

**myNEXUS Home Health Preauthorization Management for Humana Medicare Advantage  
Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty,  
Montgomery and Waller counties in Texas**

**1. Q: Why is Humana implementing this utilization management (UM) program?**

A: Humana is implementing this program to help coordinate home health care for its Medicare Advantage members in Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller counties in Texas. myNEXUS will help coordinate services by connecting physicians and other health care professionals, their Humana-covered patients and Humana. **Please note:** This requirement excludes patients with Humana MA Private Fee-for-Service (PFFS) coverage.

**2. Q: What is the effective date for the program?**

A: The effective date of this program is May 1, 2018. myNEXUS will begin to accept preauthorization requests beginning April 16, 2018, for dates of service May 1, 2018, and after.

**3. Q: What impact will this have on physicians and other health care professionals? A:**

Physicians and other health care professionals will be required to contact myNEXUS when requesting home health services for their patients with Humana MA coverage in Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller counties in Texas. This program does not remove current physicians and other health care professionals from the Humana provider network. **Please note:** This requirement excludes patients with Humana MA Private Fee-for-Service (PFFS) coverage.

**4. Q: Have physicians been educated about myNEXUS and its role?**

A: Yes. myNEXUS will be leading informational sessions designed to orient you and your staff with our services. There will be several dates and times available to you and your staff for a web orientation session with the myNEXUS implementation team. Additional information is available at <https://www.mynexuscare.com/humana/>.

**5. Q: What services does this include?**

A: The following services are included for patients with Humana MA coverage:

- Skilled nursing (SN)      □ Therapies (e.g., physical,
- Home health aide (HHA)    occupational and speech)
- Medical social worker (MSW)

**myNEXUS Home Health Preauthorization Management for Humana Medicare Advantage  
Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty,  
Montgomery and Waller counties in Texas**

**6. Q: What services are not included?**

A: This program does not include inpatient rehabilitation, durable medical equipment (DME) requests (e.g., oxygen) or home infusion services.

**7. Q: What is myNEXUS' role in the authorization process?**

A: Humana has delegated utilization management responsibilities for home health services to myNEXUS for delegated membership. myNEXUS' scope of responsibility includes the management of the preauthorization process for these home health services in accordance with Humana's medical policies and clinical utilization management guidelines.

**8. Q: Does this change impact member benefit limits for home health?**

A: No, this does not affect current benefits. Humana member benefit information for home health services is available either by calling the number on the patient's Humana ID card or through the Availity provider portal.

**9. Q: How is the servicing provider selected?**

A: If the requesting provider is not a home health agency, myNEXUS will contact the patient and inquire if the patient has previously received home health services; if the patient has a preference for a specific provider, etc., myNEXUS will work with the patient to determine which provider best meets his or her needs, as well as contractual and regulatory requirements.

**10. Q: How do I obtain an authorization from myNEXUS?**

A: How to submit preauthorization requests to myNEXUS:

- Have the following information at hand:
  - Date services will be initiated
  - Patient name, date of birth, health plan name, member ID
  - Type of service(s) to be provided
  - Diagnosis
  - Presenting symptoms, condition, rationale for service(s)

**myNEXUS Home Health Preauthorization Management for Humana Medicare Advantage  
Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty,  
Montgomery and Waller counties in Texas**

- Clinical history (including history of inpatient, outpatient, alternate treatment modalities)
- Significant comorbidities, medical issues, complications
- Attending physician
- Home health contact person and phone number
- Submit the preauthorization request via the myNEXUS web portal at <https://portal.mynexuscare.com> (registration required), by faxing the authorization request form (available at <https://www.mynexuscare.com/humana/>) to 1-844-438-6791 or by calling myNEXUS at 1-833-845-8684.

*Please note: An authorization is not a guarantee of payment and is contingent upon the member's benefits, contract limitations and eligibility at the time of service.*

**11.Q: What documentation is required for submission on an initial authorization?** A: For an initial authorization, at a minimum, required documentation includes a signed physician order or a verbal order from a physician, clinical documentation, patient demographics, the primary International Classification of Diseases, Tenth Revision (ICD10) code, ordered services and additional notes.

**12.Q: What documentation is required for continuation of home health services?** A: For continued authorization of home health visits, please submit a completed Outcome and Assessment Information Set (OASIS), signed or verbal 485 Plan of Care and the most recent clinical notes, including clinical data that address both the patient's response to treatment and the progress made toward outlined goals. It is also important to submit baseline scoring and subsequent results of any functional testing performed during the treatment period. All requests should be submitted with the myNEXUS authorization request form or via the myNEXUS Provider Portal.

**13.Q: If an urgent decision is needed regarding home health services, what is the process for urgent review?**

A: For those patients who require immediate care, you may request authorization through the myNEXUS portal or fax the authorization request form with the box at the top of the form marked as "urgent."

**myNEXUS Home Health Preauthorization Management for Humana Medicare Advantage  
Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty,  
Montgomery and Waller counties in Texas**

Please note: Urgent requests should be submitted only if waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy. If the patient's condition does not meet this description and the authorization is submitted as an urgent request, the request may be delayed for additional review.

**14.Q: Who will be reviewing my request?**

A: Requests requiring medical necessity review will be reviewed by board-certified physicians and professionals with experience in home health services.

**15.Q: How do I check the status of an authorization?**

A: Physicians and other health care professionals can check the status of an authorization request via the myNEXUS Provider Portal at <https://portal.mynexuscare.com> or by phone at 1-833-845-8684.

**16.Q: How will I find out about the decision?**

A: myNEXUS will fax all decision notifications to the fax number indicated on the file. For this reason, it is especially important for physicians and other health care professionals who have more than one location to specify the location where the patient will be treated on the fax request form and to complete the fax number section of the form. In addition, myNEXUS will require a contact name and number for questions regarding the request.

Physicians and other health care professionals can access decisions online via the myNEXUS Provider Portal, if the request was submitted via the portal. Please note: Physicians and other health care professionals will receive a fax of the determination regardless if the request was submitted through the portal.

**17.Q: How many visits are typically authorized on an initial home health admission? A:**

myNEXUS will authorize the appropriate number of visits up to 30 days to conduct the initial clinical assessment in the home and to provide the start of skilled care for those services requiring immediate care. Upon receipt of the completed OASIS and other required reauthorization documentation, myNEXUS will authorize visits up to an additional 30-day time frame, based on individual clinical needs.

**myNEXUS Home Health Preauthorization Management for Humana Medicare Advantage  
Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty,  
Montgomery and Waller counties in Texas**

**18.A: What criteria do myNEXUS use to make home health services decisions?** A: Centers for Medicare & Medicaid Services (CMS) guidelines and national and local coverage determinations are consulted when making UM decisions for patients with Medicare coverage. The program also uses the following national- and state-approved coverage determinations, as well as objective evidence-based clinical guidelines, as clinical decision support tools when making coverage determinations and medical necessity determinations:

- Medicare Benefit Policy Manual
- Medicare Managed Care Manual Chapter 4
- Home Health Services Chapter 7
- Other coverage guidelines and instructions issued by CMS
- State published guidelines and legislative changes in benefits □ Medicaid Coverage and Limitations Handbook

A synopsis of the criteria is available upon request and free of charge by calling myNEXUS at 1-833-845-8684.

**19.Q: When a patient has a change of condition or a hospital readmission during the home health services episode, who should be contacted?**

A: Please contact myNEXUS to notify of hospitalization or clinical complications. myNEXUS will complete an authorization review based on updated clinical documentation.

**20.Q: Why do I have to use myNEXUS' home health authorization request form?** A: The myNEXUS fax request form helps facilitate faster and more efficient association of clinical information to a patient's file. This enables myNEXUS to identify, route, track and review all submissions promptly and efficiently. The form also contains the information required to process the authorization request. Submissions without the form or incomplete forms may be delayed.

To avoid duplicate submission of fax forms, physicians and other health care professionals are encouraged to use the self-service myNEXUS portal at <https://portal.mynexuscare.com>.

**21.Q: Do I have to use myNEXUS' clinical documentation templates?**

**myNEXUS Home Health Preauthorization Management for Humana Medicare Advantage  
Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty,  
Montgomery and Waller counties in Texas**

A: No. Information may be supplied on myNEXUS' authorization forms, or by using a health care professional's own forms or clinical notes that supply the same information. It is important that all objective information be provided in order for the request to be processed in a timely manner.

For faster clinical review, physicians and other health care professionals are encouraged to use the myNEXUS forms available at <https://portal.mynexuscare.com>.

**22.Q: What if I treat the patient prior to authorization?**

A: If you treat a patient prior to myNEXUS' authorization determination, please be advised that your authorization request may not be approved, and your claim may not be paid.

**23.Q: Will the myNEXUS clinical reviewer be available to have conversations with patients and/or their families?**

A: myNEXUS staff will be in contact with the patient throughout the course of home health care treatment when there are questions regarding homebound status, coordination with the assigned home health care agency or general questions regarding his or her health status.

**24.Q: Once the patient is discharged, what documentation needs to be sent to myNEXUS?**

A: Please submit the discharge OASIS through the portal or via fax, along with any other discharge summaries and a copy of the completed Notice of Medicare Non-Coverage (NOMNC).

**25.Q: What is myNEXUS' role in discharge planning?**

A: Following is myNEXUS' role in discharge planning:

- When a patient is discharged from a hospital or skilled nursing facility (SNF), the facility discharge planner will contact myNEXUS as soon as the need for home health care is identified.
- myNEXUS will coordinate the transition between the facility discharge and the assigned home health care provider.
- myNEXUS provides all needed information to the agency to facilitate its initial assessment and the start of home health care services.

**myNEXUS Home Health Preauthorization Management for Humana Medicare Advantage  
Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty,  
Montgomery and Waller counties in Texas**

- myNEXUS works with the agency throughout the duration of a home health care episode.
- myNEXUS communicates the length of stay through the authorization of services and provides guidance on the anticipated discharge.
- myNEXUS confirms discharge by the receipt of the completed NOMNC.

**26.Q: What are the policies and procedures for a servicing provider when a complaint is received?**

A: All complaints and grievances are handled by Humana. Please call the number on the back of the patient's Humana ID card.

**27.Q: What are considered ancillary medical supplies?**

A: Ancillary medical supplies are routine wound care supplies that are customarily used in small quantities during the course of a home health visit and are not designated for a specific patient.

**28.Q: What if a patient is undergoing a course of treatment?**

A: Any patient whose course of treatment will continue after May 1, 2018, will need services authorized as of May 1, 2018.

**29.Q: If an authorization was already submitted to Humana for home health services to begin on or after May 1, 2016, will a new authorization need to be submitted to myNEXUS?**

A: Yes. Home health service provided by a per-visit provider after May 1, 2018, will require authorization from myNEXUS, even if the patient was on service prior to May 1, 2018. For an episodic provider, if the patient was on service prior to May 1, 2018, authorization will not be required until a new episode begins. myNEXUS will begin accepting requests for preauthorization beginning April 16, 2018, for all dates of service May 1, 2018, and thereafter.

**30.Q: What if I have a question that is not answered above?**

A: Additional questions regarding this program may be directed to the myNEXUS provider network team at 1-833-845-8684.

**myNEXUS Home Health Preauthorization Management for Humana Medicare Advantage  
Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty,  
Montgomery and Waller counties in Texas**

**AUTHORIZATION PROCESS QUESTIONS**

**1. Q: What is required for physician orders and the 485 plan of care?**

A: The following information highlights myNEXUS requirements for initial authorizations and reauthorizations specific to the physician orders and 485 plan of care:

- For initial visit requests with the patient coming from a hospital, SNF or inpatient rehab:
  - myNEXUS will accept a written statement stating that there is a verbal order from Dr. "x" (must include the physician's name)  For initial visit requests from a physician office:
  - myNEXUS will accept a verbal order from the patient's physician  On 485 Plan of Care:
  - myNEXUS will consider a 485 Plan of Care valid if it has the signature or a typed verbal order in Box 23 from the following:
    - Registered nurse (RN) ○
    - Physical therapist (PT) ○
    - Speech therapist (ST)
  - Please note, the signature must be accompanied by the clinician's credentials (e.g., "Jane Doe, RN").
- The following will not be considered a valid 485 Plan of Care/physician order:
  - Box 23 does not include a handwritten or electronic signature or verbal order
  - The signature or verbal order in Box 23 is from a licensed practical nurse (LPN), physical therapy assistant (PTA), occupational therapist (OT), occupational therapy assistant (OTA), social worker or home health aide
- Please note that a verbal order taken by an LPN must be co-signed by an RN.

**2. Q: Is face-to-face documentation required for myNEXUS authorizations?**

A: Formal face-to-face documentation is not required by myNEXUS; however, myNEXUS asks for the following documentation for authorization:

- If a patient is coming from a hospital stay, emergency room visit, SNF or inpatient rehab:



**myNEXUS Home Health Preauthorization Management for Humana Medicare Advantage  
Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty,  
Montgomery and Waller counties in Texas**

- myNEXUS requests clinical documentation from that stay that includes one or more of the following: history and physical examination (H&P), discharge summary, progress notes, therapy evaluations, etc.
- If a patient is currently at home and the referral for home health is coming from a physician's office:
  - myNEXUS requests a recent physician's office visit note (preferably within past 30 days, but no more than 90 days)

**3. Q: Can you describe how you authorize services at the Healthcare Common Procedure Coding System (HCPCS) level?**

A: Currently, myNEXUS authorizes home health services at a per-visit-per-discipline level. For example, if a health care professional receives an authorization for five skilled nursing visits, the health care professional may furnish these five visits as he or she believes is appropriate. This could include two RN home health visits and three LPN home health visits, for a total of five visits.

**4. Q: How will myNEXUS handle authorizations for health care professionals reimbursed on an episodic basis?**

A: Home health agencies contracted with Humana on a Medicare episodic methodology may start care prior to notification of authorization to myNEXUS; however, the request for authorization is required within 30 days of the start of care.

- Required documentation:
  - OASIS
  - Signed physician order or verbal order indicated on the 485
  - Discipline evaluation(s)
  - Supplemental orders for therapies
  - Health Insurance Prospective Payment System (HIPPS) code myNEXUS will:
- Authorize the requested frequencies for SN, HHA and MSW
- Evaluate the plan of care against the submitted HIPPS code for total therapy visits (PT, OT, ST combined)

**Please note:** This authorization will be for the entire certification period.

**5. Q: How do I register for the myNEXUS Provider Portal?**

**myNEXUS Home Health Preauthorization Management for Humana Medicare Advantage  
Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty,  
Montgomery and Waller counties in Texas**

A: Visit [portal.mynexuscare.com](https://portal.mynexuscare.com) to begin the registration process. For assistance, refer to the registration and login tutorial at

<https://portal.mynexuscare.com/faq/RegistrationAndLogInVideo>.

Once you have successfully registered for the provider portal, you will receive an email within 24 hours with instructions on how to complete the registration. If you do not receive an email within the 24-hour time frame, please check your spam folder. If you cannot locate it there, contact portal support at [portalsupport@mynexuscare.com](mailto:portalsupport@mynexuscare.com).

myNEXUS has several Provider Portal training videos available at <https://portal.mynexuscare.com/faq/helpandsupport>.

**6. Q: What if I am not able to locate my agency in the Provider Portal?**

A: If you cannot locate your agency in the myNEXUS Provider Portal, please contact Portal Support at [portalsupport@mynexuscare.com](mailto:portalsupport@mynexuscare.com).

**7. Q: What if I need to update my agency's demographics?**

A: You will need to contact your Humana representative to request demographic changes. Those changes will be communicated to myNEXUS.