Aetna Better Health® of Oklahoma

Aetna Better Health® of Oklahoma
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Annual reminders: key requirements and resources

Dear Provider Partner,

This message highlights annual reminders that help your practice deliver safe, high-quality health care to our members. Ahead, you'll find key information on population health management programs, referrals, access standards, and other resources you can use in your daily work.

You can save or share this with your team for easy reference.

How members are informed about PHM

Members are informed about PHM programs in several ways, including:

- Member handbook and welcome materials
- Outreach from care management teams (phone, mail, or other communication)
- Care plan discussions with providers and care teams
- The Aetna Better Health website and member materials

Members receive information about:

- How they are identified for services
- What services are available
- How to use care management support
- Their choice to participate or opt out at any time

Providers should be familiar with this information and reinforce it during visits.

Learn about extra benefits beyond standard coverage here:
AetnaBetterHealth.com/oklahoma/extra-benefits

Population health management (PHM) programs

We offer population health management (PHM) programs to support members with chronic conditions, preventive care needs, and complex health and social needs.

The recipient of this notice may make a request to opt-out of receiving telemarketing 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.

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These programs include care coordination, education, and support services to help members improve their health and access care.

PHM programs are supported through our integrated care management model, which brings together physical health, behavioral health, and social support services to meet each member's needs.

Members may choose to take part in these programs and can opt in or out at any time.

You can find more details in the provider manual and on our provider website. **AetnaBetterHealth.com/oklahoma/population-health-programs.html**

Provider portal and data sharing (Availity)
Use the Availity portal to access and exchange data securely including:

- Eligibility and benefits
- Claims and authorization requests
- Case management updates
- Grievances
- Panel rosters

Register at **Availity.com/provider-portal-registration.**

Provider collaboration and support
We work with you to support coordinated, member-centered care. Together, we share responsibility for improving health outcomes, closing care gaps, and reducing care fragmentation.

Care coordination and communication

- We assign care management contacts and share updates
- Your team identifies a contact and responds to coordination needs

Identifying and engaging members

- We identify members who may benefit from PHM using data and screening tools
- You help confirm needs and encourage participation

Referrals to care management

- We manage referrals, outreach, and enrollment
- You refer members and share clinical information

Care plans and follow-up

- We develop care plans with members and share key details
- You reinforce care plans and support follow-up

Closing gaps in care

- We provide care gap insights and reports
- You take action such as scheduling preventive care and screenings

Transitions of care

- We support discharge outreach and coordination
- You schedule follow-up visits, review instructions, and manage medications

Social needs support

- We connect members to community resources
- You help identify needs and coordinate support

Documentation and information sharing

- We share care management updates
- You document care and support coordination across providers

For support, contact Provider Engagement:
Phone: **1-844-365-4385**
Email: **ABHOKProviderEngagement@Aetna.com**

Referrals to complex case management

Members can be referred to complex case management by care management programs, discharge planners, members/caregivers, or you. To refer a member, call **1-844-365-4385 (TTY: 711)** or visit **AetnaBetterHealth.com/oklahoma**

Members' rights and responsibilities (for your awareness)

Members have rights like being treated with dignity, participating in care decisions, and appealing decisions. They all have their own set of and responsibilities, like sharing needed information and following agreed care plans.

See **chapter seven** in the provider manual for full details.

Practice guidelines—adoption and availability

We use evidence-based clinical practice guidelines (approved by our Quality Improvement committee) and review/update them regularly.

You can find guidelines at:
AetnaBetterHealth.com/oklahoma/providers/guidelines

You can request copies at any time.

Pharmaceutical management: what to know
We share pharmacy updates at least annually and when changes happen.
This includes:

- Preferred drug list
- Prior authorization requirements
- Quantity limits
- Step therapy rules

Find details at **AetnaBetterHealth.com/oklahoma/providers/pharmacy**

Utilization management (UM) criteria availability at the point of care
UM criteria are available to support clinical decisions.

You can:

- Request criteria by calling **1-844-365-4385**
- Use tools like MCG guidelines and policy bulletins

Access to UM staff
Have UM questions? Our staff are available to answer questions, provider support and offer language and accessibility services.

Call **Member/Provider Services** at **1-844-365-4385 (TTY: 711)**.

Appointment availability standards (access to care)
We evaluate appointment access annually and share performance against standards.

- **Primary care:** regular/routine, urgent, and after-hours access.
- **Behavioral health:** non-life-threatening emergencies (within 6 hours), urgent care (within 48 hours), initial routine (within 10 business days), and follow-up routine care.
- **Specialty care:** access for high-volume and high-impact specialties.
  Review your practice's access and align with contractual/state requirements.

Read more in **chapter four** of the provider manual.

UM: affirmative statement
UM decisions are based on medical need and benefits. We do not reward denials or use incentives that encourage underutilization.

Aetna Better Health highlights

Colorectal cancer screening
Members have access to colorectal screening options at no cost and receive a **$25 reward** once completed. A reminder from a trusted provider can increase screening rates and close gaps in care for Oklahomans.

Breast cancer screening
Members receive a **$25 reward** for completing a breast cancer screening. Your recommendation matters to members and can help save lives with early detection.

Cervical cancer screening
This extra benefit gives members ages 21-64 years old a **$25 reward** for completing their cervical cancer screening.

Encourage members to call the number on their ID card or explore support in the Aetna Better Health app.