Contracted Rate Dispute Form

Contracted rate disputes must be connected to payment errors specifically related to provider contract issues. All other issues must be submitted via the Humana Healthy Horizons® in Kentucky appeals process.

Providers/facilities have 24 months from the original adjudication date to file a contracted rate dispute. Provider contracted rate disputes are resolved by Humana Healthy Horizons within 30 calendar days of receipt.

Claim form type: ☐ UB-04 ☐ HCFA-1500 ☐ ADA

Patient information	
Date of service:	Claim number:
Date of original claim adjudication:	
Name:	
Humana Healthy Horizons ID number:	

Provider information	
NPI:	Tax ID number:
Address:	
Name as it appears on W–9:	

Requestor information	
Name:	
Address:	
Email:	Phone:

Humana
Healthy Horizons®
in Kentucky

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

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Please give a brief but detailed description of your contracted rate dispute. What is your expected outcome?

Have you submitted a previous appeal or contracted rate dispute in relation to the claim you dispute via this submission?

If so, please provide the Humana Healthy Horizons appeal or contracted rate dispute reference number:

When submitting this form, attach pertinent documentation supporting your contracted rate dispute. Incomplete submissions are rejected. Pertinent attachments must include, at a minimum, the explanation of payment for the disputed claim and the provider contract provision you believe Humana Healthy Horizons misapplied in the processing of the disputed claim. Other attachments are accepted but not mandatory.

Number of attached pages: _____

How to submit contracted rate disputes

Contracted rate disputes for dental and vision providers should be submitted to DentaQuest/EyeQuest at **https://greatdentalplans.my.site.com/CreateCase**

Mail: **DentaQuest Provider Grievances**
P.O. Box 2906
Milwaukee, WI 53201-2906

Fax: **262-834-3452**

Mail: **EyeQuest Provider Grievances**
P.O. Box 2906
Milwaukee, WI 53201-2906

Fax: **262-834-3452**

For all other providers, please submit contracted rate disputes to Humana Healthy Horizons by mail, fax or through your **secure Availity Essentials™ account**:

Mail: **Humana Healthy Horizons**
Contracted Rate Disputes
P.O. Box 14546
Lexington, KY 40512-4546

Fax: **800-9492961**

If you have questions regarding this form or the required attachments, please call Humana Healthy Horizons in Kentucky Provider Services at **800-444-9137**, Monday through Friday, 8 a.m. to 6 p.m., Eastern time.