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®, 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 emartinez1@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.

Reimbursement process

Reimbursement during the continuity-of-care period:

- The initial continuity-of-care period begins Feb. 1, 2025. Humana Healthy Horizons will honor any prior authorization request for behavioral analysis during the initial 120-day continuity-of-care period.

- Humana Healthy Horizons will extend any existing prior authorization requests that may expire during the 120-day initial continuity-of-care period for the remainder of the continuity-of-care period.
- Providers should continue providing services to members during the 120-day continuity-of-care period for any services that were previously authorized or prescheduled prior to the implementation, regardless of whether the provider is participating in the Humana Healthy Horizons network.
- Providers should keep previously scheduled appointments with new members during the transition.
- Although no additional authorization requests are needed for any ongoing treatment, written documentation for the provision of continued services may be needed for proper payment of the provided services.
- Nonparticipating providers will be reimbursed at the rate received for services rendered to the member prior to the member transitioning for the continuity-of-care period of 120 days.
- For members who change plans during the initial continuity-of-care period of 120 days, 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:
    - Continue care plan as is for up to 120 days.
    - Ensure there are no care disruptions.
    - Emphasize members' comfort and safety while addressing unmet needs.
    - Reassess and update the personalized plan of care.
    - Identify members who desire to transition/need continuity of care.
    - Determine unmet needs and put necessary services in place.
    - Coordinate and build relationships with providers.
    - Place 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.**
- Participating providers will be reimbursed according to their contracted rate.
- Nonparticipating providers' claims will default pay at a percentage of the Florida Medicaid allowable fee schedule for codes contained within an approved authorization request for services provided within the date of service time frame and filed on time.

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.
- 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:
  Adopted Rules—Service Specific Policies.
- Procedure codes and the latest published fee schedules can be found on the AHCA website:
  Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes.