



Kentucky New Horizon

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Humana
Healthy Horizons®
in Kentucky



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, 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 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® in Kentucky 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 member's SDOH helps the provider develop empathy, foster trust with the member, and identify appropriate intervention for potential member engagement.



Colorectal cancer screening encouraged for patients 45 and older

Many common cancers are on the rise and are affecting patients at younger ages, according to the American Cancer Society.¹ 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.

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.



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 offers, 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 experience any of the following, they should be advised to go to the ER:

- Accident or fall that threatens life or limb
- Chest pains
- Difficulty breathing
- Serious burns

- Stroke symptoms, such as paralysis, sudden loss of vision or inability to speak
- Sudden and severe pain
- Uncontrolled bleeding or open wound

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.

Patients also can find a provider or participating urgent care center by using the online **Find a doctor tool**.



Emergency transportation is a benefit for Humana Healthy Horizons-covered patients

Humana Healthy Horizons covers emergency transportation for its members. Transportation to a nonemergent healthcare visit may be available from a transportation company. This is a service offered under Kentucky Medicaid and members must get prior authorization for nonemergency ambulance or stretcher services.

Kentucky Medicaid also may cover transportation for nonemergency medical care, depending on the circumstances.

Members who need access to nonemergency ambulance or stretcher services should call Member Services at **800-444-9137 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time. To learn more about transportation services and brokers, they can visit our **transportation services webpage**.



Support patients with timely follow-up after hospital discharge

Discharge from a hospital is a critical transition point in a patient's care. Poor care coordination at discharge can lead to adverse events for patients and avoidable readmission, especially during the initial 30 days after discharge.

Healthcare providers can improve coordination of care and follow-up after discharge by:

- Referring a patient to the Humana case management team
 - To connect with a care manager, the provider or patient can call **888-285-1121 (TTY: 711)** Monday – Friday, 8 a.m. – 6 p.m., or email **KYMCDCaseManagement@humana.com**.
- Discussing with patients the importance of follow-up care and conducting medication reconciliation to ensure patient understanding
- Assessing and referring a patient with social determinants of health issues

- Coordinating care between healthcare providers and case management
- Reaching out to patients who cancel appointments to reschedule them as soon as possible
- Confirming patient contact information is correct and up to date



Prior authorization requests require valid National Provider Identifier

Providers must submit a valid National Provider Identifier (NPI), along with Tax ID, for prior authorization requests to Humana Healthy Horizons. This requirement includes inquiries for all providers and lines of business, excluding atypical providers.

Including NPIs in prior authorization requests is an industry standard requirement for Health Insurance Portability and Accountability Act (HIPAA)-mandated transactions. The Centers for Medicare & Medicaid Services also requires an NPI for all authorization requests.

Transactions submitted without an NPI will be returned for resubmission.



Claims and procedure updates

Vaccines for Children billing modification

The Kentucky Department for Medicaid Services (Kentucky DMS) notified providers on Nov. 21, 2024, that beginning Jan. 1, 2025, the SL modifier needs to be billed not only on the vaccine code, but also on the administration codes of 90460, 90471 and 90473. In addition, code 90461 is no longer valid as of Jan. 1, 2025. These changes are per federal regulation **42 C.F.R. 441.590**.

Psychoeducation and peer support services

Effective Jan. 1, 2025, Humana Healthy Horizons adopted Kentucky DMS' behavioral health policy updates for psychoeducation (H2027) and peer support services (H0038). Claims are processed for payment as indicated by the department's policy, per the provider's Humana Healthy Horizons contract agreement and/or the out-of-network payment policy. View the **Humana Healthy Horizons in Kentucky Policies Booklet** for more details on Psychoeducation and Peer Support Services coverage.

Senate Bill 111 for the treatment of stuttering

Effective Jan. 1, 2025, and in compliance with Kentucky Senate Bill 111 Chapter 69 (SB 111, Westerfield and Thomas), prior authorization will not be required for any service that is requested

for the treatment of stuttering. For more details regarding this bill, view the **Humana Healthy Horizons in Kentucky Policies Booklet**.

Applied behavior analysis services reminder

Providers will only be reimbursed for services that are deemed medically necessary, under Kentucky Medicaid requirements and as outlined in your contract. Applied behavior analysis services are considered medically necessary when delivered to an individual with autism. Claims without a diagnosis code indicating autism, or likely autism diagnosis, are denied for missing the medically necessary diagnosis code.

Required compliance training

The Humana Learning Center, accessible via Availity Essentials™, is an innovative learning management system for Humana's provider training material. This centralized platform consolidates training resources and compliance education, making it an essential tool for providers to enhance their knowledge and operational efficiency.

Key benefits:

- **Comprehensive training offerings:** As of July 1, 2025, the Humana Learning Center features compliance training for Medicare and Medicaid, along with various Humana-specific training. Over time, Humana will add additional provider training materials, streamlining access and reducing the time spent navigating multiple platforms.
- **User-friendly interface:** Designed to be intuitive, the Humana Learning Center improves the provider experience by offering a straightforward approach to accessing training materials.
- **Enhanced provider experience:** By consolidating training resources, providers can easily find and complete necessary training, which can lead to improved service delivery and patient care.
- **Increased security:** With rising cyber threats in the healthcare industry, the Humana Learning Center employs robust security measures to protect training content, allowing for secure access to essential resources without restriction.
- **Streamlined administration:** The Humana Learning Center facilitates simplified compliance reporting and attestation processes, providing administrators and providers with efficient tools to manage their training needs.

Training materials available on July 1, 2025:

- Medicare compliance training
- Medicaid compliance training
- Humana-specific Availity Essentials training

Visit our site often to get updates as more trainings are added.

Accessing the Humana Learning Center

Providers can easily access the Humana Learning Center by logging into Availity Essentials, navigating to Payer Spaces, and selecting Humana, followed by the Humana Learning Center.

Register and get started with Availity Essentials

The Humana Learning Center on Availity Essentials represents a significant advancement in provider training and compliance education. By centralizing resources and enhancing security, the Humana Learning Center not only improves the training experience but also supports Humana's

commitment to delivering exceptional care and service to its network of providers. Learn more about web-based training.

Behavioral health authorizations reinstatement

Effective July 1, 2025, per the Kentucky DMS prior authorization (PA) guidance issued to providers on April 8, 2025, Humana Healthy Horizons will reinstate all PA requirements for behavioral health services in the Medicaid program, see the PA listing below:

Kentucky Medicaid Preauthorization and Notification List		
Category	Details	Codes/Comments
Nonparticipating providers	Nonemergency services	Facility
Behavioral health services	Inpatient admissions	All inpatient services
	Residential treatment	All residential services
	Partial hospitalization	H0035
	Intensive outpatient programs (IOPs)	H0015, S9480
	herapeutic behavioral health services and day treatment	H2012, H2019, H2020
	Applied behavioral analysis (ABA)	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158
	Targeted case management	T2023

Key dates and guidelines for PA submission

- Monday, June 16, 2025:
 - Authorization requests for outpatient services to begin July 1, 2025, can be submitted for medical necessity review.
- Monday, June 23, 2025:
 - Authorization requests for any services that will likely extend into and past July 1, 2025, can be submitted for medical necessity review.
- Tuesday, July 1, 2025:
 - All inpatient and outpatient services identified on the provider prior authorization and notification lists will require authorization.

Physical therapy, occupational therapy and speech therapy authorizations

Humana Healthy Horizons would like to remind our providers who perform these services that authorization should be obtained through eviCore. Please visit [Humana.com/PAL](https://www.humana.com/PAL) to view our prior authorization required codes list.

Requests for preauthorization managed by eviCore can be submitted:

- Online through **eviCore's portal**
- By calling **866-672-8115**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time
- By faxing **800-540-2406**

Please note that you should not submit delegated eviCore codes to Humana Healthy Horizons.



Annual in-person office compliance visits offer providers a chance to connect with the Provider Relations team

In accordance with Humana's contract with Kentucky DMS, the Humana Healthy Horizons Provider Relations team will conduct their yearly in-person visits to primary care provider office locations.

These visits can take place at any time throughout the year. They are crucial to ensuring compliance with access and availability standards, Americans with Disabilities Act requirements, HIPAA, and medical record policies and procedures. The visits also present an opportunity to get to know your Provider Relations representative and discuss educational topics of interest.



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. "Screening for Colorectal Cancer," U.S. Centers for Disease Control and Prevention, last accessed Feb. 11, 2025, <https://www.cdc.gov/colorectal-cancer/screening/index.html>.