Aetna Better Health® of Oklahoma

Aetna Better Health® of Oklahoma
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Avoid claim rejections: verify your provider information

Dear Provider Partner,

Aetna Better Health® of Oklahoma and the other Oklahoma managed care organizations continue to receive a high volume of claims with provider information that does not match the OHCA Provider Master File.

As directed on June 27, 2024 in the OHCA provider letter 2024-14, claims must exactly match the way the provider is registered in the OHCA Provider Master File, including:

- Billing National Provider Identifier (NPI)
- Rendering NPI, if different from billing
- Billing taxonomy code
- Rendering taxonomy code, if different from billing
- Service address, including ZIP code + 4
- Contract code (CN1), if applicable

Required action

- Verify that your provider information is accurate in the OHCA Provider Master File.
- After you verify your information, submit claims that match the Provider Master File exactly.
- Claims with mismatched provider information may be rejected. If a claim is rejected, you will need to correct the information and resubmit the claim. This is an OHCA requirement.

How to access and update your data

View the information on file for your organization in the **OHCA provider portal**.

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To update your information, sign in to the OHCA provider portal as an administrator and select **Update Provider Files**.

Note: OHCA is unable to update taxonomy codes at this time. Providers must submit claims with the taxonomy code listed in the OHCA Provider Master File.

Common claim errors to avoid

- Using inactive NPIs
- Using a ZIP code + 4 that does not match the service location listed in the Provider Master File
- Using taxonomy codes that are different from those listed in the Provider Master File

Aetna Better Health will alert you to claim submission errors

Aetna Better Health uses provider validation edits in **Availity Essentials**™ to identify and alert you to any mismatches between claim information and the information in OHCA's Provider Master File.

There are two types of provider validation edits:

- Rejected claim edit - The claim is rejected and cannot be submitted when critical information does not match OHCA records. This currently includes mismatched or invalid NPI information.
- Educational edit - The provider receives a notice when submitted information does not match OHCA records. This currently includes an incorrect ZIP code + 4 or a taxonomy code that does not match the Provider Master File.

Educational edits related to provider validation will soon end and become rejection edits. At that time, claims with incorrect provider information will be rejected. Providers will need to correct the mismatched information before resubmitting the claim.

This change will help providers see claim errors closer to real time. Today, providers may not receive an explanation for two to four weeks. Earlier notice can support a more efficient and proactive accounts receivable process.

History of communication

OHCA and all three contracted entities have shared reminders and education on this topic since 2023.

OHCA posted a global message on Nov. 14, 2023, encouraging providers to review and reconcile their data before managed care started. Since go-live, all three contracted entities, in partnership with OHCA, have continued outreach and education throughout 2024 to support accurate claim submissions.

Even with ongoing support, we continue to receive a high volume of claims with inaccurate provider information. To align with OHCA contract requirements and

build on nearly two years of provider education, these standards will be enforced more consistently going forward.

Questions?

Contact the Provider Engagement team at **1-844-365-4385** or by email at **ABHOKProviderEngagement@Aetna.com**

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.