

Provider Notification to Humana when member is Out-of-Service Area

This form is to be used by a Humana Network contracted health care provider to notify Humana in the event the provider becomes aware of a Humana Medicare Advantage or Medicaid member who has permanently moved out of his or her service area or has temporarily been out of the service area for twelve months for PPO and PDP; all other plans for six months or longer. Provider should contact the member and if unable, begin tracking and term member after the appropriate timeframe above.

Important Note: Do not distribute this form to members. It is restricted to health care provider use. A member must notify a customer service representative when he or she permanently moves out of the service area by calling the number on the back of the member identification card. **A permanent move is an absence of longer than six months.**

Please complete this form and send to: **Humana Medicare Reconciliation Out-of-Service-Area**
Fax Number: **502-301-5834** or E-mail: MedicareOutofServiceArea@humana.com

For Florida Medicaid, only complete this form when a member moves out-of-state and send to:

Florida Out of Service Area (OSA) Medicaid Reconciliation Correspondence

Email: FLOSMedicaidReconCorrespondence@humana.com

Provider Submitting Information

Name

Phone Number

Member Information

Name

ID Number

Phone Number

According to your records, member now resides at: _____

Street Address

City

State

Zip Code

Today's Date

Name of individual you spoke with

Once the above information is received by the Reconciliation Out-of-Service-Area team, the member will be contacted to verify his or her current address. The appropriate enrollment/disenrollment process will be followed based on the member's response and supporting documentation, if required. A representative from the Reconciliation Out-of-Service-Area team may also contact the provider for additional information.

Humana

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in Florida

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