

Humana Medicaid

First Quarter 2017

Updates for Physicians and Health Care Providers

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Confirm your Medicaid ID for claim payments

Beginning April 10, claims will be denied for physicians and health care professionals with invalid Medicaid enrollment. 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 Humana 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 their 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 the listing:

- Current listing of Medicaid numbers for ALL providers CONFIRMED ACTIVE ON AHCA PORTAL Provider Master List (PML).
- Provider must be listed as "ENROLLMENT" or "Limited Enrollment" in Enrollment Type column L and as ACTIVE (A) in Current Medicaid Enrollment Status column V.
- Provider's billing NPI and/or rendering NPI must be accurate and affiliated with the provider's Medicaid ID.

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 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 about 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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CAQH ProView® streamlines credentialing process

Physicians and health care professionals need to use the Council for Affordable Quality Healthcare (CAQH) ProView tool to provide credentialing information to Humana. Note: This excludes facilities.

CAQH ProView is the trusted source and industry standard for self-reported provider data and eliminates redundant applications, including state applications, required by a health care professional's contracted health plans, including Humana. Using CAQH reduces the amount of time health care professionals spend on credentialing and recredentialing by allowing them to submit information to the tool once and then update it via the attestation process.

How this affects you:

- **Initial applicants** must use CAQH for requests submitted **Jan, 1, 2017, and after**.
- Health care professionals due for **rec credentialing Sept. 1, 2017, and after** will need to submit their information through CAQH.
- The use of **CAQH will reduce the amount of time involved with credentialing and rec credentialing, as well as costs**.
- Network health care professionals who have not used CAQH or who have outdated information have been notified via fax to their credentialing point of contact.
 - If you are **already registered** with CAQH, then please ensure your information is current and complete and that you have granted Humana authorization to review/receive the credentialing information.
 - If you **are not registered** with CAQH, then please complete a registration form via <https://proview.caqh.org/PR/Registration>. Once the registration is submitted, you will receive an email from CAQH with a CAQH Provider ID. You will then need to complete the online CAQH application and grant Humana authorization to review/receive your information.

Questions may be emailed to CredentialingInquiries@humana.com

Medicaid orientation training for obstetricians and gynecologists available online

Find training specifically for OB/GYNs on [Humana's provider website](#), including information on the following topics:

- Authorization process
- Billing for GYN, OB and high-risk deliveries
- Postpartum visits
- Family planning
- Mom's First program
- HEDIS® measures



Complete 2017 compliance training requirements

Participating physicians and health care professionals are required to complete and attest to understanding and adhering to compliance program requirements available online.

Highlights include:

- **Humana Medicaid provider orientation** details how to do business with Humana and covers subjects such as contracting, credentialing, access to care, clinical programs, web resources, authorizations and claims processing.
- **Health, safety and welfare training** provides definitions of abuse, neglect and exploitation, steps for prevention and instructions for reporting suspected cases of abuse, neglect or exploitation.
- **Cultural competency** information discusses what the terms “culture” and “cultural competence” mean, the benefits of clear communication, strategies for working with seniors and individuals with disabilities and interpretive services.
- **Compliance and FWA training** defines fraud, waste and abuse, outlines steps for prevention and reporting of suspected cases of fraud, waste and abuse and provides information on the Whistleblower Act.

Find the training modules by logging in at [Humana.com/providers](https://www.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.

Patients share tips for improvement in annual surveys

Annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) member surveys run each February through June. Last year’s surveys showed the following areas with the most room for improvement:

- Getting Care Quickly
- Getting Needed Care
- How Well Doctors Communicate

Patients shared the following suggestions for improvement:

Getting Care Quickly

Suggested Improvements/Actions: Minimize wait times, communicate the reason for delays and apologize, provide updates on remaining wait times, show respect for the patient’s time, offer to reschedule appointments, avoid overscheduling or double-booking, be on time and spend enough time with the patient.

Getting Needed Care

Suggested Improvements/Actions: Provide prompt and efficient care and follow up including referring to other health care professionals, ensure the patient is treated with courtesy and respect, schedule follow-up appointments quickly, follow through on recommendations and requests, schedule appointments with sufficient time to allow question/answer and explanation or review of test results.

How Well Doctors Communicate

Suggested Improvements/Actions: Emphasize good communication skills, make eye contact, use appropriate body language, confirm that the patient understands the topic on which you are trying to educate him/her, write down instructions, use simple language, communicate directly with the patient, provide visit notes, listen actively and respond to the patient’s questions/concerns and repeat back what the patient said, explain concepts in layman’s terms, address language barriers, educate patients and help them stay informed, avoid interrupting patients and/or multitasking, respect the patient’s opinion and values.

To learn more about CAHPS data, visit <https://cahpsdatabase.ahrq.gov/>.



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Help keep your directory information current

To maintain accurate participating provider directories and reimbursement information, physicians and other health care professionals need to report all changes of address or other practice information (see table below for other examples) at least 30 days prior to the effective date of the change.

Examples of information changes that need to be reported:

Provider information	Adding a provider (i.e., physician or health care professional joining the practice/group)
Tax identification number	Provider deletions (i.e., physician or health care professional no longer participating with the practice/group)
National Provider Identifier (NPI)	Medicare/Medicaid numbers
Address	Office hours/after hours
Phone number	Languages spoken
Practice name	<i>Please note some of these changes may require a new amendment or agreement depending on the reason for the change.</i>

There are multiple ways to report changes to Humana:

- If you usually send this type of information to a local market representative or other Humana Provider Relations staff, please continue to do so.
- If your practice is managed by an independent practice association (IPA), management services organization (MSO), physician organization (PO) or physician hospital organization (PHO), please report demographic changes to the administrative office of that organization, which will then update your information with Humana.
- **Additional options:**
 - Submit changes electronically on Humana.com (registration required) using the Manage My Demographics tool under the "Resources" tab.
 - Contact Humana provider relations at 1-800-626-2741, Monday through Friday, 8 a.m. to 5 p.m. Central time.
 - Fax changes to Humana provider relations at 1-800-626-1686.
 - Contact your local Humana provider contracting representative.

For more information, please refer to the [Humana provider manual](#).

If you have questions, please contact Humana provider relations at 1-800-626-2741.

Humana posts new Florida Medicaid Provider Handbook

HEALTH CARE PROVIDERS CAN FIND THE NEW FLORIDA MEDICAID PROVIDER HANDBOOK, ALONG WITH OTHER HELPFUL MATERIALS, ON THE HUMANA FLORIDA MEDICAID PROVIDER WEBSITE AT [HTTPS://WWW.HUMANA.COM/PROVIDER/SUPPORT/CLINICAL/MEDICAID-MATERIALS/FLORIDA](https://www.humana.com/provider/support/clinical/medicaid-materials/florida).

Provider nominations welcome

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

We review and accommodate all provider nomination requests, when appropriate, from members and others to facilitate equal representation in our provider network. Questions about Humana's recruitment and retention of minority physicians and health care providers may be directed to your provider relations representative.

The status of Humana's networks is subject to change based on continual assessment of our provider network requirements. Therefore, there may be closed panels for select specialties in specific geographic areas.



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Changes announced for physician extender reimbursement

As you know, Humana follows state-specific regulations regarding fee schedule management and payments to health care providers, and therefore, Humana Medical Plan's fee schedules mirror the Agency for Health Care Administration's (AHCA) provider fee schedules. Consistent with that approach, effective as of March 1, 2017, Humana Medical Plan will reimburse physician extenders in accordance with the current published AHCA fee schedules. Under these AHCA fee schedules, services provided by physician extenders are paid at a different rate under Medicaid than other types of health care providers.

Physician extenders include, but are not limited to, the following:

- Licensed midwives
- Certified nurse midwives
- Advanced registered nurse practitioners
- Registered nurse first assistants
- Physician assistants
- Certified registered nurse anesthetists
- Anesthesiologist assistants

If you have questions about the Humana Medical Plan fee schedule, please contact your provider relations representative or visit the Florida Medicaid Web portal's provider fee schedules page: http://ahca.myflorida.com/medicaid/review/fee_schedules.shtml.

For more information, refer to the list below for your region's contact information:

- Appropriate reasons for potential transfers
 - Situations for which transfers are not permitted
 - How to submit member-transfer requests to Humana
 - Documentation required to support a potential transfer
 - Sample patient communications
- Region 1 (Walton and Okaloosa counties), call Jerred Carter at 1-813-294-5886 or email Jerred_Carter@iasishealthcare.com.
 - Region 1 (Escambia and Santa Rosa counties), call Justin Donato at 1-813-601-4867 or email Jdonato@iasishealthcare.com
 - Region 6 (South Hillsborough, Hardee, Highlands and Manatee counties), call Ramon Paulino at 1-813-309-3581 or email RPaulino@iasishealthcare.com.
 - Region 6 (North Hillsborough and Polk counties), call Robert Castillo at 1-813-309-7045 or email RCastillo@iasishealthcare.com.
 - Regions 9, 10, 11, contact Katrina Knight-Vera at 1-305-626-5006.

Member transfer provider training available online

Find training on Humana's member-transfer policy and procedure [online](#), which covers the following topics: