

2019 Medicaid Quality Capitation Bonus Program

Humana announces the 2019 adult and pediatric Medicaid quality capitation bonus program. This program promotes quality improvement by providing financial compensation to primary care physician centers that demonstrate high levels of performance for selected factors.

Throughout 2019, your center's Medicaid performance will be measured using Humana claim and encounter information related to specific Healthcare Effectiveness Data and Information Set (HEDIS®) measures. For measure calculation, we use your office's mid-year and end-of-year rate as compared with the 2019 threshold defined in our bonus program outline. You should receive Medicaid action reports from us on a regular basis throughout the year.

To determine thresholds, Humana analyzes the prior year's performance and the current National Committee for Quality Assurance's Medicaid Quality Compass®.

To be eligible for a bonus, Humana must receive your center's acknowledgement of the program. If you have not received and signed an acknowledgement form, please contact your provider relations representative.

To obtain detailed information regarding the quality capitation program or to ask questions, please contact your provider relations representative.

New Florida Medicaid Provider Manual

Humana posted a new Florida Medicaid Provider Manual online at humana.com/floridamedicaid. It is important for all contracted Humana Medical Plan physicians and administrators to review the new Florida Medicaid Provider Manual, as your participation agreement with Humana contains a compliance obligation with its provisions.

Florida Medicaid Provider Manual (1.61 Mb) (PDF opens in new window) – effective Dec. 1, 2018

Online self-service (CALL OUT)

A variety of provider materials and resources is available on the public website at Humana.com (no registration required). Medicaid-specific materials, including communications and quality resources, can be found at humana.com/floridamedicaid, including:

- Provider handbook
- Member handbook
- Statewide provider quick reference guide
- Quarterly MCD provider updates
- Expanded benefits
- Medicaid training and other important materials

Preauthorization and Referral Reconsideration Process Changing Soon

If a requested service is denied or partially denied, providers may request reconsideration of the denial or partial denial determination. Providers who request reconsideration must submit additional information to Humana via phone, fax, web, etc., within 10 business days of the date of the denial or partial denial determination to facilitate the reconsideration process.

Humana reviews all new clinical information submitted with reconsideration requests and renders a decision based on new documentation. If the reconsideration contains no new clinical information or is received outside the 10 business-day submission requirement, the original decision stands. The enrollee or enrollee's authorized representative may choose to file an appeal through Grievance and Appeals (G&A). Please see the Formal Grievances/Appeals section.

Critical Action Alert: Physicians/healthcare providers need to enroll in Medicaid for claims payment

Effective Oct. 1, 2019, Humana will stop accepting claims or encounters under Florida Medicaid when submitted with a National Provider Identifier (NPI) not enrolled with the Agency for Health Care Administration (AHCA).

The change in policy is necessary to meet ACHA requirements. Only encounter claims submitted by physicians and healthcare providers with a National Provider Identifier (NPI) number and valid AHCA and Medicaid enrollments will be paid. In addition, physicians and healthcare providers who are incorrectly enrolled with AHCA will not be listed for member selection in Humana's directories or AHCA's Choice Counselors for member selection.

You can access the Provider Master List (PML) tip sheet for specific guidance on proper online enrollment at <http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Managed%20Care/Provider%20Master%20List%20Tip%20Sheet.pdf>.

Properly enrolled physicians and healthcare providers are:

- Listed as active on the AHCA portal on the PML
- Listed with "enrollment" or "limited" in the enrollment type column
- Listed as active (A) in the current Medicaid Enrollment Status column
- Listed with the accurate billing NPI and rendering NPI (not applicable to atypical providers*), affiliated with the correct Medicaid ID.
- Enrolled for all practicing provider type and specialty codes
- Able to ensure all service locations are affiliated with the correct Medicaid ID

*Please note: The Centers for Medicare & Medicaid Services (CMS) defines atypical providers as providers that do not provide health care.

Child Health Check-up – Call Out

Please encourage parents of Medicaid-covered patients to schedule a Child Health Check-up (CHCUP) visit once a year. CHCUP visits are well-child visits that help children receive routine health screenings to identify and correct medical conditions before conditions become more serious and/or potentially disabling. For more information about CHCUP visits, please visit <https://www.humana.com/provider/medical-resources/medicare-medicare/florida-medicare-long-term-care> and select the "Provider quality resources" tab located under "Provider Resources" near the bottom of the page.

Provider compliance training

Complete Humana's 2019 Provider Compliance Training
Healthcare providers are required to complete the following training modules each year:

- Humana Medicaid Provider Orientation
- Health, Safety and Welfare Training
- Cultural Competency
- Compliance and Fraud, Waste and Abuse Training

To start your training:

1. Go to: [Availity.com](https://www.availity.com).
2. Sign in and select "Payer Spaces," then "Humana."
3. Under the Resources tab, select "Humana Compliance Events" to begin.

For more information, visit www.humana.com/provider/news/provider-compliance or www.humana.com/floridamedicaid and choose the "Health Care Provider Training Materials" tab.

Humana announces 2018 – 2019 Managed Medical Assistance (MMA) Physician Incentive Program (MPIP Year 3)

The MMA Physician Incentive Program aims to promote quality of care for our Medicaid members and recognize those physicians who demonstrate high levels of performance for selected criteria.

The MPIP provides designated physicians types the chance to earn enhanced payments equivalent to the appropriate Medicare fee-for-service rate, as established by ACHA and based on the achievement of key access and quality measures.

Year 3 of MPIP eliminated the board certification requirement and continues to include primary care physicians, obstetricians/gynecologists (OB/GYNs) and pediatric specialists servicing patients younger than 21. The following physician types are MPIP-eligible while meeting plan-specific access and quality criteria:

- **Pediatric PCPs** – Pediatricians, family practitioners and general practitioners who provide medical services to enrollees younger than 21 (Providers that qualify practice as a primary care physician with a pediatric panel size of at least 200 or more assigned Humana Family Medicaid membership and meets medical or HEDIS criteria for the measurement period.)
- **Adult PCPs** – Family practitioners, general practitioners and internal medicine practitioners who provide medical services to enrollees 21 and older. (Providers that qualify practice as a primary care physician with an adult panel size of at least 200 or more assigned Humana Family Medicaid membership and meets Medical or HEDIS criteria for the measurement period.)
- **OB/GYNs** – OB/GYNs who had at least 10 Medicaid deliveries for the measurement period and meet Medical and HEDIS criteria for the measurement period.
- **Pediatric Specialists** – Physicians who have a pediatric specialty and provide medical services to enrollees younger than 21.

During each year of MPIP, plans are required to reassess physician eligibility for the program six months after implementation. For Year 3, plans are required to reassess physician eligibility for enhanced rates for dates of service beginning on or after the regions' respective rollout dates. This reassessment occurs halfway between a region's rollout date and Sept. 30, 2019, allowing providers who become qualified after the implementation date a second opportunity to become eligible for MPIP.

Eligible and qualified provider notifications were mailed prior to the qualification period for their respective region rollout.

The following physician types are not eligible for the incentive program:

1. Physicians not participating in Humana's Medicaid network
2. OBGYNs with fewer than 10 deliveries for the measurement period
3. Primary care physicians with a pediatric panel size less than 200 Medicaid members during the measurement period
4. Adult primary care physicians with an adult panel size less than 200 Medicaid members during the measurement period.
5. Federally Qualified Health Centers (FQHCs)*
6. Rural Health Clinics (RHCs)*
7. County Health Departments (CHDs)*
8. Medical School Faculty Plans*

**Services provided in these facilities or faculty plan are not included in the MPIP, even when the service is billed by the facility or faculty plan as a facility or plan service or by the rendering provider using the provider's own Medicaid ID.*

Additional information regarding the incentive program can be found on the Agency for Healthcare Administration (AHCA) website at http://ahca.myflorida.com/medicaid/statewide_mc/mma_physician_incentive.shtml.

If you have questions regarding the incentive program, please contact your provider relations representative, email mpipinquiry@humana.com or call 1-305-626-5006.