SoonerSelect

Humana Webinar FAQ

Q: Are newborns covered and, if so, how are they added?
A: Yes. If the mother is a Humana Healthy Horizons member, the newborn will be placed with Humana as soon as we are notified of the birth. For a newborn not born to a Humana enrollee, the caregivers will choose a SoonerSelect plan or be auto assigned to a SoonerSelect plan, to be determined by their DOB. In the interim, they will be SoonerCare members.

Q: When can we expect payments to come in for claims being sent? Where will EOBs be available?
A: Humana will pay 90% of clean claims within 14 calendar days from receipt and 99% of clean claims within 90 calendar days. We typically pay within 7 days. EOBs can be accessed through Availity.

Q: Will Humana require consent forms for tubal ligations or hysterectomies like OHCA does?
A: Yes, consent forms are required.

Q: Will services that didn't require PAs prior to the change require PAs now?
A: No, we do not require PAs on services that did not require PAs with OHCA. We will work to rectify discrepancies as they are identified.

Q: Is the Humana ID different from the Medicaid ID? And if so, should you use the Humana ID or will the Medicaid ID be accepted on the claim?
A: Humana Healthy Horizons member ID cards have both an H number, which is the Humana number, and the Medicaid ID number. Both are acceptable when filing a claim.

Q: What is the timely filing deadline for both primary and secondary?
A: You have six months from the date of service or discharge to submit a claim. IF the claim is submitted after the applicable timely filing term, the claim is denied for timely filing. If a member has other insurance and Humana Healthy Horizons is secondary, we recommend providers submit for secondary payment within six months from the other insurance payment date.

Q: Do patients have to see their assigned PCP or can they see any PCP?
A: Members can see any PCP as long as they are in-network with HHH. They can update their PCP any time.

Q: How do I find out who my provider representative is?
A: Please reach out to OKMedicaidProviderRelations@humana.com to get in contact with your provider rep.

Q: Will members need referrals to see specialists? Will SC-10 forms be required?
A: Referrals/SC-10 forms are NOT needed for in-network providers. Only providers outside of the network will need a referral. Please note that some providers/offices may require a referral as part of their own process. This will not need to go through Humana for in-network providers.

Q: What is the reconsideration/approval process? What is the reconsideration/appeal deadline?
A: The provider may request a peer-to-peer without first submitting a reconsideration. A peer-to-peer request should be made within 5 days of notification of denial.

Q: What is the provider phone number?
A: Call 855-223-9868, option 1 for members, option 2 for providers.

Q: Does Humana have a separate fee schedule?
A: Humana does NOT have a separate fee schedule. We use the OHCA fee schedule.

Q: Do therapy evaluations need to be signed by a doctor in order to submit for authorization?
A: The evaluation does not need to be signed but we do need a signed order.

Q: How many OT/PT/ST visits for adults per year? Will a referral be needed?
A: For adults, it is 15 visits per year for each OT, PT and ST (15 visits for each service). PCP referrals are not necessary for in-network providers.

Q: Where can I find the authorization form?
A: Our provider website houses both the PAL and all PA forms. The best way to navigate to this page is through this link: https://www.humana.com/provider/medical-resources/oklahoma-medicaid. You will then need to click on the tab “Prior Authorizations.”

Q: Will Humana pay out of network for Medicaid claims presented? For how long?
A: For the first 90 days, we are providing out-of-network providers with 100% of the payments of an in-network provider. After that time, the out-of-network provider will be paid at 90% of the contracted rate. This will allow time to get everyone contracted who wishes to be without worry of less payment.

Q: Will Humana honor authorizations that were approved by OHCA until they expire or only for the 90-day grace period? Do we need to submit these through Availity?
A: Humana is honoring PAs that were approved by OHCA prior to April 1, 2024, until they expire. These do not need to be submitted through Availity. OHCA is sending us files with this information.

Q: Do we have to file claims on Availity, or can we continue to submit through our clearing house?
A: Claims will need to be filed through Availity. You can continue to still use your clearing house as long as it works with Availity. Please contact your clearing house to make sure they are connected to Availity.

Q: How do we request a peer-to-peer?
A: You can request a peer-to-peer via phone at 855-223-9868 or email to OKMCDP2PRequest@humana.com.

Q: What is the Humana payer ID?
A: The Humana payer ID is 61101.

Q: I have questions regarding Availity. Is there an Availity contact?
A: Yes, the Availity contact number is 800-282-4548.

Q: Humana has a prior address listed. How do I get this updated?
A: You will need to update your provider profile with OHCA, then update your W-9 with Humana.