



Grievances and Appeals/Inquiry Directory

1. Commercial – Federal No Surprises Act: QPA Disclosure/Payment Disputes	Page 2
2. Claim Payment Inquiries/Disputes	Page 3
3. Medicare Advantage Grievances and Appeals	Page 4
4. Florida Medicaid Claim Reconsiderations and Appeals	Page 5
5. Illinois Dual Demo Grievances and Appeals	Page 6
6. Commercial Medical Claim Payment Reconsiderations and Appeals	Page 7
7. California DOI Contact Information – Request for Review	Page 8

Commercial – Federal No Surprises Act: QPA Disclosure/Payment Disputes

This is not applicable for Medicare or Medicaid plans.

Commercial members are protected from balance billing when services are in scope for the No Surprises Act.

The No Surprises Act provides requirements regarding surprise medical billing for health plans, health insurers and providers effective Jan. 1, 2022. The act also stipulates other consumer/patient protection and reporting requirements.

Services covered under the Act:

- Out-of-network emergency services, including certain out-of-network post-stabilization services
- Nonemergency ancillary services rendered by out-of-network providers at in-network facilities
- Nonemergency services (other than ancillary services) rendered by out-of-network providers in in-network facilities when the patient did not provide consent
- Out-of-network air ambulance services

Where the qualified payment amount (QPA) applies for purposes of the recognized amount, or in the case of air ambulance services for member cost share, QPA is reflected as the allowed amount and complies with the No Surprises Act.

Downcoded claims: To learn the amount that would have been the QPA if the service code or modifier had not been downcoded, call **800-448-6262**.

For claims subject to the No Surprises Act, you can initiate a 30-day open negotiation period if you disagree with the claim payment you received. You can do this via the MultiPlan Provider Portal at Provider.Multiplan.com, by calling the portal's customer service team at 888-593-7427 or by emailing MultiPlan at NSAService@multiplan.com. If a resolution is not reached through negotiation, either party may initiate the federal independent dispute resolution (IDR) process. Initiation must occur within four days of the end of the open negotiation period.

When initiating the IDR at www.cms.gov/nosurprises, use HumanaSurpriseBilling@Humana.com when completing the plan contact information to avoid delays.

Claim Payment Inquiries/Disputes

How to make a claim payment inquiry

1. Call Humana's provider call center at **800-448-6262**. Our representatives are trained to answer many of your claim questions and can initiate contact with other Humana departments when further review or research is needed.
 - a. Note the reference number issued to you by the provider call center.
 - b. If the call center representative is unable to adequately address your issue, you have the option to speak to a provider call center supervisor. Based on availability, you will be connected to a supervisor, or a supervisor will contact you within 48 hours of your request.
 - c. In some situations, the call center representative will route your issue to an internal team at Humana. If this occurs, you will receive a letter or updated explanation of remittance from the Humana department that completes the additional review/research. Most inquiries receive a response in 30 to 45 days. Please allow us time to properly research and resolve your inquiry before contacting us again.
2. Participating Providers only: Once you have received our response to your initial inquiry, if you disagree with our determination and would like to dispute it, you can escalate your concern by sending a secure email to HumanaProviderServices@Humana.com. Be sure to include:
 - a. Reference number(s) associated with previous attempt(s) to resolve the inquiry (referenced in 1a above)
 - b. The healthcare provider's name and Tax Identification Number
 - c. The Humana member's Humana ID number and the member's relationship to the patient
 - d. The date of service, claim number and name of the provider of the services
 - e. The charge amount, actual payment amount, expected payment amount and a description of the basis for the contestation
 - f. Contact information for our response

Please note: Standard email is not secure and may expose information to unauthorized parties. To access our secure portal, please visit Humana.com/Secure, then return documents to HumanaProviderServices@Humana.com.

3. Look for an "Acknowledgment of Submission" email with a tracking number within five business days of your submission. Please allow 30 to 45 days from the date of the acknowledgment notice for our response.

Medicare Advantage Grievances and Appeals

This information is for physicians and other healthcare providers who have provided care to Humana Medicare Advantage (MA) members. Participating providers do not have grievance and appeal rights on behalf of themselves, but they can appeal on behalf of their Humana-covered patients. Nonparticipating providers may appeal on behalf of themselves or on behalf of their Humana-covered patients.

If you believe the determination of a claim involving an MA plan is incorrect, you have the right to request an appeal as outlined above. The appeal will be reviewed by parties not involved in the initial claim or service denial to ensure unbiased review.

When submitting a grievance or an appeal, you can use the Humana [Appeal, Complaint or Grievance Form](#) designed for Humana members. (Please skip Section 4.) If you are a nonparticipating provider submitting an appeal about a claim on your own behalf, you also must submit a [Waiver of Liability Statement](#). If you are a nonparticipating provider submitting an appeal on your patient's behalf, please also submit a completed [Appointment of Representative Form](#). This will ensure we receive the information needed to process your request.

Please submit your appeal request in writing within 60 calendar days from the date of the denial notice. This request should include:

- A copy of the original claim
- The remittance notification showing the denial
- Any clinical records and other documentation that support your argument for reimbursement

Nonparticipating providers appealing on their own behalf **must** provide a signed copy of the [Waiver of Liability Statement](#) to ensure that Humana-covered patients will not be billed for any payment, regardless of the outcome of the appeal.

Once you have completed the request, please mail it to:

**Humana
Grievance and Appeals Department
P.O. Box 14165
Lexington, KY 40512-4165**

Forms

[Waiver of Liability Statement](#)

This form is required for nonparticipating providers requesting an appeal on their own behalf.

[Appointment of Representative Form](#)

Participating and nonparticipating providers should use this form when someone other than the member is appealing a claim, and that person does not have an appointment of representation on file or another form of authorization, such as a power of attorney.

[Appeal, Complaint or Grievance Form](#)

This form can be used to submit a grievance, appeal or complaint.

Florida Medicaid Claim Reconsiderations and Appeals

This information is for physicians and other healthcare providers who provide or have provided care to Humana members.

Per the Humana Healthy Horizons™ in Florida [Medicaid Provider Manual](#), providers can request reconsideration of a claim. Please refer to the manual for further information regarding how to request reconsideration.

For Florida Medicaid, providers do not have appeal rights on behalf of themselves, but they can appeal on behalf of their Humana-covered patients if the provider is designated as the patient's authorized representative. The appeal will be reviewed by parties not involved in the initial claim or service denial to ensure unbiased review.

When submitting an appeal on behalf of a member, please use the Humana [Appeal, Complaint or Grievance Form](#) designed for Humana members. (Please skip Section 3.) If you are submitting an appeal about a claim, you also must submit a completed [Appointment of Representative Form](#). This will ensure we receive the information needed to process your request.

Please submit your appeal request in writing within 60 calendar days from the date of the denial notice. This request should include:

- A copy of the original claim
- The remittance notification showing the denial
- Any clinical records and other documentation that support your argument for reimbursement

Once you have completed the request, please mail it to:

Humana
Grievance and Appeals Department
P.O. Box 14546
Lexington, KY 40512-4546

Forms

[Appointment of Representative Form](#)

Use this form when someone other than the member is appealing a claim, and that person does not have an appointment of representation on file or another form of authorization (such as a power of attorney).

[Appeal, Complaint or Grievance Form](#)

This form can be used by the member or the member's authorized representative to submit a grievance, appeal or complaint.

Illinois Dual-Demo Grievances and Appeals

This information is for physicians and other healthcare providers who provide or have provided care to Humana-insured members.

Participating providers do not have appeal rights on behalf of themselves, but they can appeal on behalf of their Humana-covered patients if the provider is designated as the patient's authorized representative. Nonparticipating providers may appeal on their own behalf or on behalf of their Humana-covered patients.

If you believe the determination of a claim is incorrect, you may request an appeal as outlined above. The appeal will be reviewed by parties not involved in the initial claim or service denial to ensure unbiased review.

When submitting an appeal, please use the Humana [Appeal, Complaint or Grievance Form](#). (On the form, please skip Section 3.) If you are a nonparticipating provider submitting an appeal about a claim on your own behalf, you also must submit a [Waiver of Liability Statement](#). If you are submitting an appeal on your patient's behalf, please also submit a completed [Appointment of Representative Form](#). This will ensure we receive the information needed to process your request.

Please submit your appeal request in writing within 60 calendar days from the date of your denial notice. Your request should include:

- A copy of the original claim
- The remittance notification showing the denial
- Any clinical records and other documentation that support your argument for reimbursement

Once you have completed the request, please mail it to:

Humana
Grievance and Appeal Department
P.O. Box 14546
Lexington, KY 40512-4546

Forms

[Waiver of Liability Statement](#)

This form is required for nonparticipating providers requesting an appeal. Nonparticipating providers **must** provide a signed copy of the Waiver of Liability Statement to ensure that Humana-covered patients will not be responsible for any payment regardless of the outcome of the appeal.

[Appointment of Representative Form](#)

Use this form when someone other than the member is appealing a claim, and that person does not have an appointment of representation on file or another form of authorization (such as a power of attorney).

[Appeal, Complaint or Grievance Form](#)

This form can be used to submit a grievance, appeal or complaint.

Commercial Medical Claim Payment Reconsiderations and Appeals

This document contains information for Humana participating and nonparticipating physicians, hospitals and other healthcare providers about medical claim payment reconsiderations and member appeals.

Information for Participating Providers

Participating providers can find the reconsideration processes in the provider manuals for physicians, hospitals and healthcare providers at [Humana.com/Publications](https://www.humana.com/publications).

Reconsiderations and Appeals for Participating and Nonparticipating Providers

If you believe the determination of a claim is incorrect, you may file an appeal on behalf of the covered person with authorization from the covered person. Some states may allow providers to file on their own behalf in certain circumstances. Please review the applicable state law for appeal rights.

The appeal will be reviewed by parties not involved in the initial determination. To request an appeal, submit your request in writing within the time limits set forth in the medical insurance policy if filing on behalf of the covered person. If filing on your own behalf, submit your written request within the time frame established by applicable state law. Please send the appeal to the following address:

Humana
Grievance and Appeal Department
P.O. Box 14546
Lexington, KY 40512-4546

In Puerto Rico, please use this address:

Humana
Unidad de Querellas y Apelaciones
P.O. Box 191920
San Juan, PR 00919-1920

Please include with your request:

- A copy of the original claim
- The explanation of remittance showing the denial
- Any clinical records and other documentation that support your case for reimbursement
- An [Appointment of Representative Form](#) or other legal documentation authorizing you to act on the covered person's behalf (if you are filing an appeal on behalf of a covered person).

Please note that the commercial plan appeal process is the same for nonparticipating and participating providers.

California DOI Contact Information – Request for Review

This information is for physicians and other healthcare providers who have rendered services to Humana-insured members in the state of California.

If you are dissatisfied with the adjudication of a claim, you can request a review by the California Department of Insurance (DOI) at the following address:

State of California
Department of Insurance
Health Claims Bureau
300 South Spring St.
Los Angeles, CA 90013

If you have questions, the department can be reached at 800-927-4357, or you can consult the department's website at insurance.ca.gov.