

## From the chief medical officer

### **New program unites schools of medicine, nursing, pharmacy, optometry and social work to advance value-based care**

We're happy to share that the University of Houston has partnered with Humana to create the Humana Integrated Health System Sciences Institute.

Officially launched Dec. 6 at a gathering in Houston, this is an innovative step upstream by two like-minded healthcare industry leaders to embrace value-based care. The project will unite the existing colleges of nursing, pharmacy, social work and optometry with the new college of medicine. The new University of Houston College of Medicine has a focus on graduating at least 50 percent of its class in primary care fields. The alliance of the schools of health emphasizes the importance of the integration of medical care. The school is scheduled to start its inaugural class in 2020. Humana has committed \$15 million over 10 years in support of this institution.

This project supports the fundamental role of the primary care physician in value-based care. Supporting holistic medical care with a focus on quality outcomes and evidence-based medicine with a decrease in overall healthcare costs by involving the physicians in supervision of that process is the premise on which value-based care is built.

Addressing the treatment of social determinants of health such as food insecurity, social isolation and poverty is integral to the overall health and an important outcome determinant of the well-being of each patient. The University of Houston's unique approach to interconnect the schools of health and begin the process of health education with a holistic view of the patient is foundational to the success of value-based care.

Roy Beveridge, M.D.

Senior Vice President and Chief Medical Officer

## Women's cancer screenings

### **Cervical and vaginal cancer screening frequency update**

Humana recently changed how frequently we reimburse cervical and vaginal screening services for average-risk women age 21 or older. For commercial and Medicaid members,

we limit reimbursement to once every three years, and for Humana Medicare Advantage members, the limit is once every two years. This change does not apply to women with a high-risk diagnosis.

We are making this change to align with recommendations from the American College of Obstetricians and Gynecologists (ACOG) and the U.S. Preventive Services Task Force (USPSTF). Annual cervical or vaginal screenings are no longer recommended for women 21 and older because clinical evidence does not show an advantage over performing screenings at three-year intervals for average-risk women. Screenings are not recommended for women younger than 21 because cervical cancer is rare in young women and screening leads to unnecessary treatment which increases the risk of reproductive problems.

## New, revised medical coverage policies announced

Medical coverage policy updates include gene expression profiling, Alzheimer's testing, among others

### New policies

- Code Compendium (Ophthalmology)
- Laser Interstitial Thermal Therapy

### Policies with significant revisions

- Acne treatments
- Bariatric surgery
- Benign prostatic hyperplasia (BPH) treatments
- Bone graft substitutes
- Code compendium (miscellaneous)
- Durable medical equipment (DME)
- Gene expression profiling
- Genetic and biomarker testing for Alzheimer's disease
- Genetic testing for cancer susceptibility
- Genetic testing for celiac disease

- Noninvasive tests for hepatic fibrosis
- Skin and tissue substitutes
- Home prothrombin time monitoring devices
- Tumor markers for diagnosis and monitoring of cancer
- Varicose vein treatments
- Ventricular assist device (VAD), total artificial heart (TAH)

## Convenient electronic access to Humana remittances now available

Try this convenient new tool for electronic access to Humana remittance information

Accessing remittance information for Humana claims payments is more convenient than ever with the Remittance Inquiry tool on the Availity Provider Portal. Search, view details and download remittance information electronically in a user-friendly tool.

Remittance Inquiry on Availity enables healthcare professionals to:

- Find remittance information for Humana claims payments using a variety of search criteria
- View remittance details, including financial and trace information and associated adjustments
- See claim information associated with a remittance
- Download and print remittance information in multiple file formats

Find the Remittance Inquiry tool on the Availity Provider Portal under “Claims & Payments.” Registered Availity users who do not see the tool should ask their organization’s Availity administrator to grant them the “Claim Status” role.

## MRDRs, QI, UM – More than alphabet soup

Find out more about Humana policies that affect healthcare professionals and their patients

Humana creates operating policies and procedures to help maintain a high level of service to its members and network physicians and other healthcare professionals.

Humana asks all healthcare professionals to review the following with office staff members:

### **Medical record documentation review**

Humana Quality Operations Compliance and Accreditation conducts medical record documentation reviews (MRDRs) on an annual basis. The reviews monitor compliance with regulatory agencies. Good medical record keeping also helps promote quality of care delivered to members. The minimum passing score is 85 percent compliance with the guidelines, with a goal of 90 percent. These guidelines are available [here](#) for downloading and printing. Click on the PDF entitled “Medical record documentation review elements” under the list of additional resources.

Other areas of Humana also may request and review medical records for specific operational and compliance needs. Depending on their purpose, such reviews may examine additional or different medical record elements and use criteria other than that described here.

### **Clinical practice guidelines**

Humana annually reviews and adopts clinical practice guidelines based on guidance from national organizations generally accepted as experts in their fields. These clinical practice guidelines are available [here](#). The current list contains guidelines for renal disease, diabetes, cardiovascular disease, preventive care, behavioral health and other health issues. The specific links connect to the organizations that issued the guidelines. For example, the diabetes guideline link connects the user to the American Diabetes Association’s standards of care.

### **Humana case management and chronic care programs**

Humana offers a variety of programs for patients who need care for complex medical situations or support for chronic conditions. Through these programs, care managers collaborate with physicians and other healthcare professionals to help patients continue to live at home safely while addressing their physical, behavioral, cognitive, social and financial needs.

Patients who enroll in a Humana case management or chronic care program are assigned a care manager who supports them by phone. Eligible members also receive home visits.

The manager's goal is to anticipate patients' needs and problems, encourage preventive care and prevent costly interventions. This goal is accomplished through home-safety assessments and evaluations of patient medical, functional and psychosocial status.

Some chronic conditions addressed by Humana programs include chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, hypertension, HIV/AIDS, renal disease, asthma and diabetes.

Humana case management and chronic care programs are available for patients with select Medicare, Medicaid, commercial-and administrative-services-only coverage in all markets, except Puerto Rico.

Information about available care management programs and procedures for accessing services is available [here](#) and in the [Provider Manual](#). Additionally, healthcare professionals may call the Humana Health Planning and Support team for assessment and referral to appropriate clinical program(s) at 1-800-491-4164, Monday through Friday, 8:30 a.m. to 5 p.m. local time.

### **Members' rights and responsibilities**

All Humana members have certain rights and responsibilities when being treated by Humana-contracted healthcare professionals. These rights are outlined in Humana's Rights and Responsibilities statement. Humana asks participating healthcare professionals to display a copy of the Rights and Responsibilities statement in their offices. A copy of the statement is available in the [Provider Manual](#). A printed copy of the manual can be obtained by calling provider relations at 1-800-626-2741, Monday through Friday, 8 a.m. to 5 p.m. Central time.

### **Quality improvement (QI) program**

Humana has a comprehensive quality improvement program that encompasses clinical care, preventive care, population health management and the health plan's administrative functions. To receive a written copy of Humana's quality improvement program and its progress toward goals, submit a request to the following address:  
Quality Operations Compliance and Accreditation Department – QI Progress Report  
321 W. Main St., WFP 20  
Louisville, KY 40202

## Utilization management (UM)

The utilization management program helps guide patients with Humana coverage toward appropriate and cost-effective treatment options. It is important that physicians, other healthcare professionals and their patients know the following about the program:

- Humana does not reward healthcare professionals or other individuals for denying service or care.
- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

Physicians can obtain a copy of specific UM criteria by calling 1-800-448-6262, Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

## Initiative integrating medical and behavioral health

### Holistic approach better supports patients

What does it mean to integrate medical (physical) health and behavioral health? Humana's vision is to support and provide care for our member population from a holistic perspective. Physical and behavioral health often overlap and connect to one another. For example, members with a physical health condition may experience depression or anxiety, directly or indirectly related to their physical health condition.

What does integration look like to Humana?

Through a recent Healthcare Services podcast, Dr. Phil Painter, chief medical officer for Health Care Services (HCS), shared that Humana has a significant amount of data that shows our members have both physical and behavioral health conditions. Humana has data to support that members who have significant behavioral and physical health conditions are more likely to visit the emergency room and are hospitalized more frequently and at a higher rate.

Behavioral health services have been incorporated into the larger HCS organization from a previous subsidiary called Humana Behavioral Health. Humana is currently working in a

number of ways to restructure Health Care Services (HCS) with the capabilities that existed within Humana Behavioral Health, Painter said.

One of many ways we are demonstrating integration is with the Integrated Medical and Behavioral Health team (IMBH). Care managers who have special skills and knowledge in physical and behavioral health conditions allow members a single point of contact. Trained care managers identify patterns and indicators that members face with serious health issues. Finding relatable ways to create a safe environment for the member to share their experience allows the care manager to listen and identify challenges that may be connected to behavioral health conditions.

Another level of integration is through the strategic use of medical directors who report to Dr. Phil Painter to assist with both utilization management and work with our regional medical directors and teams to ensure both physical and behavioral health concerns are getting the appropriate treatment with the right type of providers and medications.

An innovative integration effort is the addition of a web-based assistance program that delivers cognitive behavioral therapy. Programs like this and other web-based initiatives are now residing within Health Care Services innovation areas to explore and develop more online services. This will extend our reach to serve and support our members and their needs especially in areas where there may be a practitioner shortage.

Humana is privileged to offer and expand services for behavioral health within HCS through an integrated model. The activities shared in this article and many more; focus on members who have behavioral health conditions and those who have a comorbid status (physical and behavioral health conditions) to make sure they are addressed appropriately and timely by the right type of providers with the right level of care and interventions.

HCS associates encourage and empower members to discuss their challenges with their providers, which will assist them with ensuring that they are receiving holistic care for their conditions. Elevating behavioral health care for all members is a major goal with this approach. Supporting an individual collectively across the care management and care delivery systems will provide a streamlined experience for the member and for the providers we work with.

## Online information makes it easier to do business with Humana

**Schedule training when it is convenient for you, your staff**

Humana's "Education on Demand" tool offers physicians, other practitioners and their office staff quick, easy-to-understand information about topics that help simplify doing business with Humana.

This tool can be accessed at <https://www.humana.com/provider/news/education-on-demand>.

Some of the available topics are:

- Clinical Quality and Outcomes
- Commercial Risk Adjustment
- Commercial Risk Adjustment Model
- Consult™ Online (no audio available)
- Go365™
- HumanaAccess<sup>SM</sup> Visa Card
- Humana Member Summary
- Humana Overview
- Making It Easier for Healthcare Providers
- Special Needs Plans (SNPs)

Humana's Making It Easier page includes presentations that can help healthcare professionals better understand Humana's claim policies and processes. The presentations can be accessed at [Humana.com/MakingItEasier](https://www.humana.com/MakingItEasier).

The page, which is updated with new content each month, offers brief presentations that include a printable tip sheet with the most important information about each topic.

Topics include:

Bilateral Services and Modifier 50

Understanding an Explanation of Remittance (EOR)

Home Health Billing

Chronic Care Management Services  
Common Errors  
Tools and Resources for Healthcare Providers  
Drug Testing and Codes  
Modifier 25  
Modifiers 96 and 97  
Professional Component/Technical Component  
Multiple Evaluation and Management (E/M) Services  
Anatomical Modifiers  
Medicare Preventive Services  
Maximum Unit Values  
Use of Nonspecific Procedure Codes  
Procedure-to-procedure Code Editing  
Application of Medicare NCD/LCD Guidelines  
Humana's Approach to Code Editing  
Modifier 24  
Modifiers 59 and X{EPSU}

## Featured research: Overactive bladder an independent risk factor

A set of three publications show overactive bladder (OAB) to be an independent predictor of worse health outcomes in patients who have other age-related conditions. Compared with dementia alone, dementia plus OAB was associated with a 43 percent greater risk of falls, a 23 percent greater risk of fracture, and a 275 percent greater risk of urinary tract infection. ([View the research here.](#)) In an additional analysis of the same group of patients with dementia, OAB was associated with an increase in several forms of utilization. ([View here.](#)) A similar study of patients with osteoporosis also found that OAB was associated with increased risks of falls and/or fractures, as well as utilization. ([View here.](#)) [Lead author Elly Caplan described the significance of these findings: "Appropriate monitoring and management of OAB could potentially reduce negative outcomes associated with this condition."](#)

Check out these other recent publications:

Adherence to noncancer medications in patients with metastatic cancer was associated with better quality of life, according to a Healthy Days survey. [View the research here](#). The story of Humana's successful streamlining of its list of quality metrics and quality oversight has been published in the *Journal of Medical Quality*. [View the research here](#). And more . . .

- [Early evaluation of a heart failure daily health monitoring program using claims-based outcomes](#)
- [The impact of real world cardiovascular-related pharmacogenetic testing in an insured population](#)
- [Treatment patterns, LDL-C levels, and risk of subsequent events in patients with a recent cardiovascular event](#)
- 

Also new – hear the **podcast** by CDC's Charles Helmick, M.D., on the previously published manuscript, *Comorbid arthritis is associated with lower health-related quality of life in older adults with other chronic conditions*. [Available here](#)

### Ways to connect


Have questions or want to share an idea for other research opportunities? Email Courtney Brown at [cbrown37@humana.com](mailto:cbrown37@humana.com)

### Interested in seeing more research?

Visit Humana's research site to learn about past research projects, listen to podcasts, and view videos that showcase Humana's commitment to research. Access our [highlighted research here](#) or visit our [full research library here](#).

## Preclusion list policy changing

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 ([link opens in new window](#))  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.”

Effective Jan. 1, 2019, the preclusion is 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 ([link opens in new window](#)).

## Look for Humana at a conference near you in 2019

Humana will attend the following conferences in 2019:

- 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.