

# Kentucky Medicaid Contract Training

## How to Navigate a Medicaid Contract

Now, this is what you're here for, right?

Every Humana Associate will have different needs for using the contract as a resource.

The contract is a great place to find the *why* behind Humana's Medicaid processes.

The fastest way to navigate the document is by using "**Ctrl+F**" to use the *Find* function.

Maybe you already know how to use this, but just as a refresher, let's try searching keywords: **Enrollee Services...**



# How to Navigate a Medicaid Contract

The navigation bar pops up after you type Ctrl+F

The keywords you type will highlight throughout the document.

In this case, there is an entire section of the contract (23.0) dedicated to Enrollee Services.

The screenshot displays a document viewer interface. On the left, a 'Navigation' sidebar is open, showing search results for 'Enrollee Services'. The results list '23.0 Enrollee Services 59' as the primary result, with a sub-entry '38.7 Enrollee Services Report 130'. The main document area on the right shows a table of contents with the following items:

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At the bottom of the viewer, there is a green 'Humana.' logo on the left and navigation icons (back, forward, search) on the right.

Objectives

What questions do you have about KY Medicaid?

Who do we serve?

What resources are available?

What key services do we offer?

How do we report on our objectives?

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# Kentucky Medicaid Contract Training



## Kentucky Medicaid Population

- Who is eligible?
  - Persons Eligible for Enrollment and Retroactivity
  - State Behavioral Health Agency



What do you know?

Eligibility,  
Enrollment  
and  
Disenrollment

Take a guess:  
Can you tell me who is eligible for  
Medicaid in Kentucky?

Eligibility is determined by a number of factors, including family size, income and the federal poverty level.

Eligibility is determined by income and the federal poverty level only.

Eligibility is determined by age, 65 or over.

<< Select an answer

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What do you know?

Eligibility,  
Enrollment  
and  
Disenrollment

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Take a guess:  
Can you tell me who is eligible for  
Medicaid in Kentucky?

Select an answer below:

Eligibility is determined by a number of factors, including family size, income and the federal poverty level.

Eligibility is determined by income and the federal poverty level only.

Eligibility is determined by age, 65 or over.

Eligibility is determined by a number of factors, including family size, income and the federal poverty level.





## Kentucky Medicaid is:

A state and federal program that provides health care for **eligible low-income residents** including **children, families, pregnant women, the aged** and the **disabled**.

Eligibility is determined by a number of factors, including family size, income and the federal poverty level.



## Kentucky Medicaid Population

### Eligibility

Explore the aid categories defined below:

Children

Adults

Aged, Blind and Disabled



- Temporary Assistance to Needy Families (TANF)
- Children and family related
- Poverty level children
- Under 21 and in an inpatient psychiatric facility
- Under 18 and receiving adoption assistance and have special needs
- Disabled children
- Foster care children (former foster care children up to age 26)

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## Kentucky Medicaid Population

### Eligibility

Explore the aid categories defined below:

Children

Adults

Aged, Blind, and Disabled



- Temporary Assistance to Needy Families (TANF)
- Pass through
- Poverty level pregnant women, including presumptive eligibility
- Dual eligibles
- Adults age 19-64 with income under 138% of the Federal Poverty Level



## Kentucky Medicaid Population

### Eligibility

Explore the aid categories defined below:

Children

Adults

Aged, Blind, and Disabled



#### Popup Response

Content information will display based on the button selected by the learner.

- Aged, blind, and disabled Medicaid only
- Aged, blind, and disabled receiving State Supplementation
- Aged, blind, and disabled receiving Supplemental Security Income (SSI)
- Dual eligibles



# Kentucky Medicaid Contract Training



## Enrollee Welcome Kit

- Explore the Kit
  - See What the Member Sees

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## Welcome Kit

Greetings from the Enrollee Welcome Kit.  
Let's take a look at what the member sees...

Select each item to learn more:

Humana's Welcome

How to Reach Us

Hours of Service

### You are now an enrollee of Humana, welcome!

Thank you for joining Humana! We are happy to have you as an enrollee. 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.



[www.humana.com](http://www.humana.com)

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## Welcome Kit

Greetings from the Enrollee Welcome Kit.  
Let's take a look at what the member sees....

Select each item to learn more

Humana's Welcome

How to Reach Us

Hours of Service

**Popup Response** Content information will display based on the button selected by the learner.

### HOW TO REACH US

<b>Enrollee Services</b>	[[1-800-444-9137], TTY: 711
<b>Online</b>	[www.humana.com/KentuckyMedicaid]
<b>Transportation</b>	[1-888-941-7433]
<b>Mail</b>	[Humana ] [P.O. Box 14546 Lexington, KY 40512-4546]
<b>Concierge Services for Accessibility</b>	[877-320-2233]

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## Welcome Kit

Greetings from the Enrollee Welcome Kit.  
Let's take a look at what the member sees....

Select each item to learn more

Humana's Welcome

How to Reach Us

Hours of Service

**Popup Response** Content information will display based on the button selected by the learner.

### Hours of Service

Enrollee Services 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

**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 enrollee.

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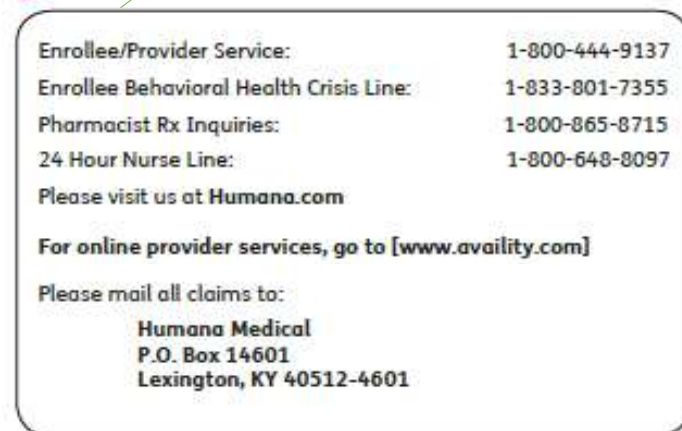
## Member ID Cards

Here's a look at the ID cards Humana State Plan members receive...

Personal info displays on the front



Key Humana Phone Numbers display on the back



Members also receive a helpful glossary to explain Medicaid-related terms. Glance through the images below, or [click here](#) to access the Enrollee Handbook

## Words to Know

### WORDS TO KNOW

**Abuse** – The payment for items or services when there is no legal entitlement to that payment and the health care provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

**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** – Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice to defraud any health care benefit program; or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program

**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.

**Preferred Drug List (PDL)** – A list of covered pharmacy medicines.

**Preventive Care** – Care that a member gets from a doctor to help keep the member healthy.

**Primary Care Provider (PCP)** – A participating provider you have chosen to be your own doctor. Your PCP works with you to coordinate your health care.

**Prior Authorization** – Sometimes participating providers contact us about the care they want you to get. This is done before you get the care to make sure it is the best care for your needs. They also make sure that it will be covered. It is needed for some services that are not routine, such as home health care or some scheduled surgeries.

**Provider Directory** – A list of the doctors and other health care providers you can go to for care.

**Provider Network** – A list of all health care providers actively participating with the plan ("participating providers"). The Provider Directory is created from this list.

**Referral** – A request from a PCP for his or her patient to see a specialist, such as a surgeon.

**Supplemental Security Income** – A federal funding program designed to help aged, blind, and disabled people, who have little or no income; and provides cash to meet basic needs for food, clothing, and shelter

**Specialist** – A doctor who focuses on a particular kind of health care such as a surgeon or a cardiologist (heart doctor).

**Step Therapy** – In managed medical care step therapy is an approach to prescription intended to control the costs and risks posed by prescription drugs. The practice begins medication for a medical condition with the most cost-effective drug therapy and progresses to other more costly or risky therapies only if necessary.

**Urgent Care** – Needed care for an injury or illness that should be treated within 24 hours, usually not life threatening.

**Utilization Management** – This is a review process that looks at services delivered to members.

**Waste** – Overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system, including the Medicare and Medicaid programs. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.

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# Kentucky Medicaid Contract Training



## Key Enrollee Services

- Covered Services
- Enrollee Service Contacts
- Changing PCPs
- Prescriptions
- Behavioral/Mental Health
- Grievances & Appeals
- Fraud, Waste, and Abuse
- KY Lock in Program (KLIP)
- Ending Membership



# Covered Services

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Covered Services

What do you think?

Select the best answer and Submit.

Does Humana Kentucky Medicaid cover all medically necessary Medicaid-covered services?

Yes, Humana Kentucky Medicaid covers all medically necessary Medicaid-covered services

No, Humana Kentucky Medicaid only covers some services.

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Covered Services

What do you think?

Select the best answer and Submit.

Does Humana Kentucky Medicaid cover all medically necessary Medicaid-covered services?

**YES! Medicaid enrollees receive services equal to the fee-for-service program in the same amount, period of time, and scope.**

Services meet medical needs as ordered by the physician, and helps members achieve age-appropriate growth and development; and helps to attain, maintain, or regain functional capacity.

Services supporting individuals with ongoing or chronic conditions who require long-term services and supports are authorized in a manner that reflects the Enrollee's ongoing need.

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## What is covered under the Medicaid State Plan?

General	Diagnostic	Family & Preventive	Behavioral/ Mental Health	Long-term Support & Pharmacy	Emergency and Acute Care
<ul style="list-style-type: none"> <li>-Medicine including but not limited to that provided by Physicians, APRNs, Physicians Assistants, and FQHCs, Primary Care Centers and Rural Health Clinics</li> <li>-Inpatient and Outpatient Hospital</li> <li>-Chiropractic</li> <li>-Podiatry</li> <li>-Dental, including oral surgery, orthodontics, and prosthodontics</li> <li>-Specialized Case Management and Targeted Case Management</li> <li>-Therapeutic Evaluation and Treatment, including Physical, Speech, and Occupational Therapies</li> <li>-Hospice(non-institutional)</li> </ul>	<ul style="list-style-type: none"> <li>-Independent Laboratory, and Other Laboratory and X-ray</li> <li>-Early &amp; Periodic Screening, Diagnosis, and Treatment (EPSDT) screening and special services</li> </ul>	<ul style="list-style-type: none"> <li>-Specialized Children’s Services Clinics</li> <li>-Alternative Birth Center</li> <li>-Family Planning</li> <li>-Preventive Health provided in Public Health Departments, FQHCs/Primary Care Centers, and Rural Health Clinics</li> </ul>	<ul style="list-style-type: none"> <li>-Inpatient and Outpatient Mental Health Services</li> <li>-Behavioral Health Mental Health and Substance Abuse Disorder Treatment</li> <li>-Medical detoxification during acute withdrawal from substance addiction</li> <li>-Community Mental Health Center Services</li> <li>-Psychiatric Residential Treatment Facilities (Levels I and II)</li> </ul>	<ul style="list-style-type: none"> <li>-End Stage Renal Dialysis</li> <li>-Hearing, including hearing aids for enrollees under 21</li> <li>-Vision Care, including exams, services of Opticians, Optometrists, and Ophthalmologists, including eyeglass for Enrollees under 21</li> <li>-Home Health</li> <li>-Durable medical equipment: prosthetics, orthotics, disposable medical supplies</li> <li>-Pharmacy and Limited Over-the-Counter Drugs including mental/behavioral health drugs</li> </ul>	<ul style="list-style-type: none"> <li>-Urgent and Emergency Care</li> <li>-Ambulatory Surgery Center</li> <li>-Transportation to Covered Services, including Emergency and Ambulance</li> <li>-Meals and Lodging for Appropriate Escort of Enrollees</li> <li>-Organ Transplants not considered investigational by FDA</li> </ul>

## The Services in Black require a Pre-authorization...

General	Diagnostic	Family & Preventive	Behavioral/ Mental Health	Long-term Support & Pharmacy	Emergency and Acute Care
<ul style="list-style-type: none"> <li>-Medicine including but not limited to that provided by Physicians, APRNs, Physicians Assistants, and FQHCs, Primary Care Centers and Rural Health Clinics</li> <li>-Inpatient and Outpatient Hospital</li> <li>-Chiropractic</li> <li>-Podiatry</li> <li>-Dental, including oral surgery, orthodontics, and prosthodontics</li> <li>-Specialized Case Management and Targeted Case Management</li> <li>-Therapeutic Evaluation and Treatment, including Physical, Speech, and Occupational Therapies</li> <li>-Hospice(non-institutional)</li> </ul>	<ul style="list-style-type: none"> <li>-Independent Laboratory, and Other Laboratory and X-ray</li> <li>-Early &amp; Periodic Screening, Diagnosis, and Treatment (EPSDT) screening and special services</li> </ul>	<ul style="list-style-type: none"> <li>-Specialized Children’s Services Clinics</li> <li>-Alternative Birth Center</li> <li>-Family Planning</li> <li>-Preventive Health provided in Public Health Departments, FQHCs/Primary Care Centers, and Rural Health Clinics</li> </ul>	<ul style="list-style-type: none"> <li>-Inpatient and Outpatient Mental Health Services</li> <li>-Behavioral Health Mental Health and Substance Abuse Disorder Treatment</li> <li>-Medical detoxification during acute withdrawal from substance addiction</li> <li>-Community Mental Health Center Services</li> <li>-Psychiatric Residential Treatment Facilities (Levels I and II)</li> </ul>	<ul style="list-style-type: none"> <li>-End Stage Renal Dialysis</li> <li>-Hearing, including hearing aids for enrollees under 21</li> <li>-Vision Care, including exams, services of Opticians, Optometrists, and Ophthalmologists, including eyeglass for Enrollees under 21</li> <li>-Home Health</li> <li>-Durable medical equipment: prosthetics, orthotics, disposable medical supplies</li> <li>-Pharmacy and Limited Over-the-Counter Drugs including mental/behavioral health drugs</li> </ul>	<ul style="list-style-type: none"> <li>-Urgent and Emergency Care</li> <li>-Ambulatory Surgery Center</li> <li>-Transportation to Covered Services, including Emergency and Ambulance</li> <li>-Meals and Lodging for Appropriate Escort of Enrollees</li> <li>-Organ Transplants not considered investigational by FDA</li> </ul>



# Referrals

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Referrals

What do you think?

Select the best answer and Submit.

Do members need a referral from their primary care provider (PCP) in order to see specialists?

Yes, the member must have a referral from their PCP in order to see an in-network specialist

No, the member may self-refer to any in-network provider, including specialists and inpatient hospitals.

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Navigation icons: a document icon, a left arrow, and a right arrow.

Referrals

What do you think?

Select the best answer and Submit.

Do members need a referral from their primary care provider (PCP) in order to see specialists?

**NO! The member may self-refer to any in-network provider, including specialists and inpatient hospitals.**

The Enrollee may self-refer to any in-network provider. PCPs do not need to arrange or approve these services as long as the Enrollee has not reached the benefit limit for the service.

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Navigation icons: Home, Previous, Next

# Copays

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## Let's Talk about Copays!

### Good To Know...

A **copay** is a fee that is charged for some health care, and is paid at the time of service.

You cannot be refused services for failure to pay a co-payment if your income is 100% or below the Federal Poverty Level (FPL)

*Humana Associates may be granted access to KY HealthNet in order to see this information about Enrollees in order to support and advocate for proper care*



## Let's Talk about Copays!

### Good To Know...

#### Exemptions to copays include:

Foster care, pregnant women, terminally ill, people in hospice, and those who have reached their cost-sharing limit for the quarter.

#### Some services are exempt:

Emergency services, some family planning, and preventive services



## Which Health Care Services Require a Copay?

Copay	Benefit
\$0	<ul style="list-style-type: none"> <li>- Preventive Health</li> <li>- Pregnancy Care</li> <li>- Family Planning</li> <li>- Emergency Room</li> </ul>
\$1	<ul style="list-style-type: none"> <li>- Generic Drug</li> <li>- Brand Name Drug Preferred over Generic</li> </ul>
\$3	<ul style="list-style-type: none"> <li>- Office Visits</li> <li>- Doctor Services</li> <li>- Chiropractor Visits</li> <li>- Foot Care</li> <li>- Dental Care</li> <li>- Vision Care</li> <li>- General Ophthalmologist</li> <li>- Rural Health Clinic, Primary Care Center or FQHC Visits</li> <li>- Physical, Speech, and Occupational Therapy</li> <li>- Lab, Diagnostic, X-ray</li> </ul>
\$4	<ul style="list-style-type: none"> <li>-Brand Name Drug</li> <li>-Outpatient Hospital</li> <li>-Durable Medical Equipment</li> <li>-Ambulatory Surgery Center Visits</li> </ul>
\$8	<ul style="list-style-type: none"> <li>-Emergency Room Visits for a Non-Emergency</li> </ul>
\$50	<ul style="list-style-type: none"> <li>-Inpatient Hospital Visits</li> </ul>



# Enrollee Contacts

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## Important Contacts for Enrollees

- Enrollee Services: **1-800-444-9137**
  - [www.humana.com/KentuckyMedicaid](http://www.humana.com/KentuckyMedicaid)
- Questions about Medicaid Eligibility?
  - Call **1-855-306-8959**
  - Or contact local Department for Community Based Services (DCBS)
    - If DBCS says an enrollee no longer has Medicaid, then Humana stops coverage.

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# Choosing & Changing PCPs

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## Choosing and Changing a Primary Care Provider (PCP)

Take a guess:  
How do Enrollees choose a PCP?

The enrollee can ask any doctor to be their PCP

The enrollee can search Humana's Provider Directory or Call Enrollee Services

A PCP is automatically assigned to an enrollee



<< Select the correct answer



## Choosing and Changing a Primary Care Provider (PCP)

Take a guess:  
How do Enrollees choose a PCP?

The enrollee can ask any doctor to be their PCP

The enrollee can search Humana's Provider Directory or Call Enrollee Services

A PCP is automatically assigned to an enrollee



Enrollees can choose a PCP from Humana's Provider Directory on Humana.com or by calling Enrollee Services at 1-800-444-9137 (TTY:711)

Sometimes, enrollees need to change their PCP.  
Here's how it is done...

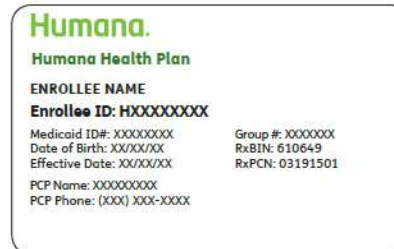
## Changing the PCP

### Step 1:

- Call Enrollee Services
- The change will be made on the date the enrollee calls

### Step 2

- The Enrollee will receive a new ID card with the new PCP Name and Phone



PCPs also move away, retire, or leave network

- Enrollees are advised via mail within 30 days
- Humana helps them find a new doctor



# Prescriptions

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Prescriptions

What do you think?

Select the best answer and Submit.

Does Humana cover all medically necessary Medicaid-covered drugs?

Yes, Humana covers all medically necessary Medicaid-covered services

No, Humana only covers some drugs.

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Prescriptions

Does Humana cover all medically necessary Medicaid-covered drugs?

**YES! Humana covers all medically necessary Medicaid-covered services**

Humana uses a preferred drug list (PDL) with drugs that Humana prefers providers to use.

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## Medication Therapy Management (MTM)

### What:

- Helps Enrollees learn about:
  - Medications,
  - How to prevent or address medication-related problems
  - Decreasing costs
  - How to stick to treatment plans

### Where:

- Available from many local pharmacists, they are there to help!

# Behavioral and Mental Health Services

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## Behavioral and Mental Health Services

Humana's goal is to take care of all health needs, including behavioral and mental health!

Select each item to learn more:

Diagnostic

Treatment

Crisis Intervention

Available diagnostic services:

- Drug and alcohol screening and assessment
- Psychological Testing
- Neuropsychological Testing and Development Screening



## Behavioral and Mental Health Services

Humana's goal is to take care of all health needs, and enrollees have many behavioral and mental health services available to them.

Select each item to learn more:

Diagnostic

Treatment

Crisis Intervention

### Available Treatment Services:

- Inpatient treatment
- Outpatient services such as counseling for individuals, groups, and families
- Help with medication
- Substance use services for all ages, including residential services
- Therapeutic Rehabilitation Programs (TRP)
- Day treatment for Children under 21
- Other community support services



## Behavioral and Mental Health Services

Humana's goal is to take care of all health needs, and enrollees have many behavioral and mental health services available to them.

Select each item to learn more:

Diagnostic

Treatment

Crisis Intervention

Available Services:

- Crisis Intervention and Stabilization Services
- Crisis intervention is available 24 hours a day, 7 days a week **1-833-801-7355**
- Peer support



# Grievances & Appeals

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Grievances & Appeals

What do you think?

Select the best answer and Submit.



Man, I recently had a doctor's visit that left me really unhappy. Do you think that I should tell Humana?

Yes, you can file what's called a "grievance." You can give them a call or write a letter

No, you just have to deal with it

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Grievances & Appeals

What do you think?

Select the best answer and Submit.



**YES!** Enrollees can contact Humana if they are unhappy with their care, and submit a grievance orally over the phone, or in writing.

Enrollees can:

- Call Enrollee Services at **1-800-444-9137**
- Fill out the form at the back of the Enrollee Handbook
- Write Humana a letter and send to:  
Humana  
Grievance and Appeals Department  
P.O. Box 14546  
Lexington, KY 40512-4546
- OR Fax to 1-800-949-2961

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**From:** [someone@humana.com](mailto:someone@humana.com)  
**To:** [someoneelse@humana.com](mailto:someoneelse@humana.com)  
**Subject:** RE: Appeals?

Hello Humana Associate:

Thank you for your inquiry about how to submit an appeal. Enrollees can submit appeals by:

- Calling Enrollee Services:  
**1-800-444-9137 (TTY:711)**
- Writing a letter:  
Humana  
Grievance and Appeals Department  
P.O. Box 14546  
Lexington, KY 40512-4546
- Fax: **1-800-949-2961**

It's a lot like filing a grievance, but if an appeal is called in, it is **REQUIRED** that they submit a written, signed appeal within 10 calendar days of the call.

Best,  
A Helpful Grievances & Appeals Associate

## Filing an Appeal

- If an Enrollee is unhappy with a response from Humana, they can appeal within 60 calendar days of the response
- Enrollees can call in, but a written, signed appeal must be delivered within 10 calendar days of the call



# Fraud, Waste, & Abuse



## 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.

Select each item to learn more:

Fraud

Waste

Abuse

Fraud can be committed by provider, pharmacies, or enrollees

Examples of fraud include:

- Prevent enrollees from getting covered services resulting in underutilization of services offered
- Bill for tests or services not provided
- Use wrong medical coding on purpose to get more money



## 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.

Select each item to learn more:

Fraud

Waste

Abuse

Examples of provider waste include:

- Prescribe drugs, equipment or services that are not medically necessary
- Schedule more frequent return visits than are medically necessary



## 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.

Select each item to learn more:

Fraud

Waste

Abuse

Examples of abuse include:

- Bill for more expensive services than provided
- Fail to provide patients with medically necessary services due to lower reimbursement rates



## If You Suspect Fraud, Waste, or Abuse...

### Good To Know...

If you think a doctor, pharmacy or enrollee 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

Sent it to:

**Humana**

**Attn: Special Investigations Unit 1100 Employers Blvd.**

**Green Bay, WI 54344**

- You can go to [www.humana.com/fraud](http://www.humana.com/fraud) for more information.



# Kentucky Lock-in Program (KLIP)

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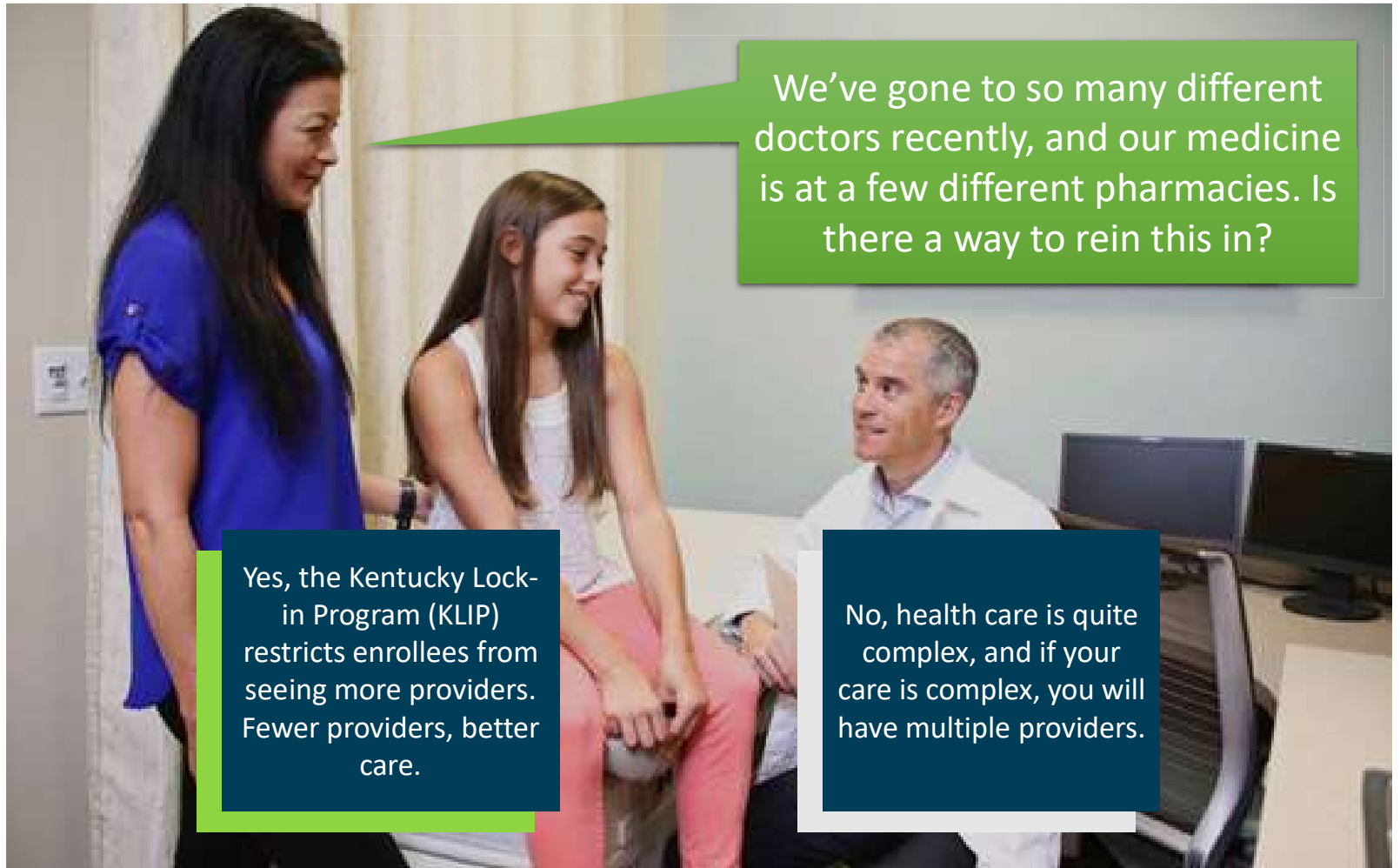


KLIP

What do you think?

Select the best answer and Submit.

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We've gone to so many different doctors recently, and our medicine is at a few different pharmacies. Is there a way to rein this in?

Yes, the Kentucky Lock-in Program (KLIP) restricts enrollees from seeing more providers. Fewer providers, better care.

No, health care is quite complex, and if your care is complex, you will have multiple providers.

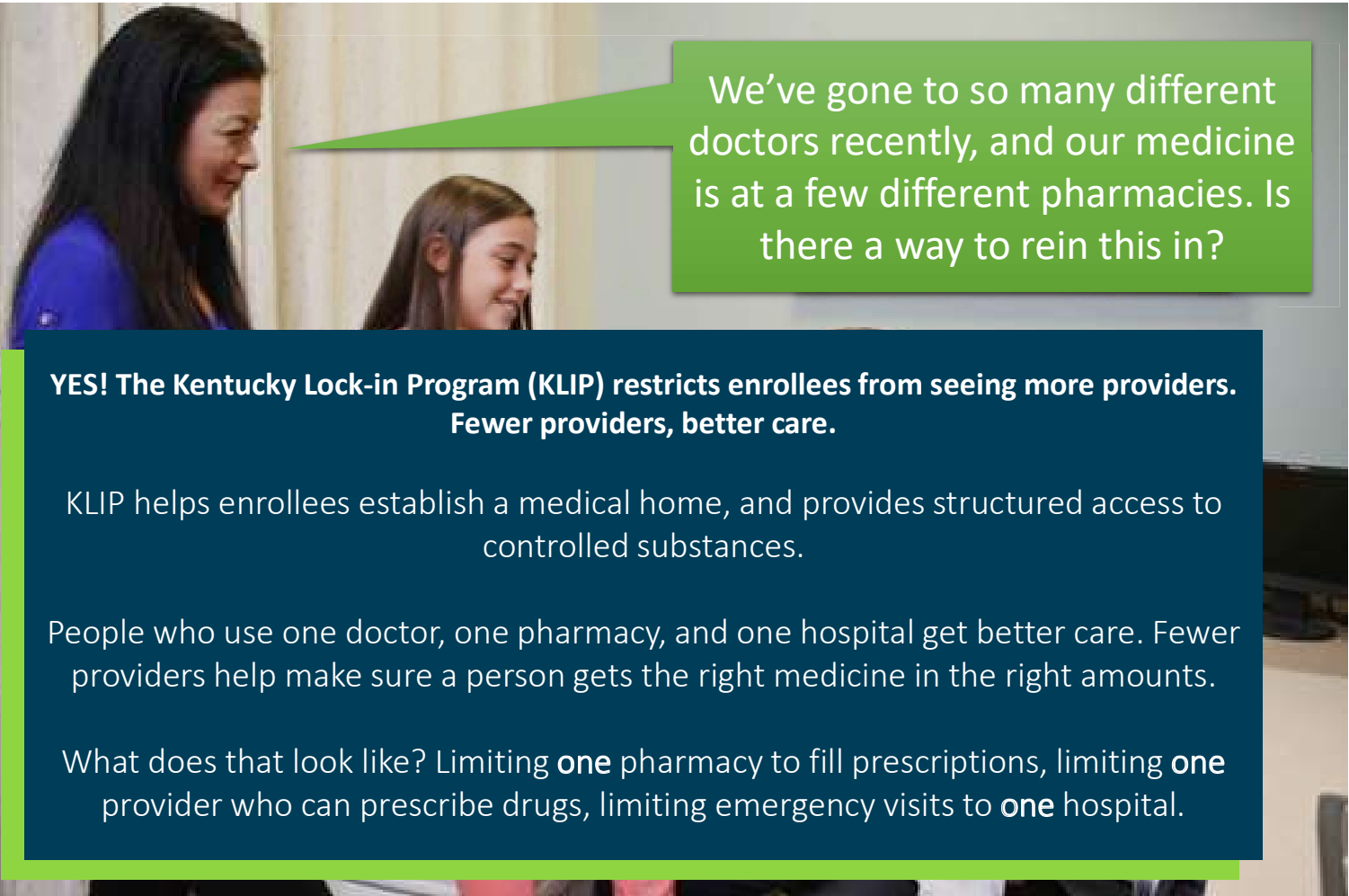




KLIP

What do you think?

Select the best answer and Submit.



**YES! The Kentucky Lock-in Program (KLIP) restricts enrollees from seeing more providers. Fewer providers, better care.**

KLIP helps enrollees establish a medical home, and provides structured access to controlled substances.

People who use one doctor, one pharmacy, and one hospital get better care. Fewer providers help make sure a person gets the right medicine in the right amounts.

What does that look like? Limiting **one** pharmacy to fill prescriptions, limiting **one** provider who can prescribe drugs, limiting emergency visits to **one** hospital.

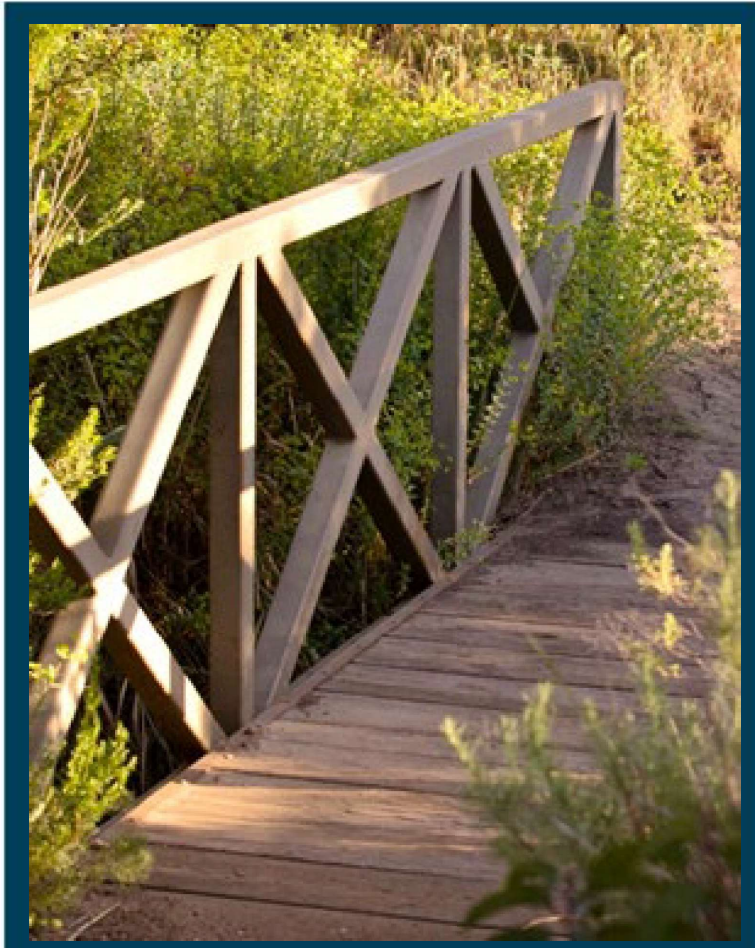
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# Ending a Membership

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## Ending a Membership

### When:

- First 90 days of enrollment OR at the time of re-enrollment
- After first 90 days? If you have a special reason, can end a membership via written request

### Where:

- Send to Department for Medicaid Services  
DMS- Cabinet for Health and Family Services  
Office of the Secretary  
275 E. Main Street  
Frankfort, KY 40621

**What else?** During Annual Open Enrollment, enrollees can change to a different managed care plan.



# Kentucky Medicaid Contract Training



## Key Provider Services

- Provider Services List
- Manual and Communication
- Orientation and Education
- Educational Forums
- Maintenance of Medical Records
- Provider Grievances and Appeals



## Key Provider Services

Take a guess:  
How does Humana serve Providers?

Humana has more than 50 years of managed care experience, and the resulting expertise and resources

Providers under Humana insurance manage themselves and do not engage in support services

By providing the highest quality of care and services to improve health outcomes



## Key Provider Services

Take a guess:  
How does Humana serve Providers?

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Providers under Humana insurance manage themselves and do not engage in support services

By providing the highest quality of care and services to improve health outcomes



**Humana has more than 50 years of managed care experience with the expertise and resources that come with it.**

- Provider relations
- Enrollee eligibility/enrollment information
- Claim processing
- Decision-support informatics
- Quality improvement
- Regulatory
- Compliance
- Special investigations for fraud, waste and abuse
- Enrollee services, including an enrollee call center and a 24-hour nurse advice line



# Provider Services List

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## Provider Services

How does Humana support Health Care Providers?



- Enrolling, credentialing, re-credentialing and performance review



- Assisting with enrollment status questions



- Assisting with Prior Authorization and referral procedures



- Assisting with Claims submissions and payments



- Explaining provider rights and responsibilities as an enrollee of Humana's network



- Provide orientation/training





## Provider Services Continued

How does Humana support Health Care Providers?



- Managing provider grievances and appeals



- Supply a Provider Manual



- Explain Medicaid benefit coverage, including EPSDT screening and special services



- Communicate Medicaid policies and procedures



- Coordinate care for child and adult enrollees with complex and/or chronic conditions



## Provider Services Continued

How does Humana support Health Care Providers?



- Encourage and coordinate enrollment of PCPs in the Dept. for Public Health and Dept. for Medicaid Services Vaccines for Children Program



- Coordinate workshops relating to Humana's policies and procedures



- Provide necessary technical support to providers who experience unique problems with certain enrollees in their provision of service



## Provider Services Continued

How does Humana support Health Care Providers?



- Annually addressing fraud, waste, and abuse with providers



- Consult with requesting provider on authorization decisions



- Ensure no punitive action is taken against a provider who either requests an expedited resolution or supports an enrollee's appeal



# Provider Manual

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**Humana Health Plan Kentucky Medicaid Provider Manual**

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**Provider Manual**



Click here to access the Provider Manual!

- Prior to distribution, Department approves the provider manual, including any updates
  - Subject to Contract Section 4.4 **“Approval of Department”**
- Humana will issue information on policies, initiatives and other information.
  - These communications only need to go through approval if they change or amend the way Humana conducts business with the provider
    - Example: notification of a rate change



# Provider Education

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## Provider Orientation & Education

### Initial Orientation

- ◆ Conducted within 30 days after provider becomes active

### Online Training Module

- ◆ KY Medicaid Orientation and Training Module & Provider Resource Guide
  - Posted in Availity effective 1/1/2020
  - Available on KY Medicaid page for Providers. Take a look at the page [here](#).

### Provider Educational Forums

- ◆ Medicaid managed care forums held throughout KY
- ◆ Humana shall remit \$10,000 to the Department to support educational forum outreach



# Medical Records

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Medical Records

What do you think?

Select the best answer and Submit.

Do Providers have to maintain medical records for each Humana Enrollee?

Yes, Humana ensures that the PCP maintains a primary medical record for each enrollee.

No, Humana does not have any special requirement for medical chart organization and documentation.

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Medical Records

What do you think?

Select the best answer and Submit.

Do Providers have to maintain medical records for each Humana Enrollee?

**YES! Humana ensures that the Provider maintains a primary medical record for each enrollee.**

Medical records contain sufficient medical information from all providers involved in the enrollee's care, to ensure continuity of care.

At a minimum, records contain:

- Medical history
- Unresolved problems, referrals, and results
- Treatment plans including medical history, medications, therapies, and follow up plans

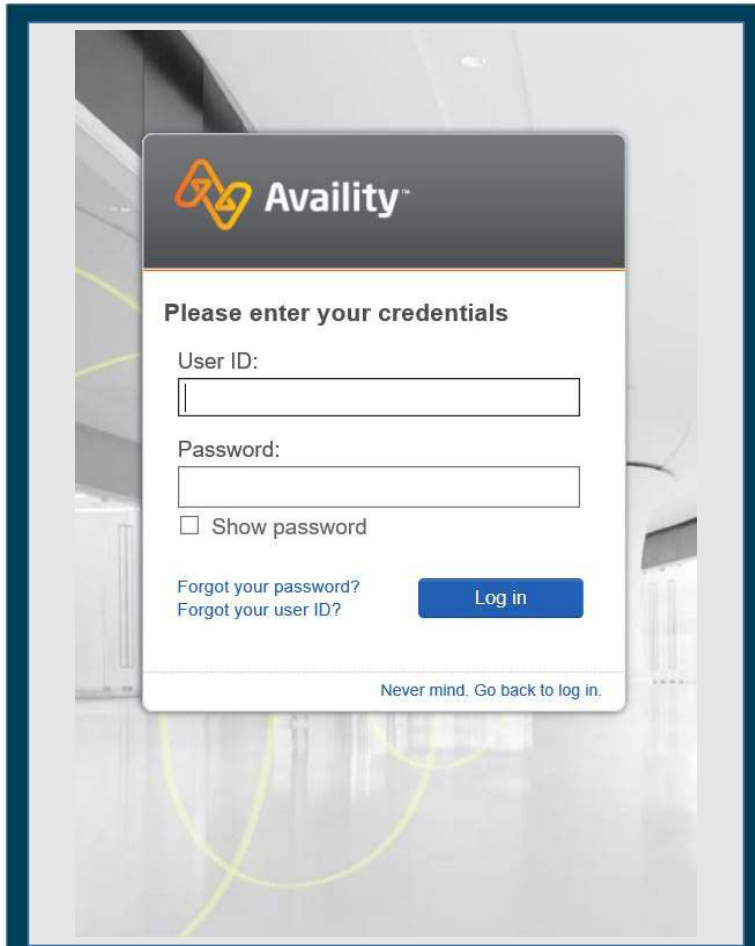
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# Provider Services, Grievances, & Appeals

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## Humana will provide:

### Availity Provider Portal:

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

Providers can submit electronic, encrypted documentation, and review current status of a grievance/appeal through Availity

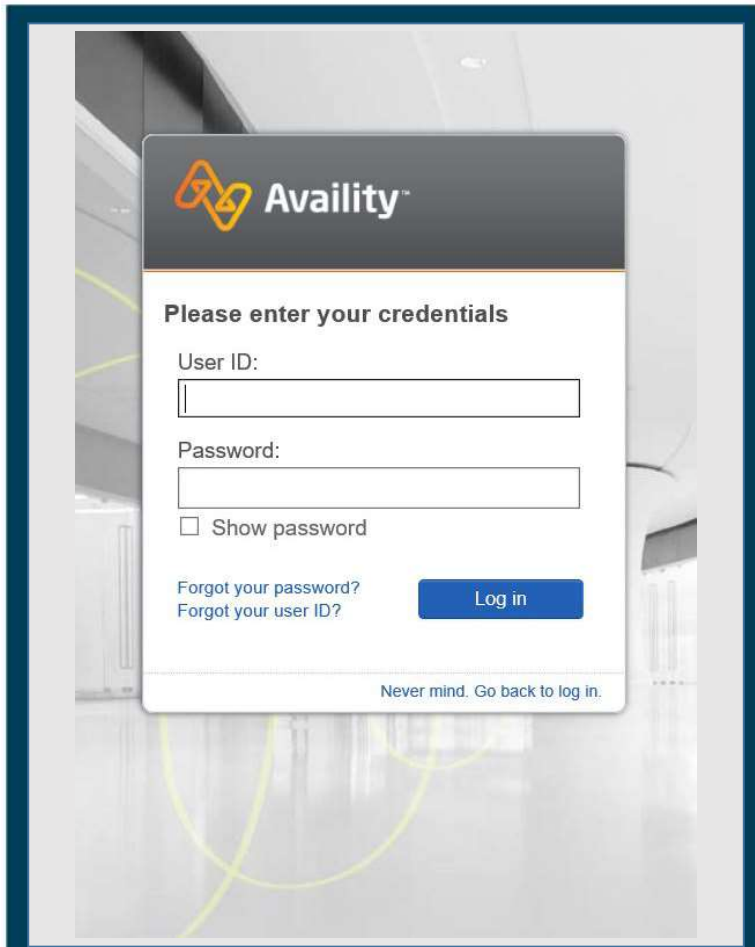
### Provider services Call Center Hours:

Mon-Fri 8:00AM-6:00PM EST

### Staffing

Follows all contractually-required provider relation functions including, policies, procedures, and scope of services.





## Provider Grievances & Appeals

**Availity Provider Portal:** [Humana.com/providerselfservice](https://www.humana.com/providerselfservice)

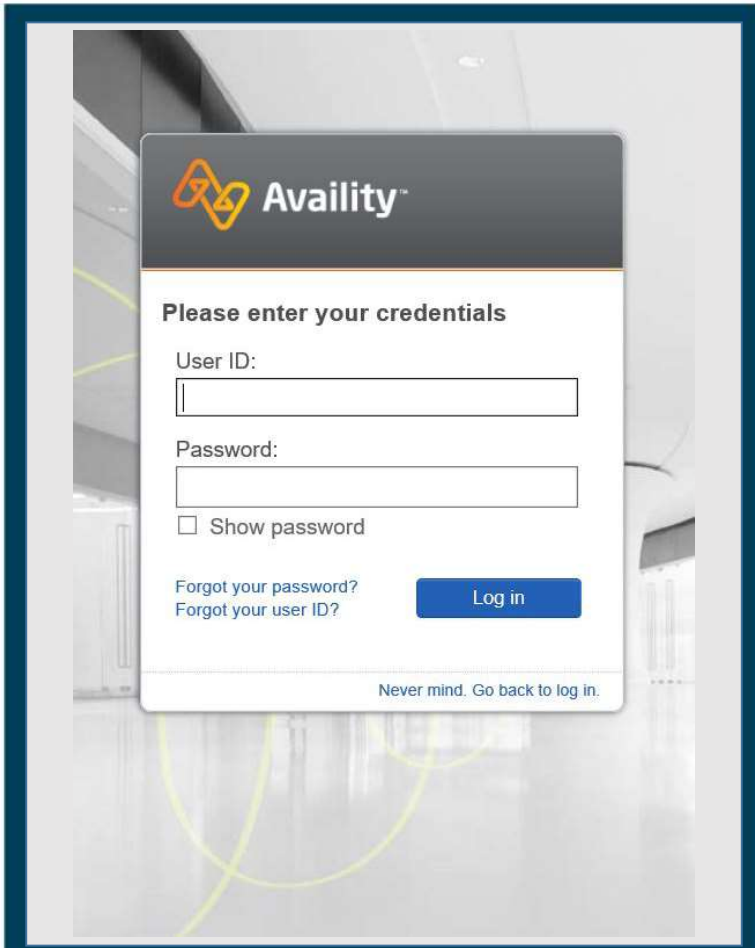
Providers can submit grievances, and review current status of a grievance/appeal through Availity

Grievances can regard denial of a health care service or claim for reimbursement, provider payment, or contractual issues.

Humana logs Provider appeals with the date, nature of appeal, provider ID, disposition, corrective action, and resolution date.

Provider grievances or appeals are resolved by written response within 30 days (with a potential 14-day extension)





## Provider Grievances & Appeals

Providers can **appeal** a final denial, in whole or partially. Humana provides notification in writing to the Provider's right to file an appeal.

Using an external, independent third party, a provider can appeal to the Cabinet of Health and Family Services Division of Administrative Hearings.

If the provider prevails, Humana will comply with any Final Order within 60 days.



# Kentucky Medicaid Contract Training



## Key Personnel

- The Who's Who of Kentucky Medicaid



## Who's Who in KY Medicaid?

Explore more about the different roles...

<p><b>Medical Director</b> Active in all major Humana health programs. Responsible for treatment policies, protocols, QA, and Utilization management.</p>	<p><b>Dental Director</b> Active in all Humana oral health programs.</p>	<p><b>Finance Officer</b> Oversees budget and accounting implemented by Humana</p>	<p><b>Enrollee Services</b> Coordinates communications with, and advocates for Enrollees</p>
<p><b>Provider Services</b> Coordinates communications with Humana providers/ subcontractors</p>	<p><b>Quality Improvement Director</b> Responsible for operation of Humana's Quality Improvement program</p>	<p><b>Behavioral Health Director</b> Actively involved in all behavioral health programs or initiatives</p>	<p><b>Case Management Coordinator</b> Responsible for coordination and oversight of case management services and continuity of care for Humana Enrollees</p>

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## Who's Who in KY Medicaid?

Click on each box to explore more about the different roles...

<p><b>Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Coordinator</b> Coordinate and arrange for the provision of EPSDT services for Enrollees</p>	<p><b>Foster Care and Subsidized Adoption Liaison</b> Serve as Humana's primary liaison for meeting the needs of Enrollees in foster care and subsidized adoption</p>	<p><b>Guardianship Liaison</b> Humana's primary liaison for meeting needs of Enrollees who are adult guardianship clients</p>	<p><b>Management Information System Director</b> Ensures timely and accurate management of information systems</p>
<p><b>Claims Processing</b> Ensures timely and accurate processing of claims, and the overall adjudication of claims.</p>	<p><b>Program Integrity Coordinator</b> Coordination, management, and oversight of Humana's Program Integrity Unit to reduce fraud, waste, and abuse of Medicaid services</p>	<p><b>Pharmacy Director</b> Coordinates, manages, and oversees the provision of pharmacy services to Enrollees</p>	<p><b>Compliance Director</b> Oversees Humana's compliance with laws and requirements of the Department. Primary contact for compliance issues, and overseer for corrective actions.</p>

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# Kentucky Medicaid Contract Training



## Reporting Requirements

- State-specific Compliance Reporting



## State-specific Compliance Reporting

Explore the reporting components defined below:

State-specific Reporting

Timeliness

Responsible Team



Humana provides compliance reports on:

- Management
- Financials
- Delegation
- Utilization
- Quality
- Program Integrity
- Enrollment



## State-specific Compliance Reporting

Explore the reporting components defined below:

State-specific Reporting

Timeliness

Responsible Team



Timeliness of reporting is critical because the state will fine for any report not delivered in a timely manner.

Timeliness is unique to the report.



## State-specific Compliance Reporting

Explore the reporting components defined below:

State-specific Reporting

Timeliness

Responsible Team



Providers are the owners of the data and have a working relationship with Humana's Senior Compliance Professionals.

The Medicaid Compliance Reporting Team stays on top of State-specific compliance reporting



# Connecting you with Resources

Click to Explore the helpful documents and websites to get you going with KY Medicaid!

## KY Medicaid Contract

MEDICAID MANAGED CARE CONTRACT

BETWEEN

THE COMMONWEALTH OF KENTUCKY  
ON BEHALF OF  
DEPARTMENT FOR MEDICAID SERVICES

AND

CONTRACTOR

- Go/Medicaid
- Click on Contracts
- Scroll to Market: KY and select "MCO Renewal Terms"

## Provider Manual

Humana Health Plan Kentucky Medicaid Provider Manual


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## Enrollee Manual

Humana Health Plan 2020



Kentucky Medicaid Enrollee Handbook

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Thank you for taking the time to learn more about  
Kentucky Medicaid!

