Aetna Better Health® of Illinois
333 West Wacker Drive, Suite 2100
Chicago, IL 60606

AETNA BETTER HEALTH® OF ILLINOIS

Weekend policy update

Dear Provider,

We are writing to inform you of a policy change related to our "Weekend Utilization Management Policy" that was implemented in July 2016. Aetna Better Health of Illinois has heard your feedback and we are adjusting the policy based on your suggestions.

Effective immediately we are making the following changes:

1. Providers will no longer be required to submit utilization management requests on the weekend. *These requests that are not considered "urgent concurrent" and detailed supporting clinical information can be submitted on the next business day*.
2. We will continue to review urgent concurrent requests received from providers as mandated by NCQA accreditation guidelines. Plans must respond to urgent concurrent requests within 24 hours of receipt. *Please note the following*:

   Though admissions are "urgent concurrent reviews", we cannot approve without complete clinical information. If we receive a face sheet with an ICD 10 diagnosis code, or other limited clinical information, we are required to review. Lack of clinical information will necessitate a denial. UM nurse summaries, ED notes alone, InterQual or Milliman CareWebQI screen shots are insufficient to support an approval. We are unable to approve inpatient level of care with incomplete clinical information.

An Urgent concurrent review is defined by NCQA as:

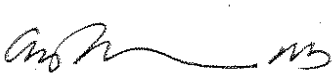
- "Could seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state, or
- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request."

To improve efficiency of requests received for inpatient level of care we ask the following:

- Please send us the needed and complete clinical information. We are unable to review and approve inpatient level of care without sufficient clinical information. If we receive a face sheet with an ICD 10 diagnosis code, or other limited clinical information, we are required to complete a review. Lack of clinical information will necessitate a denial being issued and will delay timely and accurate review requests. UM nurse summaries, ED notes alone, InterQual or Milliman CareWebQI screen shots are not clinical information that we are able to make a level of care determination from. We will not be able to approve inpatient level of care with partial clinical information.
- Use observation stays (up to 72 hours for Medicaid and 48 hours for Medicare). If our member is initially treated at an observation level of care, we do not need to review this level of care.
- If the member's care cannot be delivered at an observation level of care, then a request for an inpatient level of care can be made after the member has not responded to treatment at observation level of care or requires a higher level of care based on medical necessity.

Working together we can simplify and improve our utilization review process to meet the care needs of the members and patients we both serve. As always, we appreciate the ability to partner with your organization to provide the best possible to care to Aetna Better Health of Illinois members.

Sincerely,



D. Andrew McNamara MD
Interim Chief Medical Officer