

Kentucky New Horizon



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Humana Healthy Horizons. in Kentucky

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Review recent updates to HEDIS measures that address diabetes care

Diabetes can lead to heart disease, stroke, blindness, kidney failure and amputation. Early detection and intervention are key preventive measures. Controlling hemoglobin A1c (HbA1c) levels reduces microvascular (eye, kidney and nerve) issues. Regulating blood pressure and the preventive use of statins helps reduce cardiovascular events such as heart attack, stroke and heart failure. Monitoring retinal eye exams reduces risk of vision loss, and evaluation of key kidney function tests leads to early detection and management of kidney disease.

Select Healthcare Effectiveness Data and Information Set (HEDIS) measures intend to promote the following detection, monitoring and prevention activities:

Diabetes measure	Age	What is measured during the calendar year (CY)
Hemoglobin A1c control (HBD)	18-75	HbA1c control (<8.0%)HbA1c poor control (>9.0%)
Blood pressure control (BPD)	18-75	• Adequate control (<140/90 mm Hg)
Statin therapy (SPD)*	40-75	 Received statin therapy—enrollees dispensed at least one statin medication of any intensity 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	 Received an eye exam (retinal or dilated) performed by an eye care professional (optometrist or ophthalmologist) Negative test for retinopathy from a retinal or dilated eye exam by an eye care professional from the previous CY 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 2 years
Kidney health evaluation (KED)	18-85	 Received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatine ratio (uACR) during the CY

* For enrollees who do not have clinical atherosclerotic cardiovascular disease (ASCVD)

Best 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 pressures 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 proper billing codes are used.

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Encourage enrollees to complete Medicaid renewal forms

Kentucky redetermination of Medicaid eligibility will continue over the coming months and into early 2024. Humana Healthy Horizons® in Kentucky enrollees **must** complete the Medicaid eligibility redetermination process to ensure they don't lose their Medicaid coverage and benefits.

Enrollees who are passively renewed will receive a Notice of Eligibility. Enrollees who may have partial information in the state's system will receive a Request for Information notice, and those who are not passively renewed will receive a Renewal Packet.

Please remind your patients with Medicaid coverage to complete the redetermination process.

Enrollees can complete the process in one of four ways:

Online:

Enrollees who applied online for Medicaid should complete the eligibility redetermination process via the self-service portal at Kynect.KY.gov.

By mail:

Enrollees can complete the Renewal Form for Medical Coverage (sent to Medicaid recipients in Kentucky) and return it to:

DCBS Family Support P.O. Box 2104 Frankfort, KY 40602

By phone: Enrollees can call **855-306-8959**.

In person:

Enrollees can visit their local Department of Community Based Services (DCBS) office.

Providers also are encouraged to work with their Humana Healthy Horizons-covered patients to understand the Medicaid renewal process and what actions they may need to take. To support your Medicaid-covered patients, you can view an enrollee's renewal data in **KYHealthNet**. Use this resource to learn **how to access your patients' renewal date information**.



Reaching out to parents can help improve child vaccination and screening rates

HEDIS measures Childhood Immunization Status and Immunizations for Adolescents are part of the National Committee for Quality Assurance measures frequently used to evaluate whether patients are receiving vital immunizations in a timely manner.

Providers can help improve vaccination and screening rates:

- Contact patients and their parents/caregivers to schedule appointments early in the year.
- Take advantage of back-to-school, yearly sports physicals and acute/sick visits to administer vaccines.
- Reach out to patients and their parents/caregivers to remind them that vaccines or screenings are due.
- Document any vaccines the patient has received, even vaccines not given in your office.
- Educate patients and their parents/caregivers about the importance of vaccines and address any misconceptions or concerns they might have regarding vaccines.
- Reference the state immunization registry.



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

These days it can be easy for parents and guardians to forget to schedule a yearly wellness visit for their child, especially if the child looks healthy and happy. But looks alone may not be representative of a child's state of health. In this light, parents may not understand the importance of a yearly well-child visit, which provides the opportunity for comprehensive assessments and evaluations to help prevent and address any health issues or concerns before they become a greater problem.

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 Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) can be accessed **here**.

While these organizations are highly respected and provide great resources, it is a trusted provider who can make the biggest impact in helping families understand the importance of yearly child wellness visits.

Child wellness key 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 any concerns they may have about their child's health and development, and any 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, 99461



Help reduce childhood obesity with tips to assist parents and families

Childhood obesity is a serious issue in the U.S., with nearly one in five of those aged 2 to 19 at increased risk for poor health.¹

The Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents HEDIS measure assesses children and adolescents 3-17 years of age who had an outpatient visit with a primary care practitioner or OB-GYN during the measurement year and had evidence of: ²

- Body mass index percentile documentation
- Counseling for nutrition
- Counseling for physical activity

Providers can help families face childhood obesity risks. For example, providers can:

• Engage families in conversations about obesity prevention using sensitive language and respect for

cultural values so families feel supported and trust any recommendations made.

- Apply motivational interviewing skills such as reflective listening, which has been shown to support patients in developing a plan for maintaining a healthy weight when used effectively.³
- Provide families with education and guidelines regarding the use of technology and encourage them to develop a "family media plan" so children have ample time for play and exercise.⁴
- Assess for social determinants of health to identify any concerns with access to healthy food and provide resources for support if needed.



Latest assessment suggests routine cervical cancer screening for women younger than 21 more harmful than beneficial

The success of cervical cancer screenings in the U.S. has led to a dramatic decrease in mortality and incidences of invasive cervical cancer.

The HEDIS measure Cervical Cancer Screening measures the percentage of women 21-64 years old who were screened for cervical cancer using any of the following criteria:

- Women 21-64 who had cervical cytology performed within the past three years
- Women 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years
- Women 30-64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last five years

The HEDIS measure Non-Recommended Cervical Cancer Screening in Adolescent Females measures the percentage of females 16-20 who were unnecessarily screened for cervical cancer.

While screening has shown to be highly effective in women 21-64, the **U.S. Preventive Services Task Force (USPSTF)**, an independent volunteer panel of national experts in disease prevention and evidence-based medicine, determined that screening women younger than 21, regardless of sexual history, leads to more harm than benefit.⁵



View our best practices for targeted case management

Targeted case management (TCM) requires at least four contacts (five for complex TCM) a month that link the client with resources such as providers and programs in the community through referrals and other related activities. According to Kentucky administrative regulations, "Client must lack access to resources to assist them in their recovery and need assistance with housing, vocational, medical, social, educational or other community services or supports."

Documentation reminders:

- Comprehensive assessment/reassessments include the client's history, strengths, needs and collateral information from other sources (family, medical providers, educators, etc.).
- A TCM care plan should be developed initially and updated every three months face-to-face with the client/guardian and include goals to address the client's needs.
- Ensure the service note includes the date and time of service and is signed within 48 hours by the case manager who provided the service.
- While two contacts must be with the client, two additional contacts may be face-to-face or by telephone with the client or another individual or agency on behalf of the client.
- A discharge summary should be included for each patient who received at least three service visits and include a final assessment regarding progress toward goals and the client's discharge condition.

This listing here is not intended as a complete list of requirements. Please refer to this **Kentucky state legislative webpage** for additional guidance.



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** today, or 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**, 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
- Cultural competency
- Health, safety and welfare training
- Compliance and fraud, waste and abuse training

To start your training:

- 1. Go to 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** or **Humana.com/KYTraining**.

References:

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- 3. "Bright Futures," American Academy of Pediatrics, last accessed June 30, 2023, https://www.aap. org/en/practice-management/bright-futures/
- 4. "Family Media Plan," HealthyChildren.org, last accessed June 30, 2023, https://www.healthychildren. org/English/fmp/Pages/MediaPlan.aspx?_gl=1*1h3q7u2*_ga*MTQzMDY4NjYyOS4xNjgxMTM5Mjk2*_ ga_FD9D3XZVQQ*MTY4ODE1MTc0NS4yLjEuMTY4ODE1MjAzMi4wLjAuMA
- U.S. Preventive Services Task Force, Susan J. Curry, Alex H. Krist, Douglas K. Owens, Michael J. Barry, Aaron B. Caughey, Karina W. Davidson, et al. 2018. "Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement," JAMA 320 (7): 674-86, last accessed June 30, 2023, https://jamanetwork.com/journals/jama/fullarticle/2697704