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.
What questions do you have about KY Medicaid?

Who do we serve?

What key services do we offer?

What resources are available?

How do we report on our objectives?
• Who is eligible?
  • Persons Eligible for Enrollment and Retroactivity
  • State Behavioral Health Agency
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
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.
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**
  - 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)

- **Adults**

- **Aged, Blind and Disabled**
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
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
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

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollee Services</td>
<td>[1-800-444-9137], TTY: 711</td>
</tr>
<tr>
<td>Online</td>
<td>[<a href="http://www.humana.com/KentuckyMedicaid">www.humana.com/KentuckyMedicaid</a>]</td>
</tr>
<tr>
<td>Transportation</td>
<td>[1-888-941-7433]</td>
</tr>
<tr>
<td>Mail</td>
<td>[Humana ]</td>
</tr>
<tr>
<td></td>
<td>[P.O. Box 14546]</td>
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<tr>
<td></td>
<td>[Lexington, KY 40512-4546]</td>
</tr>
<tr>
<td>Concierge Services for Accessibility</td>
<td>[877-320-2233]</td>
</tr>
</tbody>
</table>
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.
Here’s a look at the ID cards Humana State Plan members receive…

**Member ID Cards**

**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.
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
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.
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.
What is covered under the Medicaid State Plan?

<table>
<thead>
<tr>
<th>General</th>
<th>Diagnostic</th>
<th>Family &amp; Preventive</th>
<th>Behavioral/ Mental Health</th>
<th>Long-term Support &amp; Pharmacy</th>
<th>Emergency and Acute Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Medicine including but not limited to that provided by Physicians,</td>
<td>- Independent Laboratory, and Other Laboratory and X-ray</td>
<td>- Specialized Children’s Services Clinics</td>
<td>- Inpatient and Outpatient Mental Health Services</td>
<td>- End Stage Renal Dialysis</td>
<td>- Urgent and Emergency Care</td>
</tr>
<tr>
<td>APRNs, Physicians Assistants, and FQHCs, Primary Care Centers and</td>
<td>- Early &amp; Periodic Screening, Diagnosis, and Treatment (EPSDT) screening</td>
<td>- Alternative Birth Center</td>
<td>- Behavioral Health Mental Health and Substance Abuse Disorder Treatment</td>
<td>- Hearing, including hearing</td>
<td>- Ambulatory Surgery Center</td>
</tr>
<tr>
<td>Rural Health Clinics</td>
<td>and special services</td>
<td>- Family Planning</td>
<td>- Medical detoxification during acute withdrawal from substance addiction</td>
<td>aids for enrollees under 21</td>
<td>- Transportation to Covered</td>
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<tr>
<td>- Inpatient and Outpatient Hospital</td>
<td></td>
<td>- Preventive Health provided in Public Health Departments, FQHCs/Primary Care</td>
<td>- Community Mental Health Center Services</td>
<td>- Vision Care, including</td>
<td>Services, including</td>
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<tr>
<td>- Chiropractic</td>
<td></td>
<td>Centers, and Rural Health Clinics</td>
<td>- Psychiatric Residential Treatment Facilities (Levels I and II)</td>
<td>exams, services of Opticians,</td>
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<td>- Podiatry</td>
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<td>Optometrists, and Ophthalmologists,</td>
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<tr>
<td>- Dental, including oral surgery, orthodontics, and prosthodontics</td>
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<td>including eyeglass for</td>
<td>- Meals and Lodging for</td>
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<tr>
<td>- Specialized Case Management and Targeted Case Management</td>
<td></td>
<td></td>
<td></td>
<td>Enrollees under 21</td>
<td>Appropriate Escort of Enrollees</td>
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<tr>
<td>- Therapeutic Evaluation and Treatment, including Physical, Speech,</td>
<td></td>
<td></td>
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<td>- Home Health</td>
<td>- Organ Transplants not</td>
</tr>
<tr>
<td>and Occupational Therapies</td>
<td></td>
<td></td>
<td></td>
<td>- Durable medical equipment: prosthetics, orthotics, disposable medical supplies</td>
<td>considered investigational by</td>
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<tr>
<td>- Hospice (non-institutional)</td>
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<td></td>
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<td>Pharmacy and Limited</td>
<td>FDA</td>
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<td>Over-the-Counter Drugs</td>
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<td></td>
<td>including mental/behavioral</td>
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<td>health drugs</td>
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</table>
The Services in Black require a Pre-authorization...

<table>
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<td>-Family Planning</td>
<td>-Preventive Health provided in Public Health Departments, FQHCs/Primary Care Centers, and Rural Health Clinics</td>
<td>-Medical detoxification during acute withdrawal from substance addiction</td>
<td>-Vision Care, including exams, services of Opticians, Optometrists, and Ophthalmologists, including eyeglass for Enrollees under 21</td>
<td>-Transportation to Covered Services, including Emergency and Ambulance</td>
</tr>
<tr>
<td>-Dental, including oral surgery, orthodontics, and prostodontics</td>
<td>-Community Mental Health Center Services</td>
<td>-Psychiatric Residential Treatment Facilities (Levels I and II)</td>
<td>-Home Health</td>
<td>-Organ Transplants not considered investigational by FDA</td>
<td></td>
</tr>
<tr>
<td>-Specialized Case Management and Targeted Case Management</td>
<td>-Therapeutic Evaluation and Treatment, including Physical, Speech, and Occupational Therapies</td>
<td>-Hospice(non-institutional)</td>
<td>-Durable medical equipment: prosthetics, orthotics, disposable medical supplies</td>
<td>-Pharmacy and Limited Over-the-Counter Drugs including mental/behavioral health drugs</td>
<td></td>
</tr>
</tbody>
</table>
Referrals
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.
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.
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?

<table>
<thead>
<tr>
<th>Copay</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>- Preventive Health</td>
</tr>
<tr>
<td></td>
<td>- Pregnancy Care</td>
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<tr>
<td></td>
<td>- Family Planning</td>
</tr>
<tr>
<td></td>
<td>- Emergency Room</td>
</tr>
<tr>
<td>$1</td>
<td>- Generic Drug</td>
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<tr>
<td></td>
<td>- Brand Name Drug Preferred over Generic</td>
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<tr>
<td>$3</td>
<td>- Office Visits</td>
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<td></td>
<td>- Doctor Services</td>
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<td></td>
<td>- Chiropractor Visits</td>
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<tr>
<td></td>
<td>- Foot Care</td>
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<td></td>
<td>- Dental Care</td>
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<td></td>
<td>- Vision Care</td>
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<td></td>
<td>- General Ophthalmologist</td>
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<tr>
<td></td>
<td>- Rural Health Clinic, Primary Care Center or FQHC Visits</td>
</tr>
<tr>
<td></td>
<td>- Physical, Speech, and Occupational Therapy</td>
</tr>
<tr>
<td></td>
<td>- Lab, Diagnostic, X-ray</td>
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<tr>
<td>$4</td>
<td>- Brand Name Drug</td>
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<tr>
<td></td>
<td>- Outpatient Hospital</td>
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<td></td>
<td>- Durable Medical Equipment</td>
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<td></td>
<td>- Ambulatory Surgery Center Visits</td>
</tr>
<tr>
<td>$8</td>
<td>- Emergency Room Visits for a Non-Emergency</td>
</tr>
<tr>
<td>$50</td>
<td>- Inpatient Hospital Visits</td>
</tr>
</tbody>
</table>
Enrollee Contacts
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.
Choosing & Changing PCPs
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
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
Does Humana cover all medically necessary Medicaid-covered drugs?

- Yes, Humana covers all medically necessary Medicaid-covered services
- No, Humana only covers some drugs.
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.
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
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
Humana’s goal is to take care of all health needs, and enrollees have many behavioral and mental health services available to them.

**Behavioral and Mental Health Services**

**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

**Select each item to learn more:**
- Diagnostic
- Treatment
- Crisis Intervention
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
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.
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
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
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
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
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)
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.

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

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?
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.

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?
Ending a Membership
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.
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?

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

- 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

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.
Provider Services List
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
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
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
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.
What do you think?
Select the best answer and Submit.

Medical Records

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
Provider Services, Grievances, & Appeals
Providers can submit electronic, encrypted documentation, and review current status of a grievance/appeal through Availity Provider Portal: 

[Humana.com/providerselfservice](Humana.com/providerselfservice)

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

Availity Provider Portal: 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)
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.
Key Personnel

- The Who’s Who of Kentucky Medicaid
<table>
<thead>
<tr>
<th><strong>Medical Director</strong></th>
<th><strong>Dental Director</strong></th>
<th><strong>Finance Officer</strong></th>
<th><strong>Enrollee Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active in all major Humana health programs. Responsible for treatment policies, protocols, QA, and Utilization management.</td>
<td>Active in all Humana oral health programs.</td>
<td>Oversees budget and accounting implemented by Humana</td>
<td>Coordinates communications with, and advocates for Enrollees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Provider Services</strong></th>
<th><strong>Quality Improvement Director</strong></th>
<th><strong>Behavioral Health Director</strong></th>
<th><strong>Case Management Coordinator</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinates communications with Humana providers/subcontractors</td>
<td>Responsible for operation of Humana’s Quality Improvement program</td>
<td>Actively involved in all behavioral health programs or initiatives</td>
<td>Responsible for coordination and oversight of case management services and continuity of care for Humana Enrollees</td>
</tr>
</tbody>
</table>
### Who's Who in KY Medicaid?

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

<table>
<thead>
<tr>
<th><strong>Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Coordinator</strong></th>
<th><strong>Foster Care and Subsidized Adoption Liaison</strong></th>
<th><strong>Guardianship Liaison</strong></th>
<th><strong>Management Information System Director</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate and arrange for the provision of EPSDT services for Enrollees</td>
<td>Serve as Humana’s primary liaison for meeting the needs of Enrollees in foster care and subsidized adoption</td>
<td>Humana’s primary liaison for meeting needs of Enrollees who are adult guardianship clients</td>
<td>Ensures timely and accurate management of information systems</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Claims Processing</strong></th>
<th><strong>Program Integrity Coordinator</strong></th>
<th><strong>Pharmacy Director</strong></th>
<th><strong>Compliance Director</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures timely and accurate processing of claims, and the overall adjudication of claims.</td>
<td>Coordination, management, and oversight of Humana’s Program Integrity Unit to reduce fraud, waste, and abuse of Medicaid services</td>
<td>Coordinates, manages, and oversees the provision of pharmacy services to Enrollees</td>
<td>Oversees Humana’s compliance with laws and requirements of the Department. Primary contact for compliance issues, and overseer for corrective actions.</td>
</tr>
</tbody>
</table>
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
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.
Thank you for taking the time to learn more about Kentucky Medicaid!

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