

June 2026, PM Update

Humana Healthy Horizons in Kentucky PA Update

Effective July 1, 2026, Humana Healthy Horizons® in Kentucky will update their prior authorization and notification lists. You can view the prior authorization and notification lists and find related information by visiting Humana Healthy Horizons' provider website at [Humana.com/PAL](https://www.humana.com/PAL). Humana updates its lists when prior authorization requirements are added and when new drugs or technology enter the market. **To request a copy of any of these lists, please call 800-444-9137 (TTY: 711), Monday through Friday, 8 a.m. to 6 p.m., EST.**

Category	Details/notes	Procedure code(s)
Behavioral health-Outpatient Behavior Health Treatment	Alcohol and/or drug preventions process service, community based.	H0026 Disclaimer: H0026 is not a universally used BH code, but rather is the code used for 1115 RRSS services and within a RRSS PT 08 only.

Aetna Better Health of Kentucky - Reminder on Authorization Process for Outpatient Surgeries

Aetna Better Health of Kentucky recently reviewed their internal process for managing codes associated with outpatient surgeries. This process involves linking all codes to the initial authorization, thereby authorizing the entire episode of care. Providers are encouraged to include a comprehensive list of codes that will be utilized during a procedure at the time of the authorization request. This proactive approach helps ensure that all potential codes related to the procedure are accounted for upfront, minimizing the risk of reimbursement issues later on. This practice allows for better planning and resource allocation, ensuring that all necessary supplies and devices are authorized and available when needed. It may not always be possible to anticipate every code, but including as many relevant codes as possible can significantly improve the efficiency and effectiveness of the authorization process.

Outpatient Surgeries: Please note that select outpatient surgical procedures require prior authorization. To minimize scheduling conflicts related to network access, benefit availability and/or medical necessity, it is recommended that practices contact the Aetna Better Health Prior Authorization Department prior to scheduling elective services. Requests for services must be made at least five (5) working days prior to the date of service to promote a timely determination.

To expedite the prior authorization process, please provide the following information at the time of the request:

- Member name and date of birth
- Aetna Better Health member ID number and/or Kentucky Medicaid ID number
- Expected date of admission
- Primary diagnosis
- Significant medical history related to the diagnosis and/or treatment plan request
- Previous treatments and procedures initiated for the same diagnosis
- **Planned procedure or treatment plan**
- Attending provider name
- Facility where services are to be rendered

Once the review is approved, the prior authorization associate will issue an authorization number for the initial day of treatment. If you have general questions about this communication, contact Provider Relations at 1-855-300-5528.

Anthem – Required 2026 Model of Care Training Now Available

All contracted care providers with Anthem Medicare Advantage Special Needs Plans (SNP), are required to participate in the 2026 Model of Care training for care providers, per CMS regulations. This training is required yearly from all contracted care providers. This training includes a detailed overview of Anthem special needs plans and program information, highlighting cost sharing, data sharing, participation in the Interdisciplinary Care team (ICT), where to access the member's health risk assessment results, plan of care and benefit coordination. Please remember this training is specific to Anthem plans and delivery of care for members, ensuring their specific care needs are met. Your participation is critical for improved quality and health outcomes. Model of Care training can be found in the Medicare Advantage Trainings & Education section at <http://anthem.ly/4d6Wik4>.

Join Us for Monthly GLMS Practice Management Discussions

We're excited to invite you to our Monthly Practice Management Discussions, a recurring opportunity to connect with peers, share insights and discuss important topics affecting your practice. Each session focuses on key health care updates, common challenges and solutions to improve practice management. We look forward to your participation in this valuable discussion! Next meeting: **June 16, 2026, 8 a.m. – 9 a.m.** Contact stephanie.woods@glms.org if you are interested in attending or have any questions.