



## **COVID-19 Communications Update: Changes in Prior Authorization/Precertification and Admissions Protocols for Aetna Better Health**

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

Original notification: March 27, 2020

Last update: May 7, 2020

As states recommence elective services, Aetna Better Health is resuming standard prior authorization protocols for Post-Acute and Long-Term Care Hospital Admissions effective May 31, 2020.

As previously announced on May 7, 2020, Aetna Better Health resumed standard prior authorization protocols for Acute Care admissions effective May 7, 2020.

Below are Aetna Better Health's updated prior authorization/precertification and admission protocols for Post-Acute Care and Long-Term Care Hospital Admissions (effective May 31, 2020) as well as Acute Care (effective May 7, 2020).

### **Post-Acute Care and Long-Term Care Hospital Admissions**

#### **Standard Authorization Process**

Aetna Better Health reminds providers that:

- All Post-acute admissions require prior authorization approval prior to admission.
- We will continue to waive the three-day prior hospitalization requirement for skilled nursing facility stays as part of our normal course of business.

*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.*

## **Acute Care Hospital Admissions**

### **Standard Authorization Process**

Aetna Better Health reminds providers that:

- Acute hospitals are required to notify us within 24 hours of the admission and submit clinical information for medical necessity determinations.
- We will continue to waive the three-day prior hospitalization requirement for skilled nursing facility stays as part of our normal course of business.

*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.*