Humana's YourPractice

2016 Provider Compliance Training Materials Available

To meet contractual obligations, all Humana-contracted entities, including those contracted with a Humana subsidiary that support Humana plans for Medicare, Medicaid and/or Medicare-Medicaid beneficiaries, must attest to understanding and adhering to compliance program requirements outlined in the following materials:

- Compliance Policy for Contracted Health Care Providers and Business Partners
- Ethics Every Day for Contracted Health Care Providers and Business Partners (Standards of Conduct)
- General Compliance training and Fraud, Waste and Abuse (FWA) training (via CMS-published content)
- Special Needs Plans (SNP) training (if the organization has practitioners participating in any Humana Medicare HMO network in one of the following states or territories: Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Missouri, Mississippi, Montana, North Carolina, Nevada, New York, Ohio, Puerto Rico, South Carolina, Tennessee, Texas, Virginia or Washington)
- Medicaid-specific trainings (if the practitioner's organization is supporting a Humana product for Medicaid or dual-eligible Medicare-Medicaid beneficiaries), which may include any or all of the following, depending on the state: Humana Orientation Training; Medicaid Provider Training; Health, Safety and Welfare Training; and Cultural Competency Training

Humana recognizes that practitioners enrolled in the Medicare program or accredited as a durable medical equipment, prosthetics, orthotics and supplies (DME POS) provider are deemed to have met the FWA training and education requirements. If an organization is deemed, its representative will have an opportunity to record how it meets the FWA training requirement and affirm its use of the CMS content for general compliance training of its employees, and, if applicable, other individuals and entities supporting the organization in meeting contractual obligations to Humana.

However, these practitioners must still complete the compliance policy, business ethics, general compliance training and (if applicable) Medicaid and SNP components of the training. More information is available in the frequently asked questions and answers document located here (http://apps.humana.com/marketing/documents.asp?file=1827553).

How to complete the required compliance information

The review and confirmation of these materials helps meet practitioners' contractual obligation to comply with state and federal law and Humana's policies and procedures. Humana requires that organizations share this information with their employees and, if applicable, other individuals and entities supporting the organization in meeting contractual obligations to Humana.

The attestation 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, the practitioner will need to coordinate within the organization to have the person responsible for compliance complete the required attestation. Please note that

if an organization provides multiple functions for Humana, its compliance contact may receive an additional notification from Humana; the organization is only required to complete this attestation once.

Practitioners can complete this information online via Humana's secure Compliance website, which requires Internet access. To access the website, practitioners must be registered on **Humana.com/providers** (http://humana.com/providers) or Availity.com (http://www.availity.com/) Detailed instructions and additional information on completing these requirements, including registration, are available here (http://www.humana.com/providers/whats_new/compliance_requirements.aspx).While practitioners are encouraged to complete the compliance requirements within 30 days of notification, these requirements must be completed no later than Dec. 1, 2016.

If a practitioner, or anyone contracted with or supporting the provider entity contracted with Humana, suspects or becomes aware of potential noncompliance and/or fraud, waste and abuse, he or she must report it immediately. This may be via the Ethics Help Line at 1-877-5 THE KEY (1-877-584-3539), the Ethics Help Line Web reporting site at https://www.ethicshelpline.com or a separate, preferred method of the provider entity. Any report submitted by an individual to a non-Ethics Help Line method must be forwarded by the provider entity to Humana in a timely manner.

Questions about these requirements may be directed to Humana Provider Relations at 1-800-626-2741, Monday through Friday, 8 a.m. to 5 p.m. Central time.

Are physicians ready to transition to value-based care?

That's what we wanted to know when the American Academy of Family Physicians (AAFP) conducted a study of its membership on behalf of Humana. More than 600 family physicians participated in the study, sharing their perceptions about value-based payment models. Key findings from the study are available here.

Among the interesting findings was the fact that even though family physicians know about value-based payment models, they aren't moving quickly because they don't fully understand them. Many don't understand how they work or see the value for them or their patients.

Considering that we're less than two years from the U.S. Department of Health and Human Services' plan to tie half of all traditional or fee-for-service Medicare payments to value-based payment models by 2018, time is short.

It's our shared responsibility — both as physicians and health plans — to champion the success stories we see in value-based care today, because the journey is worth it. At Humana, one million Medicare Advantage members being treated by physicians in value-based reimbursements experienced fewer emergency room visits and fewer inpatient admits than those seen by physicians in standard Medicare Advantage arrangements. Plus, they're getting more screenings....

This positive movement in health outcomes wouldn't have been possible without physicians and health plans coming together. Sure, it's no secret we have challenges to work out. But the health care industry will only progress if we leave the past behind and work together to build a healthier, more sustainable future. It's the future our patients and members deserve.

Sincerely,

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

Sources:

NHE Fact Sheet (https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html)

World Bank Gross domestic product 2014 list (http://databank.worldbank.org/data/download/GDP.pdf)

Better, Smarter, Healthier: In historic announcement, HHS sets clear goals and timeline for shifting Medicare reimbursements from volume to value (http://www.hhs.gov/about/news/2015/01/26/better-smarter-healthier-in-historic-announcement-hhs-sets-clear-goals-and-timeline-for-shifting-medicare-reimbursements-from-volume-to-value.html)

Together, We Can Fight Fraud, Waste and Abuse

Dear Physicians and Health Care Providers:

The February issue of Humana's YourPractice is always important. Each year, we pack this issue full of essential information about our annual compliance training requirements, updates to our clinical and pharmacy policies, as well as other articles that can help your practice.

Did you know that every Humana associate has similar compliance training requirements to those we require for your practice? In fact, along with the required fraud, waste and abuse (FWA) training, ethics training and compliance policy, every Humana associate and contractor must complete additional modules on protecting information, cultural competency, health, safety and welfare and more.

We believe in this program because we see the consequences of FWA every day. Even though we can't put a specific number on the amount lost each year as a result of health care fraud, we know that the dollar amount is in the billions and that this cost comes at the expense of everyone's health. The Centers for Medicare & Medicaid Services (CMS) note the following effects of FWA*, and I have seen these as well, as both a clinician and medical director:

- Delayed benefits
- Difficulty in using providers of choice
- Hurdles to care
- Denial of benefits
- Lower profits
- Higher premiums
- Lower benefits for individuals and employers
- Higher copayments
- Lower star ratings

You play a vital role in the fight against FWA. Please refer to this page (https://www.humana.com/provider/medical-providers/education/whats-new/compliance-requirements) to find out how you can complete the required training, which includes instructions about confidentially and anonymously reporting noncompliance.

Sincerely,

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

Find Out More About Humana Policies That Affect Health Care Providers and Their Patients

Humana creates operating policies and procedures to help maintain a high level of service to its members and network physicians and other health care providers. Humana asks all health care providers to review the following with office staff members:

Medical record audits

Humana staff members conduct annual medical record audits in randomly selected physician offices where required by the state. These audits evaluate physician compliance with medical record documentation guidelines. The minimum passing score is 85 percent compliance with the guidelines, with a goal of 90 percent. These guidelines are available for download and printing here (http://www.humana.com/providers/tools/provider_tools/clinical_practice.asp); click on the PDF entitled "Medical records documentation guidelines" under the list of clinical practice guidelines.

Clinical practice guidelines

Humana annually reviews and adopts clinical practice guidelines based on guidance from national organizations generally accepted as experts in their fields. These clinical practice guidelines are available here (http://www.humana.com/providers/tools/provider_tools/clinical_practice.asp). Choose from the current list of clinical practice guidelines, which includes renal disease, diabetes, cardiovascular disease, preventive care, behavioral health and others. The specific links take you from Humana's site to the website of the organizations that issued the guidelines. For example, the chronic obstructive pulmonary disease (COPD) link connects to the website for the Global Initiative for Chronic Obstructive Lung Disease. Paper copies of the guidelines also may be requested from your local market office or your local market provider relations representative.

Humana case management and chronic care programs

Humana offers a variety of programs for members who need care for complex medical situations or support for chronic conditions. Through these programs, care managers collaborate with physicians and other health care providers to help members continue to live at home safely while addressing their physical, behavioral, cognitive, social and financial needs.

Members who enroll in a Humana case management or chronic care program are assigned a care manager who supports them by phone (eligible members also receive home visits). The manager's goal is to anticipate members'

needs and problems, encourage preventive care and prevent costly interventions. This is accomplished through home-safety assessments and evaluations of medical, functional and psychosocial status.

Some chronic conditions addressed by Humana programs include chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, hypertension, HIV/AIDS, asthma and diabetes.

Humana case management and chronic care programs are available for select Medicare, Medicaid, commercial, health care exchange and administrative-services-only members in all markets, except Puerto Rico.

Information about available care management programs and procedures for accessing services are available here (http://www.humana.com/providers/health/) and in the Provider Manual (https://www.humana.com/provider/support/publications). Additionally, health care providers may call the Humana Health Planning and Support team for assessment and referral to appropriate clinical program(s) at 1-800-491-4164, Monday through Friday, 8:30 a.m. to 5 p.m. local time.

Members' rights and responsibilities

All Humana members have certain rights and responsibilities when being treated by Humana-contracted physicians. These rights are outlined in Humana's Rights and Responsibilities statement. Humana asks participating physicians to display a copy of the Rights and Responsibilities statement in their offices. Physicians can find a copy of the statement in the Provider Manual (https://www.humana.com/provider/support/publications). Physicians also can obtain a printed copy of the manual by calling provider relations at 1-800-626-2741, Monday through Friday, 8 a.m. to 5 p.m. Central time.

Quality improvement (QI) program

Humana has a comprehensive quality improvement program that encompasses clinical care, preventive care and administrative functions of the health plan. Information about Humana's quality improvement program and progress toward goals is available here (http://apps.humana.com/marketing/documents.asp?file=1857752). For a written copy of the QI Program Description or a progress report of how goals are being met, mail a request to the following address:

Quality Operations Compliance and Accreditation Department-QI Progress Report
321 W Main St., WFP 20
Louisville, KY 40202

Utilization management (UM)

The utilization management program helps guide Humana members toward appropriate and cost-effective treatment options. It is important that physicians, other health care providers and Humana members know the following about the program:

- Humana does not reward health care providers or other individuals for denying service or care.
- UM decision-making is based only on appropriateness of care and service, and existence of coverage.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.
- Physicians can obtain a copy of specific UM criteria by calling 1-800-448-6262, Monday through Friday, 8 am to 8 pm Eastern time.

Adverse determinations/denial decision

If a member receives an adverse determination or denial, his or her attending physician or primary care physician (PCP) may request to discuss the decision with a Humana medical director or pharmacist reviewer. A peer-to-peer conversation may be scheduled by calling the number in the denial notification letter. If another opinion is needed, an external review organization's (ERO's) board-certified specialist may be consulted.

Physicians Encouraged to Review Updates on Prior Authorization, Quantity Limits and Step Therapy

Humana strives to make the prescription process as easy as possible for physicians, other health care professionals and members. Some prescriptions, however, require more attention than others.

The Humana Clinical Pharmacy Review (HCPR) team handles requests regarding:

- Prior authorizations
- Quantity limits exception requests
- Step therapy authorizations
- Other medication exception requests

Prior authorizations

Some drugs must undergo a criteria-based approval process prior to a coverage decision. To streamline this drug prior authorization process, requests can be faxed to Humana. Completed prior authorization prescription request forms should be faxed to 1-877-486-2621.

Prior authorization request forms may be obtained in one of two ways:

1. Visit Humana's website (http://www.humana.com/providers/pharmacy/prior_authorization.aspx).
2. Utilize Humana's self-service interactive voice response system to request fax forms by calling 1-800-555-CLIN (2546).

When completing a prior authorization request, the following information is needed:

Patient information

- Member ID
- Patient demographic information
- Drug, strength, dosage
- Patient diagnosis
- Drug allergies or medical conditions

- Other therapies attempted
- Desired length of therapy
- Medical records, only for medical necessity or off-label use review (not for every submission)
- Some requests for authorization require appropriate lab information before they can be processed

Prescriber information

- Tax identification number
- Prescriber demographic information

Health care providers who want to submit a pharmacy authorization request to Humana Clinical Pharmacy review (HCPR) online can use the following methods:

- Cover MyMeds® – This free service allows prescribers to submit and check the status of prior authorization requests electronically for any Humana plan. Visit CoverMyMeds.com (https://www.covermymeds.com/main/) for more information.
- Availity Web Portal – Health care providers need to be registered to use Availity. To register, go to Availity.com (http://www.availity.com/) and select "GET STARTED" to sign up. Once logged in, select "Payer Spaces," then "Humana," then "Pharmacy Prior Authorization."

A list of drugs that require prior authorization is available online at: http://www.humana.com/providers/pharmacy/drug_list.aspx.

HCPR can be contacted with questions by calling 1-800-555-CLIN (2546), Monday through Friday, 8 a.m. to 6 p.m. local time.

Prior authorization target turnaround time

Prescribers have two time options when they submit requests.

- Standard HCPR requests will give prescribers a decision within 72 hours of Humana's receipt of supporting documentation for authorization.
- An expedited review can be requested if the standard response time would cause serious harm or endanger a member's health. Expedited HCPR requests for Medicare members will be reviewed, and prescribers will receive a decision within 24 hours of receiving their supporting statement for authorization.

Quantity limit exception requests

Quantity limits are based on product information approved by the United States Food and Drug Administration and recommendations from the drug's manufacturer. These limits are reviewed and approved by Humana's Pharmacy and Therapeutics Committee, which is composed of both pharmacists and physicians.

If a patient's medication warrants additional quantities, fax a completed prior authorization prescription request to HCPR at 1-877-486-2621. The same information needed for a prior authorization request (see list above) is required for additional quantities.

Step therapy authorization requests

Step therapy protocols require Humana members to use preferred medications before using medications considered to be second-line or third-line. These protocols are used to promote established national treatment guidelines. Additionally, step therapy protocols assist in promoting safe and cost-effective medication therapy.

Some drugs are restricted to a particular gender and/or age group for coverage. This is based on how the drug is to be used and the subpopulation the drug is intended to treat.

For an exception to a step therapy drug, fax the request to HCPR at 1-877-486-2621.

Other medication exception requests

Other requests include tiering exceptions, formulary exceptions (both nonformulary drugs and formulary drugs with a utilization management requirement) and hospice.

Exceptions and appeals

Information about exceptions and appeals is available online at: http://www.humana.com/providers/tools/prescription_tools/exceptions_appeals.asp.

HCPR can be contacted with questions at 1-800-555-CLIN (2546), Monday through Friday, 8 a.m. to 6 p.m. local time.

J.D. Power Ranks Humana Pharmacy "Highest In Customer Satisfaction with Mail-order Pharmacies"

The 2015 J.D. Power U.S. Pharmacy Study (http://cts.businesswire.com/ct/CT?id=smartlink&url=http://www.jdpower.com/press-releases/2015-us-pharmacy-study&esheet=51199708&newsitemid=20151013005543&lan=en-US&anchor=2015+J.D.+Power+U.S.+Pharmacy+Study&index=1&md5=f1b34ba84dd7207ee70bc57381b5ef6e) named Humana Pharmacy the top U.S. mail-order pharmacy in customer satisfaction. The study measures customer satisfaction among U.S. pharmacies across four categories — mail order, brick and mortar, supermarket and chain drug store — on a 1,000-point scale. Humana Pharmacy's score of 875 was the highest among mail-order pharmacies this year.

This award reflects Humana Pharmacy's ongoing commitment to improving its customer experience through a variety of initiatives.

- Over the past three years, Humana Pharmacy has introduced tools and services to improve the customer experience including one-click refills, over-the-counter medication delivery, Braille labels and talking scripts for the visually impaired, and an intense focus on first-call resolution of customer concerns.
- In 2014, Humana Pharmacy rolled out its mobile app to provide mobile access to refills, order status and billing information. The app also allows people to scan a prescription bottle label to refill, switch prescriptions from a retail pharmacy or watch informational videos about their medicine.
- Humana Pharmacy also completely redesigned its website, building it from the ground up, based on extensive customer research. As part of Humana's integrated health care model, Humana Pharmacy is even

utilizing its bottle caps to deliver health messages to members, with one example being its reminders to get flu shots.

Note: Humana Pharmacy received the highest numerical score among mail-order pharmacies in the proprietary J.D. Power 2015 U.S. Pharmacy StudySM. The study is based on 14,914 total responses and measures 10 mail-order pharmacies. Proprietary study results are based on experiences and perceptions of consumers surveyed from May to June 2015. Individual experiences may vary. Visit jdpower.com for more information.

Anatomical Modifiers Still Required for CPT/HCPCS Codes

The more expansive ICD-10 code set that was implemented on Oct. 1, 2015, replaced ICD-9 diagnosis and procedure codes, but it did not affect Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes used for physician services. This has caused confusion for some health care providers who assumed that the more detailed ICD-10 diagnosis codes supplant the need to include anatomical modifiers for certain CPT/HCPCS codes.

Humana policy follows CMS guidance in most coding matters, and CMS' "ICD-10-CM/PCS: The Next Generation of Coding" (https://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD-10Overview.pdf) states, "While ICD-10-CM codes have expanded detail, including specification of laterality for some conditions, you should continue to follow CPT and CMS guidance when you report CPT/HCPCS modifiers for laterality."

Claims that include CPT codes without required anatomical modifiers may not be covered. This applies to all claims submitted to Humana.

Health care providers can view the anatomical modifiers presentation at humana.com/HealthCareProviderHowTo (http://www.humana.com/HealthCareProviderHowTo) for more information about Humana's claims payment policy.

CMS provides additional ICD-10 information on its website at cms.gov/Medicare/Coding/ICD10/downloads/ICD-10Overview.pdf.

"Making it Easier for Health Care Providers" Series Updated

Humana continues to add to its library of educational materials regarding claims policies and processes for physicians, health care providers and their office staffs. Each education-on-demand topic addresses a specific policy topic, and most include a printable tip sheet with the most important information about that topic. Newest topics include Drug Testing and Codes, and Chronic Care Management Services.

Humana welcomes health care providers' feedback on the presentations offered. An optional survey is included at the end of each presentation. Following are some of the survey results Humana has received so far:

- 80 percent rate the material as extremely/very useful.
- 82 percent state they are extremely/very likely to use the tip sheets.

- 91 percent would recommend these presentations to others.
- Many respondents have offered suggestions for additional topics.

Health care providers and their office staffs can find more information at Humana.com/HealthCareProviderHowTo (http://humana.com/HealthCareProviderHowTo). They can then use the feedback function on that page to submit questions or recommendations.

New Tools Provide Patient-specific Pharmacy Coverage Information During an Office Visit

Humana's new drug benefit verification tool, IntelligentRx, provides physicians with details about their Humana-covered patients' drug coverage, pricing and pharmacy options while the patient is in the exam room. IntelligentRx is available to physicians who use DrFirst® – an electronic prescribing system. It gives physicians and patients the capability to discuss and review drug costs and options as the prescription is being written. Making informed prescribing decisions in the exam room may help improve clinical outcomes by improving patients' access and adherence to their medications.

To use IntelligentRX, the physician chooses a medication, and then DrFirst's myBenefitCheck interface connects with Humana's IntelligentRX service. The physician receives information specific to his or her patient about drug costs and coverage, drug allergies and even alternative therapies. This could have a significant impact on a patient's out-of-pocket health care costs, which can be a barrier to medication adherence.

For more information, please visit www.drfirst.com.

Digital ID Card Option Available to Members

Humana members have the convenience of using a digital member ID card in addition to physical member ID cards. **Please note: As of this writing, Humana medical members will continue to receive physical member ID cards.** Digital ID cards are available as an option for members; they are not replacing physical member ID cards.

Humana-covered patients may present a digital member ID card on their smartphone, instead of a physical member ID card, to their health care provider. Patients also may choose to print a paper version from their MyHumana ID Card Center or to fax a copy of the card to a physician's office from their smartphone. Humana respectfully requests that health care providers accept a digital, fax or printed version of these patients' ID cards when patients visit their office for care.

Health care providers can refer to these frequently asked questions and answers (http://apps.humana.com/marketing/documents.asp?file=2630953) for more information.

Follow These Tips When Submitting a Corrected Paper Claim with Multiple Pages

When submitting multiple-page corrected claims on paper, health care providers and their billing staffs need to include the words “page 1 of <insert total number of pages>,” “page 2 of <insert total number of pages>,” etc., on each page of the claim. This helps Humana ensure the entire claim stays together during processing.

Without the specification of total pages included, the following will result:

- Each page will be considered a separate claim.
- The member will receive multiple explanations of benefits (EOBs).

Additionally, health care providers need to include the total charge on the last page of the submitted claim.

Following these tips will help Humana correctly process a health care provider’s multi-page claim and complete payments in a timely fashion.

For more information about submitting claims, health care providers can visit https://www.humana.com/provider/medical-providers/education/claims/payment-policies/.

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).

Updated current clinical practice guidelines

- No updated clinical practice guidelines

Newly added clinical practice guidelines

- No newly added clinical practice guidelines

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 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

- Auvi–Q (epinephrine injection) Lyrica (pregabalin)
- Belbuca (buprenorphine) buccal film
- Cotellic (cobimetinib)
- Darzalex (daratumumab)
- Imlygic (talimogene laherparepvec)
- Kanuma (sebelipase alfa)
- Lyrica (pregabalin) -- Medicaid
- Nuedexta (dextromethorphan and quinidine)
- Onivyde (liposomal irinotecan)
- Viberzi (eluxadoline)
- Veltassa (patiromer)
- Yondelis (trabectedin)

Pharmacy coverage policies with significant revisions

- No pharmacy coverage policies with significant revisions

New medical coverage policies

- Bunion surgical treatments
- Genetic testing
- Hammertoe surgical treatments
- Hip, knee and shoulder arthroscopic surgeries
- Vocal cord insufficiency treatments

Medical coverage policies with significant revisions

- Bariatric surgery
- Benign prostatic hyperplasia (BPH) treatments
- Bone graft substitutes

- Cardiac monitoring devices
- Chest wall deformities (pectus excavatum/carinatum and poland syndrome) Treatments
- Cryoablation
- Durable medical equipment (DME)
- Genetic testing for breast and/or ovarian cancer susceptibility
- Genetic testing for cancer susceptibility
- Genetic testing for colorectal cancer susceptibility
- Inhaled nitric oxide
- Noninvasive prenatal screening
- Noninvasive tests for hepatic fibrosis
- Pharmacogenomics and companion diagnostics
- Reduction mammoplasty
- Spinal fusion surgery
- Tumor markers for diagnosis and monitoring of cancer
- Urinary and fecal incontinence treatments
- Varicose vein treatments

Retired medical coverage policies

- Thermal capsular shrinkage (thermal capsulorrhaphy)

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 code editing
- Drug testing and codes
- 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

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, 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.