humana Healthy Horizons in Virginia is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

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- Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP), serving members statewide, excluding the following 13 counties:

- Bristol City
- Buchanan
- Dickenson
- Grayson
- Lee
- Norton City
- Russell
- Scott
- Smyth
- Tazewell
- Washington
- Wise
- Wythe

- Humana Dual Fully Integrated H2875-003 (HMO D-SNP), serving members only in the following counties:

- Bristol City
- Buchanan
- Dickenson
- Grayson
- Lee
- Norton City
- Russell
- Scott
- Smyth
- Tazewell
- Washington
- Wise
- Wythe

Please use the following contact information for specific needs:

Contact description	Contact information	Hours of operation
<b>Provider Services</b>	844-881-4482	Monday – Friday, 7 a.m. – 7 p.m., Eastern time
<b>Member Services</b>	844-881-4482	8 a.m. – 8 p.m., Eastern time, 7 days per week
<b>Clinical Triage Line (Behavioral Health Crisis, ARTS, Nurse and Care Coordination line)</b>	888-445-8714	24 hours a day, 7 days a week
<b>Clinical Intake Team</b>	844-881-4482	Monday – Friday, 7 a.m. – 8 p.m., Eastern time
<b>Availity Essentials™ customer service/tech support</b>	800-282-4548	Monday – Friday, 8 a.m. – 8 p.m., Eastern time
<b>Department of Medical Assistance Services' Cover Virginia call center</b>	855-242-8282	Monday – Friday, 8 a.m. – 7 p.m. and Saturday, 9 a.m. – 12 p.m., Eastern time
<b>Transportation Services (Modivcare®)</b>	877-718-4215	Monday – Friday, 8 a.m. – 8 p.m. Eastern time

<b>Department of Behavioral Health and Developmental Services (DBHDS) for DD Waiver Services</b>	844-603-9248	Monday – Friday, 9 a.m. – 4:30 p.m., Eastern time
<b>Fraud, waste and abuse reporting</b>		
<b>Fraud, Waste and Abuse Special Investigations Unit (SIU) Hotline</b>	800-614-4126	Monday – Friday, 8 a.m. – 4 p.m., Eastern time, 24/7 voicemail access
<b>Ethics Help Line</b>	877-5-THE-KEY (877-584-3539)	24 hours a day, 7 days per week
<b>Department of Medical Assistance Services Fraud and Abuse Referral Hotline</b>	866-486-1971	24 hours a day, 7 days per week

### Important addresses

<b>Contact</b>	<b>Mailing address</b>
<b>Provider Correspondence</b>	Correspondence Humana Healthy Horizons in Virginia P.O. Box 14359 Lexington, KY 40512-4359
<b>Provider Reconsideration</b>	Provider Reconsideration Humana Healthy Horizons in Virginia P.O. Box 14359 Lexington, KY 40512-4359
<b>Member Grievances and Appeals</b>	Member Grievances and Appeals Humana Healthy Horizons in Virginia P.O. Box 14163 Lexington, KY 40512-4163
<b>Humana Claims Office</b>	Humana Claims Office Humana Healthy Horizons in Virginia P.O. Box 14359 Lexington, KY 40512-4601
<b>Fraud, Waste and Abuse</b>	Humana Healthy Horizons in Virginia Special Investigations Unit 1100 Employers Blvd. Green Bay, WI 54344

## Other network information

Required networks/vendor name	Contact information
<b>Modivcare – non-emergency medical transportation</b>	For member reservations and ride assistance, please call 877-718-4215.
<b>EyeMed – vision benefits</b>	To join EyeMed’s network, please visit <a href="http://www.eyemedinfoocus.com/join">www.eyemedinfoocus.com/join</a> .

## Online self-service

A variety of healthcare provider resources are available at [Humana.com/Provider](http://Humana.com/Provider), no registration required. Medicaid-specific materials, communications, information and quality resources can be found at [Provider.Humana.com/medicaid/virginia-medicaid](http://Provider.Humana.com/medicaid/virginia-medicaid), including:

- Availity Essentials
- Communications and network notices
- Contact information
- Documents and forms
- Information on behavioral health, claims and payments, and prior authorization
- Provider manual
- Training materials

## 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 needing to learn multiple systems or remember different user IDs and passwords for each payer. You can access many Humana Healthy Horizons-specific tools within Availity Essentials.

To find out more, call Availity Essentials at 800-282-4548 or visit Availity Essentials at [www.availity.com](http://www.availity.com). Through Availity Essentials, providers can:

- Check eligibility and benefits
- Submit claims and check claim status
- Submit and view authorizations and referrals
- View remittance advice
- Access electronic funds transfer (EFT) and electronic remittance advice (ERA) enrollment

## Service authorization

Humana Healthy Horizons uses preauthorization for certain services to facilitate care coordination and confirm the services are provided according to Centers for Medicare & Medicaid Services (CMS) and Virginia Department of Medical Assistance Services (DMAS) coverage policies. To find out which services require authorization, call the Clinical Intake Team at 844-881-4482, or access the service prior authorization list at [Humana.com/PAL](https://www.humana.com/PAL).

You can sign up on [Availity Essentials](#) to submit authorization requests online. You can also submit your request via the Clinical Intake Team phone line at 844-881-4482 or fax requests to the following numbers:

Behavioral health (BH) Intake – 931-650-3707

BH Duals Intake – 931-650-3706

Physical Health Intake – 931-650-3709

Physical Health Duals Intake – 931-650-3708

Pharmacy – 877-486-2621

LTSS providers can request a service authorization by emailing the required documents to the LTSS Utilization Management department at [VAMCDLTSSUtilizationManagement@humana.com](mailto:VAMCDLTSSUtilizationManagement@humana.com) or faxing the required documents to 502-508-1607.

## Transition coordination

Humana offers care coordination to all members. To support coordination of care, providers can submit forms, including form 421A, by emailing [VAMCDTransitionCoordination@humana.com](mailto:VAMCDTransitionCoordination@humana.com) or faxing the required documents to 866-222-4211.

## Claim submission

Claims must be submitted within 365 days from the date of service, and corrected claims should be submitted within 180 days of receipt of the explanation of payment. We do not pay claims with incomplete, incorrect or unclear information. Providers have 60 calendar days from the date of service or discharge to submit a claim dispute. A claim dispute is also called a reconsideration.

All claims (electronic and paper) must include the following information:

- Patient (member) name
- Patient address
- Insured's identification (ID) number: Be sure to provide the complete Humana member ID for the patient.

- Patient birth date: Always include the member's date of birth so we can identify the correct member in case we have more than one member with the same name.
- Place of service: Use standard Centers for Medicare & Medicaid Services (CMS) location codes.

It is critical that all provider addresses and phone numbers on file with Humana Healthy Horizons are up to date to ensure timely claims processing and payment. Failure to include International Classification of Diseases, 10th Revision (ICD-10) codes on electronic or paper claims will result in claim denial.

### Common claim submission errors and how to avoid them

Humana Healthy Horizons may reject claims due to missing or incomplete information.

Common rejection or denial reasons include:

- Patient not found
- Subscriber not found
- Patient birthdate on the claim does not match that found in our record
- Missing or incorrect information, such as National Provider Identifier (NPI)/ZIP code/taxonomy
  - **Please note:** Claims are validated against the state's Medicaid file. If the service location address on the claim does not match the service location address on the state's file, the claim is denied.
- Encounters with \$0 value
- Invalid Healthcare Common Procedure Coding System (HCPCS) code
- No authorization found

How to avoid these errors:

- Confirm patient information received and submitted is accurate and correct
- Ensure all required claim form fields are complete and accurate
- Obtain proper authorizations for rendered services
- Ensure billed amounts have a dollar value

### Claim payment

Humana Healthy Horizons pays clean claims within 30 days of the receipt of a claim for covered services rendered to a member unless there is a signed agreement with you that states another time frame for payment that is acceptable to you, except for timelines required for exceptional services. You must accept Humana Healthy Horizons' payment as payment in full, except for patient pay liability amounts for long-term services and supports (LTSS) services as established by the local Department of Social Services.

You can get paid faster and have your Humana Healthy Horizons claim payments deposited automatically with electronic funds transfer (EFT) and electronic remittance advice (ERA). Visit [Humana.com/EpaymentInfo](https://www.humana.com/EpaymentInfo) for more information on EFT and ERA. For help or more information on these self-service tools, call Provider Services at 844-881-4482, Monday –

Friday, 7 a.m. – 7 p.m., Eastern time. For training opportunities, please visit [Humana.com/ProviderSelfService](https://www.humana.com/ProviderSelfService).

### Clearinghouse information—electronic data interchange

Availity Essentials is Humana Healthy Horizons’ preferred claims clearinghouse. However, providers can use other clearinghouses. The list below contains some of the frequently used clearinghouses. Some clearinghouses and vendors charge a service fee. Contact the clearinghouse for more information.

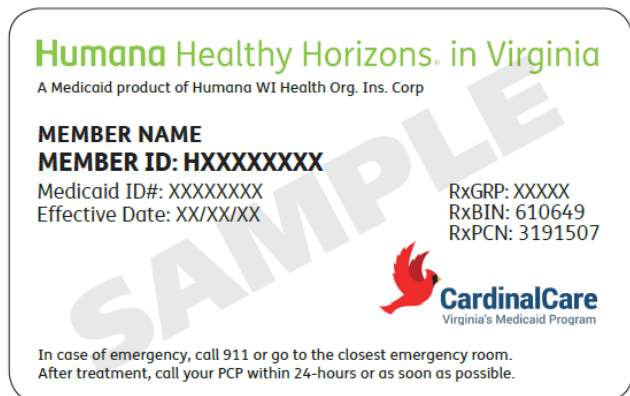
Clearinghouses
Availity Essentials
Optum
TriZetto®
McKesson®
SSI Group

When filing an electronic claim, providers should use payer ID 61101.

### Member ID cards

All new Humana Healthy Horizons members receive a Humana Healthy Horizons member ID card. A new card is issued only if the information on the card changes, if a member loses a card or if a member requests an additional card. The member ID card is used to identify a Humana Healthy Horizons member. It does not guarantee eligibility or benefits coverage. Members may lose Medicaid eligibility at any time. Therefore, it is important that you verify member eligibility prior to every service. Please ask members to present their ID card at the time of service.

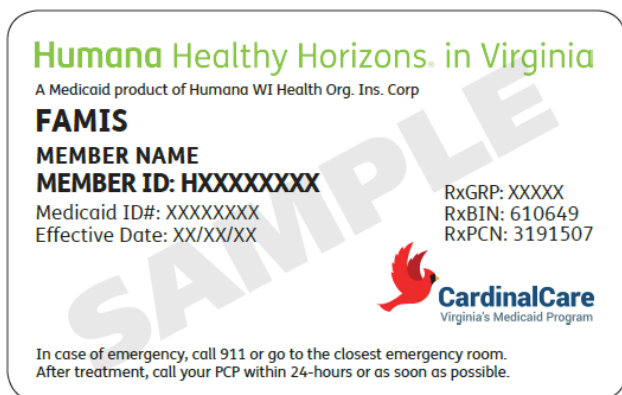
Sample Virginia Medicaid Member ID card front:



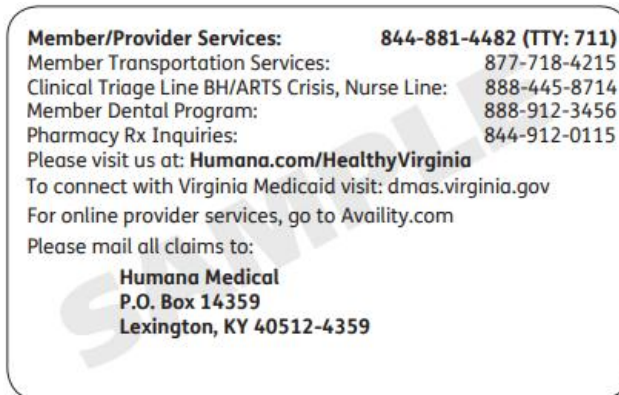
Sample Virginia Medicaid Member ID card back:



Sample Virginia Medicaid FAMIS member ID card front:



Sample Virginia Medicaid FAMIS member ID card back:



Please note: This PDF meets state/compliance guidelines and could be subject to change at any time. Notification will be communicated if compliance guidelines change.

### Annual compliance training

Providers are expected to adhere to all training programs identified as compliance-based by Humana Healthy Horizons. This includes agreement and assurance that all affiliated participating providers and staff members receive training regarding the identified compliance material.

Providers must complete annual compliance training on the following topics, as required by section 6032 of the Federal Deficit Reduction Act of 2005:

- Humana Virginia Medicaid and FIDE-SNP provider orientation
- Cultural humility, health equity and implicit bias
- Health, safety and welfare (abuse, neglect and exploitation)

All contracted and subcontracted providers serving Humana-covered patients who provide services to members must take compliance training annually. If you completed this training elsewhere, you should still review the Humana Training in the Humana Learning Center on Availity Essentials to ensure your completion is tracked. For additional provider training, visit [Humana.com/HealthyVA](https://www.humana.com/HealthyVA).

### Care management

If you have a Humana Healthy Horizons-covered patient you believe would benefit from care management, you can have your patient contact us directly or submit a referral on their behalf by calling Provider Services at 844-881-4482, Monday – Friday, 7 a.m. – 7 p.m., Eastern time. If you prefer, you can email or fax a referral:

Programs	Email address	Fax number
Care management inquires and referrals	VAMCDCareManagement@humana.com	888-241-3745
Social determinants of health (SDOH) and housing coordinators inquiries and referrals	VAMCDSDOH@humana.com	877-310-2764
Maternity (HumanaBeginnings®) inquiries and referrals	VAMCDMaternity@humana.com	877-245-1704

We encourage you to refer members who may need individual attention to help them manage special healthcare challenges. Humana Healthy Horizons adheres to a no-wrong-door approach to care management referrals.

You can review member individualized care plans and health assessments on Availity Essentials with the member’s prior approval. Providers also can request individualized care plans and health assessments by contacting our care management team via email at [VAMCDCareManagement@humana.com](mailto:VAMCDCareManagement@humana.com) or by fax at 888-241-3745.

### Behavioral health

Humana Healthy Horizons recognizes the importance of having an integrated setting that addresses both physical and behavioral health (BH) to promote the well-being of our Virginia Cardinal Care members. Humana Healthy Horizons’ approach focuses on the primary care provider (PCP) relationship to ensure there is one provider who has knowledge of the

member's physical and BH care needs. Members can receive BH care via telehealth as appropriate and as desired by the member.

Humana ensures coordination of a member's care team across all physical and BH providers treating the member. This includes facilitating the reciprocal exchange of health information between physical and BH providers and, when required, to the extent permitted by law and in accordance with the member's consent.

Network providers must coordinate care when members experience BH conditions requiring ongoing care. PCPs are required to:

- Provide basic BH services to members to include:
  - Screening for mental health and substance use issues during routine and emergency visits
  - Prevention and early intervention
  - Medication management
  - Treatment for mild to moderate BH conditions
- Follow up with BH providers to coordinate integrated and non-duplicitous care to the member
- Obtain necessary signed release of information for sharing of personal health information including compliance with 42CFR Part II requirements around BH and substance use disorder

We recognize that 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. Network providers are required to coordinate care when Humana members experience BH conditions that require ongoing care. In the best interest of our members and to promote positive healthcare outcomes, Humana supports and encourages continuity of care and coordination of care between medical and BH providers. Providers may contact appropriate local community service boards to refer members in need of BH/substance use disorder (SUD) services, as well as contact Humana for care coordination assistance by calling care management.

Humana Healthy Horizons provides coverage for BH crisis services to include, 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 supporting members in obtaining community stabilization services, peer crisis support, outpatient BH services and any services necessary at discharge.

Humana Healthy Horizons is notified of all members who have utilized the Clinical Triage Line (Behavioral Health Crisis, ARTS, Nurse and Care Coordination line). On notification that a member utilized the Clinical Triage Line and/or a crisis service, a Humana Healthy Horizons care manager conducts a post-crisis outreach as soon as possible, but no later than 24 hours after notification. During this follow-up, the care manager conducts a BH assessment to ensure the member has the appropriate follow-up appointments scheduled, addresses other needs and enrolls the member in the Humana Healthy Horizons care management program, if not already enrolled. You can refer members to our behavioral health and ARTS care management program by calling Provider Services at 844-881-4482, Monday – Friday, 7 a.m. – 7 p.m., Eastern time.

## LTSS

LTSS model of care is designed to enable independence and aging safely in place. Our care team provides specialized face-to-face supports for LTSS and psychosocial needs. Our LTSS programs offer additional, evidence-based support to help our members live safe and healthy lives in the least restrictive 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 (NF).

Humana Healthy Horizons ensures members are afforded 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 with the NF and the member or the member's authorized representative any and all options for discharge from the NF.

## Early and Periodic Screening, Diagnosis and Treatment

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated program developed for Medicaid recipients from birth through the end of the month of their 21st birthday. All Humana Healthy Horizons members within this age range should receive age-recommended EPSDT preventive exams, health screenings, immunizations and EPSDT special services needed to address health issues as soon as identified or suspected. EPSDT benefits are available at no cost to the member. Scheduling and transportation also are covered and provided on request. Members receive multiple communications to ensure they know these services are available to them. Humana Healthy Horizons updates the EPSDT Periodicity Schedule frequently to reflect current recommendations of the American Academy of Pediatrics (AAP) and Bright Futures. To view updates to the schedule, please visit [www.aap.org/brightfutures](http://www.aap.org/brightfutures).