



Healthy Horizons™
in Florida

Requesting American Rescue Plan Act (ARPA) Home- and Community-Based Services (HCBS) Payment Requests

To request an ARPA HCBS payment, Humana Healthy Horizons™ in Florida must receive:

For an electronic payment

Bank letterhead and a W-9 form that includes corresponding information

For a paper check

A W-9 form that includes the provider's address to which we can remit payment

How to submit the required documents

Email LTCProviderRelations@humana.com for requests for payment for services provided to members of the Humana Healthy Horizons in Florida long-term care (LTC) plan

Email FLMedicaidProviderRelations@humana.com for requests for payment for services provided to members of the Humana Healthy Horizons in Florida managed medical assistance (MMA) plan

Get answers to question about payment requests

Contact

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