

Demographic updates

Pneumonia vaccination

Claim disputes

Commercial PAL

Medicare Advantage

Hospital

Reimbursement Information

Preauthorization tool

Nondiscrimination notice

Patient transfers

Radiology copayments

Secure web options

Medicare Outpatient Observation Notice (MOON)

Assistant surgeon reimbursement

Important policies

Pharmacy policies

Availity

CMS Compliance

Clinical quality

Education on Demand

Medicare and Medicaid information

About the Executive Physician Immersion Program

Publications

Submitting claims to Humana via electronic data interchange (EDI) is more streamlined, thanks to Availity improvements.

Availity claims

Humana updates dispute process and limitations

When a charge for a service is denied after a medical necessity review, an in-network physician or health care provider may dispute that denial in writing with relevant documentation.

Claim disputes

Commercial Preauthorization and Notification List Updated

When a charge for a service is denied after a medical necessity review, an in-network physician or health care provider may dispute that denial in writing with relevant documentation.

Commercial PAL

Hospitals Need to Note Important Medicare Advantage Reimbursement Information

Reimbursement of an inpatient claim depends on several different factors.

Hospital rebilling

Receive Immediate Preauthorization Determinations Online

Physicians are encouraged to use a new preauthorization submission tool on Availity.com.

Preauthorization

Learn More about Nondiscrimination Notice Requirements

Some health care professionals may be required to post information about nondiscrimination and accessibility requirements.

Nondiscrimination notice

Find Guidelines for Patient Transfer Requests

Learn more about guidelines for patient transfer requests from primary care physicians (PCPs), physician groups or independent practice associations (IPAs) acting on behalf of a PCP.

Patient transfers

Updates Affect Payments for Medicare Members' Basic Radiology Claims

Patients with Humana Medicare coverage need to pay a copayment for basic radiology services, when applicable.

Radiology

Action Required to Maintain Access to Humana's Secure Online Tools

As Humana phases out its secure online portal, physicians and other health care professionals will need to access online tools for working with Humana on the Availity Web Portal.

Secure web

New Medicare Outpatient Observation Notice (MOON) requirement effective March 8, 2017

Effective March 8, 2017, hospitals and CAHs are responsible to provide the written MOON and a verbal explanation of the notice to all Original Medicare and MA beneficiaries who receive outpatient observation services for more than 24 hours.

Medicare notice

Assistant Surgeon Reimbursement Updated

Humana's reimbursement policy for a physician acting as an assistant surgeon has changed for Humana commercial plans.

Reimbursement

Humana Policies Affect Health Care Professionals and Their Patients

Humana creates operating policies and procedures to help maintain a high level of service to its members and network physicians and other health care professionals.

Policies

Find Policies on Prior Authorization, Quantity Limits and Step Therapy

Humana strives to make the prescription process as easy as possible for physicians, health care professionals and their patients. Some prescriptions, however, require more attention than others.

Pharmacy Policies

Sign Up with Availity to Make Working with Humana Online Easier than Ever

Availity

Compliance Requirements for Health Care Providers

The Centers for Medicare & Medicaid Services (CMS) and Humana's Medicaid contracts mandate that all Humana-contracted entities, including those contracted with Humana subsidiaries, complete compliance requirements.

Compliance requirements for health care providers

Simplifying Clinical Quality For Everyone

Humana has simplified our clinical quality measures to a more manageable number that impact patient health.

Clinical quality



Access resources View clinical guidelines, qualityrelated materials, drug utilization review information and more.

Clinical resources →



Addressing fraud, waste and abuse

Learn how to detect and prevent fraud, waste and abuse with free training materials, tools and resources from Humana.

Learn more about Humana's commitment \rightarrow



Humana's YourPractice

This bimonthly publication provides updates that make it easier for you to do business with Humana.

View the current issue. \rightarrow

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