

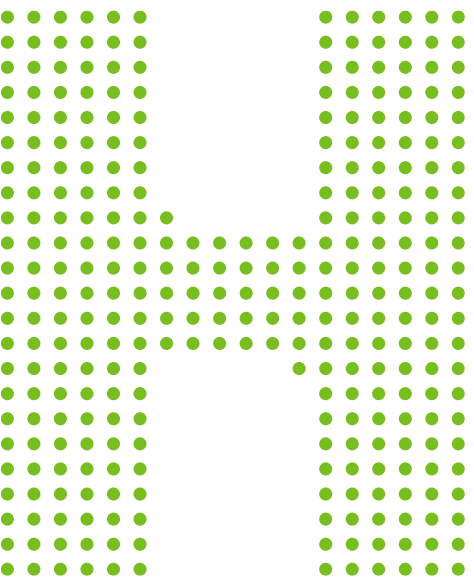
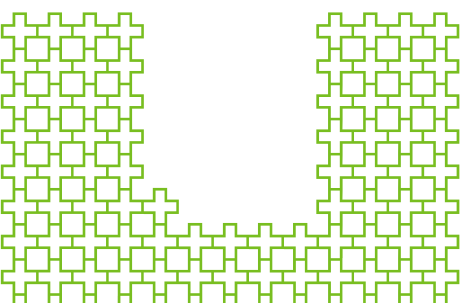


Enrollment

Humana Healthy Horizons
Indiana PathWays for Aging
2024 IHCP Workshop Annual Seminar



Agenda

1. Introduction
 2. Enrollment Overview
 3. Vendor Enrollment
 4. Provider Resources
 5. Q&A
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Provider Engagement Team- Long Term Services and Support, Home Community-Based Services Providers

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

INLTSSProviderRelations_T5@humana.com

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

www.Humana.com/HealthyIN

Provider Engagement Team- Behavioral Health, Physical Health, and Nursing Facility Providers

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
INMedicaidProviderRelations_T3@humana.com

Region 4

Mychelle Christian: (812) 204-9285
INMedicaidProviderRelations_T4@humana.com

Region 5

Kristen Davidson: (463) 701-7794
INMedicaidProviderRelations_T5@humana.com

Skilled Nursing/Assisted Living

Jessie Iden: (574) 275-3573
INLTSSNursingFacilityAssistedLiving@humana.com



Provider Engagement Territory Maps and other provider resources can be found on our provider website located here: www.Humana.com/HealthyIN

Provider Engagement Leadership Team

Denise Watson, Director Provider Engagement
Phone: 463-280-5327 | Email: dwatson31@humana.com

Stephen Price, Associate Director Provider Engagement
Phone: 574-292-9189 | Email: sprice30@humana.com

Kevin Cox, Manager Provider Engagement
Phone: 812-572-0110 | Email: kcox23@humana.com

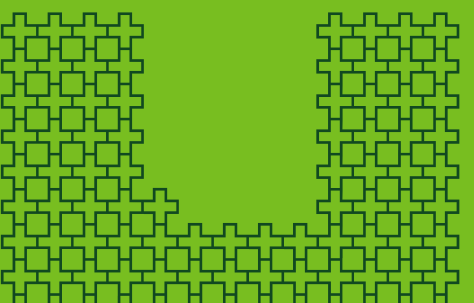
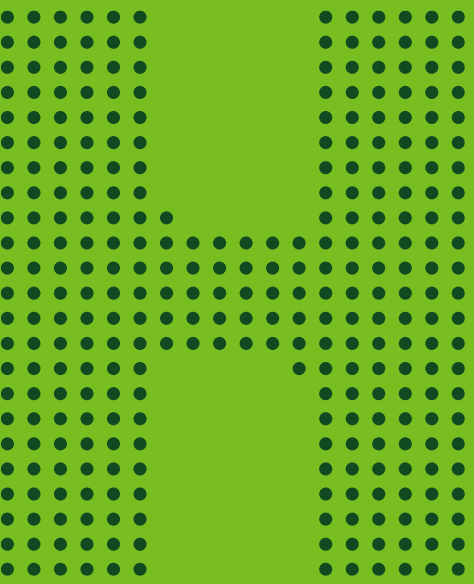
Heather Baecher, Sr Claims Research & Resolutions
Phone: 463-336-2331 | Email: hbaecher@humana.com

General Questions or Concerns

Phone: 866-274-5888 Monday – Friday 8 am – 8 pm (Est) | Email: INMedicaidProviderRelations@humana.com

General Claims Questions or Concerns

Phone: 866-274-5888 Monday – Friday 8am – 8 pm (Est) | Email: INMedicaidClaimsResearch@humana.com



Enrollment Overview

Provider Enrollment Overview

To join the **Humana Healthy Horizons in Indiana network**, all providers must be actively enrolled with **Indiana Health Coverage Programs (IHCP)**. If you haven't already done so, you will need to complete the IHCP enrollment process at the [Indiana Medicaid for Providers IHCP Provider enrollment page](#) to obtain your Indiana Medicaid Provider ID. Humana's provider website offers a step by step, [Join Our Network Resources Guide](#), located [Indiana Medicaid: Provider Information and Materials \(humana.com\)](#), specific to Humana process [Join Our Network Resource Guide](#)

Effective Date Policy:

- The effective date is no sooner than the IHCP effective date.
- A new provider that is not part of an existing contract with Humana is effective the first of the month following the contract execution date.
- A provider added to an existing contract is effective the first of the month following receipt of the network participation request from the provider.

Contract
Effective Date
Policy



[Indiana Medicaid Welcome Letter](#)

- If provider serves both Medicare and Medicaid provider should expect to receive two welcome letters, one for each line of business.

Pre-Go Live

- Three batches of welcome Letters will be manually sent, 60 days go live, 30 days go live and on 7/1. After 7/1, providers will receive system generated letters.

Post Go-Live

- Welcome Letter packets (including providers executed contract) will be sent out every Friday upon load completion.

Welcome Letter



Provider Enrollment Overview Cont.

A complete enrollment application must include:

- A completed [provider or group enrollment roster](#)
- A completed [behavioral health profiling form](#) for those providers offering behavioral health services
- A [disclosure of ownership form](#)
- [A W-9 tax form](#)

A complete **facility or ancillary** provider enrollment application must include:

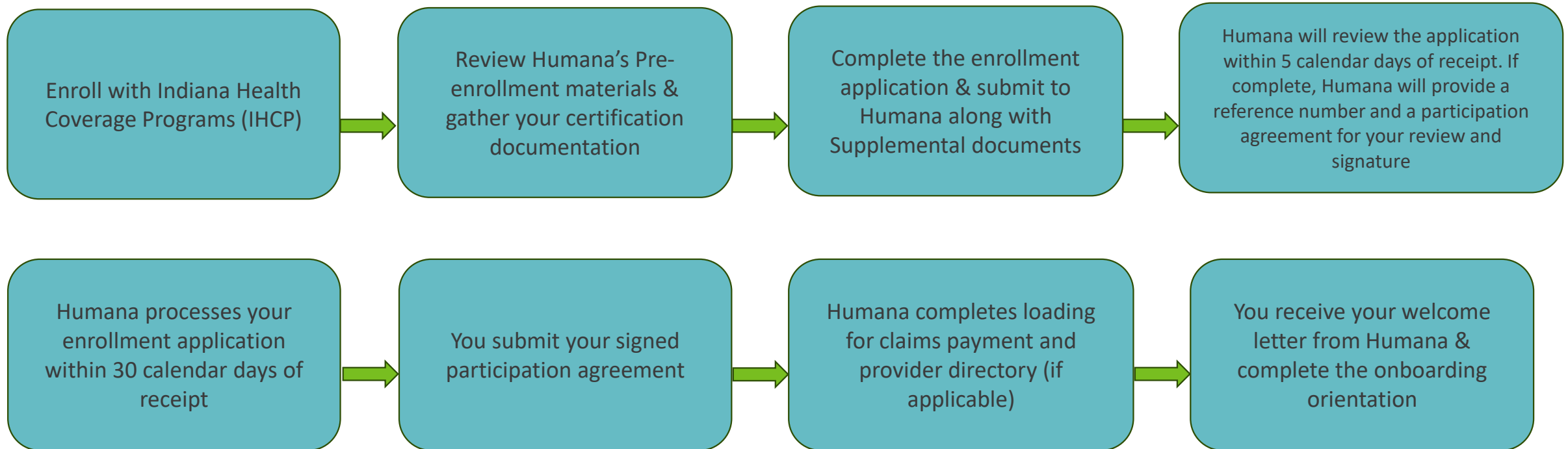
- [Organizational Provider Assessment form](#)
- A completed [behavioral health profiling form](#) for those providers offering behavioral health services
- [A W-9 tax form](#)

Enrollment Application Process

- Submit enrollment request to the follow email addresses:
 - Medical Providers: INProvdierUpdates@humana.com
 - Behavioral Health Providers: INBHMedicaid@humana.com
 - Long-Term Services & Supports/Home- and Community-Based Service Providers: LTSSContracting@humana.com
- Once request is received, the assigned the contractor will outreach and provide all required documents. This includes provider profile forms, the credentialing application, and W9.
 - The assigned contract will also share a reference number provider records and tracking purposes.
 - As documents are returned through email, contractor should manually upload the application documents internally.
 - Normal process will then follow ultimately leading to contract being provided for external review and signature.

Join Our Network Resource Guide

Enrollment process overview



Provider Demographic Changes

For demographic updates or changes, the provider must update their information with the OMPP certification team first and then notify Humana Healthy Horizons by email:

INProviderUpdates@humana.com

Please allow thirty (30) calendar days for all updates to be made and appear in the system.

Update/Change Address

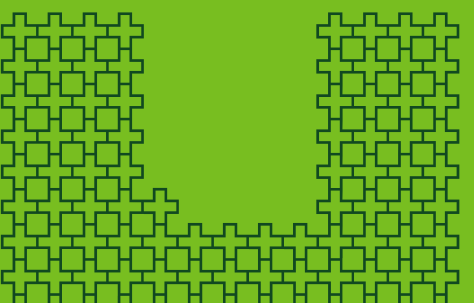
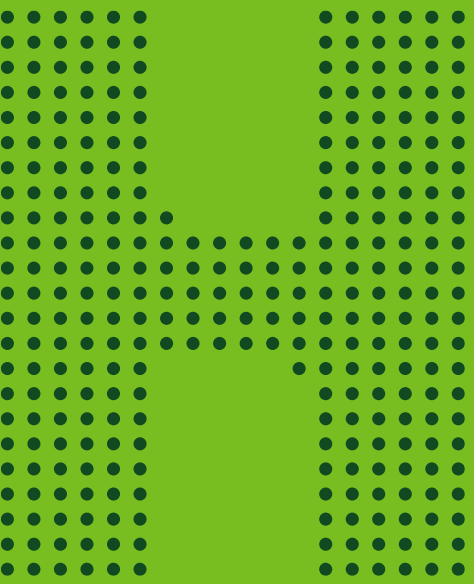
Change TAX ID

Provider
should contact
Humana
Healthy
Horizons to

Update/Change Fax
Number

Update/Change Email
Address

Change Telephone Number



Vendor Enrollment

Provider Enrollment Home/Vehicle Modification

Interested in joining Evolve's Provider Network?

Call David Wilson 844-438-7577 ext. 105
or email: netdev@evolve-emod.com

Already an Evolve Provider and have questions?

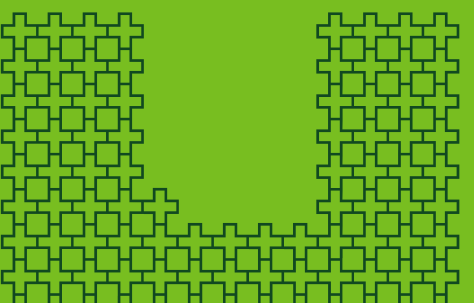
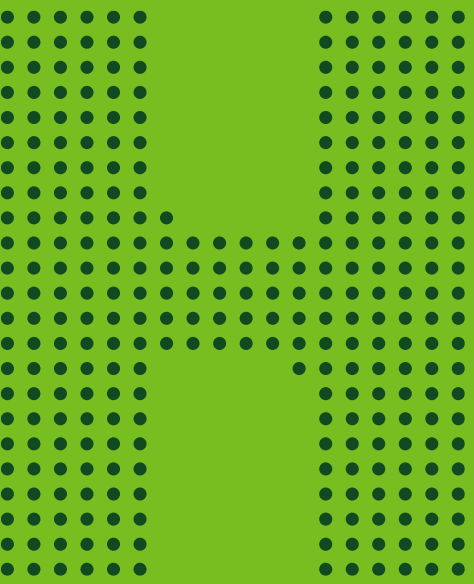
Call 844-438-7577 Option 3 or email:
providers@evolve-emod.com



Provider Vendor Enrollment

To become a network provider with one of our vendors please contact:

- Dental Providers – Please contact DentaQuest at 800-417-7140
- Non-Emergent Transportation Providers – Please contact LCP at 800-936-2794
- Vision Providers – Please contact EyeMed at 888-581-3648 M-F 8:00 a.m. to 8:00 p.m. ET



Resources

HCBS Provider Demographic Changes

For demographic updates or changes, please email: INProviderUpdates@humana.com

Please allow thirty (30) calendar days for all updates to be made and appear in the system.

Update/Change Address*

Change TAX ID *

Provider
should contact
Humana
Healthy
Horizons to...

Update/Change Fax
Number

Update/Change Email
Address

Change Telephone Number

*Note: HCBS provider must update their information and update their provider profile with IHCP prior to updating Humana Healthy Horizons

Humana Provider Resources

Humana IN Healthy Horizons Website:

[Indiana Medicaid: Provider Information and Materials](#)

LCP

[Transportation Providers | LCP Transportation](#)

EyeMed

[EyeMed Vision Benefits](#)

Evolve

[Evolve Home & Vehicle Modification](#)

DentaQuest

[DentaQuest Provider Portal](#)

Availity

[Availity Essentials](#)

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