Humana Medicaid

Third Quarter 2016

Updates for Physicians and Health Care Providers

In this issue

Confirm your Medicaid ID

Beginning in 2017, claims will be denied for physicians and health care professionals with invalid Medicaid enrollment. In order to receive Medicaid reimbursement, a physician or health care professional must be fully enrolled in Medicaid or have "limited enrollment status," as well as meet all provider requirements at the time the service is rendered. Any entity that bills Medicaid for Medicaid-compensable services provided to Medicaid recipients or that provides billing services of any kind to Medicaid providers must enroll as a Medicaid provider.

PROPER MEDICAID ENROLLMENT IS CRITICAL FOR CLAIMS PAYMENT. ALL PHYSICIANS AND HEALTH CARE PROFESSIONALS NEED TO CONFIRM THEIR MEDICAID ENROLLMENT WITH THE AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA).

Physicians and other health care professionals can verify enrollment via the AHCA website: http://portal.flmmis.com/FLPublic/Provider_ManagedCare/Provider_ManagedCare_Registration/tabId/77/Default.aspx?linkid=pml

Please note the following details regarding how the physician or health care professional should be listed:

- Current listing of Medicaid numbers for all providers should be "CONFIRMED ACTIVE" on the AHCA portal provider master List (PML)
- Must be listed as "ENROLLMENT" or "Limited Enrollment" in Enrollment Type column L and as "ACTIVE (A)" in Current Medicaid Enrollment Status column V.

Incorrect enrollment can affect the way a physician, health care professional or provider group is identified by AHCA and its Choice Counselors, as well as how a physician, health care professional or provider group is listed in Physician Finder, Humana's online provider directory.

AHCA's Provider Enrollment area is available to assist the physician or health care professional with enrollment issues, such as change of address, change of ownership and re-enrollment issues via the AHCA website: http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/tabId/42/Default.aspx

Guidelines on how physicians and other health care professionals should enroll with Medicaid can be found in the Provider General Handbook's Reference Chapter 2: https://www.flrules.org/Gateway/reference.asp?No=Ref-02671

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Humana Family is now Humana

Recently, Humana notified contracted physicians and health care providers about a change in the name of our Florida Medicaid plans. Humana Family and Humana American Eldercare will now be known as **Humana**. For information regarding where to send claims, refer to the back of the member's ID card.

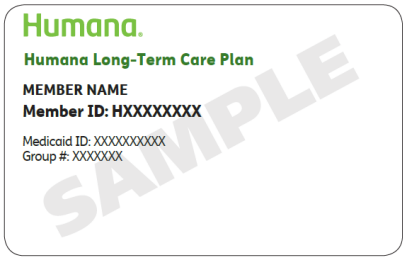
What you need to know:

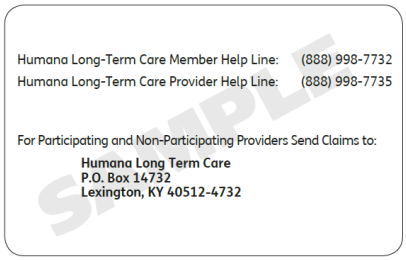
- **Member benefits will stay the same.** These include member responsibility as well as what is covered or not covered.
- **Only existing members will receive a new ID card.** The primary change to Humana's ID cards will be the plan name. ID cards with the old or new plan names may be accepted.
- **Claim filing/payment will not change.** File claims in the same manner as always.

IF YOU HAVE QUESTIONS, PLEASE CONTACT US BY CALLING 1-800-477-6931.

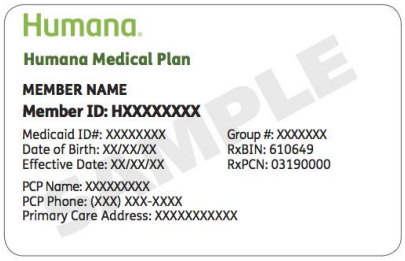
Humana Comprehensive Plan ID Card

Humana Long-Term Care Plan ID Card





Humana Medical Plan ID Card



The primary change to Humana's ID cards will be the plan name.

ACCEPT ID CARDS WITH THE OLD OR NEW PLAN NAMES.

Complete 2016 compliance training requirements

Physicians and health care professionals are required to complete the following training modules each year:

- Humana Medicaid Provider Orientation
- Health, Safety and Welfare Training
- Cultural Competency
- Compliance and Fraud, Waste and Abuse Training

Physicians can find the training modules by logging in at **Humana.com/providers** (registration required) or www.availity.com (registration required). More information is available on Humana's website at https://www.humana.com/provider/support/clinical/medicaid-materials/florida by choosing the "Health Care Provider Training Materials" tab.

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Important update: Crossover claims only need submission to CMS

Effective Oct. 1, 2016, health care providers no longer need to send Medicare crossover claims for dually eligible recipients directly to Humana. Under this initiative, health care providers only need to submit their claims once to the Centers for Medicare & Medicaid Services (CMS) for processing and are no longer required to submit secondary claims to Humana. This means CMS will automatically forward claims for members who are dually eligible for both Medicare and Medicaid coverage. Find more information.

PLEASE NOTE: If a health care provider submits a claim for a dually eligible member that CMS has already forwarded to Humana, Humana will deny the provider-submitted claim as a duplicate.

New patient service tools for physicians available

There are many reasons patients miss the medical services and tests that are valuable to their health. Humana has developed tools physicians can use to help patients with MMA coverage stay current. The Sample Adult Services Template Letter provides a checklist of the recommended health services and tests for adult MMA members, including preventive screenings, medications and diabetes care. The Sample Pediatric Services Template Letter provides a checklist of the recommended health services and tests for pediatric MMA members, including preventive screenings and medications.

Physicians can:

1. Download and customize the letter(s) for their letterheads, their communication styles and patients' needs.
2. Distribute the letter(s) to their MMA-covered adult and/or pediatric patients regardless of the patients' health benefits plan membership.

Humana announces Managed Medical Assistance (MMA) Physician Incentive Program

The MMA Physician Incentive Program's aim is to promote quality of care for our Medicaid members and recognize those physicians who demonstrate high levels of performance for selected criteria.

To be considered eligible for the program, a physician must be a board-certified pediatrician by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology. In addition, pediatricians must practice at a site as a primary care physician with assigned Medicaid members.

The incentive program will not be extended to any of the following:

- Physicians outside of the Humana Medical Plan Medicaid network
- Pediatricians with a panel size of fewer than 200 Medicaid members during the measurement period
- County health departments
- Federally qualified health centers (FQHCs)
- Rural health clinics (RHCs)
- Physicians billing through an FQHC or RHC

Letters were sent to all physicians eligible for the incentive program on Aug. 31, 2016. Physicians who met the quality criteria outlined in the eligibility letters were sent a recognition letter on Sept. 14, 2016.

Additional information regarding the incentive program can be found on the Agency for Healthcare Administration (AHCA) website: http://ahca.myflorida.com/medicaid/statewide_mc/mma_physician_incentive.shtml

QUESTIONS REGARDING THE INCENTIVE PROGRAM MAY BE DIRECTED TO A PROVIDER RELATIONS REPRESENTATIVE OR ONE OF THE FOLLOWING CONTACTS:

- Regions 1 and 6: Contact Sharon Coleman at 1-813-287-6195 or email scoleman7@humana.com.
- Regions 9, 10 and 11: Contact Katrina Knight-Vera at 1-305-626-5006 or email kknight-vera@humana.com.

Referral updates

- **Referrals are no longer required for outpatient hospice.** Humana recently made a change to the referral requirement for outpatient hospice services billed with revenue code 651, 652 or 657. Effective Sept. 1, 2016, a referral is no longer required. This alleviates claim denials and delays hospice providers have experienced when unable to obtain a referral from a member's primary care physician.
- **Observations require a referral.** These are considered outpatient services.

Find out more about telemedicine services

Telemedicine is the practice of health care delivery by a practitioner who is located at a location other than the site where the patient is located for the purposes of evaluation, diagnosis or recommendation of treatment. Telephone conversations, chart review, electronic mail messages or facsimiles are not considered telemedicine.[1]

Physicians who will be offering and/or facilitating telemedicine services in their practices need to be aware of the following state guidelines to ensure they are informed of their responsibilities, requirements and criteria for telemedicine. Offering these services may include a review of the practice by Humana's legal designee to ensure all considerations for the practice of telemedicine have been met.

Physicians offering these services to patients with Medicaid coverage need to address the following requirements:

- Telecommunication equipment and telemedicine operations meet the technical safeguards required by 45 CFR 164.312, where applicable.
- Administration of telemedicine services comply with the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal laws pertaining to patient privacy.
- Telemedicine services provided are documented in the enrollee's medical/case record.
- Telemedicine services are offered to the enrollee as a choice of whether to access services through a face-to-face or telemedicine encounter. This needs to be documented in the enrollee's medical/case records.
- Telemedicine services must be performed by licensed practitioners within the scope of their practice.
- Telemedicine services must involve the use of interactive telecommunications equipment, which includes, at a minimum, audio and video equipment permitting two-way, real-time, interactive communication between the enrollee and the practitioner. *Note: Medicaid does not reimburse for the costs or fees of any of the equipment necessary to provide services through telemedicine, including telecommunication equipment and services.*

PHYSICIANS ARE ENCOURAGED TO CONTACT THEIR PROVIDER RELATIONS REPRESENTATIVE IF THEY ARE OFFERING, OR PLAN TO OFFER, THESE SERVICES TO PATIENTS WITH HUMANA MEDICAID COVERAGE.

[1] https://www.flrules.org/gateway/ruleno.asp?id=59G-1.057

Telemedicine is the practice of health care delivery by a practitioner who is located at a location other than the site where the patient is located.

PHYSICIANS OFFERING OR FACILITATING TELEMEDICINE SERVICES NEED TO FOLLOW STATE GUIDELINES.

Humana supports all communities

Humana makes every effort to recruit and retain physicians and health care professionals of all ethnicities in order to support the cultural preferences of our members. Currently, Humana's Medicaid provider networks are open to new physicians and health care professionals who are willing to accept our contractual requirements and rates, as well as satisfy all credentialing and regulatory requirements.

We review and accommodate all provider nomination requests, when appropriate, from both members and others to facilitate equal representation in our provider network.

Physicians may contact their provider relations representative to nominate a provider or complete the provider nomination form.

PLEASE NOTE: Physicians and health care professionals are encouraged to work with their provider relations representative to ensure Humana accurately reflects the languages spoken in their offices in Humana's provider directories.

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Abilify removed from preferred drug list

Abilify was recently removed from AHCA's preferred drug list. Abilify is now considered nonpreferred; however, the generic version of Abilify, aripiprazole, is preferred. Please encourage your patients with Humana MMA coverage to switch from the brand Abilify to the generic aripiprazole.

Important notes:

- Prescriptions for brand Abilify will not adjudicate because it is nonpreferred.
- If brand Abilify is needed, you need to request an authorization by calling Humana Clinical Pharmacy Review (HCPR) at 1-800-555-2546 or via www.covermymeds.com (registration required).

NOTE: PHYSICIANS MAY CONTACT THEIR PROVIDER RELATIONS REPRESENTATIVE WITH QUESTIONS.

All children need recommended immunizations and screenings

As part of Humana's focus on preventive health, Humana wants all infants and children to receive recommended immunizations and screenings.

Vaccines for Children (VFC) program

As detailed under section 1905(r)(1)(B)(iii) of the Social Security Act, Humana is required to remind physicians and health care professionals annually regarding their participation in the VFC program. The VFC program provides vaccines at no charge to physicians and eliminates the need to refer children to county health departments for immunizations. More information regarding ordering VFC program vaccines is available on the Florida SHOTS™ website at http://flshotsusers.com.

PLEASE NOTE: Title XXI MediKids enrollees do not qualify for the VFC program and their vaccines need to be billed directly through the Medicaid fee-for-service delivery system for immunizations provided to them.

Child blood lead screenings

Federal regulations also require that children receive a blood screening for lead at 12 months old and at 24 months old. Children ages 12 to 72 months who have not previously been screened also should be screened for lead poisoning. The Centers for Disease Control and Prevention (CDC) recommends that physicians use a verbal lead-screening questionnaire to assess the risk of elevated levels in children 6 months to 6 years old.[2] Taking CDC guidelines and recommendations into account, children whose blood lead levels are found to be 5 mcg/dL or greater (by venous sampling) should be treated and managed according to the physician's discretion.[3] According to AHCA, follow-up visits should include identification of possible sources of lead, appropriate treatment and periodic repeat testing.[4]

PHYSICIANS WITH QUESTIONS REGARDING THE VFC PROGRAM OR BLOOD LEAD SCREENINGS MAY CONTACT HUMANA QUALITY MANAGEMENT AT 1-305-626-5252.

Sources:

2. Roles of Child Health-Care Providers in Childhood Lead Poisoning Prevention.
https://www.cdc.gov/nceh/lead/publications/1997/pdf/chapter4.pdf

3. Blood Lead Levels in Children.
https://www.cdc.gov/nceh/lead/acclpp/lead_levels_in_children_fact_sheet.pdf

4. Information for Parents and Caregivers.
http://www.floridahealth.gov/environmental-health/lead-poisoning/parent-info.html