

Humana Healthy Horizons in Florida Long-Term Care

Volume I
October 2025

In this issue:

- The drive for compliance: electronic visit verification for all home health providers
- It's that time again—remember to submit your recredentialing paperwork
- More support is available with the assisted living facility value-based program
- Long-term care billing requirements
- Authorization creation and updates
- Missed services
- Move-in notifications
- Help your Medicaid members keep their coverage with updated contact information
- Take advantage of Humana's Making It Easier series resources
- Keep your best health on schedule with prevention and screening
- Get to know who can help you: see the Provider Engagement professional regional assignments

Humana
Healthy Horizons®
in Florida

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.

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The drive for compliance: electronic visit verification for all home health providers

Humana Healthy Horizons® in Florida requires providers to submit claims through our electronic visit verification (EVV) vendor, HHAeXchange, for the following license types:

- Homemaker and companion agencies
- Nurse registries
- Non-skilled home health agencies
- Skilled home health agencies

How to register

To create an account, please visit **FL HHAeXchange Provider Portal Agency Registration**

EVV compliance metrics

As required by the 21st Century Cures Act, Medicaid home health claims must be submitted through Humana Healthy Horizons EVV vendor. Effective for dates of service on or after June 21, 2021, Statewide Medicaid Managed Care (SMMC) health plans deny all claims for personal care and home health services not submitted through their EVV vendors. The Agency for Health Care Administration (AHCA) requires a minimum 85% EVV submission rate to comply. For more information, please visit the following websites:

- **Home Health Services EVV | Florida AHCA (myflorida.com)**
- **Everything Homecare Agencies Need to Know About EVV | HHAeXchange**

Ways to use EVV

- **Mobile app:** Allows providers to clock in and out using a smart device
- **Offline mode:** Allows providers the availability to access HHAeXchange when they experience internet connectivity issues
- **Phone instructions:** Allows the provider to call in an EVV to comply with submission requirements

Update provider profile

HHAeXchange recommends the following resources when "visit" or "profile" changes are needed:

- **Edit Taxonomy and Revenue Codes in UPR**
- **Provider Setup**

Missing authorization

If an authorization is missing from HHAeXchange, please contact Humana Healthy Horizons via HHAeXchange's communication center. Instructions about how to use the communication center can be found under **Payer Communications in the Communications section**.

Accept placements

Review these knowledge base guides for information about placements

- **Offer placements**
- **Correct a placement or authorization sent to the wrong office**

Schedule visits

Learn how to create or update visits to assist Humana Healthy Horizons-covered patients with their care by visiting the following resources:

- **Create visits**
- **Schedule new visits**
- **Adjust a schedule on unbalanced visits**
- **Clock in and out of a scheduled visit**
- **Schedule and confirm EVV-based visits**
- **Create a new caregiver**

How to manage contract and Letter of Agreement rates

Providers can make changes to contract and Letter of Agreement rates within their profile. To learn more, visit:

- **How do I manage my contract rates?**

How to bill a claim

To receive payment, please consult the following instructions:

- **How do I bill contracts?**
- **Billing**

How to unbill a claim

To send a corrected claim, providers must unbill and then re-bill the claim. Learn more about how to unbill a claim by visiting **Unbill a Visit**.

Billing holds

To ensure receipt of payment, please check your billing-hold queue regularly to quickly resolve claims for MCO submission. For more information, please visit **Billing Review**.

Electronic data interchange files

If you are using a clearinghouse, please ensure electronic data interchange (EDI) files are accepted properly. For more information, please visit [Payer Log File Responses](#).

How to delete a duplicate visit

Instructions on how to delete a duplicate visit can be found at [Unbill a Visit \(HHAeXchange.com\)](#).

Member demographics

Instructions on how to update a member's demographics can be found by visiting:

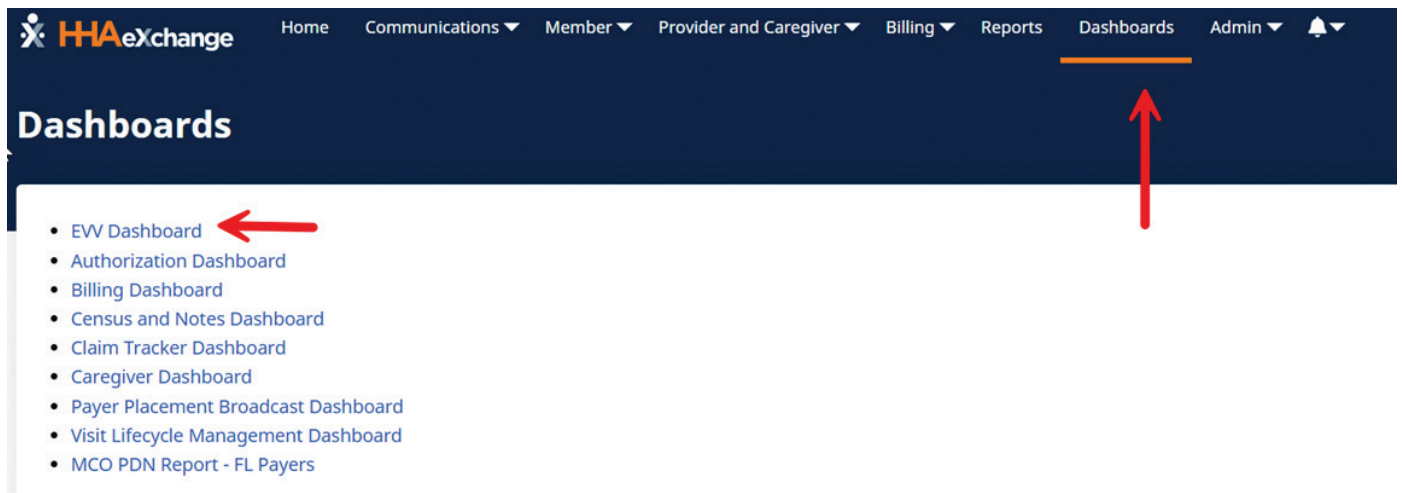
- [Updates to Patient Demographics](#)
- [Add Multiple Patient Addresses](#)

EVV compliance reporting

HHAeXchange provides managed care organizations (MCOs) applicable member data each month. Compliance is measured and displayed in the "Percent of Billed Visits with EVV Timestamp" field. In addition, each month HHAeXchange sends a copy of the report to the administrator of the provider and MCO's account. To access a copy of the report, please visit:

Reports Topics | HHAeXchange Knowledge Base.

1. Select Dashboards
2. Then select EVV Dashboard



HHAeXchange support center

For more information or support from HHAeXchange, please access the applicable portal:

- [Client Support Portal](#)
- [HHAeXchange Knowledge Base Launch Pad | HHAeXchange](#)

If needed, call: **855-400-4429**, Monday – Friday, 7 a.m. – 8 p.m., Eastern time.

Frequently asked questions

Frequently Asked Questions | HHAeXchange Knowledge Base

It's that time again—remember to submit your recredentialing paperwork

Humana Healthy Horizons requires that all healthcare providers submit recredentialing information every 3 years. Please reach out to your Provider Engagement professional to inquire about requirements. Key items include:

- W-9
- Recredentialing application
- Liability insurance
- License

Gather all the information and send it back to your Provider Engagement professional. Your contract will be in jeopardy if your credentials expire.

More support is available with the assisted living facility value-based program

The Humana Healthy Horizons assisted living facility value-based program supports our members' preference to stay in home- and community-based settings. The program will assist providers in welcoming Humana Healthy Horizons members who are transitioning from a nursing home back into the community, as well as those already in home settings who are at risk of needing custodial care.

The first year of transitioning from a nursing home back into the community represents the most vulnerable period for our members. Because of this, our program offers a monthly incentive to assisted living facilities that accept transitioning members and work with us in providing the highest level of care.

This program is subject to change or termination, but Humana Healthy Horizons will provide prior notice in either case.

We look forward to strengthening our collaborative efforts with you in delivering quality care. Please refer to the following pages for more information about this enhanced program. If you need further clarification, get in touch with your Provider Relations representative or call Provider Services at **888-998-7735**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

What you need to know about the program

Qualifying members

This program is for all Humana Healthy Horizons members transitioning from a nursing home into your assisted living facility. It also includes Humana Healthy Horizons members transitioning from a home setting into your assisted living facility.

Eligibility timing

A qualifying member's eligibility date starts from the date of transition and extends for 12 months from the date of transition. Member eligibility will not reset during the 12 months from date of transition if a member goes to a nursing home and returns to your assisted living facility. Your facility will still qualify for rewards if there are remaining eligible months from the original date of transition.

Length of stay

Your facility must maintain a monthly 75% or greater occupancy rate to qualify for rewards. This will be calculated using the number of days in the month the member stays in your assisted living facility divided by the number of days in the month. The number of days in the month the member stays in your assisted living facility will be captured through claims submissions.

Payment

The quality program incentive will be paid out at \$300 per month for up to 12 months starting from the member's transition date into your assisted living facility for all qualifying members who meet program eligibility requirements.

Payment timing

Qualifying payments will be paid out on a quarterly basis. We will look back an additional quarter for dates of services to allow additional time to submit claims. See payment schedules below for detailed timing:

- Dates of service initial – Claim service dates that will be used to calculate payments.
- Dates of service look-back – Additional claim service dates that will be used to calculate payments to allow for additional time to submit claims.
- Claim payment deadline – Humana Healthy Horizons will pull all paid claims for the specified dates of service to calculate the reward payment.
- Payment-by date – Reward payments will be issued on or before this date.

Humana Healthy Horizons will follow normal company recovery policy and reserves the right to recover any payments for claims not reflective of member's actual stay.

Implementation year			
Dates of service initial	Dates of service look-back	Claim payment deadline	Payment-by date
June 1 – 30	N/A	June 30	July 31
July 1 – Sept. 30	June 1 – 30	Sept. 30	Oct. 31
Oct. 1 – Dec. 31	July 1 – Sept. 30	Dec. 31	Jan. 31 (following year)
Ongoing year			
Dates of service initial	Dates of service look-back	Claim payment deadline	Payment-by date
Jan. 1 – March 31	Oct. 1 – Dec. 31 (prior year)	March 31	April 30
April 1 – June 30	Jan. 1 – March 31	June 30	July 31
July 1 – Sept. 30	April 1 – June 30	Sept. 30	Oct. 31
Oct. 1 – Dec. 31	July 1 – Sept. 30	Dec. 31	Jan. 31 (following year)

Long-term care billing requirements

- Submit claims with only one month per claim, claim should not span across different months.
- Corrected claims need to be submitted with the same date of service spans that the original claim was filed with.
- Include other insurance payment documentation during claims submission.
 - Submit using Availity Essentials™
- Find procedure codes and the latest published fee schedules on AHCA’s reimbursement rules [website](#).
- Participating providers will be reimbursed according to their contracted rate.
- Humana Healthy Horizons will not reimburse more than billed charges.
- Please bill at the adjusted rate when there are rate changes.
- Remember to update address, taxonomy codes and NPIs in HHAeXchange, Availity Essentials and any clearinghouse used for billing to match the information posted in the Provider master list (PML).
 - Be sure to link NPI and taxonomy codes in your PML entry as well.

Authorization creation and updates

Authorizations are managed by Humana Healthy Horizons care managers. Please remember:

1. Services provided are based on medical necessity.
2. Authorization changes need to be initiated by the members not the caregivers.
3. All authorization inquiries pertaining to care needed are managed by the care manager assigned.
4. Home health providers using HHAeXchange communicate with the care managers using the message center.
5. Follow the authorized schedule to prevent claims issues.

Missed services

A missed service is any service authorized on the Plan of Care that is not provided as scheduled. The following are not considered missed services:

- Services missed due to acute care admission
- Suspended services
- Member still has supplies and has received their shipment within the delivery month

Providers are required to notify Humana Healthy Horizons of any missed services as soon as they occur. Providers must notify using:

- Telephonic notification
- Using HHAeXchange portal

Please note that the notification is not enough, providers need to support the finding of another aide. Collaboration is very important since missed services are an access-to-care issue, and they are a metric on the provider score card.

Move-in notifications

Assisted living facilities, skilled nursing facilities and adult family care home facilities must notify Humana Healthy Horizons as soon as a member moves in.

by calling: **888-998-7732 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Help your Medicaid members keep their coverage with updated contact information

Encourage your Humana Healthy Horizons-covered patients to update their contact information—including their mailing or residential address, email address, legal name or phone number—when it changes so they can continue to receive important health notices from the state.

By keeping their contact information current, your Medicaid members protect their coverage and keep getting the healthcare they need.

Humana Healthy Horizons members can update their information by calling the Florida Department of Children and Families at **850-300-4323 (TTY: 800-955-8771)** or via the **MyACCESS Portal**.

Take advantage of Humana's Making It Easier series resources

“Making It Easier for Physicians and Other Healthcare Providers” is a series of educational presentations about Humana Healthy Horizons claim payment policies and processes.

Download the **Tools and Resource Guide** to learn about Humana Healthy Horizons' inventory of useful tools and resources to simplify your claims-related experience and other interactions with Humana Healthy Horizons.

Humana Healthy Horizons also hosts interactive webinars designed to help healthcare providers interact with us more easily and work with us via **Availity Essentials**. Please visit the **provider portal webinars and resources webpage** to learn more. Video presentations on dozens of topics of interest can be accessed at **Making it Easier tutorials**. You can access additional Humana Making It Easier content in the Humana Payer Space under the Resources tab on **Availity Essentials**.

To receive notifications whenever we add or update content, subscribe via the **Stay connected** web page.

Keep your best health on schedule with prevention and screening

When patients keep up with recommended preventive screenings, overall health is protected. Below is a list of recommended health services and tests for adult members that includes preventive screenings, medications and diabetes care.

Adult preventive screenings

	Type	Age range	Frequency
Vaccines¹	Influenza (flu) virus	18-75	Every year
	Td/Tdap	19-75	Every 10 years
	Zoster	50-75	One time
Women's health screenings²	Breast cancer screening	40-74	Every 2 years
	Cervical cancer screening	21-64	Every 3 years
Physical exam and health guidance³	Physical exam (includes weight, height, body mass index (BMI) and blood pressure)	18-75	Every year
Patient safety	Risk of falls screening	18-75	Every year
Medication review	Prescriptions, vitamins, and over-the-counter medications	18-75	Every year
Colorectal cancer screenings²	Colonoscopy	45-75	Every 10 years
	Flexible sigmoidoscopy	45-75	Every 5 years
	Home test kit (FOBT/FIT)	45-75	Every year
	Multitarget stool DNA test	45-75	Every 3 years
Diabetes screening and management²	HbA1c (blood sugar)	18-75	Every year
	Comprehensive eye exam	18-75	Every year
	Urine test	18-75	Every year
	Blood pressure control	18-75	Every year

Get to know who can help you: see the Provider Engagement professional regional assignments

Region	Engagement Professional	Email	Phone Number	Counties
A	Open	FLMedicaidPR@humana.com		Bay, Escambia, Holmes, Okaloosa, Santa Rosa, Walton, Washington
A	Mikayla Story	mstory5@humana.com	386-365-8653	Calhoun, Franklin, Gadsden, Gulf, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla
B	April Horner Hootman	ahornerhootman@humana.com	904-227-8225	Baker, Bradford, Clay, Columbia, Duval, Hamilton, Lafayette, Nassau, Suwannee, Union
B	Sabrina Fountain	sfountain3@humana.com	352-560-2400	Alachua, Citrus, Dixie, Gilchrist, Hernando, Levy, Marion, Sumter
B	Morgan Holditch	mholditch@humana.com	321-420-9686	Flagler, Lake, Putnam, St. Johns, Volusia
C	Juliette Aucoin	jaucoin1@humana.com	813-375-1382	Pasco, Pinellas
D	Ada Pimentel	apimentel1@humana.com	656-247-9084	Hillsborough, Manatee, Hardee
D	Kamekia Floyd	kfloyd@humana.com	407-961-0669	Polk, Highlands, Osceola
E	Anysh Girdhari	agirdhari@humana.com	407-451-6464	Brevard, Orange, Seminole
F	Paige Flanders-Beltley	pflandersbeltley1@humana.com	941-218-3243	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota
G	Thomas Coen	tcoen@humana.com	772-618-3355	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
H	Dianelis Orbera	dorbera@humana.com	786-501-1259	Broward
I North	Adriana Chil	achil@humana.com	305-582-2846	Miami-Dade
I South	Elizabeth Sardina	esardina@humana.com	305-431-0842	Miami-Dade, Monroe

For any escalations or other inquiries email FLMedicaidPR@humana.com

For LTC contracting inquiries email LTCnetworkrequests@humana.com

Florida Long-Term Care provider webpages

Humana Healthy Horizons has a variety of materials and resources to help you, including:

- Provider manual
- Billing quick guides
- Education guides
- Important provider contacts
- Provider resource guide
- Compliance training
- Expanded benefits
- Other useful materials

We encourage you to visit our website often to stay up to date.

Humana Healthy Horizons provider compliance training

Healthcare providers serving Humana Healthy Horizons in Florida must complete the following training modules and attestations yearly:

- Humana Healthy Horizons in Florida provider orientation and training
- Health, safety and welfare (abuse, neglect and exploitation)
- Cultural humility, health equity and implicit bias

Go to **Availity Essentials** to start your training.

For more information, visit **Compliance Training Materials for Providers** or see the provider training section of our website at **Provider education and training**.

Medicaid and Medicare Special Needs Plan (SNP) healthcare providers must adhere to all training requirements identified by their contract and Humana Healthy Horizons. This includes agreement and assurance that all affiliated participating providers and staff complete training on the identified compliance material. For more information on annual compliance training requirements, please visit **Provider education and training**. If you're an SNP provider, please visit **Provider compliance training materials**.

References:

1. "Immunization Schedules," Centers for Disease Control and Prevention, last accessed Feb. 26, 2024, <https://www.cdc.gov/vaccines/schedules/index.html>
2. US Preventive Services Task Force, last accessed Feb. 26, 2024, [https://www.uspreventiveser-
VICESTASKFORCE.ORG/USPSTF/TOPIC_SEARCH_RESULTS?TOPIC_STATUS=P&TYPE%5B%5D=5&SEARCHTERM=](https://www.uspreventiveserVICEStaskforce.org/uspstf/topic_search_results?topic_status=P&type%5B%5D=5&searchterm=)
3. "Yearly 'Wellness' visits," Medicare.gov, last accessed Feb. 26, 2024, [https://www.medicare.gov/cov-
ERAGE/yearly-wellness-visits](https://www.medicare.gov/cov-
ERAGE/yearly-wellness-visits).