Humana Researchers Prove Effectiveness of Virtual Diabetes Prevention Programs

Last year, Humana researchers partnered with Omada Health, a pioneer in the field of digital health, to examine the effectiveness of using a virtual platform for delivery of a proven diabetes prevention program to an elderly population. The Omada virtual eCoaching Diabetes Prevention Program (DPP) has been fully recognized by the Centers for Disease Control and Prevention (CDC) as meeting the evidence-based standards set by the National DPP. Participants have access to trained health coaches and are offered 16 weeks of intensive instruction focused on weight loss, followed by up to eight months of weight maintenance guidance.

The following results were published on Jan. 24, 2017, in a peer-reviewed article (http://journals.sagepub.com/doi/full/10.1177/0898264316688791) in the Journal of Aging and Health:

- 92 percent of participants completed at least nine of the weekly lessons during the first 16-week period.

- After one year, participants had lost an average of 7.5 percent of their initial body weight, or between 13 and 14 pounds.

- On average, participants' HbA1c levels decreased by 0.14 percent.

- On average, participants' total cholesterol decreased by 7.08 mg/dL.

"We already knew that the basic DPP is very effective in reducing diabetes risk, " said Dr. Todd Prewitt, clinical medical director for Humana's Clinical Best Practices. "We were very pleased to find that the digital version, which provides such a convenient and simple option, is something we can confidently share with physicians to offer their patients, including older adults."

What We Learned at ACP

We just returned from the American College of Physicians' internal medicine meeting in San Diego. There, we were able to connect with hundreds of primary care physicians about population health and value-based care.

We heard about challenges physicians face navigating this new health care landscape and the support they need to strengthen their practice performance and to improve their patients' health. Internists were particularly interested in the clinical programming and capabilities (http://populationhealth.humana.com) we offer to make practicing population medicine easier.

They were also drawn to the work we're doing in communities to convene business, physician, civic and nonprofit leaders to address barriers to health such as lack of food and social isolation. And finally, Dr. Robert Wachter (https://www.linkedin.com/in/robert-wachter-3102b963/) and I had a frank conversation with more than 150 physicians about how the quality, safety and value movements are converging to transform health care.

I look forward to connecting with those of you attending the American Academy of Family Physician conference in September. Until then, feel free to reach out to me at our office of the chief medical officer at ocmo@humana.com.

Sincerely,

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

Receive Immediate Preauthorization Determinations Online

Humana has enhanced its approval process on the Availity Web Portal at www.availity.com with a new preauthorization automation feature. It provides immediate determinations for requests that previously may have been pended for review. Physicians and other health care providers are encouraged to use it for select services on Humana's preauthorization and notification lists for commercial, Medicare and dual Medicare-Medicaid plans. Additional plans and services will be added later this year.

How does it work?

When submitting a preauthorization request through Availity for these services, health care professionals will see the message below.

> **Attention: Authorization is Pended**
> This case requires clinical review. You have the option to answer some questions regarding the services requested. The answers to these questions will help expedite the clinical review.
>
> **Click to Complete Questionnaire**

They can select the "Click to Complete Questionnaire" button to answer a short list of clinical questions. If all clinical criteria and conditions are met, Humana will deliver an instant approval. If, after completing the questionnaire, the preauthorization remains pended, the health care professional may upload relevant clinical information via the authorization/referral inquiry tool on the Availity Web Portal for a potentially faster manual review.

To save time when submitting the authorization, health care professionals will need to have the relevant clinical information from the patient's chart on hand, including:

- Standard authorization information, such as requesting and servicing provider and/or facility

- Patient's signs and symptoms and their duration

- Related prior diagnostic tests and results

- Related patient medications and duration

- Relevant prior treatments or other clinical findings

Refer to this [presentation](http://apps.humana.com/marketing/documents.asp?file=3103529) (http://apps.humana.com/marketing/documents.asp?file=3103529) and [FAQ](http://apps.humana.com/marketing/documents.asp?file=3103542) (http://apps.humana.com/marketing/documents.asp?file=3103542) for more information about this option. For more information about Humana's online tools, health care professionals can visit **Humana.com/ProviderSelfService** or email eBusiness@Humana.com.

Sincerely,

Charles Stemple, D.O.
Chief Medical Officer, Health Guidance Organization

Action Required to Maintain Access to Humana's Secure Online Tools

Humana is phasing out its secure online provider portal. To work with Humana, physicians and other health care professionals will be able to access the most up-to-date online tools on the [Availity Web Portal](www.availity.com) (www.availity.com).

- **Many organizations working with Humana online already have an Availity account** and an internal Availity administrator who can set up new users. Health care professionals who do not know if an account exists [can complete the online registration form](https://apps.availity.com/availity/web/public.registration) (https://apps.availity.com/availity/web/public.registration). If the organization's tax identification number is already registered, a contact number and customer ID will be displayed on the results screen.

- **Organizations that do not have an Availity account** can designate an Availity administrator to register for a new account at Availity.com. This should be someone with the legal authority to sign agreements for the organization (typically an owner or senior partner), or that person's designee. The administrator can then add users for the organization and maintain its access permissions.

Humana will continue to offer health care professionals a wide variety of resources that are available without a user ID and password on **Humana.com/provider**.

Additional information

- For FAQs and other information about how Humana and Availity are working together, visit Availity.com/Humana.

- For help with Humana-specific questions and training, email eBusiness@Humana.com.

- For training on making the switch from Humana's secure portal to Availity, sign up at **Humana.com/providerwebinars**.

New Provider Compliance Training Website Available

Each year, Humana notifies physicians and other health care professionals to complete required training and an attestation related to topics such as fraud, waste and abuse prevention; compliance; ethics; special needs plans (when applicable) and Medicaid-specific training (where applicable). To simplify this process, Humana created a new webpage at **Humana.com/providercompliance**.

Consolidating these instructional materials on one web page provides information that physicians and other health care professionals need to complete compliance requirements quickly and efficiently. Additionally, the website provides instructions, an FAQ with more information, and resources for physicians and other health care professionals to report suspected noncompliance and/or fraud, waste and abuse.

As a reminder, these requirements are outlined in each Humana provider's contract and provider manual.

Learn More about Nondiscrimination Notice Requirements

Physicians and other health care professionals who operate a health program or activity and receive federal financial assistance from the Department of Health and Human Services (HHS) for any part of that program or activity are required to comply with Section 1557 of the Affordable Care Act. This section requires the posting of a nondiscrimination statement in their offices, along with a notice about nondiscrimination and accessibility requirements. The links below provide sample notices and Section 1557 training materials:

- •Model Notice of Nondiscrimination in English and Translated Versions: https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html

- Training Materials for Section 1557: https://www.hhs.gov/civil-rights/for-individuals/section-1557/trainingmaterials/index.html

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New Medicare Outpatient Observation Notice (MOON) requirement effective March 8, 2017

The Federal Notice of Observation Treatment and Implication for Care Eligibility Act (NOTICE ACT) Public Law 114-42 was passed on Aug. 6, 2015, and amended Section 1866(a)(1) of the Social Security Act. The amendment requires hospitals and critical access hospitals (CAHs) to provide the Medicare Outpatient Observation Notice (MOON) to Original Medicare beneficiaries and Medicare Advantage (MA) plan members (or their authorized representative). This includes beneficiaries who do not have Part B coverage, beneficiaries who are subsequently admitted as an inpatient prior to the required delivery of the MOON and beneficiaries for whom Medicare is the primary or secondary payer. The MOON is intended to inform beneficiaries who receive observation services for more than 24 hours that they are outpatients, not inpatients, and the reasons for their status.

Important information:

- Effective March 8, 2017, hospitals and CAHs are responsible to provide the written MOON and a verbal explanation of the notice to all Original Medicare and MA beneficiaries who receive outpatient observation services for more than 24 hours.

- The MOON must be provided to the beneficiary (or the beneficiary's authorized representative) no later than 36 hours after observation services begin and may be delivered before a beneficiary receives 24 hours of observation services as an outpatient.

- If the beneficiary is transferred, discharged or admitted, the MOON still must be delivered no later than 36 hours following initiation of observation services.

- The start time of observation services is measured as the clock time observation services are initiated in accordance with a physician's order.

- Hospitals and CAHs must use the Office of Management and Budget (OMB)-approved MOON (CMS-10611) and instructions available on the CMS website at http://www.cms.gov/Medicare/Medicare-General-Information/BNI.

Additional information about the MOON can also be found on the CMS Medicare Learning Network site (MLN Matters Number: 9935) at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9935.pdf.

Making It Easier Series Updated

Health care professionals can sign up to receive a notification whenever Humana adds new content to its library of educational materials. To receive the notification, health care professionals can:

- Visit **Humana.com/MakingItEasier** and look for the green "Stay Connected" widget on the left side of the screen

- Click "Sign Up," enter their email address and click "Subscribe"

The Making It Easier webpage has valuable information aimed at helping physicians and their office staffs understand Humana's claims policies and processes. Notifications will be sent every time new information is added to the webpage.

Humana's newest presentations are (these always appear at the top of the list):

- Primary Diagnosis Coding – Common Errors

- Modifier 25 (updated)

Upcoming topics include:

- Bilateral Services

- Chronic Care Management (updated)

- Home Health Billing

New presentations are created as a result of feedback Humana receives from its viewers. To leave feedback, health care professionals can complete the survey at the end of each presentation or visit **Humana.com/MakingItEasier** and click the green feedback widget at the bottom of the page.

Note Changes to Timing of Updated Code Edits

Humana now publishes changes to code edits monthly, on the first Friday of each month. Notifications clearly state the effective date of the change. To review the most recent notification, health care professionals can select the "See most recent edits" link on the Claim Processing Edits page, at **Humana.com/edits**.

To stay up to date with current health care industry billing and payment practices, Humana must periodically update its policies and claims payment systems. These updates support Humana's continuing efforts to process claims accurately.

Note Updates to Payments for Medicare Members' Basic Radiology Claims

During a 2016 review of benefits and claims, we discovered many basic radiology claims were not being paid as outlined in Humana Medicare members' Evidence of Coverage (EOC). Humana's benefit intent is to apply a member copayment for all basic radiology claims, when applicable; however, claims for basic radiology services that did not include an evaluation and management (E&M) CPT code were being paid incorrectly at 100 percent with no member responsibility.

Effective Jan. 1, 2017, Humana began processing all basic radiology claims as communicated in the EOC. Now, patients with Humana Medicare coverage need to pay a copayment for basic radiology services, when applicable, regardless of whether an E&M code is present on the claim.

Physicians and other health care professionals can determine the copayment amount to collect from patients with Humana Medicare coverage by conducting a benefits check on Availity.com (registration required), Humana.com (registration required) or by calling Humana customer service at 1-800-457-4708, Monday through Friday, from 8 a.m. to 8 p.m. Eastern time.

Questions about this update can be directed to Humana customer service at 1-800-457-4708.

Learn More about Guidelines for Physician-initiated Patient Transfers

Primary care physicians (PCPs), physician groups or independent practice associations (IPAs) acting on behalf of a PCP may request that Humana transfer a patient to another PCP. In some situations, if the PCP is with an IPA or physician group, the request can be to transfer the patient to an entirely different IPA or physician group. Generally, such requests are initiated because the patient and/or power of attorney (POA) or legal guardian have engaged in

behavior that is disruptive, unruly, abusive or uncooperative to the extent that it seriously impairs the PCP's ability to furnish services to either the patient in question or other patients.

Note: Patients cannot be discriminated against in the delivery of health care services, consistent with the benefits covered in their policy, based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, source of payment, health status or participation in a federal program, such as Medicare or Medicaid. Accordingly, a transfer request may not be based on any of these factors, or on the amount or cost of the service that a patient requires. This list is not all-inclusive. PCPs are responsible for complying with all laws, regulations or other standards and policies that may apply.

Find out more about the steps to initiate a patient transfer request here (https://www.humana.com/provider/medical-providers/education/whats-new/) by clicking on "Patient transfers."

Clinical Practice Guidelines Provide Important Tips to Physicians, Staff

Humana adopts clinical practice guidelines based on guidance from national organizations generally considered expert in their fields. Humana's YourPractice features updates to established guidelines and introduces newly adopted guidelines. The goal of these updates is to provide timely information about evidence-based best practices to help improve patient care and adherence to quality measures. While many guidelines are updated annually, others may not change for several years. Humana encourages health care professionals to look for these clinical practice guideline notifications in Humana's YourPractice. Medical and behavioral health clinical practice guidelines are available here (https://www.humana.com/provider/support/clinical/clinical-practice).

Updated current clinical practice guidelines

- Chronic obstructive pulmonary disease (2015)

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** 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

- Basaglar (insulin glargine)
- Rayaldee (calcifediol)

Pharmacy coverage policies with significant revisions

- Clobex (clobetasol)
- Compounded medications
- Opdivo (nivolumab)
- Taclonex (calcipotriene and betamethasone dipropionate)
- Vivitrol (naltrexone for extended release injectable suspension)

New medical coverage policies

- No new policies

Medical coverage policies with significant revisions

- Bariatric Surgery
- Bone Graft Substitutes
- Cardioverter Defibrillators/Cardiac Resynchronization Therapy
- Cardiac Monitoring Devices
- Colorectal Cancer Screening
- Cryoablation
- Durable Medical Equipment (DME)
- Electric Tumor Treatment Fields
- Gene Expression Profiling
- Genetic Testing for Breast and/or Ovarian Cancer Susceptibility
- Genetic Testing for Cancer Susceptibility
- Genetic Testing for Marfan Syndrome and Related Conditions
- Genetic Testing for Muscular Dystrophy and Spinal Muscular Atrophy
- Headache and Occipital Neuralgia Treatments
- Home Oximetry Monitoring
- Janus Kinase 2 (JAK2) V617F, Exon 12 & 13, and MPL Mutation Analysis
- Lymphedema – Diagnosis and Treatments
- Negative Pressure Wound Therapy (NPWT)
- Noninvasive Tests for Hepatic Fibrosis
- Transcatheter Valve Implantation
- Tumor Markers for Diagnosis and Monitoring of Cancer
- Vocal Cord Insufficiency Treatments

Online information Makes It Easier to Do Business with Humana

Humana's "Education on Demand" tool provides 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
- ConsultTM Online (no audio available)
- HumanaAccessSM Visa Card
- Humana Member Summary
- Humana Overview
- Making It Easier for Health Care Providers
- Special Needs Plans (SNPs)
- Texas Deficiency Tool

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).

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:

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

Training Available for Web Portal Tools

Humana is phasing out its secure online portal and offering monthly training sessions for health care professionals and their administrative staff on how to use the Availity Web Portal instead.

Attendees will learn:

- How to register your organization for the Availity Web Portal and set up other users.

- How to use multipayer tools for common tasks such as verifying eligibility and benefits, requesting authorizations and checking claim status.

- How to use Humana-specific tools on the Availity Web Portal.

The overview sessions are led by a Humana eBusiness consultant and include time for questions. There is no cost to attend. Users can sign up at **Humana.com/providerwebinars** (https://www.humana.com/provider/medical-providers/education/provider-self-service/interactive/).