

Illinois state specific Admin Day POLICY

Administrative Days are inpatient days for members who no longer require acute inpatient hospital care, but discharge to a lower level of care is problematic due to unique circumstances. Once accepted, Administrative Days cannot be revoked. This policy applies to both physical health and behavioral health acute inpatient admissions.

Criteria for Administrative Days

Discharge planning is a partnership between hospitals and the health plan, both parties should work collaboratively to identify any barriers to post-discharge placement as soon as possible upon admission.

Coverage Criteria

- The member is enrolled with the health plan and was initially admitted with a diagnosed condition that required an acute inpatient level of care, either medical or psychiatric
- The provider notifies the health plan of the initial admission within 24 hours (or as required by contract) and follows the usual utilization management (UM) process for concurrent review.
- Coverage for the initial admission was approved by the health plan as medically necessary.
- the health plan determines that continued stay in acute inpatient care is no longer medically necessary.
- The facility notifies the health plan as soon as they believe post-discharge placement will be difficult so that the health plan can collaborate on discharge placement in advance of the discharge date.
 - There is a documented specific discharge plan in place to a lower level of care; however, documented barriers to implementation of the discharge plan exist that are beyond the control of the provider, facility, and the health plan.
 - There is documentation in the medical record of continued active discharge planning. Aetna will communicate and work with facility to find placement and address the specific barriers to discharge.

Exclusionary Criteria

- Appeal or state fair hearing has been requested.
- The inpatient facility is pursuing discharge to a level of care or service that the health plan has explicitly stated is not a Medicaid covered benefit, and/or the member does not meet medical necessity criteria for the intended level of care or service.
- Long Term Acute Care Hospitals (LTACHs) are not eligible for Administrative Days reimbursement.
- Health Plans are not responsible for Administrative Days that are the responsibility of the Department of Children and Family Services (DCFS).
- The member loses eligibility.

Review/Revision History	
Effective	12/01/2020
Reviewed	08/2025