



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

January 2026



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Introductions



Agenda

Housekeeping

Turnaround time changes

What requires an authorization?

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

Turnaround time changes – effective November 1, 2025

Inpatient requests:

- Decision timeframe: 72 hours
- Extensions: Not permitted

Urgent prior authorization (PA):

- Decision timeframe: 72 hours
- Extensions: Not permitted

Standard prior authorization (PA):

- Decision timeframe: 7 calendar days
- Extensions: Additional 14 calendar days, if necessary

Retroactive requests:

- Decision timeframe: 7 calendar days
- Extensions: Not permitted

"If a contracted entity or the Authority requires prior authorization of a health care service, the contracted entity must make a prior authorization or adverse determination in accordance with the following time periods:

- For **urgent health** care services, within **seventy-two (72) hours** of obtaining all necessary information to make the prior authorization or adverse determination
- For **non-urgent health** care services, within **seven (7) days** of obtaining all necessary information to make the prior authorization or adverse determination

Source: 56 O.S. 4002.6(E)(1)



What requires an authorization?

- A list of services that require an authorization can be found on the [Provider Portal](#).
- You can also search for services that require a PA using the ProPAT online prior authorization search tool. [ProPat Search Tool](#)

How to request an authorization:

- Submit prior authorizations electronically through the Availity provider portal. You can also check the status of authorizations you've already submitted. Just go to "Patient Registration" to find the Authorizations & Referrals function in the portal.
- Requesting via fax is also an option. Download the correct PA request form from the "Tips for requesting PA" section located on the Aetna Better Health provider website. Then, fax it to us at the number on the corresponding PA request form. Be sure to add any supporting materials for review.
- Requesting by phone is also an option. Call **1-844-365-4385** (TTY: **711**) 8 AM to 5 PM, Monday to Friday.

Availity issues/questions:

- For specific issues with Availity, contact them directly. For systemic issues, you may contact your Provider Engagement representative to assist with monitoring the remediation efforts.
- Aetna Better Health acknowledges the current limitation in the provider-facing view, which does not display authorized date ranges or units. This information can be found in the Notification of Decision, which is sent via fax and mail.



What if the provider doesn't agree with the decision?

- A physician or nurse practitioner may request a **Peer-to-Peer** consultation with the Aetna Better Health of Oklahoma medical director. To request, please call **833-459-1998**, which is the centralized Peer-to-Peer number. Be prepared to provide your contact date and time as well as the best phone number to be reached. These requests must be received within 5 business days from the time of the denial.
- An **appeal** is also available to members as a next step to dispute the denial decision. The member has 60 calendar days from the date of the notification of decision to request an appeal. An appeal can be requested to be expedited if the member or provider thinks a delay will cause harm to a member's health. Appeals can be requested at **844-365-4385** or by following the instructions outlined in the notification of decision.



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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