

From the Medical Director

As the medical director for Humana – CareSource®, I am proud to work in collaboration with the network of health care providers and facilities serving our members. Your expertise and commitment to patient care is inspiring.

We strive to make it as easy as possible for you to do business with us. Online tools, a no-hassle prior authorization process and a generous formulary are just a few of the ways we hope to help you streamline member care and administrative tasks. I believe strong partnerships with open lines of communication help facilitate a high quality of care, improved health outcomes and patient satisfaction.

We value our relationship with you and are always available to assist you with patient management. I encourage you to contact me or your Humana – CareSource provider relations representative with any questions or issues you would like to address. You can contact me at **Vaughn.Payne@CareSource.com**. I look forward to continuing our collaborative efforts to improve the health and care of the Medicaid consumers we serve in Kentucky.

Respectfully,



Vaughn Payne, M.D., Pharm.D., MBA, FACC, FACP, CPE
Medical Director, Humana – CareSource



Dr. Vaughn Payne

CONTACT YOUR PROVIDER RELATIONS REPRESENTATIVE

Find the Humana – CareSource provider relations representative assigned to your practice at: **CareSource.com/documents/provider-relations-representative-county-assignment-map**

NPIs and taxonomy codes must match the MPL

Claims submitted to Humana – CareSource must include correct billing and rendering National Provider Identifiers (NPIs) and taxonomy codes that match those included on the Commonwealth's Master Provider List (MPL).

To verify that NPIs or taxonomy codes match the MPL, please follow these steps:

- Gather a list of the following information for all Medicaid providers in your practice:
 - NPIs for both rendering and billing practitioners
 - Taxonomy codes
 - Mailing/billing addressesProviders may use up to 30 NPIs and 30 taxonomy codes per Medicaid record.
- Contact the Kentucky Department for Medicaid Services (KDMS) to verify your data by email at program.integrity@ky.gov or by phone at **1-877-838-5085**.

If you are an atypical provider using a CMS 1500 claim form, do not use NPIs or taxonomy codes. Instead, please include:

- Your federal taxpayer identification number (TIN) in field 25
- G2 qualifier in field 33a
- Medicaid ID number in field 33b

Please contact your Humana – CareSource provider relations representative if you need help. You can find frequently asked questions about claims on our website at: CareSource.com/documents/claim-faq-for-kentucky-providers



Find provider manual and updates online

Humana – CareSource maintains a provider manual to help make it easier for health care providers to work with us. It contains information about benefits, services, policies, procedures and general guidelines. You can find our provider manual and the most current updates on our website at: CareSource.com/providers/kentucky/medicaid/provider-materials/provider-manual

ICD-10 implementation set for October 2015

Are you ready? The change to International Classification of Diseases, 10th Revision (ICD-10) codes is coming. Final implementation is scheduled for Oct. 1, 2015, when providers must stop using ICD-9 codes on claims and begin using ICD-10 codes. Humana – CareSource has created a Resource Center to help you and your team prepare. Visit CareSource.com/providers/kentucky/medicaid/claims-information/icd-10 for the latest information, updates and resources.

Optimize EDI submissions for faster claims payment

Humana – CareSource accepts coordination of benefits (COB) and corrected claims via electronic data interchange (EDI) 837 transactions. Take advantage of EDI functionality for faster claims processing and payment.

For corrected claims:

- Submit the corrected claim in the nationally recognized EDI 837 file format.
- Use the Humana – CareSource payer ID number: KYCS1
- Use an EDI 837 Loop 2300 CLM 05-3 value of “7” (replacement).
- Carry over the original reference/claim number (12-character data) on the REF 02 data element with a Qualifier F8 on Loop 2300. Including the original claim number allows your corrected claim to auto-adjudicate resulting in faster payment.

For COB claims:

For secondary EDI professional and institutional claims, the following COB information must be submitted:

- Primary payer paid amount: Primary/COB paid amount for each claim reported on the 835 payment or as identified on the explanation of payment (EOP).
- Adjustment group code: Other payer claim adjustment group codes as reported on the 835 payment or as identified on the EOP such as deductible, co-insurance, co-payment, contractual obligations, and non-covered service group codes.
- Adjustment reason code: Other payer claim adjustment reason codes as reported on the 835 payment or as identified on the EOP such as deductible, co-insurance, co-payment, contractual obligations, and non-covered services or Health Insurance Portability and Accountability Act (HIPAA) codes.
- Adjustment amount: Other payer claim adjustment amounts as reported on the 835 payment or as identified on the EOP such as deductible, co-insurance, co-payment, contractual obligations and non-covered services payments.

Clinical Practice Registry coming soon

Participating primary care providers (PCPs) will soon have access to our new online Clinical Practice Registry. This innovative tool helps PCPs manage their Humana – CareSource patient populations.

You can easily view and sort Humana – CareSource members into actionable groups for improved focus on preventive care. Identifiers remind you when a patient needs a preventive screening, test or other services. PCPs can access the registry when it becomes available this summer through our secure Provider Portal (registration required) at: <https://providerportal.caresource.com/KY>

Sign up to receive updates via email

Now you can receive this newsletter and other important Humana – CareSource information via email. Our new e-communication system sends timely news straight to your inbox, and the information can be tailored to meet your needs. Register your email address and contact information at the link on our Provider Portal login page at: <https://providerportal.caresource.com/KY>



Use in-network labs for member drug screening

We encourage the use of laboratories that participate in our provider network. Humana – CareSource does not pay for member drug screen tests obtained at out-of-network labs, even when a test is ordered by a network physician. This payment policy protocol was established to help prevent inappropriate billing. To find a participating lab, use the Find a Doctor tool on our website at: <https://memberportal.caresource.com/App/ky/FindADoctor/Medicaid>

In addition to our own payment policies, Humana – CareSource also follows all Centers for Medicare and Medicaid (CMS) national coverage determinations (NCDs) and local coverage determinations (LCDs), when applicable. NCDs and LCDs can be found at www.cms.gov

Compliance with Humana – CareSource’s payment and medical policies are monitored through post-payment data analysis and medical review chart audits. All policies are available on our website at CareSource.com/providers/kentucky/medicaid by clicking on “Payment Policies” or “Medical Policies” under the “Quick Links” heading.

Kentucky Medicaid expands TCM services

Kentucky Medicaid has expanded its targeted case management (TCM) program. It now includes services for:

- Children with severe emotional disabilities (SED)
- Adults with severe mental illness (SMI)
- Substance use disorders
- Co-occurring mental health, substance use disorders and chronic or complex physical health issues

Prior authorization is not required for these services. Please use the following billing codes:

Service	Code	Modifier 1
TCM for SED – children	T2023	UA
TCM for SMI – adults	T2023	HE
TCM for substance use disorders	T2023	HF
TCM for co-occurring mental health, substance use disorders and physical health issues – children and adults	T2023	TG

For more information, please visit KDMS’s administrative regulations website at: www.lrc.ky.gov/kar/TITLE907.HTM



Care management program empowers members to take control of their health

Humana – CareSource’s care management program is a fully integrated health management program designed to support the care and treatment you provide to your patients. We offer a full spectrum of services for a broad range of conditions.

Members diagnosed with asthma or diabetes are automatically enrolled in an enhanced disease management program* that offers resources and tools to help them reach their health care goals. Some members identified with a complex condition have a nurse assigned to their case.

We help by monitoring preventive health issues, relevant medical test results and members’ self-management of their conditions. We also help members manage comorbidities, lifestyle issues and medications. Outreach includes quarterly diagnosis-specific educational mailings and monthly phone messages on disease-specific topics.

To refer a Humana – CareSource member who is not already enrolled in the program, call the care management support services department at **1-866-206-0272**.

**Members may opt out.*

Utilization management reminder

Utilization review determinations are based only on appropriateness of care and service and existence of coverage. Humana – CareSource does not reward health care providers or our own staff for denying coverage or services. There are no financial incentives for our staff members that encourage them to make decisions that result in underutilization. Our members’ health is always our first priority.

Weigh your patients' health risk with the BMI metric

Measuring body mass index (BMI) remains a quick and relatively simple way to gauge your patients' risk for obesity and other health problems. Routine BMI measurements can promote discussions that may influence healthier habits. BMI trending can identify patients who are underweight and may be suffering from an eating disorder or other illness.

BMI should be calculated at least annually and documented in the patient's medical record. BMI for children 3 to 17 years of age should be documented as a BMI percentile or plotted on an age-growth chart. All children 3 to 17 years of age should receive counseling for nutrition and physical activity. If needed, schedule a follow-up appointment to discuss weight concerns. Providers should use the appropriate Current Procedural Terminology (CPT®), Healthcare Common Procedural Coding System (HCPCS) and, ICD-9/ICD-10 codes to accurately document delivered care.



A HELPFUL RESOURCE

“Three Steps to Initiate Discussion about Weight Management with Your Patients,” published by the U.S. Department of Health and Human Services, at: www.nhlbi.nih.gov/health/prof/heart/obesity/aim_kit/steps.pdf

Diabetes screenings help prevent complications

Humana – CareSource educates members with diabetes about the importance of adhering to prescribed treatment plans and completing health screenings to prevent complications. Health care providers can help by confirming that patients receive all appropriate recommended screenings (see below) and accurately documenting the results.

Screening	Frequency
✓ Retinal eye exam	Annually
✓ Kidney function test	Annually
✓ Cholesterol and triglyceride test	Annually
✓ HbA1C test	At least twice a year (may be checked more often if it is more than 7)
✓ Complete foot exam	Annually (encourage member self-exam once a day)
✓ Dental exam	Annually
✓ Flu shot	Annually
✓ Pneumonia shot	At least once
✓ Blood pressure, weight and foot check	At each visit

EPSDT exams key to preventive care

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services play a key role in preventive care for the Medicaid population. Humana – CareSource members should receive well-child checkups at specific ages from birth through age 20. These visits may include immunizations, blood lead screenings, substance use treatment or other services as needed.

For more details regarding well-child exam frequency, immunization schedules, proper bill coding and procedures, please review the Humana – CareSource provider manual at: CareSource.com/providers/kentucky/medicaid/provider-materials/provider-manual

Find quarterly formulary updates online

Humana – CareSource no longer mails quarterly Medicaid formulary updates. The information is now posted on our website. You can find Humana – CareSource pharmacy information at: CareSource.com/providers/kentucky/medicaid/member-care/pharmacy



Quality remains a top priority

Our quality program evolves and responds to member and provider needs, incorporating standards established by the medical community through practitioner input as well as regulatory and accrediting bodies. Activities for improvement focus on:

- Improving the coordination and continuity of member care and the health status of our members, including those with complex health needs
- Evaluating the access, availability, and over- and under-utilization of health care services
- Ensuring the quality of member care and services
- Identifying and implementing appropriate safety and error-avoidance initiatives in collaboration with providers
- Overseeing member and provider satisfaction measurement and improvement activities
- Evaluating the effectiveness of quality program activities in producing measurable improvement in member care and service

We use a variety of innovative programs, education initiatives, data analysis, monitoring systems and improvement projects to achieve our goals. Examples include online provider tools, clinical guidelines and other resources. More details about our quality program and the progress we have made in meeting our program's annual goals and the results are on our website at: CareSource.com/providers/kentucky/medicaid/member-care/quality-improvement

PDL changes

The following changes to the Humana – CareSource preferred drug list (PDL) are effective April 1, 2015:

Added

CELEBREX CAPSULE (all available strengths; generic available)
CETRAXAL 0.2% EAR SOLUTION (generic available)
BLEPHAMIDE EYE OINTMENT
FOCALIN 5 MG XR CAPSULE (generic available)
EFFIENT TABLET (all available strengths)
ESTROSTEP FE-28 TABLET (generic available)
KEPPRA XR TABLET (all available strengths; generic available)
TWINSTA TABLET (all available strengths; generic available)
MICARDIS TABLET (all available strengths; generic available)
MICARDIS HCT TAB (all available strengths; generic available)
PROTOPIC OINTMENT (all available strengths; generic available)
EXFORGE TABLET (all available strengths; generic available)
EXFORGE HCT (all available strengths; generic available)
AEROSPAN INHALER
DOXYCYCLINE MONO 75 MG CAPS
ABILIFY TABLET (all available strengths; generic available soon)
NORPLANT
JEVTANA IV SOLN
SEA OMEGA

Changed

SOVALDI TABLET (requires prior authorization)

Removed

NYDAMAX 0.75% GEL
SPIRIVA HANDIHALER and RESPIMAT
JANUVIA TABLET (all available strengths)
JANUMET TABLET (all available strengths)
JANUMET XR (all available strengths)
QVAR INHALER (all available strengths) – available without prior authorization for members under age 8
FLOVENT DISKUS and HFA (all available strengths) – available without prior authorization for members under age 8
VYVANSE CAPSULE (all available strengths)
ADVAIR DISKUS and HFA (all available strengths except pediatric)
PROAIR HFA
DOXYCYCLINE HYCLATE (all available strengths)
TECFIDERA DR CAPSULE (all available strengths)
BETHKIS
VICTRELIS
CONCERTA (all available strengths) – please use methylphenidate ER

For the most up-to-date information, please use the searchable drug formulary on our website at: CareSource.com/providers/kentucky/medicaid/member-care/pharmacy/searchable-drug-formulary or reference our PDL at: CareSource.com/providers/kentucky/medicaid/member-care/pharmacy/preferred-drug-list



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ProviderSource is a publication of Humana – CareSource, a managed care health plan serving the Commonwealth of Kentucky.

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HOW TO REACH US

Provider Services:
1-855-852-7005
(TTY: 1-800-648-6056 or 711)

24-Hour Nurse Advice Line:
1-866-206-9599