

Network Notification – Kentucky Medicaid

To: Kentucky Medicaid healthcare providers
From: Humana Healthy Horizons™ in Kentucky
Subject: Interim Billing Requirements for Member Disenrollment after Inpatient Admission

Occasionally, enrollees choose to switch to a different Medicaid managed care organization (MCO). When the effective date of the plan change comes during an inpatient admission, providers should continue submitting claims for the inpatient admission to the original MCO. For providers submitting interim billing for inpatient admissions that are not paid by a diagnostic related group (DRG), billing electronically currently triggers a claim denial due to the enrollee's disenrollment from the plan. Humana is currently working to correct this issue and will advise the impacted network providers when this work is completed.

To prevent eligibility denials while the correction is being made, all inpatient admission claims billed on an interim basis after enrollee termination from the MCO must be billed via the paper process for the following provider types:

- 01 Hospital Services
- 02 Psychiatric Inpatient Hospital Services
- 03 Behavioral Health Services Organization
- 04 Psychiatric Residential Treatment Facility (PRTF)
- 05 PRTF 2
- 06 Chemical Dependency Treatment Center

For questions regarding this billing change, please contact Provider Services at **800-444-9137**. Hours of operation are Monday through Friday, 8 a.m. to 6 p.m., Eastern time.



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