



Humana Gold Plus Integrated Medicare-Medicaid Provider Newsletter

September 2025

In this edition:

What's new

- Humana updates several claim processing functions for improved efficiency
- Humana-specific training is available via the Humana Learning Center on Availity Essentials™

Plan reminders

- Learn more about our long-term services and supports (LTSS) provider education
- Providers must revalidate to stay in Illinois program
- Please have authorization in hand before delivering LTSS care
- Ensure your first-level provider dispute receives a tracking number
- Review claim submission requirements
- Help your Medicaid patients keep their coverage
- Use online prior authorization for significantly faster results
- Email skilled nursing facility retro rate letter upon receipt



Humana Gold Plus® Integrated Medicare-Medicaid is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.

809506IL0825 H0336_ILHMRXFEN

What's new



Humana updates several claim processing functions for improved efficiency

Humana made several important updates to claim processing procedures to enhance efficiency, improve accuracy and ensure you are paid faster.

These improvements include an integration of advanced automation technologies, which should reduce processing times and minimize potential errors. The following list details implemented updates:

Claim issue	Description of issue	Affected provider type	Call to action
Supportive living facility claims billed DA (days) option	Claims submitted using the DA option currently not being processed for rev code 240.	Supportive living facility	<div>Provider should rebill a corrected claim using the UN option for any denied claims.</div> <div>Effective Sept. 20, 2025, the provider may resume using the DA option. The provider will still be able to submit the supportive living facility claims using the UN options as well.</div>
Services not allowed according to provider's contract	Claims are denied (60C) when Leave of Absence codes are billed with revision code 240 during the covered days.	Facility	<div>Humana will work to fix the issue and reprocess claims as quickly as possible.</div> <div>Humana will notify the provider when the issue is resolved.</div>

Multiple months accepted for homemaker services (S5130)	Homemaker services (S5130) claims denied (338) in error when multiple months billed on same claim form.	LTSS – atypical	<p>Humana will work to fix the issue and reprocess claims as quickly as possible.</p> <p>Providers should rebill corrected claims for separate months for any denials received.</p> <p>For new claims/ services, the provider should bill 1 month per claim form.</p>
---	---	-----------------	---



Humana-specific training is available via the Humana Learning Center on Availity Essentials

The Humana Learning Center on **Availity Essentials** is an innovative learning management system for Humana’s provider training materials. This centralized platform consolidates training resources and compliance education, making it an essential tool for providers looking to enhance their knowledge and operational efficiency.

Key benefits:

- **Comprehensive training offerings:** As of July 1, 2025, the Humana Learning Center features compliance training for Medicare and Medicaid, along with various Humana-specific training modules. Over time, Humana will add additional provider training materials, streamline access and reduce time spent navigating multiple platforms.
- **User-friendly interface:** Designed to be intuitive, the Humana Learning Center improves the provider experience by offering a straightforward approach to access training materials.
- **Enhanced provider experience:** By consolidating training resources, providers can easily find and complete necessary training, which can lead to improved service delivery and patient care.
- **Increased security:** With rising cyber threats in the healthcare industry, the Humana Learning

Center employs robust security measures to protect training content, allowing for secure access to essential resources without restrictions.

- Streamlined administration: The Humana Learning Center facilitates simplified compliance reporting and attestation processes, providing administrators and providers with efficient tools to manage their training needs.

Training materials available as of July 1, 2025:

- Medicare compliance training
- Medicaid compliance training
- Humana-specific Availity Essentials training

Check back often as more training modules are added. Visit Humana's **provider compliance training webpage** to learn more about our policies.

Accessing the Humana Learning Center

Providers can easily access the Humana Learning Center by logging in to Availity Essentials, navigating to Payer Spaces and selecting Humana, followed by the Humana Learning Center. You can **register for Availity Essentials here**.

A significant advancement in provider training and compliance education

The Humana Learning Center on Availity Essentials represents a significant advancement in provider training and compliance education. By centralizing resources and enhancing security, the Humana Learning Center improves the training experience and supports Humana's commitment to delivering exceptional care and service to its provider network.

Learn more about Availity Essentials webinars and resources on our **provider web-based training and resources website**.

Plan reminders



Learn more about our LTSS provider education

The LTSS provider orientation has the necessary information, resources and tools needed for providers to collaborate and succeed within our organization. Throughout this presentation, providers gain insights into our operational procedures, support systems and best practices that ensure seamless service and strong partnerships.

To learn more, view the **LTSS provider orientation document**.



Providers must revalidate to stay in Illinois program

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid programs to revalidate all actively enrolled Medicaid providers at least every 5 years. To avoid nonpayment for services rendered, complete the revalidation process as directed by the state in the Illinois Medicaid Program Advanced Cloud Technology (**IMPACT**), the Medicaid reimbursement system used to enroll agency and individual providers.

Even if providers have revalidated their provider enrollment with Medicare, they must also complete the revalidation process with Medicaid in Illinois.

Failure to revalidate will result in the provider being removed from Medicaid. Please see the revalidation details from the **Provider Revalidation webpage**.

For more information, visit the **Illinois provider enrollment services webpage** or call the **IMPACT help desk** at 877-782-5565.



Please have authorization in hand before delivering LTSS care

All LTSS services require authorization. Providers must ensure compliance with all service requirements of a recipient's payer, including service notifications or prior authorization. Before providing waiver services, providers should ensure authorization is in place.

Providers who do not comply with the service requirements of a recipient's payer may be subject to claims denial.

Providers can email LTSS authorization requests to **HUMLTSSTransitions@humana.com**.



Ensure your first-level provider dispute receives a tracking number

You should ensure you receive a tracking/reference number with your first-level disputes. If you file a second-level dispute, please ensure you add the tracking/reference number received from the first-level dispute. Please refer to the Humana claim payment inquiry resolution guide for the most current process.



Review claim submission requirements

When filing electronic claims, use payer ID 61101 for fee-for-service claims. Healthcare providers are required to file claims on time for all services rendered to members.

Timely filing is an essential component reflected in Humana's **Healthcare Effectiveness Data and Information Set (HEDIS®)** measures.

Fee-for-service claims should be filed as soon as possible and no later than 6 months after the service.



Help your Medicaid patients keep their coverage

The Illinois Department of Healthcare and Family Services asks all providers who care for Medicaid recipients in Illinois to reinforce the importance of completing the renewal process.

Renewal dates are different for every member, so it is critical that Medicaid recipients in Illinois know when and how to renew.

To help make sure your Medicaid-covered patients don't accidentally lose their coverage and benefits, please remind them to visit the **Illinois Application for Benefits Eligibility webpage**.

Members receive renewal information in the mail about a month before their renewal date. They must complete and return it online by sending the completed information in the mail or by calling the Illinois Department of Human Services Helpline at 800-843-6154.



Use online prior authorization for significantly faster results

For non-LTSS services on Humana's prior authorization list, providers and their staff can receive faster approvals by answering a few clinical questions online. If all necessary criteria are met, Humana delivers an immediate approval.

Save time by having relevant clinical information handy before starting your prior authorization submission, including:

- Requesting/servicing provider and/or facility name
- Patient symptoms and duration

- Prior diagnostic tests and results
- Patient medications/duration
- Relevant prior treatments or other clinical findings

You can find current prior authorization lists at Humana's **provider prior authorization notification lists**, and you can learn more about prior authorization automation on the **Availity Essentials website**. The **Making It Easier series**, a library of tools and resources, also can help simplify your business interactions.



Email skilled nursing facility retro rate letter upon receipt

Email state-issued, updated Illinois Medicare-Medicaid Alignment Initiative skilled nursing facility retro rate letters to Humana to process as soon as you receive them. Please email them to us at **SNF_Retro_Rate_Letters@humana.com**.