



Humana®

Medicaid: Pharmacy Orientation and Annual Provider Training 2024

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	9	Added Indiana
Medicaid state-specific information	11	Added Oklahoma
Claims and audits	27	Added Indiana and Oklahoma Bank Identification Numbers (BIN)/Processor Control Numbers (PCN)
Clinical management programs	32	Added Indiana and Oklahoma to Lock-in Program
Contact information	36	Added Indiana and Oklahoma

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Training topics

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- 02 | Medicaid plan basics
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01 | Welcome

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

We appreciate your role in delivering quality pharmacy services to our Medicaid members. This training will assist your pharmacy staff in processing prescription claims for Humana plans and pertains exclusively to Humana Medicaid members 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 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 uses criteria from the 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 [Florida Medicaid pharmacy provider manual](#).
- To access the Preferred Drug List (PDL), visit the [Florida Medicaid PDL page](#).
- 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® 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.
 - Non-acute pain (e.g., cancer, sickle cell disease, chronic 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.

Over-the-counter benefit

- A \$25 per household over-the-counter (OTC) benefit allowance is available through CenterWell Pharmacy® per month.

03 | Medicaid state-specific information

Indiana – Humana Healthy Horizons® in Indiana

- Humana uses criteria from the Indiana Health Coverage Programs (IHCP) in determining formulary, prior authorization, step therapy, quantity limits and age limits.
- To access the Humana pharmacy manual, which will be available when the plan becomes active, visit [Pharmacy Forms and Manuals – Humana](#).
- 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 pharmacy PBM provider website](#).

03 | Medicaid state-specific information

Indiana – Humana Healthy Horizons in Indiana

No copayments

- Medicaid members have no copays at network pharmacies.

34-day supply

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

OTC benefit

- A \$30 per member OTC benefit allowance is available through CenterWell Pharmacy per quarter. Products that support common occurring conditions can be purchased, such as:
 - Pain relievers
 - Rash cream
 - Cough and cold relief medicine
 - First aid equipment that does not require prescriptions
- 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

Oklahoma – Humana Healthy Horizons® in Oklahoma

- Humana uses criteria from the Oklahoma Health Care Authority (OHCA) in determining formulary, prior authorization, step therapy, quantity limits and age limits.
- To access the Humana pharmacy manual, download the [Oklahoma Medicaid pharmacy manual](#).
- To access the PDL, visit the [OHCA Pharmacy website](#).
- 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](#).

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 drugs at network pharmacies.
- As a value-added benefit, the six prescription per month limit is waived for Medicaid members 21 and older.

34-day supply

- Medications are limited to a 34-day supply for non-maintenance 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. Products that support common occurring conditions can be purchased, such as:

- Pain relievers
- Rash cream
- Cough and cold relief medicine
- First aid equipment that does not require prescriptions
- 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

- To access the Humana pharmacy manual, download the [South Carolina Medicaid pharmacy manual](#).
- To access the PDL, visit the [Humana Healthy Horizons in South Carolina Provider Documents & Resources website](#).
- To access Pharmacy Clinical Policies: The Pharmacy and Therapeutics Committee oversees pharmaceutical coverage and reimbursement policy, clinical criteria, and monitoring of pharmaceutical utilization. For additional information, visit Humana's [Medical and Pharmacy Coverage Policies](#) website.
- Effective July 1, 2024, the Preferred Drug List (PDL) will transition from Humana to the South Carolina Department of Health and Human Services.

Opioids

- Humana Pharmacy Solutions enforces point-of-sale opioid dispensing limits based on Centers for Disease Control and Prevention 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.
 - Non-acute pain (e.g., cancer, sickle cell disease, chronic nonmalignant pain) is limited to a 30-day supply.

03 | Medicaid state-specific information

South Carolina – Humana Healthy Horizons in South Carolina

Copayments

- Medicaid members have a \$3.40 copay per prescription/refill for all drugs at network pharmacies, except for:
 - Tobacco cessation medications
 - Family planning medications, devices or supplies
 - Select individuals (may be exempt from copay)

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.

03 | Medicaid state-specific information

Kentucky – Humana Healthy Horizons® in Kentucky

- The PBM is MedImpact: Visit the [MedImpact portal](#).
- MedImpact processes all pharmacy claims using criteria from the Kentucky Department for Medicaid Services in determining formulary, prior authorization, step therapy, quantity limits and age limits.
- 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 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
- Coordinated Services Program (CSP) Pharmacy Lock-in Program
- Provider education and performance reporting
- Collaboration with LDH and the single pharmacy benefit manager (SPBM): Magellan Health

All other pharmacy benefits are covered by the Magellan Health 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 Health (ODM). Humana is responsible for:

- MTM services
- Provider-administered drugs (MIT), which includes PAL maintenance, policy creation and prior authorization reviews, and member/provider notifications
- CSP (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 Unified Preferred Drug List, visit the [Unified Preferred Drug List](#).

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 state).
- Dual plans are designed to integrate Medicare and Medicaid benefits and improve coordination between state and federal governments. 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 with 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 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 IL 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 the aged, blind or disabled members 21 and older.

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 page](#).

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 the [welcome Humana healthcare providers](#) website and:

1. Choose **Pharmacy Resources**.
2. Select **Pharmacist manuals & forms**.
3. Select **Network request forms** under **Manuals and forms**.
4. Choose **Pharmacy Contract Request Form**.
5. 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 ID
- 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

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 any 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. 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 page](#).
 - Submit requests by fax to 877-486-2621.
 - Call HCPR at 800-555-CLIN (2546), Monday – Friday, 8 a.m. – 8 p.m.
- 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: 858-549-1569

Louisiana Medicaid only

- Pharmacies may call Magellan Health at 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 Level 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 members)
- 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 provider
- Using an NCPDP/NPI number inappropriately
- 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

10| Clinical management programs

Humana's health and wellness programs guide members 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 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 has contracted with a vendor to assist in providing MTM services. If a pharmacy is interested in providing MTM services to Humana members, it can visit the [Outcomes website](#) to learn more.

10| Clinical management programs

Lock-in Program/Coordinated Service Program/Right Choices Program – Florida, Indiana, Kentucky, Louisiana, Ohio, Oklahoma and South Carolina

Humana's Lock-in Program helps members 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.

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

- Call 855-330-8054, Monday – Friday, 8 a.m. – 5:30 p.m., Eastern time. After hours, please leave a voicemail with the member name, member ID number, case number, contact phone number and a detailed description of your request.
- Fax: 502-996-8184
- Email: CPORM@humana.com

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.

- For access, visit Humana's [pharmacy resources website](#) and select the **Register for self-service** button.
- For registration help:
 - Send an email to PharmacyContracting@humana.com.
 - Please include pharmacy name, NPI, pharmacy contact name and contact phone number.
- Sign in at [Humana.com](https://www.humana.com) to:
 - Send a Pharmacy Pricing Review Request.
 - Search for MAC pricing.
 - 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.

12 | Contact information

Pharmacy Help Desk	For refill-too-soon overrides and prior authorization status, call 800-865-8715 and follow the prompts.
HCPR For medication supplied by a pharmacy and billed through the pharmacy benefit: medication prior authorization, step therapy, quantity limits and medication exceptions. Humana Drug Lists: Visit the Humana Drug Lists page .	<p>To submit prior authorization requests:</p> <ul style="list-style-type: none">• Obtain forms at Humana’s prior authorization for pharmacy drugs website or submit your request electronically by visiting Humana’s CoverMyMeds page.<ul style="list-style-type: none">○ Form requirements:<ul style="list-style-type: none">• NPI• Member address• Prescriber address• Time period and outcome of past therapy tried/failed<p>Note: Include medical records only for medical necessity or off-label-use review (not for every submission).</p>• Submit request by fax to 877-486-2621.• Call HCPR at 800-555-CLIN (2546).

12 | Contact information

CenterWell Pharmacy Mail-delivery pharmacy for maintenance medications and other durable medical equipment	Phone: 800-379-0092 Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time Fax: 800-379-7617 Website: CenterWell Pharmacy
CenterWell Specialty Pharmacy® Mail-delivery pharmacy for specialty medications	Phone: 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: 877-405-7940 Website: CenterWell Specialty Pharmacy
CenterWell Pharmacy Humana Healthy Horizons in Florida members only	Phone: 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
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)

12 | Contact information

Humana MIT For preauthorization 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: 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 Fax: 866-449-5380 Phone: 888-204-8349
Humana Ethics Help Line	877-5-THE-KEY (584-3539)
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>Commercial and 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: 800-949-2961</p>

12 | Contact information

KY MedImpact

Website:

[Medimpact portal](#)

Technical call center:

Phone: 800-210-7628

Available 24 hours a day, 7 days a week

Prior authorizations:

Phone: 844-336-2676

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

Fax: 858-357-2612

Pharmacy paper claims:

Fax: 858-549-1569

12| Contact information

Louisiana Magellan Health

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 webpage:

[OH Medicaid SPBM](#)

Humana provider resources webpage:

[Ohio Medicaid for Providers – Humana](#)

Humana member resources webpage:

[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: 833-491-0344

Fax: 833-679-5491

Humana®