

# Medicaid Provider Orientation and Training

Information for Medicaid-participating  
obstetricians and gynecologists

June 2023

**Humana**  
Healthy Horizons®  
in Florida

254201FL0723 FLHLRP9EN0623



# Pregnancy services

## Nuchal translucency measurement

- 1 ultrasound for nuchal translucency measurement per pregnancy for recipients with a high-risk pregnancy

## Ultrasounds\*

- Up to 3 obstetrical ultrasounds per pregnancy
- Up to 3 transvaginal obstetrical ultrasounds for recipients with a high-risk pregnancy
- [Agency for Health Care Administration \(AHCA\) Radiology and Nuclear Medicine Services Coverage Policy](#)

## Genetic testing

- [AHCA fee schedule](#)

\* Any medically necessary ultrasounds and high-risk specialty care are considered “open access” and allowed without a referral.

# Family planning

Family planning services are furnished on a voluntary and confidential basis.

The managed care plan shall:

- Allow members freedom of choice of family planning methods covered under the Medicaid program, including Medicaid-covered implants, where there are no medical contraindications.
- Allow each member to obtain family planning services and supplies from any participating provider and not require a referral for such services.
- Make available and encourage all pregnant women and mothers with infants to receive postpartum visits for the purpose of voluntary family planning, including discussion of all appropriate methods of contraception, counseling and services for family planning to all women and their partners.
- Direct providers to maintain documentation in the member records to reflect this provision. (Section 409.967(2), F.S.)

# Family planning (cont'd)

The managed care plan shall:

- Implement an outreach program and other strategies for identifying every pregnant member. This shall include care coordination/case management, claims analysis and use of the Health Risk Assessment (HRA), etc.
- Require its participating providers to notify the plan of any member who is identified as being pregnant.



# Long-acting reversible contraception (LARC) reimbursement

- Insertion and removal of an intrauterine device (IUD) or hormonal contraceptive implant device is reimbursable with a new or established family planning visit or an evaluation and management visit. However, all components of an evaluation and management visit must be met and documented, in addition to the device service, before the device service can be reimbursed.
- Reimbursement for the LARC device is covered using the device-specific Healthcare Common Procedure Coding System (HCPCS) code.
  - 58300 – Insertion of intrauterine device
  - 58301 – Removal of intrauterine device
  - 57170 – Diaphragm or cervical cap fitting with instructions
  - 11981 – Insertion, non-biodegradable drug delivery implant
  - 11982 – Removal, non-biodegradable drug delivery implant
  - 11983 – Removal with reinsertion, non-biodegradable drug delivery implant

# LARC reimbursement (cont'd)

- Additionally, you will need to submit a valid National Drug Code (NDC) on the claim. The NDC can be found on the product that is being administered to the recipient. Medicaid uses the 11-digit format for NDCs, which may require the insertion of leading zeros if they do not appear on the package.
- Physicians also may also choose to order LARCs from Humana's specialty pharmacy, CenterWell Specialty Pharmacy<sup>®</sup>, and have them delivered to their office. LARCs currently available through the pharmacy include Mirena<sup>®</sup>, Skyla<sup>®</sup>, Nexplanon<sup>®</sup> and Kyleena<sup>®</sup>. Paragard<sup>®</sup> will be available in the future. 58300 – Insertion of intrauterine device
- [Long-acting reversible contraceptives \(LARCs\)](#)
- [Long-acting reversible contraception \(LARC\) coverage with inpatient services billing guide](#)

# Getting started with CenterWell Specialty Pharmacy

If you are prescribing a specialty medication for a patient with a chronic or complex condition, be sure to choose CenterWell Specialty Pharmacy from your e-prescribing software.

## Contact information

- National Council for Prescription Drug Programs (NCPDP) (ID No.: **3677955**)
- Address: 9843 Windisch Road, West Chester, OH 45069
- Phone: **800-486-2668 (TTY: 711)**
- Fax: **833-982-2367**
- Hours: Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time

Or visit us online at: [Online mail-order pharmacy | CenterWell Pharmacy](#)

# Family planning waiver

## What services are available?

- Family planning initial or annual examinations
- Family planning counseling visits
- Family planning supply visits
- Various methods of birth control
- Family planning laboratory tests
- Family planning-related pharmaceuticals
- Evaluation and management visits for sexually transmitted disease (STD) treatment and follow-up
- Approved sterilization
- Colposcopies

## Notes:

- Women who had Medicaid coverage during pregnancy do not have to apply; they are automatically enrolled for the first year.
- All women must reapply for the second year of services.
- [Family planning waiver application](#)



# Family planning waiver (cont'd)

A woman may qualify for this program if she:

- Is between the ages of 14 and 55
- Has lost full Medicaid services for any reason in the past 24 months
- Wants to have family planning services and is not pregnant
- Has not had a hysterectomy or sterilization (tubes tied)
- Has a household income less than or equal to 191% of the current federal poverty level and is not otherwise eligible for Medicaid, the Children's Health Insurance Program or health insurance coverage that provides family planning services

# Authorization process

## Non-pregnancy services:

- Gynecological services are considered “open access” and are available without a referral from the member’s primary care physician (PCP).
- To request a non-pregnancy-related authorization/referral for a Medicaid member, choose one of the options below:
  - Call **800-523-0023**
  - Fax your request to **813-321-7220**

## Pregnancy services:

- Pregnancy services, including medically necessary ultrasounds and high-risk specialty care, also are considered “open access” and allowed without a referral.
- This is only during the pregnancy and for pregnancy-related services only.

# Referral process for pregnant members

Effective July 2023, Humana Healthy Horizons enhanced its referral process to allow obstetricians and gynecologists to write and submit referrals for pregnant members to see any specialist.

**This update eliminates access-to-care barriers for these members, eliminating the need to contact their primary care physician for a referral.**

When submitting referrals, please indicate the member is pregnant. This helps avoid approval delays. We encourage you to refer these members to specialists who participate in the Humana Healthy Horizons network.

You can submit referrals telephonically to **800-523-0023**, via fax to **813-321-7220** or through Availity Essentials. If you do not have an Availity Essentials account, you can create one on [Availity.com](https://www.availity.com).

# Billing for gynecological services

Routine gynecological examinations or well-woman visits should be coded accurately. The following are covered:

- New patient codes
- Established patient codes
- Gynecological examination with abnormal findings
- Gynecological examination without abnormal findings



Physician offices should refer to AHCA's [Provider Reimbursement Schedules and Billing Codes](#).

# Billing for obstetrical care services

- It is important to bill each service performed during the member's pregnancy and not globally.
- Prenatal/perinatal visits are covered.
- Medically necessary ultrasounds are covered.
- Each prenatal visit should be billed. Medicaid allows prenatal codes:
  - H1001 (prenatal visit with Healthy Start prenatal risk screening)
  - H1000 (prenatal visit without Healthy Start prenatal risk screening)
- If the billed delivery code includes an initial postpartum visit, 2 more postpartum visit codes 59430 can be billed and reimbursed. If a delivery-only Current Procedural Terminology (CPT) code is billed, a total of 3 separate postpartum visit services within 90 days after delivery can be billed and reimbursed.

# Breast pumps

Hospital-grade and nonhospital-grade breast pumps are a covered benefit for new mothers.

## **Notes:**

Women who had Medicaid coverage during pregnancy do not have to apply; they are automatically enrolled for the first year.

AHCA and Humana cover hospital-grade breast pumps only when they meet medical necessity criteria and are authorized.



For both types of pumps, an OB-GYN referral must be submitted to one of the contracted vendors listed on the following page.

# Breast pumps

To request authorization for a hospital-grade breast pump for a patient covered under Humana Healthy Horizons® in Florida, please follow these steps:

- Request an authorization/referral from Humana using either of the following options:
  - Call **800-523-0023** and state that the reason for the call is to request authorization or referral for a pregnant Medicaid member.
  - Fax your request to **813-321-7220**.
- When you obtain an authorization for a hospital-grade breast pump or need a nonhospital-grade breast pump, contact the appropriate contracted vendor prior to the due date to ensure delivery once the baby is born:
  - Regions 1–8: CCS Medical, **877-531-7959**
  - Regions 9–11: OneHome, **855-441-6900**, or fax to **855-441-6941**

# Healthy Start assessment tool

- It is important to bill each service performed during the member's pregnancy and not globally.
- Prenatal/perinatal visits are covered.
- Medically necessary ultrasounds are covered.

# Healthy Start assessment tool

- Domestic violence
- Sexual abuse
- Child abuse or neglect
- Substance use
- Diagnosed mental illness
- HIV-positive status
- Hepatitis B positive status
- Inappropriate growth and development (e.g., small for gestational age)
- Safety concerns noted by the healthcare provider on the Healthy Start screening form
- Language barriers



# Healthy Start assessment tool (cont'd)

AHCA requires the Healthy Start assessment tool be submitted by the physician within 10 days of the screening.

Once you complete the Healthy Start Assessment form (see example on next slide), please submit to Healthy Start and Humana:

- Healthy Start Coalition county information is available by interacting with [the Coalition Map for resources](#).
- Fax to Humana Care Management at **833-890-2308** or email to [FL MMA OB Referrals@Humana.com](mailto:FL_MMA_OB_Referrals@Humana.com).

# Healthy Start Assessment form example



See other forms on the [Florida Healthy Start site](#)

## Help your baby have a healthy start in life!

Please answer the following questions to find out if anything in your life could affect your health or your baby's health. Your answers are **confidential**. You may qualify for free services from the Healthy Start Program or the Healthy Families Program, no matter what your income level is! (Please complete in ink.)\*

Today's Date: \_\_\_\_\_

	<b>YES</b> <b>NO</b>
1. Have you graduated from high school or received a GED?	<input type="checkbox"/> <input type="checkbox"/>
2. Are you married now?	<input type="checkbox"/> <input type="checkbox"/>
3. Are there any children at home younger than 5 years old?	<input type="checkbox"/> <input type="checkbox"/>
4. Are there any children at home with medical or special needs?	<input type="checkbox"/> <input type="checkbox"/>
5. Is this a good time for you to be pregnant?	<input type="checkbox"/> <input type="checkbox"/>
6. In the last month, have you felt down, depressed or hopeless?	<input type="checkbox"/> <input type="checkbox"/>
7. In the last month, have you felt alone when facing problems?	<input type="checkbox"/> <input type="checkbox"/>
8. Have you ever received mental health services or counseling?	<input type="checkbox"/> <input type="checkbox"/>
9. In the last year, has someone you know tried to hurt you or threaten you?	<input type="checkbox"/> <input type="checkbox"/>
10. Do you have trouble paying your bills?	<input type="checkbox"/> <input type="checkbox"/>

**11. What race are you? Check one or more.**  
 White  Black  Other \_\_\_\_\_

**12. In the last month, how many alcoholic drinks did you have per week?**  
 \_\_\_\_\_ drinks  did not drink

**13. In the last month, how many cigarettes did you smoke a day? (a pack has 20 cigarettes)**  
 \_\_\_\_\_ cigarettes  did not smoke

**14. Thinking back to just before you got pregnant, did you want to be.....?**  
 pregnant now  pregnant later  not pregnant

**15. Is this your first pregnancy?**  
 Yes  No If no, give date your last pregnancy ended:  
 Date: (month/year) \_\_\_\_\_

**16. Please mark any of the following that have happened.**  
 Had a baby that was not born alive  
 Had a baby born 3 weeks or more before due date  
 Had a baby that weighed less than 5 pounds, 8 ounces  
 None of the above

PATIENT INFORMATION	Name: First _____ Last _____ M.I. _____ Social Security Number: _____ Date of Birth (mo/day/yr): _____ 17. Age: <input type="checkbox"/> <18
	Street address (apartment complex name/number): _____ County: _____ City: _____ State: _____ Zip Code: _____
	Prenatal Care covered by: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance _____ <input type="checkbox"/> No Insurance <input type="checkbox"/> Other _____
	Best time to contact me: _____ Phone #1 _____ Phone #2 _____

I authorize the exchange of my health information between the Healthy Start Program, Healthy Start Providers, Healthy Start Coalitions, Healthy Families Florida, WIC, Florida Department of Health, and my health care providers for the purposes of providing services, paying for services, improving quality of services or program eligibility. This authorization remains in effect until revoked in writing by me.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No I also authorize specific health information to be exchanged as described above, which includes any of my mental health, TB, alcohol/drug abuse, STD, or HIV/AIDS information.

\* If you do not want to participate in the screening process, please complete the patient information section only and sign below:  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROVIDER ONLY	LMP (mo/day/yr): _____ EDD (mo/day/yr): _____ 18. Pre-Pregnancy: <input type="checkbox"/> < 19.8 <input type="checkbox"/> > 35.0 Wt: _____ lbs. Height: _____ ft. _____ in. BMI: _____
	Provider's Name: _____ Provider's ID: _____ 19. Pregnancy Interval Less Than 18 Months? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes
	Provider's Phone Number: _____ Provider's County: _____ 20. Trimester at 1st Prenatal Visit? _____ <input type="checkbox"/> 1st <input type="checkbox"/> 2nd
	21. Does patient have an illness that requires ongoing medical care? Specify illness: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes
	Healthy Start Screening Score: _____ Check One: <input type="checkbox"/> Referred to Healthy Start. If score <6, specify: _____ <input type="checkbox"/> Not Referred to Healthy Start.

Provider's/Interviewer's Signature and Title \_\_\_\_\_ Date (mo/day/yr) \_\_\_\_\_

DH 3134, 04/08, stock number 5744-100-3134-7 Distribution of copies: WHITE & YELLOW—County Health Department in county where screening occurred  
 PINK—Retained in patient's record GREEN—Patient's Copy

# Medical records documentation review

Humana Healthy Horizons annually conducts random medical record documentation reviews to monitor compliance with regulatory agencies.

The following record element requirements will be evaluated for satisfactory performance:

- A copy of the completed screening instrument and documentation that a copy was provided to the member
- Documentation of preterm delivery risk assessments by week 28 of the pregnancy
- Prenatal and postpartum care for women

Reference: [Florida Medicaid quality resources – Humana](#)

# Neonatal abstinence syndrome (NAS)

- Partnership among providers, Humana care management, behavioral health services and pregnant members helps to reduce the prevalence of NAS.
- Include urine and blood drug screening in initial screening.
- Contact Humana Care Management at **800-322-2758**, ext. **1500290**, if you suspect a pregnant member has a substance use disorder.
- Our care managers specialize in NAS management and can assist in the coordination of any needed referrals/services.
  - The care manager will contact the member, refer her to a behavioral health provider and coordinate services, including:
    - Healthy Behaviors program substance use counseling
    - Inpatient and outpatient medical treatment options
  - Medical director and behavioral health provider will conduct bimonthly and monthly rounds to discuss members with complex NAS risks.

# Screening, Brief Intervention and Referral to Treatment (SBIRT)

- SBIRT is a comprehensive integrated public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. The goal is to promote early screening, brief intervention and referral services by physicians in primary care centers, hospital emergency rooms (ERs), trauma centers and other community medical settings.<sup>1</sup>
- According to AHCA, the codes can only be used once per day, as medically necessary. This includes the following provider type codes, 25 – MD, 26 – DO, 29 – PA and 30 – APRN.



## [SBIRT educational presentation](#)

1. “Guide to Utilizing the Screening, Brief Intervention and Referral to Treatment Model for Medicaid Practitioners,” AHCA, last accessed September 12, 2022, <https://ahca.myflorida.com/medicaid/sbirt/index.shtml>.

# Healthy Behaviors substance use disorder program

The substance use program is a 6-month program that offers Florida Medicaid members an incentive to become and remain drug-free and/or alcohol-free.

Members must:

- Be 18 or older
- Work with the substance use counselor and complete a minimum of 6 coaching sessions and outpatient treatment sessions with the goal of becoming and remaining drug-free and/or alcohol-free

Email referral to: [FL MMA CM Referrals@humana.com](mailto:FL_MMA_CM_Referrals@humana.com)

Phone: **800-229-9880**

# HumanaBeginnings prenatal/postpartum program overview

HumanaBeginnings® coordinates with providers and members to promote:

- Appointment attendance
- Early access to prenatal care
- Family planning and contraceptive choices
- Healthy nutrition and breastfeeding
- Pediatrician choice
- Postpartum follow-ups
- Preventive care (including dental exams)
- Well-baby visits and immunizations

# HumanaBeginnings program overview (cont'd)

## HumanaBeginnings provides:

- Referrals to:
  - Behavioral health (virtual or face to face, depending on preference)
  - Healthy Start
  - Women, Infants and Children (WIC)
  - Social work
  - Optum home health care
  - Substance use counseling
  - Nutritional counseling
  - Smoking cessation
- Collaboration with OB-GYN prenatal provider office on compliance with appointments, expected date of delivery (EDD) and delivery confirmation, member contact information, authorizations and resolution of issues



# HumanaBeginnings member materials

The HumanaBeginnings welcome packet is sent after the care manager completes the survey with the member and the member agrees to participate in care management.

The welcome packet includes:

- A personal appointment record to track medical visits
- A description of the HumanaBeginnings program and important information about communicating with the Florida Department of Children and Families and receiving incentives
- [Guide to giving birth: Vaginal delivery vs. C-section](#)
- [Guide to preterm labor](#)
- [Guide to warning signs](#)
- [Tips for a healthy pregnancy and baby](#)

# How to contact HumanaBeginnings


- Phone: **800-322-2758**, ext. **1500290**
- Fax: **833-890-2308**
- Email: [FL MMA OB Referrals@humana.com](mailto:FL_MMA_OB_Referrals@humana.com)

## Notification of Pregnancy (NOP) Form

Providers should complete the [Notification of Pregnancy \(NOP\) Form](#) and include supporting clinical information or recent Healthy Start prenatal risk screening completed by an obstetrician (OB) or midwife. An example of the form is shown on the following page.

- Fax: **833-890-2308** or
- Email: [FL MMA OB Referrals@humana.com](mailto:FL_MMA_OB_Referrals@humana.com)

# Medicaid Notification of Pregnancy (NOP) form



## Florida Medicaid Pregnancy Notification Form

Today's Date \_\_\_\_\_

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**Patient Information**

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First Name	Last Name	Date of Birth (MM/DD/YYYY)
Medicaid ID	Medicaid Health Plan	
Home Phone Number	Cell Phone Number	Email Address
Street Address	City, State	ZIP Code
Emergency Contact Name	Emergency Contact Relationship	Emergency Contact Phone Number
Date of Last Menstrual Period (LMP)	Estimated Due Date	Is this the person's first pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No

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**Physician/Provider Information**

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OB Physician/Provider Name	OB Phone Number	Physician/Provider NPI
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**Pertinent Health History**

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How many times has the person been pregnant, including this pregnancy?  1  2  3  4  5  More than 5

Has the person given birth in the last 12 months?  Yes  No      Given birth in the last 6 months?  Yes  No

Number of Full-Term Deliveries (> 37 weeks) \_\_\_\_\_ Number of Preterm Deliveries (< 37 weeks) \_\_\_\_\_

Number of Miscarriages/Abortions \_\_\_\_\_ Number of Stillbirths \_\_\_\_\_

Has the person had a previous C-section?  Yes  No      If 'Yes,' how many? \_\_\_\_\_

Please select all applicable high-risk factors for this patient:

<input type="checkbox"/> Cervical Insufficiencies (i.e., incompetent cervix)	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension	<input type="checkbox"/> HIV / AIDS
<input type="checkbox"/> Any current mental health or addiction diagnosis	<input type="checkbox"/> Pre-eclampsia	<input type="checkbox"/> Premature Rupture of Membranes (PROM)	<input type="checkbox"/> Sickle Cell Disease or Trait

Does the person smoke or vape?  Yes  No      Second-hand smoke exposure?  Yes  No

Does the person use illicit drugs?  Yes  No      Is the patient on a prescribed opioid?  Yes  No

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# Early NOP benefits

Benefits of early identification of pregnancy include:

- For utilization management, reductions in:
  - Pregnancy-related emergency room (ER) visits
  - Predelivery admissions
  - Neonatal intensive care unit (NICU) admissions
  - Pediatric healthcare costs
- For patient health outcomes, reductions in:
  - Preterm deliveries
  - Stillborn deliveries
  - Low birth weight deliveries

# Late NOP issues

Late notification can cause problems for everyone:

- **Patient**

- Potential for increased maternal risk due to late prenatal care
- Delay in accessing appropriate physicians and resources
- Inadequate pregnancy care due to lack of health education
- Late enrollment in health plan
- Loss of Medicaid eligibility in the postpartum period

- **Physician**

- Less involvement in care
- Higher cost of care
- Lower scores for the Healthcare Effectiveness Data and Information Set (HEDIS®)\*

\* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

# NOP and cesarean section (C-section) management

Improving a mother's health throughout pregnancy can prevent elective C-sections and related problems:

- Surgical risk
- Risk of infection
- Risk of blood clots
- Healthcare costs associated with longer hospital stays
- Repeat C-sections due to primary C-section

# When elective C-sections are necessary

## Physicians should:

- Request prior authorization at least 7 days prior to scheduled admission. Prior authorization requested through:
  - [Availity Essentials](#)
  - Humana clinical intake team (CIT)
    - Phone **866-856-8974**
    - Fax **813-321-7220**
- Avoid basing request for elective C-section on:
  - Convenience
  - Relief of symptoms in the final stages of pregnancy



[Safe prevention of the primary cesarean delivery](#)

[Promoting primary vaginal deliveries](#)

# Healthy Behaviors program

- The program is designed to encourage and reward changes in behavior that improve the member’s overall health.
- The [Healthy Behaviors program](#) is now available to our Medicaid recipients 18 and older.
- Please see the [Go365 for Humana Healthy Horizons flyer](#) for details on how to participate and engage in these programs.

<b>HumanaBeginnings™ program<sup>1</sup></b> Available to members ages 13 and older Call: <b>800-322-2758 (TTY: 711) ext. 1500290</b>		
<b>Enrollment in HumanaBeginnings program</b>	Enroll and complete the HumanaBeginnings™ program <ul style="list-style-type: none"> <li>• Prenatal component <b>AND/OR</b></li> <li>• Postpartum component</li> </ul>	<b>\$20 in rewards</b>
<b>Prenatal visit<sup>1</sup></b>	Our member must complete a prenatal visit with OB/GYN during first trimester or within 42 days of enrollment with the Plan	<b>\$15 in rewards</b>
<b>Postpartum visit<sup>1</sup></b>	Our member must complete a postpartum visit with OB-GYN between 7 – 84 days after delivery	<b>\$15 in rewards</b>



# Healthy Behaviors program (cont'd)

## **Tobacco cessation program<sup>2</sup>**

Available to members ages 12 and older.

For members between the ages of 12 and 17, we **must** get consent from parent/guardian

To enroll: You or your patient can call us at **855-330-8053 (TTY: 711)**

<b>Coaching sessions</b>	Our member must complete 2 coaching sessions within 45 days of enrolling in the program	<b>\$25 in rewards</b>
<b>Coaching sessions</b>	Our member must complete 6 additional coaching sessions (a total of 8) within 7 months	<b>\$25 in rewards</b>

# Healthy Behaviors program (cont'd)

## Substance abuse program

Members 18 and older can participate in one or both of these programs

To enroll: You or your patient can call us at **800-229-9880 (TTY: 711)**

<b>Coaching sessions</b>	Complete 6 coaching sessions within 3 months <ul style="list-style-type: none"><li>• <b>\$15 in rewards</b> available after completing 3 coaching sessions</li><li>• <b>\$15 in rewards</b> available after completing an additional 3 coaching sessions (for a total of 6 coaching sessions)</li></ul>	Up to <b>\$30 in rewards</b>
<b>Outpatient Program</b>	Participate actively in an outpatient program for 28-30 days	<b>\$20 in rewards</b>

# Healthy Behaviors program (cont'd)

<b>Weight management program<sup>3</sup></b>		
Available to members ages 12 and older For members between the ages of 12 and 17, we <b>must</b> get consent from parent/guardian To enroll: You or your patient can call us at <b>855-330-8053 (TTY: 711)</b>		
<b>Enroll and complete an initial well-being check-up with primary care provider (PCP)</b>	Our member must send us a completed/signed medical clearance form	<b>\$10 in rewards</b>
<b>Coaching sessions</b>	Our member must complete 6 coaching sessions	<b>\$30 in rewards</b>
<b>Well-child visit program<sup>4</sup></b>		
Available to members under 18 years old		
All members under 18 years old	We will call the parent/guardian of members who miss a wellness visit, and encourage him or her to schedule a well-child visit	<b>\$20 in rewards</b> <b>Reward available once per year upon receipt of claims from PCP</b>

# Go365 for Humana Healthy Horizons

- **Well-child visit program — \$20**

Available to members ages 0-17

Complete an annual wellness visit with a pediatrician or PCP

## How to refer to the Healthy Behaviors program

- **HumanaBeginnings prenatal/postpartum program**

- Call: **800-322-2758**, ext. **1500290** | Fax: **833-890-2308** | Email: [FL MMA OB Referrals@Humana.com](mailto:FL_MMA_OB_Referrals@Humana.com)

- **Weight management program**

- Call: **855-330-8053** | Fax: **855-324-7685** | Email: [EXD CoachMailbox@Humana.com](mailto:EXD_CoachMailbox@Humana.com)

- **Tobacco cessation program**

- Call: **855-330-8053** | Fax: **855-324-7685** | Email: [EXD CoachMailbox@Humana.com](mailto:EXD_CoachMailbox@Humana.com)

- **Substance use program**

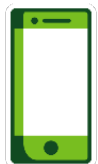
- Call: **800-229-9880** | Email: [FL MMA CM Referrals@Humana.com](mailto:FL_MMA_CM_Referrals@Humana.com)

# Go365 for Humana Healthy Horizons

We designed Go365 for Humana Healthy Horizons to help our members (18 and older) live and age well. Your patients can self-enroll by following the simple steps below.

To earn rewards, members must:

- Download the Go365 for Humana Healthy Horizons app from Apple Store® or Google Play® to a mobile device.
- Create an account to access and engage in the program:
  - Members who are 18 or older can register to create a Go365 for Humana Healthy Horizons account.
  - Members must have their Medicaid member ID.
  - Members under the age of 18 must have a parent or guardian register on their behalf to participate and engage with the program. The person completing the registration process on behalf of a minor must have the minor's Medicaid member ID.



Members who have a MyHumana account can use the same sign-in information to access Go365 for Humana Healthy Horizons after they download the app. For more information about **Go365 for Humana Healthy Horizons in Florida**, call: **888-225-4669**.

# Performance measure groups

## HEDIS preventive and chronic care measures:

- Cervical Cancer Screening (CCS)
- Breast Cancer Screening (BCS)
- Chlamydia Screening in Women – Total (CHL)

## HEDIS OB measures:

- Timeliness of Prenatal Care (PPC-Pre)
- Postpartum Care (PPC-Post)

# Quality goals and performance objectives

## AHCA performance goal – 75th percentile

### Minimum performance to avoid all penalties

#### Short term:

- Exceed the 50th percentile to avoid all penalties

#### Long term:

- Meet or exceed AHCA's performance goal
- Show statistically significant improvement

# Quality goals and performance objectives (cont'd)

## Performance penalties

- Less than 50th percentile performance: Per-member penalty imposed for each eligible member who did not receive the service being measured up to the 50th percentile rate for selected HEDIS measures
  - Tier 1: \$150 per member
  - Tier 2: \$100 per member
  - Tier 3: \$80 per member
- Performance measure group: May receive a monetary sanction of up to \$10,000 for each group where the group score is less than 3
  - Quality withhold begins measurement year 2019.
  - Penalty may reduce by \$50 (Tier 1), \$30 (Tier 2) and \$20 (Tier 3):
    - Show a 3% year-over-year improvement.
    - Rate is between the 40th and 50th percentiles.



## Quality goals and performance objectives (cont'd)

- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Chlamydia Screening in Women – Total (CHL)
- Timeliness of Prenatal Care (PPC-Pre)
- Postpartum Care (PPC-Post)



# Performance measure: HEDIS Cervical Cancer Screening (CCS)

Percentage of women 21–64 years old who were screened for cervical cancer using the following criteria:

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

If referring patients to an OB-GYN, please follow up as with all other referrals.

The lab results or member-reported data are accepted as supplemental data to close the gap in care for the CCS measure.

Patients can be excluded if medical record documentation supports a history of complete/total/radical hysterectomy. Please fax the lab results to **888-583-7995**.

# Performance measure: HEDIS Breast Cancer Screening (BCS)

Percentage of women 50–74 years old who had a mammogram to screen for breast cancer between Oct. 1 two years prior to the measurement year through Dec. 31 of the measurement year:

- A radiology report or member-reported data is accepted as supplemental data to close the gap in care for the BCS measure.
- A patient is excluded if the medical record documentation supports history of bilateral mastectomy.
- A copy of the mammogram result should be obtained and filed in the patient's medical record.
- Patients can be excluded if medical record documentation supports history of bilateral mastectomy or both a unilateral left and right mastectomy.
- Please fax above clinical information to **888-583-7995**.

# Performance measure: HEDIS Chlamydia Screening in Women – Total (CHL)

Percentage of women 16–24 years old who were identified as sexually active and who have at least 1 test for chlamydia during the measurement year:

- For patients referred to an OB-GYN, please follow up as with all other referrals.
- The lab result is accepted as supplemental data to close the gap in care for the CHL measure.

# Performance measure: HEDIS Prenatal and Postpartum Care (PPC)

The percentage of live-birth deliveries between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year:

- **Prenatal care** – Percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization
- **Postpartum care** – Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

# Centers for Medicare & Medicaid Services (CMS) Adult or Child Core Set Measures

## Contraceptive Care – Postpartum Women (CCP)

The percentage of women 15–44 years old who had a live birth between Jan. 1 and Oct. 31 of the measurement year and were provided:

- A most or moderately effective method of contraception within 3 and 60 days of delivery
- LARC within 3 and 60 days of delivery

## Contraceptive Care – All Women Ages 15 to 44 (CCW)

The percentage of women 15–44 years old at risk of unintended pregnancy, not pregnant at any point of the measurement year and were provided:

- A most or moderately effective method of contraception
- LARC

# Managed Medical Assistance (MMA) Physician Incentive Program (MPIP)

- The MPIP's aim is to promote quality of care for our Medicaid members and recognize those physicians who demonstrate high levels of performance for selected criteria.
- The MPIP provides the opportunity for designated physician types to earn enhanced payments equivalent to the appropriate Medicare fee-for-service rate, as established by AHCA, based on the achievement of key access and quality measures.

# MMA Physician Incentive Program (MPIP) (cont'd)

## Qualifying

- OB-GYNs who had at least 10 Medicaid deliveries and meet quality measures criteria for the measurement period qualify for the program.
- Once providers meet the selected quality measures, the program will be in effect for 1 year, from Oct. 1 through Sept. 30. Every 6 months, Humana will reassess all eligible providers to determine if any additional providers qualify for the incentive program. Please note that qualification is based on the previous year's performance.

## Measurement name

- Prenatal and Postpartum Care (PPC) – Postpartum Care
- Florida Medicaid Cesarean Section Rate – single, live-born Medicaid births.

**Please note:** Measures and benchmarks are evaluated every year.



# MMA Physician Incentive Program (MPIP) (cont'd)

Eligible and qualified providers will receive notification via mail prior to the effective date of the qualification period.

## Excluded providers

The following providers are excluded from MPIP:

- Providers not participating in Humana's Medicaid network
- OB-GYNs with fewer than 10 deliveries for the measurement period
- Federally qualified health centers (FQHCs)\*
- Rural health clinics (RHCs)\*
- County health departments (CHDs)\*
- Medical school faculty plans\*



For more information about the MPIP program, please refer to the [MMA Physician Incentive Program](#) page on the AHCA Statewide Medicaid Managed Care (SMMC) portal.

\* Automatically excluded even if both qualifications are met

# OB reward program

The OB reward program promotes care improvement and recognizes providers who collaborate with us to provide superior care to our expectant members. Providers can earn rewards by meeting clinical and quality performance goals.

The program is for OB-GYN providers who have not participated in the MPIP and have delivered 20 or more babies with Humana during the evaluation year. The reward amount will be in addition to the compensation received for the individual services provided under the participation agreement.

The program is discretionary and subject to modification due to changes in government healthcare program requirements or otherwise. Humana will determine if the requirements are satisfied; payments will be made solely at Humana's discretion. Decisions are not subject to appeal. If the program is revised, we will notify you.

Please contact the network representative at **800-477-6931**, Monday – Friday, 8 a.m. – 5 p.m., Eastern time, with any questions or concerns. If you have questions regarding OB initiatives or the OB rewards program, please contact the OB quality nurse at **954-235-0521**.

# Notification of Pregnancy (NOP) reward program

Early identification of pregnancy can reduce complications and improve birth outcomes. Humana Healthy Horizons' NOP reward program recognizes and rewards those OB-GYN providers who submit the NOP form in a timely manner.

- This reward program is offered to all contracted OB/GYN providers, including those OB-GYN providers who participate in the Humana MPIP.
- A minimum of 10 or more NOPs must be submitted during the measurement time frame. The reward amount is based on which trimester the mother-to-be is in when the NOP is submitted to Humana Healthy Horizons.



Humana Healthy Horizons is here to help providers with dedicated local support. Please call Provider Services at **800-477-6931**, Monday through Friday, 8 a.m. to 8 p.m., Eastern time, with questions regarding the incentive program.



If you have any questions regarding the NOP process, please call the OB-GYN quality nurse at **954-235-0521**.

# Annual compliance training

Physicians and healthcare providers must complete the following required compliance training annually:

- Humana Medicaid Provider Orientation
- Health, Safety and Welfare (Abuse, Neglect and Exploitation)
- Cultural Competency
- Compliance and Fraud, Waste and Abuse



Training materials and more information are available at [Humana.com/FLTraining](https://www.humana.com/FLTraining) or [Humana.com/ProviderCompliance](https://www.humana.com/ProviderCompliance).



## Additional Resources

# Additional resources available

A variety of provider materials and resources are available on the public website at [Humana.com](https://www.humana.com) (no registration required). Medicaid-specific materials, communications and quality resources can be found at [Humana.com/HealthyFL](https://www.humana.com/HealthyFL), including:

- Provider manual
- Member handbook
- Statewide Provider Resource Guide
- Quarterly provider updates
- Expanded benefits
- Medicaid training and other important materials



If you have questions regarding your contract or the content of this presentation, please contact your provider contracting representative.



Our [Quick Reference Guide](#) is another valuable resource that can help you find the answers you need.

# Behavioral health resources available

## **Brave Health (virtual):** Regions 3–11

- Phone: **305-902-6347**
- Email: [Humana@BeBraveHealth.com](mailto:Humana@BeBraveHealth.com) or [Start@BeBraveHealth.com](mailto:Start@BeBraveHealth.com)

## **Carelon:** Regions 3–11

- Phone: **800-221-5487**
- Email: [Beacon CM@BeaconHealthOptions.com](mailto:Beacon_CM@BeaconHealthOptions.com)

## **Access Behavioral Health:** Regions 1 and 2

- Phone: **866-477-6725**
- Email: [ABHBHReferral@bhcpns.org](mailto:ABHBHReferral@bhcpns.org)

# Home health resources

## Optum

Optum offers support for high-risk mothers-to-be throughout pregnancy with nursing home health services that work closely with expectant mothers, guiding them through all stages of pregnancy and delivery. For mothers at a high risk of preterm delivery, Optum offers in-home administration of 17P, a synthetic form of progesterone given by injection that has been shown to reduce risk of recurrent preterm birth. Other services include management of diabetes, hypertension, nausea and vomiting of pregnancy.

- Phone: **800-950-3963**
- Fax: **866-252-4293**
- Email: [Clinical.Care.Coordination@Optum.com](mailto:Clinical.Care.Coordination@Optum.com)