

# Humana Healthy Horizons in Kentucky

## 2024 Provider Resource Guide

### Online self-service

A variety of Humana Healthy Horizons® in Kentucky provider resources are available on the public website at **Humana.com/Provider** (no registration required). Check **Humana.com/HealthyKY** for Medicaid-specific materials, communications and quality resources, including:

- Claims resources
- Network notices
- Pharmacy resources
- Provider publications, including the provider manual, newsletters and program updates
- Provider relations representative assignments
- Training materials
- Quality resources

### Availity Essentials

**Healthcare providers who want to work with Humana Healthy Horizons online can register for Availity Essentials™ at no cost.**

This multipayer portal allows providers to securely interact with Humana and other participating payers without learning multiple systems or remembering different user IDs and passwords for each payer. Many Humana-specific tools are accessible within **Availity Essentials**.

To learn more, call Availity Essentials at **800-282-4548** or visit **Availity.com**. With Availity Essentials, providers can:

- Check eligibility and benefits
- Submit referrals and authorizations
- Check claim status
- Confirm/make claim submissions
- Receive remittance advice
- View enrollee summaries
- Confirm/remedy overpayment
- Get electronic remittance advice (ERA) and set up electronic funds transfer (EFT)

## Humana Healthy Horizons® in Kentucky

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc

Get paid faster and have Humana claim payments automatically deposited with EFT and ERA. Visit [Humana.com/EPaymentInfo](https://www.humana.com/EPaymentInfo) for more information on EFT and ERA.

For help or more information about these self-service tools, call Provider Services at **800-444-9137**. Training opportunities and webinar schedules are available at [Humana.com/ProviderSelfService](https://www.humana.com/ProviderSelfService).

## Kentucky Medicaid Prior Authorization List

Humana Healthy Horizons requires prior authorization for certain services to ensure medical necessity, to facilitate care coordination and to confirm compliance with the Kentucky Department of Medicaid Services (Kentucky DMS) coverage policies. To determine whether prior authorization is required for Humana Healthy Horizons enrollees, providers should review the Kentucky Medicaid Prior Authorization List online at [Humana.com/PAL](https://www.humana.com/PAL).

**Please note:** Humana partners with WholeHealth Living®, eviCore healthcare, Avēsis and Evolent (formerly New Century Health) for prior authorization reviews. More information about these partners and the services they provide is available in the Referrals and Prior Authorizations section of the **Provider Manual**.

## Prior authorization contacts

Type	Contact	Contact information	Hours of operation (all times Eastern)
Medical procedures and behavioral health	Provider Services	<b>800-444-9137</b>	Monday – Friday, 8 a.m. – 6 p.m.
Advanced imaging services	eviCore	<b>866-672-8115</b> Fax: 800-540-2406	Monday – Friday, 7 a.m. – 7 p.m.
Physical, speech and occupational therapy	eviCore	<b>866-672-8115</b> Fax: 855-774-1319	Monday – Friday, 7 a.m. – 7 p.m.
Chiropractic services	WholeHealth Living (Tivity)	<b>855-800-9804</b> Fax: 888-492-1025 <a href="https://www.wholehealthpro.com">wholehealthpro.com</a>	Monday – Friday, 8 a.m. – 6 p.m.
Dental	Avēsis	Avēsis Third Party Administrators, LLC Attn: Dental Prior Authorization P.O. Box 38300 Phoenix, AZ 85069-8300 <b>888-211-0599</b>	Monday – Friday, 7 a.m. – 7 p.m.
Vision	Avēsis	Avēsis Third Party Administrators, LLC Attn: Eye Care Prior Authorization P.O. Box 38300 Phoenix, AZ 85069-8300 <b>888-211-0599</b>	Monday – Friday, 7 a.m. – 7 p.m.

Type	Contact	Contact information	Hours of operation (all times Eastern)
Adult chemotherapy	Evolut (formerly New Century Health)	<b>844-926-4528</b> my.newcenturyhealth.com	Monday – Friday, 8 a.m. – 8 p.m.
Pharmacy benefit manager (PBM)	MedImpact	<b>844-336-2676</b> Fax: 858-357-2612 MedImpact Universal Prior Authorization form available at <a href="https://kyportal.medimpact.com">https://kyportal.medimpact.com</a>	Available 24 hours a day, 7 days a week
Medication administered in medical office	Medication intake team	<b>866-461-7273</b> Fax: 888-447-3430	Monday – Friday, 8 a.m. – 6 p.m.

## Other helpful contact information

Resource	Contact information	Hours of operation
Provider Services	<b>800-444-9137</b>	Monday – Friday, 8 a.m. – 6 p.m.
Enrollee Services	<b>800-444-9137</b>	Monday – Friday, 7 a.m. – 7 p.m.
TTY for the deaf and hard-of-hearing	<b>711</b>	Monday – Friday, 8 a.m. – 7:30 p.m.
Availity Essentials	<b>800-282-4548 (800-AVAILITY)</b>	Monday – Friday, 8 a.m. – 7:30 p.m.
Case management referrals and assistance	<b>888-285-1121</b> KYMCDCaseManagement@humana.com	Monday – Friday, 8 a.m. – 6 p.m.
Kentucky DMS Provider Services Department	<b>855-824-5615</b>	

## Fraud, waste and abuse reporting

Resource	Contact information	Hours of operation
Humana Special Investigations Unit	<b>800-614-4126</b> Fax: 920-339-3613 siureferrals@humana.com	Available 24 hours a day, 7 days a week
Kentucky Cabinet for Health and Family Services Office of the Inspector General	<b>800-372-2970</b> chfs.fraud@ky.gov	Monday – Friday, 8 a.m. – 4:30 p.m.

## Humana addresses

Department	Address
DENTAL AND VISION PROVIDERS ONLY Dental and vision grievances and appeals	Avësis Third Party Administrators, Inc. Attn: Complaint Appeals and Grievances P.O. Box 38300 Phoenix, AZ 85069-8300
Dental and vision prior authorization appeals	Avësis Third Party Administrators, Inc. Attention: Utilization Management Appeals P.O. Box 38300 Phoenix, AZ 85069-8300
Provider correspondence (for written inquiries that are NOT a request to dispute, grieve or appeal)	Humana Attn: Provider Correspondence P.O. Box 14601 Lexington, KY 40512-4601
Provider and enrollee, dispute, appeal or complaint	Humana Healthy Horizons Grievance and Appeal Department P.O. Box 14546 Lexington, KY 40512-4546 Fax: 800-949-2961
Claims submitted via paper format	Humana Claims Office P.O. Box 14601 Lexington, KY 40512-4601
Encounters submitted via paper format	Humana Encounters P.O. Box 14605 Lexington, KY 40512-4605  For healthcare providers in a capitated agreement with Humana, such as independent practice associations (IPAs), please submit encounter codes for services rendered to enrollees.
Quality improvement	Humana Healthy Horizons in Kentucky Attention: Quality Improvement 101 E. Main St. Louisville, KY 40202
Provider demographic changes	Humana Provider Correspondence P.O. Box 14601 Lexington, KY 40512-4601 <b>800-444-9137</b>  Email for medical providers: <a href="mailto:ProviderDevelopmentKYWV@humana.com">ProviderDevelopmentKYWV@humana.com</a> Email for behavioral health providers: <a href="mailto:KYBHMedicaid@humana.com">KYBHMedicaid@humana.com</a>

## Other network information

Required networks/vendor name	Phone number
Avēsis – Dental	888-211-0599
Avēsis – Vision	844-511-5760
Nonemergency transportation vendor (service offered by Kentucky Medicaid)	888-941-7433

## Claims

### Claims process by coverage

Coverage type	Process information
Medical, behavioral health and chiropractic	<p><b>Humana payer IDs:</b></p> <ul style="list-style-type: none"><li>• 61101 for claims seeking payment under Humana Healthy Horizons</li><li>• 61102 for encounters by providers under a capitation agreement with Humana Healthy Horizons</li></ul> <p><b>Claims filed electronically:</b></p> <p>Submit claims directly and at no cost through <a href="https://www.availity.com">Availity.com</a>.</p> <p><b>Claims submitted via paper format:</b></p> <p>Humana Claims Office P.O. Box 14601 Lexington, KY 40512-4601</p> <p><b>Encounters submitted via paper format:</b></p> <p>Humana Claims Office P.O. Box 14605 Lexington, KY 40512-4605</p>
Dental	<p>Avēsis —Submit dental claims to:</p> <p>Avēsis Third Party Administrators, Inc. ATTN: Humana Health Plan—Dental claims P.O. Box 38300 Phoenix, AZ 85069-8300</p> <p><a href="https://www.avesis.com">Avesis.com</a></p>
Vision	<p>Avēsis —Submit vision claims to:</p> <p>Avēsis Third Party Administrators, Inc. ATTN: Humana Health Plan—Vision claims P.O. Box 38300 Phoenix, AZ 85069-8300</p> <p><a href="https://www.avesis.com">Avesis.com</a></p>

## Behavioral health and medical claims inquiries

For issue resolution of both Medicaid behavioral health- and medical-related claims issues, please call Provider Services at **800-444-9137** and obtain a call reference number.

If your claim issue is not resolved, please email **KYMCDERR@humana.com** and copy your **Provider Relations Representative** with the following:

- A description of your issue
- The call reference number (one per issue)
- A **claims submission form** filled in with your claim examples

If you have a large volume of claims for the same issue, you need only provide a few examples. Humana will pull a report to capture any other affected claims.

## Provider relations inquiries

Please email **KYMCDPR@humana.com** for assistance with inquiries and other requests including (but not limited to) the following:

- The name of your assigned Provider Relations Representative
- Policy and procedures
- Group roster requests
- Orientation and training
- Onsite visits and virtual meetings
- Network notices and communications

## Enrollee ID card samples

Humana Healthy Horizons enrollees receive identification (ID) cards. Please ask enrollees to present their current ID card at the time of service. A new card is issued only when information on the card changes, if an enrollee loses a card or if an enrollee requests an additional card. The enrollee ID card is used to identify a Humana Healthy Horizons enrollee; it does not guarantee eligibility or benefits coverage. Therefore, it is important to verify enrollee eligibility prior to every service.

### English ID card:

**Humana Healthy Horizons. in Kentucky**  
A Medicaid product of Humana Health Plan, Inc.

**ENROLLEE NAME**  
**Enrollee ID: HXXXXXXXXX**

Medicaid ID#: XXXXXXXX      RxGRP: KYM01  
Date of Birth: XX/XX/XX      RxBIN: 023880  
Effective Date: XX/XX/XX      RxPCN: KYPROD1

PCP Name: XXXXXXXX  
PCP Phone: (XXX) XXX-XXXX

**MediImpact**

Enrollee/Provider Service: 1-800-444-9137  
TTY, call 711

Enrollee Behavioral Health Crisis Line: 1-833-801-7355  
Pharmacy Services for Enrollees/Providers: 1-800-210-7628  
Pharmacy Prior Authorization: 1-844-336-2676  
24 Hour Nurse Line: 1-800-648-8097

Please visit us at **Humana.com/HealthyKentucky**  
For online provider services, go to **www.availity.com**

Please mail all claims to:  
**Humana Medical**  
P.O. Box 14601  
Lexington, KY 40512-4601

### Spanish ID card:

**Humana Healthy Horizons. in Kentucky**  
Un producto de Medicaid de Humana Health Plan, Inc.

**ENROLLEE NAME**  
**Identificación del afiliado: HXXXXXXXXX**

N.º de identificación de Medicaid: XXXXXXXX      RxGRP: KYM01  
Fecha de nacimiento: XX/XX/XX      RxBIN: 023880  
Fecha de vigencia: XX/XX/XX      RxPCN: KYPROD1

Nombre del PCP: XXXXXXXX  
N.º de teléfono del PCP: (XXX) XXX-XXXX

**MediImpact**

Servicio para afiliados/proveedores: 1-800-444-9137  
TTY, llame al 711

Línea de crisis de salud del comportamiento para afiliados: 1-833-801-7355  
Servicios de farmacia para afiliados/proveedores: 1-800-210-7628  
Autorización previa de farmacia: 1-844-336-2676  
Línea de enfermería las 24 horas: 1-800-648-8097

Visítenos en **Humana.com/HealthyKentucky**  
Para obtener servicios para proveedores en línea, visite **www.availity.com**  
Envíe todas las reclamaciones por correo a:  
**Humana Medical**  
P.O. Box 14601  
Lexington, KY 40512-4601

**Please note:** Humana Healthy Horizons member ID cards are subject to change in provider training materials with limited notice. The ID cards published are the most current Kentucky DMS-approved version when published.

## Clearinghouses

Many clearinghouses offer services to healthcare providers. The following are some of the available clearinghouses. Some clearinghouses and vendors charge a service fee; please contact the clearinghouse directly for more information.

Clearinghouse vendor website
Availity
Change Healthcare
TriZetto®
SSI Group

Humana payer ID for fee-for-service claims: 61101

## Annual compliance training

Humana Healthy Horizons supports providers in their efforts to care for patients with Medicaid coverage by offering training materials to help them meet state and federal compliance requirements. A variety of materials are available online, including:

- **Provider orientation and training**
- **Health, safety and welfare training**
- **Cultural competency training**
- **Ethics and standards of conduct**
- General compliance and **fraud, waste and abuse training**

Trainings are available at [Humana.com/ProviderCompliance](https://www.humana.com/ProviderCompliance) and via **Availity Essentials**.

Completion of training must be documented with the **Medicaid Partner Training Attestation form**.

More information is available at [Humana.com/ProviderCompliance](https://www.humana.com/ProviderCompliance). Please see the Training Requirements included in the **provider orientation and training**.

## Go365 for Humana Healthy Horizons

Go365 for Humana Healthy Horizons® is a wellness program that offers enrollees the opportunity to earn rewards for taking healthy actions. Most of the rewards are earned by Humana Healthy Horizons' receipt of the provider's claim services rendered.

Humana Healthy Horizons recommends that all providers submit their claims on behalf of an enrollee by the end of February 2025. This allows enrollees time to redeem their reward(s). Humana Healthy Horizons publishes billing guidelines on [Humana.com/HealthyKY](https://www.humana.com/HealthyKY) for these services. For more information on Go365 for Humana Healthy Horizons added benefits, please review the **provider manual**.