



Message from Tom Lindquist CEO of Allina Health | Aetna

At Allina Health | Aetna, we work every day to deliver simplified, cost-effective support for our members. Never has this work been so critical as it has been during the pandemic. The challenges brought on by COVID-19 have reinforced our goal of supporting each member as a whole person through a connected care approach. In partnering with Allina Health and CVS Health, we were quickly able to implement programs and safeguards – including waiving copays for COVID-19 treatment, waiving the cost share for behavioral health services and strengthening telehealth offerings – to ensure consistent, safe and convenient care for our members. Because care doesn't stop, these measures, along with the health and safety precautions put in place by local providers, have allowed members to continue to seek care and support. While nothing we have experienced during the COVID-19 pandemic has been easy or predictable, we have been learning, growing, and adapting and are so thankful to have you on this journey with us. Thank you for all you've done to care for our friends, families and neighbors during this time.

COVID-19 Vaccine

For resources about the COVID-19 Vaccine, visit the Allina Health | Aetna website at this [LINK](#). You will find information about COVID policies, procedures, and member benefits.

Education Webinars

Effective March 22nd you can now submit appeals through Availity. To access the online appeals training, go to Availity>Help & Trainings>Get Trained>search for "Aetna Appeals". This is a prerecorded hour-long presentation.

We offer live webinars to make it easier to do business with us and put more time back in your day. The webinars are ideal for new staff, recently added network providers and as a refresher. There are four current webinars that you can register for out on the [Aetna Education website](#).

- **Doing business with Aetna** – Offered the 2nd Tuesday and 3rd Wednesday of each month at noon.
- **Availity** – Focuses on using the Aetna version of Availity. Offered the 1st Tuesday of month at 1 PM.
- **Claim Management** – Goes over claims status, online Explanation of Benefits (EOB) statements and **submitting claim reconsiderations** via Availity. Offered on the 3rd Thursday of the month at 1 PM.
- **Authorization and Precertification** – Key for anyone managing the authorization (precertification) process for their practice or facility. Offered on the 2nd Wednesday of the month at 1 PM.

Transition of Care

Transition of Care (TOC) coverage is available for members moving from one carrier to another and is engaged in an active covered course of treatment with provider not participating in the new carrier's network. TOC can also apply when a provider leaves the plan's network or changes network status.

If a member wishes to continue in the care of the nonparticipating provider and meets the eligibility conditions as approved by Precertification staff, the member must complete and submit the transition request form within 90 days of their enrollment with the new carrier. The member's written authorization through signature is required on the Transitional Coverage Request form to initiate the TOC process. To reduce any disruption in care, it is acceptable to initiate the TOC coverage request with a verbal member authorization, followed by the complete written Transition Coverage Request form.

The Transitional Coverage request form includes a question and answer (Q & A) document to help members understand the terms and conditions of TOC.

If this scenario applies with a patient, here's the link to the TOC coverage request form:

[Transition Coverage Request](#)

Recredentialing

Recredentialing notifications are generated by **Council for Affordable Quality Healthcare, Inc. (CAQH)** to remind physicians of their upcoming recredentialing requirement. These notifications are also sent to physicians not utilizing CAQH but that do use **Minnesota Credentialing Collaborative (MCC) system**.

Please DO NOT disregard these notifications from CAQH! Failure to respond to the recredentialing request within the specified time on the notification, could result in the termination of the physician from the network.

Credentialing Hang-ups

Our credentialing team has identified some trends that delay credentialing and recredentialing from being completed timely.

- If you are utilizing the Minnesota Uniform Practitioner Change Form, include the business office address and the clinic location phone number.
- Drug Enforcement Administration (DEA) license is missing for Minnesota.
- Malpractice insurance is about to or has expired. There have been a few cases that the insurance was set to expire when it was submitted and by the time the document was reviewed it had expired.
- State of Minnesota license is about to or has expired.
- Practitioner signature is not within 180 days.

Thank You and keep in touch!

This is the first semiannual newsletter for 2021. We publish our newsletter as an additional resource to the Aetna [OfficeLink Updates](#) and [provider manuals](#). Continue to use those resources if you have questions on how to work with our health plan. In addition, Juanita Wilson and Jeremiah Gossett are available for any of your questions or ongoing concerns. Direct these inquiries to: AllinaJVNetworkRelations@AETNA.com

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allinahealthaetna.com
Allina Health | Aetna
1550 Utica Avenue South
Suite 250
St. Louis Park, MN 55416