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 the introduction of 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 for additional information.

If you have questions about working with Author by Humana, a Provider Navigator is available at 833-502-2013, 8AM — 5PM Eastern time, Monday — 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. Starting Jan. 1, 2021, in addition to providing this enhanced service experience, Author by Humana will assume several administrative functions including prior authorizations, grievance and appeal functions, as well as claims processing.

Patients with service from Author by Humana will access Humana’s physician networks for medical, behavioral health, and ancillary services. The introduction of Author by Humana does not affect network status, credentialing, tiering, or contracts. Patients with service from Author by Humana that include a mandatory supplemental benefit for dental coverage will access Careington’s 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.
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.

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 here:

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 833-502-2013, 8AM – 5PM Eastern time Monday – 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.

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.
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 now 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

Author by Humana is using the following vendors:

- Cohere Health for Musculoskeletal services
- New Century Health (NCH) for oncology-related infused chemotherapeutics drugs/supportive agents and radiation oncology

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 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. For details about submitting a prior authorization for medication, click here.

Prior Authorizations with Cohere Health
Beginning Jan. 1, 2021, Cohere Health will review prior authorization requests for 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: 833-283-6787, 8 AM to 6 PM Eastern time, Monday through Friday

**Prior Authorizations with New Century Health (NCH)**

Beginning Jan. 1, 2021, radiation oncology (in addition to oncology-related infused chemotherapeutic drugs/supportive agents) will require a prior authorization from NCH 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. HMO members with service from Author by Humana do require an exception with Medical Director approval to see an out-of-network specialist. To request an exception, 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, we will perform concurrent reviews on all inpatient authorizations at least once during the patient’s stay and then upon discharge. 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 Director. 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 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 payments from Author by Humana. If you receive a paper check from Humana, you will receive a separate Humana-branded paper check for those patients with service from Author by Humana. The Author by Humana-branded Explanation of Remittance (EOR) will arrive in a separate envelope. To avoid receiving these important documents separately, you can enroll in Electronic Funds Transfer (EFT).

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.

For more information about enrolling in EFT/ERA, contact an Author by Humana Provider Navigator.

**Request for Review of Denied Medical and Behavioral Health Claims with Author by Humana**

If you disagree with Author by Humana’s payment denial or non-payment of a claim, you can request a dispute. To do that, you can call the Author by Humana Provider Navigator line at 833-502-2013, 8 AM to 5 PM Eastern time, Monday through Friday. If you are unsatisfied with the outcome of a review, you can submit a request for a second dispute/re-opening to ProviderDisputes@authorbyhumana.com.
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 or send records to the fax number or mailing address listed on the request.

Member Grievances and Appeals
Author by Humana will receive 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 you or 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.
  • Fax: 833-301-1004
  • Phone: 833-502-2013, 8 AM to 5 PM Eastern time, Monday through Friday
  • Mail: Author Grievances & Appeals, PO Box 273, Sidney NE 69162
- Expedited (Fast) Appeal: Author by Humana will provide a written decision on a fast appeal within 72 hours after receiving the appeal. You or the patient can ask for a fast appeal if the patient’s health could be seriously harmed by waiting up to 30 days for a decision.
  • Fax: 833-301-1005
  • Phone: 833-502-2013, 8 AM to 5 PM Eastern time, Monday through Friday

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 Visit providers
  • Supplemental in-home visits
Thank you for partnering with Author!