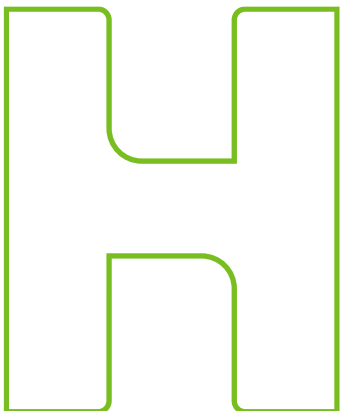
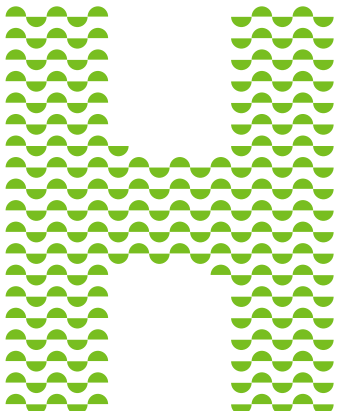


Humana®

Behavioral Health

Humana Healthy Horizons Pathways for Aging
2024 IHCP Works Annual Seminar





Agenda

01 | Welcome

02 | Contacts

03 | Enrollment

04 | Prior Authorization

05 | Supporting Providers

06 | Claims

07 | Q&A





BH Strategy Lead Introduction



Clay Sparks

Behavioral Health Strategy
Lead



Humana Behavioral Health Advocates

Region 1

Brittani Fox: (219) 216-5588

INMedicaidProviderRelations_T1@humana.com

Region 2

Jelaina Hollingsworth: (346) 236-4261

INMedicaidProviderRelations_T2@humana.com

Region 3

Kristen Davidson: (463) 701-7794

Jelaina Hollingsworth: (346) 236-4261

INMedicaidProviderRelations_T3@humana.com

Region 4

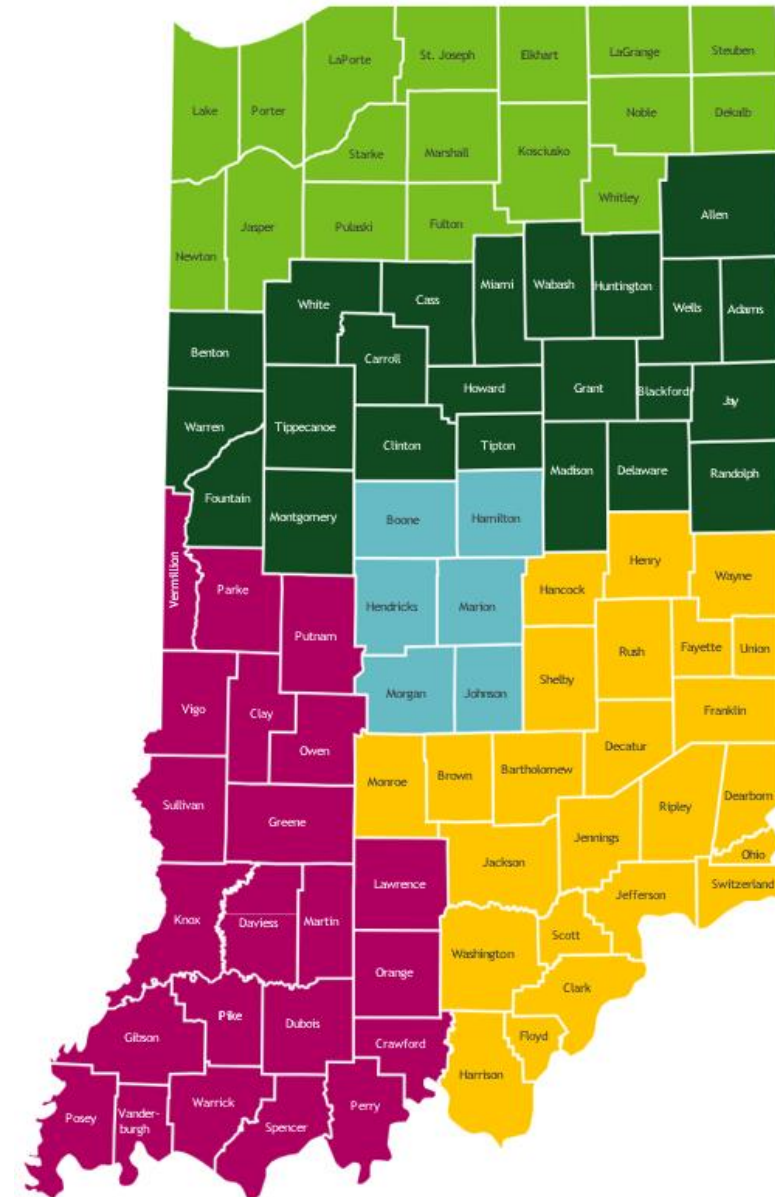
Mychelle Christian: (812) 204-9285

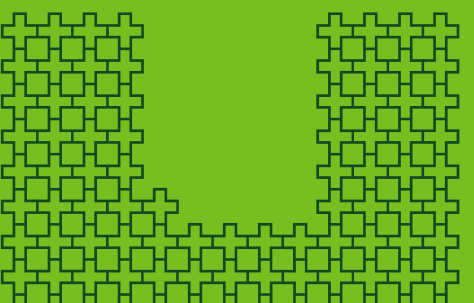
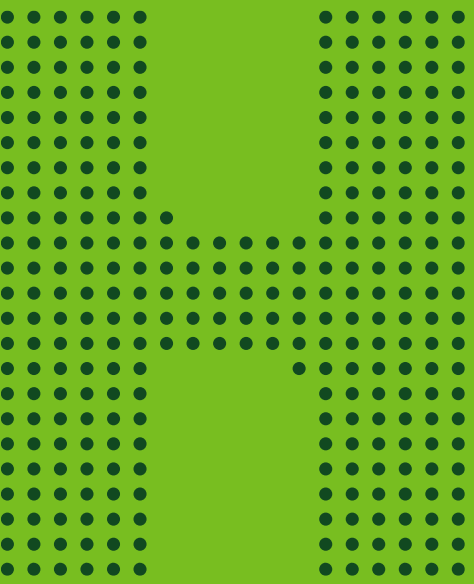
INMedicaidProviderRelations_T4@humana.com

Region 5

Kristen Davidson: (463) 701-7794

INMedicaidProviderRelations_T5@humana.com





Enrollment



Humana Behavioral Health Network

- Board Certified Behavioral Health Analysts
- Clinical Nurse Specialists
- Controlled Substance Registration – Prescriptive Authority
- Doctor of Osteopathic Medicine
- Health Service Provider in Psychologists
- Licensed Clinical Addiction Counselors
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Mental Health Counselors



Humana Behavioral Health Network Cont.

- Medical Doctors
- Nurse Practitioners
- Physician Assistants
- Registered Nurses
- Community Mental Health Centers - CMHC
- Rural Health Clinics - RHC
- Federally Qualified Health Centers - FQHC
- Substance Use Disorder Agencies - SUD
- Inpatient Facilities



Behavioral Health Enrollment

Submit Here: [IN Request to Join - Provider Home Page](#)

Email: inbhmedicaid@humana.com

IN Request to Join > Provider Home Page

Print this page

Physician Forms

- W9
- Physician Group Standard Roster Form
- Disclosure of Ownership Form
- *Behavioral Health Provider Profile

FQHC/RHC Forms

- W9
- FQHC Roster Form
- Organization Provider Assessment
- *Behavioral Health Provider Profile

Hospital/Facility Forms

- W9
- Facility Roster
- Organization Provider Assessment
- *Behavioral Health Provider Profile

***Only applicable for those providers offering LTSS and behavioral health services. Please complete these forms.**

Join the Humana Network/Submit for contractual change

Click to start the application process



Enrollment

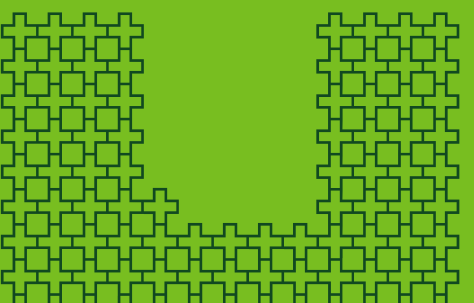
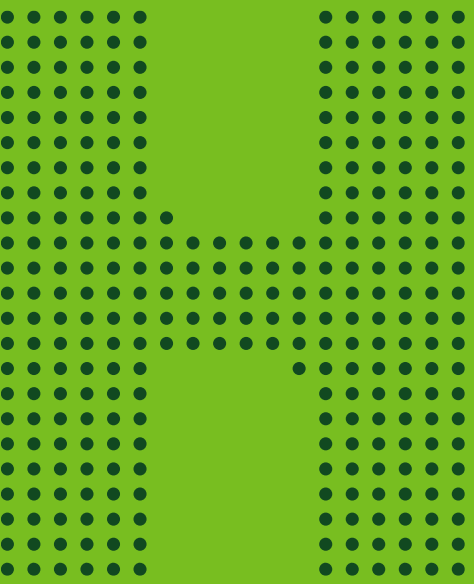
Provider Network Request > Add Network Request

Demographic and Basic Information

Complete the information as it pertains to your facility/Group/practice. Then, submit your request and you will receive an email notification with a tracking ID. Please save this ID number. Individual physician information will be entered on the roster.

Legal Name *	DBA	TIN *
<input type="text"/>	<input type="text"/>	<input type="text"/>
NPI *	Group/Facility Taxonomy Code *	Secondary Taxonomy code
<input type="text"/>	<input type="text" value="Search and select"/> <input type="button" value="Q"/> <input type="button" value="v"/>	<input type="text" value="Search and select"/> <input type="button" value="Q"/> <input type="button" value="v"/>
Select the Network/Networks you are requesting to join *		
<input type="text" value="Select one or more"/> <input type="button" value="v"/>		
Type of Request		
<input type="text" value="Select one"/> <input type="button" value="Q"/> <input type="button" value="v"/>		

The assigned contractor will follow up with you within in 5 days, advising whether the application was complete or additional information is required, along with the next steps in the enrollment process.



Prior Authorization



How to Request Prior Authorizations

Prior Authorization - Indiana Medicaid for Providers | Humana

Except where otherwise noted in your Provider Manual requests for services may be initiated:

- Online via [Availity Essentials](#). Registration is required, and online prior authorization requests are encouraged
- By calling our authorization intake team directly at
 - 800-555-2546, Monday - Friday 8am -11pm ET
- By emailing IN_MCD_Intake@humana.com
- Fax the Indiana Health Coverage Program (IHCP) Prior Authorization Request Form to 502-324-6376 (Medicaid only)



New Prior Authorization Search Tool

Preauthorization and Notification Lists for Healthcare Providers - Humana

New prior authorization search tool

Search by CPT code, procedure or drug name to see if prior authorization is required.

Use our search tool →

Medicare	Commercial	Medicaid	State-specific prior authorization statistics
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Current preauthorization and notification lists

- [Effective July 1, 2024, Humana Healthy Horizons in South Carolina \(Medicaid\) Preauthorization and Notification List](#)
- [Effective July 1, 2024, Humana Healthy Horizons in Indiana \(Medicaid\) Physician Administered Medication Preauthorization List](#)
- [Effective July 2024, Humana Healthy Horizons® in Indiana Preauthorization and Notification List \(PAL\) for Indiana PathWays for Aging](#)
- [Effective July 1, 2024, Humana Healthy Horizons in Florida \(Medicaid\) Preauthorization and Notification List](#)
- [Effective July 1, 2024, Humana Healthy Horizons in Kentucky \(Medicaid\) Preauthorization and Notification List](#)
- [Effective July 1, 2024, Humana Healthy Horizons in Louisiana \(Medicaid\) Preauthorization and Notification List](#)
- [Effective September 1, 2024, Humana Healthy Horizons in Ohio \(Medicaid\) Preauthorization and Notification List](#)
- [Effective April 1, 2024, Humana Healthy Horizons in Oklahoma \(Medicaid\) Preauthorization and Notification List](#)



Preauthorization Resources

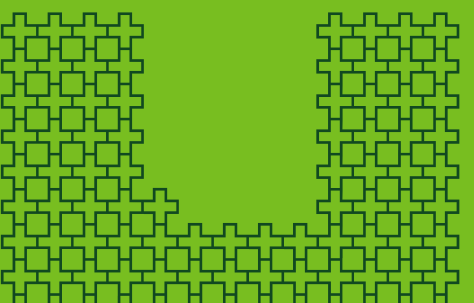
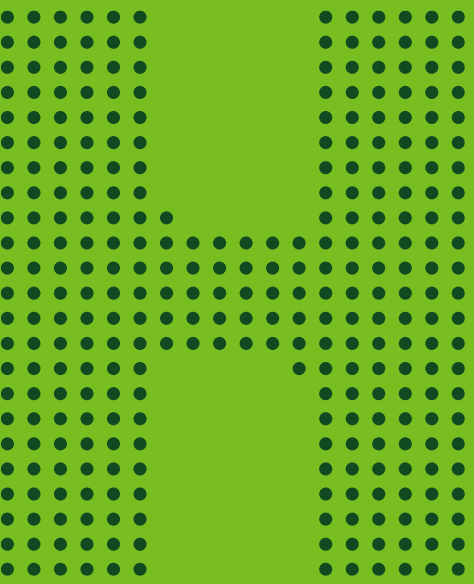
Preauthorization and Notification Lists for Healthcare Providers - Humana

Preauthorization resources

Use the links below to submit the preauthorization form, find other forms or learn more about the process.

<h4>Ready to submit</h4> <p>Submit or manage your preauthorization on Availity.</p> <p>Sign in to Availity </p> <p>Learn more about Availity</p> <p>Streamline preauthorization and referrals </p>	<h4>Coverage criteria</h4> <p>Search coverage, medical and pharmacy criteria.</p> <p>Medical and pharmacy coverage criteria </p> <p>Medical coverage criteria updates and recent changes </p>	<h4>Fax forms</h4> <p>Download a form to submit your preauthorization by fax.</p> <p>Standard form </p> <p>Texas form </p> <p>New Mexico form </p> <p>Indiana form </p> <p>Arizona form </p>	<h4>State exemptions</h4> <p>For more information please see the FAQs below for specific state exemptions.</p> <p>Texas exemptions</p> <p>Texas House Bill 3459 – Preauthorization Exemptions </p> <p>Louisiana exemptions</p> <p>Louisiana Senate Bill 112 – Preauthorization Exemptions </p>
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Site Feedback ▲



Supporting Providers



Terms to Know

Coping Skills

A strategy for dealing with difficult situations and unpleasant emotions, thoughts and/or behaviors.

Stigma

Negative, judgmental and/or discriminatory attitude toward mental health challenges and substance use disorders and people who live with them.

Lived Experience

Firsthand, personal experience with mental health and/or substance use issues/challenges.

Mental Health Screen

An evaluation of someone's mental health and well-being through scientifically validated assessment tools.

Mental Health Condition

A set of related symptoms, including conditions defined by the Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases, for people with lived experience—recognized as a mental health condition by the mental health community.

Recovery

The process of someone improving their health and wellness, living a self-directed life and striving to reach full potential.



Humana Behavioral Health Toolkit

- Screening Tools
 - Attention deficit hyperactivity disorder (ADHD) Screening Options
 - Drug Abuse Screening Test, DAST-10
 - Opioid Risk Tool
- Assessments
 - Edinburg Postnatal Depression Scale (EPDS)
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - The CRAFFT 2.1+N Interview
- Questionnaires
 - Annual Questionnaire
 - Alcohol Screening (Alcohol Use Disorders Identification Test)
 - Cut down, Annoyed, Guilty, and Eye-opener (CAGE)

Supporting our Providers – Identification and Treatment



Identification/Treatment of BH Services

Access to tools to support
identification and treatment through
Relias



When to Refer



How to Refer

Supporting our Providers – When to Refer



Identification/Treatment of
BH Services



When to Refer
Once the member needs
are beyond the Primary
Medical Provider's (PMP)
scope



How to Refer

Supporting our Providers – How to Refer



Identification/Treatment of
BH Services



When to Refer



How to Refer

Provider Directory
Connect with a Care Coordinator
Member Self-Referral



Care Coordination

Humana Healthy Horizons assists with provider referrals, scheduling appointments and coordinating an integrated approach to the member's health and well-being by coordinating care between behavioral health providers, PMPs and specialists.

In the best interest of our members and to promote positive healthcare outcomes, Humana Healthy Horizons supports and encourages continuity of care and coordination of care between medical and behavioral health providers. Providers may contact Humana Healthy Horizons to refer members in need of care management assistance by calling **866-274-5888 (TTY: 711) M-F 8 a.m. to 8 p.m. EST**



Care Coordination Common Barriers

Common barriers to Behavioral Health and Substance Abuse Treatment continuity of care that Humana can assist with:

- Long wait times
- Transportation
- Patient non-compliance
- Communication gaps between providers

Humana Behavioral health coordinators will also assist in care for Substance Abuse Disorders, Behavioral Health needs including Serious Mental Health Issues for the treatment spectrum of outpatient, inpatient and follow up.



Care Coordination Goals

Our overall goal is to engage the member and their family, caretaker and treatment team in the integrated health services by conducting the following:

- Humana will provide Continuity of Care for behavioral health services-After identifying need for behavioral health services contact the Humana Health Horizons number for providers.
- Assigning a Behavior Health Care Coordinator to the team with members with ongoing behavioral health treatment needs.
- Assist in linking the member to behavioral health outpatient services and give regular updates to all providers on the treatment team.



Care Coordination Goals Continued

- Humana Behavioral Health Care Coordinators will assist the member in navigating the behavioral health system in making initial appointments and keeping follow-up appointments. If appointments are missed our Behavioral Health Care Coordinators will contact the member within 3 business days.
- Assisting in transportation and timely services of the member.
- Our Behavioral Health Care Coordinators will provide updates to the providers on the progress of behavioral health services.
- If behavioral health or addiction inpatient is needed the Behavioral Health Care Coordinator will ensure an outpatient follow-up appointment within 7 business days and communicate status to the members treatment team.



Care Coordination Crisis Line

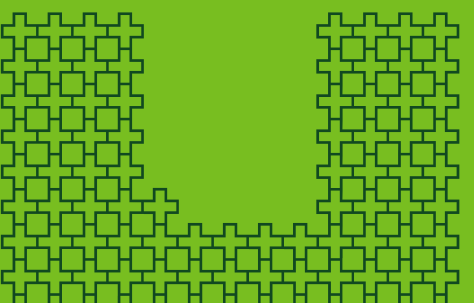
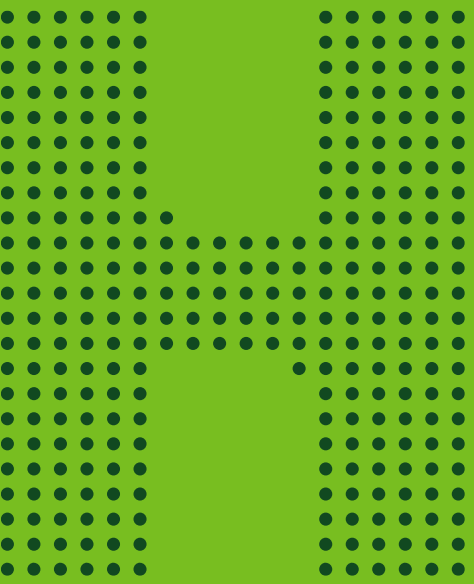
Behavioral health crisis line for emergency services

For members experiencing a behavioral health crisis in Indiana, Humana Healthy Horizons has contracted with Professional Management Enterprises to provide a behavioral health crisis line that is available to Humana Healthy Horizons' members 24 hours a day, seven days a week, 365 days a year. This voluntary service is designed to provide crisis intervention and connect members to the appropriate level of treatment within the community to prevent unnecessary hospitalizations and institutional levels of care. Once a member is directed to the most appropriate intervention, Humana Healthy Horizons will work with providers to authorize services and ensure continuity of care for the member.

Behavioral health conditions include, but are not limited to:

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

The behavioral health crisis line can be accessed at **855-254-1758** 24-hours a day, seven days a week, 365 days a year



Claims



How to Submit Behavioral Health Claims

- **Availity**
 - Submit Professional or Facility claims electronically, whichever is most appropriate
 - Payer ID 61101
 - Electronic claims can be submitted through your secure Availity Essentials account.
- **Paper Claims**
 - Submit claims using CMS-1500 claim form or UB-04 form whichever is most appropriate
 - Claims can be mailed to
P.O. Box 14169
Lexington, KY 40512-4169
- **Processing Timeframes**
 - 90 calendar day timely filing limit from the date of service for participating and non-participating providers
 - Clean electronic claims are processed within 21 calendar days
 - Clean electronic HCBS claims are paid within 7 business days
 - Clean paper claims are processed within 30 calendar days



Informal Disputes

Informal claim dispute

You can submit an informal claim dispute following one of two timelines below:

- Within 60 calendar days following the date you receive written notification from Humana Healthy Horizons
- Within 90 calendar days of your initial claim submission date if Humana Healthy Horizons fails to make a determination within 30 calendar days

You can submit a written informal claim dispute via email to INMedicaidClaimsResearch@humana.com, through the provider portal at Availity Essentials (www.availity.com), or via the Humana Healthy Horizons mailing address. The following information should be provided with your dispute in a clear and acceptable written format:

- Member name and State Medicaid ID number
- Date of service
- Claim number
- Name of the provider who rendered services
- Charge amount, payment amount, the allegedly correct payment amount and the difference between the amount paid and the allegedly correct payment amount
- A brief explanation of the basis for the contestation

Informal claim disputes will be resolved within 30 calendar days of receipt of the request.



Formal Disputes

Below is the process for filing a formal claim dispute:

- Your request for an informal claim dispute is required before requesting a formal claim appeal.
- You or your authorized representative have the option to submit a formal claim dispute following the informal claim dispute process. You must submit all documentation from the informal claim dispute request when submitting a formal claim dispute.
- If the appeal is on behalf of a member, written authorization from the member or the member's legal representative must be submitted, along with all required documents, prior to beginning the process. The appeal will be processed under the member's name.
- Additional or new clinical documents sent to Humana Healthy Horizons are reviewed by the medical director to determine if the additional clinical documents support the claim appeal in meeting medical necessity.
- A resolution letter is mailed within 45 calendar days of receipt of the appeal.
- Providers can file an appeal in writing to:

Humana Healthy Horizons in Indiana

Attn: Formal Claim Appeals
201 N. Illinois S., Suite 1200
Indianapolis, IN 46204

Or via email to: IndianaFormalDispute@humana.com



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