Humana for physicians and other healthcare providers

Your relationship with your patients can make all the difference in their health. Access tools and resources that can support you in their care.

Healthcare providers

**Medical**
- Access key information
  - Find information about how to submit authorization requests, file claims efficiently, get paid electronically and more.
  - Medical resources →

**Pharmacy**
- Get the answers you need
  - Access our pharmacy manual and audit guide, get details on Humana Pharmacy and learn about our medication therapy management program.
  - Pharmacy resources →

**Dentists**
- Discover helpful tools
  - Find numerous resources, including plan summaries, claim submission details and credentialing and contracting applications.
  - Dental resources →

Manage details securely online

Humana's self-service resource center delivers tools and technology that make your job easier—including the ability to submit claims and check their status electronically.

Other resources

**Claims resources**
- Humana supports health care professionals' administrative needs with authorization and referral information, electronic claim submission, claims edits and guidelines and more.
  - Claims resources →

**Pharmacy prior authorization requests**
- Get faster determinations by submitting PA requests for any plan and all medications online through CoverMyMeds. Humana partners with CoverMyMeds to provide real-time determinations for online requests.
  - Submit an PA →

**Find drug lists**
- Find coverage details for commercial, Medicare and Medicaid plans.
  - Humana drug lists →
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Humana for Healthcare Providers

Humana tools
- Pharmacy tools
  - Drug lists
  - Generic drugs
  - Medication therapy management
  - Pharmacist manuals & forms
- Prior authorization forms
  - Professionally administered drugs
  - Exception and appeals
- News & publications
  - Medicare’s Limited Income program
  - Coverage policies
- Pharmacy self-service

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Back to top
Medicare and Medicaid information

This webpage offers publications and other information for healthcare professionals who treat patients with Humana Medicare, Medicaid and dual Medicare-Medicaid coverage.

Publications

Humana dual-eligible outreach flyer
Information on how Humana can help eligible Medicare beneficiaries apply for financial assistance through the Medicare Savings Program

Humana dual-eligible outreach flyer

Medicare private-fee-for-service (PFFS)
Terms and conditions for Medicare PFFS

Medicare PFFS

Medicare Advantage materials
Operational and reimbursement guidelines, provider qualifications and requirements, frequently asked questions and other information

Medicare Advantage materials

Medicaid and dual Medicare-Medicaid provider materials
State-specific resources for Humana's Medicaid and dual Medicare-Medicaid products

Florida Medicaid

Illinois Medicaid

Medicaid appendices

Florida materials
Florida Medicaid Provider Manual

Illinois materials

Other resources

National coverage determinations
Learn about the latest changes to the Centers for Medicare & Medicaid Services (CMS) has made to services that are covered by Medicare.

National coverage determinations

Quality materials
Visit our quality resources page for information on CMS Star Ratings, the Healthcare Effectiveness Data and Information Set (HEDIS®), the Consumer Assessment of Healthcare Providers and Systems (CAHPS®), the CMS Health Outcomes Survey (HOS) and more.

Quality materials
Kentucky Medicaid

Humana contracted with the Kentucky Cabinet for Health and Family Services to provide services to Medicaid enrollees through Humana Health Plan. Medicaid provides healthcare coverage for income-eligible children, seniors, disabled adults, pregnant women and other eligible adults. It is funded by both the state and federal governments.

Provider Documents

These documents apply to all counties in Kentucky.

Provider Resource Guide - Transition Details

Kentucky Medicaid Provider Manual

Medicaid Preauthorization and Notification List

Humana Medical Plan Kentucky Medicaid Member Handbook

Consent for Sterilization

Hysterectomy Consent

Kentucky Medicaid Pharmacy and Therapeutics Information

Pharmacy quick reference guide

Preferred Drug List – English

Preferred Drug List – Spanish

Referral to Medicaid Case Management Form

Medicaid/Medicare

Medicaid/Medicare →

Medicare Advantage materials →

Florida Medicaid →

Florida long-term care →

Illinois Medicaid →

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Continuity of Care Provisions

A prior authorization (PA) shall be honored by the Humana Health Plan for 90 days or until the recipient or provider is contacted by the Humana Health Plan regarding the PA. If the recipient and provider are not contacted by Humana Health Plan, the existing Medicaid PA shall be honored until expired.

How to request preauthorization

Except where noted preauthorization requests for medical services may be initiated:

- Online via Avality.com (registration required)
- By calling Humana’s interactive voice response (IVR) line at 1-800-444-9137 (available Monday through Friday, 8 a.m. to 8 p.m. Eastern time)
  Please note: Online preauthorization requests are encouraged.
- By calling our authorization intake team directly at 1-888-285-1114
- Additionally, clinical information for a medical service preauthorization request may be faxed to 1-833-974-0059 using KY Medicaid Fax Form – State Template or KY Medicaid Fax Form – Humana Preferred Template.

Except where noted, preauthorization requests for professionally administered medications may be initiated:

- By sending a fax to 1-888-447-3430 (request forms are available at humana.com/medje)
- By calling 1-866-661-7273 (available Monday through Friday, 6 a.m. to 8 p.m. Eastern time)

Except where noted, preauthorization requests for pharmacy medications may be initiated:

- Logging into www.CoverMyMeds.com/epo/Humana
- By sending a fax to 1-877-486-2621 using KY Medicaid Fax Form
- Call Humana Pharmacy Clinical Review (HPCR) at 1-800-555-CLIN (1-800-555-2546)

Submitting pharmacy claims

Starting Jan. 1, 2020, Humana Pharmacy Solutions began managing the pharmacy network for Humana’s Medicaid managed care plan in Kentucky. See the notification for updates.

Notification for pharmacy claims submission
Kentucky Medicaid

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Annual compliance training materials for healthcare providers

The Centers for Medicare & Medicaid Services (CMS) and state Medicaid contracts mandate that all Humana-contracted physicians and other healthcare providers complete compliance program requirements. Healthcare providers can complete this requirement online at the Availity Web Portal (registration required). Please refer to the following for more information:

Compliance Requirements for Healthcare Providers – Frequently Asked Questions and Answers

How to Complete the Training Requirements via Availity.com

Compliance requirements for healthcare providers who are unable to register online

Additional training for Kentucky Medicaid Providers

KY Medicaid Orientation and Training Module
Humana and the Availity provider portal

To access the most up-to-date tools for working with Humana online, please use the Availity provider portal. With Availity, you can:

- Check patient eligibility and benefits
- Submit or manage authorizations and referrals
- Review claim status
- Submit medical records

As a multi-payer portal, Availity allows you to interact securely with Humana and other participating payers without the need to use multiple systems or remember different usernames and passwords for each payer.

How to get started

To request an Availity username and access to specific tools, contact your organization's Availity administrator.

If you do not know your Availity administrator, begin the online registration form.

If an account already exists for your organization's Tax Identification Number, the form results will give you a contact number and customer ID to help identify your administrator.

If your organization does not have an account and you are designated as your organization’s administrator, use the online registration form to set up your account.

To learn more about how to get started with Availity, review How to register for the Availity provider portal.

Training opportunities

Join a Humana e-Business consultant for an overview of the Availity portal and Humana-specific tools.

View the webinar schedule to sign up for training.
Humana Drug Lists

2020 formulary changes

Below are links to charts that show some commonly used medications impacted by Humana commercial and Medicare formulary changes in 2020 (e.g., prior authorization (PA) requirements, step therapy (ST) modifications and nonformulary (NF) changes). Humana members are asked to talk to their physicians or other healthcare professionals about possible alternatives.

Medicare formulary changes

Below are links to formularies containing some commonly used medications that will be impacted by Humana Medicare formulary changes in 2020. Top drug changes by formulary include:

- Humana Puerto Rico formulary changes
- Humana Basic 4x Plan formulary changes
- Humana Premier Rx Plan formulary changes
- Lean National 5 MAO formulary changes
- Super National 5 MAO formulary changes
- National 6 MAO CSMP formulary changes
- Plus 5 formulary changes
- Plus 6 MAO CSMP formulary changes
- Group Medicare Closed formulary changes

If healthcare providers have questions regarding these changes, they may call 1-800-457-4708. This line is open Monday through Friday from 8 a.m. to 8 p.m., local time.

Drug guides

Access more formulary-related information for Humana members by reviewing Humana's list of covered drugs.

Medicare: Drug List for Medicare plans

Commercial: Drug List for employer plans

Prescriber quick reference guide

This reference guide helps prescribers determine which Humana medication resource to contact for prior authorization, step therapy, quantity/limits, medication exceptions, appeals, precertification and claims. It also provides applicable phone, fax and web contact information.

Prescriber quick reference guide
Your health providers

Learn more about the provider networks available to you, find answers to your provider questions and search for a doctor based on your needs.

Provider finder

Select a doctor with the requirements that are important to you when you use Humana’s Provider Finder tool.

Search for Humana providers in your network →

Primary care physician/doctor

Having a doctor that is your primary care physician, or PCP, is an important part of living a healthy and happy life. Your PCP is your partner for general health and for sickness and injury. Read on to find answers to your PCP questions.

Learn more →

Provider network

Your plan includes a group of doctors, hospitals and clinics called a network. This group of healthcare providers has contracted to provide services to Humana members for less than what they typically charge for their services. Learn more about the Humana networks available to you.

Learn more →
Attachment I.C.17.c-1 Provider Website Screenshots

Find a doctor

Search type

Medical

Go

Select a network or use your member identification card. If you’re registered on our website, sign in to your account for better results.

Many doctors have more than one office. However, not all of the doctors’ offices may be in our network. If you don’t see an office address on this list, the doctor may not be in-network at that location. If you have questions, call Humana at the Customer Service number or check your Humana member ID card for network details.

Clinical effectiveness and cost-efficiency results are displayed for a subset of physicians. Absence of content indicates that the provider is out of scope for performance evaluation. For a full listing of provider types and specialties evaluated, please visit humana.com/carehighlight.

The primary focus of these ratings is transparency and should only be used as a guide when choosing care. Patients are encouraged to consider all relevant information and to consult with their treating physician when selecting a specialist.

Commercial employer group PPO networks offered in Texas are Limited Hospital Care Networks. If you need a mental health provider, please call the Customer Service number or check your Humana member ID card.

Where indicated, the physicians are board certified through the American Board of Medical Specialties (ABMS) for the specialties shown.

If searching for an organ or stem cell transplant provider, please call our toll-free number for support: 1-866-421-5563. If you use a TTY, call 711. Our hours are Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Please note, any information listed under a provider’s practice focus has been supplied by the provider and has not been validated.

Humana is a Medicare Advantage HMO, PPO and PFFS organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

Other providers are available in our network.

Some plans require you to obtain a referral from your Primary Care Provider (PCP), or prior authorization from the plan, before receiving certain services. Please refer to your benefit plan information for any referral or authorization requirements.