

We would like to take this opportunity to inform you of an important change to Aetna Better Health's prior authorization guidelines.

During the time period from May 2011 through December 2011, prior authorization requirements were waived due to our commitment to the continuity of care for our members and minimal disruption in their physician services. This means that for all providers, all claims were accepted without prior authorization.

However for claims with a date of service of January 1, 2012 or after, all non-participating providers will be required to receive prior authorization for **ALL** services except Emergency Room Services and Family Planning. If no prior authorization is obtained, the claim will be rejected. All non-participating providers must understand that members will be moved to participating providers if they decide not to participate in our network.

Please note for participating providers all claims submitted with dates of service of January 1, 2012 and after we will be enforcing prior authorization requirements. If a claim is submitted, and a prior authorization is not on file, the claim will be rejected.