



Humana Healthy Horizons in Virginia Cardinal Care Managed Care Contract

Provider Resource Guide

Welcome to Humana Healthy Horizons® in Virginia, a community-based health plan that serves Medicaid beneficiaries throughout Virginia. This provider resource guide includes tools and information to assist network and Virginia-designated 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).

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 will be happy to assist you with answering questions, triaging issues, onboarding, learning about Humana Healthy Horizons and ongoing practice support. You can identify the provider relations representative in your area by visiting [Humana.com/HealthyVA](https://www.humana.com/HealthyVA).

Please use the contact information below for specific needs.

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

Humana
Healthy Horizons®
in Virginia

Fraud, waste and abuse reporting

Fraud, Waste and Abuse Special Investigations Unit Hotline	800-614-4126	Monday – Friday, 8 a.m. – 4 p.m., Eastern time, 24/7 voicemail access
Ethics Help Line	877-5-THE-KEY (877-584-3539)	24 hours a day, 7 days per week
Department of Medical Assistance Fraud & Abuse Referral Hotline	866-486-1971	24 hours a day, 7 days per week

Important addresses

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

Other network information

Modivcare – nonemergency medical transportation	For member reservations and ride assistance, please call 877-718-4213 .
EyeMed – vision benefits	To join EyeMed’s network, please visit www.eyemedinfoocus.com/join .

Online self-service

A variety of healthcare provider resources are available at **Provider.Humana.com**, no registration required. Medicaid-specific materials, communications, information and quality resources can be found at **Humana.com/HealthyVA**, 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**. 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**.

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**.

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.

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 Healthy Horizons 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 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 because of 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 database
- Missing or incorrect information, such as National Provider Identifier (NPI)/ZIP code/taxonomy
- 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 – www.availity.com

Change Healthcare® – www.ChangeHealthcare.com

TriZetto® – www.TrizettoProvider.com

McKesson® – www.McKesson.com


SSI Group – <https://TheSSIGroup.com>

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 and back:

<p>Humana Healthy Horizons. in Virginia A Medicaid product of Humana WI Health Org. Ins. Corp</p> <p>MEMBER NAME MEMBER ID: HXXXXXXXXX Medicaid ID#: XXXXXXXX Effective Date: XX/XX/XX</p> <p>RxGRP: XXXXX RxBIN: 610649 RxPCN: 3191507</p> <p> CardinalCare Virginia's Medicaid Program</p> <p>In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24-hours or as soon as possible.</p>	<p>Member/Provider Services: 844-881-4482 (TTY: 711) Member Transportation Services: 877-718-4215 Clinical Triage Line BH/ARTS Crisis, Nurse Line: 888-445-8714 Member Dental Program: 888-912-3456 Please visit us at: Humana.com/HealthyVirginia To connect with Virginia Medicaid visit: dmas.virginia.gov For online provider services, go to Availity.com Please mail all claims to: Humana Medical P.O. Box 14359 Lexington, KY 40512-4359</p>
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Sample Virginia Medicaid FAMIS member ID card front and back:

<p>Humana Healthy Horizons. in Virginia A Medicaid product of Humana WI Health Org. Ins. Corp</p> <p>FAMIS MEMBER NAME MEMBER ID: HXXXXXXXXX Medicaid ID#: XXXXXXXX Effective Date: XX/XX/XX</p> <p>RxGRP: XXXXX RxBIN: 610649 RxPCN: 3191507</p> <p> CardinalCare Virginia's Medicaid Program</p> <p>In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24-hours or as soon as possible.</p>	<p>Member/Provider Services: 844-881-4482 (TTY: 711) Member Transportation Services: 877-718-4215 Clinical Triage Line BH/ARTS Crisis, Nurse Line: 888-445-8714 Member Dental Program: 888-912-3456 Please visit us at: Humana.com/HealthyVirginia To connect with Virginia Medicaid visit: dmas.virginia.gov For online provider services, go to Availity.com Please mail all claims to: Humana Medical P.O. Box 14359 Lexington, KY 40512-4359</p>
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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:

- General compliance (Ethics Every Day and Compliance policy)
- Fraud, waste and abuse
- Medicaid provider orientation training
- Cultural competency
- Health, safety and welfare (abuse, neglect and exploitation)

Online training modules for the topics listed above, as well as an organization-level attestation form, can be accessed at [Humana.com/ProviderCompliance](https://www.humana.com/ProviderCompliance) or through Availity Essentials. 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. Both are also available upon request by contacting our care management team via email at 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.

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. This structure is enhanced through data-sharing via our provider portal, our provider communication lines and participation in interdisciplinary care team (IDT) meetings led by our care management team or provider-led case management team, based on member preference and need.

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). 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 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 are also covered and will be provided upon 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 aap.org/brightfutures.