

Humana's YourPractice: April-June 2020

Thoughts from our chief medical officer

Military suicides and the social determinants of health

Social determinants of suicide in the military marries two critical focus areas for Humana – serving our military members and considering social determinants as pivotal to our whole-person health approach. Many members of the military who commit suicide never had a mental health diagnosis. We need to think about social needs, such as loneliness, if we hope to stem the remarkable loss of life from suicide in those who serve our country. I'm sharing an opinion piece Kristin Russell, M.D., Chris Hunter, Segment President for Group and Military and I recently published in Health Affairs. [Read more...](#)

The future of primary care

We would like to share a video we did with Politico in November 2019 discussing the future of primary care and highlighting the release of our 2020 value-based care report.

In it, we discuss the importance of the value-based model in primary care and how it helps drive better patient health outcomes. The video also explores the importance of partnerships between providers and health plans and addresses the social determinants of health. Click [here](#) to view the video.

Important Policy Reminders

Record reviews, clinical practice guidelines and more

Humana creates operating policies and procedures to help maintain a high level of service to its members, network physicians and other healthcare professionals. Humana asks all healthcare professionals to review the following polices with office staff.

Medical record documentation review

Humana's Quality Operations Compliance and Accreditation team conducts medical record documentation reviews (MRDRs) annually. These reviews monitor compliance with regulatory agencies. Good medical recordkeeping also helps promote the quality of care delivered to Humana-covered patients. The minimum passing score is 85 percent compliance with the guidelines, with a goal of 90 percent.

Other areas of Humana also can request and review medical records for specific operational and compliance needs, such as licensing, accreditation and reimbursement rules and regulations, to which Humana is subject, and in accordance with Humana's policies and procedures.

Clinical practice guidelines

Humana annually reviews and adopts clinical practice guidelines based on guidance from national organizations generally accepted as experts in their fields. These clinical practice guidelines are available [here](#). The current list contains guidelines for kidney disease, diabetes, cardiovascular disease, preventive care, behavioral health and other health issues. The specific links connect to the organizations that issued the guidelines. For example, the diabetes guideline link connects the user to the American Diabetes Association's standard of care.

Humana case management and chronic care programs

Humana offers a variety of programs for patients who need care for complex medical situations or support for chronic conditions. Through these programs, care managers collaborate with physicians and other healthcare professionals to help patients continue to live at home safely while addressing their physical, behavioral, cognitive, social and financial needs.

Patients who enroll in a Humana case management or chronic care program are assigned a care manager who supports them by phone (eligible members also receive home visits). The manager's goal is to anticipate patients' needs and problems, encourage preventive care and prevent costly interventions. This goal is accomplished through home safety assessments and evaluations of patient medical, functional and psychosocial status.

Some chronic conditions addressed by Humana programs include chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, hypertension, HIV/AIDS, renal disease, asthma and diabetes.

Case management and chronic care programs are available for Humana-covered patients with select Medicare, Medicaid, commercial and administrative-services-only coverage in all markets, except Puerto Rico.

Information about available care management programs and procedures for accessing services is available [here](#) and in the [Provider Manual](#). Additionally, healthcare professionals can call the Humana Health Planning and Support team for assessment and referral to appropriate clinical program(s) at 1-800-491-4164, Monday through Friday, 8:30 a.m. to 5 p.m. local time.

Members' rights and responsibilities

All Humana-covered patients have certain rights and responsibilities when being treated by Humana-contracted healthcare professionals. These rights are outlined in Humana's Rights and Responsibilities statement. Humana asks participating healthcare professionals to display a copy of the Rights and Responsibilities statement in their offices. A copy of the statement is available in the [Provider Manual](#). A printed copy of the manual can be obtained by calling provider relations at 1-800-626-2741, Monday through Friday, 8 a.m. to 5 p.m. Central time.

Quality improvement (QI) program

Humana has a comprehensive quality improvement program that encompasses clinical care, preventive care, population health management and the health plan's administrative functions. To receive a written copy of Humana's quality improvement program and its progress toward goals, submit a request to the following address:

Quality Operations Compliance and Accreditation Department – QI Progress Report
321 W. Main St., WFP 20
Louisville, KY 40202

Utilization management (UM)

The utilization management program helps guide patients with Humana coverage toward appropriate and cost-effective treatment options. It is important that physicians, other healthcare professionals and their patients know the following about the program:

- Humana does not reward healthcare professionals or other individuals for denying service or care.
- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

Physicians can obtain a copy of specific UM criteria by calling 1-800-448-6262, Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

Claim Payment Policies

Updated claim payment policies

Humana publishes its claims payment policies online. The information about reimbursement methodologies and acceptable billing practices could help physicians, other healthcare providers and their billing offices bill claims more accurately. This could reduce delays, rebilling and requests for additional information. Find the policies at Humana [claims payment policies](#).

New policy:

- COVID-19 Telehealth and Other Virtual Services

Updated policies:

- After-hours Charges
- DME Capped Rental
- DME Oxygen

- DMEPOS Proof of Delivery Documentation
- Modifier 62
- National Drug Code (NDC) Billing Requirement
- Transitional Care Management

Clarification of time frames for submitting a commercial claim

Humana’s standard time frame to submit a commercial claim is 90 days from the date of service. We may apply this standard to commercial claims if no other state-mandated or contractual definition applies. We may reject a claim received after this time. This timeframe is referred to commonly as the “timely filing” or “proof of loss” period.

Humana continues code-editing updates in 2020

As part of Humana’s ongoing claim-process improvement efforts, we continue to update our claim payment systems to better align with American Medical Association Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases (ICD) code sets. We also align our system with other sources, such as Centers for Medicare & Medicaid Services (CMS) guidelines, correct-coding initiatives, Humana policy, national benchmarks and industry standards.

We post notifications of upcoming changes on the first Friday of each month. These notifications inform providers that we plan to make changes to some of our code editing rules or claim payment processes. Each notification includes an implementation date for that update.

To view these changes and to find additional information about claim policy updates and how to submit code-editing questions, please visit [Humana.com/edits](https://www.humana.com/edits).

Note for California physicians and healthcare providers: Code-edit updates do not affect any contractual obligation with a contracted independent practice association (IPA); they pertain only to participation with Humana’s ChoiceCare Network contract.

Medical coverage policies

New and revised medical coverage policies

New Policies

- Cardiac Catheterization
- Cardiac Electrophysiological Studies and Cardiac Catheter Ablation
- Cardiac Stents and Angioplasty
- Code Compendium (Musculoskeletal and Neurologic)

Policies with Significant Revisions

- Bariatric Surgery
 - Benign Prostatic Hyperplasia (BPH) Treatments
 - Bone Graft Substitutes
 - Code Compendium (Miscellaneous)
 - Code Compendium (Ophthalmology)
 - Durable Medical Equipment (DME)
 - Genetic Testing for Breast and/or Ovarian Cancer Susceptibility
 - Genetic Testing for Cancer Susceptibility
 - Genetic Testing for Carrier Screening
 - Liquid Biopsy
 - Noninvasive Tests for Hepatic Fibrosis
 - Skin and Tissue Substitutes
 - Tumor Markers for Diagnosis and Monitoring of Cancer
 - Ventricular Assist Device (VAD), Total Artificial Heart (TAH)
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Preauthorizations and referrals

Help for improving your preauth and referral management

Need to update or modify an approved preauthorization or referral? Beginning in late April, you can save a phone call and time by using the newly enhanced Authorization Management app on Availity. Improvements to the tool let healthcare providers edit any eligible fields within an approved authorization. (Ineligible fields will not allow editing.)

With the enhanced app, you are now able to:

- Extend the end date on approved preauthorizations and referrals.¹
- Add the discharge date and discharge disposition to approved inpatient preauthorizations.
- Add procedure codes to preauthorizations and referrals in approved status.²
- Add additional visits/units to preauthorizations and referrals in approved status.

If you'd like to sign up for a webinar to learn more about Availity and preauthorizations/referrals, please visit [Humana.com/ProviderWebinars](https://www.humana.com/ProviderWebinars).

1. Some types of approved preauthorizations cannot be extended, such as rental durable medical equipment (DME) services, home health authorizations, hyperbaric oxygen therapy and certain authorizations to nonparticipating providers.
 2. Please note that adding procedure codes may pend the case for clinical review.
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Pharmacy news

Humana Specialty Pharmacy expands MA network

Humana Specialty Pharmacy® is now in-network for most major Medicare Advantage and prescription drug plans. It's easier than ever for the pharmacy's award-winning team of pharmacists, technicians and care specialists to support you and your patients through each step in their healthcare journey.

In 2018 and 2019, Humana Specialty Pharmacy was one of only two pharmacies nationwide to win Zitter Insights' Specialty Pharmacy Patient Choice Award for being highest in specialty pharmacy patient satisfaction.

Humana Specialty Pharmacy is designed around the needs of our Medicare members (who comprise 86% of Humana's membership) and other patients living with chronic conditions. The pharmacy offers a hands-on, comprehensive approach related to drug administration, side-effect management, disease education, self-care education and financial assistance. As one of the largest specialty pharmacies in the U.S., it provides access to 96% of specialty drugs on the market and dispense medications for more than 29 complex or rare conditions.

Humana Specialty Pharmacy can give you more time to care for your patients by offering you one point of contact for all of your Medicare patients' prescriptions. It can help you handle administrative tasks; it can assist with prior authorizations; and it offers dedicated support to answer your or your patients' questions. The pharmacy's team will perform comprehensive therapy reviews and stay in touch with you each step of the way. Because Humana Specialty Pharmacy is now in-network with nearly all major Medicare Advantage and prescription drug plans, it can cover almost all Medicare prescriptions in-network. For those few times when it can't, Humana Specialty Pharmacy will transfer the prescription for you.

To learn more, visit HumanaPharmacy.com/information/prescriber-forms.cmd.

To start prescribing today, call 1-800-486-2668 (TTY: 711), Monday through Friday, 8 a.m. to 11 p.m., Saturday, 8 a.m. to 6:30 p.m., Eastern time.

To e-subscribe, type "Humana Specialty Pharmacy" (NCPDP ID# 3677955) in your e-prescribing software.

Education and training

Medicare Advantage Preventive Services and more

The Making It Easier series is a library of information about Humana's claims payment policies and processes, with each topic addressed separately for easy access. The library includes a narrated video presentation and a printable tip sheet for each topic, all available 24/7 to be viewed at your convenience.

We have updated our Medicare Advantage Preventive Services material, providing additional information and refreshed examples, and have posted individual presentations that address specific coding and billing requirements for preventive services rendered in federally qualified health centers and rural health clinics.

These modules provide information about Humana’s policies for preventive services for your patients with Humana Medicare Advantage plans. Topics covered include the Initial Preventive Physical Examination (IPPE), Annual Wellness Visit (AWV), Annual Preventive Physical Exam, Well Woman Exam and other Medicare-covered preventive screening services.

Look for these presentations and many additional topics at [Humana.com/MakingItEasier](https://www.humana.com/MakingItEasier).

Other new topics include:

- **Emergency Department E/M Reimbursement** – Learn about Humana’s policy for reimbursing in-network facility claims for emergency department evaluation and management services.
- **Genetic Testing: Billing and Coding for Medical and Laboratories** – Learn about Humana’s billing expectations for coverable medically necessary genetic testing and how Humana will adjudicate and reimburse for those covered services.
- **Modifiers 76 and 77** – Learn about Humana’s policy on the use of modifiers 76 and 77 to indicate that a service is a repeat procedure.

Other popular topics available on our website include:

- Anatomical Modifiers
- Tools and Resources for Physicians and Other Healthcare Providers
- Modifier 25
- Multiple Evaluation and Management Services
- Procedure to Procedure Code Editing
- And more...

MRA and Stars

MRA and Stars webinars for coders and physicians

To better support you in the care you give your Humana-covered patients, the Humana risk adjustment and Stars provider education teams are offering a host of live webinar sessions for 2020. Some presentations provide free continuing education units (CEUs) for certified coders; others qualify for continuing medical education credits (CMEs) for physicians and other healthcare providers.

- For our **2020 Monthly Learning Series** list of topics and times, click [here](#). Instruction will cover coding for Annual Wellness Visits, heart failure, chronic kidney disease and many other services.
- For our **2020 Quarterly Series** schedule, click [here](#). This series offers overviews of Medicare risk adjustment and CMS’ Stars program.

- For our **2020 schedule of CME webinars**, click [here](#). Presentations in this series discuss documentation and coding from a physician’s perspective and best practices to improve patient experience.

Descriptions of the various webinars, registration instructions and CEU and CME credit applicability also are provided at the above links.

Kentucky Medicaid update Providers must enroll to be paid

Did you know?

All physicians and other healthcare providers (referring, treating, nonparticipating) **must be enrolled** with the Kentucky Department for Medicaid Services (KDMS) as a Kentucky Medicaid-enrolled provider to receive payment for services rendered to a Kentucky Medicaid enrollee. If you currently are not an enrolled provider with KDMS, Humana can help you. Send an email to ProviderMedicaidEnrollment@humana.com for assistance with the KDMS enrollment process.

To learn more about Humana’s Kentucky Medicaid plan, visit [Humana.com/provider/medical-resources/medicare-medicare/kentucky-medicare](https://www.humana.com/provider/medical-resources/medicare-medicare/kentucky-medicare).

Annual compliance training 2020 SNP training now available

Reminder: Physicians and other healthcare professionals who care for patients with a Humana special needs plan (SNP) are required by [Chapter 5 of the Medicare Managed Care Manual](#) to complete related mandatory training annually.

- If you have a direct contract with Humana, you must complete [Humana’s](#) SNP training and submit an attestation of training to Humana.
- If you are a healthcare practitioner employed by a provider entity contracted with Humana, your organization will train you separately and submit an attestation on behalf of your entire organization.

To complete your Humana training for 2020, simply click [here](#) and view a 20-minute presentation. When you finish, you’ll receive a certificate of training to keep for your records.

Recent Humana research

App messaging may improve vaccination rates

While healthcare providers have used incentives in an attempt to motivate patients to obtain vaccinations, their effect on vaccination rates has not been systematically evaluated on a large scale. In this study, we examined whether mobile applications could improve population vaccination rates through enhanced communication and incentives education. Click [here](#) to read the paper.

Ways to connect: Have questions or want to share ideas for other research opportunities? Please write to research@humana.com.

Interested in seeing more research? Visit Humana's research site to learn about past research projects, listen to podcasts, and view videos that showcase Humana's commitment to research. Access our highlighted research [here](#) or visit our full research library [here](#).

Humana 2020 Conference Schedule

Look for us in 2020

Humana will attend the following conferences in 2020:

- American College of Physicians (ACP)
April 23-25
Los Angeles
- Healthcare Financial Management Association (HFMA)
June 28-July 1
San Antonio
- American Academy of Family Physicians (AAFP) Family Medicine Experience
Oct. 13-17
Chicago
- Medical Group Management Association (MGMA)
Oct. 18-21
San Antonio

Physicians and other healthcare providers are encouraged to mark their calendars for these events. Humana representatives look forward to meeting all types of healthcare practitioners.