

New overpayment recovery letter process

Date: August 27, 2025

To: All Provider Partners

From: Aetna Better Health® of Oklahoma Provider Relations

Dear Provider Partners,

Aetna Better Health is updating how we manage overpayment recovery to improve accuracy and streamline payment reconciliation.

What's changing

When an overpayment is identified, you will now receive a formal notification letter that includes:

- The amount of the overpayment
- A 30-day deadline to return the funds (starting from the date you receive the letter)
- Step-by-step instructions for returning the payment, including the correct return address

What you need to know

- **This process is now active and applies to all providers as of July 1, 2025.**
- A response within 30 days is requested.
- If no response is received within the 30-day window, we will initiate a recoupment.

To avoid automatic recoupment, please ensure that any overpayment is repaid within the 30-day timeframe. This allows you to return the funds directly from the provider associated with the original claim.

Thank you for your continued partnership.

Sincerely,

Aetna Better Health

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from Aetna. There are numerous ways you may opt-out: The recipient may call toll-free 877-265-2711 and/or fax the opt-out request to 1-888-263-9488, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@aetna.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to Aetna to send facsimile advertisements to such person/entity at that particular number. Aetna is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, such as prior authorization requests and notices.

Reminders

If you are submitting your credentialing application, providers must also attest to its accuracy. Without that attestation, the application won't be finalized.

The 2025 HEDIS manual is now available. You can explore the latest quality measures on our website.

For questions call the provider services team toll free at: **1-844-365-4385**

ABHOKProviderEngagement@aetna.com

This provider update has been sent to:

Provider type(s) -

- IPA/Medical groups
- Primary care providers
- Specialist providers
- Hospitals
- Ancillary
- SNF
- DME
- Home health

Line of business:

- SoonerSelect