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

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

Original notification: March 26, 2020
Last update: March 30, 2020

Aetna is supporting providers and the health and well-being of our members by removing barriers to care as we navigate the spread of COVID-19. Aetna has made temporary changes to reduce certain requirements for prior authorizations for patient admissions. This will help health care facilities make room for more patients, especially those suffering from COVID-19.

For all states, Aetna 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 Commercial and Medicare Advantage (MA) Part C plans.
- The Post-Acute care facilities will be required to **notify** Aetna of the admission within 48 hours. Providers may submit their request electronically though our provider portal on Availity, NaviNet or your preferred EDI vendor using the existing Precertification Request transaction. Providers can also submit their request by calling Aetna directly (refer to the back of the member’s ID cards for the correct telephone number).*
- 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

*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.
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Records can be uploaded directly through our provider portal on Availity, NaviNet or sent to Aetna by fax to 1-833-596-0339. Please include the patient’s name and Member ID# on the cover sheet.

- Aetna 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.

- Our current policy for Home Health does not require precertification. Aetna plans to continue that process for contracted providers. Refer to Aetna DocFind for our contracted Home Agencies.

- On April 24, 2020, Aetna will reevaluate the need for continued changes.

**Long-Term Acute Care Hospital Admissions**

- Precertification/Prior Authorization for admission to a Long-Term Acute Care Hospital are **waived** for all Commercial and Medicare Advantage (MA) Part C plans.

- The Long-Term Acute Care Hospital will be required to **notify** Aetna of the admission within 48 hours electronically through our provider portal on Availity, NaviNet, or your preferred EDI vendor using the existing Precertification Request transaction. Providers can also submit their request by calling Aetna directly (refer to the back of the members’ ID cards for the correct telephone number).*

- Aetna will review these claims at the time the claim is submitted (except for commercial fully insured Alaska, Georgia and New York, see below).
For Alaska, Georgia and New York, Aetna will temporarily apply the following changes:

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

- Precertification/Prior Authorization for admission to an acute care facility and a Long-Term Acute Care Hospital are **waived** for all Commercial and Medicare Advantage (MA) Part C plans.
- The Acute Care facilities will be required to **notify** Aetna of the admission within 48 hours electronically through our provider portal on Availity, NaviNet, or your preferred EDI vendor using the existing Precertification Request transaction. Providers can also submit their request by calling Aetna directly (refer to the back of the members’ ID cards for the correct telephone number).*
- Changes will be effective per state declaration for commercial fully insured.
- Aetna will review these claims at the time the claim is submitted for Medicare and commercial self-insured.

* When submitting requests electronically, providers will receive a response stating their request has pended in Aetna’s systems with the following message: “Aetna needs more information about the services provided and the patient’s clinical status. The facility or department should provide complete information as soon as possible, but no later than 48 hours from the submission. Aetna will decide based on the available clinical information.” Although the message can’t be turned off, Aetna will change the status in our systems manually. When inquiring on the event, providers will continue to see the request is pended until the request’s status has been changed in our systems. See below for medical records we are requesting.

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.