

Humana Medicaid

Updates for physicians and healthcare providers
Third quarter 2018



New Florida Medicaid regions go live starting December 2018

By Feb. 1, 2019, Humana Medical Plan will be available in all Medicaid regions in Florida. Look for a “save the date” in your inbox for upcoming provider town halls to learn more!

Statewide Medicaid Managed Care (SMMC) Health Plan Roll-out Schedule

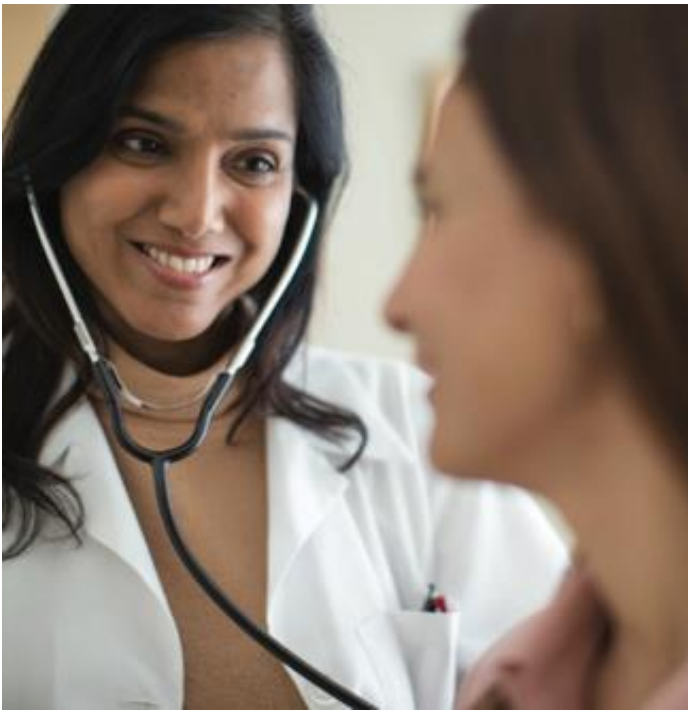
	Transition date	Regions included	Counties
Phase 1	Dec. 1, 2018	9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
		10	Broward
		11	Miami-Dade, Monroe
Phase 2	Jan. 1, 2019	5	Pasco, Pinellas
		6	Hardee, Highlands, Hillsborough, Manatee, Polk
		7	Brevard, Orange, Osceola, Seminole
		8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota
Phase 3	Feb. 1, 2019	1	Escambia, Okaloosa, Santa Rosa, Walton
		2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington
		3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union
		4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia

For more Statewide Medicaid Managed Care (SMMC) program changes, please visit the SMMC program website at http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml.

Critical Action Alert: Download the latest 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 within its provisions.

Find the latest information and critical updates for physicians and healthcare providers at Humana.com/flmedicaidnews



For Florida Medicaid coverage administered by Humana, medication preauthorization requirements also will expand to include additional medically billed drugs. The full medication preauthorization list for Florida Medicaid can be found at Humana.com/PAL. Please note: The drugs with new preauthorization requirements are noted with an asterisk (*).

Please note: If a healthcare provider does not obtain authorization *prior to the date of service*, it could result in financial penalties for the practice, based on the healthcare provider's contract. Services or medications provided without preauthorization may be subject to retrospective medical necessity review. We recommend that an individual practitioner making a specific request for services or medications verify benefits and preauthorization requirements with Humana prior to providing services.

If you have questions about Humana's preauthorization requirements or want to determine whether preauthorization is required for a patient with Humana Medicaid coverage, please review the Florida Medicaid Preauthorization and Notification List online at Humana.com/PAL or call the Humana Clinical Intake Team at 1-800-523-0023. Hours of operation are Monday through Friday, 8 a.m. to 6 p.m. Eastern time.

Please note: Preauthorization (i.e., prior authorization, precertification, preadmission) is a process by which the physician or other healthcare provider obtains approval in advance from the plan as to whether an item or service will be covered. Notification refers to the process of the physician or other healthcare provider notifying Humana of the intent to provide an item or service. Humana requests notification to help coordinate care for your patients. This process is distinguished from preauthorization. Humana does not issue an approval or denial related to a notification.

Complete 2018 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

Find the training modules at www.availity.com (registration required). More information is available on Humana's website at Humana.com/FloridaMedicaid and Humana.com/Providercompliance.

Take note of preauthorization and notification list updates, effective Dec. 1, 2018

The following medical services will see changes implemented in preauthorization request reviews beginning Dec. 1, 2018:

Medical service	Preauthorization requests reviewed by:	Effective date
Equine therapy	Humana	Dec. 1, 2018
Continuous glucose monitoring devices and supplies	Humana	Dec. 1, 2018
Personal emergency response system (PERS)	Humana	Dec. 1, 2018
Diagnostic esophagogastroduodenoscopy (EGD) or esophagoscopy (Patients 59 and under only, includes site-of-service evaluation) *	Humana	Jan. 1, 2019
Other implantable/semi-implantable hearing aids and devices	Humana	Jan. 1, 2019

The updated Florida Medicaid Preauthorization and Notification List will not affect current processes regarding preauthorizations or notifications for the Medicare and/or commercial lines of business. Physicians and other healthcare providers can review the Florida Medicaid Preauthorization and Notification List online at Humana.com/PAL.

Urgent/emergent services, as defined in the Florida Medicaid provider handbook, do not require a referral or preauthorization. Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services should refer to their IPA or risk network for guidance on processing their preauthorizations.



Understand designation and claim requirements for Regional Perinatal Intensive Care Centers (RPICC)

The RPICC rule applies to any person or entity prescribing or reviewing a request for obstetrical and neonatal services delivered in a RPICC, and to all physicians providing services in a RPICC who also are enrolled in the Florida Medicaid program and rendering services in the fee-for-service delivery system. A high-risk pregnancy is classified as a pregnancy in which the woman whose medical history and diagnosis indicates, without consideration of a previous cesarean section, that a normal uncomplicated pregnancy and delivery are unlikely to occur. Physicians who are participants in the Department of Health's Children's Medical Services RPICC program and render inpatient hospital obstetrical and neonatal services to recipients in a designated RPICC facility are qualified for an RPICC designation.

Florida Medicaid reimburses for the following services performed by a physician in a RPICC facility:

- Obstetrical services for recipients with high-risk pregnancies.
- Up to 365 days of neonatal services when the recipient meets all of the following:
 - Is more than 20 weeks' gestation
 - Requires more than 48 hours of services
 - Requires Level III intensive care as specified in rule 64C-6.003, Florida Administrative Code (F.A.C.)

Florida Medicaid reimburses providers in accordance with the Florida Medicaid fee schedule(s) for RPICC services, incorporated by reference in rule 59G-4.002, F.A.C. Providers submitting an obstetrical antepartum, postpartum or neonatal transfer claim must include the following:

- RPICC Entitlement Exception Report, June 2016, incorporated by reference using <http://www.flrules.org/Gateway/reference.asp?No=Ref-07022>
- University of Florida's RPICC Data System at <https://esteps.med.ufl.edu/>

Florida Medicaid also apportions reimbursement among providers when a recipient is transferred between RPICC facilities based on the number of days a recipient receives services in each location. Providers must submit claims after the recipient is discharged from the last facility and ensure dates of service on the claim form(s) do not overlap.

For more information, visit the following online resources:

- Floridahealth.gov-RPICCInfo
- [59G-4.264 Regional Perinatal Intensive Care Center Services](#)
- [Regional Perinatal Intensive Care Center \(RPICC\) Obstetrical Services Fee Schedule-1/1/18](#)
- [RPICC Neonatal Services Fee Schedule-1/1/18](#)



Critical Action Alert: Physicians/healthcare providers must enroll in Medicaid to receive payment for submitted claims

In order to meet Agency for Health Care Administration (AHCA) requirements, Humana can pay only those claims and/or encounters submitted by physicians and healthcare providers with valid Medicaid enrollment. **In addition, physicians and healthcare providers who are not enrolled correctly with AHCA will not be listed in Humana's directories or with AHCA's Choice Counselors for member selection.**

Following are details regarding how a physician or healthcare provider should be listed:

- Physicians and other healthcare providers can confirm their active enrollment via the Provider Master List (PML) on the AHCA website at http://portal.flmmis.com/FLPublic/Provider_ManagedCare/Provider_ManagedCare_Registration/tabId/77/Default.aspx?linkid=pml.
- A physician or healthcare provider must be listed as "ENROLLMENT" or "Limited Enrollment" in the Enrollment Type column and as "ACTIVE (A)" in the Current Medicaid Enrollment Status column.
- The physician's or healthcare provider's billing NPI and rendering NPI (as applicable) must be accurate and affiliated with the correct Medicaid ID.
- The physician or healthcare provider must be enrolled for all practicing provider types and specialty codes, taxonomy codes and all service locations.

Effective Aug. 24, 2018, providers are encouraged to email encounter-related inquiries to healthplan.support@hpe.com. Providers are encouraged to discontinue use of the previous email address encounter.support@hpe.com. The old mailbox address is no longer monitored. All messages are forwarded to the new mailbox and replies are sent via the new mailbox address after Aug. 24, 2018.