

January 31, 2018

## NOTICE OF CHANGES TO PREAUTHORIZATION PROCESS FOR HOME HEALTH SERVICES

Dear Health Care Professional or Administrator:

Effective May 1, 2018, Humana will implement a new preauthorization process for home health care services provided to patients with Humana MA coverage residing in Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller counties in Texas. Preauthorization requests for speech therapy, occupational therapy, physical therapy, skilled nursing care, home health aide and medical social worker care provided in the home will be reviewed by myNEXUS. Please note: This requirement excludes patients with Humana MA Private Fee-for-Service (PFFS) coverage.

### How to submit preauthorization requests to myNEXUS:

1. 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)
  - Clinical history (including history of inpatient, outpatient, alternate treatment modalities)
  - Significant comorbidities, medical issues, complications
  - Attending physician
  - Home health contact person and phone number
2. Submit the preauthorization request via one of the following options:
  - Online at <https://portal.mynexuscare.com> (registration required)
  - Fax the authorization request form (available at <https://www.mynexuscare.com/humana/>) to 1-844-834-2908
  - Call myNEXUS at 1-833-845-8684

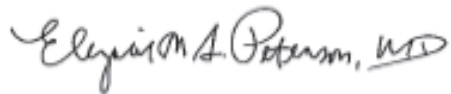
myNEXUS will review preauthorization requests for medical necessity, work directly with home health providers to review the patient's progress and confirm that complete discharge plans are in place.

Preauthorization requirements for patients with Humana MA coverage are available at [Humana.com/PAL](http://Humana.com/PAL). To verify member eligibility, benefits or account information, please call the telephone number listed on the patient's Humana ID card or access [Availity.com](http://Availity.com) (registration required).



Additional details are available at <https://www.mynexuscare.com/humana/>. If you have questions regarding this information, please contact myNEXUS at 1-833-845-8684. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth S. Peterson, M.D." The signature is written in a cursive style.

Elizabeth S. Peterson, M.D.  
Regional Medical Director, Senior Products  
Humana – Central Region