



Florida New Horizon

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Humana
Healthy Horizons®
in Florida

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

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Use wellness visits to connect with patients, identify their social and health needs, and encourage healthy habits

Wellness visits are the best way to help members stay healthy, monitor development, promote disease management, detect social needs of the family and stay connected with patients.

Best practices to keep in mind:

- Make every visit count. Sick visits can be used to capture components for compliance, including blood pressure, preventive screenings, body mass index percentiles, nutritional guidance, and physical activity assessments or anticipatory guidance.
- Ensure the member's medical record includes detailed documentation.
- Emphasize immunizations, including those with cancer-preventing benefits. Humana Healthy Horizons® in Florida suggests using the **U.S. Centers for Disease Control and Prevention (CDC) guidance related to immunization schedules**.
- Discuss necessary screenings and testing, including referrals for mental and developmental disorders.
- Educate patients on necessary medication utilization and adherence.
- Set gap alerts and use standardized templates in charts and electronic medical records.
- Encourage members to schedule their next visit before they leave the office.
- Encourage members to set a visit reminder on their calendar.

Humana Healthy Horizons encourages providers to use the first 5 minutes of each appointment to talk to patients about social determinants of health (SDOH), behavioral health, environmental factors, and other elements that may influence their health.

Providers may ask culturally competent questions of their patients; these may include their employment, housing status, availability of food in their home, and familial supports, among others. Discuss any social barriers to visits, such as transportation or patients' or parents' work and school schedules.

Understanding a patient's SDOH helps the provider develop empathy, foster trust with the member, and identify appropriate intervention for potential member engagement.



Encourage appropriate screenings during Colorectal Cancer Awareness Month

Many common cancers are on the rise, and many patients are getting younger, according to the American Cancer Society.¹ March is Colorectal Cancer Awareness Month. Take the opportunity to discuss with your Humana Healthy Horizons-covered patients what screening method might work best for them and encourage them to get tested.

Most people should begin screening for colorectal cancer soon after turning 45, according to the CDC.² Research has found a notable rise in colorectal cancer diagnoses among people younger than 50, a strong reason to encourage screenings in patients once they turn 45.¹

The four most common cancers – breast, prostate, colorectal and cervical – have screening tests that can make a real difference to patient survivability and quality of life if the cancer is detected early. Let your patients know that screenings do work and have greatly helped to decrease death rates overall. The extra effort to get screened could save their life.

What's more, recommended screenings are free for your Humana Healthy Horizons patients and could earn them rewards through our wellness program, **Go365 for Humana Healthy Horizons®**.

Encourage them to schedule their cancer screenings today, provide them the appropriate referral for the procedure, and remind them that being proactive has its rewards.



Change made to patient designation for severe mental illness

The Florida Agency for Health Care Administration introduced a change, effective Feb. 1, 2025, to how patients with Florida Medicaid coverage are identified with a diagnosis of severe mental illness (SMI).

Please review the following information to promote documentation and coding that are complete and accurate to the highest degree of specificity, which helps ensure SMI is appropriately identified in filed claims and encounter reporting:

Period	SMI designation identification
Prior to Feb. 1, 2025	SMI designation identified by at least one claim since Jan. 1, 2013, containing a diagnosis code from the list of SMI-qualifying diagnoses. Once the patient was designated as having SMI, they would always have an SMI designation.
Beginning Feb. 1, 2025	<p>Monthly verification of SMI designation via inpatient, outpatient, professional and pharmacy claims and encounters for patients 6 years of age and older to validate that SMI diagnoses are present, with appropriate documentation and coding as follows:</p> <p>Groups 1 and 2: Schizophrenia/Bipolar disorders Any diagnosis in any position on either inpatient/outpatient or professional claim within 12-month rolling look-back.</p> <p>Groups 3, 4 and 5: Mood disorders, major depression, anxiety, other mental health disorders Primary diagnosis on an inpatient claim within 12-month rolling cycle. OR Any diagnosis on an outpatient claim with at least 2 dates of service between 15–90 days apart. OR Any diagnosis on a professional claim with 4 consecutive dates of service 7–12 days apart.</p> <p>Group 6: Suicide attempt Appropriate diagnosis code in any position on all claim types with 24-month rolling look-back.</p>

This reporting supports appropriate patient diagnosis and treatment, accurate provider claim reimbursement and proper funding for patient care. If you have questions about this SMI update, please email BHSMI@humana.com.



Inform patients of after-hours care options

When patients know where to get the right care outside your regular operating hours, it can save them time and speed up their recovery.

Communicating with patients about how they can find after-hours care information can help them make the most appropriate decision for the type of care they need. Providers can use an answering machine message, answering service, office website or in-office visits to convey this information.

Tips for answering machine messages:

- Describe services your practice provides, such as virtual care.
- Detail options for nonemergency needs.
- Advise patients on what they should tell another provider after hours or on weekends.
- Address how and when to contact you if your patient was seen by another provider so you can provide appropriate follow-up care.
- Advise patients to call **911** or go to the nearest emergency room (ER) in cases of medical emergency.

When appropriate, patients can receive convenient, fast and lower-cost care when they choose an urgent care facility over a visit to the ER.

If patients need live, individual support and/or telephonic triage, they can call Humana Healthy Horizons' nurse advice line. The phone number is located on the back of their member ID card, and help is available 24 hours a day, 7 days a week.



Provider master list mismatch rejections on pause to allow providers to update their billing information

Humana Healthy Horizons made the decision to deactivate front-end rejections to allow providers additional time to make the necessary changes to match their billing information with provider master list (PML) record(s).

Rejections may be implemented again at a future date. As a reminder, providers may still experience rejections, claim denials, or recoupments due to National Provider Identifier (NPI) validation errors.

Action needed for resolution: If the provider received the rejections described above between Dec. 12, 2024, and Jan. 17, 2025, please refer to the following guidance:

- If you submitted an initial claim and received the rejection reasons previously described, please resubmit the initial claim.
- If you submitted a corrected claim and received the rejection reasons previously described, please resubmit the corrected claim.

Additionally, be sure to review claim submission details for billing provider and/or rendering, NPI, taxonomy, address and ZIP code+4, and make sure the billed information aligns with the applicable PML record.



Behavioral analysis claims guidance: FAQs

- **Q: Claims are showing pending in Availity: What do I need to do?**
 - A: Pending status means that claims are pending review or adjudication. Please allow time for the adjudication process to be completed. If it has been over 10 days, please contact the provider contact center for claims status at **800-477-6931 (TTY:711)**.
- **Q: Do I have to bill a rendering provider on behavioral analysis (BA) claims?**
 - A: Enter the individual rendering (treating) provider's number in Item 24 J. Enter the rendering provider's ID number **only when it is different from the pay-to provider number that is entered in items 33a or 33b**.
 - Please see the following Agency for Health Care Administration (AHCA) document to learn more: **Medicaid Provider Reimbursement Handbook, CMS-1500**.
- **Q: Is a new authorization required to be submitted to Humana for BA services?**
 - A: Continuity of care (COC) is allowed for 120 days from Feb. 1, 2025, so authorizations will be loaded in Humana systems for members for the 120-day COC period.



What to know about the Medicaid Provider Incentive Program Year 9

- Medicaid Provider Incentive Program (MPIP) Year 9 began Feb. 1, 2025. Qualified provider letters were distributed through engagement representatives.
- Providers must meet Year 9 qualifications to be on the program. Former qualified providers will not continue on the program if they did not meet either qualification option for Year 9.
- Year 9 will run from Feb. 1, 2025, through Sept. 30, 2025. Reassessment will occur effective May 1, 2025.

- Year 9 qualification options and measures were identical to Year 8, with 2023 being the year measured with Healthcare Effectiveness Data and Information Set data.

For more information, visit the [Humana Healthy Horizons provider webpage](#).

Other resources:

- HCA has not yet posted Year 9 information on their [website](#). Year 8 information can be found at the [MPIP Year 8 webpage](#).
- To find out more about the program, please consult [Humana Healthy Horizons in Florida's provider education and training webpage](#).



Annual medical record documentation review helps to ensure compliance

The purpose of the Medical Record Documentation Review Strategy Plan is to ensure Humana Healthy Horizons' compliance with maintenance of a record for each member in accordance with the AHCA contract (FP117, 42 CFR 431 and 42 CFR 456). Member records should include documents related to the quality, quantity, appropriateness, and timeliness of services performed under this contract. The following table lists the evaluated record elements:

*Member identification	Allergies	Referrals	Hospital records
Provider identification	Past medical history	X-ray, lab, imaging results	*Advance directives
Entry date	Physical exam	Tobacco use	Prescribed medication
Date of service	Working diagnosis	Alcohol use	*Primary language
Legibility	Plan/treatment	Substance use	Healthy Start records (OB providers)
Problem list	Consultation records	*Immunization record	

*Member identification – Each page in the medical record must contain the member's name or identification number. Records for Humana Healthy Horizons members should include identifying information, including name, member identification number, date of birth, sex and name of parent or legal guardian (if applicable).

*Advance directives – For members 21 and older, records should contain evidence that the member was asked if they have an advance directive (written directions about healthcare decisions), with a yes-or-no response documented. If the response is yes, a copy of the advance directive must be included in the medical record. Records for Humana Healthy Horizons members should indicate that neither the managed care plan nor its providers shall, as a condition of treatment, require the member to execute or waive an advance directive.

*Primary language – Use of the member's primary language should be documented, along with all communication assistance provided.

*Immunization record – A current record of immunizations should appear in the member's chart.



Transportation to covered medical visits is a benefit for Humana Healthy Horizons members

Humana Healthy Horizons members are eligible for transportation assistance to help them get to medical appointments. Transportation services, accessible through Modivcare, are available for the following medical services:

- Doctor visits
- Healthcare visits
- Pharmacy visits
- Other medical appointment types, including dialysis, X-rays or lab work

Patients needing transportation should contact Modivcare, Monday – Friday, 9 a.m. – 6 p.m., Eastern time, at **866-779-0565 (TTY: 711)** at least 24 hours before the visit.



COVID-19 vaccination removed from Healthy Behaviors Program

Members are no longer eligible to earn rewards through the Go365 for Humana Healthy Horizons® wellness program for a COVID-19 vaccination. The removal of the COVID-19 vaccine from the program took effect Jan. 1, 2025. Other program rewards remain in place. For more details, members can visit the **Go365 website**.



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 to simplify your claims-related processes and other interactions with Humana Healthy Horizons.

Humana also hosts interactive webinars designed to help healthcare providers interact with us more easily and work with us via **Availity Essentials™**. Please visit the **provider web-based training and resources webpage** to learn more. Video presentations on dozens of topics of interest can be accessed via the **Making It Easier webpage**. Additional Humana Making It Easier content can be accessed in the Humana Payer Space under the Resources tab on **Availity Essentials**.

To receive notifications whenever we add or update content, subscribe via the Stay Connected box on the **Making It Easier webpage**.

References:

1. "2024—First Year the US Expects More than 2M New Cases of Cancer," American Cancer Society, last accessed Feb. 11, 2025, <https://www.cancer.org/research/acs-research-news/facts-and-figures-2024.html>.
2. "Key Statistics for Colorectal Cancer," American Cancer Society, last accessed Feb. 11, 2025, <https://www.cancer.org/cancer/types/colon-rectal-cancer/about/key-statistics.html>.