



COVID-19 Communications Update: Temporary Changes in Prior Authorization/Precertification for Skilled Nursing Facility (SNF) admissions

Please check back for any new updates to this important information

Original notification: July 22, 2021

Updated: August 20, 2021

Aetna understands that health care systems 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 temporary measures to help members access care and reduce administrative burden for physicians and facilities.

For the following states and geographies, Aetna is temporarily applying the following changes, effective through August 23, 2021:

Geographies/Providers:

Carbon County, UT (7/26/2021)

For the following states and geographies, Aetna is temporarily applying the following changes, effective through September 13, 2021:

States:

Arizona (8/13/2021)

Arkansas (8/11/2021)

Florida (7/28/2021)

Georgia (8/10/2021)

Kansas (7/21/2021)

Kentucky (8/19/2021)

Louisiana (8/10/2021)

Mississippi (8/13/2021)

Missouri (7/22/2021)

Oregon (8/17/2021)

Tennessee (8/16/2021)

Texas (7/28/2021)

South Carolina (8/18/2021)

Geographies/Providers:

Omaha, Nebraska/Council Bluff, Iowa (8/20/2021)

(including counties: Cass, Douglas, Harrison, Mills, Pottawattamie, Saunders, Sarpy & Washington)

Wake County, North Carolina (8/13/2021)

Durham County North Carolina (8/18/2021)

Hamilton & Montgomery County, Ohio

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.

(8/20/2021)

Skilled Nursing Facility admissions from Acute Hospitals

- Initial Precertification/Prior Authorization for admission from acute care hospitals to Skilled Nursing Facilities (SNF) are **waived** for all Commercial and Medicare Advantage (MA) Part C plans.
- The SNFs will be required to **notify** Aetna of admissions within 48 hours. Providers may submit their request electronically through our provider portal on Availity or their 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 days** of the initial admission. Medical records can be uploaded directly through Aetna's provider portal on Availity 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 two to three days of progress notes.
 - Any information that demonstrates a need for Post-Acute care.
 - Anticipated Discharge Plan with estimated length of stay.
- This change **does not apply** to transfer between facilities or level of care changes within a SNF.
- In addition, Aetna will continue to waive the three-day prior hospitalization requirements 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.
- **Long-Term Care Hospital Admissions (LTACH) and Inpatient Acute Rehabilitation** admissions still **require a prior authorization** for admission unless prohibited by state regulation. If a prior authorization is not completed, the admission will be reviewed retrospectively at claims submission.
- Temporary changes to reduce prior authorizations protocols for SNF admissions are effective through the above dates.

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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