



Safe Opioid Prescribing Training Offered

The Food and Drug Administration (FDA) strongly encourages prescribers to complete a risk evaluation mitigation strategy (REMS)-compliant training (<https://search.er-la-opioidrems.com/Guest/GuestPageExternal.aspx>), including a knowledge assessment, and to counsel patients regarding the safe use, risks, storage and disposal of extended-release and long-acting (ER/LA) opioid analgesics. To be eligible as continuing education (CE) credits, this training needs to be offered by an accredited CE provider and must include all elements of the FDA Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics (<https://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM515636.pdf>).

Important notes:

- ER/LA opioid products provide an even greater risk of overdose due to the higher opioid dosage in these formulations.
- Patients should be sufficiently opioid-tolerant before extended-release formulations are prescribed. Patients may be predisposed to opioid overdose risk if any of the following are present:¹
 - * Those with:
 - Opioid dependence
 - Reduced tolerance of opioids
 - * Those who:
 - Use prescription opioids
 - Use opioids with sedating agents
 - Use opioids with certain conditions, such as HIV infection, lung or liver disease, or depression
 - Live with others who have high-dose opioids in the household
 - * The Food and Drug Administration (FDA) requires that all ER/LA opioids include a REMS within their medication product labeling.²

A list of REMS-compliant trainings is available at <https://search.er-la-opioidrems.com/Guest/GuestPageExternal.aspx>.

1. World Health Organization (WHO). Community Management of Opioid Overdose. Geneva, Switzerland: WHO; 2014. <http://apps.who.int/iris/handle/10665/137462>.
2. Food and Drug Administration, Risk Evaluation and Mitigation Strategies. <https://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM515636.pdf>.

Humana Continues to Work with Physicians to Improve Interoperability

As we continue to look for ways to support physicians moving into a value-based model of care, Humana continues to listen to physicians and focus on finding strategies grounded in data. To this end, we recently teamed up with the Healthcare Financial Management Association (HFMA) to survey senior financial executives to better

understand the obstacles physicians and their organizations face when moving into value-based care arrangements.

Many barriers were identified through this study, but two stood out:

- Adoption of payer value-based programs may be somewhat slower than expected, though they have doubled since 2015.
- External and internal interoperability may be a primary focus of physicians and other health care providers in the coming years, due to current shortcomings, anticipated future need and the increasing demand for access to various sources of data.

For me, the issue of interoperability really hits home as a previously practicing medical oncologist and now as the clinical leader of a health plan. As I know you're well aware, interoperability has the challenge of collecting fragmented health data and exchanging the information across multiple systems. In addition, it must provide physicians access to comprehensible patient health information at the right time for informed decision-making and better efficiencies. Overcoming the interoperability barrier becomes even more important for treating patients with chronic conditions, as they generally see multiple physicians and specialists. It's a critical issue, and the urgency to find solutions is rising in the world of value-based care.

The HFMA study also revealed that 74 percent of senior executives report their organizations have achieved positive financial results (i.e., return on investment) from value-based payment programs to date. So, some success is being realized, and momentum is building for value-based care. Download the complete report at <https://www.hfma.org/ValueBasedPaymentReadiness/>.

We take the information we learn with our academic and industry partners, such as HFMA, and incorporate these insights into the way we support physicians practicing value-based care. But we are always open to learning more. Please feel free to reach out to me directly with your thoughts or feedback.

To learn more about the work Humana is doing to support physicians and local organizations who serve our communities, follow me on LinkedIn at <https://www.linkedin.com/in/roy-beveridge-md-4629995/>.

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

Complete Annual Compliance Training Requirements Online

If you are a Humana-participating Medicare, Medicaid and/or dual Medicare-Medicaid provider or provider entity, government agencies like the Centers for Medicare & Medicaid Services (CMS) mandate that you adhere to specific requirements, which we have outlined in our compliance training materials. We make it easy to attest your understanding online via the Availity Provider Portal at <https://www.availity.com>.

Just follow these directions:

For registered Availity users:

1. Log onto www.availity.com with an existing user ID and password.

2. Navigate to the “Payer Resources” page, select “Humana” from the list of payers that display in a new window, locate the “Compliance” section and then choose “Humana Compliance Events.”
3. Follow the on-screen instructions to add, review and accept the compliance events until all applicable events show “Complete.”

More information and detailed instructions about using Availity for compliance attestation, including registering to use the Availity website, updating tax identification numbers and updating email addresses, is available at <http://apps.humana.com/marketing/documents.asp?file=1849705>. If you are unable to register, refer to the instructions at <http://apps.humana.com/marketing/documents.asp?file=1827579>.

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Code-editing Notification Search Tool Improved

Humana improved its code-editing notification tool to make searches more effective. Previously, if a search term contained multiple words, the search would return more items than the user may have expected.

The new search function allows the user to enter multiple terms, and it will return only those items that contain all of those words. It also ignores common words like “the,” “and,” “it,” “a” and “an.” The goal is to return the needed information quickly and easily.

Throughout the year, Humana updates its claim payment systems to better align with American Medical Association Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases (ICD) code sets and Centers for Medicare & Medicaid Services (CMS) guidelines. These changes are posted on the first Friday of each month, and each change will include that item’s implementation date.

To view these changes, visit [Humana.com/edits](https://www.humana.com/edits) and select “See most recent edits.”

Humana Sets Date to Close Its Secure Provider Portal

Humana is retiring its secure provider portal. **Physicians and health care professionals need to switch to the Availity Provider Portal by Oct. 3, 2018**, to access Humana-specific and multipayer tools.

To ensure continued access to online tools, register for and begin using Availity now.

For registration tips and assistance, physicians and other health care professionals can refer to the quick reference guide at https://apps.availity.com/availity/Demos/QRG_Electronic_Registration.pdf.

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 have not registered or do not know if an account exists can complete Availity's online registration form at <https://apps.availity.com/availability/web/public.registration>.

- **If the organization's tax identification number is already registered**, Availity displays a contact number and customer ID 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.

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

CMS Begins Updated Medicare ID Cards Rollout

As a reminder, the Centers for Medicare & Medicaid Services (CMS) is issuing new Medicare ID numbers and ID cards to all Medicare beneficiaries. 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 cards will be replaced by April 2019. Until they receive the new Medicare ID card, Medicare beneficiaries should continue using their current ID card.

The new Medicare cards will be mailed to beneficiaries in waves between April 1, 2018, and April 1, 2019. The tentative schedule from CMS is:

Wave	States included	Cards mailing
1	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	April – June 2018
2	Alaska, American Samoa, California, Guam, Hawaii, Northern Mariana Islands, Oregon	April – June 2018
3	Arkansas, Illinois, Indiana, Iowa, Kansas, Minnesota, Nebraska, North Dakota, Oklahoma, South Dakota, Wisconsin	After June 2018

4	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont	After June 2018
5	Alabama, Florida, Georgia, North Carolina, South Carolina	After June 2018
6	Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Texas, Utah, Washington, Wyoming	After June 2018
7	Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Puerto Rico, Tennessee, Virgin Islands	After June 2018

Additional information about the change and resources for physicians and health care professionals are available at <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html>. You also can reference the What's New article at <https://www.humana.com/provider/support/whats-new/new-medicare-id-numbers>.

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:

- 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

- Aliqopa (copanlisib)
- Asthma interleukin inhibitors (Cinqair, Nucala, Fasenra)
- Bowel-prep agents
- Calquence (acalabrutinib)
- Cinvanti (aprepitant)
- Gocovri (amantadine)
- Granix (tbo-filgrastim)
- Hemlibra (emicizumab-kxwh)
- Long-acting muscarinic antagonist/Long-acting beta agonist combination inhalers
- Luxturna (voretigene neparvovec)
- Lyrica CR (pregabalin)
- Mepsevii (vestronidase alfa-vjbk)
- Naftin gel (naftifine)
- Nuedexta (dextromethorphan and quinidine)
- Opioid Utilization Program — morphine equivalent dose (MED) edits
- Parsabiv (etelcalcetide)
- Prevymis (letermovir)
- Qtern (dapagliflozin and saxagliptin)
- SGLT2 inhibitors
- Shingrix (zoster vaccine recombinant, adjuvanted)
- Solosec (secnidazole)
- Steglujan (ertugliflozin and sitagliptin)
- Sublocade (buprenorphine extended-release)
- Symproic (naldemedine)

- Taclonex (calcipotriene and betamethasone)
- Tracleer (bosentan) tablet for oral suspension
- Trelegy (fluticasone furoate, umeclidinium, vilanterol)
- Verzenio (abemaciclib)
- Yescarta (axicabtagene ciloleucel)
- Zilretta (triamcinolone acetonide extended-release)

Pharmacy coverage policies with significant revisions

- No revised policies

New medical coverage policies

- Genetic testing for diagnosis and monitoring of cancer and molecular profiling

Medical coverage policies with significant revisions

- Acne treatments
 - Allergy Testing
 - Allograft transplantation of the knee
 - Bariatric surgery
 - Bone graft substitutes
 - Cardioverter defibrillators/cardiac resynchronization therapy
 - Cryoablation
 - Durable medical equipment (DME)
 - Genetic testing for celiac disease
 - Headache and occipital neuralgia treatments
 - Hip, knee and shoulder arthroscopic surgeries
 - Home oximetry monitoring
 - Nasal surgical treatments (balloon dilation and endoscopic)
 - Negative pressure wound therapy (NPWT)
 - Noninvasive tests for hepatic fibrosis
 - Pharmacogenomics and companion diagnostics
 - Pneumatic compression pumps
 - Skin and tissue substitutes
 - Tumor markers for diagnosis and monitoring of cancer
 - Varicose vein treatments
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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>).

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/>).