



# Humana Gold Plus Integrated Medicare-Medicaid Provider Newsletter

June 2025

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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.

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# What's new



## Learn more about our Long-Term Services and Support provider education

The Long-Term Services and Support (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**.



## Medicaid IMPACT alert: 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 **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 **Illinois Department of Healthcare and Family Services**.

For more information, visit the **Illinois Provider Enrollment Services webpage** or call the IMPACT help desk at **877-782-5565**. Please choose option sequence 1, 2, 1.



# Humana updates several claim processing functions for improved efficiency

Humana made several important updates to our 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	Provider should rebill a corrected claim using the UN option for any denied claims.
			Submit a new electronic claim, submission initial claims using UN option.
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	Humana will work to fix the issue and reprocess claims as quickly as possible.
			Humana will notify providers when the issue is resolved.

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, providers should bill one month per claim form.</p>
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## Please have authorization in hand before delivering Long-Term Services and Support 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](mailto:HUMLTSSTransitions@humana.com)**.

# Plan reminders



## 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.

### 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 home page**.

Members receive renewal information in the mail about a month before their renewal date. They must complete and return it right away online, by sending the completed information in the mail or by calling the Illinois Department of Human Services Helpline at **800-843-6154 (TTY: 866-324-5553)**.



## Learn more about Availity Essentials, your secure provider portal

Availity Essentials™ is Humana's preferred, secure provider portal. Healthcare professionals and facilities use Availity Essentials and data interchange services as no-cost solutions for submitting claims electronically.

To register with Availity Essentials or to learn more about its claim solutions, visit the **Availity website**.

With **Availity Essentials**, you can verify patient eligibility and benefits, submit preauthorization requests, check claim status, dispute finalized claims, utilize electronic funds transfer and more.



## Use online preauthorization for significantly faster results

For non-LTSS services on Humana's preauthorization 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 preauthorization 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 preauthorization lists at **Humana's provider prior authorization notification lists**, and you can learn more about preauthorization automation on the Availity Essentials website. **Making It Easier series**, a library of tools and resources, also can help simplify your business interactions.



## Skilled nursing facility retro rate letter on 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](mailto:SNF_Retro_Rate_Letters@humana.com)**.

## Community events



### Upcoming events in June and July 2025

#### June 11–July 23

AgeOptions: Take Charge of Your Diabetes (Spanish) course. Call Jaime Pena to register at **708-934-2218** or email **[jaime.pena@ageoptions.org](mailto:jaime.pena@ageoptions.org)**.

Location:

Un Nuevo Despertar  
6130 W. 21 St.  
Cicero, IL 60804

#### June 13

AgeOptions: Friends of Thrive LGBTQ+ social event. Visit the **Thrive with Pride website** to learn more.

Location:

Levy Senior Center  
Bonny's Room  
300 Dodge Ave.  
Evanston, IL 60602