



Network Notification – Humana Healthy Horizons in Kentucky

Notice date: 2/10/2023
To: Humana Healthy Horizons in Kentucky Provider Network
From: Humana Healthy Horizons in Kentucky
Subject: Clinical trial attestation form requirement
Effective date: 5/10/2023

Clinical trial attestation form requirement

Humana Healthy Horizons® in Kentucky is giving notice that you are now required to submit the Clinical Trial Attestation Form for any prior authorization (PA) request for a service related to a clinical trial that requires prior authorization.

Submission of the attestation form with the PA request is a Kentucky Department of Medicaid requirement. The information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a)(30) of the Social Security Act, by adding a mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with qualified clinical trials.

You can find the Kentucky Cabinet for Health and Family Services Medicaid Attestation Form online at **[Humana.com/KYPriorAuthorizations](https://www.humana.com/KYPriorAuthorizations)**.

If you have questions, please email our Provider Relations team at **KYMCDPR@humana.com** or call Provider Services at **800-444-9137**. Hours of operation are Monday through Friday, 8 a.m. to 6 p.m., Eastern time.

Thank you for the continued care of your Humana Healthy Horizons in Kentucky-covered patients.