

COVID-19 Communications Update (effective November 12, 2020): Changes in Prior Authorization/Precertification and Admissions Protocols for Aetna Better Health of Ohio

## Please check back for any new updates to this important information November 12, 2020

## **Standard Authorization Process**

Aetna understands that <u>health care systems</u> in Ohio are experiencing increased demand and urgency due to the difficult circumstances created by COIVD-19. For this reason, Aetna, a CVS Health company, is applying measures to help members access care and reduce the administrative burden for physicians and Skilled Nursing facility, Long Term Acute Care Hospitals, and Inpatient Rehabilitation facilities.

- . Additionally, Aetna Better Health of Ohio will:
  - Ensure the member is transferred to the appropriate facility and level of care
  - Adding services for the member's home care needs
  - · Expediting referrals to participating providers, and
  - Assisting hospitals so that all plans are in place before the member discharges

Temporary changes to reduce prior authorizations protocols are effective from November 12, 2020 through December 14, 2020. At that time, we will re-evaluate status.

Aetna Better Health reminds providers that:

The SNFs will be required to **notify** Aetna of admissions within 48 hours. Providers
may submit their request either by fax or phone. (refer to the back of the member's
ID cards for the correct telephone number).

The Post-Acute care facility would also be required to send medical records for concurrent review within three days of the initial admission. Medical records can be sent to Aetna by fax to 855-734-9393

- Please include the patient's name and Member ID# on the cover sheet.
- Aetna requires:

Regulations regarding post-acute care precertification and admissions protocols for Aetna Medicaid members vary by state and, in some cases, may change in light of the current situation. Providers are encouraged to call their provider services representative for additional information.

- o Hospital history and last two to three days progress notes
- o Any information that demonstrates a need for Post-Acute care
- o Anticipated Discharge Plan with estimated length of stay
- This change **does not apply** to transfer between facilities or level of care changes within a SNF.

In addition, Aetna will continue to waive the three-day prior hospitalization requirement for skilled nursing facility stays as part of our normal course of business

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