

## Network Notification – Humana Healthy Horizons in Indiana

**Notice date:** May 19, 2026  
**To:** Humana Healthy Horizons in Indiana provider network for Indiana PathWays for Aging  
**From:** Humana Healthy Horizons in Indiana  
**Subject:** Home health enrollment and credentialing

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Humana Healthy Horizons® in Indiana and Indiana PathWays for Aging announce that on June 26, 2025, Indiana Health Coverage Programs (IHCP) published BT202595, requiring home health agencies to be recognized and enrolled as Medicare providers by July 1, 2026. This requirement applies to new and existing IHCP-enrolled home health agencies.

Applications for Medicare participation can be completed online through the [Medicare Provider Enrollment, Chain, and Ownership System \(PECOS\)](#). Providers also can apply using a paper CMS-855A Home Health Enrollment Application.

Palmetto GBA®, the Medicare Administrative Contractor (MAC) for Indiana home health and hospice, provides the initial review of the agency's request for Medicare participation and completes all screening activities.

After the initial review, the MAC refers the application to the Indiana Department of Health (IDOH) or to a provider's accrediting organization (AO). Home health agencies must receive a certification survey from either IDOH or an AO.

Home health agencies can use the following Centers for Medicare & Medicaid Services (CMS)-approved AOs:

- Accreditation Commission for Health Care (ACHC)
- Community Health Accreditation Partner (CHAP)
- The Joint Commission (TJC)

## **Medicare Advantage Credentialing**

To become credentialed for the first time, home health agencies need a current and complete Council for Affordable Quality Healthcare (CAQH) ProView application. Please be sure to grant Humana access to the CAQH ProView application.

Required documents for Medicare Advantage credentialing:

- Organizational credentialing application
- Professional liability insurance (PLI)
- Indiana license
- Medicare certification
- National Provider Identifier (NPI)
- Clinical Laboratory Improvement Amendments (CLIA) certification
- Approved accreditations
  - The Joint Commission (TJC)
  - Accreditation Commission for Health Care (ACHC)
  - Community Health Accreditation Program (CHAP)

## **Medicare Advantage contracting**

Only home health agency enrolled for Medicare participation and are in possession of a Medicare number are permitted to contract with Humana for Medicare Advantage. Home health agencies can begin the process by visiting our “[Join our network](#)” website and selecting the online form. You are then transferred to Humana’s internal provider portal page. Select ‘Request to Join’ to complete the enrollment questionnaire. Applicants need the following information to start the process:

- National Provider Identifier (NPI)
- Valid email address
- First and last name
- Tax Identification Number (TIN)
- ZIP code for your primary service location

After application information is validated, an email is sent with instructions and a link from Humana to finish the request-to-join process. You may be required to register as a new user on Humana’s provider portal.

Required documents:

- W-9 in PDF format
- Roster
- Disclosure of ownership form
- Long-term services and supports (LTSS) organization provider assessment

When your submission is complete, you should receive a confirmation email with a tracking number for your reference.

Providers can watch Provider Portal: Joining Humana's Network or Submitting a Change from our **Making it Easier tutorials webpage** for a step-by-step video on how to complete and submit your application.

### **Effective date policy**

The effective date policy is as follows:

- A brand-new provider that is not part of an existing contract with Humana becomes effective the first of the month following the contract execution date.
- The effective date is no sooner than the IHCP effective date.
- A provider added to an existing contract becomes effective the first of the month following receipt of the network participation request from the provider.



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