

Aetna Better Health® of Michigan

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Aetna Better Health® of Michigan

October 2, 2024

Dear Providers,

Effective with the new Comprehensive Health Care Program for Michigan contracts (i.e., Michigan Medicaid Managed Care Health Plan contracts) effective October 1, 2024, there will be health plans entering new regions and/or exiting regions where they service Medicaid beneficiaries. As a result, some Medicaid beneficiaries will be assigned to a new health plan effective October 1, 2024. Aetna Better Health of Michigan (Aetna) particularly expects to have a large volume of Medicaid beneficiaries in Region 7 (Clinton, Eaton, and Ingham counties) enrolled with the health plan effective October 1, 2024. Providers must adhere to Aetna's prior authorization requirements for services to be rendered. In consideration of a Medicaid beneficiary's transition of enrollment from another Medicaid health plan or Medicaid fee-for-service to Aetna, Aetna will honor service authorizations approved by a prior Managed Care Health Plans or the Michigan Medicaid Fee-for-service program for 90 days post a members' effective date with Aetna.

Aetna's prior authorization requirements can be found utilizing ProPat at <https://www.aetnabetterhealth.com/michigan/providers/prior-authorization.html>. Services requiring authorization for which an approved authorization has not already been received can be requested through Availity at <https://www.availity.com/essentials-portal-registration/> or by calling Aetna Better Health of Michigan at 1-866-874-8567 (TTY:711).

If you have any questions concerning this matter, please reach out to Provider Relations at 1-866-316-3784 (TTY:711).

Regards,

Lawrence S. Hayes

Sr. Manager Provider Relations

AetnaBetterHealth.com/Michigan

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