



COVID-19 Communications Update: Temporary Changes in Prior Authorization/Precertification and Admissions Protocols for Aetna Better Health of Michigan

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

Original notification: March 27, 2020

Last update: April 14, 2020

Aetna Better Health of Michigan is adopting temporary changes in its prior authorization protocols for inpatient admissions. This will help health care facilities reduce administrative burdens on the health care system during the national COVID-19 pandemic.

Aetna Better Health of Michigan will temporarily apply the following changes:

Post-Acute Care

- Initial Precertification/Prior Authorization for admission to Post-Acute care facilities (including skilled nursing and extended acute rehabilitation) are **waived** for all Aetna Better Health of Michigan members.
- The Post-Acute care facilities will be required to **notify** Aetna Better Health of Michigan of the admission within 48 hours. Providers can refer to the members ID cards and the information below for the correct phone and fax numbers.
- The Post-Acute care facility would also be required to send medical records for concurrent review within three (3) days of the initial admit. Medical records can be sent to Aetna Better Health of Michigan by fax. Providers can refer to the members ID cards and the information below for the correct fax numbers. Please include the patient's name and Member ID#.
- Aetna Better Health of Michigan requires:
 - 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, Aetna will continue to waive the three-day prior hospitalization requirement for skilled nursing facility stays as part of our normal course of business.

- Temporary changes to reduce prior authorizations protocols for post-acute acute care hospital admissions are effective through May 6, 2020.

Long-Term Acute Care Hospital Admissions

- Precertification/Prior Authorization for admission to a Long-Term Acute Care Hospital are **waived** for all Aetna Better Health of Michigan members.
- The Long-Term Acute Care Hospital will be required to **notify** Aetna Better Health of Michigan of the admission within 24 hours by phone. Providers can refer to the members ID cards and the information below for the correct phone and fax numbers.
- Aetna Better Health of Michigan will review claims and clinical information as needed at the time of claims submission unless prohibited by regulation.
- Temporary changes to reduce prior authorizations protocols for long-term acute care hospital admissions are effective through May 6, 2020.

Acute Care Hospital Admissions in Michigan

- Precertification/Prior Authorization for admission to an acute care facility are **waived** for all Aetna Better Health of Michigan members.
- Acute care facilities will be required to notify Aetna Better Health of Michigan of the admission within 48 hours. Providers can refer to the members ID cards and the information below for the correct phone and fax numbers.
- Acute care facilities are encouraged to provide notification to Aetna Better Health of Michigan within three (3) days of the patient's discharge by calling us directly. Providers can refer to the members ID cards and the information below for the correct phone and fax numbers.
- Aetna will review claims and clinical information as needed at the time of claims submission unless prohibited by regulation.
- Temporary changes to reduce prior authorizations protocols for acute care hospital admissions will be effective for 30 days starting April 6, 2020 through May 6, 2020.

Michigan- Aetna Better Health Medicaid Plan

Phone: 1-866-874-2567

Fax: 1-866-603-5535

Michigan- Aetna Better Health Premier Plan

Phone: 1-855-676-5772

Fax: 1-886-889-7558

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.