Claims
Humana Healthy Horizons
Indiana PathWays for Aging
2024 IHCP Works Annual Seminar

Humana®

Agenda

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Who We Are

The Claims Research and Resolution team performs root-cause analysis on all Humana Indiana PathWays claims inquiries. Our team will review your inquiry and coordinate with internal departments and your Provider Relations Representative to resolve the issue in a timely manner. This process helps providers identify potential coding/billing errors, avoid future processing delays, and reduce the number of claims to reprocess.

Humana Claims Research & Resolution Team

Heather Baecher: Senior, Claims Research and Resolution Professional

Jordan Adams: Claims Research and Resolution Professional 2

Janet Stone: Claims Research and Resolution Professional 2

Krista Elmore: Claims Research and Resolution Professional 2

Ryan Kirchgessner: Claims Research and Resolution Professional 2

If you have any claims or billing questions, please reach out to us any time
INMedicaidClaimsResearch@humana.com

Additional Resources: Indiana Medicaid: Provider Information and Materials (humana.com)
Enroll & join us weekly for Provider Education opportunities here: Humana Healthy Horizons in Indiana Training Resources

Provider Engagement Teams

Humana Healthy Horizons in Indiana PathWays for Aging Long-Term Services and Supports/Home and Community-Based Services Provider Representatives Map

Region 1

INLTSSProviderRelations_T1@humana.com
Katelynn Koedyker-(219) 296-8295

Region 2

INLTSSProviderRelations_T2@humana.com
Katelynn Koedyker-(219) 296-8295

Region 3

INLTSSProviderRelations_T3@humana.com
Amber Whitacre-(812) 361-0803

Region 4

INLTSSProviderRelations_T4@humana.com
Logan Humphrey-(812) 613-9251

Region 5

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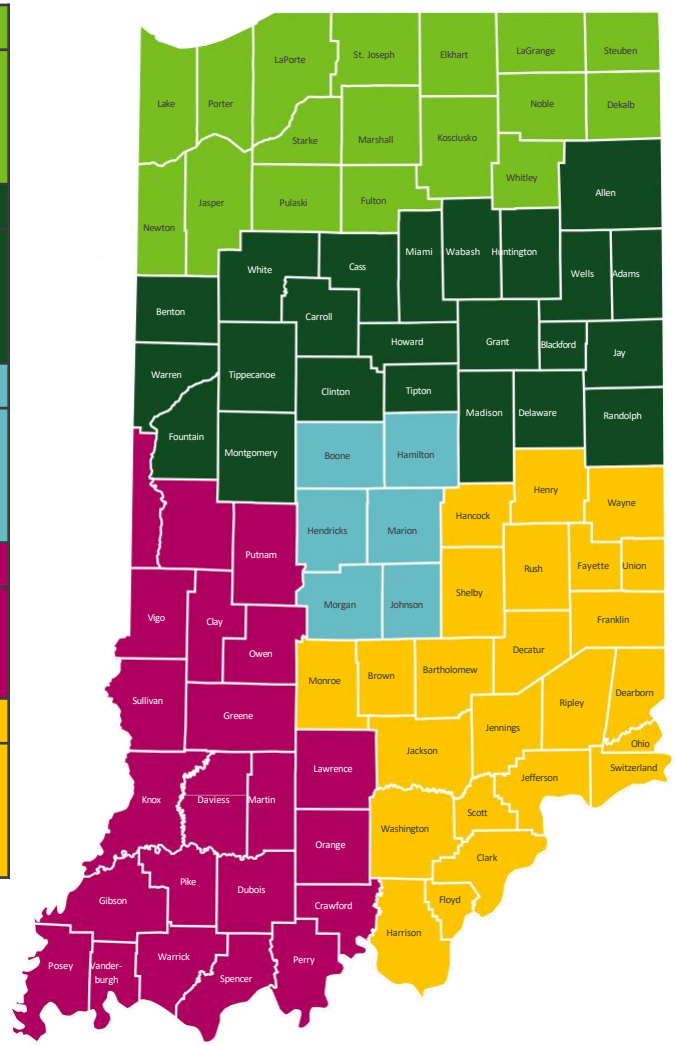
Logan Humphrey-(812) 613-9251



Adult Day Care/Hospice

INLTSSAdultDayHospice@humana.com
Kimberly Dunn-(812) 914-3104

Home Health/Personal Care Attendant

INLTSSPersonalCareAttendant@humana.com
Bria Steele- South (317) 677-2693
Cierra Rich- North (260) 298-4348

Humana Healthy Horizons in Indiana PathWays for Aging Behavioral Health, Physical Health, and Nursing Facility Provider Representatives Map

Region 1

Brittani Fox: (219) 216-5588

INMedicaidProviderRelations_T1@humana.com

Region 2

Jelaina Hollingsworth: (346) 236-4261

INMedicaidProviderRelations_T2@humana.com

Region 3

Kristen Davidson: (463) 701-7794

Jelaina Hollingsworth: (346) 236-4261

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Region 4

Mychelle Christian: (812) 204-9285

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Region 5

Kristen Davidson: (463) 701-7794

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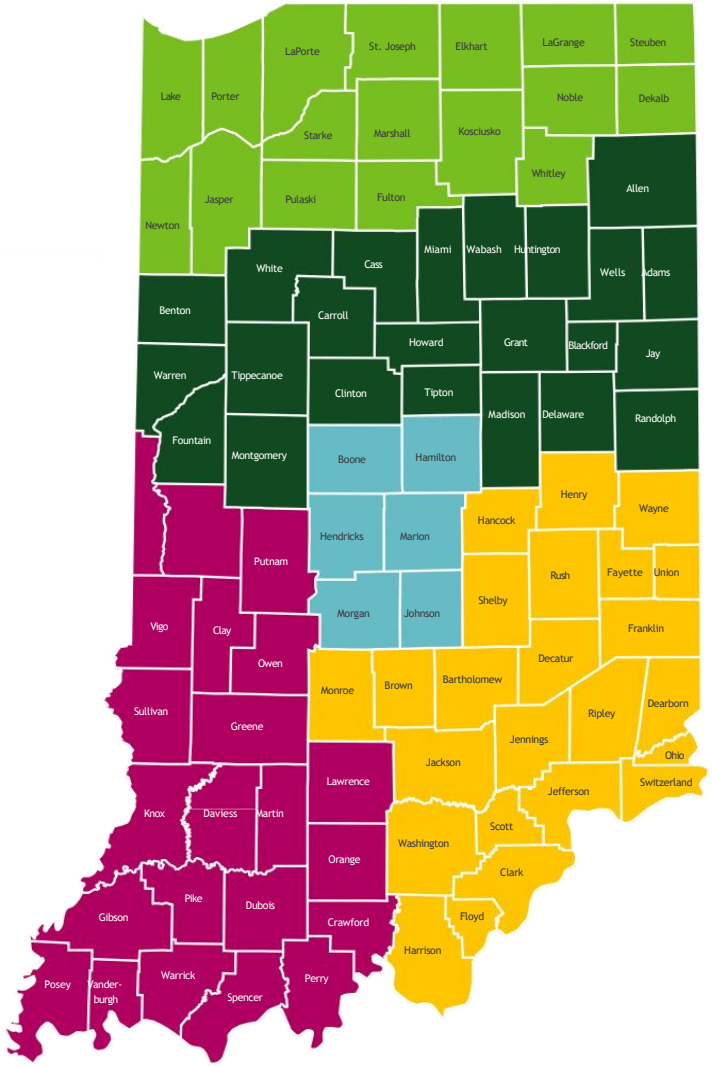


Skilled Nursing/Assisted Living

Jessie Iden: (574) 275-3573

INLTSSNursingFacilityAssistedLiving@humana.com

Claims Submission

Humana Claims Submission

New Claims must be submitted within:

- **90 calendar days from** the date of service for in-network providers

Corrected Claims must be submitted:

- **Corrected claims** that originally paid or partially paid must be submitted within 60 calendar days from the date of final outcome.

Electronic Claims can be submitted by using Availity Essentials

- You can track the progress of submitted claims through the Availity Essentials portal
- Payor ID 61101
- Clean electronic HCBS claims are paid within 7 business days
- Clean electronic claims are processed within 21 calendar days

Paper Claims can be mailed to:

Humana Claims
P.O. Box 14169
Lexington, KY 40512-4169

Claims Overview

Claim Inquiry Examples

Fee schedule errors

Participating/ nonparticipating provider issues

Coordination of benefits (COB) updates

Availity Essentials rejections

Claim denials

Wrap/encounter inquiries

Medicaid ID inquiries

Taxonomy/National Provider Identifier (NPI) inquiries

Humana Claims Overview

Humana Healthy Horizons follows the claim reimbursement policies and procedures set forth by the relevant regulations and regulating bodies. It is critical to ensure all required procedure codes, modifiers, International Classification of Disease, 10th Revision (ICD-10) diagnosis codes, and place of service codes are included on the claim to ensure timely processing and payment delivery. Failure to required information on submitted claims will result in denial.

What is a clean claim: Claims submitted correctly the first time are considered a clean claim. *This means that all fields and applicable supporting documents necessary to adjudicate the claim is/are provided with the first submission.*

Submitting your routine claims electronically has the following benefits:

- Faster claims processing
- Reduced administrative costs
- Reduced probability of errors or missing information
- Faster feedback on claim status
- Minimal staff training and cost

Electronic and Paper Claims

Electronic clean claims are paid/denied within the following time frames:

- Home and Community Based Services (HCBS) claims are processed within 7 calendar days of receipt
- Non-HCBS claims are processed within 21 calendar days of receipt

Paper Claims are paid/denied within the following time frames:

- Pay or deny both the HCBS-related and non-HCBS related claim within 30 calendar days after receipt of a clean claim.
- Paper claims are scanned for clean and clear data recording, so it is important to ensure paper claims are legible and submitted in the proper format.

Electronic Transfer Funds (EFT) and Electronic Remittance Advice (ERA

- Get paid faster to reduce administrative paperwork with EFT and ERA.
- Healthcare providers can use the Humana Healthy Horizons ERA/EFT enrollment tool on the Availity Essentials (www.availity.com) provider portal.
- When enrolled in EFT, Humana Healthy Horizons claim payments are deposited directly in the bank account(s) of your choice.
- EFT enrollment does require verbal validation from the Humana EFT Validation Team. Provider will receive 3 phone call attempts to validate provider demographics.

Humana Crossover Claims

Crossover Claims are recipients who have both Traditional Medicare and Medicaid coverage.

- Providers should file claims in the appropriate manner with Wisconsin Physicians Service (WPS), making sure the recipient's Medicaid number is included on the Medicare claim form. Once Medicare has processed/paid its percentage of the approved charges, Medicare will electronically submit a 'crossover' claim to the Medicaid fiscal intermediary that includes the coinsurance and/or deductible.

- Providers are not required to submit a claim to Medicaid for the aligned Dual Special Needs Plan (D-SNP) Members. Humana will automatically process the claim for reimbursement once the claim has processed/paid its percentage of the approved charges on the Humana Medicare side.

Medicare Part C Claims

- For Medicare Part C, also know as Medicare Advantage, providers should file the claims to Medicaid once the Medicare Advantage explanation or reimbursement (EOR) or explanation of benefits (EOB) is received. Please be sure to include the EOR/EOB for processing.

Procedure and Diagnosis Codes

Procedure and diagnosis codes

- HIPAA specifies that the healthcare industry use the following four code sets when submitting healthcare claims electronically:
- ICD-10-CM, available from the U.S. Government Publishing Office by calling **202-512-1800** or faxing **202-512-2250**, and from other vendors
- CPT, available at **AMA-assn.org/practice-management/cpt**.
- HCPCS, available at **CMS.gov/medicare**.
- National Drug Codes, available at **FDA.gov**.

HIPAA-compliant Current Procedural Terminology or Healthcare Common Procedure Coding and modifiers when modifiers are applicable

Please note: Humana Healthy Horizons also requires HIPAA-compliant codes on paper claims. Adopting a uniform set of medical codes is intended to simplify the process of submitting claims and reducing administrative burdens on providers and health plan organizations. Local or proprietary codes are no longer allowed.

Unlisted CPT/HCPCS codes

If a procedure is performed that cannot be classified by a CPT or HCPCS code, please include the following information with an unlisted CPT/HCPCS procedure code on the claim form:

- A full, detailed description of the service provided
- A report, such as an operative report or a plan of treatment
- Other information that would assist in determining the service rendered

As an example, the code 84999 is an unlisted lab code that requires additional explanation

Availity Registration

Humana Healthy Horizons and Availity Essentials

Availity Essentials is Humana Healthy Horizons' electronic data interchange (EDI) clearinghouse and our preferred multipayer portal for healthcare providers.

Availity Essentials is the portal solution provided by Availity.

Our Humana-specific payer space is home to Humana Healthy Horizons documents, forms, resources, news and announcements.

Availity Essentials' advantages:

- One user ID and password, many payers
- Up-to-date and user-friendly interface
- No cost to register or use the tools
- Dedicated customer service line
- Extensive online help and training

How to Register for Availity

All Providers:

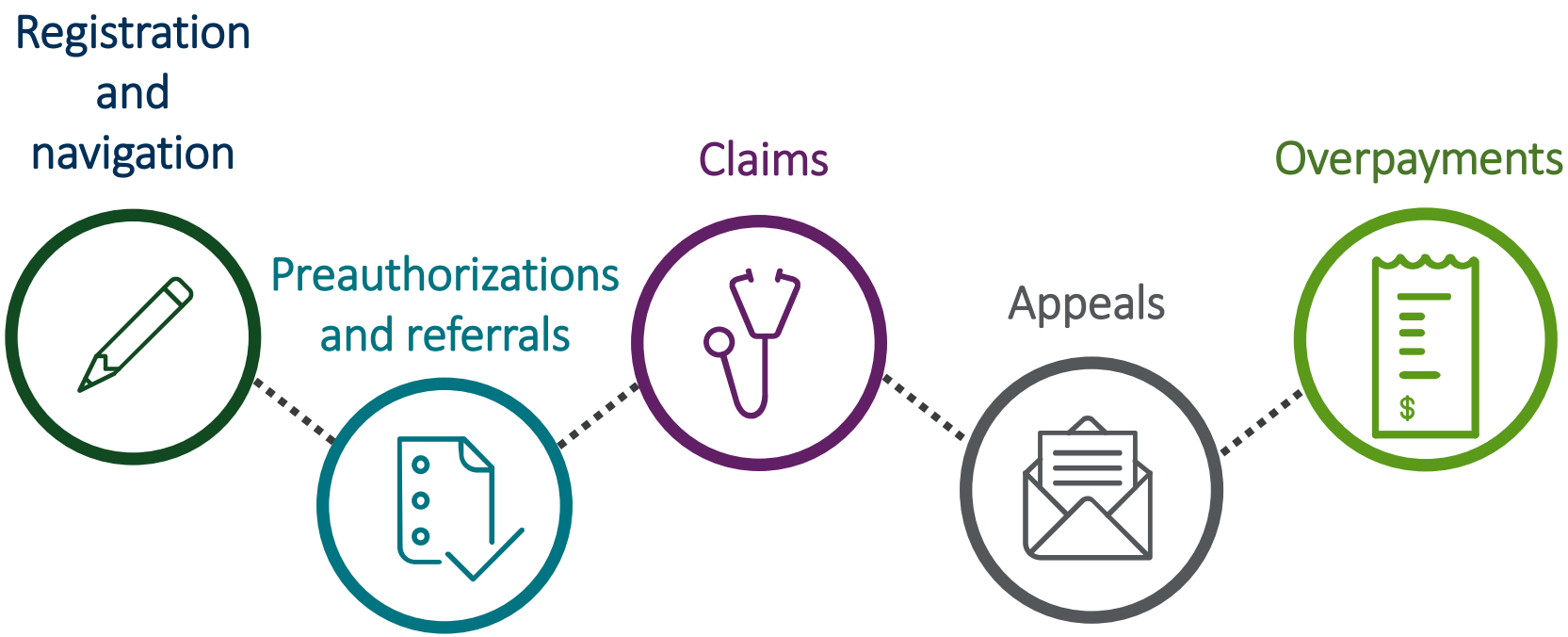
- Providers who are new to Availity can initiate registration on Availity Essentials at **Availity.com**
- All providers start the registration process by navigating to Availity.com and selecting 'Get Started' from the top right corner of the Availity website screen.
- Please note, the designated administrator must be the one to register the organization. The designated administrator can be edited in Manage My Organization at any time

Home and Community-Based Services (HCBS) Providers Specifically:

- HCBS Providers providing non-medical/non-licensed care are considered *Atypical/Non-Medical Providers*
- Atypical providers should select the option "**This organization does NOT have an NPI.** This organization is an atypical provider and does not provide healthcare as defined in 45 Code of Federal Regulations (CFR) section 160.103."
- ***If the provider offers both skilled and non-skilled services Provider will choose the Taxonomy for the waiver provider as primary during registration and then later will create a separate profile for each service type. One for the waiver services and one for the skilled services in 'Manage My Organization'. At this step, provider will be able to add NPI for the skilled services.

For a step-by-step guide on getting registered in Availity:
Register your provider organization (availity.com)

Availity Essentials Features for Healthcare Providers



Availity Essentials Registration

Identify your administrator.

Obtain your user ID and password.

Access tools and training.

Availity Registration Guide

Availity Essentials Resources

Availity Essentials has many resources available to you. The table below shows how and where you can access the resources.

Provider Help Center (Availity Essentials documentation)	**Availity Learning Center** (Availity Essentials learning materials)	**Availity Client Services** (Availity Essentials call center)
From your Availity Essentials home page, select the **Help & Training** menu. Select **Find Help**, and the Provider Help Center launches. Select an application-specific tile or type in the search field to see specific information and resources about each application.	From your Availity Essentials home page, select the **Help & Training** menu. Select **Get Trained** and the Availity Learning Center (ALC) launches.	From your Availity Essentials home page, select the **Help & Training** menu. Select **Availity Support** to submit an online ticket, chat with an Availity Client Services (ACS) representative or call ACS at 800-282-4548, Monday – Friday, 8 a.m. – 8 p.m. Eastern time.

Helpful Availity Contacts and Resources

Help with the Availity Essentials portal
Availity Client Services
Phone: 800-AVAILITY (800-282-4548)
Monday – Friday, 8 a.m. – 8 p.m., Eastern time, excluding holidays
Online support tickets: **Help & Training → Availity Support → Support Tickets**

Working with Humana Healthy Horizons Online
Indiana Medicaid: Provider - Availity

Humana Provider Services Line
Phone: 866-274-5888, Monday – Friday, 8 a.m. – 8 p.m., Eastern time

Appeals and Disputes

Humana Informal Disputes

If you disagree with the outcome of a claim, or if you have not received a determination within 30 calendar days, you may begin the Humana Healthy Horizons in Indiana provider claim payment dispute process. The process consists of two steps, an informal dispute and formal dispute. An informal dispute must be submitted prior to submitting a formal dispute.

Informal Claims Dispute: must be received within 60 calendar days of the notice of Humana's determination. Humana will resolve the informal dispute within 30 calendar days of receipt of the dispute and send a resolution letter. Most issues are resolved at the informal claim dispute step. For information on informal disputes can be found here: Indiana Medicaid: Provider - Claims and Payments

Online: Availity

Email: **INMedicaidClaimsResearch@humana.com**

Written to:
Humana Healthy Horizons in Indiana Informal Claim Dispute
P.O. Box 14169
Lexington, KY 40512-4601

Humana Formal Disputes

Formal Claim Appeal: If additional review is necessary, you can submit a formal dispute to Humana in writing. The formal dispute can be submitted within 60 calendar days after the 30-day informal dispute time frame. Please include documentation from the informal dispute as well as any new or additional documents. Humana will provide a determination within 45 calendar days and send a resolution letter.

Email:
IndianaFormalDispute@humana.com

Written to:
Humana Healthy Horizons in Indiana
Attn: Formal Disputes
201 North Illinois Street Suite 1200
Indianapolis, IN 46204

Please be sure to include member name & ID number, date of service, relationship of the member to the patient, claim number, name of the servicing provider, charge amount, payment amount, difference between the amount paid and the alleged correct payment amount, and a brief explanation of the basis for the contestation

Additional Resources

Indiana Medicaid: Provider - Claims and Payments

- Out-of-network Claims
- Overpayment Information - Provider Payment Integrity Policies and Processes
- Quick Reference Guide for Claim Processing

2024 Provider Policy and Procedures Manual

- Chapter 12: Claims and Billing
  - EFT Process
  - EDI Clearinghouses
  - Procedure and Diagnosis Code Sets

INMedicaidClaimsResearch@humana.com

- Assistance with any claims or billing questions

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