



Humana Healthy Horizons in Ohio Claim Quick Reference Guide

Claim submission

The claim submission process for Humana Healthy Horizons® in Ohio is different than for other Humana lines of business.

When filing electronic Medicaid claims for your patients with coverage through Humana Healthy Horizons in Ohio, please follow the guidance below:

- Submit using electronic data interchange via the Ohio Department of Medicaid's Ohio Medicaid Enterprise System (OMES) at <https://medicaid.ohio.gov/resources-for-providers> or via [Availity Essentials™](#).
- **Use payer ID 61103.**
 - Do not use Humana's traditional payer ID for fee-for-service claims (61101) when submitting Humana Healthy Horizons in Ohio claims.
- Claims must be submitted electronically. Paper claim submission is not accepted for Ohio Medicaid.
- Claims, including corrected claims, must be submitted within 365 days from the date of service or discharge date.
- If a member has Medicare and Humana Healthy Horizons is secondary, the provider may submit for secondary payment within 180 days from the Medicare adjudication date.
- If a member has other insurance and Humana Healthy Horizons is secondary, it is recommended that the provider submit for secondary payment within 180 days from the other insurance payment date.



Clearinghouses

The following are some of the many clearinghouses offering services to healthcare providers. Some clearinghouses and vendors charge a service fee. Contact the clearinghouse for more information.

Clearinghouse	Website
Availity Essentials	www.availity.com
Optum®	https://business.optum.com/en/?src=chc
SSI Group	http://thessigroup.com
Trizetto®	http://trizettoprovider.com

Humana Healthy Horizons Medicaid provider numbers

The following are Humana’s Medicaid provider numbers for use when submitting documents for wraparound payments.

Line of business:

Medicaid—aged, blind, and disabled	Humana’s Medicaid ID number: 0461038
Medicaid—covered families and children	Humana’s Medicaid ID number: 0462285

Common claim submission errors and how to avoid them

Humana Healthy Horizons may reject claims because of missing or incomplete information. Common rejection or denial reasons include:

- Patient not found
- Subscriber not found
- Patient birth date on claim does not match that found in the database
- Missing or incorrect information
 - Incorrect National Provider Identifier (NPI)/ZIP code/taxonomy
 - Missing NPI/ZIP code/taxonomy
- Invalid Healthcare Common Procedure Coding System (HCPCS) code

- No authorization found

Ways to avoid these errors include:

- Confirming received and submitted patient information is complete and accurate
- Ensuring all required claim form fields are complete and accurate
- Ensuring billed amounts have a dollar value
- Confirming provider information is complete and accurate
- Obtaining proper authorization for rendered services
- Documenting the ordering, referring or prescribing NPI when necessary