

# Welcome



Welcome and thank you for becoming a participating health partner with Humana – CareSource®. We strive to work with our providers as partners to ensure that we make it as easy as possible to do business with us. This strong partnership helps facilitate a high quality of care and respectful experience for our members.

We are a community-based health plan that serves Medicaid consumers throughout the commonwealth of Kentucky.

Our goal is to provide integrated care for our members. We focus on prevention and partnering with local health care partners to offer the services our members need to be healthy.

As a managed care organization (MCO), Humana – CareSource improves the health of our members by utilizing a contracted network of high quality health care partners. Primary care providers (PCP) within the network provide a range of services to our members and coordinate patient care by referring them to specialists when needed, ensuring that members have timely access to health care services and receive all appropriate preventive services.

Humana – CareSource distributes the member rights and responsibility statements to the following groups upon their enrollment and annually thereafter:

- New members
- Existing members
- New health partners
- Existing health partners

## ABOUT US

For the commonwealth of Kentucky's Medicaid MCO, Humana — the nation's premier health benefits innovator with its roots in Kentucky — has aligned with CareSource, an Ohio-based Medicaid health plan, to create a team that leverages deep Medicaid experience and capitalizes on proven expertise, strong resources and capabilities, established relationships and infrastructure. It combines the strengths of Humana's unmatched knowledge of service delivery in the commonwealth with the Medicaid program expertise of CareSource, the second largest Medicaid managed care plan in the nation.

Our alliance is a strategic solution that merges the knowledge and experience of both companies to make the health care system work better for people eligible for both Medicare and Medicaid. Together, Humana and CareSource have the expertise, competencies and resources to make health care delivery simpler, while lowering costs and improving health outcomes. Our alliance allows members to receive the highest quality of care and services by offering:

- Care management and care transitions programs;
- Analytical tools to identify members who will benefit from special programs and services;
- An ongoing focus on customer service, health education and activities to promote health and wellness;
- Community engagement and collaboration to help ensure the comprehensive needs of members are addressed;
- Access to behavioral health services that includes a dedicated hotline and crisis intervention;
- An award-winning history in member services, training, clinical programs and customer satisfaction, and
- The ability to scale, innovate and provide ongoing support to our extensive health care health partner network.

## HUMANA – CARESOURCE MAKES A DIFFERENCE

Humana – CareSource brings a history of innovative programs and collaborations to ensure that our members receive the highest quality of care. With a focus on preventive care and continued wellness, our approach is simple: We want to make it easier for our members to get the health care they need, when they need it. Through community-based partnerships and services, we help our members successfully navigate complex health care systems.

Humana and CareSource have more than 50 years of managed care experience with the expertise and resources that come with it.

Our services include:

- Health partner relations
- Member eligibility/enrollment information
- Claims processing
- Decision-support informatics
- Quality improvement
- Regulatory

- Compliance
- Special investigations for fraud, waste and abuse
- Member services, including a member call center and a 24-hour nurse advice line

In addition to the above, our care management programs include the following:

- Case management
- Onsite case management (clinics and facilities)
- Emergency department diversion
  - High emergency department utilization focus (targeted at members with frequent utilization)
  - 24-hour nurse advice line
- Maternal and healthy baby program
- Care transitions
  - Bridge to Home® (discharge planning and transitional care support)
- Disease management program for asthma and diabetes

For more information on these programs, see the “Member Support Services and Benefits” section of this manual.

## COMPLIANCE AND ETHICS

At Humana – CareSource, we serve a variety of audiences: members, health partners, government regulators and community partners. We serve them best by working together with honesty, respect and integrity. We are all responsible for complying with all applicable state and federal regulations along with applicable Humana – CareSource policies and procedures.

Humana – CareSource is committed to conducting business in a legal and ethical environment. A compliance plan has been established by Humana and CareSource that:

- Formalizes Humana – CareSource's commitment to honest communication within the company and within the community, health partners of our providers, members and employees.
- Develops and maintains a culture that promotes integrity and ethical behavior.
- Facilitates compliance with all applicable local, state and federal laws and regulations.
- Implements a system for early detection and noncompliance reporting with laws, regulations, fraud, waste and abuse concerns, or noncompliance with Humana – CareSource policy, professional, ethical or legal standards.
- Allows us to resolve problems promptly and minimize negative impact on our members or business including financial losses, civil damages, penalties and sanctions.



## GENERAL COMPLIANCE AND ETHICS EXPECTATIONS OF HEALTH PARTNERS

- Act according to professional ethics and business standards.
- Notify us of suspected violations, misconduct or fraud, waste and abuse concerns.
- Cooperate fully with any investigation of alleged, suspected or detected violations of applicable state or federal laws and regulations.
- Notify us if you have questions or need guidance for proper protocol.

For questions about health partner expectations, please call your health partner relations representative or call Health Partner Services **1-855-852-7005**.

We appreciate your commitment to compliance with ethics standards and the reporting of identified or alleged violations of such matters.

## PERSONALLY IDENTIFIABLE INFORMATION (PII)

In the day-to-day business of patient treatment, payment and health care operations, Humana – CareSource and its health partners routinely handle large amounts of PII. In the face of increasing identity theft, there are various standards and industry best practices that guide how PII is appropriately protected when stored, processed and transferred in the course of conducting normal business. As a health partner, you should be taking measures to secure your patients' data. You also are mandated by the Health Insurance Portability and Accountability Act (HIPAA) to secure all personal health information (PHI) related to your patients. There are many administrative, physical and technical controls you should have in place to protect all PII and PHI.

Here are some important places to start:

- Utilize a secure message tool or service to protect data sent by email.
- Have policies and procedures in place to address the protection of paper documents containing patient information, including secure storage, handling and destruction of documents.
- Encrypt all laptops, desktops and portable media such as CD-ROMs and USB flash drives that may potentially contain PHI or PII.

## ACCREDITATION

Humana – CareSource holds a strong commitment to quality. We demonstrate our commitment through programs based on national standards, when applicable. Humana and CareSource hold accreditation from the National Committee for Quality Assurance (NCQA) for their Medicaid lines of business.

Humana – CareSource's 24-hour nurse triage health call center also has been granted accreditation by URAC, an independent and specific health call center accreditation that applies to organizations who provide triage and health information services over the telephone. These accreditation standards ensure that such services are performed in a manner that is timely, highly confidential and includes medically appropriate care and treatment advice.

KY-P-0622 • HUCS01009 • NOV 2016