



May 15, 2020

Fellow physicians and healthcare professionals:

I didn't expect to be writing to you so soon after yesterday's communication announcing that Humana had reinstated medical record claims review in response to increases in elective procedures and health system capacity, as markets begin to re-open. As we review procedure data today, we are seeing a continuing and sustained increase in procedure and admissions volume. This has led us to take the next step in our re-entry plan: to lift the suspension on most authorizations and referrals, as described further below. We hope that this continuing increase in services is indicative that our members and your patients are accessing the healthcare system for the care that they need and that the healthcare system is beginning to recover and achieve a level of normalcy.

We recognize that reinstating authorizations and referrals for most Humana lines of business will require process changes, and are giving you advanced notice so you can prepare for this change. We plan to reinstate authorizations and referrals for Medicare Advantage, Medicaid and Commercial lines of business effective for all required services per Humana policy with a date of service on or after May 22, 2020. This return to our standard authorization policy includes authorizations for outpatient services, inpatient services, post-acute transitions of care and durable medical equipment, and applies to participating/in-network and non-participating/out-of-network providers.

From a process standpoint, Availity and telephonic authorization tools will continue to provide an automatic approval upon submission of an authorization request or notification through May 21, 2020, and no process changes are required through that date. On May 22, 2020, authorization requests for required services will not automatically be approved, and authorization responses will be provided in normal processing timeframes; please plan accordingly.

As we resume regular utilization management processes, there will continue to be key exceptions for authorization and referral requirements:

1. We will continue to suspend all medical authorizations and referrals for COVID-related diagnoses for both in-network/participating and out-of-network/non-participating providers
2. Wherever a state executive order exists to suspend authorizations and referrals, we will continue to monitor and follow state rules. This will apply to Medicaid and Commercial lines of business only.

As a reminder, for any authorization approved prior to April 1 that was not completed, Humana applied an additional 90 days to the authorization expiration date.

Humana leaders will continue to monitor service volumes as well as the progression of the COVID-19 curve and recovery and will update you on policies and processes that impact your practices and organizations as this crisis evolves.

If you have additional questions about the above actions, please refer to our Provider COVID website at <https://www.humana.com/provider/coronavirus> or call provider relations at 1-866-427-7478. And continued thanks for all that you do for Humana members, and for the communities we serve.

Sincerely,

A handwritten signature in black ink, appearing to read "Will Shrank".

William Shrank, M.D., MSHS
Chief Medical and Corporate Affairs Officer