



2017 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 complete and 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, California, Colorado, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Mississippi, Missouri, Montana, Nebraska, Nevada, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington or Puerto Rico)
- Medicaid-specific training (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.

A quadrivalent vaccine also is available that will include the B/Phuket/3073/2013-like virus (B/Yamagata lineage).

Other vaccine details for the 2016 – 2017 flu season:

- Intramuscular (IM) vaccines will be available in both trivalent and quadrivalent formulations. All high-dose IM vaccines will be trivalent this season.
- A jet injector can be used for delivery of AFLURIA® for people 18 to 64 years old.
- All intradermal vaccines will be quadrivalent.

More information is available at Humana.com/providercompliance.

Adolescents Are Missing Opportunities to Receive the HPV Vaccine

Human papillomavirus (HPV) vaccines have been shown to prevent infections that can lead to several types of cancer, such as cervical cancer.¹ The Centers for Disease Control and Prevention (CDC) recommends a three-dose

HPV vaccination for girls and boys at ages 11 or 12 years. But are adolescents actually getting their recommended HPV vaccines?

Humana teamed up with researchers from the University of Louisville Department of Pediatrics to explore whether there are missed opportunities to give the HPV vaccination to young girls covered by Humana. Similar to nationwide trends, fewer than half of the 15,000 eligible girls in the study received the first vaccination for HPV at the recommended age. Of those girls, only slightly more than half completed the three-shot series before turning 13.

Offering the first HPV vaccine dose along with routine Tdap (tetanus, diphtheria, pertussis) and MCV (meningococcal conjugate vaccine) to 11- and 12-year olds during the same visit could improve HPV vaccination coverage.² A number of resources to facilitate communication with parents and adolescents about HPV and other recommended vaccines are available at the CDC's website (<https://www.cdc.gov/hpv/>).

All HPV vaccines protect against HPV types 16 and 18, which cause the majority of cervical and other HPV-related cancers. Two HPV vaccines are currently available to administer as a three-dose series. The following vaccines are approved for use with girls and boys:

- **Quadrivalent/4vHPV (Gardasil®)** – Includes HPV types 16 and 18, which cause more than 65 percent of invasive cervical cancers, and types 6 and 11, which cause genital warts.
- **9-valent/9vHPV (Gardasil® 9)** – Includes HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58, which cause about 80 percent of invasive cervical cancers and genital warts.

View the full research here (<http://apps.humana.com/marketing/documents.asp?file=2882100>).

Sincerely,

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

¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2492590/>

²<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6429a3.htm>

Member Assistance Program Helps with Health and Life Challenges

Health care professionals can talk about Humana's Member Assistance Program (MAP) with patients covered by Humana Medicare Advantage who need needing help with coordinating health care or other life challenges. This service is available at no additional cost to the patient.

Patients can access MAP resources by telephone at 1-800-767-6171 (TTY: 711), Monday through Friday, 8:30 a.m. to 8 p.m. Eastern time, or by creating an account on Humana.com. Once logged in, patients can click on the Member Assistance Program link under "Coverage & Claims."

MAP is a Humana Medicare Advantage benefit that connects patients with trained counselors and resource specialists to help with challenges, such as the following:

- Caring for themselves or others

- Finding assisted-living facilities, in-home care agencies and nursing homes
 - Accessing information to help an older adult live independently while protecting against falls
 - Locating a care manager to assess the patient's situation
 - Obtaining checklists to help evaluate nursing facilities and other types of care
 - Getting consultation and information to help ensure back-up care is in place in case primary care plans fall through
 - Identifying alternative, low-cost transportation options
- Addressing emotional strain
 - Coping with a serious illness
 - Addressing emotional concerns, depression, stress, grief and loss
 - Getting information on Alzheimer's disease and other dementias
 - Handling relationship issues and difficult conversations

All MAP counselors are experienced clinicians with at least a master's degree. Patients who use MAP resources to address their challenges may have better success adhering to their physicians' care plans, which can mean better health outcomes.

Sincerely,

George A. Andrews, M.D., M.B.A., F.A.C.P., F.A.C.C., F.C.C.P.
Corporate Medical Director, Quality Strategy Development

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

Humana creates operating policies and procedures to help maintain a high level of service to network health care professionals and their patients. Humana asks all health care professionals to review these policies with office staff members. Important topics include medical record audits, clinical practice guidelines, Humana case management and chronic care programs, Members' rights and responsibilities, quality improvement (QI) program and utilization management (UM).

Learn more at <https://www.humana.com/provider/medical-providers/education/whats-new>. Choose "Find Out More About Humana Policies That Affect Health Care Professionals and Their Patients."

Review Available Policies on Prior Authorization, Quantity Limits and Step Therapy

Humana strives to make the prescription process as easy as possible for physicians and health care professionals and their patients. Some prescriptions, however, require more attention than others. View more information regarding prior authorizations, quantity limits exception requests, step therapy authorizations and other medication exception requests at <https://www.humana.com/provider/medical-providers/education/whats-new>. Choose "Policies on Prior Authorization, Quantity Limits and Step Therapy Available."

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Beat Paper

Electronic claims payment offers several advantages over traditional paper checks, including:

- Faster payment processing
- Reduced manual effort
- Access to online or electronic remittance information
- Reduced risk of lost or stolen checks

Physicians and health care professionals can enroll directly with Humana for EFT and ERA.

Humana also participates in a multipayer option with EnrollHub™, a CAQH Solution™.

For more information, visit [Humana.com/epaymentinfo](https://www.humana.com/epaymentinfo) or send an email to eBusiness@Humana.com.

Humana Encourages Use of Availity for Online Tasks

Physicians and other health care professionals can check eligibility and benefits, submit referrals and authorizations, manage claims and complete other administrative tasks securely online using the Availity Web Portal, Humana's preferred resource.

To register, physicians and other health care professionals need to visit [Availity.com](https://www.availity.com) and select the "REGISTER" link.

Once registered, they can begin to use Availity for online tasks and also register others in their organizations to use the portal.

For Availity Web Portal help and training sessions, physicians and health care professionals can visit **Humana.com/providerselfservice**.

For answers to questions about the Availity Web Portal, physicians and health care professionals need to send an email to eBusiness@Humana.com.

Medicare Participation Includes Medicare Supplement Plans

Physicians and other health care professionals who accept Medicare assignment need to keep the following important points in mind:

- If physicians and other health care professionals accept Medicare assignment, but are not contracted for Humana Medicare Advantage plans, they should still accept patients with Humana Medicare supplement coverage.
- The only Humana Medicare Supplement Plan with an annual plan deductible is the High-Deductible Plan F. The patient may also be responsible for the Medicare Part B deductible. The patient will not be responsible for the Medicare Part B deductible if it is covered by his/her Medicare supplement plan. Explain to the patient which deductible, if any, is being charged. This helps the patient understand what he/she is paying and reduces confusion.
- Most Medicare supplement plans do not have copayments. Plan N is the only Humana Medicare supplement plan that has a copayment (\$20 per office visit or up to \$50 for an emergency department visit).

Questions about Humana's Medicare supplement plans may be directed to Humana Medicare Supplement Customer Service at 1-800-866-0581.

Communication Between Specialists and Primary Care Physicians Helps Patients

The American Academy of Family Physicians (AAFP) is a strong proponent for continuity of care. According to the AAFP, continuity of care reduces fragmentation of care and thus improves patient safety and quality of care. The AAFP defines continuity of care as "the process by which the patient and his/her physician-led care team are cooperatively involved in ongoing health care management toward the shared goal of high quality, cost-effective medical care."¹

Sharing the following types of information can build a solid foundation for continuity of care:

- Referrals
- Past medical records
- Hospital records
- Operative and pathology reports

- Diagnostic studies
- Admission and discharge summaries
- Consultations and emergency department (ED) reports

The AAFP also states, “Continuity of care...helps physicians gain their patients’ confidence and enables physicians to be more effective patient advocates... Thus, the American Academy of Family Physicians supports the role of family physicians in providing continuity of care to their patients in all settings, both directly and by coordination of care with other health care professionals.”

¹<http://www.aafp.org/about/policies/all/definition-care.html>

Physicians Help Diabetic Patients Protect Their Feet

The American Diabetes Association offers guidelines for diabetic foot care that may help prevent adverse outcomes (http://care.diabetesjournals.org/content/39/Supplement_1/S72).

The guidelines advise physicians to:

- Perform a comprehensive foot evaluation each year to identify risk factors for ulcers and amputations.
- Obtain a prior history of ulceration, amputation, Charcot foot, angioplasty or vascular surgery, cigarette smoking, retinopathy and renal disease, and assess current symptoms of neuropathy (pain, burning, numbness) and vascular disease (leg fatigue, claudication).
- Inspect the skin of the feet.
- Assess foot deformities.
- Perform a neurological assessment with 10-g monofilament testing and pinprick or vibration testing or assessment of ankle reflexes.
- Perform a vascular assessment with pulses in the legs and feet.
- Perform an examination at every visit for patients with a history of ulcers or amputations, foot deformities, insensate feet and peripheral arterial disease, as they are at substantially increased risk for ulcers and amputations.
- Refer patients with symptoms of claudication or decreased or absent pedal pulses for ankle-brachial index and further vascular assessment.
- Incorporate a multidisciplinary approach for individuals with foot ulcers and high-risk feet (e.g., dialysis patients and those with Charcot foot, prior ulcers or amputation).
- Refer patients who smoke or who have histories of prior lower-extremity complications, loss of protective sensation, structural abnormalities or peripheral arterial disease to foot care specialists for ongoing preventive care and lifelong surveillance.
- Provide general foot self-care education to all patients with diabetes.

Your patients with Humana coverage who have diabetes may receive a mailing with tips on taking care of their feet, along with a reminder to talk with their primary care physician or podiatrist about foot problems. Using the correct American Medical Association (AMA) Current Procedural Terminology (CPT®) codes helps Humana pay claims for these types of visits in a timely fashion. Diabetic foot care CPT codes are 2028F, G9226, G0245, G0246 and G0247.

New and Revised Pharmacy and Medical Coverage Policies Available

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](https://www.humana.com/provider) by selecting "Medical and Pharmacy Coverage Policies" under "Resources." Policies can be reviewed by name or revision date. Users also may search for a particular policy using the search box. More detailed information can be found by reviewing "How to Read a Medical Coverage Policy" and "Understanding the Medical Coverage Policy Development Process" under "Helpful Links."

Below are new, revised and retired policies:

New pharmacy coverage policies

- No new pharmacy coverage policies

Pharmacy coverage policies with significant revisions

- No policies with significant revisions

New medical coverage policies

- Carpal Tunnel Syndrome Surgical Treatments
- Extended Ophthalmoscopy

Medical coverage policies with significant revisions

- Biofeedback
- Colorectal Cancer Screening
- Gene Expression Profiling
- Hip, Knee and Shoulder Arthroscopic Surgeries
- Nasal Surgical Treatments (Balloon Dilation and Endoscopic)
- Noninvasive Prenatal Screening
- Pharmacogenomics and Companion Diagnostics
- Urinary and Fecal Incontinence Treatments

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 physicians, other practitioners and their office staff quick, easy-to-understand information on topics that help simplify doing business with Humana.

This tool can be accessed at <https://www.humana.com/provider/support/on-demand/>.

Available topics are as follows:

- Clinical Quality and Outcomes
- Commercial Risk Adjustment
- Commercial Risk Adjustment Model
- HumanaAccessSM Visa Card
- Humana Member Summary
- Making It Easier for Health Care Providers
- Special Needs Plans (SNPs)
- Working with Humana
- Consult Online

Humana's claims education page includes educational tools that help health care professionals better understand Humana's claims policies and processes. The presentations can be accessed at [Humana.com/MakingItEasier](https://www.humana.com/provider/medical-providers/education/tools/making-it-easier) (<https://www.humana.com/provider/medical-providers/education/tools/making-it-easier>).

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:

- Multiple Evaluation and Management (E/M) Services
- Anatomical Modifiers
- Application of Medicare NCD/LCD Guideline
- Medicare Preventive Services
- Professional Component and Technical Component (PC/TC)
- Humana's Maximum Unit Values
- Chronic Care Management Services
- Drug Testing and Codes
- Humana's Approach to Code Editing
- Modifier 24
- Procedure-to-Procedure Code Editing
- Modifiers 59 and X {EPSU}
- Modifier 25

Working with Humana Online: The Availity Web Portal

Physicians, other health care professionals and their administrative staff who want to work with Humana online can register for the Availity Web Portal. This multipayer site requires only one user ID and password to work with Humana and other participating payers.

Once registered, users will be able to complete tasks such as:

- Verifying patient eligibility and benefits
- Submitting referrals and authorizations
- Checking claim status
- Using Humana-specific tools

To register for the Availity Web Portal, health care professionals should visit [Availity.com](https://www.availity.com) and select “REGISTER.”

Health care professionals and staff can sign up for a training session offered by a Humana eBusiness consultant at [Humana.com/providerwebinars](https://www.humana.com/provider/medical-providers/education/provider-self-service/interactive/) (<https://www.humana.com/provider/medical-providers/education/provider-self-service/interactive/>).