Humana Improves Code-edit Update Notifications

Humana redesigned its Claim Processing Edits page to include the following enhancements:

- Improved code-edit notifications
  - Humana now delivers new code-edit notification statements through a tool that allows for advanced searching and filtering. Health care providers can search by keyword to help find relevant information quickly and easily.

- Simpler method to review all new code edits
  - To see recently implemented and coming edits, health care providers can select the “See most recent edits” link.
  - To review and search all previously posted code-edit update notifications, health care providers can select the “See all edits” link.

- New filtering capabilities
  - After selecting the desired notification statements, health care providers can filter by provider type, category, impacted product and year of implementation.

Having one database for all of the notification statements means health care providers no longer need to review multiple documents to find needed information.

For more information, please contact a Humana customer care representative at 1-800-4HUMANA (1-800-448-6262), Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

How Can Nonprofit Institutions and For-profit Companies Come Together Around a Common Cause – Healthy Days?

That’s a question we at Humana have been exploring with the Robert Wood Johnson Foundation, the Centers for Disease Control and Prevention (CDC) and Columbia University. In April, our collaboration resulted in a report published in Population Health Management entitled Leveraging Health-Related Quality of Life in Population Health Management: The Case for Healthy Days. Lead authors also discussed the report at the 26th annual Art & Science of Health Promotion Conference in Atlanta.
The report proposes that Healthy Days, a health-related quality of life measure developed by the CDC, is a simple way to measure a person’s perception of their health and a valid survey instrument to advance population health. Healthy Days is a four-question survey. It asks people how they perceive their recent health and how many days over the previous month they felt physically or mentally unwell.

Authors of the report reviewed existing literature and found the measures in the self-reported Healthy Days survey were clearly associated with chronic disease conditions. At Humana, we’re using Healthy Days to measure progress toward our bold goal ([https://closethegap.humana.com/2020goal/](https://closethegap.humana.com/2020goal/)) of working with communities to improve health 20 percent by 2020 by making health easier to achieve.

It’s exciting to be able to collaborate with such sterling and accomplished thought leaders in population health and work toward a noble cause – more healthy days for us all.

Sincerely,

Roy Beveridge, M.D.
Senior Vice President and Chief Medical Officer

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**State Immunization Registry Participation Encouraged**

Humana encourages health care providers to participate in their states’ immunization registries. These registries benefit patients and health care providers in the following ways:

- The registries list all a child’s immunizations in one place, whether they are received at a clinic, hospital emergency room or other health care provider office.
- Physicians or other health care providers can access a complete immunization history from the registries.
- Humana can use information received from the registries to ensure that a member is current with the NCQA immunization recommendations ([https://www.qualitymeasures.ahrq.gov/content.aspx?id=49692](https://www.qualitymeasures.ahrq.gov/content.aspx?id=49692)) and to follow up if a member is not current.

You can contact your state’s health department to find your state registry. To find contact information for each state, health care providers can access the Centers for Disease Control and Prevention immunization information system ([http://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html#state](http://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html#state)) (IIS) Web page.

Sincerely,

Corporate Medical Director, Quality Strategy Development
Note Changes to Claims Processing for Unauthorized Hospital Inpatient Services

Claims with both unauthorized hospital inpatient services and urgent/emergent services for a Humana-covered Medicare Advantage member are now placed in a pended status, instead of being automatically denied. Humana will hold the claim in pended status for up to 51 days from the date the claim was received. If an authorization is not submitted in that time or a new claim is not received, then the entire claim will not be covered.

A letter will alert the hospital that the inpatient services were not authorized. The letter requests that the hospital submit the patient's medical records to receive authorization or submit a new claim for the urgent/emergent services without the unauthorized inpatient services.

Authorization tips

• Hospitals are asked to request and receive authorization for inpatient admission before submitting an inpatient claim.

• If authorization was not requested prior to inpatient admission or if authorization was requested, but denied, the hospital may submit medical records that support the inpatient admission. Humana will review the records to determine whether the admission was appropriate.
  ‣ If Humana determines that the inpatient admission was appropriate, then the original claim will be removed from pended status and will process as usual.
  ‣ If Humana determines that the inpatient admission was not appropriate, then the hospital may submit a claim for only the urgent/emergent and related ancillary services.

• Hospitals may follow Centers for Medicare & Medicaid Services (CMS) billing guidelines to:
  ‣ Submit a claim for outpatient preadmission services.
  ‣ Submit a claim for post-admission services.

For more information, hospitals, physicians and other health care providers can call 1-800-448-6262, Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

Claims for Medicare-eligible Commercial Members Affected by Payment Policy

A Humana payment policy may affect physicians and health care providers who provide services for commercial members who meet the following criteria:

• They are eligible for Medicare Part B
• They have chosen not to enroll in Medicare Part B
• Their enrollment in Medicare Part B would have made Medicare their primary payer.

For these members' services, the physician or health care provider will receive only the amount Humana would have paid as the secondary payer. The member will be responsible for the amount that Medicare would have paid.

For information about this policy, physicians and health care providers can click here (apps.humana.com/marketing/documents.asp?file=2858895) for answers to frequently asked questions.

Note Changes to 2016 Fraud, Waste and Abuse Training and General Compliance Training Requirements

Provider entities supporting Humana’s Medicare and/or Medicaid and/or dual-eligible Medicare-Medicaid members must complete fraud, waste and abuse (FWA) training and general compliance training. This year’s changes are:

• Nondeemed organizations must use content on these topics that is published by the Centers for Medicare & Medicaid Services (CMS); and

• While deemed organizations meet the requirement for FWA training by their deemed status, they must use CMS content to meet the general compliance training requirement.

Note: Organization-specific material may also be provided in training materials to supplement the CMS content.

These changes are based on a CMS requirement for provider entities supporting Humana’s Medicare members, although Humana extends them to those supporting members eligible for Medicaid.

The CMS training content can be accessed using any of the following methods:

• By reviewing and/or downloading separate PDF documents on each topic from the CMS website

• By logging onto Humana’s website or the Availity Web Portal and accessing the training via the Compliance section

• By taking two, separate interactive Web-based training (WBT) modules via the CMS Medicare Learning Network.
  
  ▶ Organizations choosing the WBT option can receive a CMS certificate of completion from CMS for each module.
  
  ▶ Organizations pursuing this approach need to provide Humana with the CMS certificates and complete Humana’s attestation.

A CMS guidance document that includes links to the CMS training content, as well as additional information about the WBT option, is available under the “Downloads” section on the CMS website at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html.

Find additional information about Humana’s compliance requirements, including Web instructions and frequently asked questions and answers, as well as information for nondeemed providers, at https://www.humana.com/provider/medical-providers/education/whats-new/compliance-requirements.
New Audit Focuses on Related Inpatient Readmissions of Medicare Members

Effective April 18, Humana will begin auditing acute inpatient hospital readmissions of Medicare members.

Inpatient readmissions will be reviewed by a clinical audit to determine if readmission was preventable and related to a previous inpatient admission. If the readmission is deemed preventable and related, it will not be covered. This review is consistent with section 40.2.5 of Chapter 3 of the Medicare Claims Processing Manual and sections 4240 and 4250 of Chapter 4 of CMS’ Quality Improvement Organization Manual.

The following are examples of preventable readmissions. This is not an all-inclusive list.

- A premature discharge that resulted in a readmission to the same hospital.
- Care during the second admission that should have occurred during the first admission. Humana uses CMS guidelines to make these determinations.
- An attempt to circumvent appropriate Inpatient Prospective Payment System (IPPS) payment.

The audit will be completed after payment.

Notification of this change was posted Jan. 16, 2016, on the Claims Processing Edits page (https://www.humana.com/provider/medical-providers/education/claims/processing-edits).

For questions about this policy or to provide more information about a claim, health care providers can contact the Humana Provider Payment Integrity (PPI) Customer Service Department at 1-800-438-7885, 24 hours a day, seven days a week.

APTC Grace Period and Premium Payment Details Now Easier to Find

Delays in a HumanaOne® member’s premium payments may result in a pended or denied claim or a request for a claims refund. Humana offers several ways for health care providers to check a patient’s eligibility.

Using the Availity Web Portal, Humana.com (http://www.humana.com) secure portal, interactive voice response (IVR) or X12 transaction, health care providers will get a message or messages that will indicate if the following situations apply:

- The member’s initial premium payment has not been received.
- The member’s most recent premium payment has not been received.
• The member is within the first, second or third month of the advance premium tax credit (APTC) grace period. (The grace period month will be specified and a paid-through date provided.)

This information is provided whether the member is on-exchange or off-exchange. The grace period information applies only to on-exchange members receiving the APTC.

Read more. (https://www.humana.com/provider/medical-providers/education/whats-new/aptc-grace-period-details)

Clinical Practice Guidelines Provide Important Tips to Physicians, Staff

Humana adopts clinical practice guidelines based on guidance from national organizations generally considered experts in their fields. Humana's YourPractice features updates to these clinical practice guidelines as well as newly adopted guidelines. Humana intends to provide timely information about evidence-based best practices for patient care and to help improve quality measures and Stars scores. While many guidelines are updated annually, others may not change for several years. Humana encourages physicians and other practitioners to look for these clinical practice guideline notifications in Humana's YourPractice. Medical and behavioral health clinical practice guidelines are available here (http://www.humana.com/providers/clinical/clinical_practice.aspx).

Updated current clinical practice guidelines

• Adult immunizations (2015)
• Arterial fibrillation (2014)
• Asthma care (2015)
• Childhood immunizations (2015)

Newly added clinical practice guidelines

• Obstetrics routine care (2012)
• Well-woman routine care (2015)
• Heart risk calculator (2013)

New and Revised Pharmacy and Medical Coverage Policies Available

Humana's medical and pharmacy coverage policies are based on evidence published in peer-reviewed medical literature, technology assessments obtained from independent medical research organizations, evidence-based consensus statements and evidence-based guidelines from nationally recognized professional health care organizations.

Information about medical and pharmacy coverage policies can be found at Humana.com/provider by selecting "Medical and Pharmacy Coverage Policies" under "Resources." Medical and pharmacy coverage policies can be reviewed by name or revision date. Users also may search for a particular policy using the search box. More detailed
information may be found by reviewing "How to Read a Medical Coverage Policy" and "Understanding the Medical Coverage Policy Development Process."

Below are the new and revised policies:

**New pharmacy coverage policies**
- Alecensa (alectinib)
- Daklinza (daclatasvir)
- Esbriet (pirfenidone)
- Portrazza (necitumumab)
- Vraylar (cariprazine)
- Xuriden (uridine triacetate)
- Zepatier (elbasvir/grazoprevir)

**Pharmacy coverage policies with significant revisions**
- No policies with significant revisions

**New medical coverage policies**
- Genetic testing for mitochondrial disorders

**Medical coverage policies with significant revisions**
- Continuous passive motion (CPM) and mechanical stretching devices
- Femoroacetabular impingement (FAI) and iliopsoas impingement hip surgery (open or arthroscopic)
- Glaucoma – emerging treatments
- Negative pressure wound therapy (NPWT)
- Prophylactic mastectomy
- Transcatheter valve implantation

**Retired medical coverage policies**
- No retired coverage policies

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**Online information Makes It Easier to Do Business with Humana**

Humana’s "Education on Demand" tool provides physicians, other practitioners and their office staff with quick, easy-to-understand information on topics that should simplify doing business with Humana.

To access this tool, health care providers may choose: [https://www.humana.com/provider/support/on-demand/](https://www.humana.com/provider/support/on-demand/). If a computer with a sound card is not available or if the computer is not configured for streaming audio, the presentations may be accessed via telephone while viewing the slides on screen. To begin the telephone playback process, health care providers should follow these steps:
• Click on the question mark in the bottom right corner
• Select "Player Settings" from the pop-up box
• Check "Use telephone playback with standard player"
• Click the "Submit" button
• A window will open displaying the telephone number and access code needed to hear the audio presentation

Available topics are as follows:

• Commercial Risk Adjustment
• HumanaAccessSM Visa Card
• Humana Member Summary
• HumanaVitality®
• Making It Easier for Health Care Providers
• Special Needs Plans (SNPs)
• Texas Deficiency Tool
• Working with Humana
• Consult™ Online
• SmartSummary® Rx

Humana’s claims education page includes educational tools that help health care providers better understand Humana’s claims policies and processes. To access the tool, physicians and health care providers can visit humana.com/healthcareproviderhowto.

The page, which will be updated with new content each month, has brief education-on-demand computer-based presentations that include a printable tip sheet with the most important information about each topic. Current topics include:

• Chronic care management services
• Proper use of anatomical modifiers
• Humana’s approach to code editing
• Drug testing and codes
• Humana’s approach to National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
• Medicare preventive services
• Modifier 24
• Modifier 25
• Modifiers 59 and X (EPSU)
• Procedure-to-procedure code editing

The presentations can be accessed around the clock.
Webinars Provide Interactive Learning

Humana.com overview
Health care providers who want to learn more about how they can save time, increase efficiency and help improve the productivity of their practice should plan to attend this introductory webinar. These sessions for office staff last between 45 minutes and one hour.

Humana.com overview topics:

- How to navigate Humana.com's public site
- How to access member eligibility and benefit information
- How to submit and check the status of a referral and/or authorizations
- How to use Humana's claims tools and remittance inquiry
- How to register for ERA/EFT
- How to view fee schedules
- How to use the Medical Record Management tool

Available dates:

- Thursday, May 12 at 2 p.m. Eastern time
- Tuesday, June 7 at 11 a.m. Eastern time

How to register
To register, visit Humana.com/providerwebinars.

Confirmation and instructions on how to access the online webinar will be sent via email within 48 hours of the request.