Humana Termination - Frequently Asked Questions

1. **Who is affected by the termination?**

   All patients with Humana commercial products (HMO, POS, PPO, ChoiceCare) or Humana Medicare Advantage Products (Choice, Gold, HMO, PFFS, or PPO) are affected by the termination.

   **Who is not affected by the termination?**

   We are still in the Humana transplant network.

2. **What is the effective date of the termination?**

   April 1, 2015

3. **Why did the contract termination occur?**

   On January 2, 2015, Humana notified the University of Chicago Medical Center that Humana would be terminating our contract, effective April 1, 2015. The University of Chicago Medical Center was notified of the termination at the same time as the Humana patients.

4. **How do I identify a Humana or a Humana Medicare Advantage patient?**

   The commercial patient’s insurance card will display the Humana name and along with “HMO, POS, or PPO”. Medicare Advantage plans will have the Humana name along with “Choice or Gold”, along with language that states “A Medicare Health Plan with Prescription Drug Coverage. See card samples below.

5. **What do I tell a commercial Humana patient who would like to have medical services performed at the University of Chicago Medical Center?**

   According to State of Illinois law, members undergoing active treatment may be eligible to continue care at the University of Chicago Medical Center. Any Humana member who is in the 3rd trimester of pregnancy may be allowed to deliver her baby at the University of Chicago Medical Center. Please have the patient contact Humana Customer Service telephone number at 1-800-448-6262 to determine if he/she qualifies for continuation of care services.

   If Humana denies the patients continuity of care coverage request, the patient has the right to appeal to the Illinois Department of Insurance. The patient will need to fill out a “Request for External Review” form that is available on the IL DOI website or they can call 877-850-4740 with additional questions. [http://insurance.illinois.gov/ExternalReview/ExtRevG.pdf](http://insurance.illinois.gov/ExternalReview/ExtRevG.pdf)

   - Humana PPO members can continue to access the University of Chicago Medical Center at reduced benefit levels. In other words, they may be responsible for paying a greater portion of the bill than if they went to an in-network provider. It is likely that patients will ask how much more they have to pay. They should be instructed to contact either their employer’s human resources department or Humana to determine what the costs to them will be. Humana member service’s phone number is located on the back of each individual’s insurance ID card or you can have them call 1-800-448-6262.
• If the patient has a Humana HMO product, any non-emergent services provided by the University of Chicago Medical Center will be considered out-of-network after March 31, 2015, unless the patient has been approved for continuity of care coverage. Therefore, if the patient comes to the University of Chicago Medical Center after March 31, 2015, Humana will not pay for any non-emergency services without an authorized referral unless you have an approval from Humana for the continuity of care coverage.

Please encourage the patient to contact Humana Customer Service telephone number at 1-800-448-6262 to determine if they qualify for continuation of care services.

6. What do I tell a Medicare Advantage patient who would like to have medical services performed at the University of Chicago Medical Center?

• As a Medicare Advantage member, patients have between January 1 and February 14, to disenroll from a Medicare Advantage plan and switch to Original Medicare. If the patient switches to Original Medicare during this period, they will have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage. They can also evaluate if they are able to apply for Medigap coverage. Please direct the patient to contact 1-800-MEDICARE or 1-800-633-4227 to learn more.

• Humana Medicare Advantage PPO or Humana Medicare Advantage PFFS Full Network members with identification cards with the letters “PPO” or “PFFS Network Full” may continue to access the University of Chicago Medical Center, however, benefits may be reduced depending on the plan benefit design. This means that the patient may be responsible for paying a greater portion of their bill than if they went to an in-network provider.

• If the patient has a Humana HMO product, any non-emergent services provided by the University of Chicago Medical Center will be considered out-of-network after March 31, 2015, unless the patient has been approved for continuity of care coverage by Humana. Therefore, if the patient comes to the University of Chicago Medical Center after March 31, 2015, Humana will not pay for any non-emergency services without an authorized referral unless they have an approval for the continuity of care coverage.

Please have the patient contact Humana Customer Service telephone number at 1-800-457-4708 to determine if the patient qualifies for continuation of care services.

• During the patient’s next open enrollment opportunity, the University of Chicago Medical Center is contracted with Cigna Healthspring Medicare Advantage HMO.

7. If a Humana patient had surgery prior to the April 1, 2015 and is scheduled for their post-operative/follow-up visit after April 1, 2015, can we see the patient?

Yes. Post-operative/follow-up visits are included in the global surgery package up to 90 days from the date of major surgery and 30 days from the date of minor surgery.

8. If a Humana patient requires services after the termination date who should clinic coordinators call?

Clinic coordinators should seek pre-certification for services from Humana as had been previously done.
9. **Is notification being sent directly to the patients?**

The Office of Managed Care (OMC) is sending a letter to notify all commercial Humana patients and all Humana Medicare Advantage patients by letter.

10. **What if a Humana patient comes to the University of Chicago Medical Center’s emergency room for treatment?**

The University of Chicago Medical Center will continue to provide a medical screening and necessary stabilizing treatment to all emergency patients, regardless of payor status.

11. **Where should I direct patients if they have additional questions?**

Patients can call the Office of Managed Care at 773-834-4730 with any additional questions.

**SAMPLE COMMERCIAL PATIENT IDENTIFICATION CARDS**

![Commercial Patient Identification Card](image1)

**SAMPLE MEDICARE ADVANTAGE PATIENT IDENTIFICATION CARDS**

![Medicare Advantage Patient Identification Card](image2)
The Humana member who has this ID card has a Medicare Advantage health maintenance organization (HMO) plan.

The Humana member who has this ID card has a Medicare Advantage health maintenance organization point of service (HMOPOS) plan. Please note that this plan is not available in all markets.

The Humana member who has this ID card is in a fully networked PFFS plan and has both in-network and out-of-network PFFS benefits. Reimbursement for the Humana-contracted health care provider is governed by the provider’s contract. Reimbursement for the noncontracted provider is governed by Humana’s PFFS Terms and Conditions, which can be found at the bottom of the opening page at Humana.com/providers.

The Humana member who has this ID card is in a partially networked PFFS plan and may have both in-network and out-of-network PFFS benefits for certain services, such as home health, laboratory, durable medical equipment (DME) and diabetic monitoring supplies from a DME provider.

The Humana member who has this ID card is in a non-network PFFS plan. Reimbursement is governed by Humana’s PFFS Terms and Conditions, which can be found at the bottom of the opening page at Humana.com/providers.