Network Notification

Notice Date: **May 1, 2019**
To: **Kentucky Medicaid Health Partners**
From: **Humana – CareSource®**
Subject: **Notice of Changes to Retro Prior Authorization Timeframe Requirements**
Effective Date: **August 1, 2019**

Effective Aug.1, 2019, Humana – CareSource® updated retroactive prior-authorization time frame requirements.

On written request, Humana – CareSource only allows for a retrospective authorization submission after the date of service when a prior authorization is required but not obtained in the following circumstances:

- The service is directly related to another service for which prior approval was obtained and the service already was performed.
- The new service was not needed at the time the original prior-authorized service was performed.
- The need for the new service was determined at the performance of the original prior-authorized service.
- Humana – CareSource-covered patients who are determined to be retroactively eligible for Medicaid. (Retroactive Medicaid coverage is defined as a period of time up to three months prior to the application month.)

Exception: A prior authorization obtained prior to a member transitioning from another managed care organization to Humana – CareSource will be upheld for the remainder of that prior-authorization approval time period.

Claims not meeting the necessary criteria as described in the policy document will be administratively denied.

When submitting a retro authorization request, the following documentation must be included:

- Patient name and Humana – CareSource ID number
- Authorization number of the previously authorized service for the related request
- All supporting documentation related to the service