

Question of the Month

September 2026

Question:

I received a notice from Humana Medicare Advantage about a new benefit covering retinal imaging:

"Effective September 1, 2026, Humana is expanding routine vision care services in some plans to offer a funded retinal imaging benefit for diabetic patients.

The funded retinal image benefit will be retroactive to January 1, 2026. All claims for eligible members who paid out of pocket for retinal imaging between January and September will be reprocessed and you will receive payment to reimburse members for those costs as applicable.

Diabetic members enrolled in these plans will be set up in the system with their core benefit + the funded retinal imaging benefit. You will see this coverage when verifying the member's eligibility. Claim submission processes will remain the same."

- Is Humana expecting the providers to spend the time and effort necessary to refund all of these Humana MA patients for out-of-pocket imaging?
- Who is going to compensate my office for the time and manpower to achieve this task as I estimate about 200 patients are impacted?

None of this is really clear in this notice. I understand that EyeMed is going to reprocess all claims back to Jan 2026 but this does not really address the other time and effort required of my office to fulfill their business decision. Thank you for helping me understand.

Response:

A query was sent to EyeMed asking what they think the impact of this policy will be on providers.

Per EyeMed: This new benefit will be a smaller subset of all Humana members, only for those who have diabetes and Florida is excluded. This is not across the full Humana ecosystem. On average, there are less than 3 claims over 500 TIN's that will have corrected claims and there are only 30 or so that had 10-34 claims, no independents had more than 34 impacted claims. The provider asking this question actually, based on their tax ID number had no impacted claims.