



Kentucky New Horizon

Volume XI

September 2025

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Humana
Healthy Horizons®
in Kentucky

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

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Cervical cancer screenings highly effective for women ages 21 to 64

Cervical cancer can be detected in its early stages with regular screening. Due to the success of cervical cancer screening in the U.S., there has been a dramatic decrease in mortality and incidences of invasive cervical cancer.

The Healthcare Effectiveness Data and Information Set (**HEDIS**[®]) measure Cervical Cancer Screening (CCS) measures the percentage of women ages 21 to 64 who were screened for cervical cancer using one of the following criteria:

- Women ages 21–64 who had cervical cytology performed within the last 3 years
- Women ages 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
- Women ages 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years

Humana Healthy Horizons[®] in Kentucky rewards members who take healthy actions. Through the Go365 for Humana Healthy Horizons[®] wellness program, female members 21 and older who obtain a Pap test are eligible for an annual \$15 reward.

While screening has shown to be highly effective in women ages 21 to 64, the U.S. Preventive Services Task Force determined that screening women younger than 21, regardless of sexual history, leads to more harm than benefits.¹ As a result, the HEDIS measure Non-Recommended Cervical Cancer Screening in Adolescent Females was implemented to measure the percentage of female adolescents ages 16 to 20 who were unnecessarily screened for cervical cancer.



Learn more about the 2025 NCQA update to diabetes care measures

An estimated 38 million U.S. adults have diabetes, and 1 in 5 of them don't know they have it. Diabetes is the 8th leading cause of death.²

Left unmanaged, diabetes can lead to more serious health conditions. **The National Committee for Quality Assurance (NCQA) Diabetes Recognition Program** aims to enhance care quality and outcomes, increase operational efficiency and elevate the market positioning of recognized practices.

The program is renewed annually. Clinicians and practices eligible for recognition include any setting that cares for patients with diabetes, as well as any specialty.

The program helps in 4 key areas:

- Improve patient outcomes
- Prioritize condition management
- Differentiate your practice
- Succeed in value-based care

As part of the update to the **Diabetes Recognition Program**, NCQA modernized the program infrastructure, updated the measure set and scoring, incorporated digital measurement and automated the application process.

Diabetes measures and related information are listed below.

Diabetes measure	Age	What is measured during the calendar year (CY)
Glycemic Status Assessment (GSD)	18-75	(1) Glycemic status (<8.0%) (2) Glycemic status (>9.0%)
Blood Pressure Control (BPD)	18-75	(1) Adequate control (<140/90 mm Hg)
Statin Therapy (SPD) (For members who do not have clinical atherosclerotic cardiovascular disease [ASCVD])	40-75	(1) Received statin therapy – members dispensed at least one statin medication of any intensity (2) Statin adherence 80% – members who remained on a statin medication of any intensity for at least 80% of the treatment period
Retinal Eye Exam (EED)	18-75	1) Received an eye exam (retinal or dilated) performed by an eye care professional (optometrist or ophthalmologist) (2) Negative test for retinopathy from a retinal or dilated eye exam by an eye care professional from the previous CY (3) Documentation of bilateral eye enucleation anytime during the patient’s history through the end of the CY <ul style="list-style-type: none"> • If a patient tests negative for retinopathy, measure requirements are satisfied for 2 years

Kidney Health Evaluation (KED)	18-85	(1) Received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during the CY
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Best diabetes care practices for primary care providers and specialists:

- Discuss the importance of annual lab tests and evaluations with patients
- Ensure patients receive an HbA1c test, eGFR and uACR at least once annually
- Provide an annual retinal eye exam or refer to an appropriate provider
- Monitor patients’ blood pressure regularly and encourage self-monitoring
- Refer patients to specialists, such as endocrinologists and nutritionists, as necessary
- Discuss the importance of proper diet and exercise with patients
- Prescribe statins to eligible patients
- Explain the importance of prescribed medication compliance
- Schedule follow-up appointments for additional labs and medication refills
- Ensure that proper billing codes are used

Go365 for Humana Healthy Horizons offers diabetic members an annual \$25 reward for completing a retinal eye exam and offers an annual \$25 reward to diabetic members who undergo a diabetic screening with their primary care provider (PCP) for HbA1c and blood pressure.



Peer support services are limited, must be evidence-based

Peer support services (PSS), billable under Current Procedural Terminology (CPT®) code H0038, are emotional supports provided as a supportive component of a member’s individualized plan of care. The need for PSS must be supported by evidence-based practices regarding frequency and volume for its medical necessity.

PSS are limited to 52 hours (208 units) per member, per provider group annually with the approach aligned with limits set for community health workers, due to the similarity in goals of treatment and scope of providers.

Services should be clearly outlined within the individualized care plan, detailing the volume of services needed to promote socialization, recovery, self-advocacy and skills needed for safe community living. PSS delivered in a group setting must not exceed 8 members in a group and multiple groups may not be conducted at the same time.

Group-level enrollment is required, and individually enrolled providers are not reimbursed for these services.

PSS may be performed by a certified peer support specialist under appropriate supervision if necessary. The same rendering provider cannot serve in a dual role when treating an individual member (e.g., community support associates, peer support specialists, community health workers). For more information on our peer support policy, view the **Humana Healthy Horizons in Kentucky Policies Booklet**.



Psychoeducation services are appropriate in specific instances

Psychoeducation is a structured intervention presented by a qualified and licensed physician or behavioral health clinician. It aims to educate individuals diagnosed with psychiatric, substance use, or co-occurring disorders, along with their families, about the identified condition and treatment options (CPT code H2027).

Humana Healthy Horizons recognizes psychoeducation as a short-term clinical tool for treating behavioral health conditions may be needed as a stand-alone service under some circumstances.

Utilization of this education-like intervention as a stand-alone service for more than 20 units (H2027; 15-minute service unit) annually is not supported based on the current definition and lack of standard treatment guidelines or clinical evidence.

For more information on our psychoeducation policy, view the **Humana Healthy Horizons in Kentucky Policies booklet**.



Humana Healthy Horizons partners with ProgenyHealth

Humana Healthy Horizons announces its partnership with ProgenyHealth®, a company that specializes in neonatal care management services.

ProgenyHealth's care management program enhances service to our pregnant members and supports our mission to make a lasting difference in our members' lives by improving their health and well-being.

Under the agreement that began in May 2025, ProgenyHealth's neonatologists, pediatricians and neonatal nurse care managers work closely with Humana Healthy Horizons members, as well as attending physicians and nurses, to promote healthy outcomes for premature and medically complex newborns.

To learn more about its programs and services, please visit **ProgenyHealth's website**.



Dental and vision services: DentaQuest and EyeQuest

Humana Healthy Horizons is excited to announce our new partnership with DentaQuest® and EyeQuest®, effective Aug. 1, 2025.

What does this mean to you?

Authorizations and claims processing for both dental and vision services are now delegated to DentaQuest and EyeQuest starting with Aug. 1, 2025, dates of service.

All prior and retrospective authorizations for dental and vision services should be submitted to DentaQuest and EyeQuest for approval.

Starting with Aug. 1, 2025, dates of service, outpatient dental services should be billed to DentaQuest including professional services rendered in an inpatient setting. Outpatient vision services should be billed to EyeQuest when the billing or rendering provider is an optician (taxonomy 156FX1800X) or an optometrist (taxonomy 152W00000X).

For more information on dental services with DentaQuest, visit their [provider portal](#).

For more information on vision services with EyeQuest, visit their [provider portal](#).



Medicaid services not covered by Medicare

From time to time, Kentucky Department for Medicaid Services (DMS) announces updates on Medicaid services considered as not covered under Medicare with varying effective dates. Humana Healthy Horizons initiates configuration updates based on the changes identified by Kentucky DMS.

Humana Healthy Horizons does not perform claim adjustments for previously paid claims based on Kentucky DMS updates for services noted as not covered by Medicare that have retroactive dates, unless required by Kentucky DMS.

Providers can bill Humana Healthy Horizons directly without the requirement to provide an Explanation of Benefits or Medicare primary payer information on the claim when the services are not covered by Medicare. Providers are encouraged to work with Kentucky DMS on proposed additions to their Medicare bypass guidelines.

All updates made will be implemented and in effect 90 days from our receipt of notice from Kentucky DMS. Humana Healthy Horizons does not adjust previously paid claims in accordance with retroactive fee schedule modifications issued by Kentucky DMS, as documented [on our website](#).

Medicare bypass requirements can be specific to provider type, claim type, procedure, revenue, diagnosis codes and/or date range. As Medicare does not cover these codes, Medicaid acts as

primary payer without the need for proof of Medicare claim processing. Claims that do not meet all bypass requirements are denied when submitted to Humana Healthy Horizons without an Explanation of Medicare Benefits, which is required for appropriate coordination of benefits.



Providers required to complete 2025 compliance training

As a Kentucky Medicaid provider, you are required to complete annual compliance training.

The Humana Learning Center on **Availity Essentials™** is an innovative learning management system for Humana's provider training materials. This centralized platform consolidates training resources and compliance education, making it an essential tool for providers looking 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 modules. Over time, Humana will add additional provider training materials, streamline access and reduce 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 access 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 restrictions.
- **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 as of July 1, 2025:

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

Check back often as more training modules are added. Visit Humana's **provider compliance training webpage** to learn more about our policies.

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.

A significant advancement in provider training and compliance education

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 improves the training experience and supports Humana’s commitment to delivering exceptional care and service to its provider network.

Learn more about **Availity Essentials** webinars and resources on our **provider web-based training and resources website**.

Not registered with Availity?

Register for Availity Essentials here.

References:

1. “Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement,” U.S. Preventive Services Task Force. S.J. Curry, A.H. Krist, D.K. Owens, M.J. Barry, A.B. Caughey, K.W. Davidson, et al. 2018. JAMA 320 (7): 674-86. <https://doi.org/10.1001/jama.2018.10897>.
2. “Diabetes Basics,” Centers for Disease Control and Prevention, last accessed Aug. 26, 2025, https://www.cdc.gov/diabetes/about/?CDC_AAref_Val=https://www.cdc.gov/diabetes/basics/quick-facts.html.