



What is myNEXUS?

myNEXUS™ is a technology-driven care management company combining intelligent technology with compassionate care to offer benefit management services and specialty high risk telemonitoring for chronically ill individuals. In collaboration with providers, myNEXUS™ works to effectively and efficiently deliver quality Home Health Care services to members, fostering health and independence in their homes, improving outcomes and reducing readmissions.

How will I work with myNEXUS as a benefit manager?

As of 1/1/15 myNEXUS has been delegated for utilization management and claims payment in regard to the home health care services for the Cigna-HealthSpring of Tennessee network.

What does a 1/1/15 start date mean?

All home health care requests will be faxed to myNEXUS for authorization for dates of service starting 1/1/15. Cigna-HealthSpring will continue to authorize service and process claims for all dates of service prior to 1/1/15. Note: Cigna-HealthSpring will coordinate with myNEXUS for any cases that may be approved in 2014 and extend past 1/1/15. After 1/1/15, providers will follow up with myNEXUS for concurrent review of any case.

What is needed when sending a request to myNEXUS for home health care?

The following is the myNEXUS Authorization process:

1. The referring provider will complete the “myNEXUS Authorization Request Form” (available on the myNEXUS website) and include the following information:
 - ✓ Patient demographics
 - ✓ Order for home health care indicating specific discipline needed
 - ✓ Diagnoses and pertinent clinical documentation to support request
2. myNEXUS will send the referring provider a Service Notification letter with confirmation of the authorization.
3. myNEXUS will authorize an initial evaluation plus two (2) visits for the initial start of care.* You will receive a Referral Authorization with confirmation of the approved services.
4. After your initial visits, please submit a Clinical Summary and Recommendation Form with MD orders, for any additional services.
5. myNEXUS will evaluate the medical necessity of the service request against Milliman Care Guidelines (MCG) clinical criteria, and then send Referral Authorization with confirmation to the home health care provider.

**Effective 1/1/15, the previous practice of receiving a 14 day authorization will be replaced by the process above.*



What services require authorization?

All home health care services including, but not limited to, the following:

- ✓ Skilled nursing care
- ✓ Physical, Speech and Occupational Therapy
- ✓ Home health aide services
- ✓ Wound Care and routine wound care supplies while skilled services are being provided.
- ✓ Social Worker evaluations
- ✓ Patient/Caregiver education
- ✓ Mental health nursing
- ✓ Power wheelchair evaluation

How will providers be informed that authorization has been approved?

A myNEXUS Referral Authorization is sent to the home health care provider outlining the specific service being approved. The Referral Authorization Form is accompanied by the doctor's order and pertinent patient information.

If your request is not-authorized, you will receive a denial letter, as will the member. Information on how to appeal the decision will be included with the denial letter to the member.

What is the timeline for visit approvals? Regular vs. urgent?

Once myNEXUS receives complete information for a home health care request, authorizations for initial and concurrent review will be processed within 48 hours. For urgent requests, once complete information is received, authorization requests will be processed within 24 hours.

What is the process for weekend/afterhours coverage?

The myNEXUS standard business hours for home health care benefit management services are 8:00 am-5:00 pm, CST, Monday through Friday, phone: 844-411-9621. If you are requesting authorization, please fax the request form to 844-411-9622. Calls received outside of business hours will be answered by an on-call staff member. Calls that are for clinical issues will be routed to the In-Network assigned Home Health Care Provider, or to the myNEXUS on-call nurse. Calls for administrative questions will be left in a secure voicemail box for attention on the next business day.

How do providers request additional home health visits?

Please submit a Clinical Summary and Recommendation Form with MD orders that outlines the additional information needed for a re-authorization of services. It is preferred that Home Health Care providers use this form to ensure that they are providing the needed information. myNEXUS will also accept other forms of request, as long as the required information is included.

How do I appeal a denial of visits?

All Member appeals will continue to go through the Cigna-HealthSpring process as outlined in the provider manual. Home Health Care providers may fax claims appeals to myNEXUS.

Will myNEXUS be authorizing DME or Infusion Services?

No, this will remain with Cigna-HealthSpring.

Will myNEXUS be paying claims?

Yes, you may submit your claims electronically to Emdeon payer ID number 32043. Mail paper claims to P.O. Box 213, Brentwood, TN 37024.

MyNEXUS Customer Service

General Questions

844.411.9621

myNEXUS Fax Number

Authorization requests and patient information

844.411.9622

Forms and Provider Information

www.mynexuscare.com/provider-info

Claims Questions/Concerns

Claims@mynexuscare.com

844.411.9621

Eligibility & Benefits

Cigna-HealthSpring

800.230.6138

Appeals

Cigna-HealthSpring

615.401.4528

myNEXUS payor ID

Emdeon

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