



Claim Payment Inquiry Resolution Process Guide

Participating health care providers need to follow the steps below when they have a claim payment inquiry. For information regarding Humana Provider Payment Integrity inquiries, refer to Pages 2 and 3. Information regarding code editing questions and simulations can be found on Page 4.

1. Call Humana's provider call center at 1-800-448-6262. Our contact center agents 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. You have the option to speak to a provider call center supervisor if you feel your concern is not being properly addressed. Based on availability, you will either be connected to a supervisor, or a supervisor will contact you within 48 hours of your request.
 - c. If your inquiry is not resolved by phone, you will receive a letter from the Humana department that completes the additional review/research. Most inquiries receive a written response within 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 the determination made by Humana and would like to dispute it, you may escalate your concern by submitting a secure email to **humanaproviderservices@humana.com**. Be sure to include:
 - a. The reference number(s) associated with previous attempt(s) to resolve the inquiry (referenced in 1a above)
 - b. Health care provider name and tax ID number
 - c. Member name and identification number, including the relationship of the member to the patient
 - d. Date of service, claim number and name of the provider of the services
 - e. 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.

Provider Payment Integrity Resolutions

Provider payment integrity inquiries include questions about financial recoupments, financial recovery review and appeal and medical record requests.

For all provider payment integrity inquiries, please leave a voice mail message for the Humana Provider Payment Integrity Customer Care Team on the secure response line by calling 1-800-438-7885. You will be prompted to leave the following information in your voice mail message to expedite our research and response to you:

- Patient name
- Member identification number
- Date of service
- Claim number
- Recovery identification number
- Reason for your call

A Humana Provider Payment Integrity Customer Care representative will carefully research your question and provide you with a response via phone within three business days. You will be issued a reference number. Please make note of this reference number for future interactions. If you disagree with the determination made by Humana, you have the option to speak to a Humana Provider Payment Integrity Customer Care supervisor. Based on availability, you will either be connected to a supervisor, or a supervisor will contact you within 48 hours of your request. (If you would prefer to be contacted via email, please leave your email address on the recording.)

Commonly used correspondence addresses and fax information

Humana Medical Record Requests

Please use this contact information to submit medical records in response to PPI requests

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

Grievances & Appeals

Nonparticipating providers can use the following information for the submission of an appeal

Medicare:

Humana Grievances & Appeals
P.O. Box 14165
Lexington, KY 40512-4165
Expedited Fax: 1-800-949-2961

Medicaid/Dual Medicare-Medicaid/Commercial:

Humana Grievances & Appeals
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

Clinical Audit Disputes

Please use this address to submit a clinical audit dispute

Humana Financial Recovery Clinical Audit
Disputes
P.O. Box 14279
Lexington, KY 40512
Fax: 1-888-815-8912

Sending 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. Please enclose a copy of the PPI overpayment chart included with the refund request letter along with the check.

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

Submit code-edit questions and access simulations online

Health care providers can submit specific questions about code editing and run claim simulations through the Claims Tools tab on the secure area of [Humana.com/providers](https://www.humana.com/providers) (registration required).

To access Claims Tools, you must be registered on Humana's website or the Availity Web Portal.

To access code-editing simulations or submit questions on Humana.com:

1. If you are not registered for the Humana.com secure portal, [register here](#) or contact your primary access administrator.
2. Once logged in, click the "Claims Tools" tab at the top of the page.
3. Select "Code Edit Questions" or "Code Edit Simulator" to access the tools.

To access code-editing simulations or submit questions on Availity:

1. If you are not registered for Availity's secure portal, go to [Availity.com](https://www.availity.com) and select "Register" to sign up.
2. Once logged in, select "Claims" from the links on the left.
3. Select "Research Procedure Code Edits" or "Code Edit Simulator" to access the tools.