HUMANA'S YourPractice

Humana Provider Manual Revisions Coming Soon

Humana's Provider Manual for Physicians, Hospitals and Other Health Care Providers is undergoing extensive revisions that will include important updates on doing business with Humana. This is the first revision to the Provider Manual in three years and will be available on Humana.com and Availity.com by May 2013.

The Provider Manual is an extension of the participation agreement between Humana and all health care provider types and gives health care providers and their office staff information concerning policies and procedures, claims and guidelines used to administer Humana health plans.

In addition to updated information about policies and procedures, the new edition of the Provider Manual has been designed to be more user friendly and will allow health care providers to find the information they need quickly. The new manual will have a table of contents with links that will take health care providers directly to the information they need. This feature will help providers save time when they are searching for information. The sections will feature a quick synopsis of what is included in order to make searching more efficient.

In accordance with the Policies and Procedures clause of the participation agreement, health care providers must abide by all provisions contained in the manual, as applicable.

If health care providers have questions about the Provider Manual, they may contact their local Provider Relations office.

HumanaVitality® Expands to Humana Medicare Membership

Dear Physicians and Office Staff:

It is my pleasure to announce that HumanaVitality® is now available to more than 2.6 million Humana members, including Humana Medicare Advantage members.

Launched in 2011, HumanaVitality provides incentives to encourage members to work toward a healthier lifestyle by creating an individualized strategy to achieve lifelong well-being.

HumanaVitality is a joint venture between Humana and Discovery Holdings, Ltd., a company with 14 years of worldwide reputable experience using behavioral, clinical and actuarial science to motivate individuals to make healthier choices.

HumanaVitality currently has more than 1.7 million members. As of January 1, 2013, HumanaVitality launched the HumanaVitality for Medicare program and enrolled more than 780,000 Medicare Advantage and Medicare Supplemental

beneficiaries. We hope you begin to see more HumanaVitality participants of all ages and with many different health needs.

We think it's key to encourage healthy behaviors that have both short- and long-term benefits by rewarding members for improving their health. According to The Vitality Study conducted by the American Journal of Health Promotion in 2010, those Vitality members who were highly engaged in the program demonstrated quantifiable success in changing behavior and lowering the economic costs of chronic health. The same study also showed that highly engaged Vitality members experienced lower health care and chronic disease costs per patient, shorter stays in the hospital and fewer admissions than the general population.

HumanaVitality is designed to empower members with the tools necessary to reach their optimal health through a personalized program. By participating in health-related activities that can be tracked and measured, such as exercising and getting regular medical check-ups and screenings, members can earn Vitality Points™. Members can also earn Vitality Bucks® for completing preventive screenings that can be redeemed for products in the HumanaVitality Mall.

How HumanaVitality benefits your Humana-covered patients and your practice:

- HumanaVitality encourages patients to take control of their health with incentives to participate in simple preventive health-related activities that can have long-term effects on patients' health, such as becoming more active, receiving recommended preventive care screenings based on their age and gender and taking a simple blood test to determine their key biometric measures.

- HumanaVitality recently launched the Vitality HealthyFood program in partnership with Walmart®, which offers certain adult HumanaVitality members a 5 percent savings on healthier food purchases, such as lean meats, whole grains and produce.

- HumanaVitality Medicare members are rewarded when they use the Humana MyHealth Planner, a health management and tracking tool that helps members keep tabs on health-related tasks such as doctor appointments, medications, preventive screenings and health goals. HumanaVitality Medicare members can earn Vitality Points by discussing the MyHealth Planner tool with their physicians and obtaining their signature on the MyHealth Planner completion form.

- HumanaVitality Medicare members also receive Vitality Bucks for receiving recommended preventive screenings for breast and colorectal cancer, high cholesterol and diabetes. HumanaVitality Medicare members need to bring their HumanaVitality Prevention Activity form to be signed by their physician when completing these screenings in order to earn Vitality Bucks.

- HumanaVitality members get rewards when they receive a Vitality Check®, an annual biometric screening to help members "know their numbers." A Vitality Check can be performed at a primary care physician office visit or at a facility, such as Concentra or Walgreen's Take Care Clinics. We recommend that our Medicare members receive their Vitality Check with their personal physicians. You may have HumanaVitality members requesting this service. Members will need to have an authorized form signed by their physician that reports validated results for the following measurements: Body mass index (BMI), total cholesterol, blood glucose and blood pressure.

- HumanaVitality also provides its members with a printable health results report, which provides an individualized assessment of their health needs and what steps they can take toward improvements. This personalized health report is an excellent educational tool for our members, and we recommend they discuss any additional questions about their results directly with their physicians.

It's important to note that the HumanaVitality program has the following restrictions and guidelines:

- The 5 percent savings will be applied to a member's Vitality HealthyFood card within five to seven business days. Once applied, the savings may be used on any future purchase made at Walmart where gift cards are accepted.
- The Vitality HealthyFood program is only available at Walmart Neighborhood Markets and Walmart retail stores. Sam's Club stores are excluded from the Vitality HealthyFood program.
- HumanaVitality members must be 18 years of age or older to be eligible to participate in the Vitality HealthyFood program. The Vitality HealthyFood program is not available to all HumanaVitality members and is only available with certain plans or products offered by Humana.

If you have questions or need more information about the HumanaVitality program, please contact us by calling 1-800-626-2741 and select "questions about a contract" when prompted, or visit our website at Humanavitality.com.

Sincerely,

Philip Painter, M.D.
Chief Medical Officer
Humana Health Guidance Organization

RightSource© Specialty Pharmacy Now Able to Accept Electronic Prescriptions

In an effort to give health care providers a more efficient way to prescribe care for their Humana-covered patients, RightSource Specialty Pharmacy is now able to accept electronic prescriptions ("eprescriptions") through Surescripts© and other eprescribing software. RightSource Specialty is a Humana company that provides specialty medications for members who have complex chronic conditions such as hepatitis C, rheumatoid arthritis and multiple sclerosis. Now, both RightSource Specialty Pharmacy and RightSource©, Humana's mail-order pharmacy are capable of accepting eprescriptions.

What is eprescribing?

Electronic prescribing, or eprescribing, is the electronic transmission of a medical prescription between the point of care and the dispenser. Eprescribing allows a health care provider to electronically transmit a new prescription or renewal authorization to a local or mail-order pharmacy. Eprescribing can help reduce the risk for errors associated with written prescriptions. Eprescribing can also help connect a patient's team of health care providers to facilitate coordination of care.

Humana encourages physicians to prescribe medications electronically to reduce medication errors and increase patient safety. Additionally, eprescribing may improve efficiency and consumer convenience.

Eprescribing gives the prescriber access to real-time patient information, including:

- Patient pharmacy benefit eligibility and coverage
- Formulary
- Medication history
- Drug-to-drug interactions and allergies

Eprescribing helps prevent medication errors by allowing each prescription to be electronically checked at the time of prescribing for dosage, interactions with other medications and therapeutic duplication. Eprescribing could potentially improve quality and efficiency and reduce costs by:

- Promoting appropriate drug usage, such as following a medication regimen for a specific condition
- Providing information about formulary-based drug coverage, including formulary alternatives and copayment information
- Speeding up the process of refilling medications

RightSource Specialty Pharmacy appears in eprescribing software as follows: NCPDP ID# 3677955, RightSource Specialty, 111 Merchant Street, Springdale, OH, 45246.

It is important to note that RightSource Specialty should not be confused with RightSource, Humana's mail-order pharmacy. RightSource is found in eprescribing software as follows: NCPDP ID# 0353108, RightSource Rx, 9843 Windisch Rd, West Chester, OH 45069.

What are SPI numbers and why are they important?

Each physical location of a practice has its own SureScripts Prescriber Identification (SPI) number. In order to process prescriptions quickly and send refill authorizations, health care providers are encouraged to work with SureScripts and/or their software vendor to obtain an updated SPI number if their office moves to a new location. If a health care provider is unsure of his or her SPI number, he or she should contact SureScripts.

Electronic refills

Eprescribing software must be enabled to receive refill notifications, and each physical location of a practice must be enabled separately. Health care providers should contact the software vendor if they are not receiving electronic refill information from any pharmacy or if they cannot locate RightSource Specialty Pharmacy or RightSource in their software.

Humana is always looking for ways to improve efficiency and accuracy, and eprescribing is a key way to improve both.

For more information about eprescribing, health care providers can contact Humana customer service at 1-800-4-HUMANA (1-800-448-6262). For RightSource Specialty Pharmacy information, health care providers can call 1-800-486-2668. For more information about RightSource, health care providers can visit www.RightSourceRx.com (http://www.RightSourceRx.com) or call 1-800-379-0092.

Important Information About Sequestration Reductions for Health Care Providers

As sequestration reductions have now been imposed by the Centers for Medicare & Medicaid Services (CMS), Humana has implemented the same reductions to network and non-network provider payments. All non-network providers and network providers who are reimbursed using a fee schedule based off the Medicare payment system, percentage of Medicare Advantage premium or Medicare allowed amount (e.g., resource-based relative value scale (RBRVS), diagnosis-related group (DRG), etc.) will have the same sequestration reduction applied in the same manner as CMS. This reduction applies to all Medicare Advantage plans.

The "sequestration reduction amount" for each affected claim will be identified on the explanation of remittance providers will receive from Humana.

Questions may be directed to Humana provider relations by calling 1-800-626-2741, 8 a.m. to 5 p.m. CDT, Monday through Friday. Additionally, health care providers may refer to the Centers for Medicare & Medicaid Services' Provider e-News (March 8, 2013) (http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Downloads/2013-03-08-standalone.pdf) for more information.

Improving Clinical Documentation is Key to ICD-10 Preparation

According to the Centers for Medicare & Medicaid Services (CMS), improving clinical documentation is one key way health care providers can prepare for the implementation of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).

A focus on the importance of accurate documentation of clinical services helps facilitate appropriate reimbursement for health care providers. Because ICD-10 allows for greater specificity for both diagnosis and procedure coding, health care providers are encouraged to pay even closer attention to clinical documentation.

In order to improve clinical documentation, health care providers can:

- Educate and train medical coding staff to be familiar with the detailed documentation necessary to assign ICD-10 codes
- Work with coding staff to determine which ICD-10 codes are the most utilized and become familiar with them
- Document the following information to help select the most accurate ICD-10 codes when submitting patient claims:
    - What caused the injury; how it happened
    - Where the patient was when the injury occurred
    - What type of activity the patient was doing when the injury occurred
    - If the injury was work-related or could possibly have any other external causes
- Use their knowledge of anatomy and physiology to help select the best ICD-10-CM codes

Other important things to know about ICD-10:

- Current procedural terminology (CPT) codes will continue to be used for outpatient care
- Additional office staff may be needed

By planning ahead and educating themselves and their office staff, health care providers will be prepared for the transition to ICD-10. Using the most accurate ICD-10 code when submitting patient claims will help facilitate timely reimbursement of claims.

For more information on preparing for the transition to ICD-10, health care providers can visit Humana.com at http://www.humana.com/providers/claims/icd-10/, or the CMS website at http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html.

Humana Achieves CORE Phase II Certification

Humana has received the Committee on Operating Rules for Information Exchange (CORE) Phase II Certification seal. This initiative is part of the Administrative Simplification Compliance Act, which is a part of the federal government's health care reform.

Obtaining CORE Phase II certification means health care providers working with Humana can access a more extensive set of electronic administrative data, such as eligibility, benefits and claim status. Also, CORE Operating Rules support critical privacy and security practices.

The Council for Affordable Quality Healthcare (CAQH) currently awards a CORE-certification seal to health plans, large provider groups and health information technology vendors with clearinghouses and other products that complete the Phase I and Phase II certification processes.

By achieving CORE Phase II certification, Humana is demonstrating its commitment to simplifying health care administrative transactions and improving communication with health care providers.

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
- Fraud, Waste and Abuse (FWA) Detection, Correction and Prevention 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, Arkansas, California, 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://www.humana.com/providers/newsletters/HumanaWeb_02_Feb_2013/articles/CoverStoryOne.html) from the February 2013 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 should 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.

HEDIS Star Measures Help Patients Receive Recommended Care

As many of the Stars-Healthcare Effectiveness Data and Information Set (HEDIS) measures are associated with improved health outcomes for patients and are also included in the Humana health care provider rewards program, encouraging patients to receive necessary tests and screenings is beneficial to both health care providers and their Humana-covered patients.

Health care providers can help meet Stars-HEDIS goals by encouraging their patients to receive necessary tests and/or screenings and submitting appropriately coded claims/encounter data for each service rendered.

Humana continues to reach out to members to raise their awareness about needed tests and screenings. Throughout 2013, Humana will be using a variety of communication methods to reach members.

- Members will receive information in the mail about the importance of colorectal cancer screening, vision screening and breast cancer screening.
- Social media outreach on Facebook and Twitter will be used to share articles with information about the importance of health screenings as well.
- Members may also receive phone calls encouraging them to obtain necessary screenings and tests to help them manage their diabetes, blood pressure and cholesterol levels.
- Members will be encouraged to visit their primary care physicians (PCPs) to discuss the importance of preventive tests and screenings.

For more information about the clinical Stars-HEDIS measures, health care providers are invited to visit http://www.humana.com/providers/clinical/quality_resources.aspx. Detailed information about individual Stars-HEDIS measures is available there, including pertinent coding information.

Accurate Coding for Pressure Ulcers Requires Specific Documentation

As health care providers may be aware, patients who have limited mobility or are unable to change positions are at risk of developing pressures ulcers. A pressure ulcer, also referred to as a bed sore or decubitus ulcer, is an area of skin that breaks down due to constant pressure and/or shearing forces or friction that cut off the blood supply to the area, causing the tissue to die. Pressure ulcers can develop quickly and are most likely to occur over bony areas that are close to the skin.

The National Pressure Ulcer Advisory Panel (NPUAP) classifies pressure ulcers according to severity from Stage I to Stage IV, with the following signs and symptoms:

- Stage I: Pressure sores are painful and tender. They may be reddened or darker than normal, but there are no breaks in the skin. When the sore is pressed, it does not turn white (nonblanchable).
- Stage II: The skin breaks open, blisters or forms an ulcer. The area around the sore may be red and irritated. It may include a partial-thickness skin loss involving the epidermis and dermis.
- Stage III: There is full-thickness loss of skin with extension into subcutaneous tissue forming a small crater but not through the underlying fascia. Any dead skin and tissue must be removed (debrided). The patient experiences no pain due to the significant tissue damage. There is a high risk of infection or tissue death.
- Stage IV: Full-thickness loss of skin and subcutaneous tissue with extension into muscle and bone, causing extensive damage. The ulcer may also damage the tendons and joints.

To accurately document a pressure ulcer in the patient's medical record, the health care provider must identify the site of the ulcer, the stage and laterality. The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Official Guidelines for Coding and Reporting (Section I.C.12.a.1-9) provide detailed information regarding the coding of pressure ulcer stages. Key points include:

- Two codes are required to report pressure ulcers
    1. First, a code is assigned from the 707.00 – 707.09 series to report the site.
    2. An additional, second-listed code is assigned from the 707.20 – 707.25 series to report the stage.
- The new codes in subcategory 707.2X are used for to classify the stage of pressure ulcers only and are not used with any other type of ulcer.
- Code 707.25 for unstageable pressure ulcer should not be confused with code 707.20 for unspecified stage of pressure ulcer. Code 707.25 is assigned when the stage of the pressure ulcer cannot be determined (for example, the ulcer is covered by eschar, a tissue graft or a dressing) or for pressure ulcers documented as deep tissue injury but not documented as due to trauma.
- Bilateral pressure ulcers with the same stage and site are coded with only one code for the site and one code for the stage.
- Bilateral pressure ulcers at the same site but with different stages are coded with one code for the site and the appropriate codes for each stage.
- Multiple pressure ulcers at different sites and stages are coded with the appropriate codes for each site and each stage.
- If the documentation states a pressure ulcer is completely healed, no code is assigned.
- If the documentation states a pressure ulcer is healing, appropriate codes are assigned based on the documentation in the record.
- If a patient is admitted with a pressure ulcer in one stage that progresses to a higher stage, the code for the highest stage reported is assigned.

Looking forward to the transition to International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes, coding pressure ulcers will no longer need a separate code for site and stage. A combination code will be available to report both conditions.

- Example: coding a pressure ulcer of the left elbow, stage II:
    - CD-10-CM would report L89.022
    - ICD-9-CM would report 707.01 and 707.22

Coders should be aware that diabetic foot ulcers have their own classification systems (e.g., Wagner or University of Texas classifications). Foot ulcers documented with a stage are not to be confused with pressure ulcers. Foot or heel ulcers should be coded as pressure ulcers only when the documentation clearly states they are pressure ulcers. If the documentation is not clear, coders should ask the physician for more details.

Coding Examples

Final Diagnostic Statement:	1.0 cm decubitus ulcer, sacral region
ICD-9-CM Codes:	707.03, 707.20
Final Diagnostic Statement:	Gangrenous pressure ulcer, right heel
ICD-9-CM Codes:	707.07, 785.4, 707.20
Final Diagnostic Statement:	Pressure ulcer coccyx, not staged since covered with dressing
ICD-9-CM Codes:	707.03, 707.25
Final Diagnostic Statement:	Stage I foot ulcer
ICD-9-CM Codes:	707.15

References: The American Hospital Association (AHA) Coding Clinic; Mayo Clinic; MedlinePlus; The Merck Manual; The ICD-9-CM Official Guidelines for Coding and Reporting

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Financial Recovery Department Now Called Provider Payment Integrity

Humana's Financial Recovery department has changed its name to Provider Payment Integrity to better reflect what it does.

Provider Payment Integrity, part of Humana's Claims Cost Management division, identifies overpayments and underpayments both prepayment and postpayment. The team uses complex medical record reviews, itemized bill reviews and claims data analysis to confirm that the claim was billed and coded correctly, and the patient was treated in the appropriate setting.

The Provider Payment Integrity department's overall purpose is to facilitate appropriate payment for health care providers per contractual agreements, Humana policies and procedures and any applicable state or federal rules. Humana remains focused on integrity in all areas of its business.

If health care providers have questions about the Provider Payment Integrity department, they may call Humana customer service at 1-800-4-HUMANA (1-800-448-6262).

Benefit Estimator Delivers Valuable Information

Humana's Benefit Estimator is a new Web tool that helps health care providers build an estimate of a patient's payment responsibility, specific to the health care provider and treatment or service, based on a real-time snapshot of the patient's benefit plan. It's a direct and time-saving tool that gets vital information to health care providers and their patients. Now available on the secure provider websites at Humana.com and Availity.com (registration required), the Benefit Estimator:

- Offers a Web-based, real-time benefit estimation tool – no phone call needed
- Provides highly accurate payment estimates for Humana-covered patients for specific medical services
- Facilitates financial discussions between health care providers and their patients so that payment arrangements can be made at the time of service
- Helps patients understand their financial obligation, increasing potential for payment of out-of-pocket expenses
- Available 24 hours a day, seven days a week

You can take advantage of this new Web tool by logging into the secure provider website on Humana.com or Availity.com using your user ID and password. The tool is accessible on the Eligibility and Benefits Inquiry screen (Humana) or Eligibility and Benefits Summary Results screen (Availity).

For more information about Humana's Web tools, please contact a Humana e-Business consultant at 1-877-260-7360 or deployment@humana.com.

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. In every issue, 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 Star 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 each issue of *Humana's YourPractice*. Medical and behavioral health clinical practice guidelines are available at http://www.humana.com/providers/clinical/clinical_practice.aspx.

Updated Clinical Practice Guidelines:

- **COPD**

  Global Initiative for Chronic Obstructive Lung Disease (GOLD)'s Global Strategy for Diagnosis, Management and Prevention of Chronic Obstructive Pulmonary Disease (COPD), February 2013
  http://www.goldcopd.org

- **Diabetes**

  American Diabetes Association (ADA), Standards of Medical Care in Diabetes – Diabetes Care, January 2013 (Supplement 1)
  http://care.diabetesjournals.org/content/36/Supplement_1.toc

- **Immunizations – Recommended Immunization Schedule for Adults Aged 19 and Older**
  Centers for Disease Control and Prevention (CDC) – United States, 2013
  http://www.cdc.gov/mmwr/preview/mmwrhtml/su6201a3.htm

- **Immunizations – Recommended Immunization Schedules for Persons Aged 0 through 18 Years**
  Global Initiative for Chronic Obstructive Lung Disease (GOLD)'s Global Strategy for Diagnosis, Management and Prevention of Chronic Obstructive Pulmonary Disease (COPD), February 2013
  http://www.cdc.gov/mmwr/preview/mmwrhtml/su6201a2.htm

- **Preventive Care**
  Agency for Healthcare Research and Quality (AHRQ) Guide to Clinical Preventive Services, 2012. Recommendations of the U.S. Preventive Services Task Force (USPSTF)
  http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html

Humana's medical and medication 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.

New and Revised Medication and Medical Coverage Policies

Information about medical and medication coverage policies can be found on Humana.com/providers by selecting "Medical Coverage Policies" under "Clinical Topics." Medical and medication 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 Medication Policies

- Jetrea (ocriplasmin)
- Cometriq (cabozantinib)
- Gattex (teduglutide)
- Vascepa (icosapent ethyl)
- Iclusig (ponatinib)

Medication Policies with Significant Revisions

- No medication policies with significant revisions

New Medical Policies:

- Defecography
- Ovarian Vein and/or Internal Iliac Vein Embolization

- Whole Genome/Exome Sequencing and Genome-Wide Association Studies

Medical Policies with Significant Revisions:

- Allograft Transplantation of the Knee
- Artificial Intervertebral Disc Replacement
- Bariatric Surgery: Surgical Treatment for Severe Obesity
- Bone Growth Stimulators
- Cardiac Monitoring Devices
- Durable Medical Equipment (DME)
- Genetic Testing and Genetic Counseling for Hereditary Cancer Syndromes
- Genetic Testing and Genetic Counseling for Marfan Syndrome and Related Conditions
- Glaucoma – Emerging Treatments
- Molecular Diagnostic Assays and Breath Testing for Transplant Rejection
- Noninvasive Prenatal Screening for Chromosomal Abnormalities

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 any of these presentations, health care providers may choose: http://www.humana.com/providers/tools/provider_tools/education_on_demand.asp. 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:

- How to do Business with Humana

- Humana*Access*℠ Visa® Debit Card
- RadConsult™ Online
- SmartSummary℠Rx
- SmartSummary
- Texas Deficiency Tool
- Special Needs Plans (SNPs)
- Humana's Quality Initiatives

The presentations can be accessed around the clock.

Webinars Provide Interactive Learning

Humana offers interactive Web-based training sessions for health care providers and their office staff members each month.

To register, health care providers may send an email to deployment@humana.com.

Below is a listing of the upcoming Webinars. Please note that all times are Eastern.

Date	Time	Training Subject
Friday, April 26	2 p.m. EDT	ERA/EFT
Tuesday, May 7	2 p.m. EDT	Referral/Authorization
Wednesday, May 8	11 a.m. EDT	Humana.com Overview
Friday, May 10	11 a.m. EDT	Benefit Estimator
Tuesday, May 14	11 a.m. EDT	Eligibility and Benefits
Wednesday, May 15	2 p.m. EDT	Claims Tools and Remit Inquiry
Thursday, May 16	2 p.m. EDT	Benefit Estimator
Thursday, May 23	2 p.m. EDT	ERA/EFT
Tuesday, June 11	2 p.m. EDT	Eligibility and Benefits
Wednesday, June 12	11 a.m. EDT	Referral/Authorization
Thursday, June 13	2 p.m. EDT	Benefit Estimator
Tuesday, June 18	11 a.m. EDT	Humana.com Overview
Wednesday, June 19	2 p.m. EDT	ICD-10 for Providers' Offices
Thursday, June 20	11 a.m. EDT	Claims Tools and Remit Inquiry
Tuesday, June 25	11 a.m. EDT	ICD-10 for Facilities
Thursday, June 27	2 p.m. EDT	ERA/EFT

Friday, June 28	11 a.m. EDT	Benefit Estimator
Tuesday, July 9	2 p.m. EDT	ERA/EFT
Wednesday, July 10	11 a.m. EDT	Eligibility and Benefits
Thursday, July 11	2 p.m. EDT	Humana.com Overview
Tuesday, July 16	11 a.m. EDT	Referral/Authorization
Wednesday, July 17	2 p.m. EDT	ICD-10 for Facilities
Thursday, July 18	11 a.m. EDT	Benefit Estimator
Tuesday, July 23	11 a.m. EDT	ICD-10 for Providers' Offices
Thursday, July 25	2 p.m. EDT	Claims Tools and Remit Inquiry
Tuesday, August 6	2 p.m. EDT	Claims Tools and Remit Inquiry
Wednesday, August 7	11 a.m. EDT	ERA/EFT
Thursday, August 8	2 p.m. EDT	Referral/Authorization
Tuesday, August 13	11 a.m. EDT	Eligibility and Benefits
Wednesday, August 14	2 p.m. EDT	ICD-10 for Providers' Offices
Thursday, August 15	11 a.m. EDT	Humana.com Overview
Tuesday, August 20	11 a.m. EDT	ICD-10 for Facilities
Thursday, August 22	2 p.m. EDT	Benefit Estimator

For more information, visit http://www.humana.com/providers/education/explore/interactive.aspx.