

Network Notification – Kentucky Medicaid

Required Forms: Notice, Completion, Retention and Claim Submission effective Jan. 1, 2020
Notice Date: Feb. 11, 2021

Humana Healthy Horizons™ in Kentucky and the Kentucky Department for Medicaid Services (DMS) require the completion of a specific form for the following services:

- Abortion
- Sterilization
- Early elective delivery
- Hysterectomy
- Hospice

As the provider, you are required to:

- Complete the form according to the appropriate Kentucky Administrative Regulation (KAR) and/or Kentucky DMS Memorandum. (Please note: Pre-op and/or post-op notes, the physician certificate and the report of abortion form are required documentation when submitting abortion services claims.)
- Retain the completed forms as part of the enrollee's chart in the event of audit so a copy can be submitted to Kentucky DMS on request.
- Submit the completed form via the paper claim process for the following services:
 - Abortion
 - Sterilization
 - Early elective delivery
 - Hysterectomy

Please mail paper claims to:

Humana Claims Office
P.O. Box 14601
Lexington, KY 40512-4601

Please note: Claims for these services must include the appropriate form(s), including the Coordination of Benefit (COB).

- Notify us of the enrollee election of the Medicaid hospice benefit as you would submit a request for prior authorization.

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

Claims are not paid until the provider submits the completed form. In the event that Humana Healthy Horizons in Kentucky erroneously pays a claim without the required form, per regulatory and contractual requirements, Humana Healthy Horizons in Kentucky may initiate overpayment recovery efforts to correct the error.

Kentucky Department for Medicaid Services references and forms:

Early elective deliveries:

[Early elective Deliveries \(EED\) Prior to 39 weeks Gestation_06232017](#)

[Addendum to 06232017 EED Prior to 39 Weeks Gestation](#)

[The American College of Obstetricians and Gynecologists Patient Safety Checklist](#)

Abortion:

[VS_913_04.2020_Report of Abortion](#)

[CHFS_ACR_2.2020_Abortion Certification Requirements](#)

Sterilization:

[OMB_09370166_Consent for Sterilization](#)

Hysterectomy:

[Map251_Hysterectomy Consent Form](#)

Hospice Medicaid Benefit election:

[MAP374_Election of Medicaid Hospice Benefit](#)

You also can find the Kentucky Cabinet for Health and Family Services (CHFS) forms on our Humana Healthy Horizons in Kentucky [Provider Documents & Resources page](#).

If you have questions, please contact Provider Services at 800-444-9137. Hours of operation are Monday through Friday, 8 a.m. to 6 p.m. Eastern Time.