# The CarePlus Provider Playbook

December 2025

CarePlus HEALTH PLANS™

# Working with CarePlus Health Plans on and after Jan. 1, 2026

To better support the care you provide our members, CarePlus is undergoing a system modernization process to enhance the overall provider experience. This playbook includes the key resources and information you need about what these enhancements mean for you and your practice. Visit this playbook often, as we will add and update resources and information as they become available. Thank you for being a valued partner and for the care you provide our members.



CarePlusHealthPlans.com/ProviderPlaybook

# Getting more information

CarePlus provider website

If you have questions, please call your designated provider services executive or our provider operations inquiry line at 866-220-5448, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

CarePlus member website

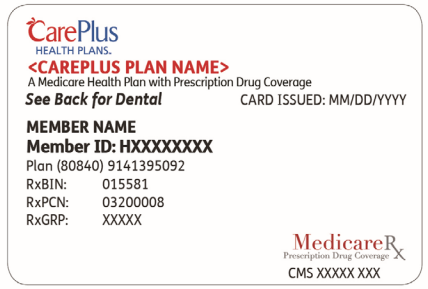
# CarePlus Provider Playbook Content

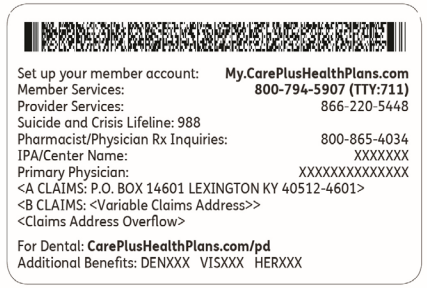
**The CarePlus Provider Playbook is organized by topic. We include below key information about each type of enhancement described in the Playbook. Learn more by clicking the linked text.**

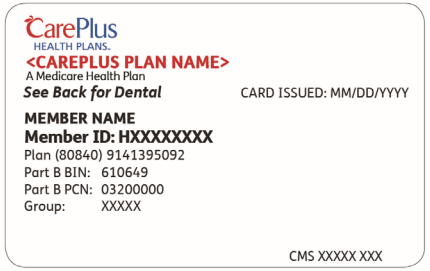
| | | | |
|---|---|---|---|
| CarePlus member ID card<br><br>CarePlus members will have new member ID numbers that begin with an H as of Jan. 1, 2026.<br><br>Reporting<br>Learn how our system enhancements will affect the reports you receive. | Changes to Availity Essentials™<br><br>As of Jan. 1, 2026, you will be able to attach clinicals to your prior authorization requests, enter referral information and more. | Claims information<br><br>• Use the right member ID depending on date of service<br>• Paper check fee assessment<br>• Claim adjudication process updates | Medical prior authorizations and referrals<br><br>Get information about medical prior authorizations and referrals. |
| Pharmacy prior authorizations and referrals<br><br>Get information about pharmacy prior authorizations and referrals. | General updates<br><br>Get updates and information you and your practice may need. | Answers to frequently asked questions<br><br>Get answers to frequently asked questions about the enhancements we will make available on Jan. 1, 2026. | Updates planned for 2026<br><br>Learn what is on our roadmap to roll out to you and your practice in 2026. |

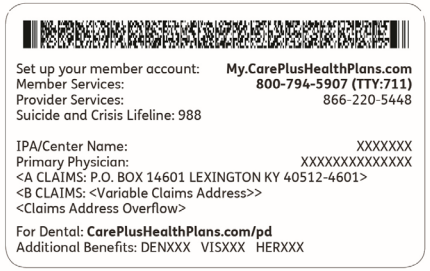
# CarePlus member ID card changes

- All CarePlus member IDs will begin with the letter H as of Jan. 1, 2026.
  - For dates of service before and on 12/31/25, please bill using your CarePlus-covered patient's current member ID. CarePlus member IDs currently begin with a number.
  - For dates of service on and after Jan. 1, 2026, please bill using your CarePlus-covered patient's new member ID. If you bill using your CarePlus-covered patient's legacy member ID (the ID that begins with a number), our system will be set up to crosswalk the legacy member ID with the new member ID, but it may delay your remittance and may make reconciliation difficult.
  - **Please note that for reporting purposes, member data tied to their current member ID and future member ID can be linked using the Medicare ID/MBI.**




Last updated: October 25, 2025

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# CarePlus member ID card changes

| What's new on the CarePlus member ID card? |
| --- |
| All CarePlus member IDs begin with the letter H. |
| Members can create a secure MyCarePlus account at My.CarePlusHealthPlans.com. |
| CarePlus members will no longer receive a separate dental ID card. Dental information, including the URL for a new dental webpage, has been added to the member ID card. |
| Providers can call **866-220-5448** to complete several key tasks (e.g., check the status of a claim; check a CarePlus-covered patient's benefits and eligibility; reach provider operations contracting support; or get prior authorization or inpatient admission support) and/or take advantage of new self-service options. |
| The address for submitting claims has changed. The member ID card includes the new address. |
| The Pharmacy Inquiries telephone numbers have been removed from the card, but they remain the same.<br>Pharmacy authorizations: **866-315-7587**<br>Pharmacy claims: **800-865-4034** |

Last updated: August 25, 2025

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# CarePlus member ID card changes

| Availity functionality | When to use the new member ID that begins with the letter H |
|---|---|
| Authorizations and referrals | On and after Jan. 1, 2026, for dates of service on and after this date. |
| Claims | On and after Jan. 1, 2026, for dates of service on and after this date. |
| Eligibility and benefits | On and after Jan. 1, 2026, when looking for information about a member's 2026 eligibility and benefits. |

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# Changes to Availity Essentials effective Jan. 1, 2026

| Feature | Description |
|---|---|
| Attachments | Providers will be able to attach documentation when submitting inpatient authorizations and certain outpatient authorizations. |
| Auth Eligibility Check | An eligibility call is made when requesting an authorization to confirm the member is active. |
| Auth Questionnaire | Providers can submit answers to a questionnaire that could result in auto-approval of the prior authorization request. |
| Enhanced prior authorization for certain services | Enhanced processing, faster determinations and real-time approvals will be available for certain services requiring prior authorization. Clinical documentation/attachments required. Watch a demo to learn more. |
| ERA/EFT registration | Providers can submit ERA/EFT registration electronically rather than via a paper form. |
| Observation authorizations | Providers can request observation authorization as an outpatient authorization and by selecting the observation checkbox. |
| Referrals | Providers will be required to enter a referral in Availity for all services requiring a referral. |
| User interface (UI) | Availity changed its overall look and feel (UI), which CarePlus providers will be able to see as of Jan. 1, 2026. |

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# Claims submissions

- When submitting claims:
  - For dates of service before and on 12/31/25, please bill using your CarePlus-covered patient's current member ID. CarePlus member IDs currently begin with a number.
  - For dates of service on and after Jan. 1, 2026, please bill using your CarePlus-covered patient's new member ID. If you bill using your CarePlus-covered patient's legacy member ID (the ID that begins with a number), our system will be set up to crosswalk the legacy member ID with the new member ID, but it may delay your remittance and may make reconciliation difficult.
  - As of Jan. 1, 2026, for **inpatient post-stabilization institutional claims**, facilities must bill emergency-related services provided before inpatient admission separately from inpatient services received after admission.
- As of Jan. 1, 2026, paper claims for CarePlus can be sent to P.O. Box 14601, Lexington, KY, 40512-4601.
- For questions about pharmacy claims, please call 800-865-4034.

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# Claims payments

- As of Jan. 1, 2026, participating providers who receive or who elect to receive fee-for-service claims payments via paper check for dates of service Jan. 1, 2026, and after will be assessed a $5 fee. The $5 will be deducted from your payment. To sign up for electronic funds transfer (EFT) and electronic remittance advice (ERA), thereby avoiding the fee, you can:
  - Enroll on Availity Essentials.
  - Enroll by emailing your completed form to CPHP_EFT_ERA_ENROLLMENTS@humana.com.
  - Enroll by mailing your completed form to CarePlus Health Plans, Attention: Finance, 4030 Boy Scout Blvd., Suite 1000, Tampa, Florida 33607.
- As of Jan. 1, 2026, you will be able to complete ERA/EFT enrollment electronically via Availity Essentials without needing to submit a paper form.
- More information about ERA/EFT enrollment is available at **CarePlusHealthPlans.com/claims**.

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# Claims payments

- As part of ongoing efforts to improve our claim adjudication process for you, we update our claim payment system as needed to better align with correct-coding initiatives, CMS guidelines, national benchmarks and industry standards. We post notifications about upcoming updates the first Friday of each month at **CarePlusHealthPlans.com/edits**, where you also can find additional information about claim-policy updates and submitting code-editing questions.

Last updated: September 25, 2025

# Medical prior authorizations and referrals

- **For primary care physicians:** When referring your CarePlus-covered patient to a specialist or other provider, you must enter the referral in Availity.
- Effective Jan. 1, 2026, CMS will require prior authorization decisions within 7 calendar days for standard (non-urgent) requests for medical items and services. CarePlus is committed to meeting this new streamlined time frame in accordance with the rule.
- When submitting a prior authorization request via Availity for a service CarePlus delegates to a third-party entity, you will receive information about where to submit the request, and your request will not be processed.
- As of Jan. 1, 2026, authorization numbers will be 9 digits long. The number will not include a suffix that indicates the type of service you've requested.

Get information about pharmacy prior authorizations and referrals.

Last updated: November 14, 2025

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# Medical prior authorizations and referrals

- **Timely submission of prior authorizations:** Providers are reminded that prior authorization requests for services rendered in 2025 must be submitted to CarePlus through Availity by no later than Dec. 31, 2025. Beginning Jan. 1, 2026, for any services rendered in 2025, providers should submit claims payment requests along with supporting clinical documentation to the CarePlus Claims Department via fax at 855-811-0408.

Last updated: December 26, 2025

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# Pharmacy prior authorizations and referrals

When submitting prior authorization requests of medication supplied and administered in a physician's office and billed as a medical claim:

- Use Availity, otherwise delays may occur, or
- Complete and fax the Medical Precertification Request form to 800-819-6204.

Access CarePlus prior authorization and notification lists.

If you have questions, call 866-315-7587.

Get information about medical prior authorizations and referrals.

Last updated: August 25, 2025

# General updates

- Beginning Jan. 1, 2026, providers can call Provider Services at **866-220-5448** to:
  - Check the status of a claim,
  - Check a CarePlus-covered patient's benefits and eligibility,
  - Reach provider operations contracting support and
  - Get prior authorization or inpatient admission support.
- Beginning Jan. 1, 2026, providers can fax Part B prior authorization requests separate from Part C requests.

Last updated: August 25, 2025

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# Answers to frequently asked questions

Q. What is the best number my office can call to check the status of a claim, a CarePlus-covered patient's benefits and eligibility, or to submit a prior authorization request?

A. Beginning Jan. 1, 2026, providers can call **866-220-5448** to complete several key tasks.

Q. How many days does CarePlus have to issue a decision on a prior authorization request my office submits?

A. As of Jan. 1, 2026, The Centers for Medicare & Medicaid Services (CMS) requires prior authorization decisions within 7 calendar days for standard (non-urgent) requests for medical items and services. Learn more about the information you must submit with your prior authorization request.

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# Answers to frequently asked questions

Q. Does CarePlus credential physician extenders (e.g., nurse practitioners and physician assistants) to see CarePlus-covered patients?

A. While CarePlus does not contract directly with physician extenders, or include them in the provider directory, beginning Jan. 1, 2026, nurse practitioners and physician assistants will be subject to credentialing and must go through the credentialing and vetting process.

Q. Can a specialist submit a prior authorization request for one of their patients?

A. No, only a CarePlus member's primary care physician (PCP) can submit a request a prior authorization request on their behalf.

Q. How do I send written notice to CarePlus?

A. Send written notice to CarePlus Health Plans, Attn: Provider Operations, P.O. Box 19007, Green Bay, WI, 54307.

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# Answers to frequently asked questions

Q. Will authorizations received in 2025 for services planned for 2026 remain valid after Jan. 1, 2026?

A. Yes. CarePlus' system modernization will not affect the status of authorizations you've received for your CarePlus-covered patients. The authorizations will remain in effect and valid. They've been added to our new system.

Q. What if an authorization was not carried over to your new system?

A. If you are looking for authorization information and cannot find it, please call **866-220-5448.**

Q. Will CarePlus be shifting to using center IDs instead of PCP IDs in our reporting, and, when we are fully integrated with Compass, will that leverage PCP IDs or center IDs?

A. CarePlus will not be attributing members at the center level. It will be at the PCP ID level.

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# Answers to frequently asked questions

Q. Are there any upcoming changes to the authorization process for skilled nursing facility (SNF) stays?

A. Yes. Please submit prior authorization requests for skilled nursing facility stays to CarePlus via Availity. For continued stay review requests, please fax One Home Healthcare at 520-448-3581. For additional support, please email OneHomeSNFProviderSupport@humana.com. This email address is monitored Monday – Friday.

Q. How do I submit a prior authorization for request for transplant services?

A. Prior authorization (PA) is not required for transplant-related services that are not on the CarePlus prior authorization list (PAL). However, notification of evaluation is required. Using notification code 99199 via Availity submission will help ensure that transplant-related services are processed correctly. You also can submit notification by faxing 502-508-3000 or by calling 866-421-5663. Additional information about transplant services is available at **CarePlusHealthPlans.com/transplant**.

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# Answers to frequently asked questions

Q. Is the pre-claim provider dispute (PCPD) process changing after Jan. 1, 2026?

A. Yes. As of Jan. 1, 2026, you have 7 calendar days from the date of the denial letter or discharge to initiate the dispute. To request PCPD clinical re-review or peer-to-peer review (if one wasn't conducted prior to determination), call Humana's dedicated peer-to-peer review line at 800-901-1973 or email CentralizedPCPD@humana.com

Q. How do I schedule peer-to-peer review of inpatient rehabilitation facility (IRF) stays and/or long-term acute care hospital (LTACH) stays?

A. To schedule peer-to-peer review of IRF and/or LTACH stays, please call the Post-Acute Utilization Management Department at 800-877-3549.

Q. How do I send CarePlus clinical documentation related to an IRF and/or LTACH stay?

A. To send CarePlus clinical documentation related to an IRF and/or LTACH stay, please fax the Post-Acute Utilization Management Department at 800-734-9615.

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# Answers to frequently asked questions

Q. How do I confirm a member's 2025 or 2026 benefit information in Availity?

A. Currently, to access 2025 benefit information in Availity, you must enter the member's ID number (the current member ID that **does not** begin with "H"), a date in 2025 and the correct benefit/service type. You also can access 2025 benefit information by selecting "Additional Benefit Details." 2025 benefit information is tentatively slated to remain available in Availity through Jan. 14, 2026. To access 2025 benefit information after this date, please call Provider Services at 866-220-5448.

Currently, to access 2026 benefit information in Availity, you must enter the member's ID number that begins with the letter "H," a date in 2026 and the correct benefit/service type. You cannot access 2026 benefit information by selecting "Additional Benefit Details." We plan to make 2026 benefit information available to you via the "Additional Benefit Details" option on Jan. 14, 2026.

# Answers to frequently asked questions

Q. Why is the process changing for authorization submissions to CarePlus for services already rendered in 2025?

A. Effective Jan. 1, 2026, CarePlus is transitioning to a new platform that cannot process authorizations for services rendered in 2025. All prior authorization requests for services rendered in 2025 must be submitted to CarePlus through Availity by no later than December 31, 2025.

Q. Should I submit medical records at the same time as the claim payment request?

A. Yes. For services rendered in 2025, to ensure timely and accurate claims payment, medical records should be submitted with the claim payment request.

# Enhancements planned for after Jan. 1, 2026

While many of our planned enhancements will be available to you **on** Jan. 1, 2026, we also are working on rolling out other enhancements throughout 2026.

Last updated: August 25, 2025

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# Availity Essentials changes planned for after Jan. 1, 2026

| Feature | Description |
|---|---|
| 270/271 batching for benefits and eligibility checks | Allows for bulk B2B benefits and eligibility requests. |
| Authorization templates | As of Jan. 1, 2026, you will not be able to use or create templates in your authorization interface. This is on Availity's roadmap to roll out. |
| Care reminders | Providers will receive notification in Availity when a member has an outstanding service (e.g., flu shot, annual wellness visit, etc.) during the benefits and eligibility check. |
| Claims appeals and disputes | With the Appeals function on Availity Essentials, providers can submit appeals and dispute requests for finalized claims; upload supporting documentation; check the status of a claims appeal and/or dispute; and view high-level determinations. |
| Clinical Quality Validation | Providers can respond to health plan requests for clinical data. |
| Delegated service notification | A PCP entering a request for a delegated service will learn earlier in the auth submission process that it is a delegated service and how/where to submit it. This functionality previously was slated to go live on Jan. 1 but now will go live in February 2026. |
| Identity authentication updates | In 2026, Availity intends to retire SMS and voice authentication identity verification processes. We will share more information with you as we get it. |

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# Reporting

# Reporting

- Beginning in January with Jan. 1, 2026, dates of service, you will receive reports generated by Humana's reporting systems. We intend to maintain your current reporting schedule and will communicate any changes in advance.
- You will continue using your current retrieval process and Electronic Data Interchange (EDI) folders and continue getting the same types of reports after Jan. 1, 2026, that you get today. Some file and report layouts may be different and some data elements no longer available.
- Service Fund reporting package Access database, Excel reconciliation summary, Excel pivot data and EDI locations will remain the same. We will combine data from the legacy CarePlus system and our new system to calculate surpluses.
- Even after Jan. 1, 2026, you can continue retrieving legacy CarePlus reports, which will help ensure continued access to historical data and allow retroactive updates to dates of service before and on Dec. 31, 2025.
- Access job aids and other information about the reports you will receive on and after Jan. 1, 2026.

Last updated: December 26, 2025

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# Reporting

- CarePlus will align its benefit plan ID numbers and group ID numbers with Humana as of Jan. 1, 2026.
- Benefit plan ID numbers are 6-digit numbers that typically begin with the number 13. Group ID numbers also are 6-digit numbers that typically begin with the number 33.
- CarePlus region identifiers (e.g., Broward had a region identifier of 1206) are being replaced with market names (e.g., South Florida: Broward, Palm Beach) and service area (e.g., Broward) as of Jan. 1, 2026.
- The three-digit number used to identify a line of business also is being discontinued for CarePlus as of Jan. 1, 2026. If you used the CarePlus region identifier or three-digit line of business number to sort, filter or build sub-reports, then you will have to update your reporting to use the market name and/or service area.

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# Reporting

CarePlus will replace its proprietary county codes (e.g., FL06 = Broward) with the standardized County Federal Information Processing Standard (FIPS) Code set. The County FIPS Code set is made up of five-digit codes (e.g., 12086), where the first 2 digits represent the state (Florida = 12) and the last 3 digits represent the county (086= Miami-Dade county).

| CarePlus County ID | County | FIPS Code | CarePlus County ID | County | FIPS Code | CarePlus County ID | County | FIPS Code |
|---|---|---|---|---|---|---|---|---|
| FL01 | ALACHUA | 12001 | FL23 | GULF | 12045 | FL45 | NASSAU | 12089 |
| FL02 | BAKER | 12003 | FL24 | HAMILTON | 12047 | FL46 | OKALOOSA | 12091 |
| FL03 | BAY | 12005 | FL25 | HARDEE | 12049 | FL47 | OKEECHOBEE | 12093 |
| FL04 | BRADFORD | 12007 | FL26 | HENDRY | 12051 | FL48 | ORANGE | 12095 |
| FL05 | BREVARD | 12009 | FL27 | HERNANDO | 12053 | FL49 | OSCEOLA | 12097 |
| FL06 | BROWARD | 12011 | FL28 | HIGHLANDS | 12055 | FL50 | PALM BEACH | 12099 |
| FL07 | CALHOUN | 12013 | FL29 | HILLSBOROUGH | 12057 | FL51 | PASCO | 12101 |
| FL08 | CHARLOTTE | 12015 | FL30 | HOLMES | 12059 | FL52 | PINELLAS | 12103 |
| FL09 | CITRUS | 12017 | FL31 | INDIAN RIVER | 12061 | FL53 | POLK | 12105 |
| FL10 | CLAY | 12019 | FL32 | JACKSON | 12063 | FL54 | PUTNAM | 12107 |
| FL11 | COLLIER | 12021 | FL33 | JEFFERSON | 12065 | FL55 | ST. JOHNS | 12109 |
| FL12 | COLUMBIA | 12023 | FL34 | LAFAYETTE | 12067 | FL56 | ST. LUCIE | 12111 |
| FL13 | DADE | 12086 | FL35 | LAKE | 12069 | FL57 | SANTA ROSA | 12113 |
| FL14 | DE SOTO | 12027 | FL36 | LEE | 12071 | FL58 | SARASOTA | 12115 |
| FL15 | DIXIE | 12029 | FL37 | LEON | 12073 | FL59 | SEMINOLE | 12117 |
| FL16 | DUVAL | 12031 | FL38 | LEVY | 12075 | FL60 | SUMTER | 12119 |
| FL17 | ESCAMBIA | 12033 | FL39 | LIBERTY | 12077 | FL61 | SUWANNEE | 12121 |
| FL18 | FLAGLER | 12035 | FL40 | MADISON | 12079 | FL62 | TAYLOR | 12123 |
| FL19 | FRANKLIN | 12037 | FL41 | MANATEE | 12081 | FL63 | UNION | 12125 |
| FL20 | GADSDEN | 12039 | FL42 | MARION | 12083 | FL64 | VOLUSIA | 12127 |
| FL21 | GILCHRIST | 12041 | FL43 | MARTIN | 12085 | FL65 | WAKULLA | 12129 |
| FL22 | GLADES | 12043 | FL44 | MONROE | 12087 | FL66 | WALTON | 12131 |
| | | | | | | FL67 | WASHINGTON | 12133 |

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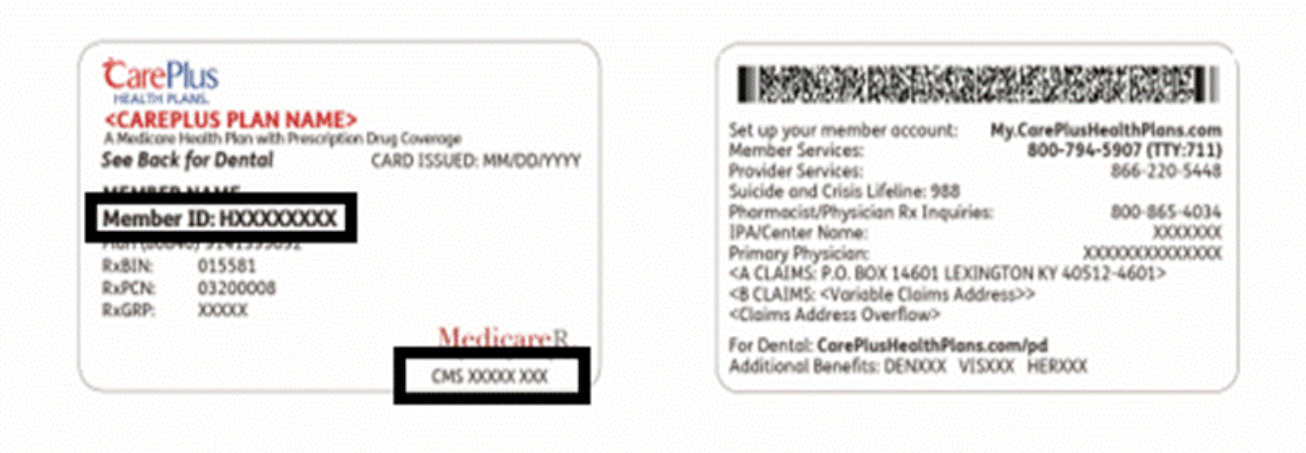
# Reporting

- As referenced elsewhere in this Playbook, CarePlus Member ID numbers will begin with the letter H as of Jan. 1, 2026.
- You always can use your CarePlus patient's plan ID/PBP/segment (e.g., H1019-001-000, H1019-104-001, etc.) when looking up information. You can find this information on your CarePlus patients' member ID cards in the bottom righthand corner after the letters CMS.

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# Reporting

- In Jan. 2026, where applicable, you will receive two membership eligibility reports in the EDI.
- The CarePlus membership report from Humana reporting systems will reflect membership information as of Jan. 1, 2026, and include your patients' new ID numbers that begin with the letter H.
- The CarePlus legacy report will include membership information through Dec. 31, 2025, and include your patients' old member ID number. This CarePlus legacy report will be useful if you need historical information.
- The CarePlus membership report from Humana and the CarePlus legacy report will each contain your CarePlus patients' Member Medicare Beneficiary ID number.
- We are developing member ID and plan ID crosswalks and will share them in a future update. We also will let you know about the availability of the following proprietary codes: Primary Care Network (PCN), Region code, Vendor ID, and Member Out-of-Pocket flag.

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# Reporting

- In Jan. 2026, where applicable, you will receive two membership eligibility reports in the EDI.
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# Thank you!

CarePlus HEALTH PLANS™