



Network Notification – Humana Healthy Horizons in Indiana

Notice date: May 30, 2025

To: Humana Healthy Horizons® in Indiana provider network for Indiana PathWays for Aging

From: Humana Healthy Horizons in Indiana

Subject: Reminders for Home and Community-Based Services providers

Billing and Service Authorizations

If services are rendered that don't match your OMPP record and/or your Humana Healthy Horizons contract for PathWays, they will be denied even if there is an approved authorization or notice of action (NOA) on file.

Reminder, services authorized are **monthly**. You will only be reimbursed for the members' authorized amounts per month. Here is a visual of what you may see on your authorization, and if you exceed these amounts – the excessive units will be denied or recovered.

Sample: (In this example, **no more than 84 units for a total of thirty-one (31) days** should have been serviced/billed in March.)

Attendant Care (Agency)-Funding source: Indiana PathWays for Aging										
Provider Name: ABC Group, LLC							Provider ID#: 123456789			
Billing Code	Mod 1	Mod 2	Mod 3	Mod 4	Start Date	Stop Date	Unit Size	Unit Rate	# of Units	Current Cost
S5125	U7	UA			3/1/2025	3/31/2025	0.25 hr	\$8.59	84	\$721.56
S5125	U7	UA			4/1/2025	4/30/2025	0.25 hr	\$8.59	88	\$755.92

The OMPP HCBS Module states that attendant care units are billed in 15-minute increments. Providers are authorized to bill up to the unit amounts listed on the latest approved authorization. Units that are billed in excess of the authorization will be denied.

Certification and contracting

For Home and Community-Based Services (HCBS) providers rendering services for Humana Healthy Horizons in Indiana members enrolled in PathWays, please verify that you are properly contracted

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with the Office of Medicaid Policy and Planning (OMPP) and are contracted with Humana Healthy Horizons for the services and levels of care you are rendering for the PathWays program.

To verify or make changes to your status with OMPP, please email OMPPWaiverCertification@fssa.in.gov.

Any changes with OMPP should be added to your Humana Healthy Horizons contract by emailing LTSSContracting@humana.com.

- For non-HCBS services, email INProviderUpdates@humana.com.

Servicing counties

HCBS providers should verify that you can render (i.e., travel to) services in the counties that you shared with Humana Healthy Horizons in your enrollment application.

To verify or make changes to your servicing information with OMPP please email OMPPWaiverCertification@fssa.in.gov.

Any changes with OMPP should be added to your Humana Healthy Horizons contract by emailing LTSSContracting@humana.com.

- For non-HCBS services, email INProviderUpdates@humana.com.

Member eligibility

It is important to verify member eligibility with the [Indiana Health Coverage Programs portal](#) prior to rendering services. Services are not reimbursed if the member is not eligible for the services, even with an approved authorization or NOA.

Sample member eligibility for HCBS with PathWays, effective July 1, 2024 – July 30, 2024:

Benefit Details 			
Coverage	Description	Effective Date	End Date
Aged and Disabled HCBS Pathways	Aged and Disabled HCBS Pathways	07/01/2024	07/31/2024
Full Medicaid	Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)	07/01/2024	07/31/2024
Qualified Medicare Beneficiary	Qualified Medicare Beneficiary - Members for whom co-insurance and deductibles are paid as well as Medicare Part B premiums	07/01/2024	07/31/2024



If you have questions or need assistance, please email INMedicaidProviderRelations@humana.com or call Provider Services at 866-274-5888 (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.