



Access to Care Requirements for Humana Medicaid members

Participating primary care providers and specialists are required to ensure adequate access to healthcare 24 hours per day, seven days per week (24/7). An after-hours telephone number must be available to members (voicemail is not permitted). The enrollee should have access to care for PCP services and referrals to specialists for medical and behavioral health services available on a timely basis, as follows:

Appointments for urgent medical or behavioral healthcare services shall be provided:

- Within 48 hours of a request for medical or behavioral healthcare services that do not require prior authorization.
- Within 96 hours of a request for medical or behavioral healthcare services that do require prior authorization.

Appointments for non-urgent care services shall be provided:

- Within seven days post-discharge from an inpatient behavioral health admission for follow-up behavioral health treatment
- Within 14 days for initial outpatient behavioral health treatment

- Within 14 days of a request for ancillary services for the diagnosis or treatment of injury, illness or other health condition
- Within 30 days of a request for a primary care appointment
- Within 60 days of a request for a specialist appointment after the appropriate referral is received by the specialist

The PCP arranges for coverage of services, consultation or approval for referrals 24/7 by Medicaid-enrolled providers who will accept Medicaid reimbursement. This coverage shall consist of an answering service, call forwarding, provider call coverage or other customary means approved by the agency. The chosen method of 24/7 coverage must connect the caller to someone who can render a clinical decision or reach the PCP for a clinical decision. The after-hours coverage must be accessible using the medical office's daytime telephone number. The PCP arranges for coverage of primary care services during absences due to vacation, illness or other situations in which the PCP is unable to provide services. A Medicaid-eligible PCP must provide coverage.

Patient-Centered Medical Home (PCMH) workshops

This year, Humana offers a series of comprehensive medical home workshops for primary care physicians interested in earning the National Committee for Quality Assurance (NCQA) recognition. The workshops identify core attributes of patient-centered homes and the documentation required.

Virtual training schedule

Date	Registration	Topic	Location
Oct. 1, 2019 10 to 11 a.m.	Sept. 24, 2019	Introduction to PCMH	WebEx
(Part 1) Oct. 23, 2019 9:30 a.m. to 12:30 p.m. (Part 2) Oct. 30, 2019 9:30 a.m. to 12:30 p.m.	Oct. 9, 2019	Foundational Concepts of the Medical Home	WebEx

On-site training schedule

Date	Registration deadline	Topic	Location
Sept. 5, 2019 9 a.m. to 5 p.m.	Aug. 22, 2019	Foundational Concepts of the Medical Home	Humana – Daytona 143 Executive Circle Daytona Beach, FL 32114

2019 Medicaid Quality 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 for more information, please contact your provider relations representative.

Updating Current Provider Addresses

It is vitally important to keep your demographic information up-to-date in Humana and AHCA systems. When AHCA's Bureau of Medicaid Program Integrity contacts a provider to conduct record requests, other investigations or audits, it uses the contact information provided to Medicaid at the time of enrollment, or as amended.

Providers are required by the Provider General Handbook, promulgated into Florida Administrative Rule by reference, to update their address information with Medicaid. (See page 2-49 in the Handbook.) If a provider discovers that they have failed to update their contact information, such as the service address, mail-to/correspondence address, or telephone number, they should do so immediately.

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Fully- or limited-enrolled Medicaid providers can verify their addresses of record and make updates online by logging into the secure Florida Medicaid [Web Portal](#) and selecting demographic maintenance. Registered providers can verify their addresses of record by calling the Medicaid Provider Enrollment Call Center at 1-800-289-7799, and selecting option 4. Registered providers must submit address changes to:

Florida Medicaid Provider Enrollment
P.O. Box 7070
Tallahassee, FL 32314-7070

The change of address request must include the provider's Medicaid ID, the address type, and the updated address. (NOTE: Post Office Boxes or mail drop stores are not accepted as service addresses.)

Providers are strongly encouraged to frequently check the [Web Portal](#) for provider alerts and announcements regarding requirements on reporting changes to information on provider files

Humana providers **are contractually required** to report all changes of address or other practice information electronically via Humana.com or in writing as soon as possible. Notices of any changes must adhere to time frames outlined in the agreement.

If a provider's agreement with Humana is through a management services organization (MSO), independent practice association (IPA), or provider medical group, these changes can be communicated to Humana through the entity rather than by the individual provider.

Changes must be submitted at least 30 days prior to the effective date of the change to facilitate accurate directory information and claims payment.

Revised Florida Medicaid Provider Manual

Humana has posted a revised Florida Medicaid Provider Manual online at:

[Humana.com/floridamedicaid](https://www.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.

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](https://www.humana.com/floridamedicaid) and choose the "Health Care Provider Training Materials" tab.

MMA Physician Incentive Program (MPIP Year 3*)

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

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

**Rollout dates: Dec. 1, 2018; Jan. 1, 2019; Feb. 1, 2019 (dates vary by regions)*

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. Practicing as a primary care physician with a pediatric panel size of at least 200 or greater 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 age 21 and older. Practicing as a primary care physician with an adult panel size of at least 200 or greater 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.

Interim Qualification Requirements for Rollout – For New Network Providers

Please refer to the [MPIP Year 3 Plan Program Summary](#) for specific Humana qualification criteria for new network providers.

For the initial assessment, all eligible and qualified provider notifications were mailed out prior to the qualification period for their respective region rollout.

For MPIP 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. Humana will perform the reassessment which will occur halfway between a region's rollout date and September 30, 2019. Allowing providers who become qualified after the implementation date a second opportunity to become eligible for MPIP.

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

1. Physicians not participating in Humana's Medicaid network
2. OB-GYNs with fewer than 10 deliveries for the measurement period
3. PCPs with a pediatric panel size of fewer than 200 Medicaid members during the measurement period
4. Adult PCPs with an adult panel size of fewer 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*

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**Services provided in any of these facilities or faculty plan may not be included in the MPIP, regardless of whether 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 AHCA website: 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.

Pharmacy Information

Drug Recall Notice – Angiotensin Receptor Blocker Recall Expands

The FDA continues to investigate and test all angiotensin II receptor blockers (ARB) e.g., losartan and valsartan, for the presence of N-Nitrosodimethylamine (NDMA), N-nitrosodiethylamine (NDEA), and N-Methylnitrosobutyric acid (NMBA). This impurity has been classified as a probable human carcinogen as per International Agency for Research on Cancer (IARC) classification and the amounts in recalled batches exceed acceptable levels. The FDA is taking swift action when it identifies impurities that are above acceptable levels, and will continue to update the inclusion and exclusion list as more information becomes available.

It is important to know that not all ARBs contain NDMA or NDEA, so pharmacists may be able to provide a refill of medication not affected by the recall, or doctors may prescribe a different medication that treats the same condition.

Information for Humana members:

- The FDA has an ongoing investigation of angiotensin receptor blocking drugs on the market. It will continue to update the recall as the investigation evolves. For the most current information on the drug recall, we recommend visiting the FDA website at <https://www.fda.gov/Safety/Recalls/default.htm>
- Patients should continue taking the recalled medication until they have a replacement product.
- To determine if a specific product has been recalled, patients should look at the drug name and company name on the label of their prescription bottle. If the information is not on the bottle, patients should contact the pharmacy that dispensed the medicine.
- Patients should contact their pharmacist or physician to discuss treatment options if their medicine is included in this recall or they experience any problems that may be related to taking this product.
- Consumers with questions regarding this recall can contact their dispensing pharmacy during normal business hours. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Adverse reactions or quality problems experienced with the use of this product may be reported to the FDA's MedWatch Adverse Event Reporting program either online, by regular mail or by fax.
 - o Online: Complete and submit the report: www.fda.gov/medwatch/report.htm
 - o Regular mail or fax: Download a reporting form at www.fda.gov/MedWatch/getforms.htm or call 1-800-332-1088 to request a form, then complete and return it to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178.

Online self-service

A variety of provider materials and resources are available on the public website at Humana.com. Registration is not required. Medicaid-specific materials, 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

Effective Nov. 1, 2019, we will update the Florida Medicaid preauthorization and notification List

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

Formulary Changes effective 10/1/19

Drug Name	Formulary Status	Alternatives
Xeljanz XR	Non-PDL	Xeljanz (immediate release)
Procrit	PDL	
Retacrit	Non-PDL	Procrit
Epogen	Non-PDL	Procrit
Pioglitazone-metformin combo	Non-PDL	Pioglitazone + metformin (individual agents)
Mometasone Nasal	Non-PDL	Azelastine spray
Methylphenidate chewable	Non-PDL	Methylphenidate tablets

*** Please note that some alternatives may have utilization management criteria and require a PA*

Complete list of formulary changes can be found at:

https://ahca.myflorida.com/medicaid/Prescribed_Drug/pharm_thera/pdf/ChangesSummaryReport.pdf