



Critical action alert: Provider claims won't be accepted without inclusion of Florida Medicaid-enrolled NPIs

Effective Feb. 3, 2020, Humana will stop accepting Florida Medicaid claims and/or encounters that are submitted with a National Provider Identification (NPI) that is not enrolled with the Agency for Health Care Administration (AHCA) under Florida Medicaid. This change reflects enforcement of a state contract regulation that requires providers treating Florida Medicaid members be registered with Florida Medicaid and submit valid NPIs on claims, unless they are atypical* providers.

NOTE: The Centers for Medicare & Medicaid Services (CMS) defines atypical providers as providers who do not provide healthcare.

Please refer to the information below regarding Medicaid enrollment requirements and, if necessary, update your AHCA enrollment. This information was previously communicated to Humana Medical Plan (Medicaid)-contracted physicians and healthcare professionals.

An entity that bills Humana for Medicaid-compensable services provided to Medicaid recipients, or that provides billing services for all Medicaid provider types, must be active and enrolled as a Medicaid provider, or have "limited enrollment status."

To verify enrollment, providers and healthcare professionals may consult the provider master list (PML), a resource listing Florida Medicaid-enrolled/registered providers who've shown active status within the last 18 months. Alternatively, the pending provider list (PPL) includes all pending Medicaid provider applications. Both lists are located on the Florida Medicaid public web portal within the "Managed Care" area or can be found on the AHCA website:

Provider master list

http://portal.flmmis.com/FLPublic/Provider_ManagedCare/Provider_ManagedCare_Registration/tabId/77/Default.aspx?linkid=pml.

To access the PML tip sheet for specific guidance on proper enrollment, please visit

<http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Managed%20Care/Provider%20Master%20List%20Tip%20Sheet.pdf>

Indications of proper physician or healthcare professional enrollment include:

- An active PML listing on the AHCA portal
- A listing that shows “enrollment” or “limited” in the enrollment-type column
- An active (A) listing in the current Medicaid Enrollment Status column
- An accurate NPI listing related to attending, billing, ordering, prescribing, referring and rendering providers (not applicable to atypical providers) affiliated with the correct Medicaid ID.
- A listing with all active service and/or billing locations, provider type and provider specialty codes associated with its respective NPI and Medicaid ID.

Incorrect enrollment can affect the way a physician, healthcare professional or provider group is identified by AHCA and its choice counselors, as well as how a physician, healthcare professional or provider group is listed in Physician Finder, Humana’s online provider directory.

AHCA’s provider enrollment area is available to assist physicians and healthcare professionals with enrollment issues, such as change of address, change of ownership and re-enrollment issues via the AHCA website at http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/tabId/42/Default.aspx

Guidelines on how physicians and other healthcare professionals should enroll with Medicaid can be found in the Provider’s General Handbook Reference, Chapter 2 at <https://www.flrules.org/Gateway/reference.asp?No=Ref-02671>

If you have questions about these requirements, please call Humana provider customer service at 1-800-477-6931 or your Humana provider relations representative. Thank you for your continued care of our members.

2019 Medicaid Quality Bonus Program

Humana announces the 2019 adult and pediatric Medicaid Quality Capitation Bonus Program. This program promotes quality improvements by providing financial compensation to primary care physician (PCP) 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 AHCA Provider General Handbook, promulgated into Florida Administrative Rule by reference, to update their address information with Medicaid. (See Pages 2-49 in the handbook.) If providers discover 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.

Florida Medicaid memo: new Medicaid provider enrollment resources

The Florida Agency for Healthcare Administration (AHCA) is redesigning the enrollment pages of its Florida Medicaid provider web portal.

The updates are part of an ongoing effort to streamline the Medicaid provider enrollment process and improve the enrollment experience.

The portal can be found at this link:
http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/tabId/42/Default.aspx

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

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 and choose the "Health Care Provider Training Materials" tab.

MMA Physician Incentive Program (MPIP Year 4*)

The MMA Physician Incentive Program promotes quality of care for our Medicaid members and recognizes 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 and based on the achievement of key access and quality measures.

Program year effective dates: Oct. 1, 2019–Sept. 30, 2020

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 and meet the additional criteria by region as defined below.
- **New regions:** Practicing PCPs with a pediatric panel size of 50 or more assigned Humana Family Medicaid membership during the measurement period and on the AHCA Year 2 MPIP list.

- **Existing regions:** Practicing as a primary care physician with a pediatric panel size of at least 200 or more assigned Humana Family Medicaid members 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.

Please refer to the [Humana MPIP Year 4 Plan Program Summary](#) for specific Humana qualification criteria for Year 4.

***NOTE:** All MPIP Year 3-qualified providers will remain qualified for Year 4 and be reimbursed at MPIP rate through Sept. 30, 2020 (excluding opt outs).

For MPIP Year 4, any newly identified eligible and qualified providers will receive a Humana qualification letter at the beginning of the program year or during the re-assessment period.

Midway through the program year, Humana will reassess all eligible providers to determine if any additional providers qualify for the program.

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

- Physicians not participating in Humana's Medicaid network
- OB-GYNs with fewer than 10 deliveries for the measurement period
- PCPs-Existing Regions (1, 6, 9, 10, 11) with a pediatric panel size of fewer than 200 Medicaid members during the measurement period
- PCPs-New Regions (2, 3, 4, 5, 7, 8) with a pediatric panel size of fewer than 50 Medicaid members during the measurement period
- Federally qualified health centers
- Rural health clinics
- County health departments
- Medical school faculty plans

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:

https://ahca.myflorida.com/medicaid/statewide_mc/mma_physician_incentive.shtml

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

Pharmacy Information

Expanded Benefit – Hepatitis A Vaccine for Adults Coverage Information

The Florida Department of Health has issued a public health emergency concerning the spread of hepatitis A. **As of July 27, 2019, there were 2,582 reported cases of hepatitis A in Florida.** The surgeon general is encouraging vaccination for all individuals considered high risk for contracting the hepatitis A virus (HAV) or at high-risk of suffering serious complications from contracting HAV. Humana will allow limited-time coverage for adult beneficiaries (21 and older) who meet one of the following high-risk categories:

- Individuals that are homeless
- Intravenous drug users
- Non-intravenous illicit drug users
- Men who have sex with men
- Individuals diagnosed with underlying liver disease
- Individuals in an emergency room or other acute care setting, after being administered an opioid antagonist, such as naloxone
- Individuals with clotting factor disorders
- Individuals working with homeless persons or intravenous drug users outside of health care settings
- Individuals over 60 years of age with a serious underlying medical condition, as determined by their healthcare provider, in critically impacted counties and/or first responders

Humana will collaborate with the state to determine the time frame of this benefit, and will keep the provider network informed. Humana will reimburse this vaccine at the rate loaded on the Medicaid Fee Schedule for 19-20 year olds (\$67.55). This will be reimbursed each time it is billed for the two-dose vaccine. There will be no separate reimbursement for the administration code. Humana will not require an authorization for beneficiaries that qualify for the benefit.

AHCA Fee Schedule Updates

Effective Jan. 1, 2020, updates to AHCA fee schedules will be reviewed annually. Humana covers and reimburses medically billed drugs according to the Agency for Health Care Administration (AHCA) fee schedules at ahca.myflorida.com/medicaid/review/fee_schedules.shtml. AHCA typically posts updated fee schedules in January each year and all additions, removals and rate changes are reflected.

Flu Vaccinations

The 2019-2020 flu vaccinations are available. We are encouraging providers to partner with Humana to ensure all Medicaid members are vaccinated. Members can receive their flu vaccination in the office or at network pharmacies which include CVS, Publix and Walmart.

Formulary Changes Effective Jan. 1, 2020

Drug Name	Formulary Status	Alternatives
Carbidopa/Levodopa ODT	Non-PDL	Carbidopa/levodopa
Aripiprazole ODT	Non-PDL	Aripiprazole
Fanapt	PDL	
Tamiflu	Non-PDL	Oseltamivir capsule and suspension
Dalfampridine ER	PDL	
Mavenclad	Non-PDL	Avonex, Copaxone, Tecfidera
Diclofenac Potassium	Non-PDL	Celecoxib, Meloxicam, Nabumetone
Lyrica	Non-PDL	Pregabalin, Gabapentin
Gleevec	Non-PDL	Imatinib

