INTRODUCTION TO SOONERCARE

April 2022

CLASS DESCRIPTION

A high-level overview of Oklahoma Medicaid, or SoonerCare, aimed at increasing a provider's understanding of eligibility requirements, programs and benefits available for members, and basic knowledge about getting started as a SoonerCare provider.

Recommended audience: providers and staff who are new to SoonerCare.

DISCLAIMER

- SoonerCare policy is subject to change.

- The information included in this presentation is current as of April 2022.

- Stay informed with current information found on the OHCA public website by visiting www.oklahoma.gov/ohca.

AGENDA

- Medicaid Overview
- Programs
- Coverage
- Contracting as a SoonerCare Provider
- Secure Provider Portal
- Eligibility Verification
- Claims
- Resources
- Questions

MEDICAID OVERVIEW

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Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities.

- The program is funded jointly by states and the federal government.
- Medicaid is administered by states, according to federal requirements.
- Title XIX of the Social Security Act.

Children's Health Insurance Program (CHIP) provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid.

- Partnership between the federal and state governments.
- Title XXI of the Social Security Act.

SOONERCARE

The Oklahoma Health Care Authority (OHCA) administers Oklahoma's Medicaid and CHIP programs, commonly known as SoonerCare.

- SoonerCare works to improve the health of qualified Oklahomans by ensuring medically necessary benefits and services are available.

OHCA also administers the Insure Oklahoma Employer Sponsored Insurance plan which helps employers provide their eligible employees with affordable health care.

QUALIFICATIONS

1. US Citizenship or Qualified Alienage

2. Oklahoma Residency

3. Income Requirements

4. Eligibility Groups

ELIGIBILITY GROUPS

In general, the following groups of individuals may qualify for SoonerCare services:

✓ Adults, not eligible for Medicare, age 19 to 64

✓ Children under 19 and pregnant women

✓ Individuals 65 and older

✓ Individuals who are blind or who have disabilities

✓ Women under 65 in need of breast or cervical cancer treatment

APPLICATION PROCESSES

An individual's eligibility category will determine how an application should be submitted. Visit OHCA's How to Apply page for more information.

- Online enrollment at www.mysoonercare.org
  - applies to specific populations (learn more on How to Apply page)
- Enrollment at DHS via OKDHSLive website or calling **405-522-5050**.
  - applies to specific populations (learn more on How to Apply page)
- Federally Facilitated Marketplace application at www.healthcare.gov
- Electronic newborn application (eNB-1)
  - available to hospitals only
- Notification of Date of Service (NODOS)
  - available to specific facilities only

MEMBER RESOURCES

- **SoonerCare Helpline**: Members may call **800-987-7767** Monday through Friday from 8 a.m. to 5 p.m. to speak to a customer service representative.

- **SoonerCare Member Portal**: Members may access their SoonerCare account online at www.mysoonercare.org 24 hours a day, seven days a week.
  - Members can change primary care provider, update address and phone number, and submit annual SoonerCare renewals.

- **Member Toolkit**: Members can access an online directory of links to online resources; https://oklahoma.gov/ohca/individuals/toolkit.html.
  - Members can easily access the online provider directory, after-hours provider locator, member handbook, member rights and responsibilities and other helpful resources.

- **Member Notifications**: Members receive communication from OHCA via mail and text messaging.
  - OHCA communication includes application approval and annual renewal notifications, cost sharing requirements, and official Member Letters.

COST SHARING REQUIREMENTS

Non-pregnant adults will be charged co-payments up to the 5% out-of-pocket cost sharing limit, unless exempt from cost sharing requirements.

- Cost sharing caps are monthly.
- The maximum out-of-pocket cost will be 5% of the household monthly income.
- [Cost Sharing and Copayments Guide](#) is available online.

COST SHARING EXEMPTIONS

Population groups exempt from out-of-pocket costs:

- Children 0-20
- Institutionalized individuals
- Individuals receiving hospice care
- Native Americans/Alaskan Native members
- Members of the Breast and Cervical Cancer Program

Services exempt from out-of-pocket costs:

- Emergency services
- Family planning services
- Pregnancy-related services, including tobacco cessation
- Preventive services for children

PROGRAMS

PROGRAMS

Visit OHCA's Programs page for more detailed information.

SoonerCare Traditional: a comprehensive medical benefit plan that reimburses contracted providers for covered services for members on a fee-for-service basis.
- Residents of long-term care facilities.
- Dually eligible Medicaid/Medicare members.
- People with private HMO coverage.
- Those eligible for Home and Community-Based Services (HCBS) waivers.
- Children in state or tribal custody.

Expansion Healthy Adult Program: a program of eligibility that began on July 1, 2021.
- Non-pregnant adults ages 19-64.
- Individuals not enrolled in Medicare.
- Individuals not otherwise eligible for SoonerCare as a parent or caretaker relative or formerly in foster care.

PROGRAMS

SoonerCare Choice: primary care case management program in which each member is linked to a primary care provider who serves as their medical home.

Members excluded from the SoonerCare Choice program include the following:

- Those who have Medicare or other medical coverage as primary.
- Those residing in an institution such as a nursing facility.
- Those receiving Medicaid services through a HCBS waiver program.
- Those in state or tribal custody.

Mental Health and Substance Abuse: administered through the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

- Coverage is for behavioral health services only.
- Providers must be contracted as a DMH provider to receive reimbursement.
- Most services require a prior authorization submitted through PICIS.
- Qualifications for this program are different than Title XIX.

PROGRAMS

SoonerRide: a non-emergency transportation (NET) program.

- ModivCare is the NET broker.
- Transportation for urgent appointments should be requested immediately after the appointment is made.
- Non-urgent appointment trip requests must be made at least three business days in advance.
- ModivCare may request prior authorization for trips exceeding 45 miles.
  - Certain geographic areas and medical specialties are exempt.

Insure Oklahoma Employer Sponsored Insurance: a program Oklahoma created to bridge the gap in health care coverage for low to moderate income working adults.

- Premium costs are shared by the state, the employer and the employee.
- Members have coverage and a card provided by a private insurance carrier.

PROGRAMS

Soon-to-be-Sooners: SoonerCare coverage of pregnancy-related medical services for women who would not otherwise qualify for SoonerCare benefits.

- Limited benefit program that allows for prenatal care and delivery of the newborn.
- Coverage is limited to services that benefit the unborn child and does not include full Medicaid benefits.

Oklahoma Cares Breast and Cervical Cancer (BCC): program provides treatment for breast and cervical cancer and pre-cancerous conditions to eligible members.

- SoonerCare coverage that includes the full range of services (not only cancer treatment).
- SoonerCare eligibility may be continued until the individual is either financially ineligible or no longer needs treatment.

PROGRAMS

TEFRA: makes Medicaid benefits available to children with physical or mental disabilities who would not ordinarily be eligible for Supplemental Security Income (SSI) benefits because of their parent's income or resources.

- This option allows children who are eligible for institutional services to be cared for in their homes.

Long Term Care Services: a system of health care providing long-term care and support in home and community-based settings, nursing homes, small and large residential care facilities or group homes, and in the workplace. This includes:

- Living Choice.

- Programs of All Inclusive Care for the Elderly (PACE).

- 1915(c) Home and Community Based Waiver services (HCBS).

- Other Long-Term Care (LTC) services.

PROGRAMS

Dual-Eligible: members eligible for Medicare and Medicaid may receive assistance for Medicare cost sharing requirements.
- OHCA reimburses the co-insurance and deductible of Medicare up to a certain percentage.

SoonerCare Supplemental: a plan that may help pay for Medicare cost sharing requirements and aids with Medicare Part B premiums only. SoonerCare Supplemental does not cover services, only premium assistance.
- Specified low-income Medicare beneficiary (SLMB).
- Qualifying individual, group 1 (Q1) and qualifying individual, group 2 (Q2).

COVERAGE

COVERAGE

SoonerCare coverage is based on which program the member is enrolled and on the age of the member.

Adult: an individual 21 years of age or older.

Child: an individual under 21 years of age.

See the Benefit Comparison Chart for a list of covered services.

Search SoonerCare Fee Schedules for pricing and review requirements by procedure code.

COVERAGE FOR CHILDREN

- **Unlimited** medically necessary **outpatient visits**, **prescription drugs**, **emergency room services** and **inpatient days**
- Ambulance or emergency transportation
- Dental services
- Durable medical equipment & supplies
- Early and periodic screening, diagnosis and treatment services
- Early intervention services
- Hospital services
- Non-emergency medical transportation (SoonerRide)

- Optometry services
- Physical, occupational, speech and hearing services
- Skilled nursing services
- School-based services
- Targeted case management for first time mothers and infants
- Residential behavior management services
- Inpatient psychiatric services
- Psychological services

This list is not comprehensive, check the **Fee Schedule** *for detailed procedure pricing.*

EXCLUSIONS FOR CHILDREN

- Services or expenses incurred for cosmetic surgery, unless the physician certifies the procedure is necessary for the emotional well-being of the child.

- Experimental/investigational medical services with the exception of approved clinical trials.

- Services of two physicians for the same type of service on the same day, except when supplemental skills are required.
  - Documentation and review required

- Non-therapeutic hysterectomies.

- Induced abortions, except when certified in writing by a physician that the abortion was necessary to save the mother's life, or the pregnancy was the result of rape or incest.

- Services of a certified surgical assistant.

COVERAGE FOR ADULTS

- Ambulance or emergency transportation
- Ambulatory Surgery Center services
- Case management services for certain diagnoses
- Chemotherapy & radiation therapy
- Clinic services including renal dialysis services
- Dental services
- Durable medical equipment & supplies
- Family planning services & supplies
- FQHC & RHC services
- Hemophilia
- Home health services
- IP hospital services
- IP medical detoxification mental health & substance use disorder services
- Non-emergency medical transportation (SoonerRide)

- Nursing facility services
- Nutritional services
- OP hospital services
- OP mental health & substance use disorder services
- Personal care services
- Physician services, including preventive services
- Podiatry services
- Prescription drugs & insulin
- Prenatal, delivery & postpartum services (maternity services)
- Smoking/tobacco use cessation counseling & products
- Transplants
- Tuberculosis services
- Ultrasound benefits

*This list is not comprehensive. Check the **Fee Schedule** for detailed procedure pricing.*

EXCLUSIONS FOR ADULTS

- Inpatient diagnostic studies that could be performed on an outpatient basis.
- Cosmetic surgery and experimental/investigational services with the exception of approved clinical trials.
- Routine eye examinations and visual aids.
- Non-therapeutic hysterectomies or sterilization reversal procedures.
- Induced abortions, except when certified in writing by a physician that the abortion was necessary to save the mother's life, or the pregnancy was the result of rape or incest.
- Services of two physicians for the same type of service to the same patient on the same day, except when supplemental skills are necessary.
- Services rendered by the following:
  - Certified surgical assistant
  - Hearing therapist

CONTRACTING AS A PROVIDER

PROVIDER CONTRACTS

In order to provide healthcare services to SoonerCare members, and to be eligible for payment, providers must have an approved provider contract on file with OHCA.

A SoonerCare Provider Contracts training presentation is available on the provider training page.

- How to submit a new contract

- Information about contract renewals

- Maintaining the provider file

SoonerCare ⟩

PROVIDER CONTRACT NOTES

- New provider contracts are processed within 4-6 weeks of submission.

- Upon contract approval, providers will be sent a welcome letter that contains the provider ID number.

- Providers should hold claims until they have received a provider number.

- The Provider Training page offers helpful resources related to SoonerCare provider contracts:
  - SoonerCare Provider Contracts presentation
  - Renewing Your SoonerCare Contract how-to-video

ENROLLMENT RESOURCES

OHCA's Provider Enrollment page at https://oklahoma.gov/ohca/providers/provider-enrollment.html offers contact information, important links, required forms and helpful resources.

- Provider Enrollment representatives can be reached by phone at 800-522-0114, option 5.
  - Hours: 8 a.m. – 5 p.m. Mon., Tues., Thurs., Fri.

    1 – 5 p.m. Wed.

- Contract questions can be emailed to ProviderEnrollment@okhca.org.

SECURE PROVIDER PORTAL

PROVIDER PORTAL

OHCA's SoonerCare Provider Portal is a secure website that offers several services for providers:

- Claim functions (submitting, editing, voiding) and status
- Eligibility verification
- Fee schedule search
- Find a provider
- Provider letters
- Prior authorization status and submission
- Remittance advice and other reports

www.ohcaprovider.com

PIN LETTER

Upon contract approval from OHCA, official contacts will receive a welcome letter containing important contract information and a PIN letter containing secure provider portal login instructions.

- Use your provider ID, service location and PIN to register on the portal.

Dear SoonerCare Provider:

As an approved SoonerCare Provider, # 123456789 A, you will have access to the Oklahoma SoonerCare Provider Portal and Eligibility Verification System.

Providers enrolled through the electronic provider enrollment process can access the SoonerCare Provider Portal using the same user name and password information established during enrollment. If the user name and password information from the enrollment process is unavailable, the following PIN information can be utilized to establish access.

Provider Portal

To complete your registration, please visit www.okhca.org. Under the 'Provider' section, click on 'Provider Portal'. Next, click on 'Register Now' and choose 'Provider'. You will use your Provider ID and Service Location (123456789 A) and PIN # (1aZByCXdW) to access the Portal. For more log on assistance you may call the Internet Helpdesk at 405-522-6205 or 800-522-0114, option 2, option 1.

Eligibility Verification System (EVS)

Use PIN # 0123 to access the EVS and to verify Member Eligibility information by telephone at 800-767-3949 or 405-840-0650. The EVS's Automated Voice Response recognizes speech commands as well as touch-tone. Instructions for utilizing the EVS are located at www.ohcaprovider.com under 'Helpful Links'. For additional questions, please contact OHCA Customer Service at 405-522-6205 or 800-522-0114, option 1.

We recommend that you store your PINs in a safe place, as you will need them to access the systems. Please note, this letter and PIN codes were issued to you because only you are permitted to utilize the system and data for Provider # (123456789 A).

The relationship between you and OHCA, established by your current Provider Contract, allows you, as the provider, to use these electronic systems. All SoonerCare data accessed over the Internet should be treated with the same proper control and care as other information received from the agency. As always, we value your contribution to the Oklahoma SoonerCare program and hope that you find these systems beneficial to your daily business activities.

Sincerely,

Kevin S. Corbett

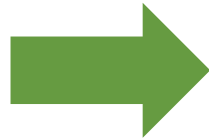Chief Executive Officer

PORTAL REGISTRATION

Login

*User ID

[ ]

Log In

Forgot User ID?

Register Now

Where do I enter my password?

Registration

Select one of the following options that best describes your role.

Provider
An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.

Billing Agent
An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a billing agent for services.

Clerk
An individual designated by the Provider or Billing Agent for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.
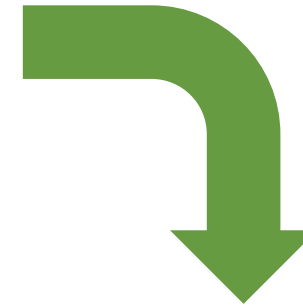
Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

*SC Provider Number [ ]
SC Provider Number is a required field.

*Service Location [ ]

*PIN [ ]

Continue   **Cancel**

REGISTER @ ohcaprovider.com

PROVIDER PORTAL RESOURCES

Several helpful resources are available online for assistance navigating the secure provider portal:

- OHCA Secure Provider Portal Functions presentation

- Update Provider Files presentation

- Register a Clerk how-to video

- Create Clerks how-to video

- Add Credential Agent how-to video

- Provider training manual: Medicaid on the Web

- The Provider Portal Access Form is available for administrator account locks. See Global Message 3/19/21 for more information.

ELIGIBILITY VERIFICATION

VERIFYING ELIGIBILITY

In addition to verifying a SoonerCare member's eligibility on the secure provider portal, providers can also verify eligibility in the following ways:
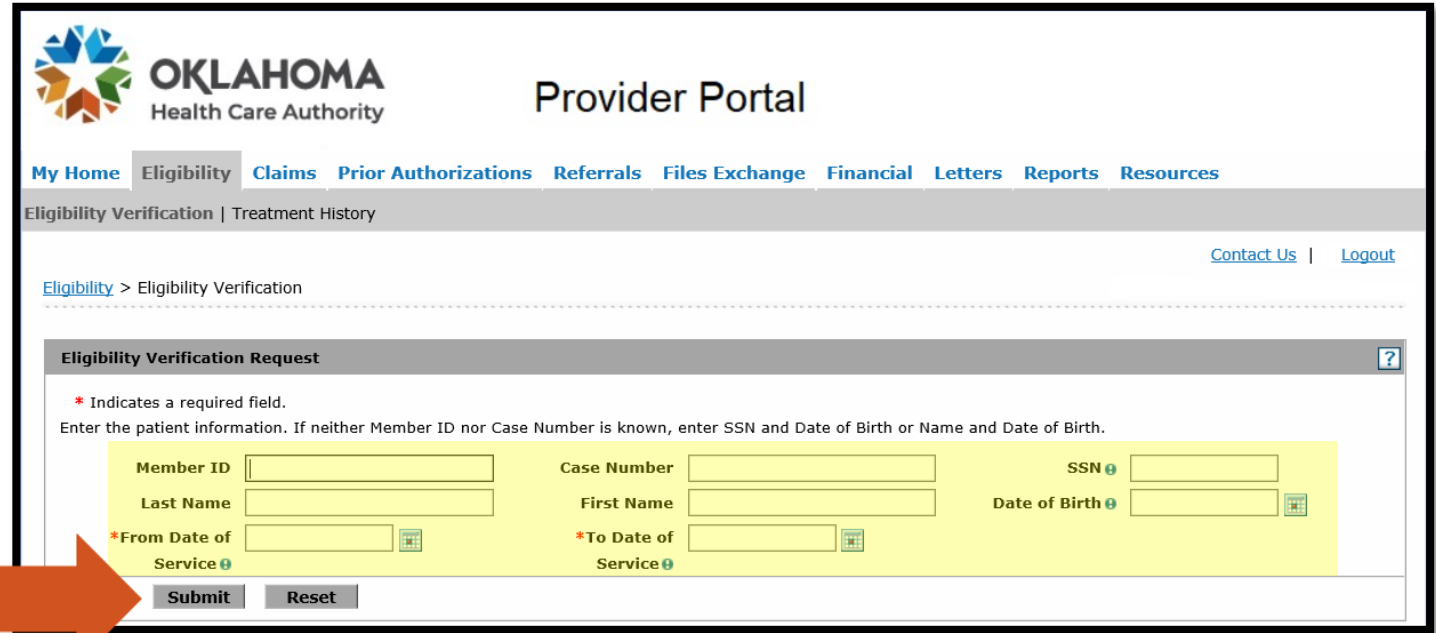
- [Eligibility verification system (EVS)](#)
  - EVS phone access: 800-767-3949 (pin required).
  - Client eligibility and prior authorization (fax back option available).
- Electronic data interchange through 270/271 electronic transactions.

ELIGIBILITY VERIFICATION

Under the *Eligibility* tab, select *Eligibility Verification.* Eligibility verification options:

- Member ID

- Case Number

- SSN and Date of Birth

- Last Name, First Name and Date of Birth

Eligibility must be verified on the date of service prior to services being rendered.

- A single date of service must be used.

- Date span searches will not provide accurate results.

COVERAGE DETAILS

- It is common for more than one program of eligibility to be available for a member.

- The member's ID card is available to view or print by selecting *Display Member ID Card.*

- Notices from OHCA may display advising of an action needed by the member.

- A member's primary care provider information is provided under *Managed Care Information.*

- Information on a member's TPL is available to view or add by expanding the *TPL* section.
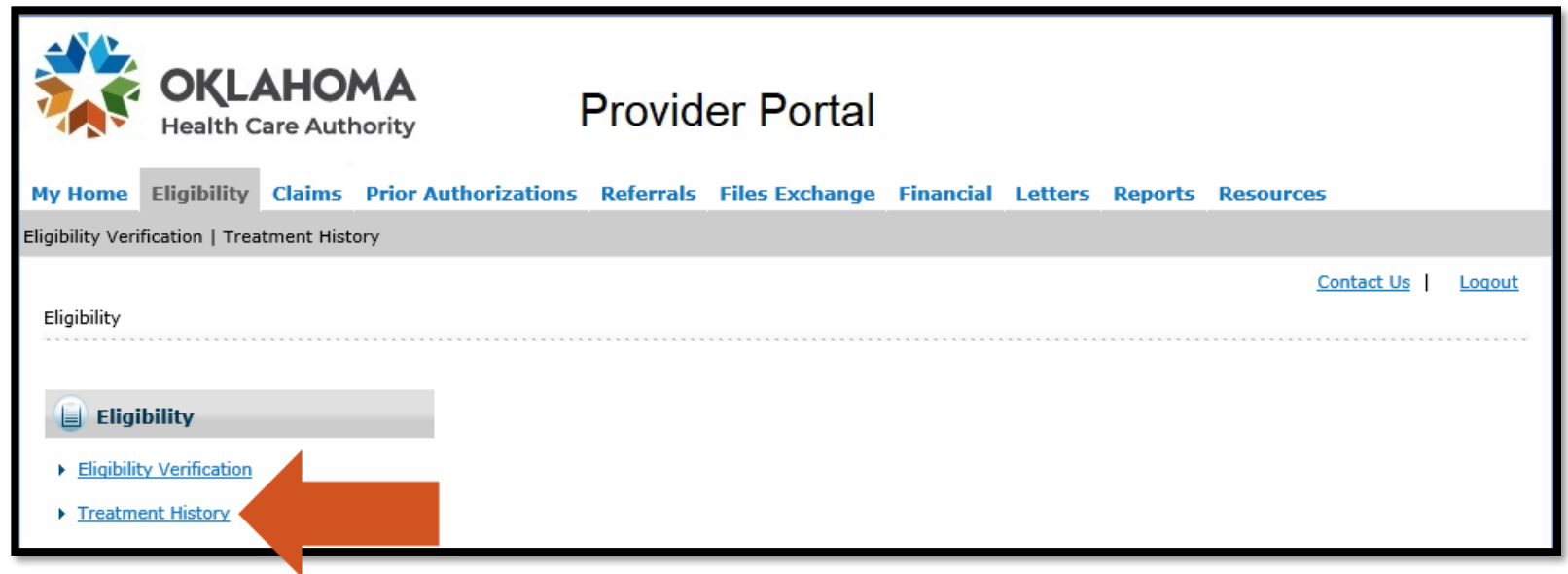
TREATMENT HISTORY

Some services have frequency limitations. The *Treatment History* feature allows users to retrieve **paid claim records** for a particular member so a provider can see how many units have already been paid during a particular timeframe.

Treatment History is accessible from the *Eligibility* tab.

TREATMENT HISTORY

Enter the required information:

- Member ID
- Service From and To Dates
- CPT/HCPCS or Revenue Code
- Procedure Code

Search results are a history of paid claims for the member.

CLAIMS

CLAIM SUBMISSION

Payment is made to practitioners for services clearly identifiable as personally rendered and performed on behalf of a patient (see OAC 317:30-5-1 policy on eligible providers). Claims for rendered services may be billed by:

- OHCA secure provider portal – direct data entry (DDE).

- ASC X12N 837 – electronic data interchange (EDI).

- Paper (excludes Dental, Medicare Crossover and Special Process claims submitted with an HCA-17A).

OHCA's Claim Tools webpage contains many resources to help providers successfully submit claims.

- Provider Billing and Procedures Manual

- SoonerCare Fee Schedules

- Electronic Data Interchange information

CLAIM SUBMISSION VIA PORTAL

The Provider Training page offers training materials on submitting claims via the secure provider portal.

- 1500 Professional Claim Submission

- UB-04 Institutional Claim Submission

- ADA Dental Claim Submission

Medicare Crossover Claims: claims cross over from Medicare automatically based on the Medicare NPI on the SoonerCare provider file.

- If there is a failure, you may submit the claim on the provider portal or through your electronic submission source.

- Effective Feb. 1, 2017, paper crossover claims are no longer accepted.

TIMELY FILING

The timely filing limit for SoonerCare reimbursement is six months from the date of service.

OHCA policy on timely filing: OAC 317:30-3-11.

⧗ If a problem exists (such as pending eligibility determination), the provider must still file the claim within 183 days.

⧗ Claims received after the timely filing limit must have proof of timely filing attached.

⧗ Proof of timely filing (a denied claim can be proof) must reflect a claim that was received by OHCA within the timely filing limit:
  - The full page from the remittance advice that includes the ICN, and all lines of service related to the claim.
  - A copy of the portal screen that includes the ICN and line-item details.
  - Date stamp on a paper claim returned by OHCA or Gainwell.

PRIOR AUTHORIZATIONS

Under the SoonerCare program, there are health care related goods and services that require prior authorization (PA) by OHCA.

- PA is a process to determine if an item or service is medically necessary.
- It is not a guarantee of member eligibility or of SoonerCare payment.

OHCA's Medical Authorization Unit webpage provides PA guidelines for medical services, DME and supplies, therapy, and out-of-state services.

The Provider Training page also provides training materials on PAs:

- Prior Authorizations

- Dental Prior Authorization

- Medical Authorization Using InterQual

REFERRALS

Referrals for certain specialty services are required for SoonerCare Choice members. The PCP and specialty provider are responsible for maintaining appropriate documentation of each referral to support the claims for medically necessary services.

- Referral Guide for SoonerCare Providers
- SoonerCare Choice Referrals
- OHCA referral policy: OAC 317:25-7-7

THIRD PARTY LIABILITY (TPL)

Third Party Liability, or TPL, refers to another party responsible for paying health care costs before SoonerCare pays.

- All available TPL resources must meet their legal obligation to pay claims first, as **SoonerCare is the payer of last resort**, with few exceptions:
  - Services provided at an I/T/U.
  - Crime Victim's Compensation.

- Examples of TPL include:
  - Private health insurance and Tricare
  - Casualty insurance
  - Worker's compensation
  - Estates and trusts
  - Tort proceeds
  - Medicare

- Visit OHCA's Third Party Liability page for a list of TPL carriers.

TPL RESPONSIBILITIES

Federal regulations (42 CFR 447.20) prohibit providers from billing a member while a claim is pending adjudication.

- ✖ Providers cannot refuse service because the member has third party coverage.
- ✖ Providers cannot collect the copayment of the primary insurance if the member also has SoonerCare.
- ✖ Providers must write off any amount over the SoonerCare allowable.

A member can only be billed if:

- The service rendered is a non-covered service.
- The member does not adhere to all the rules of the primary insurance and SoonerCare.

RESOURCES

OHCA PUBLIC WEBSITE

OHCA's public website is the best source for current SoonerCare information: www.oklahoma.gov/ohca.

- A Provider Toolkit is available to help providers locate helpful information online more efficiently.

- Find service-specific information such as rules, manuals, prior authorization, forms and contracts for enrolling in the SoonerCare program and other important topics based on the services you provide on the Provider Types page.

- Policy and rules are available to review online.

HELPFUL TELEPHONE NUMBERS

- OHCA call center

  - 800-522-0114 or 405-522-6205; option 1

- Internet help desk.

  - 800-522-0114 or 405-522-6205; option 2, 1

- EDI help desk.

  - 800-522-0114 or 405-522-6205; option 2, 2

HELPFUL LINKS

- Agency website
  - www.oklahoma.gov/ohca
- OHCA provider portal
  - www.ohcaprovider.com
- Provider training
  - www.oklahoma.gov/ohca/providers/provider-training
- Care coordination resources
  - https://oklahoma.gov/ohca/providers/soonercare-care-coordination-resources.html
- Provider Quick Reference Guide
- OHCA Resource Guide

TRAINING RESOURCES

- Provider education specialists:

  - Education specialists provide education and training as needed for providers either virtually or telephonically.

  - Requests for assistance should be emailed to: SoonerCareEducation@okhca.org. (Requests should include the provider's name and ID, contact information, and a brief description of what assistance is being sought.)

  - For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.

- Monthly webinars

- How-to videos

QUESTIONS?

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.org/ohca
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767