



Provider Orientation and Training

Information for Medicaid Healthcare
Providers and Administrators
2022

Humana Healthy Horizons in South Carolina is a Medicaid
product of Humana Benefit Plan of South Carolina Inc.



Training topics

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Training topics are based on:

- Humana's contract with the South Carolina Department of Health and Human Services (SCDHHS)
- Humana's policies and procedures

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About Humana



About Humana

- Insurance products
- Health and wellness services
- \$65 billion in annual revenue
- 50,000 employees
- Plans for employer groups, individuals and government agencies
- Commercial, Medicare and Medicaid (in select markets)
- Plans include health, dental, vision and behavioral health
- 14.3 million medical members
- 7 million specialty members

Humana Healthy Horizons in South Carolina



Humana Healthy Horizons in South Carolina

- Humana was awarded a managed care organization (MCO) contract to administer a South Carolina Medicaid plan, effective July 1, 2021.
- Humana is committed to the South Carolina Department of Health and Human Services' (SCDHHS) approach to improve the health of its members by:
 - Defining measurable results that will improve Medicaid MCO member access and satisfaction
 - Maximizing program efficiency, effectiveness and responsiveness
 - Reducing operational and service costs
- We focus on prevention and partnering with local providers to offer integrated care that our members need to be healthy.
- Humana Healthy Horizons in South Carolina is available statewide to eligible members.

Member Populations and Eligibility



Eligible Populations and Member Eligibility

Eligible Populations

Members are eligible to receive Medicaid assistance under one of the following aid categories:

- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)
- Optional coverage for pregnant women and infants
- Dual-eligible members
- Foster care children

Member Eligibility

- Medicaid eligibility is determined by SCDHHS.
- Eligibility begins on the first day of each calendar month, including the initial application month.

Primary Care Provider (PCP) Assignment and Reassignment

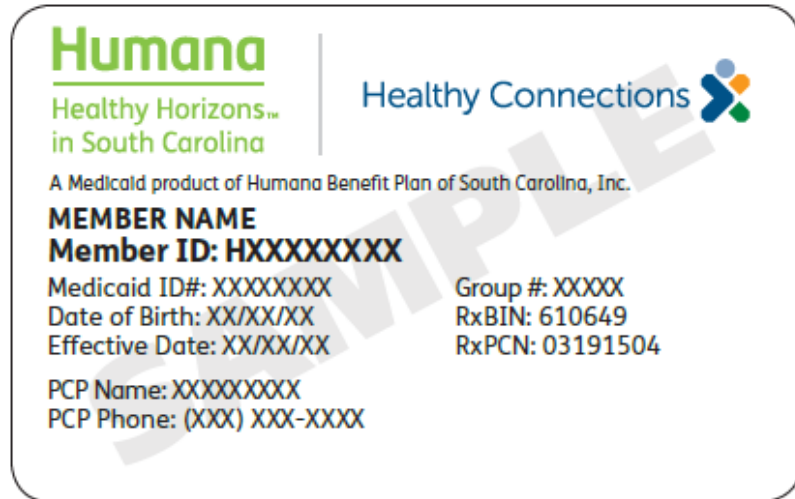
Members can select a PCP during the enrollment process or are automatically assigned.

- Automatic assignment process:
 - Assign to member's previous PCP if participating with Humana Healthy Horizons in South Carolina's PCP panel
 - Geographic assignment is used when a member has no record of past PCP relationships within the participating Humana Healthy Horizons in South Carolina PCP panel
 - Humana Healthy Horizons in South Carolina's internal editing system also ensures that the auto-assigned PCP is age-appropriate for the member

Members may request reassignment to another PCP for any reason by calling Member Services at **866-432-0001**.

Member Eligibility – Identification (ID) Cards

- Members will receive an identification card prior to their enrollment date with Humana Healthy Horizons in South Carolina.



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

Front of SC MCD ID Card

- Member ID – Humana Unique Member Identification (UMID)
- Medicaid ID number – required for all members and used when filing claims
- Effective date – indicates when member becomes eligible for benefits
- RxBIN/RxPCN – needed for pharmacy benefits

Member Eligibility – Identification (ID) Cards

Member/Provider Services: **1-866-432-0001**
TTY, call 711

Member 24-Hour Nurse Advice Line: **1-877-837-6952**
Pharmacist Rx Inquiries: **1-800-865-8715**

Please visit us at: **Humana.com/HealthySouthCarolina**
For online provider services, go to Availity.com

Please mail all claims to:
Humana Medical
PO Box 14601
Lexington, KY 40512-4601

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

Back of SC MCD ID Card

- Member/Provider Service number – Toll-free number for questions and information
- Pharmacist Rx Inquiries number – Toll-free number for questions and information
- Availity.com – For online provider services
- Claims address to submit paper claims – P.O. Box 14601, Lexington, KY 40512-4601

Member Eligibility – State-issued Medicaid ID Card

Humana Healthy Horizons in South Carolina provides most of the services that are provided by South Carolina Medicaid. Members are encouraged to present their Humana Healthy Horizons in South Carolina plan ID card and South Carolina Medicaid card prior to receiving the following services:

- Dental services
- Targeted Case Management (TCM) services
- Home and Community-based Waiver services
- Medicaid Adolescent Pregnancy Prevention Services (MAPPS)
- Developmental Evaluation Services (DECs)

Covered Services



Covered Services

Humana Healthy Horizons in South Carolina, through its contracted healthcare providers, is required to arrange for the following medically necessary services* for each member, including:

Abortions (coverage only when rape, incest or pregnancy endangering the woman's life is documented)	Pharmacy/prescription drugs
Ambulance transportation <ul style="list-style-type: none">• Transportation for out-of-state medical services	Physician services
Ancillary medical services	Rehabilitative therapies for children – Non-hospital based
Audiological services	Sterilization services
Behavioral health services	Independent laboratory and X-ray services
Chiropractic services <ul style="list-style-type: none">• Limited to manual manipulation of the spine to correct a subluxation	Inpatient hospital services
Communicable disease services	Institutional long-term care (LTC) facilities/nursing homes (NFs)
Durable medical equipment (DME)	Maternity services
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)/well-child visits	Outpatient services
Emergency/post-stabilization services	Substance abuse
Family planning services	Telehealth services
Home health	Transplant and transplant-related services
Hysterectomies	Vision services – limited to members 21 and younger

*See member Certificate of Coverage for full coverage details.

Member Costs

Covered medical services are provided at no cost to the member. With the exception of pharmacy costs, Humana Healthy Horizons in South Carolina waives all copays.

Medicines on the preferred drug list (PDL) have a \$3.40 copay for drugs for members 19 and older. However, there are no co-pays for the following members:

- Children younger than 19
- Pregnant women
- Institutionalized individuals (such as persons in a nursing facility or intermediate care facilities for individuals with intellectual disability [ICF-ID])
- Members of a federally recognized Indian tribe are exempt from most copayments. Tribal members are exempt when services are rendered by the Catawba Service Unit in Rock Hill, South Carolina, and when referred to a specialist or other medical provider by the Catawba Service Unit.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- Members eligible for Medicaid EPSDT benefits do not have copayments.
- Children (birth through 18) and adults (19 through the end of the 21st birthday month) eligible for Medicaid's EPSDT program continue to receive vision and dental coverage through EPSDT coverage.
- SCDHHS adopted the Bright Futures/AAP Periodicity schedule for medical, hearing, vision and other age-appropriate assessments and immunizations. More information on the medical and dental periodicity schedules are available at aap.org and at the SCDHHS EPSDT provider website at <https://msp.scdhhs.gov/epsdt/site-page/periodicity-schedule>.
- Federal regulation requires that all children receive a blood test for lead at:
 - 12 months and 24 months
 - 36 months and 72 months for children who have not had a previous blood lead screening

EPSDT Special Services

EPSDT special services include coverage for other medically necessary healthcare, evaluations, diagnostic services, preventive services, rehabilitative services and treatment or other measures not covered by South Carolina Medicaid, including:

- Preventive, diagnostic or rehabilitative treatment or services that are medically necessary to correct or ameliorate the individual's physical, developmental or behavioral condition
- Medically necessary services are available regardless whether those services are covered by South Carolina Medicaid

Medical necessity is determined on a case-by-case basis. EPSDT special services that are subject to medical necessity often require prior authorization. The payer source must consider the child's long-term needs, as well as immediate needs, and take into account aspects such as physical, developmental, behavioral, etc. Consideration by the payer source also must be for the child's long-term needs as well as immediate needs, and considers all aspects, such as physical, developmental, behavioral, etc.

More information regarding EPSDT is available in the Humana Healthy Horizons in South Carolina Provider Manual online at [Humana.com/HealthySC](https://www.humana.com/HealthySC).

Telehealth

Virtual Visits

For medical and behavioral health services, virtual visits are available through select providers. Similar to using FaceTime or Skype, the member uses a webcam and a screen to talk to a licensed healthcare provider. These virtual visits are private and confidential.

Pharmacy Benefit Summary

90-day supply

Select maintenance medications are eligible for 90-day supply at both retail and mail order locations



Copayment

Medicaid members have a \$3.40 copay at network pharmacies. Children and select individuals may be exempt.



Preferred drug list (PDL)

Covered drugs and any applicable prior-authorization criteria can be found at [Humana.com/Provider](https://www.humana.com/Provider) and [Humana.com/DrugLists](https://www.humana.com/DrugLists)



Over-the-counter (OTC) Benefit

\$10 per member per month OTC benefit allowance through Humana Pharmacy

Drug Prior Authorization and Notification

Get forms at [Humana.com/pa](https://www.humana.com/pa) or call **800-555-2546** (Monday through Friday, 8 a.m. to 8 p.m., Eastern time)

- Submit requests electronically by going to Covermymeds.com/epa/Humana
- Submit requests by fax to 877-486-2621
- Call Humana Clinical Pharmacy Review (HCPR) at **800-555-CLIN** (800-555-2546).

For drugs delivered/administered in physician's office, clinic, outpatient or home setting (fee-for-service providers only):

- Obtain forms at [Humana.com/medPA](https://www.humana.com/medPA)
- Submit request by fax to 888-447-3430

State Pharmacy Lock-in Program (SPLIP)

- Designed for individuals who need help managing their use of prescription medications to limit overuse of benefits while providing an appropriate level of care for the member.
- The Lock-in Program is required by SCDHHS.
- Members identified for the lock-in program receive written notification from Humana Healthy Horizons in South Carolina, along with the designated lock-in pharmacy's information and the member's right to appeal the plan's decision.
- Members who meet the program criteria are locked into one specific pharmacy location and initially locked-in for a total of 24 months.

For additional details regarding SPLIP, including program criteria and exclusions, please refer to the Humana Healthy Horizons in South Carolina Provider Manual located at [Humana.com/HealthySC](https://www.humana.com/HealthySC).

Prescriber Quick Reference Guide

Humana Clinical Pharmacy Review (HCPR)

For medication supplied by a pharmacy and billed through the pharmacy benefit: medication prior authorization (PA), step therapy, quantity limits and medication exceptions. To view Humana drug list, go to [Humana.com/druglists](https://www.humana.com/druglists)

Authorization process	<ul style="list-style-type: none"> Obtain forms at Humana.com/PA or submit your request electronically by going to CoverMyMeds.com/epa/Humana Submit request by fax to 877-486-2621 Call HCPR at 800-555-CLIN (800-555-2546)
Requirements for prior authorization fax form	<ul style="list-style-type: none"> National Provider Identifier (NPI) Address of member Address of prescriber Time period and outcome of past therapy tried/failed <p>NOTE: Include medical records ONLY for medical necessity or off-label-use review (not for every submission)</p>
Questions	800-555-CLIN (800-555-2546) ; Monday through Friday, 8 a.m. to 6 p.m. Eastern time
Exceptions by mail	<p>Medicare: HCPR, Attn: Medicare Coverage Determination, P.O. Box 33008, Louisville, KY 40232</p> <p>Commercial and Medicaid: HCPR, Attn: Prior Authorizations, P.O. Box 33008, Louisville, KY 40232</p>

Humana Medication Intake Team (MIT)

For medication supplied and administered in a physician's office and billed as a medical claim (Part B for Medicare); also considered medication preauthorization/precertification

Precertification process	<ul style="list-style-type: none"> Obtain forms at Humana.com/medPA Submit request by fax to 888-447-3430 View preauthorization and notification lists at Humana.com/PAL
Questions	866-461-7273 ; Monday through Friday, 6 a.m. to 8 p.m. Eastern time

General Humana contact information

Claims address	Located on the patient's Humana member ID card
Pharmacy appeals	<p>Commercial and Medicaid: Humana Appeals, P.O. Box 14546, Lexington, KY 40512-4546; Fax: 800-949-2961</p> <p>Medicare: Humana Appeals, P.O. Box 14165, Lexington, KY 40512-4165; Fax: 800-949-2961</p> <p>To file a Part D redetermination online: Humana.com/providers/pharmacy/exceptions_appeals.aspx</p>

Humana Pharmacy

Humana Pharmacy® (mail-delivery pharmacy for maintenance medications and durable medical equipment)	800-379-0092 (Fax: 800-379-7617), Monday through Friday, 8 a.m. to 11 p.m. Eastern time; Saturday, 8 a.m. to 6:30 p.m. Eastern time; HumanaPharmacy.com
Humana Specialty Pharmacy® (mail-delivery pharmacy for specialty medications)	800-486-2668 (Fax: 877-405-7940), Monday through Friday, 8 a.m. – 8 p.m. Eastern time; Saturday, 8 a.m. to 6 p.m. Eastern time; HumanaPharmacy.com/Specialty
Prescribelt RX® (mail delivery for FL Medicaid)	800-526-1490 (Fax: 800-526-1491), Monday through Friday, 8 a.m. to 5 p.m. Eastern time; prescribeitrx.com

Humana recognizes that your patients have the sole discretion to choose their pharmacy. Also, we support your independent medical judgment when advising patients about their pharmacy choices. Other pharmacies are available in our network. Humana members should check their plan documents to verify their prescription benefits.

Benefits and Services

Humana Healthy Horizons in South Carolina offers several benefits and services for Medicaid members, including:

- Care management and behavioral health services for members with chronic health conditions
- Behavioral health services that include a dedicated hotline and crisis intervention
- Local pharmacy support to help members learn about their medication needs and drug safety
- Dental services based on member coverage
- Population health management programs to encourage healthy behaviors and preventive care
- A toll-free phone number for members to speak with a registered nurse about their health concerns 24 hours a day, seven days a week, at **877-837-6952**

Member Services

Humana Healthy Horizons in South Carolina members enjoy a range of support and care services, including:

- Referrals to community resources and/or case management
- Support and education for chronic conditions
- Assistance with finding a primary care provider (PCP)
- Access to grievances and appeals processes
- Support for claims issue resolution
- Help with benefit inquiries
- Access to pharmacy benefits
- Help with prior authorization requests
- Interpretation services support

Excluded Services

The following services continue to be provided and reimbursed by the current Medicaid program and are consistent with the outline and definition of covered services in the Title XIX SC State Medicaid Plan:

- Medical (non-ambulance) transportation
- Broker-based transportation (routine nonemergency medical transportation)
- Dental services
- Targeted case management (TCM) services
- Home- and community-based waiver services
- Medicaid Adolescent Pregnancy Prevention Services (MAPPS) family planning services
- Developmental evaluation services (DECs)

Payment for these services remain Medicaid fee-for-service. MCOs are expected to be responsible for the continuity of care for all Medicaid MCO members by ensuring appropriate service referrals are made for the Medicaid MCO member for excluded services.

Services Not Covered

South Carolina Medicaid only pays for services that are medically necessary. Below are some of the services for which South Carolina Medicaid does not pay, including examples of service limitations, exclusions from coverage and moral or religious objections. This list is not all inclusive:

Abortion (unless the mother's life is in danger, or in the case of incest or rape)	In-vitro fertilization
Braces for teeth, dentures, partials and bridges for members 21 and older	Massage and hypnosis
Cosmetic surgery	Paternity testing
Fans, air conditioning, humidifiers, air purifiers, computers, home repairs	Services from providers who are not South Carolina Medicaid providers
Fertility drugs	Services not covered (including those listed)
Hearing aids for members 21 and older	Services provided by providers who are not part of Humana Healthy Horizons in South Carolina
Hospital stays for services that can be treated outside the hospital	Services that are not medically necessary
Hysterectomy for sterilization purposes	Unauthorized services

Humana Healthy Horizons in South Carolina Added Benefits



Added Benefits

Humana Healthy Horizons in South Carolina offers members extra benefits, tools and services, at no cost to the member, that are not otherwise covered or that exceed limits outlined in the South Carolina Plan and the South Carolina Medicaid Fee Schedules. The following are examples of value-added services (VAS); for a full listing, please consult the provider manual.

Value-added Benefit	Details and Limitations
Cellphone services	<p>Free Tracfone through the federal program. One phone per household.</p> <p>This benefit covers one phone, one charger, one set of instructions, 350 minutes of talk time per month, 4.5 GB of data per month, unlimited text messages per month, calls to Humana Member Services for health plan assistance and 911 for emergencies are free, even if the member is out of minutes. Member must make at least one phone call or send one text message every month to keep the benefit.</p> <p>Members younger than 18 need parent or guardian consent.</p>
GED testing	<p>GED test preparation assistance for members 16 and older including a bilingual adviser, access to guidance and study materials and unlimited use of practice tests. Test preparation assistance is provided virtually to allow maximum flexibility for members.</p> <p>Members 16 to 18 need South Carolina Verification of School Withdrawal Form completed by the principal or attendance supervisor of the last school attended.</p>
Housing assistance	Members 21 and older may qualify to receive up to \$750 in assistance, once per lifetime.
Newborn circumcision	Covered during the initial newborn stay and up to 12 months of life
Over-the-counter (OTC)	\$10 per month per member for OTC items. Limited to items available in the OTC catalog.
Personal growth and development	Members 18 and younger may qualify for up to \$250 annually per member for youth programs. Must be approved by care manager. Youth program will be reimbursed.

Added Benefits (cont'd.)

Humana Healthy Horizons in South Carolina offers members extra benefits, tools and services, at no cost to the member, that are not otherwise covered or that exceed limits outlined in the South Carolina Plan. The following are examples of value-added services (VAS); for a full listing, please consult the provider manual.

Value Added Benefit	Details and limitations
Sports physical	One free sports physical annually for members ages 6 to 18.
Vision services – Adult	Comprehensive vision exams every 12 months One set eyeglasses (lenses and frames) or contacts every two years (basic frames) Ages 21 and older Luxury frames are not allowed
Waive copays	No copays for members 19 and older except for pharmacy.

Added Benefits (cont'd.)

Go365® for Humana Healthy Horizons in South Carolina is a wellness program that offers members the opportunity to earn rewards for taking healthy actions. Most of the rewards are earned by Humana's receipt of the provider's claim services rendered. Humana Healthy Horizons in South Carolina recommends that all providers submit their claims on behalf of a member by end of August 2022. This allows members time to redeem their reward(s).

Members can qualify to earn rewards by completing one or more of the following healthy activities:

Healthy Activity	Reward
Breast cancer screening	\$10 in rewards (one every two years) for female members ages 50 to 64 who receive a mammogram.
Cervical cancer screening	\$10 in rewards (one every three years) for female members 21 and older who have a cervical cancer screening .
Diabetic retinal exam	\$10 in rewards (one per year) for members ages 18 and older with diabetes who receive a retinal eye exam.
Diabetic screening	\$10 in rewards (one per year) for members ages 18 and older with diabetes who complete an annual screening with their primary care provider for HbA1c and blood pressure.
Flu vaccine	\$10 in rewards for members who receive a yearly flu vaccine from their provider, pharmacy or other source (proof may be required, if source other than provider or pharmacy administers the flu vaccine).
Health risk assessment (HRA)	\$10 in rewards for members 18 and older who complete their Health Risk Assessment (HRA) within 90 days of enrollment with Humana, one reward per lifetime.
Moms First participation	\$10 in rewards for all pregnant females provided they opt into Humana's Moms First Case Management Program, and successfully complete one call with the case manager. Eligible for reward once per pregnancy.
Postpartum visit	\$10 in rewards for all pregnant females for completing one postpartum visit within seven to 84 days after delivery. Eligible for reward once per pregnancy
Prenatal visit	\$10 in rewards for all pregnant females who complete one prenatal visit. Eligible for reward once per pregnancy
Tobacco cessation	\$10 in rewards for members who complete two calls within the first 45 days of enrollment in the tobacco cessation program and an additional \$10 in rewards for members who complete the program.

Rewards are not transferrable to other managed care plans or other programs. Rewards are non-transferable and have no cash value. E-gift cards may not be used for tobacco, alcohol, firearms, lottery tickets and other items that do not support a healthy lifestyle.

Added Benefits (cont'd.)

Healthy Activity	Reward
Weight management	\$10 in rewards for members who complete an initial well-being check-up and an additional \$10 in rewards for members who complete coaching and final well-being check in.
Well-baby visit	\$10 in rewards for members from birth to 6 months old who complete one well-baby visit.
Wellness visit	\$10 in rewards for members 2 and older who complete one annual wellness visit.

Rewards are not transferrable to other managed care plans or other programs. Rewards are non-transferable and have no cash value. E-gift cards may not be used for tobacco, alcohol, firearms, lottery tickets and other items that do not support a healthy lifestyle.

Contracting and Credentialing



Contracting Process

To be eligible for participation in Humana Healthy Horizons in South Carolina's provider network, a provider must be actively enrolled in the South Carolina Medicaid program. To contract with Humana Healthy Horizons in South Carolina for medical services, please call 866-432-0001 or send an email to SCProviderUpdates@humana.com.

To contract with Humana for behavioral health services, please send an email to SCBHMedicaid@humana.com.

Humana Healthy Horizons in South Carolina works with the following networks to provide vision, pharmacy and hearing services. To request participation, please contact the appropriate network below:

Coverage type	Network	Contact
Medical	Humana/ChoiceCare	866-432-0001 SCProviderupdates@humana.com
Behavioral Health	Humana Behavioral Health Network (HBHN)	SCBHMedicaid@humana.com
Pharmacy	Humana Pharmacy Solutions (HPS)	PharmacyContracting@humana.com

Contracting Process

Please include the following information when reaching out to medical/physical health provider relations at SCProviderUpdates@humana.com or behavioral health provider relations at SCBHMedicaid@humana.com:

- Physician/practice/facility name
- Service address with phone, fax and email information
- Mailing address, if different than service address
- Tax Identification Number (TIN)
- Specialty
- Medicaid provider number (with corresponding registered provider-specialty code and provider-type code)
- National Provider Identifier (NPI)
- Type of contract
(e.g., individual, group, facility)
- Council for Affordable Quality Healthcare (CAQH) number

After receipt and review of your request, a Humana or Humana Behavioral Health Network (HBHN) provider contracting representative will contact you.

Credentialing

- Providers must be credentialed prior to participation in the Humana Healthy Horizons in South Carolina network and treating members.
- Humana participates with the Council for Affordable Quality Healthcare (CAQH®), as applicable by provider type.
 - To aid with credentialing and recredentialing activities, please continually maintain your CAQH application to ensure it is complete and current.
- Recredentialing occurs at least every three years. Some circumstances require shorter recredentialing cycles.
 - Humana Healthy Horizons in South Carolina leverages applications available via CAQH during the recredentialing cycle, as applicable by provider type.
 - If we are not able to access your CAQH application, CAQH does not support your provider type or the supporting documentation available via CAQH is expired or incomplete, providers receive a request to provide the necessary documentation prior to the 36-month anniversary date of the last credentialing cycle.
- Healthcare providers must be screened by and enrolled as a Qualified Medicaid Provider with South Carolina Department for Health and Human Services prior to being considered for network participation.
- In addition to being in good standing with Medicare, federal, state and local agencies, healthcare providers must not appear on the Excluded Providers List published by South Carolina Department of Health and Human Services.

Further details regarding Humana Healthy Horizons in South Carolina's credentialing/recredentialing requirements can be found in the Humana Healthy Horizons in South Carolina Provider Manual at [Humana.com/HealthySC](https://www.humana.com/HealthySC)

Contractual and Demographic Changes

As a contracted provider, notifying Humana Healthy Horizons in South Carolina of legal and demographic changes is required and ensures provider directory and claim processing accuracy. Please note: Contracted providers are required to notify Humana of changes to their TIN.

Notification of changes should be sent to:

- Medical providers – SCProviderUpdates@humana.com
- Behavioral health providers – SCBHMedicaid@humana.com

Use a standard roster or Humana Healthy Horizons in South Carolina form for the following changes:

- New providers added to group
- Providers leaving group
- Service address changes (i.e. new location, phone, fax)
- Access to public transportation
- Standard hours of operation and after hours
- Billing address updates
- Credentialing updates
- Panel status
- Languages spoken in office

Please refer to your agreement or contact your provider representative for any additional contracting questions.

Provider and Member Rights and Responsibilities

Humana Healthy Horizons in South Carolina contracted healthcare providers have a responsibility to respect our members' rights. Our members are informed of their rights and responsibilities via the member handbook.

Detailed information on provider and member rights and responsibilities can be found in the provider manual located on the Humana Healthy Horizons in South Carolina website at [Humana.com/HealthySC](https://www.humana.com/HealthySC).

Clinical



Health Services and Utilization Management

Utilization Management helps maintain the quality and appropriateness of healthcare services provided to Humana Healthy Horizons in South Carolina members.

- Provides concurrent review and discharge planning
- Promotes effective level of care based on member's individual needs
- Refers to appropriate Humana Healthy Horizons in South Carolina programs

Utilization Management

Front-end review:

- Reviews inpatient admissions for medical necessity using evidence-based clinical criteria during preauthorization or on notification of admission.
- Begins discharge planning upon notification of admission.

Concurrent review:

- Completes discharge planning assessments on members with inpatient admission.
- Conducts medical-necessity reviews using evidence-based clinical criteria for members with continued inpatient stays.
- Collaborates with member's healthcare team to maximize member's benefits and resources and identifies member's anticipated discharge planning needs.
- Conducts medical-necessity reviews using evidence based clinical criteria for post-acute level-of-care requests in collaboration with medical director.
- Identifies and refers members to internal Humana Healthy Horizons in South Carolina case management/disease management programs as appropriate.

Referrals

Primary care providers (PCPs) serve as the entry point into the healthcare system for the member. The PCP is responsible for providing primary care, coordinating care with specialty providers, authorizing hospital services and maintaining continuity of care.

PCPs should regularly screen their patients for behavioral health disorders, including substance-use disorders.

If PCPs need assistance locating appropriate behavioral health providers for members, Humana Healthy Horizons in South Carolina's case management team can assist you and the patient. A Referral to Medicaid Case Management Form and instructions for submission can be found on the provider website at [Humana.com/HealthySC](https://www.humana.com/HealthySC).

Plan members may see any participating network provider, including specialists and inpatient hospitals. Humana Healthy Horizons in South Carolina does not require referrals from PCPs to see participating specialists; however, prior authorization must be obtained for nonparticipating providers. Members may self-refer to any participating provider. PCPs do not need to arrange or approve these services for members, as long as applicable benefit limits have not been exhausted.

*Exceptions to this policy apply to members eligible for participation in the Lock-in Program.

Referrals (cont'd.)

Providers are encouraged to implement Screening, Brief Intervention and Referral to Treatment (SBIRT) best practices for all members who may be affected by a substance-use disorder:

- Screening – Use a standard screening tool to assess risks for your patient.
- Brief Intervention – Use clinical expertise to engage patients in a conversation about how risky behaviors are affecting them and develop the patient's interest in treatment.
- Referral to Treatment – Refer patient to treatment professionals who specialize in behavioral health or substance-use disorder treatment.

For more information on how to use SBIRT in your practice, please visit <https://www.integration.samhsa.gov/clinical-practice/sbirt>.

Prior Authorizations

- Humana Healthy Horizons in South Carolina requires prior authorization for certain services to facilitate care coordination and to confirm that the services are being provided according to South Carolina coverage policies.
- Member eligibility is verified when a prior authorization is issued; however, treating providers must confirm eligibility on the date of service. Humana Healthy Horizons in South Carolina is not able to pay claims for services provided to ineligible members.
- Prior authorizations are required for specific services and medications. Please see the Pharmacy section of this presentation for details on drug prior authorizations.
- Physicians and other healthcare providers should review the South Carolina Medicaid Prior Authorization List online at [Humana.com/PAL](https://www.humana.com/pal).
- Prior authorization for services, including EPSDT special services, must be obtained prior to the date of service to determine medical necessity of the request. The Provider authorization form is located at [South Carolina Medicaid Provider Prior Authorization - Humana](#).

Prior Authorizations for Medical Procedures

Prior authorization for healthcare services can be obtained by contacting the Utilization Management department online or phone:

- Visit Availity Provider Portal at [Availity.com](https://www.availity.com)
- Call 866-432-0001 and follow the menu prompts for authorization requests, depending on your need, or fax the request to 833-441-0950.

Online Authorizations

Online submission

- Fast and easy entry of authorizations through Availity
- Express entry feature
- Real-time responses
- Ability to add attachments
- Quick-print feature

Online management

- Access to last 18 months of authorization history
- Ability to update authorizations
- Status updates on submitted authorizations

**Sign into the secure Availity
Provider Portal at
[Availity.com](https://www.availity.com)**

Prior Authorization – What should be included in the request?

When requesting authorization, please provide the following information:

- Member/patient name and Humana Healthy Horizons in South Carolina member ID number
- Provider name, National Provider Identifier (NPI), Tax Identification Number (TIN) and contact information for ordering/servicing providers and facilities
- Anticipated date of service
- Diagnosis code and narrative
- Procedure, treatment or service requested
- Number of visits or units of service requested, if applicable
- Reason for referring to an out-of-plan provider, if applicable
- Clinical information to support the medical necessity of the service, including a current treatment plan and assessments (if applicable)
- If the request is for inpatient admission for elective, urgent or emergency care, please include admitting diagnosis, presenting symptoms, plan of treatment, clinical review and anticipated discharge needs
- If inpatient surgery is planned, please include the date of surgery, surgeon and facility, admit date, admitting diagnosis and presenting symptoms, plan of treatment, all appropriate clinical review and anticipated discharge needs
- If the request is for outpatient surgery, please include the date of surgery, surgeon and facility, diagnosis and procedure planned and anticipated discharge needs

Prior Authorization – Determination Time Frames

Standard determination

- Notice of decision as expeditiously as the member's health condition requires, but no later than 14 calendar days following receipt of the request for service.

Expedited determination

- When a provider indicates, or Humana Healthy Horizons in South Carolina determines, that following the standard time frame could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum function, Humana Healthy Horizons in South Carolina will complete an expedited authorization decision within 72 hours and provide notice as expeditiously as the member's health condition requires. Please specify if you believe the request should be expedited.

Retrospective Review

Humana Healthy Horizons in South Carolina only allows for a retrospective authorization submission after the date of service when a prior authorization is required but not obtained in the following circumstances:

- The service is directly related to another service for which prior approval was obtained and the service already was performed.
- The new service was not needed at the time the original prior-authorized service was performed.
- The need for the new service was determined at the performance of the original prior-authorized service.
- Humana Healthy Horizons in South Carolina-covered patients who are determined to be retroactively eligible for Medicaid. (Retroactive Medicaid coverage is defined as a period of time up to three months prior to the application month.)
- Exception: An authorization obtained prior to a member transitioning from another managed care organization to Humana Healthy Horizons in South Carolina will be upheld for the remainder of that prior-authorization approval time period.

Retrospective Review

Please fax retro-authorization requests to 883-441-0950. The following documentation must be included:

- Patient name and Humana Healthy Horizons in South Carolina ID number
- Authorization number of the previously authorized service for the related request
- All supporting documentation related to the service

Members with Special Healthcare Needs

When a new/transitioning member is actively receiving medically necessary covered services from the previous MCO:

- Humana Healthy Horizons in South Carolina provides continuation/coordination of medically necessary covered services for up to 90 calendar days or until the member may be reasonably transferred without disruption, whichever is first.
- Humana Healthy Horizons in South Carolina may require prior authorization for continuation of the services beyond 90 calendar days; however, under these circumstances, authorization is not denied solely on the basis that the provider is not contracted with Humana.
- Continuity-of-care process information is available at [Humana.com/HealthySC](https://www.humana.com/HealthySC).

Transitioning During Pregnancy

- First trimester: Humana Healthy Horizons in South Carolina covers the costs of continued medically necessary prenatal care, delivery and postnatal care services without prior authorization and, regardless of the provider's contract status, until Humana Healthy Horizons in South Carolina can safely transfer the member to a network provider without impeding service delivery.
- Second and third trimesters: Humana Healthy Horizons in South Carolina covers the costs of continued access to the prenatal care provider (even if the provider is not contracted) for 60 calendar days post-partum, provided the member remains covered through Humana Healthy Horizons in South Carolina, or referral to a safety-net provider if the member's eligibility terminates before the end of the post-partum period.

Transitioning During Pregnancy (cont'd.)

Medically necessary services covered by the previous MCO in addition to, or other than, prenatal services:

- Humana Healthy Horizons in South Carolina temporarily covers the costs of continuation of such medically necessary services.
- After 90 days, Humana Healthy Horizons in South Carolina may require prior authorization for continuation of services, but authorization is not denied at that point solely due to a provider's contract status.
- Humana Healthy Horizons in South Carolina may continue services uninterrupted for **up to 90 calendar days or until the member may be reasonably transferred without disruption, whichever is less.**
- Continuity of care process information is available at [Humana.com/HealthySC](https://www.humana.com/HealthySC).

Access to Care Requirements

- Providers must offer hours of operation that are no less than the hours of operation offered to commercial members or comparable to Medicaid fee-for-service, even if the provider serves only Medicaid managed care members.
- Providers are required to ensure all services included in the contract are made available 24 hours a day, seven days a week when medically necessary.
- Providers must maintain formalized relationships with other PCPs to refer members for after-hours care, during certain days, for certain services and other reasons to extend the hours of services of their practice.
- An after-hours telephone number must be provided to all members. The after-hours number must connect the member to an answering service, a call center or a recording that directs the caller to another number to reach you or your designated medical practitioner for answering calls.
- Members should be triaged and provided appointments for care within the time frames listed on the following slide.

Access to Care Requirements (cont'd.)

Primary care providers

Patients with:	Should be seen:
Emergency needs	Immediately on presentation
Urgent care	Within 48 hours of a request
Routine care needs	Within four to six weeks of member's request
Walk-in members with non-urgent needs	Should be seen if possible or scheduled for an appointment consistent with written scheduling procedures

Non-PCP specialists

Patients with:	Should be seen:
Emergency needs	Immediately on receiving referral for emergent specialty visit
Urgent care	Within 48 hours of referral or notification from PCP
Routine care needs	Within four weeks of member's request and a maximum of 12 weeks for unique specialists

Access to Care Requirements (cont'd.)

Behavioral health providers

Patients with:	Should be seen:
Emergency care	Immediately on receiving referral for emergent visit
Urgent care	Within 48 hours of referral or notification from PCP
Routine office visit	Within four weeks of member's request and a maximum of 12 weeks for unique specialists

Interpretation/Translation Services

All providers are required to abide by federal and state regulations related to sections 504 and 508 of the Rehabilitation Act, Americans with Disabilities Act (ADA), Executive Order 13166 and Section 1557 of the Affordable Care Act (ACA), in the provision of effective communication, including:

- In-person or video-remote interpretation for deaf patients and over-the-phone interpretation with a minimum 150 languages available for non-English speakers
- Such services are provided at no cost to the member, per federal law

Preventive Health Service and Clinical Practice Guidelines

These clinical treatment protocols are systematically developed statements that help providers and members make decisions regarding appropriate healthcare for specific clinical circumstances or for specific age ranges. We strongly encourage providers to consider and use these guidelines whenever they promote positive health outcomes for their patients.

Humana Healthy Horizons in South Carolina uses the guidelines to measure the impact of quality care and monitors provider implementation of guidelines through the use of claim, pharmacy and utilization data.

Preventive health guidelines and clinical practice guidelines are distributed to all new and existing providers via the following formats:

- Provider manual updates at [Humana.com/HealthySC](https://www.humana.com/HealthySC)
- Provider website at [Humana.com/provider/medical-resources/clinical/guidelines](https://www.humana.com/provider/medical-resources/clinical/guidelines)

Care Management Overview

Care Management:

Humana Healthy Horizons in South Carolina manages and coordinates care for members with special healthcare needs who require ongoing care management/chronic condition management. Outreach frequency is determined by individual member needs, preferences and risk level.

Humana Healthy Horizons in South Carolina includes the following steps in its care management:

- Identifies members through referrals from on-site/telephonic UM nurses, PCPs, specialists, member self-referral, health needs assessment, predictive model algorithms, post-discharge assessments, etc.
- Obtains members' permission/agreement to participate. (Members may opt out at any time.)
- Completes a comprehensive assessment incorporating physical and behavioral health as well as social determinants of health.
- Identifies key members of members' interdisciplinary care team and engages the PCP.
- Creates an individualized comprehensive care plan with the member and works toward identified goals.
- Makes available the individualized care plan to providers by contacting Humana Healthy Horizons in South Carolina.
- More information is available at [Humana.com/HealthySC](https://www.humana.com/HealthySC).

Care Management Functions

Care Management:

Humana Healthy Horizons in South Carolina manages and coordinates care for members with special healthcare needs who require ongoing care management/chronic condition management. Outreach frequency is determined by individual member needs, preferences and risk level.

Humana Healthy Horizons in South Carolina also:

- Identifies triggers for ER visit/admission and partners with members and their healthcare providers to prevent/reduce ER visits and unplanned inpatient admissions
- Addresses HEDIS measures for members' gap reports or alerts on file
- Refers to internal and external programs and community resources as needed (e.g., maternal health program, smoking cessation, food pantry resources, etc.)
- Coordinates and participates in interdisciplinary team meetings to identify the best course of action for improved outcomes based upon member needs
- Educates members on disease process, self-care and value-added benefits, such as vision and dental coverage
- Supports and reinforces medical provider instructions and facilitates appointment scheduling and attendance post discharge to support members transitioning from inpatient to home or community setting.

Discharge Supports

Case Management:
When inpatient discharge notes indicate need for a Medicaid member, Humana Healthy Horizons in South Carolina's Case Management collaborates with multiple areas to coordinate care.

- Referrals from utilization management (UM) nurses following discharge, PCPs, specialists, self-referral, internal/external programs, community partners, etc.
- Educates members on disease process, self-care and value-added services
- Completes post-discharge or post-ER visit telephonic outreach within three days of discharge (when applicable)
- Identifies gaps in care, addresses post-discharge needs and assists in making follow-up appointment(s) with PCP and specialists

Care Management Tools

To support our population health initiatives, providers are encouraged to refer members with a need you have identified through your evaluation process to our care management program by sending an email to SCMCDCareManagement@humana.com with “Case Management Referral” in the subject line. Providers should encourage members to utilize Humana Healthy Horizons in South Carolina’s population health tools:

- Go365®: Humana’s wellness and rewards program, Go365 incorporates practices of behavioral economics and encourages members to complete healthy activities, including preventive exams and the completion of the health risk assessment (HRA). The custom Medicaid Go365 mobile app provides an experience designed to specifically meet the needs of our South Carolina Medicaid members. On completion of key activities, participants can earn and redeem gift cards to popular retailers, such as Walmart, CVS and Amazon, which are delivered to the member via email or mail.
- MCG provides access to evidenced-based knowledge and education in multiple care settings. Our care managers will have in-depth training to maximize these tools and provide our members with disease-specific education and resources to maintain and improve their health.
- KidsHealth®: A library of video modules and written content on pediatric BH and physical health conditions. KidsHealth content is designed to be accessible and readable by children, adolescents and adults, enabling younger members to play a role in the self-management of their condition.
- Healthwise®: Provides disease-specific education and self-management support in an easy-to-read format. It is available across priority conditions and follows current clinical practice guidelines (CPG). Our care managers (CMs) use the Healthwise database to deliver condition-specific content to our members.

Chronic Condition Management

Goal

Empower members with chronic conditions through education and development of self-management skills that foster treatment plan compliance and better health outcomes.

Overview

- Participation is voluntary and members may opt out at any time.
- Referrals received from claims data, on-site/telephonic nurses after discharge, PCPs, self-referral, internal/external programs, community partners, etc.
- Assessment includes health history, cognitive/psychological/depression screening, medication review, diet compliance.
- Creates an individualized education plan based on member needs.
- Care manager coordinates care to meet identified needs and works with member to set agreed-upon contact frequency and cadence.
- Educates members about disease process, self-care and value-added benefits, such as vision and dental coverage. Refers to internal and external programs and community resources as needed (e.g., maternal health program, smoking cessation, food pantry resources, etc.).
- More information is available at [Humana.com/HealthySC](https://www.humana.com/HealthySC)

Member Incentive Programs

- Member incentive programs are healthy behavior programs designed to help members live a healthier lifestyle and maintain health.
- For incentive details, please see Section 5 of this document, Humana Healthy Horizons in South Carolina Added Benefits.
- Members can call Humana Healthy Horizons in South Carolina Member Services phone number on the back of their ID card to learn how to enroll in incentive programs and find out more.

Maternal Health and Transition Programs

Moms First

- All pregnant members are eligible to join our maternity CM program, Moms First. Through Moms First, our members receive registered nurse-led maternity CM services that are tailored to their acuity level. Moms First assists members with the following:
 - Development and adherence of treatment plans for high-risk members
 - Resources and support for substance abuse or mental health concerns
 - Referrals to community based programs and resources
- Manages prenatal and postpartum members from onset of pregnancy up to eight weeks post-partum or eligibility loss
- Facilitates care coordination with internal and external programs

Claims Processing



Electronic Claim Submission

Claims clearinghouses*

• Availity	Availity.com	800-282-4548
• Change Healthcare	Changehealthcare.com	800-792-5256
• TriZetto	Trizettoprovider.com	800-556-2231
• McKesson	McKesson.com	800-782-1334
• SSI Group	Thessigroup.com	800-820-4774

*Some clearinghouses and vendors charge a service fee. Contact the clearinghouse for more information.

Resources

- Go to [Humana.com/ClaimResources](https://www.humana.com/ClaimResources)
- Choose “Claims and encounter submission”

Humana payer IDs

- 61101 for fee-for-service claims
- 61102 for encounter claims

Paper Claim Submission

Paper claims mailing address:

Humana Claims Office

P.O. Box 14601

Lexington, KY 40512-4601

Paper encounters mailing address:

Humana Encounters

P.O. Box 14605

Lexington, KY 40512-4605

Importance of Encounter Submissions in Medicaid

Encounters identify members who received services:

- Decrease the need for medical record review during Healthcare Effectiveness Data and Information Set (HEDIS®) audits
- Critical to future implementation of Medicaid Risk Adjustment
- Help identify members receiving preventive screenings and decreases members listed in gaps-in-care (GAP) reports

How to Avoid Claims Submissions Errors

Common reasons for rejection or denial:

- Providers submitting an incorrect NPI/ZIP code/taxonomy code
- Encounters missing NPI/ZIP code/taxonomy code.
- Providers submitting encounters **without** a billing/rendering/referring/ordering NPI or one that is **not enrolled/registered** for Medicaid with SCDHHS
- Providers submitting encounters with zero-dollar billed charges
- Providers submitting with a claim form (1500/UB04) that is not appropriate for their registered provider type
- Providers not submitting the correct encounter payer ID

How to avoid these errors:

- Confirm the provider information submitted exactly matches the provider information as it is registered with SCDHHS and in accordance with the services provided (e.g., NPI, Medicaid number, taxonomy code, ZIP + 4, provider specialty code, provider type code).
- Ensure that billing/rendering/referring/ordering NPIs on the claim are correct and are enrolled/registered with Medicaid and Kentucky DMS.
- If provider has a one-to-one NPI/Taxonomy on the state's Master Provider List, a taxonomy code is NOT required on the claim.
- Ensure billed amounts are not zero dollars (i.e., providers must submit billed charges).



Timely Filing

- Claims, including corrected claims, must be submitted within 365 calendar days of the date of service or discharge.
- Delegated encounter claims should be filed with the plan within five calendar days from the date of adjudication by the delegate.
- Claims timely filing and Healthcare Effectiveness Data and Information Set (HEDIS):
 - Providers are required to timely file their claims/encounters for all services rendered to members. Timely filing is an essential component reflected in Humana Healthy Horizons in South Carolina's HEDIS reporting and ultimately can affect how a plan and its providers are measured in member preventive care and screening compliance.

Visit [Humana.com/MakingItEasier](https://www.humana.com/MakingItEasier) for more information on claims and payment processes.

Claims Payment: Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)



Receive Humana Healthy Horizons in South Carolina payments via direct deposit into the bank account of your choice.



Receive HIPAA-compliant ERA transactions.



Get paid up to seven days faster than via mail.



Have remittances sent to your clearinghouse or view them online.



Reduce the risk of lost or stolen checks.



Reduce paper mail and time spent on manual processes.

Learn more, including how to enroll, at [Humana.com/ePaymentInfo](https://www.humana.com/ePaymentInfo).

Additional Assistance with ERA/EFT Setup

Contact us if your organization needs:



Payments deposited in **more than one bank account.**



Separate remittance information for different providers or facilities.



ERA/EFT setup for **multiple provider groups, facilities and/or individuals.**

You can reach Humana Healthy Horizons in South Carolina Provider Service at 866-432-0001.

Balance Billing

Per Humana Healthy Horizons in South Carolina Provider Manual:

- **Services that are not medically necessary:** The provider agrees that, in the event of a denial of payment for services rendered to members determined by Humana Healthy Horizons in South Carolina not to be medically necessary, the provider shall not bill, charge, seek payment nor have any recourse against the member for such services.

Humana Healthy Horizons in South Carolina Provider Manual and other provider communications can be found at [Humana.com/HealthySC](https://www.humana.com/HealthySC).

Visit [Humana.com/MakingItEasier](https://www.humana.com/MakingItEasier) for more information on claims and payment processes.

Electronic Health Records



Electronic Health Records (EHRs)

An EHR is a digital version of a patient's paper chart. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users. While an EHR does contain the medical and treatment histories of patients, an EHR system is built to go beyond standard clinical data collected in a provider's office and can be inclusive of a broader view of a patient's care.

Electronic Health Records (cont'd.)

Advantages of EHRs:

EHRs and the ability to exchange health information electronically can help you provide higher quality and safer care for patients while creating tangible enhancements for your organization. EHRs help providers better manage care for patients and provide better healthcare by:

- Providing **accurate, up-to-date and complete information about patients** at the point of care
- Enabling quick access to patient records for more **coordinated, efficient care**
- **Sharing electronic information** securely with payers, patients and other clinicians
- Helping providers more effectively **diagnose patients, reduce Medicaid errors and provide safer care**

Electronic Health Records (cont'd.)

Advantages of EHRs:

- Improving payer, patient and provider interaction and communication, as well as **healthcare convenience**
- Enabling safer, **more reliable prescribing**
- Helping promote **legible, complete documentation** and accurate, streamlined coding and billing
- Enhancing **privacy and security** of patient data
- Helping providers **improve productivity** and **work-life balance**

Member Grievance and Appeals and Provider Disputes



Provider Education

- Find member grievance and appeals (G&A) information in the Humana Healthy Horizons in South Carolina member handbook and the provider manual; both can be found at [Humana.com/HealthySC](https://www.humana.com/HealthySC).
- Humana Healthy Horizons in South Carolina has a no-wrong-door policy for submission:
 - Member appeals can be submitted verbally, via telephone or online, etc.
 - Member appeals are handled in accordance with South Carolina regulations
- For more information, talk to your provider engagement representative.

What Happens When Humana Healthy Horizons in South Carolina Receives a Grievance

- Humana Healthy Horizons in South Carolina acknowledges within five business days the receipt of each grievance to the individual filing the grievance.
- The investigation and final resolution for standard grievances are completed within 90 calendar days.
- What happens if additional time is needed?
 - If additional information and time to resolve the grievance is needed, and it is in the member's best interest for us to receive that information, Humana Healthy Horizons in South Carolina will request a 14-calendar-day extension to resolve the matter.

What Happens When Humana Healthy Horizons in South Carolina Receives an Appeal

- Humana Healthy Horizons in South Carolina acknowledges within five business days the receipt of each appeal.
- For all standard appeals, Humana Healthy Horizons in South Carolina provides written notice of resolution within the 30-calendar-day time frame.
- What happens if additional time is needed?
 - If additional information and time to resolve the appeal is needed, and it is in the member's best interest for us to receive that information, Humana Healthy Horizons in South Carolina will request a 14-calendar-day extension to resolve the matter.

Expedited Appeal

- Humana Healthy Horizons in South Carolina acknowledges expedited grievances and appeals within 24 hours the receipt of each appeal.
- Expedited appeals may be requested on behalf of the member and are resolved within 72 hours of the initiation of the expedited appeal process for members.
- What happens if additional time is needed?
 - If additional information and time to resolve the appeal is needed, and it is in the member's best interest for us to receive that information, Humana Healthy Horizons in South Carolina will request a 14-calendar-day extension to resolve the matter.

State Fair Hearing

- Providers or an authorized representative may request an appeal, file a grievance or request a state fair hearing on behalf of a member, with written consent. However, providers cannot request continuation of benefits.
- If a member or authorized representative has exhausted Humana's appeal process, he/she may request a state fair hearing no later than 120 calendar days from the date of the notice of resolution.

Provider Disputes

Humana Healthy Horizons in South Carolina investigates provider disputes within the framework of its written policies and procedures, while also applying applicable statutory, regulatory, contractual and provider contract provisions.

- Disputes must be received within 30 calendar days from the receipt of notice of an Adverse Action.
- A status letter is sent within 30 days of receipt of a provider dispute. Humana Healthy Horizons in South Carolina and/or the provider can request an additional 15 calendar days if additional information and time are needed to resolve the dispute.

Disputes (cont'd.)

- Disputes can be filed for the following situations:

- One member/claim
- One member and multiple claims
- Consolidated list of multiple members and claims when the claims involve identical or similar issues

How to file:

<u>Verbally</u> Call: 866-432-0001 In person: <ul style="list-style-type: none">• Meet with Humana staff• Visit a Humana South Carolina office	<u>In writing</u> Mail: Humana Healthy Horizons in South Carolina Provider Disputes P.O. Box 14601 Lexington, KY 40512-4601 Email: SCMCDProviderDispute@humana.com	<u>Provider Portal</u> Complete Claims Status application on Availity.com
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Quality



Quality Assurance and Performance Improvement (QAPI) Program

The QAPI program monitors, evaluates and facilitates improvement in the quality of healthcare services provided to the entire member population. Humana Healthy Horizons in South Carolina's Population Health Management (PHM) strategy is demonstrated through the QAPI program.

The QAPI program is an integrated program. Focus areas include, but are not limited to:

- Quality monitoring
- Performance measurement
- Community partnerships
- Collaboration with national organizations
- Cultural competency training and language support
- Access to web-based educational information
- Safety programs
- Data and information sharing, value-based relationships with providers
- Bold Goal initiatives, including social determinants of health (SDOH) programs
- Provider engagement programs

Quality Improvement Requirements

Humana Healthy Horizons in South Carolina monitors and evaluates provider quality and appropriateness of care and service delivery to members using the following methods:

- **Performance improvement projects (PIPs)** – Ongoing measurements and interventions which demonstrate significant improvement in the quality of care and service delivery sustained over time, in both clinical and nonclinical care areas, that have a favorable effect on health outcomes and member satisfaction.
- **Medical Record reviews** – Medical records may be requested for many reasons, including quality investigations, external quality review organization (EQRO) request, HEDIS review, and quality assurance.* Your contract requires that you furnish member medical records to us for this purpose. These reviews are a permitted disclosure of a member's personal health information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA). The reviewers protect member information from unauthorized disclosure and ensure all HIPAA guidelines are enforced.

*Please reference the "Additional Training and Provider Responsibilities" section for more information on medical record requirements

Quality Improvement Requirements (cont'd.)

- **Performance measures** – Data collected on patient outcomes as defined by HEDIS or otherwise defined by the agency.
- **Surveys** – Consumer Assessment of Healthcare Providers and Systems (CAHPS), provider satisfaction, behavioral health surveys and special surveys to support quality/performance improvement initiatives.
- **Peer review** – Review of provider's practice methods and patterns to determine appropriateness of care.

External Quality Review Organization (EQRO)

Humana Healthy Horizons in South Carolina providers are required to participate in periodic medical record reviews. The state of South Carolina may retain an EQRO to conduct medical record reviews for Humana Healthy Horizons in South Carolina members. You may periodically receive requests from Humana Healthy Horizons in South Carolina for a review.

- Your contract with Humana Healthy Horizons in South Carolina requires that you furnish member medical records to us for this purpose.
- EQRO reviews are a permitted disclosure of a member's personal health information in accordance with the HIPAA.
- Medical chart organization and documentation information is available in Humana Healthy Horizons in South Carolina Provider Manual.

Quality Improvement Resource

Providers have access to a multitude of resources online, including:

- HEDIS resources
- CAHPS information
- Behavioral health guidelines
- Clinical practice guidelines

Providers are encouraged to use our population health programs to help members achieve their best health. Please refer members experiencing medical, behavioral health, substance-use disorder and/or social determinant of health needs.

More quality resources are available at [Humana.com/provider/medical-resources/clinical/quality-resources](https://www.humana.com/provider/medical-resources/clinical/quality-resources).

Quality Assurance and Performance Improvement (QAPI) Requirements

Healthcare providers may obtain a written QAPI program description by calling Provider Services at **866-432-0001**. We welcome healthcare practitioners' input regarding our QAPI program.

More quality resources are available at [Humana.com/provider/medical-resources/clinical/quality-resources](https://www.humana.com/provider/medical-resources/clinical/quality-resources).

Advance Medical Directives

PCPs have the responsibility to discuss advance medical directives at the first medical appointment with adult members who are 18 or older and who are of sound mind. The discussion should:

- Be charted in the permanent medical record of the member.
- Include a copy of the advance medical directive in the member's medical record inclusive of other mental health directives.

Information on advance medical directives is included in the Humana Healthy Horizons in South Carolina's Provider Manual located at [Humana.com/HealthySC](https://www.humana.com/HealthySC).

Member Medical Record Requirements

- Humana Healthy Horizons in South Carolina requires that all network providers and subcontractors maintain individual medical records for each Medicaid MCO member.
- Providers are responsible for ensuring that all member medical records are accurate, legible and safeguarded against loss, destruction or unauthorized use, and are maintained in an organized fashion for all individuals evaluated or treated, accessible for review and audit.
- Such records shall be readily available to the SCDHHS and/or its designee and contain all information necessary for the medical management of each enrolled Medicaid MCO member.
- Procedures also must exist to facilitate the prompt transfer of patient care records to other in- or out-of-plan providers.

Member Medical Record Requirements

1. The plan ensures that its network of providers maintain member medical records on paper or in an electronic format that are timely, legible, current, detailed and organized to permit effective and confidential patient care and quality review
2. Complete medical records include, but are not limited to:
 - Medical charts
 - Prescription files
 - Hospital records
 - Provider specialist reports
 - Consultant and other healthcare professionals' findings
 - Appointment records
 - Other documentation sufficient to disclose the quantity, quality, appropriateness and timeliness of services provided under the contract
3. The medical record shall be signed by the provider of service
4. The member's medical record is the property of the healthcare provider who generates the record.
 - However, members have the right to request and receive a copy of their medical records and request that they be amended or corrected.
 - Medical records generally are preserved and maintained by the provider for a minimum of five years, unless federal requirements mandate a longer retention period (e.g., immunization and tuberculosis records are required to be kept for a person's lifetime).

Member Medical Record Requirements (cont'd.)

5. The plan ensures that the PCP maintains a primary medical record for each member, which contains sufficient medical information from all providers involved in the member's care, to ensure continuity of care.
6. The medical record organization and documentation must contain, at a minimum, the following:
 - a. Patient name, Medicaid identification number, age, sex and places of residence and employment and responsible party (parent or guardian)
 - b. Ensure that health records or other appropriate documentation for each member substantiate the need for services, include all findings and information supporting medical necessity and justification for services, and detail all treatment provided.
 - c. Services provided, date of service, service site, and name of service provider
 - d. Medical history, diagnoses, prescribed treatment and/or therapy, and drug(s) administered or dispensed. The health record shall commence on the date of the first patient examination.
 - e. Referrals and results of specialist referrals
 - f. Documentation of emergency and/or after-hours encounters and follow-up
 - g. Signed and dated consent forms
 - h. Record of immunization status in pediatric records (i.e., patients younger than 19)

Member Medical Record Requirements (con't.)

- h. Documentation of advance directives, if completed
- i. The documentation for each visit must include:
 - Date
 - Purpose of visit
 - Diagnosis or medical impression
 - Objective finding
 - Assessment of patient's findings
 - Plan of treatment, diagnostic tests, therapies and other prescribed regimens
 - Medications prescribed
 - Health education provided
 - Signature and title or initials of the provider rendering the service
 - If more than one person documents in the medical record, there must be a record on file as to what signature is represented by which initials.

Reporting of Communicable Diseases

- PCPs are expected to report instances of tuberculosis and other communicable diseases to South Carolina Department of Health and Environmental Control for clinical management, treatment and direct observed therapy
 - Contact the local public health department serving the county in which the member resides
 - Provides a range of primary and secondary preventions services
 - Coordinates communicable disease control services
 - Required reporting of both positive and negative test results for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19

PCP Quality Recognition Programs

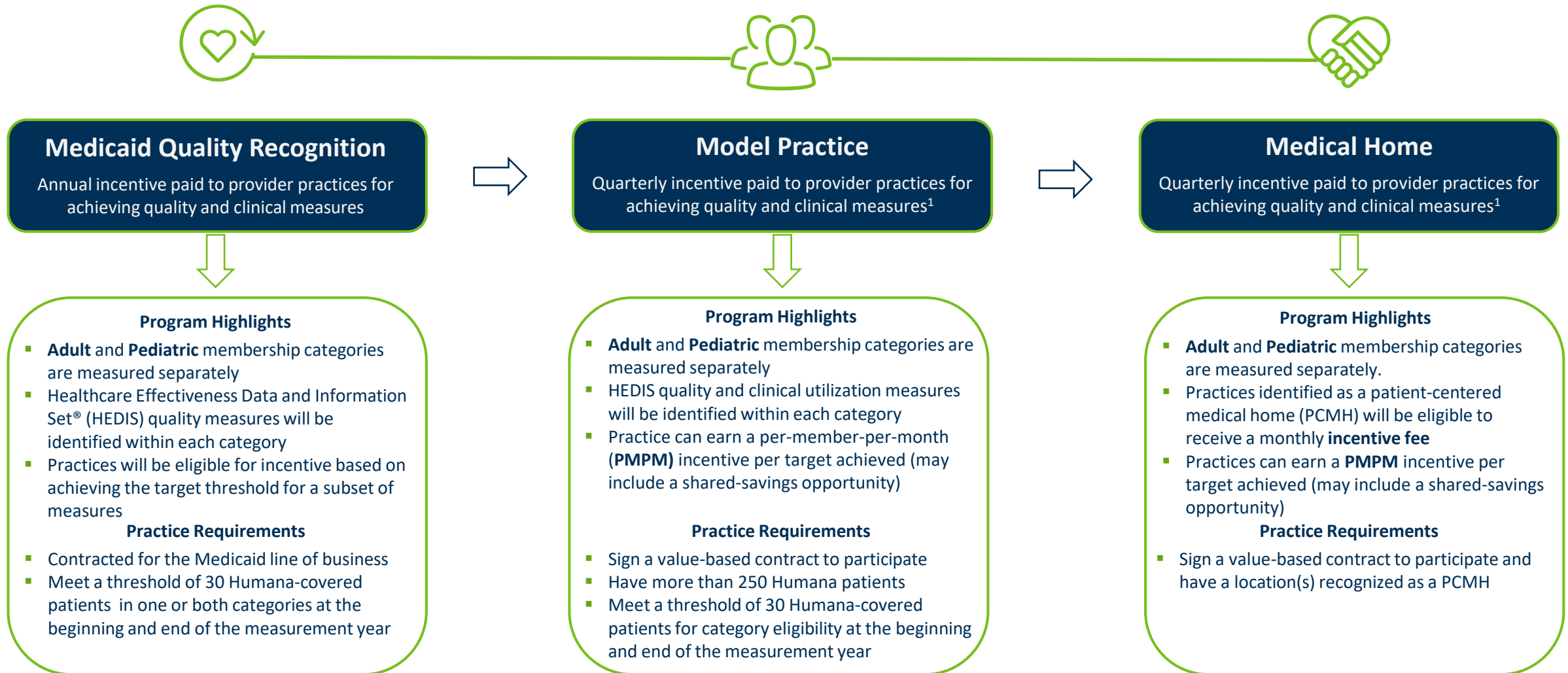


PCP Recognition Programs

Humana Healthy Horizons in South Carolina is committed to lowering costs and improving care in the communities we serve. We utilize value-based programs that allow primary care providers to earn financial incentives based on quality and clinical outcomes. The programs are designed based on the provider's panel size and engagement. The programs are reviewed and reimbursed annually. Annual payments are made one quarter in arrears to allow for reporting/data collection.

Humana Healthy Horizons™

Primary Care Provider (PCP) Quality Recognition Programs South Carolina



¹Measurement year 2022 program will be administered annually.
Humana Healthy Horizons in South Carolina is a Medicaid Product of Humana Benefit Plan of South Carolina Inc.

Provider Training Requirements



Additional Training Requirements

- Providers must complete additional annual required compliance training on the following topics:
 - General compliance and fraud and abuse
 - Cultural competency
 - Health, safety and welfare (abuse, neglect and exploitation)
 - Others as required
- These trainings can be located on the following secure provider websites:
[Humana.com/ProviderCompliance](https://www.humana.com/providercompliance) and [Availity.com](https://www.availity.com).
- **Be sure to complete the Medicaid Partner Training Attestation form to ensure completion is documented.**

Fraud, Waste and Abuse



Fraud, Waste and Abuse (FWA) Reporting Requirement and Reporting Options

Anyone who suspects or detects an FWA violation is required to report it either to Humana Healthy Horizons in South Carolina or within his/her respective organization, which then must report it to Humana Healthy Horizons in South Carolina via the following methods:

- **Telephone:**
 - Special Investigations Unit (SIU) Direct Line: 800-558-4444 (Monday through Friday, 8 a.m. to 4 p.m. Eastern time)
 - Special Investigations Unit Hotline: **800-614-4126** (24/7 access)
 - Ethics Help Line: 877-5-THE-KEY (877-584-3539)
- **Email:** SIUReferrals@humana.com or ethics@humana.com
- **Web:** [EthicsHelpline.com](https://www.humana.com/ethics)

All information will be kept confidential.

Entities are protected from retaliation under 31 U.S.C. 3730 (h) for False Claims Act complaints. Also, Humana has a zero-tolerance policy for retaliation or retribution against any person who reports suspected misconduct.

FWA Reporting Information (cont'd)

You can send an alert to South Carolina's Department of Health and Human Services for investigation:

- Email: fraudres@scdhhs.gov
- Hotline phone number: 888-364-3224

Or write the Office of the Inspector General:

Office of the Inspector General

111 Executive Center Drive, Suite 204

Columbia, SC 29210-8416

False Claims Act

- The False Claims Act also permits a person with knowledge of fraud against the U.S. government to file a lawsuit (plaintiff) on behalf of the government against the person or business that committed the fraud (defendant).
- Individuals who file such suits are known as “whistleblowers.” If the action is successful, the plaintiff is rewarded with a percentage of the recovery. Retaliation against individuals for investigating, filing or participating in a whistleblower action is prohibited.

Liability (31 U.S.C. 3729(a)(1) and (a)(3)): Liability for the foregoing acts includes:

- A civil penalty of \$5,000 – \$10,000
- Three times the amount of damages which the government sustains because of that act
- A person or company who violates the False Claims Act is also liable to the government

Compliance Policy for Contracted Healthcare Providers and Third Parties

(31 U.S.C. §§ 3729-3733)

Links to the previously mentioned provisions of this act are listed within Humana’s Compliance Policy for Contracted Healthcare Providers and Business Partners, which is available at [Humana.com/fraud](https://www.humana.com/fraud).

Web Resources



Provider Website – Public

[Humana.com/HealthySC](https://www.humana.com/HealthySC)

- Health and wellness programs
- Clinical practice guidelines
- Provider publications (including the provider manual)
- Pharmacy services
- Claim resources
- Quality resources
- What's new

For questions about and assistance with the Humana.com sites, please call Provider Services at **866-432-0001**.

Provider Orientation and Training Revisions

This provider orientation and training document is reviewed and updated at least once a year. Orientation updates include, but are not limited to, the following:

- New or revised policy and procedures and administrative clinical practices
- Modifications to existing services
- New or amended Medicaid policies and procedures, including state and federal mandates

Updated versions of the Provider Orientation and Training document are posted on the South Carolina Medicaid provider website at [Humana.com/HealthySC](https://www.humana.com/HealthySC).

Working with Humana Healthy Horizons in South Carolina Online?

Use the Multipayer Availity Provider Portal

Availity Provider Portal is Humana Healthy Horizons in South Carolina's preferred method for online transactions.

- ✓ Use one consistent site to work with Humana and other payers
- ✓ Check eligibility and benefits
- ✓ Submit referrals and authorizations
- ✓ Submit claims and ~~manage~~ check claim status
- ✓ Use Humana-specific tools
- ✓ Submit disputes

About Availity

- Cofounded by Humana
- Humana Healthy Horizons in South Carolina's clearinghouse for electronic transactions (EDI) with providers

How to register

- Go to **Availity.com** and click the Register button

Join us for training session

- Visit Humana.com/ProviderWebinars to learn about training opportunities and reserve your space.

Questions

- Availity help with registration and tools: Call 800-AVAILITY (800-282-4548)
- Questions for Humana Healthy Horizons in South Carolina: Call Provider Services at 866-432-0001

Helpful Numbers



Behavioral health crisis line

For members experiencing a behavioral health crisis, South Carolina has a statewide behavioral response network that operates 24 hours a day, seven days a week, year-round through their Community Crisis Response and Intervention (CCRI) Access Line at **833-364-2274**.

Emergency mental health conditions include:

- Those that create a danger to the member or others
- Those that render the member unable to carry out actions of daily life due to functional harm
- Those resulting in serious bodily harm that may cause death

Once a member is directed to the most appropriate resource, we work with those providers to authorize services and ensure continuity of care for the member.

Humana Numbers

Humana Healthy Horizons in South Carolina's interactive response line (IVR):

866-432-0001

- Provider and Member Services
- Prior-authorization (PA) assistance for medical procedures and medication billed as medical claim
- Utilization Management – Medical and behavioral health inquiries
- Medicaid care management chronic condition management

Medication intake team (prior authorization for medications administered in medical office): 866-461-7273

Prior authorization for pharmacy drugs: 800-555-2546

**Humana Pharmacy Solutions (mail order for maintenance medications):
800-379-0092**

Specialty pharmacy: 800-486-2668

Helpful Numbers (cont'd.)

Pharmacy Help Desk: 800-865-8715

Member 24-hour nurse advice line: 877-837-6952

Behavioral health crisis line: 833-801-7355

Availity customer service/tech support: 800-282-4548

**Ethics and compliance concerns: 877-5 THE KEY
(877-584-3539)**

Reporting Medicaid Fraud: 800-614-4126

Information about arranging interpretation services for member appointments: 877-320-1235

Humana

Healthy Horizons™
in South Carolina