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 disputing determinations.
- See Page 2 for a description of Humana’s Provider Payment Integrity (PPI) team’s inquiry and escalation processes.
- See Page 3 for contact information pertaining to PPI inquiries and grievances and appeals.
- See Page 4 for tools that can help you improve coding accuracy.

How to make a claim payment inquiry

1. Call Humana’s provider call center at 1-800-448-6262. 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 may be needed in the future.
   b. If your issue is still outstanding and has not been 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.

2. Once you have received our response to your initial inquiry, if you disagree with our determination and would like to dispute it, you may escalate your concern by sending a secure email to humanaproviderservices@humana.com. Be sure to include:
   a. Reference number(s) associated with previous attempt(s) to resolve the inquiry (referenced in 1a above)
   b. The healthcare provider’s name and tax ID number
   c. The Humana member’s Humana ID number and the member’s relationship to the patient
   d. The date of service, claim number and name of the provider of the services
   e. The charge amount, actual payment amount, expected payment amount and a description of the basis for the contestation
   f. Contact information for our response

3. Look for an “Acknowledgment of Submission” email with a tracking number within five business days of your submission. Please allow 30 to 45 days from the date of the acknowledgment notice for our response.
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.

To submit a medical record review dispute, please read the associated policy and access the form at Humana.com/ppidispute.

For all other initial PPI inquiries, you may contact us in several ways:
• If you do not agree with the findings or have questions regarding an overpayment, you can manage Humana overpayments electronically with the online overpayment application on the Availity Portal, at Availity.com. You can find the application on the Portal under "Claims & Payments." To learn more about getting started with Availity, please visit Humana.com/ProviderSelfService.
• Call 1-800-438-7885, Monday through Friday, 8 a.m. to 8 p.m. Eastern time, and a representative will be available to answer your questions
• Secure email us at ContactPPI@Humana.com

When contacting us, please include the following information:
• Patient name and date of birth
• Humana member or subscriber ID number
• 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

A Humana PPI customer care representative will research your question and respond within three business days. Be sure to note the reference number initially provided by the representative, and refer to it if contacting us again regarding the same topic.

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 to HelpPPI@Humana.com.

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 required information listed above, plus:
− The charge amount, actual payment amount and expected payment amount
− A description of the basis for the dispute

You will receive an “Acknowledgment of Submission” email within three business days. Please allow seven business days for our inquiry review and response.
Points of contact for inquiries and appeals

To submit requested medical records in response to Provider Payment Integrity requests

Our preferred means for receiving medical records is via the medical record management (MRM) tool on the Availity Provider Portal. Please note that you must register for the portal, at Availity.com, before you can use the tool.

To submit records through Availity:
1. Log into Availity and select the Humana tile under Payer Spaces.
2. Select “Medical Records Management” under the Applications tab to launch the tool.

You also can submit records through the mail, using these addresses.
Humana Medical Records Management
P.O. Box 14465
Lexington, KY 40512
Fax: 1-866-305-6655

For overnight medical record submissions:
Humana Inc.
Attn: MRM Unit Humana SBU
2432 Fortune Drive, Suite 200
Lexington, KY 40509

To submit grievances and appeals

Nonparticipating healthcare providers can submit grievances and appeals via these methods:

Medicare
Humana Grievance and Appeal
P.O. Box 14165
Lexington, KY 40512-4165

Medicaid/dual Medicare-Medicaid/commercial
Humana Grievance and Appeal
P.O. Box 14546
Lexington, KY 40512-4546

Medicaid/duals expedited fax
1-855-336-6220

Commercial standard fax
1-888-556-2128

Commercial expedited fax
1-513-826-2089

To dispute medical record review findings

Please submit medical record review disputes to this address:
Humana Provider Payment Integrity Medical Record Disputes
P.O. Box 14279
Lexington, KY 40512
Fax: 1-888-815-8912

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
Submit code-edit questions and access simulations online

Humana’s “Submit code edit questions” tool and Code Edit Simulator are available online through the Availity Provider Portal.

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

To submit code-edit questions

1. After logging into the Availity Portal, select “More” from the top navigation bar.


To run code-editing simulations

1. After logging into the Availity Portal, 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.