



COVID-19 Communications Update (effective December 2nd, 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 health care systems in Ohio are experiencing increased demand and urgency due to the difficult circumstances created by COVID-19. For this reason, Aetna, a CVS Health company, is applying measures to help members access care and reduce the administrative burden for providers. Hospital admissions, Skilled Nursing facility, Long Term Acute Care Hospitals, and Inpatient Rehabilitation facilities will not require prior authorization at this time.

. 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 30, 2020. At that time, we will re-evaluate status.

Aetna Better Health reminds providers that:

- The inpatient hospitals, SNF's LTACH's, and IRF's 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 hospital and 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

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.

- Please include the patient's name and Member ID# on the cover sheet.
- Aetna requires:
 - Hospital history and last two to three 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

In addition, Aetna Better Health of Ohio will be waiving prior authorization requirements for the following services through December 31, 2020. At that time, we will reevaluate status.

- BH/PH Home Health services (SN, PT, OT, ST)– first **6 visits**
- OP Therapy (PT, OT, ST) per modality per member – **first 12 visits**
- Cardiac Rehab
- Pulmonary Rehab
- Respiratory equipment – **first 3 months**
 - CPap
 - BiPap
 - Vents
 - Infusion Pumps (excluding insulin and pain pumps)
 - Oxygen
 - Home Pulse Oximeter
- Home IV Antibiotics
- Total Parenteral Nutrition

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