

Florida New Horizon Provider Newsletter

Volume VII



In this issue:

- Answers to common questions about provider-initiated transfers of Medicaid members
- Complete a Notification of Pregnancy Form for affected patients
- Complete a Proof of Pregnancy for affected patients
- Updates coming for Program Year 8 in the Medicaid Physician Incentive Program
- Medicaid case management referrals can be made by phone or fax
- Providers can help educate patients on ways to better manage blood pressure
- Eliminate issues with claim submissions with these tips
- Availity unveils a new, improved online claims entry experience
- Take advantage of Humana's "Making It Easier" series resources



Answers to common questions about provider-initiated transfers of Medicaid members

What is the Humana Healthy Horizons® in Florida strategy for provider off-panel member transfer?

The process details the steps providers follow when submitting a member transfer request to Humana due to disruptive, unruly, abusive or uncooperative member/caregiver behavior that seriously impairs provider ability to furnish services. A transfer request may only be initiated if the member/caregiver first receives behavior expectation education both verbally and by mail.

In what instances does the process not apply?

This process does not apply to members who:

- Have a mental health diagnosis
- Deal with adverse health status changes
- Have diminished mental capacity
- Exhibit potentially disruptive behavior due to member's special needs
- Attempt to exercise the plan's grievance system

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in Florida

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When can a member be transferred?

Members cannot be transferred until the effective date of an approved transfer. Until then, the assigned provider is responsible for member care. Providers may not take steps to transfer the member prior to obtaining approval from Humana.

Requested transfers cannot be based upon:

- Member inability to pay for services
- Medical or mental health reasons
- Member refusal of treatment

Please note: Patients have the right to participate in decisions regarding their health, including the right to refuse treatment.

What steps should providers follow to initiate a request to transfer?

1. The provider should conduct a verbal discussion with the member/caregiver at the time of the first incident and at every subsequent incident and should outline provider behavior expectations of member/caregiver behavior during office visits and phone conversations. The provider should document each conversation in the member's record.
2. If the member/caregiver continues to be disruptive, unruly, abusive, or uncooperative after being provided education verbally, the provider shall send a written communication that outlines provider expectations of member/caregiver behavior during office visits and phone conversations. This written communication should be documented by the provider in the member's record.
3. If unruly, abusive, or uncooperative member/caregiver behavior continues after receipt of the written provider communication, the provider may submit a Humana Physician Medicaid-Initiated Transfer Request form to the Florida provider contracting team by emailing **Humana_FL_Centralized_Provider_Relations@humana.com**

The provider contracting team reviews the submitted form and supporting documentation to ensure they are complete and accurate. The representative then logs and submits the request to the clinical medical director for review and approval.

Please note: Please follow these steps unless your request meets the escalated exception criteria described below in the escalated exceptions section.

If request to transfer is approved by the medical director, what happens next?

The member/caregiver is sent a transfer notice. The member is then mailed a new Humana Healthy Horizons ID card that includes their new provider's contact information.

Once the member is transferred, the provider contracting team notifies the requesting provider and closes out the request.

If the request to transfer is NOT approved by the medical director, what happens next?

The reason for denial is given to the provider contracting team. The provider contracting team either notifies the requesting provider and requests additional details, as applicable, or closes out the request.

What are escalated exceptions?

If the situation between the member/caregiver and the provider has intensified to the point of law enforcement involvement, the provider may submit an escalated exception request to the provider contracting team.

The request should include:

- An incident description
- All available police reports

The provider contracting team then escalates the request to the clinical medical director and engagement team to immediately transfer the member to another provider. A notice is sent informing the member of the change.

Once the member is transferred, the provider contracting team notifies the requesting provider and closes out the request.

The member receives a new Humana Healthy Horizons ID card in the mail that includes their new provider's contact information. Providers who wish to reach out to Humana Healthy Horizons can check the member's ID card for the Provider Services phone number.



Complete a Notification of Pregnancy Form for affected patients

Providers are encouraged to complete a **Notification of Pregnancy (NOP) Form** for their female patients who receive a pregnancy diagnosis and send it to Humana Healthy Horizons via fax to **833-890-2308** or via email to **FL_MMA_OB_Referrals@humana.com**.



Complete a Proof of Pregnancy for affected patients

Some of our OB/GYN providers may need Proof of Pregnancy (POP) from a pregnant patient before they schedule an appointment. We encourage you to facilitate completing a POP for a member, consisting of a blood test or other confirmation of pregnancy, so that our pregnant members have timely access to care from an OB/GYN.



Updates coming for Program Year 8 in the Medicaid Physician Incentive Program

Program Year 8 brings new qualification metrics to the Managed Medical Assistance Physician Incentive Program (MPIP). In place of encounter metrics, centers recognized as a patient-centered medical home (PCMH) are now qualified for MPIP.

These certifications include **National Committee for Quality Assurance (NCQA), Accreditation Association for Ambulatory Health Care (AAAHC), The Joint Commission (TJC), and Utilization Review Accreditation Commission (URAC)**. Centers without such a certification may also qualify by meeting Healthcare Effectiveness Data and Information Set (HEDIS®) well-care benchmarks, as listed in the Agency for Health Care Administration's (AHCA) Policy Transmittal 2023-04 **Agency for Health Care Administration's Policy Transmittal 2023-04**.

OB/GYN provider groups qualify for MPIP with recognition as a patient-centered specialty practice (PCSP) by NCQA or PCMH through any of the organizations listed above. For those not recognized as a PCSP or PCMH, OB/GYN groups also qualify using HEDIS benchmarks for timely prenatal care, postpartum care and Florida Medicaid cesarean section rate.

For full details on this year's qualifying metrics for MPIP, please visit the **AHCA website**.



Make Medicaid prior authorization requests by phone or fax

Physicians and other healthcare providers requesting prior authorization for outpatient or inpatient services should submit requests to the clinical intake/prior authorization team via phone at **866-856-8974** or fax at **813-321-7220**.

For all comprehensive member needs—specifically long-term care (LTC) and managed medical assistance—please contact the member's Humana Healthy Horizons LTC coach or call the provider help line at **888-998-7735**. Patients can call Humana Healthy Horizons' member help line at **888-998-7732**.

Please review all details below before sending a referral to our shared mailbox at **FL_MMA_CM_Referrals@humana.com**.

For assistance, call our toll-free case management number at **800-229-9880**.



Providers can help educate patients on ways to better manage blood pressure

The following recommendations were derived from the most current clinical practice guidelines from the American Heart Association.

Medication management:

- Ensure completion of medication reconciliation.
- Review medications to ensure compliance with the American Heart Association high blood pressure management guidelines on the **Blood Pressure Toolkit** website.
- Offer a durable medical equipment referral for oxygen, for affected members.

To manage symptom exacerbations:

- Create an action plan for your patients and their caregivers, including a review of the importance of lifestyle modification and healthy weight range.
- Advise obese members to reduce their body mass index to a value of 25 or below.

Educate your patients on changes that matter:

- Demonstrate the correct way to monitor blood pressure.
- Advise them about using medications as directed and working closely with healthcare providers.
- Emphasize completing 30 minutes of aerobic activity at least five days a week.
- Suggest dietary changes and detail the benefits to following a Dietary Approach to Stop Hypertension (DASH) diet.
- Recommend limiting alcohol consumption and encourage smoking cessation.
- Ensure understanding of risks and complications associated with high blood pressure.

- Discuss the importance of managing comorbidities (electrocardiogram [EKG], echocardiogram, cholesterol panel).

Referrals to Humana Healthy Horizons case management for regions 1 through 11 can be made via:

- Email: FL_MMA_CM_Referrals@humana.com
- Phone: **800-229-9880**



Eliminate issues with claim submissions with these tips

These tips can make the claims process easier, faster and more accurate:

- Submit claims within 180 days of service
- Confirm that the units match the number of billed days
- Include assisted living facility bed holds report on a separate line of service
- Align data properly in the UB-04 or CMS-1500 fields
- Avoid missing or invalid National Provider Identifier (NPI)/ZIP code/taxonomy (please do not submit encounters with \$0 value)

Providers experiencing taxonomy/NPI denials can email the Humana Healthy Horizons Provider Resolution team at

FLMedicaidResolution@humana.com.



Availity Essentials unveils a new and improved online claims entry experience

Availity Essentials' new claims entry workflow is now available to Humana Healthy Horizons providers.

Highlights of this new experience include:

- A more consistent and efficient multi-payer direct data entry workflow
- Elegant and easy-to-navigate forms that include Professional Claims, Facility Claims, Professional Encounters and Facility Encounters
- A claim results summary that gives providers a high-level view of the claim they submitted
- The ability for providers to submit attachments with the electronic claim submission

Getting started:

- On the Availity Essentials menu bar, go to Claims and Payments > Claims
- After the form displays, use the dropdown menu to select your Organization, Payer (Humana), Claim Type and Responsibility Sequence
- Lastly, complete the required fields and submit

To see how this works end-to-end, attend one of **Availity Essentials'** training sessions. Also, there is a demo for using the claims tool under Help Topics.

If you do not have an Availity Essentials account, create one by visiting **Availity.com**.



Take advantage of Humana's "Making It Easier" series resources

"Making It Easier for Physicians and Other Healthcare Providers" is a series of educational presentations about Humana Healthy Horizons claim payment policies and processes.

Download the **Tools and Resources for Physicians and Other Healthcare Providers Resource Guide** to learn about Humana Healthy Horizons' inventory of useful tools and resources, which can simplify your claims-related and other interactions with Humana Healthy Horizons.

For more information about the webinars, please visit **Humana.com/MakingItEasier**. You also can find Humana Making It Easier content in the Humana Payer Space under the Resources tab on **Availity.com**.

To receive notifications whenever we add or update content, subscribe via the "Stay Connected" box on **Humana.com/MakingItEasier**.

Florida Medicaid provider webpages

Humana.com/HealthyFL has a variety of materials and resources to help you achieve your best success.

Materials and resources include:

- Provider manual
- MMA Physician Incentive Program (MPIP) information
- Frequent Medicaid provider updates
- Telehealth information
- Provider resource guide
- Expanded benefits
- Medicaid training
- Other useful materials

We encourage you to visit our website often to stay up to date.

Humana Healthy Horizons provider compliance training

Healthcare providers serving Humana Medicaid plans in Florida must complete the following training modules and attestations:

- Humana Medicaid Provider Orientation
- Health, Safety and Welfare Training
- Cultural Competency
- Compliance and Fraud, Waste and Abuse Training

Go to [Availity.com](https://www.availity.com) to start your training.

For more information, visit [Humana.com/ProviderCompliance](https://www.humana.com/ProviderCompliance) or see the provider training section of our website at [Humana.com/FLTraining](https://www.humana.com/FLTraining).

Medicaid and Medicare Special Needs Plan (SNP) healthcare providers must adhere to all training requirements identified by their contract and Humana Healthy Horizons. This includes agreement and assurance that all affiliated participating providers and staff complete training on the identified compliance material. For more information on annual compliance training requirements, please visit [Humana.com/FLTraining](https://www.humana.com/FLTraining). If you're an SNP provider, please visit [Humana.com/ProviderCompliance](https://www.humana.com/ProviderCompliance).