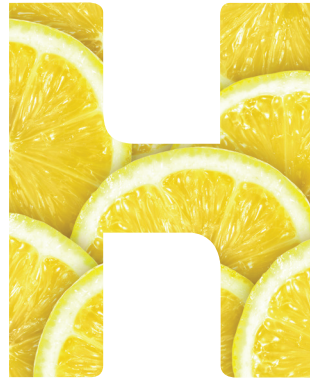
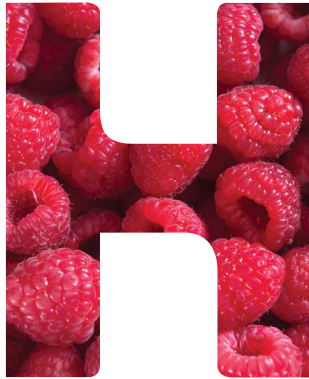


# Humana Health Plan 2020

## Kentucky Medicaid Member Handbook



Humana®

<b>Customer Care</b>	1-800-444-9137, TTY: 711
<b>Online</b>	[ <a href="http://www.humana.com">www.humana.com</a> ]
<b>Transportation</b>	1-888-941-7433
<b>Mail</b>	Humana [P.O. Box 14546 Lexington, KY 40512-4546]

## Hours of Service

Customer Care is open 7am to 7pm, Monday through Friday. After business hours, or when our office is closed, you can reach us by:

- Choosing an option from our phone menu that meets your needs
- Sending an email through our website, at [[www.humana.com](http://www.humana.com)] and fill out the “Contact Us” form.

**We want to hear what you think of us.** If you have ideas about how we can improve or ways we can serve you better, please let us know. Your feedback is important. We want you to be a happy and healthy member.

## Your Personal Information

\_\_\_\_\_  
My Member ID number

\_\_\_\_\_  
My Primary Care Provider (PCP)

\_\_\_\_\_  
My PCP's Phone Number



## You are now a member of Humana, welcome!

Thank you for joining Humana! We are happy to have you as a member. Our main goal is to keep you healthy and we aim to keep it simple for you. We know that the health care system can be complicated. This handbook has everything you need to know about your health care plan.

Humana is a managed care health plan serving the Commonwealth. This handbook will answer many of your questions. Please take time to read it and keep it in case you need to look something up.





# WORDS TO KNOW

**Advance Directives** – Legal papers you create and sign in case you become seriously ill or if you want to name a Health Care Surrogate. These documents let your doctor and others know how you want to be treated if you get very sick and cannot speak for yourself

**Appeal** – A statement from you saying you are unhappy with a decision or action taken by Humana and requesting reconsideration of a decision or action.

**Appointment** – A visit you set up to see a provider.

**Authorized Representative** – A person the member allows in writing to make his or her health-related decisions.

**Benefits** – What is covered by Humana

**Care Management** – A process for Humana to assign someone to help you get the care you need.

**Claim** – Bill for services.

**Covered Services** – Medically necessary health care services Humana must pay for.

**Disenrollment** – The removal of a member from Humana benefits.

**Dual Eligible** – A person who has Medicaid and Medicare.

**Durable Medical Equipment** – Equipment that can be used more than once for health services.

**Durable Power of Attorney for Healthcare** – A written agreement between you and another person that lets the other person make medical and/or financial decisions for you if you cannot speak for yourself.

**Expedited Appeal** – Review done fast to meet a member's health need.

**Federal Poverty Level (FPL)** – Income guidelines used by programs such as WIC or SNAP as a way to set eligibility criteria.

**Formulary** – List of generic and brand name medications that we cover.

**Fraud** – Purposeful misuse of benefits.



**Grievance** – A complaint about the plan or its health care providers.

**Health Care Services** – Care related to the health of a member, such as preventive, diagnostic or treatment.

**Health Care Surrogate** – An adult who you have picked to make health decisions for you when you are not able to.

**HIPAA** – the Health Insurance Portability and Accountability Act, a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers

**Medical Home** – The relationship you have with your primary care provider (PCP) is considered your “medical home.”

**Medically Necessary** – Services or supplies to diagnose, treat, correct, or prevent a member’s illness or injury.

**Member** – A person eligible for Medicaid who has joined the plan and gets health care services.

**Notice of Action** – A response from Humana giving a decision.

**Out of Network** – A doctor, hospital, pharmacy or other licensed health care professional who has not signed a contract to provide services to Humana members.

**Participating Provider** – A doctor, hospital, pharmacy or other licensed health care professional who has signed a contract agreeing to provide services to Humana members. They are listed in our Provider Directory.

**Pharmacy** – Drug store.

**Presumptively Eligible** – Members, including pregnant women and children up to age one (1), may be “presumptively eligible” if s/he is a resident of Kentucky and meets certain income levels. This means prenatal care for the pregnant woman or other services will be given while an application for Medicaid is being processed.

**Primary Insurance** – Insurance you may have that is not Medicaid.

**Post-Stabilization Care** – This is care you get after you have received emergency medical services. It is to help you return to better health.

**Power of Attorney** – A written agreement between two people that lets one person act and decide for another person on certain matters; the durable power of attorney (see above) remains when you can no longer make decisions.



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# MEDICAID STATE PLAN INFORMATION

## Medicaid State Plan Member ID Card

Humana gives all members an ID card. Your State Plan member ID card looks like this. The front side has personal information. The card also has key Humana phone numbers.

<p><b>Humana.</b></p> <p><b>Humana Health Plan</b></p> <p><b>MEMBER NAME</b></p> <p><b>Member ID: HXXXXXXXXX</b></p> <p>Medicaid ID#: XXXXXXXX      Group #: XXXXXXXX            Date of Birth: XX/XX/XX      RxBIN: 610649            Effective Date: XX/XX/XX      RxPCN: 03191501</p> <p>PCP Name: XXXXXXXXX            PCP Phone: (XXX) XXX-XXXX</p>	<p><b>Humana.</b></p> <p><b>Humana Health Plan</b></p> <p><b>MEMBER NAME</b></p> <p><b>Member ID: HXXXXXXXXX</b></p> <p>Medicaid ID#: XXXXXXXX      Group #: XXXXXXXX            Date of Birth: XX/XX/XX      RxBIN: 610649            Effective Date: XX/XX/XX      RxPCN: 03191501</p> <p>PCP Name: XXXXXXXXX            PCP Phone: (XXX) XXX-XXXX</p>
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Every person in your family who is a member will get their own card. Each card is good for as long as the person is a member of Humana or until we send you a new one. You will also get a new card if you ask for one. You will get a new card if you change your PCP.

## Always Keep Your Member ID Card with You

Never let anyone else use your member ID card. Be sure to show it each time you get health care services. You need it when you:

- See your doctor
- See any other health care provider
- Go to an emergency room
- Go to an urgent care center
- Go to a hospital for any reason
- Get medical supplies
- Get a prescription
- Have medical tests

**Be sure to have a picture ID with you.** Your doctor or provider may ask you for your Humana card and a picture ID.



- You have not received your Humana ID card
- Any of the information on the card is wrong
- You lose your card
- You have a baby so we can send you a Member ID card for your baby
- You have any questions on how to use your Humana Member ID card

## Important Phone Numbers

24-Hour Nurse Advice Line	1-800-648-8097
Crisis Line	1-xxx-xxx-xxxx
Case Management	1-xxx-xxx-xxxx
Dental	1-xxx-xxx-xxxx
Department for Community Based Services (DCBS)	1-855-306-8959
Disease Management	1-xxx-xxx-xxxx
Vision	1-xxx-xxx-xxxx
To report Medicaid Fraud and Abuse	1-800-372-2970
To request a Medicaid Fair Hearing	1-800-635-2570
To file a complaint about Medicaid Services	1-800-372-2973
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	1-877-597-2331
To find out information about domestic violence	1-800-799-7233 TTY: 1-800-787-3224

# SERVICES: WHAT IS COVERED UNDER THE MEDICAID STATE PLAN

We cover all medically necessary Medicaid-covered services. These services are equal to the services that are provided to Medicaid members under the fee-for service program in the same amount, period of time and scope. The services should meet your medical needs as ordered by your physician and help you achieve age-appropriate growth and development; and help you to attain, maintain, or regain functional capacity. Services supporting individuals with ongoing or chronic conditions or who require long-term services and supports are authorized in a manner that reflects the Member's ongoing need for such services and supports.

Below is a list of your covered services you receive as a Humana member.

---

Alternative Birth Center Services

Ambulatory Surgical Center Services

Behavioral Health Services – Mental Health and Substance Abuse Disorders\*

Chiropractic Services

Community Mental Health Center Services\*

Dental Services, including oral surgery, orthodontics and prosthodontics\*

Durable Medical Equipment, including prosthetic and orthotic devices, and disposable medical supplies\*

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening and special services

End Stage Renal Dialysis Services\*

Family Planning Services in accordance with federal and state law and judicial opinion

Hearing Services, including hearing aids for members under age 21

Home Health Services\*

Hospice Services (non-institutional only)\*

Independent Laboratory Services

Inpatient Hospital Services

Inpatient Mental Health Services\*

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## Covered Services (continued)

Meals and Lodging for Appropriate Escort of Members\*

Medical Detoxification, meaning management of symptoms during the acute withdrawal phase from a substance to which the individual has been addicted

Medical Services, including but not limited to, those provided by Physicians, Advanced Practice Registered Nurses, Physicians Assistants and FQHCs, Primary Care Centers and Rural Health Clinics\*

Organ Transplant Services not considered investigational by the FDA\*

Other Laboratory and X-ray Services

Outpatient Hospital Services\*

Outpatient Mental Health Services\*

Pharmacy and Limited Over-the-Counter Drugs including Mental/Behavioral Health Drugs\*

Podiatry Services

Preventive Health Services, including those currently provided in Public Health Departments, FQHCs/Primary Care Centers, and Rural Health Clinics

Psychiatric Residential Treatment Facilities (Level I and Level II)\*

Specialized Case Management\*

Services for Members with Complex Chronic Illnesses (includes adult and child targeted case management)\*

Specialized Children's Services Clinics\*

Targeted Case Management Therapeutic Evaluation and Treatment, including Physical Therapy, Speech Therapy, Occupational Therapy\*

Transportation to Covered Services, including Emergency and Ambulance Stretcher Services\*

Urgent and Emergency Care Services

Vision Care, including vision examinations, services of Opticians, Optometrists and Ophthalmologists, including eyeglass for Members Under age 21

\*May require prior authorization from Humana first. Please see next section on page 10 for more information on Prior Authorization requirements.

Call Customer Care if you do not find something you are looking for or have questions.



# SERVICES: WHAT IS NOT COVERED

You will find many examples of service limitations or exclusions from coverage, including those due to moral or religious objections in the list below. It is not possible to provide a complete list of the services that are not covered. If you have a question about if a service is covered, please call Customer Care at **1-800-444-9137 (TTY:711)**. Payment for non-covered services is the responsibility of the member.

- Any laboratory service performed by a provider without current certification in accordance with the Clinical Laboratory Improvement Amendment (CLIA);
- Cosmetic procedures or services done just to improve appearance;
- Hysterectomy procedures, if performed for hygienic reasons or for sterilization only;
- Medical or surgical treatment of infertility (e.g., the reversal of sterilization, invitro fertilization, etc.);
- Induced abortion and miscarriage performed out-of-compliance with federal and Kentucky laws and judicial opinions;
- Paternity testing;
- Personal service or comfort items;
- Post mortem services;
- Investigational or research/experimental services;
- Sex transformation services;
- Sterilization of a mentally incompetent or institutionalized member;
- Services provided in countries other than the United States, unless approved by the Secretary of the Kentucky Cabinet for Health and Family Services; and/or
- Services over and above the Kentucky Medicaid allowance

## Prior Authorization

Covered services that need a Prior Authorization are marked with a star (\*) in the previous section on pages 8 and 9. These are services Humana needs to approve before you get them. Your provider will ask for a prior authorization from us and should schedule these services for you. Humana will not pay for these services if they are done without prior approval.

## Referrals and Direct Access Services

You may see any provider within our network, including specialists. We would like to make sure your PCP helps you take care of all of your needs as much as possible. They will help refer to a network specialist or facility when you need to be seen for specific needs. There are some specialist services that you do not need a referral from your PCP first. They include any of the following services:

---

Dental and oral surgery care/orthodontics/prosthodontics

Women's Health Specialists

Family Planning

Maternity Care for any age

Childhood Immunizations

Sexually Transmitted Disease (STD)

HIV related conditions and other communicable disease

Tuberculosis

Vision

Chiropractor

Members with Special Health Care Needs

Anesthesiology

Diagnostic

Emergency

Hospital Observation

Labs or Radiology

Behavioral Health

Urgent Care

Neonatology

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Exceptions to this policy apply to members who are in the Kentucky Lock In Program (KLIP). Please refer to the KLIP section of the handbook on page 44.

You may go to out-of-network providers, without a referral, for:

- Emergency care
- Care at community mental health centers
- Family planning services provided at qualified family planning providers (e.g., Planned Parenthood)
- Care at Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- Post Stabilization service or care you get after emergency services
- An out-of-network service that we cannot provide within our network to meet your medical need; however, these services need prior authorization





# GENERAL INFORMATION FOR ALL OUR MEMBERS

## Transportation

If you have a medical emergency, call 911. We cover ambulance transportation to and from medical appointments when your provider says you must be transported on a stretcher and cannot ride in a car. Transportation is covered for medical appointments if you are bedridden or paralyzed. You must get prior authorization for non-emergency ambulance or stretcher services.

For non-emergent transportation services, please call 1-888-941-7433 to get help with the closest transportation service available to you.

## Copayment

A copay is a fee that is charged for some health care services. If you receive a service that requires a copay, like a doctor’s visit or prescription, you pay the provider at the time of service. You can ask if there is a copay when you schedule an appointment.

If your income is 100% or below Federal Poverty Level (FPL), you cannot be refused services.

Exemptions to copays include, but may not be limited to: Foster care, pregnant women (includes 60-day period after pregnancy ends), terminally ill, people in hospice care and Kentucky Medicaid beneficiaries who have reached their cost sharing limit for the quarter.

There are services that may be exempt from copays such as emergency services, some family planning services, and preventive services.

The chart below lists the services that require a copay:

Benefit	You Pay
Preventive Health Services	\$0
Office Visits	\$3
Doctor Services	\$3
Brand Name Drug	\$4

*Chart continues on the next page.*

Benefit	You Pay
Generic Drug	\$1
Brand Name Drug Preferred Over Generic	\$1
Doctor Services	\$3
Brand Name Drug	\$4
Chiropractor Visits	\$3
Pregnancy Care	\$0
Family Planning Services	\$0
Foot Care	\$3
Dental Care	\$3
Vision Care	\$3
General Ophthalmologist Services	\$3
Rural Health Clinic, Primary Care Center or Federally Qualified Health Center Visits	\$3
Physical, Speech and Occupational Therapy	\$3
Outpatient Hospital Services	\$4
Emergency Room Services	\$0
Emergency Room Visits for a Non-Emergency	\$8
Inpatient Hospital Visits	\$50
Durable Medical Equipment	\$4
Ambulatory Surgery Center Visits	\$4
Lab, Diagnostic or X-ray Services	

## Added Benefits

As a Humana member you get more! These extra benefits, tools and services are at no cost to you.

*[Insert VAS chart upon approval from KDMS]*

## Tools for Easy Access



### MyHumana App

Use your Humana plan on the go with the free MyHumana mobile app. The app allows you to safely use your mobile device to:

- Review your latest health summary including status, summary and detailed information
- Access your Humana member ID card instantly with a single tap
- Find a provider by specialty or location. \*The MyHumana app can even use your current location to locate the closest in-network provider no matter where you are

Download the MyHumana App for iPhone or Android by going to the App Store or Google Play.

*\*May require location sharing enabled on your phone.*



### MyHumana Account

Your MyHumana account is a private, personal online account that can help you get the most out of your member experience. You can get to your MyHumana account on your mobile device or on your computer by visiting [www.humana.com](http://www.humana.com). Sign-in with your username and get access to key coverage information as well as useful member tools and resources.

To get started, click the Sign In button at the top, or if you haven't registered, you'll need to create an account by going to [Humana.com/logon](http://Humana.com/logon) and select the "Register now" link below the "Not registered?" heading.

# CUSTOMER CARE

Call Customer Care or visit [\[www.humana.com\]](http://www.humana.com) to learn more about:

- Benefits or eligibility
- If prior authorization or approval is necessary for a service
- What services are covered and how to use them
- How to get a new member ID card
- Reporting a lost ID card
- Selecting or changing your primary care provider (PCP)
- Help we have for members who don't speak or read English well
- How we can help members understand information due to vision or hearing problems
- Filing a complaint

For faster service, please have your member ID number on your Humana member ID card handy. More information about your member ID card can be found on page 6.

## Let Us Know If Your Information Changes

We want to make sure we are always able to connect with you about your care. We don't want to lose you as a member, so it is really important to let us know if information from your Medicaid application changes. You must report any changes to the Department for Community Based Services (DCBS) within 30 days. Failure to report changes within 30 days may result in loss of medical benefits. Examples of changes you must report within 30 days include:

- Change of physical/mailling address or change in contact information
- Household income changes. For example, increase or decrease in work hours, increase in pay rate, change in self-employment, beginning a new job, or leaving a job
- Household size or relationship changes. For example, someone moved into or out of your household, marries or divorces, becomes pregnant, or has a child
- You or other members qualify for other health coverage such as health insurance from an employer, Medicare, Tricare, or other types of health coverage
- Changes in immigration status
- Being in jail or prison
- You start or stop filing a federal income tax return
- Changes to your federal income tax return such as a change in dependent or a change to the adjustments to taxable income on page one of the income tax form

Changes may be reported by completing one of the following:

- Visiting a DCBS office in person. To locate a DCBS office near you please visit <https://chfs.ky.gov/agencies/dcbs/Pages/default.aspx>
- Submitting a change in writing and mailing to:
  - [DCBS, P.O. Box 2104, Frankfort, KY 40601];
- Calling DCBS at 1-855-306-8959
- Through the [benefind Self Service Portal, [www.benefitfind.ky.gov](http://www.benefitfind.ky.gov)]

The Department for Medicaid Services may disenroll you from the Medicaid program if the Department is unable to contact you by first class mail and if Humana cannot provide them with your valid address. You may remain disenrolled until either the Department or Humana can locate you and eligibility can be restored.

## Loss of Medicaid

The Department for Community Based Services (DCBS) decides who is eligible for Medicaid. If the DCBS says you can no longer have Medicaid, then we would be told to stop your membership. You would no longer be covered by Humana.

If you have questions about your Medicaid eligibility, please contact your local DCBS office or call 1-855-306-8959.

## Other Insurance?

If you have other medical insurance, please call Customer Care at **1-800-444-9137 (TTY: 711)** to let us know. You may have medical insurance through your job, or your children may be insured through their other parent.

You should also call us if you have lost medical insurance that you told us about. Not giving us this information can cause problems with getting care and with bills.

Providers will send a bill to your primary insurance first. After your primary insurance pays its amount, your provider will bill us. We will pay the remaining amount after the primary insurance has made payment (up to the amount we would have paid as the primary insurance). You should let us know right away if your other insurance changes.

- You are hurt in a car wreck
- You are bitten by a dog
- You fall and are hurt in a store



- The person at fault
- His or her insurance company
- Any lawyers involved

This information will help avoid delays in processing your benefits.

## Interpreter Services

Is there a Humana member in your family who:

- Does not speak English?
- Has hearing or visual problems?
- Has trouble reading or speaking English?

If so, we can help. Humana offers sign and language interpreters at no cost for the member or provider. Oral interpretation is provided for all languages.

We can help members talk with us or their health care provider or read materials to you in any language, if needed. Interpreters can also help you with a grievance or an appeal when you are not happy with a decision, see pages 38-39. We can help over the phone or in person. Please call Customer Care to ask for sign language services 5 business days before the scheduled appointment.

Please call Customer Care to ask for interpreter services 24 hours before the scheduled appointment.

We can also get printed translated materials in Spanish and each common non-English language as well as the top 15 non-English languages as released by the U.S. Department of Health and Human Services, Office for Civil Rights, in other languages or alternative formats, like large print and Braille, and other auxiliary aids and services. Just call us at **1-800-444-9137 (TTY: 711)** to arrange for an interpreter service.

## 24-HOUR NURSE ADVICE LINE

You can call any time to talk with a caring, experienced registered nurse. This is a free call. You can call 24 hours a day, 7 days a week, 365 days a year at **1-800-648-8097**.

### Our nurses can help you:

- Decide if you need to go to the doctor or the emergency room
- Learn about a medical condition or recent diagnosis
- Make a list of questions for doctor visits
- Find out more about prescriptions or over-the-counter medicines
- Find out about medical tests or surgery
- Learn about nutrition and wellness

## YOUR PRIMARY CARE PROVIDER (PCP)

Your Primary Care Provider or PCP is the main health care person who takes care of you on a regular basis. Your PCP gets to know your medical history. A PCP may be a physician, nurse practitioner, or physician assistant. He or she may be trained in family medicine, internal medicine, or pediatrics. Your PCP is your medical home and will quickly learn what is normal for you and what is not. When you need medical care, you will see your PCP first. He or she will treat you for most of your routine health care needs.

If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital. Your PCP will work with you on all your health related concerns.

You can reach your PCP by calling the PCP's office. Your PCP's name and phone number are on your Humana ID card. It is important to see your PCP as soon as you can. This will help your PCP get to know you and understand your health care needs. If you are seeing a new doctor, make sure to take all your past medical records with you or ask that they be sent to your new doctor.

### Choosing a PCP

If you are new to Humana and have not chosen a PCP, you can still get care. Just call Customer Care at **1-800-444-9137 (TTY: 711)**. We can help you get the care you need and set you up with a PCP.

If you are new to Humana and already have a PCP, we want to help you keep him or her. Call Customer Care at **1-800-444-9137 (TTY:711)** and we can help you.

- If you are pregnant and may be eligible for Medicaid you do not have to choose a PCP.
- If you receive Medicare and Medicaid (dual eligible), presumptively eligible (“presumptive eligible” – see page 68), or are in foster care, an adult under state guardianship, or a disabled child under the age of 18, you do not have to choose a PCP.
- If you have both Medicare (from another health plan) and Humana insurance, you do not have to choose a PCP.

## Changing Your PCP

Choosing a PCP will help you take care of your health care needs. You may choose a PCP from Humana’s Provider Directory. You can start seeing that PCP on the first day you are signed up. To view our directory, please visit [[www.humana.com](http://www.humana.com)] or call our Customer Care at **1-800-444-9137 (TTY: 711)**.

We hope you are happy with your PCP. If you want to change your PCP for any reason, please call Customer Care to let us know. We will make your change on the date you call. We will send you a new member ID card with your new PCP on it.

Preventive care includes	Routine care includes
Regular checkups	Colds/flu
Immunizations for children	Earache
Tests and screenings, when needed	Rash
	Sore throat

You should visit your PCP within 90 days of joining Humana. Here are some things to remember before going to the doctor:

- Always take your Humana ID card
- Take your prescriptions
  - It's good for your doctor to know what medications you take
- Prepare any questions for your doctor ahead of time so you don't forget anything
  - Your doctor is someone you can trust and rely on
  - Ask about any concerns you may have

# PROVIDER DIRECTORY

Humana will give you a Provider Directory if requested. The Provider Directory is a list of the doctors and providers you can use to get services. This list is called our provider network. Keep in mind our directory may change and you can always call us to see if any new providers have been added or removed since the directory was printed. We can also give you more details about providers if you need it, or give you a more current provider directory. Just call Customer Care at **1-800-444-9137 (TTY: 711)**, or you can visit our website listed below.

## Physician Finder

We have improved our Find a Doctor tool. It is easier than ever to use. Our website includes simple instructions to help you find exactly what you need. Just go to **[insert physician finder website]**.

It is important that you start to build a good relationship with your PCP as soon as you can. Please call their office to schedule a visit. Take any past medical records to your first visit or ask that they be sent before your appointment. Your assigned or chosen PCP will want to get to know you and understand your health care needs.



# WHERE TO GET MEDICAL CARE

We want to make sure you get the right care from the right health care provider when you need it. Use the following information to help you decide where you should go for medical care.

See your PCP for all routine visits. Here are examples of general conditions that can be treated by your PCP:

Dizziness	High/low blood pressure
Swelling of the legs and feet	High/low blood sugar
Persistent cough	Loss of appetite
Restlessness	Joint pain
Colds/flu	Headache
Earache	Backache
Constipation	Rash
Sore throat	Taking out stitches
Vaginal discharge	Pregnancy tests
Pain management	

See your PCP for preventive care. This means making regular visits to your doctor even if you do not feel sick. Regular checkups, tests, and health screenings can help your doctor find and treat problems early before they become serious.

Preventive care includes things such as immunizations, diabetes screening, obesity screening and routine physicals for children, adolescents, and young adults, from birth to age 21.

# EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT)

Early and Periodic Screening, Diagnostic and Treatment (**EPSDT**) preventive (well care) exams and age recommended health screenings for members from birth through the end of their 21st birthday month. Humana covers EPSDT preventive (well care) exams and health screenings at no cost to you.

## EPSDT Preventive Care

EPSDT provides your child with full preventive health care from birth to the end of your child's 21st birthday month. This preventive health care includes well care physical exams and age recommended health screenings.

Preventive care is the key to making sure children, adolescents, and older youth stay healthy. Taking your child for regular exams and screenings will help you and the provider identify and prevent illness or disease early, so your child can get care quickly.

EPSDT eligible members (birth to the end of their 21st birthday month) with special health care needs can get Care Management services.

EPSDT well care exams and health screens include:

- Medical/physical exams
- Complete health and development history
- Height and weight checks with nutrition counseling when needed
- Hearing tests
  - hearing tests start when your child is a newborn
  - hearing tests and risk assessments happen at each EPSDT visit
- Eye exams (vision)
  - eye exams start when your child is a newborn
  - eye exams and risk assessments happen at each EPSDT visit
- Dental visits
  - during EPSDT visits, oral health assessments are provided at recommended ages and referrals made to a dentist when needed
  - recommendations to dentists by 12 months or earlier if an issue is identified or a tooth erupts
  - referrals to specialists when needed and recommended regardless of child's age



- Developmental and Behavioral Health Screening, Exams, and Assessment
- Lab tests, including blood tests, lead level tests, TB risk assessments/tests and urine tests
- Immunizations (shots)
  - guidelines to measure & improve the health & well-being of infants, children, adolescents and their families' preventive health needs (counseling, evaluations or screenings) of each child/adolescent and their family
  - intervention and/or referral needs for identified risk behaviors
  - car seat safety, seat belts, alcohol/substance use, sexual activity, mental health, developmental delays
- Health and safety education

Call your child's PCP to schedule an EPSDT preventive visit (well care exam and age recommended health screenings). Take your child's shot record with you to the visit so the PCP will have a complete health record. Schedule EPSDT exams for all eligible family members regularly so you, your child and PCP can work as a team to keep your family healthy. EPSDT preventive (well child) visits are different from a visit to the PCP when your child is sick. Humana recommends scheduling the first EPSDT well care exam within 90 days of becoming a member.

You or your child's PCP may suspect a problem that needs more than preventive care. This may include other health care (special services), diagnostic services and medically necessary treatment including rehabilitative services, physician and hospital care, home health care, medical equipment and supplies, vision, hearing and dental services, additional lab tests, etc.

EPSDT eligible members (birth to the end of their 21st birthday month) with special health care needs can get Care Management services.

EPSDT Special Services (other necessary health care, further diagnosis and treatment) are available to your child to correct a physical, developmental, mental health, substance use issue or other condition and to make sure your child's individual needs are met through better care so they can live healthy lives.

Humana will cover services that are medically necessary and approved by a prior authorization even when they are not covered in the Kentucky Medicaid Program. Call Customer Care if you have a question about coverage or services that require prior authorizations.

EPSDT Preventive Visits (well care) are recommended at these ages:

<b>Infancy</b> <ul style="list-style-type: none"> <li>• 1 month</li> <li>• 2 months</li> <li>• 4 months</li> <li>• 6 months</li> <li>• 9 months</li> <li>• 12 months</li> </ul>	<b>Early Childhood</b> <ul style="list-style-type: none"> <li>• 15 months</li> <li>• 18 months</li> <li>• 24 months</li> <li>• 30 months</li> <li>• 3 years* for ages 3 and above, EPSDT visits are once a year</li> </ul>
<b>Middle Childhood</b>  4 through 10 years	<b>Adolescence and Young Adults</b>  11 through 21 years (through the end of the member's 21 <sup>st</sup> birthday month)



# SHOULD I GO TO THE EMERGENCY ROOM?

Emergency services are for a medical problem that you think is so serious that it must be treated right away by a doctor. Humana may cover emergency transportation, too. We cover care for emergencies both in and out of our service area. Here are some examples of when emergency services are needed.

To decide whether to go to an emergency room (ER), urgent care, or your PCP, ask yourself these questions:

- Is it safe to wait and call my doctor first?
- Is it safe to wait and make an appointment in the next day or two with my doctor?
- Is it safe to wait if I can get an appointment today with my doctor?
- If my doctor can't see me, is it safe to wait to be seen at an urgent care clinic?
- Could I die or suffer a serious injury if I don't get medical help right away?

If you are not sure if your illness or injury is an emergency, call your doctor or our 24-hour nurse advice line. Call **1-800-648-8097** to talk to a nurse.

Miscarriage/pregnancy with vaginal bleeding	Uncontrolled bleeding
Severe chest pain	Severe vomiting
Shortness of breath	Rape
Loss of consciousness	Major burns
Seizures/convulsions	

You do not have to call us for an approval before you get emergency services. If you have an emergency, call 911 or go to the nearest ER. If you are not sure what to do, call your PCP for help, or you can call our 24-hour nurse advice line at **1-800-648-8097**.

Remember, if you have an emergency:

- Call 911 or go to the nearest ER. Be sure to tell them that you are a member of Humana. Show them your Member ID card.
- If the provider that takes care of your emergency thinks that you need other medical care to treat the problem that caused it, the provider must call Humana.

- If you are able, call your PCP as soon as you can. Let him or her know that you have a medical emergency. Or have someone call for you. Then call your PCP as soon as you can after the emergency to schedule any follow-up care.

If the hospital has you stay, please make sure that Humana is called within 24 hours.

*Sometimes you get sick or injured while you are traveling. Here are some tips for what to do if this happens.*

- **If it's an emergency**, call 911 or go to the nearest emergency room.
- **If it's not an emergency**: Call your PCP for help and advice.
- **If you're not sure if it's an emergency**: Call your PCP or our 24-hour nurse advice line at **1-800-648-8097**. We can help you decide what to do.

If you go to an urgent care center, call your PCP as soon as you can. Let him or her know of your visit.

## Post-Stabilization Care

This is care you get after you have received emergency medical services. It helps to improve or clear up your health issue, or stop it from getting worse. It does not matter whether you get the emergency care in or outside of our network. We will cover services medically necessary after an emergency. You should get care until your condition is stable.

## LONG-TERM CARE

If you need services at a nursing facility for long-term care, we will help you. We will talk to your doctor and the facility to make sure you get the care you need. Once admitted to the nursing facility, Humana will cover services such as doctor's services, therapy services, oxygen, etc., as long as you are a member with us. Keep in mind that after 30 days in long-term care you may no longer be Medicaid eligible. The Cabinet for Health and Family Services will cover all other services provided within the nursing facility. If you have questions, please call Customer Care at **1-800-444-9137 (TTY: 711)**.

## SECOND OPINIONS

**You have the right to a second opinion about your treatment.** This includes surgical procedures and treatment of complex or chronic conditions. This means talking to a different doctor about an issue to get his or her point of view. This may help you decide if certain services or treatments are right for you. Let your PCP know if you want to get a second opinion.

You may choose any doctor in or out of our network to give you a second opinion. If you can't find a doctor in our network, we will help you find a doctor. If you need to see a doctor that is not in the Humana network for a second opinion, you must get prior approval from us see page 10.

Any tests for a second opinion should be given by a doctor in our network. Tests requested by the doctor giving you the second opinion must have the prior approval of Humana. Your PCP will look at the second opinion and help you decide the best treatment.

# PREGNANCY AND FAMILY PLANNING

Humana wants you to have access to reproductive health. These services are confidential and private for all members regardless of age. Here is how you can take advantage of the services and benefits we have to offer.

## Sexually Transmitted Diseases

Screening, diagnosis, and treatment of sexually transmitted diseases is a service provided without a referral. You may see a provider who is not in the Humana network.

## Family Planning Services

Humana offers access to family planning services and is provided in a way that protects and allows you to choose the method of family planning you want.

You can receive family planning services without a referral. You may see a provider who is not in the Humana network.

Appointments for counseling and medical services are available as soon as possible within a maximum of 30 days. If it is not possible to receive complete medical services for members who are less than 18 years of age on short notice, counseling and a medical appointment will be provided right away, preferably within 10 days. Family planning services are also provided at qualified family planning health partners (for example, Planned Parenthood) who may not be part of the Humana health partner network. Family planning services and any follow-up services are confidential for you, including members who are less than 18 years old.

## Before You Are Pregnant

It is never too early to prepare for a healthy pregnancy. If you are considering having a baby, you can do some things now to be as healthy as possible before you get pregnant to reduce potential problems during pregnancy:

- Make an appointment to see your doctor for a physical exam
- Talk with your doctor about what makes a healthy diet
- Talk with your doctor about your current medications
- Take folic acid every day
- Don't drink alcohol, smoke, or use illegal drugs





# PRESCRIPTION DRUGS

Humana covers all medically necessary Medicaid-covered drugs. We use a preferred drug list (PDL). These are drugs that we prefer your provider use. To learn more about how to use our drug management program, look in the summary section of the PDL found on our website. If you do not have access to the internet, please call Customer Care and they will assist you.

Typically, our preferred drug list (formulary) includes more than one drug for treating a particular condition. These different possibilities are called **alternative drugs**. Many alternative drugs are just as effective as other drugs and do not cause more side effects or other health problems. Members may need to try one drug before taking another.

A member must try a medicine on the formulary before a drug that is not on the formulary would be approved by Humana. Certain drugs will be covered only if Step Therapy is used. A pharmacy will provide a generic drug if available in place of a brand-name drug.

Members can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. If a brand-name product is requested when a generic equivalent is available, a prior authorization request will need to be submitted by your provider.

Sometimes a member might have a drug allergy or intolerance, or a certain drug might not be effective and a non-formulary agent is requested. The provider will then need to submit a prior authorization request. We may also ask that your provider send us information (a prior authorization request) to tell us why a specific drug or a certain amount of a drug is needed. We must approve the request before you can get the drug.

Reasons why we may need prior authorization for certain drugs:

- A generic or other alternative drug can be used
- The drug can be misused
- There are other drugs that must be tried first. Some drugs may also have quantity (amount) limits on how much can be given to a member at one time
- Some drugs are never covered, such as drugs for weight loss.

If we do not approve a request for a drug, we will let you know how you can appeal our decision. We will also let you know about your right to a state fair hearing. You can call us at **1-800-444-9137 (TTY: 711)** to ask about or receive a copy of our PDL, updated PDL lists, and drugs that need prior authorization. You can also go to [[www.humana.com](http://www.humana.com)] and search the preferred drug list.

Our PDL and list of drugs that need prior authorization can change. You or your provider should check on this when you need to fill or refill a prescription. Humana has an exception process that allows the member or the member's representative to make a request for an exception. Reasons for exceptions may include intolerance or allergies to drugs, or inadequate or inappropriate response to drugs listed on PDL. The member or member's representative must initiate the request by calling Customer Care. Humana then reaches out to the provider to obtain the appropriate documentation.

## Specialty Pharmacy

Some drugs are for diseases that need special attention. They may also need to be handled differently than drugs you pick up at your local pharmacy. They are called specialty drugs and may need to be given to you by a doctor or nurse.

Most of these medications need a prior authorization from your doctor. Your doctor's office will help you get that done. If it is approved, we will work with your doctor and the specialty pharmacy to get the drugs you need.

For more information about specialty pharmacy needs, call us at **1-800-444-9137 (TTY:711)**.

## Medication Therapy Management (MTM)

At Humana, we understand the impact that proper medication use can have on your health. That's why we have an MTM program for our members. This program is geared towards helping you learn about your medications, prevent, or address medication-related problems, decrease costs, and stick to your treatment plan.

This program is available from many local pharmacists. In most cases, a pharmacist will ask if you are interested in learning more about your medications. They are asking because they want to help you. The pharmacist may ask to schedule time with you to go over all of your medications, which includes any pills, creams, eye drops, herbals, or over-the-counter items.

Through the program, your pharmacist will get alerts and information about your medications and decide if you need extra attention. They offer ways to help you with your medications and how to take them the right way. They will also work with your doctor and others to address your needs and improve how you use your medications.

- Improves safe use of medications
- Improves coordination with all your doctors and other caregivers
- Increases knowledge of your medications and how to use them correctly
- Improves overall health

You can call Customer Care at **1-800-444-9137 (TTY: 711)** to ask about our list of covered medications and those that need prior authorization.



# BEHAVIORAL/ MENTAL HEALTH SERVICES

Behavioral/mental health is an important part of your overall wellness. Our goal is to help you take care of all your health needs. We want to make sure that you get the right care to help you stay well.

You have many behavioral/mental health services available to you. These include:

- Outpatient services such as counseling for individuals, groups and families
- Peer Support
- Help with medication
- Drug and alcohol screening and assessment
- Substance use services for all ages, including residential services
- Therapeutic Rehabilitation Programs (TRP)
- Day treatment for children under 21
- Psychological Testing
- Crisis Intervention
- Other community support services to help you feel better

It is okay to ask for help. You can use behavioral/mental health care to help you cope with all sorts of issues. They include stress, trauma, worries or sadness. Sometimes you may just need someone to talk to. We can help you figure out what type of care you need and we can help connect you with an experienced provider.

Call us at [1-xxx-xxx-xxxx]. We are here to help. A staff member can help you with finding a provider or scheduling an appointment. Crisis intervention services are available 24 hours a day, 7 days a week by choosing the Behavioral/Mental Health Crisis line prompt.

# CASE MANAGEMENT AND OUTREACH SERVICES

We offer Case Management services to all members who can benefit from this service. Members can self-refer too. Children and adults with special health care needs can often benefit from care management. We have registered nurses, social workers, and other outreach workers. They can work with you one-on-one to help coordinate your health care needs. This may include helping you find community resources you need. They may contact you if:

- Your doctor asks us to call you
- You ask us to call you
- Our staff feels their services would be helpful to you or your family

We may ask questions to learn more about your health. Our staff will give you information to help you understand how to care for yourself and get services. They can also help you find local resources.

We will talk to your PCP and other providers to make sure your care is coordinated. You may also have other medical conditions that our Care Managers can help you with.

We can also work with you if you need help figuring out when to get medical care from your PCP, an urgent care center, or the ER.

Please call us if you have questions or feel that you need these services. We are happy to help you. You can reach Care Management Support Services at [1-xxx-xxx-xxxx].

## Disease Management

We offer free Disease Management programs. We can help you learn about your condition and how you can better take care of your health. We have programs for:

- Asthma
- Diabetes
- Hypertension

We can:

- Help you understand the importance of controlling the disease
- Give you tips on how to take good care of yourself
- Encourage healthy lifestyle choices

Members with these conditions are automatically enrolled into the Disease Management program. If you do not want to be in this program please call [1-xxx-xxx-xxxx].

## Tobacco Free Program

If you smoke or use other tobacco products, Humana can help you quit. Quitting tobacco is one of the most important things you can do to improve your health and the health of your loved ones. You don't have to do it alone! We will provide you with coaches. Your coach will support you in your commitment to stop smoking. They will listen to you. They will also help you understand your habits, and, they work with you to take action. There are also medicines your doctor may recommend. To reach a coach, who can help you quit, call [1-xxx-xxx-xxxx]. If you are pregnant call [1-xxx-xxxx] to get help quitting.

## Care Transitions

We offer a program to help you when you are able to leave the hospital. We can:

- Answer any questions you may have about getting out of the hospital
- Answer questions about the drugs your doctor gives you
- Help arrange your doctor visits
- Help set up support for when you get home

If you or your family member needs help when you get out of the hospital, or if you need help transitioning back to your home from other places where you were treated, please call let us know. You can reach a member of the Care Transition team at [1-xxx-xxx-xxxx].

# GRIEVANCES AND APPEALS

We hope you will be happy with Humana and the service we provide. Please let us know if you are unhappy with anything. We want you to contact us so we can help you.

Grievances and appeals are not the same thing. At any time during the grievance or appeal process you can request copies of the documents pertaining to your case free of charge by contacting Customer Care.

## Grievances (Complaints)

If you are unhappy with Humana or one of our providers, this is called a grievance. You, or someone you have chosen to represent you, should call us. You may file a grievance orally or in writing. If you ever want information about grievances please ask us. Call Customer Care at **1-800-444-9137 (TTY: 711)**. If needed, we can help you file a grievance. You can also get help from others. People who can help you are:

- Someone you choose to act for you with your written consent
- Your legal guardian
- A provider you choose to act for you with your written consent
- Interpreters that we will provide to you if needed

You can let us know about your grievance by:

- Calling Customer Care at **1-800-444-9137 (TTY: 711)**
- Filling out the form in the back of this handbook
- Writing us a letter
  - Be sure to put your first and last name, the member number from the front of your Humana ID card, and your address and phone number in the letter. This will allow us to contact you if we need to. You should also send any information that helps explain your problem
- Faxing your grievance to 1-800-949-2961
- Mail the form or letter to:

Humana  
Grievance and Appeals Department  
P.O. Box 14546  
Lexington, KY 40512-4546

We will send you a letter within five (5) business days from the day we receive your grievance to let you know we received it.



- A member who files a grievance
- A provider that supports a member's grievance or files a grievance on behalf of a member with written consent

## Appeals

If you are unhappy with a decision or action we take, you or your authorized representative can file an appeal. You must file your appeal within 60 calendar days from the date you receive our response, the Notice of Action, from us. You can file by calling or writing to us. If you file by phone, you must follow up with a written, signed appeal within ten (10) calendar days from your telephone request.

If needed, we can help you file an appeal. You can also get help from others. People who can help you are:

- Someone you choose to act for you with your written consent
- Your legal guardian
- A provider you choose to act for you with your written consent
- Interpreters that we will provide to you if needed

You can file an appeal by:

- Calling Customer Care at **1-800-444-9137 (TTY: 711)**
- We will start on your appeal, but we still need the request in writing within ten (10) calendar days of your phone call in order to complete the appeal review
- Filling out the form in the back of this handbook and sending it to us at the address below
- Writing us a letter
  - Be sure to put your first and last name, the member number from the front of your Humana ID card, and your address and phone number in the letter. This will allow us to contact you if we need to. You should also send any information that helps explain your appeal.
  - Faxing your appeal to 1-800-949-2961
  - Mail the form or letter to:

Humana  
Grievance and Appeals Department  
P.O. Box 14546  
Lexington, KY 40512-4546

- Review all of the information used to make the decision
- Provide more information throughout the appeal review process
- Examine the member's case file before and during the appeals process
  - This includes medical, clinical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by us, or at the direction of the Contractor, in connection with the appeal
  - This information shall be provided, upon request, free of charge and sufficiently in advance of the resolution timeframe

If you feel waiting for the 30-day timeframe to resolve an appeal could seriously harm your health, you can request that we expedite the appeal. In order for your appeal to be expedited, it must meet the following criteria:

- It could seriously jeopardize a member's life, physical health, or ability to attain, maintain, or regain maximum function.

We make decisions on expedited appeals within 72 hours or as fast as needed based on your health. Negative actions will not be taken against:

- A member or provider who files an appeal
- A provider that supports a member's appeal or files an appeal on behalf of a member with written consent

## State Fair Hearings

You also have the right to ask for a state fair hearing from the Department for Medicaid Services after you have completed the Humana appeal process. You can do so in writing, by mail or fax. You must ask for a hearing within 120 days from the date on our appeal decision letter.

**Call:** 1-800-635-2570

**Write:** Kentucky Department for Medicaid Services  
Division of Program Quality and Outcomes  
275 E. Main Street, 6C-C  
Frankfort, KY 40621

**Fax:** [Insert fax number]

You may ask anyone – such as a family member, your minister, a friend, or an attorney - to help you with a state fair hearing.

If you request a state fair hearing and want your Humana benefits to continue, you must file a request with us (Humana) within 10 days from the date you receive our decision.

If you have an urgent health condition, ask for an expedited hearing. If the hearing finds that our decision was right, you may have to pay the cost of the continued benefits linked to the state fair hearing.

## Ombudsman

You may also contact Kentucky's Ombudsman Program. It helps people who use public services to be treated fairly. The program can help answer questions and work to settle conflicts.

To get help or for more details, please contact:

The Office of the Ombudsman  
Cabinet for Health and Family Services  
275 East Main Street, 1E-B  
Frankfort, KY 40621  
1-800-372-2973

# FRAUD, WASTE AND ABUSE

We have a comprehensive fraud, waste and abuse program in our Special Investigations Department. It is designed to handle cases of managed care fraud. Help us by reporting questionable situations.

Fraud can be committed by providers, pharmacies, or members. We monitor and take action on all provider, pharmacy, or member fraud, waste, and abuse.

Examples of provider fraud, waste, and abuse include doctors or other health care providers who:

- Prescribe drugs, equipment or services that are not medically necessary
- Fail to provide patients with medically necessary services due to lower reimbursement rates
- Bill for tests or services not provided
- Use wrong medical coding on purpose to get more money
- Schedule more frequent return visits than are medically necessary
- Bill for more expensive services than provided
- Prevent members from getting covered services resulting in underutilization of services offered

Examples of pharmacy fraud, waste and abuse include:

- Not dispensing medicines as written
- Submitting claims for a more expensive brand name drug that costs more when you actually receive a generic drug that costs less
- Dispensing less than the prescribed quantity and then not letting the member know to get the rest of the drug

Examples of member fraud, waste and abuse include:

- Inappropriately using services such as selling prescribed narcotics or trying to get controlled substances from more than one provider or pharmacy
- Changing or forging prescriptions
- Using pain medications you do not need
- Sharing your ID card with another person
- Not disclosing that you have other health insurance coverage
- Getting unnecessary equipment and supplies
- Receiving services or picking up medicines under another person's ID (identity theft)
- Giving wrong symptoms and other information to providers to get treatment, drugs, etc.
- Too many ER visits for problems that are not emergencies
- Misrepresenting eligibility for Medicaid

Members who are proven to have abused or misused their covered benefits may:

- Be required to pay back money that we paid for services that were determined to be a misuse of benefits
- Be prosecuted for a crime and go to jail
- Lose Medicaid benefits
- Be locked in to one PCP, one controlled substance provider, one pharmacy and/or one hospital for non-emergency services.
  - See Kentucky Lock-In Program (KLIP) for details on page 44.

## If You Suspect Fraud, Waste or Abuse

If you think a doctor, pharmacy or member is committing fraud, waste, or abuse, you must inform us. Report it to us in one of these ways:

- Call **1-800-614-4126 (TTY: 711)**, 24 hours a day, 7 days a week
- Select the menu option for reporting fraud
- Complete the Fraud, Waste, and Abuse Reporting Form
- You can write a letter and mail it to us
- You can go to our website, [[www.humana.com](http://www.humana.com)] and fill out the form.

Send it to:

Humana  
Attn: Special Investigations Unit  
1100 Employers Blvd.  
Green Bay, WI 54344

You do not have to give us your name when you write or call. There are other ways you may contact us that are not anonymous. If you are not concerned about giving your name, you may also use one of the following ways to contact us:

- Send an email\* to [siureferrals@humana.com](mailto:siureferrals@humana.com) or [ethics@humana.com](mailto:ethics@humana.com)
- Fax us at **1-920-339-3613**

When you report fraud, waste, or abuse, please give us as many details as you can. Include names and phone numbers. You may remain anonymous. If you do, we will not be able to call you back for more information. Your report will be kept confidential to the extent permitted by law.

\*Most email systems are not protected from third parties. This means people may access your email without you knowing or saying it's okay. Please do not use email to tell us information that you think is confidential. Like your member ID number, social security number, or health information. Instead, please use the form or phone number above. This can help protect your privacy.

# KENTUCKY LOCK-IN PROGRAM (KLIP)

The Lock-In program is designed to give support to members who need assistance in managing health care needs through the establishment of a medical home or providing structured access to controlled substances through the Medicaid program except those needed for legitimate clinical purposes. The Lock-In program restricts a member from seeing too many providers. People who use one doctor, one pharmacy and one hospital get better care. The providers know more about the person's health and can better diagnose and treat health conditions. Fewer providers help make sure a person gets the right medicine in the right amounts.

Humana tracks how often some drugs are filled, if these drugs are filled at different pharmacies, and how many doctors members visit. In some cases, we may limit a member to fill their drugs at one pharmacy and from one doctor. We may also limit which doctor can prescribe drugs that can be abused. Finally, if you go to several emergency rooms, you may be limited to one hospital. We take these steps to get you the right amount of care, at the right time, and in the right place.

For more details, visit [\[insert KLIP website link\]](#).



# QUALITY HEALTH CARE

We want to make sure that you get quality health care. We do this by:

- Checking on the care you get from your doctors and other health care providers
- Finding and fixing any problems related to proper medical care
- Making sure care is there for you when you need it
- Teaching you about your health

We keep track of the services you get from health care providers. We talk about some services with your providers before you get them.

This is to make sure they are appropriate and necessary. For instance, we review surgeries or stays at a hospital (unless they are emergencies). This is called **Utilization Management** (UM). It makes sure you get the right amount of care you need when you need it. All UM requests are reviewed carefully by our review team of nurses and doctors. Doctors can decide if a service cannot be covered.

We check the work of our reviewers regularly. We test reviewers by giving each of them the same cases. This makes sure they make the right determinations. We decide if a service can be covered or not within two business days. This can be done more quickly if needed because of the member's medical condition. We tell your doctor in writing of the determination and the reason for it. If we are not able to cover the service, we also tell you in writing. The letter includes our phone number in case you want to call us for more information.

If you are not happy with the determination, you can appeal it by calling or writing to us. Your case will be re-reviewed by a different doctor from an appropriate specialty area. You will be notified of the determination in writing.

You can contact us at any time about Utilization Management or prior authorization requests. Just call Customer Care at **1-800-444-9137 (TTY: 711)**. You can also send us an email at any time through our website at [[www.humana.com](http://www.humana.com)].

Any decisions we make with your health care providers about the medical necessity of your health care are based only on how appropriate the care setting or services are. We do not reward providers or our own staff for denying coverage or services. We do not offer financial incentives to our staff that affects their decisions. We do not deny or limit the amount, length of time or scope of the service only because of the diagnosis or type of illness or condition.



- Health care services
- Medical devices
- Therapies
- Treatment options

This information is reviewed by a committee of health care professionals who will make a decision about coverage based on:

- Updated Medicaid and Medicare rules
- External technology assessment guidelines
- Food and Drug Administration (FDA) approval
- Medical literature recommendations

You can call us to get any other information you want. You can find out about:

- Our structure and operation
- How we pay our providers
- How we work with other health plans if you have other insurance
- Results of member surveys
- How many members leave our plan
- Benefits, eligibility, claims, or participating providers

If you want to tell us about things you think we should change, please call Customer Care at **1-800-444-9137 (TTY: 711)**.

# QUALITY IMPROVEMENT

## Program Purpose

The Humana Quality Improvement Program includes both clinical and non-clinical services and is revised as needed to remain responsive to member needs, provider feedback, standards of care, and business needs. The goals and objectives of the program are:

- Coordinate care
- Promote quality
- Ensure performance and efficiency on an ongoing basis
- Improve the quality and safety of clinical care and services provided to Humana members

There are two guiding tenets for the program:

- Our mission, which is our heartbeat, is to make a lasting difference in our members' lives by improving their health and well-being.
- Our vision is to transform lives through innovative health and life services

The Institutes for Healthcare Improvement's Triple Aim:

Simultaneously improving the health of the population, enhancing the experience and outcomes of the patient, and lowering the cost of care for the benefit of communities.

Your care means a lot to us. The purpose of the Humana Quality Improvement Program is to ensure that Humana has the necessary ability to:

- Obtain an excellent Accreditation Compliance with NCQA Accreditation standards
- Receive a high level of HEDIS® performance
- Receive a high level of CAHPS® performance
- Create a comprehensive Population Health Management Program
- Create a comprehensive Provider Engagement Program

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

## Program Scope

The Humana Quality Improvement Program governs the quality assessment and improvement activities for Humana Medicaid Program. The scope includes:

- Meeting the quality requirements of the Centers for Medicare and Medicaid Services (CMS) as outlined in the CMS's Medicare Managed Care Manual, Chapter 5, Quality Assessment; and 42 CFR§422.152
- Establishing safe clinical practices throughout the network of providers
- Providing quality oversight of all clinical services
- Compliance with NCQA accreditation standards
- HEDIS® compliance audit and performance measurement
- Monitoring and evaluation of member and provider satisfaction
- Managing of all quality of care and quality service complaints
- Developing organizational competency of the Institute for Healthcare Improvement's Model for Improvement
- Ensuring that Humana Program is effectively serving members with culturally and linguistically diverse needs
- Ensuring the Humana Program is effectively serving member with complex health needs
- Assessing the characteristics and needs of the member population
- Assessing the geographic availability and accessibility of primary and specialty care providers

The quality program is overseen by the Humana Medical Director and implementation is facilitated by the Director, Quality Improvement. On an annual basis, Humana makes information available about its Quality Program to providers on the Humana website. Humana gathers and uses provider performance data to improve quality of services.

## Quality Measures

Humana continually assesses and analyzes the quality of care and services offered to our members. This is accomplished by using objective and systematic monitoring and evaluation to implement programs to improve outcomes.

Humana uses HEDIS® to measure the quality of care delivered to members. HEDIS is one of the most widely used means of health care measurement in the United States. HEDIS® is developed and maintained by the National Committee for Quality Assurance (NCQA).

The HEDIS® tool is used by America's health plans to measure important dimensions of care and service and allows for comparisons across health plans in meeting state and federal performance measures and national HEDIS® benchmarks.

- Wellness and prevention
- Preventive screenings (breast cancer, cervical cancer, chlamydia)
- Well-child care
- Chronic disease management
- Comprehensive diabetes care
- Controlling high blood pressure
- Behavioral health
- Follow-up after hospitalization for mental illness
- Antidepressant medication management
- Follow-up for children prescribed ADHD medication
- Safety
- Use of imaging studies for low back pain

Humana uses the annual member survey and CAHPS® surveys to capture member perspectives on health care quality. CAHPS is a program overseen by the United States Department of Health and Human Services – Agency for Healthcare Research and Quality (AHRQ).

Potential CAHPS® measures for the plan uses are:

- Customer service
- Getting care quickly
- Getting needed care
- How well doctors communicate
- Ratings of all health care, health plan, personal doctor, specialist

## Preventive Guidelines and Clinical Practice Guidelines

Humana recommends evidenced based nationally accepted standards and guidelines to help inform and guide the clinical care provided to Humana members. Guidelines are reviewed at least every two years or more often as appropriate, and updated as necessary.

The use of these guidelines allows Humana to measure the impact of the guidelines on outcomes of care. Review and approval of the guidelines are completed by the Humana Clinical Advisory Committee every two years or more often as appropriate. The guidelines are then presented to the Humana Quality Assurance Committee. Topics for guidelines are identified through analysis of members. Guidelines may include, but are not be limited to:

- Behavioral health (e.g., depression)
- Adult health (e.g., hypertension, diabetes)
- Population health (e.g., obesity, tobacco cessation)

Information about clinical practice guidelines and health information are made available to Humana members via member newsletters, the Humana member website, or upon request. Preventive guidelines and health links are available to members and providers via the website or hard copy.

## Your Health is Important

Here are some ways that you can maintain or improve your health:

- Establish a relationship with a health care provider
- Make sure you and your family have regular checkups with your health care provider
- Make sure if you have a chronic condition (such as asthma or diabetes) that you see your doctor regularly. You also need to follow the treatment that your doctor has given you. Make sure that you take the medications that your doctor has asked you to take.

Remember, the 24-Hour Nurse Advice Line is available to help you. You can call the number on your member ID card 24 hours a day, 7 days a week, 365 days a year.

Humana has programs that can help you maintain or improve your health. Call us for more information about these programs: **1-xxx-xxx-xxxx (TTY: 711)**.

# YOUR RIGHTS

As a member of Humana you have these rights:

- To receive all services that the plan must provide and to get them in a timely manner
- To get timely access to care without any communication or physical access barriers
- To have reasonable opportunity to choose the provider that gives you care whenever possible and appropriate
- To choose a PCP and change to another PCP in Humana's network. We will send you something in writing that says who the new PCP is when you make a change
- To be able to get a second opinion from a qualified provider in or out of our network. If a qualified provider is not able to see you, we must set up a visit with a provider not in our network.
- To get timely access and referrals to medically indicated specialty care
- To be protected from liability for payment
- To receive information about your health. It may also be given to someone you have legally approved to have the information, or it may be given to someone you said should be reached in an emergency when it is not in the best interest of your health to give it to you
- To ask questions and get complete information about your health and treatment options in a way that you can follow. This includes specialty care.
- To have a candid discussion of any appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- To take an active part in decisions about your health care unless it is not in your best interest.
- To say yes or no to treatment or therapy. If you say no, the doctor or Humana must talk to you about what could happen. They will put a note in your medical record
- To be treated with respect, dignity, privacy, confidentiality, accessibility and non-discrimination
- To have access to appropriate services and not be discriminated against based on health status, religion, age, gender or other bias
- To be sure that others cannot hear or see you when you get medical care
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in federal laws
- Receive information in accordance with 42 CFR 438.10;
- Be furnished health care services in accordance with 42 CFR 438.206 through 438.210;
- Any Indian enrolled with Humana eligible to receive services from a participating I/T/U provider or an I/T/U primary care provider shall be allowed to receive services from that provider if part of Humana's network. I/T/U stands for Indian Health Service, Tribally Operated Facility/Program, and Urban Indian Clinic
- To get help with your medical records in accordance with applicable federal and state laws.
- To be sure that your medical records will be kept private.

- To ask for and receive one free copy of your medical records and to be able to ask that your health records be changed or corrected if needed. More copies are available to members at cost.
- To say yes or no to having information about you given out unless Humana has to provide it by law
- To be able to get all written member information
  - At no cost to you,
  - In the prevalent non-English languages of members in our service area,
  - In other ways to help with the special needs of members who have trouble reading the information for any reason
- To be able to get help from us and our providers if you do not speak English or need help to understand information. You can get the help free of charge.
- To get help with sign language if you are hearing impaired
- To be told if a health care provider is a student and be able to refuse his or her care
- To be told if care is experimental and be able to refuse to be part of the care
- To know that Humana must follow all federal, state and other laws about privacy that apply.
- If you are a female, to be able to go to a woman's health provider in our network for covered woman's health services.
- To file an appeal or grievance (complaint) or request a state fair hearing.
  - You can also get help with filing an appeal or a grievance. You can ask for a state fair hearing from Humana and/or the Department for Medicaid Services (DMS). To make advance directives, such as a living will (see page [68]).
- To contact the Office of Civil Rights at the address below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services.
  - Office for Civil Rights  
Sam Nunn Atlanta Federal Center, Suite 16T70  
62 Forsyth Street, S.W.  
Atlanta, GA 30303-8909]
  - Phone: 1-800-368-1019, TDD: 1-800-537-7697
  - Fax: 1-202-619-3818
- You have the right to get help with sign language if you are hearing impaired.
- To receive information about Humana, our services, our practitioners and providers and member rights and responsibilities.
- To make recommendations to our member rights and responsibility policy.
- If Humana is unable to provide a necessary and covered service in our network, we will cover these services out of network. We will do this for as long as we cannot provide the service in network. If you are approved to go out of network, this is your right as a member. There is no cost to you.
- To be free to carry out your rights and know that Humana or our providers will not hold this against you.

- Know your rights.
- Follow Humana and Kentucky Medicaid policies and procedures.
- Know about your service and treatment options.
- Take an active part in decisions about your personal health and care and lead a healthy lifestyle.
- Understand as much as you can about your health issues.
- Take part in reaching goals that you and your health care provider agree upon.
- Let us know if you suspect health care fraud or abuse.
- Let us know if you are unhappy with us or one of our providers.
- If you file an appeal with us, put the request in writing.
- Use only approved providers.
- Report any suspected fraud, waste or abuse using the information provided in this manual.
- Keep scheduled doctor visits. Be on time. If you have to cancel, call 24 hours in advance.
- Follow the advice and instructions for care you have agreed upon with your doctors and other health care providers.
- Always carry your ID card. Show it when receiving services.
- Never let anyone else use your ID card.
- We want to make sure we are always able to connect with you about your care. Let us know of a name, address or phone number change, or a change in the size of your family. Let us know about births and deaths in your family. We don't want to lose you as a member, so it is really important to let us know.
  - It is also a good idea to tell your local Department for Community Based Services (DCBS) any about any changes. To find the nearest DCBS office, visit their website at <https://chfs.ky.gov/agencies/dcbs/Pages/default.aspx>
  - Or call the Ombudsman toll-free at **1-855-306-8959**



- Call your PCP after going to an urgent care center, after a medical emergency, or after getting medical care outside of Humana's service area.
- Let Humana and the DCBS know if you have other health insurance coverage.
- Provide the information that Humana and your health care providers need in order to care for you.
- Report suspected fraud and abuse (see page [xx]).

We will tell you about changes to our member rights and responsibilities on our website at [[insert member rights and responsibility website link](#)].

# NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Members receive notice annually in the member newsletter that the Notice of Privacy Practices is available on our website. It is posted on our website under “Member Information.” Members are also advised as to how they can request a copy of the notice from us. This notice tells you:

- How Humana and its contracted business partners may use and give out your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law
- What **YOUR** rights are regarding the access and control of your Medicaid health information
- How Humana protects your health information

## Our Duty to Protect Your Privacy

Your health information is personal. Humana is legally required to protect the privacy of your data. It does so in all aspects of its business. Humana has policies about protecting the privacy of your data. These policies comply with State and Federal laws. Humana uses and gives out your health information only where required by law or where necessary for business.

## Where Do I Send Questions or Requests?

To submit questions about your privacy rights or to submit a written request to Humana regarding your privacy rights, contact the Humana Privacy Office at:

Humana Inc.  
Attn: Privacy Officer  
101 E. Main Street  
Louisville, KY 40202

Or, you may call us at **1-866-861-2762**

## What Type of Information Does Humana Have?

The Department for Community Based Services (DCBS) or Social Security Administration (SSA) for Supplemental Security Income (SSI) approved you for Medicaid.

- Your individual information including: name, address, phone number, date of birth, social security number, eligibility program information, Medicaid number
- Information on other health insurance policies you may have
- Your medical records (when necessary)
- Your provider's claims for your services. Provider claims contain information on your treatment given and may include x-rays and lab results.

All this information is considered to be your Protected Health Information (PHI).

## Humana Privacy Responsibility

Humana is required to:

- Follow the terms of this Notice.
- Support your privacy rights under the law.
- Give you a paper copy of this privacy notice and post it on our website.
- Mail out a new Notice if our privacy practices change.
- Treat your data as confidential by not using or giving out your information without your written permission, except to support normal business or under the allowable circumstances given in this Notice.
- Tell you what types of information we collect on you.
- Release your health information without your permission in the event of an emergency. The release of your data must be in your best interest.
- Follow state laws regarding the release of your data in the instances where State law provides stronger protection of your data than the HIPAA law.

## How Humana May Use or Give Out Your Information

Humana can use and give out your information without an Authorization (special permission from you) for our normal business and where required by law. This document tells you of some of the ways this can occur.

- The coordination of your treatment with medical professionals and facilities.
- The billing and payment of your claims.
- The review of your health care and use of benefits.
- The prior authorization of your requested services.
- Data exchanged for your treatment and claim payment involves communications between your health care providers, Humana, your insurance carriers and other organizations necessary to receive, review, approve, process and successfully pay for your health care claims.
  - For example, your doctor must submit a “bill” to Humana listing the treatment he provided to you. Humana will then review the “bill” and may forward it to other organizations for payment.
- Humana may also exchange your data with providers to authorize any requested services or disclose your data to providers to facilitate any treatments you may be requesting.

## Data for Health Care Operations

Humana may use and disclose your health information to carry out insurance related activities related to its operation. Activities may include:

- Submitting claims to other insurance companies
- Conducting or arranging for medical review for certain medical problems you may be experiencing
- Legal services
- Audit services
- Fraud and abuse detection programs
- Business planning, management and general administration

## Case and Utilization Management

Humana may use your medical information to approve services or treatments. We may give out information to others who must make decisions about your care.

## Other Allowable Uses for Your Health Information Without Permission (Authorization)

- **Public Health.** We may give your data to public health agencies to prevent or control disease, injury, or disability; reporting child abuse or neglect; and reporting domestic violence. Humana may also report your data to the Food and Drug Administration (FDA) to notify them of problems with products and reactions to medications.
- **Coroners, Medical Examiners and Funeral Directors.** Humana may give your protected health information to coroners, medical examiners and funeral directors if needed.
- **Organ and Tissue Donation.** Humana may give your data to groups involved in finding, banking, or transplanting organs and tissues. Humana can only give this information when you have agreed to organ or tissue donations.
- **Public Safety.** Humana may give your data in order to prevent a serious threat to the health or safety of a particular person or to the general public.
- **Security.** Humana may give your data for military, national security, and prisoner care purposes.
- **Government Eligibility.** Humana will give your data to government entities involved with your health care benefit eligibility.
- **Worker's Compensation.** Humana may give your data as necessary to comply with worker's compensation or similar laws.
- **Marketing.** Humana may use your data to contact you to give your information about relative health-related benefits and services. An example would be notices for Well Baby or WIC clinics to be held in your area. However, Humana CANNOT give your information to companies for advertising or solicitation without your permission.
- **Research.** Humana may give your data to people not working for Humana that are conducting research ONLY if an independent institutional review board (IRB) approves the disclosure. The research group must also promise to protect the data it receives.
- **Business Associates.** Humana must share your data with other State, Federal and commercial partners it contracts with to perform its normal business. We ask these groups to protect your data through formal agreements.
- **Health Oversight and Quality Assurance.** Humana may use and give out your data to doctors and nurses to help improve your care. Humana staff, committees and outside agencies that monitor Medicaid quality of care may also see your data.
- **Appointment Reminders.** Humana may use your health information to remind you of medical appointments. Examples are: shot and checkup reminders, and health screening reminders.
- **Health Promotion and Disease Prevention.** Humana may use your health information to tell you about disease prevention and health care.

- **Individuals Involved with Payment of Your Care.** Humana may give out your health information to a friend or family member who is helping with your care or with payment for your care if necessary.
- **Member and Provider Claims Services Department.** Humana Customer Care and Provider Claims Services will answer provider and member calls that involve your protected data.
- **Medical and Administrative Appeals.** DMS at times may make decisions about claims for services provided to you. You or your provider may appeal these decisions. Your health information may be used to make appeal decisions.
- **Lawsuits and Disputes.** Humana must give your data under a court order. Humana must give your data out to court officers and lawyers, if you are involved in a lawsuit.
- **Law Enforcement.** Humana will give out your data to law enforcement only where allowed by federal or state law or required under a court order.

## When Humana May Not Use or Disclose Your Health Information Without Authorization

Other than for the allowed reasons listed in previous sections, Humana will not use or disclose your data without written permission (Authorization) from you. If you do authorize us to use or disclose your data in other ways, you may revoke your permission in writing at any time. Once you revoke your permission, Humana will no longer be able to use or disclose your data for the reasons stated in your original authorization.

## Your Individual Privacy Rights Under HIPPA

### Right to Request Confidential Communications

You have the right to ask DMS to communicate with you at a certain alternative number or location other than your home of record. Humana will do this only when necessary to protect your safety or health.

Requests to change our communication with you should be submitted to the Humana Privacy Officer. Please be sure to tell us how you want us to contact you in your written request.

### Right to Request Restrictions

You have the right to ask that your protected health data not be given out or used. This is called requesting a restriction. Humana has the right to deny any requests for restrictions that prevent DMS from conducting its required business processes.

To ask for a restriction on the use of your information, send a written request to Humana Privacy Officer. The request should include:

- What information you wish to restrict and how you want it restricted.
- Whether you wish to restrict the use or information, disclosure of information, or both.

## Right to Withdraw Authorization for Usage and Disclosure

Humana must have your written permission (authorization) to use or give out your information for reasons other than the special exceptions described above. Humana may ask you to give permission by signing a form called an Authorization.

- You may cancel this permission at any time. To cancel, send a letter to the Humana Privacy Officer.
- When Humana receives your cancellation, we will stop using or giving out the information permitted by your Authorization.
- Releases made before we received your authorization cancellation cannot be taken back.

## Right to Access

You have the right to look at and get a copy of your personal health information maintained by Humana. This is called a designated record set. Humana designated record set includes enrollment, claims data, and payment records made in your behalf.

***\*\*\*Humana Does NOT Keep Complete Copies of your Medical Records. If You Would Like a Copy of Your Medical Records, Please Contact your Doctor\*\*\****

- If you would like a copy of your information, please send a written request to the Humana privacy officer.
- Humana will provide one copy of records per 12-month period free of charge. You may be charged for additional copies.
- Humana will respond to requests within 30 days of receipt.
- Humana may ask for an extra 30 days if necessary. We will let you know if we need the extra time.
- Humana has the right to keep you from having or seeing all or parts of your records for specific reasons related to HIPAA and State law.
- Humana will tell you the reasons in writing.
- Humana will give you information on how to file an appeal if you disagree with our decision.

## Right to Amend

You have the right to ask that information in your records be changed, if they are not correct. Humana will respond within 60 days of receipt.

***\*\*\*If You Wish to Change Your Medical Records, You Must Contact the Doctor or Facility Who Wrote the Record to Request a Change\*\*\****

Humana may deny the request for change if:

- The information was not written or is not kept by Humana.
- The information is information you are not allowed to see and copy.
- The information is already correct and complete.

To request a change you must send a written request to the Humana Privacy Officer. Include the reason you are asking for a change.



## Right to an Accounting of Disclosures

You have the right to ask for a list of people who have asked for your health records. This will tell you every time Humana gave your personal data to people or organizations, other than you, that was not a part of normal Humana business activities (treatment, payment, and operations.) To request this report, send a written request to the Humana. Specify the time period that you want to know about. The time period may not be longer than six years. It also may not involve dates before the law's effective date of April 14, 2003. Humana will respond within 60 days of receipt.

## Right to Paper Copy of Notice

You have the right to receive a paper copy of this Notice at any time. To receive a paper copy, send a written request to Humana. You can also find it online at [www.humana.com/legal/privacy](http://www.humana.com/legal/privacy).

## Changes to This Notice of Privacy Practices

Humana has the right to change this Privacy Notice at any time. If we do make a change, we will revise this Notice and promptly distribute it to all Medicaid recipients. Humana is required by law to comply with the current version of this Notice until a new version has been mailed out.

## Complaints

If you believe your privacy rights have been violated, and wish to make a complaint you may file a complaint by calling/writing to the Humana Privacy Officer.

The Secretary of Health and Human Services: Secretary of Health and Human Services, Room 615F 200 Independence Ave. SW, Washington, D.C. 20201  
For additional information, call **877-696-6775**.

United States Office for Civil Rights by calling **1-866-OCR-PRIV (866-627-7748)** or **866-788-4989 TTY**.

## Policy of Non-Retaliation

Humana cannot take away your health care benefits or retaliate in any way if you choose to file a privacy complaint or exercise any of your privacy rights.

# ADVANCE DIRECTIVES

Advance Directives are forms you fill out in case you become seriously ill or not able to make your own health care decisions. Doctor's offices and hospitals may have these forms available. If you haven't thought about this, now is a good time to start. You may want to talk to your family, too. However, Advance Directives are always voluntary. You must be over 18 years old to have an Advance Directive.

**Advance Directives can give you peace of mind** knowing your choices about your medical treatment will be voiced and followed. They let your doctors and others know how you want to be treated or who you want making health care decisions for you if you get very sick.

You sign them while you are still healthy and able to make these decisions. They are only used when you are too ill or not able to communicate. They allow you to express if you would like things done to keep you alive or name someone to make health care decisions for you. You have the right to cancel your advance directives at any time as long as you're able.

Kentucky law requires us, your family, doctor, and other health care providers to honor your valid advance directives unless the law provides an exception.

## Advance Directives in Kentucky

In Kentucky, there are different types of Advance Directives. Advance Directives include (1) Medical Order Scope of Treatment (MOST) forms, (2) Living Wills, and (3) Mental Health Treatment Directives.

### Medical Order Scope of Treatment (MOST)

A MOST is a medical order signed by you, Health Care Surrogate, or other caretaker, and your doctor telling what life-sustaining treatment you wish to have, if any. Unlike other types of Advance Directives, a MOST is a doctor's order that you have agreed to. It is a standardized form used to complement other types of Advance Directives you may have.

MOST is usually for those who have a serious illness, or for those who want to have some of their wishes set as a medical order. MOSTs are not intended to address all your health care decisions. You may still need other types of Advance Directives.

- Name a Health Care Surrogate
- Refuse or request life prolonging treatment
- Refuse or request artificial feeding or hydrations
- Express your wishes regarding organ donation

When you name a Health Care Surrogate, you allow one or more persons, such as a family member or close friend, to make health care decisions for you if you lose the ability to decide for yourself. When choosing a Health Care Surrogate, remember that the person you name will have the power to make important treatment decisions. Even if other people close to you might want a different decision.

Choose the person best qualified to be your Health Care Surrogate. Also, consider picking a back-up person, in case your first choice isn't available when needed. Be sure to tell the person that you have named them as a Health Care Surrogate and make sure that the person understands what's most important to you. Your wishes should be laid out specifically in the Living Will.

A Living Will allows you to make your wishes known regarding life- prolonging treatment and artificial feeding or hydrations so your Health Care Surrogate or doctor will know what you want them to do. You can also decide whether to donate any of your organs in the event of your death. If you decide to make a Living Will, be sure to talk about it with your family and your doctor.

Living Wills must be in writing. They must be signed and dated by you and witnessed by two adults or one notary.

## Mental Health Treatment Directive

You may also state your specific preferences regarding the mental health treatment you may or may not wish to receive in the event you become unable to make your own decisions regarding mental health treatment. For example, you may not want certain types of medication or treatment.

Mental Health Treatment Directives must be in writing. They must be signed and dated by you and witnessed by two adults or one notary.

For more information on how you can state your preferences on the mental health treatment you wish to receive, please visit [[www.humana.com](http://www.humana.com)].

## Others Who May Make Health Care Decisions for You

If you do not have an Advance Directive and you are not able to make health care

- Guardian
- Attorney
- Spouse
- Adult child
- Parent
- Next-of-kin

Should you have any questions regarding Advance Directives, you always consult a qualified legal professional. This information is provided for general information purposes and is not intended to be legal advice.

## Guardianship

### **What is a Guardian?**

A guardian is an adult chosen by a court to be legally in charge for another person.

### **When will a Guardian be chosen?**

A court will choose a guardian for someone who can no longer make safe choices. This is usually due to legal or mental incapacity. In certain situations a minor may also have a guardian chosen for them.

### **How do I get a Guardianship?**

Any adult can seek to have guardian appointed for another person. Usually guardianship is requested by a family member.

### **Who appoints a Guardian?**

Only a court can choose a guardian. The court that chooses a guardian is your local court. This could differ based on where you live. Call your local Health and Family services, local court, local lawyer, or local legal aid service for more information.

Should you have any questions regarding Guardianship, you should consult a qualified legal professional. This information is provided for general information purposes and is not intended to be legal advice.

# ENDING YOUR MEMBERSHIP

We want you to be happy with Humana. Please let us know about your problems or concerns. We can help you.

You may ask to stop your membership with Humana. You can do this for any reason. You need to ask in the first 90 days of your enrollment or at the time of re-enrollment. After the first 90 days, you may ask to stop your membership for cause. This means you have a special reason that you need to end your membership. You must send a written request for a hearing to ask for disenrollment. The request must have the reason you are asking to be disenrolled. You can send it to the Kentucky Department for Medicaid Services (DMS) at the following address:

KDMS – Cabinet for Health and Family Services  
Office of the Secretary  
275 E. Main Street  
Frankfort, KY 40621

You may also change to a different managed care plan. You can do this during the annual open enrollment period. You will get a letter from the Kentucky DMS each year. It will let you know when your open enrollment period is and how to change. You will be disenrolled from Humana if you are no longer eligible for Kentucky Medicaid or if you move out of our service area.

**At Humana, it is important you are treated fairly.** Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

**Auxiliary aids and services, free of charge, are available to you.**  
**1-877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**Language assistance services, free of charge, are available to you.**  
**1-877-320-1235 (TTY: 711)**

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóháí béésh bee hani'í bee wolta'ígíí bich'í' hódílnih éí bee t'áá jiik'eh saad bee áká'ánida'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

