



Humana



Humana Physician News

Q4 2022 newsletter for in-network physicians, clinicians and office staff to support you in the care of your Humana-covered patients



Happy holidays! A message from Dr. Kate Goodrich, Chief Medical Officer

Kate Goodrich, MD, MHS
Chief Medical Officer

As we head into the holiday season, I hope you're able to take some time off to rest, relax and be present with family and friends. I also want to share my sincere appreciation for how much I value your ongoing commitment to those we serve.

Since I stepped into my recent role as CMO, I am listening and learning about the challenges you face in helping your Humana-covered patients achieve their best health. As a practicing physician, I experience many of them myself. Whether it's underpaid/denied claims, the prior authorization process for medical services and medications or having enough time to spend with our patients, I recognize there is room to improve how we work together to care for the health and well-being of those in need.

However, I am inspired by the efforts underway within Humana that are designed to better support you and your teams. We're already seeing a reduction in claims rework year-over-year through improvements to our internal processes, and, as you'll see further down in this newsletter, there are several initiatives in motion to tackle prior authorizations and utilization management (UM).

I realize that challenges certainly lie ahead but I'm thrilled to work alongside you in addressing them head on and welcome your feedback. Please reach out to me at clinicianfeedback@humana.com. 2023 will be a big year, and I look forward to what we will accomplish together. Happy holidays!



Reimagining the utilization management experience

Humana is tackling one of the most complicated challenges in healthcare—prior authorization and utilization management. Through a series of strategic initiatives and collaborations, Humana aims to reduce the administrative burdens and inefficiency associated with utilization management and improve the experience for you, the provider.

We've engaged physicians to help us identify challenges and find ways to remove barriers to care while ensuring the safety, quality and appropriateness of a given procedure or medication.

Initiatives underway include:

- Real-time information/benefits check tools
- Electronic health record (EHR) integration
- Electronic filing and allowing exemptions
- Reduced number of required authorizations
- Improved turnaround time for approvals
- Outcomes-based UM; expansion of value-based care incentive

In addition, you can now use Availity's secure multi-payer portal to determine if an authorization or referral is required for a specific outpatient service*, based on the patient's Humana plan. Save time by entering a few details and get a Humana reference number for tracking. This is available for all U.S. territories for commercial and Medicare plans**.

For Humana training opportunities, visit [Humana.com/ProviderWebinars](https://www.humana.com/ProviderWebinars). For Availity registration assistance, call Availity Client Services at 800-AVAILITY (282-4548).

*This feature is not available for inpatient or behavioral health services at this time.

**This feature is expected to expand to Medicaid plans in 2023.



Introducing an online community resource directory

Addressing health-related social needs can be important to your patient's health. That's why [Humana Community Navigator](#), powered by findhelp, offers an online directory of community resources with more than **500,000** social service programs across the United States.

For any patient, no matter their insurance carrier, Humana Community Navigator can unlock resources that support your patient's care plan, leading to better health outcomes.

- Access an easy-to-use directory of community resources at no cost to your practice.
- Offer resources in over 100 languages that are free or at a reduced cost.
- Share resources for needs such as food, housing, transportation and more! [Learn more.](#)



Humana expands colorectal cancer screening age to 45–75 years for Medicare patients

The U.S. Preventive Services Task Force (USPSTF)¹ and the American Cancer Society (ACS) have expanded the recommended age range for colorectal cancer screening guidelines to 45–75 years (previously, it was 50–75 years) due to an increasing risk in younger generations and a favorable benefit-to-harm ratio.² Humana will align with this recommendation and expand colorectal cancer screening coverage to include those 45–75 years of age. This change will be reflected in Humana systems as of Nov. 12, 2022.

1. Recommendation: Colorectal Cancer: Screening | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)

2. [Colorectal cancer screening patterns after the American Cancer Society's recommendation to initiate screening at age 45 years - Fedewa - 2020 - Cancer - Wiley Online Library](#)

Resources and support



Coming Jan. 1, 2023: Opioid naïve point-of-sale safety edit updates

The processing of opioid naïve safety is changing. Pharmacists at point-of-sale may override the rejection to allow for paid claims utilizing eligible ICD-10 codes for an appropriate exemption. Provision of relevant ICD-10 codes will assist your patients taking opioid medications appropriately.

[Learn more.](#)



Special Needs Plans best practices

A Special Needs Plans (SNP) is a Medicare Advantage (MA) coordinated care plan (CCP) that provides targeted care and limits enrollment to those with specific diseases or characteristics. Please promptly complete required Verification of Chronic Conditions (VC) forms for your patient and complete the annual SNP training for providers at [Humana.com/ProviderCompliance](https://www.humana.com/ProviderCompliance) or via Availity Essentials secure provider portal.



New drug updates coming

As of Jan. 1, 2023, certain drugs will have new limitations or requirements under Humana commercial and Medicare formularies, which could mean new requirements or additional out-of-pocket costs for existing medications. Have a conversation with your patients to determine any changes that may impact medication adherence. Humana encourages the use of generic and cost-effective brand medications when possible. Find all the details [here](#).



New 2023 preauthorization list (PAL) and notification requirements

Lists of services and medications that may require preauthorization for patients with Medicaid, Medicare Advantage, dual Medicare-Medicaid and commercial coverage are available [here](#). Please review the detailed information at the top of the lists for exclusions and other important information before submitting a preauthorization request.



Flu season is here. Find vaccination claim codes for reimbursement.

Get the appropriate administration, vaccine and diagnosis codes to facilitate correct reimbursement for the 2022—2023 season.

[Learn more \(English\)](#)

[Learn more \(Spanish\)](#)

 [COVID-19 provider tools and patient resources](#)

 [Preauthorizations, referrals and medical and pharmacy coverage policies](#)

 [Important policy reminders](#)

 [Claims payment policies](#)
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