



## A message from Mike Lenz, VP Network Management

As the temperature drops and we begin the final weeks of 2023, I would like to thank our provider clinicians, leadership, and operational staff for the work that you do to improve the lives of our collective members and patients. Allina Health | Aetna Medicare plans recently were awarded a 4.5 Star rating by CMS for 2024. This achievement could not have been accomplished without your support. Thank you!



### Minnesota Commercial Medical Network Change

Effective January 1, 2024, the Allina Health | Aetna Commercial Broad network will transition to include Aetna's First Health network and will no longer include access the PreferredOne network. The Allina Health | Aetna Performance network will not be impacted.



**NOTE:** Member ID cards will include the First Health network logo.

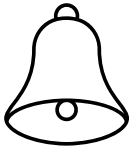


The **September OfficeLink** has many updates that require your attention. Click this [LINK](#) to be routed to the latest edition of OfficeLinks.



### ANNA Concurrent Review

ANNA the automated concurrent review process has been discontinued as of August 1, 2023.



## Critical Access Hospitals and Rural Health Rate Letters

A very important reminder: Our CAH and RHC providers must submit their most current CMS - IRL/FI Letters timely to the Allina Health | Aetna Network Managers. It can take up to 45 days to load these new rates so it's extremely important that the Allina Health | Aetna Network Manager receive your new rates letter as soon as you receive it from CMS.



## Medicare Appeals

Friendly reminder: Availity currently does not support the submission of Medicare appeals. All Medicare appeals should be submitted using the address or fax number listed on the appropriate appeals form. You may use this [LINK](#) to access the appeals forms.



## Disputes and Appeals Guidelines

Health care providers can use the dispute and appeals process if they do not agree with a claim or utilization review decision, however there are critical timelines providers must meet to have their disputes and appeals addressed timely. Timelines are as follows:

- **Reconsiderations:** this first step to requesting a formal review of claims reimbursement, coding decisions, or claims that require reprocessing. This request should be made within **180 calendar days** of the initial claim decision. You may submit Commercial appeals online via Availity.
- **Formal Appeals:** this final step in requesting a change to a reconsideration decision, an initial utilization decision, or initial claim decision based on medical necessity, or experimental/investigations coverage criteria. This formal request should be made within **60 calendar days** of the reconsideration decision. Commercial appeals can be sent via Availity.

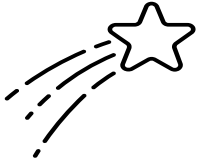


## Medicare – Wellness Visit and Physical Exam Visit

Allina Health | Aetna Medicare members benefit plans, include both an annual wellness visit, and a physical exam visit each calendar year! These two separate qualifying visits are a unique benefit under the Allina Health | Aetna Medicare Advantage plans. Our members are entitled to schedule these visits any time during the calendar year. The **Medicare Annual Wellness Visit and The Comprehensive Physical Preventive Exam** are free to our members and help improve the quality of care within a primary care setting that prioritizes engagement, utilization management

and coordination of care. These have demonstrated significant improvement in health care cost with the use of preventive services. We ask network providers to encourage our members to have their annual wellness visits plus any other needed preventative services.

**\*Source:** <https://www.medicare.gov/coverage/yearly-wellness-visits>



## HEDIS and Retro Chart Review

People can easily compare the quality of our plans to other plans using Quality Report Cards. The report cards use a standard set of measures called the Healthcare Effectiveness Data and Information Set (HEDIS\*). The National Committee for Quality Assurance (NCQA) developed the HEDIS measures. NCQA is an independent, nonprofit organization whose goal is to improve health care quality.

As part of Allina Health | Aetna's HEDIS data collection efforts, participating providers may receive requests from Aetna staff or contracted representatives of Aetna to provide medical information for certain members. We send this to providers with a cover letter that explains what they need to do and where to send the information requested.

\*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).



## Provider Directory Accuracy

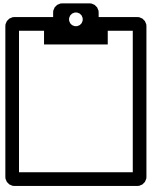
Provider Directories are a valuable tool that many beneficiaries use to make informed healthcare decisions surrounding care. Periodically, the Centers for Medicare and Medicaid Services (CMS) and Aetna perform outreach activities to providers offices to verify the information displayed in the directory for select physicians. The purpose of these activities is to confirm the accuracy of the information that is displayed in the provider directory and visible to the beneficiary.

Questions may include, but are not limited to:

- Address verification
- Phone number confirmation
- Whether or not the provider is accepting new patients
- Provider information, including specialty
- Acceptance of Allina Health | Aetna Medicare insurance

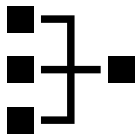
Network providers should work with their staff to ensure that they are aware of the physicians providing services from their locations and able to

address the questions regarding the above topics. Additionally, staff should be able to verify network participation and acceptance of Allina Health | Aetna Medicare insurance. We appreciate your collaboration in staff education, keeping provider demographics current and making timely updates, changes, and terminations through our Availity tool.



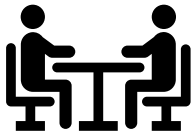
## Patient Surveys – Consumer Assessment of Health Providers (CAHPS) or Health Outcome Survey (HOS)

Allina Health | Aetna’s Medicare Stars and Risk Adjustment team has created a guide to assist providers when their patients are surveyed by CMS. You can find a copy of the guide located on our website at AllinaHealthAetna.com under the provider tab or just follow this [LINK](#).



## Availity System Issues

Providers experiencing system issues within Availity should submit an EDI ticket within Availity. The Availity team will research the concern to determine if Availity, or Aetna should handle the concern to resolution.



## Acquisitions and Mergers

All acquisitions and mergers should be reported immediately to the Allina Health | Aetna Network Manager. There are many moving parts to getting a new acquisition added to your profile and contract, so please alert Allina Health | Aetna Network Management to keep them informed on the business decision. Once the merger is finalized, the provider should immediately submit all legal documents to Network Management so that all necessary changes can be updated within our system timely to avoid any interruptions with provider data or the handling of claims.

The Allina Health | Aetna newsletter provides a recap of changes in plans, policies, and procedural trends to help our provider customers. Our goal is to increase awareness of the self-service tools available within our Provider Portal, Availity, making our customers more efficient in managing their day-to-day operations.

We hope you enjoyed this season’s Newsletter and find it educational and insightful.

Happy Holidays!

Allina Health | Aetna is the brand name used for products and services provided by Allina Health and Aetna Insurance Company. Health plans are offered, insured, or administered by Allina Health and Aetna Insurance Company (Allina Health | Aetna). Allina Health | Aetna is an affiliate of Aetna Life Insurance Company and its affiliates (Aetna). Allina Health | Aetna has sole responsibility for its products and services. Aetna provides certain management services to Allina Health | Aetna.

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