

## Network Notification – Kentucky Medicaid

### Required Forms: Notice, Completion, Retention and Claim Submission

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Humana Healthy Horizons™ in Kentucky and the Kentucky Department for Medicaid Services (DMS) require the completion of a specific form for the following services:

- Abortion
- Sterilization
- Early elective delivery
- Hysterectomy
- Hospice

#### As the provider, you are required to:

- Complete the form according to the appropriate Kentucky Administrative Regulation (KAR) and/or Kentucky DMS Memorandum. (Please note: Pre-op and/or post-op notes, the physician certificate and the report of abortion form are required documentation when submitting abortion services claims.)
- Retain the completed forms as part of the enrollee's chart in the event of audit so a copy can be submitted to Kentucky DMS on request.
- Submit the completed form via the paper claim process for the following services:
  - Abortion
  - Sterilization
  - Early elective delivery
  - Hysterectomy

#### Please mail paper claims to:

Humana Claims Office  
P.O. Box 14601  
Lexington, KY 40512-4601

**Please note:** Claims for these services must include the appropriate form(s), including the Coordination of Benefit (COB).

- Notify us of the enrollee election of the Medicaid hospice benefit as you would submit a request for prior authorization.

Claims are not paid until the provider submits the completed form. In the event that Humana Healthy Horizons in Kentucky erroneously pays a claim without the required form, per regulatory and contractual requirements, Humana Healthy Horizons in Kentucky may initiate overpayment recovery efforts to correct the error.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan Inc.

## **Kentucky Department for Medicaid Services references and forms:**

Early elective deliveries:

[Early elective Deliveries \(EED\) Prior to 39 weeks Gestation\\_06232017](#)

[Addendum to 06232017 EED Prior to 39 Weeks Gestation](#)

[The American College of Obstetricians and Gynecologists Patient Safety Checklist](#)

Abortion:

[VS\\_913\\_04.2020\\_Report of Abortion](#)

[CHFS\\_ACR\\_2.2020\\_Abortion Certification Requirements](#)

Sterilization:

[OMB\\_09370166\\_Consent for Sterilization](#)

Hysterectomy:

[Map251\\_Hysterectomy Consent Form](#)

Hospice Medicaid Benefit election:

[MAP374\\_Election of Medicaid Hospice Benefit](#)

You also can find the Kentucky Cabinet for Health and Family Services (CHFS) forms on our Humana Healthy Horizons in Kentucky [Provider Documents & Resources page](#).

If you have questions, please contact Provider Services at 800-444-9137. Hours of operation are Monday through Friday, 8 a.m. to 6 p.m. Eastern Time.