

Medicaid on the Web

Oklahoma Medicaid Management Information System
(OKMMIS)
Provider Training Manual
Version 3.33



OKLAHOMA
Health Care Authority

Document Control

Modification Log

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3.5	08/01/2013	Adrian Barron	<ul style="list-style-type: none"> • Added the following screenshots: <ul style="list-style-type: none"> - Section 2.4 – Initial Login – Provider Level (New Users) - Section 3.2 – Creating a Clerk - Section 3.3 – Initial Logon for Clerk Level - Section 3.4 – Granting Access to an Existing Clerk - Section 3.5 – Revising Access of a Clerk or Billing Agent - Section 3.6 – Initial Logon for Billing Agent - Section 3.7 – Granting Access to A Registered Billing Agent - Section 3.8 – Switch Provider - Section 3.9.1 – Forgot Password - Section 3.9.2 – Forgot User ID - Section 4.2 – Allow Third Party to Receive 835 Remittance Advice - Section 4.4 – Eligibility Inquiry - Section 4.5 – Pricing - Section 5.2 – Claim Submission – Professional - Section 5.2.4 – Diagnosis Codes - Section 5.2.6 – Service Details - Section 5.4 – Claim Submission – Institutional - Section 5.4.4 – Diagnosis Codes - Section 5.4.7 – Condition Code Details - Section 5.4.11 – Service Details - Section 5.6 – Claim Submission – Pharmacy (Including Compounds) - Section 5.6.3 – Claim Information - Section 5.6.6 – DUR Override Codes - Section 5.7 Claim Submission – Dental - Section 5.7.4 – Diagnosis Codes - Section 5.7.6 – Service Details - Section 5.8 – Dental History Inquiry - Section 5.9 – Medical History Inquiry - Section 5.10 – Hardcopy Attachment - Section 5.11 – Claim Inquiry – Medical Dental - Section 5.12 – Claim Inquiry – Pharmacy - Section 5.13 Resubmit a Claim – Denied Claims Only - Section 5.14 – Void a Claim – Paid Claims Only - Section 5.15 – Copy a Claim – Paid Claims and Resubmit Only - Section 6.2 – Prior Authorization (PA) Submission

Version #	Date	Modified By	Change/Update Details
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3.4	07/22/2013	Adrian Barron	<ul style="list-style-type: none"> • Section 3.8 (Switch Provider) – Added as a new section. • Section 3.9 (Self Authentication) and subsections – Added as a new section. • Sections 5.2.6, 5.4.11, 5.6.4, and 5.7.6 – Added steps to save, edit, or remove an existing service. • Sections 5.2.8, 5.4.13, 5.7.7, and 6.3.5 – Added a step to remove an existing attachment. • Section 6.3.4 – Added steps to copy and remove an existing service. • Section 12.1 – Updated the overview text.

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Appendix A: Resources 92

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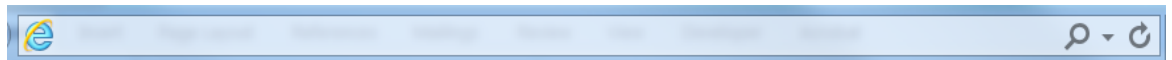
1 Web Basics


1.1 Overview

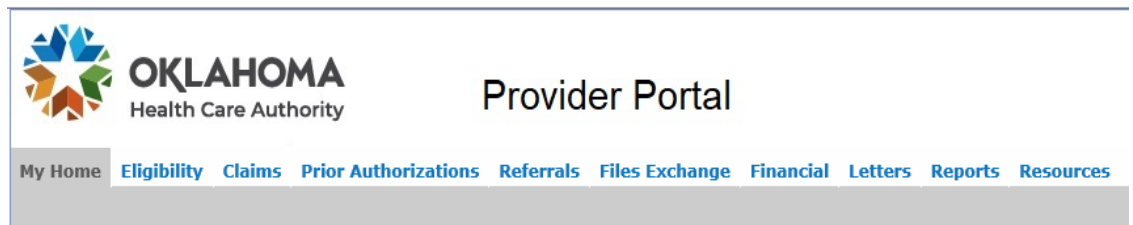
Fundamental instructions for the SoonerCare Provider Portal usage are listed below. Understanding basic usage of website elements will help users make the most of the SoonerCare Provider Portal. Windows Internet Explorer versions 6, 7 or 8 must be used.

1.2 Terms to Know

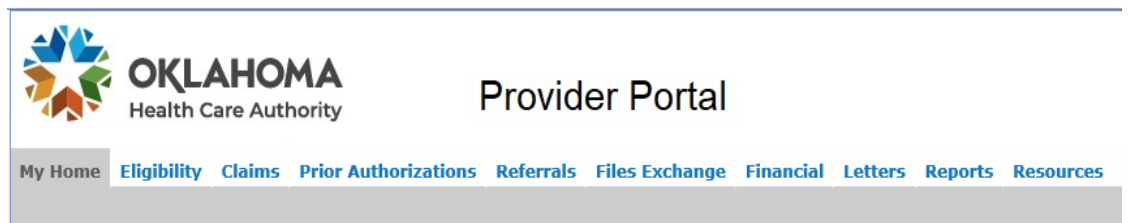
- **Address Field**—Characters entered in this field make up an address specific to a web page or screen, as it is also referred to. For example, entering <https://oklahoma.gov/ohca> in this field and pressing the enter key displays the OHCA homepage.







- **Left click**—The action of clicking the left button on the mouse to activate a function.
- **Cursor tool**—This is the cursor icon , which mimics movement of the mouse to select page elements.
- **Menu Bar**—Links within each tab, when accessed, display the related screen. To access a topic, place the cursor tool on the desired menu bar option and left click the selection. This displays the screen.



- **Drop-down Menu**—Some menu bar selections have a sub-section of menu choices. To display a screen, move the cursor tool to the desired selection and left click.



- **Field**—To enter information here , place the Cursor tool on the field and left click. Start typing when cursor appears in the field.
- **Drop-down List**—Left click the down arrow to display selections. Choose by moving Cursor tool on the desired selection and left click. The field auto-populates with that selection.
- **Help Icon**—Click the help icon  to receive information on the window currently being viewed. The Help icon is located in the right corner of each screen containing a grey header.
- **Expand Icon**—Click the plus icon  to expand sections on claims and authorizations
- **Informational Icon**—Hold the cursor tool over the  for more information on how a field should be entered (i.e., MM/DD/CCYY format, three-character minimum).
- **Check Box**—Place the cursor tool on the box and left click so a check mark populates the box.
- **Button**—Place the Cursor tool on the button **Continue** and click to activate the function.
- **Copy/Remove Links**—The Copy and Remove links [Copy](#) | [Remove](#) allow the user to copy service details on authorizations and remove details on both claims and authorizations.
- **Predictive Text**—Some fields such as Diagnosis Code and Procedure Code have predictive text enabled. Use the Informational icon to determine how many characters are needed to begin enabling predictive text.
- **Breadcrumb**—A breadcrumb is a navigation aid used to show where the page is located in the website hierarchy. It provides a link to the previous page the user navigated to. Select the link to return to the desired page.

[Claims](#) > [Submit Claim Prof](#) > [Submit Claim Prof 2](#) > Submit Claim Prof 3
- **Magnifying Glass**—The magnifying glass  is a search function that allows the provider to search for other providers if the NPI is unknown.

2 Initial Access to SoonerCare Provider Portal

2.1 Overview

The information below contains detailed instructions for initial access to the SoonerCare Provider Portal.

2.2 General Submission Notes

The following list describes general submission notes to aid in the use of the SoonerCare Provider Portal.

- Required fields are marked with an asterisk (*) in this document and on the portal.
- All dates should be entered in MM/DD/CCYY format.
- Dollars and cents should be entered with a decimal point.
- Buttons are distinguished in this document by bold text.
- Pop-up blocker software must be turned off or set to allow pop-ups on this website to access the Agreement page and other important pop-up pages on this website.

2.3 Getting to the Website

Follow these steps to connect to on the SoonerCare Provider Portal.

1. Type <https://oklahoma.gov/ohca.html> into the Address field.
2. Under Providers, Click on Provider portal link.



Provider Portal

Home

Home

Login ?

***User ID**


Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

2.4 Initial Login – Provider Level (New Users) #1



Provider Portal


Home

[Home](#) > Registration Selector
[Contact Us](#) | [Login](#)

Thursday 01/20/2022 08:31 AM CST


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.

R4.2
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Follow these steps if you are a first-time user at the provider level on the SoonerCare Provider Portal.

Note: All fields with asterisks next to them are required fields.

1. Select the Register Now link.
2. At Registration, select Provider to begin registering as a new provider.
3. Enter the provider ID number in the SC Provider Number field.
4. Enter the service location in the Service Location field.
5. Enter the nine-character PIN in the PIN field.

Note: The PIN is your personal identification number, and it is case sensitive.

6. Click **Continue**.
7. Enter an ID in the User ID field.
8. Click **Check Availability** to verify if the user ID is available.
9. Enter a password in the Password field.
10. Confirm the password by retyping it in the Confirm Password field.

Note: The password and user ID cannot be the same. The password must be 8-20 characters in length, contain a minimum of one numeric digit, one uppercase letter, and one lowercase letter.

11. Enter a username in the Display Name field.

Note: This field is case sensitive, and it must begin with a letter of the alphabet and consist of 8 to 12 characters.

12. Enter phone number in the Phone Number field (example: 123-456-7890).
13. Enter a phone extension, if applicable, in the Ext field.
14. Enter an email address in the Email field.
15. Confirm the email address by retyping it in the Confirm Email field.
16. Select a site key token by selecting the Site Key radio button.
17. Enter a passphrase in the Passphrase field.
18. Select three questions using the Challenge Question #1-3 drop-down lists.
19. Enter three answers in the Answer to #1-3 fields.
20. Read the User Agreement and “sign” it by typing your name using the Please sign by typing your full name here field.
21. Click **Submit**.

If all data is entered correctly, a pop-up notice displays telling you that your data has been successfully saved.

22. Click **OK**.

After clicking **OK**, a confirmation message is sent to the email saved on file.

23. Log in to the SoonerCare Provider Portal.

3 Creating and Managing Clerks and Billing Agents

3.1 Overview

This section describes how to create and manage clerk access on the SoonerCare Provider Portal. The following actions are covered:

- Creating a Clerk
- Logging in Initially for Clerk Level
- Granting Access to an Existing Clerk
- Revising Access of a Clerk

3.2 Creating a Clerk

OKLAHOMA Health Care Authority Provider Portal

My Home | Eligibility | Claims | Prior Authorizations | Referrals | Files Exchange | Financial | Letters | Reports | Resources

My Home > Manage Accounts Contact Us | Logout

Friday 02/04/2022 08:10 AM CST

Clerk Assignment Back to My Home ?

Delegate Status

Load Active Delegates Only Load Active and Inactive Delegates

Add New Clerk | Add Registered Clerk | Add Registered Billing Agent | Designate Billing Agent | Add Enrollment Agent

* Indicates a required field.
Enter the fields below and click **Submit** to generate the clerk code for the new clerk to register.

*First Name
 *Last Name
 *Birth Date
 *Last 4 of DLN

Select the functions that the clerk is authorized to access.
(At least one function must be selected)

*Functions

- Claim - Inquiry
- Claim - Submit and Resubmit
- Claim - Submit Pharmacy
- Eligibility Verification
- File Management
- Financial
- Letters
- Member Focus Viewing
- Newborn Application Access
- Patient Dismissal
- Payment History - Inquiry
- Pharmacy Claim
- Prior Authorization - Submit Resubmit Authorization
- Prior Authorization - View Authorization
- Prior Authorization - View Authorization Notice
- Referrals - View Referral
- Reports
- Search Fee Schedule
- Treatment History

Follow these steps to create a clerk on the SoonerCare Provider Portal.

Note: You must be logged on at the Provider level.

1. Select the Manage Accounts link from the provider main page.
2. Select the Add New Clerk tab.
3. Enter the clerk's first name in the First Name field.
4. Enter the clerk's last name in the Last Name field.
5. Enter the clerk's birth date in the Birth Date field.
6. Enter the last four digits of the DLN (Driver's License Number) in the Last 4 of DLN field.
7. Select the Functions check boxes to be added to the clerk's access.
8. Click **Submit**.
9. Click **Edit**, if the access needs to be adjusted.
10. Click **Confirm** to complete the request.
11. Click **Cancel** to exit the clerk creation process.

Once the request has been completed, an informational message appears with a system-generated clerk code. This code is needed for the clerk to register.

There are two statuses for clerks when the profile is completed:

- **Active**—The clerk has fully registered using the Register Now link and has full access to the SoonerCare Provider Portal.
- **Active Pending**—The clerk profile has been created but the clerk has not yet registered using the Register Now link and does not have access to the SoonerCare Provider Portal.

3.3 Initial Logon for Clerk Level

Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

*First Name

*Last Name

*Birth Date

*Last 4 of DLN

*Clerk Code

Follow these steps for the initial logon at the clerk level.

1. Launch the SoonerCare Provider Portal.
2. Select the Register Now link.
3. Select Clerk from the registration options.
4. Enter the clerk's first name in the First Name field.
5. Enter the clerk's last name in the Last Name field.
6. Enter the clerk's date of birth in the Birth Date field.
7. Enter the clerk's last four of DLN (Driver's License Number) in the Last 4 of DLN field.
8. Enter the clerk's code generated by the provider in the Clerk Code field.
9. Click **Continue**.
10. Enter a username in the User ID field.

Note: The user ID must consist of 8 to 20 characters, one numeric digit, no spaces and no special characters.
11. Enter a password in the Password field.

Note: Passwords must have 8 to 20 characters total. The password must not be the same as the user ID and must have at least one numeric digit, one uppercase letter, and one lowercase letter. Multiple clerks can use the same password.
12. Confirm the password by retyping it in the Confirm Password field.
13. Enter the display name in the Display Name field.
14. Enter the phone number in the Phone Number field.
15. Enter an extension in the Ext field, if applicable.
16. Enter an email address in the Email field.
17. Confirm the email by retyping it in the Confirm Email field.
18. Select a site key token by selecting the Site Key radio button.
19. Enter a passphrase in the Passphrase field.
20. Select three questions to answer in the Challenge Question #1-3 drop-down lists.

21. Enter three answers in the Answer to #1-3 fields.
22. Click **Submit**.

After clicking **Submit**, a confirmation message is sent to the email saved on file.

23. Log in to the SoonerCare Provider Portal.

3.4 Granting Access to an Existing Clerk

OKLAHOMA
Health Care Authority

Provider Portal

My Home | Eligibility | Claims | Prior Authorizations | Referrals | Files Exchange | Financial | Letters | Reports | Resources

Contact Us | Logout

My Home > Manage Accounts Friday 02/04/2022 08:10 AM CST

Clerk Assignment Back to My Home ?

Delegate Status

Load Active Delegates Only Load Active and Inactive Delegates

Add New Clerk | Add Registered Clerk | Add Registered Billing Agent | Designate Billing Agent | Add Enrollment Agent

* Indicates a required field.

Enter the Last Name and the Clerk Code to add that Clerk to your Clerk list then click **Submit** to proceed.

*Last Name

*Clerk Code

Select the functions that the clerk is authorized to access.
(At least one function must be selected)

*Functions

- Claim - Inquiry
- Claim - Submit and Resubmit
- Claim - Submit Pharmacy
- Eligibility Verification
- File Management
- Financial
- Letters
- Member Focus Viewing
- Newborn Application Access
- Patient Dismissal
- Payment History - Inquiry
- Pharmacy Claim
- Prior Authorization - Submit Resubmit Authorization
- Prior Authorization - View Authorization
- Prior Authorization - View Authorization Notice
- Referrals - View Referral
- Reports
- Search Fee Schedule
- Treatment History

Submit Cancel

Follow these steps to grant access to an existing clerk. This process must be followed for each provider account the clerk needs access to.

Note: Clerk accounts only need to be created once and the original generated clerk code must be used. Also, you must be logged on at the Provider level.

1. Select the Manage Accounts link from the provider main page.
2. Select the Add Registered Clerk tab.

3. Enter the clerk’s last name in the Last Name field.
4. Enter the previously generated clerk code in the Clerk Code field.
5. Select the Functions check boxes to be added to the clerk’s access.
6. Click **Submit**.
7. Click **Confirm**.

Once the profile of the existing clerk is saved, the Switch Provider function is enabled, and the clerk is able to switch from one provider to another.

3.5 Revising Access of a Clerk or Billing Agent

The screenshot shows the 'Administrative Portal' for the Oklahoma Health Care Authority. The page title is 'Clerk Assignment For cfma08e'. It has a 'Delegate Status' section with two radio buttons: 'Load Active Delegates Only' (selected) and 'Load Active and Inactive Delegates'. Below this is an 'Edit Clerk' section with the following information:

- First Name: Jane
- Last Name: DOE
- Birth Date: 01/02/84
- Last 4 of DLN: 1984
- Clerk Code: 012345
- Status: Active Inactive

Below the clerk information is a 'Functions' section with the instruction: 'Select the functions that the clerk is authorized to access. (At least one function must be selected)'. The functions listed are:

- Claim - Inquiry
- Claim - Submit and Resubmit
- Claim - Submit Pharmacy
- Eligibility Verification
- File Management
- Financial
- Letters
- Member Focus Viewing
- Newborn Application Access
- Patient Dismissal
- Payment History - Inquiry
- Pharmacy Claim
- Prior Authorization - Submit Resubmit Authorization
- Prior Authorization - View Authorization
- Prior Authorization - View Authorization Notice
- Referrals - Create Referral
- Referrals - View Referral
- Reports
- Search Fee Schedule
- Treatment History

At the bottom of the form are 'Submit' and 'Cancel' buttons.

If a clerk or billing agent no longer needs access to your provider account or functions need be added/removed, access can be revised. Follow these steps to change the access of a clerk or billing agent.

1. Log in as the provider and click the Manage Accounts link from the Provider main page.

2. In either the Add New Clerk or Add Registered Clerk tabs, select the name of the clerk at the bottom of the tab. For Billing Agents, select the Add Registered Billing Agent tab and select the Agent Code.
3. To change the status of the clerk, select the Active or Inactive radio buttons.
4. To authorize additional or less access to a clerk, click the Functions check boxes.
5. Click **Submit**.
6. Click **Confirm**.

3.6 Initial Logon for Billing Agent Level

Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

*Trading Partner ID

*PIN

Continue Cancel

Follow these steps for the initial logon at the billing agent level.

1. Select the Register Now link.
2. Select Billing Agent from the registration options.
3. Enter the trading partner ID in the Trading Partner ID field.
4. Enter the PIN number in the PIN field.
5. Click **Continue**.
6. Enter a username in the User ID field. No space in username
Note: The user ID must consist of 8 to 20 characters, one numeric digit, no spaces, and no special characters.
7. Enter a password in the Password field.
Note: Passwords must have 8 to 20 characters total. The password must not be the same as the user ID and must have at least one numeric digit, one uppercase letter, and one lowercase letter. Multiple billing agents can use the same password.
8. Confirm the password by retyping it in the Confirm Password field.
9. Enter the display name in the Display Name field.
10. Enter the phone number in the Phone Number field.

11. Enter an extension in the Ext field, if applicable.
12. Enter an email address in the Email field.
13. Confirm the email by retyping it in the Confirm Email field.
14. Select a site key token by selecting the Site Key radio button.
15. Enter a passphrase in the Passphrase field.
16. Select three questions to answer in the Challenge Question #1-3 drop-down lists.
17. Enter three answers in the Answer to #1-3 fields.
18. Click **Submit**.

After clicking **Submit**, a confirmation message is sent to the email saved on file.
19. Log in to the SoonerCare Provider Portal.

3.7 Granting Access to A Registered Billing Agent

OKLAHOMA
Health Care Authority

Administrative Portal

My Home Tools

User Management | Manage Accounts

[Tools](#) > [User Management](#) > [User Details](#) > Manage Clerks

[Contact Us](#) | [Logout](#)

Friday 02/04/2022 08:20 AM CST

Clerk Assignment For cfma08e [Back to User Management](#) ?

Delegate Status

Load Active Delegates Only Load Active and Inactive Delegates

Edit Clerk

Modify the fields below and click the **Submit** button to update the information.

First Name Jane
Last Name Doe
Birth Date 01/02/84
Last 4 of DLN 1984
Clerk Code 012345
***Status** Active Inactive

Select the functions that the clerk is authorized to access.
 (At least one function must be selected)

***Functions**

- Claim - Inquiry
- Claim - Submit and Resubmit
- Claim - Submit Pharmacy
- Eligibility Verification
- File Management
- Financial
- Letters
- Member Focus Viewing
- Newborn Application Access
- Patient Dismissal
- Payment History - Inquiry
- Pharmacy Claim
- Prior Authorization - Submit Resubmit Authorization
- Prior Authorization - View Authorization
- Prior Authorization - View Authorization Notice
- Referrals - Create Referral
- Referrals - View Referral
- Reports
- Search Fee Schedule
- Treatment History

Submit **Cancel**

Follow these steps to add a registered billing agent.

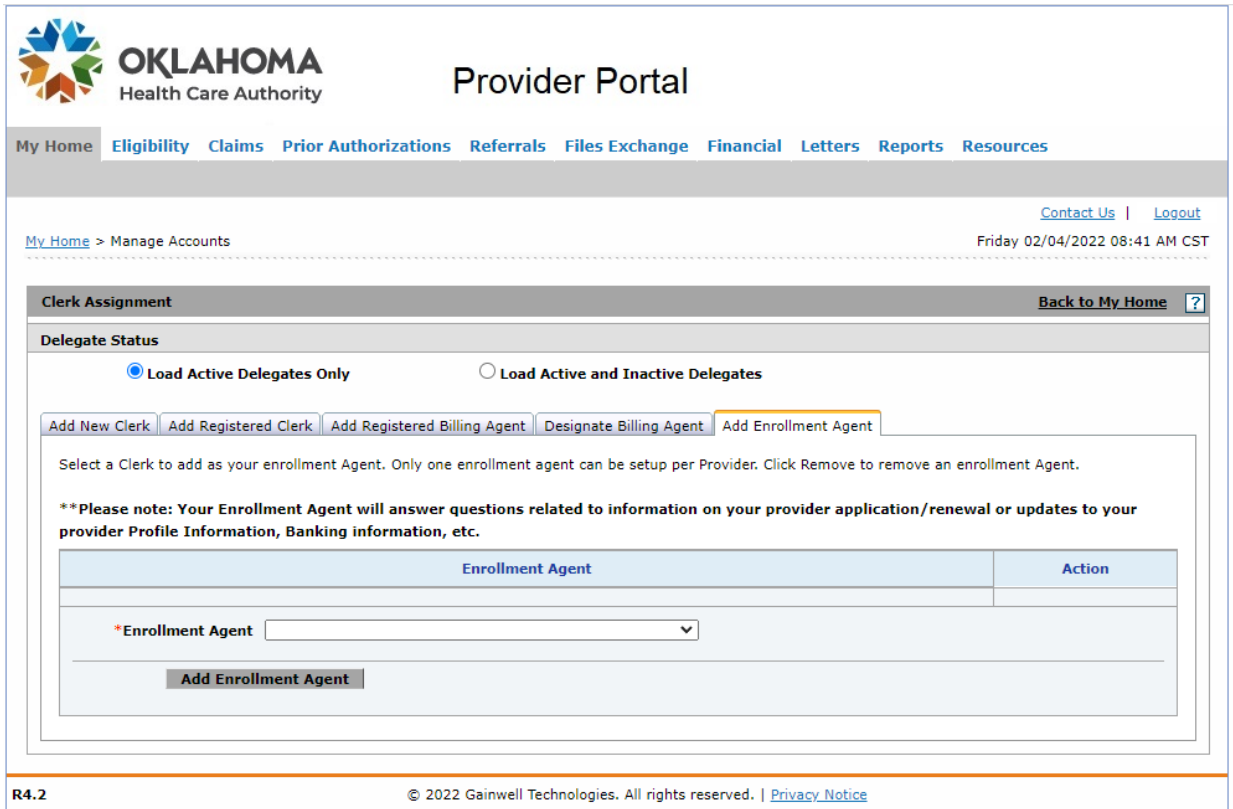
Note: You must be logged on at the Provider level.

1. Login as the provider and select the Manage Accounts link from the Provider main page.
2. Select the Add Registered Billing Agent tab.
3. Enter the billing agent's display name in the Display Name field.
4. Enter the billing agent's agent code in the Agent Code field. If the agent code is unknown, the agent code is located in My Profile-Role Qualifiers from the billing agent user account.
5. Select the Functions check boxes to be added to the clerk's access.
6. Click **Submit**.

7. Click **Confirm**.

If a billing agent no longer needs access to your provider account or functions need be added/removed, access can be revised. Follow the steps listed in section 3.5, Revising Access of a Clerk or Billing Agent, select the Add Registered Billing Agent tab and select the Agent Code.

3.8 Adding an Enrollment Agent



Follow these steps to add an enrollment agent.

Note: You must be logged on at the Provider level.

1. Log in as the provider and select the Manage Accounts link from the Provider main page.
2. Select the “Add Enrollment Agent” Tab.
3. Select the enrollment agent from the Enrollment Agent dropdown list. Only registered clerks can be an enrollment agent.
4. Click **Add Enrollment Agent**.
5. Select the Remove link to remove an enrollment agent.

6. If an enrollment agent becomes inactive, then “The agent is no longer active. Please remove and add a new Enrollment agent” message displays next to the Enrollment Agent’s Name

Note: If the number of enrollment agents that can be assigned to a provider reaches the limit set in Provider portal database, then the Enrollment Agent dropdown list will not be displayed. If an Enrollment agent is removed, then the dropdown list displays to allow adding new enrollment agents.

3.9 Switch Provider

The screenshot shows the 'Switch Provider' interface within the Oklahoma Health Care Authority Provider Portal. At the top, there are navigation tabs for 'My Home', 'Resources', and 'Switch Provider'. Below the navigation, there are links for 'Contact Us' and 'Logout', and a timestamp 'Friday 02/04/2022 09:02 AM CST'. The main content area is titled 'Switch Provider' and contains a search form with fields for 'Display Name' and 'Email', and buttons for 'Search' and 'Reset'. Below the search form is a table titled 'Available Providers' with the instruction 'Select a Provider that you wish to switch to, then click **Submit** button.' and 'Total Records: 2'. The table has columns for '#', 'Display Name', 'Email Address', and 'SC Provider Number / Trading Partner ID'. Two providers are listed: 'ABC Clinic, Inc.' and 'XYZ Clinic, Inc.', both with email addresses 'psr@abcclinic.com' and SC Provider Number '100000000A'. Radio buttons are present next to the display names. At the bottom of the table are 'Submit' and 'Close' buttons.

#	Display Name ▲	Email Address	SC Provider Number / Trading Partner ID
1	<input type="radio"/> ABC Clinic, Inc.	psr@abcclinic.com	100000000A
2	<input type="radio"/> XYZ Clinic, Inc.	psr@abcclinic.com	100000000A

The Switch Provider screen allows the user to select the provider he or she wishes to operate as. Follow these steps to switch providers.

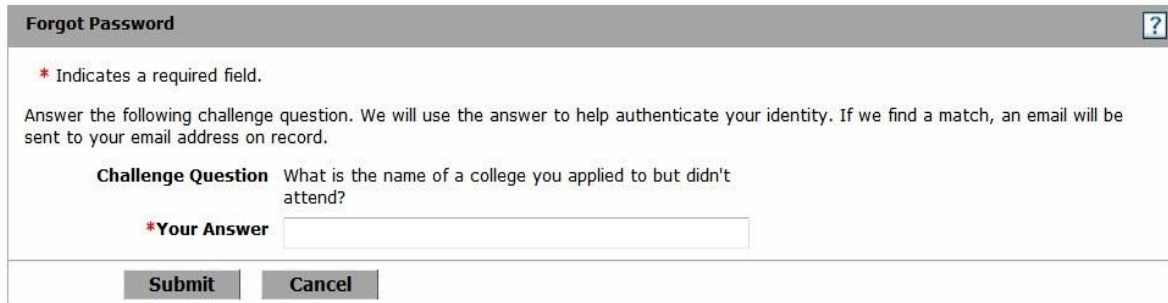
1. Select the Switch Provider tab. There is a list of providers linked to the user displays in the Available Providers list on the Switch Provider tab submenu.
2. Select the radio button of the display name to switch to from the Display Name column.
3. Click **Submit**.

4. Click **OK** from the Switch Provider Confirmation window. The Selected Provider tab displays the current information you are working under.
5. Click **Close**. The Provider main page displays.
6. Select the Switch Provider tab to switch to a different provider.
7. Select the Switch Provider tab submenu to display a list of available providers to switch to.

3.10 Self-Authentication

If a user forgets the portal password, he or she can still gain access to the SoonerCare Provider Portal through the self-authentication process. The self-authentication process requires users to change their passwords.

3.10.1 Forgot Password



Forgot Password ?

* Indicates a required field.

Answer the following challenge question. We will use the answer to help authenticate your identity. If we find a match, an email will be sent to your email address on record.

Challenge Question What is the name of a college you applied to but didn't attend?

*Your Answer

Submit **Cancel**

All users who have forgotten their password must be able to answer a challenge question set up during the registration process. Validation of the challenge question sends a message to the email on file with a temporary password. Each user is prompted to select a new password when they next attempt to log in.

Follow these steps to Level 1 self-authentication:

1. Navigate to the SoonerCare Provider Portal.
2. Enter the user ID.
3. Click **Log In**.
4. Enter the challenge question answer.
5. Click **Continue**.
6. Select the Forgot Password? link.
7. Answer the challenge question.
8. Click **Submit**.

Once the answer to the challenge question is verified, a message is sent to the email on record with a temporary password.

3.10.2 Forgot User ID?

The image shows three sequential screenshots of the 'Forgot User ID' form. Each form has a title bar with a question mark icon and a note: '* Indicates a required field.' Below the note is the instruction: 'Enter the following account information. We will use these values to help identify your account. If we find a match, an email will be sent to your email address on record.'

- First Screenshot:** The 'User Type' dropdown is set to 'Provider Billing Agents'. Required fields include 'Trading Partner ID' and 'PIN'.
- Second Screenshot:** The 'User Type' dropdown is set to 'Provider Clerks'. Required fields include 'First Name', 'Last Name', 'Birth Date' (with a calendar icon), 'Last 4 of DLN', and 'Clerk Code'.
- Third Screenshot:** The 'User Type' dropdown is set to 'Providers'. Required fields include 'SC Provider Number', 'Service Location', and 'PIN'.

Each form includes 'Submit' and 'Cancel' buttons at the bottom.

Users who have forgotten their user ID, need to provide user-specific information when the account was initialized.

Follow these steps to obtain a forgotten user ID:

1. Navigate to the SoonerCare Provider Portal log on screen.
2. Select the Forgot User ID? link on the non-secure menu to navigate to the self-authentication pages.
3. Select the appropriate user type from the drop-down list as follows:
 - **Provider Billing Agents**—Enter the trading partner ID and PIN.
 - **Provider Clerks**—Enter the first and last name, birth date, last four of DLN, and clerk code.
 - **Provider**—Enter the SC provider number, service location, and PIN.
4. Click **Submit**.

Once the information has been validated, a message is sent to the email on file with the user ID.

4 General SoonerCare Provider Portal Elements

4.1 Overview

This section describes the general portal elements and how to use those elements. The following elements are covered:

- Third Party Access to Receive 835 Remittance Advice
- Global Messages
- Eligibility Inquiry
- Pricing

4.2 Allow Third Party to Receive 835 Remittance Advice

Follow these steps to allow a third party (billing agent or other provider) to receive 835 Remittance Advice on their behalf.

Note: If a third party is authorized to receive electronic remittance advice (835) on a provider’s behalf, that provider will no longer receive a remittance advice (via paper or electronically) directly from OHCA. For more information on designating a thirty party to receive 835 files, call the EDI Help Desk at (405) 416-6801 or (800) 522-0114 *option 2, 2*.

1. Log in as the provider and select the Manage Accounts link from the Provider main page.
2. Select the type of transaction from the Transaction Type drop-down list.
3. Select the billing agent from the Billing Agent drop-down list.
4. Click **Designate to Receive**.
5. Select the Remove link to remove transaction types.

Note: If all transactions are added to a billing agent, the Transaction Type drop-down list is disabled. If a Transaction Type is removed, the transaction displays in the Transaction Type drop-down list.

4.3 Broadcast Messages

Global messages are an easy, secure way for OHCA to inform providers of the latest news, changes, or upcoming events.

After logging in, all new global messages display. Select this checkbox after reading each message: Please acknowledge receipt of message by checking this box. Use the scroll bar to read all messages.

4.4 Eligibility Inquiry

Eligibility Verification Request

* Indicates a required field.
Enter the patient information. If neither Member ID nor Case Number is known, enter SSN and/or Name, and Date of Birth.

Member ID Case Number SSN

Last Name First Name Date of Birth

*From Date of Service *To Date of Service

Follow these steps to inquire on a member’s eligibility.

1. Select the Eligibility tab.
2. Select the Eligibility Verification link.
3. Enter search criteria to verify eligibility. The field options are Member ID, Case Number, SSN, First and Last Name, Date of Birth, and Dates of Service.

Note: Each option requires that a date-of-service (DOS) range of up to 13 months also be entered. The Calendar option to the right of each date field may be used for a fast selection of the date.

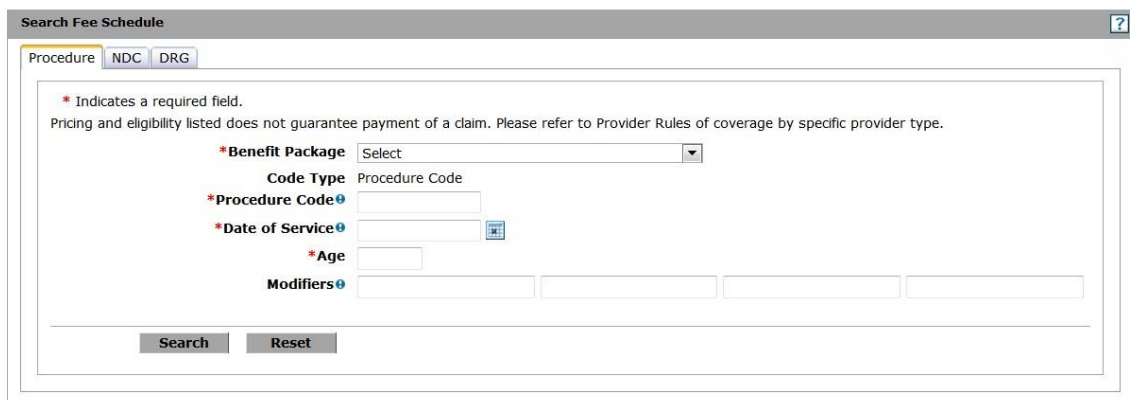
4. Click **Submit**.
- Status A indicates the electronic request for eligibility was accepted by Oklahoma Medicaid and does not reflect the eligibility of the member. The eligibility and benefit programs for the member appear below the status.
5. Select a member ID from the search results to view eligibility details.
6. To print the eligibility results, click **Print Preview**. A new window appears, and you can print the eligibility details.

Follow these steps to add third party liability (TPL) to a member’s eligibility.

1. Follow steps 1-5 in section 4.4, Eligibility Inquiry.

2. Click **[+]** to expand the TPL header.
3. Enter the name of the carrier in the Carrier Name field.
4. Enter the carrier ID in the Carrier ID field.
5. Enter the policy number in the Policy Number field.
6. Enter the group ID in the Group ID field.
7. Select the Person or Organization radio button from the Policy Holder field.
8. Enter the policy holder's first name, last name, and middle initial in the Policy Holder Last Name First Name and MI fields (if you selected the Person radio button) or enter the policy holder's organization in the Policy Holder Organization field (if you selected the Organization radio button).
9. Select the policy type from the Policy Type drop-down list.
10. Select the coverage type from the Coverage Type drop-down list.
11. Select the relationship from the Relationship drop-down list.
12. Enter the employer ID in the Employer ID field.
13. Enter the effective and end dates in the Effective and End Date fields.
14. Enter the Rx-BIN and Rx-PCN
15. Click **Add**.

4.5 Pricing



The screenshot shows a web form titled "Search Fee Schedule" with a search bar and tabs for "Procedure", "NDC", and "DRG". The form contains several required fields marked with an asterisk: "Benefit Package" (a dropdown menu), "Code Type" (a text field with "Procedure Code" entered), "Procedure Code" (a text field), "Date of Service" (a date picker), "Age" (a text field), and "Modifiers" (a multi-line text area). A "Search" button and a "Reset" button are located at the bottom of the form. A note at the top of the form states: "* Indicates a required field. Pricing and eligibility listed does not guarantee payment of a claim. Please refer to Provider Rules of coverage by specific provider type."

The Search Fee Schedule feature allows providers to look up detailed information on procedure codes, NDC codes, and DRG codes, such as the allowed amount, billing restrictions, and prior authorization requirements.

Note: Pricing results are based on the provider specialty, date of service selected, benefit package selected, and/or modifier combination.

These sections list the steps to follow when searching prices on the SoonerCare Provider Portal. A disclaimer page appears the first time; if you agree to all terms of the agreement, click **I Accept** to go to the next page. If you do not agree, click **Cancel**, and you are redirected to the previous page.

4.5.1 Procedure

1. Select the Resources tab from the Provider main page.
2. Select the Search Fee Schedule link.
3. Select the Procedure tab.
4. Select the benefit from the Benefit Package drop-down list.
5. Enter the procedure code in the Procedure Code field.
6. Enter the date of service in the Date of Service field by entering it in the MM/DD/CCYY format or by using the pop-up calendar option.
7. Enter an age in the Age field.
8. Enter modifiers in the Modifier fields.
9. Click **Search**.

Note: The message “No records found for combination” indicates that the procedure code is not covered for the program selected.

4.5.2 NDC

1. Follow steps 1 and 2 from section 4.5.1, Procedure.
2. Select the NDC tab.
3. Select the benefit from the Benefit Package drop-down list.
4. Enter an NDC code or description in the National Drug Code or Description field.

The NDC is an 11-digit number that must be in the format 00000-0000-00.

5. Enter the date of service in the Date of Service field by entering it in the MM/DD/CCYY format or by using the pop-up calendar option.
6. Click **Search**.

4.5.3 DRG

1. Follow steps 1 and 2 from section 4.5.1, Procedure.

2. Select the DRG tab.
3. Enter a diagnosis related group or a description in the Diagnosis Related Group or Description field.
4. Enter the discharge date in the Discharge Date field by entering it in the MM/DD/CCYY format or by using the pop-up calendar option.
5. Click **Search**.

5 Claims

5.1 Overview

This section describes general claim topics and how to submit, void, and copy claims on the SoonerCare Provider Portal. The following topics are covered:

- Claim Submission – Professional/Crossover
- Claim Submission – Institutional/Crossover
- Claim Submission – Pharmacy (Including Compounds)
- Claim Submission – Dental
- Special Process Claims Submission – Professional, Institutional, Dental
- Dental History Inquiry
- Hardcopy Attachment
- Claim Inquiry
- Resubmit a Claim – Denied Claims Only
- Void a Claim – Paid Claims Only
- Copy a Claim – Paid Claims Only and Resubmit

5.2 Claim Submission – Professional

OKLAHOMA Health Care Authority Provider Portal

My Home | Eligibility | **Claims** | Prior Authorizations | Referrals | Files Exchange | Financial | Letters | Reports | Resources

Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Submit Claim Pharm | Search Payment History

Claims > Submit Claim Prof Contact Us | Logout
Friday 02/04/2022 09:43 AM CST

Submit Professional Claim: Step 1

* Indicates a required field.

Claim Type: Professional

EVV SERVICES ONLY timely filing: No

HCA-17: No

Provider Information

This panel contains provider information.

Billing Provider ID Name: _____ ID Type: NPI

Zip Code: 73020-8428 Contract Code: G Taxonomy: _____ SC Provider Number: _____

Referring Provider ID: _____ ID Type: _____

Ordering Provider ID: _____ ID Type: _____ Ordering Zip Code: _____

Other Facility ID: _____ ID Type: _____

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID: _____

Last Name: _____ First Name: _____ Middle: _____

Birth Date: _____

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

Date Type: _____ Date of Current: _____

Accident Related: _____

Patient Account Number: _____ Expected Delivery Date: _____

From Date: _____ To Date: _____

CLIA Number: _____

*Other Insurance: None HMO Copy: No

Total Charged Amount: \$0.00

Continue Cancel

These sections list the steps to follow when submitting a professional claim.

Starting on the Provider main page, select the Claims link to display the Claims screen, and then select the Submit Claim Prof link. Another option is to select the Claims tab to display the drop-down list, and then select the Submit Claim Prof link. The Claim Type drop-down list automatically defaults to Professional.

Note: To efficiently fill out the claim and avoid problems, use the Tab key to move from field to field. **Do not** use the Return or Enter key.

5.2.1 Provider Information

Note: The billing information, including NPI, should auto-populate. Confirm the information is correct. If incorrect, log out or use Switch Provider and access the correct provider.

1. Enter a referring provider in the Referring Provider ID field, if applicable.
2. Enter an ordering provider in the Ordering Provider ID field, if applicable.
3. Enter an NPI value in the ID Type field, if applicable.
4. Enter the ordering Zip code in the Ordering Zip Code field, if applicable.

5.2.2 Patient Information

1. Enter the member ID in the Member ID field. Member data auto-populates.

5.2.3 Claim Information

1. Select the condition in the Date Type drop-down list. (The date type selected must be Injury, if Accident Related is entered.)
2. Enter the date of the current condition in the Date of Current Condition field by entering it in the MM/DD/CCYY format or by using the pop-up calendar option. (Required if Date Type or Accident Related are entered)
3. Select the accident-related type in the Accident-Related drop-down list.
4. The patient account number (provider's internal ID) is captured and appears on the remittance advice, if entered into the Patient Account Number field.
5. Enter the expected delivery date into the Expected Delivery Date field, if applicable.
(It is for pregnancy-related services only.)

The From Date and To Date fields auto-populate from the Service Details sections. These fields are disabled.

6. Enter up to three CLIA numbers in the CLIA Number fields.
7. If other insurance was used, select it in the Other Insurance drop-down list. (To select TPL, the Include value must be selected in the Other Insurance field.)

The Total Charged Amount field auto-populates from the details section. This field is disabled.

8. Click **Continue**.

5.2.4 Diagnosis Codes

[Expand All](#) | [Collapse All](#)

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	ICD Version	Diagnosis Code	Action
1			
1	*ICD Version <input type="text" value="ICD-9-CM"/>	*Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>			

Other Insurance Details

TPL Amount

1. Select the ICD type in the ICD Version drop-down list.
2. Enter a diagnosis in the Diagnosis Code field.

5.2.5 Other Insurance Details

1. Enter the total amount that has been paid by private insurance in the TPL Amount field.
2. Click **Continue**.

5.2.6 Service Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	08/01/2014	08/01/2014	11-Office	A9509-IODINE I-123 SOD IODIDE MIL	\$100.00	1.00 Unit	Remove

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units Unit Type EPSDT

CLIA Number DMH Contract Source

Rendering Provider ID ID Type Zip Code Contract Code

Taxonomy SC Provider Number

Ordering Provider ID ID Type Zip Code

NDC for Item 1

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required.

Code Type

NDC/UPN

Quantity Unit of Measure

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
	*Transmission Method <input type="text" value="FT-File Transfer"/>	*Upload File <input type="text"/>		*Attachment Type <input type="text"/>	<input type="button" value="Browse..."/>
	Description <input type="text"/>				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

1. Enter the beginning date of service in the From Date field by entering it in the MM/DD/CCYY format or by using the pop-up calendar option.
2. Enter the end date of services in the To Date field by entering it in the MM/DD/CCYY format or by using the pop-up calendar option.
3. Select a place of service from the Place of Service drop-down list.
4. Select Yes or No from the EMG drop-down list.
5. Enter a procedure code in the Procedure Code field.
6. Enter up to four modifiers in the Modifiers fields.
7. Enter the diagnosis cross-reference in the Diagnosis Pointers drop-down list.
8. Enter the dollar amount of charges in the Charge Amount field.

This action auto-populates the Total Charge Amount in the Claim Information section as follows: Total charges = Number of Units x Charge per Unit

9. Enter number of units billed in the Units field.

The Unit Type field is disabled to display Unit only.
10. Select a value from the EPSDT drop-down list, if applicable.
11. Enter a CLIA number in the CLIA Number field.
12. Enter the rendering provider's NPI in the Rendering Provider ID field.

The rendering provider is the person or entity who actually rendered the service and is not necessarily a physician.
13. Enter an NPI value in the ID Type field, if entering a rendering provider ID.
14. Enter the rendering provider's five-digit Zip code in the Zip Code field.
15. Enter the contract code in the Contract Code field, if applicable.
16. If the rendering provider is tied to more than one group, enter the taxonomy code the Taxonomy field.
17. Enter the Ordering provider's NPI in the Ordering Provider ID field.
18. Enter an NPI value in the ID Type field, if entering a ordering provider ID.
19. Enter the ordering provider's five-digit Zip code in the Zip Code field.
20. Click **Save** to save the changes and click **Reset** to revert back to the original version before clicking **Save**, or click **Cancel** to return to the Service Details screen.
21. To edit an existing service, select the Svc # of the service to edit and make applicable changes.
22. To remove an existing service, click **Remove**.

5.2.7 NDC for Item

1. Select the **[+]** to expand and add an NDC.

The Code Type field is disabled to display NDC only.
2. Enter the NDC number in the NDC/UPN field, if applicable.
3. Enter the quantity in the Quantity field, if applicable.

Note: When changing from liters to milliliters (ml) and milligrams (mg) to grams, measurements must be rounded to the nearest 10th.

4. Select the UOM (unit of measure) from the Unit of Measure drop-down list, if applicable.
5. If additional items are to be billed on this submission, click **Add** and repeat the process.

5.2.8 Attachments

1. Select the **[+]** to expand and add an attachment.
2. Select the method of sending attachments from the Transmission Method drop-down list.
3. Click **Browse** to locate and upload to the Upload File field.

The Upload File option is only enabled when the transmission method is set to File Transfer.

4. Select the type of attachment being sent from the Attachment Type drop-down list.
5. Enter a description of the attachment in the Description field.
6. If additional attachments are to be sent on this submission, click **Add** and repeat the process.
7. Click **Remove** to remove an existing attachment.
8. When finished, click **Submit**.
9. Verify the claim information, and then click **Confirm**.

Once the claim has been submitted, a claim receipt is generated with a claim ID. Depending on the status and attachments selected, there are different options to choose from:

- **Attachment Coversheet(s)**—Coversheets are generated automatically and pre-populated when Transmission Method-Fax and Transmission Method-Mail are selected. Each attachment has its own completed coversheet. Selecting Transmission Method-File Transfer does not generate a coversheet, because those attachments are uploaded directly. See section 5.11, Hardcopy Attachment, for more information on attachment coversheets.
- **Print Preview**—Displays and prints the claim.
- **Copy**—Copies specific details from one claim to another; the options are preset.
- **New**—Begins a new claim.
- **Edit**—Enables the current claim submitted to be edited.

- **View**—Displays the details of the claim.

5.3 Claim Submission – Professional Crossover

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

This panel contains provider information.

Billing Provider ID	ID Type NPI	Name
Zip Code	Contract Code _	Taxonomy
Referring Provider ID <input type="text"/>	ID Type <input type="text"/>	SC Provider Number
Ordering Provider ID <input type="text"/>	ID Type <input type="text"/>	Ordering Zip Code <input type="text"/>

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID

Last Name	First Name	Middle
Birth Date		

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

Date Type <input type="text"/>	Date of Current <input type="text"/>
Accident Related <input type="text"/>	
Patient Account Number <input type="text"/>	Expected Delivery Date <input type="text"/>
* From Date <input type="text"/>	* To Date <input type="text"/>
CLIA Number <input type="text"/> <input type="text"/> <input type="text"/>	
* Other Insurance <input type="text" value="None"/>	

Total Charged Amount \$0.00

These sections list the steps to follow when submitting a professional crossover claim.

Note: Please allow ample time for Medicare to crossover claims directly to Medicaid before filing crossovers on the SoonerCare Provider Portal. The Medicare information that is needed for this claim type should be taken directly from the Medicare EOMB.

Starting on the Provider main page, select the Claims link to display the Claims screen, and then select the Submit Claim Prof link. Another option is to select the Claims tab to display the drop-down list, and then select the Submit Claim Prof link.

Note: To efficiently fill out the claim and avoid problems, use the Tab key to move from field to field. **Do not** use the Return or Enter key.

1. Click the Claim Type drop-down and choose Crossover Professional.

5.3.1 Claim Information

1. The Claim Information for a professional crossover claim should be completed as a professional claim, except for the From Date and To Date fields.
2. From Date and To Date fields are enabled for professional crossover claim. Enter the From Date and To Date in these fields.
3. Click **Continue**.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

Charge Amount *Units Unit Type Unit EPSDT

CLIA Number

Rendering Provider ID ID Type Zip Code Contract Code

Taxonomy

Ordering Provider ID ID Type Zip Code

NDC for Item 1

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required.

Code Type NDC

NDC/UPN

Quantity Unit of Measure

Medicare Crossover Details for Item 1

Medicare Crossover Details must be entered in this step if the From Date is on or after 03/22/2016.

Allowed Medicare Amount \$0.00

Deductible Amount \$0.00

Medicare Payment Amount \$0.00

Co-insurance Amount \$0.00

Psychiatric Services Amount \$0.00

*Medicare Payment Date

[Add](#)

5.3.2 Crossover Details

1. Enter the Medicare allowed amount in the Allowed Medicare Amount field.
2. Enter the deductible amount in the Deductible field, if applicable.
3. Enter the Medicare payment amount in the Medicare Payment Amount field.
4. Enter the co-insurance amount in the Co-insurance Amount field, if applicable.
5. Enter the psychiatric services amount in the Psychiatric Services Amount field, if applicable.
6. Enter the Medicare payment date in the Medicare Payment Date field.

The remainder of the claim should be completed as a professional claim.

5.4 Claim Submission – Institutional

Submit Institutional Claim: Step 1

* Indicates a required field.

Claim Type:
 HCA-17:

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	Contract Code	ID Type	NPI	Name
Zip Code		Taxonomy		SC Provider Number
Institutional Provider ID	<input type="text"/>	ID Type	<input type="text"/>	
Attending Provider ID	<input type="text"/>	ID Type	<input type="text"/>	
Operating Provider ID	<input type="text"/>	ID Type	<input type="text"/>	
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>	

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID:

Last Name: First Name: Middle:
 Birth Date:

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

*Covered Dates: - Covered Days:
 *Admission Date/Hour: (hh:mm) Discharge Hour: (hh:mm)
 *Admission Type: *Admission Source:
 *Admitting ICD Version: *Admitting Diagnosis:
 *Patient Status: *Type of Bill:
 Patient Account Number: Other Insurance:
 HMO Copay: Total Charged Amount: \$0.00

These sections list the steps to follow when submitting an institutional claim.

Starting on the Provider main page, select the Claims link to display the Claims screen, and then select the Submit Claim Inst link. Another option is to select the Claims tab to display the drop-down list, and then select the Submit Claim Inst link. The claim type drop-down list automatically defaults to Inpatient. Select the correct Claim Type from the drop-down list to continue.

Note: To efficiently fill out the claim and avoid problems, use the Tab key to move from field to field. **Do not** use the Return or Enter key.

5.4.1 Provider Information

Note: The provider NPI should auto-populate. Confirm the information is correct. If incorrect, log out or use Switch Provider and access the correct provider.

1. Enter the institutional provider ID in the Institutional Provider field.
2. Enter the attending physician's NPI in the Attending Physician NPI field.
3. Enter any other physician NPI in the Operating Provider ID field, if applicable.

An Operating Provider ID must be entered to enable the Surgical Procedures section.

4. If the service was for a SoonerCare Choice member, enter the referring provider's NPI into the Referring Provider ID field.
5. Enter an NPI value in the ID Type field for any of the Provider ID fields used.

5.4.2 Patient Information

1. Enter the member ID in the Member ID field. Member data auto-populates.

5.4.3 Claim Information

1. Enter the beginning and end dates of service in the Covered Dates fields.
2. Enter the number of eligible days in the Covered Days field.
3. Enter the admission date and hour (in military time convention, such as 14:30 for 2:30pm) in the Admission Date/Hour fields. (This field is required for all inpatient/crossover claims.)
4. Enter discharge time in military time convention in the Discharge Hour field. (This field is not editable for outpatient claims.)
5. Enter the type of admission in the Admission Type field. (This field is required for all inpatient/crossover claims.)
6. Enter the source of admission in the Admission Source field. (This field is required for all inpatient/crossover claims.)
7. Select the admitting ICD type from the Admitting ICD Version drop-down list. (This field is not available for outpatient/crossover, home health, and long-term care claims.)
8. Enter the diagnosis in the Admitting Diagnosis field. (This field is not editable for outpatient/crossover, home health, and long-term care claims.)
9. Enter the patient's current status in the Patient Status field.

10. Enter the three-digit bill code number in the Type of Bill field as follows.

- First digit identifies type of facility.
- Second digit identifies level of care.
- Third digit identifies frequency.

Note: See UB04 Uniform Codes www.nubc.org.

The patient account number (provider’s internal ID) is captured and appears on the remittance advice if entered into the Patient Account Number field.

11. Select whether other insurance was used in the Other Insurance drop-down list.

To enter Payer Codes and the amount paid and due, the Include value must be selected in the Other Insurance field.

The Total Charged Amount field auto-populates from the details section. This field is disabled.

12. Click **Continue**.

5.4.4 Diagnosis Codes

[Expand All](#) | [Collapse All](#)

Diagnosis Codes -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	ICD Version	Diagnosis Code	POA	Action
1				

1 *ICD Version ICD-9-CM *Diagnosis Code

Present on Admission

Emergency Diagnosis Code -

Only one emergency diagnosis code is allowed per claim.

ICD Version ICD-9-CM Diagnosis Code

Other Insurance Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Payer Code	Prior Amount	Estimated Amount Due	Action
1				

1 *Payer Code *Prior Amount Estimated Amount Due

1. Select the ICD type in the ICD Version drop-down list.
2. Enter a diagnosis in the Diagnosis Code field.

5.4.5 Emergency Diagnosis Codes

1. Select the ICD type in the ICD Version drop-down list.
2. Enter a diagnosis in the Diagnosis Code field.

5.4.6 Other Insurance Details

1. Select the appropriate payer code in the Payer Code drop-down list, if applicable.
2. Enter the dollar amount (including decimal point) in the Prior Amount field, if applicable.

This is the amount that has been received from a previous third-party payer.
3. Enter the estimated amount due (including decimal point) in the Estimated Amount Due field, if applicable.

5.4.7 Condition Code Details

Condition Codes				
Click the Remove link to remove the entire row.				
#	Condition Code	Action		
1				
1	*Condition Code <input type="text"/>			
<input type="button" value="Add"/> <input type="button" value="Reset"/>				
Occurrence Codes				
Select the row number to edit the row. Click the Remove link to remove the entire row.				
#	Occurrence Code	From Date	To Date	Action
1		-	-	
1	*Occurrence Code <input type="text"/>	*From Date <input type="text"/>	*To Date <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>				
Value Codes				
Select the row number to edit the row. Click the Remove link to remove the entire row.				
#	Value Code	Amount	Action	
1				
1	*Value Code <input type="text"/>	*Amount <input type="text"/>		
<input type="button" value="Add"/> <input type="button" value="Reset"/>				
Surgical Procedures				
Operating Provider is required to be entered back on Step 1 to allow for entry of surgical procedure codes within this panel.				
<input type="button" value="Back to Step 1"/>			<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

1. Enter the condition code in the Condition Code field, if applicable.

5.4.8 Occurrence Code Details

1. Enter the occurrence code in the Occurrence Code field, if applicable.
2. Enter the beginning date of occurrence in the From Date field.
3. Enter the end date of occurrence in the To Date field.

5.4.9 Value Codes Details

1. Enter the value code affecting this claim in the Value Code field, if applicable.

2. Enter the value amount in the Amount field.

5.4.10 Surgical Procedures Details

1. Enter the surgical ICD type using the Surgical Procedure Type drop-down list.
2. Enter the surgical code in the Surgical Procedure Code field.
3. Enter a date in the Date field.
4. If additional surgical procedures are needed, click **Add** and repeat the process.
5. Click **Continue**.

5.4.11 Service Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1							

1 ***Revenue Code** **HCPCS/Proc Code**

Modifiers

***From Date** **To Date** ***Units** 1.00 ***Unit Type** Unit

DMH Contract Source ***Charge Amount**

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
	<input type="checkbox"/> Click to collapse.				

***Transmission Method** FT-File Transfer

***Upload File**

***Attachment Type**

Description

1. Enter the three-digit revenue code in the Revenue Code field.
2. Enter the five-digit HCPCS code in the HCPCS/Proc Code field.
3. Enter up to four modifiers in the Modifiers fields.
4. Enter the beginning date of service in the From Date field.
5. Enter the ending date of service in the To Date field.
6. Enter number of units billed in the Units field.
7. Enter the unit of measurement type in the Unit Type field.

8. Enter a DMH contract source code in the DMH Contract Source field. Available for Inpatient/Crossover claims only.
9. Enter the total dollar amount of charges in the Charge Amount field.
10. Click **Save** to save the changes, click **Reset** to revert back to the original version before clicking **Save**, or click **Cancel** to return to the Service Details screen.
11. If you want to edit an existing service, select the Svc # of the service to edit and make applicable changes.
12. If you want to remove an existing service, click **Remove**.

5.4.12 NDC

Note: This is for Outpatient/Crossover and Home Health claims only.

1. Select the **[+]** to expand and add an NDC.
2. The Code Type field is disabled to display NDC only.
3. Enter the NDC number in the NDC/UPN field, if applicable.
4. Enter the quantity in the Quantity field, if applicable.

Note: When changing from liters to milliliters (ml) and milligrams (mg) to grams, measurements must be rounded to the nearest 10th.

5. Select the UOM (unit of measure) from the Unit of Measure drop-down list, if applicable.

5.4.13 Attachments

1. Select the **[+]** to expand and add an attachment.
2. Select the method of sending attachments from the Transmission Method drop-down list.
3. Click **Browse** to locate and upload to the Upload File field. The Upload File option is only enabled when the transmission method is set to File Transfer.
4. Select the type of attachment being sent from the Attachment Type drop-down list.
5. Enter a description of the attachment in the Description field.
6. If additional attachments are to be sent on this submission, click **Add** and repeat the process.
7. Click **Remove** to remove an existing attachment.
8. When finished, click **Submit**.

9. Verify the claim information, and then click **Confirm**.

Once the claim has been submitted, a claim receipt is generated with a claim ID. Depending on the status and attachments selected, there are different options to choose from:

- **Attachment Coversheet(s)**—Coversheets are generated automatically and pre-populated when Transmission Method-Fax and Transmission Method-Mail are selected. Each attachment has its own completed coversheet. Selecting Transmission Method-File Transfer does not generate a coversheet, because those attachments are uploaded directly. See section 5.12, Hardcopy Attachment, for more information on attachment coversheets.
- **Print Preview**—Displays and prints the claim.
- **Copy**—Copies specific details from one claim to another; the options are preset.
- **New**—Begins a new claim.
- **Edit**—Enables the current claim submitted to be edited.
- **View**—Displays the details of the claim.

5.5 Claim Submission – Institutional Crossover Inpatient

These sections list the steps to follow when submitting an institutional crossover inpatient claim.

Note: Please allow ample time for Medicare to crossover claims directly to Medicaid before filing crossovers on the SoonerCare Provider Portal. The Medicare information that is needed for this claim type should be taken directly from the Medicare EOMB.

Starting on the Provider main page, select the Claims link to display the Claims screen, and then select the Submit Claim Inst link. Another option is to select the Claims tab to display the drop-down list, and then select the Submit Claim Inst link. The claim type drop-down list automatically defaults to Inpatient.

Note: To efficiently fill out the claim and avoid problems, use the Tab key to move from field to field. **Do not** use the Return or Enter key.

5.5.1 Crossover Details

1. Click the Claim Type drop-down list and choose the Crossover Inpatient claim type.

The Crossover Details section should now be visible.

2. Enter the deductible amount in the Deductible Amount field, if applicable.

3. Enter the blood deductible amount in the Blood Deductible Amount field, if applicable.
4. Enter the co-insurance amount in the Co-insurance Amount field, if applicable.
5. Enter the Medicare payment date in the Medicare Payment Date field.

The remainder of the claim should be completed as an institutional claim.

5.6 Claim Submission – Institutional Crossover Outpatient

OKLAHOMA Health Care Authority Provider Portal

My Home Eligibility **Claims** Prior Authorizations Referrals Files Exchange Financial Letters Reports Resources

Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Submit Claim Pharm | Search Payment History

Claims > Submit Claim Inst Contact Us | Logout
Friday 02/04/2022 10:03 AM CST

Submit Institutional Claim: Step 1

* Indicates a required field.

Claim Type Crossover Outpatient
HCA-17 No

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	ID Type	NPI	Name
Zip Code 73020-8428	Contract Code G	Taxonomy	SC Provider Number
Institutional Provider ID	ID Type	ID Type	
Attending Provider ID	ID Type	ID Type	
Operating Provider ID	ID Type	ID Type	
Referring Provider ID	ID Type	ID Type	

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID
Last Name First Name Middle
Birth Date

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

*Covered Dates - *Admission Date/Hour (hh:mm) - *Admission Type - *Admitting ICD Version ICD-10-CM - *Patient Status - Patient Account Number - HMO Copay No

Covered Days Discharge Hour (hh:mm) *Admission Source *Admitting Diagnosis *Type of Bill Other Insurance None

Total Charged Amount \$0.00

Continue Cancel

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The following sections list the steps for submitting an institutional crossover outpatient claim.

Note: Please allow sufficient time for Medicare to crossover claims directly to Medicaid before filing crossovers on the SoonerCare Provider Portal.

The Medicare information needed for this claim type should be taken directly from the Medicare EOMB.

1. Start on the Provider main page.
 2. Select the Claims link to display the Claims screen, then select the Submit Claim Inst link.
 - Another option is to select the Claims tab to display the drop-down list, and then select the Submit Claim Inst link.
 - The claim type drop-down list automatically defaults to Inpatient.
- Note: To efficiently fill out the claim and avoid problems, use the Tab key to move from field to field. **Do not** use the Return or Enter key.
3. Click the Claim Type drop-down list and choose Crossover Outpatient.
 - The Medicare Crossover Details section will not be displayed. This section will display based on the From Date entered in Covered Date field, as explained in section 5.6.1 below.

5.6.1 Claim Information

1. The Claim Information for a crossover outpatient claim should be completed as an institutional claim.
2. Click **Continue**.
3. The Medicare Crossover Details section will display below the Claim Information section, if the From Date in the Covered Date field is **before** the effective date for processing crossover claim at the detail level.

Claim Information	
Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.	
*Covered Dates 03/01/2016 - *03/01/2016	Covered Days
Admission Date/Hour - (hh:mm)	Discharge Hour (hh:mm)
Admission Type	Admission Source
Admitting ICD Version ICD-10-CM	Admitting Diagnosis
Patient Status	*Type of Bill 131
Patient Account Number	Other Insurance None
Total Charged Amount \$0.00	
Medicare Crossover Details	
Medicare Crossover Details must be entered in this step if the Covered From Date is before 03/22/2016.	
Deductible Amount \$0.00	Co-insurance Amount \$0.00
Blood Deductible Amount \$0.00	*Medicare Payment Date
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1							

1 *Revenue Code HCPCS/Proc Code

Modifiers

*From Date *To Date *Units *Unit Type

Charge Amount

NDC for Item 1

Medicare Crossover Details for Item 1

Medicare Crossover Details must be entered in this step if the Covered From Date is on or after 03/22/2016.

Deductible Amount Co-insurance Amount

Blood Deductible Amount *Medicare Payment Date

Medicare Payment Amount

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to add attachment.					

4. The remainder of the claim should be completed as an institutional claim.

5.7 Claim Submission – Pharmacy (Including Compounds)

Submit Pharmacy Claim: Step 1

* Indicates a required field.

Provider Information

This panel contains provider information.

Service Provider ID ID Type NPI Name

Rendering Provider NPI SC Provider Number Rendering Provider Number

Patient and Claim Information

Enter information applicable to the claim. Select 'Pharmacy' or 'Compound' from the Claim Type dropdown to indicate what type of claim is being submitted. If a TPL Amount needs to be entered, then 'Other coverage exists' should be selected in the Other Coverage Code dropdown. A TPL Amount can be entered on the third step of Submit Pharmacy Claim.

*Member ID

Last Name First Name Middle

*Birth Date

Transaction Code B1-Billing

*Claim Type 1-Pharmacy

*Other Coverage Code 1-No other coverage identified

Pregnancy No Emergency No Nursing Facility No

These sections list the steps to follow when submitting a pharmacy claim.

Starting on the Provider main page, select the Claims link to display the Claims screen, and then select the Submit Claim Pharm link. Another option is to select the

Claims tab to display the drop-down list, and then and select the Submit Claim Pharm link.

Note: To efficiently fill out the claim and avoid problems, use the Tab key to move from field to field. **Do not** use the Return or Enter key.

5.7.1 Provider Information

Note: The billing information, including NPI, should auto-populate. Confirm the information is correct. If incorrect, log out or use Switch provider and access the correct provider. The Rendering Provider NPI is auto-populated and should be the same as the information in the Billing Information Section.

5.7.2 Patient and Claim Information Section

1. Enter the member ID in the Member ID field.
2. Enter the date of birth in the Birth Date field.
3. Select either a pharmacy or compound claim type from the Claim Type drop-down list.
4. If the claim is related to another insurance type, select it from the Other Coverage Code drop-down list.
5. If the claim is related to a pregnancy at the time the script was dispensed, select Yes or No from the Pregnancy drop-down list.
6. If the claim is related to an emergency condition, select Yes or No from the Emergency drop-down list.
7. If the claim is related to a member that was/is at a nursing facility at the time the script was dispensed, select Yes or No from the Nursing Facility drop-down list.
8. Click **Continue**.

5.7.3 Claim Information

Claim Information

General Claim Information Instructions

*Prescriber ID ID Type NPI *Last Name

*Prescription # *Fill # *Date Written *Date of Service

*Days Supply

Dispense/Written

Compound Information

General Compound Information Instructions

Ingredient Component Count
0

Compound Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Compound NDC	Ingredient Quantity	Action
1			

1 *Compound NDC *Ingredient Quantity

Pricing Information

General Pricing Information Instructions

*Total Charges

1. Enter the prescriber ID in the Prescriber ID field.
2. Enter the prescriber last name in the Last Name field.
3. Enter the prescription number in the Prescription # field.
4. Enter the number of fills in the Fill # field. If there are no refills, or it is a new script, enter 00.
5. Enter the date the prescription was prescribed by the physician in the Date Written field.
6. Enter the date the prescription was dispensed by the pharmacy in the Date of Service field.
7. Enter the NDC number prescribed in the NDC field.
If the Claim Type – Compound is selected, the NDC field is will not appear.
8. Enter the amount dispensed in the Quantity Dispensed field (Claim Type Pharmacy only).
9. Enter the number of days prescribed in the Days Supply field.
10. Select the Dispensed as Prescribed or Other Orders from the Dispense/Written drop-down list.

5.7.4 Compound Information Details

Note: This applies to compound claims only.

1. The Ingredient Compound Count field automatically counts the number of Compound NDCs entered in the Compound Details section.
2. Enter the compound NDC number in the Compound NDC field.
3. Enter the ingredient quantity in the Ingredient Quantity field.
4. Click **Add** to save the changes, click **Reset** to revert back to the original version before clicking Save, or click **Cancel** to return to the Service Details.
5. If you want to edit an existing service, select the Svc # of the service to edit and make applicable changes.
6. If you want to remove an existing service, click **Remove**.

5.7.5 Pricing Information

1. Enter the total charges in the Total Charges field.
2. Click **Continue**.

5.7.6 DUR Override Codes

DUR Override Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Reason for Service	Professional Service	Result of Service	Action
1				

1 ***Reason for Service** ***Professional Service**

***Result of Service**

Other Insurance Details

General Other Insurance Detail Instructions

TPL Amount

1. Select the conflict code to be overridden using the Reason for Service drop-down list, if applicable.
2. Select the appropriate intervention used in dispensing of the prescription using the Professional Service drop-down list, if applicable.
3. Select the appropriate intervention outcome using the Result of Service drop-down list, if applicable.

5.7.7 Diagnosis Codes

Diagnosis Codes			
Select the row number to edit the row. Click the Remove link to remove the entire row.			
#	ICD Version	Diagnosis Code	Action
<u>1</u>			
1	*ICD Version <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	

1. Select the ICD type in the ICD Version drop-down list.
2. Enter a diagnosis in the Diagnosis Code field.

5.7.8 Other Insurance Details

1. Enter the total amount that has been paid by private insurance in the TPL Amount field.
2. Click **Submit**.
3. Click **Confirm**.

Once the claim has been submitted, a claim receipt is generated with a Claim ID. Depending on the status and attachments selected, there are different options to choose from:

- **Print Preview**—Displays and prints the claim.
- **Copy**—Copies specific details from one claim to another; the options are preset.
- **Reverse**—Voids the claim.
- **New**—Begins a new claim.

5.8 Claim Submission – Dental

OKLAHOMA Health Care Authority **Provider Portal**

My Home | Eligibility | **Claims** | Prior Authorizations | Referrals | Files Exchange | Financial | Letters | Reports | Resources

Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Submit Claim Pharm | Search Payment History

[Contact Us](#) | [Logout](#)

[Claims](#) > Submit Claim Dental Friday 02/04/2022 11:17 AM CST

Submit Dental Claim: Step 1 ?

* Indicates a required field.

HCA-17

Provider Information

This panel contains provider information.

Billing Provider ID	ID Type <input type="text" value="NPI"/>	Name
Zip Code	SC Provider Number	
Referring Provider ID <input type="text"/>	ID Type <input type="text" value=""/>	

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID

Last Name	First Name	Middle
Birth Date		

Claim Information

Enter information applicable to the claim. If a TPL Amount needs to be entered, then Include should be selected in the Other Insurance dropdown. A TPL Amount can be entered on Submit Step 2.

Accident Related <input type="text" value=""/>	Emergency <input type="text" value=""/>	Patient Account Number <input type="text"/>
*Place of Treatment <input type="text" value="11-Office"/>		
Other Insurance <input type="text" value="None"/>		

Total Charged Amount \$0.00

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These sections list the steps to follow when submitting a dental claim.

Starting on the Provider main page, select the Claims link to display the Claims screen, and then select the Submit Claim Dental link. Another option is to select the Claims tab to display the drop-down list, and then select the Submit Claim Dental link.

Note: To efficiently fill out the claim and avoid problems, use the Tab key to move from field to field. **Do not** use the Return or Enter key.

5.8.1 Provider Information

Note: The provider NPI auto-populates. Confirm that the information is correct. If incorrect, log out or use Switch Provider and access the correct provider.

5.8.2 Patient Information

1. Enter the member ID in the Member ID field. Member data auto-populates.

5.8.3 Claim Information

1. If the claim is related to an accident, select the accident type from the Accident Related drop-down list.
2. If the claim is related to an emergency, select it from the Emergency drop-down list.
3. Select the place of treatment from Place of Treatment drop-down list.

The patient account number (provider’s internal ID) is captured and appears on the remittance advice if entered into the Patient Account Number field.

4. Select whether or not the other insurance was used or denied in the Other Insurance drop-down list. (To enter TPL, the Include value must be selected for the Other Insurance field.)

Note: The Total Charged Amount field auto-populates from the details section. This field is disabled.

5. Click **Continue**.

5.8.4 Diagnosis Codes

Expand All | Collapse All

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	ICD Version	Diagnosis Code	Action
1			

1 *ICD Version ICD-9-CM *Diagnosis Code

Add Reset

Other Insurance Details

TPL Amount

Back to Step 1 Continue Cancel

1. Select the ICD type in the ICD Version drop-down list.
2. Enter a diagnosis in the Diagnosis Code field.

5.8.5 Other Insurance Details

1. Enter the total amount that has been paid by private insurance in the TPL Amount field.
2. Click **Continue**.

5.8.6 Service Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
1							

1 *Svc Date

Oral Cavity Area

Tooth Number

Tooth Surface

Cavity Code

*Procedure Code

Modifiers

*Units

*Charge Amount

Rendering Provider ID

ID Type

Zip Code

SC Provider Number

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					
	*Transmission Method <input type="text" value="FT-File Transfer"/>	*Upload File <input type="text" value=""/>		*Attachment Type <input type="text" value=""/>	<input type="button" value="Browse..."/>
	Description <input type="text"/>				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

1. Enter the date of service in the Svc Date field.
2. Select the cavity area from the Oral Cavity Area drop-down list.
3. If the procedure is tooth specific, select the tooth number from the Tooth Number drop-down list.
4. If the procedure is surface specific, select the surface from the Tooth Surface drop-down list.
5. Select the prosthesis type from the Prosthesis drop-down list, if applicable.
6. Enter modifier codes in the Cavity Code fields, if applicable.
7. Enter the procedure code in the Procedure Code field.
8. Enter up to four modifiers in the Modifiers fields.
9. Enter the number of units billed in the Units field.

10. Enter the total dollar amount of charges in the Charge Amount field.

This action auto-populates the Total Charge Amount in the Claim Information section as follows: Charge Amount = Number of Units x Charge per Unit.
11. Enter the rendering provider’s NPI in the Rendering Provider ID field.

The rendering provider is the person or entity who actually rendered the service and is not necessarily a physician.
12. Enter an NPI value in the ID Type field, if entering a rendering provider ID.
13. Enter a rendering provider’s five-digit Zip code in the Zip Code field.
14. Enter an SC provider in the SC Provider Number field, if applicable.
15. Click **Save** to save the changes, click **Reset** to revert back to the original version before clicking Save, or click **Cancel** to return to the Service Details.
16. If you want to edit an existing service, select the Svc # of the service to edit and make applicable changes.
17. If you want to remove an existing service, click **Remove**.

5.8.7 Special Process Claims (1500, Institutional, Dental)

5.8.7.1 1500

The screenshot displays the Oklahoma Health Care Authority Provider Portal. The main navigation bar includes links for My Home, Eligibility, Claims, Prior Authorizations, Referrals, Files Exchange, Financial, Letters, Reports, and Resources. Below this is a search bar with options for Claims, Submit Claim Dental, Submit Claim Inst, Submit Claim Prof, Submit Claim Pharm, and Search Payment History. The current page is titled 'Submit Professional Claim: Step 1' and includes a help icon. A legend indicates that an asterisk (*) denotes a required field. The form contains three dropdown menus: 'Claim Type' set to 'Professional', 'EVV SERVICES ONLY timely filing' set to 'No', and 'HCA-17' set to 'Yes'. The page footer shows the date and time as Wednesday 07/06/2022 12:50 PM CST, along with 'Contact Us' and 'Logout' links.

5.8.7.2 Institutional

The screenshot shows the Oklahoma Health Care Authority Provider Portal. The main heading is "Provider Portal". Below the header, there is a navigation menu with "Claims" selected. The breadcrumb trail is "Claims > Submit Claim Inst". The page title is "Submit Institutional Claim: Step 1". A note states "* Indicates a required field." The form contains two dropdown menus: "Claim Type" is set to "Inpatient" and "HCA-17" is set to "Yes".

5.8.7.3 Dental

The screenshot shows the Oklahoma Health Care Authority Provider Portal. The main heading is "Provider Portal". Below the header, there is a navigation menu with "Claims" selected. The breadcrumb trail is "Claims > Submit Claim Dental". The page title is "Submit Dental Claim: Step 1". A note states "* Indicates a required field." The form contains one dropdown menu: "HCA-17" is set to "Yes".


1. The HCA-17 box defaults to No.
2. Once the Yes box is chosen: These claims will require a Completed HCA-17A form and applicable attachments to be uploaded upon submission.
3. Fill out the claim form as usual.

5.9 Attachments

Attachments -

Click the **Remove** link to remove the entire row.
Instructions for submission of HCA-17 claims MUST be followed. Please read carefully.

Required Attachments to be uploaded MUST include:

- Completed [HCA-17A Form](#) 
- All Supporting documentation for review

Attachment Indicators(below) MUST include:

- Transmission Method: File Transfer
- Attachment Type: 77-Support Documentation for Verification
- Description: **e.g. Duplicate services on same day or Medicare non - covered services**

#	Transmission Method	File	Control #	Attachment Type	Action
📎 Click to add attachment.					

Back to Step 1
Back to Step 2
Submit
Cancel

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

PROVIDER PORTAL CLAIM APPEAL AND REVIEW COVER SHEET

THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT

This cover sheet is **ONLY** for claim appeals sent via the Provider Portal. Please include original information and **ANY** additional documentation to support your request along with this cover sheet. A completed cover sheet and supporting documentation is required for each appeal.

PROVIDER INFORMATION

Provider Name and Address:	Provider Number:
	Group Number: <small>(if applicable)</small>
	Telephone:

CLAIM INFORMATION

Member Name	Member ID Number	Date of Service	Related ICN
INQUIRY: (Please list specific reasons why claim needs/requires special processing.)			

Contact Name <small>(printed):</small>	Date:
Phone Number:	
Email Address:	

For Internal Use Only	THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT
-----------------------	---

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1. Select the **[+]** to expand and add an attachment.
2. Select the method of sending attachments from the Transmission Method drop-down list.
3. Click **Browse** to locate and upload to the Upload File field.

The Upload File option is only enabled when the transmission method is set to File Transfer.
4. Select the type of attachment being sent from the Attachment Type drop-down list.
5. Enter a description of the attachment in the Description field.

6. If additional attachments are to be sent on this submission, click **Add** and repeat the process.
7. Click **Remove** to remove an existing attachment.
8. When finished, click **Submit**.
9. Verify the claim information, and then click **Confirm**.

Information is now ready to be uploaded with the claim. Click submit then after reviewing the information, click confirm. Claim will suspend for review, and you will get a claim ID number starting with 93 indicating this was a Special Batch Claim submitted via the Provider Portal.

Depending on the status and attachments selected, there are different options to choose from:

- **Attachment Coversheet(s)**—Coversheets are generated automatically and pre-populated when Transmission Method-Fax and Transmission Method-Mail are selected. Each attachment has its own completed coversheet. Selecting Transmission Method-File Transfer does not generate a coversheet, because those attachments are uploaded directly. See section 5.11, Hardcopy Attachment, for more information on attachment coversheets.
- **Print Preview**—Displays and prints the claim.
- **Copy**—Copies specific details from one claim to another; the options are preset.
- **New**—Begins a new claim.
- **Edit**—Enables the current claim submitted to be edited.
- **View**—Displays the details of the claim.

5.10 Dental History Inquiry

Search Treatment History [?]

Medical | **Dental**

* Indicates a required field.
 This search feature retrieves PAID claim records for a particular member ID as of the timeframe submitted.
 Enter the member ID, date of service, and procedure code or tooth number, then click **Search**. Click **Reset** to clear all fields.

Member Information

*Member ID	Last Name	First Name	Birth Date
------------	-----------	------------	------------

Service Information

Either Procedure Code or Tooth Number is required.

Procedure Code *Date of Service

Tooth Number

Search **Reset**

This section lists the steps to follow when making an inquiry on a member's dental history.

Starting on the Provider main page, select the Eligibility link to display the Eligibility screen, and then select the Treatment History link. Another option is to select the Eligibility tab to display the drop-down list, and then select the Treatment History link.

1. Select the Dental tab.
2. Enter the member ID in the Member ID field. Member data auto-populates.
3. Enter a Procedure Code in the Procedure Code field, if applicable.
4. Select the date span from the Date of Service drop-down list.
5. Select a tooth number from the Tooth Number drop-down list, if applicable.
6. Select **Search**.

Results display and procedures can be sorted by the Service Date column. To print a copy of the treatment details, select the Procedure Code link, and then select Print Preview. A new window displays, and the procedure codes can be printed.

5.11 Medical History Inquiry

Search Treatment History

Medical **Dental**

* Indicates a required field.
 This search feature retrieves PAID claim records for a particular member ID as of the timeframe submitted.
 Enter the member ID, date of service, and procedure type/code, then click **Search**. Select **Lifetime** to view treatment history for the procedure identified over the lifetime of the patient. Click **Reset** to clear all fields.

Member Information

*Member ID Last Name First Name Birth Date

Service Information

*Service From Date To Date Lifetime
 *Procedure Code Type *Procedure Code

Search **Reset**

This section lists the steps to follow when making an inquiry on a member's medical history.

Starting on the Provider main page, select the Eligibility link to display the Eligibility screen, and then select the Treatment History link. Another option is to select the Eligibility tab to display the drop-down list, and then select the Treatment History link.

1. Select the Medical tab.
2. Enter the member ID in the Member ID field. Member data auto-populates.

3. Enter a service from date in the Service From Date field.
4. Enter a thru date in the To Date field.
5. To view services over a lifetime, select the Lifetime check box. The Service From Date and To Date fields will be disabled.
6. Select the procedure code type from the Procedure Code Type drop-down list.
7. Enter a procedure code in the Procedure Code field.
8. Select **Search**.

Results display and procedures can be sorted by the Date of Service column.

5.12 Hardcopy Attachment

**Oklahoma Health Care Authority
Electronic Claim Paper Attachment Form
Cover Sheet**

Four fields below are required and must match claim.

- 1. **Provider Number** _____
- 2. **Client ID Number** _____
- 3. **Attachment Control Number** _____
- 4. **Claim Number** _____
- 5. **Date/Time** 03/22/2022 9:41 AM

Purpose:

This form is to be used when a claim requiring a paper attachment is being submitted electronically. Submission of this completed form along with the required attachment and electronically submitted claim will allow the appropriate review process to be conducted by the OHCA.

Instructions:

1. In box 1, fill in the pay to Provider Number that will be used for filing the electronic claim.
2. In box 2, fill in the nine-digit client identification number that was submitted on the electronic claim.
3. In box 3, fill in the fill in the Attachment Control Number (ACN) that was used for filing the electronic claim. The ACN on this form must be the same number as the assigned control number field of the SoonerCare Portal screen (Medicaid on the Web) or the PWK segment of the 837 transaction. Make sure the ACN is clear and legible on the HCA-13. Illegible information could delay or stop the attachment process. Alphabetic and numeric are the only characters that should be used in the ACN selection. Do not use dashes and spaces in the ACNs.
4. In box 4, fill in the identification number that was assigned to the electronically submitted claim.
5. Place the completed form on top of the attachment(s) for each electronic claim.
6. Mail to EDS, P.O. Box 18500 OKC, OK 73154, fax 405-947-3394

Note: Do not place another Fax Cover Sheet on top.

***This form is for use with electronically filed claims requiring attachments.**

Sender's Name: _____ **Phone Number:** _____

This fax contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this fax. Please notify the sender immediately by phone if you have received this e-fax by mistake and destroy the fax you received. Fax transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of fax transmission.

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Print **Close**

Providers can indicate they are sending a claim attachment by using the Attachment window when submitting a claim or an authorization. Attachment Coversheet(s) are generated and pre-populated if both Transmission Method-Fax and Transmission Method-Mail are selected. Each attachment has its own completed coversheet.

Selecting Transmission Method-File Transfer does not generate a coversheet. Those attachments are uploaded directly.

5.13 Claim Inquiry – Medical/Dental

Follow these steps to inquire on a claim.

Note: Only claims for the Provider ID that is logged in at the time of inquiry auto-populates.

Starting on the Provider main page, select the Claims link to display the Claims screen, and then select the Search Claims link. Another option is to select the Claims tab to display the drop-down list, and then select the Search Claims link.

1. Select the Medical/Dental tab.
2. If known, enter the claim ID in the Claim ID field; all other fields can be left blank.

Note: Only that specific claim displays when searching by claim ID.

3. If known, the patient account number can be entered in the Patient Account Number field.
4. If known, the member ID number can be entered in the Member ID field.
5. Enter the starting date in the Service From field, and the end date in the in the To field.
6. To narrow down search results, select the type of claim from the Claim Type drop-down list.
7. Enter the date the claim was paid in the Paid Date field.
8. To narrow search results, the Claim Status field can be set to Denied, Paid, Suspended or Resubmit.
9. Click **Search**.

10. Search results can be exported to an Excel spreadsheet by selecting the Export results link. A new Excel window appears with the claim results, and you can print it.
11. To see basic claim information, click **[+]** to the Claim ID column.
12. To view complete claim information, select the claim ID from the Claim ID column.
13. To print the claim, click **Print Preview**.
14. To print the Electronic Claim Paper Attachment Form Cover Sheet, click **Attachment Coversheet(s)**.

5.14 Claim Inquiry – Pharmacy

This section lists the steps to follow when inquiring on a claim.

Starting on the Provider main page, select the Claims link to display the Claims screen, and then select the Search Claims link. Another option is to select the Claims tab to display the drop-down list, and then select the Search Claims link.

1. Select the Pharmacy tab.
2. If known, enter the claim ID in the Claim ID field; all other fields can be left blank.

Only that specific claim displays when searching by claim ID.
3. If known, the prescription number can be entered in the Prescription # field.
4. If known, the member ID number can be entered in the Member ID field.

5. Enter the date of service in the Service Date field.
6. Enter the date the claim was paid in the Paid Date field.
7. To narrow search results, the Claim Status field can be set to Denied or Paid.
8. Enter a provider ID in the Provider ID field, if applicable.
9. Enter an NPI number in the ID Type field, if entering a rendering provider ID.
10. Select whether the provider is the servicing provider or prescribing provider in the This Provider is the radio button.
11. Click **Search**.
12. Search results can be exported to an Excel spreadsheet by selecting the Export results link. A new Excel window appears with the claim results, and you can print it.
13. To see basic claim information, click **[+]** (next to the Claim ID column).
14. To view complete claim information, select the claim ID from the Claim ID column.
15. To print a copy of the claim, click **Print Preview**.
16. To print the Electronic Claim Paper Attachment Form Cover Sheet, click **Attachment Coversheet(s)**.

5.15 Resubmit a Claim – Denied Claims Only

From Claim submission:

1. Click **Edit**.
2. Modify the field(s) containing the incorrect data.
3. Click **Submit**.

From Claim Inquiry:

[Edit](#) [Attachment Coversheet\(s\)](#) [Print Preview](#)

Follow these steps to resubmit a denied claim.

1. Follow steps 1-9 in section 5.13, Claim Inquiry – Medical/Dental, to locate the denied claim.
2. Select the Claim ID link of the claim that needs correction.
3. Click **Edit**.
4. Modify the field(s) containing the incorrect data.
5. Click **Submit**.

5.16 Void a Claim – Paid Claims Only

[Copy](#) [Void](#) [Print Preview](#)

Follow these steps to void a paid claim from Inquiry.

The only claims that may be voided are claims in a paid status.

1. Follow steps 1-9 in section 5.13, Claim Inquiry – Medical/Dental, to locate the paid claim.
2. Select the Claim ID link of the claim to be voided.
3. Click **Void**.
4. An information window displays asking, “Are you sure you want to void this Claim Type Claim ID XXXXXXXXXXXX?” (The voided claim now has a new Claim ID.)

Note: For Pharmacy claims, follow the same steps and click **Reverse**.

This creates an account receivable for the amount previously paid. This amount is deducted from a future warrant.

5.17 Copy a Claim – Paid Claims Only

From Claim submission:

Resubmit Professional Claim: Confirmation ?
Professional Claim Receipt
Your Professional Claim was successfully resubmitted. The claim status is Paid. The Claim ID is
Click Print Preview to view the claim details as they have been saved on the payer's system. Click Copy to copy member or claim data. Click View to view the details of the submitted claim.
Print Preview Copy New View

1. Click **Copy**.
2. Select the radio button with the fields that best fits the new claim to be submitted. Data copied varies by claim type.
3. Click **Copy** to initiate the claim.
4. Make any additional changes needed to the claim.
5. Click **Submit**.
6. Click **Confirm**.

From Claims Inquiry:

Copy Print Preview
--

Follow these steps to copy a paid claim and resubmit from Inquiry. The same steps apply for copying a Pharmacy claim.

1. Follow steps 1-9 in section 5.13, Claim Inquiry – Medical/Dental, to locate the paid claim.
2. Select the claim ID link of the claim to be copied.
3. Click **Copy**.
4. Select the radio button with the fields that best fits the new claim to be submitted. Data copied varies by claim type.
5. Click **Copy** to initiate the claim.
6. Make any additional changes needed to the claim.
7. Click **Submit**.
8. Click **Confirm**.

6 Prior Authorization

6.1 Overview

This section describes prior authorization requests on the SoonerCare Provider Portal.

Submitting a prior authorization request on the SoonerCare Provider Portal allows for the automatic generation of a prior authorization tracking number. Coversheets are generated automatically and pre-populated when Transmission Method-Fax and Transmission Method-Mail are selected. The HCA-12A and HCA13A are still required for consideration of PA requests. This generated PA number is added to the HCA-13A coversheet.

6.2 Prior Authorization (PA) Submission

Create Authorization ?

* Indicates a required field.

Medical **Dental**

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

New [Out of State Services](#) [Expand All](#) | [Collapse All](#)

Requesting Provider Information -

This panel contains provider information.

Zip Code	Provider ID	Contract Code	ID Type Taxonomy	Name SC Provider Number

Starting on the Provider main page, select the Prior Authorizations link to display the Prior Authorizations screen, and then select the Create Authorization link. Another option is to select the Prior Authorizations tab to display the drop-down list, and then select the Create Authorization link.

Follow these steps to complete the header section fields. These fields are to be entered by the provider.

1. Select the Medical or Dental radio button.

After selecting on the radio button, sections 6.2.1 through 6.3.5 should be followed to submit the Authorization.

6.2.1 Requesting Provider Information

Note: The provider NPI should auto-populate. Confirm the information is correct. If incorrect, log out or use Switch Provider and access the correct provider.

6.2.2 Member Information

Member Information -

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

***Member ID**

Last Name	First Name	Middle
Birth Date		

1. Enter the member ID in the Member ID field. And screenshot

After entering, press the Tab key and the Last Name, First Name, Middle Initial, and Date of Birth automatically populates.

6.2.3 Service Provider Information

1. If the requesting provider is the same as the servicing provider, select the Service Provider same as Requesting Provider check box. All other service provider fields are disabled.
2. If the servicing provider has been used before and been saved as a favorite, select from the Select from Favorites drop-down list. Additional fields auto-populate.
3. Enter the servicing provider ID in the Provider ID field. This field is required for medical providers.

The nine-digit Zip code, contract code, and taxonomy code must match what is entered on the HCA-12A exactly, if applicable.)

4. Enter the NPI value in the ID Type field, if entering a rendering provider ID.
The Name field auto-populates automatically if the options from step 3 or 4 are selected.
5. To add a new provider as a favorite, select the Add to Favorites check box. Up to 20 favorites can be saved.
6. Enter the Zip code of the servicing provider in the Zip Code field.
7. Select the contract type from the Contract Code drop-down list.
8. Enter the taxonomy code of the servicing provider in the Taxonomy field, if applicable.
9. Enter the SC provider number in the SC Provider Number field, if applicable.

Service Provider Information -

Service Provider may be required depending on the type of Assignment Code selected. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populate, either click the Service Provider same as Requesting Provider checkbox or select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox. Service Provider is required, the servicing provider cannot be a group, clinic or PLLC, etc., or the PA will be denied. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populate select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox.

Service Provider same as Requesting Provider
Select from Favorites
Provider ID **ID Type** **Name** **Add to Favorites**
Zip Code **Contract Code** **Taxonomy** **SC Provider Number**

Attachments -

Click the **Remove** link to remove the entire row.

Transmission Method	File	Control #	Action
<input type="checkbox"/> Click to collapse.			
Transmission Method EL-Electronic Only *Upload File <input type="text" value=""/> <input type="button" value="Browse..."/> *Description <input type="text" value=""/> <input type="button" value="Add"/> <input type="button" value="Cancel"/>			

Other Information -

Assignment Code must be selected from the dropdown. The Assignment Code can be viewed in the Prospective Authorizations results panel and in the Search Results panel when using Search Authorizations.

***Assignment Code** **Managed Care**
Fund **Letter?**

6.2.4 Attachments Information

1. Click **[+]** to expand the attachments section.
2. All attachments must be uploaded via the portal (verifying with the dental unit).
3. Click **Browse** to locate and upload to the Upload File field. The Upload File option is enabled only when the transmission method is set to Electronic Only.
4. Enter a description of the attachment in the Description field.
5. If additional attachments are to be sent on this submission, click **Add** and repeat the process.

Note: Add the attachments first by clicking **Add**, and then by selecting the Add Service link to properly add the attachment to the respective service line.

6. Click **Remove** to remove an existing attachment.
7. When finished, click **Submit**.
8. Verify the authorization information, and then click **Confirm**.

Once the authorization has been submitted, an Authorization Tracking Number receipt is generated. There are different options to choose from:

- **Attachment Coversheet(s)**—Coversheets are generated automatically and pre-populated when Transmission Method-Fax and Transmission Method-Mail are selected. Each attachment has its own completed coversheet. Selecting Transmission Method-File Transfer does not generate a coversheet, because those attachments are uploaded directly. See section 5.11, Hardcopy Attachment, for more information on attachment coversheets.
- **Print Preview**—Displays and prints the authorization.
- **Copy**—Copies specific details from one authorization to another; the options are preset.
- **New**— Create a new authorization.

6.2.5 Other Information

1. Select the provider type of the servicing provider from the Assignment Code drop-down list.
2. Select if the authorization is for managed care from the Managed Care drop-down list.
3. Enter the fund code from the Fund drop-down list.
4. Select if a letter ID requested from the Letter? drop-down list.

6.2.6 Diagnosis Information

1. Select the ICD type in the ICD Version drop-down list.
2. Enter a diagnosis in the Diagnosis Code field.

6.2.7 Remarks

1. Enter remarks for medical justifications in the Remarks field and click the “Add” button.
2. If you want to remove an existing remark, click the **Remove** link.
3. The Remarks panel is for both Medical and Dental Prior Authorizations.

6.3 Service Details

Follow these steps to complete the service detail fields. These fields vary by the code type selected.

6.3.1 Medical Prior Authorization

6.3.2 Dental Prior Authorization

Service Details						
From Date	To Date	Code	Tooth Number	Oral Cavity Area	Units	Action
Click '+' to view or update the details of a row. Click '-' to collapse the row. Click Copy to copy or Remove to remove the entire row.						
Click to collapse.						
*From Date	<input type="text"/>	To Date	<input type="text"/>	*Code Type	ADA	*Code
Appropriate modifier(s) must be submitted on PA for claims processing.						
*Units	<input type="text"/>	Dollars	<input type="text"/>	Payment Method	1-Pay System Calculated Price	
Tooth Number	<input type="text"/>					
Oral Cavity Area	<input type="text"/>					
<input type="button" value="Add Service"/> <input type="button" value="Cancel Service"/>						

6.3.3 Code Type-NDC

1. Enter the beginning date in the From Date field.
2. Enter the end date in the To Date field.
3. Select the NDC for the Code Type field.
4. Enter the NDC code in the Code field.
5. Enter number of units requested in the Units field.
6. Enter the dollar amount requested in the Dollars field.
7. Select the payment type in the Payment Method drop-down list.
8. Select Yes or No from the NDC Lock drop-down list.

6.3.4 Code Type-Procedure Code

1. Enter the beginning date in the From Date field.
2. Enter the end date in the To Date field.
3. Select Procedure Code from the Code Type field.
4. Enter the procedure code in the Code field.
5. To enter a range of procedure codes, enter the end range in the Thru field.
6. Enter any modifiers for the requested code in the Modifiers fields.
7. Enter number of units in the Units field.
8. Enter the dollar amount requested in the Dollars field.

9. Select the payment type from the Payment Method drop-down list.

6.3.5 Code Type-Revenue Code

1. Enter the beginning date in the From Date field.
2. Enter the end date in the To Date field.
3. Select Revenue in the Code Type field.
4. Enter the revenue code in the Code field.
5. To enter a range of procedure codes, enter the end range in the Thru field.
6. Enter number of units in the Units field.
7. Enter the dollar amount requested in the Dollars field.
8. Select the payment type from the Payment Method drop-down list.

6.3.6 Code Type-ADA (Dental Only)

1. Enter the beginning date in the From Date field.
2. Enter the end date in the To Date field.
3. Select ADA in the Code Type field.
4. Enter the procedure code in the Code field.
5. Enter number of units in the Units field.
6. Enter the dollar amount requested in the Dollars field.
7. Select the payment type from the Payment Method drop-down list.
8. Select the tooth number from the Tooth Number drop-down list.
9. Select the cavity areas from the Oral Cavity Area drop-down list.
10. If you want to copy existing service information to another service line, click **Copy**.
11. If you want to remove an existing service, click **Remove**.

6.3.7 Change Healthcare InterQual Medical Review

When the code type is Procedure code and the entered code requires a medical review, user will be required to use the embedded Change Healthcare InterQual Medical Review tool to perform the review. Once the review is complete, click on "Save PA Line Item" button to add the reviewed code to Portal. Clicking Cancel Medical Review button will take the user back to Portal without adding the code.

The screenshot displays the Oklahoma Health Care Authority Provider Portal. At the top, the logo for the Oklahoma Health Care Authority is visible next to the text 'OKLAHOMA Health Care Authority' and 'Provider Portal'. A navigation bar includes links for 'My Home', 'Eligibility', 'Claims', 'Prior Authorizations', 'Referrals', 'Files Exchange', 'Financial', 'Letters', 'Reports', and 'Resources'. Below this, a secondary bar contains 'Create Authorization', 'View Authorization Status', 'Maintain Favorite Providers', and 'InterQual DME SmartSheets Search'. The user is signed in as 'KEEP (prov111)' and the date is Thursday 07/07/2022 07:56 AM CST. The main content area shows a 'Recommendations' section with a message: 'Not Recommended Current evidence does not support procedure in this clinical scenario'. Navigation buttons for 'Previous' and 'Review Summary' are present, along with a timestamp 'Review Completed On: 11/03/2017, 11:41 AM CDT'. At the bottom, there are buttons for 'Save PA Line Item' and 'Cancel Medical Review'.

6.4 Prior Authorization Inquiry

Follow these steps to complete a prior authorization inquiry.

Starting on the Provider main page, select the Prior Authorizations link to display the Prior Authorizations screen, and then select the View Authorization Status link. Another option is to select the Prior Authorizations tab to display the drop-down list, and then select the View Authorization Status link.

6.4.1 Prospective Authorizations

The Prospective Authorizations tab displays results including the first 20 authorizations with a beginning services date of today or greater. Authorizations can be sorted by the Service Date field.

1. Select the tracking number from the Authorization Tracking Number column.
2. To view reason codes and remarks, select the View link.
3. To view the original request, click **View Original Request**.
4. To print a copy of the authorization, click **Print Preview**. A new window displays, and the authorization can be printed.

6.4.2 Search Authorizations

1. If known, enter the authorization number in the Authorization Tracking Number field; all other fields can be left blank.
2. If known, select the assignment code from the Assignment Code drop-down list to narrow the search results, if applicable.
3. If known, enter the type of code in the Code Type drop-down list.
4. Enter the code in the Code field.
5. Select a day range from the Day Range drop-down list or enter a day of service in the Authorized Service Date field.
6. If known, enter the member ID in the Member ID field.
7. Enter a provider ID in the Provider NPI field.
8. Select if the provider is the servicing provider or prescribing provider radio button with the This Provider is field.
9. Click **Search**.
10. Search results can be exported to an Excel spreadsheet by selecting the Export results link. A new Excel window displays with the authorization results, and it can be printed.
11. Select the tracking number from the Authorization Tracking Number column.
12. To view Reason Codes and Remarks, select the View link.
13. To view the original request, select the View Original Request button.
14. The “View Authorization page” is available for edit under the following conditions:
 - If the PA line item is waiting for documents, the attachment grid will be enabled.
 - If a PA line item has a status of "Pending Documents (I)", "Approved (A)", "Evaluation (E)", "Pending (P)", "Pending Pricing (F)", or "Approved w/ Pricing (G)", the checkbox will be enabled to cancel a PA line item; otherwise, the checkbox will be disabled.
 - If a PA line item has a status of "Approved (A)", the end date is within six months (Medical) or one year (Dental) of the current date, and the number of attachments and NOT reached the maximum limit, the checkbox will be enabled to amend a PA line item; otherwise, the checkbox will be disabled.
 - Click the “Submit” button to add an additional document, cancel a PA line item, and/or amend a PA line item.

- Click the “Cancel” button to remove any data/action.
15. To print a copy of the authorization, select the Print Preview button. A new window displays, and the authorization can be printed.

6.5 Prior Authorization Notice

Follow these steps to view a prior authorization notice.

Starting on the Provider main page, select the Prior Authorizations link to display the Prior Authorizations screen, select the View Authorization Status link, and then select the Authorization Notices tab. Another option is to select the Prior Authorizations tab to display the drop-down list, select the View Authorization Status link, and then select the Authorization Notices tab.

Note: Clicking **Search** with no other criteria allows you to view all available PA notices under the user’s provider number.

1. If known, enter the authorization number in the Authorization Tracking Number field.
2. If known, enter the type of code in the Code Type drop-down list.
3. Enter the code in the Code field.
4. If known, enter the member ID in the Member ID field.
5. If known, enter the last name of the member in the Last Name field.
6. If known, enter the first name of the member in the First Name field.
7. Select a day range from the Day Range drop-down list, or enter a date range in the From and To fields.
8. Click **Search**.
9. Click the tracking number in the Authorization Tracking Number column. This allows you to view the authorization and print a copy.
10. To view the Prior Authorization Notice, select the date from the Date Sent column. This displays a new window, and the notice can be printed.
11. In the Unread Notices Summary section, a running count of read and unread notices is kept.

Note: The SoonerCare Provider Portal holds a 60-day rolling PA Notice history. For example, if the PA request was entered into the system on 01/01/2012, the notice will not be available for online viewing after 03/02/2012.

7 Error Code Search

7.1 Overview

This section describes error code searches on the SoonerCare Provider Portal.

Searching for error codes on the SoonerCare Provider Portal allows the user to view EOB Codes and other associated error messages on claims.

7.2 HIPAA Error Code Search



The screenshot shows a web form titled "Search HIPAA Error Codes" with a help icon in the top right corner. Below the title, there is a legend: "* Indicates a required field." and "Placeholder for configurable text". The form contains a "Search Type" dropdown menu currently set to "HIPAA Reason Code" and a text input field labeled "* Code". At the bottom of the form are two buttons: "Search" and "Reset".

Starting on the Provider main page, select the Resources link to display the Resources screen, and then select the Search HIPAA Error Codes link. Another option is to select the Resources tab to display the drop-down list, and then select the Search HIPAA Error Codes link.

1. Select the search type from the Search Type drop-down list.
2. Enter the error code in the Code field.
3. Click **Search**.

Search results vary by the search type selected and code used.

8 Electronic Referrals

Electronic referrals are for Indian/Tribal health providers ONLY.

8.1 Overview

This section describes electronic referrals on the SoonerCare Provider Portal.

Electronic referrals on the SoonerCare Provider Portal allows the user to create new referrals from one provider to another to further evaluate potential medical conditions. The user can also search for existing referrals created by the user and created for the user.

8.2 Create New Referral

Starting on the Provider main page, select the Referrals link to display the Referrals screen, and then select the Create Referral link. Another option is to select the Referrals tab to display the drop-down list, and then select the Create Referral link.

Note: The requesting provider information should auto-populate. Confirm the information is correct. If incorrect, log out or use Switch Provider and access the correct provider.

1. Enter the member ID in the Member ID field. Member data auto-populate.
2. Click **Verify PCP**.
3. Enter Alternate Phone and Extension of the Referring Provider. These fields are optional.
4. Enter the NPI number of the provider receiving the referral in the Refer to Provider ID field. If the entered NPI number is valid, the Provider Information with auto-populate. If the refer to provider ID is unknown, see section 8.3, Search Providers.
5. If the referral is for an initial visit, select the Referral for Initial Visit Only radio button.

6. If the referral is ongoing, select the Ongoing Referral radio button.
7. Enter the beginning date of the referral in the Referral Start Date field.
8. Enter the end date of the referral in the Referral End Date field.
9. Select a specialty from the Refer To Specialty drop-down list. This list will only contain the specialties that require a referral.
10. Enter the purpose of referral in the Reason For Referral field.
11. Click **Submit**.
12. Click **Confirm** once all information has been verified.

Once the referral has been submitted, a referral tracking number is generated. There are also options to choose from:

- **Print Preview**—Displays and prints the referral.
- **New**—Begins a new referral.
- **Referrals**—Takes the user to search and view existing referrals.

8.3 Search Providers

1. If the refer to provider ID is unknown, select the magnifying glass icon.
2. Enter search criteria and Click **Search**. The search results will only contain the Providers that require a referral.
3. Select the desired Provider by clicking on the "**Select**" link. This will auto-populate the Refer To Provider Information fields.
4. Enter the first name of the provider in the First Name field.
5. Click **Search**.
6. Select the desired provider ID from the Provider ID column. This populates the provider ID in the Refer to Provider ID field. (If selecting the provider ID from the Search Referrals list, the provider ID selected populates in the Provider ID field.)

8.4 Search Referrals

My Home Eligibility Claims Prior Authorizations **Referrals** Files Exchange Financial Letters Resources

Create Referral | Search Referrals

[Contact Us](#) | [Logout](#)
 Tuesday 02/10/2015 07:32 AM PST

Search Referrals ?

Unread Referrals Search Referrals

Referrals identifying you as the Referred To Provider are listed below. These results include referrals that have been recently submitted or modified. Click the referral tracking number to view the referral details or select the Search Referrals tab to search for a different referral.

[Select All](#) / [Deselect All](#)

Referrals Total Records: 2

Mark as Read	Referral Tracking Number	Start Date ▲	End Date	Member Name	Member ID	Referring Provider	Referred To	Submission Date	Last Modified Date
<input type="checkbox"/>	441	2/2/2015	2/9/2015					2/3/2015	2/9/2015
<input type="checkbox"/>	464	2/3/2015	2/9/2015					2/3/2015	2/9/2015

[Remove Read Referrals](#) [Export results ...](#)

My Home > Search Referrals Tuesday 02/10/2015 07:46 AM PST

Search Referrals ?

Unread Referrals Search Referrals

Enter at least one of the following fields to search for a referral.

Referral Information

Referral Tracking Number

Select a Day Range or specify a Service Date

Read Status All ▼

Day Range Next 14 days ▼ OR Service Date

Submission Date/Last Modified Date Last 10 days ▼

Member Information

Member ID

Provider Information

Provider ID

ID Type ▼

This Provider is the Referring Provider on the Referral
 Referred To Provider on the Referral

Search Results

Referrals matching entered criteria where you are the Referring or Referred to Provider are listed below. Click on the Referral Tracking Number to view referral details. Click on a column header to re-sort the results. Additional results exist if paging numbers display on the bottom right corner of the page. Click on Export Results to export all results from the search to a file.

Total Records: 1

Referral Tracking Number	Read Status	Start Date ▼	End Date	Member Name	Member ID	Referring Provider	Referred To	Submission Date	Last Modified Date
481	read	2/9/2015	5/10/2015					2/9/2015	

[Export results ...](#)

There are three ways to search for referrals:

- On the Provider main page by selecting the Referrals link.

- On the Provider main page by selecting the Referrals link to display the Referrals screen, and then by selecting the Search Referral tab. Another option is to select the Unread Referrals tab.
- If the user has recently submitted a new referral and is still on the Referral Tracking # page, the user clicks **Referrals**.

Unread Referrals Tab

The Unread Referrals tab displays referrals that list the user as the referred to provider. Results displayed are referrals that have not been read by the referred to provider.

1. Click **Select All** link to select “Mark as Read” checkbox for all referrals.
2. Click **Deselect All** link to uncheck “Mark as Read” for all referrals.
3. Click **Remove Read Referrals** to update the status of the referral as read. The updated referral will be removed from the list.
4. Search results can be exported to a file by selecting the Export results link. Click Open or Save.

Search Referrals Tab

1. Select the Search Referrals tab.
2. If available, enter the tracking number in the Referral Tracking Number field; all other fields can remain blank.
3. To search from a date range, select from the Day Range drop-down list, or enter a specific date in the Service Date field.
4. To search by Submission Date or Last Modified Date of the referral, select an option from the drop-down list.
5. Enter the member ID in the Member ID field.
6. Enter a provider ID in the Provider ID field, if applicable. To search for a Provider ID, see section 7.2.1, Search Provider ID.
7. Enter the NPI value in the ID Type field, if applicable.
8. Select whether the provider is the servicing provider or the prescribing provider with the This Provider is the radio button.
9. Click **Search**.
10. Search results can be exported to an Excel spreadsheet by selecting the Export Results link. A new Excel window displays with the claim results, and the results can be printed.
11. Select the Referral Tracking Number link.

12. To print the referral, click **Print Preview**. A new window displays, and the referral can be printed.

9 Payment History

9.1 Overview

This section describes electronic referrals on the SoonerCare Provider Portal.

Search Payment History on the SoonerCare Provider Portal allows for the user to search and locate payments made to the provider and to view the Remittance Advice (RA) of the claims. The user is also able to view the claim and copy that claim information to another new claim, void that claim (if applicable to the status) and print a copy of that claim.

9.2 Search Payment History

Starting on the Provider main page, select the Search Payment History link under Provider Services.

Note: The requesting provider information should auto-populate. Confirm the information is correct. If incorrect, log out or use Switch Provider and access the correct provider.

1. Select the method of payment from the Payment Method drop-down list.
2. Enter the warrant number in the Warrant Number field.
3. Enter the beginning issue date in the From field.
4. Enter the end issue date in the To field.
5. Click **Search**.
6. To see payment details, select the Warrant Number link.
7. To print a copy of the RA, click **RA Copy**. The RA can also be printed from selecting the [RA] from the RA Copy column on the previous Search Details page.

8. To view the claim, select the Claim ID link. You can copy existing claim information to a new claim, void a claim (if applicable to the status), and print a copy of the claim
9. To narrow down the Payment Summary to display more specific details, select the Show Filter Options link.
10. To display a specific claim, use the Claim ID field.
11. To display a specific account number, use the Account Number field.
12. To display a specific name, use the Recipient Name field.
13. To display a specific recipient, use the Recipient ID field.
14. To display a specific rendering provider, use the Rendering Provider field,
15. To display specific dates, use the Service From and To fields.
16. Click **Filter** to display filtered claim results.

10 Locate Providers

10.1 Overview

This section describes locating providers on the SoonerCare Provider Portal.

Search Providers on the SoonerCare Provider Portal allows for the user to locate providers by distance or location, provider type or specialty, or language.

10.2 Search Providers

Search Provider ?

* Indicates a required field.

Health Plan All Health Plans

Select Search Type

***Search Type** Distance Location

Enter Your Address (ZIP Code only, Address and ZIP Code, or Address, City and State)

Address

City **State** - **Zip Code**

Distance(within) 5 miles

Select Provider Criteria

Provider NPI

***Provider Type** Physician

Provider Specialty All Specialties

Results 5 per page [Show Advanced Search](#)

Search Provider

Starting on the Provider main page, select the Resources link to display the Resources screen, and then select the Search Providers link. Another option is to select the Resources tab to display the drop-down list and select the Search Providers link.

1. Select the health plan from the Health Plan drop-down list.
2. Select the Distance or Location Search Type radio button.
3. Enter the address in the Address field. (This is available only when the Distance radio button is selected.)
4. Enter the city in the City field.
5. Select the state from the State drop-down list.
6. Enter the Zip code in the Zip Code field.

7. Enter the county in the County field. (This is available only when the Location radio button is selected.)
8. Select the average distance from the Distance drop-down list. (This is available only when the Distance radio button is selected.)
9. Select the type of provider from the Provider Type drop-down list.
10. Select the provider specialty from the Provider Specialty drop-down list.
11. Select the average amount results per page from the Results drop-down list.
12. To show additional search criteria, select the Show Advanced Search link.
13. Enter the last name of the provider or name of business in the Last Name/Business Name field.
14. Enter the first name of the provider in the First Name field.
15. Select any provider gender preference from the Gender radio buttons.
16. Select a language preference from the Language drop-down list.
17. Click **Search Provider**.
18. To print the search results, click **Print this section**.
19. To view the provider, select the Provider name link.
20. To print the Provider Details page, click **Print Preview**. A new window displays, and the details page can be printed.
21. Click **[Map]** from the Address section to launch MapQuest or click **[Map]** from the Address column on the previous Search Results page.

After clicking **[Map]**, a new MapQuest window displays with the provider's address listed. To enter a starting point to arrive at the provider location, select the Get Directions link. A Starting point address field displays.

11 Files Exchange

11.1 Overview

This section describes uploading and downloading files on the SoonerCare Provider Portal.

Trade Files screens are available to providers to facilitate file transfer between the provider community, other involved agencies and the OHCA.

11.2 File Upload

File Upload [?]

Upload Search

* Indicates a required field.

Select the type of transaction being uploaded. Click the Browse button to locate and choose a file on your directory structure to upload. Optionally enter a name in the Save as Filename textbox to save the file with a name different from the name of the file. Press Upload to load the file. A confirmation will display with a transaction id for successful uploads.

*Transaction Type Select

* Select File to Upload Browse...

Save as Filename

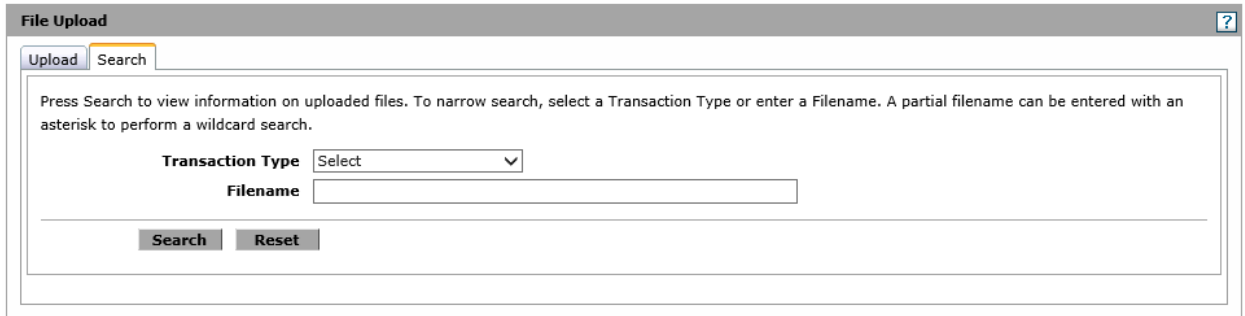
Reset

Starting on the Provider main page, select the Files Exchange link to display the File Upload screen. Another option is to select the Files Exchange tab to display the drop-down list, and then select the Upload Files link.

1. Select the transaction type from the Transaction Type drop-down list.
2. Click **Browse** to search the file to upload.
3. Enter a file name in the Save as Filename field.
4. Click **Upload**.
5. Click **Reset** to reset the upload process.

A successful upload displays the file in the list of uploaded files on the same page. Files are sorted by the date uploaded.

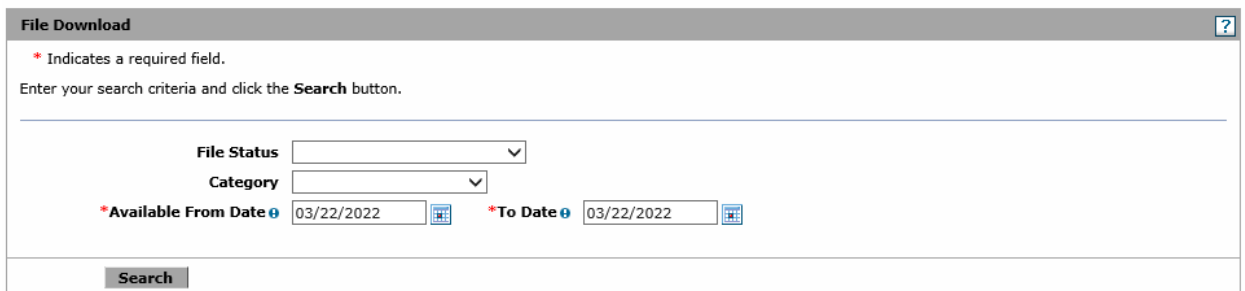
11.3 File Upload Search



Starting on the Provider main page, select the Files Exchange link to display the File Upload screen. Another option is to select the Files Exchange tab to display the drop-down list, and then select the Upload Files link.

1. Select the Search tab.
2. Select the transaction type to search from the Transaction Type drop-down list.
3. Enter the name of the file in the Filename field. You can enter a partial filename search by adding an asterisk (*) after a partial file name (i.e., "DAT*").
4. Click **Search**.
5. Click **Reset** to reset the file search.

11.4 File Download



The File Download screen allows the user to select a file and download it to his or her hard drive. The available files are listed as linked file names. When the link is clicked, the download process begins and the file downloads to the user’s hard drive.

Starting on the Provider main page, select the Files Exchange link to display the File Upload screen. Select the Download Files link.

1. Select the file status from the File Status drop-down list.
2. Select the category type from the Category drop-down list.

3. Enter dates in the Available From Date and To Date fields.
4. Click **Search**. A list of files available to download displays.
5. To download the file, select the file name link.
6. To view additional download files, select the pagination numbers.

Depending on the type of browser used, open and save the file, or use the Save As file function to save the file to a designated folder.

12 Letters

12.1 Overview

This section describes Letters on the SoonerCare Provider Portal

Letters on the SoonerCare Provider Portal allows the user to download a variety type of letters.

12.2 Provider Letters

Provider Letters ?

* Indicates a required field.
Enter your search criteria and click the **Search** button.



*Letter Type

*Available From Date

Search **Reset**

Letters Available to Download From 3/22/2021 To 3/22/2022

To download the Letter click the View Letter icon. Total Records: 2

Letter Description	Letter Date	Member ID	Letter
Provider Contract Expiration Notification	03/19/2022		
Provider Welcome Letter	12/18/2021		

Starting on the Provider main page, select the Letters tab to display the submenu, and then select Provider Letters link to display the Provider Letters screen. Another option is to select the Letter tab and select Provider Letters link from the landing page.

1. Select the Letter type from the Letter Type drop-down list.
2. Enter a search date range. The range must be within 365 days
3. Click **Search**.

From the Search results, click on a letter icon to download the letter.

13 Financial

13.1 Overview

This section describes Financial Reports on the SoonerCare Provider Portal

Financial on the SoonerCare Provider Portal allows the user to download Remittance Advice Reports, Roster Reports and CAP Reports.

13.2 Remittance Advice (RA) Reports

The screenshot shows the 'RA Reports' interface. At the top, there is a header 'RA Reports' with a help icon. Below it, a note states '* Indicates a required field.' and instructions to 'Enter your search criteria and click the Search button.' There are two date input fields: '*Available From Date' with the value '12/22/2021' and '*To Date' with the value '03/22/2022'. Below these are 'Search' and 'Reset' buttons. A section titled 'Reports Available to Download From 12/22/2021 To 3/22/2022' contains the instruction 'To download the report click the Report Copy icon.' Below this is a table with two columns: 'Report Date' and 'Report Copy'.

Report Date	Report Copy
03/16/2022	
03/09/2022	
03/02/2022	
02/23/2022	
02/16/2022	

Starting on the Provider main page, select the Financial tab to display the submenu, and then select RA Reports link to display the RA Reports screen. Another option is to select the financial tab and select RA Reports link from the landing page.

1. Enter a search date range. The range must be within 90 days
2. Click **Search**.

From the Search results, click on a Report icon to download the RA Report. Report Icon will be greyed out and disabled if it is larger than 10MB.

13.3 Roster Reports

Roster Reports		
Reports Available to Download From 3/22/2021 To 4/5/2022		
To download the report click the Report Copy icon.		
		Total Records: 16
Report Date	Roster Type	Report Copy
03/01/2022	Choice	
02/01/2022	Choice	
01/01/2022	Choice	
12/01/2021	Choice	
11/01/2021	Choice	
10/01/2021	Choice	

Starting on the Provider main page, select the Financial tab to display the submenu, and then select Roster Reports link to display the Roster Reports screen. Another option is to select the financial tab and select Roster Reports link from the landing page.

From the results, click on a Report icon to download the Roster report. Report Icon will be greyed out and disabled if it is larger than 10MB.

13.4 CAP Reports

CAP Reports		
Reports Available to Download From 3/22/2021 To 3/22/2022		
To download the report click the Report Copy icon.		
Report Date	Report Type	Report Copy
03/01/2022	Member Initial Visit	
02/28/2022	CAP	
02/01/2022	Member Initial Visit	
01/31/2022	CAP	
01/03/2022	CAP	
01/01/2022	Member Initial Visit	
12/01/2021	Member Initial Visit	
11/29/2021	CAP	

Starting on the Provider main page, select the Financial tab to display the submenu, and then select CAP Reports link to display the Roster Reports screen. Another option is to select the financial tab and select CAP Reports link from the landing page.

From the results, click on a Report icon to download the CAP report. Report Icon will be greyed out and disabled if it is larger than 10MB.

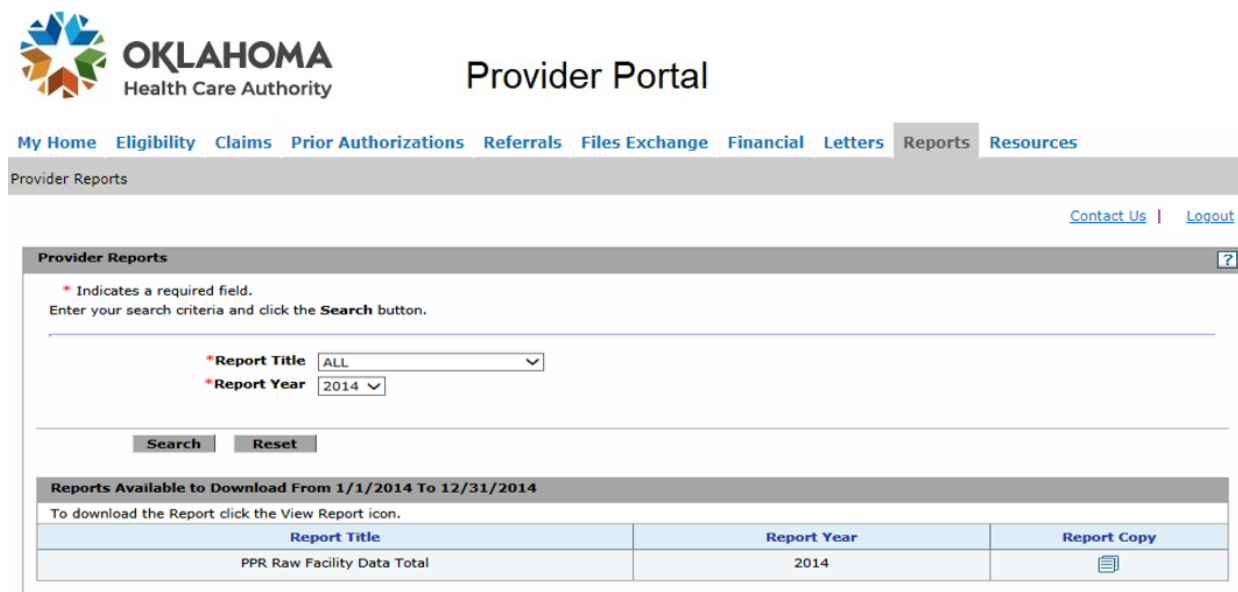
14 Reports

14.1 Overview

This section describes Letters on the SoonerCare Provider Portal

Reports on the SoonerCare Provider Portal allows the user to download a variety type of Reports.

14.2 Provider Reports



Starting on the Provider main page, select the Reports tab to display the submenu, and then select Provider Reports link to display the Provider Reports screen. Another option is to select the Reports tab and select Provider Reports link from the landing page.

1. Select the Report Type from the Report Title drop-down list.
2. Select a report year from Report Year dropdown
3. Click **Search**.

From the Search results, click on a Report icon to download the Report.

Appendix A: Resources

A.1 Eligibility Verification System Guide

The EVS Guide is an instructional guide on how to use EVS to check eligibility for a recipient.

The most recent version of the Quick Reference Guide can be found at:
<http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=10705>

A.2 Provider Billing and Procedures Manual

The Provider Billing and Procedures Manual combine all the useful information for SoonerCare Providers. This manual covers topics such as SoonerCare programs, billing, EDI and many others.

The most recent version of the Provider Billing and Procedures Manual can be found at: <http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=100>

A.3 Provider Portal Access

To register for Provider Portal Access, visit this link and follow the registration instructions:

[Registration Selector \(ohcaprovider.com\)](http://ohcaprovider.com)

Appendix B: Abbreviations and Acronyms

This appendix lists abbreviations and acronyms used in this manual.

Abbreviation/Acronym	Description
CLIA	Clinical Laboratory Improvement Act of 1988 – A federally mandated set of certification criteria and a data collection and monitoring system to ensure proper certification of clinical laboratories.
DAW	Dispense as Written
DLN	Driver's License Number
DMH	Department of Mental Health
DOB	Date of Birth
DOS	Date of Service
DRG	Diagnosis Related Group
EDI	Electronic Data Interchange
EMG	Emergency
EOMB	Explanation of Medical Benefits
EPSDT	Early Periodic Screening, Diagnosis, and Treatment for medical, dental, vision, and hearing services
EVS	Electronic Verification System for verifying eligibility
Ext	Phone extension
HCFA	Health Care Financing Administration, responsible for the national administration of the Medicaid and Medicare programs.
HCPCS	HCFA Common Procedure Coding System – A uniform health care procedural coding system approved for use by HCFA. It describes the physician and non-physician services covered by the Medicaid and Medicare programs, and it is used primarily to report reimbursable services provided to patients.
HIPAA	Health Insurance Portability and Accountability Act – In general usage in this document, the reference is to the Administrative Simplification provisions of this act.
ICD	International Classification of Diseases
ID	Identification
LTC	Long Term Care
NDC	National Drug Code – A generally accepted system for the identification of prescription and non-prescription drugs available in the U.S.

Abbreviation/Acronym	Description
NPI	National Provider Identification
OHCA	Oklahoma Health Care Authority, the Designated Single State Agency for administration of the Oklahoma Title XIX Medicaid Program.
OKMMIS	The State of Oklahoma fiscal-agent operated Medicaid Management Information System
PDF	Portable Document Format
PIN	Personal Identification Number
RA	Remittance Advice
SC	SoonerCare (used in field names, such as SC Provider Number)
SSN	Social Security Number
SVC	Service
TPL	Third Party Liability
UOM	Unit of Measure
UPN	Universal Provider Number