



## Learn More About New Options for Electronic Claims Payment

Physicians and other health care providers who are considering switching from paper checks to electronic claims payment have two additional options as a result of Humana's recent collaborations with CAQH and J.P. Morgan.

Those who want to receive payments electronically from Humana can choose from the following enrollment alternatives:

- **Humana's EFT/ERA enrollment tool**

Physicians and other health care providers may continue to enroll directly with Humana for electronic funds transfer (EFT) and electronic remittance advice (ERA). With this option, payments are deposited directly into physicians' and practitioners' bank accounts, and remittance advice may be obtained via the designated clearinghouse or viewed online at Humana.com (registration required) or Availity.com (registration required).

- [Learn more.](https://www.humana.com/provider/support/hipaa/era) (<https://www.humana.com/provider/support/hipaa/era>)

- **Multipayer EFT/ERA enrollment through CAQH**

A new option for Humana is the CAQH multipayer EFT enrollment tool, EnrollHub™. (Physicians and other health care providers may already be familiar with CAQH, a nonprofit alliance that helps streamline health care processes.) With this tool, physicians and practitioners only need to submit enrollment information to a single place online. CAQH sends the information to Humana and any other payer selected; so, the payers can process the enrollment and begin sending electronic payments to the designated bank account.

- View [frequently asked questions](http://apps.humana.com/marketing/documents.asp?file=2585921) (<http://apps.humana.com/marketing/documents.asp?file=2585921>) or visit [solutions.caqh.org](https://solutions.caqh.org/) (<https://solutions.caqh.org/>) to enroll.

- **J.P. Morgan single-use account (SUA) virtual card payments**

Humana has contracted with J.P. Morgan to offer an option for physicians and other health care providers to receive payments more quickly and efficiently by using a Single-use Account virtual card payment process. This option also provides remittance information in the same location. If a health care provider already accepts credit card payments, there is no charge to enroll; however, standard interchange fees apply as negotiated with physicians' and practitioners' merchant banks. Those interested can find more information or enroll by calling a J.P. Morgan recruitment specialist at 1-888-214-3294, option 1. Specialists are available Monday through Friday, 8 a.m. to 6 p.m. Eastern time.

- View [frequently asked questions](http://apps.humana.com/marketing/documents.asp?file=2585934). (<http://apps.humana.com/marketing/documents.asp?file=2585934>)

## Stemple Joins Humana's YourPractice as New Columnist

Dear physicians and health care providers:

I'm so pleased to be named the newest columnist for Humana's YourPractice. As the market vice president for Humana's Health Guidance Organization (HGO), I take an active role in overseeing clinical policy and Humana's commercial and Marketplace (exchange) clinical review teams.

In my previous role as clinical guidance medical director, I worked to establish innovative and collaborative approaches for our members' quality of care. It's my goal to bring that type of innovation and focus on collaboration with physicians and other health care providers to my broader role in the HGO.

I'm proud to be a board-certified emergency medicine physician with a medical degree from the West Virginia School of Osteopathic Medicine in Lewisburg, W. Va. I also hold an MBA from Xavier University in Cincinnati. Before joining Humana in 2005, I served as medical director at United Healthcare.

Currently, I also hold the position of assistant professor in family medicine at Wright State University School of Medicine, teaching courses on health care to emergency medicine and family practice residents. My wife Claudia and I recently relocated from Newbury Park, Calif., to Cincinnati, Ohio.

I look forward to sharing more about Humana's innovation and collaboration with clinicians in future columns!

Sincerely,



Charles Stemple, D.O., MBA  
Market Vice President, Health Guidance Organization

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## Web-based Approval System Focuses on Collaboration

Dear physicians and health care providers:

We understand that physicians and health care providers often struggle with the preauthorization process. This is especially true when it comes to faxing forms and waiting for a reply. Humana's vice president of oncology, laboratory and personalized medicine, Dr. Bryan Loy, and his team have been working on ways to improve the preauthorization process for people being treated for cancer.

Over the past three years, the team has been testing Web-based approval systems with medical oncologists, who have consistently adopted and used the streamlined pre-approval process. They've enjoyed receiving real-time authorizations and the opportunity to talk about important clinical nuances.

Because of these improvements, we're making Web-based approval systems available for all medical oncologists in all 50 states for our commercial, Medicare and ASO lines of business. The Web-based approval systems:

- Allow practices to submit clinical data online and receive preauthorizations, often in real-time.
- Simplify administrative work and minimize the need for grievances and appeals by working through clinical issues on the front end.

- Provide data to physicians that they can use to evaluate their practices.
- Provide us with the information we need to assure our members are receiving cancer treatment in accordance with compendia-based guidelines.

You can watch Dr. Loy's video that gives an overview [here](http://cdnapi.kaltura.com/index.php/extwidget/openGraph/wid/1_6tj8yw5a). ([http://cdnapi.kaltura.com/index.php/extwidget/openGraph/wid/1\\_6tj8yw5a](http://cdnapi.kaltura.com/index.php/extwidget/openGraph/wid/1_6tj8yw5a))

Having spent 25 years as a practicing oncologist, I believe this new process is a move forward. It represents how Humana and physicians are working together to determine the most effective, least toxic and affordable care for people with cancer.

Our goal at Humana is to partner with you to make it easier to help your patients achieve better health outcomes. We welcome your input as we continue this journey together.

Sincerely,



Roy Beveridge, M.D.

Senior Vice President and Chief Medical Officer

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## Humana Requires National Drug Codes (NDCs) on Claims

Humana requires physicians and health care providers to submit all Healthcare Common Procedure Coding System (HCPCS) drug codes with the corresponding valid national drug code (NDC) on claims for all lines of business. Humana may reject the following types of drug codes if submitted without an NDC:

- Shared HCPCS codes
- Not Otherwise Classified (NOC) codes

In order for a claim to be processed accurately, prescribers need to list the NDC on the claim line containing the HCPCS drug code. If the NDC is missing, Humana will reject only the claim line containing the HCPCS drug code, but not the entire claim. All charges for HCPCS drug codes can be resubmitted with the NDCs, within timely filing guidelines, for reconsideration of payment. Prescribers will continue to be reimbursed according to their contracted rates, when reimbursement is appropriate.

The drugs are identified on the most current versions of the Humana [preauthorization and notification lists](https://www.humana.com/provider/medical-providers/education/claims/pre-authorization) (<https://www.humana.com/provider/medical-providers/education/claims/pre-authorization>) (PALs). Please note that there are three different medication preauthorization lists, which are product-specific.

Currently, the 17 HCPCS drug codes listed below require an NDC. Prescribers are encouraged to refer to the PALs, as these codes are being reviewed continually and may be subject to change in the future.

- C9399, J0256, J0885, J0886, J0897, J1325, J1561, J1566, J1599, J2941, J3489, J3490, J3590, J7321, J8499, J9999 and Q4081

Please use the following guidelines to bill NDCs:

- For the CMS-1500 claim form, please bill the NDC in box 24's shaded area.
- For the UB-04 (CMS-1450) claim form, please bill the NDC in box 43.
- For electronic claims, please bill the NDC in Loop 2410, segments LIN 02 (for the N4 NDC qualifier) and LIN 03 (for the NDC number).

No special modifiers are needed when billing for multiple vial sizes under the same HCPCS drug code. If there are multiple vials for one charge, please bill the NDC for the largest vial size used. If there are multiple vials with different labelers for one charge, any one of the applicable drug NDCs will be acceptable.

Find additional information about this change in this [frequently asked questions and answers document](http://apps.humana.com/marketing/documents.asp?file=2582502). (<http://apps.humana.com/marketing/documents.asp?file=2582502>)

These data will not affect current reimbursement methodology. The HCPCS drug code and NOC drug code information helps Humana determine which drugs are being administered to members.

For questions regarding the NDC billing requirement, prescribers can call Humana customer service at 1-800-4HUMANA (1-800-448-6262), Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

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## Digital Member ID Cards Available Soon

Humana members will soon have the convenience of a digital member ID card. This means that your patients with Humana coverage may present a digital member ID card on their smartphone, instead of a physical member ID card. Patients may also choose to print a paper version from their MyHumana ID Card Center or to fax a copy of the card to your office from their smartphone. We respectfully request that you accept a digital, fax or printed version of these patients' ID cards when they visit your office for care.

For more information, refer to these [frequently asked questions and answers](http://apps.humana.com/marketing/documents.asp?file=2630953). (<http://apps.humana.com/marketing/documents.asp?file=2630953>)

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## Clinical Laboratory Improvement Amendments Number Needed for Laboratory Claims

Physicians and other health care providers will want to be aware of a change in Humana's laboratory claims reimbursement procedure that will take effect in June 2015. Notification about the change was posted to [Humana.com/providers](https://www.humana.com/provider/medical-providers/education/claims/processing-edits) (<https://www.humana.com/provider/medical-providers/education/claims/processing-edits>) in the code-edit updates effective June 22, 2015. The change includes:

- Humana is no longer able to pay laboratory charges upon initial adjudication if a practitioner bills no Clinical Laboratory Improvement Amendments (CLIA) number or if a procedure exceeds the performing practitioner's CLIA certification.

- Humana is no longer able to pay laboratory charges billed above the performing lab's CLIA-certification level.

This change brings Humana into alignment with CLIA requirements and industry best practices.

The Clinical Laboratory Improvement Amendments of 1988 is a federal law initiated to address certain patient safety concerns, as poorly performed testing can lead to misdiagnosis and mistreatment of members causing illness and death. The CLIA law states, "No person may solicit or accept materials derived from the human body for laboratory examination or other procedure unless there is in effect for the laboratory a certificate issued by the Secretary under this section applicable to the category of examinations or procedures which includes such examination or procedure."

The Clinical Laboratory Improvement Amendments of 1988 law defines a laboratory as "a facility for the biological, microbiological, serological, chemical, immuno-hematological, hematological, biophysical, cytological, pathological or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of, human beings."

While the Centers for Medicare & Medicaid Services (CMS) and the U.S. Food and Drug Administration (FDA) maintain CLIA, this federal program applies to all laboratories, regardless of membership demographic. CLIA certificates expire after two years. A practitioner's CLIA status is subject to change upon review.

For further details on CLIA, please go to <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html>.

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## Consider In-home Sleep Tests for Patients with OSA

Humana encourages physicians to recommend an in-home sleep test (HST), when clinically appropriate, for their Humana-covered patients who have obstructive sleep apnea (OSA). HST typically involves using portable biometric devices that are applied by patients and worn overnight in the comfort of their home. For most patients who have moderate to severe OSA, unattended in-home tests (HST) are a valid, reliable and more cost-effective diagnostic option. HSTs tend to be less complicated, more comfortable and more convenient than an in-lab polysomnography (PSG).

### How to order a sleep test

HSTs for patients with Humana coverage do not require preauthorization. Physicians may refer to one of the following national HST vendors for Humana:

- International Institute of Sleep: 1-800-481-3870
- Virtuox Sleep Testing: 1-877-337-7111
- Novasom, Inc.: 1-877-753-3775

Please note that HSTs are less effective diagnostic testing for patients who have mild OSA. Additionally, HSTs are contraindicated for certain patients, including those who suffer from significant comorbid conditions, such as:

- Congestive heart failure
- Neuromuscular disease

- Moderate to severe pulmonary disease
- Prior history of stroke

For questions about the most appropriate diagnostic test type or HealthHelp's preauthorization of facility-based sleep studies, physicians can contact HealthHelp at 1-866-825-1550, Monday through Friday, 7 a.m. to 7 p.m., and Saturday from 7 a.m. to 4 p.m. Central time.

HealthHelp processes all preauthorization requests for in-lab sleep testing. During the preauthorization review, HealthHelp also will evaluate the severity of the member's OSA to determine the appropriate diagnostic test.

- Fax the [clinical intake form](http://apps.humana.com/marketing/documents.asp?file=2502708) (http://apps.humana.com/marketing/documents.asp?file=2502708) to HealthHelp at 1-888-863-4467.
- Phone HealthHelp at 1-866-825-1550.
- Visit [www.healthhelp.com/humana](http://www.healthhelp.com/humana). (http://www.healthhelp.com/humana)

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## Anatomical Modifiers Required on Specific Claims

Humana requires the use of anatomical modifiers on claims. Physicians, other practitioners and their coding staff need to be aware that Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes defined as requiring an anatomical modifier will not be eligible for reimbursement when billed without an anatomical modifier. Notification of the change was posted recently on [Humana.com/providers](http://apps.humana.com/marketing/documents.asp?file=1879189) (http://apps.humana.com/marketing/documents.asp?file=1879189) (search for "anatomical modifier").

It is Humana policy that a claim is incomplete without the use of an anatomical modifier when applicable. Anatomical modifiers indicate that a service or procedure was performed on a specific site. They add clarification and provide the highest level of specificity to a CPT or HCPCS code's original description.

Modifiers "RT" (right side, used to identify procedures performed on the right side of the body) and "LT" (left side, used to identify procedures performed on the left side of the body) are the most commonly used anatomical modifiers to identify on which side of the body a procedure or service was performed at a single session. These modifiers can be used with diagnostic as well as therapeutic services.

Some CPT and HCPCS codes do not indicate on which side of the body a procedure or service was performed. For these codes, modifier RT or LT is required by Humana to accurately identify the location of a procedure or service. When a procedure or service has a unilateral code descriptor or is performed on one side of the body, the code should be reported as a single line item with modifier RT or LT.

For more information on anatomical modifier use, clinicians can access the anatomical modifier computer-based training module at [www.humana.com/HealthCareProviderHowTo](http://www.humana.com/HealthCareProviderHowTo), or submit code-editing questions via the provider portal on **Humana.com** (registration required).

## Preparation Pays Off for Humana's ICD-10 Readiness

As mandated by the Centers for Medicare & Medicaid Services (CMS), Humana continues to prepare for its Oct. 1, 2015, transition to the ICD-10 coding system. In fact, Humana spent the past four years remediating and testing systems to ensure a successful migration.

To date, Humana has engaged approximately 140 contracted facilities and 125 physician groups to participate in end-to-end ICD-10 testing. During this testing period, Humana has successfully adjudicated ICD-10 coded claims and encounters in a test environment.

Additionally, Humana tests with clearinghouses, vendors, claims delegates and impacted business areas to minimize disruption to claims payment and reduce potential impacts to revenue streams for facilities and physicians in the future.

Among the actions taken to ensure a smooth transition to ICD-10, Humana:

- Remediated all claims processing and authorization-related systems for ICD-10.
- Continues to perform ICD-10 end-to-end testing both internally and externally with physicians, clearinghouses, claims delegates and vendors.
- Performs load testing on core claims adjudication systems.
- Engages Humana-certified coders and Humana-employed physicians in ICD-10 training.
- Provides education for Humana associates working directly in claims processing, member support and provider inquiry.

For questions related to ICD-10, health care providers can contact Humana via the following email addresses:

- Claim delegates who submit delegated encounters  
— [IPAICD10Inquiries@humana.com](mailto:IPAICD10Inquiries@humana.com)
- Physicians contracted with Humana  
— [ICD10Physician@humana.com](mailto:ICD10Physician@humana.com)
- Facilities  
— [ICD10Inquiries@humana.com](mailto:ICD10Inquiries@humana.com).

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## Humana Adopts CMS Guidelines for UDT and Therapeutic Drug Assay Coding

Effective Jan. 1, 2015, Humana requires practitioners to follow Centers for Medicare & Medicaid Services (CMS) billing guidelines and to submit CMS's Healthcare Common Procedure Coding System (HCPCS®) codes for urine drug testing (UDT) and therapeutic drug assays (also known as confirmation tests).

## Background

- Effective Jan. 1, 2010, Original Medicare adopted new HCPCS codes for UDT. Subsequently, those codes were refined, with changes effective Jan. 1, 2011.
- The American Medical Association (AMA) deleted Current Procedural Terminology (CPT®) codes previously available for submission of charges for UDT and therapeutic drug assays, effective for services rendered after Dec. 31, 2014.
- The AMA introduced new CPT codes to replace the deleted codes; however, CMS has chosen not to recognize the AMA's CPT codes for UDT and therapeutic drug assays at this time.
- CMS will continue using its existing HCPCS for UDT and has created new HCPCS codes (based on the 2014 CPT codes) for therapeutic drug assays.
- Humana chose to align its policy with CMS' and require HCPCS codes on claims for UDT and therapeutic drug assays.

## Important notes:

- Humana implemented the HCPCS codes for UDT for its **Medicare Advantage (MA) plans** on Jan. 1, 2010 (and then refined Jan. 1, 2011).
- Humana implemented the new HCPCS codes for therapeutic drug assays for its **MA plans**, effective Jan. 1, 2015.
- Humana implemented the HCPCS codes for UDT and therapeutic drug assays for **commercial plans** effective Jan. 1, 2015.
- If practitioners submit the AMA CPT codes for UDT and/or therapeutic drug assays for **Humana MA or commercial plans**, the CPT codes will not be paid.

To review the policy and find out which codes are affected, practitioners can go to the [Humana claims payment policy](http://www.humana.com/provider/medical-providers/education/claims/payment-policies/) page (<http://www.humana.com/provider/medical-providers/education/claims/payment-policies/>) on [Humana.com](http://www.humana.com) and search by key words "Drug Screen Testing." Questions about this change may be directed to 1-800-448-6262, Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

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## Completion of 2015 Provider Compliance Training Materials Required

The Centers for Medicare & Medicaid Services (CMS) mandates that all Humana-contracted entities, including those contracted with Humana subsidiaries, complete compliance requirements related to the following materials:

- Compliance Policy for Contracted Health Care Providers and Business Partners
- Ethics Every Day for Contracted Health Care Providers and Business Partners (Standards of Conduct)
- General Compliance and Fraud, Waste and Abuse (FWA) training



- Special Needs Plans (SNP) training (if the organization has physicians or other practitioners participating in any Humana Medicare HMO network in one of the following states or territories: Alabama, Arkansas, Arizona, California, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Missouri, Mississippi, North Carolina, Nevada, New York, Ohio, Puerto Rico, South Carolina, Tennessee, Texas, Virginia or Washington)
- Medicaid-specific trainings (if the physician's or practitioner's organization is supporting a Humana-Medicaid plan): Humana Orientation Training; Medicaid Provider Training; Health, Safety and Welfare Training; and Cultural Competency Training

Health care providers can complete this information online via Humana's secure compliance website, which requires Internet access. To access the website, health care providers must be registered on [Humana.com/providers](http://Humana.com/providers) or [Availity.com](http://www.availity.com/) (<http://www.availity.com/>). Detailed instructions and additional information on completing these requirements, including registration, are available here. While physicians and other practitioners are encouraged to complete the compliance requirements within 30 days of notification, these requirements must be completed no later than Dec. 1, 2015.

#### Important notes:

- The review and confirmation (via attestation form) of these materials helps meet health care providers' contractual obligation to comply with state and federal law and Humana's policies and procedures.
- This attestation requirement is intended to be completed at the contract level. That is, if every practitioner in an organization has a direct contract with Humana, then each practitioner must complete the required attestation. However, if a practitioner is contracted with Humana through a group contract, then each practitioner must complete the training and coordinate within the organization to have the person responsible for compliance complete the required attestation.
- Please note that if an organization provides multiple functions for Humana, its compliance contact may receive an additional notification from Humana; the organization is only required to complete this requirement once.
- More information is available in the frequently asked questions and answers document located [here](http://apps.humana.com/marketing/documents.asp?file=1827553) (<http://apps.humana.com/marketing/documents.asp?file=1827553>).

Questions about these requirements may be directed to Humana Provider Relations at 1-800-626-2741.

If a physician or practitioner suspects or becomes aware of potential noncompliance and/or fraud, waste and abuse, he or she may report it immediately utilizing the Ethics Help Line at 1-877-5 THE KEY (1-877-584-3539) or the Ethics Help Line Web reporting site at <https://www.ethicshelpline.com>.

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## Online Tools, Presentations, Webinars Provide Important Tips to Physicians, Staff

Humana adopts clinical practice guidelines based on guidance from national organizations generally accepted as experts in their fields. *Humana's YourPractice* features updates to these clinical practice guidelines and new guidelines adopted. Humana's intent is to provide timely information about evidence-based best practices for patient care as well as help improve quality measures and Stars scores. While many guidelines are updated

annually, others may not change for several years. Humana encourages health care providers to look for these clinical practice guideline notifications in *Humana's YourPractice*. Medical and behavioral health clinical practice guidelines are available [here](http://www.humana.com/providers/clinical/clinical_practice.aspx) ([http://www.humana.com/providers/clinical/clinical\\_practice.aspx](http://www.humana.com/providers/clinical/clinical_practice.aspx)).

### Updated clinical practice guidelines

- No updated clinical practice guidelines this issue

### Newly added clinical practice guidelines

- No newly added clinical practice guidelines this issue

### New and revised pharmacy and medical coverage policies

Humana's medical and pharmacy coverage policies are based on evidence published in peer-reviewed medical literature, technology assessments obtained from independent medical research organizations, evidence-based consensus statements and evidence-based guidelines from nationally recognized professional health care organizations.

Information about medical and pharmacy coverage policies can be found on [Humana.com/provider](http://Humana.com/provider) by selecting "Medical and Pharmacy Coverage Policies" under "Resources." Medical and pharmacy coverage policies can be reviewed by name as well as revision date. Users may also search for a particular policy using the search box. More detailed information may be found by reviewing "How to Read a Medical Coverage Policy" and "Understanding the Medical Coverage Policy Development Process."

Below are the new and revised policies:

### New pharmacy coverage policies

- Afrezza
- Akynzeo
- Belsomra
- Blincyto
- Hysingla ER
- Lemtrada
- Soolantra

### Pharmacy coverage policies with significant revisions

- No pharmacy coverage policies with significant revisions

### New medical coverage policies:

- Genetic testing and genetic counseling for breast and/or ovarian cancer susceptibility
- Genetic testing and genetic counseling for cancer susceptibility
- Genetic testing and genetic counseling for colorectal cancer susceptibility
- Noninvasive tests for hepatic fibrosis

### Medical coverage policies with significant revisions:

- Acne treatments
- Autism spectrum disorders (ASD) diagnosis and treatment
- Bariatric surgery
- BCR-ABL testing
- Bone graft substitutes
- Cardiac monitoring devices
- Cardioverter defibrillators/cardiac resynchronization therapy
- Cerebral perfusion analysis using computed tomography
- Durable medical equipment (DME)
- Genetic testing for Marfan syndrome and related conditions
- Glaucoma - emerging treatments
- Headache and occipital neuralgia treatments
- Home oximetry monitoring
- Lymphedema – diagnosis and treatment
- Negative pressure wound therapy (NPWT)
- Noninvasive prenatal screening
- Pharmacogenomics
- Varicose vein treatments

### Retired medical policies

- No retired medical coverage policies

### Online information makes it easier to do business with Humana

Humana's "Education on Demand" tool provides health care providers and their office staff members with quick, easy-to-understand presentations on topics that should make it easier for them to do business with Humana.

To access these presentations, health care providers may choose: [Humana.com/provider/support/on-demand](http://Humana.com/provider/support/on-demand). If a computer with a sound card is not available or if the computer is not configured for streaming audio, the presentations are available over the telephone while viewing the slides on screen. To begin the telephone playback process, health care providers should follow these steps:

- Click on the question mark in the bottom right corner
- Select "Player Settings" from the pop-up box
- Check "Use telephone playback with standard player"

- Click the "Submit" button
- A window will open displaying the telephone number and access code that need to be dialed to receive the audio

Available presentations are as follows:

- Commercial Risk Adjustment
- HumanaAccess<sup>SM</sup> Card
- Humana Member Survey
- HumanaVitality<sup>®</sup>
- Humana's claim payment policies
- Special Needs Plans (SNPs)
- Texas Deficiency Tool
- Working with Humana
- RadConsult<sup>TM</sup> Online
- SmartSummary<sup>®</sup> Rx

The presentations can be accessed around the clock.

## Webinars provide interactive learning

The webinar sessions below will assist health care providers in using [Humana.com](http://Humana.com) to save time, increase efficiency and improve the productivity of their practices. These sessions for provider office staff last between 45 minutes and one hour.

## 2015 practitioner webinar training schedule

### Humana.com overview

This webinar provides information about [Humana.com](http://Humana.com)'s self-service tools available for physicians and other practitioners. They can expect to learn more about eligibility and benefits, referrals and authorizations, claims tools, remittance inquiry, fee schedules and more.

- Thurs., May 14 at 11 a.m. EST
- Wed., June 10 at 2 p.m. EST

### Eligibility and benefits

This webinar teaches how to submit online requests for verification of a patient's eligibility and benefit information. Instant results include covered services, copayment and deductible information. Participants will also learn about the member ID card viewer, member summary and Humana's new benefit estimator tool, which provides a real-time estimate of a patient's payment responsibility for professional services.

- Tues., May 12 at 2 p.m. EST
- Thurs., June 4 at 11 a.m. EST

### **Referral/authorizations**

With the referral and authorization tool, health care providers can easily submit requests for both inpatient and outpatient services. This webinar will teach how Humana's authorization management tool can help physicians and their staff check the status and make changes to existing referrals and authorization requests.

- Wed., May 6 at 11 a.m. EST
- Tues., June 2 at 2 p.m. EST

### **Claim tools and remittances**

This webinar teaches how to reconcile and manage accounts receivable by reviewing claims status, results and remits online. Physicians, other practitioners and their staff will learn how to make corrections to professional claims, send attachments, view and download remittance advice.

- Tues., May 19 at 2 p.m. EST
- Tues., June 16 at 11 a.m. EST

### **Electronic remittance advice (ERA) and electronic funds transfer (EFT)**

This webinar includes instruction on how to get payments faster by registering for electronic funds transfer and how to receive electronic remits either through a clearinghouse or [Humana.com](http://Humana.com). The webinar also walks through the registration process.

- Tues., April 21 at 11 a.m. EST
- Thurs., May 21 at 2 p.m. EST
- Thurs., June 18 at 11 a.m. EST

### **Benefit estimator**

This webinar instructs health care providers how to create a real-time estimate of a patient's payment responsibility for professional services. These estimates are specific to each health care provider's Humana provider agreement and the member's benefit plan.

- Thurs., April 23 at 2 p.m. EST
- Tues. May 26 at 11 a.m. EST
- Tues., June 23 at 2 p.m. EST

### **Medical records management**

The medical records management (MRM) tool allows providers to view requests made by Humana for most medical records. This webinar teaches how to manage, submit and close these requests.

- Tues., April 28 at 11 a.m. EST
- Thurs. May 28 at 2 p.m. EST
- Wed., June 24 at 11 a.m. EST

## **How to Register**

To register, send an email to [ebusiness@humana.com](mailto:ebusiness@humana.com).

When registering, please include the following information in the subject line of the email:  
Webinar Registration – DATE OF TRAINING (ex: 10/20/15)

Please also include the following information within your email:

- Name of main participant
- Practice name
- Phone number
- Email address(es) of participant(s)
- Tax ID Number
- Number of participants attending the webinar

Confirmation and instructions on how to access the online webinar will be sent via email within 48 hours of your request.