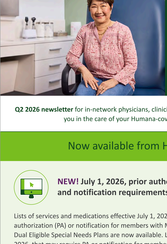
Humana

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Humana Physician News

Q2 2026 newsletter for in-network physicians, clinicians and office staff to support you in the care of your Humana-covered patients

Now available from Humana

NEW! July 1, 2026, prior authorization lists (PAL) and notification requirements

Lists of services and medications effective July 1, 2026, that may require prior authorization (PA) or notification for members with Medicare Advantage (MA) and Dual Eligible Special Needs Plans are now available. Lists of services effective July 1, 2026, that may require PA or notification for members with Medicaid plans are also available.

NEW! Medicaid provider-administered medication PAL changes

Lists of provider-administered medications that may require PA for Humana Healthy Horizons® patients in Indiana, Kentucky, Louisiana, Ohio, Oklahoma, South Carolina and Virginia are available.

Review PAL →

Ensuring compliance: timely authorization request submission

For select services, PA is needed before care is fully furnished. Per the Centers for Medicare & Medicaid Services (CMS), requests after services are fully furnished must be processed as payment requests. After services are fully furnished, please submit a claim instead of a request for authorization (retro authorization). Claims may be denied if an authorization was required and not obtained. Consult the PAL and Provider Manual for guidance.

Review provider manual →

Humana expands virtual cardiac rehabilitation

Cardiac rehab can **reduce readmissions by more than 40%**, yet only about 1% of eligible patients complete in-person rehab due to access and adherence barriers.[1,2]

Humana has partnered with Cardia Health to offer a virtual cardiac rehab program for recently discharged patients with heart failure with reduced ejection fraction (HFrEF). This at-home program provides safe, high-value care at **no additional cost** to members through their Humana plan.

Eligible members will receive direct outreach from Humana and Cardia. If your patient expresses interest, please discuss the benefits of participating. Additional program information is linked below.

Program details →

1 annual preventive visit is equal to 10 regular office visits in quality impact

Support your patients' health by scheduling preventive services and screenings early. A recent Humana study found that patients who completed an annual preventive visit achieved the highest Medicare Stars Healthcare Effectiveness Data and Information Set (HEDIS) care-quality ratings—an impact equal to 10 regular primary care visits.[3]

Preventive visit tips →

Help protect patients from repeat fractures

Women with an osteoporotic fracture are **86% more likely** to have another fracture.[4] The Medicare Stars Osteoporosis Management in Women (OMW) measure addresses this need by assessing the percentage of women who are treated for osteoporosis or receive bone density screening following a fracture. Early treatment and the appropriate medications can help prevent repeat fractures.

Review the OMW guide →

Value-based care

Redefining healthcare collaboration through payer-provider interoperability

Payer-provider interoperability enables seamless, real-time data exchange, improving care coordination, patient outcomes and operational efficiency. Medical record retrieval accounts for a **51% decrease in denials for lack of medical records** and a **67% reduction in medical record requests**.[5]

A new whitepaper co-authored by the Healthcare Financial Management Association and Humana highlights how advanced solutions reduce administrative work and support value-based care (VBC).

Review the findings →

VBC improves health outcomes for MA members, report finds

VBC leads to **24.3% fewer hospital admissions** for MA patients compared to Original Medicare, based on research released in Humana's annual VBC report.[6] Additional benefits include improved chronic condition management, greater preventive care and a **13-point higher** patient satisfaction score. These insights underscore VBC's positive impact on health outcomes.

Read the report →

$0 cost share* for diabetic testing supplies

Accessible and affordable diabetic testing supplies are essential for proper monitoring and blood sugar control. Humana has 3 preferred glucometers (Accu-Chek® Guide, Accu-Chek® Guide Me, & TRUE METRIX® AIR) and coordinating supplies available for $0 cost share* at network pharmacies.**

Learn what's covered →

Para español, haga click aquí.

* See details in flyer.

Resources and support

Service Fund update: new attribution rules and PPO unpaneling

As of March 1, 2026, Humana preferred provider organization (PPO) members who did not have a primary care visit since May 1, 2024, were automatically removed from your provider panel due to inactivity. Please review your membership rosters and reach out to inactive patients to maintain panel accuracy.

In addition, Service Fund implemented new claims-based attribution rules for all MA products, including health maintenance organization (HMO) plans, effective April 1, 2026. These changes were made to assign patients to panels more quickly than previous rules, which required 3 visits. For questions, please contact ServiceFund@humana.com.

Published claims payment policies

Humana publishes medical claims payment policies to support accurate billing, helping reduce claim delays and additional information requests. Recent publications include:

- Paper Claim Administrative Fee (NEW!)
- Chronic Care Management and Principal Care Management (Revised)
- Common CPT and HCPCS Modifiers (Revised)
- Multiple laboratory policies including Identification of Select Microorganisms by Nucleic Acid Probes (Revised)

Review policies →

Clinical guidelines

Immunization rates lag despite proven benefits

According to the American Medical Association, immunizations prevent countless cases of disease and save millions of lives each year. Yet immunization rates continue to remain low. Review the immunization schedule for those aged 19 and up or 18 and under.

Additional links

Prior authorization and notification lists and search tool →

Important policy reminders →

Claims payment policies →

Claims processing edits →

Medical and Pharmacy Coverage Policies →

Moving to value-based care →

Making It Easier tutorials →

Clinical practice guidelines →

Behavioral health credentialing and resources →

Medicare/Medicaid annual compliance training →

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References

1. Brian D. Duscha et al., "A Detailed Analysis of Cardiac Rehabilitation on 180-Day All-Cause Hospital Readmission and Mortality," Journal of Cardiopulmonary Rehabilitation and Prevention, vol. 44,2 (March 2024): 99-106, accessed March 24, 2026, doi:10.1097/HCR.0000000000000835.
2. Humana internal data, 2023.
3. Humana internal data, 2025.
4. Osteoporosis Foundation, "Epidemiology of Fragility Fractures," accessed Feb. 24, 2026.
5. Boyd Stewart and Aurene Wilford, "Points of Light 2024: Celebrating Payer & Provider Partnerships That Enhance Healthcare Outcomes," KLAS Research, last accessed March 24, 2026.
6. Humana internal data, 2024.

**Patients should contact their plan for more information. Limitations, copayments and restrictions may apply. Benefits and member cost share may change on Jan. 1 of each year. Patients have the sole discretion to choose their pharmacy and expect that prescribers will use their independent medical judgment when discussing pharmacy choices with their patients. Other pharmacies are available in Humana's network.

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