



Humana's Provider Networks

Humana's provider networks include hospitals, primary care physicians, specialists, urgent care centers, imaging centers, labs, home health, and many other services and health care providers. This search tool is an important resource to help you find any type of health care provider who is participating in the Humana network for your specific health insurance plan. Or, if you have not purchased an insurance plan yet, this tool can help you determine if the doctors and other health care providers you want to provide your care are participating in the plan you are considering. It is important to note that not all health care providers participate in all Humana plans.

Humana considers a number of factors when selecting doctors, hospitals, and other health care providers to participate in its provider networks:

Access to Care

Humana works to ensure we have the right number of network health care providers in the right locations for our members. At least once per year we review our networks by looking at the location of our network health care providers compared to where our members live. We also look at the number of health care providers compared to the number of members to ensure we have enough providers available. Primary care physicians, hospitals, and the most commonly used specialists are included in this review.

Humana also considers other standards for access to care such as guidelines issued by the Center for Medicare and Medicaid Service (CMS) and any state regulations related to health care provider networks.

If our review shows we do not have enough health care providers in the right locations to meet our members' needs, we will work to add more providers to the network.

Qualifications

Doctors and other health care practitioners selected for Humana's networks go through a thorough credentialing process. The credentialing process is a way to verify the qualifications of doctors and other health care providers. The process includes checking education and training, licensure, board certification, malpractice claims history, and other background information that applies to the provider's specialty. Doctors are reevaluated at least every three years.

In addition to the credentialing process, Humana considers other efficiency, effectiveness, and outcomes measurements when enough information is available. For example, how primary care physicians perform on nationally recognized measurements such as Healthcare Effectiveness Data

Information Set (HEDIS) and whether patients receive appropriate health screenings for breast cancer, colorectal cancer, cervical cancer, etc..

Cost

In order to participate in Humana's network, health care providers must be willing to agree to a negotiated rate. These negotiated rates are one advantage of having health insurance because you usually pay less for the services you receive when you visit a health care provider in your Humana network. Humana looks for health care providers who are willing to agree to reimbursement arrangements that reward them for meeting certain performance standards or outcome metrics for their patients.

Patient experience

Humana makes a priority of contracting with doctors who have admitting privileges at our participating network hospitals. This means the doctor has a relationship with the hospital and is allowed to admit patients there. This helps members go to a hospital that is in their network when hospitalization is needed. If you use a hospital that is not in your specific health insurance plan's network, Humana may pay less or may not pay for the services you receive. Humana also considers member complaints received about specific doctors, hospitals, and other health care providers when deciding whether to continue a provider's contract with our network.