

Humana Healthy Horizons in Florida

Behavior analysis informational flyer

Provider support

- **Participating and nonparticipating providers:** Call us at **800-477-6931**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
- **Nonparticipating providers:** If you are interested in contracting with Humana Healthy Horizons® in Florida, please visit the Join our network webpage, select the email list for a regional representative, fill out the required form and submit an email to **RequestToJoin@humana.com**.
- **Participating providers:** Dedicated provider relations representatives are available for support with education, training and general inquiries based on geography:
  - Regions A-E: Kiesa Arrington at **karrington@humana.com** or call **901-232-7247**
  - Regions F-I: Elba Martinez at **emartinezl@humana.com** or call **754-230-7899**
- To schedule interpreters, call the concierge for service accessibility line at **877-320-2233**.
- Providers can email Provider Relations using our dedicated email account at **FLBA@humana.com**.

Provider onboarding and education

- For Humana Healthy Horizons education materials, please visit Provider education and training.
- View the Behavior Analysis Provider Quick Guide.
- For Humana Healthy Horizons compliance training materials, please visit Provider education and training.
- Behavior analysis services require prior authorization. Please visit Provider prior authorization notification lists. Prior authorization requests can be initiated:
  - Online via Availity Essentials. Provider registration is required.
  - Over the phone using our interactive voice response line at **800-523-0023**, 24 hours a day, 7 days a week. Representatives are available Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
  - Via fax at **813-321-7220**. Fax clinical information for a medical service prior authorization request.
- For training on how to use Humana Healthy Horizons' Availity Essentials provider portal:
  - Visit our provider self-service Learn about Availity site.
  - Sign in or create an account at the Availity Essentials onboarding site.
  - Call **800-282-4548**, Monday – Friday, 8 a.m. – 8 .m., Eastern time.

Humana
Healthy Horizons®
in Florida

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Reimbursement process

Reimbursement during the continuity-of-care period:

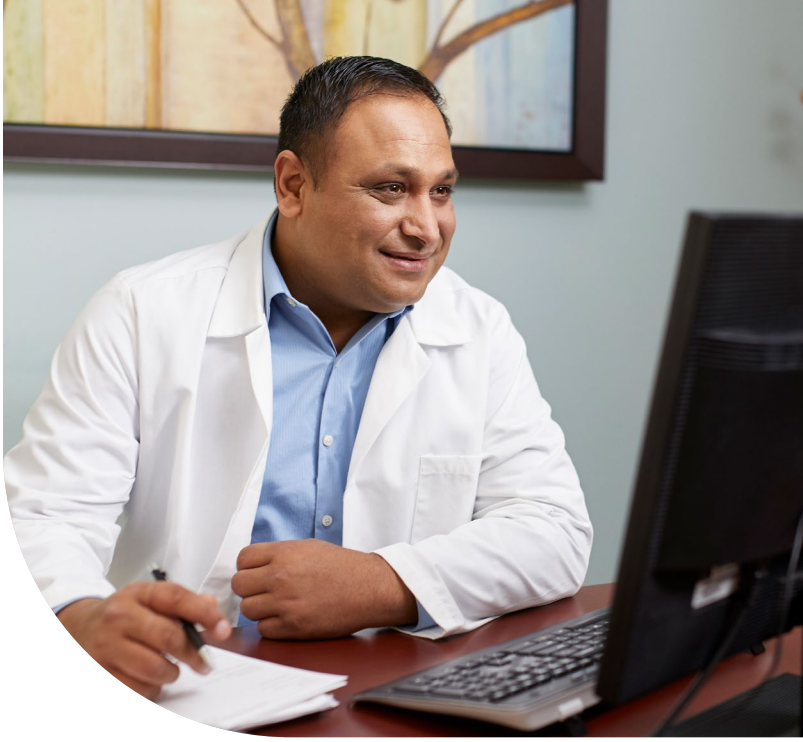
- For members who change plans, Humana Healthy Horizons will coordinate with the members' previous plans to ensure prior authorization requests are honored.
- Through the following process, Humana Healthy Horizons will ensure transitioning members will still receive care even if Humana Healthy Horizons does not have a contract with members' current providers. That includes:
  - Continuing care plan as is for up to 90 days.
  - Ensuring there are no care disruptions.
  - Emphasizing members' comfort and safety while addressing unmet needs.
  - Reassessing and updating the personalized plan of care.
  - Identifying members who desire to transition and need continuity of care.
  - Determining unmet needs and putting necessary services in place.
  - Coordinating and building relationships with providers.
  - Placing members with new case managers.

Reimbursement after the continuity-of-care period:

- **Approved authorization is required for services outside of the continuity-of-care period.**
- The Behavior Analysis Authorization form should be completed and included with your authorization request.
- Participating providers will be reimbursed according to their contracted rate. Absent a letter of agreement, reimbursement to nonparticipating providers for approved authorization requests will be limited to the amount specified by Humana in the Behavior Analysis Authorization form.

Reimbursement for out-of-network claims

- Absent a controlling legal requirement or letter of agreement, reimbursement to nonparticipating providers is limited to the lesser of:
  - The amount specified by Humana Healthy Horizons in the authorization request form for the specific service



  - 100% of the applicable Medicaid fee schedule in effect and loaded in Humana Healthy Horizons' systems as of the date the claim for covered services is adjudicated
- A valid Medicaid ID is required for all providers, whether located in Florida or out of state, as a condition of payment.

Submitting electronic behavior analysis claims to Humana Healthy Horizons

The following are some of the many clearinghouses offering services to healthcare providers. Some clearinghouses and vendors charge a service fee. Please use payer ID 61101 for Humana fee-for-service claims. Contact the clearinghouse for more information.

- Availity Essentials (Humana's preferred vendor): 800-282-4548
- Waystar®/ZirMed: 844-692-9782
- TriZetto®: 800-556-2231
- The SSI Group: 800-881-2739

Submitting paper behavior analysis claims to Humana Healthy Horizons

- Submit paper claims to:
  Humana Claims Office, PO Box 14601
  Lexington, KY 40512-4601

Timeline for reimbursement

- Clean claims are processed within 20 days.

Billing guidance

- Use the CMS-1500 form to submit claims for behavioral analysis services.
- Bill reimbursement for all services in 15-minute increments.
- Be sure to bill with the appropriate modifier for the services rendered.
- Bill add-on codes with the corresponding base code.
- If the rendering provider is with a group and the group is receiving payment, the group will be captured in the billing provider section (Box 33), and then the rendering provider will be captured in the rendering provider section (Box 24).
- If the rendering provider is the provider that is being reimbursed, the rendering provider will be captured in Box 33.
- Treating provider: Enter the individual rendering (treating) provider's number in Item 24 J. Enter the rendering provider's ID number only when it is different from the pay-to provider number that is entered in Items 33a or 33b.
- Please see the following for additional information: Medicaid Provider Reimbursement Handbook, CMS-1500.

Reimbursement guidelines

- Participating providers will be reimbursed according to their contracted rate.
- Absent a letter of agreement, reimbursement to nonparticipating providers for approved authorization requests will be limited to the amount specified by Humana in the Behavior analysis authorization form.
- The Adopted Rules link below provides codes for informational purposes only and is subject to change. These codes should not be considered an all-inclusive list and are not a guarantee of coverage or reimbursement.
- Additional billing guidance can be found on the Florida Agency for Health Care Administration (AHCA) website at Adopted Rules-Service Specific Policies.
- Procedure codes and the latest published fee schedules can be found on the AHCA website at Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes.