



Kentucky New Horizon

Volume IX

October 2024

In this issue:

- 2024 HEDIS measure update focuses on diabetes care
- Support patients with timely follow-up after hospital discharge
- Remind parents and guardians about the importance of yearly well-child visits
- Urine drug testing policy benefit will deny once enrollees exceed limit
- Please inform Humana Healthy Horizons when your office contact information changes
- Provider office visits from Provider Relations staff help Humana Healthy Horizons comply with care contract
- Surveys assess access, availability and after-hours standards
- Kentucky DMS wants to know about missed or canceled appointments
- Medical record reviews help highlight strengths and identify areas of opportunity
- Small steps can avert claims processing delays
- Resources to make your claims process with Humana easier



To access links to the current and previous editions of the Kentucky New Horizon provider newsletter, visit **[Humana.com/KYNotices](https://www.humana.com/KYNotices)**

Humana
Healthy Horizons®
in Kentucky

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

466204KY0524 (HUMP466204) KYHM9UKEN



2024 HEDIS measure focuses on diabetes care

Diabetes can lead to complications that include heart disease, stroke, blindness, kidney failure and amputation. Early detection and intervention are key preventative measures.

Select Healthcare Effectiveness Data and Information Set (HEDIS®) measures promote detection, monitoring and prevention activities.

Diabetes measure	Age	What is measured during the calendar year (CY)
Hemoglobin A1c control (HBD)	18-75	1. HbA1c control (less than 8%) 2. HbA1c poor control (more than 9%)
Blood pressure control (BPD)	18-75	1. Adequate control (less than 140/90 mm Hg)
Statin therapy (SPD)* <small>*For enrollees who do not have clinical atherosclerotic cardiovascular disease (ASCVD)</small>	40-75	1. Received statin therapy – enrollees dispensed at least one statin medication of any intensity 2. Statin adherence 80% – enrollees 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 If a patient tests negative for retinopathy, measure requirements are satisfied for two 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

Best practices for primary care provider and specialists include:

- Discussing the importance of annual lab tests and evaluations with patients
- Ensuring patients receive an HbA1c test, eGFR, and uACR at least once annually
- Providing an annual retinal eye exam or refer to an appropriate provider
- Monitoring patients' blood pressures regularly and encouraging self-monitoring
- Referring patients to specialists, such as endocrinologists and nutritionists, as necessary
- Discussing the importance of proper diet and exercise with patients
- Prescribing statins to eligible patients
- Explaining the importance of prescribed medication compliance

- Scheduling follow-up appointments for additional labs and medication refills
- Ensuring proper billing codes are used

If you have questions, please reach out to the Kentucky Medicaid Quality Improvement team by emailing KYQIMedicaid@humana.com.



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.

Patients with behavioral health and substance-use disorder diagnoses are especially vulnerable during transitions of care. Patients with serious mental illness who experienced an inpatient stay or emergency hospital visit respond well to low-intensity interventions, including follow-up outpatient appointment reminders.

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

- Referring a patient to the Humana case management team, as appropriate (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



Remind parents and guardians about the importance of yearly well-child visits

If a child looks healthy and happy, parents may postpone a well-child visit. But looks alone may not be representative of a child's state of health.

A yearly well-child visit provides the opportunity for comprehensive assessments and evaluations to help prevent and address health issues or concerns before they become a greater problem. A trusted provider can make the biggest impact in helping families understand the importance of yearly child wellness visits.

The American Academy for Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) websites provide research, recommendations and guidelines on tracking and evaluating a child's growth, development and health. They also outline the importance of vaccinations and when each vaccination should be administered. To view, please visit the [AAP website](#) and the [CDC's website](#). The AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) can be accessed [here](#).

Though these organizations are highly respected and are great sources of information, a provider is uniquely positioned to share critical health guidance with a child's family or guardian and answer key health questions about the child's healthcare.

Child wellness points to share with families during a visit:

- Staying on track with your child's wellness visits and recommended vaccinations can help keep your child and community protected from serious and preventable disease.
- These visits provide the opportunity to track your child's growth and development.
- A child wellness visit is an opportunity for parents to discuss, ask questions and express concerns they may have about their child's health and development or ongoing treatment.
- Regular visits with your child's primary care provider promotes a team approach for your child's healthcare.
- Enrollees can earn Go365 for Humana Healthy Horizons® rewards for completing a yearly child wellness visit. For more details, enrollees can visit the [Go365 webpage](#).

Codes used for well-child visits:

- International Classification of Diseases (ICD): Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5
- Healthcare Common Procedure Coding System (HCPCS): G0438, G0439, S0302
- Current Procedural Terminology (CPT®): 99381, 99382, 99391, 99392, 9946



Urine drug testing policy benefit denies once enrollees exceed limit

On July 1, 2020, Humana Healthy Horizons® in Kentucky implemented the Kentucky Department for Medicaid Services' updated urine drug testing (UDT) policy. As a reminder, Humana Healthy Horizons now processes these claims 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. Once the enrollee exceeds the benefit limit as established by the department, Humana Healthy Horizons denies the claim.

Providers may appeal the claim denial. Humana Healthy Horizons recommends that providers submit medical records as supporting documentation to prove the medical necessity for the service with the appeal request. If a provider does not agree with the decision on a processed claim, the provider has 60 calendar days from the date of the original claim denial to file an appeal. For more information on appeals, please refer to the [Kentucky Medicaid Provider Manual](#).

Additionally, claims paid for UDT services that exceed an enrollee's benefit are reviewed for recovery. When disputing an overpayment recovery, Humana Healthy Horizons recommends providers submit medical records as supporting documentation to prove medical necessity for the service.

Written submission:

Providers can submit appeals in writing to:

Humana Provider Correspondence
Grievance and Appeals Department
P.O. Box 14546
Lexington, KY 40512-4546
Fax: 800-949-2961

Digital submission:

Providers can submit encrypted appeal supporting documentation online via **Availity Essential™**.
Providers also can check appeal status via Availity Essentials.

For questions regarding this policy, please call Provider Services at **800-444-9137**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.



Please inform Humana Healthy Horizons when your office contact information changes

At times, Humana Healthy Horizons needs to contact a provider's office regarding updates, processes and education, only to find that the provider's office closed, a phone number is inaccurate or changed, or a doctor within the group retired or left the practice.

If you have any recent changes to your group's information, including address, phone number, fax number or provider changes within your group, please email those changes to **ProviderDevelopmentKYWV@humana.com**. Behavioral health providers should email **KYBHMedicaid@humana.com**.



Provider office visits from Provider Relations staff help Humana Healthy Horizons comply with care contract

Humana Healthy Horizons Provider Relations conducts in-person visits to primary care providers' offices to validate contractual compliance with the Kentucky Department for Medicaid Services (Kentucky DMS) managed care contract.

These visits include review and discussion of:

- Access and availability standards
- Americans with Disabilities Act requirements (e.g., wheelchair access)

- Directory status
- Grievances and appeals
- Group and patient roster changes
- Health Insurance Portability and Accountability Act policies and procedures
- Kentucky Health Information Exchange
- Medical record policies and procedures
- Network notices and communications
- Patient rights and responsibilities
- Provider resources materials

These visits are also an opportunity to offer providers education and assistance. We encourage our network partners to reach out to us with questions you may have.

Your Provider Relations representative will contact your office to schedule an in-person visit. For a listing of Provider Relations representatives, visit this [webpage](#).

If you have questions, please email Provider Relations at KYMCDPR@humana.com.



Surveys assess access, availability and after-hours standards

Pursuant to Kentucky DMS requirements, Humana Healthy Horizons conducts quarterly phone surveys in our provider network to assess compliance with access, availability and after-hours appointments.

We appreciate your continued participation in these surveys. Appropriate follow-ups are conducted when compliance with requirements is not met.



Kentucky DMS wants to know about enrollee missed or canceled appointments

KYHealthNet has a panel for entering missing and canceled appointments. Kentucky DMS requests information about missed or canceled appointments so they can act to reduce those cases through outreach, and if appropriate, care management.

To learn more about this tool and a tutorial on how to input information, please visit [the Training Videos webpage on kymmis.com](#).



Medical record reviews highlight strengths and identify areas of opportunity

Medical record documentation reviews are performed by the Humana Healthy Horizons quality improvement team as part of regulatory requirements. These reviews provide insights into healthcare provider strengths as well as areas of opportunity.

Strengths:

- Record includes complete history, including mental status and previous treatment
- Psychotherapy notes meets all required Kentucky Administrative Regulation (KAR) elements
- Targeted case management-specific care plans meet all required KARs elements

Areas of opportunity:

- Documentation of coordination of care with primary care provider; includes a release of information or refusal and a summary report sent initially and every 3 months
- Services in a group do not exceed 8 individuals for peer support and 12 for group therapy
- Medication Assisted Treatment evaluations include HIV and hepatitis screening, complete blood count test, comprehensive metabolic panel and pregnancy lab tests
- Follow-up visit provided within 7 days secondary to reports of discharge following inpatient behavioral health hospitalization.

To learn more, please visit the [Kentucky Administrative Regulations website](#).



Small steps can avert claims processing delays

Some things providers should keep in mind for smoother processing of claims:

- Incoming electronic Medicaid claims must have an “Other Insurance” indicator of **MA, MB or 16** whenever a member has Medicare coverage outside of Humana.
- Claims tied to community health workers must have a UB modifier on them.
- Behavioral health claims must always have their corresponding modifiers billed on them.
- A primary diagnosis code cannot be a manifestation diagnosis code.
- Claims that contain a procedure code tied to Medicare-covered Part B drugs must also contain the correct National Drug Code.
- A Present On Admission indicator cannot be blank for inpatient hospital claims.
- National Correct Coding Initiative editing for Procedure to Procedure pairing should be considered prior to claim submission.



Resources that make your Humana claims process easier

“Making It Easier for Physicians and Other Healthcare Providers” is a series of educational presentations about Humana claims payment policies and processes.

Download the **Tools and Resources for Physicians and Other Healthcare Providers Resource Guide** to learn about Humana’s inventory of useful tools and resources, which can simplify your claims-related and other interactions with Humana.

Visit **[Humana.com/MakingItEasier](https://www.humana.com/MakingItEasier)** today, or **[Availity.com](https://www.availity.com)**, in the Humana Payer Space under the Resources tab.

Look for the STAY CONNECTED widget on the Humana website and subscribe to be notified when content is added.

Humana Healthy Horizons in Kentucky provider website and resources

Our Humana Healthy Horizons provider website, **[Humana.com/HealthyKY](https://www.humana.com/HealthyKY)**, has materials and resources to help you achieve optimal results:

- Provider Manual
- Regular network notices
- Telemedicine information
- Provider Resource Guide
- Provider training materials
- Prior authorization information

We encourage you to visit the website often, as we regularly update its content.

Humana’s provider compliance training

Healthcare providers serving Humana Medicaid plans in Kentucky must complete the following training modules:

- Humana Medicaid provider orientation
- Health, safety and welfare training
- Cultural competency
- Compliance and fraud, waste and abuse training

To start your training:

1. Go to **[Availity.com](https://www.availity.com)**.
2. Sign in and select “Payer Spaces,” then “Humana.”
3. Under the Resources tab, select “Humana Compliance Events” to begin.

For more information, please visit **[Humana.com/ProviderCompliance](https://www.humana.com/ProviderCompliance)** or **[Humana.com/KYTraining](https://www.humana.com/KYTraining)**.