

Network Notification – Humana Healthy Horizons in Kentucky

Notice date:

To: Humana Healthy Horizons® in Kentucky Provider Network
From: Humana Healthy Horizons in Kentucky
Subject: Required forms: notice, completion, retention and claim submission
Effective date:

Humana Healthy Horizons® in Kentucky wants to remind our providers that when they submit an early elective delivery claim, Humana Healthy Horizons' policy allows either medical records or a completed designated form as documentation.

For context, Humana Healthy Horizons requires the completion of specific documentation for the following services:

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

As the provider, you are required to:

- Complete the required documentation according to the appropriate Kentucky administrative regulation and/or Humana Healthy Horizons policy
- Retain the completed documentation as part of an enrollee's chart in the event the Kentucky Department for Medicaid Services requests this documentation during an audit

- Refer to the “References and documentation” section of this notice to review the documentation requirements when completing and submitting for:
 - Abortion—must include pre-operative notes, post-operative notes, the physician certificate and the report of abortion form
 - Early elective delivery
 - Hysterectomy
 - Hospice
 - Sterilization

Availity Essentials, at [Availity.com](https://www.availity.com), supports the ability to attach documents when submitting a claim. If you are a registered Availity user, please refer to the following links to attach an unsolicited document on Availity Essentials:

- [Accessing attachments](#)
- [Attachments quick start guide](#)
- [Send attachment quick start guide](#)

If you are not yet registered with Availity Essentials, please visit the [Availity Essentials registration site](#) to register and create a login.

Please note: If you upload a password-protected PDF file, select “enter password” to add the password associated with the PDF. Please refer to the acceptable file size and formats topic (found in help topics) for file submission parameters.

Humana Healthy Horizons prefers electronic submission of claims, but if you need to submit claims via mail please mail to:

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

Please note: Claims for the services referenced above must include the appropriate form(s) and/or pertinent medical record, including coordination of benefits information.

- Notify us of an enrollee’s election of the Medicaid hospice benefit as you would when submitting a request for prior authorization.

We do not pay claims until the required documentation for the applicable service is submitted. If Humana Healthy Horizons erroneously pays a claim without the required form or pertinent medical record, Humana Healthy Horizons may initiate overpayment recovery efforts, per regulatory and contractual requirements.

You also can find the Kentucky Cabinet for Health and Family Services forms on our Humana Healthy Horizons in Kentucky Provider Documents and Resources page at [Humana.com/KYDocuments](https://www.humana.com/KYDocuments).

If you have questions, please call Provider Services at **800-444-9137**, Monday through Friday, 7 a.m. to 7 p.m., Eastern time.

References and documentation

- Abortion
 - VS_913_04.2020_Report of Abortion
(<https://chfs.ky.gov/agencies/dph/dehp/vsb/Forms/VS913AbortionForm.pdf>)
 - CHFS_ACR_2.2020_Abortion Certification Requirements
(<https://chfs.ky.gov/agencies/dph/dehp/vsb/Forms/CHFSACR.pdf>)
- Early elective deliveries
 - Early Elective Deliveries (EED) Prior to 39 weeks Gestation_06232017
(<https://chfs.ky.gov/agencies/dms/ProviderLetters/PLEEDPolicyChangeA259A384A40062317Adobe00000002.pdf>)
 - Addendum to 06232017 EED Prior to 39 Weeks Gestation
(<https://chfs.ky.gov/agencies/dms/ProviderLetters/PLEEDPolicyChangeAddendum082817Withattachment.pdf>)
 - You can submit either the checklist below or the pertinent medical record, found at **The American College of Obstetricians and Gynecologists Patient Safety Checklist**
(<https://obgynriskalliance.com/globalassets/ob-gyn-tool-kit/acog-patient-safety-checklists/acog-patient-safety-checklist-inpatient-induction-of-labor.pdf>)
- Medicaid Hospice Benefit election
 - MAP374_Election of Medicaid Hospice Benefit
(<https://chfs.ky.gov/agencies/dms/MAPForms/MAP374.pdf>)
- Hysterectomy
 - Map251_Hysterectomy Consent Form
(<https://chfs.ky.gov/agencies/dms/MAPForms/map251.pdf>)
- Sterilization
 - OMB_09370166_Consent for Sterilization
(<https://chfs.ky.gov/agencies/dms/MAPForms/consentforsterilizationenglish.pdf>)