



Humana®

Medicaid Pharmacy Orientation and Annual Provider Training 2025

Notable changes

This overview lists the key points of notable changes and the sections in which they are detailed.

Section	Page(s)	Summary of change
Medicaid state-specific information	8	Updated Florida over-the-counter (OTC) benefit allowance
Medicaid state-specific information	10	Added Oklahoma Covid-19 test kit information
Medicaid state-specific information	11	Updated Oklahoma OTC benefit information
Medicaid state-specific information	12–13	Updated South Carolina Drug List information; added Covid -19 test kits and copayments
Medicaid state-specific information	15	Added Louisiana OTC benefit allowance
Medicare-Medicaid dual-demonstration, state-specific information	19	Added Illinois OTC benefit allowance
Contact information	34	Added state-specific SS&C Health phone numbers
Contact information	36	Added Kentucky, Louisiana and Ohio

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Training topics

- 01 | Welcome
- 02 | Medicaid plan basics
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01 | Welcome

Humana, headquartered in Louisville, Ky., puts health first for our teammates, our customers and our company. Through our Humana insurance services and our CenterWell™ healthcare services, we make it easier for the millions of people we serve to achieve their best health by delivering the care and service they need when they need it. These efforts are leading to a better quality of life for people with Medicare or Medicaid, families, individuals, military service personnel, and communities at large.

We appreciate your role in delivering quality pharmacy services to our Medicaid members/enrollees. This training will assist your pharmacy staff in processing prescription claims for Humana plans and pertains exclusively to Humana Medicaid members/enrollees enrolled in a Humana health plan.

02 | Medicaid plan basics

Purpose of Medicaid plans—Florida, Indiana, Kentucky, Louisiana, Ohio, Oklahoma and South Carolina

- Medicaid is a program run by the federal government and state governments that helps people with limited income pay for medical costs.
- Medicaid plans may have different names in different states, and coverage can vary by state.
- By contracting with various types of managed care organizations, states' objectives are to:
 - ✓ Improve the member's/enrollee's experience in accessing and receiving person-centered care
 - ✓ Improve the quality of healthcare and long-term services
 - ✓ Improve care coordination and access to enhanced services
 - ✓ Improve the performance quality of providers and suppliers of services
 - ✓ Reduce costs and avoid unnecessary procedures
 - ✓ Promote independence in the community



Medicaid is the payer of last resort. Medicaid may not pay for a Medicare Part D drug for Medicare-eligible individuals.

03 | Medicaid state-specific information

Florida–Humana Healthy Horizons in Florida

- Humana Healthy Horizons in Florida® uses criteria from the Florida Agency for Health Care Administration (AHCA) in determining formulary, prior authorization, step therapy, quantity limits and age limits.
- Florida Medicaid providers must meet all requirements set forth in the Hernandez Settlement Agreement. If you are unfamiliar with the agreement and its requirements, or if you need further information, please visit the [AHCA Ombudsman Program website](#).
- For more information, download the [Humana Healthy Horizons® in Florida pharmacy manual](#).
- To access the Florida Medicaid Preferred Drug List (PDL), also known as a formulary, visit the [Florida Medicaid PDL website](#).
- AHCA Pharmacy Policy: The Pharmacy Policy Unit oversees pharmaceutical coverage and reimbursement policy, clinical criteria, and monitoring of pharmaceutical utilization. For additional information, visit the [AHCA Pharmacy Policy website](#).

03 | Medicaid state-specific information

Florida pharmacy benefit

Psychotropic informed consent

- Pursuant to statute F.S. 409.912(13), informed consent must accompany prescriptions for psychotropic drugs when prescribed for children younger than 13.
- [Download the Informed Consent for Psychotherapeutic Medication consent form.](#)

Opioids

- Humana Pharmacy Solutions® (HPS) enforces point-of-sale opioid dispensing limits based on F.S. 456.44(5)(a) prescription supply limits.
 - Schedule II short-acting opioids are limited to a 3-day supply. If the patient has an acute pain exception, then the limit is 7 days. Only 2 fills are allowed in a 30-day period.
 - Schedule III, IV and V short-acting opioids are limited to a 14-day supply or less.
 - Nonacute pain (e.g., cancer, sickle cell disease, chronic and nonmalignant pain) is limited to a 30-day supply.

03 | Medicaid state-specific information

Florida pharmacy benefit (continued)

Hemophilia

- AHCA contracts with Coram® and CVS Caremark® to provide statewide care management and pharmacy benefits management for eligible Medicaid beneficiaries with hemophilia or von Willebrand disease.
- To obtain hemophilia drugs, please call the Florida Medicaid Pharmacy Support Call Center at 800-603-1714, Monday – Friday, 7:30 a.m. – 8 p.m., Eastern time.

No copayments

- Medicaid members have no copays at network pharmacies.

34-day supply

- Medications are limited to a 34-day supply. Select maintenance medications may receive a 100-day supply.

OTC benefit

- A \$50 per household OTC benefit allowance is available through CenterWell Pharmacy® per month.

03 | Medicaid state-specific information

Indiana–Humana Healthy Horizons in Indiana

- Humana Healthy Horizons in Indiana® uses criteria from the Indiana Health Coverage Programs (IHCP) in determining formulary, prior authorization, step therapy, quantity limits and age limits.
- Download the [Humana Healthy Horizons® in Indiana pharmacy manual](#).
- To access the Statewide Uniform PDL, visit the [IHCP pharmacy benefit manager \(PBM\) provider website](#).
- IHCP pharmacy policy: The Pharmacy Policy Unit oversees pharmaceutical coverage and reimbursement policy, clinical criteria, and monitoring of pharmaceutical utilization. For additional information, visit the [IHCP PBM provider website](#)

No copayments

- Medicaid members have no copays at network pharmacies.

34-day supply

- Medications are limited to a 34-day supply for nonmaintenance medications.

03 | Medicaid state-specific information

Oklahoma–Humana Healthy Horizons in Oklahoma

- Humana Healthy Horizons in Oklahoma® uses criteria from the Oklahoma Health Care Authority (OHCA) in determining formulary, prior authorization, step therapy, quantity limits and age limits.
- Download the [Humana Healthy Horizons® in Oklahoma pharmacy manual](#).
- To access the PDL, visit [Humana Drug Lists for Providers | Humana](#).
- OHCA pharmacy policy: The Pharmacy Policy Unit oversees pharmaceutical coverage and reimbursement policy, clinical criteria, and monitoring of pharmaceutical utilization. For additional information, visit the [OHCA Pharmacy website](#).

Covid-19 test kits

- Covid-19 test kits are no longer covered on the pharmacy benefit. Humana Healthy Horizons in Oklahoma members can get tested in their physician's office.

03 | Medicaid state-specific information

Oklahoma—Humana Healthy Horizons in Oklahoma

Copayments

- Medicaid members have a \$4 copay per prescription/refill for both brand-name and generic medications at network pharmacies.
- As a value-added benefit, the 6-prescriptions-per-month limit is waived for Medicaid members 21 years old and older.

34-day supply

- Medications are limited to a 34-day supply for nonmaintenance medications. Select maintenance medications may receive a 90-day supply.

OTC benefit

- A \$30 per household OTC benefit allowance is available through CenterWell Pharmacy mail-order benefit per quarter.
- Unused amounts do not roll over to the next quarter.
- Members must reside in a home and/or community-based setting.

03 | Medicaid state-specific information

South Carolina—Humana Healthy Horizons in South Carolina

- Download the [Humana Healthy Horizons® in South Carolina pharmacy manual](#).
- To access the Comprehensive Drug List (CDL), visit the [Humana Healthy Horizons in South Carolina Provider Documents & Resources website](#).
- South Carolina Department of Health and Human Services (SCDHHS) has a state-directed preferred drug list in addition to medications already covered by Humana. The combination of these lists make up Humana's Comprehensive Drug List for South Carolina Medicaid. State criteria can be located on the agency website at [South Carolina Pharmacy Services | Physician/Prescriber | Documents \(fhsc.com\)](#). Humana may implement a medical necessity review for any prescription drug on the CDL.

Opioids

- HPS enforces point-of-sale opioid dispensing limits based on Centers for Disease Control and Prevention (CDC) recommendations on prescription supply limits.
 - Acute or postoperative pain to the lowest effective dose and for a quantity no more than necessary for the expected duration of pain. Prescribers must not exceed a 5-day supply or 90 morphine milligram equivalents daily.
 - Nonacute pain (e.g., cancer, sickle cell disease, chronic and nonmalignant pain) is limited to a 30-day supply.

03| Medicaid state-specific information

South Carolina—Humana Healthy Horizons in South Carolina

30-day supply

- Medications are limited to a 30-day supply. Select maintenance medications may receive a 90-day supply.

OTC benefit

- A \$30 per member OTC benefit allowance is available through CenterWell Pharmacy per quarter.

Covid-19 test kits

- Covid-19 test kits are no longer covered on the pharmacy benefit. Humana Healthy Horizons in South Carolina members can get tested in their physician's office.

No copayments

- Medicaid members have no copays at network pharmacies.

03 | Medicaid state-specific information

Kentucky–Humana Healthy Horizons® in Kentucky

- The PBM is MedImpact; visit the [MedImpact portal](#).
- MedImpact processes all pharmacy claims and provides pharmacy-related services with input from the Kentucky Department for Medicaid Services. These services include formulary administration, prior authorization, step therapy criteria development (including quantity and age limits) and postpayment auditing/monitoring.
- Pharmacies may not deny any service provided in the Medicaid programs based on the enrollee's failure or inability to pay any applicable copayment if he or she is at or below 100% federal poverty level, according to federal regulations (42 U.S.C. §447.52).

Additional resources

- To access the MedImpact PDL, visit the [MedImpact portal](#).
- To access Pharmacy Clinical Policies, visit the [Medicaid Provider Portal](#).

03 | Medicaid state-specific information

Louisiana–Humana Healthy Horizons in Louisiana

Humana Healthy Horizons in Louisiana® is not required to cover pharmacy services for members other than the limited pharmacy services required by the Louisiana Department of Health (LDH). Humana is responsible for:

- Medication Therapy Management (MTM) services
- Provider-administered drugs (medication intake team [MIT]), which includes prior authorization list (PAL) maintenance, policy creation and prior authorization reviews, and member/provider notifications
- Pharmacy Lock-in program
- Provider education and performance reporting
- Collaboration with LDH and the single pharmacy benefit manager (SPBM): Prime Therapeutics

OTC benefit

- A \$75 (per member, per month) OTC benefit allowance is available through CenterWell Pharmacy mail-order benefit.

All other pharmacy benefits are covered by the Prime Therapeutics SPBM.

To access the PDL, please download [Louisiana Medicaid Preferred Drug List \(PDL\)/Non-Preferred Drug List \(NPDL\)](#).

03 | Medicaid state-specific information

Ohio–Humana Healthy Horizons in Ohio

Humana Healthy Horizons in Ohio® is not required to cover pharmacy services for members other than the limited pharmacy services required by the Ohio Department of Medicaid (ODM). Humana is responsible for:

- MTM services
- Provider-administered drugs, which includes PAL maintenance, policy creation and prior authorization reviews, and member/provider notifications
- Pharmacy Lock-in program
- Provider education and performance reporting
- Collaboration with ODM and the SPBM

All other pharmacy benefits are covered by ODM's contracted SPBM: Gainwell Technologies.

To access the Ohio Unified Preferred Drug List, visit the [Ohio Unified Preferred Drug List website](#).

04 | Medicare-Medicaid dual-demonstration plan basics

Purpose of Medicare-Medicaid plans—Illinois

- Administering states offer dual plans under a variety of names, such as Medicare-Medicaid eligible, Medicare-Medicaid Plan (MMP) or Medicare-Medicaid Alignment Initiative (MMAI).
- Dual plans are designed to integrate Medicare and Medicaid benefits and improve coordination between the state and the federal government. The model brings together primary care providers, specialists, hospitals and a wide variety of other providers to focus on the health, behavioral health and social needs of Medicare-Medicaid clients.
- Key plan objectives:
 - Improve member experiences in accessing and receiving person-centered care
 - Improve the quality of healthcare and long-term services
 - Improve care coordination and access to enhanced services
 - Improve the performance quality of providers and service suppliers
 - Reduce costs for the state and the federal government
 - Promote members' community independence



Dual-demonstration plans integrate Medicare and Medicaid services and payment in 1 managed care plan.

05 | Medicare-Medicaid dual-demonstration, state-specific information

Illinois–Humana Gold Plus® Integrated Medicare-Medicaid

A pharmacy must be enrolled as both a Medicare and Medicaid provider and in the Illinois Department of Healthcare and Family Services (HFS) medical program to provide covered services under the Illinois MMAI plan.

- To comply with federal regulation 42 CFR Part 455 Subpart E–Provider Screening and Enrollment, Illinois has an electronic provider enrollment system. The web-based system is known as Illinois Medicaid Program Advanced Cloud Technology (IMPACT).
- The following information is required for enrollment in IMPACT:
 - National Provider Identifier (NPI)
 - Certified W-9 on file with the comptroller
 - Renewal of professional certifications or licensures
 - Valid primary email
 - Internet browser equivalent to Internet Explorer 8 or a more recent browser
- Pharmacy providers can enroll online at the [IMPACT website](#).
- For additional information, please visit the [Illinois HFS website](#) or email IMPACT.Help@illinois.gov with questions.

05 | Medicare-Medicaid dual-demonstration, state-specific information

Illinois (continued)

Medicaid and dual-eligible deductible/coinsurance:

- Pharmacies may not deny any service provided in the MMP programs based on the member's failure or inability to pay any applicable copayment.
- The MMP includes benefits for aid to aged, blind or disabled members 21 years old and older.

OTC benefit

- A \$65 per member OTC benefit allowance is available through CenterWell Pharmacy per quarter.

For more information, download the

[Humana Illinois Dual-Demonstration Medicaid pharmacy provider manual.](#)

To access the PDL, visit Humana's [Illinois Medicare-Medicaid Provider Documents website.](#)

06 | Credentialing and contracting

Humana pharmacy credentialing

Humana requires all network pharmacies to be credentialed during the initial contracting process and to be recredentialed at least every 3 years. The recredentiaing request is sent to the pharmacy by fax and requires the pharmacy to return a recredentiaing application, which includes:

- Pharmacy's state licensure information
- Pharmacy's U.S. Drug Enforcement Administration licensure information
- Signed and dated attestation stating the pharmacy is free of sanctions imposed by federal, state and local authorities
- Copy of current professional liability insurance coverage that meets or exceeds a minimum requirement of \$1 million in aggregate
- Pharmacy's National Council for Prescription Drug Programs (NCPDP) number
- Active Medicaid provider ID

Pharmacies that do not meet Humana's required standards, which include having an active state Medicaid ID and not being listed on the applicable state exclusion list or on the federal exclusion lists, will be removed from Humana's pharmacy network.

06 | Credentialing and contracting

Contracting process

Visit [Humana's pharmacy resources](#) website and:

1. Select **Pharmacy manuals and forms**.
2. Scroll down and select **Network request forms** under **Manuals and forms**.
3. Choose **Pharmacy Contract Request Form**.
4. Complete the online form. Print and submit the document using the instructions on the form.

To check the status of your credentialing or contract, please direct inquiries to Humana Pharmacy Networks at PharmacyContracting@humana.com or by fax at 877-650-2334.

06 | Credentialing and contracting

Contracting process—required information

- Pharmacy NCPDP
- Pharmacy NPI
- Pharmacy DBA name
- Pharmacy legal name
- Pharmacy physical address
- Pharmacy phone number
- Pharmacy fax number
- Pharmacy contracting contact name
- Pharmacy owner
- Pharmacy mailing address (if different from physical address)
- Tax Identification number
- Medicaid ID
- Email address
- Type of contract (e.g., retail, long-term care/assisted living, hospice, 340B)
- Organizational structure form

07 | Complaints

Pharmacy complaint system for states with HPS as the pharmacy benefit manager

Humana corporate management provides and promotes numerous strategies for addressing complaints and/or disputes from pharmacies based on issue type:

SS&C Health system issues

- All pharmacies contracted with Humana are encouraged to call the SS&C Health Help Desk at 866-211-9459 for questions or complaints related to a system issue or claims transaction.

Pharmacy initiative inquiries

- Humana's dedicated pharmacy telephone support unit can be reached at 888-204-8349 to help with pharmacy inquiries and complaints related to specific corporate pharmacy management initiatives.

07 | Complaints

Pharmacy complaint system (continued)

Pricing dispute process

Network pharmacies have the right to submit a request to appeal, investigate or dispute the maximum allowable cost (MAC) reimbursement amount to Humana within 90 calendar days (Florida) or 60 calendar days (Illinois, Indiana, Oklahoma and South Carolina) of the initial claim. The pharmacy may submit its request to appeal, investigate or dispute MAC pricing in writing to Humana by fax at 855-381-1332, by email at PharmacyPricingReview@humana.com or through the Pharmacist Portal using the Pharmacy Pricing Review Request. The pharmacy may call Humana at 888-204-8349 to speak to a representative regarding its request.

Humana will respond to the network pharmacy's request within 5 business days of receipt by Humana. The pharmacy is responsible for resubmitting the claim and for collecting and/or refunding any copayment amount.

08| Prior authorization

For information about prior authorization, visit Humana's [prior authorization for pharmacy drugs](#) website.

- Prescribers with requests related to medication prior authorization, step therapy requirements, quantity limits and medication exceptions can submit them to Humana Clinical Pharmacy Review (HCPR) in the following ways:
 - Obtain forms at Humana's [prior authorization for pharmacy drugs](#) website and fax them to the number located on the form.
 - Submit requests electronically by visiting Humana's [CoverMyMeds® website](#).
 - Submit requests by fax to 877-486-2621.
 - Call HCPR at 800-555-CLIN (2546), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
- For prescription drugs delivered/administered in a provider's office, clinic, outpatient setting or home setting:
 - Complete the appropriate fax form at Humana's [prior authorization for professionally administered drugs](#) website and fax it to Humana.
 - Call 866-461-7273, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.
 - Submit request by fax to Humana's MIT at 888-447-3430.

09| Claims and audits

Submitting pharmacy claims

All participating pharmacies must comply with NCPDP transaction standards for pharmacy drug claims, coordination of benefits and related pharmacy services. Submit claims using the following BINs and PCNs:

Plan	BIN	PCN
Humana Healthy Horizons in Florida (Medicaid)	610649	03190000
Humana Healthy Horizons in Indiana (Medicaid)	610649	03191506
Humana Healthy Horizons in Oklahoma (Medicaid)	610649	03191505
Humana Healthy Horizons in South Carolina (Medicaid)	610649	03191504
Humana MAPD and PDP (please submit with the member ID located on the member's ID card), Illinois dual demonstration	015581	03200000
Employer group (non-Medicare)	610649	03190000
Medicare Advantage plans	610649	03200004
Medicare's Limited Income Newly Eligible Transition (LI NET) Program	015599	05440000
KY MedImpact	023880	KYPROD1
Humana Healthy Horizons in Louisiana (Medicaid)	610514	LOUIPROD
Humana Healthy Horizons in Ohio (Medicaid)	024251	OHRXPROD

09| Claims and audits

Submitting paper claims

Send paper claims to the following address for processing:

Humana Claims
P.O. Box 14601
Lexington, KY 40512-4601

Pharmacies may call 800-865-8715 with questions and concerns regarding claims.

Kentucky Medicaid only

- Pharmacies may call MedImpact at 800-210-7628 with questions and concerns regarding claims.
- MedImpact fax number: 858-549-1569

Louisiana Medicaid only

- Pharmacies may call Magellan Health at 1-800-448-3810.

Ohio Medicaid only

- Pharmacies may call Gainwell Technologies at 833-491-0344.

09 | Claims and audits

Submitting CII claims

The Centers for Medicare & Medicaid Services (CMS) ruling CMS-0055-F mandates that a valid Quantity Prescribed (NCPDP field 460-ET) is submitted on all federally designated Controlled Substance Schedule II (CII) drug claims. This impacts pharmacy claim data submission, processor adjudication edits to validate the Quantity Prescribed and payer sheet updates to include the Quantity Prescribed field.

If the field (Quantity Prescribed 460-ET) is not populated for a CII drug, you will receive NCPDP reject code ET. Enter a valid quantity prescribed and resubmit.

Download the [CII claim bulletin](#) for additional information.

09| Claims and audits

Pharmacy audit program

The Humana pharmacy audit program:

- Helps ensure the validity and accuracy of pharmacy claims for its clients, including CMS and state agencies overseeing a program for Medicaid-eligible beneficiaries
- Helps ensure compliance with the provider agreement between Humana and its network pharmacies
- Helps ensure compliance with federal and state laws/regulations and drug-specific requirements
- Educates network pharmacies regarding proper submission and documentation of pharmacy claims

Claim-specific audit objectives include, but are not limited to, correction of the following errors:

- Dispensing unauthorized, early or excessive refills
- Dispensing an incorrect drug
- Billing the wrong number
- Billing an incorrect physician
- Using an NCPDP/NPI number inappropriately
- Submitting invalid pharmacy service type
- Submitting invalid patient residence code
- Calculating the days' supply incorrectly
- Using a dispense-as-written code incorrectly
- Overbilling quantities
- Not retaining/providing the hard copy of prescriptions or a signature log/delivery manifest
- Paying claims to the incorrect benefit

10| Clinical management programs

Humana's health and wellness programs guide members/enrollees throughout their healthcare journey while encouraging them to take an active role in their health.

For an overview of Humana's clinical management programs, visit Humana's [health and wellness resources for providers](#) website.

Utilization Management

Certain prescriptions must undergo a criteria-based approval process prior to a coverage decision. Humana's Pharmacy and Therapeutics Committee reviews medications based on safety, efficacy and clinical benefit and may make additions or deletions to the list of prescription drugs requiring prior authorization. For information on prior authorizations, visit Humana's [prior authorization for pharmacy drugs](#) website.

MTM Program (where available)

The MTM Program seeks to enhance a member's medication therapy and minimize adverse drug reactions.

Humana's MTM Program utilizes telephone-based consultation services for ambulatory and institutional beneficiaries. Humana works with internal and external pharmacists to provide telephonic MTM services.

10| Clinical management programs

Lock-in programs – Florida, Indiana, Kentucky, Louisiana, Ohio, Oklahoma and South Carolina

Humana's lock-in programs* help members/enrollees manage their use of prescription medications to prevent overuse of benefits and reduce unnecessary costs to Medicaid while providing an appropriate level of care for the member/enrollee.

If you or the member have questions, please contact Humana in 1 of the following ways:

- Call 833-410-2496, Monday – Friday, 8 a.m. – 5:30 p.m., Eastern time. After-hours, please leave a voicemail with the member/enrollee name, member ID number, case number, contact phone number and a detailed description of your request.
- Fax number: 502-996-8184
- Email: CPORM@humana.com

* Indiana–Right Choices Program

11| Online resources

Pharmacy provider website—public

Visit Humana's [pharmacy resources website](#) to find:

- Humana payer sheets
- Humana Pharmacy Solutions Audit and Claim Review Guide
- Pharmacy provider manuals
- Pharmacy news bulletins
- LI NET documents
- Compliance requirements
- Training resources
- Tools and resources (e.g., coverage determinations, Humana PDLs, RxMentor)

11 | Online resources

Pharmacist Portal—secure

The Pharmacist Portal (registration required) is a free resource available to any Humana-contracted pharmacy where pharmacists can:

- Search for MAC pricing
 - Send a Pharmacy Pricing Review Request
 - Check member eligibility and prior authorizations status and search for member claims
 - Send email inquiries directly from the portal to Humana
 - Access pharmacy news and bulletins
- For access, visit Humana's [website](#), select the **Sign-in** button, choose “Activate online account” and select registration type.
- For registration help:
 - Send an email to PharmacyContracting@humana.com (include the pharmacy name, NPI, pharmacy contact name and contact phone number)

12 | Contact information

Pharmacy Help Desk	<p>For refill-too-soon overrides and prior authorization status, call 800-865-8715 and follow the prompts. SS&C Health state-specific phone numbers when HPS is the pharmacy benefit manager:</p> <p>Florida: 844-918-0110 Illinois: 844-918-0112 Indiana: 855-816-6461 Oklahoma: 844-918-0785 South Carolina: 844-918-0109</p>
HCPR <p>For medication supplied by a pharmacy and billed through the pharmacy benefit: medication prior authorization, step therapy, quantity limits and medication exceptions.</p> <p>Humana Drug Lists: Visit the Humana Drug Lists for providers website.</p>	<p>To submit prior authorization requests:</p> <ul style="list-style-type: none">• Obtain forms at Humana’s prior authorization for professionally administered drugs website or submit your request electronically by visiting Humana’s CoverMyMeds website.• Submit request by fax to 877-486-2621.• Call HCPR at 800-555-CLIN (2546,) Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
Humana Ethics Help Line	877-5-THE-KEY (584-3539)

12 | Contact information

CenterWell Pharmacy Mail-delivery pharmacy for maintenance medications and other durable medical equipment	Phone number: 800-379-0092 Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time Fax number: 800-379-7617 Website: CenterWell Pharmacy
CenterWell Specialty Pharmacy® Mail-delivery pharmacy for specialty medications	Phone number: 800-486-2668 (TTY: 711) Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time Fax number: 877-405-7940 Website: CenterWell Specialty Pharmacy
CenterWell Pharmacy Humana Healthy Horizons in Florida members only	Phone number: 800-526-1490 (TTY: 711) Monday – Friday, 8 a.m. – 6 p.m., Eastern time Website: Order your over-the-counter products with CenterWell Pharmacy

12 | Contact information

Humana Customer Care

To obtain general Medicaid plan information, call:

Florida: 800-477-6931 (TTY: 711)

Illinois: 800-787-3311 (TTY: 711)

Indiana: 866-274-5888 (TTY: 711)

Oklahoma: 855-223-9868 (TTY: 711)

South Carolina: 866-432-0001 (TTY: 711)

Kentucky: 800-444-9137 (TTY: 711)

Louisiana: 1-800-448-3810 (TTY: 711)

Ohio: 877-856-5702 (TTY: 711)

12 | Contact information

Humana MIT For prior authorization of medication supplied and administered in a physician's office and billed as a medical claim (Part B for Medicare).	Precertification process: <ul style="list-style-type: none">• Obtain forms at Humana's prior authorization for professionally administered drugs website.• Submit request by fax to 888-447-3430.• View preauthorization and notification lists at the Humana PAL website. Questions: Phone number: 866-461-7273, Monday – Friday, 8 a.m. – 6 p.m., Eastern time
Humana Pharmacy Solutions Network Contracting	Pharmacy contract requests Email: PharmacyContractRequest@humana.com Phone number: 888-204-8349, Monday – Friday, 8 a.m. – 5 p.m., Eastern time Fax number: 866-449-5380
Humana pharmacist website (public)	Visit Humana's pharmacist website to access payer sheets, pharmacy news bulletins, the Humana Pharmacy Solutions Audit and Claim Review Guide, and many other resources.

12| Contact information

Pharmacist Portal website assistance	Email: Pharmacycontracting@humana.com
Humana claims address	Located on the patient's Humana member ID card
Pharmacy appeals	<p>Medicaid: Humana Grievances and Appeals P.O. Box 14546 Lexington, KY 40512-4546</p> <p>Medicare: Humana Grievances and Appeals P.O. Box 14165 Lexington, KY 40512-4165</p> <p>To file a Part D redetermination: Visit the Humana prescription drug exceptions and appeals website. Fax number: 800-949-2961</p>

12 | Contact information

KY MedImpact

Website:

[Medimpact portal](#)

Technical call center:

Phone number: 800-210-7628

Available 24 hours a day, 7 days a week

Prior authorizations:

Phone number: 844-336-2676

Available daily, 8 a.m. – 7 p.m., Eastern time

Fax number: 858-357-2612

Pharmacy paper claims:

Fax number: 858-549-1569

12 | Contact information

Louisiana Prime Therapeutics

Website:

[LDH Medicaid Pharmacy Benefits Management](#)

Technical call center phone number:

1-800-648-0790

Monday – Friday, 9 a.m. – 6 p.m.
(excluding holidays)

Prior authorizations phone number:

1-800-424-1664

12| Contact information

Ohio Medicaid Gainwell

Website:

SPBM website:

[Ohio Medicaid SPBM](#)

Humana provider resources website:

[Ohio Medicaid for Providers – Humana](#)

Humana member resources website:

[Humana Healthy Horizons in Ohio](#)

Technical call center phone number:

833-491-0344

Available 24 hours a day, 7 days a week

Prior authorizations:

Phone number: 833-491-0344

Fax number: 833-679-5491

Humana®