

## Extra member benefits

In addition to all medically necessary Medicaid-covered services, including Healthchek services for members under age 21, Humana Healthy Horizons members also get access to:



Expanded dental benefits



Free annual employment physical



**GEDWorks test** prep assistance



Member Assistance Program



Free portable crib with our HumanaBeginnings program

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Transportation services

Post-discharge meals

Expanded vision services

Rewards for healthy behaviors with our Go365 by Humana<sup>™</sup> program

These are just some of the ways we make it easier to get the care you need that's human care.

## Become a Humana member.

We hope you have a better understanding about Humana Healthy Horizons and what the plan offers. When it comes time to choose, experience human care for yourself.



## At Humana, we offer you the following free services:

- Information and materials in large print, audio (sound) and braille
- Help in making or getting to appointments
- Names and addresses of providers who specialize in your disability
- Sign language, oral interpretation, oral translation and auxiliary aids and services

If you use a wheelchair, are blind, or have trouble hearing or understanding, call us. We can tell you if a provider's office is wheelchair accessible, has devices for better communication, and more. In addition, our telecommunications relay service helps make phone calls for people who have trouble hearing or talking. To access this service, call **711** and give them our Member Services phone number, which is 877-856-5702. Then, they will connect you to us.

If you have any problem reading or understanding this or any other Humana Healthy Horizons information, please contact Member Services at 877-856-5702 (TTY: 711) for help at no cost to you. We can explain this information in English or in your primary language. The information in other languages is at no cost to you. You can also get this information for free in other formats, such as large print, braille or audio.

### Language assistance services, free of charge, are available to you. 877-856-5702 (TTY: 711)

English: Call the number above to receive free language assistance services. Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

नेपाली (Nepali): नि:शुल्क भाषासम्बन्धी सहयोग सेवाहरू प्राप्त गर्नका लागि माथिको नम्बरमा फोन गर्नहोस। Soomaali (Somali): Wac lambarka kore si aad u hesho adeegyada caawimaada luuqada oo bilaash ah. پشتو (Pashto): د وریا ژبې ملاتر ترلاسه کولو لپاره پورته شمیرې ته زنګ ووهئ. العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

# Humana Healthy Horizons. in Ohio

This brochure is only a summary of important information. Humana Healthy Horizons can provide you a list of network providers, share information on how we pay our providers, and answer any other questions. Humana Healthy Horizons is a Medicaid product of Humana Health Plan of Ohio, Inc.

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# Welcome to Humana **Healthy Horizons in Ohio**

Providing you more than what's expected in a health plan—that's human care

Humana Healthy Horizons® in Ohio

# Join the Humana Healthy Horizons family

# And experience what human care is all about

#### What's human care?

Human care means going above and beyond to support you—not only physically, but socially and emotionally too. It's giving you exactly what you need for your health, before you even have to ask, so you can feel like your truest, best self—every day.

#### Managed care organization membership

Humana Healthy Horizons<sup>®</sup> in Ohio is a managed care plan that works with the Ohio Department of Medicaid (ODM) to coordinate your Medicaid health benefits and your healthcare. Once you are determined to be eligible for Ohio's Medicaid program, ODM will enroll you into a managed care plan right away. ODM will send you a letter to tell you which managed care plan you were assigned to. It is important that you read the letter and decide if you want to keep the managed care plan you were assigned to or if you want to change to another plan. You can change to another plan for the following reasons only:

- It is still within the first three months after enrollment
- It is during annual open enrollment
- For just cause

#### Do I have to be in a managed care plan?

If you are an Ohio resident, you may be eligible for Medicaid benefits under any of the following groups:

- Aged, Blind, or Disabled
- Covered Families and Children (including Healthy Start and Healthy Families
- Children in Custody and Adopted Children
- Breast and Cervical Cancer Project (BCCP) individual
- Medicaid eligible individuals enrolled in the Bureau of Children with Medical handicaps (BCMH) program
- Adult extension

Most individuals on Medicaid must be in a managed care plan. Being in a managed care plan will not cause you to lose your Medicaid, WIC or other public assistance benefits. Choosing to be a member in a particular managed care plan is voluntary. It is your choice.

With all managed care plans, you get:

- All medically necessary Medicaid-covered services, including Healthchek services for individuals under age 21
- A managed care plan ID card that replaces your monthly Medicaid card

- A 24-hour medical advice line to help you with your questions and concerns
- A care team that includes you, your family, your doctor(s), your managed care plan and anyone else you want to help you make healthcare decisions

#### You have options for Medicaid plans

When it comes to picking a plan, we hope you'll choose ours. It's not just a health plan. It's human care.

#### What happens after I enroll?

We'll mail you a Humana Healthy Horizons ID card that you will use to access health services. We'll also send you a Welcome Kit, which includes an overview of your health plan and a checklist to help you start using your plan benefits. Giving you even better access to positive changes that's human care.

# Do I need to choose a primary care provider?

You must choose a primary care provider (PCP) from Humana's network of providers. Your PCP is your personal provider and will direct most of your healthcare needs or send you to other doctors (specialists) if needed.

### Where can I find network providers?

You can find them in our Provider Directory at **Humana.com/FindADoctor**. If you would like a printed copy of the Provider Directory, call **877-856-5702 (TTY: 711)**, Monday – Friday, from 7 a.m. – 8 p.m. After you contact us, we'll send you one. You can also contact the Ohio Medicaid Hotline at **800-324-8680** or **TTY 800-292-3572** or visit the Medicaid Hotline website at www.ohiomh.com.

#### How do I choose or change my PCP?

You'll want to choose a PCP close to where you live or work. Plus, they should be able to meet your health needs as well as cultural needs, such as your language preference.

You may change your PCP any time on MyHumana.com or by calling Member Services at **877-856-5702 (TTY: 711)**.

#### No referrals needed

You may see any provider within our network, including specialists and inpatient hospitals, without a referral from your PCP. However, we recommend you call your PCP to tell them that you are going to see a specialist or checking into a hospital so that they can keep track of your healthcare.

As a Humana Healthy Horizons member, you must use our network of providers, facilities and pharmacies to get covered services.

The only times you can use an out-ofnetwork provider are for:

- Emergency services
- Services at federally qualified health centers or rural health clinics
- Certified nurse midwives or certified nurse practitioners and any other services or provider types designated by ODM or Humana Healthy Horizons
- An out-of-network provider Humana Healthy Horizons has approved you to see

#### **Prescription Drug Coverage**

As a Humana Healthy Horizons in Ohio member, all your pharmacy services are covered by Gainwell, Ohio Medicaid's Single Pharmacy Benefit Manager (SPBM). Gainwell covers all Medicaid-covered, medically necessary prescription and over-the-counter (OTC) medications. You must use only Gainwell network pharmacies to get medications under the pharmacy benefit.

#### Prior authorization or approval

If you need a special service or procedure and want to find out if prior authorization or approval is necessary, call Member Services at **877-856-5702 (TTY: 711)**.

#### What are emergency services?

Emergency services are services for a medical problem that you think is so serious that it must be treated right away. We cover emergency care in and outside of the county where you live. If you have an emergency, call 911 or go to the nearest emergency department (ED) or other appropriate setting. If you are not sure if you have an emergency, call your PCP. Humana Healthy Horizons members can also call their PCP or our 24-hour Nurse Advice Line.

#### How do I receive emergency services?

If your condition is severe, call 911 or go to the nearest hospital or emergency facility right away. In order for you to receive care, the hospital or facility does not need to be part of our provider network or in our service area. Plus, you don't need to be approved ahead of time.



#### Where can I get more information?

For more information about the managed care organizations (MCOs) in your area, or if you want to sign up for an MCO, call the ODM Hotline at **800-324-8680 (TTY: 800-292-3572)**. Or go online to www.OhioMH.com.

#### Stopping plan membership

You may ask ODM to end your membership at any time for certain reasons. If ODM decides that you meet one of these reasons, it will end your membership. Also, if there is something special about the care you need or how you get the care and your managed care plan is not able to provide it, you can ask to end your membership. ODM will give you more information about this. To learn more about Humana Healthy Horizons in Ohio, call **877-856-5702 (TTY: 711)** or visit **Humana.com/HealthyOhio**.