



Humana Dual Fully Integrated (HMO D-SNP) in Illinois

Continuity of care

Effective Jan. 1, 2026, the Humana Dual Fully Integrated (HMO D-SNP) plan will replace the Dual Demonstration plan that Humana has offered for more than a decade. Humana is honored to participate in this program where we will offer a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) statewide.

Update: Humana Dual Fully Integrated (HMO D-SNP) Continuity of Care period has been extended through April 30, 2026, for members who entered the plan on January 1, 2026.

Humana is committed to maintaining uninterrupted continuity of care (COC).

- Humana offers an initial 90-calendar-day transition period for new members to maintain a current course of treatment with an out-of-network provider.
- Humana offers a 90-calendar-day transition period for members transitioning to Humana from another plan.
- These transition periods apply to all providers, including behavioral health and long-term services and supports providers.
- Nonparticipating primary care providers and specialists providing an ongoing course of treatment will be offered single-case agreements to continue member care beyond the transition period if they remain outside the network or until a qualified, affiliated provider is available.

Our goal is to ensure members continue receiving services from their current providers and the amount, scope and duration of services at the time of enrollment. This includes prescription drugs and providers that are not part of Humana's network.

Continuity of care: What providers need to know

- To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to enrollment. Humana may review against permissible coverage criteria when determining payment. To ensure appropriate claim payment, please include the modifier based on Humana's Medicare Advantage Payment Policy (CP2023011), found on **Humana.com**, or include medical records with evidence that the member is in an active course of treatment. This is the case regardless of network participation status (participating or nonparticipating providers).
- Services that were in progress or previously authorized prior to plan transition do not require authorization during the COC period.
- Humana will reimburse at the standard rate during the COC period.
- Humana is obligated to comply with all contractual requirements regarding timely claim payment.

- Humana Dual Fully Integrated (HMO D-SNP) members have been notified of their right to COC.

Request for authorization of new services or care outside of established continuity of care

To determine which services require prior authorization, access our prior authorization and notification list at **provider prior authorization notification lists** under the Medicare tab, or providers can call **800-787-3311** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m., Central time, to request a copy.

Online requests are encouraged through Availity Essentials, our secure, payer-agnostic provider portal, but prior authorization can be requested through any of the following methods:



- Sign in to **Availity Essentials** (registration required). For select services, you can answer a series of questions when requesting prior authorization. If approved, you will receive notification immediately. If pending further review, you can attach relevant clinical information to the request to expedite the process.
- Submit a business to business or batch Health Care Services Review and Response transaction (278) via electronic data interchange.



- Use our interactive voice response system by calling **800-787-3311** (TTY: 711), Monday – Friday, 7 a.m. – 7 p.m., Central time.
- Call the number for prior authorization located on the back of the patient's Humana ID card.

For expedited requests due to the seriousness of a patient's condition, call **800-787-3311** (TTY: 711), Monday – Friday, 7 a.m. – 7 p.m., Central time.

Questions or support?

- Provider services: **800-787-3311** (TTY: 711), Monday – Friday, 7 a.m. – 7 p.m., Central time
- Provider relations: **Provider Relations Territory Map**
- Provider manual: **Humana Dual Integrated (HMO D-SNP) in Illinois: Documents and resources**

For more details, visit our website: **Humana Dual Fully Integrated (HMO D-SNP) in Illinois.**

Thank you for partnering with Humana Dual Fully Integrated (HMO D-SNP) to support members through this transition.

Humana is a Fully Integrated Dual Eligible Special Needs Plan (HMO FIDE-SNP) with a Medicare contract and a contract with a Medicaid program to provide benefits of both programs to members. Enrollment depends on contract renewal.