



Learn about Humana's Newest Research

Humana's researchers produce a high volume of peer-reviewed research that is relevant to clinicians and policymakers. These studies support our business strategy, inform programs to improve the health and wellness of the populations Humana serves and provide insights to the larger healthcare world.

Featured research:

With the 2018-2019 flu season upon us, clinicians may be interested to know that Humana data confirms the appropriateness of the high-dose flu vaccine for older adults. In a study presented at the American Public Health Association annual meeting last November, high-dose trivalent vaccine for prevention of flu was more effective than standard-dose trivalent and standard-dose quadrivalent vaccines. View the full research at <http://apps.humana.com/marketing/documents.asp?file=3288402>. View the infographic at <http://apps.humana.com/marketing/documents.asp?file=3300349>.

Check out these other recent publications:

In a Humana comparison of oral with injectable biologic immunotherapies, orally administered medication was associated with more frequent switching to another drug, switching to another route of administration and inpatient admission. The presentation won a Platinum Ribbon at the Academy of Managed Care Pharmacy Nexus meeting in April 2018. View the full research at <http://apps.humana.com/marketing/documents.asp?file=3350451>.

Humana's comparative effectiveness study of anticoagulants for nonvalvular atrial fibrillation (dabigatran, apixaban, and rivaroxaban) yielded mixed findings. View the full research at <http://apps.humana.com/marketing/documents.asp?file=3308760>. An additional investigation concluded that medication persistence did not differ between dabigatran and warfarin after adjusting for demographic factors and clinical characteristics. View the full research at <https://www.ncbi.nlm.nih.gov/pubmed/29808717>.

Humana had a strong presence at the **June 2018 American Diabetes Association Scientific Sessions**. Presented posters documented the rate of return to glucose control after HbA1c levels rose to 8.0 percent (<http://apps.humana.com/marketing/documents.asp?file=3341039>), the association between primary care visit frequency/regularity and noninsulin medication adherence (<http://apps.humana.com/marketing/documents.asp?file=3335176>), the ability of an algorithm for metabolic syndrome to predict progression to diabetes even after adjustment for prediabetes (<http://apps.humana.com/marketing/documents.asp?file=3341026>), and two-year changes in patterns of utilization and cost following participation in a virtual diabetes prevention program (DPP) for older adults (<http://apps.humana.com/marketing/documents.asp?file=3341013>). (NOTE: In an earlier study, the same virtual DPP participants were found to have lower blood sugar and cholesterol levels and experienced meaningful weight loss after one year. View the earlier research at <http://journals.sagepub.com/doi/full/10.1177/0898264316688791>.)

Interested in seeing more research?

Visit Humana's research sites to learn about past research projects, listen to podcasts and view videos that showcase Humana's commitment to research. Access our highlighted research at <http://research.humana.com/> or visit our full research library at <https://www.humana.com/learning-center/research/>.

Ways to connect

Have questions or want to share an idea for other research opportunities? Email Courtney Brown at cbrown37@humana.com.

Physician Toolkits Address Social Determinants

As physicians, we know we must look at the complete picture of a patient. And we are discovering that social determinants of health have a significant impact on our patients' health.

The Centers for Disease Control and Prevention (CDC) defines social determinants (<https://www.cdc.gov/socialdeterminants/>) of health as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

Humana researchers, in conjunction with the Robert Wood Johnson Foundation, identified food insecurity and social isolation as two of the most prevalent social determinants affecting health. At Humana, we are focusing on developing innovative strategies and resources to help physician practices address these factors.

Most recently, we have designed simple, effective toolkits aimed at understanding and assessing food insecurity and loneliness in your patients. The toolkits were built on research and include the UCLA three-question screen for loneliness and the Hunger Vital Sign™ two-item screen for food insecurity.

The Food Insecurity Physician Quick Guide (<http://populationhealth.humana.com/documents/quick-guide-to-addressing-food-insecurity.pdf>) and the Loneliness Physician Quick Guide (<http://populationhealth.humana.com/documents/quick-guide-to-addressing-loneliness.pdf>), along with other information and resources on population health, can be found at **PopulationHealth.Humana.com**.

We know that 80 percent of health happens outside the physician's office (<http://www.health3-0.com/patient-centric/other-health-outcome-factors/>), and we're helping physicians and their clinical staff break down barriers to improve patient health.

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

Complete 2018 Compliance Training Today

Reminder to all Humana-participating Medicare, Medicaid and/or dual Medicare-Medicaid providers or provider entities: It's time to complete your 2018 compliance training.

The Centers for Medicare & Medicaid Services and state Medicaid agencies mandate that all physicians and healthcare professionals providing services for a Medicare and/or Medicaid product sufficiently understand compliance program requirements upon initial contract and at least annually thereafter. This includes those contracted with a Humana subsidiary and those who provide administrative support. Humana is required to

confirm your adherence. Related training materials provide direction about state and federal requirements that govern the healthcare industry.

We make it easy for your organization to verify understanding of compliance requirements by offering an online, electronic attestation option via the Availity Provider Portal.

For registered Availity users:

1. Log onto [Availity.com](https://www.availity.com) with an existing user ID and password. (If you have not yet registered for the Availity Portal, go to Availity.com and click “Register,” or view this flyer: [Humana.com/portalregistration](https://www.humana.com/portalregistration). Proceed to Step 2 after you have registered.)
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 and to update tax identification numbers and email addresses is available at <http://apps.humana.com/marketing/documents.asp?file=1849705>.

For guidance on completing the compliance attestation or for additional information on this requirement, please refer to [Humana.com/providercompliance](https://www.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 healthcare professionals.

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

Note Important Information for Dual-eligible Benefit Coordination

Participating healthcare practitioners who provide medical services to patients with Humana Medicare Advantage (including Value Plus Plan) coverage – some of whom may have dual eligibility – need to be aware of the following information about benefit coordination:

- Medicaid may cover costs and services not covered under the Medicare plan.
- Dual-eligible patients should provide both their Humana ID card and a state-issued Medicaid card.
- For these cost-share-protected patients, physicians and other healthcare providers should submit medical claims to the address on the back of the member ID card for payment of Medicare-covered services.
- For physicians and other healthcare providers who are contracted with Medicaid, any remaining cost must be submitted to Medicaid for review and payment consideration.
- These patients are not responsible for plan-covered:

- Copayments
 - Coinsurance
 - Deductibles
 - Part B drugs
- Any additional cost share for Part A and B services must be submitted to the Medicaid payer.
 - The amount paid by Humana and Medicaid must be accepted as full payment due to the cost-share protection.
 - Patients who are cost-share protected may not be balance-billed.

For questions about Humana plan eligibility and benefits, please refer to Availity.com or call 1-800-457-4708, Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

Humana Offers Guidelines for Working with Dual Eligibles

The Centers for Medicare & Medicaid Services (CMS) requires Medicare Advantage organizations to inform their network physicians and other healthcare professionals about the Medicare and Medicaid benefits and guidelines 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 healthcare 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 for physicians and other healthcare professionals related to their patients with Humana SNP coverage, 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 Humana.com/eod. Choose “View the 2018 SNP provider training.”

Refer to Humana's Clinical Practice Guidelines

The Agency for Healthcare Research and Quality announced in July that its National Guideline Clearinghouse website, guidelines.gov, is no longer available.

In light of the website's closure, Humana encourages physicians and other healthcare providers to access clinical practice guidelines on Humana.com at <https://www.humana.com/provider/support/clinical/clinical-practice>.

Humana publishes clinical practice guidelines based on guidance from national organizations generally considered experts in their fields. The goal of these updates is to provide timely information about evidence-based best practices to help support patient care and adherence to quality measures.

Training Available for Secure Online Tools

Humana offers monthly training sessions for physicians, other healthcare providers and their administrative staff on how to work with us online.

- Offerings include these webinar topics:
- Working with Humana Online: The Availity Provider Portal
- Authorization and referral management
- Claim status
- Medical records management

The sessions are led by a Humana eBusiness consultant via phone and internet and include time for questions. There is no cost to attend. Users can sign up at [Humana.com/providerwebinars](https://www.humana.com/providerwebinars).

Learn About the Humana Medicare Advantage Peer-to-Peer Review and Provider Dispute Processes

Reminder — Peer-to-peer Review Process Change:

Prior to issuing a medical necessity denial in response to an authorization request, a Humana representative will contact the treating physician or other healthcare provider and offer a peer-to-peer review.

The review must take place prior to Humana's issuance of the denial and within the timeframes specified by the National Committee for Quality Assurance (NCQA) and/or The Centers for Medicare & Medicaid Services (CMS). Additional clinical information may be submitted at any time prior to the peer-to-peer conversation.

Once an initial decision is made, Humana will no longer offer a peer-to-peer review except as part of the dispute process for contracted providers outlined below.

- **Contracted physicians/providers:** If you are unable to complete the peer-to-peer conversation prior to issuance of the denial, you may file a provider dispute (see provider disputes update below). Your Humana-covered patients also may request an appeal.
- **Nonparticipating treating physicians/providers:** If you are unable to complete the peer-to-peer conversation prior to issuance of the denial or the peer-to-peer conversation results in a denial decision, you or your Humana-covered patients may request an appeal.

To ensure a timely and effective review of authorization requests for medical services for patients, physicians and other 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.

UPDATE — Provider Disputes (Contracted Physicians/Providers Only):

Humana is enhancing the physician/provider dispute process. Beginning on Sept. 24, 2018, Humana is providing the opportunity for a provider dispute prior to the submission of the claim under the following circumstances. As part of this pre-claim dispute, a peer-to-peer conversation may be requested.

- Physician/provider is contracted with Humana.
- Humana's adverse determination was based on lack of medical necessity for an authorization request that was retrospective (retro) or concurrent to the service.
- A peer-to-peer conversation with a Humana medical director did not occur prior to the adverse determination.
- Physicians/providers will have five calendar days from notification of the denied authorization to request the pre-claim dispute.

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

Work with Humana Online

To access the most up-to-date tools for working with Humana online, physicians, other healthcare professionals and their office staff members can use the Availity Provider Portal. Availity users can:

- Check patient eligibility and benefits

- Submit or manage authorizations and referrals
- Review claim status
- Submit medical records
- Access Humana-specific tools and information

Registration is required. As a multipayer portal, Availity allows you to interact securely with Humana and other participating payers without the need to use multiple systems or remember different user IDs and passwords for each payer.

Additional information

- To learn more, visit [Humana.com/providerselfservice](https://www.humana.com/providerselfservice).
- For training , sign up at [Humana.com/providerwebinars](https://www.humana.com/providerwebinars).

Learn More about Flu Vaccinations

The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older get an annual flu vaccine.

The 2018 – 2019 trivalent seasonal flu vaccine will cover the three flu strains that research suggests will be most common in the northern hemisphere:

- A/Michigan/45/2015 (H1N1)pdm09-like virus
- A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus
- B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage)

A quadrivalent vaccine also is available that will include the B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage lineage).

Other vaccine details for the 2018 – 2019 flu season:

- Intramuscular (IM) vaccines will be available in trivalent and quadrivalent formulations. All high-dose IM vaccines will be trivalent this season.
- A jet injector can be used for delivery of AFLURIA® for people 18 to 64 years old.

On Feb. 21, 2018, the Advisory Committee on Immunization Practices recommended that the quadrivalent live attenuated influenza vaccine (LAIV4), FluMist, be an option for influenza vaccination of persons for whom it is appropriate for the 2018 – 19 season. The American Academy of Pediatrics has recommended LAIV4 be an option for patients who would not otherwise be vaccinated.

More information about the flu vaccine, including coding guidelines, is available at [Humana.com/new](https://www.humana.com/new). Choose “Flu Vaccinations: A Simple Way to Save Lives.”

Pneumonia Vaccines Protect Children and Seniors

The CDC recommends two pneumococcal vaccines for adults 65 or older: pneumococcal conjugate vaccine (PCV13) and pneumococcal polysaccharide vaccine (PPSV23).

PCV13 also is recommended for:

- All children younger than 5
- Individuals 6 or older with certain long-term health problems or a weakened immune system, including those with sickle cell disease, congenital or acquired asplenia, cerebrospinal fluid leaks and cochlear implants

PPSV23 also is recommended for:

- People age 2 to 64 with certain long-term health problems or a weakened immune system, including:
 - Chronic diseases (e.g., cardiovascular, pulmonary, diabetes, alcoholism, liver disease, etc.)
 - Cerebrospinal fluid leaks or cochlear implants
 - Functional or anatomic asplenia, including sickle cell disease and congenital or acquired asplenia
 - Immunocompromising conditions, such as HIV infection, leukemia, lymphoma, Hodgkin’s disease, kidney failure or organ transplant
 - Individuals currently taking a drug or treatment that lowers the body’s resistance to infection, such as long-term steroids, certain cancer drugs or radiation therapy
- Adults age 19 to 64 who smoke cigarettes or have asthma

More information about the pneumonia vaccine, including coding guidelines, is available at [Humana.com/new](https://www.humana.com/new). Choose “Protect Patients with Pneumonia Vaccines.”

Complete the PAF Online

The electronic practitioner assessment form (ePAF) is an online version of the Humana practitioner assessment form (PAF). The PAF is a comprehensive health assessment form physicians and other healthcare providers can use to help them document vital information for Medicare patients during a face-to-face physical examination.

The ePAF is available now through the Availity Portal. Some advantages of the ePAF are:

- It is fully electronic, meaning no more paper forms to complete.
- It is partially prepopulated, reducing the data elements physicians need to enter.
- It is interactive.
- It is easy to use.

To complete the electronic practitioner assessment form (ePAF), the physician or other healthcare provider should:

1. Access the Humana ePAF through the Availity Provider Portal. Once at the Availity Portal, the physician or other healthcare provider should:
 - A. Log in to the portal using the button at the top right of the screen
 - B. Go to “Payer Spaces” and select Humana
 - C. Select “Applications”
 - D. Select “Open” under “Practitioner Assessment Form”
2. Select a healthcare provider organization.
3. Select a patient from either:
 - E. The physician’s priority queue
 - F. The “Begin Assessment for Patient Not Listed Below” button
4. Examine, evaluate and treat the patient as usual during the face-to-face visit, assessing all chronic and acute health conditions that may be present.
5. Complete the required fields in ePAF.
6. Enter his or her name and credentials on the attestation tab.
7. Click the “Submit” button.
8. Place a copy of the completed assessment in the patient’s medical record or attach it within the electronic medical record (EMR) system.
9. Submit a claim for the patient visit using Current Procedural Terminology (CPT®) code 96160 to indicate a PAF was completed. In addition to 96160, the appropriate office-visit code or evaluation and management (E/M) code should be included on the claim.
 - G. Ensure all appropriate diagnoses are indicated on the claim, coded to the highest level of specificity.
 - H. Ensure all correct coding and claim submission guidelines apply to PAF claims.

Updated Claim Payment Policies Available

Humana publishes its medical claim payment policies online. The information about reimbursement methodologies and acceptable billing practices may help physicians and other healthcare providers 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 recently published two updated policies on the following topics:

- Pass-through billing
 - Telehealth and telemedicine
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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 healthcare 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

- Braftovi (encorafenib)
- Jynarque (tolvaptan)
- Kaspargo sprinkle capsule (metoprolol succinate)
- Mektovi (binimetinib)
- Olumiant (baricitinib)
- Palynziq (pegvaliase-pqpz)
- Yonsa (abiraterone acetate)

Pharmacy coverage policies with significant revisions

- Antidepressant agents
- Cinryze (C1 esterase inhibitor, human)
- Ruconest (C1 esterase inhibitor, recombinant)

- Xeljanz and Xeljanz XR (tofacitinib)
- Pomalyst (pomalidomide)

New medical coverage policies

- Complementary and alternative medicines

Medical coverage policies with significant revisions

- Comparative genomic hybridization/chromosomal microarray analysis
- Cosmetic surgery, reconstructive surgery, scar revision
- Deep brain stimulation (DBS) and cortical brain stimulation
- Fecal microbiota transplantation
- Fusion imaging
- Gastric pacing
- Genetic testing for cardiac conditions
- Genetic testing for cystic fibrosis
- Genetic testing for disease risk
- Injections for chronic pain conditions
- Obstructive sleep apnea (OSA) and other sleep-related breathing disorders, nonsurgical treatments
- Obstructive sleep apnea (OSA) surgical treatments
- Percutaneous vertebroplasty, kyphoplasty (balloon-assisted vertebroplasty), sacroplasty
- Proton and neutron beam radiation therapy
- Reduction mammoplasty
- Ultraviolet light/laser therapy for skin conditions
- Ventricular assist device (VAD), total artificial heart (TAH)

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™
- HumanaAccessSM 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 healthcare 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:

- 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}