



New Horizon for Indiana PathWays for Aging Provider Newsletter

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The Home and Community-Based Services waiver process offers an alternative to institutionalized care

Home and Community-Based Services (HCBS) waivers expand the types of settings in which patients with Indiana PathWays for Aging coverage can receive comprehensive long-term care, prioritizing community and residential settings as an alternative to institutionalized care.

Care teams at Humana Healthy Horizons® in Indiana prepare PathWays member referrals for HCBS waivers. A Humana Healthy Horizons in Indiana Care or Service Coordinator completes a member assessment, with attention to individual health goals, needs and preferences. These factors, as well as provider service counties, are considered in the review of in-network providers who deliver necessary services based on the assessment.

After the PathWays member or the legal representative of the member selects a healthcare provider, a member of the care team reaches out by phone to confirm a provider's capacity to deliver services. Once the provider shares their availability to support, a fax is then sent with the service authorization/notice of action for the member.



View the Indiana Direct Care Workforce Toolkit

The **Indiana Direct Care Workforce Toolkit** provides a comprehensive suite of resources, programs and supports designed to help providers strengthen their workforce, empower internal teams, and expand care capacity.

These tools are available free of charge and are designed to improve outcomes across the sector. This initiative is funded through a partnership with the 3 managed care entities in the Indiana PathWays for Aging program, collaborating to address workforce challenges and drive success in long-term services and supports.

Visit the **Indiana Direct Care Workforce Toolkit** website for upcoming live toolkit sessions for more information and to sign up for these resources.



Indiana Health Coverage Programs announces updates to policies, coverage

- Indiana Health Coverage Programs (IHCP) published Version 7.0 of **the Diabetes, Self-Management Training Services** Provider Reference Module in December 2024.
- **BT2024204**: IHCP changed respite service names for PathWays, Health & Wellness and Traumatic Brain Injury waivers.
- **BT2024207**: IHCP incorporates additional coverage for telehealth services.
- **BT2024211**: Updates made to coverage and billing information ahead of the 2025 Healthcare Common Procedure Coding System (HCPCS) code update.
- **BT2024170**: Attending provider National Provider Identifier (NPI) is required on all institutional claims.

As a reminder, please continue to check the **Indiana Medicaid website** for recent updates and please sign up for IHCP bulletins.



Search tool helps streamline prior authorization

Prior authorization is often cited as one of the top burdens for healthcare professionals. To help streamline your workflow and save time, Humana Healthy Horizons launched **a new prior authorization search tool**.

Now you can search by Current Procedural Terminology (CPT®) code, procedure or drug name to determine if authorization is required. You also can find guidance on how to submit medical and pharmacy authorization requests.



Find out more about the provider claim payment dispute process

If you disagree with the outcome of a claim or haven't received a claim outcome, you may begin the Humana Healthy Horizons provider claim payment dispute process.

Providers can submit requests for informal claim disputes via written correspondence via the following avenues:

- Accessing Availity Essentials™
- Via mail to:
Humana Healthy Horizons in Indiana
Attn: Informal Dispute
P.O. Box 14169
Lexington, KY 40512-4169
- Sending an email to **INMedicaidClaimsResearch@humana.com**
- Please note: Formal dispute requests must be received within 60 calendar days, after the conclusion of the 30 calendar day informal dispute process.

The following information should be provided with your dispute in a clear and acceptable written format:

- Member name and state Medicaid ID number
- Date of service
- The reporter's relationship to the member
- Claim number
- Name of the provider who rendered services
- Charge amount, payment amount, the allegedly correct payment amount and the difference between the amount paid and the allegedly correct payment amount
- A brief explanation of the basis for the contestation

For more information regarding disputes, please call Provider Services at **866-274-5888 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Humana Healthy Horizons in Indiana provider website and resources

The **Humana Healthy Horizons in Indiana website** has materials and resources to help you achieve optimal results:

- How to join the network
- Prior authorization resources
- Provider training materials and live training schedule
- **Provider Manual**
- **Provider Network Resource Guide**
- **Long-term services and supports/Home and Community-Based Services provider representative map**
- **Physical and behavioral health provider representative map**

We encourage you to visit often for updates, upcoming training sessions and events. In addition to the many resources on our website, our provider education and outreach representatives are available to help address questions you might have.

Humana Healthy Horizons provider compliance training

Healthcare providers serving Humana Medicaid plans in Indiana must complete the following training modules:

- Health, safety and welfare education training
- Humana Healthy Horizons provider orientation training
- Cultural humility and implicit bias training

To start your training:

1. Go to **Availity Essentials**.
2. Sign in and select Payer Spaces, then Humana.
3. Select the Resources tab
4. Select Humana Compliance Events.

For more information, please visit our **provider compliance training webpage** or the **Humana Healthy Horizons in Indiana – Indiana PathWays for Aging training resources webpage**. Access updated versions of the **provider orientation and training module on our site**.