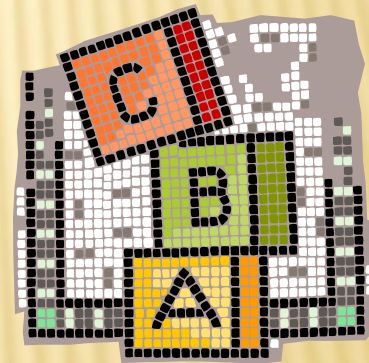


THE ABC'S OF SOONERCARE

Behavioral Health Collaboration
April 7-8, 2011



THE ABC'S OF SOONERCARE

Agenda

- SoonerCare Secure Site
- Eligibility
- Prior Authorization Inquiry
- Claims Submission and Resolution
- My SoonerCare.org
- Electronic Provider Enrollment (EPE)
- Resources
- Questions



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Logging onto the secure site

- www.okhca.org
 - Provider
 - OHCA Secure site
 - Soonercare Secure Site
 - PIN Required





Welcome...to OHCA's Medicaid Secure Website!

Wednesday 12 November 2008 2:47 pm

The Oklahoma Health Care Authority's secure website is intended for providers, clerks and billing agents. This site gives you the opportunity to view claim status inquiry, claim summary, prior authorization inquiry and claim payment summary. Also, you may receive messages from the OHCA that apply specifically to you. Whether you are [already a member](#) or a [first time user](#), please enter the required information below to enter our secure website.



Already a member?

Log on to OHCA's secure website.

User Name

Password

First time here?

If you have received a PIN letter, you may set up your account now.

Log On ID

PIN

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Eligibility



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Eligibility

- The most important step to insure payment of claims...
 - Just because you have a prior authorization on the member, doesn't mean the claim will pay. They MUST have eligibility on the date of service



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Eligibility, cont.

- SoonerCare
 - Member must have “*Title 19*”
- Insure Oklahoma
 - Member must have “**Public Product**”
- Department of Mental Health
 - Member must have “*Mental Health and Substance Abuse Service*”
 - Provider must have a DMHSAS contract to bill



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Checking Eligibility

- SoonerCare Secure Site
- EVS/AVR
- EDI





Member Eligibility Verification

Select Lookup Type:

– Select –
– Select –
Member ID Lookup
SSN Lookup
Name Lookup
Case Number Lookup

Search



Member Eligibility Verification

Select Lookup Type:

Member Lookup

Member Id:

From Date of Service:

To Date of Service:

Verification No. 8/31/2010 - Status: A

EFFECTIVE/END dates are shown only for the period of time requested

Member

I.D.	Last Name	First Name
Medicare A -		
Medicare B -		

SoonerCare providers should look for Title 19

Eligibility

Benefit Plan	Effective	End
Title 19	08/31/2010	08/31/2010
SoonerCare Choice	08/31/2010	08/31/2010
Mental Health and Substance Abuse	08/31/2010	08/31/2010

DMHSAS providers should look for Mental Health and Substance Abuse

EPSDT

Next Medical Visit 05/04/2011

Last Medical Visit	Last Dental Visit
Last Hearing Visit	Last Vision Visit
Last Blood Lead	

Managed Care

Provider Name	Provider Phone	Health Plan Name	Health Plan Phone
---------------	----------------	------------------	-------------------



Member Eligibility Verification

Select Lookup Type:

Member Lookup

Member Id:

From Date of Service:



To Date of Service:



Verification No. 110690012V - 3/10/2011 - Status: A

EFFECTIVE/END dates are shown only for the period of time requested

Member

I.D.	Last Name	First Name
Medicare A -		
Medicare B -		

Insure Oklahoma

Eligibility

Benefit Plan	Effective	End
PUBLIC PRODUCT O-EPIC IP	01/01/2009	01/31/2009

Visits

Last Breast Screening	Last Cervical Screening
Last ER Visit	11/13/2008

TPL

Carrier Name	Policy Number	Policy Holder	Coverage Type	Carrier Code	Effective	End
INSURE OKLAHOMA IP				0000052	01/01/2009	01/31/2009
INSURE OKLAHOMA IP				0000052	01/01/2009	01/31/2009

Managed Care

Provider Name	Provider Phone	Health Plan Name	Health Plan Phone
MOORE PRIMARY CARE, INC,	(405) 799-7400		

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EVS/AVR

- Must have a four digit PIN number
 - Internet Help Desk
- (800) 767-3949 or (405) 840-0650
 - 5:00 a.m. – 1:00 a.m.

EDI (Electronic Data Interchange)

- HIPAA Compliant Software
 - 270 Request, 271 Response



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Prior Authorization



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Prior Authorization Inquiry

- Behavioral Health Requests are submitted on the Care Connection secure site
 - Inquiries can be viewed on SoonerCare Secure Site
 - Verifies if an authorization has been approved
 - Shows the balance left on an existing prior authorization

Requesting Provider		Service Provider		Client Information	
PA Number	0708168065	SC Servicing Provider*	100123456 A	Client ID*	012345678
SC Provider	100123456 A			Date of Birth	05/13/1993
Media Type	ONLINE			Last Name	Sue
				First Name	Suzie
				Middle Initial	

Diagnosis		Fund		Date Received	06/16/2008
Assignment Code*	DME	Managed Care	No	Update Received	0/0/0
		Letter?	No	Date Mailed	0/0/0

Notes

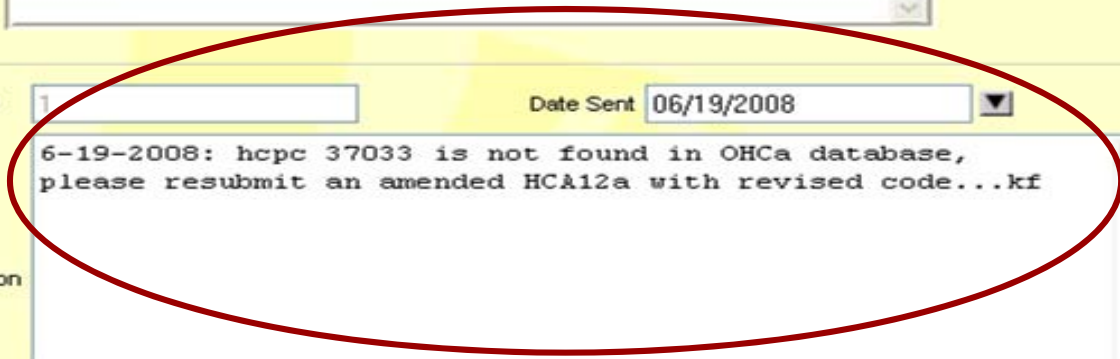
Line Number	Date Sent	PA Description
1	06/19/2008	6-19-2008: hcpc 37033 is not found in OH
2	06/19/2008	6-19-2008 : hcpc 37033 is not found in OH



Note

Line Number: 1 Date Sent: 06/19/2008

PA Description: 6-19-2008: hcpc 37033 is not found in OHca database, please resubmit an amended HCA12a with revised code...kf



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Claim Submission



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SoonerCare Secure Site


- Web User Training Guide
- SoonerCare Primary, Secondary,
- Medicare Replacements and Supplements





Friday 4 June 2010 12:46 pm

Claims

- [Institutional](#) (for Inpatient, Outpatient, Long Term Care, Home Health)
- [Professional](#) 
- [Dental](#)
- [Pharmacy](#)
- [Inquiry](#)
- [Dental Inquiry](#)



Professional Claim

Billing Information

NPI

ZIP -

Taxonomy

Contract Code

SC Provider

Member ID*

Member Count

Last Name

First Name

Patient Account #

Referring NPI

Service Information

Claim Type

From Date

To Date

Expected Delivery Date

Accident Related To

Diagnosis

Charges

Total Charges

TPL Amount

Carrier Denied

Amount

Number

Number

PLIA Number

Enter the members 9-digit ID number

Enter the diagnosis code with no decimal point

Item	Procedure	Modifiers				Units	Charges	Status	Allowed Amount
		1	2	3	4				
1						0.00	0.00		0.00

Add
Remove

Item Procedure Modifiers 1 2 3 4 Units Charges Status Allowed Amount

Item	Procedure	Modifiers	1	2	3	4	Units	Charges	Status	Allowed Amount
1							0.00	0.00		0.00

Add
Remove

Choose the place of service from the dropdown list

Enter the from and to dates of service

Detail Information

Item: 1 From DOS*: [] To DOS*: []

POS*: []

Procedure*: [] Modifiers: [] [] [] []

Diag. Cross-Ref *: [] Charges*: 0.00

NDC Code: [] 0.000 NDC UOM: []

Pregnancy? Emergency?

EPSDT: [] CLIA Number: []

DMH Contract Source: []

Rendering NPI: [] Contract Code: N/A

Rendering Taxonomy: [] Rendering Zip: [] []

SC Rendering Phys: [] []

Status: [] Allowed Amount: 0.00 Co-Pay Amount: 0.00

Type in procedure code

Type in appropriate modifiers

Hard-Copy Attachments

Submit

Claim Status Information
Not Submitted yet.

Item	Procedure	Modifiers				Units	Charges	Status	Allowed Amount
		1	2	3	4				

1					0.00	0.00		0.00
---	--	--	--	--	------	------	--	------

Add

Remove

Type in diagnosis cross reference

Type in number of units billed

Enter charges for this line. If units are more than 1, you must do the math

Detail Information

Item	<input type="text"/>	From DOS*	<input type="text"/>	To Do	<input type="text"/>
POS*	<input type="text"/>				
Procedure*	<input type="text"/>	Modifiers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diag. Cross-Ref *	<input type="text"/>	Units*	<input type="text" value="0.00"/>	Charges*	<input type="text" value="0.00"/>
NDC Code	<input type="text"/>		<input type="text" value="0.000"/>	NDC UOM	<input type="text"/>
<input type="checkbox"/> Pregnant		<input type="checkbox"/> Emergency?		CLIA Number	<input type="text"/>
EPSDT	<input type="text"/>				
DMH Contract Source	<input type="text"/>				
Rendering NPI	<input type="text"/>	Contract Code	<input type="text" value="N/A"/>		
Rendering Taxonomy	<input type="text"/>	Rendering Zip	<input type="text"/>	<input type="text"/>	
SC Rendering Phys	<input type="text"/>				
Status		Allowed Amount	0.00	Co-Pay Amount	0.00

Type the DMH Contract Source

Hard-Copy Attachments

Submit

Claim Status Information
Not Submitted yet.

Item	Procedure	Modifiers				Units	Charges	Status	Allowed Amount	
		1	2	3	4					
1						0.00	0.00		0.00	<input type="button" value="Add"/> <input type="button" value="Remove"/>

Click the "add" button to add another line of service

Detail Information

Item: 1 From DOS*:

POS*:

Procedure*: Modifiers:

Diag. Cross-Ref*: Units*: 0.00 Charges*: 0.00

NDC Code: NDC Qty: 0.000 Emergency?

EPSDT: CLIA Number:

DMH Contract Source:

Rendering NPI: Contract Code: N/A

Rendering Taxonomy: Rendering Zip:

SC Rendering Phys:

Status: Allowed Amount: 0.00 Co-Pay Amount: 0.00

Type in rendering provider's NPI number

Choose appropriate contract code from dropdown

Click "submit" button to process the claim

Hard-Copy Attachments

Claim Status Information
Not Submitted yet.

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Electronic Data Interchange (EDI)

- HIPAA Compliant Software
 - DMH Contract Source
 - HCP Segment – 2400
 - Contract Code
 - Loop 2300
 - Segment CN1



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Paper Claim Submission

- 1500 Claim Form
 - Billing instructions located in Provider Billing and Procedures Manual on OHCA public website
 - Chapter 6



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Claim Resolution



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Top Denials and How to Correct Them

- Procedure code vs program indicator
 - Procedure code billed is not covered under the members eligibility coverage
 - Check members eligibility to see if they have coverage for services billed
 - DMH providers –Mental Health and Substance Abuse
 - SoonerCare Providers –Title 19
 - Insure Oklahoma –Public Product O-Epic IP

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Top Denials and How to Correct Them

- Recipient Ineligible on date(s) of service
 - Check eligibility to see if member is eligible on date of service
- Dates of service not on PA database
 - Make sure you have requested a PA for services rendered
- Exact Duplicate
 - A claim has already been paid to your billing provider number for the date of service on this claim



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Top Denials and How to Correct Them

- P.A. Dollars exhausted
 - The PA for this date of service has no funds remaining
- Recipient covered by private insurance
 - Member has private insurance. SoonerCare is the payer of last resort. Claim must be submitted to primary insurance



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Top Denials and How to Correct Them

- Edit 4300 - Pended DMH Contract Amount
 - The funds in your DMH contract (budget) are exhausted for the current month. This claim will automatically process the first of the next month
- Edit 4303, 4304 – Contract Source Invalid
 - Billing services must be covered under the submitted contract source code. Valid services can be found in the service/contract source maintenance panel. Example: AA20



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www.MySoonerCare.org



THE ABC'S OF SOONERCARE

If the client does not have SoonerCare eligibility they can go to MySoonerCare.org to determine if they are eligible for services. If the member is deemed eligible on line, they have coverage starting on the day of the application



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MySoonerCare.org

- Online member enrollment
 - Renewal
- SoonerCareTraditional
- SoonerCare Choice
- SoonerPlan
- Mental Health and Substance Abuse





individuals

What Is SoonerCare?

Online Enrollment

- Before Starting
- Get Started
- What Is SoonerCare?

Programs

Benefits

Policies & Rules

Forms

Stay Healthy!

Help

Updates

Home > Individuals

SoonerCare Online Enrollment

Health Care Is Just A Click Away!



- Top Ten Online Enrollment Questions/Answers
- SoonerCare FAQs
- Paper Application DOs and DON'Ts
- SoonerCare Application Instruction Guide
- SoonerCare Population Fact Sheet

Twitter OHCA | Insure Oklahoma
 Facebook OHCA | Insure Oklahoma
 YouTube OHCA | Insure Oklahoma
 Online Enrollment Promo Video
 SoonerCare Online Enrollment Informational Video



- SoonerCare Health Benefits Application English | Spanish

- SoonerCare Income Fact Sheet
- Income Guidelines

Resources

- SoonerCare Health Benefits Application English | Spanish
- SoonerCare Population Fact Sheet
- SoonerCare Income Fact Sheet
- SoonerCare FAQs
- Paper Application DOs and DON'Ts
- Income Guidelines
- SoonerCare Application Instruction Guide
- Online Enrollment Video
- Top Ten Online Enrollment Questions/Answers

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- Applying Online...Getting Started
 - Must use Internet Explorer
 - Turn off pop-up blocker
 - Takes 10-20 Minutes
 - Questions...Call the SoonerCare Helpdesk
800-987-7767

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- Your family's income from a job, child support and other income
- Social Security numbers and birthdates of people in your home
- Current or recent health insurance information
- Identity and citizenship information, or alien registration information
- Income information including employer name, address and phone number, of all household members who are employed.
- Amount of money received from other types of income such as Social Security, Supplemental Security Income (SSI), alimony or child support for all household members.



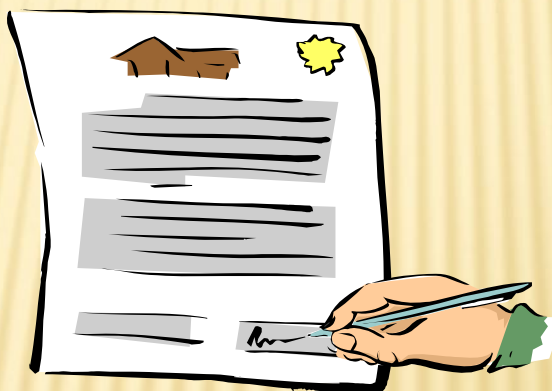
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- Expected date of delivery and number of babies of any pregnant household member.
- Current health insurance information for all household members with health insurance including company name, policy or group number, type of coverage, effective date, policy holder's name and ID.
- Name of caregiver and cost of the care if anyone in the household pays for child care in order to work outside the home
- Name, address, phone number, date of birth, and Social Security Number of the absent parent(s) for any child applying for benefits whose mother or father is not living in the household



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Electronic Provider Enrollment



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Electronic Provider Enrollment (EPE)

- Providers connected to agencies will have to have individual provider numbers in the near future. This can be done from the Oklahoma Health Care Authority public website:
 - www.okhca.org
 - Providers
 - Enrollment
 - New Contracts



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Resources



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Resources

- OHCA Call Center
 - 1-800-522-0114 or 405-522-6205, option 1
- HP Field Consultants - Quick reference guide
- OHCA Provider Services - Quick reference guide
- APS Healthcare
 - 1-800-762-1560 or 405-556-9700
 - Prior Authorization issues only
- Oklahoma Department of Mental Health and Substance Abuse Services
 - 405-522-0318



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Questions

