



# Aetna Better Health<sup>®</sup> of Oklahoma

## Summer 2025 provider newsletter

### Important provider guidance

To maintain appropriate communication channels and protect the privacy of our staff, **we respectfully request providers refrain from sharing names, emails, direct phone numbers, or any personal information of Aetna Better Health employees with members.**

If a member requires assistance, please direct them to our dedicated Member Services Department at **1-844-365-4385**. This ensures members receive consistent, high-quality support through our established service channels.

We remain committed to our partnership and to facilitating the excellent care you provide to our members.

Thank you for your continued dedication to improving the health outcomes of the communities we serve together.



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### Follow us on social media!



@aetnabetterhealthok



Aetna Better Health of Oklahoma

### Find our latest updates here

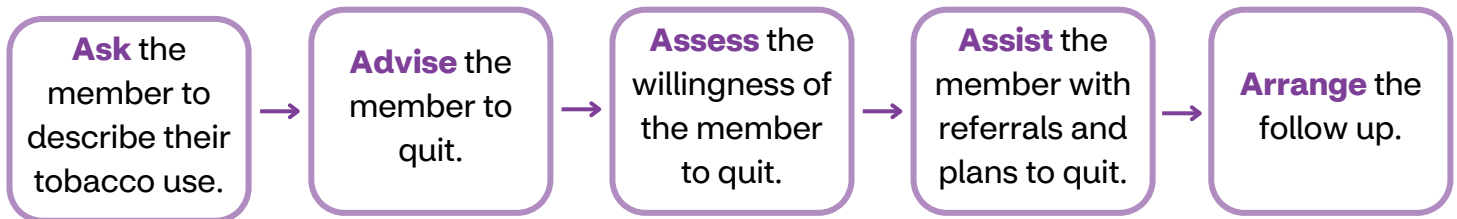
### See the latest drug shortage list here



# Tobacco cessation benefits

Research indicates no other clinical intervention can reduce illness, prevent death or increase quality of life more effectively than tobacco cessation. **Aetna Better Health® reimburses providers who use the five A's approach to tobacco cessation** developed by the Agency for Health Care Research and Quality and endorsed by the U.S. Public Health Service.

## The five A's



## Who can perform the five A's?

- Physicians
- Physician assistants
- Dentists
- BH providers
- FQHC nurse practitioners and RNs
- Nurse practitioners
- Nurse midwives
- OSDH nurse practitioners and RNs
- Maternal/child health licensed social worker (CTTS certified)

## Who is covered?

Members 12 and older.

## A compensable service must include:

Chart documentation with a separate progress note addressing the five A's and an office note signature along with member-specific information addressed in the five steps and the time spent by the practitioner performing the counseling. Anything less than three minutes is considered part of a routine visit.

## Payments and coding

- Tobacco cessation counseling services are paid in addition to other appropriate services rendered on the same day.
- **Use code 99406** for counseling sessions lasting between three and ten minutes.
- Members are eligible for eight sessions up to two times (16 sessions total) in a twelve-month period.

## Did you know?

Nicotine replacement therapy (NRT) products (including patches, gum, lozenges, inhalers and nasal spray) and Zyban®/Bupropion products are covered.

Chantix®/Varenicline is covered up to 180 days per 12 months. Tobacco cessation products are covered without duration limits, PA or co-payment and do not count against monthly prescription limits.

Eight tobacco cessation counseling sessions with contracted providers per year are covered.

Providers are encouraged to refer members to the Oklahoma Tobacco Helpline for ongoing support to increase likelihood of successful cessation at **800-Quit-Now** or **OkHelpline.com**.

# Increased earning opportunities

Just as every member has unique needs, the providers who care for them do too. So we offer a Pay for Quality (P4Q) model to promote excellent outcomes for our members and reward you for those outcomes. For more information, visit

[AetnaBetterHealth.com/oklahoma/providers/increased-earning-opportunities](https://www.aetna.com/better-health/oklahoma/providers/increased-earning-opportunities)

# Valuing our provider partnership

At Aetna Better Health, we deeply value the partnership we have established with all of our contracted providers. We recognize and appreciate the exceptional care you deliver to our members each and every day.

As your dedicated health plan partner, we want to ensure you have the support needed to provide optimal care to our members. Our team is readily available to assist with any concerns regarding:

- Claims processing
- Prior authorizations
- Payment inquiries
- Any other matters affecting your ability to care for our members

# State directed payments

Aetna Better Health will be continuing to send provider funds as part of the Directed Payment Program (DPP) this year. These payments are separate from claims payments received through ECHO.

Aetna Better Health encourages providers to set up electronic funds transfer (EFT) for DPP if you have not already. EFT is a more secure and timely way to receive funds. The process is simple and only requires filling out a short form with the accompanying banking information.

If you are interested in receiving DPP funds via EFT, please reach out to the Aetna Better Health Finance department at [ABHOK-Dir-Payments@aetna.com](mailto:ABHOK-Dir-Payments@aetna.com) or contact your Provider Experience representative.



## Connecting members with extra benefits

Our members are eligible to receive benefits when they complete certain healthy activities like preventative screenings, wellness visits, and prenatal care. Our extra benefits for 2025 include:



Pregnancy and maternal health support



Wireless service



Waived copays



Career & life skills training



Incentives for screenings



Over-the-counter (OTC) supplies



Diaper club

Members must meet criteria requirements to be eligible for certain benefits and incentives. Benefits may require Care Management involvement or specific diagnoses.

# Improving ADHD care, childhood immunizations, and addressing social needs in Aetna Better Health

Performance Improvement Projects (PIPs) focus on improving health outcomes for members.

Three key areas of focus include **enhancing ADHD follow-up care**, **increasing childhood immunization rates (CIS Combo 3)**, and **addressing Social Determinants of Health (SDoH)**.

## Ensuring effective ADHD treatment

ADHD is a common diagnosis among children, but successful treatment depends on consistent follow-up and management. To improve care for children prescribed ADHD medication, this project emphasizes:

- Scheduling timely follow-ups within 30 days of a new prescription to assess effectiveness and side effects.
- Follow-ups at the recommended intervals of 60 days and 180 days at the initial visit before the patient leaves the office.
- Encouraging behavioral health support when appropriate, alongside medication management.
- Providing education to families to reinforce adherence and treatment goals. Include potential side-effects and when they should seek guidance.



Timely follow-ups lead to better treatment outcomes and reduce the risk of medication discontinuation. Providers play a vital role in ensuring children receive appropriate care and monitoring.



# Improving ADHD care, childhood immunizations, and addressing social needs in Aetna Better Health (continued)



## Increasing childhood immunization rates (CIS Combo 3)

Childhood immunization rates have seen declines, putting children at greater risk for preventable diseases. The CIS Combo 3 PIP focuses on closing gaps in vaccine completion before age two by:

- Identifying missed vaccination opportunities and using every visit to update immunizations.
- Educating parents on the importance of timely vaccinations to address concerns and hesitations.
- Providing immunization schedule to parents.
- Informing parents of the vaccines due at that visit and providing educational material so the parent is better informed prior to the visit.
- Strengthening outreach efforts to remind members of upcoming or overdue vaccines.

A strong immunization schedule is essential for protecting young children and the broader community.



## Addressing Social Determinants of Health (SDoH)

A person's health is influenced by more than just medical care. Housing, food insecurity, transportation, and access to community resources all impact overall well-being. This PIP focuses on:

- Screening members for barriers to care related to social needs.
- Strengthening partnerships with community organizations to connect members to resources.
- Providing training and tools for providers to incorporate SDOH screenings into routine care.

Providers who integrate SDOH questions into patient visits can help connect members to services that improve stability and long-term health outcomes.

## How providers can make an impact

Your role is critical in these initiatives. By ensuring timely ADHD follow-ups, promoting immunization completion, and addressing social needs, you help improve the quality of care for members.

For more details or assistance, please contact your provider representative or visit [AetnaBetterHealth.com/oklahoma/providers](https://www.aetna.com/betterhealth/oklahoma/providers) then select 'contact us'.

# Important reminder about claims remittance viewer

The Availity Remittance Viewer tool is an electronic solution offering providers and billing services the ability to search, view, sort, save and print payment and remittance information. That includes denial information.

This tool is available to registered Availity users currently enrolled to receive Electronic Remittance Advice (835 ERA) from Aetna Better Health.

Listed below you will find detailed information as well as helpful hints to retrieve remittance information.

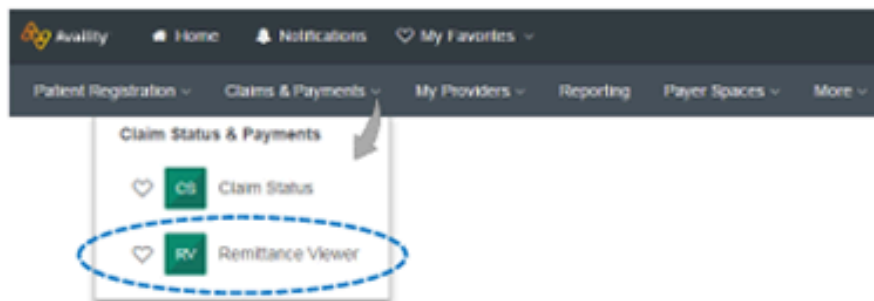
## 1) Getting Started

- ▶ Go to [Availity](#)
- ▶ Select [Availity Portal Login](#)
- ▶ Enter User ID and Password
- ▶ Select [Log in](#)

*Note: Only registered Availity users can access and use Remittance Viewer.*

## 2) Accessing Remittance Viewer

- ▶ Select [Claims & Payments](#) from the navigation menu
- ▶ Select [Remittance Viewer](#)



*Note: Contact your Availity Administrators if [Remittance Viewer](#) is not listed in the [Claims & Payments](#) menu.*



# Health equity

## Bridging the language gap

Aetna Better Health is committed to ensuring all members receive equitable, culturally appropriate care. One way we do this is by supporting providers with data on member needs and making interpretation services readily available.

## Member demographics as of January 2025

This information is collected from members upon enrollment. As of January 31, 2025, we have a total of 183,967 members.

- The majority of our members identify as female (55.7%).
- Members were predominately young, with a large portion under the age of 15 (49.7%), followed by age group 25-44 years (21.2%), 15-24 years (19.0%), and 45-64 years (10.1%).
- Nearly half of all members identify as White (49.2%), followed by significant representation from Hispanic (23.8%) and Black/African American (12.1%). Asian/Pacific Islander (3.5%) and those who self-identify as American Indian/Alaska Native (0.6%) accounted for less than 5% combined.



# Language services

## Language line usage vs. reported language

Annually, Aetna Better Health reviews data to identify threshold languages and to determine whether the plan is meeting the needs of its membership. Threshold languages are all languages spoken by 5% of the population or by 1,000 eligible individuals. Currently, the threshold languages for Aetna Better Health members is English and Spanish. While most members reported English (90.8%) as their primary language upon enrollment, nearly one in ten (9.24%) reporting Spanish, which highlights the importance of accessible language services.

In January 2025, Aetna Better Health fulfilled 960 billed interpreter calls, totaling 12,434 minutes of interpretation. Below are the top five languages requested:

- Spanish accounted for 90.00% of calls and 84.16% of minutes used
- Pashto was the second highest category at 2.50%, totaling 3.36% of minutes used
- Dari was next at 2.40% and 3.75% of minutes used
- Burmese (1.56%) showed notable use

This gap underscores the need to check in regularly with members about their preferred language for care.

## Accessing Language Services

Language Services provided through Aetna Better Health are always free to both the provider and the member. If external interpreters are used, the provider is responsible for the cost. Providers can request interpreter support 24/7 at

**1-844-365-4385 (TTY 711)**. Services include:

- Telephonic and three-way interpretation
- Face-to-face interpreters (requires 48-hour notice)
- Sign language and hearing-impaired services
- Video interpretation

In addition to offering interpreters, Aetna Better Health shares individual member language preference data to support individualized care. Providers can access this information through Availity. Reviewing the data prior to appointments can ensure interpreters services are scheduled in advance. If you need assistance navigating the Availity platform, please contact Provider Relations for support.

## Final Note

Clear communication is key to quality care. Let us continue working together to ensure every member is understood, regardless of the language they speak. For help or questions, please contact Member Services at **1-844-365-4385**.





## The power of seamless referrals and continuity of care

Smooth referral pathways and strong care continuity are key drivers of positive health outcomes. When members experience coordinated transitions—whether moving between primary, specialty, or behavioral health care—they are more likely to follow through with treatment, avoid gaps, and report higher satisfaction. National studies show that effective referrals reduce missed appointments and support better long-term results.

Extra benefits like Pyx Health and Teladoc are available to help members bridge transitions and stay connected to care between visits. These resources can address barriers such as transportation, mental health support, and after-hours questions, making it easier for members to stay on track.

For more information on these benefits or best practices for supporting care transitions, reach out to our Provider Relations team or visit our website for details on extra benefits: [AetnaBetterHealth.com/oklahoma/whats-covered](https://www.aetna.com/better-health/oklahoma/whats-covered)

**Thank you**