



## Humana Healthy Horizons in Indiana claim-payment inquiry resolution guide

To simplify claim-payment inquiries and to ensure you have the support you need, Humana Healthy Horizons® in Indiana for Indiana PathWays for Aging providers has clarified its process.

- See Page 1 for information about making claim-payment inquiries, submitting informal disputes and submitting formal disputes/appeals.
- See Page 3 for the Humana Healthy Horizons Provider Payment Integrity (PPI) team's inquiry and escalation processes.
- See Page 5 for submitting code-edit questions and accessing code-edit simulations online.
- See Page 6 for additional points of contact.

### Informal and formal claim disputes

An informal claim dispute is the first step in the provider payment dispute process. It represents your initial request for an investigation into the outcome of the claim.

A formal claim dispute—also referred to as a claim appeal—is the second step in the provider payment dispute process. If you disagree with the outcome of the informal claim dispute, you can request an additional review as a claim appeal. If you submit an appeal on behalf of a member, an [Appointment of Representative form](#) is required.

A dispute can be requested when you disagree with Humana Healthy Horizons' payment amount, payment denial or nonpayment of a claim.

### How to make a claim-payment inquiry or informal claim dispute

#### Online:

Appeals and disputes for finalized Humana Healthy Horizons claims can be submitted through Availity Essentials™. To get started:

1. Sign in to [Availity Essentials](#).
2. Use the Claim Status tool to locate the claim you want to appeal or dispute, then select the Dispute Claim button on the claim details screen. This adds the claim to your Appeals worklist but does not submit it to Humana Healthy Horizons.
3. You can submit the appeal or dispute to Humana Healthy Horizons immediately or wait until later and submit it from your Appeals worklist.

4. To access your Appeals worklist at any time, go to “Claims & Payments,” then select “Appeals.”

You can find additional details at [Manage claim appeals and disputes online](#).

- Availity Essentials resources:
  - Find helpful resources on how to use Availity Essentials tools and features by signing in to [Availity Essentials](#) and using the Help & Training menu on the main navigation bar.
  - Find help with technical website issues by calling Availity Client Services at 800-AVAILITY (282-4548), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

**Email:**

Submit informal disputes to Humana Healthy Horizons via email at [INMedicaidClaimsResearch@humana.com](mailto:INMedicaidClaimsResearch@humana.com).

**Mail:**

You can submit informal claim disputes by mail to:

Humana Healthy Horizons in Indiana  
Informal Claim Dispute  
P.O. Box 14169  
Lexington, KY 40512-4169

Please be sure to include:

1. The healthcare provider’s name and Tax Identification Number (TIN).
2. The member’s State Medicaid ID number and relationship to the patient.
3. The date of service and claim number.
4. The charge amount, actual payment amount, expected payment amount and a description of the basis for the contestation.
5. The provider’s contact information for Humana Healthy Horizons’ response.

**Phone claim-payment inquiry:**

Call the Humana Indiana PathWays for Aging provider call center at 866-274-5888, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. Our representatives can answer many of your claim questions and can initiate contact with other Humana Healthy Horizons departments when further review or research is needed.

- Note the reference number issued to you by the provider call center representative, as you will need it in the future.
- If your issue is not adequately addressed by the call center representative, you have the option to speak to a provider call center supervisor. Based on availability, you will be

connected to a supervisor or a supervisor will contact you within 48 hours of your request.

- In some situations, the call center representative will route your issue to an internal team at Humana Healthy Horizons. If this occurs, you will receive a letter or updated explanation of remittance from the Humana Healthy Horizons department that completes the additional review/research.

## How to make a formal claim dispute/claim appeal

### Participating providers

Most inquiries receive a response in 30 to 45 days. Please allow us time to properly research and resolve your inquiry before contacting us again.

If you are a participating provider and disagree with our determination after we respond to your informal claim dispute, you can email a claim appeal to [IndianaFormalDispute@humana.com](mailto:IndianaFormalDispute@humana.com) or mail it to:

Humana Healthy Horizons in Indiana  
Attn: Formal Claim Appeals  
201 N. Illinois St., Suite 1200  
Indianapolis, IN 46204

### Nonparticipating providers

Nonparticipating providers can find details on how to appeal determinations on [Medical Claim Payment Reconsiderations and Appeals](#).

## Humana Healthy Horizons Provider Payment Integrity (PPI) general inquiries and escalation process

Follow any written instructions you receive for disputes on medical record reviews. For all other PPI inquiries about overpayment-related items or escalated concerns, follow the instructions below. Additional guidance can be found at [Humana.com/PPI](https://www.humana.com/PPI).

**For initial PPI inquiries**, you can contact us:

#### Online:

- If you have questions or disagree regarding an overpayment, you can manage inquiries electronically with the online overpayment application on Availity Essentials at [www.availity.com](https://www.availity.com) under “Claims & Payments.”

Humana Healthy Horizons in Indiana is a Medicaid Product of Arcadian Health Plan, Inc.

- To submit medical records requested by Humana Healthy Horizons PPI team, submit through Availity Essentials. Sign in to [Availity Essentials](#) and select the Humana tile under “Payer Spaces.” Select “Medical Records Management” under the Applications tab to launch the tool.
- You also can submit records through the mail or by fax to:

Humana Medical Records Management  
P.O. Box 14465  
Lexington, KY 40512-4465

Fax: 866-305-6655

For overnight medical record submissions:

Humana  
Attn: MRM Unit Humana SBU  
2432 Fortune Drive, Suite 200  
Lexington, KY 40509-4265

- Learn about getting started with Availity Essentials by visiting [Humana.com/ProviderSelfService](https://www.humana.com/ProviderSelfService).

**Phone:**

- Call 800-438-7885, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and a representative can answer your questions.

**When contacting us, please have the following information available:**

- Patient name and date of birth
- Medicaid ID number and date of birth
- Date(s) of service
- Claim number
- Healthcare provider’s name
- Provider’s TIN
- Recovery identification number
- Reason for your inquiry
- Contact person’s name, email, mailing address, phone number and best time to call

**Escalation process**

If you are dissatisfied with our response or believe it fails to resolve your concerns, you can escalate your PPI inquiry by sending a secure email (see instructions above) to [HelpPPI@humana.com](mailto:HelpPPI@humana.com).

**Please note:** The subject line of your email must contain the reference number(s) associated with previous resolution attempt(s). The email must include:

- Patient name and date of birth
- Medicaid ID number and date of birth
- Date(s) of service
- Claim number
- Healthcare provider's name
- Provider's TIN
- Recovery Identification number
- Reason for your inquiry
- Contact person's name, email, mailing address, phone number and best time to call
- The charge amount, actual payment amount and expected payment amount
- A description of the basis for the dispute

If you have multiple claims, please use the [PPI Issue Resolution Team Escalation Submission Form](#). The escalations team will research your question and respond within 3 to 7 business days.

### Submit code-edit questions and access simulations online

You can use Humana tools on Availity Essentials to submit specific questions about code editing or run a code-edit simulation. These tools can help you avoid unnecessary delays or understand how a claim was processed.

Please note that to use these tools, you will need to register at [www.availity.com](http://www.availity.com).

#### To submit code-edit questions

1. Sign in to [Availity Essentials](#) and select "Payer Spaces," then "Humana."
2. Select "Research Procedure Code Edits" from the list of applications.
3. Use the application to submit your procedure code-edit question.

#### To run code-editing simulations

The Code Edit Simulator displays potential code edits that Humana may apply, which is based on claim information you enter. This feedback allows you to address issues that can delay the adjudication of your claim.

1. After signing in to [Availity Essentials](#), select "Payer Spaces" in the top navigation bar, then select "Humana."

2. Under the Applications tab, select “Code Edit Simulator.” If you do not see the Code Edit Simulator, contact your Availity Essentials administrator to request access.

## Additional points of contact

### To dispute medical record review findings

Include a completed copy of the [PPI Medical Record Review Dispute Request Form](#). Please mail or fax to:

Humana Provider Payment Integrity Disputes  
P.O. Box 14167  
Lexington, KY 40512-4167

Fax: 888-815-8912

Note: If your medical record review findings letter indicates a different address for submittal, use the address listed in your findings letter.

### To send a check in response to an overpayment request letter

Please use the address below to send Humana a check in response to an overpayment request letter. In addition to the check, please enclose a copy of the PPI overpayment chart included with the refund request letter.

Humana Healthcare Plans  
P.O. Box 931655  
Atlanta, GA 31193-1655