

Humana Healthy Horizons in Ohio Provider Resource Guide

Welcome to Humana Healthy Horizons® in Ohio, a Medicaid managed care program focused on improving the health and well-being of children and adults across the state.

This provider resource guide includes tools and information for network and Ohio Department of Medicaid (ODM)-designated providers to assist in working with Humana Healthy Horizons. You can find updates to this provider resource guide at [Humana.com/HealthyOH](https://www.humana.com/HealthyOH).



Online self-service

A variety of provider resources is available at [Humana.com/Provider](https://www.humana.com/Provider) (no registration required). Medicaid- specific materials, communications and resources can be found at [Humana.com/HealthyOH](https://www.humana.com/HealthyOH), including:

- Answers to frequently asked questions
- Availability portal
- Claims and payments
- Network notices
- Documents and resources
- External medical review
- Applications to join our network
- Optimization of pregnancy outcomes
- Pharmacy
- Prior authorization forms
- Services for children
- Telehealth services
- Training materials

Humana
Healthy Horizons®
in Ohio

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

Contact information

Contact description	Contact information	Hours of operation (All times Eastern)
Provider services Interactive voice recognition line can help with multiple situations, including: <ul style="list-style-type: none"> • Member eligibility verification • Claims processing • Prior authorization status inquiries • Care management (acute and chronic conditions) 	877-856-5707 (TTY: 711)	Monday – Friday, 7 a.m. – 8 p.m.
Medical and behavioral health care management <ul style="list-style-type: none"> • Refer members to care-management programs • Submit questions or inquiries • Provide documentation 	OHMCDCareManagement@humana.com OHMCDCareManagement_BH@humana.com	
HumanaBeginnings® program referrals	OHMCDCMaternity@humana.com Subject line: HumanaBeginnings referral	
Social determinants of health Contact for members who need social support, including: <ul style="list-style-type: none"> • Housing support • Food insecurities support • Utility assistance • Other social needs/community support For more information on SDOH, please review our Ohio SDOH physician guide.	OHMCDSDOH@humana.com	
OhioRISE <ul style="list-style-type: none"> • Program referrals • Submit questions or inquiries • Submit documentation 	OHMCDOhioRise@humana.com	
Gainwell Technologies—Single Pharmacy Benefit Manager Customer Service Center	833-491-0344	Available 24/7
Fraud, waste and abuse reporting	800-614-4126	Available 24/7

Availity Essentials

Healthcare providers must submit all prior authorization requests and claim submissions through the Availity Essentials portal. Healthcare providers who want to work with Humana Healthy Horizons online will need to register to receive the OH|ID number for ODM's provider network management (PNM) system. Please go to ohid.ohio.gov to create an account, or if you would like more information, please visit the **PNM and Centralized Credentialing** website.

Providers also need to register for Availity Essentials. This multipayer portal allows providers to interact securely with Humana Healthy Horizons and other participating payers without learning to use multiple systems or remembering different user IDs and passwords for each payer. Many tools available to Humana Healthy Horizons are accessible from Availity Essentials. To learn more, call Availity at **800-282-4548** or visit **Availity.com**. Availity Essentials lets you:

- Submit claims
- Check eligibility and benefits
- View claim status (claim submission, updates and attachments)
- Submit an authorization inquiry and updates
- View remittance advice (electronic remittance advice and electronic funds transfer enrollment should be submitted)
- View member summaries
- Confirm/remedy overpayment
- Confirm/remedy appeal

Prior authorization and referral procedures

Healthcare providers must submit all prior authorization requests, including physician-administered drug requests and associated attachments, through Availity Essentials via one of the following methods:

- **Practice management system:** Prior authorization submissions sent from a provider's practice management system
- **Direct entry into Availity Essentials**

For both of the above methods, select the following payer descriptions from the dropdown menu in Availity Essentials:

- Humana (medical)
- Humana Behavioral Health

For prior authorization submission and Availity Essentials technical support please call **800-282-4548**.

Please review the Ohio Medicaid preauthorization list online at **[Humana.com/PAL](https://humana.com/PAL)**.

Humana Healthy Horizons does not require authorizations for home health assessments.

Humana Healthy Horizons allows providers to submit authorization requests for unplanned and/or emergency inpatient admissions the next business day. The plan utilization review staff evaluates within the appropriate time frames for decision making.

- All decisions are based on eligibility, coverage and medical necessity criteria.
- Humana Healthy Horizons uses ODM-developed medical necessity criteria and, where it does not exist, we use MCG™, American Society of Addiction Medicine (ASAM) and Humana Medical Coverage policies, as appropriate, based on Ohio Administrative Code (OAC) rules and member condition.
- As Humana Healthy Horizons applies coverage policies and medical necessity criteria, we always consider individual member needs and the local healthcare delivery system.

- Humana Healthy Horizons does not require prior authorization for certain behavioral health services, including Children and Adolescents Needs and Strengths (CANS) assessments and up to 72 hours of Mobile Response Stabilization Services (MRSS) (except in accordance with OAC rule 5160-27.13).
- Humana Healthy Horizons allows members to obtain a second medical opinion at no cost to the member.
- Humana Healthy Horizons authorizes out-of-network care, based on medical necessity, when a network provider is not available to supply members with medically necessary covered services in a timely manner.
 - Authorization requests must be submitted to Availity Essentials for members to receive out-of-network services.
 - If the out-of-network provider is not an active provider in ODM's PNM system, Humana Healthy Horizons then verifies the provider's licensure, conducts federal database checks and executes a single-case agreement. The out-of-network provider is required to submit an application via the ODM portal for screening, enrollment and credentialing. If an out-of-network provider is not willing to become an active ODM provider, the single case agreement is terminated.

Additional value-added benefits are available to Humana Healthy Horizons in Ohio members without prior authorization. A list of these benefits is included in the Humana Healthy Horizons of Ohio Provider Manual, available at [Humana.com/HealthyOH](https://www.humana.com/HealthyOH).

Pharmacy program

Ohio Medicaid managed care entities (MCEs) use Ohio's single pharmacy benefit manager (SPBM), Gainwell Technologies. They use utilization management policies and a uniform preferred drug list (PDL) developed by ODM.

More information is available at [Home page - OH MCD SPBM.Web \(ohio.gov\)](#).

Medication Therapy Management

Humana Healthy Horizons in Ohio offers a medication therapy management (MTM) program that helps ensure patients achieve the best possible outcomes from their medications. The MTM program:

- Promotes collaboration between the pharmacist, patient and prescriber to optimize safe and effective medication use
- Optimizes therapeutic outcomes by focusing on safety, effectiveness, lower-cost alternatives and adherence

Prescribers with questions about the program may call Outcomes MTM Patient Engagement team at **855-905-4689**, Monday – Friday, 9 a.m. – 7 p.m., Eastern time.

Coordinated Services Program

The Coordinated Services Program (CSP) aids Humana Healthy Horizons members who need help managing their use of prescription medications. It is intended to limit overuse of benefits and reduce unnecessary costs to Medicaid while providing an appropriate level of care for the member. Members who meet program criteria receive written notification. Members are allowed 30 days to choose a pharmacy and/or provider through which to receive services, or one is selected for them. Members are notified of their assigned pharmacy location, program information and right to a fair hearing regarding the plan's decision. The initial pharmacy assignment is in place for two years.

Excluded from enrollment in CSP are members who:

- Have a current diagnosis of cancer and receive chemotherapy or radiation treatment
- Reside in a long-term care facility
- Receive hospice services
- Are enrolled in both the Medicaid and Medicare programs

If you have questions about CSP, please call Humana Healthy Horizons in Ohio's CSP Services at **855-330-8054**.

Claims submission process

The claims submission process is different for Humana Healthy Horizons than for other Humana business. For all payable claims, submission must be made via electronic data interchange (EDI). Healthcare providers must submit manual claims and associated attachments through Availity Essentials. Paper claim submissions are prohibited.

Humana payer IDs:

- 61103 for fee-for-service claims

Please note: Humana's traditional payer ID for fee-for-services claims (61101) cannot be used to submit Humana Healthy Horizons claims. Humana rejects all Ohio Medicaid claims submitted with its traditional payer ID. The following is a list of some of the commonly used claims clearinghouses:

Availity Essentials	Availity.com
TriZetto	Trizetto.com
McKesson	Mckesson.com
Change Healthcare	Changehealthcare.com
SSI Group	Thessigroup.com

Please note: Some clearinghouses and vendors charge a service fee. Contact the clearinghouse for more information.

Claim adjudication

- All claims are electronically accepted and will be processed appropriately by Humana.
- Humana Healthy Horizons notifies providers who submitted claims of claim status—paid, denied and all claims not in a final paid or denied adjudicated status—within 30 calendar days of receipt.
 - Such notification may be in the form of a claim payment/remittance advice produced on a routine monthly or more frequent basis.
- In accordance with 42 CFR 447.46, Humana Healthy Horizons:
 - Pays or denies 90% of all submitted clean claims within 21 calendar days of the date of receipt
 - Pays or denies 99% of submitted clean claims within 60 calendar days of the date of receipt
 - Pays or denies 100% of all claims within 90 calendar days of receipt

Providers will receive a 30-calendar-day notice of all edits or system changes related to claims adjudication or payment processing.

Humana Healthy Horizons Medicaid provider numbers

The following are Humana's Medicaid provider numbers for use when submitting documents for wrap-around payments.

Line of business:

- Medicaid—aged, blind and disabled
 - Humana's Medicaid ID number: 0461038
- Medicaid—covered families and children
 - Humana's Medicaid ID number: 0462285

Comprehensive primary care

Comprehensive primary care (CPC) is a patient-centered medical home program that comprehensively manages a patient's health needs, empowering practices to deliver the best care possible to Ohio Medicaid-eligible members. ODM instituted this member-centered program to improve health outcomes while improving cost effectiveness. The program also grants access to data and reports that deliver actionable, timely information for providers to make better decisions about outreach, care and referrals.

CPC practices may be eligible for two payment streams in addition to existing payment arrangements with the Ohio Department of Medicaid and the Medicaid Managed Care Plans:

- Per-member-per-month (PMPM) payment, to support activities required by the CPC program
- Shared Savings payment, to reward practices for achieving total cost of care savings

For more information about Ohio CPC and how to enroll, please visit **ODM's CPC website**.

Behavioral health

Humana Healthy Horizons recognizes the significance of behavioral health (BH) needs to overall health and well-being and emphasizes a strengths-based approach, with fully integrated physical and BH care. Humana Healthy Horizons' overall BH system includes mental health, alcohol and drug addiction treatment services and developmental disabilities services. The following are eligible:

- Adults: All covered BH services
- Child members: All covered BH services for child members not enrolled in the OhioRISE plan

BH providers should follow the prior authorizations process in this document.

OhioRISE

Ohio Resilience through Integrated Systems and Excellence (OhioRISE) is a managed care program specializing in members age 0 to 20 years at the time of enrollment with complex behavioral health and multisystem needs. Aetna Better Health® of Ohio is the OhioRISE specialized managed care organization. OhioRISE aims to expand access to in-home and community-based services.

Participating laboratory and radiology providers

Laboratory and radiology services are available at Humana Healthy Horizons-participating national and local laboratory providers, hospitals and freestanding radiology centers. Providers can use Humana's **online physician finder** to identify participating providers.

Physician finder instructions:

1. Enter member's ZIP code and preferred mileage distance from the ZIP code
2. Select a look-up method and choose coverage type Medicaid, then OH Medicaid/Healthy Horizons OH
3. Search by provider name or specialty type
 - Specialty types: Use clinical medical laboratories to locate reference labs and radiology clinic/center for radiology services locations.

Member ID cards

Your Humana Healthy Horizons in Ohio-covered patients received member ID cards issued by ODM. Please ask members to present their current 2023 ID card at the time of service.

Humana Healthy Horizons in Ohio-enrolled members

Humana
Healthy Horizons.

Member Services | Phone: 877-856-5702
24 Hour Emergency Services | Phone: 866-376-4827

Member Name	Member ID Number	Plan ID Number
JaneHasVeryLongName Veryloooooonglastname	000000000000	HXXXXXXX

Primary Care Provider
Dr. John Doe
Phone: 000-000-0000
Issuance Date: MM/DD/YYYY

Pharmacy Benefit
gwinwell
Rx Bin: 024251
Rx PCN: OHRXPROD
Phone: 833-491-0344

Use Member ID for Billing

Member Services | Phone: 877-856-5702
24 Hour Emergency Services | Phone: 866-376-4827

Information for Members
Directions for what to do in an emergency
Please present this card each time before you receive medical care except in an emergency. In case of emergency, call 911 or go to the closest emergency room.
Please visit us at: [Humana.com/HealthyOhio](https://www.humana.com/HealthyOhio)

Information for Providers
Please verify member eligibility on Date of Service via the ODM provider portal before rendering services.
Payor ID: 61103
Please visit [Humana.com/HealthyOH](https://www.humana.com/HealthyOH) for detailed billing instructions or call 877-856-5707 for assistance.
Providers may also call the ODM IHD at 800-686-1516 for assistance.

Ohio | Department of Medicaid

Humana Healthy Horizons is a Medicaid Product offered by affiliates of Humana Inc.

Humana Healthy Horizons members also enrolled in OhioRISE

Humana
Healthy Horizons.

Member Services | Phone: 877-856-5702
24 Hour Emergency Services | Phone: 866-376-4827
OhioRISE Member Service | Phone: 833-711-0773

Member Name	Member ID Number	Plan ID Number	OhioRISE
JaneHasVeryLongName Veryloooooonglastname	000000000000	HXXXXXXX	♥aetna Aetna Better Health of Ohio Phone: 833-711-0773

Primary Care Provider
Dr. John Doe
Phone: 000-000-0000
Issuance Date: MM/DD/YYYY

Pharmacy Benefit
gwinwell
Rx Bin: 024251
Rx PCN: OHRXPROD
Phone: 833-491-0344

Use Member ID for Billing

Member Services | Phone: 877-856-5702
24 Hour Emergency Services | Phone: 866-376-4827
OhioRISE Member Service | Phone: 833-711-0773

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OhioRISE

Ohio | Department of Medicaid

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Humana Healthy Horizons members also enrolled in OhioRISE and the Coordinated Services Program

Humana
Healthy Horizons.

Member Services | Phone: 877-856-5702
24 Hour Emergency Services | Phone: 866-376-4827
OhioRISE Member Service | Phone: 833-711-0773

Member Name Member ID Number Plan ID Number OhioRISE
JaneHasVeryLongName 000000000000 HXXXXXXX ♥aetna
Veryloooooonglastname Aetna Better Health of Ohio
Phone: 833-711-0773

Primary Care Provider
Dr. John Doe
Phone: 000-000-0000
Issuance Date: MM/DD/YYYY

Pharmacy Benefit
gwinwell
Rx Bin: 024251
Rx PCN: OHRXPROD
Phone: 833-491-0344
CSP Enrolled
Use Member ID for Billing

Member Services | Phone: 877-856-5702
24 Hour Emergency Services | Phone: 866-376-4827
OhioRISE Member Service | Phone: 833-711-0773

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Please present this card each time before you receive medical care except in an emergency. In case of emergency, call 911 or go to the closest emergency room.
Please visit us at: Humana.com/HealthyOhio

Information for Providers
Please verify member eligibility on Date of Service via the ODM provider portal before rendering services.
Payor ID: 61103
Please visit Humana.com/HealthyOH for detailed billing instructions or call 877-856-5707 for assistance.
Providers may also call the ODM IHD at 800-686-1516 for assistance.
CSP Pharmacy Name: XXXXXXXXXXXX
CSP Pharmacy Phone Number: 000-000-0000
Humana Healthy Horizons is a Medicaid Product offered by affiliates of Humana Inc.




Humana Healthy Horizons members enrolled in the Coordinated Services Program

Humana
Healthy Horizons.

Member Services | Phone: 877-856-5702
24 Hour Emergency Services | Phone: 866-376-4827

Member Name Member ID Number Plan ID Number
JaneHasVeryLongName 000000000000 HXXXXXXX
Veryloooooonglastname


Primary Care Provider
Dr. John Doe
Phone: 000-000-0000
Issuance Date: MM/DD/YYYY

Pharmacy Benefit
gwinwell
Rx Bin: 024251
Rx PCN: OHRXPROD
Phone: 833-491-0344
CSP Enrolled
Use Member ID for Billing

Member Services | Phone: 877-856-5702
24 Hour Emergency Services | Phone: 866-376-4827

Information for Members
Directions for what to do in an emergency
Please present this card each time before you receive medical care except in an emergency. In case of emergency, call 911 or go to the closest emergency room.
Please visit us at: Humana.com/HealthyOhio

Information for Providers
Please verify member eligibility on Date of Service via the ODM provider portal before rendering services.
Payor ID: 61103
Please visit Humana.com/HealthyOH for detailed billing instructions or call 877-856-5707 for assistance.
Providers may also call the ODM IHD at 800-686-1516 for assistance.
CSP Pharmacy Name: XXXXXXXXXXXX
CSP Pharmacy Phone Number: 000-000-0000
Humana Healthy Horizons is a Medicaid Product offered by affiliates of Humana Inc.



Please note: This PDF meets state/compliance guidelines and could be subject to change at any time. Notification will be communicated if compliance guidelines change.

Front of Humana Healthy Horizons in Ohio ID card

- Member ID number—Ohio Medicaid member identification number also known as the Ohio Medicaid Management Information System Identification (MMIS ID) number; begins with a number
 - **Note:** Claims submitted to Humana and Aetna OhioRise must include the member ID number.
- Plan ID number—Member's Humana Healthy Horizons in Ohio plan identification number begins with an "H." Do not use the plan ID number when submitting claims to Humana.