



More than  
health insurance.  
This is human care.

Supporting you with  
more of the things you need most.



**Humana**  
Healthy Horizons<sup>®</sup>  
in Kentucky

# Here for you every step of the way.



**Please:**

- Download the Go365 for Humana Healthy Horizons™ app, create an account, and start earning rewards
- Activate your MyHumana account
- Complete and return the enclosed forms
- Make an appointment with your primary care physician (PCP)

# We're here with care that helps you live your best life

## Major program features

We want to help you achieve better health and get better care. So, we are pleased to provide you with the following medical, behavioral health and pharmacy benefits, plus many additional benefits that will help keep you feeling your best.

- Doctor office visits
- Pre- and post-natal care
- Hospital services
- Prescriptions
- No referrals for in-network providers
- Dental benefits
- Vision benefits for adults
- Tobacco cessation program
- Behavioral health care and counseling services

For more information about your benefits, find the Enrollee Handbook at [Humana.com/HealthyKentucky](https://www.humana.com/HealthyKentucky).

## It is important that you select a doctor and make regular visits to maintain your health

It's important that your primary care physician (PCP) is close to your home or work and is able to meet your health needs as well as cultural needs, such as language preference. If you wish to change your PCP, use our Find a Doctor service at [Humana.com/FindADoctor](https://www.humana.com/FindADoctor), where you can compare doctors in our extensive provider network. Or, you can call Enrollee Services at **800-444-9137 (TTY: 711)** to change your PCP.

### Important contact information for Humana

<b>Enrollee Services</b>	800-444-9137 (TTY: 711)
<b>24-hour nurse advice line</b>	800-648-8097 (TTY: 711)
<b>Behavioral health crisis line</b>	833-801-7355 (TTY: 711)
<b>Mailing address</b>	P.O. Box 14823 Lexington, KY 40512
<b>Address of KY Market Office</b>	Kentucky Market Office, 101 East Main Street, Louisville, KY 40202

# Population health: better health, better care, better value

## Getting to know you

At Humana Healthy Horizons®, the health of our enrollees is at the heart of all we do. We encourage you to connect with us and put your health and wellness first. We understand that our enrollees need more than just health insurance. They need a partner who can see them through the difficult times and point them toward that light at the end of the tunnel.

We care about you and strive to bring you solutions for the problems you face day to day, by providing value-added services like:

- A rewards program for healthy behaviors
- Digital tools to help you manage your health
- Expanded vision services
- A weight management program
- GED test prep
- Criminal expungement services
- And more

A Health Risk Assessment (HRA) is a set of questions about your health and wellness. As a new Humana Healthy Horizons in Kentucky member, you can help us get to know you by:

- Completing your HRA
- Sending back your HRA

We will use your answers to make sure you get the care and support you need to meet your health goals. You can qualify to earn rewards through Go365™ for Humana Healthy Horizons just for completing your HRA.

You can complete your HRA:

- Via the Go365 for Humana Healthy Horizons App, or
- By activating your MyHumana account (see page 3), and completing and submitting the HRA online, or
- By calling us at **800-444-9137 (TTY: 711)**

In the back of this Welcome Kit, you'll also find a:

- Paper copy of the HRA that you can fill out
- An envelope to use to send us your completed HRA
- If you choose to fill out the paper copy, please write your first and last name/member ID on each page before sending us your completed HRA.

# Digital support and information

## Humana's website

Your enrollee website, [Humana.com/HealthyKentucky](https://www.humana.com/HealthyKentucky), provides links to educational materials to help you improve your health and take care of yourself. You'll find materials like:

- Enrollee Handbook
- Provider Directory
- Newsletters
- Over-the-counter (OTC) information
- Copay information
- Find a Doctor service
- And more

You can download and print copies of the items above at any time.

To get printed copies and alternative formats of all materials at no cost, call Enrollee Services at **800-444-9137 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time.

## Access personalized plan information with the MyHumana App

You're always on the go. That's why Humana has created the MyHumana App where you can:

- Review your health services history
- Access your Humana enrollee ID card
- Find a provider by specialty or location, or use your current location to find the closest in-network provider—no matter where you are\*

Download the MyHumana App for iPhone or Android by going to the App Store® or Google Play®.

\*May require location sharing enabled on your phone.

## Using MyHumana on the web

### How to sign in

When you go to [Humana.com](https://www.humana.com), sign in with your username and get access to key coverage information as well as useful enrollee tools and resources. To get started, click the Sign In button at the top of the page.

### How to register for MyHumana

To activate your MyHumana account on the web:

1. Go to [Humana.com/Registration](https://www.humana.com/Registration)
2. Choose Medicaid as member type
3. Fill out member information (e.g., enrollee ID number, date of birth, ZIP code)

4. Click continue
5. Set up account information (e.g., enter email address, create a username and password, and choose a security question)
6. Click submit
7. Open the confirmation email (sent to the email address you entered during step 5)
8. Click on link in email to verify email address and complete the activation process

Your username and password will work on a mobile device or at **Humana.com/logon** and with Go365 for Humana Healthy Horizons. If you create your Go365 account first, you can use your login information for MyHumana.

### **Stay connected with your smartphone**

You may be entitled to free cell phone benefits to help you stay connected.

- Choose a new smartphone and receive unlimited texts, unlimited calls to Humana, 4.5 GB of data monthly and 350 minutes monthly.

If interested, please contact SafeLink® at **877-631-2550**. Enrollees who are under 18 will need a parent or guardian to sign up.

## **Earn rewards with Go365 for Humana Healthy Horizons**

With Go36 for Humana Healthy Horizons, you have the opportunity to earn rewards for taking care of yourself, like getting key preventive screenings and taking other healthy actions. Participating in healthy activities and earning rewards is easy.

### **How to earn and redeem rewards**

- Download the Go365 for Humana Healthy Horizons app from iTunes/App Store® or Google Play® on a mobile device
- Create an account for Go365 for Humana Healthy Horizons
- Enrollees under the age of 18 must have a parent or guardian register on their behalf to participate and engage with the program. The person completing the registration process on behalf of a minor must have the minor's Medicaid Member ID.

Enrollees who are 18 and older can register to create a Go365 account. You must use your Medicaid Member ID.

If you have a MyHumana account, you can use the same login information to access Go365 for Humana Healthy Horizons, after you download the app.

- Once registered for the app, you can start completing healthy activities, like getting a flu shot or completing your health risk assessment, to earn Go365 rewards. Those rewards can then be redeemed for e-gift cards to popular retailers in the Go365 in-app mall.

Find more details about Go365 for Humana Healthy Horizons in the Enrollee Handbook at **Humana.com/KentuckyHandbook**.

## Complaints, grievances and plan appeals

We want you to be happy with us and the care you receive from our providers. Let us know right away if at any time you are not happy with anything about us or our providers. This includes if you do not agree with a decision we have made.



### Call Enrollee Services

800-444-9137 (TTY: 711)



### Write to us

P.O. Box 14546  
Lexington, KY 40512-4546

## Do you need help communicating?

**If you do not speak English**, we can help. We have people who help us talk to you in your language. We provide this help for free.

**For people with disabilities:** If you use a wheelchair, are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a provider's office is wheelchair accessible or has devices for communication. Also, we have services like:

- Telecommunications relay service. This helps people who have trouble hearing or talking to make phone calls. Call 711 and give them our Enrollee Services phone number. It is **800-444-9137**. They will connect you to us.
- Information and materials in large print, audio (sound) and braille.
- Help making appointments.
- Names and addresses of providers who specialize in your disability. All of these services are provided to you for free.

## We can help you quit smoking

We want to help you lead your healthiest life, so we give you access to our Wellness Coaching Team using Go365 for participation in the tobacco and vaping cessation program.

- For all enrollees age 5 and older, up to 12 health coaching/cessation support calls within 12 months of the first coaching session

For enrollees age 18 and older, nicotine replacement therapy is available upon request.

## Finding providers in your plan

You will find a list of in-network providers in our Provider Directory. If you would like a copy of the Provider Directory, call **800-444-9137 (TTY: 711)** or visit our website at **[Humana.com/KentuckyDocuments](https://www.humana.com/KentuckyDocuments)**.

## How to get care after hours

If you need nonemergency care after business hours, you can contact our 24-hour nurse advice line at **800-648-8097** or you can contact your PCP's office. If it's an emergency, call 911 or go to the emergency room.

## What to do in case of an emergency

Emergency services are those services that you get when you are very ill or injured. These services try to keep you alive or keep you from getting worse. They are usually delivered in a hospital emergency room.

If your condition is severe, call 911 or go to the nearest emergency facility right away. You can go to any hospital or emergency facility. If you are not sure if it is an emergency, call your PCP. Your PCP will tell you what to do.

The hospital or facility does not need to be part of our provider network or in our service area. You also do not need to get approval ahead of time to get emergency care or for the services that you receive in an emergency room to treat your condition.

If you have an emergency when you are away from home, get the medical care you need. Be sure to call Enrollee Services when you are able and let us know about care you received.

## Accessing your behavioral health services

There are times when you may need to speak to a therapist or counselor.

We cover many different types of behavioral health (BH) services that can help with issues you may be facing. You can call a BH provider for an appointment. You can get help finding a BH provider by:

- Calling **800-444-9137 (TTY: 711)**
- Looking at our Provider Directory
- Using our Find a Doctor service at **[Humana.com/FindADoctor](https://www.humana.com/FindADoctor)**

You do not need a referral from your PCP for BH services offered by an in-network provider.

In case of a BH emergency, you can contact our BH crisis line anytime at **833-801-7355**. They can help you get the care you need.

## Virtual visits from MDLIVE®

Can't see your regular doctor immediately? A virtual visit may be the right solution. You can connect with board-certified doctors 24 hours a day, seven days a week, via virtual visits with MDLIVE®.

MDLIVE® can provide treatment for a variety of healthcare needs including cold and flu symptoms, skin conditions, prescription refills and medication adjustments, all from the comfort of your own home or while traveling.

### Getting started is easy

Use your computer, smartphone, tablet or telephone to receive care (data rates may apply).

You have three ways to receive care:\*\*

1. **MDLive.com/HumanaMedicaid**
2. **888-673-1992 (TTY: 711)**
3. Download the MDLIVE mobile app from the App Store® or Google Play®

\*\* Internet access required. Check your Enrollee Handbook for more information.

## Fraud, abuse, and overpayment in the Medicaid program

To report suspected fraud and/or abuse to the Kentucky Department of Health, call the Recipient Fraud Complaint Hotline toll-free at **877-228-7384**, or complete a Medicaid Recipient Fraud Form, which is available online at [chfs.ky.gov](http://chfs.ky.gov). You can also report fraud and abuse to us directly by contacting the Special Investigations Unit Hotline at **800-614-4126 (TTY: 711)**, Monday – Friday, 7 a.m. – 3 p.m., Eastern time.

## Know your member rights

As a recipient of Medicaid and an enrollee in a plan, you have the right to get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap or source of payment.

You have the right to get a copy of your bill and have the charges explained to you. You also have the right to get a copy of your medical record and request to have information added or corrected in your record, if needed.

For a full list of your rights as a Humana enrollee, refer to your Enrollee Handbook at **[Humana.com/KentuckyHandbook](http://Humana.com/KentuckyHandbook)**.

You'll be receiving a Humana enrollee ID card in the mail. When you receive it, look at the information on it and call us at **800-444-9137 (TTY: 711)** to choose your PCP if you did not pick the one listed on your ID card. When you visit your doctor, be sure to take your Humana enrollee ID card with you.

# Notice of Privacy Practices

## For your personal health information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by law. This includes the right to make changes in our privacy practices and the revised terms of our notice effective for all personal and health information we maintain. This includes information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

## What is personal and health information?

Personal and health information—from now on referred to as “information”—includes both medical information and individually identifiable information, like your name, address, telephone number or Social Security number. The term “information” in this notice includes any personal and health information created or received by a healthcare provider or health plan that relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare. We protect this information in all formats including electronic, written and oral information.

## How do you protect my information?

In keeping with federal and state laws and our own policy, we have a responsibility to protect the privacy of your information. We have safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information

Training our associates about company privacy policies and procedures

## How do you use and disclose my information?

We must use and disclose your information:

- To you or someone who has the legal right to act on your behalf.
- To the Secretary of the Department of Health and Human Services.

Where required by law we have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care.
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.

- For healthcare operation activities including processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of healthcare professionals, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations such as to allow your plan sponsor to obtain bids from other health plans. We will not share detailed health information with your plan sponsor unless you provide us your permission or your plan sponsor has certified they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you if you have not opted out as described below.
- To your family and friends if you are unavailable to communicate, such as in an emergency.

To your family and friends or any other person you identify, provided the information is directly relevant to their involvement with your healthcare or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid.

- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies if we believe there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect or domestic violence.
- In response to a court or administrative order, subpoena, discovery request or other lawful process.
- For law enforcement purposes, to military authorities and as otherwise required by law.
- To assist in disaster relief efforts.
- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances.
- For procurement, banking or transplantation of organs, eyes or tissue.
- To a coroner, medical examiner or funeral director.

## Will you use my information for purposes not described in this notice?

In all situations other than described in this notice, we will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not use or disclose your information for any reason not described in this notice without your permission. The following uses and disclosures will require an authorization:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of protected health information

## What do you do with my information when I am no longer a member or I do not obtain coverage through you?

Your information may continue to be used for purposes described in this notice when your membership is terminated or you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

## What are my rights concerning my information?

The following are your rights with respect to your information. We are committed to responding to your rights request in a timely manner:

- **Access** – You have the right to review and obtain a copy of your information that may be used to make decisions about you, such as claims and case or medical management records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for the labor for copying, supplies for creating the copy (paper or electronic), postage and for preparing the information being requested by you.
- **Alternate Communications** – You have the right to receive confidential communications of information in a different manner or at a different place to avoid a life-threatening situation. We will accommodate your request if it is reasonable.
- **Amendment** – You have the right to request a correction if you believe the information is wrong or incomplete. We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will give you a written explanation of the denial.
- **Disclosure** – You have the right to receive a listing of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, health plan operations and certain other activities. We maintain this information and make it available to you for a period of six years at your request. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **Notice** – You have the right to receive a written copy of this notice any time you request.
- **Restriction** – You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

## What types of communications can I opt out of that are made to me?

- Appointment reminders
- Treatment alternatives or other health-related benefits or services
- Fundraising activities

## How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable privacy rights request forms.

You may obtain any of the forms by:

- Contacting us at **866-861-2762** at any time
- Accessing our website at **Humana.com** and going to the Privacy Practices link
- Emailing us at **privacyoffice@humana.com**
- Sending your completed request form to:

Humana Inc. Privacy Office 003/10911

101 E. Main Street

Louisville, KY 40202

## What should I do if I believe my privacy has been violated?

If you believe your privacy has been violated in any way, you may file a complaint with us by calling us at **866-861-2762** any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You also have the option to email your complaint to **OCRCComplaint@hhs.gov**. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.

We follow all federal and state laws, rules and regulations addressing the protection of personal and health information. In situations when federal and state laws, rules and regulations conflict, we follow the law, rule or regulation which provides greater member protection.

We are required by law to abide by the terms of this notice currently in effect.

## What will happen if my private information is used or disclosed inappropriately?

We are required by law to provide individuals with notice of our legal duties and privacy practices with respect to protected information, and will notify you in a timely manner if a breach of unsecured protected health information occurs.

The following affiliates and subsidiaries also adhere to our privacy policies and procedures:\*

- American Dental Plan of North Carolina, Inc.
- American Dental Providers of Arkansas, Inc.
- Arcadian Health Plan, Inc.
- CarePlus Health Plans, Inc.
- Cariten Health Plan, Inc.
- Cariten Insurance Company CHA HMO, Inc.
- CenterWell Pharmacy™
- CompBenefits Company
- CompBenefits Dental, Inc.
- CompBenefits Insurance Company
- CompBenefits of Alabama, Inc.
- CompBenefits of Georgia, Inc.
- Corphealth Provider Link, Inc.
- DentiCare, Inc.
- Emphesys, Inc.
- Emphesys Insurance Company
- HumanaDental Insurance Company
- Humana AdvantageCare Plan, Inc.  
anteriormente conocido como Metcare Health Plans, Inc.
- Humana Behavioral Health
- Humana Benefit Plan of Illinois, Inc.  
(anteriormente conocido como OSF Health Plans, Inc.)
- Humana Employers Health Plan of Georgia, Inc.
- Humana Health Benefit Plan of Louisiana, Inc.
- Humana Health Company of New York, Inc.
- Humana Health Insurance Company of Florida, Inc.
- Humana Health Plan of California, Inc.
- Humana Health Plan of Ohio, Inc.
- Humana Health Plan of Texas, Inc.
- Humana Health Plan, Inc.
- Humana Health Plans of Puerto Rico, Inc.
- Humana Insurance Company
- Humana Insurance Company of Kentucky
- Humana Insurance Company of New York
- Humana Insurance of Puerto Rico, Inc.
- Humana MarketPOINT, Inc.
- Humana MarketPOINT of Puerto Rico, Inc.
- Humana Medical Plan, Inc.
- Humana Medical Plan of Michigan, Inc.
- Humana Medical Plan of Pennsylvania, Inc.
- Humana Medical Plan of Utah, Inc.
- Humana Regional Health Plan, Inc.
- Humana Wisconsin Health Organization Insurance Corporation
- Kanawha Insurance Company\* Managed Care Indemnity, Inc.
- Preferred Health Partnership of Tennessee, Inc.
- The Dental Concern, Inc.
- The Dental Concern, Ltd.

Effective September 2013

\*These affiliates and subsidiaries are only covered by the Privacy Notice Concerning Financial Information section.

If it's right for you, it's what we do. At Humana, we call that human care—from extra services to programs that help you feel your best. We can't wait to show you what human care can do for you.

# Humana®

A more human way  
to healthcare™

Connect with us:



@HumanaHealthyHorizons



huma.na/playlist