



Provider Quick Reference Guide

This guide is intended to be used for quick reference and may not contain all necessary information. For detailed information, refer to the Aetna Better Health® of Oklahoma Provider Manual located at [AetnaBetterHealth.com/Oklahoma](https://www.aetna.com/better-health/oklahoma).

Tools & Resources (effective 4/1/2024)

Helpful links: **(THESE LINKS ARE NOT LIVE YET)**

Clinical guidelines

[AetnaBetterHealth.com/oklahoma/providers/clinical-guidelines-policy-bulletins.html](https://www.aetna.com/better-health/oklahoma/providers/clinical-guidelines-policy-bulletins.html)

ProPat (Prior Authorizations)

[AetnaBetterHealth.com/oklahoma/providers/prior-authorization.html](https://www.aetna.com/better-health/oklahoma/providers/prior-authorization.html)

Forms

[AetnaBetterHealth.com/oklahoma/providers/materials-forms.html](https://www.aetna.com/better-health/oklahoma/providers/materials-forms.html)

Provider Education

[AetnaBetterHealth.com/oklahoma/providers/training-orientation.html](https://www.aetna.com/better-health/oklahoma/providers/training-orientation.html)

Provider Manual

[AetnaBetterHealth.com/Oklahoma](https://www.aetna.com/better-health/oklahoma)
(LINK TBD)

Updates, announcements & network news

[AetnaBetterHealth.com/oklahoma/providers/notices-newsletters.html](https://www.aetna.com/better-health/oklahoma/providers/notices-newsletters.html)

Contracting:

Visit [AetnaBetterHealth.com/Oklahoma](https://www.aetna.com/betterhealth/oklahoma), or scan the QR code below, and choose “Ready to Join” and someone from our Oklahoma Aetna Network Contracting team will reach out to you.



Claims:

Participating providers may review the status of a claim by checking Availity or by calling our *Claims Investigation and Research Department (CICR)* at **1-844-365-4385**.

Timely Filing of Claim Submissions:

New Claim Submissions – Claims must be filed on a valid claim form within six (6) months [180 days] from the date of service. Prior to submitting a claim through a clearinghouse, please verify the clearinghouse is compatible with Change Healthcare.

Claim Resubmission – Claims to be resubmitted, when applicable, within an additional six (6) months (180 days) from the date of service. The only exceptions to the resubmission deadline are the following: a. administrative correction or action by Aetna Better Health taken to resolve a dispute; b. reversal of eligibility determination; c. investigation for Fraud or Abuse of the Provider; or d. court order or hearing decision.

Failure to submit claims within the prescribed period may result in payment delay and/or denial.

Electronic Claims Submission:

Claims can be submitted by visiting Change Healthcare at [ChangeHealthCare.com](https://www.changehealthcare.com). Prior to submitting a claim through a clearinghouse, please verify the clearinghouse is compatible with Change Healthcare.

Payer ID number 128OK

Change Healthcare Support

Phone#: **1-877-363-3666**

Email: HdSupport@webmd.com

Website: [ChangeHealthCare.com](https://www.changehealthcare.com)

Availity offers participating providers the ability to:

- Use search tool
- Check claims status
- Pull PCP membership assignment
- Verify eligibility
- Download forms for authorization requests
- Submit, verify, and check the status of prior authorization requests

Availity Support:

Phone #: **1-800-282-4548**

Website: **Availity.com**

Registration: **Availity.com/Essentials-Portal-Registration**

Contact Us: **Availity.com/contact-us**

Training: **Availity.com/Training-and-Education**

Paper Claims Submissions and or Resubmissions:

Aetna Better Health of Oklahoma
PO Box 983110
El Paso, TX 79998-3110

Electronic funds transfer (EFT)

EFT makes it possible for us to deposit electronic payments directly into your bank account. You can get start setting up EFT here or on our Provider Portal.

- Some benefits of setting up an EFT include:
- Improved payment consistency Fast, accurate and secure transactions

Electronic remittance advice (ERA)

ERA is an electronic file that contains claim payment and remittance info sent to your office. The benefits of an ERA include:

- Reduced manual posting of claim payment info, which saves you time and money, while improving efficiency
- No need for paper Explanation of Benefits (EOB) statements

EFT/ERA via ChangeHealthcare:

Phone #: **1-800-956-5190**

To enroll in EERS: **[PayerEnrollServices.com](https://payerenrollservices.com)**

Hours of Operation Monday-Friday 8 AM-5 PM CST

Grievance & Appeals

Provider Dispute

Network providers may file a payment dispute verbally or in writing direct to Aetna Better Health to resolve billing, payment and other administrative disputes for any reason including but not limited to lost or incomplete claim forms or electronic submissions; requests for additional explanation as to services or treatment rendered by a health care provider; inappropriate or unapproved referrals initiated by the provider; or any other reason for billing disputes. Provider Payment Disputes do not include disputes related to medical necessity.

Provider Grievance

Both network and out-of-network providers may file a formal grievance in writing directly with Aetna Better Health regarding our policies, procedures or any aspect of our administrative functions including dissatisfaction with the resolution of a payment dispute or provider complaint that is not requesting review of an action within Aetna Better Health® from when they became aware of the issue.

Provider Appeal

A provider may file a formal appeal in writing, a formal request to reconsider a decision (e.g., utilization review recommendation, administrative action), with Aetna Better Health from the Aetna Better Health Notice of Action. The expiration date to file an appeal is included in the Notice of Action.

How to file an Appeal or Grievance

Phone: **1-844-365-4385**

Fax: **1-833-805-3310**

Online: **[Availity.com](https://availity.com)**

Email: **OKAppealandGrievance@aetna.com**

Mail:

Aetna Better Health of Oklahoma
Attn: Appeal and Grievance Manager
PO Box 81139 5801 Postal Road
Cleveland, OH 44181

Timeframes for Grievance & Appeals:

- Standard Appeal: Within 30 days
- Expedited Appeal: Within 72 hours
- Standard Grievance: Within 30 days

Pharmacy Authorizations

To review our Formulary Drug List, prior authorization (PA) criteria, PA forms, and how to submit an electronic PA, providers can visit the Pharmacy section of our website.

Phone #: **1-844-365-4385 (TTY: 711)**

Fax #: **1-888-601-8461**

Website: **[AetnaBetterHealth.com/Oklahoma](https://www.aetna.com/betterhealth/oklahoma)**

Online Authorizations via Surescripts or Covermymeds®

Important Contact Information

Provider Engagement

Phone#: **1-844-365-4385 (TTY: 711)**

Email: **ABHOKProviderEngagement@AETNA.com**

Website: **[AetnaBetterHealth.com/Oklahoma](https://www.aetna.com/betterhealth/oklahoma)**

Member Services:

Phone#: **1-844-365-4385 (TTY: 711)**

Website: **[AetnaBetterHealth.com/Oklahoma](https://www.aetna.com/betterhealth/oklahoma)**

Grievance & Appeals:

Phone#: **1-844-365-4385 (TTY: 711)**

Fax#: **1-833-805-3310**

Email: **OKAppealandGrievance@aetna.com**

Website: **[AetnaBetterHealth.com/Oklahoma](https://www.aetna.com/betterhealth/oklahoma)**

Case Management:

Phone#: **1-844-365-4385 (TTY: 711)**

Fax#: **1-833-898-6542**

Email: **AetnaBetterHealthOKCM@aetna.com**

Website: **[AetnaBetterHealth.com/Oklahoma](https://www.aetna.com/betterhealth/oklahoma)**

Pharmacy:

Phone#: **1-844-365-4385 (TTY: 711)**

Fax#: **1-888-601-8461**

Website: **[AetnaBetterHealth.com/Oklahoma](https://www.aetna.com/betterhealth/oklahoma)**

UM/Prior Authorizations:

Phone#: **1-844-365-4385 (TTY: 711)**

Fax#:

- Prior Authorization: **1-833-923-0831**
- Concurrent Review: **1-833-923-0780**
- Behavioral Health: **1-833-923-0829**

Website: Aetnabetterhealth.com/Oklahoma or Availity.com.

CVS Caremark:

Phone#: **1-855-319-6286**

Transportation/ ModivCare

Phone#: **1-877-718-4208**

Hours of Operation: Monday-Friday 7 AM-8 PM

NOTE: Transportation must be scheduled 72 hours in advance excluding weekends and state holidays.

Vision/EyeMed:

Phone#: **1-866-4-EYEMED**

24/7 Nurses line:

Phone#: **1-844-365-4385 (TTY: 711)**

Language Services:

Language Line Phone#: **1-855-380-5345**

To request interpreter services call member services at **1-855-380-5345 (TTY: 711)**.

- **Interpretation (Face to Face)**
Nationwide network of qualified interpreters offering interpretation in 15+ languages, including American Sign Language (ASL)
- **Interpretation (Over the Phone)**
Access to interpreters supporting 200+ languages via telephone

SoonerCare Helpline:

Phone#: **1-800-987-7767**

Oklahoma Tobacco Helpline (Tobacco Cessation):

Phone#: **1-800-QUITNOW (1-800-784-8669)**

Abuse, Neglect and Exploitation:

Children:

Oklahoma Department of Human Services (OKDHS) **Statewide 24-hour Child Abuse and Neglect Hotline at 1-800-522-3511.**

Vulnerable Adults:

Providers must report suspected or known physical abuse (domestic violence), neglect, maltreatment, and financial exploitation of a vulnerable adult immediately to one of the following State agencies:

- The Oklahoma Domestic Violence Hotline at **1-800-522-SAFE (7233)**
- Reporting Agencies
- Oklahoma Department of Human Services (**OKDHS**) **1-800-522-3511** or through this link: [OurOkDhs.org/s/reportabuse](https://www.okdhs.org/s/reportabuse)

Fraud, Waste & Abuse:

Providers can report suspected fraud, waste, or abuse in the following ways:

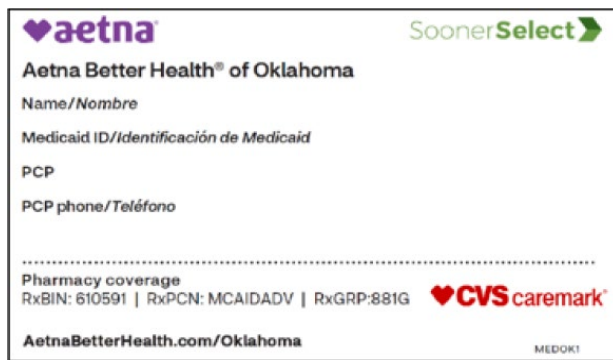
By phone to the confidential Aetna Better Health of Oklahoma **1-855-321-3727**

By phone to our confidential Special Investigation Unit (SIU) at **1-800-338-6361**

You can also report provider fraud to OHCA, at 1-855-817-3728 or to the Federal Office of Inspector General in the U.S. Department of Health and Human Services at 1-800-HHS-TIPS (1-800-447-8477).

Member ID card:

Front:



Back:

