



Humana®

Authorizations
Indiana PathWays for Aging
2024 IHCP Works Annual Seminar



Agenda

01 | Overview of PathWays Program

02 | Provider Engagement Teams

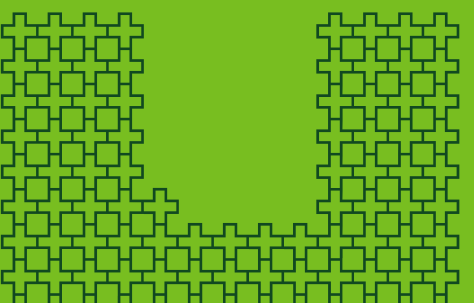
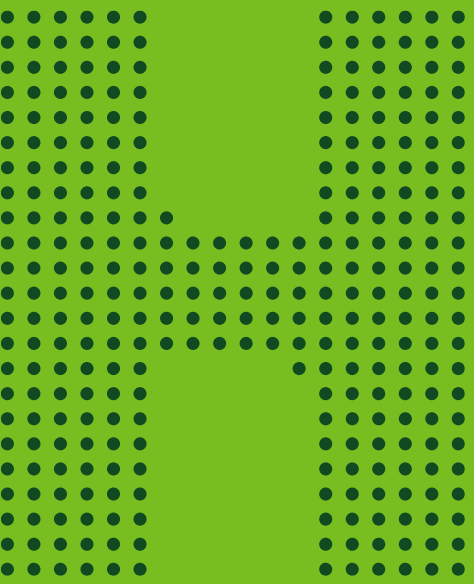
03 | Care/Service Coordination

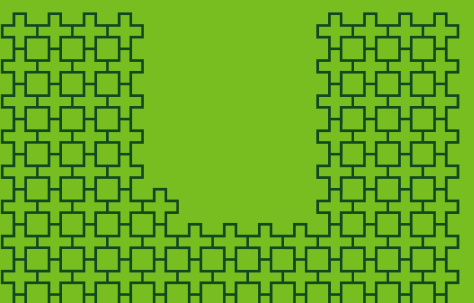
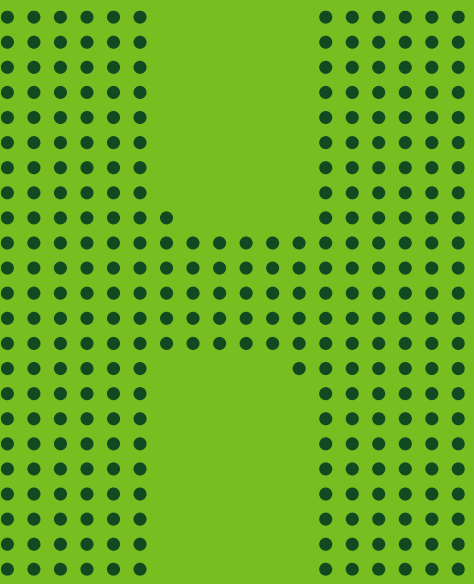
04 | Prior Authorization Requests

05 | Home Health/Hospice Processes

06 | Resources and Additional Links

07 | Q&A

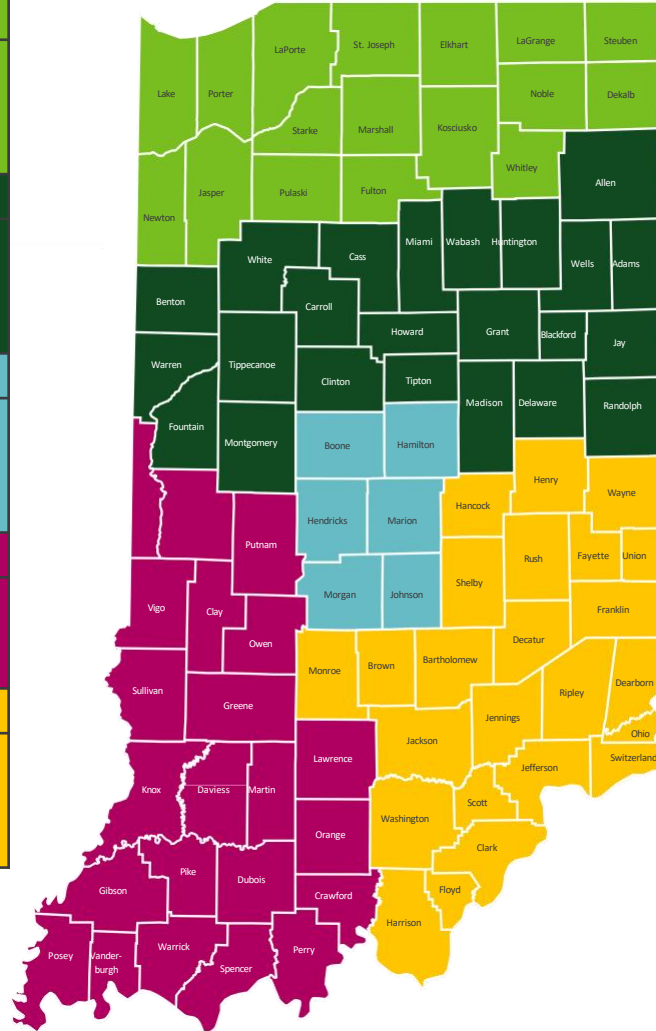




Provider Engagement Teams

Humana Healthy Horizons in Indiana PathWays for Aging Long-Term Services and Supports/Home and Community-Based Services Provider Representatives Map

Region 1
INLTSSProviderRelations_T1@humana.com Katelynn Koedyker-(219) 296-8295
Region 2
INLTSSProviderRelations_T2@humana.com Katelynn Koedyker-(219) 296-8295
Region 3
INLTSSProviderRelations_T3@humana.com Amber Whitacre-(812) 361-0803
Region 4
INLTSSProviderRelations_T4@humana.com Logan Humphrey-(812) 613-9251
Region 5
INLTSSProviderRelations_T5@humana.com Logan Humphrey-(812) 613-9251

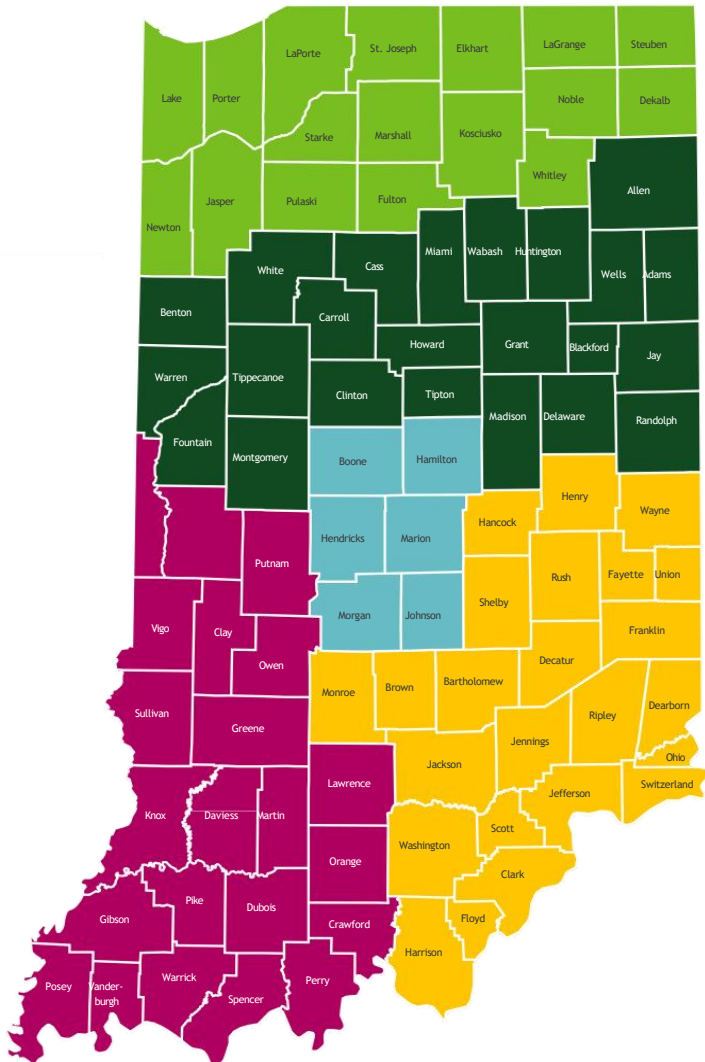


Adult Day Care/Hospice
INLTSSAdultDayHospice@humana.com
 Kimberly Dunn-(812) 914-3104

Home Health/Personal Care Attendant
INLTSSPersonalCareAttendant@humana.com
 Bria Steele- South (317) 677-2693
 Cierra Rich- North (260) 298-4348

Humana Healthy Horizons in Indiana PathWays for Aging Behavioral Health, Physical Health, and Nursing Facility Provider Representatives Map

Region 1
Brittani Fox: (219) 216-5588
<u>INMedicaidProviderRelations_T1@humana.com</u>
Region 2
Jelaina Hollingsworth: (346) 236-4261
<u>INMedicaidProviderRelations_T2@humana.com</u>
Region 3
Kristen Davidson: (463) 701-7794
Jelaina Hollingsworth: (346) 236-4261
<u>INMedicaidProviderRelations_T3@humana.com</u>
Region 4
Mychelle Christian: (812) 204-9285
<u>INMedicaidProviderRelations_T4@humana.com</u>
Region 5
Kristen Davidson: (463) 701-7794
<u>INMedicaidProviderRelations_T5@humana.com</u>



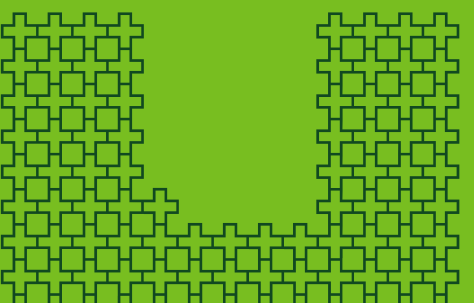
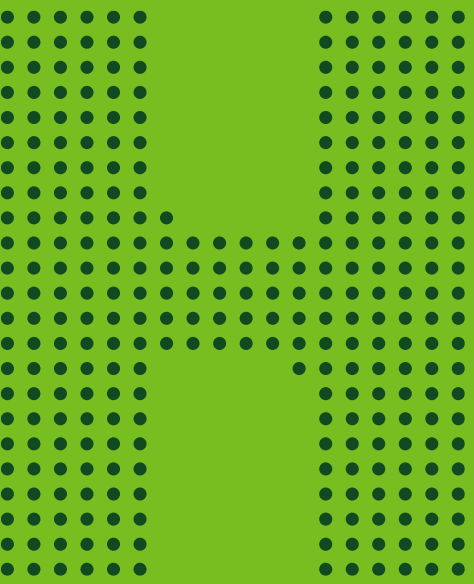
Skilled Nursing/Assisted Living
Jessie Iden: (574) 275-3573
INLTSSNursingFacilityAssistedLiving@humana.com

Overview of PathWays for Aging Program

Humana is one of three Managed Care Entities (MCEs) servicing PathWays

Member eligibility overview:

- 60 years of age and older are eligible for Medicaid based on age, blindness or disability.
- Member must remain with chosen health plan for a one-year period if they remain eligible, or may change health plans if one of the reasons apply:
 - Without cause within 90 calendar days after initial enrollment or during the 90 days following notification of enrollment, whichever is later
 - Once per calendar year for any reason
 - For just cause at any time (i.e, Poor quality of care, lack of access to necessary services, etc.)
 - More information can be found in Chapter 3 of the [Provider Manual](#).
 - During Medicare open enrollment period, October 15th through December 7th, to be effective the following calendar year
 - Upon reenrollment if a temporary loss of enrollment has caused the member to miss annual disenrollment period



Care/Service Coordination

Care/Service Coordination

Care Coordinators develop a comprehensive Individual Care Plan (ICP) with the member to guide self-identified goals and integrate their physical health, behavioral health, and ancillary care plans.

- All members will be assigned a Care Coordinator at time of enrollment.

Service Coordinators develop a comprehensive Service Plan (SP) and establishing HCBS for members to coordinate natural supports, social, functional, educational, and housing service needs, goals, interventions, and outcomes.

- Members that meet Nursing Facility Level of Care (NFLOC) will also have a Service Coordinator.

Care/Service Coordination- Continued

- Humana will use a Person-Centered Services and Supports framework when developing a member's service plan and authorizing home and community-based services.
- Service plan development and delivery to occur in a manner that is participant-driven, involves caregivers, and addresses social determinants of health.
- All members meeting NFLOC, HCBS, and in nursing facilities, will have a Comprehensive Health Assessment (CHAT) administered within 30 days.
- Service Coordination/Interdisciplinary Care Team (ICT) support
- The Service Coordinator shall conduct a face-to-face visit with the member and complete and approve a service plan within 5 business days of receiving the member's NFLOC determination notification from the State-designated entity.

Care/Service Coordination – HCBS Providers

HCBS Providers: The member's service authorization, also known as the Notice of Action, is the approval for services to be delivered. Humana does not require providers to submit additional authorization requests for these services. Authorizations will be provided by the Service Coordinator as a part of the Person-Centered Planning process below:

- A Person-Centered Care and Service Plan (PCSP) is developed with the member in conjunction with the member's Interdisciplinary Care Team including the caregiver, providers, and Care and Service Coordinators.
- The PCSP includes the member's service plan and is inclusive of authorized HCBS services. The Care/Service coordinator will contact the provider via phone to confirm availability to deliver the required care, and an approved service authorization will be faxed.

Care/Service Coordination – HCBS Providers Continued

- Providers can also log in to HealthEdge within Availity to view the care plan/service authorizations through the following steps:
 - Log into [Availity](#) > select Payer Spaces > select Humana > select Resources > select "Indiana Pathways for Aging Care Coordination" (HealthEdge has an 'e-mail alerts' feature available towards the right of the homepage.)
 - Guidance for how to use HealthEdge is located under resources with the link titled "Indiana Pathways for Aging HealthEdge Healthcare Provider Training"
- Reassessment occurs annually or due to a trigger event (i.e., hospitalization, change in housing) to develop changes to the care/service plan and authorizations (see Chapter 9 of the [Provider Manual](#)).

Continuity of Care Extension

- Since the launch of PathWays for Aging on July 1, 2024, a 90-day Continuity of Care (COC) provision was in place to avoid disruptions in care and services.
- IHCP Bulletin [BT2024152](#): Effective Sept. 28, 2024, the initial PathWays program launch continuity-of-care period ends. However, continuity-of-care requirements remain in place for certain members as previously published in IHCP Bulletin [BT202496](#).
- Additionally, Humana will extend the current continuity-of-care period on an individual basis for members receiving home- and community-based services (HCBS) who have not yet had an initial service plan completed since transitioning to the PathWays program.

HCBS Service Authorization Example

Humana LTSS - Service Authorization

Created Date: [REDACTED]

Please note that while this authorization is currently in effect, you may receive an updated authorization notice in the future that could modify or terminate this agreement. It is important to review any subsequent authorizations carefully to ensure compliance with the current terms and conditions. Services must be utilized during each month and unused units do not carry forward from month to month. If you have any questions or need further clarification, please do not hesitate to contact us at our Provider Services call center line at 866-274-5888 from 8 a.m. – 8 p.m. EST.

Member Information

First Name: [REDACTED]	Address: [REDACTED]
Last Name: [REDACTED]	Address 2: [REDACTED]
City: [REDACTED]	State: IN [REDACTED]
Zip: [REDACTED]	Phone #: [REDACTED]
DOB: [REDACTED]	Medicaid ID: [REDACTED]

Service

Provider Name: [REDACTED]	Care Manager Email: INPathWaysLTSSUM@humana.com
Provider Phone: [REDACTED]	
Start Date: 07/01/2024	Service Type: Attendant Care
End Date: 09/30/2024	Billing Code: S5125

Unit of Service: 1/4 Hour	Instructions to Provider: ATTC to provide assistance with ADL's and IADL's
Monthly Units: 922	
Frequency: 8 hours 7 days a week ATTC schedule in related documents	

[REDACTED] [REDACTED]

Authorizations for Home/Vehicle Modification



The following providers must complete an application with Evolve to be a vendor:

- Home Modification
- Vehicle Modification
- Pest Control
- Other Contractors



Indiana PathWays for Aging with Humana Healthy Horizons in Indiana are proud to partner with Evolve.

Humana's Premier Benefit Manager for Home & Vehicle Modifications



Interested in joining Evolve's Provider Network?

Call David Wilson 844-438-7577 Ext. 105 or email netdev@evolve-emod.com



Already an Evolve Provider and have questions?

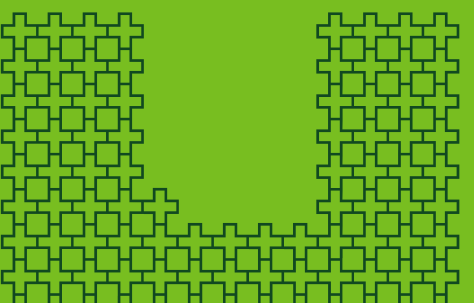
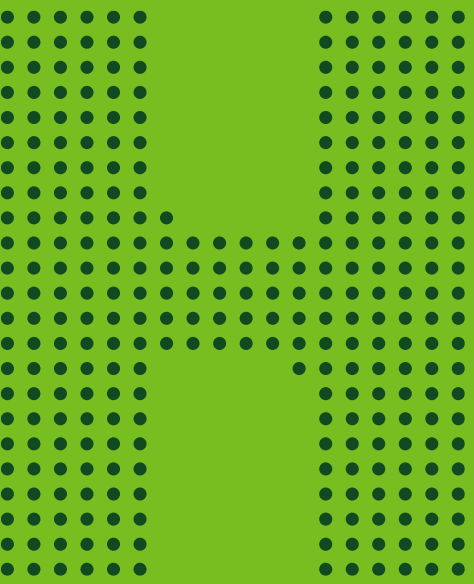
Call 844-438-7577 Option 3 or email providers@evolve-emod.com

Home and/or Vehicle Modification requests

Website: [Evolve](https://www.evolve-emod.com)

Email: info@evolve-emod.com

Call 844-438-7577 (option 3),
Monday – Friday, 9 a.m. – 5 p.m., Eastern time.



Prior Authorization Requests

Prior Authorization Requests

Standard Timeframes

- Humana will provide a **notice of decision** no later than **5 business days** following receipt of the request for service.
- The member or the member's provider may request an extension up to **14 calendar days**.
- An extension of up to 14 calendar days is permitted if the member or provider requests an extension or if the contractor justifies to FSSA a need for more information and explains how the extension is in the member's best interest.
- If Humana fails to respond to a Prior Authorization (PA) request within **5 business days** of receiving the necessary documentation, the authorization is considered administratively approved.

Please note these timelines do not apply for medications*

Prior Authorization Requests Continued

Expedited/Urgent

- When a provider indicates, or Humana determines, that following the standard time frame could seriously jeopardize the member's life, health or ability to attain, maintain or regain maximum function, Humana completes an expedited authorization as expeditiously as the member's health condition requires and provides the decision and notice **no later than 48 hours after receipt.**

Prior Authorization – Ways to Request

To request prior authorization for services

- 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 IHCP PA Request Form to -[Indiana Health Coverage Programs Prior Authorization Request Form](#)
 - **502-324-6376** For Medicaid only members for physical health
 - **502-405-5020** For dual eligible members for physician health
 - **502-508-0408** For dual eligible members for behavioral health
 - **502- 508-0447** For Medicaid only members for behavioral health

[*BT2024103 \(in.gov\)](#)- for more information on Prior Authorizations

Prior Authorization Request Form

Indiana Health Coverage Programs Prior Authorization Request Form

Select the radio button of the entity that must authorize the service.
(For managed care, check the member's plan, unless the service is carved out [delivered as fee-for-service].)

Fee-for-Service	<input type="radio"/> Acentra Health	P: 866-725-9991	F: 800-261-2774
Hoosier Healthwise	<input type="radio"/> Anthem Hoosier Healthwise	P: 866-408-6132	F: 866-406-2803
	<input type="radio"/> CareSource Hoosier Healthwise	P: 844-607-2831	F: 844-432-8924
	<input type="radio"/> MDwise Hoosier Healthwise	P: 888-961-3100	F: 888-465-5581
	<input type="radio"/> MHS Hoosier Healthwise	P: 877-647-4848	F: 866-912-4245
Healthy Indiana Plan (HIP)	<input type="radio"/> Anthem HIP	P: 844-533-1995	F: 866-406-2803
	<input type="radio"/> CareSource HIP	P: 844-607-2831	F: 844-432-8924
	<input type="radio"/> MDwise HIP	P: 888-961-3100	F: 866-613-1642
	<input type="radio"/> MHS HIP	P: 877-647-4848	F: 866-912-4245
Hoosier Care Connect	<input type="radio"/> Anthem Hoosier Care Connect	P: 844-284-1798	F: 866-406-2803
	<input type="radio"/> MHS Hoosier Care Connect	P: 877-647-4848	F: 866-912-4245
	<input type="radio"/> UnitedHealthcare	P: 877-610-9785	F: 844-897-6514
Indiana PathWays for Aging	<input type="radio"/> Anthem PathWays	P: 844-284-1798	F: 877-410-0623
	<input type="radio"/> Humana PathWays	P: 866-274-5888	F: 502-324-6376
	<input type="radio"/> UnitedHealthcare PathWays	P: 877-610-9785	F: 844-897-6514

Please complete all appropriate fields.

Patient Information	Requesting Provider Information
IHCP Member ID:	Requesting Provider NPI/Provider ID:
Date of Birth:	Telephone:

Locate the form here: [Prior Authorization Request Form](#)

Prior Authorization Appeals

Appeals may be requested if Humana Healthy Horizons denies a prior authorization request. A provider, acting on behalf of the PathWays member, and with the member's written consent, may file an appeal. Appeals must be filed within 60 calendar days of the date of the adverse benefit determination notice.

Appeals can be filed by:

- Calling Member Services at 866-274-5888 (TTY: 711) M-F 8 a.m. to 8 p.m.
- Filling out the standard appeal form.
- Writing a letter that includes the following information:
 - Member name
 - Member identification number from the front of the member's Humana Healthy Horizons PathWays ID card
 - Member address and phone number
 - All information that will help explain the appeal
- Mail the form or letter to:
 - Humana Healthy Horizons in Indiana Grievance and Appeal Department
 - P.O. Box 14169
 - Lexington, KY 40512-4169
- Fax the form or letter to 800-949-2961

Prior Authorization Appeals Continued

Humana Healthy Horizons acknowledges receipt of the appeal within three business days of the day we received the appeal. If we extend the time frame for the appeal, we make reasonable efforts to provide a prompt oral notice of the delay. We also send written notice of the reason for the decision to extend the time frame. We also inform the member of the right to file a grievance if there is disagreement with that decision.

Information on appeals can be found at:

- [Prior Authorization - Indiana Medicaid for Providers | Humana](#)
- [2024 Provider Policy and Procedures Manual](#) – Beginning on page 69

Pharmacy Prior Authorization

Pharmacy prior authorization

- The process in which medication is supplied by a pharmacy and billed through the pharmacy benefit.
- This includes medication prior authorizations, quantity limits, and medication exceptions.

To learn more or view the full list of medications requiring prior authorization: [2024 IN Medicaid Prior Authorization Listpdf \(humana.com\)](#)

Contact Us:

800-555-2546, Monday - Friday 8am -11pm ET

Please note, Urgent After-Hours Voicemail is monitored on the weekends.

Home Health Process – Existing Members

Existing Members

To request for an extension of home health aide services (99600), Home Health providers must submit:

- Proof of previous prior authorization
- A copy of the planning discharge (clinical information)
- A complete Indiana Health Coverage Programs (IHCP) prior authorization request form located here: [Indiana Health Coverage Programs Prior Authorization Request Form \(humana.com\)](#)

All forms must be complete, legible and sent via:

- Electronically at www.Availity.com
- Fax to 502-324-6376 for Medicaid members or 502-405-5020 for dual eligible members

Home Health Process- New Request

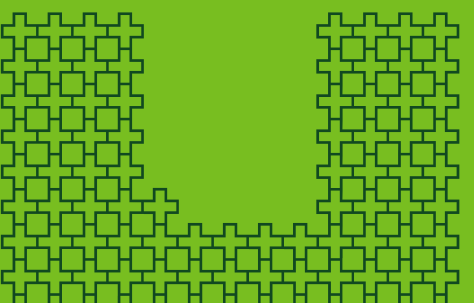
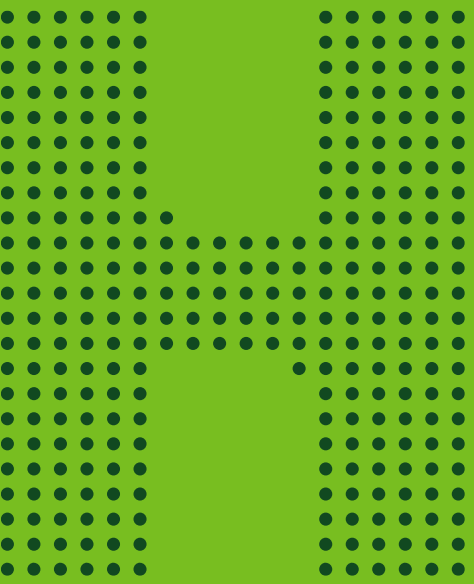
New Requests

To request for home health aide service (99600) for a **new member**, Home Health providers must submit

- A copy of the discharge plan (clinical information)
- A complete Indiana Health Coverage Programs (IHCP) prior authorization request form located here: [Indiana Health Coverage Programs Prior Authorization Request Form \(humana.com\)](#)

All forms must be complete, legible and sent via:

- Electronically at www.Availity.com
- Fax to 502-324-6376 for Medicaid members or 502-405-5020 for dual eligible members



Hospice Processes

Hospice Process

Hospice Service – Nursing Facility Residents

All hospice providers must notify Humana Healthy Horizons when a member is moved to hospice care in a nursing facility.

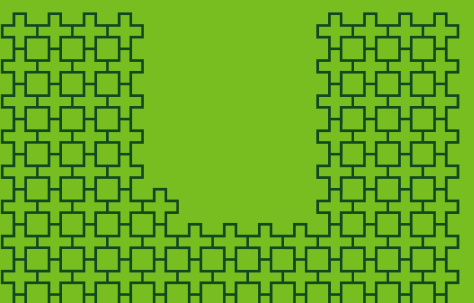
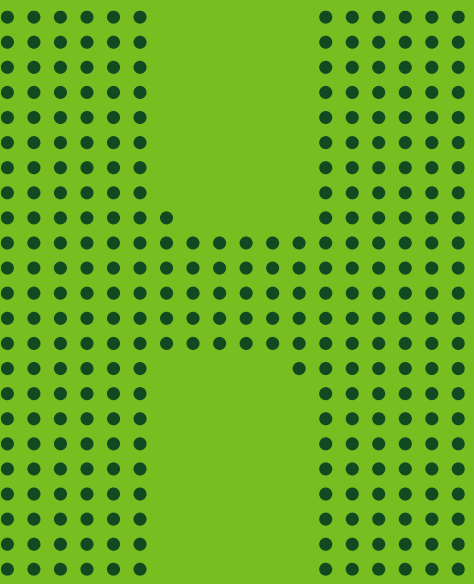
When notifying us, please submit:

- A complete Indiana Health Coverage Programs (IHCP) prior authorization request form located here: [Indiana Health Coverage Programs Prior Authorization Request Form \(humana.com\)](#)
- Hospice election form located here: [Medicaid Hospice Election](#)
- Dually Eligible Form located here: [Hospice Authorization Notice](#)
- Nursing facility NPI and tax ID (nursing facility information can be written under the signature line)

All forms must be complete, legible and sent via:

- Electronically at www.Availity.com
- Fax to 502-324-6376 for Medicaid members or 502-405-5020 for dual eligible members

Please visit [Hospice Services \(in.gov\)](http://HospiceServices.in.gov) for all Hospice Prior Authorization Requirements



Resources

Care/Service Coordination Resources

Care/Service Coordinator Mailboxes:

- INPathwaysCareManagement@humana.com
- INPathWaysLTSSUM@humana.com

Link to Provider Resource:

- [Prior Authorization - Indiana Medicaid for Providers | Humana](#)
- [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 →](#)

Questions & Answers



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