Humana.



Network Notification

Date: September 25, 2014 Number: KY-P-2014-15a

To: Participating Health Care Providers

From: Humana - CareSource® (KY) Medicaid

Subject: Provider ID Requirements for Paper Claim Forms

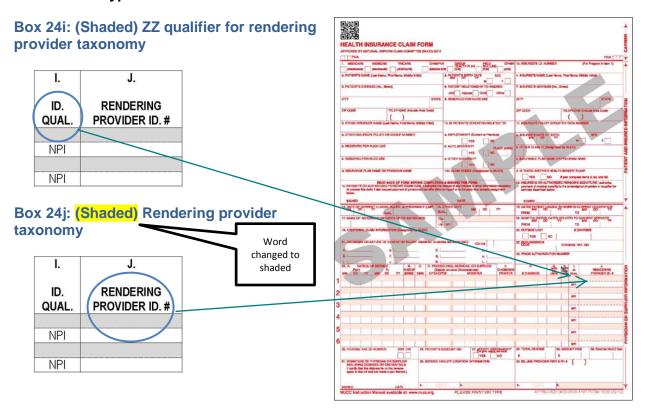
Humana – CareSource is pleased to work with you to serve our members and we are dedicated to providing you with the best service and support possible.

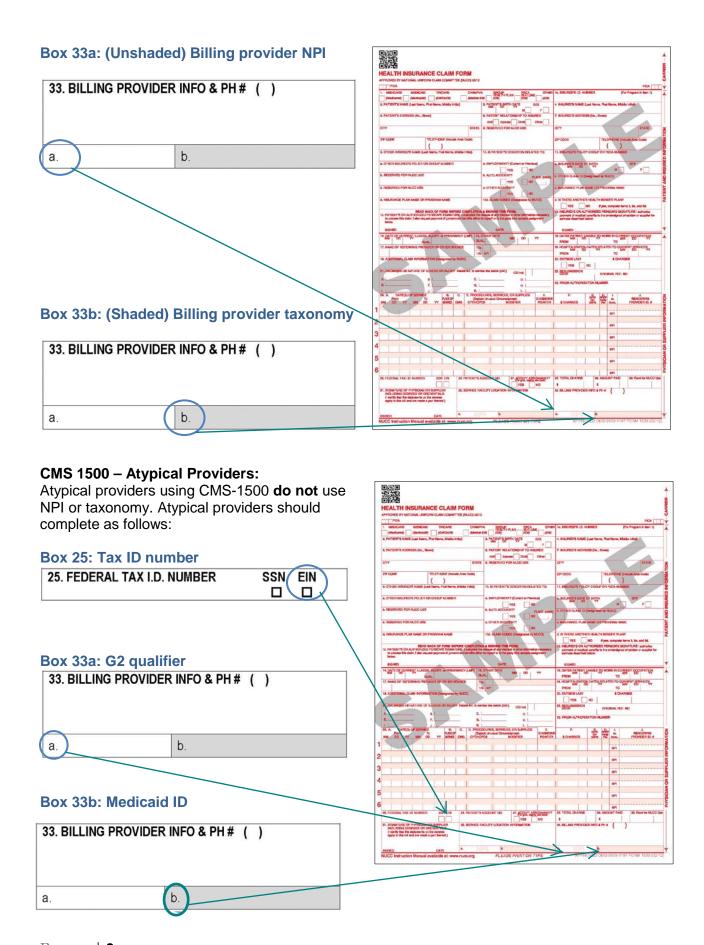
To facilitate the accurate and prompt payment of claims, please use your federal tax identification number (TIN) and national provider identifier (NPI) when submitting claims to Humana – CareSource.

Use the Humana – CareSource provider billing number to register on the provider portal at www.caresource.com/providers/kentucky/providerportal.

Please include these numbers when completing the following forms:

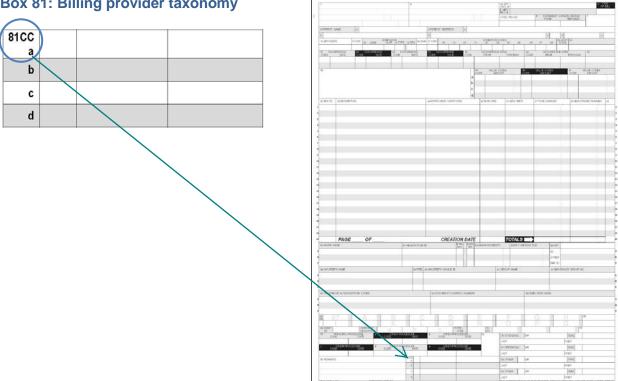
CMS-1500 - Typical Providers:

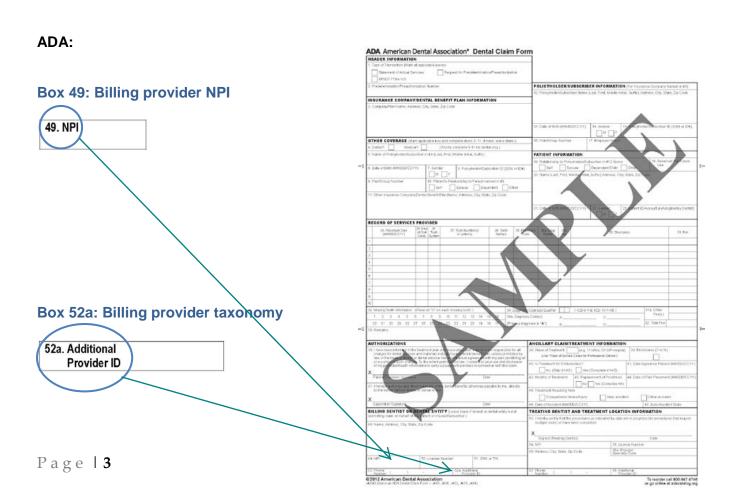


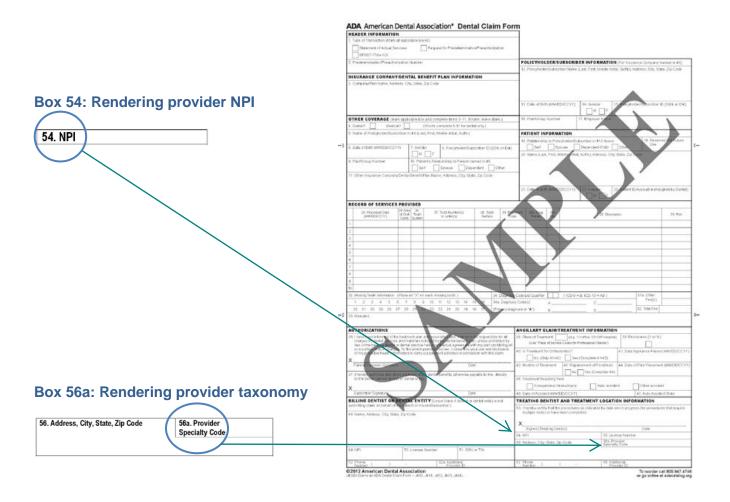


UB-04:

Box 81: Billing provider taxonomy







Your NPI and Tax ID are required on all claims, in addition to your provider taxonomy and specialty type codes (CMHCs, FQHCs, RHCs and PCCs) using the required claim type format (CMS – 1500, UB-04 or Dental ADA) for the services rendered. Please note, for Community Mental Health Centers (CMHCs) billing on a CMS 1500, the rendering and billing NPI information cannot match. As of October 1, 2013, Kentucky Department for Medicaid Services (KDMS) requires that all NPIs, billing and rendering addresses and taxonomy codes be registered and appear on their master provider list (MPL). Claims submitted without these numbers or information that is not consistent with the MPL will be rejected.

To avoid delay or disruption of claims payments, please share this information with individuals involved in claims and billing for your organization, billing vendors and/or electronic claims clearinghouses. When submitting an electronic claim to one of our clearinghouses, be sure to include the Humana – CareSource electronic payer ID number KYCS1.

To submit a paper claim, please mail a completed form to: Humana – CareSource Claim Submissions P.O. Box 824 Dayton, OH 45401-0824

Visit the provider website at http://www.caresource.com/providers/kentucky to find claim filing instructions, provider orientation materials, the provider manual, reference forms and more.

If you have questions, please call your Humana – CareSource provider relations representative directly or call **1-855-852-7005**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time and select the appropriate menu options.

Thank you for your care of our members.

Note: this is a corrected version of a <u>previous network notification</u> dated June 25, 2014.

KY-P-242a