



Louisiana New Horizon

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Humana
Healthy Horizons®
in Louisiana

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Humana Healthy Horizons in Louisiana announces new VP/regional president

Humana Healthy Horizons® in Louisiana is excited to introduce Rick Born as our new Vice President, Medicaid Regional President.

Rick is responsible for the administration, oversight and strategy of our programs and services which benefit more than 140,000 members throughout the state. He previously served as market president for Aetna Better Health of Louisiana. During his tenure, he improved the plan's Star Ratings and net promotor score and secured National Committee for Quality Assurance (NCQA®) accreditation.

With more than 35 years of healthcare and plan experience, the last 7 in Louisiana, Rick is well positioned to advance our market priorities and deepen relationships with Louisiana Department of Health (LDH), members and providers.



Closing care gaps for colorectal and cervical cancer

Addressing care gaps in colorectal and cervical cancer is crucial to enhancing early detection and prevention strategies and improving patient outcomes. We compiled a selection of tips and suggestions to share that could play a pivotal role in closing these gaps for affected Humana Healthy Horizons-covered patients in your practice:

- Provide supplemental data submission through **Availity Essentials™** or Compass with the aim of closing care gaps
- Encourage member-reported data is acceptable (if there is a date of service and result of the testing)
- Review and utilize your provider profile report located in your **Availity Essentials** folder
- Encourage patients resistant to having a colonoscopy to do at-home testing (fecal occult blood test or Cologuard®)
- Ensure complete documentation of a total or complete hysterectomy, if a member has had one, as an exclusion criterion for cervical cancer screening
- Utilize electronic medical records with point-of-care alerts and scheduling
- Reach out to eligible members by text, email or telephone to schedule applicable screening
- Encourage members to take healthy actions and earn rewards through the **Go 365 for Humana Healthy Horizons®** wellness program

- Work with Humana Healthy Horizons to plan a care gap closure event
- Refer members to the Mary Bird Perkins Cancer Center; **See the event schedule**

Please review the Healthcare Effectiveness Data and Information Set (HEDIS®) measures in Compass applicable to your patient population and identify those members who may need an appointment to close care gaps. If you have questions, email the Quality Improvement Team at **QualityLAMCD@humana.com**.



Integrate physical and behavioral healthcare for better patient outcomes

Humana Healthy Horizons offers a holistic level of care with the integration of physical and behavioral health that creates conditions for improved outcomes and reduces the risk of hospital admission.

Levels of integration:

- Assessment and referral services for physical health conditions: Provides behavioral health providers the option of delivering physical health assessments, such as taking vitals and comorbidity reviews. Behavioral health providers may use the Healthy Living Screening Questionnaire and the Release of Information form to communicate findings with a patient's physical health provider.
- Care coordination and care management: Humana Healthy Horizons creates a trained team of care coordinators to form a relationship with primary care physicians and organizations that provide care to members who have a mental illness diagnosis and utilize services more than other members.
- Peer support for holistic self-management and recovery: Humana Healthy Horizons provides information via a brochure to model a general line of communication with each contact, implementing evidence-based interventions.
- Navigation services: Uses integrated systems to review patient health information such as medications, hospitalizations, etc.
- Colocated primary care in behavioral health agency: Use lab services, vaccinations, and other baseline physical care services in a behavioral health agency.
- Fully integrated health homes: Includes all health information accessible for review in one, unified location.

Additional information can be found on **Resources For Integrated Care's (RIC) website**.



Collected and reported HEDIS measure results are monitored for performance

LDH requires that Healthy Louisiana managed care organizations report selected HEDIS quality performance measures to assess effectiveness of care, access to care and use of services. While there are many HEDIS measures, LDH adopted the following 11 incentive performance measures, some of which are included in provider value-based purchasing agreements:

1. Childhood Immunization Status (CIS combo 3)
2. Immunizations for Adolescents (IMA combo 2)
3. Colorectal Cancer Screening
4. Cervical Cancer Screening
5. Controlling High Blood Pressure
6. Glycemic Status Assessment for Patients with Diabetes
7. Follow-up After Hospitalization for Mental Illness
8. Follow-up After Emergency Department Visit for Mental Illness
9. Follow-up After Emergency Department Visit for Substance Use
10. HIV Viral Load Suppression (non-HEDIS)
11. Cesarean Rate for Low Risk First-Birth Women (non-HEDIS)

All HEDIS measure results are routinely monitored for performance and are shared with providers. For eligible populations covered by Medicaid, results are collected and reported to LDH annually.

Please review the HEDIS measures in Compass that are applicable to your patient population and identify those Humana Healthy Horizons-covered patients who may need an appointment to close care gaps. If you have questions about how these HEDIS measures help improve health outcomes for your affected patients, email the Quality Improvement Team at

QualityLAMCD@humana.com.



Provider participation may be requested as part of member grievance process

As part of member's rights, Humana Healthy Horizons acknowledges grievances received within 5 business days and provides written notice to the member of the grievance deposition no later than 90 calendar days from the date received. Occasionally, Humana will need additional detail and context from the provider when responding to member. Providers are expected to participate in the Humana Healthy Horizons grievance process to ensure that all decisions on grievances are made in accordance with federal regulations and with LDH expectations.

What a healthcare grievance is: It is an expression of member dissatisfaction about any matter other than an adverse benefit determination. Examples of grievances include, but are not limited to, dissatisfaction with quality of care, quality of service, rudeness of a provider or a network employee, and network administration practices. Administrative grievances are generally those relating to dissatisfaction with the delivery of administrative services, coverage issues, and access-to-care issues.



Initiative can help providers uncover SDOH factors affecting patients

To achieve better health equity for the members we serve, 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.

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



2024 and 2025 updates

Prior authorization

The **Prior Authorization Search Tool** can be used to search for codes which require prior authorization. Access the tool **on our website**.

Pharmacy

- COVID over-the-counter (OTC) testing kits are no longer available through the pharmacy benefit but are still available through the OTC catalog. This change took effect Sept. 30, 2024.
- \$75 pharmacy value added benefit per member per quarter increase took effect Jan. 1, 2025.
- Hard edits are being implemented effective Jan. 1, 2025 for GLP1 medications and will include step therapy guidance.

Member benefit

- Utility fee assistance: Benefit is changing effective Jan. 1, 2025 from \$500 lifetime to \$500 per year.



Humana Healthy Horizons uses a “no wrong door” approach to care management referrals

Humana Healthy Horizons embraces an open approach toward care management referrals. Our care managers receive referrals from a variety of sources that include, but are not limited to, Utilization Management teams in the process of reviews for requested services, community organizations, member self-referral, and our provider partners.

Humana Healthy Horizons employs registered nurses and licensed mental health professionals with training in physical and behavioral healthcare management for adult and pediatric populations, in addition to prenatal and postpartum care.

Care management referrals can be made in any of the following ways:

- Calling member services at **1-800-448-3810 (TTY: 711)** and requesting that a member be referred to care management
- Communicating the need for care management during service authorization conversations with the Utilization Management team.

- Emailing or faxing our Care Management Referral Form as follows:
 - General care management: **LAMCDCaseManagement@humana.com** or **1-833-981-0204**
 - Maternity care management: **LAMCDMaternity@humana.com** or **1-833-982-0053**
 - Housing/social determinants of health needs: **LAMCDSDOH@humana.com** or **1-833-982-0052**



Explore provider education opportunities with TPN.health

To advance LDH's initiative to reduce disparities, ensure equitable care and build trust within our communities, a free Health Equity training is available to Louisiana Medicaid providers through **TPN.health's platform**.

TPN.health is a digital platform connecting licensed clinicians and behavioral health organizations nationwide and is your access point to continuing education and a secure network of vetted professionals.

What TPN.health offers providers:

- Earn required continued education (CE) credits through live and on-demand trainings and courses
- Connect with a national network of providers
- Build your digital profile to highlight your expertise
- Track your license requirements with the CE Wallet

For continuing education events, visit the **CE Events webpage**.



Provider Relations support and contact information

Our dedicated regional Provider Relations representatives can help with:

- On-site visits
- Provider education and training
- Unresolved escalated issues

Provider assistance is available by phone at **1-800-448-3310**, Monday – Friday, 7 a.m. – 7 p.m., or email **LAMedicaidProviderRelations@humana.com**.

To learn more, or to locate your provider relations regional representative, **view our webpage**.