Cardinal Care and Humana Healthy Horizons in Virginia

Humana Healthy Horizons in Virginia

CardinalCare Virginia's Medicaid Program

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

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Welcome to Humana Healthy Horizons in Virginia

Humana Healthy Horizons® in Virginia is the newest plan to enter Virginia as a Cardinal Care managed care organization. We are a community-based health plan that serves Medicaid beneficiaries throughout Virginia.

We strive to make it as easy as possible for healthcare providers to do business with us. Developing a strong partnership facilitates high-quality care and respectful experiences for our members.

Our goal is to provide integrated care for our members. We focus on prevention and partnering with local providers to offer the services our members need to be healthy.

Meet your Virginia-based team

Humana Healthy Horizons in Virginia

Chief Executive Officer

Linda Hines

Chief Operating Officer

Derrick Lee

Director of Network Optimization

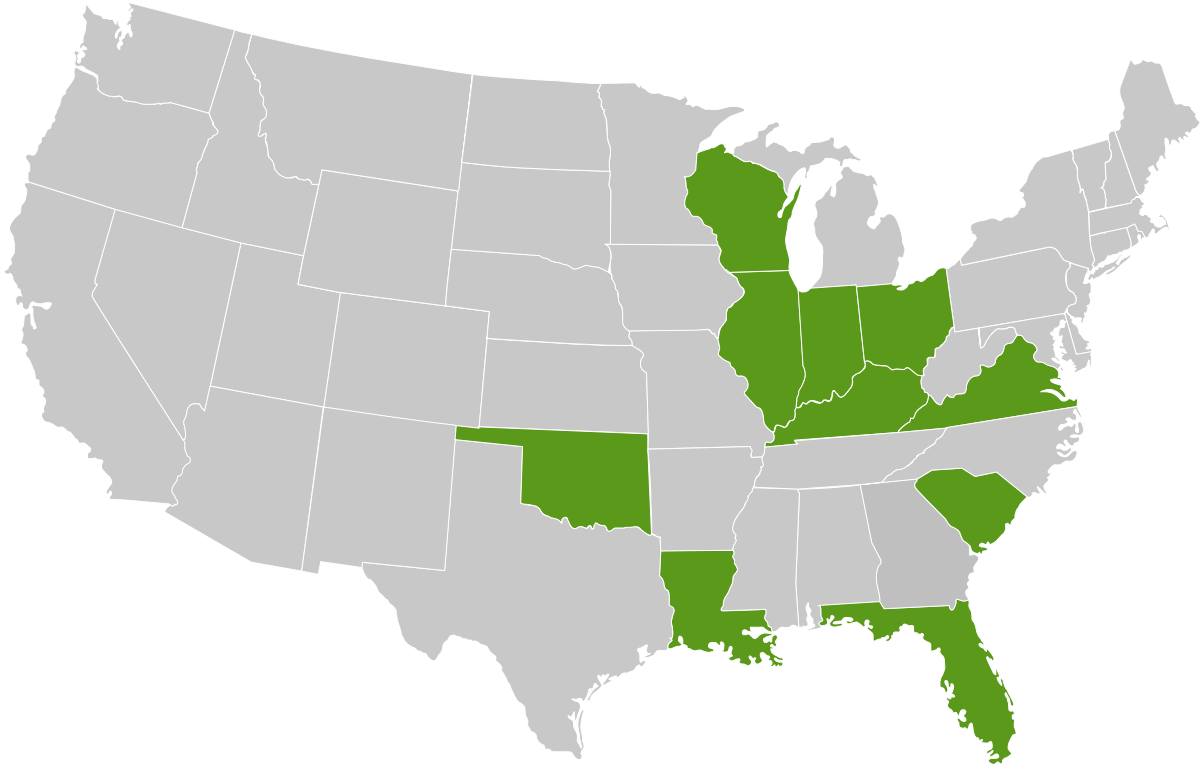
Paula Trowers

Director of Provider Services

Joely Porter

Humana Healthy Horizons leverages Humana's scale and experience

Humana Healthy Horizons is an industry leader with nearly 30 years of experience serving Medicaid beneficiaries. Humana serves more than 6.1 million Medicare Advantage (MA) members, 2.3 million prescription drug plan members, 1.23 million Medicaid recipients, 900,000 dual special needs plan members and 5.9 million TRICARE members.



Humana Healthy Horizons is honored to provide Medicaid plans to members in the following states:

- ☑ Florida
- ☑ Indiana
- ☑ Kentucky
- ☑ Louisiana
- ☑ Ohio
- ☑ Oklahoma
- ☑ South Carolina
- ☑ Virginia

Humana Healthy Horizons has extensive experience serving the following populations across our Medicaid plans:

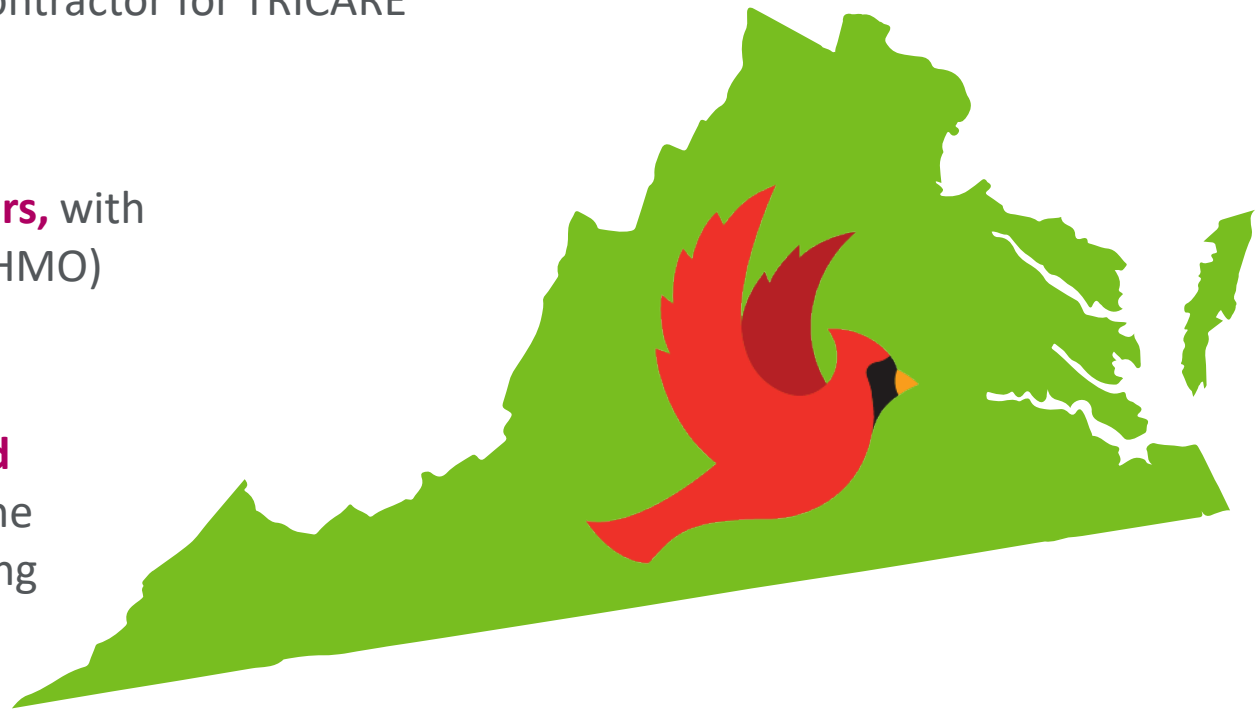
- Low-income families
- Low-income adults
- Pregnant people
- Children
- People in long-term care
- People aged 65+
- People who are dual-eligible for Medicaid and Medicare
- Aged, blind and disabled people

Humana’s local presence in Virginia

Humana is Virginia’s largest MA plan and sole contractor for TRICARE coverage, serving **nearly 1 million Virginians.**

Humana serves **more than 180,000 MA members,** with **100%** of MA health maintenance organization (HMO) members in **4-star** quality rated contracts.

Humana **employs more than 900 Virginia-based associates** who have a deep understanding of the commonwealth’s unique needs and long-standing relationships with Virginia providers and community-based organizations.



Humana has strong provider partnerships, with **75% of our Virginia members assigned to providers in value-based payment** (VBP) arrangements.

Why Humana Healthy Horizons?

Humana Healthy Horizons is committed to improving the health and well-being of Virginians across the commonwealth.

Local and integrated care

Humana Healthy Horizons uses a highly integrated service coordination model to address whole-person needs to ensure healthy outcomes.

Robust provider network

Humana Healthy Horizons has proven experience engaging providers, easing administrative burden and developing innovations to improve quality and access to care.

Commitment to our members

Humana Healthy Horizons goes above and beyond to ensure our members get the care they need to meet their goals and live fulfilling lives.

Humana Healthy Horizons makes it easy for providers to do business with us through a simplified and streamlined provider experience

Ease of doing business

- **Simplified prior authorizations –** We reduce burden by keeping our prior authorization list as transparent as possible and tailored for Virginia.
- **Timely and accurate claims payment –** Providers can enroll in Availity Essentials™ for electronic remittance advice (ERA) and electronic funds transfer (EFT) to ensure they receive claim information and payment as quickly as possible through multiple pay cycles.

Accessible tools and resources

- **Availity Essentials™ –** Availity Essentials reduces administrative burden by minimizing the need to access multiple platforms and providing secure access to referral reports, authorization forms and approvals, member admission, discharge and transfer (ADT), and claims and prior authorization status.
- **Population Health Insights Compass and other VBP tools/dashboards –** These tools enable primary care providers to view numerous dashboards and reports, offering a one-stop data shop to ensure value-based performance monitoring and payment success.

Unparalleled dedicated and local support

- **Local Provider Relations representatives –** Our team of local, regionally-based Provider Relations representatives serve as primary relationship managers for providers and can facilitate issue resolution, identify training priorities and help providers navigate resources.
- **Provider claims educators –** Provider claims educators proactively track claims issues, research root causes and conduct one-on-one training with providers to correct and prevent future billing and claims submission rework and denials.
- **Provider performance improvement associates –** These associates review gaps-in-care reports, present data-driven insights on clinical and pharmacy utilization and quality of care, engage in practice-transforming solutions, and support providers in quality- and value-based initiatives.

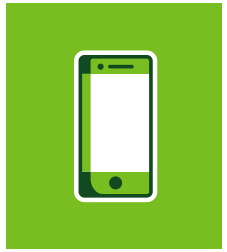
What to expect as a participating provider with Cardinal Care and Humana Healthy Horizons

Provider Town Halls and virtual forums: Participate in an introduction to the Humana Healthy Horizons suite of provider support functions.

Office hours/Zoom virtual meetings: Join a virtual meeting room monitored by Provider Relations representatives to ask questions and get immediate answers.

Individual outreach by a Provider Relations representative: Regionally assigned Providers Relations representatives will reach out and serve as your primary contact for all things Humana Healthy Horizons.

Virtual claims billing forum: Participate in claims education based on trends identified by analyzing claims submissions.



Questions?

- Call Provider Services Call Center, **844-881-4482 (TTY: 711),** Monday – Friday, 7 a.m. – 7 p.m., Eastern time
- Email Provider Services, **VAMedicaidProviderRelations@humana.com**

Provider support team

Our provider support team is led by our director of provider services.

Your Provider Relations representatives will:

- Serve as day-to-day, front-line relationship management
- Conduct provider training and education and communicate emerging trends and Humana Healthy Horizons policy updates
- Conduct ongoing meetings and provide technical assistance in one-on-one or group settings
- Educate and translate available data to identify tangible and impactful interventions to improve quality performance
- Work with providers to improve quality and VPB performance

Virginia Provider Relations Representative Territory List

<Insert URL to the territory list>

Provider Services Call Center:

844-881-4482 (TTY: 711),
Monday – Friday,
7 a.m. – 7 p.m.,
Eastern time

Navigating managed care with Humana Healthy Horizons

Availity Essentials is the Humana Healthy Horizons provider portal

- Check claims management and status
- Manage prior authorization requests and referrals
- Enroll in EFT and ERA

Prior authorization: Obtain approval for coverage of items, drug or services from Humana Healthy Horizons

- Visit **www.Availity.com** and complete an authorization request
- Call Humana Healthy Horizons at **844-881-4482** and follow the menu prompts for authorization requests

You can find a full list of services requiring prior authorization at **Humana.com/PAL**.

Claims processing

Electronic claims

- Electronic claims accepted through these clearinghouses:
  Availity Essentials https://availity.com
  Change Healthcare https://www.changehealthcare.com
  TriZetto® https://www.trizettoprovider.com
  SSI Group https://thessigroup.com
- Payer ID: **61101**

Paper claims

Forms:

- **CMS-1500**, formerly HCFA 1500 form-AMA universal claim form, also known as the National Standard Format (NSF)
- **CMS-1450** (UB-04), formerly UB92 form, for facilities

Paper claims mailing address:
Humana Claims Office
P.O. Box 14359
Lexington, KY 40512-4359

Claims processing

- 90% of all clean claims submitted by healthcare providers will be paid within 30 calendar days of the date of receipt.
- 99% of all clean claims from providers will be paid within 90 calendar days of the date of receipt.
- Provider reimbursement and rate structures are outlined in the contract between Humana Healthy Horizons and the provider.

Claims submission

Timely filing

- Initial claims must be submitted within 365 days of the date of service.
- Corrected claims must be submitted 180 days from the date of evidence of payment (EOP). Claims will not be paid if they have incomplete, incorrect or unclear information.

Helpful hints

- Billing, rendering and attending providers must submit both a National Provider Identifier (NPI) and the taxonomy code they are registered with or one the state considers as valid for their registered provider type. The full taxonomy code list can be found at **https://vamedicaid.dmas.virginia.gov/provider/downloads#gsc.tab=0**.
- Providers should bill the 9-digit ZIP code they registered with the state, as Humana Healthy Horizons will validate prior to claim payment.

Provider appeals

If you are not satisfied with Humana Healthy Horizons' decision to deny or reduce an authorization or reimbursement of a claim, you can file a provider reconsideration with Humana and an appeal with DMAS thereafter.

1. **Reconsideration:** This is the first step in the provider appeal process. A reconsideration represents your initial request for an investigation into a reduced or denied authorization or claim reimbursement. Most issues are resolved at the reconsideration step.
2. **Informal and formal appeals via DMAS:** This is the second step in the process. If you disagree with the outcome of the reconsideration, you may request additional types of reviews, known as formal and informal, and appeal directly to DMAS.

Before appealing to DMAS, you first must exhaust Humana's reconsideration process. Providers in Humana Healthy Horizons' network may not appeal Humana Healthy Horizons' enrollment or terminations decisions to DMAS.

Provider dispute: Reconsideration

You have 60 days from receiving written notification of the denial or reduction of an authorization, or the denial or reduction of claim reimbursement, to submit a reconsideration request.

Reconsideration requests are resolved within 30 of receipt of the request.

A reconsideration request may be filed by writing to:

Humana Healthy Horizons in Virginia
Attn: Reconsideration request
P.O. Box 14359
Lexington, KY 40512-4359

Care management model of care

Humana Healthy Horizons' equitable population health and care management model delivers **whole-person, person-centered, trauma-informed** and **strengths-based interventions** to members of all risk levels. Our stratification approaches deliver services and supports to members in accordance with their needs and risk levels. Members with complex health risks require intensive care management with frequent contacts; members with emerging risk and short-term needs benefit from one-on-one assistance from a care coordinator. Members with minimal or no health issues benefit from accessible wellness education, linkage with social services and outreach to close preventive care gaps.

Our guiding principles are:

- Person-centered
- Strengths-based
- Trauma-informed
- Locally integrated
- Integrated across services
- Equity-focused
- Self-managed disease prevention

More information about case management can be found in the provider manual on our website at **Humana.com/HealthyVA**

Join the network

If you are interested in joining the Humana Healthy Horizons network, you can:

Call:

Provider Services Call Center

- **844-881-4482 (TTY: 711),**
  Monday – Friday, 7 a.m. – 7 p.m., Eastern time

Email:

- Physical health providers:
  VirginiaProviderUpdates@humana.com
- Behavioral health providers:
  VA_BH_Medicaid@humana.com
- Home- and community-based services (HCBS) providers:
  LTSSContracting@humana.com

A dedicated contractor will be assigned to walk you through the contracting process and collect your credentialing work.

Humana
Healthy Horizons®
in Virginia

Credentialing and contracting with Humana Healthy Horizons

- As a requirement for participation, all providers must be enrolled with the Virginia Department of Medical Assistance Services (DMAS) and maintain an active Medicaid ID number. Visit the DMAS website at https://prss.vamedicaid.dmas.virginia.gov/ProviderEnrollment/EnrollmentCreate.

  If you have questions regarding the Provider Service Solutions portal:

  - Call the Virginia Medicaid Provider Enrollment Services helpline at **804-270-5105** or **888-829-5373**
  - Email Provider Enrollment at: **VAMedicaidProviderEnrollment@gainwelltechnologies.com**

- Credentialing applications submitted to Humana Healthy Horizons will be approved or denied within 60 days of receipt of a completed application.
- Providers must meet our standards for licensure, certification and credentialing, as included in our provider network contracts.
  - At the time of application, credentialing and/or recredentialing, and/or on request, the provider must disclose required information, in accordance with 42 CFR §455 (Parts 101 through 106), percentage calculations, and requirements for disclosure of ownership, business transactions, and information on persons convicted of crimes related to any federal healthcare programs. Providers must be licensed by the state or have received proper certification or training to perform medical and behavioral health services contracted for under this contract.

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