

Author by Humana

Provider Manual Appendix

South Carolina

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Purpose of the Author by Humana Provider Manual Appendix

The Author by Humana Provider Manual Appendix shares how Author by Humana will help streamline processes for your clinical and non-clinical staff members.

In this appendix, we outline workflow adjustments as they apply mainly to medical, behavioral health, and ancillary providers. If you are a dental provider, click [here](#) to view our Dental Resources page for more information.

If you have questions about working with Author by Humana, a Provider Navigator is available at **1-833-502-2013**, 8 AM to 5 PM Eastern time, Monday through Friday.

Introduction to Author by Humana

Author by Humana is an enhanced service experience for members of five Medicare Advantage health maintenance organization (HMO) and preferred provider organization (PPO) plans available in surrounding counties of Anderson and Charleston, South Carolina. Effective Jan. 1, 2021, in addition to providing this enhanced service experience, Author by Humana assumed several administrative functions including prior authorizations, grievance and appeal functions, as well as claims processing.

Patients with service from Author by Humana access Humana's physician networks for medical, behavioral health, and ancillary services. Author by Humana does not affect network status, credentialing, tiering, or contracts. If you are interested in joining Humana's physician networks, click [here](#) or email scproviderupdates@humana.com. Patients with service from Author by Humana that include a mandatory supplemental benefit for dental coverage will access Careington's Maximum Care PPO Dental Network.

Enhanced Call Center Experience with Author Provider Navigators

With Author by Humana, you get personalized support through a direct line to our Provider Navigators, many of whom are based in South Carolina. Navigators can resolve inquiries across all your daily needs so you can spend more time focused on what you do best: providing care for your patients.

Enhanced Support for your Patients with Author Care Coordinators

Members of plans that include Author by Humana receive a similar enhanced service experience with a one-on-one Care Coordinator. Care Coordinators provide non-clinical health plan support to help patients best use their benefits.

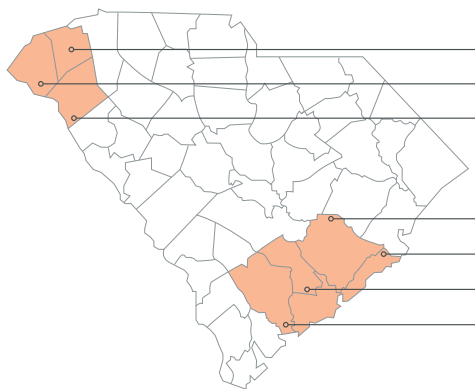
2022 Humana Medicare Advantage Plans that include Author by Humana

For additional details about the Humana Medicare Advantage plans listed below, you can view plan-specific documents such as the Summary of Benefits and Evidence of Coverage [here](#).

The information below is for 2022. To view Author by Humana plan information from 2021, click [here](#).



Available in these counties in South Carolina



Pickens
Oconee
Anderson

Pickens, Oconee, Anderson

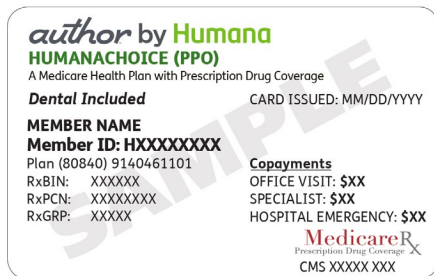
HumanaChoice PPO H5216-237-002, Group ID: Y8844

Berkeley
Charleston
Dorchester
Colleton

Berkeley, Charleston, Dorchester, Colleton

HumanaChoice PPO H5216-282-002, Group ID: 2A998
Humana Gold Plus HMO H5619-144-002, Group ID: 2A686
HumanaChoice PPO H5216-075-000, Group ID: Y8832
Humana Gold Plus HMO H5619-083-000, Group ID: Y8866

Author by Humana Member ID Card



For easy identification, members of plans that include Author by Humana have an ID card that features the Author by Humana logo. We've included an example of the Author by Humana-specific ID card to the left.

Contact Us

Talk to an Author by Humana Provider Navigator

Navigators can resolve inquiries across all your daily needs including, but not limited to:

- ▲ Patient eligibility and benefit verifications
- ▲ Prior authorization requirements
- ▲ Claims status checks and disputes
- ▲ Medication therapy management (MTM)
- ▲ Grievances and medical appeals
- ▲ Working with third-party vendors including New Century Health and Cohere Health
- ▲ Reaching Author by Humana teams including Right Care (UM) or Behavioral Health

Author by Humana Provider Navigators are available at **1-833-502-2013**, 8 AM to 5 PM Eastern time, Monday through Friday.



Self-serve

For additional information about Author by Humana, visit authorbyhumana.com/providers. You also can perform the following actions in the Availity Portal:

- ▲ Check patient eligibility, benefits, and view ID card
- ▲ Submit, manage, and review requests for prior authorization
- ▲ Review claim status and remittance inquiry
- ▲ Update payment method
- ▲ Manage medical records requests
- ▲ Enroll and view service fund reports
- ▲ Complete a Practitioner Assessment Form (PAF)

To use Availity tools and features, your organization must have an Availity account. If your organization does not have an account, click [here](#) to register today. If your practice is using an EHR/EMR integration, Author by Humana will need to be configured with that vendor to allow for successful transactions. The Author by Humana Payer ID is 61108.

For more information about Availity, please see our [Availity Quick Start Guide](#).

Key Links

Medical Resources: authorbyhumana.com/providers/medical-resources.

- ▲ [Availity](#)
- ▲ [Cohere Health](#)
- ▲ [New Century Health](#)

Behavioral Health Resources: authorbyhumana.com/providers/behavioral-resources.

- ▲ [Availity](#)

Dental Resources: authorbyhumana.com/providers/dental-resources.

- ▲ [DentalXChange](#)

Right Care (Utilization Management, UM)

The Author by Humana Right Care Team is about more than just reviewing authorizations. Our customer-obsessed team believes in providing transparent, multi-dimensional UM to improve clinical outcomes and start to eliminate friction and confusion associated with prior authorizations.

Author by Humana follows all guidance and timelines from the Centers for Medicare & Medicaid Services (CMS) as it relates to prior authorizations and notifications. We are guided by Humana's Front-End Review, Peer-to-peer, Claim Disputes, and Expedited Prior Authorization Processes.

To view Humana's Medical Coverage Policies, click [here](#).



Services, procedures, and medications requiring prior authorization for patients with service from Author by Humana remain consistent with those for Humana. We have published an Author by Humana Prior Authorization List (PAL) that details specifics with respect to our streamlined vendors. To view the Author by Humana PAL, click [here](#).

Streamlined Vendors

Author by Humana is still guided by Humana's UM Policies and PAL. We have, however, streamlined request intake for medical prior authorizations via the Availity Portal.

Patients on plans that include Author by Humana still have Humana Part D coverage. Except where otherwise noted, prior authorizations for medication should be initiated with Humana Clinical Pharmacy Review.

Author by Humana is not using the following Humana vendors:

- ▲ OrthoNet
- ▲ HealthHelp
- ▲ naviHealth
- ▲ myNEXUS

Author by Humana is using the following vendors:

- ▲ Cohere Health for Musculoskeletal services. For more information about Cohere Health, please see our [Cohere Quick Start Guide](#).
- ▲ New Century Health (NCH) for oncology-related infused chemotherapeutic drugs/supportive agents and radiation oncology. For more information about NCH, please see our [NCH Quick Start Guide](#).

Apart from those requests routed to Cohere Health, NCH, and Humana Clinical Pharmacy Review, all other requests can be submitted to our in-house Right Care Team via the Availity Portal.

Medical Prior Authorizations with Author by Humana

The requesting physician must complete an authorization request using one of the following methods:

- ▲ Submit electronically via [Availity](#):
 - Select South Carolina as your region and Author by Humana as the payer
- ▲ Submit electronically via Electronic Data Interchange (EDI):
 - Author by Humana Payer ID: 61108
- ▲ Fax or mail us the [Authorization Request Form](#):
 - Fax: 833-301-1006
 - Mail: Author Right Care, PO Box 254, Sidney NE 69162
- ▲ Call our Author by Humana Provider Navigators:
 - Phone: 833-502-2013, 8 AM to 5 PM Eastern time, Monday through Friday

Emergent/urgent care does not require prior authorization, but providers should notify Author by Humana within 48 hours.



Prior Authorizations with Humana Clinical Pharmacy Review

A request must be submitted and approved in advance for medications requiring a prior authorization. Please use one of the following methods:

- ▲ Submit electronically via [CoverMyMeds](#)
- ▲ Fax the applicable form:
 - Fax: 877-486-2621
- ▲ Call HCPR:
 - Phone: 1-800-555-CLIN (2546), 8 AM to 8 PM local time, Monday through Friday

For details about submitting a prior authorization for medication, click [here](#). If you would like the applicable form faxed to you, please call HCPR at the number listed above.

Prior Authorizations with Cohere Health

Effective Jan. 1, 2021, Cohere Health will review prior authorization requests from orthopedists for all musculoskeletal and ancillary services for all South Carolina Humana Medicare Advantage members, including those with service from Author by Humana. Providers are encouraged to register for the CohereNext platform today. To register, click [here](#).

The requesting physician must complete an authorization request using one of the following methods:

- ▲ Submit electronically via the [CohereNext Online Portal](#)
- ▲ Fax the request:
 - Fax: 857-557-6787
- ▲ Call Cohere Health:
 - Phone: 1-833-283-0033, 8 AM to 6 PM Eastern time, Monday through Friday

Prior Authorizations with New Century Health (NCH)

Effective Jan. 1, 2021, NCH will review prior authorization requests from oncologists and radiation oncologists for all radiation oncology (in addition to oncology-related infused chemotherapeutic drugs/supportive agents) before being administered in either the provider's office, outpatient hospital, ambulatory setting, or infusion center.

The requesting physician must complete an authorization request using one of the following methods:

- ▲ Submit electronically via the [NCH Provider Web Portal](#)
- ▲ Call NCH Utilization Management:
 - Phone: 888-999-7713, 8 AM to 8 PM Eastern time, Monday through Friday
 - Medical Oncology - Option 1
 - Radiation Oncology - Option 2
 - General - Option 6

Referrals

Referrals from a Primary Care Physician (PCP) are not required for members with service from Author by Humana to see an in-network specialist, even for HMO members.

Out-of-Network Exceptions and Waivers

Out-of-network exceptions (for HMO members) and out-of-network waivers (for PPO members) are reviewed and approved by an Author by Humana Medical Director based on medical necessity. This is true for members wishing to access care from any out-of-network provider or facility including specialists, non-emergency hospitals, and post-acute care facilities. To request an exception or waiver, contact an Author by Humana Provider Navigator.

Coordination of Care/Concurrent Review

We are committed to increased discharge planning for seamless transitions between levels of care via collaboration with the Author by Humana Right Care Team and Author by Humana Care Coordinators. To allow for this collaboration and support, concurrent reviews on inpatient authorizations will be performed by the Author by Humana Right Care Team when deemed necessary. We request you notify Author by Humana with the discharge date and discharge disposition for your patients.

Peer-to-peer Review

We understand that Peer-to-peer Reviews are a major pain point. We hope to decrease challenges by providing proactive peer-to-peer outreach from our Author by Humana Medical Directors. If an Author by Humana Medical Director is unable to approve an authorization, he or she will attempt to contact the physician immediately. If unable to connect, the Author by Humana Medical Director will leave contact information with a deadline by which the physician should respond.

If a physician needs to call to request a peer-to-peer, he/she can call a Provider Navigator, who will assist with scheduling.

Claims Procedures

Author by Humana is still guided by Humana's Claims Processing Edits, Claims Payment Policies, contract terms, and other relevant Humana policies and procedures.

Medical and Behavioral Health Claims with Author by Humana

Unless applicable law provides that submissions can be in paper format, providers must submit all claims, encounters, and clinical data to Author by Humana by electronic means:

- ▲ Submit electronically via [Availity](#):
 - Select South Carolina as your region and Author by Humana as the payer
- ▲ Submit electronically via Electronic Data Interchange (EDI):
 - Author by Humana Payer ID: 61108
- ▲ Fax or mail us a paper claims form:
 - Fax: 949-579-2964
 - Mail: Author Claims, PO Box 253, Sidney NE 69162
- ▲ Call our Author by Humana Provider Navigators:
 - Phone: 833-502-2013, 8 AM to 5 PM Eastern time, Monday through Friday



The [Medical Coverage Policy](#) specific to clinical trials contains the details on the codes that are to be billed when services are provided as part of a clinical trial. For questions about billing clinical trials, reach out to an Author by Humana Provider Navigator.

Claims Payment and Claims Communications

Your Humana payment preferences will carry over to your payments from Author by Humana. If you are already enrolled in EFT/ERA with Humana, you do not need to enroll in EFT/ERA with Author by Humana. If you are not enrolled yet but would like to be, you can enroll in either the Author by Humana or Humana Payer Space via the Availity Portal.

EFT sends a secure electronic deposit directly into your designated practice bank account. Humana does not charge for payment via EFT. Since your financial institution may charge a modest fee, we encourage you to contact them to learn more. When you enroll in EFT, you will also be enrolled for Electronic Remittance Advice (ERA), which replaces the paper EOR.

Request for Review of a Processed Claim

For participating providers, if you disagree with a medical or dental claim determination from Author by Humana, you can request a first-level claim dispute. If you are unsatisfied with the outcome of the first-level claim dispute review, you can submit a request for a second-level claim dispute.

To submit a first or second-level claim dispute:

- ▲ Call our Author by Humana Provider Navigators:
 - Phone: 833-502-2013, 8 AM to 5 PM Eastern time, Monday through Friday.

See our [Claims Payment Disputes Quick Start Guide](#) for additional intake methods.

All hearing claim disputes can be submitted to TruHearing:

- ▲ Submit via email:
 - Email: grievances@truhearing.com

All vision claim disputes can be submitted to EyeMed:

- ▲ Submit electronically via [inFocus](#)
- ▲ Call EyeMed's call center:
 - Phone: 1-888-581-3648

Overpayments / Recoupments

If a claim is identified as overpaid, Author by Humana may send a written notice of overpayment within the applicable timeframe. Author by Humana follows state regulations, provider contract requirements, and CMS provisions when processing overpayments and recoupments.

- ▲ Checks can be sent to:
 - Mail: Author by Humana, A Humana Insurance Company, PO Box 931921, Atlanta, GA 31193-1921

Medical Records Requests

If we request additional information about one of your patients, you can respond via the Medical Records Management (MRM) Tool in the Author by Humana payer space in the Availity Portal or send records to the fax number or mailing address listed on the request.

Members Grievances and Appeals

Author by Humana receives all grievances and medical appeals for patients with service from Author by Humana. Pharmacy appeals should be routed to Humana Clinical Pharmacy Review. For more information about Part D Redetermination Requests, click [here](#).

Author by Humana has two kinds of appeals:

- ▲ Standard appeal: Author by Humana will provide a written decision on a standard appeal within 30 days after receiving the appeal. Our decision might take longer if the patient asks for an extension or if we need more information. Author by Humana will provide notice and reasoning if extra time is needed to review the case.
- ▲ Expedited appeal: Author by Humana will provide a written decision on an expedited appeal within 72 hours after receiving the appeal. You or the patient can ask for an expedited appeal if the patient's health could be seriously harmed by waiting up to 30 days for a decision

Submit a medical appeal on behalf of a patient using one of the following methods:

- ▲ Fax or mail us the [Medical Appeal Form](#):
 - Standard fax: 833-301-1004
 - Expedited fax: 833-301-1005
 - Mail: Author Grievances & Appeals, PO Box 273 Sidney, NE 69162

Population Health Management

We know your patients want to spend less time figuring out how to use their health plans and more time reaching their whole-health goals. We want to remove barriers that often prevent them from doing that. Patients with service from Author by Humana are supported in their whole-health journeys by a Care Coordinator and Clinical Care Team.

Care Coordinators provide non-clinical health plan support to help your patients best utilize their benefits and match them with services they need (e.g., community organizations, social work services, or other experts from the Author by Humana Care Team).

The Author by Humana Care Team can provide:

- ▲ Access to 24/7 nurse hotline, clinical pharmacists, behavioral health professionals, and community health professionals for chronic disease management
- ▲ Coordination with behavioral health professionals, community health professionals, and community-based organizations for social determinants of health (SDoH) needs
 - Health and wellness support and education
 - Telehealth Visits and supplemental in-home visits

Thank you for
partnering with
Author!