The information below is provided for reference as it was posted more than 90 days ago:

**Statewide Medicaid Managed Care: Continuity of Care Provisions**

The Agency for Health Care Administration (Agency) contracts with Medicaid health and dental plans to provide services to health plan enrollees in the Statewide Medicaid Managed Care (SMMC) program. The Agency recently entered into new contracts with health and dental plans. As part of those contracts, the Agency achieved program changes that greatly benefit enrollees and providers.

The Agency will transition to the new contracts through a regional phased roll-out. The first regional roll-out occurred on Saturday, December 1, 2018. **Roll-out for phase two will occur Tuesday, January 1, 2018.**

Health and dental plans are required to ensure continuity of care (COC) during the transition period for Medicaid recipients enrolled in the SMMC program. COC requirements ensure that when enrollees transition from one health plan to another, one service provider to another, or one service delivery system to another (i.e., fee-for-service to managed care), their services continue seamlessly throughout their transition. The Agency has instituted the following COC provisions:

- **Health care providers should not cancel appointments with current patients.** Health plans must honor any ongoing treatment that was authorized prior to the recipient’s enrollment into the plan for up to 60 days after the roll-out date in each region.

**Note important influenza updates**

This flu season has brought high influenza and influenza-like illness activity levels, with emergency department visits well above peak levels and more outbreaks reported than in previous seasons at this time. While influenza activity continues to rise, Humana and Florida’s Agency for Health Care Administration (AHCA) are working to minimize impacts and keep Floridians healthy and safe. **Please note that AHCA and Humana have added coverage of oseltamivir, the generic formulation of Tamiflu, for Medicaid recipients.**

In an effort to combat the disease, the Florida Surgeon General and Department of Health urge physicians and health care providers to note the following important action steps:

- Ensure vaccine provision and availability for Medicaid-covered patients
- Administer the flu vaccine for all patients 6 months and older
• Administer an antiviral treatment as soon as possible for anyone suspected to have influenza, as well as all hospitalized patients, severely ill patients and patients at a higher risk for complications.

Read the Florida Surgeon General’s letter and find more information in this AHCA memo. If you have questions about this information, please contact your provider relations representative.

New Medicaid Preauthorization List effective April 1

Humana will implement a Florida Medicaid Preauthorization and Notification List for Humana Medical Plan (Medicaid), effective April 1, 2018. It will not affect current processes regarding preauthorizations or notifications for the Medicare and/or commercial lines of businesses. To determine whether preauthorization is required for a patient with Humana Medical Plan (Medicaid) coverage, physicians or other health care providers should review the Florida Medicaid Preauthorization and Notification List online at Humana.com/PAL.

Important notes:

• In Florida Medicaid Regions 9, 10 and 11, primary care physicians (PCPs) are responsible for issuing patient referrals. Once a referral has been obtained, a preauthorization needs to be submitted for services requiring preauthorization. Only PCPs may request preauthorization. Urgent/emergent services, as defined in the Florida Medicaid Provider Handbook, do not require a referral or preauthorization.

• In Florida Medicaid Regions 1 and 6, primary care physicians (PCPs) are responsible for issuing patient referrals. Once a referral has been obtained, a preauthorization needs to be submitted for services requiring preauthorization. A preauthorization request maybe requested by PCPs or designated participating specialists. Urgent/emergent services, as defined in the Florida Medicaid Provider Handbook, do not require a referral or preauthorization.

• Health care providers who participate in an independent practice association (IPA) or other risk network with delegated services should refer to their IPA or risk network for guidance on submitting their preauthorization requests.

• If a health care provider does not obtain authorization prior to the date of service, it could result in financial penalties for the practice, based on the health care provider’s contract.

• Services or medications provided without preauthorization may be subject to retrospective medical necessity review.

If you have questions about Humana’s preauthorization requirements, or want to determine if preauthorization is required for a service for a patient with Humana Medical Plan (Medicaid) coverage, please review the Florida Medicaid Preauthorization and Notification List online at Humana.com/PAL or call the Humana Clinical Intake Team at 1-800-523-0023, Monday through Friday, 8 a.m. to 6 p.m. local time.
All physicians and health care providers must confirm enrollment in Medicaid

Claims and/or encounters will be denied for physicians and health care professionals with invalid Medicaid enrollment, effective Jan. 1, 2018.

Please refer to the information below regarding Medicaid enrollment requirements and take the necessary steps to confirm your enrollment. This information was shared previously with physicians and other health care professionals contracted with Humana Medical Plan (Medicaid); however, the effective date has been updated to Jan. 1, 2018.

To receive Medicaid reimbursement, a physician or health care professional must be fully enrolled in Medicaid or have “limited enrollment status,” as well as meet all provider requirements at the time the service is rendered. Any entity that bills Humana for Medicaid-compensable services provided to Medicaid recipients or that provides billing services of any kind to Medicaid providers must have previously enrolled and registered as a Medicaid provider.

Please note that physicians and other health care professionals can verify enrollment via the Provider Master List on the Agency for Health Care Administration (AHCA) website at http://portal.flmmis.com/FLPublic/Provider_ManagedCare/Provider_ManagedCare_Registration/tabid/77/Default.aspx?linkid=pml.

The Provider Master List (PML) is a resource available for all Medicaid health plans and their contracted physicians and health care professionals. The PML contains a listing of all Medicaid providers who are currently registered and/or enrolled with Florida Medicaid with an active status within the last 18 months. Alternatively, the Pending Provider List (PPL) contains a listing of all provider applications that are currently pending with Medicaid. Both lists are located on the Florida Medicaid Public Web Portal within the Managed Care area.

Please access the Provider Master List tip sheet for specific guidance on proper enrollment: http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Managed%20Care/Provider%20Master%20List%20Tip%20Sheet.pdf.

Following are details regarding how a physician or health care professional should be listed:

- Current listing of Medicaid numbers for ALL physicians and health care professionals must be CONFIRMED ACTIVE ON THE AHCA PORTAL on the PML.
- Physician or health care professional must be listed as “ENROLLMENT” or “Limited Enrollment” in the Enrollment Type column and as ACTIVE (A) in the Current Medicaid Enrollment Status column.
- Physician’s or health care professional’s billing NPI and rendering NPI (as applicable) must be accurate and affiliated with the correct Medicaid ID.
- Physician or health care professional must be enrolled for all practicing provider types and specialty codes.

Incorrect enrollment can affect the way a physician, health care professional or provider group is identified by AHCA and its Choice Counselors, as well as how a physician, health care professional or provider group is listed in Physician Finder, Humana’s online provider directory.

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AHCA’s Provider Enrollment area is available to assist with enrollment issues, such as change of address, change of ownership and re-enrollment issues via the AHCA website: http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/tabld/42/Default.aspx.


If you have questions about this information, please contact your provider relations representative.

New urgent care centers join Humana

The following urgent care centers have joined Humana’s Medicaid network:

- **MD Now**
  - Nine locations in Broward County
  - 11 locations in Miami-Dade County
  - 10 locations in Palm Beach County

- **Community Health of South Florida**
  - Two locations – Cutler Bay and Homestead

Physicians are requested to encourage their Humana-covered patients to contact their offices after-hours and to visit the nearest urgent care center when unable to be seen at their physician’s office.

To find Humana-participating urgent care centers near your practice, visit Humana.com and choose the “Find a doctor” link.

Humana-covered patients can find the nearest Humana-participating urgent care centers online at Humana.com using the “Find a doctor” link, or by calling Humana Customer Service at 1-800-477-6931 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

Breast pump coverage

Electric breast pumps have been added to AHCA’s Medicaid Durable Medical Equipment (DME) schedule as a covered benefit when they meet the medical necessity criteria. Humana will also cover breast pumps when they meet medical necessity criteria.

Physician extenders reimbursed according to AHCA fee schedules

Humana follows state-specific regulations regarding fee schedule management and payments to health care providers; therefore, Humana Medical Plan’s fee schedules follow direction from the Agency for Health Care Administration’s (AHCA) provider fee schedules for physician extenders. Consistent with that approach, effective as of March 1, 2017, Humana Medical Plan will reimburse physician extenders...

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in accordance with the current published AHCA fee schedules. Under these AHCA fee schedules, services provided by physician extenders are paid at a different rate under Medicaid than other types of health care providers.

Physician extenders include, but are not limited to, the following:

- Licensed midwives
- Certified nurse midwives
- Advanced registered nurse practitioners
- Registered nurse first assistants
- Physician assistants
- Certified registered nurse anesthetists
- Anesthesiologist assistants

If you have questions about the Humana Medical Plan fee schedule, please contact your provider relations representative, or visit the Florida Medicaid Web portal’s provider fee schedules page.

**Humana supports all communities**

Humana makes every effort to recruit and retain physicians and health care professionals of all ethnicities in order to support the cultural preferences of our members. Currently, Humana’s Medicaid provider networks are open to new physicians and health care professionals who are willing to accept our contractual requirements and rates, as well as satisfy all credentialing and regulatory requirements.

We review and accommodate all provider nomination requests, when appropriate, from both members and others to facilitate equal representation in our provider network. Physicians may contact their provider relations representative to nominate a provider or complete the provider nomination form.

**PLEASE NOTE:** Physicians and health care professionals are encouraged to work with their provider relations representative to ensure Humana accurately reflects the languages spoken in their offices in Humana’s provider directories.

**Humana Florida Medicaid Vaccines for Children (VFC) Program and Child Blood Lead Screening**

As part of Humana’s focus on preventive health, we want all infants and children to receive recommended immunizations and screenings.

Additionally, as detailed under section 1905(r)(1)(B)(iii) of the Social Security Act, Humana is required to remind physicians regarding their participation in the Vaccines for Children (VFC) program. More information regarding ordering VFC program vaccines is available on the Florida SHOTS™ website at [http://flshotsusers.com](http://flshotsusers.com).

Federal regulations also require that children receive a blood screening for lead at 12 months old and at 24 months old.

If you have questions regarding the VFC program or blood lead screenings, please contact the Humana Quality Management department at 1-305-626-5252.
Crossover claims

Effective Oct. 1, 2016, providers no longer need to send Medicare crossover claims for dually eligible recipients directly to Humana. Under this initiative, providers only need to submit their claims once to the Centers for Medicare & Medicaid Services (CMS) for processing, and are no longer required to submit secondary claims to Humana. This means CMS will automatically forward claims for members who are dually eligible for both Medicare and Medicaid coverage. Please note: If a provider submits a claim for a dually eligible member that CMS has already forwarded to Humana, Humana will deny the provider-submitted claim as a duplicate claim.

Abilify coverage

Effective July 1, 2016, Abilify has been removed from the AHCA preferred drug list. Abilify is considered nonpreferred; however, the generic version of Abilify, aripiprazole, is preferred. Health care providers need to encourage their patients with Humana MMA coverage to switch from brand Abilify to generic aripiprazole. Prescriptions for brand Abilify will not adjudicate since it is nonpreferred. If brand Abilify is needed, the prescriber needs to request an authorization by calling Humana Clinical Pharmacy Review (HCPR) at 1-800-555-2546 or via www.covermymeds.com (registration required).

Overview of the Federally Qualified Health Center (FQHC)/Rural Health Center (RHC) wraparound process

Since the implementation of the automated FQHC/RHC wraparound process, the Agency for Health Care Administration (AHCA) has encouraged providers to continue to work with Statewide Medicaid Managed Care (SMMC) health plans to submit encounters that will generate payments through the automated process. Find more information about these programs via AHCA’s approved training and quick reference guide.

Zika Virus Information

Access the Florida Health website to find the latest updates on the Zika virus in Florida, including current guidance for clinicians and obstetricians.

Humana updates Child Health Checkup billing guidance

Practitioners can now bill Humana for a Child Health Checkup and a sick visit for the same date of service. Physician discretion in evaluating the degree of illness should determine if a Child Health Checkup should be performed during a visit when the child is sick.

A Child Health Checkup should not be performed on an obviously sick child, as the findings may be distorted. In these instances, it is advised that the physician treat the child for the illness and reschedule the checkup. If, in the physician’s opinion, a Child Health Checkup or well-child visit can be appropriately completed, the physician is encouraged to treat or refer the child for the illness and bill the Child Health Checkup or well visit.

For questions, please contact your Humana or IASIS provider relations representative.
Important changes that will affect Humana Medicaid-covered patients (145 Kb)

This letter was distributed to general practice physicians to provide information about changes to Humana’s Healthy Behaviors programs and Humana members’ welcome kits.

Forms for pregnancy notification and C-section authorization:

- Medicaid Notification of Pregnancy for regions 1 and 6 (128Kb)
- Medicaid Notification of Pregnancy for regions 9, 10 and 11 (128Kb)
- Medicaid Prior Authorization for Elective Cesarean Section for regions 1 and 6 (128Kb)
- Medicaid Prior Authorization for Elective Cesarean Section for regions 9, 10 and 11 (128Kb)

Medicaid Eligibility for Newborn Babies

This communication was published by AHCA on April 17, 2015.

Healthy Behaviors

Effective Feb. 1, 2016, the following Healthy Behaviors programs are offered to MMA members:

- Smoking cessation
- Substance abuse
- Humana Family Fit
- Mom’s First
- Baby well visits
- Pediatric well visits

Smoking cessation

As part of our Healthy Behaviors program, Humana has contracted with Beacon Health Options to provide a telephonic smoking cessation counseling program for Humana MMA members. Members may self-refer or be referred by their healthplan or physician by calling 1-800-221-5487.

Beacon Health Options will facilitate member enrollment via its Encompass Program, assigning the member a care coordinator or care manager. Members will be engaged in treatment with community practitioners, online and face-to-face support groups, as well as other resources that facilitate a smoke-free lifestyle. This combination of counseling and medication has shown to provide the greatest likelihood of successful treatment.

Find useful information for primary care physicians regarding treating tobacco use and dependence from the Agency for Healthcare Research and Quality.

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