



Aetna Better Health[®] of Oklahoma First Call behavioral health program: Credentialing

January 2026



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Introductions



Agenda

Housekeeping

Current trends

Resources

Q & A



Housekeeping

01

Forward focus approach

02

Remain on mute

Raise hand feature

Questions will be answered in order

03

Address as many questions during the call as time allows

Specific PHI-related issues cannot be discussed in large group settings

Summit sessions and breakout rooms will not be recorded

| Topic | Trend | ABHOK Status | Next Steps |
|---------------------------------|---|---|--|
| Roster requests | Providers being asked to submit multiple rosters | <p>Development of universal rosters. A single roster for all CEs.</p> <p>Processing is blocked due to critical errors (e.g., state file mismatches, incorrect taxonomy, NPI discrepancies, or other data inconsistencies). Outside of these rare scenarios, resubmissions should not be requested. A case number is automatically generated within 24 hours of a submitted roster.</p> <p><i>Note: If you have another line of business that you are credentialing for, a roster submission may be required for each LOB.</i></p> | <p>Effective 1/1/26, providers may begin to use the universal roster.</p> <p>Phase II- Single submission option.</p> <p>See resource page</p> |
| 90% non-par payments | <p>Provider concerns with 90% non-par payments.</p> <p>Request to back date to OHCA enrollment.</p> | <p>Per NCQA standards and SoonerSelect contractual requirements, all providers must complete credentialing before they are considered participating. Until credentialing is finalized, providers remain non-PAR and are reimbursed at the 90% non-PAR rate. NCQA explicitly prohibits backdating credentialing decisions; therefore, Aetna Better Health cannot retroactively adjust provider status or backdate payments to align with OHCA enrollment effective dates.</p> | <p>Providers may review the OHCA vs Screening document and the document of excluded providers.</p> <p>See resource page</p> |
| OHCA screening vs credentialing | Provider believes that OHCA screening is credentialing | Providers do not credential with OHCA. OHCA only screens providers. Aetna Better Health utilizes OHCA's provider master list as the source of truth for validating all provider data. | <p>A provider must be screened with OHCA, assigned a Medicaid ID number, and be credentialed with the CE of choice. The screening and Credentialing process may be done in parallel to each other. Providers may review the OHCA vs Screening document and the document of excluded providers.</p> <p>See resource page</p> |
| Excluded providers | Providers that do not require credentialing are initiating credentialing applications | <p>Common providers that do not require credentialing: RBTs, assistant behavior analysts, and licensed psychiatric technicians.</p> <p>Aetna Better Health will be sending letters to providers that are excluded, common cred and delegated to remove confusion.</p> | <p>Providers may review the excluded provider listing.</p> <p>See resource page</p> |
| Credentialing status | Providers are unable to see the app status | The credentialing application status won't change if required information isn't complete, if duplicate applications were created, or if the provider type doesn't require credentialing. | <p>Providers may review the excluded provider listing.</p> <p>See resource page</p> |
| Under supervision to licensed | Confusion on the process during the transition. | When a provider moves from supervised practice to full licensure, they must update their OHCA enrollment. Once OHCA and the CE roster reflect the provider as fully licensed, the credentialing workflow will capture the correct provider type and update their status. Only provider types subject to credentialing standards require this process. | <p>Providers may review the credentialing resource guide.</p> <p>See resource page</p> |

Provider credentialing application checklist

Avoid common mistakes—submit a complete application the first time

| | | | | |
|--|------------------------------------|--|--|-------------------|
| Specialty(Taxonomy) | NPI: [REDACTED] | App ID: [REDACTED] | Practitioner | |
| | | Last Application Update 01/24/2026 at 4:40 AM | Status Incomplete Application Hide Progress by Payer | |
| Aetna Better Health Oklahoma View App History | Application Available 10/2/2025 | Application Submitted | PSV in Process | Sent to Committee |

To ensure your credentialing application is processed quickly and without delays, please review this checklist before submitting:

Update your CAQH profile (if applicable)

- Confirm all information in your CAQH profile is current and complete.

Complete the Availity application

- Make sure your Availity application is fully filled out and submitted.

Attach proof of professional liability insurance

- Include a current copy of your professional liability insurance documentation.

Include a provider roster

- Ensure that the latest roster has been provided via [Contact Us](#).
- NOTE: Only additions, terminations, or changes need to be on the roster.

Double-check all attachments

- Verify that all required documents are attached and uploaded correctly.

Helpful tips:

- The application system is designed to prevent incomplete submissions, but incorrect or missing attachments can still cause delays.



Submitting a credentialing application

Resources

Already credentialed

If the provider is credentialed with Aetna under another line of business (e.g., Commercial or Medicare), no additional credentialing is required.

Not yet credentialed

Providers may submit contract applications to OHCA and contract and credentialing requests to contracted entities (CEs) at the same time. While these processes may run concurrently, contract effective dates with OHCA and the CE may differ. CEs must comply with NCQA standards, meaning you cannot be active in the network until credentialing (if applicable) is complete. Credentialing cannot be completed until OHCA issues a valid Provider ID, and CEs cannot backdate credentialing. Follow the “Workflow for Providers” to begin the contracting and credentialing process.

Outreach

Availity will make up to three attempts via email to obtain missing information. Once a clean credentialing submission is received, the information is sent to the credentialing team for primary source verification.

Decision

After credentialing is completed and approved, an approval letter will be emailed to the contact on file.

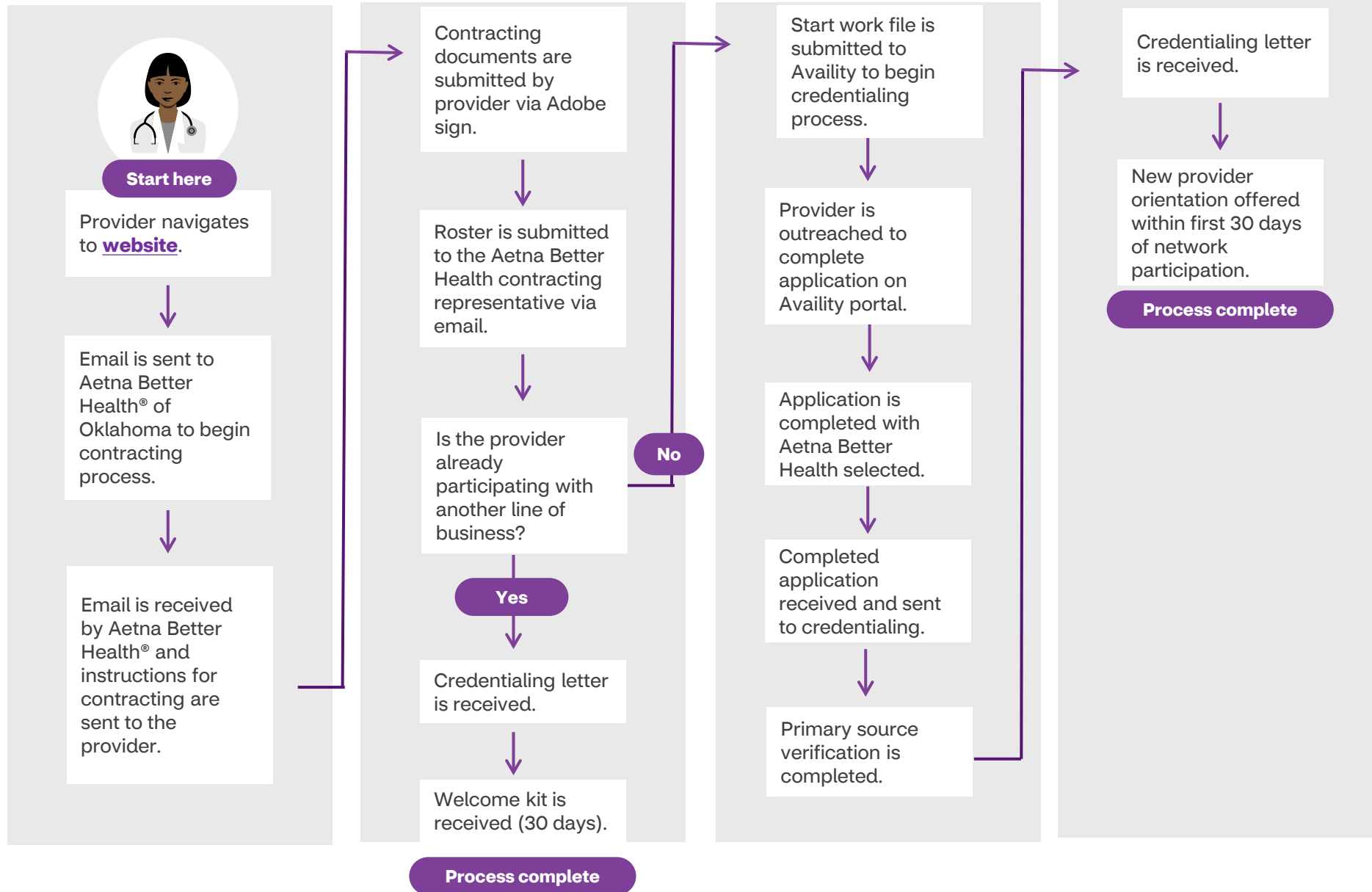
Recredentialing

Providers will be recredentialled every three years from the date of their last approval. Providers will receive a notification prior to the recredentialing due date as a reminder to recredential.

Workflow for providers

Provider process

NOTE: **This workflow is not applicable to providers that do not require credentialing.** Providers in this category simply need to submit a roster.



Aetna Better Health® of Oklahoma resources

Useful links to keep nearby:

First Call Concierge Service mailbox:

ABHOKBehavioralHealth@Aetna.com

[Credentialing resource guide](#)

[List of providers by specialty that do not require credentialing](#)

[Universal roster](#)

[Screening vs. credentialing one pager](#)



CICR: Claims Inquiry Claims Research direct line:
844-365-4385 Option 2, then Option 6



Q&A

Thank you



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