

Humana®

Waiver (Home- and Community-Based Services) Providers

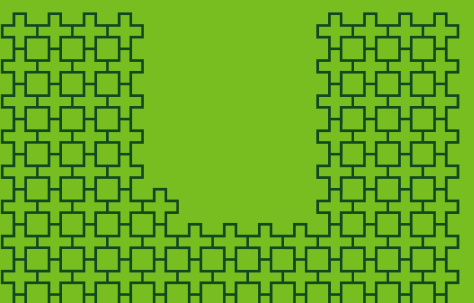
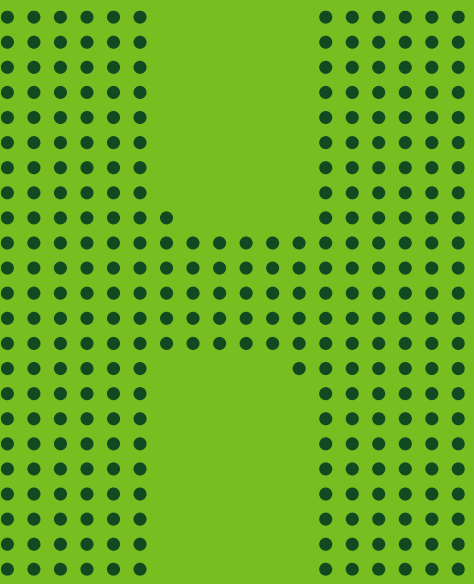
Humana Healthy Horizons

2024 IHCP Works Annual Seminar



Agenda

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- 01 | Provider Engagement Team
 - 02 | Home- and Community-Based Services
 - 03 | Enrollment Overview/Demographic Changes
 - 04 | Availity Registration
 - 05 | Provider Website
 - 06 | Training & Resources
 - 07 | Q&A



Provider Engagement Team

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

Region 1

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 Katelynn Koedyker (219) 296-8295

Region 2

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Region 3

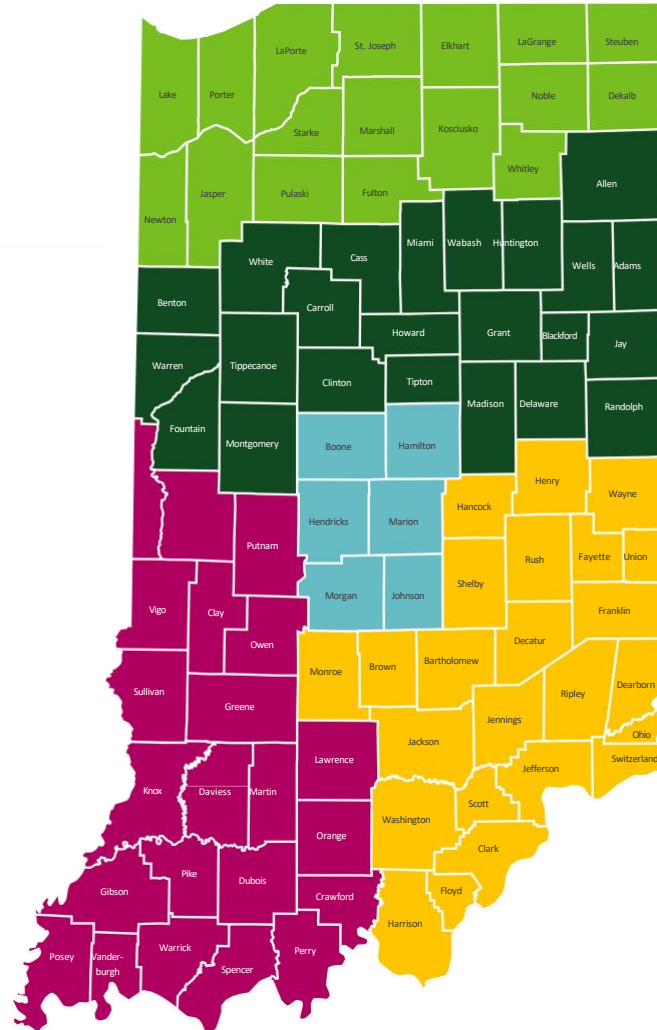
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Region 4

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Region 5

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Adult Day Care/Hospice
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Home Health/Personal Care Attendant
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 Cierra Rich- North (260) 298-4348

HCBS Provider Leadership Team

Denise Watson, Director of Provider Engagement

Phone: 463-280-5327 | dwatson31@humana.com

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Kevin Cox, Manager of Provider Engagement

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Sue Ream, Workforce Development

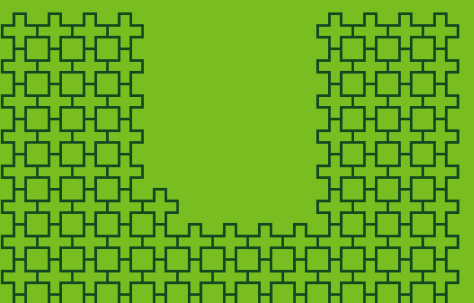
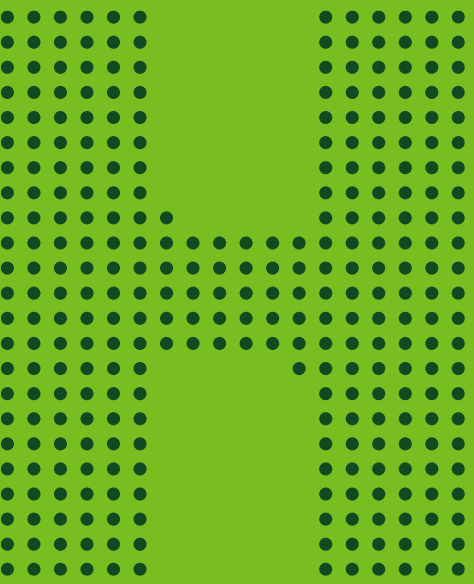
Phone: 765-777-6261 | HumanaINWorkforce@humana.com



Home- and Community-Based Services (HCBS)

What are Home- and Community-Based Services?

- Adult Day Services
- Adult Family Care
- Attendant Care
- Caregiver Coaching
- Community Transition
- Home and Community Assistance
- Home-Delivered Meals
- Home Modification Assessment
- Home Modifications
- Integrated Health Care Coordination
- Non-medical Transportation
- Nutritional Supplements
- Personal Emergency Response System (PERS)
- Pest Control
- Skilled Respite Services
- Specialized Medical Equipment and Supplies
- Structured Family Caregiving
- Vehicle Modifications
- Assisted Living



Enrollment

HCBS Enrollment Overview

- To join the Humana Healthy Horizons in Indiana network, all providers must be actively enrolled with the Indiana Health Coverage Programs (IHCP).
- New providers must be certified through OMPP Provider Certification before enrolling into IHCP: [Quick Reference for HCBS Provider Enrollment \(in.gov\)](#).
 - *Please see attached state bulletins below regarding OMPP certification:*
 - Process change: [BT202460 \(in.gov\)](#)
 - Instructions on how to create a new account, submit a new application, resume an incomplete application and how to check the status of an application: [BT202456 \(in.gov\)](#)
 - Background check requirements: [BT202488 \(in.gov\)](#)
- All provider, **new or current**, wanting to add services, counties/service areas or change ownership must go through OMPP credentialing first.
 - Guidance for provider requests to add services/counties: [BT202472 \(in.gov\)](#)
- Humana's provider website offers a step by step, Join Our Network Resource Guide: [Join Our Network Resource Guide](#)

HCBS Provider Enrollment Overview Cont.

A complete **HCBS** provider enrollment application must include:

- A signed HCBS/LTSS provider assessment form
- A W-9 tax form
- HCBS certification from Certification from the Division of Aging (prior to 7/1/24) or from the OMPP (after 7/1/24)

Enrollment Application Process

Providers, who do not have an Indiana Medicaid Provider ID, obtain certification through OMPP and then enroll with Indiana Health Coverage Programs (IHCP). Providers enrolled prior to 7/1/24 will have certification Division of Aging.

Submit enrollment request via email at: LTSSContracting@humana.com

- Once request is received, the assigned the contractor will outreach and provide all required documents. This includes provider profile forms, the credentialing application, and W9.
 - The assigned contract will also share a reference number provider records and tracking purposes.
 - As documents are returned through email, contractor should manually upload the application documents internally.
 - Normal process will then follow ultimately leading to contract being provided for external review and signature.

If preferred, Humana will accept documents returned via mail or email.

- **PO BOX 74007 Louisville, KY 40201**
- LTSSContracting@humana.com

Enrollment Application Process Cont.

For Contractors (home modification, vehicle medication, pest control etc.):

Please use this link to take providers to Evolve where they can access the application to be a vendor: [Home - Evolve \(evolve-emod.com\)](https://evolve-emod.com)

Other provider types can submit enrollment request to the below email addresses

- Behavioral Health Providers: INBHMedicaid@humana.com
- Long-Term Services & Supports/Home- and Community-Based Service Providers: LTSSContracting@humana.com

HCBS Provider Demographic Changes

For demographic updates or changes, the provider must update their information with the OMPP certification team first and then notify Humana Healthy Horizons by email:

INProviderUpdates@humana.com

Please allow thirty (30) calendar days for all updates to be made and appear in the system.

Update/Change Address

Change TAX ID

Provider
should contact
Humana
Healthy
Horizons to

Update/Change Fax
Number

Update/Change Email
Address

Change Telephone Number

HCBS Enrollment Overview – Effective Date & Welcome Letter

Contract Effective Date Policy:

- The Humana effective date is no sooner than the IHCP effective date.
- A new provider that is not part of an existing contract with Humana is effective the first of the month following the contract execution date.
- A provider added to an existing contract is effective the first of the month following receipt of the network participation request from the provider.

Effective Date Policy



- If a provider serves both Medicare and Medicaid, the provider should expect to receive two welcome letters, one for each line of business.
- Welcome Letter packets (including providers executed contract) will be sent out every Friday upon load completion.

Welcome Letter



HCBS Provider Enrollment- FAQ

Question	Answer
What is considered a complete application?	A complete application must include the following: <ul style="list-style-type: none">• A complete and up-to-date HCBS/LTSS assessment form• Current supporting documentation• Certification from Division of Aging (prior to 7/1/24) or from OMPP (after 7/1/24)• Site Survey, if applicable
What is the turnaround after a complete HCBS/LTSS assessment form is received?	Complete applications will be processed within 30 days of receipt
Will I receive an update if my HCBS/LTSS assessment form is incomplete?	Yes. Providers will receive notification within 24 hours
When will I receive notification after my assessment is approved?	Humana Healthy Horizons distributes a welcome letter the Friday following the network participation process completion. This welcome letter outlines the effective date of the contract, schedule of onboarding activities and outlines resources available to providers including, the provider manual and self-guided pre orientation modules. This welcome letter also includes a direct phone number and email address for provider to reach their assigned Provider Engagement Representative to request any additional information.
Who can I contact if I have questions or concerns?	Provider Services contact center at 866-274-5888, M-F, 8 A.M - 8 P.M EST (TTY:771) or by email at INMedicaidProviderRelations@humana.com



Availity Registration/Claims

HCBS Availability Registration

All Providers:

- Providers who are new to Availability can initiate registration on Availability Essentials at [Availability.com](https://availability.com).
- All providers start the registration process by navigating to Availability.com and selecting 'Get Started' from the top right corner of the Availability website screen.
- Please note, the designated administrator must be the one to register the organization. The designated administrator can be edited in Manage My Organization at any time

Home- and Community-Based Services (HCBS) Providers Specifically:

- HCBS Providers providing non-medical/non-licensed care are considered *Atypical/Non-Medical Providers*
- Atypical providers should select the option **"This organization does NOT have an NPI. This organization is an atypical provider and does not provide healthcare as defined in 45 Code of Federal Regulations (CFR) section 160.103."**
- ***If the provider offers both skilled and non-skilled services Provider will choose the Taxonomy for the waiver provider as primary during registration and then later will create a separate profile for each service type. One for the waiver services and one for the skilled services in 'Manage My Organization'. At this step, provider will be able to add NPI for the skilled services.

**For a step-by-step guide on getting registered in Availability:
[Register your provider organization \(availability.com\)](https://availability.com)**

HCBS Availability Registration- Identifiers

- When adding an atypical provider profile to your organization, it is encouraged to add the "Medicaid ID" identifier to the provider profile.
 - This number is the same as the IHCP provider number, also known as the LPI.
- If an additional identifier is included in the profile, this will cause a denial with the Humana claims.

HCBS Availity- Claims Submission

If you have created an atypical profile, follow these steps:

1. First log into Availity -> Click on Payer Spaces -> select Humana -> click on Claims & Payments drop down (top left) -> select -> Claims & Encounters
2. Under Organization select the name of your organization -> under Claim Type select Professional Claim -> under Payer select Humana -> under Responsibility Sequence select Primary
3. In the PATIENT INFORMATION section, enter in the patient information
4. In the SUBSCRIBER INFORMATION section, enter the patient's Member ID (MID) number and Yes under Authorized Plan to Remit Payment to Provider
5. In the BILLING PROVIDER INFORMATION section under Select a Provider – Select the appropriate profile created.

***If you select the atypical provider profile and see the NPI field, it means you have not selected your atypical profile, or the system hasn't had enough time to fully load the profile (24-48 business hours). You should **only** see the NPI field if you are attempting to bill for skilled/medical services.

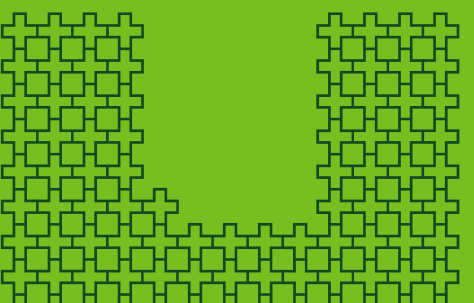
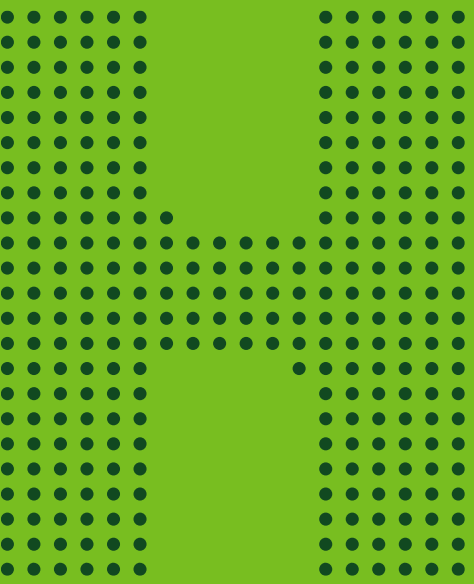
HCBS Availability - Denial code 313

If not registered correctly as an atypical provider, the below denial is produced confirming the claim submitted was billed incorrectly:

Denial code 313

- A BILLING PROVIDER MUST BE REGISTERED AS A MEDICAID PROVIDER AND BE ASSIGNED A UNIQUE MEDICAID NUMBER WITH THE MEMBERS STATE OF RESIDENCE. THERE IS NO ACTIVE STATE MEDICAID NUMBER ON FILE FOR THE BILLING PROVIDER NPI SUBMITTED ON THIS CLAIM. THE MEMBER IS NOT RESPONSIBLE FOR PAYMENT.
- If the above code is received, further updates are needed under “Manage my Organization” to register correctly as an atypical provider.
 - My account in the top right --> Manage my Organization --> Remove NPI from administrator details (top section) and/or the provider profile(s) (under "providers" section)
 - To remove NPI, click the hamburger icon (3 lines) to the right, click edit profile, and remove NPI. Click save

If there is any additional assistance needed with this, please contact your assigned Provider Engagement Representative on the next slide.



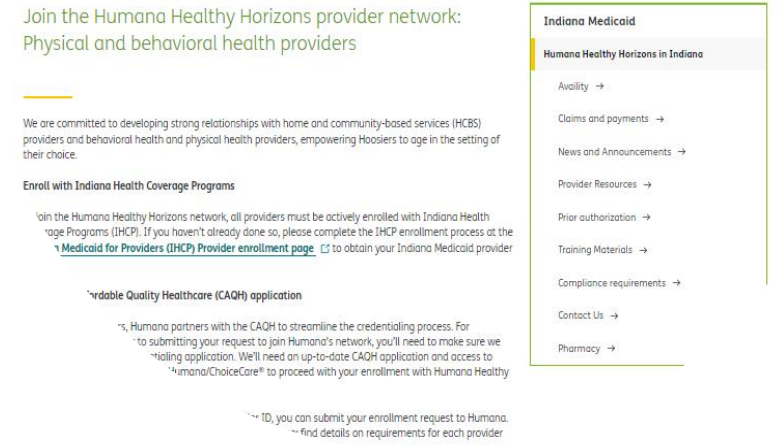
Training and Resources

Humana Healthy Horizons Provider Website

Humana Healthy Horizons will work to reduce administrative burden and enable success for providers

Provider education and training overview:

- Dedicated HCBS Provider Relations Team
- Weekly/Monthly/Quarterly provider education and training:
 - [Humana Healthy Horizons in Indiana Training Resources](#)
- Customized training plan
- Provider education office visits
- Townhalls/Office Hours/Provider Forums
- Assist with technological challenges and/or accommodation support
- Contact for any questions or concerns
- MCE collaboration



Humana Healthy Horizons in Indiana Provider website: Humana.com/HealthyIN

Humana Healthy Horizons Provider Website- Provider Resources

- [Provider Manual](#)
- [Provider Territory Map](#)
- [Provider Network Resource Guide](#)
- [How to access Relias \(provider training\)](#)
- More Resources: [Indiana Medicaid: Provider - Documents and Forms \(humana.com\)](#)

The screenshot displays the Humana Healthy Horizons Provider Website. The header includes the Humana logo, navigation links for Providers, More Humana, Contact us, and Español, along with a search bar and a Log in to Availity link. Below the header, there are dropdown menus for Working With Us, Coverage & Claims, Patient Care, Dental & Pharmacy, and Medicaid. The main content area is titled "Indiana Medicaid Provider Resources" and includes a sub-header "Get the Humana Healthy Horizons® in Indiana documents and resources you need." A list of links is provided, including IN.CLI.001 Molecular Diagnostic Assays and Breath, IN.CLI.002 Cosmetic and Reconstructive Surgery, IN.CLI.004 Breast Reconstruction, Provider Manual, Provider Network Resource Guide, How to access Relias, Cultural Humility and Implicit Bias Training, Long-Term Services and Supports/Home and Community-Based Services County Breakdown by Region, Long-Term Services and Supports/Home and Community-Based Services Provider Representatives Map, 2024 Preferred Drug List (English), 2024 Preferred Drug List (Spanish), and Indiana Medicaid Statewide Preferred Drug List. A section titled "Prior Authorization Request Forms" lists various forms such as Antiviral Monoclonal Antibodies Form, Benzo-Opioid Duplicate Therapy PA Form, Bone Formation Stimulating Agents PA Form, Buprenorphine-Opioid Concurrent PA Form, Cardiac Agents PA Form, Carisoprodol PA Form, Difidid PA Form, Growth Hormone Adult PA Form, Growth Hormone Children PA Form, Hettioz PA Form, Narcolepsy Agents PA Form, Opioid MME Limit Exceed PA Form, PCSK9 and Select Lipotropics PA Form, Pulmonary Antihypertensives PA Form, Testosterones PA Form, Uterine Disorder Agents PA Form, and Vaginal Antimicrobials PA Form. A sidebar on the right titled "Indiana Medicaid" lists navigation options: Humana Healthy Horizons in Indiana, Availity, Claims and payments, News and Announcements, Provider Resources (highlighted), Prior authorization, Training Materials, Compliance requirements, Contact Us, and Pharmacy. A "Back to top" link is located at the bottom of the page.

Humana Healthy Horizons Provider Website - Provider Training

- Training Schedule
- Cultural Competency Training
- Availity
- [Indiana Medicaid: Provider - Training Materials](#)

The screenshot displays the Humana Healthy Horizons Provider Website. The top navigation bar includes the Humana logo, links for Providers, More Humana, Contact us, and Español, along with a search bar and a Log in to Availity link. Below the navigation bar, there are dropdown menus for Working With Us, Coverage & Claims, Patient Care, Dental & Pharmacy, and Medicaid. The main content area features a header for "Indiana Medicaid Training Materials" with a sub-header "Indiana Medicaid Training Materials" and a brief description: "We offer web-based training, including live events and webinars, with our physicians and other healthcare professionals." To the right of this text is an image of two healthcare professionals looking at a laptop. Below the header, there is a "Relias" section with a list of topics: Addiction, Behavioral health, Integrated care, Mental health, Nutrition, Senior Care, Social Determinants of Health, Telehealth, and Technical Learning. A "How to Access Relias" section provides instructions on signing in to the Availity Essentials account and selecting the Humana Healthy Horizons in Indiana under the Payer Spaces tab. The "Training Schedule" section lists three provider training calendar quarters: Quarter 1, Quarter 2, and Quarter 3. The "Cultural Competency Training" section includes a link to the Humana Healthy Horizons Cultural Competency Training page, which includes information for Medicaid health plans, clinical, and administrative staff. On the right side of the page, there is a "Find Care" button and a "Relias" sidebar with a list of links: Indiana Medicaid, Humana Healthy Horizons in Indiana, Availity, Claims and payments, News and Announcements, Provider Resources, Prior authorization, Training Materials (highlighted), Compliance requirements, Contact Us, and Pharmacy.

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Question and Answer



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