

Good News About Your Authorizations!

Dear Provider,

Aetna Better Health of Oklahoma is committed to a smooth transition for our new providers and members. To ensure a seamless transition, Aetna Better Health of Oklahoma will honor your previously approved authorizations for up to 120 days without any action from you.

What does this mean for you?

Your approved authorizations will be shared with us during a member's transition to Aetna Better Health of Oklahoma. Aetna Better Health will use approved authorizations to review a member's utilization history, ensure continuity of care for members, and to facilitate appropriate claims payment. All of this will happen without any action required from you.

This applies to any provider, in- or out-of-network, with an approved authorizations for a covered benefit during the transition period.

Additionally, we want to ensure that discharge planning is in place for members who are in acute care at the time of transition to Aetna Better Health. Our Utilization Management staff will collaborate with facilities on the member's progress and discharge needs.

Questions?

Please direct any questions to our Provider Call Center at **844-365-4385** and follow prompts.

Sincerely,

Utilization Management

Aetna Better Health of Oklahoma