



New Case Document

Lexington-Fayette Urban County
Government - CEPF

(Effective Date 01/01/2014)

NEW CASE DOCUMENT (NCD)

NCD completed by: Crystal Taylor Wendolowski	Date: 8/14/2013
Sales Account Representative: Robin Han	
Account Installation Manager: Crystal Taylor Wendolowski	

AUTHORIZATION

By signing below, the Employer:

Authorizes Humana to draft the Evidence of Coverage based on the NCD; acknowledges that it is the Employer's responsibility to review and verify that the NCD and all document drafts are correct and if not correct to make necessary corrections in a timely manner; and select one of the following:

- This authorizes Humana to build product, plan benefits and process claims based upon this final approved NCD.
- This authorizes Humana to postpone product, plan benefit builds and postpone claim processing until the document is finalized and sign off has been received.

This authorization and agreement is made and entered into by LFUCG-CEPF and Humana, effective 01/01/2014.

Between the time successor drafts of the NCD are prepared and exchanged, any changes to the documents describing the Plan for these purposes must be in writing, state the effective date, and must be communicated to and accepted by Humana claims administration in a timely fashion.

<input type="checkbox"/> New Client	Effective date of Plan:	<input type="text"/>
<input checked="" type="checkbox"/> Renewing Plan for Existing Client	Effective date of Plan:	<input type="text" value="01/01/2014"/>

Employer Name:	
Signature:	
Title:	
Date:	

Authorized Humana Signature:	
Title:	Account Installation Manager
Date:	

The Client and Humana have caused this agreement to be executed by their respective officers or representatives as duly authorized.

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1. EMPLOYER / GROUP INFORMATION

1. Legal Name of Employer:	Lexington-Fayette Urban County Government City Employees Pension Fund
2. Employer DBA Name:	Lexington-Fayette Urban County Government City Employees Pension Fund
3. Common Name of Employer:	LFUCG-CEPF
4. Federal Tax ID Number:	61-0923115

Name provided must match the tax ID number reported to the IRS

5. Location Address: (No PO Boxes)	200 E. Main Street Lexington, KY 40507
County:	Fayette

6. Mailing Address:	Same as above
County:	

7. Management Contact: (Primary plan decision maker)	Lillian Bland
Title:	Benefits Administrator
Mailing Address:	200 E. Main Street Lexington, KY 40507
Telephone:	859-258-3300
Fax Number:	
Email Address:	lillianb@lfucg.com

8. Administrative Contact: (Day to day administrative contact)	Same as management contact
Title:	
Mailing Address:	
Telephone:	
Fax Number:	
Email Address:	

9. What type of group sponsor is this account?
 Employer Trustees of a Fund Union

10. What type of organization is the group?
 State Government Local Government Publicly Traded Corporation
 Privately Held Corporation Non-Profit Organization Church / Religious Order
 Other:

3. ID CARD INFORMATION

1. Indicate Product Type

MA (Medical only)

MAPD (Medical with RX rider)

PDP (RX benefits only)

2. The benefits that are checked below will appear on the ID Cards.

(Coinsurances do not display on the card – if all three are coinsurances, then there is no co-payment information listed.)

Office Visit

Specialist

Hospital Emergency

Customizations (*Customizations are limited to a select few items*)

3. Will the Group Name be displayed on the card?

Yes

No

If yes, please indicate the group name as it will appear on the ID card:

(26 characters; M and W count as 1.5)

L F U C G C E P F

3a. Confirm if the group will have a standard card or Company Logo displayed on the card.

(If Yes, the logo must be in the bottom left front corner only and must meet quality guidelines to ensure that it looks sharp and clean on the card).

Yes

No

4. Confirm customer service number?

Please provide the phone number: 1-866-396-8810

5. Any additional notes:

(Any deviation requested from the standard card must be noted. If the group needs a sample ID card for a particular product, notify the ID Card team and they will send it to the group).

none

4. ENROLLMENT INFORMATION

1. What is the total number of eligible enrollees?

200 Retirees

2. What type of initial enrollment method will be used?

- Paper Applications
- Telephonic Applications
- Electronic Spreadsheet (one time only)
- EDI File

3. What type of on-going enrollment method will be used?

- Paper Applications
- Telephonic Applications
- EDI File

4. Can Humana update member addresses and telephone numbers?

- Yes
- No, changes will be made by the group only and sent to Humana
- Other _____

5. For paper applications, where should applications be sent?

Note: If applications are not sent directly to Humana, the applications will need to be forwarded to Humana within seven business days of the member signature date.

- Humana
- Group's Office
- TPA Office
- N/A

6. How often will enrollment changes be provided?

- As Needed
- Monthly
- No Changes are allowed
- Other:
- Weekly
- Annually

7. Will the retirees have other insurance options offered through the group?

- No (Full Replacement)
- Yes (Slice Business)
- No (Voluntary)

If this is slice business, what other carriers are available?

Full Replacement – Humana is expected to carry at least 95% of the total eligible membership. There are no other Medicare Advantage carriers, nor can the retirees remain on the group's active commercial plan. Contribution from the group is usually high for these plans, giving the retiree little reason to opt out of the Humana offering

Slice – This is also known as "personal choice". Humana will see varying participation between groups. Humana is one option available to these retirees who may also have the choice of many other Medicare Advantage plans and commercial carrier offerings. The group typically contributes to the premium.

Voluntary Participation – Humana could see a wide range of participation that will vary from group to group. This uncertainty is due to the fact that group is not contributing to the retirees premium, but we are the only Medicare Advantage offering and the retirees are not allowed to remain on the commercial plan. This description is similar to Full Replacement except that the group will not contribute to the premium, leading some retirees to choose Individual Medicare plans over the Group Medicare offering.

8. Will there be an initial open enrollment period?

- Yes No N/A

Starting Date: _____ Ending Date: _____

9. Is there an annual open enrollment period that differs from the initial enrollment period?

- Yes No

Starting Date: _____ Ending Date: _____

Comments:

10. Are Medicare Age-Ins allowed to enroll throughout the year, or will they have to wait until the next plan year or open enrollment period?

- Aging-in retirees can enroll at any time
 Aging-in retirees must wait until the next open enrollment period

Comments:

11. Can we accept enrollments after the Open Enrollment period?

(Other than retirees aging-in to Medicare)

- Yes No

Comments:

12. If a retiree terminates their coverage from the plan, will they be allowed to elect back into the plan at a later date?

- Yes No

Comments:

13. Are there any additional options or potential consequences if a retiree terminates or opts out of coverage?
(Does the retiree lose all coverage offered by the group such as Dental, Life or Vision?)

Comments:

none

14. Will Medicare eligible spouses or dependents be able to enroll?

- Spouses Dependents N/A

Comments:

15. If spouses and/or dependents may enroll, may they remain on the plan if the retiree terminates coverage?
 Yes No N/A

Comments:

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16. If multiple plan options are offered and spouses and/or dependents may enroll, will a split of coverage on separate plans be allowed?
 Yes No N/A

Comments:

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17. Are surviving spouses allowed to join the plan at the time of implementation?
 Yes No N/A

Comments:

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18. If spouses and/or dependents may enroll and the retiree passes away, will the spouse or dependent have the option to remain on the plan?
 Yes No N/A

Comments:

No time limit imposed

Please note that if time limit is set that allows the spouse or dependent to remain on the plan, the group is responsible for informing Humana 45 days prior to the desired termination date.

19. Will Humana coordinate Eligibility/Enrollment with a Third Party Vendor?
 No
 Yes, Specify

Administrator's Name:	
Address:	
Phone Number:	
Fax Number:	
Contact Name:	
Email Address:	

Administrator's Name:	
Address:	
Phone Number:	
Fax Number:	
Contact Name:	
Email Address:	

Additional Group Specific Enrollment Notes:



Medicare Advantage Enrollment Notes:

Note: *Enrollment effective date is always the 1st of the month, following the receipt date or a future effective month specified by the group.*

Terminations:

Voluntary terminations are initiated by the member. Requests for terminations must be made by a signed and dated letter submitted by the member specifically requesting a termination date.

Involuntary terminations are initiated by the employer group. These requests must be made in enough time for Humana to provide the member 30 days notice of termination. No terminations can be accepted within 30 days of the termination date per CMS regulation.

5. BILLING SET UP INFORMATION

1. Is the premium a blended rate or different for each market?
 Blended Market

2. If blended, what is the composite rate?

Plan Type/Option	Blended Rate
079/060	\$309.34

3. What is the level of Billing?
 Employer (E-Billed) Individual (I-Billed) Split-Billed (certain criteria must be met)

4. Will the group make a contribution to the premium?
 Yes No

5. What amount will the group contribute to the premium?

100% for retirees, 0% for spouses

6. Can customer service provide premium information to the members?
 Yes No

If no, is there a phone number that the members can be referred to? 1-859-258-3300

7. If the group is Employer- billed or Self-billed, will the group be Pay as billed or Self-billed?
 Pay as billed Self-billed N/A

*Pay as billed: Humana bills group monthly via invoice, group numbers will be combined unless requested otherwise.
 Self-billed: Group provides roster to Humana on a monthly basis*

8. Will the group receive a single invoice for all accounts and markets or a single invoice for each market?
 Single invoice for whole group Single invoice for each market N/A

Note: Group will be set up a Super billed unless noted otherwise

9. If this group is self-billed, Humana will the reconcile account via an excel spreadsheet and report discrepancies.

10. How will you pay your bill?
 (Payment is due at the 1st of the month. Example: January premium is due January 1st.)

- Check
 ACH through Employer Portal (Humana Website)
 Wire (push from group to Humana)
 N/A

Note: Humana will include banking information at a later date.

Name of Bank:	
Routing Number:	
Account Number:	

11. Will there be a separate billing address for the invoices?
 Yes No N/A

11a. If yes, who would be the contact and what is their contact information?

Billing Contact:	
Mailing Address:	
Telephone:	
Fax Number:	
Email Address:	

12. Does the group receive the Retiree Drug Subsidy (RDS) or do they have an Employer Group Waiver Plan (EGWP)?
 RDS EGWP Neither

13. Does the group offer another Prescription Drug Plan?
 Yes No

14. Is the group able to attest that all of the retirees enrolling in our plan(s) have had Creditable Prescription Drug Coverage prior to enrolling? Medicare requires continuous prescription drug coverage at or above the Original Medicare level since the member became Medicare Eligible. Continuous coverage means going no more than 63 days without coverage.
 Yes No N/A

15. Will the group be willing to pay for Late Enrollment Penalties, assessed by CMS for members that did not have Creditable Drug Coverage?
 Yes No N/A

Please note that if the group does not pay for the members' late enrollment penalty, Humana will send the member a coupon booklet to pay for the LEP portion of their premium.

Any additional notes:

6. RENEWALS

Each year we must conduct a renewal process for group Medicare plans. In the interest of protecting the member's coverage, we will automatically term the Medicare Advantage plan if the employer does not respond to their renewal prior to December 1, 2013.

1. Renewal Date for next plan year: 01/01/2015

7. ANNUAL MEMBER MAILINGS

Coordination of Benefits (COB)

Humana's standard is to obtain Coordination of Benefit information at time of enrollment, and then annually thereafter. This information is collected in compliance with the Medicare Secondary Payer Act to ensure that Medicare should be the primary payer for the member.

Annual Notification of Change (ANOC) Information

Renewing members will receive an ANOC informing members of changes to their plan from one year to the next. The members will receive this information during the fourth quarter of each year, provided that the group has chosen to renew their plan.

Evidence of Coverage (EOC)

All new members receive a detailed description of their specific benefits through the Evidence of Coverage, which will arrive within 30 days of the effective date. Renewing member will receive a copy of the upcoming year's EOC along with the ANOC.

3.0 CLINICAL PROGRAM SUMMARY

Humana’s approach is to lead the Medicare member on a lifelong journey of well-being that includes lifestyle management and wellness programs; acute and episodic care; as well as long-term, chronic case management.

Note: All programs are included in the quoted Group Medicare premium. Some services may not be available in some markets. Check Summary of Benefits for specific details.

Clinical Programs	Description of Program	Vendor Name
Humana Managed Programs		
Bariatric Management	<p>The Bariatric Management program is designed to:</p> <ul style="list-style-type: none"> • Guide members to bariatric surgery Centers of Excellence that participate in Humana’s network and are designed to improve member outcomes and decrease employer costs • Provide members with a dedicated bariatric clinical advisor, who serves as the primary contact for bariatric surgery-related issues from identification to six months post-surgery <p>Encourage consistency and appropriateness of bariatric surgery medical necessity determinations</p>	Humana
Health Alerts (Gaps in Care)	<p>Health Alerts is Humana’s gaps-in-care program. To properly identify members, Humana gathers all available information known on each individual, such as medical and pharmacy claims, lab results, biometrics and more. This is compiled into a comprehensive clinical profile. This data is continually run through Humana’s rules engine, which applies clinical and business rules, so Humana can accurately identify members with potential health issues and route them to the most appropriate support. This system automatically recognizes when recommended care isn’t received. These “gaps in care” may be preventive in nature, disease specific, or for care modification. The rules engine analyzes each gap and determines the most appropriate communication. Examples include notifying the member’s provider, flagging the gaps in our Customer Care Portal or the member profile for clinical nurses, and sending an e-mail or letter directly to the member.</p>	Humana
Health Coaching	<p>Health coaching by telephone and online is a key component to Humana’s overall wellness strategy. Experienced coaches provide unlimited support by using motivational interviewing techniques, positive psychology, access to relevant resources, and routine check-ins to increase motivation. Health coaching focuses on 10 of the most common wellness and workplace problems and concerns, including:</p> <ul style="list-style-type: none"> • Weight Management • Physical Activity • Tobacco Cessation • Healthy Eating • Stress Management 	<p>LifeSynch *Note: LifeSynch is Humana’s Behavioral Health Organization</p>

	<ul style="list-style-type: none"> • Back Care • Preventive Care • Cholesterol Management • Blood Pressure Management • Blood Sugar (Glucose) Management 	
<p>Health Risk Assessments</p>	<p>During the member welcome call a brief health risk assessment questionnaire is used to assess the member's health risks and identify opportunities for outreach. Members who meet the criteria as defined in the questionnaire logic are referred to the appropriate programs.</p>	<p>Humana</p>
<p>Humana AchieveSM Integrated Medical & Behavioral Health</p>	<p>This holistic approach combines medical and behavioral support to improve mental health issues that could hinder the progression to better physical health.</p>	<p>Lifesynch *Note: LifeSynch is Humana's Behavioral Health Organization</p>
<p>Humana Active Outlook (HAO)</p> <ul style="list-style-type: none"> • HAO website • HAO magazine • Seminars • Local Classes 	<p>The award-winning well-being and lifestyle enrichment program for Humana Medicare Advantage members to learn to live healthier, more fulfilled lives through several outlets.</p> <ul style="list-style-type: none"> • HAO website: Member-only website provides custom health and wellness information and interactive tools • HAO magazine: Population-based health and wellness topics and targeted health condition management publications are designed to inspire members towards well-being. Also includes information and resources to better manage chronic health conditions. • Seminars: Humana Active Outlook seminars are available in select markets for both members and non-members and are designed to share the latest information on healthy aging and chronic diseases with a variety of topics. Each seminar includes: presentation given by a subject matter expert, a fitness demonstration, disease-specific screenings, and healthy and delicious food samples. • Local classes: Humana Active Outlook classes are an exclusive benefit offered in select markets for Humana Medicare (MA, MAPD, and Medicare Supplement) members. These classes offer hands-on and interactive settings to provide an opportunity for members to meet with other members and join a community of active learning and friendship. The classes focus on healthy aging and chronic diseases, as well as a variety of other topics. 	<p>Humana Active Outlook</p>
<p>Humana Cares/Senior Bridge Humana Chronic Condition Program (HCCP)</p>	<p>As part of its commitment to lifelong well-being Humana has made a substantial investment in supporting people with multiple chronic conditions and functional limitations through an expansion of its care management offerings. The evidence-based approach substantially improves health outcomes of members who need the most support and by helping them manage their health in their own homes, where they want to be – rather than in hospitals and skilled nursing facilities – also substantially improves member satisfaction while reducing total cost of care.</p>	<p>HumanaCares/SeniorBridge</p>

	<p>The Humana Chronic Care Program (HCCP) is specially designed for Humana's most frail members and combines the proven models of Humana Cares and SeniorBridge, a national care management and homecare company recently acquired by Humana.</p> <p>The holistic, member-specific support involves Interactive Voice Response (IVR), telephonic support, in-home visits, and personal caregiving to provide the most appropriate level of care, which enables the member to be as independent as possible and remain safe in their homes.</p> <p>HCCP is the only program in the industry to tailor a level of support based on function, as well as medical conditions, and go as far as to provide face-to-face in home support to those who need it. Members can move between any of the levels of support and receive the appropriate level of care as their health and function evolves.</p>	
<p>Humana Guidance Centers</p>	<p>Humana Guidance Centers are available in several markets. The Guidance Centers are free-standing centers where members can attend healthy living classes and attend social activities. Guidance Centers are staffed with Humana Medicare professionals who can help members with their benefits.</p>	<p>Humana</p>
<p>LifeKeeper: Advanced Illness Planning (Part of Humana Active Outlook)</p>	<p>Helps members organize and take control of their life, especially assets (money, property, investments, etc.), legal, and healthcare matters.</p>	<p>Humana Active Outlook</p>
<p>Medical Home</p>	<p>Medical Home is an innovative program designed to improve primary care. Humana began one of the earliest Medical Home pilots in the country in 2008. Today, more than 50,000 Humana members across 64 practices participate in Humana Medical Home programs. Most of these are Medicare Advantage members.</p>	<p>Humana</p>
<p>Member Summary</p>	<p>The Member Summary is designed to work into existing provider workflows, to be "in the hands" of Providers during interaction with members. The Member Summary is a concise summary format comprised of:</p> <ul style="list-style-type: none"> • Member Demographics • Quality / Gaps-in-Care • Prescription History • Lab Results • Admission history <p>The provider is prompted to print or save during Eligibility Check (Humana.com or Availity) and attach to the member's health record</p>	<p>Humana</p>
<p>My Diabetes Path</p>	<p>My Diabetes Path is an eight-week, self-guided program that helps members learn to control diabetes and improve overall health.</p>	<p>Humana</p>

	<p>When members join the online program they receive:</p> <ul style="list-style-type: none"> • Thousands of tasty and healthy recipes created for people with diabetes • Information and ideas to help you manage your diabetes • Entertaining and inspiring videos on a variety of subjects, including cooking, exercising, and real-life success stories • Fun quizzes and games <p>In addition, members have support and tools to help learn to control diabetes by managing lifestyle. And members have access to a wide range of resources and programs to help track health goals and progress.</p>	
MyHumana	<p>Through their own personal MyHumana page, retirees have a variety of information available to them. This information is displayed in panels, allowing easy navigation. Retirees can view plan administration details, use health and well-being tools and references, and check their financial status relating to plan benefits.</p>	Humana
NurtureCare: Caregiver Resource Kit (Part of Humana Active Outlook)	<p>Humana members, or their designated caregivers, have access to services for managing chronic conditions, managing health goals, and even expert advice and guidance from a specially-trained nurse</p>	Humana Active Outlook
Predictive Modeling	<p>Using medical and pharmacy claims data, along with behavioral and socioeconomic input, Humana's advanced methods in predictive modeling identify members with defined conditions at an early stage before members have incurred substantial costs or health risks. This allows Humana to intervene with one or more of its many clinical programs, as appropriate, prior to a major health event.</p>	Humana
Senior Case Management	<p>Senior case management provides support to members at risk for problems associated with acute and/or chronic healthcare needs, assessing opportunities to coordinate care, efficiently utilizing the continuum of care, and managing the member's full spectrum of care to optimize outcomes.</p> <p>Components of senior case management programs include:</p> <ul style="list-style-type: none"> • Pre-admission review/predetermination • In-patient admission/concurrent review • Discharge planning • Post discharge care coordination • High-risk post-discharge outreach • Transitional care planning • Retrospective review • Outpatient review • Catastrophic/Long-term Case Management • Episodic/Short-term Case Management • End-of-life program identification and transition 	Humana

<p>Transplant Management</p>	<p>Humana's Transplant Management team provides members with specific guidance when a member is faced with organ or bone marrow transplantation. The Transplant Management team is a dedicated group of registered nurses who are the single point of contact for transplant related services. These nurses guide members to Humana's National Transplant Network, maximize benefits, coordinate transplant related care, and authorize transplant related services from evaluation until one year post transplant.</p>	<p>Humana</p>
<p>Utilization Management</p>	<p>The Utilization Management (UM) team performs utilization monitoring on all inpatient care, as well as outpatient services. Utilization management services include preauthorization requests, notification requests, transition of care/coordination of care, and referrals to other clinical programs. Utilization Management decisions are made using established utilization management criteria, including evidence-based clinical guidelines.</p>	<p>Humana</p>
<p>MTM – Medication Therapy Management/RxMentor <i>(Only available if Humana plan includes Rx coverage)</i></p>	<p>The RxMentor family of pharmacy care management programs covers a broad menu of services to improve healthcare quality and control costs. Interventions may include the following (note: not all services are covered by all programs):</p> <ul style="list-style-type: none"> • Comprehensive Medication Review: An appointment-based review of a member's prescription and over-the-counter medications by a personal pharmacist to detect conflicts and/or cost-saving opportunities. • Prescriber Consultations: A consultation between a personal pharmacist and a member's prescriber to resolve medication conflicts, duplications, or cost-saving opportunities. • Patient Compliance Consultations: A consultation between a member and a personal pharmacist to resolve medication overuse, underuse, or administration technique issues. • Patient Education and Monitoring: A consultation between a pharmacist and a member to instruct the member on appropriate use of a medication. This also includes follow-up monitoring to ensure the achievement of desired therapeutic results while avoiding or reducing complications. • OTC Consultation: A consultation between a personal pharmacist and member to appropriately select and utilize non-prescription, over the counter (OTC) medications. 	<p>Humana</p>
<p>MYB – Maximize Your Benefits <i>(Only available if Humana plan includes Rx coverage)</i></p>	<p>The MYB Program identifies members who have filled a prescription with a high cost-brand name medication. Members are contacted to:</p> <ul style="list-style-type: none"> • Let them know about lower cost prescription or over-the-counter alternatives • Illustrate how much the member can save by switching 	<p>Humana</p>

	<ul style="list-style-type: none"> Encourage the member to talk to their doctor about their options 	
Rx Discount Program (Only available if Humana plan includes Rx coverage)	Members can use the Humana prescription savings card for immediate savings on brand-name and generic prescriptions that aren't covered by their prescription plan. The card can be used at over 62,000 participating pharmacies nationwide, including mass merchants and independent retail pharmacies. By utilizing the Humana prescription savings card, members are eligible for savings of on average 37 percent and up to 80 percent on selected drugs (according to Humana's national program savings data). In addition, the card is transferable, so everyone who resides in the cardholder's household is able to use the Humana prescription savings card to take advantage of these discounts.	Humana
Vended Programs		
Availity Care Profile	The Availity Care Profile improves patient safety, can eliminate duplicate/unnecessary procedures, and improves coordination and continuity of care by closing gaps in care for members and offers greater opportunity for preventative care services and chronic condition management.	Availity
Cancer Support	<p>Humana's Cancer Support program offers guidance on two levels: the provider and the member. At the provider level Humana offers help with Radiation therapy treatment; Chemotherapy and treatment support; Guidance to evaluate risk or best treatment options through DNA Direct program; and access to a portal that offers Robert Wood Johnson Palliative Care resources.</p> <p>At the member level, Humana offers Clinical decision-making support for advanced illness and planning for the end of life; Humana Active Outlook support materials for advance illness; and Humana.com caregiver resources</p>	<p>Oncology Quality Management (OQM) program administered by New Century Health and Oncology Analytics.</p> <p><i>Note: Oncology Analytics administers this program in Florida and Georgia. New Century Health will administer this program in all other locations.</i></p>
Clinical Review: Cardiac Consultation	Cardiac Consultation is a pre-authorization program for outpatient non-emergent diagnostic cardiac catheterization services designed to confirm that members receive the correct treatment and/or diagnostic imaging for cardiac-related indications.	HealthHelp
Clinical Review: Radiology	<p>Humana offers Radiology Review Services through its partnership with HealthHelp. To control radiology expenses while improving patient safety, this call center service offers convenient scheduling of imaging procedures as well as peer-to-peer consultation.</p> <p>Procedures include:</p> <ul style="list-style-type: none"> Diagnostic Imaging: The radiology review services program is designed to educate physicians on imaging 	HealthHelp

	<p>procedures and best practice guidelines before the procedure is scheduled. Physicians can call a toll-free number or visit the website to initiate the consultation and schedule any CT, CTA, MRI, MRA, or PET procedure.</p> <ul style="list-style-type: none"> • Radiation Therapy: The radiation therapy program is a preauthorization program for radiation cancer treatment. The program promotes the appropriate utilization of radiation therapy treatments consistent with the National Comprehensive Cancer Network (NCCN) Guidelines <p>Cardiac Catheterization: This pre-authorization program for outpatient non-emergency diagnostic cardiac catheterization services</p>	
<p>Clinical Review: Therapeutic</p>	<p>Humana offers therapeutic review services for both inpatient and outpatient services in the following areas:</p> <ul style="list-style-type: none"> • Outpatient therapy: Prior authorizations and medical necessity review on outpatient physical therapy, occupational therapy, and speech therapy visits • Inpatient rehab: Therapeutic review service manages notification and concurrent review and medical necessity review of post-acute services in acute rehab, skilled nursing facility, and long-term, acute care treatment settings, as well as reviews on spinal fusion • Pain management and spinal surgery: Medical necessity is determined by therapeutic review services for spinal surgery and pain management procedures, such as pain infusion pumps (back and neck pain only), spinal cord stimulator devices, spinal fusion, other decompression surgeries, facet injection, epidural injections (outpatient only), kyphoplasty, and vertebroplasty <p>Musculoskeletal claims review: This includes special investigation of atypical musculoskeletal claims.</p>	<p>Orthonet</p>
<p>Fitness programs</p> <ul style="list-style-type: none"> • SilverSneakers® • SilverSneakers® Steps • Silver & Fit® • Silver&Fit@Home® 	<p>Humana offers fitness programs with its plans in many areas. Many plans include one of the following programs.</p> <ul style="list-style-type: none"> • SilverSneakers®: The SilverSneakers Fitness Program is designed for members at all fitness levels, seniors can take part in group exercise classes and work with trained advisors who can help to develop a personal fitness plan. <p>SilverSneakers, offers a basic health club membership which gives members access to:</p> <ul style="list-style-type: none"> ▪ SilverSneakers class: Certified instructors guide members through sessions designed exclusively for older adults. No matter the fitness level, seniors can work at the pace they prefer to improve strength, flexibility, balance, agility and coordination. ▪ Health education seminars and social activities - Members have access to information to help manage their health, as well as social events that give opportunities to join others who share interest in a healthy lifestyle. ▪ Senior AdvisorSM assistance - Specially trained advisors provide the personal assistance senior's expect with membership. 	<p>Healthways (SilverSneakers) American Specialty Health Fitness, Inc (Silver & Fit)</p>

	<ul style="list-style-type: none"> • SilverSneakers® Steps: If a member is eligible for SilverSneakers lives farther than 15 miles from a participating SilverSneakers facility, they can enroll in the SilverSneakers Steps program. SilverSneakers Steps is a self-directed physical activity and walking program. It provides the equipment, tools, and motivation for members to measure, track, and increase activities and achieve a healthier lifestyle. With SilverSneakers Steps, you get: <ul style="list-style-type: none"> ▪ A pedometer for counting daily steps ▪ An activity planner and tracking log ▪ Healthy Steps quarterly newsletter that includes passes for free visits to fitness centers and invitations to community events that promote a healthy lifestyle • Silver & Fit® or Silver&Fit@Home: Humana Medicare Plan members in Nevada and Pennsylvania can join Silver & Fit, a program that incorporates exercise and health education to empower seniors to become physically fit. Silver & Fit includes a basic membership at participating fitness clubs. Silver&Fit@Home is available to members in Nevada and Pennsylvania who live farther than 15 miles from a participating location. <p><i>Note: SilverSneakers and SilverSneakers Steps are not available in Pennsylvania and Nevada.</i></p>	
<p>HumanaFirst: Health Planning and Support</p>	<p>In addition to urgent issues, members can talk to a registered nurse about obtaining health planning and support assistance, or access an audio health library by calling the toll-free telephone number on the back of their ID cards.</p>	<p>SironaHealth</p>
<p>HumanaFirst®: Urgent Advice</p>	<p>HumanaFirst® is a nurse triage and health planning service available 24 hours a day, seven days a week. Members can talk to a registered nurse about any immediate medical by calling the toll-free telephone number on the back of their ID cards.</p>	<p>SironaHealth</p>
<p>In-Home Health and Wellness Assessments</p>	<p>Preventive care is an important part of healthier living and Humana's In-Home Health and Wellness Assessment program encourages preventive care and wellness. Humana has contracted with highly qualified medical services providers, Matrix Medical Network and Censeo, to conduct the In-Home Health and Wellness Assessments. The assessments take around 90 minutes and are conducted by a specially trained nurse practitioner or physician. A nurse practitioner or physician takes vital signs and then spends most of the visit hearing from the member about all aspects of their health, medications and recent treatments.</p> <p>This assessment is offered as part of the member's Humana plan and there is no additional cost for the program. In-Home Health and Wellness Assessments can help with early detection of some common health conditions. The results of the In-Home Health and Wellness Assessment will provide</p>	<p>Matrix Medical Network; Censeo</p>

	Humana, the member's primary care physician, and any other providers a more complete picture of the member's current health status.	
QuitNet	Tobacco cessation program with nicotine replacement therapy, phone counseling, and website support is available.	Healthways
Well Dine SM	As part of Humana's post discharge senior case management outreach, the Well Dine food program provides short-term nutritional support at no additional cost to members. An inpatient benefit is available after an overnight stay in a hospital or skilled nursing facility. If the member chooses this support, ten pre-cooked, frozen meals are delivered to the member's home. Qualifying members are informed of this benefit as part of post discharge Senior Case Management outreach.	Independent Living Systems, LLC (In Partnership with Humana)

Humana has a partnership with HealthHelp, an expert vendor who offers guidance and programs to ensure patients receive the appropriate outpatient advanced imaging radiology tests and treatments. HealthHelp's services improve the quality of care patients receive and also prevent illnesses caused by unnecessary exposure to radiation.

6. LifeSynch

Important Note: LifeSynch only involves providers that are behavior health providers.

For nearly 25 years LifeSynch, a Humana subsidiary, empowers consumer health behavior changes to improve quality of life. Headquartered in Irving, Texas, LifeSynch is NCQA and URAC accredited. Through an innovative suite of integrated products, LifeSynch optimizes overall wellbeing, personal and workplace productivity and utilization of health resources.

LifeSynch has a robust national network of behavioral health providers for our Medicare members. Members can contact LifeSynch directly at 1-800-777-6330 to find an in-network provider in their area. LifeSynch re-prices the claims received from these providers based on the contract in place with each, and then sends the claims to Humana for processing and payment.

Humana members may use LifeSynch or Humana providers.

7. VENDOR INFORMATION

If any of the clinical programs has been outsourced, list the name of the organization below:

Vendor #1	Service Provided	
	Company Name	
	Address	
	Telephone Number	
	Point of Contact	
	Hours of Operation	

Service Provided	
Company Name	

Vendor #2	Address	
	Telephone Number	
	Point of Contact	
	Hours of Operation	

8. HUMANA UTILIZATION MANAGEMENT

Definition of Medical Necessity:

Medically necessary or medical necessity means the extent of services required to diagnose or treat a bodily injury or sickness which is known to be safe and effective by the majority of qualified practitioners who are licensed to diagnose or treat that bodily injury or sickness. Such services must be:

1. Appropriate for and consistent with your symptoms or diagnosis of the sickness or bodily injury
2. Furnished for an appropriate duration and frequency in accordance with accepted medical
3. Substantiated by the records and documentation maintained by the provider of service
4. Achieves optimally efficient use of medical resources

Humana MA HMO and PPO members will follow Humana Standard Preauthorization guidelines (found on Humana.com) for preauthorization.

Referrals (HMO Products Only):

Humana will receive and complete all referral requests for members with an HMO product. All of Humana's HMO markets require referrals, except for those listed below.

No referral required. Preauthorization may be required.

Alabama Louisiana Mississippi Puerto Rico Tennessee

9. HUMANA CLINICAL PROGRAMS

Disease Management: Groups will be enrolled into all programs by default if they select Humana as their choice for Disease Management services unless otherwise specified.

10. OUTSOURCED DISEASE MANAGEMENT

Outsourcing to another Vendor:

If the group is outsourcing Disease Management to another vendor, list the clinical conditions the outsourced vendor will follow:

Clinical Conditions: (example Asthma, Diabetes, etc):

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