Humana.

Key information about contracting with Humana

Thank you for your interest in becoming affiliated with Humana as a physician or other healthcare provider. For both solo practitioners and many group practices, completing our online provider self-nomination form is an essential step toward joining our networks.

Please note that our self-nomination form does not apply to healthcare providers with complex billing practices:

- Physicians or other healthcare providers with multiple Employer Identification Numbers (EINs) or Taxpayer Identification Numbers (TINs)
- Physicians or other healthcare providers with multiple billing National Provider Identifiers (NPIs)

These healthcare providers – complex groups, hospitals, independent physician associations, physician-hospital organizations, other medical facilities and integrated health systems – should submit a request to join our networks through their regional contracting representative.

What you'll need before you start the online application

Make sure to have all of the following information available before using the online provider self-nomination form:

1. Your EIN or TIN, business name and address exactly as it appears on your income tax form or W-9. You also need your tax filing classification per the IRS (i.e., type of business and tax-exempt status).

2. The individual NPI and Council for Affordable Quality Healthcare (CAQH) number for each practitioner affiliated with the provider business entity.

- All practitioners must have an active, valid NPI.
- For credentialing purposes, all practitioners must be registered through CAQH, and their information must be current and accurate.
- Your billing NPI name must match your income tax (IRS) name.
- For more information about obtaining an NPI, visit nppes.cms.hhs.gov.
- For more information about obtaining a CAQH ID, visit caqh.org.

3. Billing address information, along with billing contact – name, phone, fax and email.

4. Claims payment (remittance/pay to) address information.

5. Contracting contact information – address, contact name, phone, fax and email. This will be used for communications regarding changes to your contract (i.e., amendments and notifications).

6. Contact information for other correspondence – address, contact name, phone, fax and email.

7. Complete office service address and contact information (phone, fax), including hours of operation.

8. Information indicating the service location(s) where individual practitioners practice.

When you have the required information listed above, please visit this page and fill out the online form for your provider type. Thanks again for your interest in becoming a Humana-affiliated physician or other healthcare provider.