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

Sample
_____ 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:

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