

Use of Substitute Provider Notification Process

Background:

In accordance with Washington Administrative Code (WAC) 284-43-260, Standards for Temporary Substitution of Contracted Network Providers: “Locum Tenums,” and 284-43-262, Rule concerning contracted network providers called to active duty military service, Aetna permits the following categories of contracted network providers in Washington State to arrange for temporary substitution by a substitute provider: doctor of medicine, doctor of osteopathic medicine, **doctor of dental surgery/doctor of dental medicine**, doctor of chiropractic, podiatric physician and surgeon, doctor of optometry, doctor of naturopathic medicine and advanced registered nurse practitioners for 90 days every calendar year.

Per the above WAC, at the time of substitution, the substitute provider:

- (a) Must have a current Washington license and be legally authorized to practice in this state;
- (b) Must provide services under the same scope of practice as the contracted network provider;
- (c) Must not be suspended or excluded from any state or federal health care program;
- (d) Must have professional liability insurance coverage; and
- (e) Must have a current drug enforcement certificate, if applicable.

Workflow:

- (a) Providers must notify their Aetna Dental Network Liaison of their intent to use substitute providers at least 10 business days prior to the beginning of the substitution period using the attached form.
- (b) An Aetna dental director will review the Intent to Use a Substitute Provider Form submission and provide acceptance or rejection of the proposal and return it to the provider.
- (c) After the plan has been accepted, any changes to the plan must be submitted at least 10 business days in advance of the intended change, marking the change(s) on the originally submitted form.
- (d) An Aetna dental director will review the planned change and will accept or reject the plan and return the form to the provider.

Contact Information:

Dental Network Liaison, Washington

Phone: 800-451-7715

Intent to Use a Substitute Provider Form

Instructions:

Complete & fax this form to Aetna Dental, Dental Network Liaison for Washington, at **fax:** 860-902-7369.

Contracted Provider Information *(please print):*

Name: _____
 Aetna PIN (if known): _____ Tax ID #: _____
 Address: _____
 Phone: _____ Fax: _____
 Office Manager's Name: _____

Substitute Provider Information:

Name: _____ Type Dental Specialty: _____
 Aetna PIN (if known): _____ Tax ID #: _____ Dental License #: _____
 Address: _____ DEA Certificate #: _____
 Phone: _____ Fax: _____ Liability Ins. Carrier: _____
 Office Manager's Name: _____ Liability Policy #: _____
 Is the substitute provider contracted with Aetna? YES ___ NO ___

Reason for use of Substitute Provider:

Military Service _____ Illness _____
 Parental Leave _____ Continuing Medical Education _____
 Vacation _____ Other (please explain): _____

Length of time substitute is needed:

Start Date of Substitution: _____
 Planned End Date of Substitution *: _____

**NOTE: If substitution period needs to be extended beyond the planned end date, please submit a revision to this form at least 10 business days in advance for Aetna's review/acceptance of the extension.*

Signatures:

 Contracted Provider Signature Printed Name

<u>Aetna Accepted:</u> _____ Charles D. Stewart, DMD, Dental Director Date	<u>Aetna Rejected</u> _____ Charles D. Stewart, DMD, Dental Director Date
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Change (if a change made) *

<u>Change Accepted:</u> _____ Charles D. Stewart, DMD, Dental Director Date	<u>Change Rejected</u> _____ Charles D. Stewart, DMD, Dental Director Date
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