

# External Independent Review (EIR) Request Form

**IMPORTANT NOTE:** If you have not yet exhausted an appeal of the adverse decision, then do not submit a request for an EIR. An EIR is an independent review of an adverse **APPEAL** decision.

All fields identified with an asterisk are required for the request to be considered complete, including attachments. Incomplete requests will be administratively denied.

Date listed on the MCO final decision notice\* \_\_\_\_\_

MCO appeal reference number noted on the notice\* \_\_\_\_\_

## Appeal category\*:

Claim payment determination

Medical necessity adverse benefit determinations

## Party submitting request\*:

Provider

Third-party billing service on behalf of provider

Name of Billing Service: \_\_\_\_\_

### Patient information

Date of service\*:

Claim #\*:

Name\*:

Date of birth\*:

MCO enrollee ID number\*:

### Provider information

NPI\*:

Tax ID #\*:

Address\*:

Name as it appears on W-9\*:

### Provider contact information

Name\*:

Mailing address\*:

Email\*:

Fax number\*:

Phone\*:

**Humana**  
Healthy Horizons®  
in Kentucky

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

**Third-party billing contact information** (Completion of this section is required if a third-party biller is submitting this request.)

Name\*:

Mailing address\*:

Email\*:

Fax number\*:

Phone\*:

**Designated contact for this request** (Please check one.)

Provider

Third-party billing service on behalf of provider

Identify each specific issue and dispute directly related to the adverse final decision issued by the MCO.\* Requests containing non-specific statements will not be considered.

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State the basis on which the MCO's decision on each issue is believed to be erroneous.\* Requests containing non-specific statements will not be considered.

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When submitting this form, attach required documentation that supports the External Independent Review request. Incomplete submissions will be rejected.

Attachments must include and are limited to the following:

- Copy of MCO's final adverse decision

Regulatory and Statutory Authority

- 907 KAR 17:035
- KRS 205.646

Number of attached pages: \_\_\_\_\_

**Submit EIR request to:**

Humana Healthy Horizons, Inc.

P.O. Box 14546

Lexington, KY 40512-4546

Fax: 502-508-1796

Email: **HumanaMedicaid\_EIR\_MFH@humana.com**

Please use the below lines for further details if more space is required:

[illegible]

MCO Comments:

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is a small dark smudge or mark near the top center of the page.