

National Medicaid - Quality Management Accreditation

COMMUNICATION

NCQA Credentialing/Accreditation Requirements during Covid-19 crisis

March 1–September 1, 2020

NCQA is implementing exceptions for the March 1–September 1, 2020, time frame. This applies to all future surveys that include this look-back period. Below is a link to their website for the details.

<https://www.ncqa.org/covid/>

Highlights for Accreditation Requirements:

- Organizations do not need to credential practitioners who are not part of their network or practice and are providing care to members/patients as part of a federal, state or local government emergency response team.
- NCQA will be flexible in scoring organization performance during the March–September time frame. Organizations will need to provide documentation regarding the circumstances that interfered with meeting requirements.
- Extending the grace period 2 months to allow 16 months for annual requirements such as analysis, member communications and delegation oversight.
- Extending the practitioner and provider recredentialing cycle 2 months, to 38 months.
- Extending provisional credentialing status from 60 days to 180 days
- Removing files from the March–September time frame from UM denial/appeal and complex case management file reviews. Organizations should document the disaster management plans that were implemented from March–September for utilization management and case management.



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Aetna Better health has implemented the following Credentialing process to meet NCQA Standards:

- NCQA is implementing the exceptions noted above for the March 1–September 1, 2020, time frame.
- The NCQA process was Implemented effective 3/18/2020 by the Credentialing Department at Aetna Better Health of Louisiana.
- Any providers planning to bill for services should inform Aetna Better Health of Louisiana which providers need to be added to our payment system via our Data Form.
- Aetna Better Health of Louisiana will load these providers as Par Pending Credentialing (which is noted as Provisional per NCQA site)
- For each provider the required documentation must be submitted to Aetna Better Health of Louisiana at the time the Data Form is sent.
- Once the Data Form is received with the required documents the provider may start seeing patients immediately and does not need to wait for the credentialing process to be completed.
- Providers will be loaded as Par effective on date the Data Form is received.
- The Data Form, Standard Credentialing Application if required and any other required information as documented on the sheet called: Data Form overview within the Data Form attachment above must be sent with the request.
- All information should be sent to: LAProvider@aetna.com
- The provider may begin seeing patients on the Par effective date (Data Form submission date)
- The provider can begin submitting claims once all the required information has been sent.
- Aetna Better Health of Louisiana will complete the credentialing process over the next 180 days. We will reach out to your office if there are any questions
- Over the next 180 days or until credentialing is completed claims will not be denied.
- If you have any questions you may reach out to the External Provider Relations Liaison (EPRL) for your Region on the attached form.

[Aetna Better Health of Louisiana Provider Relations Liaisons](#)

[Aetna Better Health of Louisiana Data Long Form](#)



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