



Humana Dual Integrated (HMO D-SNP) in South Carolina

Continuity of Care

Effective Jan. 1, 2026, Humana Dual Integrated (HMO D-SNP) in South Carolina (H1396-001) is available for individuals who are eligible for both Medicaid via South Carolina Department of Health and Human Services (SCDHHS) and Medicare. Enrollment depends on contract renewal. Humana is honored to participate in this program where members will receive Medicare plan benefits and all South Carolina Medicaid benefits.

Humana is committed to maintaining uninterrupted continuity of care (COC) as members transition between managed care entities and Humana. We collaborate with both internal programs and external organizations to ensure members maintain access to services from their existing providers at the time of enrollment. This includes prescription drugs, behavioral health services and providers who are not part of Humana's network.

Continuity of care

- 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](https://www.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 status (nonparticipating or participating).
- The COC period begins on the member's benefit plan effective date and will be honored for at least 90 calendar days.
- Humana is obligated to comply with all contractual requirements regarding timely claim payment and reimbursement.
- Humana Dual Integrated (HMO D-SNP) in South Carolina members have been notified of their right to COC.



Humana is a Dual Eligible Special Needs HMO SNP plan with a Medicare contract and a contract with a Medicaid program to provide benefits of both programs to members.
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To determine which medical and behavioral health services require prior authorization, visit our [prior authorization requirements and notification lists](#) webpage, or call Provider Services at 866-432-0001, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

We encourage online prior authorization requests via [Availity Essentials](#), our secure, payer-agnostic provider portal. You can also request prior authorization through one 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 immediate notification. 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.



- Call our interactive voice response system at 800-523-0023, Monday – Friday, 8 a.m. – 7 p.m., Eastern time.
- Call the number for prior authorization on the back of the member's Humana ID card.
- Call 800-523-0023 if a request must be expedited due to the seriousness of a patient's condition.

See the [Humana Dual Integrated \(HMO D-SNP\) in South Carolina Pharmacy Manual](#) for pharmacy prior authorization requirements.

Questions and support

Call Provider Services at 866-432-0001, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Contact your assigned Provider Relations Representative or email SCMedicaid@Humana.com.

For more details about member COC, refer to the [Humana Dual Integrated \(HMO D-SNP\) in South Carolina \(H1396-001\) Provider Manual](#).

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

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