



Find Answers Quickly with “Ask Humana”

Physicians can use Humana.com’s “Ask Humana” search bar to enter questions, phrases or words and then receive a list of pertinent Humana.com pages. For example, if a physician wished to know more about HEDIS, he or she could enter terms like “Healthcare Effectiveness Data and Information Set,” “quality measurements” or “provider performance measurement” into the search bar and then click the magnifying glass icon. Then, Humana.com will return those pages that contain helpful information about Healthcare Effectiveness Data and Information Set measurements.

By using the “Ask Humana” search feature, physicians also are helping Humana better answer physician questions. Humana tracks which questions are being asked and uses these trends to create specific content that helps physicians locate the answers they need faster. For more frequently asked questions about a variety of topics that are available on the Humana.com medical providers website, physicians can access an FAQ at: <https://www.humana.com/customer-support/provider-faq>.

Physician-Payer Collaboration Matters in Value-based Care

To get the most from value-based care, payers and physicians must align their objectives to make the transformation easier. Success in this new paradigm rests with us all, and payers need to get behind physicians and help them make this shift.

In the beginning of the transition to value-based care, Humana, like many payers, emphasized the process versus the outcome. This inadvertently resulted in more paperwork for physician practices and less information about how better tracking and preventive screenings can improve patient health and satisfaction, and reduce costs for everyone. Now, we understand that we need to focus on taking a more integrated approach, expanding clinical services, and simplifying the experience for our physicians and their patients.

More specifically, we are working to improve the transition to value-based care in three ways:

- Aligning around quality metrics.
- Assessing and maximizing all our capabilities.
- Co-creating a plan for the transition to value-based care.

For now, I’d like to discuss the second objective, but look for more to come on quality metrics and co-creating a plan in the October edition of Humana’s YourPractice.

Working together to assess and maximize your capabilities and ours means we meet you where you are on the value-based care journey. For example, we know independent research supports the premise that certain specialists consistently have improved clinical outcomes, higher quality of care and lower costs.^{1,2,3} In response, we developed and can share specialist referral information based on efficiency and effectiveness⁴ through our Care

Decision Insights tool (<https://www.humana.com/provider/support/clinical/care-decision-insights>). You may find this information helpful as you make care decisions for your patients.

Another capability is our web-enabled reporting platform, CareBook, which aids physicians in value-based care relationships in running a wide range of clinical and financial reports. Additionally, our market provider engagement team can work hand-in-hand with you and your clinical staff to review patient panel and population health information, work together to improve patient outcomes and build relationships for successful value-based contracting.

Our peer-reviewed research (<http://research.humana.com>) on medication adherence, tells us that many factors may contribute to low adherence rates, including things like food insecurity (http://research.humana.com/wp-content/uploads/2017/05/Humana_Research_Measuring_Food_Insecurity.pdf) and the lack of synchronization of medication refills (<http://content.healthaffairs.org/content/35/8/1504.full?ikey=qkHyQtYzYZ91U&keytype=ref&siteid=healthaff>). Our Humana Pharmacy Solutions program (<https://www.humana.com/agent/products-and-services/pharmacy/solutions/>) is designed to support you and your patients by improving medication safety and adherence, and by reducing medication-related complications.

Our capabilities are available to you to make it easier to improve the health of your patients. See all of Humana's capabilities (<https://www.humana.com/provider/support/vbc/care-services-support>).

Please take a moment to learn about how Humana can help you in your value-based care transition (<https://www.humana.com/provider/support/vbc/>).

Sincerely,

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

¹"The Productivity of Physician Specialization; Evidence from the Medicare Program," Baicker and Chandra.

²"Medicare Payments to Providers in 2012," Centers for Medicare & Medicaid Services. (link opens in new window)

³Humana proprietary internal analysis, 2014.

⁴When developed and available for Care Decision Insights.

New Column Shares Physician's Perspective on Fraud, Waste and Abuse

Humana has a commitment to detect, report and prevent fraud, waste and abuse. We rely on contracted physicians, other health care professionals and business partners to support this commitment.

While errors may not be intentional, they still have negative systemic effects leading to vital resource losses needed to provide care for individuals within the health care delivery system. Also, excessive charges can prevent patients from seeking needed treatment or filling prescriptions.

During my years of practice, I've seen several instances of waste and abuse that were not the result of malicious intent, but were created through shortcuts in documentation and/or a single episodic coding and billing error, such as:

- Billing for services not rendered.
- Billing for services at a frequency that indicates the physician is an outlier as compared with his/her peers.

- Billing for services that are performed by another physician.
- Billing a health insurance payer using a CPT code for a more expensive service than was performed (upcoding).
- Misusing modifiers, e.g., modifiers 25 and 59.
- Billing for the component parts of a medical procedure when a single code is available that includes the complete procedure (unbundling).
- Billing for more units than rendered.
- Lacking documentation in the records to support the services billed.

Some physicians find themselves being evaluated for fraud, waste or abuse. Humana is required by state and federal laws to report activities of concern. While physicians and other contracted health care professionals may feel nervous about an investigation, many investigations result in reasonable justification of the physician's actions. The importance of appropriate documentation and billing cannot be overstated.

To learn more about Humana's efforts to combat fraud, waste and abuse, including available, confidential and anonymous reporting methods, visit [Humana.com/fraud](https://www.humana.com/fraud).

Sincerely,

Kristine Bordenave, M.D., FACP, CPMA
Corporate Medical Director

Humana Updates Dispute Process and Limitations

Humana adjudicates a claim for services provided to a plan member based on the information submitted in that claim and information related to that claim. If a physician or health care provider disagrees with Humana's adjudication of that claim based on the information submitted, that physician or health care provider may submit a written request that includes new supporting clinical information for a dispute review of the plan's determination. The request may be mailed to:

Humana Correspondence
P.O. Box 14601
Lexington KY 40512

Please note the following limitations, as they help ensure that any request for a dispute review receives the proper consideration:

- When a charge for a service is denied after a medical necessity review, an in-network physician or health care provider may submit up to two dispute requests per claim.
- A request for a dispute review needs to be submitted in writing, in a timely manner.
- A request for a dispute review needs to be submitted with all required information.

- Humana will review the claim to determine whether to revise the adjudication.
- To ensure that new information submitted is fully considered, the in-network physician or health care provider needs to indicate clearly on the cover sheet accompanying the request which information is new and where it can be found within the submission. Also, the new information needs to be clearly highlighted or marked within the submission.

For more information, please review Humana's claims payment policy at <https://www.humana.com/provider/medical-providers/education/claims/payment-policies/> by entering "claim disputes" in the search box.

Questions may be directed to Humana provider customer service by calling 1-800-457-4708, 8 a.m. to 8 p.m. Eastern time, Monday through Friday.

Look for Updated Web Tools on Availity

As previously announced in Humana's YourPractice, health care professionals can access the most up-to-date web tools on the Availity provider engagement portal as Humana phases out its secure online medical provider portal on [Humana.com](https://www.humana.com). (For more information, see <https://www.humana.com/provider/medical-providers/education/whats-new/secure-web-options>.) With new tools launching soon on Availity, now is the time to get registered.

Authorization management app

The new authorization management app on Availity offers an updated way to search for and review authorization and referral requests for Humana-covered patients. This tool replaces Humana's existing authorization management tool and includes the ability to make updates or add attachments for select requests. Authorized users will find the new app in the Availity portal's Humana payer space area.

New claim status tool

Also coming soon to the Availity portal is a better way to check the status of Humana claims. Helpful features include the ability to search by claim number or to see all Humana claims for a specific range of dates. This tool replaces Humana's existing claims search tool. Authorized users will find the new tool within the Availity portal's claims area.

Access the latest tools on Availity

Registered users who do not see the authorization management or claim status tools should contact their organization's Availity administrator to request access.

For more information about registration or help with online tools, visit [Humana.com/Providersselfservice](https://www.humana.com/Providersselfservice) or send an email to eBusiness@Humana.com.

Finding Information Made Easier on Humana.com

Recently, Humana made it easier for physicians to access claims information by reorganizing its navigation bar. A drop-down menu under the "Medical Providers" tab on [Humana.com/provider](https://www.humana.com/provider) displays links to frequently used claims resources, such as the claims coding guide, and authorizations and referrals.

Humana also improved navigation for the “Provider Education” tab and the “Service and Support” tab by combining them under the new “Support and Education” tab. These changes should make it easier to find specific information about Medicare/Medicaid, EFT and ERA enrollment, how to contact Humana and more. For questions regarding claims resources or Humana in general, physicians can refer to the “Contact Us” page at <https://www.humana.com/provider/support/contact-us>.

Learn the Basics about Working with Humana

Newly contracted physicians and other health care professionals who want to know more about working with Humana can access our Humana overview presentation 24 hours a day, seven days a week, on [Humana.com/EOD](https://www.humana.com/EOD). (Scroll down to the “Humana overview” link.)

The entire Humana overview presentation takes about 16 minutes, but users can easily navigate to the topics that most interest them. Topics include:

- Credentialing
- Helpful web resources and contact information
- Authorizations and referrals
- Claims processing and more

More detailed information is linked from the presentation, as applicable. Viewers also can provide feedback to help Humana improve the presentation for others.

Humana Follows Medicare Program Coding for Transgender Patient Claims

Some charges for transgender patients may inadvertently deny when the service provided is gender-specific and does not match the gender on the Humana-covered patient’s enrollment or medical record. As outlined in Humana’s “Gender Specific Services for Transgender or Intersex Members: Condition Code 45 and Modifier KX” claims payment policy, physicians, administrators and other health care professionals need to follow the appropriate Medicare guidance for correctly coding gender-specific procedures provided for transgender patients to enable claims to process correctly.

For facility claims, administrators are encouraged to report condition code 45 with an inpatient or outpatient service that is gender-specific. For professional claims, physicians and other health care professionals are encouraged to include modifier KX with a procedure code that is gender-specific. Humana claims processing systems will recognize condition code 45 and modifier KX, when submitted with charges for gender-specific services, as an indication that the services may be medically necessary, despite an apparent conflict between a patient’s reported gender and the gender-specific service provided.

For more information, physicians, administrators and other health care professionals can review Humana's claims payment policy at <https://www.humana.com/provider/medical-providers/education/claims/payment-policies/> by entering "gender specific services" in the search box.

Making It Easier For Health Care Providers Series Updated

Humana is continuously updating older presentations or adding new ones to its library of educational materials regarding claims policies and processes for physicians, health care providers and their office staff.

Our latest presentations (always at the top of the list) are:

- Bilateral Services and Modifier 50
- Home Health Billing
- Chronic Care Management Services
- Modifier 25

Our upcoming topics are:

- Procedure-to-Procedure Code Editing (2017)
- Humana's Approach to Code Editing (2017)
- Modifier 24 (2017)

The new presentations were created as a result of feedback received from viewers. Physicians, other health care providers and office staff members can leave feedback by completing the survey at the end of each presentation or by visiting [Humana.com/MakingItEasier](https://www.humana.com/MakingItEasier) and clicking the green feedback widget at the bottom of the page. Humana welcomes ideas about new topics to cover.

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) (<https://www.humana.com/provider/support/clinical/clinical-practice>).

Updated current clinical practice guidelines

- No available updates

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."

Recent changes to medical and pharmacy coverage policies are listed below:

New pharmacy coverage policies

- Actemra (tocilizumab)
- Aubagio (teriflunomide)
- Berinert (human c1 inhibitor)
- Chantix (varenicline)
- Corticosteroid and long-acting beta agonist combination inhalers
- Extavia (interferon beta-1b)
- Kalydeco (ivacaftor)
- Molindone
- Neupogen (filgrastim)
- Plegrixy (peginterferon beta-1a)
- Tecfidera (dimethyl fumarate)
- Xeljanz and Xeljanz XR (tofacitinib)
- Xgeva (denosumab)
- Zinbryta (daclizumab)
- Zyban (bupropion SR)

Pharmacy coverage policies with significant revisions

- Bavencio (avelumab)
- Ingrezza (valbenazine)
- Tymlos (abaloparatide)
- Zejula (niraparib)

New medical coverage policies

- Molecular diagnostic testing for vaginitis and sexually transmitted infections

- Recurrent pregnancy loss

Medical coverage policies with significant revisions

- Chronic vertigo evaluation and treatments
 - Discography
 - Electrical stimulators for pain and nausea/vomiting
 - Gender reassignment surgery
 - Genetic testing for diagnosis and monitoring – noncancer indications
 - Home health
 - Nasal surgical treatments (balloon dilation and endoscopic)
 - Speech generating devices, voice prostheses
 - Tilt table testing
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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
- Consult Online (no audio available)
- HumanaAccess Visa Card
- Humana Member Summary
- Humana Overview
- Making It Easier for Health Care Providers
- Special Needs Plans (SNPs)
- Texas Deficiency Tool

Humana's Making It Easier page includes presentations that can 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:

- Bilateral Services and Modifier 50
 - Home Health Billing
 - Chronic Care Management Services
 - Primary Diagnosis Codes – Common Errors
 - Modifier 25
 - Multiple Evaluation and Management (E/M) Services
 - Anatomical Modifiers
 - Application of Medicare NCD/LCD Guidelines
 - Medicare Preventive Services
 - Professional Component and Technical Component (PC/TC)
 - Humana's Maximum Unit Values
 - Drug Testing and Codes
 - Humana's Approach to Code Editing
 - Modifier 24
 - Procedure-to-Procedure Code Editing
 - Modifiers 59 and X {EPSU}
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Training Available for Secure Online Tools

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

Attendees will learn:

- How to register their organizations for the Availity 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 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/>).