



## ***Network Notification***

**Notice date:** 05/13/2019  
**To:** Kentucky Medicaid healthcare providers  
**From:** Humana – CareSource®  
**Subject:** Notice of Change in Reporting Demographic  
**Effective date:** 05/13/2019

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To provide up-to-date provider contact information to our members, please submit timely demographic changes via email to **ProviderDevelopmentKYWV@humana.com**. Humana – CareSource-contracted healthcare providers also may call **1-800-457-5683** and select option 4 to make demographic changes.

This information is critical to our members, as it is listed in our provider directories and online provider search functions, and allows them to contact their providers.

Please note: Messages sent to **chcpr@humana.com** will not be received, as it is no longer a valid email address to submit changes. If you have questions about how to submit your change, please contact your provider engagement representative.

We appreciate your cooperation in serving our members.