



AETNA BETTER HEALTH®
d/b/a Aetna Better Health of Louisiana
Policy

Policy Name:	Elective Abortion	Page:	1 of 8
Department:	Medical Management	Policy Number:	7100.32
Subsection:		Effective Date:	11/19/2019
Applies to:	■ Medicaid Health Plans		

PURPOSE:

The purpose of this policy is to describe Aetna Better Health's process for prior authorization decision-making for elective abortions.

STATEMENT OF OBJECTIVE:

The objectives of the policy are to assure appropriate authorization of elective abortions are made in accordance with 42 CFR Part 441, Subpart E:

- UM decisions on abortion must be prior approved before the service is rendered to ensure compliance with federal and state regulations
- UM approval decisions on abortion are made only if the requirements of the Hyde Amendment are met
- UM approval decisions are documented in the appropriate business application system and in such a way that the documentation supports the decision and explains the decision reasoning
- Practitioner reviewers are utilizing the current documentation form and capturing all required data elements
- Practitioner reviewers are readily available and respond in a timely manner for UM case consultation (peer-to-peer)

DEFINITIONS:

Aetna Medicaid Medical Management (Aetna Medicaid MM)	Provides oversight, support and resources to the Aetna Medicaid health plans. MM teams assist health plans. MM teams assist health plans with problem-solving, development of solutions, best practice dissemination and development of key systems, policies and processes.
Aetna Medicaid Medical Management (MM) Chief Medical Officer	A full-time physician who is board certified with an active unencumbered license and who serves as the lead for the Aetna Medicaid MM unit.
Medically Necessary/Medical Necessity	This term refers to services or supplies for diagnosing, evaluating, treating or preventing an injury, illness, condition or disease, based on evidence-based clinical standards of care. Medically necessary services are accepted health care services and supplies provided by health care



AETNA BETTER HEALTH®
d/b/a Aetna Better Health of Louisiana
Policy

Policy Name:	Elective Abortion	Page:	2 of 8
Department:	Medical Management	Policy Number:	7100.32
Subsection:		Effective Date:	11/19/2019
Applies to:	■ Medicaid Health Plans		

	entities, appropriate to evaluation and treatment of a disease, condition, illness or injury and consistent with the applicable standard of care. Determination of medical necessity is based on specific criteria. Note: This definition is based on the Centers for Medicare & Medicaid Services (CMS) and American College of Medical Quality (ACMQ) definitions.
National Committee for Quality Assurance (NCQA)	A not-for-profit organization that performs quality-oriented accreditation reviews on health maintenance organizations and similar types of managed care plans.
Peer-to-peer consultation	A discussion between a requesting practitioner and a medical director/physician reviewer concerning a denial of coverage based on medical necessity. The discussion may occur before or after the medical necessity decision. A peer-to-peer review is optional and is not part of or a prerequisite for an appeal.
Practitioner Reviewer	A physician or dentist who conducts utilization review on behalf of an Aetna Medicaid health plan. The reviewer can be either employed by the health plan or contracted by the health plan to perform utilization review. This does not include individuals who are employed or contracted by entities to which a health plan has delegated utilization management decision-making.

LEGAL/CONTRACT REFERENCE:

- ~~RFP# 305PUT-LDHRFP-BH-MCO-201-MVA, 2020~~ [Louisiana Medicaid Managed Care Organization Statement of Work](#), Section 8.1.13, Section 6.17
- Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2014, Public Law 113-76, Division H, Title V, §506 and §507
- National Committee for Quality Assurance (NCQA) Standards and Guidelines for the Accreditation of Health Plans

FOCUS/DISPOSITION:

Aetna Medicaid confirms decisions associated with the utilization review of abortions are in compliance with federal and state regulations.



AETNA BETTER HEALTH®
d/b/a Aetna Better Health of Louisiana
Policy

Policy Name:	Elective Abortion	Page:	3 of 8
Department:	Medical Management	Policy Number:	7100.32
Subsection:		Effective Date:	11/19/2019
Applies to:	■ Medicaid Health Plans		

Responsibilities¹

The chief medical officer (CMO) is responsible for directly overseeing the prior authorization of abortions. Aetna Better Health develops and maintains policies and procedures relative to abortions and will assure the decision making of abortions are in compliance with federal and state regulations, including the Hyde Amendment limitations. The prior authorization department is primarily responsible for carrying out the day-to-day operations (e.g., evaluating requests, documenting requests and decisions, and issuing authorization numbers for approved requests) under the supervision of a medical director or designated licensed clinical professional qualified by training, experience, and certification/licensure to conduct the utilization (UM) functions in accordance with state and federal regulations. Departments with authority to authorize services will maintain a postal address, direct telephone, fax number, or electronic interchange (if available) for receiving and responding to notifications and service authorization requests. Only a health care professional may make determinations regarding the medical necessity of health care services during the course of utilization review.

When initiating or returning calls regarding UM issues, Aetna Better Health requires UM staff to identify themselves by name, title, and organization name; and upon request, verbally inform member, facility personnel, the attending physician and other ordering practitioners/providers of specific UM requirements and procedures. Aetna Better Health must triage incoming standard and expedited requests for services based upon the need for urgency due to the member's health condition. Aetna Better Health must identify the qualification of staff who will determine medical necessity.²

Nonclinical staff is responsible for:³

- Documenting incoming prior authorization requests and screening for member's enrollment, member eligibility, and practitioner/provider affiliation
- Forwarding to clinical reviewers any requests that require a medical necessity review

¹ NCQA HP 2018/2019 UM1 B, C

² ~~2020 Louisiana Medicaid Managed Care Organization Statement of Work, RFP # 305 PUR LDH RFP BH MCO-2014 MVA~~, Section 8.1.13

³ NCQA HP 2018/2019 UM4 A2



AETNA BETTER HEALTH®
d/b/a Aetna Better Health of Louisiana
Policy

Policy Name:	Elective Abortion	Page:	4 of 8
Department:	Medical Management	Policy Number:	7100.32
Subsection:		Effective Date:	11/19/2019
Applies to:	■ Medicaid Health Plans		

Clinical reviewer's responsibilities include:⁴

- Identifying service requests that may potentially be denied or reduced on the basis of medical necessity
- Forwarding potential denials or reductions to the CMO or designated medical director for review
- If services are to be denied or reduced:
 - Providing written notification of denials/reductions to members
 - Notifying the requesting practitioner/provider and member of the decision to deny, reduce or terminate reimbursement within the applicable time frame
 - Documenting, or informing data entry staff to document the denial decision in the business application system prior authorization module

Medical Director Reviewer Responsibilities

Authorization requests that do not meet federal and state regulations for abortions will be presented to the medical director for review. The medical director will make a medical necessity decision using clinical judgment to approve or deny the request while maintaining compliance with federal and state regulations.

Prior Authorization of Abortions

Aetna Better Health will prior authorize and approve abortions in accordance with 42 CFR Part 441, Subpart E, and the requirements of the Hyde Amendment (currently found in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2014, Public Law 113-76, Division H, Title V, §506 and §507) and only if:⁵

- A woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself that

⁴ NCQA HP 2018/2019 UM4 A1-2

⁵ ~~RFP# 305PUT-LDHRFP-BH-MCO-201-MVA-2020~~ [Louisiana Medicaid Managed Care Organization Statement of Work](#), Section 6.17.1 – 6.17.2



AETNA BETTER HEALTH®
d/b/a Aetna Better Health of Louisiana
Policy

Policy Name:	Elective Abortion	Page:	5 of 8
Department:	Medical Management	Policy Number:	7100.32
Subsection:		Effective Date:	11/19/2019
Applies to:	■ Medicaid Health Plans		

would, as certified by a physician place the woman in danger of death unless an abortion is performed;⁶ or

- The pregnancy is the result of an act of rape or incest.⁷

For abortion services performed because a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition, a physician must certify in his or her handwriting, that on the basis of his or her professional judgment, the life of the pregnant woman would be endangered if the fetus were carried to term.⁸ The provider shall:

- Attach the certification statement to the claim form that shall be retained by Aetna Better Health. The certification statement shall contain the name and address of the patient. The diagnosis or medical condition which makes the pregnancy life endangering shall be specified on the claim.⁹

For abortion services performed as the result of an act of rape or incest, the following requirements shall be met:

- The member shall report the act of rape or incest to a law enforcement official unless the treating physician certifies in writing that in the physician's professional opinion, the victim was too physically or psychologically incapacitated to report the rape or incest;¹⁰
- The report of the act of rape or incest to law enforcement official or the treating physician's statement that the victim was too physically or psychologically incapacitated to report the rape or incest shall be submitted to the MCO along with the treating physician's claim for reimbursement for performing an abortion;¹¹

⁶ ~~RFP# 305PUT-LDHRFP-BH-MCO-201-MVA, 2020 Louisiana Medicaid Managed Care Organization Statement of Work, Section 6.17.2.1~~

⁷ ~~2020 Louisiana Medicaid Managed Care Organization Statement of Work, RFP# 305PUT-LDHRFP-BH-MCO-201-MVA, Section 6.17.2.2~~

⁸ ~~2020 Louisiana Medicaid Managed Care Organization Statement of Work, RFP# 305PUT-LDHRFP-BH-MCO-201-MVA, Section 6.17.3~~

⁹ ~~2020 Louisiana Medicaid Managed Care Organization Statement of Work, RFP# 305PUT-LDHRFP-BH-MCO-201-MVA, Section 6.17.3.1~~

¹⁰ ~~2020 Louisiana Medicaid Managed Care Organization Statement of Work, RFP# 305PUT-LDHRFP-BH-MCO-201-MVA, Section 6.17.4 – 6.17.4.1~~

¹¹ ~~2020 Louisiana Medicaid Managed Care Organization Statement of Work, RFP# 305PUT-LDHRFP-BH-MCO-201-MVA, Section 6.17.4.2~~



AETNA BETTER HEALTH®
d/b/a Aetna Better Health of Louisiana
Policy

Policy Name:	Elective Abortion	Page:	6 of 8
Department:	Medical Management	Policy Number:	7100.32
Subsection:		Effective Date:	11/19/2019
Applies to:	■ Medicaid Health Plans		

- The member shall certify that the pregnancy is the result of rape or incest and this certification shall be witnessed by the treating physician;¹² and
- The Certification of Informed Consent--Abortion, which must be obtained from the Louisiana Office of Public Health shall be witnessed by the treating physician. Providers shall attach a copy of the Certification of Informed Consent--Abortion form to their claim form.¹³ The form can be found at the following link:

(<https://www.aetnabetterhealth.com/louisiana/providers/forms>)

All claim forms and attachments shall be retained by the MCO. The MCO shall forward a copy of the claim and its accompanying documentation to LDH.¹⁴

No other abortions, regardless of funding, can be provided as a benefit of Aetna Better Health.¹⁵

The MCO shall not make payment for any core benefit or service under the Contract to a network or non-network provider if any abortion performed hereunder violates federal regulations (Hyde Amendment).¹⁶

OPERATING PROTOCOL:

Systems

- All authorization requests are documented in the business application system prior authorization module

¹² ~~2020 Louisiana Medicaid Managed Care Organization Statement of Work, RFP# 305PUT-LDHRFP-BH-MCO-201-MVA, Section 6.17.4.3~~

¹³ ~~2020 Louisiana Medicaid Managed Care Organization Statement of Work, Section RFP# 305PUT-LDHRFP-BH-MCO-201-MVA, Section 6.17.4.4~~

¹⁴ ~~2020 Louisiana Medicaid Managed Care Organization Statement of Work, Section RFP# 305PUT-LDHRFP-BH-MCO-201-MVA, Section 6.17.4.5~~

¹⁵ ~~2020 Louisiana Medicaid Managed Care Organization Statement of Work, Section RFP# 305PUT-LDHRFP-BH-MCO-201-MVA, Section 6.17.5~~

¹⁶ ~~2020 Louisiana Medicaid Managed Care Organization Statement of Work, Section RFP# 305PUT-LDHRFP-BH-MCO-201-MVA, Section 6.17.6~~



AETNA BETTER HEALTH®
d/b/a Aetna Better Health of Louisiana
Policy

Policy Name:	Elective Abortion	Page:	7 of 8
Department:	Medical Management	Policy Number:	7100.32
Subsection:		Effective Date:	11/19/2019
Applies to:	■ Medicaid Health Plans		

Measurement

- Percent compliance for individual practitioner reviewers and overall Aetna Medicaid for each of the following indicators:
 - Use of appropriate medical necessity criteria
 - Timely decisions¹⁷
 - Appropriate documentation¹⁸
 - Practitioner reviewers' responsiveness¹⁹
 - Appropriate and consistent application of the medical necessity criteria

Reporting

- Summary reports are submitted to:
 - Aetna Medicaid MM CMO
 - Aetna Medicaid senior medical director of Utilization Management
 - Aetna Medicaid director of Utilization Management
 - Aetna Medicaid Utilization Management Steering Committee²⁰
 - Aetna NMQM director

INTER-/INTRA-DEPENDENCIES:

Internal

- Aetna Medicaid MM chief medical officer
- Aetna Medicaid senior director of Utilization Management
- Aetna Medicaid director of Utilization Management
- Aetna Better Health chief medical officer
- Internal and external practitioner reviewers
- Medical directors

¹⁷ NCQA HP 2018 /2019 UM5 A-F

¹⁸ NCQA HP 2018/2019 UM6

¹⁹ NCQA HP 2018/2019 UM7 A, D and G

²⁰ NCQA HP 2018/2019 UM1 B, C



AETNA BETTER HEALTH®
d/b/a Aetna Better Health of Louisiana
Policy

Policy Name:	Elective Abortion	Page:	8 of 8
Department:	Medical Management	Policy Number:	7100.32
Subsection:		Effective Date:	11/19/2019
Applies to:	■ Medicaid Health Plans		

External

- Louisiana Department of Health
- Members
- Practitioners and providers

Aetna Better Health

Richard C. Born
Chief Executive Officer

Madelyn M. Meyn, MD
Chief Medical Officer

Review/Revision History

<u>10/2020</u>	<u>Reviewed. Updated References</u>