



Humana Updates Preauthorization and Notification Lists for 2019

On Jan. 1, 2019, Humana will update its preauthorization and notification lists for all commercial fully insured, Medicare Advantage (MA) plans and dual Medicare-Medicaid plans.

Preauthorization will be required for the following medical services:

- Ablation (bone, liver, kidney, prostate)
- Capsule endoscopy
- Decompression of peripheral nerve, i.e., carpal tunnel surgery (required for patients with Humana commercial coverage only)
- EGD endoscopy (required for patients 59 and younger with Humana commercial coverage only, includes site-of-service evaluation)
- Gastric pacing (required for patients with Humana commercial coverage only)
- Noninvasive home ventilators
- Peripheral revascularization (atherectomy, angioplasty)
- Thyroid surgeries (thyroidectomy and lobectomy)

New medication preauthorization requirements include all medications noted with an asterisk (*) on the preauthorization lists posted on [Humana.com/PAL](https://www.humana.com/PAL).

Find all the details at [Humana.com/new](https://www.humana.com/new).

The Intersection of Health + Care

This past November, we announced our fifth annual release of Humana's value-based-care results that highlight an increase in preventive care, improvement in health outcomes and quality measures, and an overall decrease in cost to Humana's Medical Advantage members. The value-based-care approach is a holistic integrated-care-delivery model centered around primary physicians and their relationship to their patients. More than 83 percent of Medicare Advantage patients live with at least two chronic medical conditions and require coordination of multiple specialists in their care. The value-based-care approach helps balance the assessment of social determinants of health – such as food insecurity, loneliness and social isolation – and looks at how these factors can substantially impact the health of patients.

Written by physicians, this year's Value-based Care Report demonstrates that Medical Advantage patients underwent more preventive screenings, required hospitalization less often and received a higher quality of care demonstrated by HEDIS star ratings. By having access to more resources and information, physicians can focus on patients who need additional support to control their chronic conditions and reduce acute-care episodes. And in this model, with care offered at the right place and the right time, overall costs also were less.

By providing a range of clinical services, such as behavioral health resources, pharmacy services, care coordination and clinical services in the home, with increased data and analytics, we aim to support our physicians as they work to create a better quality of life and well-being for their patients, families, the Medicare population and communities at large.

Humana President and Chief Executive Officer Bruce D. Broussard supports our value-based-care strategy, too. He recently stated, "As Humana continues to improve the functionality of our integrated care strategy with investments in home health and data analytics, we will employ those capabilities to become and even stronger supporters of physician practices as they navigate to value."

View the complete Value-based Care Report at http://valuebasedcare.humana.com/docs/176555_GHHKCXYEN_Bklt_4C.pdf?_sm_au_=iHVg5vFmM0122SBE.

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

Help us prevent fraud, waste and abuse

According to a House Ways and Means oversight subcommittee, in 2016, Medicare Advantage had an improper payment rate of 10 percent. This amounted to approximately \$16 billion. When overpayments for standard Medicare are added, the total amount for overpayment is almost \$60 billion.¹

As part of our efforts to improve the healthcare system, Humana has made a commitment to detecting, correcting and preventing fraud, waste and abuse.

Success in this effort is essential to maintaining a healthcare system that is affordable for everyone. Humana has an ongoing nationwide campaign to get the word out about how contracted physicians, other healthcare providers and business partners can help with fraud, waste and abuse detection, correction and prevention.

If you suspect fraud, waste or abuse in the healthcare system, you must report it to Humana and we'll investigate. Your actions may help improve the healthcare system and reduce costs for everyone.

To report suspected fraud, waste or abuse, you can contact Humana in one of these ways:

- Phone: 1-800-614-4126
- Fax: 1-920-339-3613
- Email: siureferrals@humana.com
- Mail: Humana, Special Investigation Unit, 1100 Employers Blvd., Green Bay, WI 54344
- Ethics Help Line: 1-877-5-THE-KEY (1-877-584-3539)

- Ethics Help Line reporting website: www.ethicshelpline.com

You have the option for your report to remain anonymous. All information received or discovered by the Special Investigations Unit (SIU) will be treated as confidential, and the results of investigations will be discussed only with persons having a legitimate reason to receive the information (e.g., state and federal authorities, Humana corporate law department, market medical directors or Humana senior management).

To learn more about Humana's fraud, waste and abuse prevention efforts, visit Humana.com/fraud.

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

Source: <https://www.publicintegrity.org/2017/07/19/21011/fraud-and-billing-mistakes-cost-medicare-and-taxpayers-tens-billions-last-year>

Changes Announced for 2019 Humana Formularies

Beginning Jan. 1, 2019, certain drugs will have new limitations or will require utilization management (e.g., prior authorization [PA] requirements, step therapy [ST] modifications and nonformulary [NF] changes) under the Humana commercial and Medicare formularies for the 2019 plan year. These changes could mean higher costs or new requirements for Humana members who use these drugs. Humana encourages the use of generic and cost-effective brand medications whenever possible. Find all the details at Humana.com/new.

Humana Continues Code Editing Software Updates in 2019

As part of its ongoing efforts toward claims process improvements, Humana will continue to update its claims payment systems to better align with correct-coding initiatives, Centers for Medicare & Medicaid Services (CMS) guidelines, national benchmarks and industry standards. Humana posts notifications about upcoming updates the first Friday of every month. Each item notified includes an implementation date for that update.

California physicians and healthcare providers: These updates do not affect any contractual obligation with a contracted independent practice association (IPA). The updates pertain only to participation with Humana's ChoiceCare Network contract.

To view these changes and find additional information about claim policy updates and submitting code-editing questions, visit Humana.com/edits.

Changes Coming to the Preclusion List

Humana will end association with healthcare providers who are affiliated with tax identification numbers or National Provider Identifier numbers (NPIs) on the Centers for Medicare & Medicaid Services (CMS) preclusion list.

The CMS preclusion list includes providers and prescribers who are prohibited from receiving payment for Medicare Advantage (MA) services or Part D drugs prescribed to Medicare beneficiaries. According to the CMS website (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/PreclusionList.html>), those on the list include individuals or entities who:

- “Are currently revoked from Medicare, are under an active reenrollment bar, and CMS has determined that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program.”

Or

- “Have engaged in behavior for which CMS could have revoked the individual or entity to the extent applicable if they had been enrolled in Medicare, and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare Program.”

Beginning Jan. 1, 2019, the preclusion list will be made available to Humana and other Part D sponsors and MA plans. The preclusion will take effect April 1, 2019, and Humana will:

- Reject a pharmacy claim (or deny a beneficiary request for reimbursement) for a Part D drug that is prescribed by a healthcare provider on the preclusion list.
- Deny payment for a healthcare item or service furnished by a healthcare provider or entity on the preclusion list.

For more information about the preclusion list and what it means for healthcare providers, including notification and appeal information, go to the CMS website (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/PreclusionList.html>).

Look for Humana at a conference near you in 2019

Humana will be attending the following conferences in 2019:

- American Medical Group Association (AMGA), March 27-30, National Harbor, Maryland
- American College of Physicians (ACP), April 11-13, Philadelphia
- Healthcare Financial Management Association (HFMA), June 23-26, Orlando, Florida
- American Academy of Family Practitioners (AAFP), Sept. 24-28, Philadelphia
- Medical Group Management Association (MGMA), Oct. 13-16, New Orleans

Physicians and other healthcare providers are encouraged to mark their calendars for these events. Humana representatives look forward to meeting all types of healthcare practitioners.

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:

- Screening Colonoscopy
 - Medicare Opt-out
 - Modifier 78
 - Modifier EY
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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

- Azedra® (iobenguane I 131)
- Calcitonin gene-related peptide (CGRP) inhibitors
- Epidiolex (cannabidiol)
- Mulpleta (lusutrombopag)
- Nivestym (filgrastim-aafi)
- Nocdurna (desmopressin)
- Onpattro (Patisiran)
- Orilissa (elagolix)

- Poteligeo (mogamulizumab-kpkc)
- Takhzyro (lanadelumab)
- Tibsovo (ivosedinib)

Pharmacy coverage policies with significant revisions

- No revised pharmacy coverage policies

New medical coverage policies

- No new medical coverage policies

Medical coverage policies with significant revisions

- Cardiovascular Disease (CVD) Risk Testing
- Gene Expression Profiling
- Glaucoma Emerging Treatments
- Hyperthermia Treatment for Cancer (local, regional, and whole body)
- Multianalyte Assays with Algorithmic Analyses (MAAAs)
- Neuroablative Techniques for Chronic Pain
- Noninvasive Home Ventilators
- Ocular Surface Disease-Diagnosis and Treatment
- Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)
- Serological and Fecal Testing for Inflammatory Bowel Disease (IBD)

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}

Training Available for Secure Online Tools

Humana is phasing out its secure online medical provider portal and offering monthly training sessions for physicians, other healthcare providers and their administrative staff on how to use the Availity Provider 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/providerwebinars).