Aetna Better Health® of Oklahoma First Call behavioral health program

January 2026

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Introductions

Agenda

Housekeeping

Key improvements completed

Work still in progress

Patterns and trends

High-volume codes

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

Any specific claims issues will be resolved in a separate breakout room

Summit sessions and breakout rooms will not be recorded

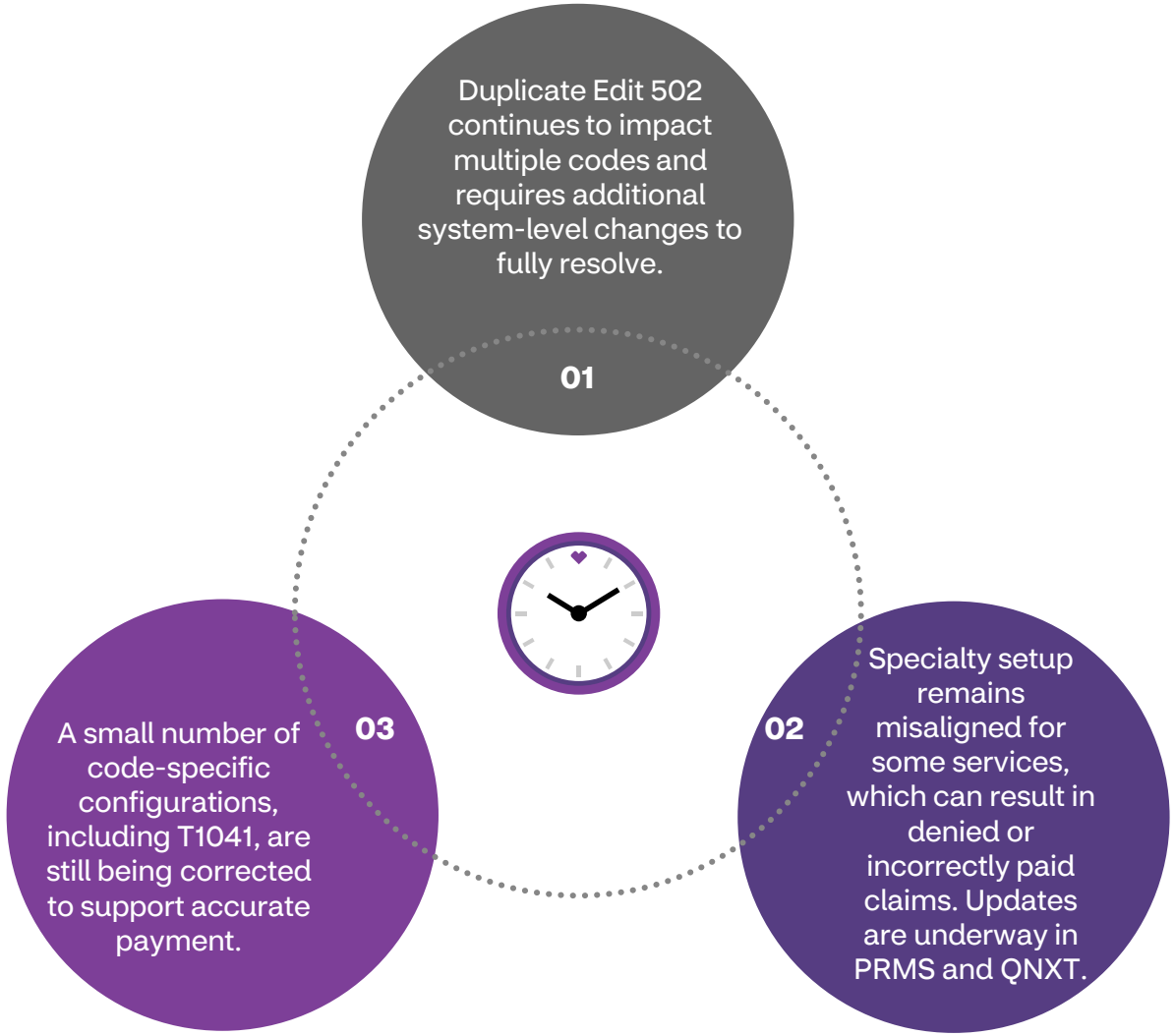
Key improvements completed

Aetna Better Health operations addressed several leading causes of incorrect denials, including age-based restrictions, missing or unnecessary authorization requirements, and unit-splitting issues that caused claims to deny as duplicates.

Modifier rules (HH, GT, HQ, and others) have been updated to align with current standards and process correctly.

Coordination of benefits (COB) logic now supports the state's pay-and-chase requirements, which has reduced improper denials for members with secondary coverage.

Work still in progress



Patterns and trends

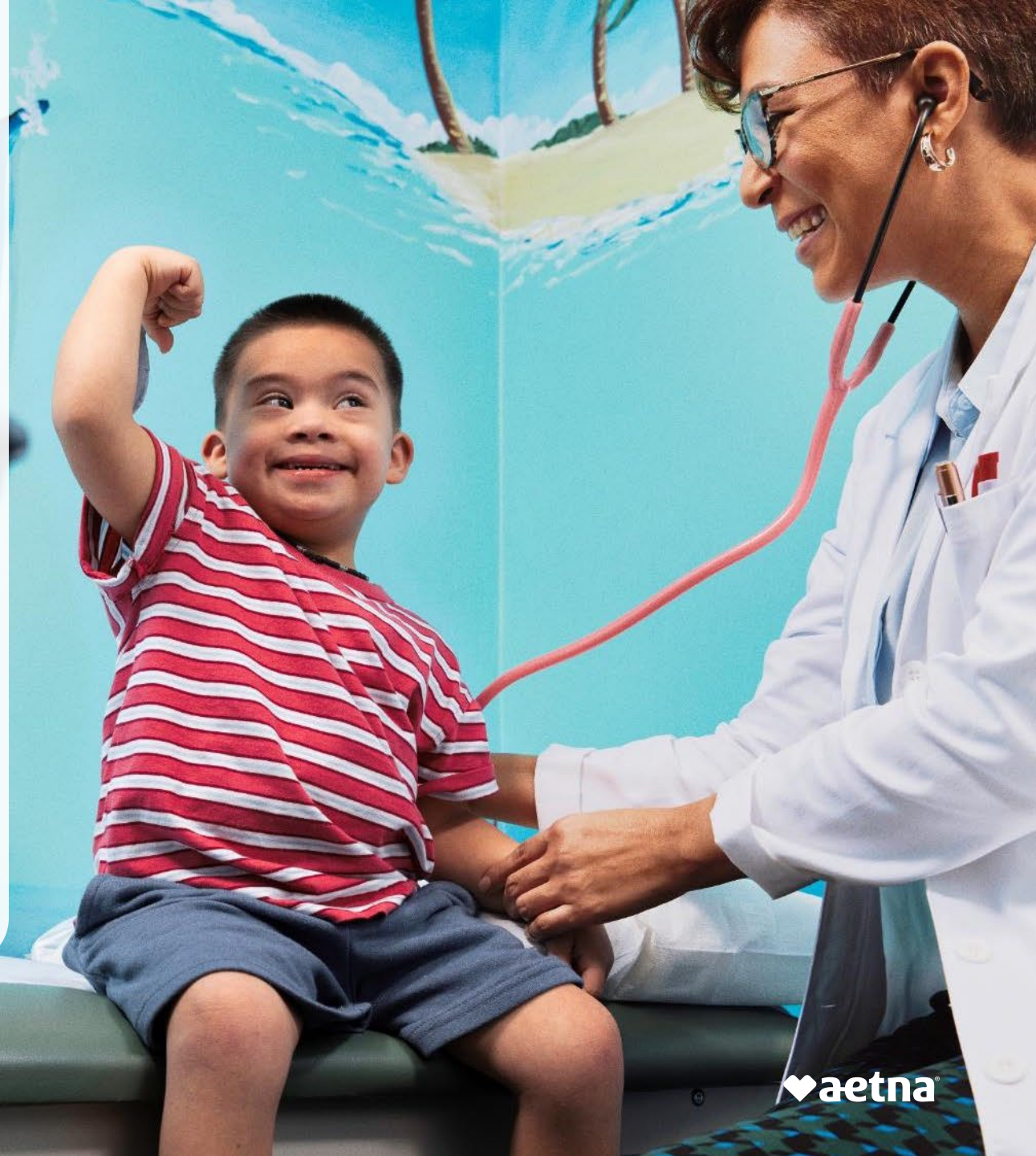
Recent ticket patterns
Many open tickets involve underpayments tied to incorrect specialty configuration.
Denials continue when billing and rendering providers are not listed correctly. For some system-triggered billing scenarios (such as independent practitioners), a fix has been implemented, and future claims will pay rather than deny.
Several tickets reflect modifier discrepancies that are currently being reworked.
Some claims were paid using an incorrect payment method and require adjustments.

Trends we're monitoring
Recoupments have increased when provider information is incorrect or does not align with expected billing practices.
Independent provider denials temporarily increased due to internal configuration changes.
Impacted claims are in rework. Specialty mismatches remain a key driver of underpayments, reinforcing the need for continued specialty cleanup.

High-volume codes

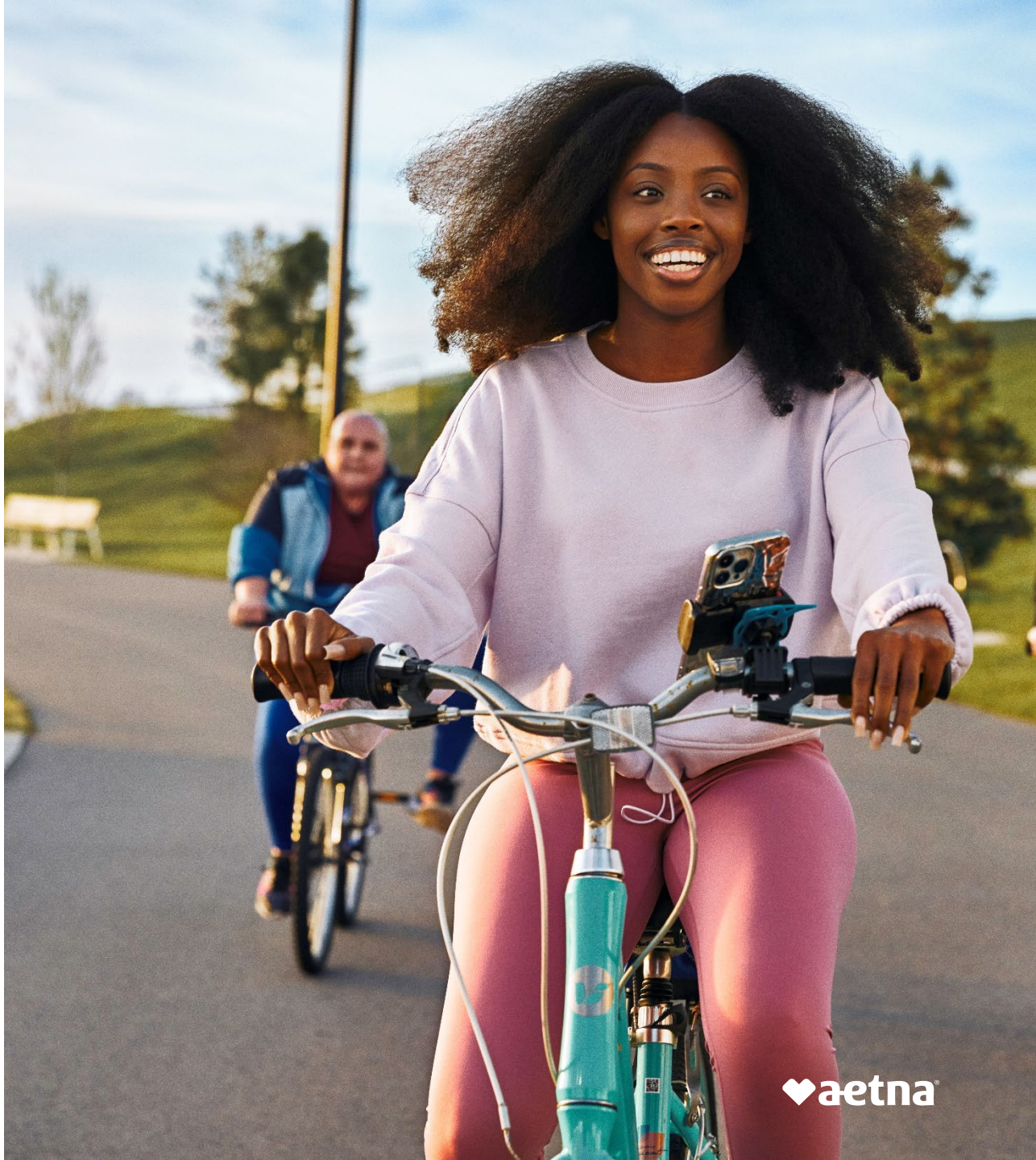
We are closely monitoring the behavioral health codes most affected by recent changes:

- **H0004** – Counseling and therapy
- **H2015** – Community support services
- **H2017** – Psychological rehabilitation
- **H0031** – Mental health assessments
- **T1016** – Case management
- **T1041** – CCBHC services



Overall takeaways

- Many high-impact issues have been resolved, but specialty alignment, modifier setup, and Duplicate Edit 502 still need focused attention.
- Strong cross-team coordination is essential to reducing avoidable denials and rework.
- Ongoing monitoring of high-volume behavioral health codes and system rules will help maintain stability as configurations continue to be refined.



Aetna Better Health® of Oklahoma resources

Useful links to keep nearby:

First Call Concierge Service mailbox:

ABHOKBehavioralHealth@Aetna.com

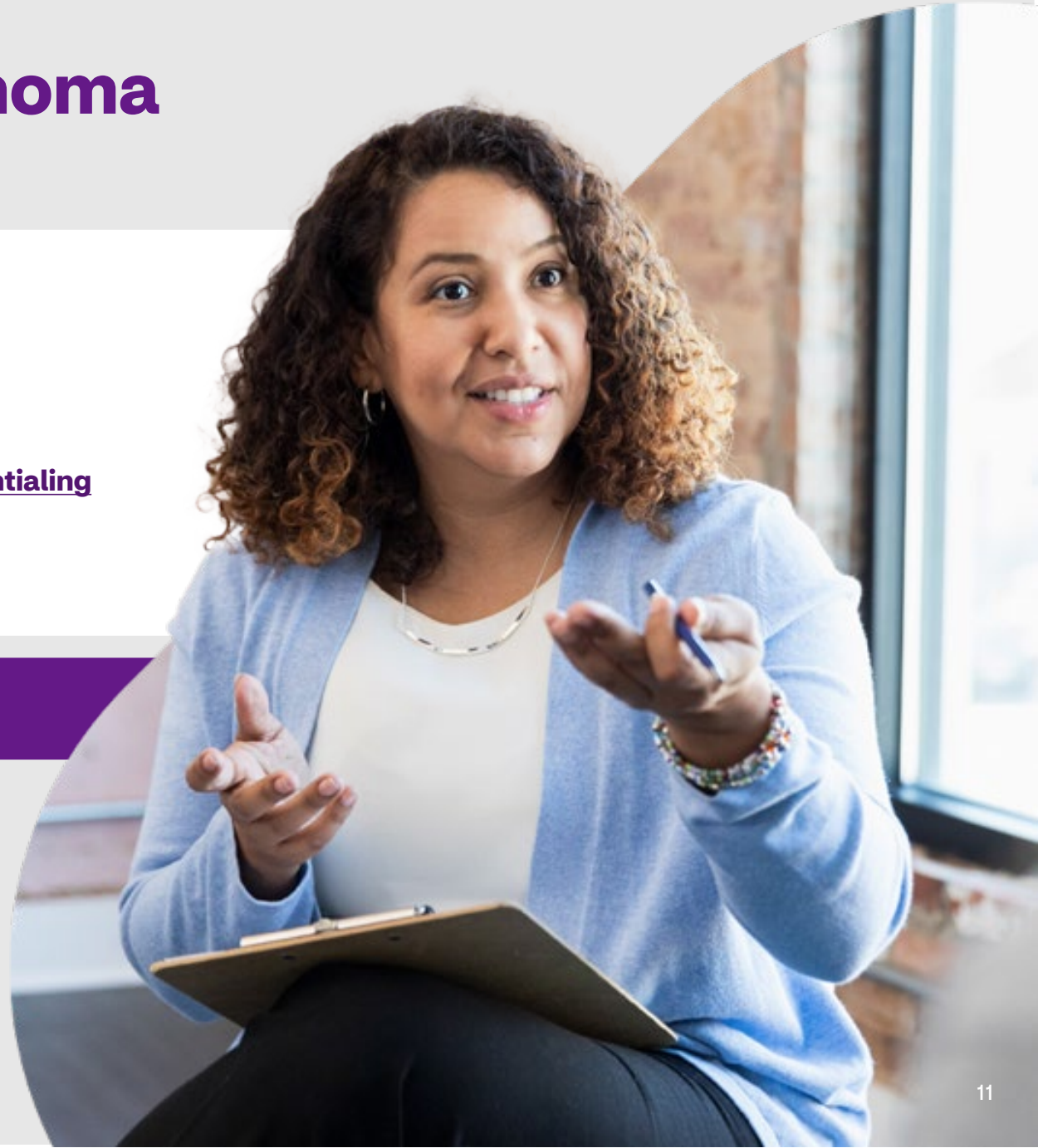
Credentialing resource guide

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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