



Submit Medication Prior Authorization Requests Online

Humana has teamed up with CoverMyMeds (<https://www.covermymeds.com/main/>) to offer a new electronic prior authorization solution that allows health care providers and pharmacies to quickly submit prior authorization (PA) requests online. This new service is offered free of charge for health care providers and is available for all Humana plans. Interested prescribers simply need to register at www.covermymeds.com and follow the designated process.

With CoverMyMeds, health care providers can submit drug PA requests directly to Humana via the online portal. Health care providers receive a notification of the status of the Humana member's prior authorization, often before the patient even leaves the office. It streamlines the prior authorization process, giving Humana-covered patients faster access to the medications they need.

Prior authorization is a clinical review that works to confirm certain medications are used properly in the appropriate circumstances. This review helps prevent dangerous drug interactions or side effects, as well as undue out-of-pocket expense for the member.

In addition to the fast turnaround time on determining prior authorization status, health care providers will find that the website is user-friendly. Humana's new collaboration with CoverMyMeds also eliminates several steps from the existing prior authorization process, saving time for both health care providers and their Humana-covered patients.

To get started with CoverMyMeds:

- **Register:** Sign up at www.covermymeds.com and click "CREATE AN ACCOUNT" or call 1-866-452-5017 for personal assistance.
- **Start a PA request:** Enter the state, drug and search term (e.g., prescription drug plan) and click "Start Request." The appropriate PA request will display.
- **Complete and submit:** Complete important medical details. When finished, the PA request can be submitted electronically.

CoverMyMeds offers live demonstrations of its system each Wednesday at 2 p.m. EST at <http://webinars.covermymeds.com/>. Health care providers may also call CoverMyMeds at 1-866-452-5017 to schedule a demonstration or get more information about the service.

Look for Dr. Roy Beveridge's New Column in Each Humana's YourPractice

Dear Physicians and Office Staff:

It is an exciting time at Humana as our industry continues to evolve. Humana is also changing as we strive to simplify our processes, strengthen our relationship with you and build our community of practice. This column is part of that effort as it enables us to share our thoughts and ideas with you and provide you and your practice with regular updates.

As a company focused on health and wellness, we recognize the invaluable role health care providers play when it comes to improving the lives of those we serve. We welcome the opportunity to work with you to promote healthy, active lifestyles and encourage productive behaviors. This also means that we must support you in your efforts to practice high-quality medicine and meet the needs of your patients.

- As we work together toward this effort, we are searching for:
- New ways to improve quality of care for our members
- Effective tools to support health care providers
- Innovative opportunities to improve the consumer experience

We place great emphasis on clinical insight into health care challenges, and we genuinely strive to make working with us easier for health care providers. We are committed to reducing complexity and helping to streamline practice administration. We seek to support your work with innovative technologies, including tools that provide real-time access to information about your patients — our Member Summary, comprehensive disease management programs, in-home assessments and case management services — just to name a few.

We design our rewards programs and practice models to recognize the remarkable care you provide every day. Just as we wish to create an exceptional consumer experience focused on health and wellness, we also want to create an exceptional experience for our health care providers by decreasing barriers and challenges and helping your offices run smoothly.

We value your input and welcome your suggestions on any of these topics. We want and strive to be your preferred health care partner.

Sincerely,



Roy Beveridge, M.D.
Senior Vice President and Chief Medical Officer

Welcome to the New Humana's YourPractice!

Dear Physicians and Office Staff:

We are excited to unveil our new "look and feel" for Humana's YourPractice! First of all, I want to point out a new feature for Humana's YourPractice – a regular column from the office of our Chief Medical Officer, Dr. Roy Beveridge. This month, Dr. Beveridge's column touches on Humana's work to simplify its processes, strengthen its relationship with health care providers and build its community of practice.

Next, you might have already noticed that we have reorganized our list of articles on the right. We want to make it easy for our different readers to find the articles that matter most to them. So, whether a reader is a physician, an office manager or a billing office associate, each individual can instantly see the topics that pertain to his or her position.

These changes are part of Humana's commitment to make it easy to do business with us. We want health care providers and their staff members to have the information they need, when they need it.

Sincerely,



Bruce Perkins
President
Health and Well-being Services

Million Hearts and Humana Team Up to Prevent Heart Attack and Stroke

Million Hearts® is a national initiative with a goal of preventing one million heart attacks and strokes by 2017. Humana has made a commitment to Million Hearts to help in the heart attack prevention endeavor. According to the Centers for Disease Control and Prevention (CDC), heart disease and stroke are the first and fourth leading causes of death in the United States and are responsible for a quarter of all deaths in the United States.

Million Hearts involves multiple federal agencies and key private organizations, including the American Heart Association® and the American Pharmacists Association®. The initiative strives to improve care for people who need treatment by encouraging a targeted focus on the "ABCS":

- Aspirin for people at risk
- Blood pressure control
- Cholesterol management
- Smoking cessation

Million Hearts aims to prevent heart disease and stroke by:

- Improving access to effective care

- Improving the quality of care for the ABCS
- Focusing clinical attention on the prevention of heart attack and stroke
- Activating the public to lead a heart-healthy lifestyle
- Improving the prescription of and adherence to appropriate medications for the ABCS

What health care providers can do to be a part of this initiative:

- Make sure patients have their blood pressure checked and under control.
 - The Healthcare Effectiveness Data and Information Set® (HEDIS) technical specifications advise adequate control for hypertension is indicated in the medical records by both a systolic blood pressure of less than 140 mmHg and a diastolic blood pressure of less than 90 mmHg (blood pressure in the normal or high-normal range).
- Make sure patients' cholesterol is checked and under control.
 - LDL cholesterol controlled is defined as less than 100 mg/dL.
- If a health care provider has a patient who smokes, encourage him/her to participate in a smoking cessation program.

Humana's commitment to Million Hearts focuses on:

- Providing Humana Medicare members access to a tobacco cessation program. The program includes access to expert counselors, a personalized tobacco cessation plan and quit guide, two full rounds of nicotine replacement therapy and the opportunity to participate in an online community.
- Providing programs at Humana Guidance Centers focused on the ABCS. These community centers provide members and nonmembers access to wellness resources and programs, including:
 - Blood pressure screenings to help members identify and control high blood pressure
 - Healthy cooking demonstrations, nutritionist-led events, healthy recipe exchanges and community food bank demonstrations
 - Periodic initiatives focused on a specific health topic or featured speaker, as part of the Five Star Quality Rating System for Medicare Advantage Plans. Humana will hold physician lectures on topics related to cholesterol, high blood pressure and diabetes.
- Disseminating messages about the ABCS of heart health to members of Humana Active Outlook®, a program that educates Medicare members about a variety of health topics, including prevention of heart disease and stroke. These messages will be disseminated through print publications, Web content, classes (in-person and online), webinars, DVDs and email communications.
- Providing Medicare members with exercise and online nutrition resources, fitness memberships, group exercise classes and at-home exercise tool kits.

For more information about the Million Hearts initiative, health care providers can visit <http://millionhearts.hhs.gov/aboutmh/partners/humana.html>.

Health Care Providers Can Help with Chronic Kidney Disease Education

Humana is beginning an educational outreach program to members about chronic kidney disease (CKD). This program will target members who may be unaware they have renal disease because of other conditions that may mask it. CKD is underdiagnosed and undertreated, resulting in lost opportunities for management and prevention, according to the National Kidney Foundation. Humana has approximately 225,000 members with stages 2 to 4 chronic kidney disease and an additional 25,000 who are suspected to have CKD.

How health care providers can help

Humana is asking health care providers to calculate a glomerular filtration rate (GFR) on their patients who have or may have CKD. The calculation of a patient's GFR is pivotal to early detection and may help prevent the progression of kidney disease to kidney failure.

Health care providers should document their patients' stage of kidney disease. Humana performs data analytics based on documented stages and GFR lab data in claims. When a Humana member is in the latter stages of chronic kidney disease, most are eligible for clinical programs that can help them navigate through the transition to dialysis.

Humana and VillageHealth offer CKD and renal care services

If a Humana member (commercial, Medicare and select administrative services only) is diagnosed with late stage CKD with a GFR of 20 or below, he or she has the benefit of working with VillageHealth® Disease Management, a service that provides integrated care management for those transitioning to dialysis. Working in collaboration with VillageHealth, Humana offers a renal disease management program designed to provide individual care guidance, patient education and coordination of care for members with late stage CKD and end-stage renal disease (ERSD).

Each identified member is assigned a registered VillageHealth nurse experienced in renal disease care management. The nurse monitors the member's health status, facilitates compliance with the physician-directed goals, communicates with the member's physicians and serves as a liaison and advocate for the member and his or her family. This nursing outreach may be by telephone or in person.

- **Patient assessment and care planning** within the member's interdisciplinary team are coordinated by the nurse. This team includes the primary care physician, nephrologists and other care specialists.
- **Case management and care coordination** are overseen by a panel of experienced nephrologists.
- **Member education** includes, but is not limited to, the selection of dialysis modality, the importance of taking medications as prescribed, management of comorbidities, management of lifestyle issues and identification of member-selected goals.
- **Adherence to national evidence-based protocols and guidelines** helps prevent the development of other serious conditions.

For questions or more information, please contact VillageHealth at 1-800-767-0063. Assistance is available 24 hours a day, 7 days a week. Health care providers can also learn more about VillageHealth at <http://www.villagehealthdm.com>.

Law Delays SGR Cuts, ICD-10 Implementation

On April 2, 2014, President Obama signed H.R. 4302, Protecting Access to Medicare Act of 2014, which delays scheduled cuts in physician payments under Medicare and prohibits the Centers for Medicare & Medicaid Services (CMS) from enforcing any mandate to switch to the newer ICD-10 system until at least Oct. 1, 2015.

With respect to the sustainable growth rate (SGR) rule, the new law means the potential 24 percent cut to physician reimbursement under Medicare's SGR payment formula will not occur, and instead, physicians will continue to receive the 0.5 percent increase in fee-for-service (FFS) reimbursement through Dec. 31, 2014, with no additional change in rates from Jan. 1, 2015, through March 31, 2015.

The provision related to ICD-10 states that the Department of Health and Human Services (HHS) cannot adopt the ICD-10 code set as the standard until at least Oct. 1, 2015 — a year after the Oct. 1, 2014, implementation date for which the industry has been preparing. We are awaiting specific CMS guidance on how the ICD-10 provision will be implemented and will provide updates when available. Humana will continue to work with various public sector organizations and agencies, such as CMS, the Office of the National Coordinator for Health IT and the National Center for Health Statistics, along with our industry partners, such as America's Health Insurance Plans (AHIP), Workgroup for Electronic Data Interchange (WEDI) and others, to implement CMS guidance on ICD-10 and related issues. Humana will continue to provide updated information as additional regulatory guidance is provided.

Physician Finder Plus Enhancements Incorporate New Information, Functionality

Humana's online health care provider directory, Physician Finder Plus, has been enhanced. The new Physician Finder Plus tool allows searches for medical, behavioral and dental health care providers in one place. This new tool is designed to be more user-friendly and easier to navigate, while delivering more information to help members make better informed choices when choosing a health care provider. The enhancements to Physician Finder Plus will necessitate some action on the part of health care providers.

Health care providers are encouraged to experience the new Physician Finder Plus from their patients' perspective. By familiarizing themselves with the tool and its new capabilities, health care providers will be better able to determine what information may need updating or clarifying. For instance, with Physician Finder Plus, users are now able to access the health care provider's office address in a map view; this information can even be sent directly to the user's smart phone or email. Health care providers are encouraged to visit the tool and try it out so they can experience what their potential patients see.

In addition, Physician Finder Plus will now provide targeted search features that allow users to see a side-by-side comparison of health care providers that includes key information, such as certifications and accreditations. This targeted search also gives users the ability to filter the search by city, specialty, hospital or group affiliation, languages spoken by the physician and even by symptom. The Physician Finder Plus search function also allows users to find specialists using common language terms, not medical jargon. For example, a user no longer needs to search by "hematologist" or "oncologist"; a user can now use a search term such as "cancer doctor" to find a health care provider. These new features make it easier for the user to connect with the health care provider who will best suit his or her needs.

In consideration of Physician Finder Plus' new capabilities, it is important that all information concerning a health care provider and his or her practice be updated and complete. Health care providers should make sure their information includes key details, such as specialty, languages spoken and hospital admitting privileges. To update practice information, health care providers can take any of the following steps:

- Contact their local market contractor
- Make the change via the secure provider portal on humana.com
- Use the "Report Updated Information" function, a new feature on Physician Finder Plus

Health care providers with questions about Physician Finder Plus may contact Humana Provider Relations at 1-800-626-2741 from 8 a.m. to 6 p.m., Monday-Friday.

New Pharmacy Edits Seek to Prevent Drug Interactions

Recently, Humana implemented new edits in an effort to prevent drug interactions for Medicare Advantage members taking theophylline or warfarin. These edits will affect the following patients:

- Patients currently taking theophylline who attempt to fill ciprofloxacin. Ciprofloxacin will receive a denial.
- Patients currently taking warfarin who attempt to fill trimethoprim/sulfamethoxazole (TMP/SMX, Bactrim, Septra). TMP/SMX will receive a denial.
- Patients currently taking carbamazepine who attempt to fill clarithromycin, erythromycin or telithromycin will receive a denial.

Please note: These edits will not prevent the fill of maintenance theophylline, warfarin or carbamazepine therapies. They do not apply to commercial members.

Health care providers who treat patients are encouraged to consider alternatives to ciprofloxacin (for patients taking theophylline) or TMP/SMX (for patients taking warfarin). Coadministration of carbamazepine and clarithromycin, erythromycin or telithromycin require increased monitoring of serum carbamazepine levels. A dosage reduction of carbamazepine during concurrent treatment may be necessary. In order to continue therapy with ciprofloxacin, TMP/SMX, clarithromycin, erythromycin or telithromycin, health care providers must request prior authorization for the Humana member.

The prescriber can obtain a prior authorization by one of the following methods:

- Call Humana's Interactive Voice Response System (IVR) at 1-800-555-2546
- Locate the appropriate prior authorization request form online at http://www.humana.com/providers/pharmacy/prior_authorization.aspx and then fax a completed form to 1-877-486-2621.

Questions about these changes may be directed to RxMentor at 1-855-812-3737.

All Health Care Providers Required to Complete Mandatory Compliance Certification

The Centers for Medicare & Medicaid Services (CMS) requires that all Humana business partners, including health care providers, complete required compliance training and certifications, including reviewing the following materials:

- Compliance Policy for Health Care Providers and Business Partners
- Principles of Business Ethics for Health Care Providers and Business Partners
- General Compliance and Fraud, Waste and Abuse Training
- Special Needs Plan (SNP) training (if your organization has health care providers participating in any Humana Medicare HMO network in one of the following states and/or territories: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kentucky, Louisiana, Maine, Mississippi, Missouri, New York, North Carolina, Ohio, South Carolina, Tennessee, Texas, Virginia, Washington and Puerto Rico)

Health care providers contracted to support Humana Medicare Advantage can confirm their receipt and understanding of these materials online. This confirmation helps meet health care providers' contractual obligation to comply with state and federal law and Humana's policies and procedures. 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. For more information on how to complete the required compliance certification, refer to this article (http://www3.humana.com/providers/newsletters/HumanaWeb_02_Feb_2014/articles/CoverStoryOne.html) from the February 2014 edition of Humana's YourPractice.

For additional information about this requirement, refer to these frequently asked questions and answers (<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 health care provider suspects or becomes aware of potential noncompliance and/or fraud, waste and abuse, he or she may report it immediately using 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>.

CMS Clarifies Hospice Medication Coverage for Medicare Members with Part D Plans

Recently, the Centers for Medicare & Medicaid Services clarified coverage of medications for Medicare members enrolled in hospice care. Effective Jan. 1, 2014, Medicare Part D payers must require a prior authorization for four classes of medications when prescribed to Medicare members receiving hospice care: analgesics, anti-nauseants (anti-emetics), laxatives and anti-anxiety drugs. Effective May 1, 2014, CMS is expanding the prior authorization requirements to include all medications prescribed to Medicare members receiving hospice care. Medications will

only be covered under Medicare Part D if they are prescribed for diagnoses unrelated to the member's terminal illness.

Humana members with Medicare Part D coverage, who are also enrolled in hospice, will need prior authorization from Humana for medications unrelated to their terminal illness.

Following are some frequently asked questions and answers for health care providers:

1. **Q: What should be done if my patient with Medicare Part D coverage, who is also enrolled in hospice, needs medication for a diagnosis unrelated to the terminal illness (e.g., acute injury)?**

A: The prescribing provider may call Humana Clinical Pharmacy Review (HCPR) to begin the prior authorization request process at 1-800-555-2546 from 8 a.m. to 6 p.m., Monday through Friday.

2. **Q: What should be done if my patient with Medicare Part D coverage, who is also enrolled in hospice, needs medication for a diagnosis related to his/her terminal illness?**

A: The hospice provider will cover all needed medication for a diagnosis related to the patient's terminal illness. The patient should contact the hospice provider for more information.

3. **Q: What should be done if my patient has recently disenrolled from hospice and needs medication, but his/her prescription coverage through Part D is rejected due to hospice enrollment?**

A: The patient should call HCPR at 1-800-555-2546 (TTY users call 711) to request an override. You can also advise the patient to remind his/her hospice provider to update his/her hospice status to prevent further hospice claim denials.

Tax Identification Number Required for Authentication when Calling Humana

Beginning in April, when health care providers and their office staff members contact Humana, the automated phone system will request the health care provider's tax identification number (TIN) for authentication purposes. If the TIN is not provided, the phone system will request that the health care provider call back when the TIN is available. This change will help Humana more accurately route health care provider phone calls.

Following are some frequently asked questions and answers for health care providers:

1. **Q: Why must I provide my tax identification number when I call Humana?**

A: Providing your tax ID number when you call Humana will help us more accurately route your call.

2. **Q: Can I use my National Provider Identifier instead of my tax ID when I call Humana?**

A: No. Our phone system cannot accept NPI for authentication. The provider tax ID number must be used for authentication when calling.

3. **Q: What should I do if I don't have my tax ID at hand when I call?**

A: Please hang up and call back when the tax ID is at hand.

Online Tools, Presentations, Webinars Provide Important Tips to Providers, 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).

Updated Clinical Practice Guidelines

- Adult Immunizations: CDC Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule for Adults aged 19 years and Older — **Updated 2013**
- Childhood Immunizations: CDC Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule for Persons Aged 0 through 18 years — **Updated 2013**
- COPD: Global Initiative for Chronic Obstructive Lung Disease (GOLD)-Global Strategy for Diagnosis, Management and Prevention of Chronic Obstructive Pulmonary Disease (COPD) — **Updated January 2014**
- Diabetes Care: American Diabetes Association (ADA) – Standards of Medical Care in Diabetes – Diabetes Care — **Updated January 2014**; 37 (Supplement 1)
- Heart Failure: ACCF/AHA Guideline for the Management of Heart Failure: Executive Summary: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines — **Updated December 2013**
- Preventative Care: Guide to Clinical Preventive Services — **Updated January 2014**. Recommendations of the U.S. Preventive Service Task Force (USPSTF) Sponsored by the Agency for Healthcare Research and Quality (AHRQ)

Newly Added Clinical Practice Guidelines

- Obesity Screening in Children: Screening for Obesity in Children and Adolescents: U.S. Preventive Services Task Force (USPSTF), January 2010
- Atrial Fibrillation: ACCF2011 ACCF/AHA/HRS Focused Update on the Management of Patients With Atrial Fibrillation (Updating the 2006 Guideline) — **Updated 2011**

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 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

- Duavee (conjugated estrogen and bazedoxifene)
- Farxiga (dapagliflozin)
- Luzu (luliconazole)
- Velphoro (sucroferric oxyhydroxide)

Pharmacy Coverage Policies with Significant Revisions

- No pharmacy coverage policies with significant revisions

New Medical Coverage Policies:

- Genetic Testing and Genetic Counseling for Alzheimer Disease
- Genetic Testing and Genetic Counseling for Angelman and Prader-Willi Syndromes
- Genetic Testing and Genetic Counseling for Spinocerebellar Ataxia

Medical Coverage Policies with Significant Revisions:

- Acne Treatment
- Allergy Testing
- Bariatric Surgery
- Bone Graft Substitutes
- Brachytherapy
- Cardiac Monitoring Devices
- Cognitive Rehabilitation
- Comparative Genomic Hybridization (CGH)
- Cryoablation
- Durable Medical Equipment
- Headache and Occipital Neuralgia Treatments
- Hyperbaric Oxygen Therapy, Topical Oxygen Therapy
- Negative Pressure Wound Therapy (NPWT)
- Noninvasive Prenatal Screening for Chromosomal Abnormalities
- Lymphedema – Diagnosis and Treatment

- Varicose Vein Treatments

Retired Medical Policies

- Amniotic Membrane Transplantation (AMT) For Treatment of Ocular Conditions
- External Counterpulsation (ECP)
- Mini CT Scan
- Thoracic Electrical Bioimpedance (Impedance Cardiography)
- Wireless Esophageal pH Monitoring (Bravo pH Monitoring System)

Online Presentations Make 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: <https://www.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
- How to do Business with Humana
- HumanaAccessSM Card
- RadConsultTM Online
- Texas Deficiency Tool
- Special Needs Plans (SNPs)

The presentations can be accessed around the clock.

Webinars Provide Interactive Learning

The webinar sessions below will assist health care providers in learning how to utilize Humana.com to save time, increase efficiency and help improve the productivity of their practices. These sessions for provider office staff last between 45 minutes and one hour.

2014 Provider Webinar Training Schedule

Humana.com Overview

This webinar provides information about Humana.com's self-service tools available for health care providers. Providers can expect to learn more about eligibility and benefits, referrals and authorizations, claims tools, remittance inquiry, fee schedules and more.

- Thursday, May 15 at 11 a.m. EST
- Wednesday, June 11 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. Health care providers 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.

- Tuesday, May 13 at 2 p.m. EST
- Thursday, June 5 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 health care providers check the status and make changes to existing referrals and authorization requests.

- Wednesday, May 7 at 11 a.m. EST
- Tuesday, June 3 at 2 p.m. EST

Claim Tools and Remits

This webinar teaches how to reconcile and manage accounts receivable by reviewing claims status, results and remits online. Health care providers will learn how to make corrections to professional claims, send attachments, view and download remittance advice.

- Tuesday, May 20 at 2 p.m. EST
- Tuesday, June 17 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. The webinar also walks through the registration process.

- Thursday, May 22 at 2 p.m. EST
- Thursday, June 19 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.

- Wednesday, May 28 at 11 a.m. EST
- Tuesday, June 24 at 2 p.m. EST

How to Register

To register, send an email to ebusiness@humana.com.

When registering, please include the following information in the subject line of the email:
Webinar Registration – DATE OF TRAINING (ex: 12/20/13)

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.