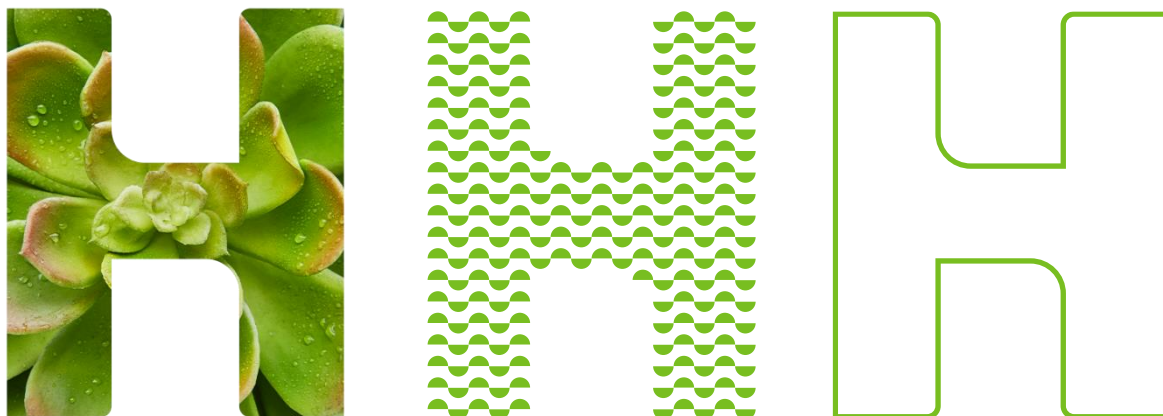


Humana®

Behavioral Health and Substance Use Disorder

Humana Healthy Horizons Indiana Pathways for
Aging

2025 IHCP Works Annual Seminar





Introduction - Clay



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Introduction – Lauren



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Agenda

01 | Welcome

02 | Contacts

03 | Enrollment

04 | Prior Authorization

05 | Supporting Providers

06 | Claims

07 | Q&A





Humana Behavioral Health Advocates

Region 1

Brittani Fox: (219) 216-5588

INMedicaidProviderRelations_T1@humana.com

Region 2

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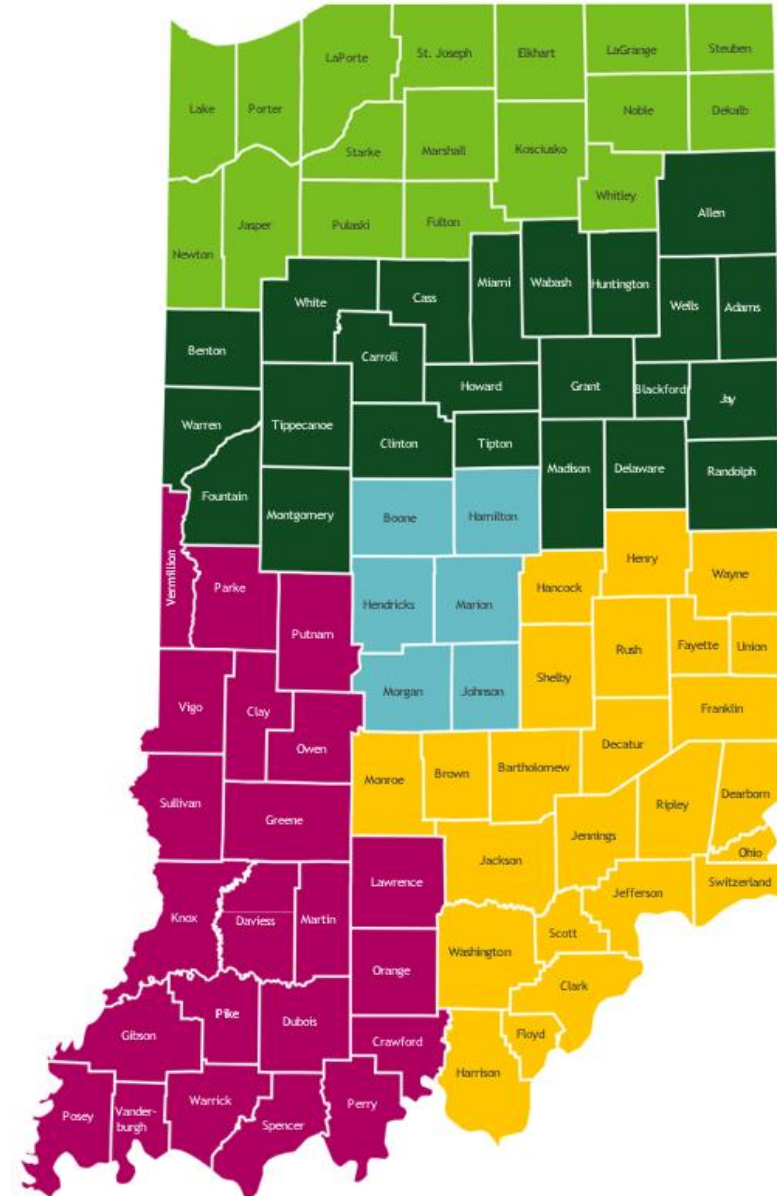
Mychelle Christian: (812) 204-9285

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Region 5

Lauren Savitskas: (317) 793-8028

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Enrollment



Humana Behavioral Health Network

- Board Certified Behavioral Health Analysts (BCBA)
- Clinical Nurse Specialists (CNS)
- Controlled Substance Registration – Prescriptive Authority (CSR)
- Doctor of Osteopathic Medicine
- Health Service Provider in Psychologists (HSPP)
- Licensed Clinical Addiction Counselors (LCAC)
- Licensed Clinical Social Workers (LCSW)
- Licensed Marriage and Family Therapists (LMFT)
- Licensed Mental Health Counselors (LMHC)



Humana Behavioral Health Network Providers

- Medical Doctors (Drs.)
- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Registered Nurses (RNs)
- Community Mental Health Centers (CMHC)
- Rural Health Clinics - RHC
- Federally Qualified Health Centers - FQHC
- Substance Use Disorder Agencies - SUD
- Inpatient Facilities



Behavioral Health Provider Enrollment

- Submit Behavioral Health enrollment request via email: [Providers - Request to Join](#)
- Once request is received, the assigned the contractor will outreach and provide next steps or instructions if the application/supporting documents need correction.
 - The assigned contract will also share a reference number for provider records and tracking purposes.
 - Communication will continue via email with contract being shared for external review and signature.
- All provider types can connect with their respective Humana contracting team here:
 - Behavioral Health - INBHMedicaid@humana.com
 - Medical - INProviderUpdates@humana.com
 - Long-Term Services & Supports/Home & Community Based Service Providers: LTSSContracting@humana.com



Behavioral Health Provider Enrollment Further Details

A complete enrollment application must include:

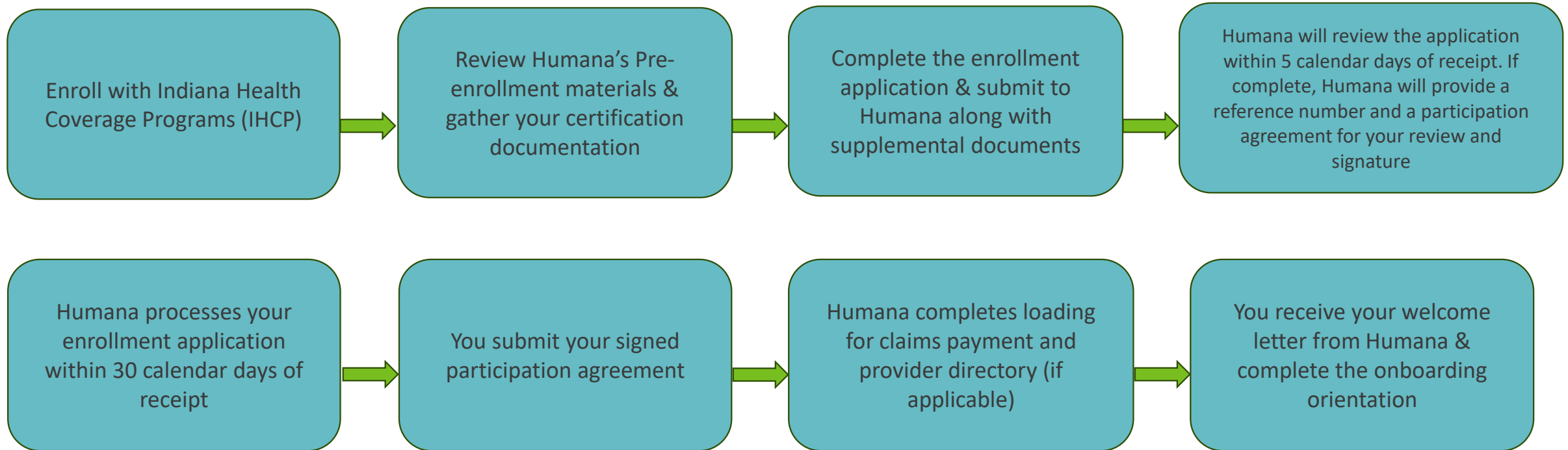
- A completed [provider or group enrollment roster](#).
- A completed [behavioral health profiling form](#) for those providers offering behavioral health services.
- A [disclosure of ownership form](#).
- A [W-9 tax form](#).

A complete **facility or ancillary** provider enrollment application must include:

- [Organizational Provider Assessment form](#).
- A completed [behavioral health profiling form](#) for those providers offering behavioral health services.
- A [W-9 tax form](#).

Join Our Network Resource Guide

Enrollment process overview



Provider Demographic Changes

For demographic updates or changes, the provider must update their information with the Indiana Health Coverage Program (IHCP) provider enrollment, and then notify Humana Healthy Horizons by email:

INProviderUpdates@humana.com

Please allow thirty (30) calendar days for all updates to be made and appear in the system.





Prior Authorization



How to Request Prior Authorizations

Prior Authorization - Indiana Medicaid for Providers | Humana

Except where otherwise noted in your Provider Manual requests for services may be initiated:

- Online via [Availity Essentials](#). Registration is required, and online prior authorization requests are encouraged.
- By calling our authorization intake team directly at **800-555-2546**, Monday - Friday 8am -8pm EST.
- By emailing IN_MCD_Intake@humana.com.
- Fax the Indiana Health Coverage Program (IHCP) Prior Authorization Request Form to 502-508-0408 (Medicaid only) or 502-508-0447 (dual eligible) for both physical health and behavioral health authorizations.



Preauthorization Resources

Prior Authorization - Indiana Medicaid for Providers | Humana


Humana Healthy Horizons in
Indiana

Indiana Pathways for Aging
Prior authorization resources



PathWays members with Humana Healthy Horizons® in Indiana may see any participating network provider, including specialists, and receive services at inpatient hospitals. Humana Healthy Horizons does not require referrals from primary care providers to see participating specialists; however, prior authorization must be obtained to see nonparticipating providers in most situations (please review the provider manual for a few exceptions).

Services that require prior authorization

Providers should review the Humana Healthy Horizons in Indiana (PathWays) Preauthorization and Notification List online at [Humana.com/PAL](https://www.humana.com/PAL) .

[IHCP Prior Authorization Request Form](#) 

[PathWays Medication Preauthorization and Notification List](#) 

Indiana Medicaid

Humana Healthy Horizons in Indiana →

Availity Essentials secure portal →



Prior Authorization Search Tool

Preauthorization and Notification Lists for Healthcare Providers - Humana

Prior authorization search tool

Search by CPT code, procedure or drug name to see if prior authorization is required.

Use our search tool










Medicare

Medicaid









State-specific prior authorization
statistics

Commercial

Medicaid prior authorization list summary of changes (2025)

- [Humana Healthy Horizons in Florida Medication Prior Authorization List Summary of Changes](#) 
- [Humana Healthy Horizons in Indiana Medication Prior Authorization List Summary of Changes](#) 
- [Humana Healthy Horizons in Kentucky Medication Prior Authorization List Summary of Changes](#) 
- [Humana Healthy Horizons in Louisiana Medication Prior Authorization List Summary of Changes](#) 
- [Humana Healthy Horizons in Ohio Medicaid Medical Prior Authorization List Summary of Changes](#) 
- [Humana Healthy Horizons in Ohio Medication Prior Authorization List Summary of Changes](#) 
- [Humana Healthy Horizons in Oklahoma Medication Prior Authorization List Summary of Changes](#) 
- [Humana Healthy Horizons in Oklahoma Medicaid Medical Prior Authorization List Summary of Changes](#) 
- [Humana Healthy Horizons in South Carolina Medication Prior Authorization List Summary of Changes](#) 

Current prior authorization and notification lists

- [July 1, 2025, Humana Healthy Horizons in Florida \(Medicaid\) Prior Authorization and Notification List](#) 
- [July 1, 2025, Humana Healthy Horizons in Indiana \(Medicaid\) Prior Authorization and Notification List](#) 
- [July 1, 2025, Humana Healthy Horizons in Kentucky \(Medicaid\) Prior Authorization and Notification List](#) 
- [July 1, 2025, Humana Healthy Horizons in Louisiana \(Medicaid\) Prior Authorization and Notification List](#) 
- [July 1, 2025, Humana Healthy Horizons in Ohio \(Medicaid\) Prior Authorization and Notification List](#) 
- [July 1, 2025, Humana Healthy Horizons in South Carolina \(Medicaid\) Prior Authorization and Notification List](#) 
- [July 1, 2025, Humana Healthy Horizons in Virginia \(Medicaid\) Prior Authorization and Notification List](#) 
- [July 1, 2025, Humana Health Horizons in Oklahoma \(Medicaid\) Prior Authorization and Notification List](#) 



Supporting Providers



Terms to Know

Coping Skills

A strategy for dealing with difficult situations and unpleasant emotions, thoughts and/or behaviors.

Stigma

Negative, judgmental and/or discriminatory attitude toward mental health challenges and substance use disorders and people who live with them.

Lived Experience

Firsthand, personal experience with mental health and/or substance use issues/challenges.

Mental Health Screen

An evaluation of someone's mental health and well-being through scientifically validated assessment tools.

Mental Health Condition

A set of related symptoms, including conditions defined by the Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases, for people with lived experience—recognized as a mental health condition by the mental health community.

Recovery

The process of someone improving their health and wellness, living a self-directed life and striving to reach full potential.



Humana Behavioral Health Toolkit

- Screening Tools
 - Attention deficit hyperactivity disorder (ADHD) Screening Options.
 - Drug Use Screening Test, DAST-10.
 - Opioid Risk Tool.
 - Patient Health Questionnaire-9 (PHQ-9).
 - Generalized Anxiety Disorder-7 (GAD-7).
- Assessments
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT).
 - The CRAFFT 2.1+N Interview.
- Questionnaires
 - Annual Questionnaire.
 - Alcohol Screening (Alcohol Use Disorders Identification Test).
 - Cut down, Annoyed, Guilty, and Eye-opener (CAGE).

Supporting Our Providers – Identification and Treatment



Identification/Treatment of BH Services

Access to tools to support
identification and treatment through
Relias, a healthcare learning
platform.



When to Refer



How to Refer



Care Coordination

Humana Healthy Horizons assists with provider referrals, scheduling appointments and coordinating an integrated approach to the member's health and well-being by coordinating care between behavioral health providers, primary care providers, and specialists.

In the best interest of our members and to promote positive healthcare outcomes, Humana Healthy Horizons supports and encourages continuity of care and coordination of care between medical and behavioral health providers.

Providers may contact Humana Healthy Horizons to refer members in need of care management assistance by calling **866-274-5888 (TTY: 711)** M-F 8 a.m. to 8 p.m. EST.



Care Coordination Common Barriers

Common barriers to Behavioral Health and Substance Use Treatment continuity of care that Humana can assist with:

- Long wait times
- Transportation
- Patient readiness
- Communication gaps between providers

Humana Care Coordinators will also assist in care for substance use disorders, behavioral health needs including serious mental health issues for the treatment spectrum of outpatient, inpatient and follow up.



Care Coordination Goals

Our overall goal is to engage the member and their family, caretaker and treatment team in the integrated health services by conducting the following:

- Humana will provide Continuity of Care for behavioral health and SUD services. After identifying a need for behavioral health and SUD services contact the Humana Healthy Horizons at **866-274-5888 (TTY: 711)** M-F 8 a.m. to 8 p.m. EST.
- Assist in linking the member to behavioral health and SUD outpatient services and give regular updates to all providers on the treatment team.



Additional Care Coordination Goals

- Humana Care Coordinators will assist the member in navigating the behavioral health system in making initial appointments and keeping follow-up appointments. If appointments are missed our Care Coordinators will contact the member within 3 business days.
- Assisting in transportation and timely services of the member.
- Our Care Coordinators will provide updates to the providers on the progress of behavioral health services.
- If behavioral health or addiction inpatient is needed, the Care Coordinator will ensure an outpatient follow-up appointment is made within 7 business days of discharge and communicate status to the member's treatment team.



Care Coordination Crisis Line

Behavioral health crisis line for emergency services

For members experiencing a behavioral health crisis in Indiana, Humana Healthy Horizons has contracted with Professional Management Enterprises to provide a behavioral health crisis line that is available to Humana Healthy Horizons' members 24 hours a day, seven days a week, 365 days a year. This service is designed to provide crisis intervention and connect members to the appropriate level of treatment within the community to prevent unnecessary hospitalizations and institutional levels of care. Once a member is directed to the most appropriate intervention, Humana Healthy Horizons will work with providers to authorize services and ensure continuity of care for the member.

Behavioral health conditions include, but are not limited to:

- Those experiencing emotional distress.
- Those that create a danger to the member or others.
- Those that render the member unable to carry out actions of daily life due to functional harm.
- Those resulting in serious bodily harm that may cause death.

The behavioral health crisis line can be accessed at **855-254-1758** 24-hours a day, seven days a week, 365 days a year

American Society of Addiction Medicine (ASAM)

Humana is committed to high-quality, evidence-based care for substance use and behavioral health needs.

- The ASAM Criteria guidelines are used for all behavioral health and substance use disorder services.
- These guidelines support assessment, treatment planning, level-of-care determination, and ongoing care management.
- Applying the ASAM Criteria ensures a multidimensional approach that considers members' unique needs, risks, and strengths.
- Adherence to these guidelines promotes consistency, transparency, and best practices across the provider network.
- The approach aims to achieve optimal outcomes for Humana members.



Claims

How to Submit Behavioral Health Claims

- **Availity**
 - Submit Professional or Facility claims electronically, whichever is most appropriate.
 - Payer ID 61101.
 - Electronic claims can be submitted through your secure Availity Essentials account.
- **Paper Claims**
 - Submit claims using *CMS-1500* claim form or *UB-04* form whichever is most appropriate.
 - Claims can be mailed to:
P.O. Box 14169
Lexington, KY 40512-4169
- **Timely Filing and Processing Timeframes**
 - 90 calendar day timely filing limit from the date of service for participating and non-participating providers.
 - Clean electronic claims are processed within 21 calendar days.
 - Clean paper claims are processed within 30 calendar days.

Humana Informal Disputes

If you disagree with the outcome of a claim, or if you have not received a determination within 30 calendar days, you may begin the Humana Healthy Horizons in Indiana provider claim payment dispute process. The process consists of two steps, an informal dispute and formal dispute. An informal dispute must be submitted prior to submitting a formal dispute.

Informal Claims Dispute: must be received within 60 calendar days of the notice of Humana's determination. Humana will resolve the informal dispute within 30 calendar days of receipt of the dispute and send a resolution letter. Most issues are resolved at the informal claim dispute step.

Online: [Availity](#)

Email: INMedicaidClaimsResearch@humana.com

Written to:

Humana Healthy Horizons in Indiana Informal Claim Dispute

P.O. Box 14169

Lexington, KY 40512-4601

Humana Formal Disputes

Formal Claim Appeal: if additional review is necessary, you can submit a formal dispute to Humana in writing. The formal dispute can be submitted within 60 calendar days after the 30-day informal dispute time frame. Please include documentation from the informal dispute as well as any new or additional documents. Humana will provide a determination within 45 calendar days and send a resolution letter.

Email:

IndianaFormalDispute@humana.com

Written to:

Humana Healthy Horizons in Indiana

Attn: Formal Disputes

201 North Illinois Street Suite 1200

Indianapolis, IN 46204

Please be sure to include member name and Medicaid ID number, date of service, relationship of the member to the patient, claim number, name of the servicing provider, charge amount, payment amount, difference between the amount paid and the alleged correct payment amount, and a brief explanation of the basis for the contestation.



Please take a few minutes to complete the event and session evaluations!



Humana
Healthy Horizons.



Humana®