

Kentucky New Horizon

Volume III

August 2021



You can always find the most current Kentucky New Horizon issue by visiting [Humana.com/NewHorizon](https://www.humana.com/NewHorizon). We archive older newsletters and other New Horizon issues at [Humana.com/KYNotices](https://www.humana.com/KYNotices), for reference at any time.

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LC12401KY0621 (HUMP12401)

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan Inc.

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Humana Healthy Horizons™ in Kentucky: New name, same level of service

As of Jan. 1, 2021, Humana Kentucky Medicaid is Humana Healthy Horizons in Kentucky. The new name reflects our goal not only to help our enrollees achieve their best health and live their best lives, but also to give you the support you need to provide quality care. The name may change but the strength and stability of Humana remain the same.

Humana Healthy Horizons is more than a health plan. It is our commitment to providing you with what you need to give our enrollees the best care possible. Humana Healthy Horizons in Kentucky offers providers resources to help navigate our plan offerings. Please see our [Humana Healthy Horizons in Kentucky Introduction](#) for further details.

[Humana.com/HealthyKY](#) features educational materials, pharmacy and quality resources and training materials to support you every step of the way. If you have questions regarding the new name, please call Humana Provider Services at **800-444-9137 (TTY: 711)**. Hours of operation are Monday – Friday, 7 a.m. to 7 p.m., Eastern time. For more information, go to [Humana.com/HealthyKentucky](#).

Enrollees can earn \$40 in rewards for receiving a COVID-19 vaccine

Humana Healthy Horizons in Kentucky enrollees 18 and older can earn \$40 in rewards through Go365® for Humana Healthy Horizons after receiving a COVID-19 vaccine. See our provider [COVID-19 Vaccine Reward FAQ](#) for further details.

View updates to behavioral health, medical claims issue resolution

Effective Sept. 1, 2021, for issue resolution of both Medicaid behavioral health- and medical-related claims issues, please call provider services at **800-444-9137** and obtain a call reference number.

If your claim issue is not resolved, please email KYMedicaidProviderRelations@Humana.com and copy your [provider relations representative](#) with:

- A description of your issue
- Your call reference number (only one per issue)
- This [claims submission form](#) filled in with your claim examples

If you have a large volume of claims for the same issue, you should only provide a few examples. Humana will pull a report to capture any other affected claims.

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Humana Healthy Horizons announces new prior-authorization services partners: eviCore and New Century Health

Humana Healthy Horizons in Kentucky and eviCore healthcare announced a partnership to provide radiology authorization services for Humana Healthy Horizons in Kentucky enrollees. Prior authorization from eviCore healthcare are required for dates of service on or after March 1, 2021. See the [full notice](#) for details.

For adults 18 and older, Humana Healthy Horizons in Kentucky also partners with New Century Health for chemotherapy agent-, supportive- and symptom-management-drug prior authorization requests. For more information about prior authorizations, go to [Humana.com/KYPriorAuthorizations](https://www.humana.com/KYPriorAuthorizations).

Help address social determinants of health with your patients

Humana Healthy Horizons in Kentucky annually conducts the Mental Health Statistics Improvement Program (MHSIP) survey to assess enrollee experiences with behavioral health care and services. The survey covers topics important to enrollees and focuses on seven aspects of quality care:

- Access
- Functioning
- General satisfaction
- Outcomes
- Participation in treatment
- Quality and appropriateness
- Social connectedness

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From the 2020 survey, we found:

- There was improvement among all categories when comparing results from 2019
- The general satisfaction category received the highest satisfaction response (99%) of all categories
- The access category is the second highest performing category with a 92% satisfaction response
- The social connectedness category showed the most improvement from 2019 (72.5%) to 2020 (86.6%)

Positive survey findings reflect the quality of care our enrollees receive from our providers. While many outpatient behavioral health providers transitioned to telemedicine services in 2020 to accommodate the needs of enrollees, there were limitations to providing timely follow-up care and assistance with resources after acute, crisis-related or high-intensity services.

To address our enrollees' needs, Humana Healthy Horizons in Kentucky initiated COVID-19 enrollee outreach in the first quarter of 2020. In the third quarter of 2020, we increased outreach to enrollees with chronic conditions such as serious mental illness and substance use disorder.

Go to [Humana.com/KYTraining](https://www.humana.com/KYTraining) for more information, resources about how to refer enrollees and to learn more about social determinants of health.

Kentucky Department of Medicaid Services (DMS) issues updated prior authorization guidance

Kentucky DMS issued updated guidance April 26, 2021, on prior authorization requirements for various services. Please see the [Kentucky DMS notice](#) for more information.

For up-to-date information about Kentucky DMS prior authorization guidance during the COVID-19 pandemic, go to [Humana.com/KYNotices](https://www.humana.com/KYNotices) and [Humana.com/KYPriorAuthorizations](https://www.humana.com/KYPriorAuthorizations).

Verify your patient's Medicaid eligibility via KYMMIS

Before providing services (except emergency services), providers are expected to verify enrollee eligibility via the HealthNet Portal at [KYMMIS.com](https://www.kyimmis.com). Enrollees should present an ID card each time services are rendered. If you are unfamiliar with the person seeking care and cannot verify the person is an enrollee of our health plan, please ask to see photo identification.

Eligibility changes can occur throughout the month, so please use HealthNet to verify real-time enrollee eligibility for the date of service.

Providers also have access to verification resources on [Availity.com](https://www.availity.com), Humana Healthy Horizons in Kentucky's secure provider portal. Page 9 of the [Humana Healthy Horizons in Kentucky Provider Manual](#) provides instructions about how to use HealthNet and Availity for eligibility verification.

Kentucky DMS rolls out new managed care organization single pharmacy benefit manager

On July 1, 2021, MedImpact Healthcare Systems Inc. will begin processing pharmacy claims and prior authorizations for all Kentucky Medicaid managed care organizations. MedImpact's scope includes:

- Claims processing and administering payments to Kentucky Medicaid pharmacy providers
- Applying Kentucky Medicaid preferred drug list (PDL) and benefit design
- Administering prior authorization requests using DMS-established criteria

For more information, see the [full announcement](#).

Follow up after high-intensity care for substance use disorder to improve patient outcomes

Individuals receiving care for substance use disorder (SUD) in high intensity settings are at increased risk of losing contact with the healthcare system after discharge. The intent of the Healthcare Effectiveness Data and Information Set (HEDIS®)* measure, Follow-Up After High-Intensity Care for Substance Use Disorder (FUI), is to assesses the rate of members treated for SUD who had a follow-up visit within seven or 30 days following discharge from an acute inpatient hospitalization, residential stay or detoxification visit. Failure to ensure timely follow-up could result in negative outcomes, such as continued substance use, relapse, high utilization of intensive care services and mortality. Follow-ups can occur with any practitioner, but SUD must be listed as the primary diagnosis on the claim to count toward measure compliance.



What can providers do to improve compliance rate?

- Use correct coding and appropriate documentation
- Explain the importance of follow-up care to patients
- Prioritize appointments for recent discharges
- Coordinate treatment with primary care physicians and mental health providers
- Attempt a follow-up within 24 hours to reschedule missed appointments

To learn more about this performance measure, please consult our [FUI flyer](#).

*HEDIS® is one of healthcare's most widely used performance improvement tools. It is developed and maintained by the National Committee for Quality Assurance (NCQA).

Humana Healthy Horizons in Kentucky releases Kentucky Medicaid Bypass List for Commercial Insurance Non-covered Codes

Humana Healthy Horizons in Kentucky developed a Kentucky Medicaid Bypass List for Commercial Insurance Non-covered Codes. This bypass list allows providers to bill Humana Healthy Horizons in Kentucky directly without first billing an enrollee's commercial insurance for coordination-of-benefit requirements. For details, please see the [full notice](#).

Use paper claim requirement to prevent eligibility denials for patients who switch MCOs

Occasionally, enrollees choose to switch to a different Medicaid managed care organization (MCO). When the effective date of the plan change occurs during an inpatient admission, providers should continue submitting claims for inpatient admission to the original MCO. For providers submitting interim billing for inpatient admissions that are not paid by a diagnostic-related group (DRG), billing electronically will cause a denial of the claim because of the enrollee's disenrollment from the plan.

Humana is working to correct this issue and will advise impacted network providers upon completion of the project. To prevent eligibility denials, all inpatient admission claims billed on an interim basis after enrollee termination from the MCO must be billed via the paper process for the following provider types:



- **01** Hospital Services
- **02** Psychiatric Inpatient Hospital Services
- **03** Behavioral Health Services Organization
- **04** Psychiatric Residential Treatment Facility (PRTF)
- **05** PRTF 2
- **06** Chemical Dependency Treatment Center

View March 2021 updates to the retrospective review policy

Humana Healthy Horizons in Kentucky identified that the current provider manual does not detail provider retrospective review request submission time frames. Humana Healthy Horizons in Kentucky maintains the same submission time frame outlined in the Humana – CareSource® Kentucky Medicaid plan provider manual, as detailed in a Jan. 4, 2019, network notification. You will find additional clarification in the [March 2021 full notification](#), which covers topics such as:

- Humana Healthy Horizons in Kentucky's retrospective review policy
- 90 calendar-day time frame requirement
- What to include when submitting retrospective review requests
- How to submit retrospective review requests

Kentucky DMS updates no-show, cancellation fee guidance for Medicaid enrollees

The Department for Medicaid Services (DMS) released [a memo](#) regarding updated guidance around no-show or cancellation fees for Medicaid members. Medicaid providers are not permitted to charge Kentucky Medicaid recipients fees for missing or canceling appointments even if it is the provider's policy or practice for all patients. Providers may not seek reimbursement for a missed or canceled appointment. Instead, Kentucky Medicaid is asking providers to document and report missed or canceled appointments through KYHealthNet for monitoring purposes.

Improve patient outcomes, close care gaps with Comprehensive Diabetes Care – Eye Exam (CDC – EYE) performance measure

Monitoring diabetic retinopathy is important to patient eye health and prevention of vision loss. Comprehensive Diabetes Care Eye Exam, or CDC–Eye, is a performance measure identified as an opportunity for improvement in the Medicaid population. Increasing patient awareness of the importance of completing dilated retinal exams will improve patient outcomes and close gaps in care.

Ensuring diabetic patients receive an eye exam (retinal or dilated) performed by an eye care professional (optometrist or ophthalmologist) in this calendar year or that the patient tested negative for retinopathy during a retinal or dilated eye exam by an eye care professional in the previous calendar year is important. If a patient tests negative for retinopathy, practices can use one of the codes found on our [CDC-Eye flyer](#) to report results. This satisfies the measure requirement for two years.



Best practices for primary care physicians and eye care professionals:

- Discuss with patients the importance of an annual comprehensive eye exam
- Ensure patients have completed an annual comprehensive eye exam
- Refer patients to eye care professionals and schedule appointments for patients
- If using fundus photography technology in a primary care setting, ensure the retinal image has been reviewed and interpreted by an eye specialist
- Send a copy of the exam to the primary care physician to store in the patient's medical record
- Ensure that a proper billing code is used to indicate performance of an eye exam
- Review and use the appropriate CPT II code to indicate review of eye exam results
- Use a proper diagnosis code to report results if the patient tested negative for retinopathy

Find more information and coding guidance, see our [CDC-Eye flyer](#).

Humana ‘Making It Easier’ with series of educational presentations

“Making It Easier for Physicians and Other Healthcare Providers” is a series of educational presentations about Humana claims payment policies and processes.

Download the [Tools and Resources for Physicians and Other Healthcare Providers Resource Guide](#) to learn about Humana’s inventory of useful tools and resources, which can simplify your claims-related and other interactions with Humana.

Go to [Humana.com/MakingItEasier](https://www.humana.com/MakingItEasier) today, or [Availity.com](https://www.availity.com), in the Humana Payer Space under the Resources tab.

Look for the “**Stay Connected**” widget on the Humana website and subscribe to receive notifications when new content is added.

Healthy Horizons in Kentucky Provider Web Page

Our Humana Healthy Horizons provider website has a variety of materials and resources to help you achieve your best success. Materials and resources include:



- Provider Manual
- Regular network notices
- Telemedicine information
- Provider Resource Guide
- Provider training materials
- Prior authorization information

And other useful materials

We encourage you to frequently visit our website, [Humana.com/HealthyKY](https://www.humana.com/HealthyKY), as we regularly update the information available.

Humana’s Provider Compliance Training

Healthcare providers serving Humana Medicaid plans in Kentucky must complete the following training modules:

- 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, please visit [Humana.com/ProviderCompliance](https://www.humana.com/ProviderCompliance) or [Humana.com/KYTraining](https://www.humana.com/KYTraining).

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