



Humana Physician News



**Q3 2023 newsletter for in-network physicians, clinicians and office staff
to support you in the care of your Humana-covered patients**

Humana is now partnering with two national durable medical equipment organizations.

In a continued effort to help Humana Medicare Advantage (MA) health maintenance organization (HMO)-covered patients achieve their best health at home, effective July 1, 2023, Humana entered into enhanced partnerships with two national durable medical equipment (DME) providers—AdaptHealth and Rotech®.

These partnerships are designed to enhance access to DME, while providing greater value and a simpler, more streamlined experience.

This network change is only for Humana MA HMO business and does not impact existing contracts for the MA preferred provider organization (PPO) or other contracted lines of business.

If you routinely request DME/submit DME referrals, you should now contact the DME provider assigned to your state to refer Humana MA HMO-covered patients for specified DME services.*

- **AdaptHealth:** AL, AR, CA, CO, CT, DC, DE, GA, IA, IL, KS, MA, MD, ME, MN, MO, NC, ND, NE, NH, NJ, NM, NV, NY, OK, PA, RI, SC, SD, TN, TX, VA, VT and WI
- **Rotech:** Central North FL, IN, KY, LA, MI, MS, OH and WV

Each of the designated DME providers will have 90 days (or until Oct. 1, 2023, contingent upon medical necessity) to manage transition of existing DME rentals that are with providers no longer in network after July 1, 2023.

Click on the links below to learn more.

[North Carolina and Virginia only](#)

[Nevada only](#)

[Other States](#)

*Refer to attachments (see links) for appropriate exclusions and disclaimers.



New quality and Stars measure in 2023: Kidney Health Evaluation for Patients with Diabetes

In the United States, 37.3 million people have diabetes, and 26.4 million ages 65 or older have prediabetes, according to the Centers for Disease Control and Prevention (CDC).¹ For your Medicare-covered patients, diabetes management and treatment are important parts of meeting care and quality goals.

The Centers for Medicare & Medicaid Services (CMS) currently focuses on diabetic eye exams and blood sugar control as part of the Star Rating program, and in 2023, the Kidney Health Evaluation for Patients with Diabetes (KED) measure was added as a display measure.² With the retirement of the nephropathy measure, Humana is focused on the requirements of KED and wants to enable physicians to do the same.

The American Diabetes Association and the National Kidney Foundation recommend patients with diabetes have annual kidney health evaluations.^{3,4} The KED measure requires (per the National Committee for Quality Assurance guidelines) patients have the following each year:

- Estimated glomerular filtration rate (eGFR), which assesses kidney function
- Urine albumin-to-creatinine ratio (uACR), which assesses kidney damage, identified by either of the following:
 - Both a quantitative urine albumin test and a urine creatinine test with service dates 4 days or fewer apart
 - Urine albumin creatinine ratio, uACR

The evaluation of kidney health is a crucial aspect of healthcare and an essential component of addressing several health issues for Medicare patients. You can access information and recommend resources to your patients through [Humana Neighborhood Centers](#).

For Stars and Quality resources including KED materials, visit [Humana.com/Quality](https://www.humana.com/Quality).



Earn CME by completing the CMS Statin Webinar

Humana is offering the CMS Statin Webinar with one continuing medical education (CME) credit from the American Academy of Family Physicians (AAFP).

This is an educational resource for clinicians and healthcare teams who manage patients' statin therapy.

Get an overview of the CMS Statin Star measures (diabetes and cardiovascular disease), discuss presentation and management of statin-related muscle symptoms, address statin controversy that might negatively impact prescribing statins for eligible members, and review statin guidelines from prominent professional organizations.

Watch this [prerecorded webinar](#) and enter password **humana2022** to get started.

OR

Join a live webinar on either:

Aug. 22, 2 – 3 p.m., Eastern time
Oct. 26, 11 a.m. – 12 p.m., Eastern time

[Register](#)



New requirement for diabetes indicated glucagon-like peptide-1 (GLP-1) agonist prescriptions: Add the diagnosis

GLP-1 agonists are typically indicated for patients with type 2 diabetes. However, recently clinicians have been prescribing these medications for their obesity and weight loss benefits. Weight loss as an indication is **excluded** from coverage on certain Humana plans – namely, commercial and Medicare Advantage prescription drug/prescription drug plans – so additional clarity will now be required on GLP-1 prescriptions.

GLP-1 agonists currently approved by the U.S. Food and Drug Administration (FDA) for type 2 diabetes mellitus treatment as an adjunct to diet and exercise include:

- Adlyxin® (lixisenatide)
- Bydureon® (exenatide)
- Byetta® (exenatide)
- Mounjaro® (tirzepatide)
- Ozempic® (semaglutide)
- Rybelsus® (semaglutide)
- Trulicity® (dulaglutide)
- Victoza® (liraglutide)

GLP-1 agonists currently approved by the FDA for obesity and chronic weight management treatment as an adjunct to a reduced-calorie diet and increased physical activity include:

- Saxenda® (liraglutide)
- Wegovy® (semaglutide)

As of **June 1, 2023**, pharmacies are required to enter a diagnosis code when processing a prescription claim for a **GLP-1 receptor agonist** for Humana-covered patients. To minimize delays in dispensing the medication or unnecessary denials, **please include the diagnosis on the GLP-1 prescription.**

Prescribers with questions regarding this change can call 800-555-CLIN (2546), Monday – Friday, 8 a.m. – 8 p.m., Eastern time. Prescribers in Puerto Rico should call 866-488-5991, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

[Learn more](#) about the new requirement.

Resources and support



Physician wellness: A value-based care model that reduced burnout

Read the story of board-certified internal medicine physician Chandravadan Patel, M.D. and how his practice went from fee-for-service to a partial-risk contract, allowing him to improve his own health and reduce burnout.

Read Dr. Patel's story on [KevinMD](#).



Back in focus: post-pandemic strategies for health-related social needs

A new research study from Medical Group Management Association (MGMA) and Humana offers views of how healthcare leaders have been shaped by the COVID-19 pandemic, as well as how opportunities and challenges in screening for health-related social needs (HRSNs) have evolved amid the ongoing shift to value-based care and labor market issues affecting staffing in provider organizations.

This report offers best practices for physicians to better approach and address their patient's HRSNs.

[Read the full report.](#)



Resources brought to you by Go365

In the U.S., an estimated 10 million people ages 50 and older have osteoporosis. In fact, just over 43 million more people have low bone mass, putting them at increased risk for osteoporosis.⁵ Educate your patients on the importance of bone health.

Download patient resources.

[Eat right for better bone health](#)

[Who's at risk for osteoporosis?](#)

Did you know? Eligible Humana MA members have access to the Go365 program, a well-being program that helps close gaps in care and rewards members for engaging in healthy activities, including getting a bone density screening.



[COVID-19 clinician tools and patient resources](#)



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