

# Member Support Services and Benefits



Humana – CareSource provides a wide variety of support and educational services and benefits to our members to facilitate their use and understanding of our services, to promote preventive health care and to encourage appropriate use of available services. We are always happy to work in partnership with you to meet the health care needs of our members.

## MEDICAID

### Medicaid New Member Identification Cards and Kits

Each new member household receives a new member kit, a welcome letter and an ID card for each person in the family who has joined Humana – CareSource. New member kits are mailed separately from the ID card and new member welcome letter.

Medicaid new member kit contains:

- Information on how to obtain a copy of the Humana – CareSource health partner directory
- A member handbook which explains how to access plan services and benefits
- A health assessment survey
- Other preventive health education materials and information

## MEMBER SERVICES

Humana – CareSource provides assistance to members who have questions or concerns about services or benefits. Members can contact our member services department by calling **1-855-852-7005** (TTY for the hearing impaired: 1-800-648-6056). Representatives are available by telephone Monday through Friday, 7 a.m. to 7 p.m. Eastern time, except on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day. If the holiday falls on a Saturday, the company will be closed on the Friday before. If the holiday falls on a Sunday, we will be closed the Monday after.

### **24-Hour Nurse Advice Line: 1-866-206-9599**

Members can call our nurse advice line 24 hours a day, seven days a week, except on the holidays specified above. Members have unlimited access to talk with a caring and experienced staff of registered nurses about symptoms or health questions.

Nurses assess members' symptoms using the Schmitt-Thompson Clinical Content triage system to determine the urgency of the complaint and direct members to the most appropriate place for treatment. Schmitt-Thompson is the gold standard in telephone triage, offering evidence-based triage protocols and decision support. Nurses educate members about the benefits of preventive care and make referrals to our care management programs. The nurses promote the relationship with the primary care provider (PCP) by explaining the importance of the PCP role in coordinating the member's care.

Key features of this service include qualified nurses who:

- Assess member symptoms
- Advise of the appropriate level of care
- Answer health-related questions and concerns
- Provide information about other services
- Encourage the PCP-member relationship

Members access our 24-hour nurse advice line anytime night or day. The phone number is on the member's ID card.

### **Care Management/Outreach**

Humana – CareSource provides integrated care management services through medical and behavioral health nurses, social workers and outreach specialists who provide one-on-one personal interaction with members. We also have pharmacists on staff to assist with medication reconciliation and to function as a part of the interdisciplinary care team.

Care management can provide a broad spectrum of educational and follow-up services for your patients. It can be especially effective for reducing admission and re-admission risks, managing anticipatory transitions, encouraging noncompliant members, reinforcing medical instructions and assessing social needs, as well as educating pregnant women and first-time mothers on the importance of prenatal

care, childbirth, postpartum and infant care. We also offer individualized education and support for many diseases.

Direct access for case management referrals and assistance with member needs is available 24 hours a day, seven days a week by calling **1-866-206-9599**. Please feel free to refer members who might need individual attention to help them manage special health care challenges.

### **Care Management Services**

Humana – CareSource’s care management program is a fully integrated health management program that strives for member understanding of and satisfaction with their medical care. We promote a holistic approach through the integration of physical and behavioral health to assist the member across a continuum of care. More importantly, it’s designed to support and enhance the care and treatment you provide to your patient. We stress the importance of establishing the medical home, early and ongoing identification of barriers, and keeping appointments. We assist in arranging transportation to the health partner’s office if necessary. This one-on-one personal interaction between the patient and other health care professionals provides a comprehensive safety net to support your patient through initial and ongoing assessment activities, coordination of care, education to promote increased independence and healthy lifestyle decisions. In addition, we help connect your patient with additional community resources.

Humana – CareSource encourages you to take an active role in your patient’s care management program and we invite and encourage you to direct and participate in the development of a comprehensive care plan individualized to the needs of your patient. We believe communication and coordination are integral to ensure the best care for our members.

We offer individualized education and support for many conditions and needs, including:

- Diabetes
- Asthma
- Congestive heart failure
- Coronary artery disease
- Chronic obstructive pulmonary disease (COPD)
- Hypertension
- Members with special health care needs
- Behavioral health and substance abuse

### **Care Management for High-Risk Members**

Humana – CareSource provides a comprehensive integrated care management model for our highest-risk members. Utilizing nurses and social workers, this multi-disciplinary approach integrates Case Management Society of America standards of practice to help members overcome health care access barriers. It also strengthens our health partner and community resource partnerships through collaboration. The multidisciplinary care management teams are led by RNs who

perform a comprehensive assessment of the member's clinical status, develop an individualized treatment plan with individualized goals, monitor outcomes and evaluate the outcomes for possible updates to the care plan.

Typical high-risk members may have multiple medical issues, socioeconomic challenges and behavioral health care needs.

### **Humana – CareSource Disease Management Program**

Humana – CareSource Medicaid members with chronic conditions, including asthma and diabetes, are automatically enrolled in Humana – CareSource's disease management program. Members enrolled in the program receive educational information to help them better manage their asthma or diabetes. Information sent to members includes care options for them to discuss with their health partner. Members identified as high risk have a nurse assigned to their case to help educate, coordinate and provide resources and tools to help the member optimize their overall health.

### **How to Refer Members to Disease Management**

If you have a Humana – CareSource-covered patient with asthma or diabetes who you believe would benefit from this program and is not already enrolled, please call **1-866-206-0272**.

### **Emergency Department Diversion Program**

Humana – CareSource is committed to making sure our members access appropriate health care services at the appropriate time for their needs. We instruct members to call their PCP or our 24-hour nurse advice line if they are unsure if they need to go to an emergency room (ER). Members are advised to call 911 or go to the nearest ER if they feel they have an emergency. Humana – CareSource covers all emergency services for our members. Humana – CareSource also educates members on the appropriate use of urgent care facilities and which urgent care sites they can access.

Member ER utilization is tracked closely. If there is frequent ER utilization, members are referred to our Care Management team for analysis or intervention. It is our goal at Humana – CareSource to reduce inappropriate and/or avoidable ER use among our members through education, identification and removal of barriers, and by linking the members to a regular source of care. Humana – CareSource takes a proactive approach by assisting its members with accessing the most appropriate health care resources before an emergency arises. We appreciate your cooperation in educating your patients on the appropriate utilization of emergency services.

Emergency care will not be denied; however, if admitted, inpatient stays require prior authorization. The facility must notify Humana – CareSource as soon as possible and no later than 24 hours after an emergency admission and/or learning that the member is covered by the health plan.

### **Perinatal Care Management**

Humana – CareSource has a program for perinatal and neonatal care management utilizing a staff of specialized nurses. Nurses are available to help manage high-risk

pregnancies and premature births by working in conjunction with health partners and members. The expertise offered by the staff includes a focus on patient education and support and involves direct telephone contact with members and health partners. We encourage our prenatal care health partners to notify Care Management Support Services at **1-866-206-0272** when a member with a high-risk pregnancy has been identified.

### **Babies First Program**

Pregnant members and new mothers can earn up to \$150 in gift cards to local stores by receiving recommended prenatal care for themselves and preventive well child-care for their children through age 15 months. Members can obtain Babies First brochures and coupons from Humana – CareSource. Each coupon contains reminders about keeping all scheduled prenatal appointments and other helpful information relevant to a given trimester. Once the activities on the coupon have been completed, members mail the coupons to Humana – CareSource for verification in order to receive gift cards. If you provide prenatal or preventive services, Humana – CareSource members may ask you to validate coupons by completing information on the back of the coupon and providing a signature.

### **Eyeglass Frames**

Members of our health plan can choose from a large selection of eyeglass frames, in addition to those approved by Medicaid, at no cost to them. These frames must be ordered through one of Humana – CareSource’s contracted optical labs. Please refer to **CareSource.com/KY** for additional information about vision services.

### **Interpreter Services – Nonhospital Health Partners**

Humana – CareSource offers sign and language interpreters for members who are hearing impaired, do not speak English or have limited English-speaking ability. We also provide select printed materials in other languages or formats, such as large print brochures, and are available to explain the materials as needed. These services are available at no cost to the member or health care health partner. As a health partner, you are required to identify the need for interpreter services for your Humana – CareSource patients and offer appropriate assistance. To arrange services, please contact Health Partner Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711). Please inform us of members in need of interpreter services, as well as members that receive interpreter services through another resource.

### **Interpreter Services – Hospital Health Partners**

Humana – CareSource requires that hospitals, at their own expense, to offer sign and language interpreters for members who are hearing impaired, do not speak English or have limited English-speaking ability. We can provide select printed materials in other languages or formats, such as large print brochures, and are available to explain the materials as needed. Hospital health partners are required to identify the need for interpreter services for Humana – CareSource patients and offer appropriate assistance. If you do not have access to interpreter services, contact Hospital Health Partners at **1-855-852-7005** (TTY: 1-800-648-6056 or 711). Please inform us of members in need of interpreter services, as well as members who receive interpreter services through another resource.

## EPSDT PROGRAM

Early Periodic Screening Diagnosis and Treatment (EPSDT) is a federally mandated program developed for children through the age of 20 who are Medicaid recipients. All children younger than 21 who are Humana – CareSource members should receive EPSDT exams. The program is designed to provide comprehensive preventive health care services at regular intervals. EPSDT stresses health education to children and their caretakers in the areas of early intervention and treatment of problems discovered during exams, and ongoing health maintenance.

### EPSDT Exam Components

The EPSDT exam is a general health assessment composed of the following required screening elements:

- Comprehensive health and development history
- Comprehensive unclothed physical examination
- Developmental assessment and mental health screening
- Vision and eye assessment
- Nutritional assessment
- Dental assessment and referral to a dentist, as indicated. Dental referrals are recommended at 1 to 3 years of age; they are required at 3 years and older
- Assessment of immunization status and administration of required vaccines
- Anemia test using hematocrit or hemoglobin determinations, if indicated
- Health education
- Sick cell test, if indicated
- Complete urinalysis, if indicated
- Test for sexually transmitted diseases, if indicated
- Tuberculin test, if indicated
- Lead screening test at indicated times
- Pelvic examination, if indicated

### EPSDT Exam Frequency

The recommended schedule for EPSDT exams is as follows:

#### Infancy

- < 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months

#### Early Childhood

- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 4 years

### **Middle Childhood**

- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years

### **Adolescence and Young Adults**

- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years
- 20 years
- 21 years (through the end of the member's 21st birth month)

The Humana – CareSource EPSDT Periodicity Schedule is updated to reflect current recommendations of Bright Futures / American Academy of Pediatrics.

PCPs receive a list at the beginning of each month that contains eligible Humana – CareSource members who have chosen or been assigned to them as of that date. The list includes indicators for patients who are due for an EPSDT exam. If there is a “Y” in the Exam Due column, that member is due to receive an EPSDT exam in the following month. You can find this list on our website at **CareSource.com/KY**.

### **EPSDT Form**

Please document all required components of the EPSDT exam in the member’s medical record. We encourage you to use the EPSDT form to ensure that you capture all of the needed data. The EPSDT Form can be found on **CareSource.com/KY**.

### **EPSDT Codes**

Exams should be coded on claim forms using CPT codes 99381 through 99395, whichever is applicable, as indicated in the following chart. Correct codes are required for proper documentation of services provided and timely and accurate claims payment.

### **New Patient/Initial Exam**

<b><u>CPT Code</u></b>	<b><u>Description</u></b>
99381	Infant (age under 1 year)
99382	Early childhood (age 1-4 years)
99383	Late childhood (age 5-11 years)
99384	Adolescent (age 12-17 years)
99385	Age 18-20 years

## Established Patient/Periodic Exam

<u>CPT Code</u>	<u>Description</u>
99391	Infant (age younger than 1 year)
99392	Early childhood (age 1-4 years)
99393	Late childhood (age 5-11 years)
99394	Adolescent (age 12-17 years)
99395	Age 18-20 years

These codes should be used along with appropriate ICD-10 diagnosis codes (V20.2 or V70.x codes). When updating routine EPSDT status at the time of an acute care visit, use E&M CPT code (99201 – 99204 or 99212 – 99214) along with the appropriate ICD-10 code to indicate the reason for the acute care visit as a secondary diagnosis.

## EPSDT Exam Referrals

If the PCP is unable to provide all of the components of the EPSDT exam or if screenings indicate a need for evaluation by a specialist, a referral must be made to another participating health partner within Humana – CareSource’s health partner network in accordance with Humana – CareSource’s referral procedures. The member’s medical record must indicate to where the member was referred.

## Blood Lead Level Testing

The Kentucky Medicaid program requires that children receive a blood lead level test at one and two years of age. This is a required part of the EPSDT exam provided at these ages. Filter paper testing is an accepted method for obtaining blood lead levels and is approved by the commonwealth.

The filter paper method offers fast, quantitative results from two drops of blood obtained through a finger stick capillary puncture. Both hemoglobin and lead can be tested using this method and CPT code 36416 is indicated in the claim for the capillary stick. It is a less invasive method of sample collection that can be performed conveniently in a physician’s office. Supplies and instructions are provided by the labs that process the results. Supplies are provided at no charge and lab results are delivered within 48 hours of receipt. Lead levels that exceed 10 ug/dL with this sampling method are recommended for retesting by a follow-up capillary or venous puncture according to guidelines. For more information, please contact a participating lab. Participating labs and their contact information can be found by using our “Find a Doctor/Provider” tool.

## Vaccines for Children Program

The federal Vaccines for Children (VFC) program makes designated vaccines available at no cost to VFC participating health care partners to administer to children 18 years of age or younger who are eligible for Medicaid, who are uninsured, who are underinsured or are American Indian. To become a VFC health partner, contact a Cabinet for Health and Family Services (CHFS) immunization program field staff representative for your location. A contact list of field staff representatives can be found at [www.chfs.ky.gov/dph/epi/Health+Care+Professionals.htm](http://www.chfs.ky.gov/dph/epi/Health+Care+Professionals.htm). Vaccines are provided to program participants at no cost.

Humana – CareSource will reimburse health partners for the administration of Medicaid-approved vaccines as well as for the vaccines themselves, except in the case of



immunizations supplied to health partners enrolled in the VFC program. In these cases, only the administration fee will be reimbursed.

Please bill Humana – CareSource with the appropriate CPT and ICD-10 vaccination codes for the immunization(s) administered and the appropriate administration code. Humana – CareSource will only pay for the administration of the vaccine when the health partner participates in VFC. Billing with the vaccine codes along with the administration codes will help ensure that you are reimbursed properly for administration of the correct vaccine.

### **Immunization Schedule**

Immunizations are an important part of preventive care for children and should be administered during EPSDT exams as needed. Humana – CareSource endorses the same recommended childhood immunization schedule that is approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). The recommended schedule is included in this section of the manual. This schedule is updated annually and the most current schedule can be found at the website **AAP.org**.

### **Immunization Codes**

Effective October 1, 2015, Humana – CareSource requires health partners to use ICD-10-CM codes and CPT codes on claims. Please refer to the Code Tables located on the CMS website:

**<https://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html>**

You can also get CMS Coding Guidelines at the following website:

**<https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2016-ICD-10-CM-Guidelines.pdf>**

## **AMERICANS WITH DISABILITIES ACT**

The Americans with Disabilities Act (ADA) prohibits discrimination against persons with disabilities in the areas of employment, public accommodations, state and local government services and telecommunications. Both public and private hospitals and health care facilities must provide their services to people with disabilities in a nondiscriminatory manner. To do so, health partners may have to modify their policies and procedures, provide auxiliary aids and services for effective communication, remove barriers from existing facilities, and follow ADA accessibility standards for new construction and alteration projects.

The following are commonly asked questions and answers, with more detailed information available at [www.cdihp.org](http://www.cdihp.org):

***Q. Which health care partners are covered under the ADA?***

A. Private hospitals, nursing homes, psychiatric and psychological services, offices of private physicians, dentists and health clinics are among the health care partners covered by the Title III of the ADA. Title III applies to all private health care partners regardless of size. It applies to health partners of both physical and mental health care. If a professional office is located in a private home, the portion of the home used for public purposes is covered by the ADA. Hospitals and other health care

facilities that are operated by state or local governments are covered by Title II of the ADA. Health care partners that offer training sessions, health education or conferences to the public must make these events accessible to individuals with disabilities.

***Q. What kinds of modifications to policies or procedures might be required?***

A. Modifying standard policies, practices or procedures can be an inexpensive but effective way to provide access to health care services. This may mean taking extra time to explain a procedure to a patient who is blind or ensuring that a patient with a mobility impairment has access to an accessible exam room. The ADA does not require health partners to make changes that would fundamentally alter the nature of their service.

***Q. How does a health care partner determine which auxiliary aid or service is best for a patient?***

A. The health care partner can choose among various alternatives consulting with the person and carefully considering his or her expressed communication needs in order to achieve an effective result.

***Q. Can a patient be charged for part or all of the costs of receiving an auxiliary aid or service?***

A. No. A health care partner cannot charge a patient for the costs of auxiliary aids and services, either directly or through the patient's insurance carrier.

***Q. In what medical situations should a health care partner obtain a sign language interpreter?***

A. If a patient or responsible family member usually communicates in sign language, an interpreter should be present in all situations in which the information exchanged is lengthy or complex (for example, discussing a patient's medical history, conducting psychotherapy, communicating before or after major medical procedures, and providing complex instructions regarding medication). If the information to be communicated is simple and straightforward, such as prescribing an X-ray or a blood test, the physician may be able to communicate with the patient by using pen and paper.

***Q. When must private medical facilities eliminate from existing facilities architectural and communication barriers that are structural in nature?***

A. When the removal of those barriers is readily achievable, meaning easy to accomplish, without much difficulty or expense. Like undue burden, readily achievable is determined on a case-by-case basis in light of the resources available to an individual health partner.

***Q. How does one remove "communication barriers that are structural in nature?"***

A. For instance, the installation of permanent signs, flashing alarm systems, visual doorbells and other notification devices, volume control telephones, assistive listening systems and raised character and Braille elevator controls would characterize structural communication barriers.

**Q. What if a patient thinks that a health care partner is not in compliance with the ADA?**

A. If a health care partner cannot satisfactorily work out a patient's concerns, various means of dispute resolution including arbitration, mediation or negotiation are available. Patients also have the right to file an independent lawsuit in federal court, and to file a formal complaint with the U.S. Department of Justice.

*Excerpted from and based on, "ADA Q and As" by Deborah Leuchovius, ADA Specialist, Parent Advocacy Coalition for Educational Rights (PACER) 8161 Normandale Blvd., Bloomington, MN 5543.*

## **Health Education**

Humana – CareSource members receive health information from Humana – CareSource through a variety of communication vehicles including easy-to-read newsletters, brochures, phone calls and personal interaction. Humana – CareSource also sends preventive care reminder messages to members via mail and automated outreach messaging.

