



Medicare: CMS Final Rule – utilization management and prior authorization

Effective January 1, 2024, the Centers for Medicare & Medicaid Services (CMS) introduced regulations and changes related to Medicare Advantage plans (MA plans) prior authorization, coverage criteria and access to care, as set forth in the 2024 Part C and D Final Rule (the Final Rule). Below you'll find information on how Aetna® and Allina Health | Aetna MA Plans comply with the 2024 Part C and D Final Rule.

CMS' Final Rule for 2024 requires the following:

Prior authorization

- Prior authorization policies should confirm the diagnoses or other medical criteria and/or ensure that an item or service is medically necessary based on standards specified in the CMS Final Rule.
- MA plan approvals must be valid for as long as medically necessary to avoid disruptions in care, in accordance with applicable coverage criteria, the individual member's medical history and the treating provider's recommendation.
- MA plans must provide a minimum 90-day transition period when an enrollee currently undergoing treatment switches to a new MA plan.
- MA plans must ensure the policies are consistent with Original Medicare's national and local coverage decisions and guidelines.

Coverage criteria

- MA plans must comply with:
 - Coverage criteria in statute, regulation, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs) and general coverage
 - Benefit conditions included in Original Medicare as interpreted by CMS
- When coverage criteria isn't fully established in Medicare statute, regulation, NCD and LCD, MA plans may create publicly accessible internal coverage criteria based on current evidence in widely used treatment guidelines or clinical literature.

Access to services

- Plans must arrange for and cover any medically necessary covered benefit outside of the plan provider network when an in-network provider or benefit is unavailable or inadequate to meet an enrollee's medical needs. The plan will cover the medically necessary covered benefit at an in-network cost share.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Our MA plans to follow the Two Midnight Benchmark

- We'll follow the Two Midnight Benchmark.* Under the Two Midnight Benchmark, surgical procedures, diagnostic tests and other treatments will generally be considered appropriate for inpatient hospital admission and payment under Medicare when the physician expects the patient, based on specific complex medical factors documented in the medical record (such as patient history and comorbidities, the severity of signs and symptoms, current medical needs and the risk of adverse event), to require a hospital stay that crosses at least two midnights and admits the member to the hospital based upon that expectation.*
- Our MA plans aren't required to follow the Two Midnight Presumption.

Our medical necessity reviews

- We'll review the stay to determine whether inpatient admission was appropriate. We may also review the entire medical record to support or refute the reasonableness of the physician's expectation. But we'll use entries after the point of the admission order to interpret what the physician should have known or should have expected at the time of admission.
- It's important that our providers and facilities supply us with detailed clinical records to support the physician's judgement.

Our MA plans can use Internal Coverage Criteria to determine Medical Necessity

- We've created publicly accessible internal coverage criteria when coverage criteria isn't fully established under the Medicare statute, regulation, national coverage determinations (NCD) or local coverage determinations (LCD).
- Our internal coverage criteria is based on current evidence in widely-used treatment guidelines or clinical literature and comply with CMS requirements. You can [**view this criteria**](#) above.

We're here to help answer your questions

For questions about Medicare individual coverage or benefits, please call Member Services at:

- **1-800-282-5366 (TTY: [711](#))** for Medicare Advantage plans. Available 7 days a week, 8 AM to 8 PM.
- **1-866-409-1221 (TTY: [711](#))** for Special Needs plans (SNPs) or Dual Eligible Special Needs plans (D-SNPs). Available 7 days a week, 8 AM to 8 PM.
- **1-866-235-5660 (TTY: [711](#))** for Aetna Medicare Prescription Drug Plans (PDPs). Available 7 days a week, 24 hours a day.
- **1-833-570-6671 (TTY: [711](#))** for Allina Health | Aetna Medicare Advantage Plans. Available 7 days a week, 8 AM to 8 PM CT.
- **1-888-624-6290 (TTY: [711](#))** for Medicare Supplement. Available 7 days a week, 7 AM to 8 PM CT.
- **1-888-267-2637 (TTY: [711](#))** for Employer Group Medicare Advantage. Available Monday to Friday, 8 AM to 9 PM ET.

Learn more about the 2024 Medicare Advantage and Part D Final Rule.

*FOR TWO MIDNIGHT BENCHMARK: The Centers for Medicare & Medicaid Services. 2 Midnight Inpatient Admission Guidance & Patient Status Reviews for Admissions on or after October 1, 2013. Available at: [CMS.gov/research-statistics-data-and-systems/monitoring-programs/medical-review/downloads/qasforwebsiteposting_110413-v2-clean.pdf](https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medical-review/downloads/qasforwebsiteposting_110413-v2-clean.pdf). Accessed July 8, 2024.

*FOR SPECIFICATIONS OF TWO MIDNIGHT BENCHMARK: The Centers for Medicare & Medicaid Services. Reviewing Short Stay Hospital Claims for Patient Status: Admissions on or After January 1, 2016 Available at: [CMS.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/Reviewing-Short-Stay-Hospital-Claims-for-Patient-Status.pdf](https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/Reviewing-Short-Stay-Hospital-Claims-for-Patient-Status.pdf) Accessed July 8, 2024.

How to access supplemental guidelines

Aetna® eviCore supplemental guidelines

*** This criteria does not apply to Allina Health | Aetna***

Step 1:

- **For members: Visit your secure member website at [AetnaMedicare.com](https://www.aetna.com) and log in.**
 - Go to the section labeled Member Resources
 - Select www.eviCore.com
 - Follow instructions under step 2
- **For non-members: Visit [EviCore.com](https://www.eviCore.com) for access to the Aetna Supplemental Guidelines portal.**

Step 2:

- Select Providers' Hub, then choose the Clinical Guidelines tile.
- Pick what type of category best fits your interest in the guidelines.
- Read and accept the terms and conditions.
- Enter "Aetna" within the search bar, then select the magnify glass.

These guidelines are proprietary to eviCore. Aetna isn't able to distribute them without the permission of eviCore.

American Specialty Health (ASH) supplemental guidelines

- For access to the ASH supplemental guidelines, visit [ASHLink.com/ASH/public/Applications/Members/ClinicalServGuide.aspx](https://www.ashlink.com/ASH/public/Applications/Members/ClinicalServGuide.aspx)

These guidelines are proprietary to ASH.

Liberty Dental supplemental guidelines

*** This criteria does not apply to Allina Health | Aetna***

- For access to the Liberty's supplemental guidelines, visit [LibertyDentalPlan.com/Providers/Clinical-Criteria-Guidelines-Practice-Parameters.aspx](https://www.libertydentalplan.com/Providers/Clinical-Criteria-Guidelines-Practice-Parameters.aspx)

These guidelines are proprietary to Liberty Dental.

Aetna requirements for Medicare Part B drugs supplemental guidelines

- For access to special requirements and coverage information, visit [Aetna.com/health-care-professionals/medicare/part-b-drug-um.html](https://www.aetna.com/health-care-professionals/medicare/part-b-drug-um.html)

These guidelines are proprietary to Aetna.

Aetna® supplemental guidelines

Step 1:

- **For members:** Visit your secure member website at [AetnaMedicare.com](https://www.aetna.com) and log in.
 - Go to the section labeled Member Resources
 - Select Aetna Supplemental Criteria Guidelines
 - Follow instructions under step 2

Allina Health | Aetna members can follow the above instructions when visiting their secure member website at [AllinaHealthAetnaMedicare.com](https://www.aetna.com).

- **For providers:** Log in to Availity at [Availity.com/availity/web/public.elegant.login](https://www.availity.com/availity/web/public.elegant.login).
 - Select Payer Spaces
 - Choose the Aetna payer space tile
 - Select Resources
 - Choose Aetna Supplemental Criteria Guidelines
 - Follow instructions under step 2
- **For all others:** Visit [AetnaSupplementalCriteriaGuidelines.access.mcg.com](https://www.aetna.com) for access to the Aetna Supplemental Guidelines portal.

Step 2:

- Read and accept the terms and conditions.
- Enter your first and last name, and what type of category best fits your interest in the guidelines.
- Provide your preferred way of receiving a verification code (text, email or telephone).
- Enter your verification code when you receive it.
 - You'll be shown a list of MCG guidelines selected for Aetna Medicare content.
 - You can choose the guidelines you want to review in your web browser.
 - You won't be able to print the guidelines.

These guidelines are proprietary to MCG. Aetna is not able to distribute them without the permission of MCG. MCG has provided a Cite Transparency tool that allows accounts and regulators to view multiple guidelines at one time through a web browser.