

# Humana claim-payment inquiry resolution guide

To simplify claim payment inquiries, Humana has worked to clarify its process and to ensure that you have the support you need.

- See this page, below, for information about making claim payment inquiries and submitting appeals or disputes.
- See Page 3 for Humana's Provider Payment Integrity (PPI) team's inquiry and escalation processes.
- See Page 5 for submitting code-edit questions and accessing code-edit simulations online.
- See Page 6 for additional points of contact.

# **Definitions**

- An appeal is a formal request to change an adverse determination. When a provider is submitting an appeal on behalf of the member, an <u>Appointment of Representative form</u> is required.
- A claim payment inquiry is made when a provider has a question regarding how a claim processed.
- A dispute can be requested when a provider disagrees with Humana's payment amount, payment denial or nonpayment of a claim.

\*In cases where CMS, state Medicaid programs, or state mandates use definition(s) that differ from those provided above, Humana will defer to their definition(s).

# How to make a claim payment inquiry or submit an appeal or dispute

## Online submission of appeals or disputes:

Appeals and disputes for finalized Humana Medicare, Medicaid or commercial claims can be submitted through Availity's secure provider portal, Availity Essentials. To get started:

- 1. Sign in to Availity Essentials.
- 2. Use the Claim Status tool to locate the claim you want to appeal or dispute, and then click the Dispute Claim button on the claim details screen. This adds the claim to your Appeals worklist but does not submit it to Humana.
- 3. You can submit the appeal or dispute to Humana immediately or wait until later and submit it from your Appeals worklist.
- 4. To access your Appeals worklist at any time, go to "Claims & Payments," then click "Appeals."

Additional details can be found at Manage Claim Appeals and Disputes Online.

- Availity Essentials resources:
  - For training, visit <a href="https://humana.com/providerwebinars">humana.com/providerwebinars</a>

- Find helpful resources on how to use Availity tools and features by logging in to Availity Essentials and using the Help & Training menu located on the main navigation bar.
- Get help with technical website issues by contacting Availity Client Services at **800 AVAILITY (800-282-4548)**, Monday Friday, 8 a.m. 8 p.m., Eastern time.

## Mail submission of claim disputes:

You can submit claim disputes via mail to:

Humana Correspondence

PO Box 14601

Lexington, KY 40512-4601

Be sure to include:

- 1. The healthcare provider's name and Tax Identification Number
- 2. The Humana-covered member's Humana ID number and relationship to the patient
- 3. The date of service, claim number and name of the provider of the services
- 4. The charge amount, actual payment amount, expected payment amount and a description of the basis for the contestation
- 5. Contact information for Humana's response

## Phone claim payment inquiry:

Call Humana's provider call center at **800-448-6262**. Our representatives are trained to answer many of your claims questions and can initiate contact with other Humana departments when further review or research is needed.

- a. Note the reference number issued to you by the provider call center representative, as it will be needed in the future.
- b. If your issue is still outstanding and has not been adequately addressed by the call center representative, you have the option to speak to a provider call center supervisor. Based on availability, you will be connected to a supervisor, or a supervisor will contact you within 48 hours of your request.
- c. In some situations, the call center representative will route your issue to an internal team at Humana. If this occurs, you will receive a letter or updated explanation of remittance from the Humana department that completes the additional review/research. Most inquiries receive a response in 30 to 45 days. Please allow us time to properly research and resolve your inquiry before contacting us again.

If you are a participating provider and disagree with our determination after we respond to your initial online, mail or phone submission, you can escalate your concern. Send a secure email to <a href="https://docs.pythone.com/">https://docs.pythone.com/</a>. Include the <a href="https://docs.pythone.com/">Claim Escalation Form</a> with all necessary fields completed. You must list all reference number(s), interaction number(s) or invoice number(s) associated with previous attempt(s) to resolve the inquiry.

Look for an "Acknowledgment of Submission" email with a tracking number within five business days of your submission. You will receive a follow-up email every 14 days thereafter.

## Non-participating providers

Non-participating providers can find details on how to appeal determinations on <u>Medical Claim</u> Payment Reconsiderations and Appeals.

# Humana Provider Payment Integrity general inquiries and escalation process

Follow the guidance below to submit Provider Payment Integrity (PPI) inquiries about medical record reviews, such as medical record requests and recoupment due to overpayment, or to escalate a PPI-related concern.

For initial PPI inquiries, you can contact us:

#### Online:

- If you have questions or disagree regarding an Overpayment, you can manage inquiries electronically with the online overpayment application on Availity Essentials, at <a href="https://www.availity.com">www.availity.com</a> under "Claims & Payments."
- To submit medical records requested by Humana's PPI team, submit through Availity
  Essentials. Log in to <u>Availity Essentials</u> and select the Humana tile under PayerSpaces.
  Select "Medical Records Management" under the Applications tab to launch the tool.
- You can also submit records through the mail or by fax to:

**Humana Medical Records Management** 

P.O. Box 14465

Lexington, KY 40512-4465

Fax: 866-305-6655

For overnight medical record submissions:

Humana Inc.

Attn: MRM Unit Humana SBU

2432 Fortune Drive

Suite 200

Lexington, KY 40509-4265

Learn about getting started with Availity by visiting <u>Humana.com/ProviderSelfService</u>.

#### Phone:

• Call **800-438-7885**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and a representative will be available to answer your questions.

## When contacting us, please have the following information:

- Patient name and date of birth
- Humana member or subscriber ID number and date of birth
- Date(s) of service
- Claim number
- Healthcare provider's name
- Provider's Tax Identification Number (TIN)

- Recovery identification number
- Reason for your inquiry
- Contact person's name, email, mailing address, phone number and best time to call

## **Escalation process**

If you are dissatisfied with our response, or believe it fails to resolve your concerns, you may escalate your PPI inquiry by sending a secure email (see instructions above) to <a href="https://example.com">HelpPPI@Humana.com</a>.

**Please note:** The subject line of your email must contain the reference number(s) associated with previous resolution attempt(s). The email body must include the following:

- Patient name and date of birth
- Humana member or subscriber ID number and date of birth
- Date(s) of service
- Claim number
- Healthcare provider's name
- Provider's Tax Identification Number (TIN)
- Recovery Identification number
- Reason for your inquiry
- Contact person's name, email, mailing address, phone number and best time to call
- The charge amount, actual payment amount and expected payment amount
- A description of the basis for the dispute

The Escalations Team will research your question and respond within three to seven business days.

# Submit code-edit questions and access simulations online

Healthcare providers can use Humana tools on Availity Essentials to submit specific questions about code editing or run a code-edit simulation. These tools can help you avoid unnecessary delays or understand how a claim was processed

Please note that to use these tools, you will need to register at www.availity.com.

# To submit code-edit questions

- 1. Sign in to Availity Essentials and select "Payer Spaces," then "Humana."
- 2. Select "Research Procedure Code Edits" from the list of applications.
- 3. Use the application to submit your procedure code-edit question.

# To run code-editing simulations

The Code Edit Simulator displays potential code edits that Humana may apply, based on claim information you enter. This feedback allows you to address issues that can delay the adjudication of your claim.

- 1. After logging in to <u>Availity Essentials</u>, select "Payer Spaces" in the top navigation bar, then select "Humana."
- 2. Under the Applications tab, select "Code Edit Simulator." If you do not see the Code Edit Simulator, contact your Availity administrator to request access.

# Additional points of contact

# Nonparticipating healthcare providers submitting appeals

Nonparticipating healthcare providers can submit appeals via the following methods:

#### Medicare

Submit via Availity Essentials as described in online instructions above, or mail to:
Humana Grievances and Appeals P.O. Box 14165
Lexington, KY40512-4165

Medicare expedited fax: 800-949-2961\*

Note: Medicare appeals from nonparticipating healthcare providers must include a signed Waiver of Liability form holding the enrollee harmless, regardless of the outcome of the appeal.

## Medicaid/dual Medicare- Medicaid

Submit via Availity Essentials as described in online instructions above, or mail to:
Humana Grievances and Appeals P.O. Box 14546
Lexington, KY 40512-4546

# Medicaid/duals expedited fax

855-336-6220\*

#### Commercial

Submit via <u>Availity Essentials</u> as described in online instructions above, or mail to:
Humana Grievances and Appeals

P.O. Box 14546

Lexington, KY 40512-4546

#### Commercial standard fax

888-556-2128

# **Commercial expedited fax**

920-339-2112\*

\*An expedited appeal can be requested if you believe that waiting for a decision under the standard time frame could seriously jeopardize the life or health of the member or the ability to regain maximum function, or would cause the member to have severe pain that cannot be adequately managed without the requested care or treatment.

## To dispute medical record review findings

Include a completed copy of the <u>Humana PPI medical Record Review Dispute</u>

<u>Request Form.</u> Please mail or fax medical record review disputes to:

Humana Provider Payment Integrity Disputes P.O. Box 14279 Lexington, KY 40512-4279

Fax: 888-815-8912

\*Note- if your medical record review findings letter indicates a different address to submit to, use the address listed in your findings letter.

# To send a check in response to an overpayment request letter

Please use this address to send Humana a check in response to an overpayment request letter. With the check, please enclose a copy of the PPI overpayment chart included with the refund request letter.

Humana P.O. Box 931655 Atlanta, GA 31193-1655