



Changes Announced for 2018 Formularies

Beginning Jan. 1, 2018, certain drugs will have new limitations or will require utilization management — e.g., prior authorization (PA) requirements, step therapy (ST) modifications and nonformulary (NF) changes — under the Humana commercial and Medicare formularies for the 2018 plan year. These changes could mean higher costs or new requirements for Humana-covered patients who use these drugs. Humana encourages the use of generic and cost-effective brand medications whenever possible.

Also, effective Jan. 1, 2018, Humana will limit the amount of prescription opioid pain medications that can be filled at one time. Pharmacies will be allowed only to fill an opioid pain medication prescription that is for 30 days or less.

Get the details at <https://www.humana.com/provider/support/whats-new/>.

PCPs Share Their Value-based Care Experiences at AAFP

It was great to connect with so many primary care physicians (PCPs) at the American Academy of Family Physicians' (AAFP) annual meeting in September. The Humana team and I had many conversations with PCPs who were interested in value-based care and how those models are improving health outcomes.

What we heard loud and clear is that in value-based relationships, Humana is more than a payer. We have become a data and analytics engine that lets physicians know when preventive screenings are due or when patients may not be taking medication as prescribed. We can even create predictive models to help physicians foresee health complications in their patients before the complications arise.

We at Humana have learned much in our 30 years of working with physicians in value-based care. Yet, we are always interested in hearing how we can better support PCPs in population health. In talking with physicians at AAFP, we heard about the need to create a simplified experience for physicians through robust technology platforms, supporting the coordination of care and addressing health outside the medical setting.

Through our work in addressing social determinants of health, we are seeing progress in the communities where many Humana-covered patients live and work. Our collective goal in these communities is to improve health 20 percent by 2020, and we're using the Healthy Days survey to measure progress in improving health-related quality of life.

In fact, in San Antonio, where the AAFP meeting was held, Humana is working with more than 40 community partners and actively engaging 300-plus physicians in piloting community initiatives. San Antonio is our longest-standing Bold Goal market, and together, over a five-year period, we've decreased Unhealthy Days in San Antonio by nearly 10 percent.

We welcome your ideas for how we can better support you — simply send them to ocmo@humana.com. Or, if you're planning to attend the American College of Physicians' internal medicine conference next April, we'll see you there.

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

Thank You for Being a Key to Integrity

Every day, you perform a valuable role for your Humana-covered patients. We appreciate how hard you work to do the right thing for them.

We also are committed to doing the right thing, and to working with you to provide direction about state and federal legal requirements that govern the health care industry.

In addition, we get many questions about resources that provide clarity concerning privacy, security breaches, state and federal regulations, conflicts of interest and how to report potential fraud. To that end, we offer Ethics Every Day for Contracted Providers and Health Care Partners (available online at <http://apps.humana.com/marketing/documents.asp?file=1112774>), our resource outlining Humana's standards of conduct. It is one of many ways Humana shares its resources for, and expectations of, contracted entities and individuals who support Humana in performing one or more functions for any Humana Medicare- and/or Medicaid-related offering.

Additionally, physicians and other contracted entities need to complete an attestation certifying compliance with the above-listed standards of conduct document, or to having a materially similar document in place. This attestation is needed upon initial contract and annually thereafter.

For guidance on completing the compliance attestation or for additional information on this requirement, please refer to Humana.com/providercompliance. For answers to other questions about compliance, please call Humana provider relations at 1-800-626-2741, Monday through Friday from 8 a.m. to 5 p.m. Central time.

We appreciate our relationship with you and all contracted health care professionals.

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

Humana Updates Preauthorization and Notification Lists for 2018

On Jan. 22, 2018, Humana will update its preauthorization and notification lists for all commercial fully insured, Medicare Advantage (MA) plans and dual Medicare-Medicaid plans. Preauthorization will be required for left atrial appendage closure (LAAC) device (e.g.; Watchman™), lung biopsy and resection and simple mastectomy and gynecomastia surgery (excluding radical and modified), as well as additional medications delivered in the physician's office, clinic, outpatient or home setting.

Important note regarding epidural injections: The notification letter mailed to all participating physicians and health care professionals included the following:

Humana will begin managing preauthorization requests for epidural injections. OrthoNet will no longer manage these services. Preauthorization requests should be submitted to Humana using Availity.com (registration required) or by calling Humana's Interactive Voice Response line at 1-800-523-0023.

The epidural injection requirement has been revised, and OrthoNet will retain management of epidural injections.

Find all the details at <https://www.humana.com/provider/support/whats-new/>.

Electronic Funds Transfer (EFT) Protects Claims Payments

Humana wants to ensure physicians and other health care professionals receive their Humana claims payments, even if their area is impacted by an unexpected event, such as a natural disaster.

Since electronic payments are deposited directly into a designated bank account, they can continue to be delivered even if an emergency situation requires evacuation or temporary relocation.

Learn more about EFT and begin the enrollment process at <https://www.humana.com/provider/support/hipaa/era>.

Need help?

Send an email to eBusiness@Humana.com.

New Opioid Drug Safety Edits Coming In 2018

Beginning Jan. 1, 2018, Humana Pharmacy Solutions will implement several point-of-sale edits to assist in addressing safety concerns regarding opioid prescriptions.

The 2018 drug safety edits will apply when:

- The cumulative opioid threshold exceeds 250 mg morphine equivalent dose (MED) – Prior authorization will be required.
- Multiple prescribers and multiple pharmacies are used to obtain the same or similar opioids – Prior authorization will be required.
- The opioid threshold dose is between 100 mg and 250 mg MED – Dispensing pharmacist will evaluate for appropriate use.

- Concurrent opioid use with benzodiazepines (double threat) – Dispensing pharmacist will evaluate for appropriate use.
- Concurrent use of opioids, benzodiazepines and muscle relaxants (triple threat) – Prescriber will receive alerts to consider alternate therapies.

Patients may have multiple health conditions and more than one prescriber. In some cases, prescribers may not be aware of other treatments, which is problematic. The safety edits are designed to bring awareness to such situations.

Questions can be directed to Humana's Retrospective Drug Utilization Review team at 1-877-222-0589. An associate will return all calls.

Humana Continues Code Editing Software Updates in 2018

As part of an ongoing effort to improve claims processing, Humana will continue to update its code editing software to align with CMS guidelines, national benchmarks and industry standards. The updates will occur throughout the year, and updates will be posted the first Friday of every month.

If you are a physician or health care provider in California, the updates will not affect any contractual obligation with a contracted independent practice association (IPA). The updates pertain only to participation with Humana's ChoiceCare Network contract.

To view these changes and find additional information about claim policy updates and submitting code-editing questions, visit [Humana.com/edits](https://www.humana.com/edits).

Reminder: Action Needed to Maintain Access to Humana's Secure Online Tools

As a reminder, Humana is phasing out its secure online provider portal. To maintain uninterrupted access to Humana's most up-to-date online tools, physicians and health care providers need to register to use the Availity Portal (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>). 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](https://www.humana.com/provider).

Additional information

- To learn more, visit [Humana.com/providerselfservice](https://www.humana.com/providerselfservice).
- For training on making the switch from Humana's secure portal to Availity, sign up at [Humana.com/providerwebinars](https://www.humana.com/providerwebinars).

Quality Rewards Program Awards \$93 Million to Physicians

Humana's Quality Rewards Program pays bonuses to primary care physicians who improve the quality of care for Humana-covered Medicare patients. So far, 5,600 practices in the 2016 Quality Rewards Program have received bonuses for meeting or exceeding specified Healthcare Effectiveness Data and Information Set (HEDIS®) measures.

The measures include, but are not limited to:

- Breast cancer screening
- Colorectal screening
- Avoidance of high-risk medications for the elderly
- Diabetes care – HbA1c control
- Diabetes care – nephropathy testing

The Quality Rewards Program is part of Humana's value-based care continuum that supports evidence-based, high-quality care through a variety of programs. For more information, call provider relations at 1-800-626-2741 or email providerengagement@humana.com.

Continuity of Care Improves Health Outcomes

Humana supports continuity of care, which is a team approach that emphasizes communication among all of a patient's health care providers. The National Institutes of Health (NIH) recommends continuity of care because it gives physicians better information about their patients' medical history, allowing them to communicate more effectively with the other health care providers involved with their patient's care.

Physicians and other health care professionals are encouraged to share information and include referrals, past medical records, hospital records, operative and pathology reports, diagnostic studies, admission and discharge summaries, consultations and ER reports in a timely manner. This will improve accuracy of patients' medical records at their primary care physician's (PCP) office.

- Continuity of care promotes the following benefits for patients and health care providers:
- Improved health outcomes
- Improved coordination of health care resources
- More focus on patient-centric care
- Higher rates of preventive medicine
- Better record keeping
- Increased patient satisfaction with health care providers

Humana encourages physicians and other health care professionals to make sure their administrative staff are aware of the importance of continuity of care, and that report distribution and any necessary follow-up are completed in a timely manner.

For more information about Humana's continuity of care or other quality improvement programs, please call 1-800-4HUMANA (1-800-448-6262).

Humana Offers Guidelines for Working with Dual Eligibles

The Centers for Medicare & Medicaid Services (CMS) requires Medicare Advantage organizations (MAOs) to inform their network physicians and other health care professionals about the Medicare and Medicaid benefits and rules for patients who are eligible for both Medicare and Medicaid (i.e., dual eligibles).

An overview of the general eligibility and cost-sharing guidelines for Medicaid coverage of dual eligibles can be found at <http://apps.humana.com/marketing/documents.asp?file=3059303>.

Also, physicians and other health care professionals who participate in a Humana Medicare HMO network need to complete special needs plan (SNP) training if they are serving Humana-covered SNP patients in one or more of the following locations: Alabama, California, Colorado, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Missouri, Mississippi, Montana, Nebraska, Nevada, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, South Carolina, Tennessee, Texas, Virginia and Washington. The training outlines the responsibilities physicians and other health care professionals have toward their Humana-covered SNP patients, as required by CMS.

CMS requires that the material outlined in the attestation form be reviewed and an attestation form be completed upon hire or contract and annually thereafter. For guidance or additional information about this requirement, please refer to Humana.com/providercompliance. For answers to other questions about compliance, please call Humana provider relations at 1-800-626-2741, Monday through Friday from 8 a.m. to 5 p.m. Central time.

The SNP training can be accessed at <https://www.brainshark.com/humana/2017SNPtng>.

Humana and BetterDoctor Make Directory Accuracy a Priority

The Centers for Medicare & Medicaid Services (CMS) requires health plans with Medicare Advantage (MA) plans to verify their network physicians' directory information every quarter. Humana is working with BetterDoctor to streamline this verification process.

BetterDoctor's online verification tool (<http://betterdoctor.com/>) makes it easy for Humana-contracted physicians to verify or update their information. BetterDoctor collects practice data in one place and shares that information with multiple health plans, making the process more efficient for administrative office staff.

CMS audits Medicare Advantage plan directories by calling offices to verify the physicians practicing at that location. BetterDoctor also may contact physician practices by fax, mail, email and/or telephone to request a review. Physicians are encouraged to respond to these outreaches to ensure an accurate directory for Medicare Advantage members. Humana cannot compel a physician to respond to a verification request.

Some common discrepancies identified in MA directories include:

- The practitioner does not practice at the office.
- The practitioner is not accepting new MA patients.
- The phone number is incorrect or disconnected.

For more information about BetterDoctor, physicians can call Humana/ChoiceCare Network Provider Relations at 1-800-626-2741, Monday through Friday, 8 a.m. to 5 p.m. Central time.

For technical assistance with the BetterDoctor verification process, physicians can contact BetterDoctor's support staff by calling 1-844-668-2543, 9 a.m. to 5 p.m. Central time, or by emailing support@betterdoctor.com.

New Medicare Outpatient Observation Notice (MOON) Formats Released

The Centers for Medicare & Medicaid Services (CMS) has released additional Medicare Outpatient Observation Notice (MOON) formats in large print for English- and Spanish-speaking patients who request them. You can download them at <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/>.

Hospitals and critical access hospitals (CAHs) are responsible for providing the MOON to Original Medicare beneficiaries and Medicare Advantage (MA) plan members, or their authorized representative. The MOON is mandated by the Federal Notice of Observation Treatment and Implication for Care Eligibility Act (NOTICE Act), passed on Aug. 6, 2015.

Additional information about the MOON can be found here, or in CMS MLN Matters Number 9935 at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9935.pdf>.

New Claim Payment Policies Available

Humana publishes its medical claims payment policies online at [Humana.com/ClaimPaymentPolicies](https://www.humana.com/ClaimPaymentPolicies). The information about reimbursement methodologies and acceptable billing practices may help health care professionals and their billing offices bill claims more accurately. This could reduce delays, rebilling and requests for additional information.

Humana recently published new payment policies on the following topics:

- Modifier JW
 - Modifier FX
 - Modifier for computed radiography X-ray services
 - Timely filing periods
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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 at <https://www.humana.com/provider/support/clinical/clinical-practice>.

Updated current clinical practice guidelines

- No available updates
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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

- Besponsa (inotuzumab ozogamicin)
- Bevyxxa (betrixaban)
- Haegarda (C1 esterase inhibitor)
- Idhifa (enasidenib)
- Kymriah (tisagenlecleucel)
- Mavyret (glecaprevir/pibrentasvir)
- Mesalamine delayed-release tablet (generic Lialda)
- Nerlynx (neratinib)
- Remicade biosimilars
- Rituxan Hycela (rituximab/hyaluronidase)
- Tremfya (guselkumab)
- Triptodur (triptorelin)
- Vosevi (sofosbuvir/velpatasvir/voxilaprevir)
- Vyxeos (daunorubicin/cytarabine liposomal)

Pharmacy coverage policies with significant revisions

- No revised pharmacy policies

New medical coverage policies

- Noninvasive home ventilators

Medical coverage policies with significant revisions

- Bunion and bunionette surgical treatments
- Cardiac rehabilitation
- Cardiovascular disease (CVD) risk testing
- Clinical trials
- Cold therapy devices/heating devices/combined heat and cold therapy devices
- Continuous glucose monitoring systems and insulin pumps
- Electrical stimulators – diaphragmatic/phrenic nerve, functional and neuromuscular
- Extracorporeal shock wave therapy
- Gene expression profiling
- Genetic testing for diagnosis and monitoring – noncancer indications
- Hyperthermia treatment for cancer (local, regional and whole body)
- Injections for chronic pain conditions

- Janus kinase 2 (JAK2) V617F, exon 12 – 14, calreticulin (CALR) and MPL mutation analysis
 - Left atrial appendage and patent foramen ovale closure for prevention of stroke
 - Multianalyte assays with algorithmic analyses (MAAAs)
 - Musculoskeletal indications, soft tissue wounds and coblation therapy
 - Neuroablative techniques for chronic pain
 - Ocular surface disease – diagnosis and treatments
 - Panniculectomy, abdominoplasty, abdominal contouring
 - Radiofrequency tumor ablation
 - Scanning computerized ophthalmic diagnostic imaging (SCODI)
 - Serological and fecal testing for inflammatory bowel disease (IBD)
 - Spinal decompression surgery
 - Temporomandibular joint disorders
 - Ventricular assist device (VAD), total artificial heart (TAH)
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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)
- Go365™
- HumanaAccess Visa Card
- Humana Member Summary
- Humana Overview
- Making It Easier for Health Care Providers
- Special Needs Plans (SNPs)

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/) (<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:

- Use of nonspecific procedure codes
 - Tools and resources for health care providers
 - 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/>).