



Prepare Now for Portal Closure

As previously announced, Humana is retiring its secure medical provider portal Oct. 3, 2018. Physicians and their teams who want to work with Humana online can **prepare now by registering for the Availity Provider Portal and participating in training** (<https://www.humana.com/provider/support/provider-self-service/interactive/>) **at no cost.**

For registration tips and assistance, physicians and other healthcare professionals can refer to this 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. Healthcare 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/availity/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 then can add users for the organization and maintain its access permissions.

Important: Humana will continue to offer healthcare 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).

Bold Goal Progress Report Highlights Health of Humana's Senior Members

I am happy to share that this past March, we released our 2018 Bold Goal Progress Report (http://populationhealth.humana.com/documents/Humana_BoldGoal_2018_ProgressReport.pdf). In it, we showcase the work we are doing with local physicians and community organizations to address important physical

and mental health conditions both in and outside of the clinical setting, with a particular focus on social determinants of health (e.g., food insecurity, social isolation and loneliness).

We know that 2017 was a particularly challenging year for health in the United States, as seen in Gallup-Sharecare Well-Being Index (<https://wellbeingindex.sharecare.com/gallup-sharecare-announce-2017-state-well-rankings/>), which reported that 21 states saw “declines in social, emotional and psychological health”

(<https://www.cnbc.com/2018/02/12/gallup-sharecare-study-well-being-worsened-in-nearly-half-of-states.html>)

While some of this decline might reflect a year fraught with hurricanes and fires, Humana’s senior member population in our Bold Goal communities continues to improve their health when compared with seniors in non-Bold Goal communities.

Moreover, we’re learning a lot in these communities about loneliness, social isolation and food insecurity. For example, those who experienced loneliness had two to three more unhealthy days than the average Medicare member, and in 2016, 46 percent of patients screened positive for food insecurity in Broward County during a test and learn intervention, despite the county’s average being 15 percent.¹ With this data, we’ve been able to develop resources to support doctors in the care of their patients, including a food insecurity tool kit

(<http://populationhealth.humana.com/documents/Food-Insecurity-Toolkit.pdf>) that provides information about how to screen patients for food insecurity and connect them with resources should they screen positive

Population health is a community conversation. Visit <http://populationhealth.humana.com/> to learn more or to get involved in one of our Health Advisory Boards in your community. 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

Reference:

1. http://populationhealth.humana.com/documents/Humana_BoldGoal_2018_ProgressReport.pdf.

Access FAQs for Information about Required Compliance Training

Annual compliance training is required of anyone who:

- Supports a contract with Humana or a Humana subsidiary and
- Performs healthcare services for patients covered by a plan administered by Humana for Medicare, Medicaid and/or dual Medicare-Medicaid beneficiaries, or
- Performs a related function pertaining to one of the above beneficiaries.

The contracted party needs to attest annually — on behalf of those supporting the contract — that it adheres to the requirements outlined in these corresponding materials: compliance policy; standards of conduct; general compliance training; fraud, waste and abuse training and (if applicable); Medicaid training and special needs plan (SNP) training.

In a busy medical practice, having answers to related questions that may arise can be difficult. One of the quickest ways to get answers is to access the frequently asked questions and answers document at <http://apps.humana.com/marketing/documents.asp?file=1827553>.

The FAQ includes information such as:

- Who needs to fulfill the requirements
- What terms like “first-tier entity” mean
- What happens if the requirements are not met
- When the requirements need to be met
- Where to log on to complete an attestation
- Why the attestations are required
- How to get connected to Availity.com

Physicians and other healthcare providers are always welcome to learn more at Humana.com/providercompliance. Questions not addressed by the FAQ can be directed to Humana Provider Relations at 1-800-626-2741 (toll free), 8 a.m. to 5 p.m. Central time, Monday through Friday.

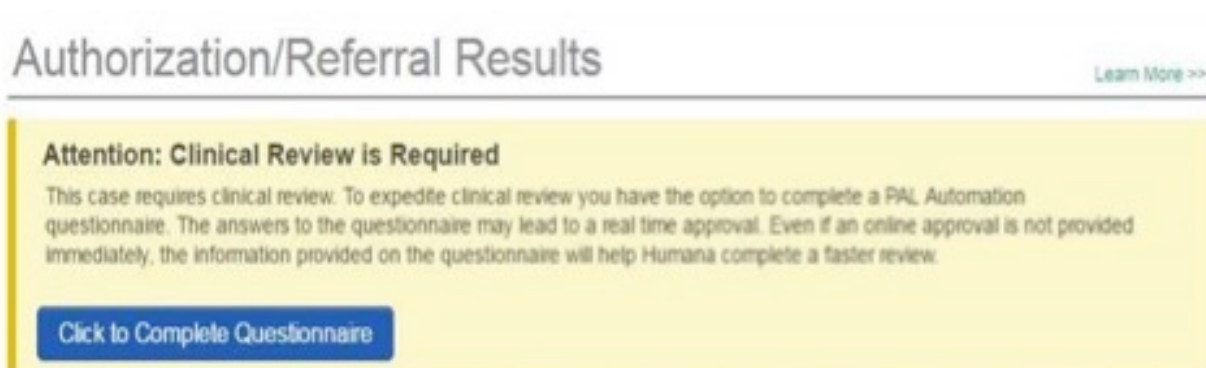
Kristine Bordenave, M.D., FACP, CPMA
Corporate Medical Director

Online Tool Provides Faster Preauthorization Determinations

When submitting preauthorization requests on the Availity Provider Portal, physicians, healthcare providers and their teams are encouraged to take advantage of Humana’s preauthorization automation feature. It can provide immediate determinations for requests that might otherwise be pended for review.

How does it work?

After submitting a preauthorization request on the Availity Portal, physicians and healthcare providers may receive the message below.



Authorization/Referral Results [Learn More >>](#)

Attention: Clinical Review is Required

This case requires clinical review. To expedite clinical review you have the option to complete a PAL Automation questionnaire. The answers to the questionnaire may lead to a real time approval. Even if an online approval is not provided immediately, the information provided on the questionnaire will help Humana complete a faster review.

[Click to Complete Questionnaire](#)

Selecting the “Click to Complete Questionnaire” button displays a short list of clinical questions. If all clinical criteria are met, Humana may deliver instant approval. Even if online approval is not provided immediately, the information provided on the questionnaire will help Humana complete a faster review. To expedite this process, physicians also may submit relevant clinical information related to the questions asked.

The feature is available for select services on Humana’s preauthorization and notification lists. Examples include some types of durable medical equipment (DME), outpatient diagnostic testing and surgery, including some types of cosmetic and plastic surgery.

For questions regarding online tools, visit [Humana.com/providerselfservice](https://www.humana.com/providerselfservice).

Manage Medical Record Requests with Ease

In an effort to support healthcare providers in the care of their patients, managing medical record requests from Humana is easier than ever with the new Medical Records Management (MRM) application. Located on the Availity Provider Portal, the application can be used to:

- Review a list of record requests from Humana.
- Upload the requested files to Humana.
- View requests that have been completed or canceled.

New look, new features

Compared to Humana’s previous MRM tool, the new application has similar capabilities plus several advantages. In response to feedback, Humana designed the new MRM application to allow physicians and their teams to:

- Upload larger file sizes — up to 300 megabytes for each file.
- Filter the request list by Tax ID number.
- Submit multiple records at once, rather than one at a time.
- View the names of files uploaded to Humana.
- Authorized users can find the new MRM application under “Payer Spaces” on the Availity Portal at www.availity.com.

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

Peer-to-peer Review Process Changing for Humana Medicare Advantage (MA) Products

Humana is implementing changes to the peer-to-peer review process for its Medicare Advantage health plans.

Effective Aug. 1, 2018, Humana's time frame for completing a peer-to-peer review is changing. The process then will be:

- Prior to issuing a medical necessity denial in response to an authorization request for medical service, a Humana representative will call the treating healthcare provider and offer to schedule a peer-to-peer review. The review must take place prior to Humana's issuance of the denial. Humana will no longer offer peer-to-peer reviews after the denial.
- Additional clinical information may be submitted at any time prior to the peer-to-peer conversation.

To ensure a timely and effective review of authorization requests for medical services for patients, healthcare providers need to be sure to:

- Submit all relevant medical records and pertinent information to support the authorization request.
- Respond promptly to requests for additional information so a timely and effective review can be completed.

Note: The current peer-to-peer review process will remain in place for commercial and Medicaid plans.

For more information, contact Humana Customer Service at 1-800-448-6262 (1-800-4HUMANA).

New Process for HMO Open Access Claims-based Attribution Implemented

To ensure that Humana-covered patients are assigned to the physician they rely on most for healthcare, Humana now has a process that automatically moves patients currently enrolled in a Humana health maintenance organization (HMO) plan who are located in an open access market to an in-network primary care physician (PCP), based on their claims history.

Patients enrolled in an HMO plan in an open access market can visit any physician who is in-network, without a referral. This creates the potential for misalignments in attribution.

How this affects physicians

- Each quarter, Humana will review up to 24 months of retrospective claims data to identify the physician the patient visits most often.
- Once identified, Humana will attribute the patient to that physician.
- Humana will update the member ID card and send a letter to the patient, notifying him/her of the change.

Physicians should note that patients with designated PCPs are not restricted from seeing other physicians for primary care. In the event that a Humana-covered patient disagrees with the PCP change made as a result of this process, he/she can call Humana customer service and change PCPs at any time.

Data used by Humana to attribute patients to PCPs:

- Claims for evaluation/management (E/M) visits, wellness visits, physical assessments and some OB/GYN visits are reviewed
- Visits within the last year take priority
- Total visits, most recent visit date and total claim dollars are used in the event of a tie
- Humana-covered patients must have three or more visits to cause a change in PCP

For more information, physicians can contact their provider engagement associate.

Take Note of Timely Filing Policy Clarification

Humana's standard policy for timely filing is 180 days from the date service was rendered (unless another standard, based upon applicable state mandate, provider contract or group contract, applies). A timely filed claim also is referred to as a "proof of loss."

Humana is updating its claim payment processes to align with the 180-day timely filing policy.

Physicians and their office staff can review this update on the Humana claims payment policy page at <https://www.humana.com/provider/support/claims/payment-policies>. Search for "timely filing."

New Making It Easier Series Presentation Available for Modifiers 96 and 97

Humana has a new policy regarding how habilitative and rehabilitative services are reported. This policy will benefit healthcare providers and patients by:

- Allowing them to clearly distinguish between habilitative and rehabilitative services.
- Ensuring patients receive their correct benefits, by increasing the accuracy of Humana's application of services toward habilitative and rehabilitative coverage limits.
- Streamlining and increasing the accuracy of reimbursement practitioners will receive.
- Reducing adjudication time.

Look for the Modifiers 96 and 97 materials at [Humana.com/MakingItEasier](https://www.humana.com/MakingItEasier).

Other recent presentations include:

- Tools and Resources for Healthcare Providers (NEW)
- Medicare Preventive Services (update)
- Anatomical Modifiers (update)
- Humana's Maximum Unit Values (update)
- Use of Nonspecific Procedure Codes (NEW)
- Procedure-to-Procedure Code editing (update)

Note Ways to Understand Humana Medicare Supplement ID Cards

It can be challenging to decipher an official Humana Value Medicare Supplement Insurance Plan card. The example below may help. The card is identified as a Humana Value Medicare Supplement Insurance Plan card on the front at the top (see red arrow).



The card also has HumanaDental Insurance Company (circled in red). HumanaDental Insurance Company is the company under which the Humana Value Medicare Supplement Plan is offered. This is not a card for a HumanaDental plan.

Physicians are asked to share this with their office staff so they can recognize this card.

If a patient presents this card and there are questions, physicians and healthcare providers can call 1-800-866-0581.

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. Find the policies at [Humana.com/ClaimPaymentPolicies](https://www.humana.com/ClaimPaymentPolicies).

Humana has recently published a new payment policy on the following topic:

- Emergency Department Evaluation & Management (E/M) Reimbursement

We also published two updated policies:

- Radiation Therapy Management
- Multiple Procedure Payment Reduction (MPPR)

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

- Adult Immunizations
 - CDC Recommended Adult Immunization Schedule — United States, 2018
§ <http://www.cdc.gov/vaccines/schedules/hcp/adult.html>
- Atherosclerotic Cardiovascular Disease
 - American Heart Association (AHA)/American College of Cardiology (ACC)/ Guidelines for Secondary Prevention and Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Vascular Disease: 2011 Update
§ <http://www.onlinejacc.org/content/58/23/2432>
- Childhood Immunizations
 - CDC Recommended Immunization Schedules for Persons 0 – 18 Years — United States, 2018
§ <https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>

- Colorectal Cancer
 - American Cancer Society Guidelines for colorectal cancer early detection. Updated June 2017

§ <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>
- COPD
 - ACP Updates Guideline on Diagnosis and Management of Stable COPD (2017)

§ www.aafp.org/afp/2012/0115/p204.html
- Depression
 - AHRQ National Guideline Clearinghouse: Diagnosis and Treatment of Depression in Adults (2016)

§ <https://www.guideline.gov/summaries/summary/49978/final-recommendation-statement-depression-in-adults-screening?q=depression>
- Heart Failure
 - American College of Cardiology Foundation (ACCF)/American Heart Association (AHA) 2009 Focused Update: Guidelines for the Diagnosis and Management of Heart Failure in Adults (2017 Update)

§ http://www.onlinejacc.org/content/70/6/776?_ga=2.219080089.1628915869.1505736760-424555842.1505736760
- Hypertension
 - 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)

§ <https://jamanetwork.com/journals/jama/fullarticle/1791497>
- OB Routine Care
 - American Family Physician: Update on Prenatal Care (2014)

§ <http://www.aafp.org/afp/2014/0201/p199.html>
- Obesity Screening Adults
 - Screening for and Management of Obesity in Adults; U.S. Preventive Services Task Force (USPSTF) June 2012

§ <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/obesity-in-adults-screening-and-management>
- Obesity Screening — Child
 - Screening for Obesity in Children and Adolescents: U.S. Preventive Services Task Force (USPSTF) January 2017

§ <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/obesity-in-children-and-adolescents-screening1>

New clinical practice guidelines

- Breast Cancer Screening
 - U.S. Preventive Services Task Force: Breast Cancer Screening (2016)

§ <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1>

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

- LMWH – Low-molecular-weight heparin
- Lutathera (lutetium Lu 177 dotatate)
- Sinuva (mometasone furoate) sinus implant
- Symdeko (tezacaftor-ivacaftor)

Pharmacy coverage policies with significant revisions

- No revised policies

New medical coverage policies

- No new policies

Medical coverage policies with significant revisions

- Bone density measurement
- Brachytherapy
- Code compendium

- Electrical stimulators for pain and nausea/vomiting
 - Erectile dysfunction and Peyronie's disease treatments
 - Glaucoma — emerging treatments
 - Intra-operative neurological monitoring
 - Molecular diagnostic assays for transplant rejection, breath testing for transplant rejection
 - Molecular diagnostic testing for reproductive health
 - Orthotics
 - Pharmacogenomics (pharmacogenetics) — noncancer indications
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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:

- Modifiers 96 and 97
- 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/)** (<https://www.humana.com/provider/medical-providers/education/provider-self-service/interactive/>).