

New Provider Orientation Checklist

Provider Name: _____ Date: _____

Tax ID: _____ Specialty: _____

Participating Plans: _____ Humana/ChoiceCare Rep: _____

Provider Contactor(s) attending: _____

- _____ Overview of participating plans
- _____ Explanation of member ID cards (including combined member ID and Visa HumanaAccess cards used for HSA accounts (refer to Provider Manual).
- _____ Review Participating Hospitals
- _____ Procedures for Pre-Admission, Written-Prior Authorization, Telephone-Prior Authorization
- _____ Referral Guidelines and Process
- _____ Preferred providers for diagnostic testing
- _____ Mental Health Procedures
- _____ Phone list of Humana contacts for claims, referrals, provider relations
- _____ Electronic transactions: claims, encounters, referrals, eligibility,
- _____ Self Determination Pamphlets
- _____ Disease Management Programs
- _____ Occurrence Reporting
- _____ Member Rights & Responsibilities
- _____ Procedure for notification to Humana of changes (address, TID, provider adds or terms)
- _____ Discuss Humana's HIPAA expectations (i.e., reporting a breach to Humana Privacy Office).
- _____ For Primary Care Physicians:
PCP responsibilities, encounter requirements, list of participating specialties, capitated networks, accessibility standards, service fund, overview of PCP Profile, fee-for-service exclusions, medical record requirements
- _____ For Capitated Specialists:
Responsibilities, associated Primary Care Physicians, accessibility standards, service fund, fee-for-service exclusions

_____ Confirmation of receipt of *Provider Manual* and *Principles of Business Ethics*.

Note: *Humana's Provider Manual for Physicians, Hospitals and Healthcare Providers* is available on the provider portal of Humana.com . Or, if necessary, a paper copy can be mailed to the provider. *Principles of Business Ethics* – is also available on Humana.com.

_____ ADDITIONAL TOPICS COVERED:

_____ COMMENTS / ITEMS FOR FOLLOW-UP

SIGNATURES OF OFFICE CONTACTS ATTENDING ORIENTATION:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____