



COVID-19 Communications Update: Temporary Changes in Prior Authorization/Precertification and Admissions Protocols

Important: Please check back daily for any new updates to this important information

We understand health care systems are experiencing increased demand and urgency due to the unusual circumstances created by the COVID19 outbreak. For this reason, Aetna, a CVS Health company, is adopting measures that will reduce the administrative burden for physicians and facilities to help members access care.

For a period of 30 days, starting 3/25/2020, Aetna will temporarily institute the following:

Post-Acute Care

- Initial Pre-Certification/Prior Authorization for admission to Post-Acute care facilities (including skilled nursing and extended acute rehabilitation) are **waived** for all Commercial, Medicare-Medicaid Plans (MMP), and Medicare Advantage (MA Part C) plans.
- The Post-Acute care facilities will be required to **notify** Aetna Better Health of the admission within 24 hours by calling or faxing us directly. (refer to back of members ID Card for correct phone number).
- The Post-Acute Facility would also be required to send medical records for concurrent review within three (3) days of the initial admit. Medical records should be sent to Aetna Better Health by fax at the numbers below. Please include patient name and Member ID# on cover sheet.

Regulations regarding post-acute care precertification and admissions protocols for Aetna Medicaid members varies 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.

We will require:

- Hospital history and last 2 to 3 days progress notes
- Any information that demonstrates a need for Post-Acute care
- Anticipated Discharge Plan with estimated length of stay
- In addition, we will continue to waive the three-day prior hospitalization requirement for skilled nursing facility stays as part of our normal course of business.
- Our current policy for Home Health does not require pre-certification. We plan on continuing that process for contracted providers. Refer to Aetna Better Health websites for our contracted home health agencies
- On April 24, 2020, we will reevaluate the need for continued changes needed.

Long-Term Acute Care Hospital Admissions

- Pre-Certification/Prior Authorization for admission to a Long-Term Acute Care Hospital are **waived** for all Commercial, Medicare-Medicaid Plans (MMP) and Medicare Advantage (MA) Part C plans.
- The Long-Term Acute Care Hospital will be required to **notify** Aetna Better Health of the admission within 24 hours by fax or phone.
- Aetna will review these claims at the time the claim is submitted (except for New York).
- This communication pertains to the plan below. Please refer to the fax and phone number for the Aetna Better Health of Ohio plan.

Ohio- Aetna Better Health of Ohio

Phone: 1-855-364-0974

Fax: 1-855-734-9393

Regulations regarding post-acute care precertification and admissions protocols for Aetna Medicaid members varies 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.