



PROVIDER BULLETIN

Date:	June 24, 2019
Subject:	Prior Authorizations - Custodial and Skilled SNF Provider
Products:	Medicaid and Comprehensive Long Term Care
From:	<u>Provider Relations - Medicaid</u>

Dear Provider,

This communication is to inform you that Aetna Better Health of Florida Medicaid has separate processes when requesting a Prior Authorization for Custodial nursing facility (SNF) and for Skilled SNF/Rehab Authorizations.

Please review the attached notice that contains information about our authorization process.

We appreciate your continued service to our members. Please feel free to contact us via e-mail FLMedicaidProviderRelations@aetna.com, fax 1-844-235-1340 or speak to a Provider Relations Representative: (MMA) 1-800-441-5501, (LTC) 1-844-645-7371, or (FHK) 1-844-528-5815.

Sincerely,

Provider Relations

CONFIDENTIALITY NOTICE: This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above.

NOTICE TO RECIPIENT(S) OF INFORMATION: Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains of as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient

Prior Authorization

Custodial SNF Authorizations

This is applicable to member who are *not* receiving skilled services and are waiting for LTC benefits.

- Aetna Better Health of Florida Medicaid requires that you complete the attached Prior Authorization form. Fax with clinical documentation and a completed PASSR to our Prior Authorization fax line, 860-860-8056, for review.
- For custodial requests, the actual date of admission and prior coverage payor information are required.
- Aetna Better Health will respond with the authorization as quickly as possible, but the state mandated turned around time for a standard determination is 7 calendar days.

Skilled SNF/Rehab Authorizations

- All requests for a SNF for rehabilitation (skilled) admissions must be called to 1-800-441-5501. Choose the Provider option to be routed to Prior Authorization.
- Aetna Better Health is requesting the initial telephone notification so that we can **expedite your request**.
- Members should not be transferred to a skilled facility for rehabilitation without prior authorization from the health plan.
- Upon call in, you will be requested to fax clinical documentation and the PASSR to our CCR fax line for an expedited review, **844-878-3583**.
- Aetna will make every effort to return a determination within 24 hours of your request for authorization.

Prior Authorization Form

Fax to: **1-860-607-8056**; OB Fax: **1-860-607-8726** Telephone: **1-800-441-5501**

A determination will be communicated to the requesting provider.

- Incomplete requests will delay the prior authorization process.
- Visit ProPat Search Tool to research whether a service requires prior authorization: <http://aetnabetterhealth-florida.aetna.com>
- Please include pertinent clinical notes to expedite this request.

TYPE OF REQUEST

- | | |
|--|--|
| <input type="checkbox"/> URGENT/EXPEDITED (to be used when non-urgent/standard prior authorization could seriously jeopardize the life or health of a member, the member's ability to attain, maintain, or regain maximum function, or a delay in treatment would subject the member to severe pain that could not be adequately managed without the service requested) | <input type="checkbox"/> INPATIENT |
| <input type="checkbox"/> NON-URGENT/STANDARD (for routine services – response within 7 calendar days for Medicaid; 14 calendar days for Florida Healthy Kids) | <input type="checkbox"/> OBSERVATION |
| | <input type="checkbox"/> OUTPATIENT |
| | <input type="checkbox"/> HOME HEALTH CARE |
| | <input type="checkbox"/> DME |

PATIENT INFORMATION

Patient Name: Last First MI			Date of Birth: / /	
I.D.#:		Gender: M F		EPSDT special service request?
Other Insurance? YES NO	Name of Carrier	Job Related? YES NO	MVA? YES NO	Is the member currently pregnant YES NO

FROM- REQUESTING PROVIDER

Requesting Provider (Please Print):			Tax ID#:	
Contact Person in Requesting Provider's Office:		Telephone: () -	Fax: () -	FL Medicaid Provider #:
Clinical Contact Person: Phone: () -			Name of PCP:	

TO- WHERE WILL PATIENT RECEIVE SERVICES?

Physician/Provider/Facility Requested:	Address:	Telephone: () -	Fax: () -
Where services will be rendered? (Provide name of facility, if other than provider office or patient's home)			FL Medicaid Provider #:
Today's Date: / /		Tentative Date of Service/Admission: / /	
Were member school based services interrupted? YES NO		Start Date: / / End Date: / /	

CLINICAL INFORMATION

ICD- 10 Codes: (required)	ICD- 10 Description:
CPT/HCPCS CODES: (required)	CPT/HCPCS Description:
Comments (list # Days/Visits/Units or if services are needed at discharge):	

***DME, Home Health, Therapies and Infusions must have Rx attached.**

CLINICAL INDICATIONS/RATIONALE FOR REQUEST:

To expedite a determination on your request for services, please attach clinical documentation/medical records to support your request. Please include the following: Conservative treatment tried and failed, applicable diagnostic testing with results and lab values and a medication list.

ATTESTATION:

I hereby certify and attest that all information provided as part of this prior authorization request is true and accurate.

Provider Signature: _____ Date: _____