Tips for improving patient satisfaction and engagement

Patient experience surveys, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS), asks patients (or their families) about their experiences with, and ratings of, their healthcare providers and plans. The survey covers topics important to consumers and focuses on aspects of quality that consumers are best qualified to assess, such as providers’ communications skills and ease of accessing healthcare services.

We’ve learned from enrollees and providers over the years how a few changes can increase patient satisfaction and engagement. On the next page you’ll find a few tips that you may want to implement, if you aren’t already doing so. Remember, experience is not the same as satisfaction.
Patient experience surveys focus on how patients experienced or perceived key aspects of care, and not on how satisfied patients were with their care. Improving patient experience with provider access:

**Related CAHPS survey question:**
I got an appointment to see my primary care physician (PCP) as soon as I needed.

- **Improve your patients’ access to care by:**
  - Making appointments available outside normal office hours
  - Offering walk-in and/or same-day visits

**Related CAHPS survey question:**
I got an appointment to see a specialist as soon as I needed.

- **Build trust with your patients by:**
  - Advocating on their behalf
  - Offering one or more options (choices)
  - Coordinating care when necessary (e.g., calling a specialist on behalf of a patient)
  - Helping to prepare your patient for an appointment with a specialist

**Improve patient engagement:**

- **We encourage you to talk to your patients at every visit about:**
  - Getting a yearly flu vaccine – Medicaid enrollees have a low rate of getting a yearly flu vaccine
  - Not smoking, and quitting if they smoke – counsel, prescribe, and/or refer to a smoking-cessation program patients who need/want help quitting

Humana supports your efforts to move into a more team-oriented, value-based model for health care. We believe the end result will be a sustainable healthcare system that provides quality, evidence-based and cost-effective care for your patients.

Lisa Galloway M.D., FACOEM, MRO
Regional VP Health Services, CMO Kentucky Medicaid – Humana
Find Humana Kentucky Medicaid information on our provider webpage

Our Humana Kentucky Medicaid provider website has the information you need to work and do business with us, such as:

- Enrollee handbook our members receive
- Preauthorization and notification list
- Provider manual
- Provider resource guide
- Training materials
- And more

We encourage you to visit [www.humana.com/provider/medical-resources/medicare-medicaid/kentucky-medicaid](http://www.humana.com/provider/medical-resources/medicare-medicaid/kentucky-medicaid) for frequently posted updates and announcements

Stay current with COVID-19 updates

We want to thank you and your staff for your commitment to providing high-quality care to your Humana-covered patients during the coronavirus (COVID-19) pandemic. Humana implemented all required KDMS directives. For more information about the directives, please refer to the following resources:

- The Humana Kentucky Medicaid website (as referenced above)
- The Humana Coronavirus Resources page at [www.humana.com/provider/coronavirus](http://www.humana.com/provider/coronavirus)
- The KDMS COVID-19 Information page at [www.chfs.ky.gov/agencies/dms/Pages/cv.aspx](http://www.chfs.ky.gov/agencies/dms/Pages/cv.aspx)

To reach a trained, specialized group of customer care representatives for answers to specific COVID-19 questions, you or your Humana-covered patients can call 1-800-444-9137 (TTY: 711), Monday through Friday, 7 a.m. to 7 p.m. Eastern time.
Stay up to date with Humana retrospective review requirements

Humana only allows retrospective authorization submissions after the date of service when prior authorization is required but not previously obtained (e.g., when the retrospective review request is submitted in writing for a requested service) under the following circumstances:

- The service is directly related to a service for which prior approval was obtained and already performed
- The new service was not needed at the time the original prior-authorized service was performed
- The need for the new service was determined at the performance of the original prior-authorized service
- A service was performed for a Humana-covered patient determined to be retroactively eligible for Medicaid
  - Retroactive Medicaid coverage is defined as a period of up to three months prior to the enrollee’s application month

**Exception:** Humana will uphold for the remainder of the approval period a prior authorization an enrollee obtained prior to transitioning to Humana from another managed care organization.

Exceptions to this policy apply to enrollees designated to participate in the pharmacy and/or provider Lock-in Program.

All retrospective authorization requests must include:

- Patient name and Humana ID number
- Authorization number of the related service for which prior approval was obtained
- All supporting documentation and clinical information related to the service

Please fax retrospective review requests to **1-833-974-0059**.

We will administratively deny all claims that do not meet the above retrospective authorization criteria.

Understand current KDMS provider enrollment requirements

Kentucky Administrative Regulation (KAR) 907KAR1:672 Section 2. (C) 1. and KRS 205.532 requires all providers (billing, rendering, ordering, referring, prescribing and attending) receiving payment for services rendered to Kentucky Medicaid beneficiaries to be enrolled as a Kentucky Medicaid provider with an active provider ID to receive payment for services rendered to Kentucky Medicaid enrollees.

Also, Statute 455.410 of the Patient Protection and Affordable Care Act requires that all ordering, referring, prescribing and attending providers to be enrolled in the Kentucky Medicaid program.

If you are not an enrolled provider with KDMS, Humana can assist you.

Humana can help providers with the Kentucky Medicaid Partner Portal Application (KY MPPA) process by:

- Collecting and validating all credentialing documents and any additional supporting documentation that KDMS requires as defined by provider type summaries, which you can read about at [www.chfs.ky.gov/agencies/dms/dpi/pe/Pages/prov-summaries.aspx](http://www.chfs.ky.gov/agencies/dms/dpi/pe/Pages/prov-summaries.aspx)
- Submitting provider enrollment documents and data to KDMS

KDMS will share its enrollment decision directly with the provider.

For help with the KY MPPA process, or if you have questions, please email our provider enrollment team at ProviderMedicaidEnrollment@Humana.com.
How to update provider information with KDMS enrollment

To update or revalidate your KY Medicaid information (e.g., license, address, EFT [electronic funds transfer], NPI/Taxonomy, ownership, name, link to a group) currently enrolled providers can:

- Call KDMS Provider Enrollment or Recertification at 1-877-838-5085
- Submit information online at https://chfs.ky.gov/agencies/dms/provider/Pages/providerenroll.aspx

Reminder: claim submission requirements update

For billing, rendering, ordering, referring, prescribing and attending providers:
All claims submitted with dates of service on or after April 1, 2017, are required to have NPIs enrolled with KDMS related to billing, rendering, ordering, referring, prescribing and attending providers. Humana will deny claims or encounters received that contain NPIs not enrolled with KDMS.
We require ordering and/or referring provider data for the following provider types. If the data is missing, we will deny the claim or encounter.

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<tr>
<th>Billing provider type</th>
<th>Billing provider type descriptions</th>
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<td>Private duty nursing</td>
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<td>36</td>
<td>Ambulatory surgery center</td>
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<td>37</td>
<td>Independent lab</td>
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<td>Hearing aid dealer</td>
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<td>52</td>
<td>Optician</td>
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<tr>
<td>54</td>
<td>Pharmacy: all crossover services billed</td>
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<td>70</td>
<td>Audiologist</td>
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<td>76</td>
<td>Multi-therapy agency</td>
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<td>79</td>
<td>Speech language pathologist</td>
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<td>86</td>
<td>X-ray/miscellaneous supplier</td>
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<td>Physical therapist</td>
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<td>88</td>
<td>Occupational therapist</td>
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<tr>
<td>90</td>
<td>Durable medical equipment (DME)</td>
</tr>
</tbody>
</table>

For additional information on how to enroll with DMS, please go to https://chfs.ky.gov/agencies/dms/provider/Pages/providerenroll.aspx.

For inpatient and psychiatric hospitals, psychiatric residential treatment facilities, nursing facilities, psychiatric distinct part units and rehabilitation distinct part units:

- Value code 80 must equal the total number of covered days, as indicated from Form Locator 6
- The data entered in Form Locator 39 must agree with accommodation units in Form Locator 46

Please note: If the days covered are blank, non-numeric, equal zero, or there is a mismatch between units entered in Form Locator 39 and Form Locator 46, Humana will deny the claim.
Continuity of care provisions

Humana will honor prior authorizations for:
  • 90 days, or
  • Until expired, or
  • Until Humana contacts the recipient or issuing provider about the prior authorization

How to request preauthorization

Except where noted, preauthorization requests for medical services may be initiated:
  • Online via Availity.com (registration required)
  • By calling Humana’s interactive voice response (IVR) line at 1-800-444-9137
  • By calling our authorization intake team directly at 1-888-285-1114, Monday through Friday, 8 a.m. to 8 p.m. Eastern time

You may fax clinical information for a medical service preauthorization to 1-833-974-0059 using the KY Medicaid Fax Form – State Template at www.Humana.com/KentuckyPriorAuth, or KY Medicaid Fax Form – Humana Preferred Template at www.Humana.com/KentuckyPreferred.

Please note: Online preauthorization requests are encouraged.

Except where noted, preauthorization requests for professionally administered medications may be initiated by:
  • Faxing 1-888-447-3430 using the fax form at Humana.com/medpa
  • Calling 1-866-461-7273, Monday through Friday, 6 a.m. to 8 p.m. Eastern time

Except where noted, preauthorization requests for pharmacy medications may be initiated by:
  • Logging into www.CoverMyMeds.com/epa/Humana
  • Faxing 1-877-486-2621 using KY Medicaid Fax Form at http://www.Humana.com/KentuckyPreferred
  • Calling Humana Pharmacy Clinical Review at 1-800-555-CLIN (1-800-555-2546)
Report fraud, waste and abuse

Providers must incorporate a description of the specific controls in place for prevention and detection of potential or suspected fraud and abuse. Contracted physicians agree to educate their employees about the False Claims Act’s prohibition on submitting false or fraudulent claims for payment, penalties for false claims and statements, whistleblower protections, and each person’s responsibility to prevent and detect fraud, waste and abuse.

**Humana and KDMS should be notified immediately if a physician/provider or their office staff:**

- Is aware of any physician/provider who may be billing inappropriately (e.g., falsifying diagnosis codes and/or procedure codes, or billing for services not rendered)
- Is aware of an enrollee intentionally permitting others to use his/her enrollee ID card to obtain services or supplies from the plan or any authorized plan provider
- Is suspicious that someone is using another enrollee’s ID card
- Has evidence that an enrollee on his/her enrollment form knowingly provided fraudulent information that materially affects the enrollee’s plan eligibility

All information will be kept confidential. Entities are protected from retaliation under 31 U.S.C. 3730 (h) for False Claims Act complaints. Humana has a zero-tolerance policy for retaliation or retribution against any person who reports suspected misconduct.

## Contact Information

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<tr>
<th>Humana’s Fraud Hotline</th>
<th>1-800-614-4126</th>
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<tr>
<td>Humana</td>
<td>1-800-4HUMANA (1-800-448-6262)</td>
</tr>
<tr>
<td>Kentucky Cabinet for Health and Family Services</td>
<td>1-800-372-2970</td>
</tr>
<tr>
<td>Special Investigations Unit (SIU) Direct Line</td>
<td>1-800-558-4444 ext. 1500724, Monday through Friday, 8 a.m. to 5:30 p.m. Eastern time</td>
</tr>
<tr>
<td>SIU Hotline</td>
<td>1-800-614-4126 (24/7 access)</td>
</tr>
<tr>
<td>Ethics Help Line</td>
<td>1-877-5-THE-KEY (1-877-584-3539)</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:SIUReferrals@humana.com">SIUReferrals@humana.com</a> or <a href="mailto:ethics@humana.com">ethics@humana.com</a></td>
</tr>
<tr>
<td>Online</td>
<td>Ethicshelpline.com or Humana.com</td>
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