

## Utilizing the SoonerCare Secure Site

June 11-12, 2009



## Utilizing the SoonerCare Secure Site

- Agenda
  - SoonerCare Programs
  - Eligibility Verification
  - Prior Authorization Inquiry
  - Claims Submission
  - Claims Resolution
  - Additional Resources

## Utilizing the SoonerCare Secure Site

- Programs
  - SoonerCare Traditional
  - SoonerCare Choice
  - SoonerCare Supplemental
  - Oklahoma Cares (BCC)
  - Perinatal Dental Program – PDEN

## Utilizing the SoonerCare Secure Site

- Programs, cont.
  - SoonerPlan (Family Planning Waiver)
  - SoonerRide (NET)
  - Home and Community Based Waivers
  - Insure Oklahoma/OEPIC Individual Plan
  - Soon to Be Sooners

## Utilizing the SoonerCare Secure Site

- Eligibility Verification
  - There are four methods to verify eligibility:
    - SoonerCare Secure Site
    - Eligibility Verification System (EVS)
    - Electronic Data Interchange (EDI)
    - Swipe Machine

The screenshot shows the Oklahoma Health Care Authority website interface for Client Eligibility Verification. The header includes the logo and navigation links: Main, Claims, Eligibility, Pricing, Prior Auth, Trade Files, Account, Mailbox, Help, and Log Off. The page title is "Client Eligibility Verification".

**Client Eligibility Verification**

Select Lookup Type: Client ID Lookup

Client Lookup

Client Id:

From Date of Service: 01/01/2008 To Date of Service: 01/01/2008

Verification No. 0821007Y09 - 7/28/2008 - Status: A

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

**Client**

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

**Eligibility**

Benefit Plan	Effective	End
FAMILY PLANNING	01/01/2008	01/01/2008

**EPSDT**

Last Medical Visit	Last Dental Visit	11/04/2004
Last Hearing Visit	Last Vision Visit	11/14/2003

No PCP Information available.

**oklahoma health care authority**

Main Claims Eligibility Pricing Prior Auth Trade Files Account Mailbox Help Log Off

Monday 28 July 2008 10:06 am

### Client Eligibility Verification

Select Lookup Type: Client ID Lookup

Client Lookup

Client Id:

From Date of Service: 04/01/2008 To Date of Service: 05/01/2008

Search

Verification No. 08210073WL - 7/28/2008 - Status: A

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

Client

I.D. Last Name First Name

Medicare A -  
Medicare B -

Eligibility

Benefit Plan	Effective	End
Alien Emergency Services Only	04/01/2008	05/01/2008
SOON TO BE SOONERS	04/01/2008	05/01/2008

No PCP Information available.

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Main Claims Eligibility Pricing Prior Auth Trade Files Account Mailbox Help Log Off

Monday 28 July 2008 09:48 am

### Client Eligibility Verification

Select Lookup Type: Client ID Lookup

Client Lookup

Client Id:

From Date of Service: 05/03/2008 To Date of Service: 05/03/2008

Search

Verification No. 0821005M91 - 7/28/2008 - Status: A

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

Client

I.D. Last Name First Name

Medicare A 05/03/2008 - 05/03/2008  
Medicare B 05/03/2008 - 05/03/2008


Eligibility

Benefit Plan	Effective	End
Title 19	05/03/2008	05/03/2008
Waiver Advantage	05/03/2008	05/03/2008
Non Emergency Transportation	05/03/2008	05/03/2008

TPL

Carrier Name	Policy Number	Policy Holder	Coverage Type	Carrier Code	Effective	End
AMERICAN GENERAL LIFE AND ACCIDENT	131130653		CANCER	0001280	05/03/2008	05/03/2008

No PCP Information available.

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[Claims](#)
[Eligibility](#)
[Reference](#)
[Prior Auth.](#)
[Admin](#)
[Letters](#)
[Help](#)
[Logout](#)

## Client Eligibility Verification

Select Lookup Type:

Client Lookup

Client Id:

From Date of Service:  To Date of Service:

Verification No. 0830200Q1L - 10/28/2008 - Status: A

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


Client

I.D.  Last Name  First Name

Medicare A -

Medicare B -

The recipient is not eligible for the date(s) of service requested.

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[Claims](#)
[Eligibility](#)
[Reference](#)
[Prior Auth.](#)
[Admin](#)
[Letters](#)
[Help](#)
[Logout](#)

Friday 2 January 2009 2:42 pm

## Client Eligibility Verification

Select Lookup Type:

Client Lookup

Client Id:

From Date of Service:  To Date of Service:

Verification No. 09002000FW - 1/2/2009 - Status: A

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

Client

I.D.  Last Name  First Name

Medicare A -

Medicare B -

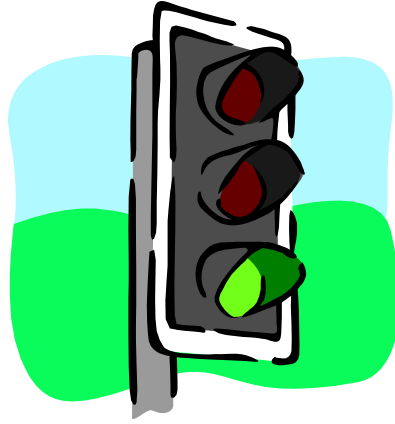
Eligibility

Benefit Plan	Effective	End
PUBLIC PRODUCT O-EPIC IP	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		

# Prior Authorization



Prior Authorization Search - Microsoft Internet Explorer provided by EDS

File Edit View Favorites Tools Help

Address <https://www.ohcaprovider.com/OKlahoma/Prior%20Authorization/priorAuthorizations.shtml> Go Links

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Main Claims Eligibility Pricing Prior Auth Trade Files Account Mailbox Help Log Off

Thursday 28 May 2009 10:02 am

### Prior Authorization Inquiry

To inquire about a PA that has been requested either by web submission or through first class mail. Enter PA Number or a Client ID. Click the Search button to Submit your search. You may narrow your search by indicating an Assignment Code and optionally, an NDC or Start Date. If an NDC or Start Date is used, an Assignment Code Must be supplied.

PA Number  or Client ID

Assignment Code  NDC  Start Date

Start | Internet | 10:02 AM

### PA Summary

<b>Requesting Provider</b> PA Number <input type="text"/> NPI <input type="text"/> Zip <input type="text"/> - <input type="text"/> Contract Code <input type="text"/> Taxonomy Code <input type="text"/> SC Provider <input type="text"/> Media Type <input type="text" value="ONLINE"/>		<b>Service Provider</b> Service Provider NPI* <input type="text"/> Service Provider Zip <input type="text"/> - <input type="text"/> Contract Code <input type="text"/> Taxonomy Code <input type="text"/> SC Servicing Provider* <input type="text"/> A		<b>Client Information</b> Client ID* <input type="text"/> Date of Birth <input type="text" value="05/13/1993"/> Last Name <input type="text" value="LEHMAN"/> First Name <input type="text" value="JONNA"/> Middle Initial <input type="text"/>	
Diagnosis <input type="text"/> Assignment Code* <input type="text" value="DME"/>		Fund <input type="text"/> Managed Care <input type="text" value="No"/> Letter? <input type="text" value="No"/>		Date Received <input type="text" value="06/16/2008"/> Update Received <input type="text" value="0/0/0"/> Date Mailed <input type="text" value="0/0/0"/>	

#### Line Items

Line Items	Status	Procedure	Drug	Revenue Code
Notes	Cancelled	97110		

<b>Line Item</b> Status <input type="text" value="Cancelled"/>		Service Type Code <input type="text" value="Procedure Code"/>	
Procedure* <input type="text" value="97110"/>		Procedure Thru <input type="text"/>	
<b>Effective Date</b> <input type="text" value="05/27/2008"/>		<b>End Date</b> <input type="text" value="07/12/2008"/>	
<b>Requested</b> <input type="text" value="05/27/2008"/>		<b>Authorized</b> <input type="text" value="05/27/2008"/>	
<b>Units</b> <input type="text" value="54"/>		<b>Dollars</b> <input type="text" value="0.00"/>	

<b>Requesting Provider</b> PA Number <input type="text"/> SC Provider <input type="text"/> A Media Type <input type="text" value="ONLINE"/>		<b>Service Provider</b> SC Servicing Provider* <input type="text"/> A		<b>Client Information</b> Client ID* <input type="text"/> Date of Birth <input type="text" value="05/13/1993"/> Last Name <input type="text" value="LEHMAN"/> First Name <input type="text" value="JONNA"/> Middle Initial <input type="text"/>	
Diagnosis <input type="text"/> Assignment Code* <input type="text" value="DME"/>		Fund <input type="text"/> Managed Care <input type="text" value="No"/> Letter? <input type="text" value="No"/>		Date Received <input type="text" value="06/16/2008"/> Update Received <input type="text" value="0/0/0"/> Date Mailed <input type="text" value="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

<b>Note</b> Line Number <input type="text" value="1"/>	Date Sent <input type="text" value="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	

Monday 28 July 2008 10:49 am

### Prior Authorization Notice Inquiry : 100700690A

Search Criteria

Client Id:  Last Name:  First Name:

PA Number:  Service Type:

From Date:  Thru Date:

▼ Notice Image ▲	▼ Client ID ▲	▼ Last Name ▲	First Name	▼ Provider ▲	▼ Notice Date ▲	▼ Notice Read ▲
			ABRAM	100700690A	07/01/2008	No
			IESHA	100700690A	05/29/2008	No
			CHERYLI	100700690A	06/10/2008	No
			CHERYLI	100700690A	06/24/2008	No
			CADE	100700690A	06/17/2008	No
			CADE	100700690A	06/19/2008	No
			CADE	100700690A	07/03/2008	No
			WIENONA	100700690A	06/17/2008	No
			WIENONA	100700690A	06/27/2008	No
			RYAN	100700690A	06/17/2008	No

## Utilizing the SoonerCare Secure Site

- Claim Submission
  - SoonerCare Secure Site (DDE)
  - Go to [www.okhca.org](http://www.okhca.org)
  - Under provider, click on training
  - click on the link:
    - [CMS-1500 Professional Claim Form](#)
  - This is a slide show presentation showing you how to fill out your claims direct data entry on the secure site.

## Utilizing the SoonerCare Secure Site

- Electronic Submission (EDI)
  - 800-522-0114 or 522-6205  
option 2, 2
- Paper
  - 1500 Claim Form
  - Paper billing instructions are available in the billing and procedures manual, chapter 6

## Resolving Denials



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Main Claims Eligibility Pricing Prior Auth Trade Files Account Mailbox Help Log Off

Monday 28 July 2008 09:09 am

### Provider Main Page

**Provider Name:** MOORE MEDICAL CENTER  
**NPI:** 1942258777  
**SC Provider Number:** 100700690S  
**Taxonomy Number:** 282N00000X



If the NPI listed is **not** correct, please call Provider Enrollment at 405-522-6205, Option #5, or 1-800-522-0114, Option #5.

- [Switch Provider Number](#)
- [Claim Submission](#)
- [Claim Inquiry](#)
- [Prior Authorization](#)
- [Eligibility Verification](#)
- [Pricing & Limitation](#) information for Procedures, Diagnosis, Drugs, and Revenue Codes
- [Error Codes Search](#)
- [Find prescriber ID numbers](#)

Your Remittance Advices, or 835 transactions, are being sent to:  
Your physical address by mail in paper form.

Your Capitation Payment Orders, or 820 transactions, are being sent to:  
Your physical address by mail in paper form.

Your Benefit Enrollment Orders, or 824 transactions, are being sent to:

**oklahoma health care authority**

Main Claims Eligibility Pricing Prior Auth Trade Files LTC Costs Account Mailbox Help Log Off

Wednesday 30 July 2008 10:54 am

### Claim Inquiry: 200112050A

Criteria

Client ID:  Claim Status:

Patient Acct. #:  Date Type:  Date of Service  Warrant Date

ICN:  From Date:  Thru Date:

ICN	Client ID	Patient Acct. #	From Date	Thru Date	Warrant Date	Billed Amount	Warrant Amount	Status
2208010600010	045359922	123456	20080110	20080110	20080122	85.00	0	Denied

Previous Next

**oklahoma health care authority**

Main Claims Eligibility Pricing Prior Auth Trade Files LTC Costs Account Mailbox Help Log Off

Wednesday 30 July 2008 10:56 am

### Claim Inquiry: 200112050A

Criteria

Client ID:  Claim Status:

Patient Acct. #:  Date Type:  Date of Service  Warrant Date

ICN:  From Date:  Thru Date:

ICN	Client ID	Patient Acct. #	From Date	Thru Date	Warrant Date	Billed Amount	Warrant Amount	Status
2208010600007	045359922	123456	20080110	20080110	20080122	85.00	0	Denied
2208010600008	045359922	123456	20080110	20080110	20080122	85.00	0	Denied
2208010600010	045359922	123456	20080110	20080110	20080122	85.00	0	Denied
2208010600009	045359922	123456	20080110	20080110	20080122	85.00	0	Denied
2208010600011	045359922	123456	20080110	20080110	20080122	85.00	55.87	Paid
2208010600006	045359922	123456	20080110	20080110	20080122	85.00	53.91	Paid

Previous Next

ICN: 2208010600364  
 Date: 20080123  
 Billed Amount:  
 Inter Amount: 0.00  
 Deduction Amount: 0.00  
 Loss Amount: 0.00

#1

<u>HIPAA Adj Code</u> <a href="#">18</a>	<u>HIPAA Adj Description</u> Duplicate claim/service.
<u>HIPAA Adj Remark Code</u> N111	<u>HIPAA Adj Remark Description</u> No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.
<u>HIPAA Adj Code</u> <a href="#">A2</a>	<u>HIPAA Adj Description</u> Contractual adjustment.
<u>HIPAA Adj Code</u> <a href="#">125</a>	<u>HIPAA Adj Description</u> Payment adjusted due to a submission/billing error(s). Additional

Detail #1

<u>HIPAA Adj Remark</u> M53	<u>HIPAA Adj Code</u> <a href="#">18</a>	<u>HIPAA Adj Description</u> Duplicate claim/service.
<u>HIPAA Adj Code</u> <a href="#">30</a>	<u>HIPAA Adj Remark Code</u> N111	<u>HIPAA Adj Remark Description</u> No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.
<u>HIPAA Adj Remark</u> N30	<u>EOB</u> 0806	<u>Description</u> EXACT DUPLICATE OF ANOTHER CLAIM

SDI		Number	
Rendering NPI	1306066584	Contract Code	
Rendering Taxonomy		Rendering Zip	74074 - 4306
Rendering Phys	100787920 A		
Status	D	Allowed Amount	
		Co-Pay Amount	0.00

**Hard-Copy Attachments**

[Re-Submit](#)

**Claim Status Information**

Claim Status: **Denied**

Claim ICN: 2208122602725

Claim Date: 20080514

Allowed Amount:

Co-Pay Amount: 0.00

Endowment Amount: 0.00

Loss Amount: 0.00

Trail #1

HIPAA Adj Code	HIPAA Adj Description
<a href="#">B12</a>	Services not documented in patients' medical records.
<a href="#">16</a>	Claim/service lacks information which is needed for adjudication.

## Utilizing the SoonerCare Secure Site

- Resources
  - OHCA Policy and Rules
    - CD Rom
    - Website
  - Provider Billing and Procedure Manual
  - HIPAA Companion Documents

## Utilizing the SoonerCare Secure Site

- Resources, cont.
  - On-site assistance
    - OHCA Provider Services
      - 877-823-4529 option 2
    - EDS
      - 6 Regional Field Consultants
      - Medicaid Quick Reference Guide

## Utilizing the SoonerCare Secure Site

- Resources, cont.
  - APS Healthcare
    - 1-800-762-1560
  - OHCA Behavioral Health Unit
    - 405-522-7475

## Questions

