Humana
Healthy Horizons®
in Ohio

Network Notification—Humana Healthy Horizons in Ohio

Notice date: September 1, 2025
To: Humana Healthy Horizons in Ohio provider network
From: Humana Healthy Horizons in Ohio
Subject: Coordination of benefits policy and procedure

Summary

This Humana Healthy Horizons® in Ohio plan policy provides guidance and details processes regarding Humana's methodology for coordination of benefits (COB) claims for members with active coverage.

Policy

Humana Healthy Horizons' policy establishes the claim adjudication procedures to ensure timely processing and payment of claims in compliance with the contractual requirements.

Claim processing guidelines

Coordination of benefits

- To process electronic COB claims, a copy of the appropriate remittance statement from the primary carrier must be submitted and include the primary carrier's payment information and an Explanation of Benefits (EOB).
- For Medicare COB claims, the appropriate remittance statement must be received within 90 days of the last submission.
- For Non-Medicare primary payer claims, the appropriate remittance statement must be received within 90 days from date of service or discharge.

If a claim is denied due to lack of COB information, the provider must submit the appropriate remittance statement from the primary payer within the remainder of the initial claims timely filing period.

Procedures

Humana Healthy Horizons will apply the following methodology to COB claims where members have coverage through a commercial carrier or Medicare (primary).

When coordinating benefits, Humana will pay the *lesser of* the 2 amounts, X or Y, calculated as follows:

- X = Humana allowed minus primary paid
- Y = primary allowed minus primary paid

If the primary paid amount is greater than the Humana allowed amount, no additional payment will be made by Humana.

“Humana allowed” is the amount Humana would pay as the primary carrier. It is based on the provider’s contract and the applicable fee schedule(s) published by the Ohio Department of Medicaid.

“Primary paid” is the primary allowed amount minus the primary deductible, copay and/or coinsurance (member responsibility) reported on the commercial or Medicare EOB.

Examples

When calculating X and Y, 2 preliminary calculations occur:

Calculation 1
“Other insurance allowed” minus “other insurance deductible/copay/coinsurance (member responsibility)” = other insurance paid

Calculation 2
“Humana allowed” minus “Humana member responsibility (if applicable)” = Humana paid amount

Use the results from calculations 1 and 2 to calculate X and Y:

Calculation for X
“Humana allowed” minus “other insurance paid” = X

Calculation for Y
“Other insurance allowed” minus ”other insurance paid” = Y

The lesser of 2 amounts—X or Y—is paid by Humana.

Note: If the other carrier paid more than what Humana allows, no additional payment is due.

Questions?

For more information, please call Provider Services at 877-856-5707, Monday – Friday, 7 a.m. – 8 p.m., Eastern time.

You can also email us at OHMedicaidProviderRelations@humana.com.