Humana
Healthy Horizons®

<table>
<tr><th>TOPIC</th><th>DESCRIPTION</th><th>MCO PROCESS</th><th>MCO RESPONSE</th></tr>
<tr><td></td><td></td><td>MCOs shall provide a brief description for each point within the topic area</td><td></td></tr>
<tr><td>MCO Credentialing and Contracting</td><td>All EI providers must be credentialed and contracted by each MCO in order to provide services to members enrolled with the MCO.

All EI providers must be certified by DBHDS and affiliated with a LLA prior to the MCO credentialing and contracting process.</td><td>✓ Credentialing process
✓ CAQH process
✓ Contracting process
✓ Credentialing and contracting educators and other non-traditional disciplines
✓ Credentialing and contracting service coordinators
✓ Handling of out-of-network providers</td><td>All requests to join the Humana Healthy Horizons in Virginia network must begin by visiting our Network portal at Humana Healthy Horizons in Virginia: Join our Network
Within the Request to Join Portal, Early Intervention providers must complete the required actions based on their provider type and specialty to ensure accurate processing of their requests. The table below provides guidance and helpful tips to ensure all required documents are submitted and to help avoid delays in the credential and contracting process.

Category 1- Agency or Group:
(EIS Credentialing required)

▪ Complete an organizational provider assessment form, listing all services including Early Intervention Services (EIS) specialty.
▪ Must be enrolled with DMAS as EIS agency.
▪ Submit W9 form.
▪ Provide proof of professional liability insurance (PLI)
▪ Complete OIG “Disclosure of ownership” form
▪ If billing with a rendering provider:
  ▪ Submit facility roster with practitioner details.
  ▪ Collect and submit EIS certifications for each rendering practitioner.
▪ If billing without a rendering provider:
  ▪ Must be enrolled with DMAS as EIS agency.
▪ Collaborate with assigned contracting manager to ensure contract execution and obtain effective date.
▪ Upon contract execution and effective date, complete onboarding with Provider Relations representative.

Category 2-Individual Practitioner (Primary PT/OT/ST)

(EIS Credentialing required)

▪ Maintain active CAQH profile with primary specialty.
▪ Provide complete work history (past 5 years).
  ○ For any gap in work history exceeding six months, submit a written explanation.
▪ Updated Early Intervention (EIS) as a secondary specialty on the Roster.
▪ Submit proof of EIS Certification
▪ Maintain active EIS Specialty enrollment with DMAS.
▪ Provide proof of professional liability insurance (PLI) (TIN Level)
▪ Complete OIG “disclosure of ownership” form (TIN Level)
▪ Provide W9 form (TIN Level)</td></tr>
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<tr><td>gory 3-Individual (Non-traditional disciplines) Non-PT/OT/ST (Credentialing Assessment Required)</td><td>▪ Credentialing Team will Assess provider:
▪ Please submit a complete roster with provider’s information
▪ Primary listed as (Paraprofessional specialty) and EIS (Early Intervention Services) as secondary.
▪ Maintain active EIS Specialty enrollment with DMAS.
▪ Submit Proof of EIS Certification
▪ Provide proof of professional liability insurance (PLI)
▪ Submit W-9 form (TIN Level)
▪ Complete OIG ‘Disclosure of Ownership’ form (TIN Level)
▪ Collaborate with assigned contracting manager to ensure contract execution and obtain effective date.
▪ Upon contract execution and effective date, complete onboarding with Provider Relations representative.</td></tr>
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Contact Information:
If you have submitted a request to join following the steps outlined above and need additional guidance, or if you have questions about credentialing procedures, please contact the contracting team listed on our website.
• For Virginia Early Intervention providers: VirginiaProviderUpdates@humana.com
• For Southwest Virginia counties (Bristol City, Buchanan, Dickenson, Grayson, Lee, Norton City, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe): HumanaALTNproviderupdates@humana.com
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<tr><td>Malpractice Insurance for Educators</td><td>Providers must have malpractice insurance if they are not covered by the local system.</td><td>✓ Requirements related to malpractice insurance for educators and non-traditional disciplines</td><td>See above requirements under the Category 3-Individual (Non-traditional disciplines)</td></tr>
<tr><td>IFSP</td><td>IFSP must be on file with the MCO for the claim to be considered a Clean Claim.

If the IFSP is not on file with the MCO prior to the MCO receiving</td><td>✓ Method for LLAs to submit IFSP (fax, email) with specific contact information
✓ Submission process of multiple IFSPs, i.e., batch or individual files</td><td>Humana requests all initial IFSPs, annual IFSPs, and IFSP reviews be sent to the following:

IFSP Fax (Preferred): (888) 241-3745
IFSP Email: VAMCDCareManagement@humana.com

***Please fax IFSPs individually (per member) as IFSPs are attached to a member's EHR.</td></tr>
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	the claim, the claim will not be considered clean and the 14-day timeframe does not apply.	✓ Confirmation of receipt of IFSP	Upon receipt of the IFSP, the EI Coordinator will send the Service Coordinator an email confirming receipt of IFSP and provide the Care Manager's name and email address, when applicable within 14 days.
Clean Claim	Clean claims must be paid within 14 days.	✓ Process for non-clean claims, i.e., rejected or denied ✓ Process for handling non-clean claims with the provider	Humana monitors all claims processing within the 14-day compliance timeframe. Providers will receive a remittance for all claims that are adjudicated.
Decline to Bill Form and EOB	Families may decline to bill their private insurance for coverage of EI services and will sign the Decline to Bill Form. LLAs will have this form on file. If family does not decline to bill, the private insurance will send EOB	✓ Submission process for Decline to Bill Form ✓ Process for ensuring Claims Department is aware of Decline to Bill form ✓ Process for handling claims when Decline to Bill is or the EOB are not on file	Decline to Bill Forms are to be attached/submitted with EACH applicable claim for processing. If the Provider submits the Decline to Bill form, then Humana will process and pay as primary. If the Provider submits an EOC, then Humana will coordinate as secondary. If there is no EOC or Decline to Bill form, then Humana will deny the claim 08B.
EI Enrollment and Indicator	A child must have an EI indicator on the enrollment file in order for an EI service to be reimbursed. Due to timing of the enrollment file, if the provider bills prior to the MCO receiving the file listing the child as having the EI indicator, the claim will deny due to "child not enrolled in the EI". This impacts submission of a clean claim.	✓ Process to handle claims when the EI indicator is not on plan enrollment file	Humana systems read the EI indicator from the 834 files, and if the member is eligible, Humana will pay. If the member is not eligible, the claim will be denied.

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Care Coordination	Plan care coordinators should collaborate with the EI Service Coordinator	✓ Role of the care coordinator ✓ Process for exchanging information between care coordinator and service coordinator ✓ Frequency of contact between coordinators, i.e., timeframe for initial contact and ongoing contact	✓ Members identified as Early Intervention are assigned to a Physical Health Care Manager (PCM). ✓ Case Manager Support Associated (CMSAs) or EI Coordinator will upload IFSP. CMSAs are in receipt of the ISFP's when they are submitted via the shared mailbox and then uploaded in the members documents. The EI Coordinator occasionally receives these ISFP's directly from the agency Service Coordinator and then are uploaded in the members' documents. ✓ The frequency of initial contact is based on the member's risk level as indicated in the CCC Contract. Ongoing contact is also based on the member's risk level as indicated in the CCC Contract. ✓ EI Coordinator will attempt to outreach ITC Service Coordinator beginning 90 days prior to members' third birthday to offer support with transition.
Interpreter and Translation Services	Language assistance services, including but not limited to interpreter and translation services, are available free of charge.	✓ Process for providers, service coordinators, and/or families to access interpreter/translation services ✓ Timeframe for accessing interpreter/translation services	**Onsite Interpreter Request Process** **Email**: F2F_Interpreter_Services@humana.com Provide the representative with the following information: • Requestor Name • Requestor Phone Number • Requestor Email Address • Member's Name • Member DOB • Humana ID Number • Date of Appointment • Time & Duration of Appointment • Reason for Visit • Language Needed • Name of provider(s) *(if applicable)* • Provider Contact Number *(if applicable)* • Service Address (street, city, and zip) An automated confirmation email will be sent to the requestor. Confirmation numbers and information about assigned interpreters will come from our vendor (Propio). **Rules** 1) It is preferred that providers submit their requests no later than 5 business days prior to the member's appointment date.

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			2) Cancellation of service requests requires a notice of at least 1 full business day. 3) If an interpreter is a no-show for a scheduled and confirmed request, please notify us at F2F_Interpreter_Services@humana.com **Telephonic/Sign Language Interpreter Request Process** 1. To schedule a telephonic interpreter or a sign language interpreter, call (877) 320-2233 or email ADAservices@humana.com 2. Please provide the following information to the representative: • Member Name • Member ID Number • Appointment Date • Appointment Time • Provider Address/Contact Information 3. The concierge representative will provide a confirmation number to the provider for the requested service. 4. For telephonic language services, the representative will provide the phone number for our translation vendor (Voiance/Propio), and a pin number to reflect your locality. 5. The provider may also send an email to ADAservices@humana.com including the following information: • Provider's name, phone number, and email address • Member's name, phone number, address, Humana ID, appointment information (date, time, location, etc.) • Description of Request
EI Specific Email Box	Specific email contacts for submission of IFSPs, Decline to Bill Forms, etc.	✓ List specific email address	**EI Leads** Sequoya Clay (EI Coordinator) (804) 456-4548 Sclay4@humana.com Kelly Dodson (757) 731-5831 kdodson6@humana.com Brandi Fuller (276) 240-5501 Bfuller5@humana.com All IFSP and ITC related forms (*except for the Decline to Bill form*) must be sent to the Care Management fax/inbox. **Fax** *(Preferred):* (888) 241-3745 **Email:** VAMCDCareManagement@humana.com