

PROVIDER BULLETIN

 AETNA BETTER HEALTH® OF FLORIDA 261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida	Date:	September 30, 2022
	Purpose:	Educate providers on our Hospice Updates
	Subject:	Hospice Updates
	Products:	MMA, LTC
	From:	Provider Relations

Aetna Better Health® of Florida Hospice Update

Dear Providers,

In an effort to keep our providers informed, we would like to remind you of the below Hospice updates that were put in place in 2021.

General In-patient Services & Continuous Care - Effective: 12/7/2021

- All Hospice General In-patient and Continuous Care requests that meet medical necessity will be approved for 5 days initially.
- The Hospice Provider will need to call in the auth request prior to discharge and submit clinical documentation to support the level of care being requested. If requesting additional days (more than the 5 initially authorized) additional information will need to be submitted to support the ongoing need. CCR team will be reviewing using MCG criteria.
- Hospice is encouraged to notify plan and request the authorization upon member's admission to inpatient unit (If not prior to).
- Any request **received post discharge** will be treated as a Retro Review and the Retro Review process will apply. At that time the Hospice Provider will have to go through the Appeals process.

Hospice R&B Component - Effective: 8/20/2021

- When a member has Medicare as primary coverage and ABH Medicaid as a secondary plan, Prior Authorization or EOB (Explanation of Benefits) is not required.
- When a Commercial Plan or any other primary coverage is primary to ABH Medicaid, an EOB is required with initial claim submission.

Thank you for your continued participation in the Aetna Better Health of Florida network. Please contact our Provider Services line should you have any questions at:

Phone: MMA: 1-800-441-5501
LTC: 1-844-645-7371
FHK: 1-844-528-5815

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Email: FLMedicaidProviderRelations@aetna.com

Thank you,

Aetna Better Health of Florida

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