

FAX

To: All Aetna Better Health of Louisiana Providers

Date: November 28, 2016

Attention: Retrospective Utilization Review for all Aetna Better Health of Louisiana Providers

Retrospective review is conducted when a member or a facility is retro-eligible for Medicaid/Aetna Better Health of Louisiana (ABHLA) coverage or in cases deemed to be a medical emergency (where prior authorization could not be obtained due to the condition of the member).

Retrospective review is not conducted in the following instances:

- The claim for the service/treatment has been submitted to the health plan, and has already been paid for the same date of service
- The claim has already been denied for **medical necessity** for the same date of service the retrospective review request is made
- It is more than 12 months from the 'member add date' from the actual date of service/treatment
- In non-emergency cases where prior authorization was required but not obtained, and the member and facility were eligible at the time of service

Retrospective review cases are not eligible for peer to peer review with ABHLA Medical Director. Please follow the ABHLA appeals process.

ABHLA will make retrospective review determinations within thirty (30) calendar days of obtaining the results of any appropriate medical information that may be required, but in no instance later than 12 months from the member add date from the date of service. ABHLA will not subsequently retract its authorization after services have been provided or reduce payment for an item or service furnished in reliance upon previous service authorization approval, unless the approval was based upon a material omission or misrepresentation about the member's health condition made by the provider.

For questions, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and **selecting option 2** then **option 6**.

Thank you,
Aetna Better Health of Louisiana

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