Humana Announces Changes to 2016 Formularies

Beginning Jan. 1, 2016, certain drugs will have new limitations or will require utilization management under the Humana commercial and Medicare formularies for the 2016 plan year. These changes could mean higher costs or new requirements for Humana members who use these drugs. Humana encourages the use of generic and cost-effective brand medications whenever possible.

Formulary changes

Below are links to charts that show some commonly used medications that will be impacted by the Humana commercial and Medicare formulary changes in 2016 (e.g., prior authorization (PA) requirements, step therapy (ST) modifications and nonformulary (NF) changes).

Commercial formulary changes: View a list of formularies containing some commonly used medications (http://apps.humana.com/marketing/documents.asp?file=2805933) that will be impacted by Humana commercial formulary changes in 2016 [e.g., prior authorization (PA) requirements and step therapy (ST) modifications].

For prescription drug information for Humana commercial members, health care providers may visit https://www.humana.com/provider/medical-providers/pharmacy/rx-tools/drug-list. Click "Drug list search" and enter the drug name. Choose "Commercial" to see the drug's tier placement in commercial formularies and any restriction that may apply.

Medicare formulary changes: Below are links to formularies containing some commonly used medications that will be impacted by Humana Medicare formulary changes in 2016:

- 2016 Humana National 5 – Group Medicare Formulary (http://apps.humana.com/marketing/documents.asp?file=2807194)
- 2016 Humana Medicare-Medicaid Plan Illinois Formulary (http://apps.humana.com/marketing/documents.asp?file=2807207)
- 2016 Humana Medicare-Medicaid Plan Virginia Formulary (http://apps.humana.com/marketing/documents.asp?file=2807220)
- 2016 Humana National 5 MAPD Formulary http://apps.humana.com/marketing/documents.asp?file=2807233
- 2016 Humana National 5 MAPD End-Stage Renal Disease Formulary http://apps.humana.com/marketing/documents.asp?file=2807246
- 2016 Humana National 6 MAPD Chronic Special Needs Plan Formulary http://apps.humana.com/marketing/documents.asp?file=2807259
- 2016 Humana Plus 6 MAPD Chronic Special Needs Plan Formulary http://apps.humana.com/marketing/documents.asp?file=2807272

- 2016 Humana Plus 5 Formulary
  http://apps.humana.com/marketing/documents.asp?file=2807285
- 2016 Humana Puerto Rico Formulary
  http://apps.humana.com/marketing/documents.asp?file=2807298
- 2016 Humana Walmart Basic PDP Formulary
  http://apps.humana.com/marketing/documents.asp?file=2807311
- 2016 Humana Walmart Enhanced PDP Formulary
  http://apps.humana.com/marketing/documents.asp?file=2807324

For prescription drug information for Humana Medicare members, health care providers may visit https://www.humana.com/provider/medical-providers/pharmacy/rx-tools/drug-list. Click "Drug list search" and enter the drug name. Choose "Medicare" to see the drug's tier placement in Medicare formularies and restrictions that may apply.

If health care providers have questions regarding these changes, they may call 1-800-457-4708. This line is open Monday through Friday from 8 a.m. to 8 p.m. local time.

Looking Back, Thinking Ahead

Dear Physicians and Health Care Providers:

As I talked with physicians at the American Academy of Family Physicians' annual conference in Denver, one of the topics that came up time and again was the future of our health care system.

What will it look like 10 years from now? How will these newly formed partnerships between payers and physicians play out? And what will it mean for patients?

As a physician who practiced oncology for more than 20 years, I have seen for myself that the fee-for-service model — although still in wide use today — doesn't support the holistic, customized approach physicians must take to help their patients achieve health in today's consumer-driven world. Nor does it reward physicians for the value they bring to a patient's life.

For the past couple of years, we've been comparing quality, outcomes and costs (http://press.humana.com/press-release/current-releases/humana-medicare-advantage-members-show-better-health-and-quality-thro) for one million people with our Medicare Advantage plans who are treated by physicians in outcomes-based reimbursement arrangements versus those treated by physicians in traditional, fee-for-service arrangements. We're seeing consistent improvement in chronic condition management, reductions in ER visits and cost savings for patients treated by physicians in outcomes-based reimbursement arrangements.

- On average, patients have better osteoporosis management and more functional assessments, medication reviews and pain screenings.
- For people with diabetes, eye exams are up and blood sugar is better controlled.

- In 2014, people treated by physicians in value-based reimbursement arrangements had 5.8 percent fewer ER visits per thousand than those in fee-for-service settings.

Given these results, physicians in outcomes-based arrangements received the following:

- Higher HEDIS Star scores – 21 percent higher than their counterparts in fee-for-service.
- More money – Last year, Humana paid $77.3 million (http://press.humana.com/press-release/humana-distributes-more-77-million-quality-rewards-physicians-nationwide) to physicians who achieved quality outcomes. It was the most Humana has ever paid physicians in outcome-based relationships, and we'd like to do more.

With 10,000 people turning 65 every day, many of whom have multiple chronic conditions, the time has come to hasten this needed evolution.

Recently our Chief Executive Officer Bruce Broussard posted a commentary (https://www.linkedin.com/pulse/partnerships-key-transforming-21st-century-health-care-broussard?published=t) about how partnerships are key to transforming health care. He said: "Let's be clear: A transaction is a negotiation. A relationship is a partnership. It's about building stronger partnerships between health plans, providers and others that put the individual's health as the summit we look to reach."

Here's to stronger partnerships with you in 2016 so you can practice medicine the way you want and know is best.

Sincerely,

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

Humana's Medicare Provider Quality Rewards Program Awards $77 Million to Physicians Across the U.S.

Dear Physicians and Health Care Providers:

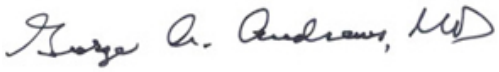
At Humana, we pay bonuses to physicians who improve the quality of care for our members. For instance, some 3,700 physician practices in our Quality Rewards Program received bonuses based on quality measures they achieved when treating our Medicare members during the 2014 plan year.

We are proud of our Quality Rewards Program, which is part of our accountable care continuum that promotes evidence-based, high-quality care through a variety of bonus programs.

The focus on improving quality supports more physician practices as they move into value-based relationships, while also improving the member experience. This holistic approach to patient care not only helps physicians and

clinicians focus on the total health of their patients, it also reflects the importance of moving from sick care to health care. For more information, call provider relations at 1-800-626-2741 or email providerengagement@humana.com.

Sincerely,



George A. Andrews, M.D., M.B.A., F.A.C.P., F.A.C.C., F.C.C.P.

* The reward finalization takes place in 2015 for the 2014 Rewards Program, to allow time for final claims submission and supplemental data. The 2014 reward payments to physician practices were based on the practices' ability to improve quality for many National Committee for Quality Assurance (NCQA) preventive and chronic-condition management Healthcare Effectiveness Data and Information Set (HEDIS) measures including, but not limited to, the following:

- Breast cancer screening
- Colorectal screening
- Diabetes treatment management
- High-risk medications review for the elderly
- LDL control
- A1C control

Physicians Encouraged to Participate in Humana Close-the-Gaps Sweepstakes

Each week from Nov. 23, 2015, through March 7, 2016, 35 individual physicians will win $1,000 prepaid cards as part of the Humana Close-the-Gaps Sweepstakes. Winning physician names are drawn weekly from a sweepstakes pool, with a total of $560,000 in gift cards awarded to physicians by the end of the sweepstakes. To be included in the pool, physicians only need to complete the necessary eligibility requirements.

Eligibility requirements

- Individual physicians will receive one entry for each open Healthcare Effectiveness Data and Information Set (HEDIS®) Stars measure gap in care closed per individual Humana-covered patient.
- Entries do not carry over from week to week. Physicians begin accumulating entries again in the week following the winning week.
- An eligible physician also may enter simply by sending an email during the entry period asking to register for the sweepstakes and providing his/her name, tax identification number (TIN), national provider identifier

(NPI), practice mailing address and phone number. Send the request to TheHumanaClosetheGapSweepstakes@Humana.com.

- The Humana Close-the-Gaps Sweepstakes is in addition to any Humana reward program in which a physician or physician's practice may be participating.

For details about Humana-covered patients with open gaps in care, physicians can review the materials in their Stars Quality Report (SQR) mailing. (Some Stars Quality Reports are delivered or faxed to physician practices.)

Key dates

- The Humana Close-the-Gaps Sweepstakes began on Nov. 11, 2015, and closes Feb. 29, 2016.
- Drawings are held weekly from Nov. 23, 2015, with the final drawing on March 7, 2016.
- The 35 weekly winners will receive their $1,000 prepaid cards by mail or personal delivery after each of the drawings.

For questions about the Humana Close-the-Gaps Sweepstakes or for copies of SQR materials, physicians can call Humana Stars Quality Information at 1-888-483-5679, Monday through Friday between 8 a.m. and 5 p.m. Eastern time.

Last Call: All Providers Must Complete 2015 Compliance Training and Certification

Dec. 31, 2015, marks the last day that Humana-contracted health care providers can complete compliance requirements mandated by the Centers for Medicare & Medicaid Services (CMS). Health care providers are expected to review and provide certification regarding the following materials:

1. Compliance Policy for Contracted Health Care Providers and Business Partners
2. Ethics Every Day for Contracted Health Care Providers and Business Partners (Standards of Conduct)
3. General Compliance and Fraud, Waste and Abuse (FWA) training
4. 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)
5. 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. To access the website, health care providers must be registered on **Humana.com/providers** or Availity.com. Detailed instructions and additional information on completing these requirements, including registration, are available here (https://www.humana.com/provider/medical-providers/education/whats-new/compliance-requirements).

- The review and confirmation (via attestation form) of these materials help 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 only needs 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).

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 online reporting site at https://www.ethicshelpline.com.

Preauthorization Processing Software Update to Close Gaps

Humana will be updating its preauthorization processing software soon, which may affect how health care providers' claims are paid. Humana recently found some gaps in its application of its preauthorization and notification lists for all commercial fully insured plans [e.g., health maintenance organization (HMO), point of service (POS), preferred provider organization (PPO) and exclusive provider organization (EPO)], Medicaid plans, Medicare Advantage (MA) plans and dual Medicare-Medicaid plans. Please note that the terms prior authorization, precertification, preadmission, preauthorization and notification all are used to refer to the preauthorization process. The software update will close these gaps; so, if a health care provider does not obtain preauthorization for a service, it may result in the claim not being paid.

- If a health care provider does not obtain authorization for a service indicated on the updated preauthorization and notification list, the claim may be subject to retrospective medical necessity review and may not be paid if it is determined not to be medically necessary.
- If a health care provider does not request preauthorization, but the service or medication is considered medically necessary, then the health care provider or the member (excluding Medicare members) may be assessed the preauthorization penalty described in the health care provider's contract or the member's certificate or evidence of coverage.
- An authorization does not guarantee payment, and any payment or coverage determination will be based upon all of the provisions of the member's certificate or evidence of coverage, which is in effect at the time a service is performed.

- Health care providers may view the preauthorization and notification lists and find information about the changes to these lists by visiting Humana's provider website at **Humana.com/provider**. Choose "Humana for physicians & hospitals." Under "Key resources," select "Authorizations/referrals." Then, choose "Preauthorization and notification lists" to find links to the current preauthorization and notification lists and other information.

- Humana will update the lists when new preauthorization or notification requirements are added and when new drugs or technology enter the market.

For MA Private Fee-for-Service (PFFS) plans, notification is requested, not required. In addition, certain services outlined in the preauthorization and notification lists may not be applicable for affiliated health care providers contracted via a capitated or delegated arrangement. Health care providers need to refer to their provider agreement for clarification or contact Humana/ChoiceCare Provider Relations at 1-800-626-2741, Monday through Friday, 8 a.m. to 5 p.m. Central time, for further details.

Humana Specialty Pharmacy Benefits Prescribers and Patients

Humana Specialty Pharmacy, Humana's mail-order pharmacy for specialty medications, strives to provide a "total health" approach to care. By integrating customers' pharmacy and medical needs, Humana Specialty Pharmacy may help save prescribers' time, improve customers' adherence to treatment goals and reduce health care costs.

Humana Specialty Pharmacy is a URAC-accredited specialty pharmacy and manages therapies for chronic and complex illnesses. A team of nurses and pharmacists who specialize in medications and conditions provide customers with clinical and educational services customized to their needs and their health care providers' treatment goals.

Humana Specialty Pharmacy has an interactive website (https://www.humana.com/pharmacy/humana-pharmacy/) where both the customer and physician can obtain general information, disease-specific education, prior authorization forms and links to Humana insurance benefits. The site provides convenient access for customers to order items for skin care, personal care and other required nonspecialty supplies.

Humana Specialty Pharmacy offers the following services for prescribers:

- Quick order placement by fax, phone or e-prescription

- Updates on authorization status for select medication therapies

- A "need-by date" refill process that helps eliminate medication surpluses while also helping to ensure customers have their medications when needed

- Support for many complex therapies, including hemophilia, immune deficiency, oncology and hepatitis C

- Prescription accuracy and safety protocols that include a prescription management program. This verifies that medications meet manufacturer and Humana dosing guidelines

- Billing assistance to help with coverage questions

Humana Specialty Pharmacy offers the following services for customers:

- A welcome call from a Humana Specialty Pharmacy representative for new customers
- Refill reminders by email, phone or text message
- Finance specialists who can connect customers to financial support programs offered by drug manufacturers and foundations. About 50 percent of Humana Specialty Pharmacy customers receive some type of financial support from these programs.
- Education on medication side effects and how to minimize their impact
- Medication adherence monitoring and coaching
- Monitoring of proper medication dosing through lab results and contraindication reports, as well as a full medication review
- Disease education
- Injection training
- 24-hour availability of pharmacists to answer customers' urgent or clinical questions
- Medication delivery scheduling

To prescribe using Humana Specialty pharmacy, health care providers can:

- Select "Humana Specialty Pharmacy" in their e-prescribing software.
- Call Humana Specialty Pharmacy at 1-800-486-2668.
- Fax the appropriate medication order form to 1-877-405-7940. Humana Specialty Pharmacy will accept faxes only from prescribers.

Humana recognizes that customers have the sole discretion to choose their pharmacy and that health care providers must use their independent medical judgment when advising their patients regarding pharmacy choices. Other pharmacies are available in Humana's network. Prescription drug plan members should refer to their plan benefit information to verify their pharmacy mail-order benefit.

Prescribers who have questions about specialty drugs can call Humana Specialty Pharmacy at 1-800-486-2668. Specialty care coordinators are available Monday through Friday, 8 a.m. to 8 p.m., Eastern time, and Saturday, 8 a.m. to 6 p.m. Eastern time.

Key Genetic Tests Provide the Standard of Care for Patients

Humana's Genetic Guidance Program (GGP) is dedicated to staying abreast of the changes in genetic testing. Previous articles in Humana's YourPractice (here (https://www.humana.com/provider/support/publications/your-practice-newsletter/prevent-pharmacogenomics-testing-overutilization) and here (http://apps.humana.com/

marketing/documents.asp?file=2804295), see page 4) discussed how the GGP provides guidance and assistance to health care providers who are faced with an increasing number of genetic tests.

Genetic testing is now the standard of care for some conditions for which a test can help determine whether a patient is a good candidate for treatment with specific drugs or chemotherapeutic agents. It also can be used to monitor the impact of treatment to confirm that it is benefiting the patient. Internal analysis of Humana claims and independent research show that some of these standard-of-care genetic tests are not being utilized as recommended. To further Humana's mission to provide the right care to the right patient at the right time, Humana encourages physicians to consider the following underutilized tests for their patients:

- **BCR-ABL1 genetic test:** The BCR-ABL1 gene (also known as BCR-ABL) is an abnormal fusion of two genes (BCR and ABL1) that are normally not joined together. This fusion stems from a reciprocal translocation between chromosomes 9 and 22, or the exchange of a segment of chromosome 9 with a segment of chromosome 22, which results in an abnormal BCR-ABL1 gene located on chromosome 22. The new, abnormal chromosome 22 is referred to as the Philadelphia chromosome. Most patients with chronic myelogenous leukemia (CML) and some patients with acute lymphoblastic leukemia (ALL) have the BCR-ABL1 gene, and this test identifies which patients have it.

  Standard CML treatment is tyrosine kinase inhibitor (TKI) therapy, including imatinib mesylate (Gleevec®), dasatinib (Sprycel®), bosutinib (Bosulif®) and nilotinib (Tasigna®). TKIs inhibit protein activation to suppress cancer growth.

  Physicians use BCR-ABL1 testing to help diagnose, establish a baseline and monitor drug treatment response for patients with CML and ALL. Unlike most genetic tests, BCR-ABL1 testing is usually performed more than once in a lifetime. One study showed that only 60 percent of patients with CML had BCR-ABL1 testing once during an 18-month period, and only 14 percent received testing during consecutive quarters. The National Comprehensive Cancer Network (NCCN®) recommends that follow-up testing should be done every six months for the first two to three years after remission is established and yearly thereafter.

- **EGFR and ALK pharmacogenomic tests:** Mutations in the epidermal growth factor receptor (EGFR) gene are associated with lung cancer. A rearrangement of chromosome 2 can lead to a fusion of the anaplastic lymphoma kinase (ALK) gene with another gene called EML4; this rearrangement also is associated with lung cancer. In patients with metastatic nonsmall cell lung cancer (NSCLC), tumor samples can be tested to detect the ALK rearrangement and mutations in EGFR to predict treatment response to TKIs.

  These tests help determine if a patient is a good candidate for treatment with erlotinib (Tarceva®), gefitinib (Iressa®) or afatinib (Gilotrif®) based on the EGFR test result, or with crizotinib (Xalkori) based on the ALK test result. Humana's internal analysis comparing data from genetic test preauthorization requests and drug claims suggests that EGFR and ALK tests are not performed as often as they should be.

To submit a genetic testing preauthorization request, contact Humana at 1-800-523-0023 or log into Humana's secure provider website at Humana.com or www.availity.com (registration required).

Reminder: Humana Updates Preauthorization and Notification Lists for 2016

On Jan. 18, 2016, Humana will update preauthorization and notification lists for all commercial fully insured plans [e.g., health maintenance organization (HMO), point of service (POS), preferred provider organization (PPO) and exclusive provider organization (EPO)], Medicaid plans and Medicare Advantage (MA) and dual Medicare-Medicaid plans. Please note that prior authorization, precertification, preadmission, preauthorization and notification are all used to refer to the preauthorization process.

For MA Private Fee-for-Service (PFFS) plans, notification is requested, not required. In addition, certain services outlined in the preauthorization and notification lists may not be applicable for Chicago, Nevada or California health care providers affiliated with an independent physician association (IPA) via a capitated arrangement. Health care providers may refer to their provider agreements for additional information or requirements concerning preauthorization.

Updates to the lists include the following:

1. The following services will be added to Humana's commercial, Medicare Advantage and dual Medicare-Medicaid preauthorization lists:

    - Cardiac ablation
    - Transesophageal echocardiogram (TEE)
    - Cardiac computed tomographic angiography (CCTA)
    - Myocardial perfusion imaging single photon emission computed tomography (MPI SPECT)
    - Pulse volume recording
    - Transcatheter valve surgeries, including transcatheter aortic valve replacement (TAVR) and MitraClip
    - Electrophysiology study (EPS)
    - EPS with 3D mapping

    Preauthorization determinations for these services will be made by HealthHelp®, a nationally recognized specialty benefit management organization.

2. The following services will be added to Humana's commercial, Medicare Advantage and dual Medicare-Medicaid preauthorization lists:

    - Hip arthroscopy
    - Knee arthroscopy
    - Shoulder arthroscopy
    - Hammertoe surgery
    - Bunionectomy

Preauthorization determinations for these services will be made by OrthoNet®, a utilization management company.

3. Preauthorization requirements for pain management and spinal surgery services have been expanded to include Humana individual commercial products. (This preauthorization requirement has been effective for Humana's commercial fully insured group and MA products since Jan. 24, 2010.) These preauthorization and notification requirements apply to the following services:

   Pain management

   - Pain infusion pumps (back and neck pain only)
   - Spinal cord stimulator devices
   - Facet injections
   - Epidural injections (outpatient only)

   Spine surgery

   - Spinal fusion
   - Other decompression surgeries
   - Kyphoplasty
   - Vertebroplasty

   The preauthorization determinations are made by OrthoNet.

The lists are available here (https://www.humana.com/provider/medical-providers/education/claims/pre-authorization). Health care providers also may call the phone number on the back of the member's identification (ID) card to determine if a service requires preauthorization.

RightSource® Is Now "Humana Pharmacy"

Humana reminds prescribers that its prescription mail-order pharmacy service, formerly known as RightSource, is now called Humana Pharmacy. Humana Pharmacy ships a three–month supply of maintenance medications to customers by mail. Humana Pharmacy continues to offer the high level of service, commitment, quality and affordable costs that our customers and their prescribers have come to expect.

Humana has informed its members of the name change via packaging inserts with their current prescriptions, with letters, emails and digitally with posts on myhumana.com (registration required) and **Humana.com**. Prescribers may have patients come to them with questions about the change.

Prescribers will find Humana Pharmacy in their e-prescribing software under the names:

- Humana Pharmacy Mail Delivery, and

- Humana Specialty Pharmacy.

The e-prescribing process itself has not changed. The only change a prescriber will notice is the name listed in his or her e-prescribing software, as noted above.

For more information about Humana Pharmacy, prescribers can call 1–800–379–0092, Monday through Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m. Eastern time.

ICD-10 Transitions Smoothly

When the new ICD-10 coding system went live on Oct. 1, 2015, Humana had a plan in place to monitor claim rejections and denials and help health care providers handle potential issues with claims submissions.

Results from the implementation of ICD-10 show that most health care providers were ready to use the expanded coding system despite industry concerns.

In the first week of ICD-10 implementation, the Humana Provider Call Center received just 10 calls per day that were logged as ICD-10 issues. The provider call center handles an average of 35,000 calls a day. Humana's ICD-10-inquiries mailbox received 567 ICD-10-related questions in 2015, but just 22 in the first week of October.

Humana has tracked multiple key performance indicators potentially impacted by ICD-10 through its ICD-10 command center and saw little daily deviation from normal levels in multiple indicators, such as claim pend rates, claim receipts and call volume.

One change with ICD-10 affected options when phoning in an authorization. With ICD-9, health care providers could use the phone keypad to enter a code, as well as use voice recognition to speak the codes. ICD-10 codes contain up to seven characters and a mix of letters and numbers; so, the keypad function is not supported in ICD-10 when phoning in an authorization. Clinicians can still speak the codes to obtain authorizations.

Humana remains committed to making the conversion to ICD-10 as smooth as possible and addressing problems quickly. As issues arise during the ICD-10 conversion that could impact the ability to handle authorizations and process claims, they are entered into an issues log, researched and tracked to resolution.

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

- Claim delegates who submit delegated encounters — IPAICD10Inquiries@humana.com
- Physicians contracted with Humana — ICD10Physician@humana.com
- Facilities — ICD10Inquiries@humana.com

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

Humana adopts clinical practice guidelines based on guidance from national organizations generally considered experts in their fields. *Humana's YourPractice* features updates to these clinical practice guidelines as well as newly adopted guidelines. Humana intends to provide timely information about evidence-based best practices for patient care and to help improve quality measures and Stars scores. While many guidelines are updated annually, others may not change for several years. Humana encourages physicians and other practitioners 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).

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 at Humana.com/provider by selecting "Medical and Pharmacy Coverage Policies" under "Resources." Medical and pharmacy coverage policies can be reviewed by name or 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

- Addyi (flibanserin)
- Buprenex (buprenorphine HCl solution for injection)
- Buprenorphine-containing products (Bunavail, buprenorphine SL tablet, buprenorphine/naloxone SL tablet, Suboxone SL film, Zubsolv)
- Cycloset (bromocriptine)
- Denavir
- Jadenu (deferasirox)
- Luzu (luliconazole)
- Oxandrolone
- Oxaydo (oxycodone HCl)
- Oxecta
- Oxistat
- Patanase (olopatadine)
- Proton pump inhibitors

- Synera (lidocaine and tetracaine)
- Taclonex (calcipotriene and betamethasone dipropionate)
- Technivie (ombitasvir, paritaprevir, ritonavir)
- Veltin (clindamycin and tretinoin gel)
- Xenical (orlistat)
- Xerese
- Zarxio (filgrastim-sndz)
- Zecuity (sumatriptan iontophoretic transdermal system)
- Zostavax (zoster vaccine – live)
- Zovirax (acyclovir ointment)

Pharmacy coverage policies with significant revisions

- No pharmacy coverage policies with significant revisions

New medical coverage policies

- Transcatheter left atrial appendage closure

Medical coverage policies with significant revisions

- Actinic keratosis treatments
- Capsule endoscopy
- Functional electrical stimulators (FES), diaphragmatic/phrenic nerve stimulation
- Genetic testing for disease risk
- Genetic testing for inherited thrombophilias
- Intraocular lens (IOL) implants
- Lung cancer Screening
- Multianalyte assays with algorithmic analyses (MAAAs) for nonmalignant diseases
- Pulmonary rehabilitation (outpatient)
- Radiofrequency tumor ablation
- Total ankle replacement

Retired medical coverage policies

- No retired medical coverage policies

Online information makes it easier to do business with Humana

Humana's "Education on Demand" tool provides physicians, other practitioners and their office staff with quick, easy-to-understand information on topics that should simplify doing business with Humana.

To access this tool, 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 may be accessed via 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 needed to hear the audio presentation

Available topics are as follows:

- Commercial Risk Adjustment
- HumanaAccess℠ Visa Card
- Humana Member Summary
- HumanaVitality®
- Making It Easier for Health Care Providers
- Special Needs Plans (SNPs)
- Texas Deficiency Tool
- Working with Humana
- Consult™ Online
- SmartSummary® Rx

Humana's claims education page includes educational tools that help health care providers better understand Humana's claims policies and processes. To access the tool, physicians and health care providers can visit http://humana.com/healthcareproviderhowto.

The page, which will be updated with new content each month, has brief education-on-demand computer-based presentations that include a printable tip sheet with the most important information about each topic. Current topics include:

- Proper use of anatomical modifiers
- Humana's approach to National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)

- Medicare preventive services
- Modifier 24
- Modifier 25
- Modifiers 59 and X {EPSU}
- Procedure-to-procedure code editing
- Humana's Approach to Code Editing
- Drug Testing and Codes

The presentations can be accessed around the clock.

Webinars provide interactive learning

Health care providers who want to learn more about how they can save time, increase efficiency and help improve the productivity of their practice should plan to attend this introductory webinar. These sessions for office staff last between 45 minutes and one hour.

Topics include the following:

- How to navigate Humana.com's public site
- How to access member eligibility and benefit information
- How to submit and check the status of a referral and/or authorizations
- How to use Humana's claims tools and remittance inquiry
- How to register for ERA/EFT
- How to view fee schedules
- How to use the Medical Record Management tool

Available dates:

- Thursday, Jan. 7 at 2 p.m. Eastern time
- Tuesday, Feb. 9 at 11 a.m. Eastern time
- Thursday, March 10 at 2 p.m. Eastern time

How to register

To register, visit **Humana.com/providerwebinars** (https://www.humana.com/provider/medical-providers/education/provider-self-service/interactive/).

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