



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

January 2026



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Introductions



Agenda

Housekeeping

New standardized roster submission process

Roster and credentialing information

FAQs

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

New standardized roster submission process

To improve consistency, reduce errors, and ensure accurate routing, all provider roster updates and demographic changes must now be submitted through the Aetna Better Health Contact Us form.

The email inbox is **no longer accepting roster updates** and should not be used.

Using Contact Us ensures:

- Your request is routed correctly.
- Required information is captured up front.
- Delays due to missing or incomplete data are minimized.
- You receive confirmation of your submission.

Tracking and confirmation

Once a submission is made through Contact Us, a **case number is automatically generated within 24 hours**. This serves as your confirmation of receipt and allows you to track the request through resolution.

[Find the universal roster here](#)



Roster and credentialing information

Only one roster is needed when submitting multiple updates through one request.

This streamlined end-to-end process was created to improve accuracy, eliminate uncertainty around receipt, and ensure provider data remains aligned with state and system requirements.

When a roster resubmission is needed

Roster resubmissions are only requested in limited situations, such as:

- A provider reports they submitted a roster, but it was not received
- Critical errors prevent processing (e.g., state file misalignment, incorrect taxonomy, NPI discrepancies, or other data inconsistencies)

Outside of these specific situations, resubmissions should not be requested.

Required documentation

To ensure your request can be processed without delay, each submission must include:

- Provider or group name
- NPI number(s)
- Tax ID number
- Service location(s)
- Contact name, phone number, and email
- Effective date of the change
- Description of the update (including ADA information, if applicable)
- Completed Universal Roster (required for all updates)
- Completed W-9 (required for demographic changes)
- Any applicable supporting documentation

Requests missing required information or containing data that does not align with state requirements cannot be processed.

How to submit

To submit your updates:

- Go to Contact Us
- Select “Still need support (Contact Us)?”
- Choose the appropriate category for your request
- Upload the required documentation

Using Availity – best practices

Support contacts

Availity client services (external provider support):

☎ 1-800-282-4548

🕒 Monday – Friday, 8 AM – 8 PM ET (excluding holidays)

Training Access

Availity offers a comprehensive library of self-help training resources, including recorded webinars, step-by-step guides, and how-to documents. Providers can also register for upcoming live training sessions. All training resources are available through Availity's **Help & Training** section located on the top toolbar.



Frequently asked questions

Why might Availity direct providers to the health plan?

Availity displays information provided directly by the plan. If something appears incorrect—such as eligibility details—providers may be asked to contact the plan.

Where can providers find member case details?

In Payer Spaces under Aetna Better Health. Select Medicaid Case Manager (Dynamo) to log in and view case details.

[Registration link](#)

Does “Manage My Organization” in Availity update plan systems?

No. Updates made in Availity apply only within Availity. Providers must follow the plan’s process for demographic or profile changes.

Can providers view historical panel rosters?

No. Only current rosters are available.

Can panel rosters be downloaded into Excel?

Yes.

Where can providers confirm if they are in-network for a member?

Within Availity under Provider Details → Provider Affiliations.

Where can CAP/PCMH or other reports be found?

Under Business Intelligence Reports in payer spaces.

Is Availity Essentials free for providers?

Yes, the Availity Essentials (portal) is free to use.

Where can providers see remits/EOBs?

Remittance Viewer displays remits for claims paid through ECHO Health. Historical information may require checking with CHC or the clearinghouse.

Where do providers submit claim appeals?

Using the Dispute Claim button within the Claim Status Inquiry.

Can non-par providers submit appeals through Availity?

Yes, with an active provider record.

What happens if an appeal is submitted using the wrong tool?

The Appeals and Claims teams have processes to redirect submissions internally.

How can third-party billing companies gain access to Availity?

Using the Create Account located under Billing Service within Availity’s registration site.

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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