



2018 Member Handbook

Humana®

CareSource®

How to Reach Us

Member Services	1-855-852-7005 TTY: 1-800-648-6056 or 711 Monday through Friday, 7 a.m. to 7 p.m. Eastern Standard Time (EST)
24-Hour Nurse Advice Line	1-866-206-9599 TTY: 1-800-648-6056 or 711
KDMS Transportation	1-888-941-7433 http://transportation.ky.gov/ Transportation-Delivery/Pages/ Human-Service-Transportation- Delivery-Brokers.aspx

Important Next Steps:

1. Look for your ID card in the mail (see page 6).
 - your ID will come in a separate mailing.
2. Make an appointment to see your doctor. (see page 28).
3. Read about your covered services and benefits. (see page 13).
 - Information is also available on our website at
[CareSource.com/KY](http://www.caresource.com/KY)
4. Fill out your Health Risk Assessment (HRA).
 - A copy is included in this mailing. You can also fill it out online at
www.caresource.com/members/kentucky/medicaid/.
Click on “Health Survey” under Quick Links to get started.

Thank you for choosing Humana – CareSource!

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If you, or someone you're helping, have questions about Humana – CareSource, you have the right to get help and information in your language at no cost. Please call the member services number on your member ID card.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص Humana – CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، رجي الاتصال على رقم خدمة الأعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ Humana – CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር እባክዎን በመታወቅ ካርዱ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ።

BURMESE

Humana – CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ရွေးချယ်၍ ပြုပြင် ဘာသာဖြင့် အသိပြု၍ ကြိုကြိုက်ပေးပါရန် အသိပြု၍ ကြို ဝက်ဝေ ငြင်းပွဲဝက်ရုံဝန်ထမ်းသို့ တောင်းဆိုပါ။

CHINESE

如果您或者您在帮助的人对 Humana – CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan Humana – CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, Maaloo lakkoofsa bilbilaa isa waraqaa eenyummaa keessan irra jiruun tajaajila miseensaatiif bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over Humana – CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk. Bel naar het nummer voor ledendiensten op uw lidkaart

FRENCH (CANADA)

Des questions au sujet de Humana – CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète. Veuillez communiquer avec les services aux membres au numéro indiqué sur votre carte de membre.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu Humana – CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, Bitte rufen Sie die Mitglieder- Servicenummer auf Ihrer Mitglieder-ID-Karte an

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તેમ iથી કોઈને Humana – CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્વની માહિતીનો અવકાશ છે. તે અર્થ વિન તમ શી ભ ય મ i પ્ર પ્ન કરી શક ર છે. દ ભ વપરો તિ કરિ મ ટે,કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પર સભ્ય સેવા માટે ના નંબર પર ફોન કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके Humana – CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, कृपया अपने सदस्य आईडी कार्ड पर दिये सदस्य सेवा नंबर पर कॉल करें।

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su Humana – CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete. Chiamare il numero dei servizi ai soci riportato sulla tessera di iscrizione.

JAPANESE

ご本人様、または身の回りの方で、Humana – CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます (無償)。通訳をご利用の場合は、お持ちの会員IDカードにある、会員サービスの電話番号までお問い合わせ下さい。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 Humana – CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 귀하의 회원 ID 카드에 적힌 회원 서비스 팀 번호로 전화하십시오.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Humana – CareSource, hoscht du es Recht fer Hiilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, Bel alstubleift met het Ledenservice nummer op uw lid ID -kaart.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно Humana – CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком. Пожалуйста, позвоните по телефону отдела обслуживания клиентов, указанному на вашей идентификационной карточке клиента.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre Humana – CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete. Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо Humana – CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, Зателефонуйте на номером обслуговування учасників, який вказано на вашому посвідченні учасника

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về Humana – CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên. Vui lòng gọi số dịch vụ thành viên trên thẻ ID thành viên của bạn.

Humana – CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. Humana – CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

Humana – CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, Humana – CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call the member services number on your member ID card.

If you believe that Humana – CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

Humana – CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Welcome



You are now a member of Humana – CareSource®.

We're glad you have chosen us for your health plan. It is a plan created with you in mind. We think you'll be happy with your choice. Our main goal is to keep you healthy, and we aim to keep it all simple for you. We know that the health care system can be complicated.

Humana – CareSource is a managed care health care plan serving all 120 counties in the Commonwealth. This handbook will answer many of your questions. Please take some time to read it and keep it close by in case you need to look something up.

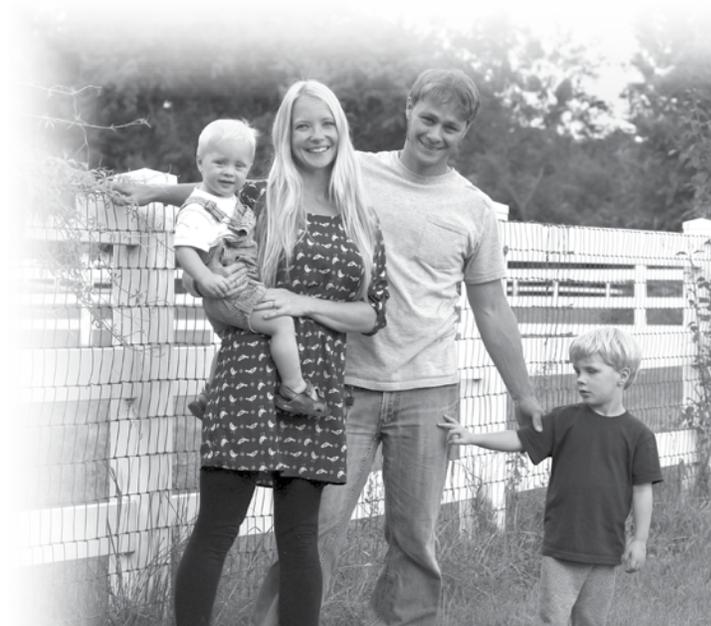
You can also visit our website at **CareSource.com/KY** for the most up-to-date information about:

- how to get emergency services or use 911
- how to get specialty health, hospital and behavioral health services

- how to get care when you travel away from home
- your rights and responsibilities
- searching our Provider Directory to meet your needs
- our Quality program
- the Notice of Privacy Practices, how information about you can be used, and how you can ask to restrict release of your personal health information
- our Care Management program and how you or your caregiver can access it
- our Disease Management program and how you can join
- your doctor’s education, professional training and qualifications, and certification status
- Pharmacy coverage and how to use it
- submitting a claim if you have to do so on your own
- how to tell us if you are unhappy or file a complaint
- appealing decisions that may affect your coverage, benefits or your relationship with Humana – CareSource
- where to call with questions about managing your care
- policies and procedures for managing your health and getting second opinions from health partners that are not part of our network
- getting help or materials if you speak a foreign language

Call us if you have additional questions or don't have internet access, Member Services can help!

Welcome to Humana – CareSource!



Your Member ID Card

Humana – CareSource gives you a member ID card. Each person in your family who is a member will get their own card. Each card is good for as long as the person is a member of Humana – CareSource. If you have not yet received your member ID card(s) please call us at Member Services: **1-855-852-7005** or TTY: 1-800-648-6056 or 711.

You will get a new card if you ask for a new one. You will get a new card if you change your PCP. Are you pregnant? Call Member Services when your baby is born. We will send you a member ID card for your baby.

Your member ID card looks like this.

Humana. 

Member Name
Mary Doe

Humana – CareSource Member ID #: 12345678900

Medicaid ID #: 987654321000

Primary Care Provider/Clinic Name:
Good, lam A.

Provider/Clinic Phone: (855) 123-4567

Member Services: (855) 852-7005 (TTY: 1-800-648-6056 or 711)

24-hour nurse line: (866) 206-9599 (TTY: 1-800-648-6056 or 711)

**THIS CARD IS FOR IDENTIFICATION ONLY
AND DOES NOT VERIFY ELIGIBILITY.**

MEMBER: Show your ID card to medical providers **BEFORE** you receive care. Never let others use your ID card. Call 911 if you have an emergency. You can also call your PCP or our toll-free 24-hour nurse advice line if you're not sure if it's an emergency.

BEHAVIORAL HEALTH HOTLINE: 877-380-9729

HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit CareSource.com/KY or call **(855) 852-7005** to access this information. Authorization required for inpatient admission.

MAIL MEDICAL CLAIMS TO: Humana – CareSource, P.O. Box 824, Dayton, OH 45401-0824

PHARMACY: Providers call (855) 852-7005

BENEFITS MANAGER: CVS Caremark

RxBIN 004336 RxPCN MCAIDADV RxGRP RX5046

CareSource.com/KY

Always Keep Your Member ID Card With You

Never let anyone else use your member ID card. Be sure to show it each time you get health care services. You need it when you:

- See your doctor
- See any other health care provider
- Go to an emergency room (ER)
- Go to an urgent care center
- Go to a hospital for any reason
- Get medical supplies
- Get a prescription
- Have medical tests

Be sure to have a picture ID with you.

Your doctor or provider may ask you for your Humana – CareSource card and a picture ID.

Remember, when you call us, please have the member ID number on your Humana – CareSource member ID card available. This will help us serve you faster.



Call Member Services at **1-855-852-7005** or TTY: 1-800-648-6056 or 711 if:

- You have not received your Humana – CareSource member ID card
- Any of the information on the card is wrong
- You lose your card
- You have a baby so we can send you a member ID card for your baby
- You have any questions on how to use your Humana – CareSource member ID card

Member Services

Please call Member Services to talk with us.

Call: 1-855-852-7005

TTY: 1-800-648-6056 or 711

Member Correspondence:

Humana – CareSource
P.O. Box 221529
Louisville, KY 40252-1529

Hours: Monday – Friday from 7 a.m. to 7 p.m. Eastern Standard Time (EST), except on the holidays listed on page 9.

Address: 10200 Forest Green Boulevard, Suite 400
Louisville, KY 40223

Website: [CareSource.com/KY](https://www.caresource.com/KY)

We want to hear what you think of us. If you have ideas about how we can improve or ways we can serve you better, please let us know. Your ideas are important. We want you to be a healthy and happy member.

Please have the member ID number on your Humana – CareSource member ID card ready when you call us. This will help us serve you faster.

You can call Member Services or contact us from our website to:

- Ask questions about your benefits, claims or eligibility
- Ask if prior authorization or approval is necessary for a service
- Find out what services are covered and how to use them
- Ask for a new member ID card
- Select or change your primary care provider (PCP)
- File a complaint about Humana – CareSource or a provider

- We want to make sure we are always able to connect with you about your care. Let us know of a name, address or phone number change, or a change in the size of your family. Let us know about births and deaths in your family. We don't want to lose you as a member, so it is really important to let us know. It is also a good idea to tell your local Department for Community Based Services (DCBS) about any changes to ensure your information is changed permanently. To find the nearest DCBS office, visit their website at https://prdweb.chfs.ky.gov/Office_Phone/index.aspx. Or call the Ombudsman toll-free at **1-800-372-2973** or TTY (for hearing impaired) 1-800-627-4702
- Let us know if you or a family member needs interpreter services (see page 23 for more information)

After business hours, or when our office is closed, you can reach us by:

- Choosing an option from our phone menu that meets your needs
- Sending an email through our website. Just visit **CareSource.com/KY** and fill out the Tell us Form

Humana – CareSource is closed on the following observed holidays:

- New Year's Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- The day before Christmas
- Christmas Day

A holiday that falls on a Saturday is observed on the Friday before it. One that falls on a Sunday is observed on the Monday after it. Humana – CareSource will be closed on the days it observes major holidays.



Services: What is Covered

We cover all medically necessary Medicaid-covered services at no cost to you. There are no copays. You should not be billed for these services. If you get a bill, please call us.

Below is a sample of some of the many services you receive by being a Humana – CareSource member.

Benefits/Services	Children/Adults
Allergy Services	\$0
Ambulance – Emergency	\$0
Ambulatory Surgical Centers	\$0
Behavioral (Mental) Health Services	\$0
Chiropractic Services	\$0
Dental Services	\$0
Diagnostic Lab & X-ray Services (Doctor's office or independent lab)	\$0
Durable Medical Equipment	\$0
Emergency Room	\$0
EPSDT (Early & Periodic Screening, Diagnostic & Treatment Services)	\$0
Family Planning	\$0
Hearing Aids (children)	\$0
Hearing Services (children)	\$0
Home Health Services	\$0
Hospice (non-institutional)	\$0
Hospital Services (inpatient)	\$0
Hospital Services (outpatient)	\$0
Kidney Dialysis & Transplants	\$0
Maternity Care	\$0

Office Visits (doctor/practitioner)	\$0
Podiatry Services	\$0
Prescription Drugs (Rx)	\$0
Preventive/Wellness Services	\$0
Prosthetic Devices	\$0
Substance Abuse	\$0
Therapy Services	\$0
Tobacco Cessation	\$0
Tuberculosis Screening, Evaluation and Treatment	\$0
Urgent Care Center	\$0
Vision Services	\$0
Extra Benefits and Services	\$0

You will find a more detailed service chart starting on page 13. It will tell you what is covered and what is not. Humana – CareSource will not pay for services that are not covered by Medicaid. For example, cosmetic surgery to help your appearance, and infertility procedures are not covered by Humana – CareSource. Also, weight loss drugs and a few others are not included. Payment for these services is the responsibility of the member.

You can also see if “prior authorization” or approval is needed or if there are special benefit limits. Please look at the chart carefully. Call Member Services if you do not find something you are looking for or have questions.

Detailed Benefits Chart

In the chart you will find:

- **Services covered by Humana – CareSource in the “Covered” section.**

For some services, such as physical therapy or outpatient surgery, a physician’s order is required. For other services, just look at your Provider Directory or the Find a Doctor / Provider link on our website. Then make an appointment yourself. Always check the benefits chart to see what is needed for you to get the care you need. Please call us if you need help finding a provider for any service.

- **Services that need a Prior Authorization, marked with an asterisk (*).**

These are services Humana – CareSource needs to approve before you get them. Your PCP will ask for a prior authorization from us and should schedule these services for you. Humana – CareSource cannot be responsible for services that need prior authorization if those services were received without the prior approval.

- **Services Not Covered, marked in the “Not Covered” section.**

You will find many examples of services not covered in the chart. It is not possible to provide a complete list of the services that are not covered. If you have a question about if a service is covered, please call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711). Payment for non-covered services is the responsibility of the member.

- **Notes related to the service, in some cases (far right column).**

COVERED SERVICES

Abortions*	Abortions are covered only if the mother's life is threatened or in cases of reported rape or incest.
Allergy Care	Shots and allergy treatments for children and adults
Ambulance (Emergency)*	Fixed Wing airplane only
Ambulance (Non-Emergent)*	Includes stretcher services
Bariatric Surgery*	Medical necessity required
Behavioral (Mental) Health Services*	Crisis Services, Care Management, Outpatient Services (some specific services require PA), Day Treatment (PA required after 30 days/120 hours), Therapeutic Behavioral Health Services*, Assertive Community Treatment (ACT), Substance Use Disorder Outpatient Treatment (some specific services require PA), Intensive Outpatient Programs, Residential Services
Chiropractic*	Limited to 26 visits per calendar year for children and adults
Cosmetic Surgery (Plastic Surgery)*	Medical Director review required
Circumcision	
Dental*	Children under 21: 2 cleanings per twelve (12) month period, extractions and fillings, x-rays, annual dental and oral screen fluoride treatments, sealants for children at risk of tooth decay, diagnostic and treatment services that are medically necessary and restorative care. Adults 21 and over: 2 cleanings per 12 month period, limited to twelve (12) dental visits per year, extractions and fillings, one (1) set of standard x-rays per 12 month period. Subject to fee schedule and frequency limitations.
Diagnostic & Radiology Services	Including PET Scan, CT Scan, MR, MRI and X-Rays

COVERED SERVICES

Durable Medical Equipment*

Prior Authorization required for rental items that have a purchase price of \$750 or more, all customized/powered wheelchairs and supplies, manual wheelchairs rentals greater than 3 months, tube feeding products, CPAPs/BiPAPs, diabetic shoes. Supplies such as wound care products are covered through a durable medical equipment supplier.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Benefit for children and adolescents from birth to the end of their 21st birth month. Well child visits – see member handbook for more information. EPSDT Preventive services cover regular health checkups (exams) & age recommended screenings for Medicaid Members (0 to end of 21st birth month) & KCHIP members (0 to age 19). Visits are recommended at certain ages and include: medical, dental, vision, hearing, immunizations (shots), lab work, developmental & behavioral health and health education. Referrals to specialists or other providers are made when further testing (diagnosis) & treatment is needed following a Preventive visit.

EPSDT Special Services*

Special Services for EPSDT eligible members EPSDT Special Services cover authorized 'Medically Necessary' health care, diagnosis and treatment to address conditions discovered during preventive care or diagnosis for Medicaid Members 0 to the end of 21st birth month & some KCHIP Members 0 to age 19.

Emergency Room Services End Stage Renal Disease and Transplants*

COVERED SERVICES

Family Planning Services*	Covered through the member's PCP, OBGYN, or a qualified family planning provider listed in the Provider Directory. Self-referral can be made to a qualified provider. Pregnancy prevention supplies such as Depo Provera injections, Nuvaring, and IUD if received in the provider's office. IUDs (intra uterine device) require PA in the pharmacy setting.
Hearing Aids*	Limited to children under 21; Not to exceed \$800 per ear every 36 months
Hearing-Audiometric Services	Limited to children under 21
Home Health Services*	Medically necessary (skilled) nursing visits, social worker, and direct personal care home health aide
Hospice*	Home Setting & Inpatient (excludes institutional Hospice)
Hospital Services – Acute Inpatient including Inpatient Behavioral Health Services*	Includes long term acute care admissions, hospitalization for behavioral health, and rehabilitation hospitalizations
Hysterectomy*	
Immunization for Children under 21	<p>Humana – CareSource pays Providers enrolled in Kentucky's Vaccines for Children (VFC) Program, for ages 0-18, the cost of administering the immunization (shot) because the VFC Program provides the immunization (shot) serum free to the Provider for Members from birth through age 18. Immunization (serums) provided by the VFC Program:</p> <ul style="list-style-type: none"> • Diphtheria • Rotavirus • Haemophilus • Rubella • influenzae type b • Tetanus

COVERED SERVICES

- Hepatitis A
- Varicella (chickenpox)
- Hepatitis B
- Poliomyelitis
- Human Papillomavirus (HPV)
- Pneumococcal
- Pertussis (whooping cough)
- Influenza
- Measles
- Mumps
- Meningococcal

Humana – CareSource pays providers the cost of administering immunizations (shots) plus the cost of the vaccine (serum) when the Provider does not participate in the KY VFC Program. Humana – CareSource pays Providers the cost of administering immunizations (shots) plus pays for the vaccine (serum) for Members 19 to 21 years of age

Immunizations for 21 & over

Adults 21 & over – Humana – CareSource will cover the administration & vaccination/immunization.

- Hepatitis B
- Pentacel: Dtap/HIB/IPV
- Kinrix Dtap/IPV
- Meningococcal
- Rotavirus
- Pneumococcal
- Rabies
- TD (Tetanus and Diphtheria)
- Pneumococcal Conjugate Influenza
- Varicella (chickenpox)
- Hepatitis A
- Boostrix (Polio)
- Hemophilus IPV
- Influenza B

COVERED SERVICES

- MMRV (Measles, Mumps, Rubella, and Varicella)
- HPV (Human Papilloma Virus)
- Diphtheria
- Tetanus
- Pertussis & Hemophilus
- Influenza B (Dtap - Hib)

Labs (Independent), Other Lab

Performed at/in the Doctor's office or independent lab with doctor's order

Mammogram*

Mammograms for members under age 35 require Prior Authorization. 1 Screening mammogram covered between the ages of 35-39. 1 Screening mammogram covered per calendar year for over the age of 39. Mammogram covered for diagnosis and treatment for clinical symptoms indicative of breast cancer regardless of age

Maternity Services

Nurse mid-wife services, Pregnancy-related services 60 days postpartum pregnancy-related services, Alternative Birthing Center Services

Nicotine Replacement Therapy
Non-network provider services

Urgent Care and ER visits do not require a prior authorization. All other out of non-network services require prior authorization.

Nurse Advice Line (24-hour)

Our 24 hour nurse advice line gives unlimited access for members to speak with a registered nurse though the toll free number, **1-866-206-9599**. Registered nurses are available 24 hours a day 7 days a week, 365 days a year. For further information, please see page 27 in this member handbook.

Nursing Facility Services*

While admitted in a long term care facility, Humana – CareSource will cover all medically necessary non-nursing facility

COVERED SERVICES

services as long as you remain an active Humana – CareSource member. The Department for Medicaid Services will cover the nursing facility services.

Nutritional Dietary Consults

Covered for diabetes, pregnancy, complications of obesity surgery or other approved diagnoses. Coverage is provided for 1 nutritional counseling visit per year for diagnosis of obesity.

Obesity Health Services*

Coverage may be provided for surgery if determined to be medically necessary

Obesity Screening and Therapy to Promote Sustained Weight Loss

Annually

Occupational Therapy*

Twenty (20) visits combined for habilitation/rehabilitation per year (Children and Adults). More visits may be covered if medically necessary

Oral Surgery*

Organ Transplants*

Orthodontics*

Children under 21; subject to fee schedule limitations and reimbursement not to exceed \$3000 – medical necessity review required and coverage dependent upon severity

Over-the-Counter (OTC) Medications

Pain Management Services*

Covered with a prescription from a doctor
Facets, Epidurals, Facet Neurotomy, Trigger Points and SI Joints Injections
Pain management services require prior authorization

Physical Therapy*

Twenty (20) visits combined for habilitation/rehabilitation per year (Children and Adults). More visits may be covered if medically necessary

Physician Office Services

Physician Office Services includes physicians, certified pediatric and family nurse practitioners, nurse midwives,

COVERED SERVICES

	Federally Qualified Health Centers (FQHCs), rural health clinics (RHCs), primary care centers (PCCs), and physician assistants
Podiatry Services	
Prescription Drugs*	No copayments. Some prescription drugs require prior authorization
Preventive Services	See member handbook for example of Preventive Services
Private Duty Nursing*	Limited to 2000 hours per year
Prosthetic Devices*	Prior Authorization is required for >\$750 billed services
Speech Therapy*	Twenty (20) visits combined for habilitation/rehabilitation per year (Children and Adults) More visits may be covered if medically necessary
Sterilization	Consent form required
Substance Use*	Screening, Brief Intervention and Referral Treatment (SBIRT), Assessment & Intervention, Alcohol and/or Drug Prevention, Medication Management, Crisis Services, Care Management, Skill Building, Outpatient Services (some specific services require PA), Day Treatment (PA required after 30 days/120 hours), Residential Services
Tobacco Use	Assessment, Coaching Program, Phone Support, and Medicine (see Nicotine Replacement Therapy in this grid) pregnant women allowed the full amount limit of 4 face to face sessions per quit attempt
Tuberculosis Screening, Evaluation and Treatment	Testing is recommended when there are high risk factors. (TB testing/ Screening, Evaluation & Treatment covered under EPSDT 0-21 where Medically Necessary)
Urgent Care Services	No Copay

COVERED SERVICES

Vision*

Age 21 and older: Coverage includes 1 vision exam per calendar year Age 20 (through end of Member's 21st birth month) and younger: Coverage includes 1 vision exam and 1 pair of eyeglasses per calendar year (additional pair covered if the first pair is lost or prescription changes). When a screening shows possible vision problems, the child is to be referred for further evaluation. Any additional pairs of eyeglasses and other services determined to be medically necessary require prior authorization. Contact lens require prior authorization

SERVICES NOT COVERED

Cosmetic Surgery (Plastic Surgery)	Cosmetic procedures or services performed solely to improve appearance
Hysterectomy	Hysterectomy procedures, if performed for hygienic reasons or for sterilization only, are not covered
Immunizations – for Children under 21	No coverage for vaccines to travel outside of the United States
Immunizations for 21 & over	No coverage for vaccines to travel outside of the United States
Infertility	Medical or surgical treatment of infertility (e.g., the reversal of sterilization, invitro fertilization, etc.)
Labs (Independent), Other Lab	The screening is not covered for mandatory employment drug testing
Obesity Health Services	Exclusions: diet pills, liquid diets
Paternity Testing	
Post mortem services	
Prescription Drugs	Fertility, erectile dysfunction drugs, weight loss drugs not covered
Sterilization	Sterilization of a mentally incompetent or institutionalized member is not covered
Transportation	Transportation to a non-emergent health care appointment may be available from a transportation company. This is a service offered by Kentucky Medicaid. To get a list of companies and find out how to contact them: Call: 1-888-941-7433; Online: http://chfs.ky.gov/dms/trans.htm

Added Benefits/Self-Service Tools

As a Humana – CareSource member you get more – extra benefits! These extra benefits, tools and services are at no cost to you.

Babies First

If you are pregnant or have a baby, regular checkups are important before and after your baby is born. Get the prenatal care you and your baby deserve – and get rewards for taking care of yourself and your baby!

The Humana – CareSource Babies First Program is for pregnant women and children up to 18 months of age. You can earn up to \$150 in rewards for receiving prenatal, postpartum, and well-baby care. We want to help you celebrate new life just for getting the care that you and your baby need! Here's how it works:

- Sign up for the Babies First program on our website or by calling Member Services. You will receive your rewards card in the mail.
- Have your first prenatal appointment during your first 3 months of pregnancy
- Keep all your scheduled prenatal visits
- Visit a doctor 3–8 weeks after your baby is born for your postpartum check up
- Get your baby preventive checkups during his/her first 18 months
- After you complete certain doctor's visits, rewards will be loaded on your card. You will get a letter in the mail when this happens.

Call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711) for more information or if you have questions.

Interpreter Services

Is there a Humana – CareSource member in your family who:

- Does not speak English?
- Has hearing or visual problems?
- Has trouble reading or speaking English?

If so, we can help. We can get you sign and language interpreters. Oral interpretation is also provided for all non-English languages. They can help members talk with us or their health care provider. Interpreters can also help you with a grievance or an appeal when you are not happy with a decision (see page 57). They can help over the phone or in person. Please call Member Services to ask for sign language services 5 business days before the scheduled appointment. Please call Member Services to ask for interpreter services 24 hours before the scheduled appointment.

We also can get printed materials in other languages or formats, like large print and Braille. And we can read materials to you in any language, if needed.

You can get these services at no cost to you. Just call us at **1-855-852-7005** (TTY: 1-800-648-6056 or 711) to arrange interpreter services.

Tools for Health

MyHealth

Humana – CareSource offers MyHealth for members over the age of 18. Use MyHealth to take health assessments, set goals and track activities. Take online health training based on your needs. Start by signing on to your MyCareSource.com account. If you have any questions, call Member Services or go to **CareSource.com/KY**.

myStrength

Take Charge of your Mental Health and try our wellness tool called myStrength. This is a safe and secure tool designed just for you. It offers personalized support to help improve your mood, mind, body and spirit. You can access it online or on your mobile device at no cost to you. myStrength offers online learning, empowering self-help tools, wellness resources and inspirational quotes and articles.

You can visit <https://www.mystrength.com/r/caresource> for more information and to sign up. Complete the myStrength signup process and personal profile. You can also download the myStrength app for iOS and Android devices at www.mystrength.com/mobile and SIGN IN using your login email and password.

Tools for Easy Access

Mobile App

Use your Humana – CareSource plan on the go with the free CareSource mobile app. The app lets you safely use your My CareSource account from your mobile device to:

- View your Member ID card,
- Find a network provider
- Review your plan benefits
- Call the nurse advice line
- Call and speak with Member Services and more!

This mobile app can be used by both iPhone and Android systems. Get it free through the Apple App Store or Google Play by searching CareSource.

My CareSource

My CareSource® is a personal online account that can help you get the most out of your member experience. You can:

- Change your doctor
- Request a new Member ID card
- View claims and plan details
- And more

Sign up now! It's fast, convenient and secure. Just visit MyCareSource.com to get started.

Medicaid and Other Medical Coverage

If you have other medical insurance, please call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711) to let us know. You may have medical insurance through your job. Or your children may be insured through their other parent. You should also call us if you have lost medical insurance that you had told us about. Not giving us this information can cause problems with getting care and with bills.

We follow Kentucky insurance guidelines for members who have other insurance. Your other insurance is considered your primary coverage. Humana – CareSource is second. You should follow the guidelines of your primary insurance when you get medical care. Be sure to show your providers and pharmacists your Member ID card at each visit.

Providers will send a bill to your primary insurance first. After your primary insurance pays its amount, your provider will bill us. We will pay the remaining amount after the primary insurance has made payment (up to the amount we would have paid as the primary insurance).

You should let us know right away if your other insurance changes.



Accidents

Please let us know if you or any Humana – CareSource member in your family has seen a doctor for an injury or illness caused by someone else or at a business. Examples are:

- You are hurt in a car wreck
- You are bitten by a dog
- You fall and are hurt in a store

Call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711) to let us know. Another insurance company might have to pay the doctor or hospital bill. Please tell us the name of:

- The person at fault
- His or her insurance company
- Any lawyers involved

This information will help avoid delays in processing your benefits.

Loss of Medicaid

The Department for Community Based Services (DCBS) decides who is eligible for Medicaid. If the DCBS says you can no longer have Medicaid, then we would be told to stop your membership. You would no longer be covered by Humana – CareSource.

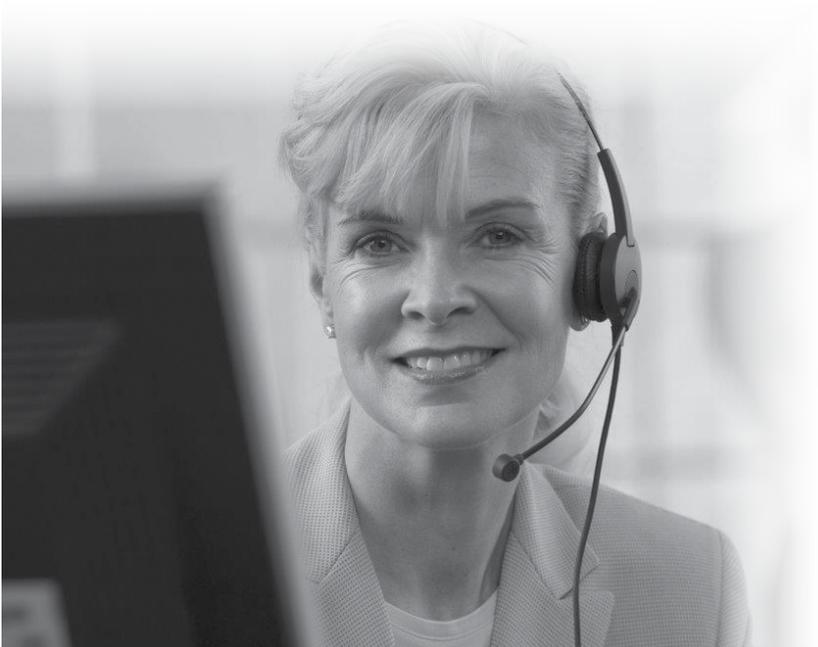
If you have questions about your Medicaid eligibility, please contact your local DCBS office. To find your local DCBS office, go to https://prdweb.chfs.ky.gov/Office_Phone/index.aspx.

24-Hour Nurse Advice Line

You can call any time to talk with a caring and experienced staff of registered nurses. **This is a free call.** You can call 24 hours a day, 7 days a week, 365 days a year. **1-866-206-9599** (TTY: 1-800-648-6056 or 711)

Our nurses can help you:

- Decide if you need to go to the doctor or the emergency room
- Learn about a medical condition or recent diagnosis
- Make a list of questions for doctor visits
- Find out more about prescriptions or over-the-counter medicines
- Find out about medical tests or surgery
- Learn about nutrition and wellness



Your Primary Care Provider (PCP)

Your Primary Care Provider or PCP is the main health care person who takes care of you on a regular basis. Your PCP gets to know your medical history. A PCP may be a physician, nurse practitioner or physician assistant. He or she may be trained in family medicine, internal medicine or pediatrics. Your PCP is your “medical home” and he or she will quickly learn what is normal for you and what is not. When you need medical care, you will see your PCP first. He or she will treat you for most of your routine health care needs (see page 31 for examples).

If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital. Your PCP will work with you on all your health related concerns.

You can reach your PCP by calling the PCP’s office. Your PCP’s name and phone number are on your Humana – CareSource ID card. It is important to see your PCP as soon as you can. This will help your PCP get to know you and understand your health care needs. If you are seeing a new doctor, make sure to take all your past medical records with you or ask that they be sent to your new doctor.

Getting Care Before You Have a PCP

If you are new to Humana – CareSource and have not chosen a PCP, you can still get care. Just call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711). We can help you get the care you need and set you up with a PCP.

Choosing a PCP

Choosing a PCP will help you take care of your health care needs. You may choose a PCP from Humana – CareSource’s Provider Directory. You can start seeing that PCP on the first day you are signed-up. If you need care before you have a PCP, you may visit any provider in our network.

Sometimes there may be a reason that a specialist may need to be your PCP. If you think you need a specialist to be your PCP, please call Member Services. The “Provider Directory” section, page 32, will give you more information on finding a PCP.

You may call Member Services if you need help picking a PCP in our network.

What happens if you don't choose a PCP?

If you are not receiving Social Security income*, and do not choose a PCP at the time you sign up, we will notify you within 10 days of enrollment of the procedure for choosing a PCP. If you do not choose a PCP we will assign one for you. You can start seeing your PCP on the first day you are enrolled. If you need care and do not have a PCP yet, you may also get care from any provider in our network. You can find a PCP in your area by visiting Find a Doctor/Provider on [CareSource.com/KY](https://www.caresource.com/KY). You can also look in your provider directory.

** A Social Security income is money you get now that was paid by you in the past in the form of social security taxes when you were working.*

If you are receiving Social Security income and don't qualify for both Medicare and Medicaid, you will get:

- A letter when you sign up asking you to choose a PCP.
- If you do not choose a PCP within 30 days, a second letter will be sent to you asking you to choose a PCP.
- After 60 days, if you have still not chosen a PCP, we will send a third letter.
- If you do not choose a PCP we will assign one for you and give you the name of your new PCP. Please remember to please call us if you need any help choosing a PCP in our network.

Special Cases:

- Adopted Children: For members who have been adopted, a PCP will be assigned based on the adoptive parents' residence.
- Adult Guardianship: For members who are adult guardians, a PCP will be assigned based on the county of residence.
- If you are in foster care or a disabled child under the age of 18, you do not have to choose a PCP.

- If you are pregnant and may be eligible (“presumptive eligible” – see page 93) for Medicaid you do not have to choose a PCP.
- If you have both Medicare and Humana – CareSource insurance, you do not have to choose a PCP.

We encourage all members to choose a PCP and have a medical home.

Changing Your PCP or Specialist

We hope you will be happy with your PCP or Specialist.

If you want to change your PCP or Specialist for any reason, please call Member Services to let us know. We will make your change on the date you call. We will send you a new member ID card with your new PCP on it. If you are a new patient to your PCP, please call the office to schedule a visit. Member Services can also help you make your first appointment, if needed.

Be aware you may not be able to change if the new PCP or Specialist you want is not taking new patients or has other restrictions. Please call us if you need help.

Sometimes PCPs and Specialists tell us that they are moving away, retiring or leaving our network. This is called a voluntary termination. If this happens with your PCP or Specialist, we will let you know by mail within 30 days. We will also help you find a new doctor.

Humana – CareSource can sometimes end a doctor’s participation with us. This is called an involuntary termination. If this happens with your PCP or Specialist, we will let you know by mail within 15 days. We will also help you find a new doctor.

We will also let you know if any hospitals in your region stop accepting Humana – CareSource.

When you choose your Primary Care Provider, call the office and make an appointment. Please schedule appointments with your doctor as far ahead as possible so you can be sure you can go.

It is important to keep your scheduled visits. Sometimes things happen that keep you from going to the doctor. If you have to cancel your appointment, please call the doctor’s office at least 24 hours before your appointment. If you miss too many visits, your doctor may ask that you choose another doctor.

Doctor Visits

Once you are assigned your PCP, this will be your personal doctor. You can see your PCP to get preventive care and routine checkups.

Preventive care includes:

- Regular checkups
- Immunizations for children
- Tests and screenings, when needed

Routine care includes things such as:

- Colds/flu
- Earache
- Rash
- Sore throat

You should visit your PCP within 90 days of joining Humana – CareSource.

Here are some things to remember before going to the doctor:

- Always take your Humana – CareSource ID with you.
- Take your prescriptions with you; it's good for your doctor to know what medications you are on.
- Prepare any questions for your doctor ahead of time so you don't forget any. Your doctor is someone you can trust and rely on, ask them about any concerns you may have.
- If you have to cancel an appointment, please do so 24 hours in advance.
- Call 1-888-941-7433 ahead of time if you need a ride to your appointment.

Provider Directory

Humana – CareSource will provide you with a Provider Directory. The Provider Directory is a book of the doctors and providers you can use to get services. This is called our provider network. Keep in mind our directory may change and you can always call us to see if any new PCPs have been added or removed since the directory was printed. We can also give you more details about providers if you need it. Just call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711). Or you can visit our website at **<https://findadoctor.CareSource.com>**.

Finding a doctor just got easier

We have improved our Find a Doctor tool. Now it is easier than ever to use.

We used member and health partner feedback to enhance and launch our system. Searching is easy and more intuitive. Information about health partners is more detailed and complete. You can search based on name, location, specialty and much more. Use our tool any time to search our most current list of health partners.

Our website includes simple instructions to help you find exactly what you need. Just go to **<https://findadoctor.CareSource.com>**.



If you have not chosen a PCP yet, please:

- Look in the Provider Directory book that we mail you
- Look on our website at <https://findadoctor.CareSource.com>.
- Call Member Services at
1-855-852-7005 or
TTY: 1-800-648-6056 or 711

It is important that you start to build a good doctor/patient relationship with your PCP as soon as you can. Please call the office to schedule a visit. Take any past medical records to your first visit or ask that they be sent before your appointment. Your assigned or chosen PCP will want to get to know you and understand your health care needs.

When You Can See a Provider that is Not in Our Network

The Provider Directory lists all of the providers you can use to get services. The only time you can go to a provider that is not in our network is for:

- Emergency services
- Family planning services from any Qualified Provider of Family Planning services
- Care at Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- Post Stabilization service or care you get after emergency services
- An out of network service that we cannot provide within our network to meet your medical need; however, these services need prior authorization

A “prior authorization” is needed for all other covered services if you plan to use a provider that is not in our network. A prior authorization means that you have approval from Humana – CareSource for the service. Your PCP can request this approval for you. We will first check to see if there is a provider in our network who can treat you.

If not, we will help you find a provider that is not in our network. If you use a provider not in our network without prior approval, you will need to pay for the services.

Where to Get Medical Care

We want to make sure you get the right care from the right health care provider when you need it. Use the following information to help you decide where you should go for medical care.

PCP Services

See your PCP for all routine visits. Here are some examples of general conditions that can be treated by your PCP.

- Dizziness
- High/low blood pressure
- Swelling of the legs and feet
- High/low blood sugar
- Persistent cough
- Loss of appetite
- Restlessness
- Joint pains
- Colds/flu
- Headache
- Earache
- Backache
- Constipation
- Rash
- Sore throat
- Taking out stitches
- Vaginal discharge
- Pregnancy tests
- Pain management

Also, see your PCP for preventive care. This means making regular visits to your doctor even if you do not feel sick. Regular checkups, tests and health screenings can help your doctor find and treat problems early before they become serious.

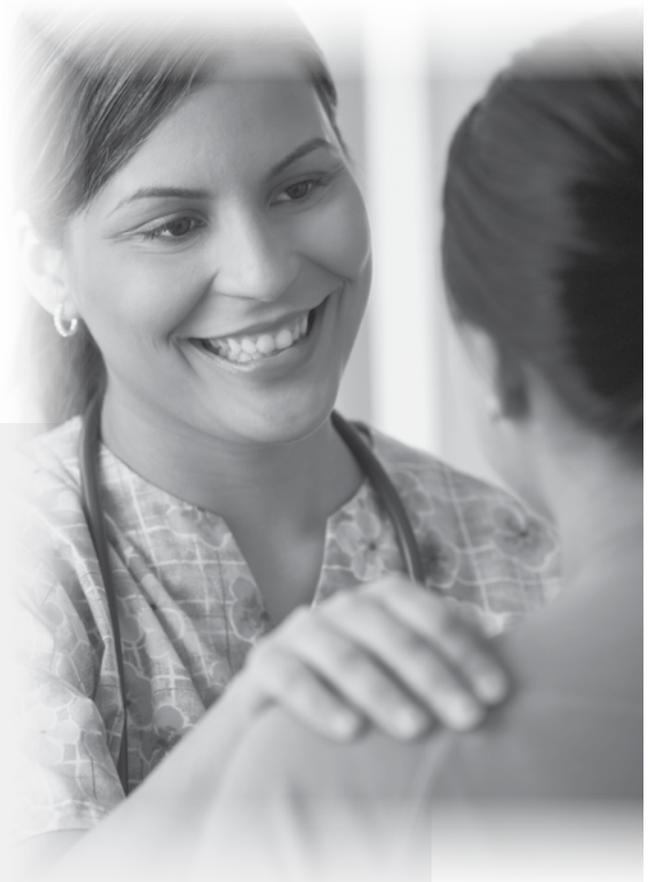
Preventive care includes things such as:

- Immunizations for children, adolescents and young adults birth to age 21
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) preventive (well care) exams and age recommended health screenings for members from birth through the end of their 21st birth month (see page 39 for more detail)
- Substance use screening or other specialized services with medical necessity
- Yearly well-adult exams
- Pap smears
- Breast exams
- Regular dental and medical checkups

Urgent Care Centers

You can visit an urgent care center for non-emergency situations to keep an injury or illness from getting worse. You can do this when your PCP's office is closed or if your PCP is not able to see you right away. **If you think you need urgent care, you can:**

1. Call your PCP for advice. You can reach your PCP, or a back-up doctor, 24 hours a day, 7 days a week
OR
2. Call our 24-hour nurse advice line at **1-866-206-9599** (TTY: 1-800-648-6056 or 711)
OR
3. Go to an urgent care center that is in the Humana – CareSource network. They are listed in the Provider Directory. Or you can go to **<https://findadoctor.CareSource.com>**. After you go, always call your PCP to schedule follow-up care.



How to decide whether to go to an ER, urgent care or your PCP

Ask yourself these questions:

- Is it safe to wait and call my doctor first?
- Is it safe to wait and make an appointment in the next day or two with my doctor?
- Is it safe to wait if I can get an appointment today with my doctor?
- If my doctor can't see me, is it safe to wait to be seen at an urgent care clinic as a walk-in?
- Could I die or suffer a serious injury if I don't get medical help right away?

If you are not sure if your illness or injury is an emergency, call your doctor. Or call our 24-hour nurse advice line. Just dial **1-866-206-9599** to talk to a nurse.

Emergency Services

Emergency services are for a medical problem that you think is so serious that it must be treated right away by a doctor. Humana – CareSource will cover emergency transportation, too.

We cover care for emergencies both in and out of our service area. Here are some examples of when emergency services are needed.

- Miscarriage/pregnancy with vaginal bleeding
- Severe chest pain
- Shortness of breath
- Loss of consciousness
- Seizures/convulsions
- Uncontrolled bleeding
- Severe vomiting
- Rape
- Major burns



You do not have to call us for an approval before you get emergency services. If you have an emergency, call 911 or go to the nearest ER. If you are not sure what to do, call your PCP for help. Or you can call our 24-hour nurse advice line at **1-866-206-9599** (TTY: 1-800-648-6056 or 711).

Remember, if you have an emergency:

- Call 911 or go to the nearest ER. Be sure to tell them that you are a member of Humana – CareSource. Show them your Member ID card.
- If the provider that takes care of your emergency thinks that you need other medical care to treat the problem that caused it, the provider must call Humana – CareSource.
- If you are able, call your PCP as soon as you can. Let him or her know that you have a medical emergency. Or you can have someone call for you. Then call your PCP as soon as you can after the emergency to schedule any follow-up care.
- If the hospital has you stay, please make sure that Humana – CareSource is called within 24 hours.

Sometimes you get sick or injured while you are traveling. Here are some tips for what to do if this happens.

If it's an emergency, call 911 or go to the nearest Emergency Room.

If it's not an emergency:

- Call your PCP for help and advice.

If you're not sure if it's an emergency:

- Call your PCP or the 24-hour nurse advice line at **1-866-206-9599** (TTY: 1-800-648-6056 or 711). We can help you decide what to do.

If you go to an urgent care center, call your PCP as soon as you can. Let him or her know of your visit.

Post Stabilization Care

This is care you get after you have received emergency medical services. It helps to improve or clear up your health issue, or stop it from getting worse. It does not matter whether you get the emergency care in or outside of our network. We will cover services to make sure you are well after an emergency. You should get care until your condition is stable.

If you have an emergency, call 911 or go to the nearest ER.

Long Term Care

If you need services at a nursing facility for long-term care, we will help you. We will talk to your doctor and the facility to make sure you get the care you need. Once admitted to the nursing facility, Humana – CareSource will cover ancillary services such as doctor's services, therapy services, oxygen, etc. as long as you are a member with us. Keep in mind that after 30 days in long-term care you may no longer be Medicaid eligible. The Cabinet for Health and Family Services will cover all other services provided within the nursing facility. If you have questions, please call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711).



EPSDT Services

Kentucky has an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit package. EPSDT provides your child with comprehensive preventive health care from birth to the end of your child's 21st birth month. EPSDT preventive health care includes well care exams and age recommended health screenings.

EPSDT preventive care is the key to making sure your children, adolescents and older youth stay healthy. Taking your child/adolescent to his/her Primary Care Provider for regular exams and screenings will help you and the Provider identify and prevent illness or disease early, so your child can get the right care quickly.

EPSDT well care exams and health screens include:

- Medical/physical exams
- Complete health and development history
- Height and weight checks with nutrition counseling when needed
- Hearing (hearing tests); hearing screens begin with newborns; screens, risk assessments or tests occur at each EPSDT visit
- Vision (eye exams); eye exams-vision assessments begin with newborns; screens, risk assessments or tests occur at each EPSDT visit
- Dental screens (referrals to dentists by 12 months or earlier if an issue is identified or a tooth erupts); referrals to specialists when needed and recommended regardless of child's age
- Growth and Development Checks (speech evaluations when needed)
- Developmental and Behavioral Health Screening, Surveillance & Assessment
- Lab tests, including blood tests, lead level tests, TB risk assessments/ tests and urine tests
- Immunizations (shots)
- Anticipatory Guidance to assess safety and risk factors for all ages (car seat safety, seat belts, alcohol/ substance use, sexual activity, mental health, etc.)
- Health and safety education

Also, EPSDT eligible members (birth to the end of their 21st birth month) with special health care needs can get Care Management services. Please see page 53 to learn more about Care Management services.

Humana – CareSource covers EPSDT preventive (well care) exams and health screenings at no cost to you. The recommended ages for EPSDT well care exams and health screenings are:

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 / Young Adulthood

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

Call your child’s PCP to schedule a visit for an EPSDT well care exam and age recommended health screenings. Take your child’s shot record with you to the visit so the PCP will have a complete health record. Schedule EPSDT exams for all eligible family members regularly so you, your child and PCP can work as a team to keep your family healthy. EPSDT preventive visits (well care exams and age recommended health screens) are different from a visit to the PCP when your child is sick. Humana – CareSource recommends scheduling the first EPSDT well care exam within 90 days of becoming a member.

EPSDT Special Services

You or your child's PCP may suspect or find a problem that needs more than preventive care. This may include other health care (special services), diagnostic services/evaluations and medically necessary treatment including rehabilitative services, physician and hospital care, home health care, medical equipment and supplies, vision, hearing and dental services, additional lab tests, etc.

EPSDT Special Services and further diagnosis and treatment are available to your child to correct a physical, developmental, mental health, substance use issue or other condition and to make sure your child's individual needs are met through better care so they can live healthy lives.

If these services are medically necessary and prior authorized (approved) we will cover them, even when they are not covered in the Kentucky Medicaid Program. Check the Services Chart on page 10 or call Member Services if you have a question about coverage or services that require prior authorizations (approvals).

Call Member Services to learn more about the EPSDT program.



Second Opinions

You have the right to a second opinion about your treatment.

This includes surgical procedures and treatment of complex or chronic conditions. This means talking to a different doctor about an issue to get his or her point of view. This may help you decide if certain services or treatments are right for you. Let your PCP know if you want to get a second opinion.

You may choose any doctor in or out of our network to give you a second opinion. If you can't find a doctor in our network, we will help you find a doctor. If you need to see a doctor that is not in the Humana – CareSource network for a second opinion, you must get prior approval from us (see page 33).

Any tests ordered for a second opinion should be given by a doctor in our network. Tests requested by the doctor giving you the second opinion must have the prior approval of Humana – CareSource. Your PCP will look at the second opinion and help you decide the best treatment.



Transportation

Humana – CareSource covers emergency transportation. If you have a medical emergency, just call 911.

We also cover ambulance transportation to and from medical appointments when your provider says you must be transported on a stretcher and cannot ride in a car. For example, transportation is covered for medical appointments if you are bedridden or paralyzed. You must get prior authorization for non-emergency ambulance or stretcher services.

Also, Kentucky Medicaid may be able to offer transportation assistance for health care visits that are not an emergency. It depends on your situation.

To get a list of companies and find out how to contact them:

- Call: **1-888-941-7433**
- Online: **<http://chfs.ky.gov/dms/trans.htm>**



Pregnancy and Family Planning

Direct Access to Family Planning Services

Whether you are thinking about having a baby in the future or you are expecting a baby soon, Humana – CareSource wants you to have a healthy pregnancy. These services are confidential and private for all members regardless of age. Here is how you can take advantage of the services and benefits we have to offer.

Sexually Transmitted Diseases

Screening, diagnosis and treatment of sexually transmitted diseases is a direct access service. This means you can receive sexually transmitted disease services without a referral for the service. You may see a provider who is not in the Humana – CareSource network. If the provider you wish to see is not in the Humana – CareSource network, you will need to call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711) to let them know who you will be seeing for your sexually transmitted disease services.

Family Planning

Humana – CareSource offers direct access to family planning services. You can receive family planning services without a referral for the service. You may see a provider who is not in the Humana – CareSource network. If the provider you wish to see is not in the Humana – CareSource network, you may need a prior authorization before your visit. Call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711) to let them know who you will be seeing for your family planning.

Appointments for counseling and medical services are available as soon as possible within a maximum of 30 days. If it is not possible to receive complete medical services for members who are less than 18 years of age on short notice, counseling and a medical appointment will be provided right away, preferably within 10 days. Family planning services are also provided at qualified family planning health partners (for example,

Planned Parenthood) who may not be part of the Humana – CareSource health partner network. Family planning services and any follow-up services are confidential for you, including members that are less than 18 years old.

Before you are Pregnant

It is never too early to prepare for a healthy pregnancy. If you are considering having a baby, you can do some things now to be as healthy as possible before you get pregnant. This can reduce potential problems during pregnancy:

- Make an appointment to see your doctor for a physical exam
- Talk with your doctor about what makes a healthy diet
- Talk with your doctor about your current medications
- Take folic acid every day
- Don't drink alcohol, smoke or use illegal drugs

During Pregnancy

If you are pregnant, make an appointment with an obstetrician (OB). You can find an OB in your provider directory. If you need help, call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711). Be sure to make an appointment as soon as you know you are pregnant. Also, continue to follow the bullet points listed above in the before you are pregnant section. You want to stay as healthy as possible during your pregnancy.

After You Have Your Baby

Call the Department for Community Based Services (DCBS) to tell them you have had a baby. You can reach DCBS at **1-855-306-8959**. If you are getting Social Security income, you will need to apply with DCBS to ensure your baby receives benefits.

It is also important to have a postpartum checkup with your OB. He or she will make sure your body is healing and recovering from giving birth. Call your OB to schedule an appointment for 4 to 6 weeks after your baby is born. If you delivered by C-section or had any problems during delivery, make your appointment within the first or second week after your baby is born. Also, continue to follow the bullet points listed above in the before you are pregnant section. You want to remain healthy after your baby is born.

Babies First

Humana – CareSource offers a program you can sign up for if you are pregnant:

- Babies First – when you keep your OB appointments and take your newborn for well-child doctor visits, you can receive rewards (up to \$150) that you can use to get care items for you and your baby. For more information, call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711), or visit **<https://www.caresource.com/members/kentucky/medicaid/my-benefits-services/additional-services/>**.



Prescription Drugs

Humana – CareSource covers all medically necessary Medicaid-covered drugs. We use a preferred drug list (PDL). These are the drugs that we prefer your provider prescribe. To learn more about how to use our pharmaceutical management procedures, look in the summary section of the PDL that can be found on our website. If you do not have access to the internet, please call Member Services and they will be able to assist you.

Typically, our preferred drug list (formulary) includes more than one drug for treating a particular condition. These different possibilities are called “alternative” drugs. Many alternative drugs are just as effective as other drugs and do not cause more side effects or other health problems. Members may need to try one drug before taking another. A member must try a medicine on the Formulary before a drug that is not on the Formulary would be approved by Humana – CareSource. Certain drugs will be covered only if Step Therapy is used. A pharmacy will provide a generic drug if available in place of a brand-name drug. This is called Generic Substitution.

Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. If a brand-name product is requested when a generic equivalent is available, a prior authorization request will need to be submitted from your provider.

Sometimes a member might have a drug allergy or intolerance, or a certain drug might not be effective and a non-formulary agent is requested. The provider will then need to submit a prior authorization request. This is called Therapeutic Interchange.

We may also ask that your provider send us information (a prior authorization request) to tell us why a specific drug or a certain amount of a drug is needed. We must approve the request before you can get the drug.

Reasons why we may need prior authorization for certain drugs:

- A generic or other alternative drug can be used.
- The drug can be misused.
- There are other drugs that must be tried first. Some drugs may also have quantity (amount) limits on how much can be given to a member at one time.
- Some drugs are never covered, such as drugs for weight loss.

If we do not approve a request for a drug, we will let you know how you can appeal our decision. We will also let you know about your right to a state fair hearing.

You can call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711) to ask about or receive a copy of our PDL, updated PDL lists and drugs that need prior authorization. You can also go to **<https://www.caresource.com/members/kentucky/medicaid/my-pharmacy/preferred-drug-list/>** on our website at CareSource.com/KY to search the preferred drug list.

Our PDL and list of drugs that need prior authorization can change. You or your provider should check on this when you need to fill or refill a prescription.

Humana – CareSource has an exception process that allows the member or the member’s representative to make a request for an exception. Reasons for exceptions may include intolerance or allergies to drugs, or inadequate or inappropriate response to drugs listed on PDL. The member or member’s representative must initiate the request by calling Member Services. Humana – CareSource then reaches out to the provider to obtain the appropriate documentation.

Specialty Pharmacy

Some drugs are for diseases that need special attention.

They may also need to be handled differently than drugs you pick up at your local pharmacy. They are called “specialty” drugs and may need to be given to you by a doctor or nurse.

Most of these medications need a prior authorization request from your doctor. Your doctor’s office will help you get that done. If it is approved, we will work with your doctor and the specialty pharmacy to get the drugs you need.

For more information about Specialty Pharmacy, call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711).



Medication Therapy Management

At Humana – CareSource, we understand the impact that proper medication use can have on your health. That's why we have an MTM program for our members. This program is geared towards helping you learn about your medications, prevent or address medication-related problems, decrease costs, and stick to your treatment plan.

This program is available from many local pharmacists. In most cases, a pharmacist will reach out to you and ask if you are interested in learning more about your medications. They are asking because they want to help you. The pharmacist may ask to schedule time with you to go over all of your medications, which includes any pills, creams, eye drops, herbals or over the counter items. Through the program, your local pharmacist will get alerts and information about your medications and decide if you may need extra attention. They offer ways to help you with your medications and how to take them the right way. They will also work with your doctor and others to address your needs and improve how you use your medications.

This service, and the pharmacist's help and information, are part of being a Humana – CareSource member and are available at no cost to you.

MTM benefits:

- Improves safe use of medications
- Improves coordination with all your doctors and other caregivers
- Increases knowledge of your medications and how to use them correctly
- Improves overall health

You can call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711) to ask about our list of covered medications and those that need prior authorization.



Behavioral Health Services

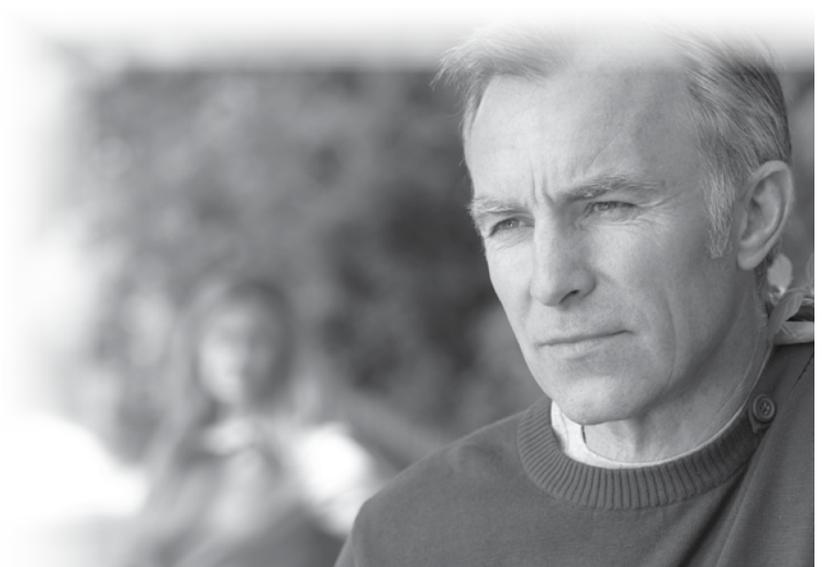
Behavioral health is an important part of your overall wellness. Our goal is to help you take care of all your health needs.

We want to make sure that you get the right care to help you stay well.

You have many behavioral health services available to you. These include:

- Outpatient services such as counseling for individuals, groups and families
- Peer Support
- Help with medication
- Drug and alcohol screening and assessment
- Substance use services for all ages, including residential services
- Therapeutic Rehabilitation Programs (TRP)
- Day treatment for children under 21
- Psychological Testing
- Crisis Intervention
- Other community support services to help you feel better

We want you to know that it is okay to ask for help. You can use behavioral health care to help you cope with all sorts of issues. They include stress, trauma, worries or sadness. Sometimes you may just need someone to talk to. We can help you figure out what type of care you need and we can help connect you with an experienced provider.



Call us at 1-877-380-9729. We are here to help. A staff member can help you with finding a provider or scheduling an appointment. Crisis intervention services are available 24 hours a day, 7 days a week by choosing the Behavioral Health Crisis line prompt.

We also offer Care Management services for members with medical and/or behavioral health needs. We will work with you to make sure you get the best care possible. We can help make sure that all of your health care providers are working together to help you get well. We can:

- Give you information about your health care needs
- Help you find providers who know how to help with your specific needs
- Help you to fix problems that keep you from getting the care you need

Please call us if you have questions or feel that you need these services. You can reach Care Management Support Services at **1-866-206-0272.**



Care Management and Outreach Services

We offer care management services to all members who can benefit from this service. Members may be self-referred, too. Children and adults with special health care needs can often benefit from care management.

We have registered nurses, social workers and other outreach workers. They can work with you one-on-one to help coordinate your health care needs. This may include helping you find community resources you need.

They may contact you if:

- Your doctor asks us to call you
- You ask us to call you
- Our staff feels their services would be helpful to you or your family

We may ask you questions to learn more about your health. And our staff will give you information to help you understand how to care for yourself and get services. They can also help you find local resources.

We will talk to your PCP and other providers to make sure your care is coordinated. You may also have other medical conditions that our Care Managers can help you with.

We can also work with you if you need help figuring out when to get medical care from your PCP, an urgent care center or the ER.

Please call us if you have questions or feel that you need these services. We are happy to help you. You can reach Care Management Support Services at **1-866-206-0272**.



Disease Management

We offer Disease Management programs. They can help you learn about your health and how you can better take care of your health conditions.

We have programs for:

- **Asthma**
- **Diabetes**

We can:

- Help you understand how to take good care of yourself
- Help you have a healthy lifestyle
- Work with your doctor to reach your health goals

Members with these conditions are automatically enrolled into the Disease Management program. If you do not want to be in this program or would like further information, please call **1-855-743-1242**.



Tobacco Free Program

If you smoke, Humana – CareSource can help you quit.

Quitting tobacco is one of the most important things you can do to improve your health and the health of your loved ones. But you don't have to do it alone! We will provide you with coaches. Your coach will support you in your commitment to stop smoking. They will listen to you. They will also help you understand your habits. And, they work with you to take action. There are also medicines your doctor may recommend. To reach a coach, who can help you quit, call **1-844-724-3957**. If you are pregnant call **1-844-768-2010** to get help quitting.



Care Transitions

We offer a program to help you when you are able to leave the hospital.

We can:

- Answer any questions you may have about getting out of the hospital or the meds your doctor gives you
- Help arrange all of your doctor visits
- Help set up support that you or your family need when you get home

If you or your family member needs help when you get out of the hospital, or if you need help transitioning back to your home from other places where you were treated, please call us. You can reach a member of the Care Transition team at **1-866-870-9849**.



Grievances and Appeals

We hope you will be happy with Humana – CareSource

and the service we provide. Please let us know if you are unhappy with anything. We want you to contact us so we can help you.

Grievances and Appeals are not the same thing. At any time during the grievance or appeal process you can request copies of the documents pertaining to your case free of charge by contacting Member Services.

Grievances (Complaints)

If you are unhappy with Humana – CareSource or one of our providers, this is called a grievance. You, or someone you have chosen to represent you, should call us. You may file a grievance orally or in writing. You have 30 calendar days from the date of the event that caused you to be unhappy to file a grievance. If you ever want information about grievances please ask us. Call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711).

If needed, we can help you file a grievance. You can also get help from others. They can be:

- Someone you choose to act for you with your written consent
- Your legal guardian
- A provider you choose to act for you with your written consent
- Interpreters that we will provide to you if needed

You can let us know about your grievance by:

- Calling Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711)
- Filling out the form in this handbook (page 97)
- Writing us a letter. Be sure to put your first and last name, the member number from the front of your Humana – CareSource ID card, and your address and phone number in the letter. This will allow us to contact you if we need to. You should also send any information that helps explain your problem.

- Faxing your grievance to **1-855-262-9794**
- Mail the form or letter to:
Humana – CareSource
Grievance and Appeals Department
P.O. Box 1947
Dayton, OH 45401-1947

We will send you a letter within five (5) business days from the day we receive your grievance. This letter will let you know we received it. We will then review it and send you a letter within 30 calendar days to let you know our decision.

Punitive or retaliatory actions will not be taken against:

- A member who files a grievance
- A provider that supports a member’s grievance or files a grievance on behalf of a member with written consent

Appeals

An appeal is something that may come after a grievance.

If you are unhappy with a decision or action we take, you or your authorized representative can file an appeal. You must file your appeal within 60 calendar days from the date you receive our response, the “Notice of Action” from us. You can file by calling or writing to us. If you file by phone, you must follow up with a written, signed appeal within ten (10) calendar days from your telephone request.

If needed, we can help you file an appeal. You can also get help from others. They can be:

- Someone you choose to act for you with your written consent
- Your legal guardian
- A provider you choose to act for you with your written consent
- Interpreters that we will provide to you if needed

You can file an appeal by:

- Calling Member Services at **1-855-852-7005** or TTY: 1-800-648-6056 or 711 (If you call us, we will get started on your appeal, but we still need the request in writing within ten (10) calendar days of your telephone call in order to complete the appeal review.)
- Filling out the form in this handbook (page 95)

- Writing us a letter. Be sure to put your first and last name, the member number from the front of your Humana – CareSource ID card, and your address and phone number in the letter. This will allow us to contact you if we need to. You should also send any information that helps explain your appeal.
- Faxing your appeal to **1-855-262-9794**
- Mail the form or letter to:
 Humana – CareSource
 Grievance and Appeals Department
 P.O. Box 1947
 Dayton, OH 45401-1947

We will send you a letter within five (5) business days from the receipt of your appeal request. This letter will let you know we received it. If your appeal request was received by telephone, the letter you receive will have a Consent Form for you to sign and return to us. We will consider this to be your written request. It is very important that you sign and return the form right away. Humana – CareSource must receive it within ten (10) calendar days from your telephone call.

After we have completed the review of your appeal, we will send you a letter within 30 calendar days to let you know our decision. You or someone you choose to act for you may:

- Review all of the information we used to make the decision.
- Give us more information. You may do this throughout the appeal review process.
- Examine the member’s case file before and during the appeals process. This includes medical or clinical records.

If you feel waiting for the 30-day timeframe to resolve an appeal could seriously harm your health, you can request that we expedite the appeal. In order for your appeal to be expedited, it must meet the following criteria: could seriously jeopardize a member’s life, physical health or ability to attain, maintain, or regain maximum function. We make decisions on expedited appeals within 72 hours or as fast as needed based on your health.

Punitive or retaliatory actions will not be taken against:

- A member or provider who files an appeal
- A provider that supports a member’s appeal or files an appeal on behalf of a member with written consent

State Fair Hearings

You also have the right to ask for a State Fair Hearing from the Department for Medicaid Services after you have completed the Humana – CareSource appeal process. You can do so in writing, by mail or fax. You must ask for a hearing within 120 days from the date on our appeal decision letter.

- Call: 1-800-635-2570 (TTY: 1-800-627-4702 or 711)
- Write: Kentucky Department for Medicaid Services
Division of Administration and Financial Management
275 East Main Street, 6C-C
Frankfort, KY 40621
- Fax: (502) 564-6917

You may ask anyone – such as a family member, your minister, a friend, or an attorney – to help you with a State Fair Hearing.

If you request a State Fair Hearing and want your Humana – CareSource benefits to continue, you must file a request with us (Humana – CareSource) within 14 days from the date you receive our decision. If the health condition involved in the State Fair Hearing is not urgent, it is best to stop any services connected to that condition, if you do not want to self-pay. If you have an urgent health condition, be sure and ask for an expedited hearing. If the hearing finds that our decision was right, you may have to pay the cost of the continued benefits linked to the State Fair Hearing.

You may also contact Kentucky's Ombudsman Program. It helps people who use public services to be treated fairly. The program can help answer questions and work to settle conflicts.

To get help or for more details, please contact:

The Office of the Ombudsman
Cabinet for Health and Family Services
275 East Main Street, 1E-B
Frankfort, KY 40621-0001

1-800-372-2973
TTY: 1-800-627-4702

Fraud, Waste and Abuse

We have a comprehensive fraud, waste and abuse program in our Special Investigations Department. It is designed to handle cases of managed care fraud. Help us by reporting questionable situations.

Fraud can be committed by providers, pharmacies or members. We monitor and take action on any provider, pharmacy or member fraud, waste and abuse.

Examples of provider fraud, waste and abuse include doctors or other health care providers who:

- Prescribe drugs, equipment or services that are not medically necessary
- Fail to provide patients with medically necessary services due to lower reimbursement rates
- Bill for tests or services not provided
- Use wrong medical coding on purpose to get more money
- Schedule more frequent return visits than are medically necessary
- Bill for more expensive services than provided
- Prevent members from getting covered services resulting in underutilization of services offered

Examples of pharmacy fraud, waste and abuse include:

- Not dispensing medicines as written
- Submitting claims for a more expensive brand name drug that costs more when you actually receive a generic drug that costs less
- Dispensing less than the prescribed quantity and then not letting the member know to get the rest of the drug

Examples of member fraud, waste and abuse include:

- Inappropriately using services such as selling prescribed narcotics or trying to get controlled substances from more than one provider or pharmacy

- Changing or forging prescriptions
- Using pain medications you do not need
- Sharing your ID card with another person
- Not disclosing that you have other health insurance coverage
- Getting unnecessary equipment and supplies
- Receiving services or picking up medicines under another person's ID (identity theft)
- Giving wrong symptoms and other information to providers to get treatment, drugs, etc.
- Too many ER visits for problems that are not emergencies
- Misrepresenting eligibility for Medicaid

Members who are proven to have abused or misused their covered benefits may:

- Be required to pay back any money that we paid for services which were determined to be a misuse of benefits
- Be prosecuted for a crime and go to jail
- Lose your Medicaid benefits
- Be locked in to one PCP, one controlled substance provider, one pharmacy and/or one hospital for non-emergency services. See Kentucky Lock-In Program (KLIP) on page 64 for details.

If You Suspect Fraud, Waste or Abuse

If you think a doctor, pharmacy or member is committing fraud, waste or abuse, you must inform us. Report it to us in one of these ways:

- Call **1-855-852-7005** (TTY: 1-800-648-6056 or 711). Select the menu option for reporting fraud
- Complete the Fraud, Waste and Abuse Reporting Form. You can write a letter and mail it to us. Or you can go to our website and fill out the form. Our website is **CareSource.com/KY**.

Send it to:

Humana – CareSource

Attn: Special Investigations Unit

P.O. Box 1940

Dayton, OH 45401-1940

You do not have to give us your name when you write or call. There are other ways you may contact us that are not anonymous. If you are not concerned about giving your name, you may also use one of the following ways to contact us:

- Send an email* to **fraud@caresource.com**
- Fax us at **1-800-418-0248**

When you report fraud, waste or abuse, please give us as many details as you can. Include names and phone numbers.

You may remain anonymous. If you do, we will not be able to call you back for more information. Your report will be kept confidential to the extent permitted by law.

**Most email systems are not protected from third parties. This means people may access your email without you knowing or saying it's okay. Please do not use email to tell us information that you think is confidential. Like your member ID number, social security number or health information. Instead, please use the form or phone number above. This can help protect your privacy.*

Thank you for helping us keep fraud, waste and abuse out of health care.



Kentucky Lock-In Program (KLIP)

Humana – CareSource tracks how often some drugs are filled, if these drugs are filled at different pharmacies, and how many doctors members visit. In some cases, we may limit a member to fill their drugs at one pharmacy and from one doctor. We may also limit which doctor can prescribe drugs that can be abused. Finally, if you go to several emergency rooms, you may be limited to one hospital. We take these steps to get you the right amount of care, at the right time, and in the right place. For more details, visit <https://www.caresource.com/providers/kentucky/medicaid/patient-care/kentucky-lock-in-program-klip/>.



Quality Health Care

We want to make sure that you get quality health care.

We do this by:

- Checking on the care you get from your doctors and other health care providers
- Finding and fixing any problems related to proper medical care
- Making sure care is there for you when you need it
- Teaching you about your health

We keep track of the services you get from health care providers. We talk about some services with your providers before you get them. This is to make sure they are appropriate and necessary.

For instance, we review surgeries or stays at a hospital (unless they are emergencies). This is called Utilization Management (UM). It makes sure you get the right amount of care you need when you need it.

All UM requests are reviewed carefully by our review team of nurses and doctors. Doctors can decide if a service cannot be covered.

We check the work of our reviewers regularly. We test reviewers by giving each of them the same cases. This makes sure they make the right determinations.

We decide if a service can be covered or not within two business days. This can be done more quickly if needed because of the member's medical condition. We tell your doctor in writing of the determination and the reason for it. If we are not able to cover the service, we also tell you in writing. The letter includes our phone number in case you want to call us for more information. If you are not happy with the determination, you can appeal it by calling or writing to us. Your case will be re-reviewed by a different doctor from an appropriate specialty area. You will be notified of the determination in writing.

You can contact us at any time about Utilization Management or prior authorization requests. Just call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711). You can also send us an email at any time through our website. Just visit **CareSource.com/KY**.

Any decisions we make with your health care providers about the medical necessity of your health care are based only on how appropriate the care setting or services are. We do not reward providers or our own staff for denying coverage or services. We do not offer financial incentives to our staff that affects their decisions.

We may decide that a new development not currently covered by Medicaid will be a covered benefit.

This might be new:

- Health care services
- Medical devices
- Therapies
- Treatment options

This information is reviewed by a committee of healthcare professionals who will make a decision about coverage based on:

- Updated Medicaid and Medicare rules
- External technology assessment guidelines
- Food and Drug Administration (FDA) approval
- Medical literature recommendations



You can call us to get any other information you want.

You can find out about:

- Our structure and operation
- How we pay our providers
- How we work with other health plans if you have other insurance
- Results of member surveys
- How many members leave our plan
- Benefits, eligibility, claims or participating providers

If you want to tell us about things you think we should change, please call Member Services at **1-855-852-7005** (TTY: 1-800-648-6056 or 711).

Quality Improvement

Program Purpose

Your care means a lot to us. The purpose of the Humana – CareSource Quality Improvement Program is to ensure that Humana – CareSource has the necessary infrastructure to:

- Coordinate care.
- Promote quality.
- Ensure performance and efficiency on an ongoing basis.
- Improve the quality and safety of clinical care and services provided to Humana – CareSource members.

There are two guiding tenants for the Program:

Our mission, which is our heartbeat, is to make a lasting difference in our members' lives by improving their health and well-being. Our vision is to transform lives through innovative health and life services.

The Institutes for Healthcare Improvement's Triple Aim:

Simultaneously improving the health of the population, enhancing the experience and outcomes of the patient, and the per capita cost of care for the benefit of communities.

The Humana – CareSource Quality Improvement Program includes both clinical and non-clinical services and is revised as needed to remain responsive to member needs, provider feedback, standards of care, and business needs.

The goals and objectives of the program are:

- NCQA Excellent Accreditation
 - Compliance with NCQA Accreditation standards
 - High level of HEDIS performance
 - High level of CAHPS performance
 - Comprehensive Population Health Management Program
 - Comprehensive Provider Engagement Program

- 5 STAR Health Plan Rating
 - High level of HEDIS performance
 - High level of CAHPS performance
 - Comprehensive Population Health Management Program
 - Comprehensive Provider Engagement Program

Program Scope

The Humana – CareSource Quality Improvement Program governs the quality assessment and improvement activities for Humana – CareSource Medicaid Program. The scope includes:

- Meeting the quality requirements of the Centers for Medicare and Medicaid Services (CMS) as outlined in the CMS’s Medicare Managed Care Manual, Chapter 5, Quality Assessment; and 42 CFR§422.152;
- Establishing safe clinical practices throughout the network of providers;
- Providing quality oversight of all clinical services;
- Compliance with NCQA accreditation standards;
- HEDIS compliance audit and performance measurement;
- Monitoring and evaluation of member and provider satisfaction;
- Managing of all quality of care and quality service complaints;
- Developing organizational competency of the Institute for Healthcare Improvement’s Model for Improvement;
- Ensuring that Humana – CareSource Program is effectively serving members with culturally and linguistically diverse needs
- Ensuring that Humana – CareSource Program is effectively serving members with complex health needs;
- Assessing the characteristics and needs of the member population;
- Assessing the geographic availability and accessibility of primary and specialty care providers

The quality program is overseen by the Humana – CareSource Medical Director and implementation is facilitated by the Vice President, Quality Improvement and Performance Outcomes. On an annual basis, Humana – CareSource makes information available about its Quality Program to providers on the Humana – CareSource website. Humana – CareSource gathers and uses provider performance data to improve quality of services.

Quality Measures

Humana – CareSource continually assesses and analyzes the quality of care and services offered to our members. This is accomplished by using objective and systematic monitoring and evaluation to implement programs to improve outcomes.

Humana – CareSource uses HEDIS® to measure the quality of care delivered to members. HEDIS is one of the most widely used means of health care measurement in the United States. HEDIS is developed and maintained by the National Committee for Quality Assurance (NCQA). The HEDIS tool is used by America’s health plans to measure important dimensions of care and service and allows for comparisons across health plans in meeting state and federal performance measures and national HEDIS benchmarks.

HEDIS measures are based on evidence-based care and address the most pressing areas of care. Potential quality measures for Humana – CareSource are:

- Wellness and Prevention
 - Preventive Screenings (breast cancer, cervical cancer, chlamydia)
 - Well-Child Care
- Chronic Disease Management
 - Comprehensive Diabetes Care
 - Controlling High Blood Pressure
- Behavioral Health
 - Follow-up After Hospitalization for Mental Illness
 - Antidepressant Medication Management
 - Follow-up for Children Prescribed ADHD Medication
- Safety
 - Use of Imaging Studies for Low Back Pain

Humana – CareSource uses the annual member survey and CAHPS® surveys to capture member perspectives on health care quality. CAHPS is a program overseen by the United States Department of Health and Human Services – Agency for Healthcare Research and Quality (AHRQ).

Potential CAHPS measures for the plan uses are:

- Customer Service
- Getting Care Quickly
- Getting Needed Care
- How Well Doctors Communicate
- Ratings of All Health Care, Health Plan, Personal Doctor, Specialist

Preventive Guidelines and Clinical Practice Guidelines

Humana – CareSource recommends evidenced based nationally accepted standards and guidelines to help inform and guide the clinical care provided to Humana – CareSource members. Guidelines are reviewed at least every two years or more often as appropriate, and updated as necessary.

The use of these guidelines allows Humana – CareSource to measure the impact of the guidelines on outcomes of care. Review and approval of the guidelines are completed by the CareSource Clinical Advisory Committee every two years or more often as appropriate. The guidelines are then presented to the Humana – CareSource Quality Assurance Committee. Topics for guidelines are identified through analysis of members. Guidelines may include, but are not be limited to:

- Behavioral Health (e.g., depression)
- Adult Health (e.g., hypertension, diabetes)
- Population Health (e.g., obesity, tobacco cessation)

Information about clinical practice guidelines and health information are made available to Humana – CareSource members via member newsletters, the Humana – CareSource member website, or upon request. Preventive guidelines and health links are available to members and providers via the website or hard copy.

Your Health Is Important

Here are some ways that you can maintain or improve your health:

- Establish a relationship with a health care provider.
- Make sure you and your family have regular checkups with your health care provider.
- Make sure if you have a chronic condition (such as asthma or diabetes) that you see your doctor regularly. You also need to follow the treatment that your doctor has given you. Make sure that you take the medications that your doctor has asked you to take.
- Remember the 24-Hour Nurse Advice Line is available to help you. You can call the number on your member ID card 24/7/365.
- CareSource has programs that can help you maintain or improve your health. You can call the following number for more information about these programs.
 - **1-855-852-7005** (TTY: 1-800-648-6056 or 711)

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Your Rights

As a member of Humana – CareSource you have these rights:

- To receive all services that the plan must provide and to get them in a timely manner.
- To get timely access to care without any communication or physical access barriers.
- To have reasonable opportunity to choose the provider that gives you care whenever possible and appropriate.
- To choose a PCP and change to another PCP in Humana – CareSource’s network. We will send you something in writing that says who the new PCP is when you make a change.
- To be able to get a second opinion from a qualified provider in or out of our network. If a qualified provider is not able to see you, we must set up a visit with a provider not in our network.
- To get timely access and referrals to medically indicated specialty care.
- To be protected from liability for payment.
- To receive information about your health. It may also be given to someone you have legally approved to have the information. Or it may be given to someone you said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To ask questions and get complete information about your health and treatment options in a way that you can follow. This includes specialty care.
- To have a candid discussion of any appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- To take an active part in decisions about your health care unless it is not in your best interest.
- To say yes or no to treatment or therapy. If you say no, the doctor or Humana – CareSource must talk to you about what could happen. They will put a note in your medical record about it.
- To be treated with respect, dignity, privacy, confidentiality, accessibility and non-discrimination.

- To have access to appropriate services and not be discriminated against based on health status, religion, age, gender or other bias.
- To be sure that others cannot hear or see you when you get medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in federal laws.
- Receive information in accordance with 42 CFR 438.10;
- Be furnished health care services in accordance with 42 CFR 438.206 through 438.210;
- Any Indian enrolled with Humana – CareSource eligible to receive services from a participating I/T/U provider or an I/T/U primary care provider shall be allowed to receive services from that provider if part of Humana – CareSource’s network. I/T/U stands for Indian Health Service, Tribally Operated Facility/Program, and Urban Indian Clinic.
- To get help with your medical records in accordance with applicable federal and state laws.
- To be sure that your medical records will be kept private.
- To ask for and receive one free copy of your medical records and to be able to ask that your health records be changed or corrected if needed. More copies are available to members at cost.
- To say yes or no to having information about you given out unless Humana – CareSource has to provide it by law.
- To be able to get all written member information:
 - At no cost to you
 - In the prevalent non-English languages of members in our service area
 - In other ways to help with the special needs of members who may have trouble reading the information for any reason
- To be able to get help from us and our providers if you do not speak English or need help to understand information. You can get the help free of charge.
- To get help with sign language if you are hearing impaired.
- To be told if a health care provider is a student and be able to refuse his or her care.
- To be told if care is experimental and be able to refuse to be part of the care.

- To know that Humana – CareSource must follow all federal, state and other laws about privacy that apply.
- If you are a female, to be able to go to a woman’s health provider in our network for covered woman’s health services.
- To file an appeal or grievance (complaint) or request a state fair hearing. You can also get help with filing an appeal or a grievance. You can ask for a state fair hearing from Humana – CareSource and/or the Department for Medicaid Services (DMS). See the Grievances and Appeals section on page 57 of this handbook for more details.
- To make advance directives, such as a living will. (see page 87)
- To contact the Office of Civil Rights at the address below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran’s status, ancestry, health status or need for health services.

Office for Civil Rights
 Sam Nunn Atlanta Federal Center, Suite 16T70
 61 Forsyth Street, S.W.
 Atlanta, GA 30303-8909
 1-800-368-1019 or TTY: 1-800-537-7697
 Fax: 1-404-562-7881

- You have the right to get help with sign language if you are hearing impaired.
- To receive information about Humana – CareSource, our services, our practitioners and providers and member rights and responsibilities.
- To make recommendations to our member rights and responsibility policy.
- If Humana – CareSource is unable to provide a necessary and covered service in our network, we will cover these services out of network. We will do this for as long as we cannot provide the service in network. If you are approved to go out of network, this is your right as a member. There is no cost to you.
- To be free to carry out your rights and know that Humana – CareSource or our providers will not hold this against you.

Your Responsibilities

As a member of Humana – CareSource you must be sure to:

- Know your rights.
- Follow Humana – CareSource and Kentucky Medicaid policies and procedures.
- Know about your service and treatment options.
- Take an active part in decisions about your personal health and care and lead a healthy lifestyle.
- Understand as much as you can about your health issues. Take part in reaching goals that you and your health care provider agree upon.
- Let us know if you suspect health care fraud or abuse.
- Let us know if you are unhappy with us or one of our providers.
- If you file an appeal with us, put the request in writing.
- Use only approved providers.



- Report any suspected fraud, waste or abuse using the information provided in this manual.
- Keep scheduled doctor visits. Be on time. If you have to cancel, call 24 hours in advance.
- Follow the advice and instructions for care you have agreed upon with your doctors and other health care providers.
- Always carry your ID card. Show it when receiving services.
- Never let anyone else use your ID card.
- We want to make sure we are always able to connect with you about your care. Let us know of a name, address or phone number change, or a change in the size of your family. Let us know about births and deaths in your family. We don't want to lose you as a member, so it is really important to let us know. It is also a good idea to tell your local Department for Community Based Services (DCBS) about any changes. To find the nearest DCBS office, visit their website at https://prdweb.chfs.ky.gov/Office_Phone/index.aspx. Or call the Ombudsman toll-free at **1-800-372-2973** or TTY (for hearing impaired) 1-800-627-4702
- Call your PCP after going to an urgent care center, after a medical emergency, or after getting medical care outside of Humana – CareSource's service area.
- Let Humana – CareSource and the DCBS know if you have other health insurance coverage.
- Provide the information that Humana – CareSource and your health care providers need in order to care for you.
- Report suspected fraud and abuse (see page 61).

We will tell you about changes to our member rights and responsibilities on our website at **CareSource.com/KY** or in newsletters.

Notice Of Privacy Practices

The *Notice of Privacy Practices* is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. 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.

Members receive notice annually in the member newsletter that the *Notice of Privacy Practices* is available on our website. It is posted on our website under “Member Information”. Members are also advised as to how they can request a copy of the notice from us.

This notice tells you:

- How Humana – CareSource and its contracted business partners may use and give out your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law
- What YOUR rights are regarding the access and control of your Medicaid health information
- How Humana – CareSource protects your health information

Our Duty To Protect Your Privacy

Your health information is personal. Humana – CareSource is legally required to protect the privacy of your data. It does so in all aspects of its business. Humana – CareSource has policies about protecting the privacy of your data. ***These policies comply with State and Federal laws.*** Humana – CareSource uses and gives out your health information only where required by law or where necessary for business.

Where Do I Send Questions Or Requests

To submit questions about your privacy rights or to submit a written request to Humana – CareSource regarding your privacy rights, contact the Humana – CareSource Privacy Officer at:

Humana – CareSource
Attn: Privacy Officer
P.O. Box 221459
Louisville, KY 40252

Or, you may contact Humana – CareSource at **1-855-852-7005**.

If you have a hearing impairment, you may call the TDD/TTY number at (TTY: 1-800-648-6056 or 711).

What Types Of Information Does Humana – CareSource Have?

The Department for Community Based Services (DCBS) or Social Security Administration (SSA) for Supplemental Security Income (SSI) approved you for Medicaid. DCBS and SSA send your information to Humana – CareSource. Humana – CareSource then pays your provider for claims they send in. Information sent to Humana – CareSource includes:

- Your Individual Information including: name, address, phone number, date of birth, social security number, eligibility program information, Medicaid number
- Information on other health insurance policies you may have
- Your Medical Records (when necessary)
- Your provider's claims for your services. Provider claims contain information on your treatment given and may include x-rays and lab results.

All this information is considered to be your Protected Health Information (PHI).

HUMANA – CARESOURCE PRIVACY RESPONSIBILITIES

Humana – CareSource is required to:

- Follow the terms of this *Notice*.
- Support your Privacy Rights under the law.
- Give you a paper copy of this Privacy *Notice* and post it on our website.
- Mail out a new *Notice* if our privacy practices change.
- Treat your data as confidential by not using or giving out your information without your written permission, except to support normal business or under the allowable circumstances given in this *Notice*.
- Tell you what types of information we collect on you.
- Release your health information without your permission in the event of an emergency. The release of your data must be in your best interest.
- Follow State laws regarding the release of your data in the instances where State law provides stronger protection of your data than the HIPAA law.

HOW HUMANA – CARESOURCE MAY USE OR GIVE OUT YOUR INFORMATION

Humana – CareSource can use and give out your information without an Authorization (special permission from you) for our normal business and where required by law. This document tells you of some of the ways this can occur. ***All the ways Humana – CareSource may use and give out your information without your express permission will fall within one of the groups listed below.***

Data for Treatment and Payment Purposes

Humana – CareSource and businesses we work with receive and give out your health information for:

- The coordination of your treatment with medical professionals and facilities.
- The billing and payment of your claims.
- The review of your health care and use of benefits.
- The Prior Authorization of your requested services.

Data exchanged for your treatment and claim payment involves communications between your health care providers, Humana – CareSource, your insurance carriers and other organizations necessary to receive, review, approve, process and successfully pay for your health care claims.

For example, your doctor must submit a “bill” to Humana – CareSource listing the treatment he provided to you. Humana – CareSource will then review the “bill” and may forward it to other organizations for payment. Humana – CareSource may also exchange your data with providers to authorize any requested services or disclose your data to providers to facilitate any treatments you may be requesting.

Data for Health Care Operations

Humana – CareSource may use and disclose your health information to carry out insurance-related activities related to its operation.

Activities may include:

- Submitting claims to other insurance companies
- Conducting or arranging for medical review for certain medical problems you may be experiencing
- Legal services
- Audit services
- Fraud and abuse detection programs
- Business planning, management and general administration

Case and Utilization Management

Humana – CareSource may use your medical information to approve services or treatments. We may give out information to others who must make decisions about your care.

Other Allowable Uses of Your Health Information Without Permission (Authorization)

- Public Health. We may give your data to public health agencies to prevent or control disease, injury, or disability; reporting child abuse or neglect; and reporting domestic violence. Humana – CareSource may also report your data to the Food and Drug Administration (FDA) to notify them of problems with products and reactions to medications.
- Coroners, Medical Examiners and Funeral Directors. Humana – CareSource may give your protected health information to coroners, medical examiners and funeral directors if needed.
- Organ and Tissue Donation. Humana – CareSource may give your data to groups involved in finding, banking, or transplanting organs and tissues. Humana – CareSource can only give this information when you have agreed to organ or tissue donations.

- Public Safety. Humana – CareSource may give your data in order to prevent a serious threat to the health or safety of a particular person or to the general public.
- Security. Humana – CareSource may give your data for military, national security, and prisoner care purposes.
- Government Eligibility. Humana – CareSource will give your data to government entities involved with your health care benefit eligibility.
- Worker’s Compensation. Humana – CareSource may give your data as necessary to comply with worker’s compensation or similar laws.
- Marketing. Humana – CareSource may use your data to contact you to give your information about relative health-related benefits and services. An example would be notices for Well Baby or WIC clinics to be held in your area. However, Humana – CareSource CANNOT give your information to companies for advertising or solicitation without your permission.
- Research. Humana – CareSource may give your data to people not working for Humana – CareSource that are conducting research ONLY if an independent institutional review board (IRB) approves the disclosure. The research group must also promise to protect the data it receives.
- Business Associates. Humana – CareSource must share your data with other State, Federal and commercial partners it contracts with to perform its normal business. We ask these groups to protect your data through formal agreements.
- Health Oversight and Quality Assurance. Humana – CareSource may use and give out your data to doctors and nurses to help improve your care. Humana – CareSource staff, committees and outside agencies that monitor Medicaid quality of care may also see your data.
- Appointment Reminders. Humana – CareSource may use your health information to remind you of medical appointments. *Examples are: shot and checkup reminders, and health screening reminders.*
- Health Promotion and Disease Prevention. Humana – CareSource may use your health information to tell you about disease prevention and health care.
- Individuals Involved with Payment of Your Care. Humana – CareSource may give out your health information to a friend or family member who is helping with your care or with payment for your care if necessary.
- Member and Provider Claims Services Department. Humana – CareSource Member Services and Provider Claims Services will answer provider and member calls that involve your protected data.

- Medical and Administrative Appeals. DMS at times may make decisions about claims for services provided to you. You or your provider may appeal these decisions. Your health information may be used to make appeal decisions.
- Lawsuits and Disputes. Humana – CareSource must give your data under a court order. Humana – CareSource must give your data out to court officers and lawyers, if you are involved in a lawsuit.
- Law Enforcement. Humana – CareSource will give out your data to law enforcement only where allowed by federal or state law or required under a court order.

When Humana – CareSource May Not Use or Disclose Your Health Information Without Authorization

Other than for the allowed reasons listed above, Humana – CareSource will not use or disclose your data without written permission (Authorization) from you. If you do authorize us to use or disclose your data in other ways, you may revoke your permission in writing at any time. Once you revoke your permission, Humana – CareSource will no longer be able to use or disclose your data for the reasons stated in your original authorization.

YOUR INDIVIDUAL PRIVACY RIGHTS UNDER HIPAA

Right to Request Confidential Communications

You have the right to ask DMS to communicate with you at a certain alternative number or location other than your home of record. **Humana – CareSource** will do this only when necessary to protect your safety or health.

Requests to change our communication with you should be submitted to the **Humana – CareSource** Privacy Officer. ***The address is on page 79.*** Please be sure to tell us how you want us to contact you in your written request.

Right to Request Restrictions

You have the right to ask that your protected health data not be given out or used. This is called requesting a restriction. *Humana – CareSource has the right to deny any requests for restrictions that prevent DMS from conducting its required business processes.*

To ask for a restriction on the use of your information, send a written request to Humana – CareSource Privacy Officer. **The address is listed on page 79.** The request should include:

- What information you wish to restrict and how you want it restricted.
- Whether you wish to restrict the use or information, disclosure of information, or both.

Right to Withdraw Authorization for Usage and Disclosure

Humana – CareSource must have your written permission (authorization) to use or give out your information for reasons other than the special exceptions described above. Humana – CareSource may ask you to give permission by signing a form called an Authorization.

- You may cancel this permission at any time. To cancel, send a letter to the Humana – CareSource Privacy Officer. **The address is listed on page 79.**
- When Humana – CareSource receives your cancellation, we will stop using or giving out the information permitted by your Authorization. Releases made before we received your authorization cancellation cannot be taken back.

Right to Access

You have the right to look at and get a copy of your personal health information maintained by Humana – CareSource. This is called a designated record set. Humana – CareSource designated record set includes enrollment, claims data, and payment records made in your behalf.

***** Humana – CareSource Does NOT Keep Complete Copies of your Medical Records. If You Would Like a Copy of Your Medical Records, Please Contact your Doctor*****

If you would like a copy of your information, please send a written request to the Humana – CareSource privacy officer. **The address is listed on page 79.**

- Humana – CareSource will provide one copy of records per 12-month period free of charge. **You may be charged for additional copies.**
- Humana – CareSource will respond to requests within 30 days of receipt. Humana – CareSource may ask for an extra 30 days if necessary. We will let you know if we need the extra time.
- Humana – CareSource has the right to keep you from having or seeing all or parts of your records for specific reasons related to HIPAA and State

law. Humana – CareSource will tell you the reasons in writing. Humana – CareSource will give you information on how to file an appeal if you disagree with our decision.

Right to Amend

You have the right to ask that information in your records be changed, if they are not correct. Humana – CareSource will respond within 60 days of receipt.

*****If You Wish to Change Your Medical Records, You Must Contact the Doctor or Facility Who Wrote the Record to Request a Change*****

Humana – CareSource may deny the request for change if:

- The information was not written or is not kept by Humana – CareSource.
- The information is information you are not allowed to see and copy.
- The information is already correct and complete.

To request a change, you must do the following:

- Send a written request to the Humana – CareSource Privacy Officer.
The address is listed on page 79.
- Include the reason you are asking for a change.

Right to an Accounting of Disclosures

You have the right to ask for a list of people who have asked for your health records. This will tell you every time Humana – CareSource gave your personal data to people or organizations, other than you, that was not a part of normal Humana – CareSource business activities (treatment, payment, operations.)

To Request This Report:

- Send a written request to the Humana – CareSource. ***The address is listed on page 79.*** Specify the time period that you want to know about. The time period may not be longer than six years. **It also may not involve dates before the law’s effective date of April 14, 2003.** Humana – CareSource will respond within 60 days of receipt.

Right to Paper Copy of Notice

You have the right to receive a paper copy of this *Notice* at any time. To receive a paper copy, send a written request to **Humana – CareSource**. ***The address is listed on page 79.*** You can also find it online at **<http://chs.ky.gov/dms/>**.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

Humana – CareSource has the right to change this Privacy Notice at any time. If we do make a change, we will revise this *Notice* and promptly distribute it to all Medicaid recipients. **Humana – CareSource** is required by law to comply with the current version of this *Notice* until a new version has been mailed out.

COMPLAINTS

If you believe your privacy rights have been violated, and wish to make a complaint you may file a complaint by calling/writing:

- The **Humana – CareSource** Privacy Officer. ***The address is listed on page 79.***
- The Secretary of Health and Human Services at:
Secretary of Health and Human Services, Room 615F
200 Independence Ave. SW
Washington, D.C. 20201
- For additional information, call 877-696-6775.
- United States Office of Civil Rights by calling 866-OCR-PRIV (866-627-7748) or 866-788-4989 TTY.

POLICY OF NON-RETALIATION

Humana – CareSource Cannot Take Away Your Health Care Benefits or Retaliate in ANY Way if You Choose to File a Privacy Complaint or Exercise Any of your Privacy Rights.

Advance Directives

Advance Directives are forms you fill out in case you become seriously ill or not able to make your own health care decisions. Doctor's offices and hospitals may have these forms available. If you haven't thought about this, now is a good time to start. You may want to talk to your family, too. However, Advance Directives are always voluntary. You must also be over 18 years old to have an Advance Directive.

Advance Directives can give you peace of mind knowing your choices about your medical treatment will be voiced and followed. They let your doctors and others know how you want to be treated or who you want making health care decisions for you if you get very sick.

You sign them while you are still healthy and able to make these decisions. They are only used when you are too ill or not able to communicate. They allow you to express if you would like things done to keep you alive or name someone to make health care decisions for you. You have the right to cancel your advance directives at any time as long as your able.

Advance Directives in Kentucky

In Kentucky, there are different types of Advance Directives. Advance Directives include (1) Medical Order Scope of Treatment (MOST) forms, (2) Living Wills, and (3) mental health treatment directives.

Medical Order Scope of Treatment (MOST)

A MOST is a medical order signed by you, Health Care Surrogate, or other care taker, and your doctor telling what life-sustaining treatment you wish to have, if any. Unlike other types of Advance Directives, a MOST is a doctor's order that you have agreed to. It is a standardized form used to complement other types of Advance Directives you may have.

MOST is usually for those who have a serious illness, or for those who want to have some their wishes set as a medical order. MOSTs are not intended to address all your health care decisions. You may still need other types of Advance Directives.

Living Will

A Living Will allows you to leave instructions in these important areas. You can:

- Name a Health Care Surrogate
- Refuse or request life prolonging treatment
- Refuse or request artificial feeding or hydrations (tube feeding)
- Express your wishes regarding organ donation

When you name a Health Care Surrogate, you allow one or more persons, such as a family member or close friend, to make health care decisions for you if you lose the ability to decide for yourself. When choosing a Health Care Surrogate, remember that the person you name will have the power to make important treatment decisions. Even if other people close to you might want a different decision.

Choose the person best qualified to be your Health Care Surrogate. Also, consider picking a back-up person, in case your first choice isn't available when needed. Be sure to tell the person that you have named them as a Health Care Surrogate and make sure that the person understands what's most important to you. Your wishes should be laid out specifically in the Living Will.

A Living Will also allows you to make your wishes known regarding life- prolonging treatment and artificial feeding or hydrations so your Health Care Surrogate or doctor will know what you want them to do. You can also decide whether to donate any of your organs in the event of your death. If you decide to make a Living Will, be sure to talk about it with your family and your doctor.

Living Wills must be in writing. They must be signed and dated by you and witnessed by two adults or one notary. Kentucky law requires us, your family, doctor, and other health care providers to honor your valid advance directives unless the law provides an exception.

Mental Health Treatment Directive

You may also state your specific preferences regarding the mental health treatment you may or may not wish to receive in the event you become unable to make your own decisions regarding mental health treatment. For example, you may not want certain types of medication or treatment.

Mental Health Treatment Directives must be in writing. They must be signed and dated by you and witnessed by two adults or one notary.

For more information on how you can state your preferences on the mental health treatment you wish to receive, please visit <https://www.caresource.com/connect/educate-yourself/mental-health-treatment-directive/>.

Others Who May Make Health Care Decisions for You

If you do not have an Advance Directive and you are not able to make health care decisions, Kentucky law still lets others make decisions for you. Other people may be a:

- Guardian
- Attorney
- Spouse
- Adult child
- Parent
- Next-of-kin

Should you have any questions regarding Advance Directives, you always consult a qualified legal professional. This information is provided for general information purposes and is not intended to be legal advice.

Guardianship

What is a Guardian?

A guardian is an adult chosen by a court to be legally in charge for another person.

When will a Guardian be chosen?

A court will choose a guardian for someone who can no longer make safe choices by themselves. This is usually due to legal or mental incapacity. In certain situations a minor may also have a guardian chosen for them.

How do I get a Guardianship?

Any adult can seek to have guardian appointed for another person. Usually guardianship is requested by a family member.

Who appoints a Guardian?

Only a court can choose a guardian. The court that chooses a guardian is your local court. This could differ based on where you live. Call your local Health and Family services, local court, local lawyer, or local legal aid service for more information.

Should you have any questions regarding Guardianship, you always consult a qualified legal professional. This information is provided for general information purposes and is not intended to be legal advice.



Ending Your Membership

We want you to be happy with Humana – CareSource.

Please let us know about your problems or concerns.

We can help you.

You may ask to stop your membership with Humana – CareSource. You can do this for any reason. You need to ask in the first 90 days of your enrollment or re-enrollment.

After the first 90 days, you may ask to stop your membership for cause. This means you have a special reason that you need to end your membership. You must send a written request for a hearing to ask for disenrollment. The request must have the reason you are asking to be disenrolled. You can send it to the Kentucky Department for Medicaid Services (DMS) at the following address:

KDMS – Cabinet for Health and Family Services
Office of the Secretary
275 E. Main Street
Frankfort, KY 40621

You may also change to a different managed care plan. You can do this during the annual open enrollment period. You will get a letter from the Kentucky DMS each year. It will let you know when your open enrollment period is and how to change.

You will be disenrolled from Humana – CareSource if you are no longer eligible for Kentucky Medicaid or if you move out of our service area.

Word Meanings

Advance Directives – Legal papers you create and sign in case you become seriously ill or if you want to name a Health Care Surrogate. These documents let your doctor and others know how you want to be treated if you get very sick and cannot speak for yourself.

Appeal – A statement from you saying you are unhappy with a decision or action taken by Humana – CareSource and requesting reconsideration of a decision or action.

Benefits – What is covered by your health plan.

Durable Power of Attorney for Healthcare – A written agreement between you and another person that lets the other person make medical and/or financial decisions for you if you cannot speak for yourself.

Formulary (Pharmacy) – List of generic and brand name medications that we cover.

Grievance – A complaint about the plan or its health care providers.

Health Care Surrogate – An adult who you have picked to make health decisions for you when you are not able to.

Medical Home – The relationship you have with your primary care provider (PCP) is considered your “medical home.”

Member – A person eligible for Medicaid who has joined the plan and gets health care services.

Notice of Action – A response from Humana – CareSource giving a decision.

Out of Network – A doctor, hospital, pharmacy or other licensed health care professional who has not signed a contract to provide services to Humana – CareSource members.

Participating Provider – A doctor, hospital, pharmacy or other licensed health care professional who has signed a contract agreeing to provide services to Humana – CareSource members. They are listed in our Provider Directory.

Presumptive Eligible – Members, including pregnant women and children up to age one (1), may be “presumptive eligible” if s/he is a resident of Kentucky and meets certain income levels. This means prenatal care for the pregnant woman or other services will be given while an application for Medicaid is being processed.

Primary Insurance – Insurance you may have that is not Medicaid.

Post-Stabilization Care – This is care you get after you have received emergency medical services. It is to help you return to better health.

Power of Attorney – A written agreement between two people that lets one person act and decide for another person on certain matters; the durable power of attorney (see above) remains when you can no longer make decisions.

Primary Care Provider (PCP) – A participating provider you have chosen to be your own doctor. Your PCP works with you to coordinate your health care.

Prior Authorization – Sometimes participating providers contact us about the care they want you to get. This is done before you get the care to make sure it is the best care for your needs. They also make sure that it will be covered. It is needed for some services that are not routine, such as home health care or some scheduled surgeries.

Provider Directory – A list of the doctors and other health care providers you can go to for care.

Provider Network – A list of all health care providers actively participating with the plan (“participating providers”). The Provider Directory is created from this list.

Referral – A request from a PCP for his or her patient to see a specialist, such as a surgeon.

Social Security Income – Money you may be receiving now from paying social security tax at a previous job.

Specialist – A doctor who focuses on a particular kind of health care such as a surgeon or a cardiologist (heart doctor).

Step Therapy – In managed medical care step therapy is an approach to prescription intended to control the costs and risks posed by prescription drugs. The practice begins medication for a medical condition with the most cost-effective drug therapy and progresses to other more costly or risky therapies only if necessary.

Utilization Management – This is a review process that looks at services delivered to members.



Kentucky Medicaid MCO Member Appeal Request

	MCO	Phone	Fax
Check the box of the plan in which the member is enrolled	<input type="checkbox"/> Anthem BCBS Medicaid	1-855-661-2027 Ext. 26740	1-855-443-7820
	<input type="checkbox"/> Coventry Cares/Aetna Better Health	1-855-300-5528	1-855-454-5585
	<input type="checkbox"/> Humana – CareSource	1-877-892-7487	1-855-262-9794
	<input type="checkbox"/> Passport Health Plan	1-800-578-0636	502-585-8461
	<input type="checkbox"/> WellCare of Kentucky	1-877-389-9457	1-866-201-1657

Please complete all appropriate fields
 If you need assistance with this form, call your MCO at the number listed above
 All Appeals must be filed within 30 days from the date of MCO action

Date _____

Person filing request _____ Email _____ Phone _____

I am a Medicaid member I am filing request on behalf of a Medicaid member

If filing on behalf of member, state relationship to member _____

Who is the Appeal for?

Member’s name _____

Member’s Social Security Number _____ Member’s DOB _____

Member’s address _____ County _____

Why are you requesting an appeal?

Procedure or Service you are requesting _____

Doctor or Provider of service _____ Phone _____

Doctor or Provider address _____

Reason for procedure/service _____

Please give as much detail as possible about this request:

Attach a copy of the denial letter along with any other correspondence concerning this request.

By signing this document, I authorize the person submitting this form to do so on my behalf

Signature of Member _____ Date _____

Signature of person filing request _____ Date _____

Members have the right to request a continuation of benefits while the Appeal is being processed

Kentucky Medicaid MCO Member Grievance Form

	MCO	Phone	Fax
Check the box of the plan in which the member is enrolled	<input type="checkbox"/> Anthem BCBS Medicaid	1-855-661-3027 Ext. 26748	1-855-443-7820
	<input type="checkbox"/> Coventry Cares/Aetna Better Health	1-855-300-5528	1-855-454-5585
	<input type="checkbox"/> Humana – CareSource	1-877-892-7487	1-855-262-9794
	<input type="checkbox"/> Passport Health Plan	1-800-578-0603	502-585-8340
	<input type="checkbox"/> WellCare of Kentucky	1-877-389-9457	1-866-388-1769

Please complete all appropriate fields
 If you need assistance with this form, call your MCO at the number listed above
 All Grievances must be filed within 30 days from the date of MCO action

Date _____

Person filing grievance _____ Email _____ Phone _____

I am a Medicaid member I am filing a grievance on behalf of a Medicaid member

If filing on behalf of member, state relationship to member _____

Who is the Grievance/Complaint about?

Member's name _____

Member's SSN _____ Member's Date of Birth _____

Member's address _____ County _____

What is the Grievance/Complaint about?

- I am having trouble finding a healthcare provider
- I have a complaint about my doctor/healthcare provider
- I have a complaint about my facility and/or its staff (Nursing, Assisted Living, Adult Family Care Home, Hospice)
- I am receiving bills from healthcare providers
- I want to change my plan and need help
- I am a new member and have not received any plan information
- I am having trouble obtaining the following prescriptions: _____
- I am having trouble obtaining the following service: (Check all that apply)

<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Dental	<input type="checkbox"/> Home Health
<input type="checkbox"/> Medical Equipment/Supplies	<input type="checkbox"/> Transportation	<input type="checkbox"/> Substance Abuse Treatment
<input type="checkbox"/> Occupational/Physical/Speech Therapy	<input type="checkbox"/> Other _____	

Please give as much detail as possible about this complaint/grievance:

By signing this document, I authorize the person submitting this form to do so on my behalf

Signature of Member _____ Date _____

Signature of person filing grievance _____ Date _____

Government Office Contact Information

Department for Community Based Services (DCBS)

- To find the nearest DCBS office to you go to https://prdweb.chfs.ky.gov/Office_Phone/index.aspx.
- Call 1-855-306-8959

Kentucky Department for Medicaid Services (KDMS)

Cabinet for Health and Family Services
Office of the Secretary
275 E. Main Street
Frankfort, KY 40621
1-800-635-2570 or TTY: 1-800-627-4702 or 711
Fax: 1-502-564-6917

Kentucky Medicaid Transportation

1-888-941-7433

Kentucky Ombudsman

1-800-372-2973 or TTY: 1-800-627-4702 or 711

Office for Civil Rights

Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
1-800-368-1019 or TTY: 1-800-537-7697
Fax: 1-404-562-7881



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