



January 23, 2026

Dear Healthcare Provider Partner,

MDX Hawaii is proud to have served the Hawaii community for over forty years and sincerely appreciates your continued partnership and commitment to caring for our shared patients. Together, we have accomplished much in our pursuit of high-quality, accessible, and affordable healthcare.

MDX Hawaii has been engaged in renewal negotiations with Humana for several months regarding the contract covering Humana Medicare Advantage members. Humana's loss of its CMS 4-STAR rating for 2026 and 2027 significantly reduced premium funding. Despite both parties' best efforts, we have not been able to reach agreement on closing this funding gap, nor have we been able to reach agreement on other operational requirements. Absent a last-minute agreement, the contract between MDX Hawaii and Humana will terminate on 3/1/2026. Our aim with this provider communication is to offer background, empowering you to make decisions in your patients' best interests.

Absent a last-minute agreement, what does this mean and what happens next?

- Business as usual until 2/28/26
- Effective 3/1/26, barring a last-minute agreement, providers contracted to Humana through MDX Hawaii will be out of network for Humana Medicare Advantage members.
- The MDX Hawaii programs and services that currently support high quality care for Humana Medicare Advantage that providers benefit from **will also cease on 3/1**. These include:
 - Clinical Programs
 - Complex Case Management
 - Transitions in Care Case Management
 - Kidney Health - Malama Kidney Center & InterWell Health
 - Behavioral Health – Integrated Health Hawaii
 - Pharmacy support – CPESN & Arine
 - Annual Wellness Visits -EasyHealth
 - Ala 'O Hoola – Nurse Practitioner In Home Visiting Program
 - Palliative Care Programs through our hospice and palliative partners
 - Incentives for clinicians and staff rewarding quality and AWVs
 - Retrospective and prospective clinician and coder chart reviews and education
 - In-office MDX quality team care coordination support and Provider Organization support
 - Use of Cozeva for population health management support
 - Customer Service, Provider Roster, Prior Authorization, Claims Processing, and Credentialing
 - Auto authorization “Gold Card” approval of prior authorization requests



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In summary,

- Absent a last-minute agreement, the MDX Hawaii/Humana Medicare Advantage agreement will terminate February 28, 2026.
- Patients may wish to contact their Medicare broker or Humana directly if they have questions about their benefits or coverage options. MDX Hawaii does not provide guidance on plan selection to members.
- Patients can also speak to their provider offices directly to understand what insurance carriers they still accept.
- For additional questions regarding this transition, please contact your MDX Hawaii representative or **MDX Customer Service at 808-522-7522.**

Thank you for your continued partnership and collaboration. Please do not hesitate to reach out so that we can assist in any way or answer any remaining questions you have.

Sincerely,
MDX Hawaii



Frequently Asked Questions (FAQ)

1. What is changing?

The MDX Hawaii agreement with Humana Medicare Advantage is expected to terminate on February 28, 2026. If there is no last-minute agreement, providers contracted to Humana through MDX Hawaii will be out of network for Humana MA members starting March 1, 2026.

2. Why is this happening?

Humana's loss of its CMS 4-STAR rating for 2026 and 2027 significantly reduced premium funding. We have not been able to reach agreement on closing this financial gap, nor have we been able to reach agreement on other operational requirements.

3. What does de-delegation mean in this situation?

If no agreement is signed, effective March 1, 2026, Humana will no longer be a participating carrier with MDX Hawaii and MDX Hawaii will not be performing delegated health plan functions for Humana such as Claims Processing, Credentialing, Utilization Management, etc.

4. What if there is a last-minute agreement?

If an agreement is reached, we will issue an updated notice with revised instructions immediately.

5. How does this Humana term affect my contract with MDX?

There is no change to the provider contract between you and MDX Hawaii. It is still in full effect. Humana will be carved out as a participating health plan in the MDX Hawaii provider network.

6. What will happen with my credentialing status with MDX Hawaii?

Your credentialing will remain active with MDX as you are still contracted with all of our other Health Plans: UnitedHealthcare Medicare Advantage, Devoted Health and Commercial plans including Aetna, Cigna, DMBA, Hygeia, and Medicare FFS patients through our Pearl Health ACO/MSSP Programs.

7. What if I have a value-based care arrangement actively in place with MDX Hawaii such as a care coordination program and/or other incentive programs?

Any such payments would no longer be available for Humana members through MDX Hawaii after February 28, 2026.

8. Can a member switch health plans if they want to?

Medicare Advantage Open Enrollment Period (OEP) is from January 1–March 31, anyone enrolled in a Medicare Advantage plan (except an MSA plan) can switch plans or return to Original Medicare. OEP does not allow new beneficiaries (those not in MA) to join MA plans. Coverage begins the first of the month after the member enrolls. Members should contact their licensed broker agents to learn about all the options available to them.



9. What is MDX Hawaii's role from March 1, 2026, for Humana Medicare Advantage?

MDX will not be responsible for all health plan delegated services such prior auth requests, claims, care management or any other function related to Humana members from March 1, 2026, onward.

10. Are there other programs/benefits that will change after March 1, 2026?

Humana members will no longer be supported by the following programs with MDX Hawaii including, but limited to:

- Clinical Programs:
 - Complex Case Management
 - Transitions in Care Case Management
 - Kidney Health - Malama Kidney Center & InterWell Health
 - Behavioral Health – Integrated Health Hawaii
 - Pharmacy support – CPESN & Arine
 - EasyHealth – Annual Wellness Visits
 - Ala 'O Hoola – Nurse Practitioner Home visiting program
 - Palliative Care Programs through our hospice and palliative partners
- Incentives for clinicians and staff rewarding quality and AWVs
- Retrospective and prospective clinician and coder chart reviews and education
- In-office MDX quality team care coordination support and Provider Organization support
- Use of Cozeva for population health management support
- Customer Service, Provider Roster, Prior Authorization, Claims, and Credentialing
- Auto authorization “Gold Card” approval of prior authorization requests that MDX instituted to ease the burden on clinicians and their office staff

11. Who do I contact with questions?

For MDX Hawaii process questions, please contact your MDX Hawaii representative or Customer Service at 808-522-7522. For claims and authorization submission after March 1, 2026, contact Humana directly.

Reimbursement and Claims

12. What happens to claims for dates of service on or before February 28, 2026?

MDX Hawaii will continue to process, adjudicate, and pay claims for dates of service on or before February 28, 2026.

13. Will my reimbursement change from MDX due to this change with Humana participation?

No, this will not affect your current fee schedule, reimbursement, incentives, care coordination support, or capitation arrangement for non-Humana members.



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14. What if I have a capitated agreement?

Any MDX Hawaii capitated monthly payments to providers for Humana members will stop after February 2026.

Patient Care

15. What about ongoing treatment plans that cross the transition date?

Patients may qualify for continuity of care or transition-of-care coverage. e.g. include chemotherapy, radiation, dialysis, PT/OT, injections, wound care, home health, DME, imaging series, and post-op follow-ups. Providers should advise members to contact their Medicare broker if they have any questions.

16. Will my Humana Medicare Advantage patients have to change doctors?

At MDX Hawaii, we work to support and reinforce the patient/provider relationship. The MDX Hawaii provider network is different than the Humana provider network and it's important for members, providers, and brokers to understand those differences in the network in order to make an informed decision that best suits the individual patient's specific needs.

17. What about emergency care?

Emergency services are generally covered under Medicare Advantage rules regardless of network status, subject to plan and CMS rules. Post-stabilization care may require Health Plan direction. Patients can consult with their Medicare broker.

18. What should I do if a claim is denied due to the transition?

Confirm the date of service. If on or before February 28, 2026, follow MDX Hawaii claim resolution steps. If on or after March 1, 2026, follow Humana claim reconsideration and appeal steps.

CMS Required Disclaimers:

- This communication is not intended to market or promote any Medicare Advantage plan and contains no plan-benefit comparisons, rankings, or steering language.
- Information provided is factual and for educational purposes only, consistent with CMS Medicare Communications & Marketing Guidelines.
- Members should consult their Medicare broker or the plan directly for guidance specific to their individual coverage needs.