



New Humana Claim Numbers Expand to 15 Digits

For consistency and to reduce confusion, all new Humana claims now are assigned a 15-digit claim number. Previously, claims were assigned either a nine- or 15-digit number by Humana's system.

This change began Feb. 5, 2018, and only affects the length of the claim number. There will be no change to processing rules or procedures for claims as a result of this change.

Please note: Claims with nine-digit claim numbers will still be valid as they are processed.

What the Data Tells Us about Value-based Care

As we wrapped up 2017, we were able to announce two exciting reports that share what we're learning about value-based care.

The first was our inaugural value-based care report, "Making Progress, Seeing Results (http://valuebasedcare.humana.com/docs/123962_GCHK4DYEN_Bklt_4C-FINAL.pdf).” In it, Humana reports that patients seen by physicians in value-based relationships are seeing 6 percent fewer inpatient hospital admissions, 7 percent fewer emergency department visits and an increase in preventive screenings for breast and colon cancers. Additionally, we've seen a decrease in overall health care costs, compared to those affiliated with standard Medicare Advantage settings.

The report also showed that in 2016, Humana's distribution of overall payments to health care providers was higher for those in value-based care arrangements. According to American Academy of Family Physicians (AAFP) data, primary care physicians (PCPs) receive 6 percent of the total distribution of health care payments nationally. Humana's distribution to PCPs was 16 percent in 2016.

The second report we released was the AAFP-Humana study that looked at physicians' readiness for value-based payment. This report was a follow-up to a similar study conducted in 2015, and showed that more family physicians are adopting value-based payment models despite facing the same barriers: lack of staff time (90 percent), lack of transparency between payers and providers (78 percent) and lack of standardization of performance measures (78 percent). To see more about the study, go to http://humananews.com/wp-content/uploads/2017/11/Data-Brief2017_Value-Base_FINAL4.pdf.

We are always looking for new ways to support physicians in achieving better outcomes for their patients and their practice. I invite you to reach out to the Office of the CMO to share your experience and insights: ocmo@humana.com.

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

Your Completion of Provider Compliance Training Materials is Important

The 2018 provider compliance materials (<https://www.humana.com/provider/support/provider-compliance>) are now available. CMS mandates that all physicians and health care professionals contracted for a Medicare product, including those contracted with a Humana subsidiary, attest to their understanding and adherence with compliance program requirements upon initial contract and at least annually thereafter. Humana is required to track completion.

The review and confirmation of these training materials is not meant to be a burden on you or your organization. Instead, they are meant to help physicians and health care professionals comply with government requirements and Humana's policies and procedures.

The requirements are 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. For additional information, refer to the Illinois Duals page (<https://www.humana.com/provider/support/clinical/medicaid-materials/illinois>) and the Florida Medicaid page (<https://www.humana.com/provider/support/clinical/medicaid-materials/florida>).

While most compliance materials are retained from year to year, it is important to know that the materials may change. As clarifications are necessary or new requirements arise, Humana updates its documents.

To simplify your review of Humana materials, there is a "Notable Changes" section in the following documents:

- Compliance Policy for Contracted Health Care Providers and Business Partners
- Ethics Every Day for Contracted Health Care Providers and Business Partners

If you have questions, please call Humana Provider Relations at 1-800-626-2741 or email the partner compliance mailbox at partnercompliance@humana.com. More information also is available at <https://www.humana.com/provider/support/provider-compliance>.

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

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. Important topics include medical record audits, clinical practice guidelines, Humana case management and chronic care programs, patients' rights and responsibilities, quality improvement (QI) program and utilization management (UM).

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

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

Humana strives to make the prescription process as easy as possible for physicians, other health care professionals and patients. Some prescriptions, however, require more attention than others. View more information regarding prior authorizations, quantity limit exception requests, step therapy authorizations and other medication exception requests at <https://www.humana.com/provider/support/whats-new/pharmacy-policies>.

Convenient Electronic Access to Humana Remittances

Accessing remittance information for Humana claims payments is more convenient than ever with the Remittance Inquiry tool on the Availity provider portal. Search, view details and download remittance information electronically in a user-friendly tool.

Remittance Inquiry on Availity enables health care professionals to:

- Find remittance information for Humana claims payments using a variety of search criteria
- View remittance details, including financial and trace information and associated adjustments
- See claim information associated with a remittance
- Download and print remittance information in multiple file formats

Authorized users can find the Remittance Inquiry tool under "Claims & Payments" on the Availity Portal.

Use Availity for all the latest tools

Humana plans to close its secure provider portal in late 2018. Health care professionals must register on the Availity provider portal to access the most up-to-date web tools.

For more information about registration or help with online tools, visit [Humana.com/Providerselfservice](https://www.humana.com/Providerselfservice).

Guidelines Help Prescribers Avoid Overprescribing Opioids

To avoid overprescribing opioids, physicians and other health care providers can:

- Follow the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain¹, which includes such recommendations as using opioids only when benefits are likely to outweigh risks.
- Start with the lowest effective dose of immediate-release opioids. For acute pain, prescribe only the number of days that the pain is expected to be severe enough to require opioids.
- Reassess benefits and risks if considering dose increases.
- Use state-based prescription drug monitoring programs (PDMPs), which help identify patients at risk of addiction.

Physicians and other health care providers can find more information at www.cdc.gov/vitalsigns/opioids.

Humana Pharmacy Solutions reviews pharmacy claims data² to identify patients who may be overutilizing opioid prescriptions on a regular basis. Opioid overutilization is based on a morphine equivalent dose exceeding 120 mg for at least 90 consecutive days with more than three pharmacies contributing to opioid claims during the most recent 12 months². Review is critical in prevention of misuse, abuse and serious adverse events.

¹“Prescribing Opioids for Chronic Pain,” Centers for Disease Control and Prevention (www.cdc.gov/drugoverdose/prescribing/guideline.html).

²Humana prescription claims data.

New Medicare Member ID Numbers Begin Rolling Out in April

The Centers for Medicare & Medicaid Services (CMS) will issue new Medicare ID numbers and ID cards to all Medicare beneficiaries between April 1, 2018, and April 1, 2019. CMS is removing the Social Security number-based Medicare ID, also known as a Health Insurance Claim Number (HICN), and replacing it with a new Medicare Beneficiary Identifier (MBI) number that does not contain a Social Security number (SSN) or other personal information. All Medicare ID cards will be replaced by April 2019. Until they receive the new Medicare ID card, Medicare beneficiaries are to continue using their current ID card.

For more information, refer to Humana.com/new.

Humana Updates Preauthorization Requirements for Therapy Services

Humana no longer requires preauthorization for outpatient physical, speech and occupational therapy services for patients with commercial and Medicare Advantage (MA) coverage, effective Dec. 18, 2017. Following are some important details about this change:

- While preauthorization will no longer be required, visit limits and other plan provisions (e.g., referrals) will still apply.
- Referrals should be submitted to Humana via [Availity.com](#) (registration required) for prompt processing.
- As with all covered services, therapy services must still meet medical necessity guidelines. For patients with Medicare coverage, CMS coverage guidelines can be found at <https://www.cms.gov/medicare-coverage-database/>. For patients with commercial coverage, Humana's Medical Coverage Policies can be found at http://apps.humana.com/tad/tad_new/home.aspx?type=provider.
- Physicians and other health care professionals may be asked to submit medical records to substantiate the medical necessity of services that have been provided.

For additional information, contact Humana using the telephone number listed on the patient's member ID card.

Humana to Close Its Secure Provider Portal in Late 2018

Humana plans to close its secure provider portal in late 2018. Physicians and health care providers can continue to access Humana-specific and multi-payer tools on the Availity Provider Portal.

Register for Availity now

- **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 need access but do not know if an account exists can complete the online registration form (<https://apps.availity.com/availability/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.
- Physicians and other health care providers can refer to this quick reference guide at https://apps.availity.com/availability/Demos/QRG_Electronic_Registration.pdf for more details.
- **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

- To learn more, visit [Humana.com/provider/selfservice](https://www.humana.com/provider/selfservice).
 - For training on making the switch from Humana's secure portal to Availity, sign up at [Humana.com/provider/webinars](https://www.humana.com/provider/webinars).
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New Presentation Describes Self-Service Tools and Resources

Based on physicians' and other health care professionals' feedback, Humana created its newest topic in the "Making It Easier" series, an inventory of tools and resources.

The presentation describes commonly used self-service tools offered by Humana, as well as key resources. Physicians and other health care providers can access the information they need when they need it, at their convenience. It also provides the location and primary use(s) of each tool in a series of printable reference guides located in the attachments tab in the presentation.

Find tools and resources at [Humana.com/MakingItEasier](https://www.humana.com/provider/support/tools/making-it-easier) (<https://www.humana.com/provider/support/tools/making-it-easier>).

Other recent presentations include:

- Use of Nonspecific Procedure Codes (new topic)
 - Medicare Preventive Services (update)
 - Anatomical Modifiers (update)
 - Humana's Maximum Unit values (update)
 - Procedure-to-Procedure Code editing (update)
 - Application of Medicare NCD/LCD Guidelines (update)
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New Claim Payment Policies Available

Humana publishes its medical claims payment policies online at [Humana.com/ClaimPaymentPolicies](https://www.humana.com/claim/payment/policies). 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:

- No new topics
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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

- Endari (L-glutamine)
- Mylotarg (gemtuzumab ozogamicin)
- Xhance (fluticasone propionate)
- Glatiramer products
- Sprix (ketorolac) nasal spray
- Verzenio (abemaciclib)
- Aliqopa (copanlisib)
- Yescarta (axicabtagene ciloleucel)
- Gocovri (amantadine)
- Trelegy (fluticasone furoate, umeclidinium, vilanterol)
- Asthma Interleukin inhibitors (Cinqair, Nucala, Fasenra)

- Tracleer (bosentan) tablet for oral suspension
- Zilretta (triamcinolone acetonide extended-release)
- Qtern (dapagliflozin and saxagliptin)
- Symproic (naldemedine)

Pharmacy coverage policies with significant revisions

- Viscosupplements
- Buprenorphine-containing products
- Ezetimibe-containing products
- Varubi (rolapitant)
- Oral acne antibiotics

New medical coverage policies

- There are no new policies

Medical coverage policies with significant revisions

- Breast imaging
- Carpal tunnel syndrome (CTS) surgical treatments
- Colorectal cancer screening
- Extended ophthalmoscopy
- Genetic testing for breast and/or ovarian cancer susceptibility
- Hip, knee and shoulder arthroscopic surgeries
- Inhaled nitric oxide
- Plasmapheresis
- Skin lesion surveillance technologies
- Spinal fusion surgery
- Total ankle replacement
- Urinary and fecal incontinence 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
- 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/>).