SPECIAL CLAIMS PROCESS
(ADA DENTAL)

DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of November 2020.
- Stay informed with current information found on the OHCA public website: www.okhca.org by signing up for web alerts.

CLASS DESCRIPTION

This class is an overview of the recent Special Process feature now included on the provider portal. As OHCA continues the Going Green initiative, if a claim requires special processing using the HCA-17, this action can now be completed and submitted on the SoonerCare provider portal.

We will discuss and demonstrate the process of completing a claim for special processing via the provider portal. This class will not cover policy or other types of claim submission.

AGENDA

- Special processing defined
- Important notes
- Special processed claim examples
- Claims that don’t require special processing
- Special process submission
- Reminders
- Questions

SPECIAL PROCESSING DEFINED

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- A special processed claim is a claim that has been previously submitted but all or a portion of the claim has been denied.
- Certain claim denials can be appealed using the Special Processing feature through the provider portal.
- Additional documentation must be submitted to support the appeal. This includes the HCA-17A form.

IMPORTANT NOTES

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- Paper claims that require special processing will no longer be accepted as of Dec. 31, 2020.

- Effective Jan. 1, 2021, special processed claims must be submitted using the provider portal HCA-17A function.

IMPORTANT NOTES

- Special processed claims are reviewed on an individual basis and are not guaranteed payment.

- Supporting documentation is required for all special processed claims. This includes the HCA-17A form.

- Documentation must be uploaded. Faxed or mailed attachments for the HCA-17A process will not be accepted.

IMPORTANT NOTES

- Claims must be filed within the first six months from the date of service to establish timely filing.

- Timely filing proof is considered a claim from the OHCA secure provider portal that reflects the ICN and line-item details or a copy of an OHCA remittance advice with the same information.

- Examples provided in the presentation are not an all-inclusive list.

SPECIAL PROCESSED CLAIM EXAMPLES

ADA DENTAL CLAIMS

- Tooth extraction denial:
  - Tooth is still retained in the mouth.

- Prior authorized service:
  - Claim denied due to frequency.

OTHER EXAMPLES

- A claim past the timely filing limit can be submitted for special processing if it meets one of the four following criteria:
    - Administrative agency corrective action or action taken to resolve a dispute.
    - Reversal of the eligibility determination.
    - Investigation for fraud or abuse of the provider.
    - Court order or hearing decision.

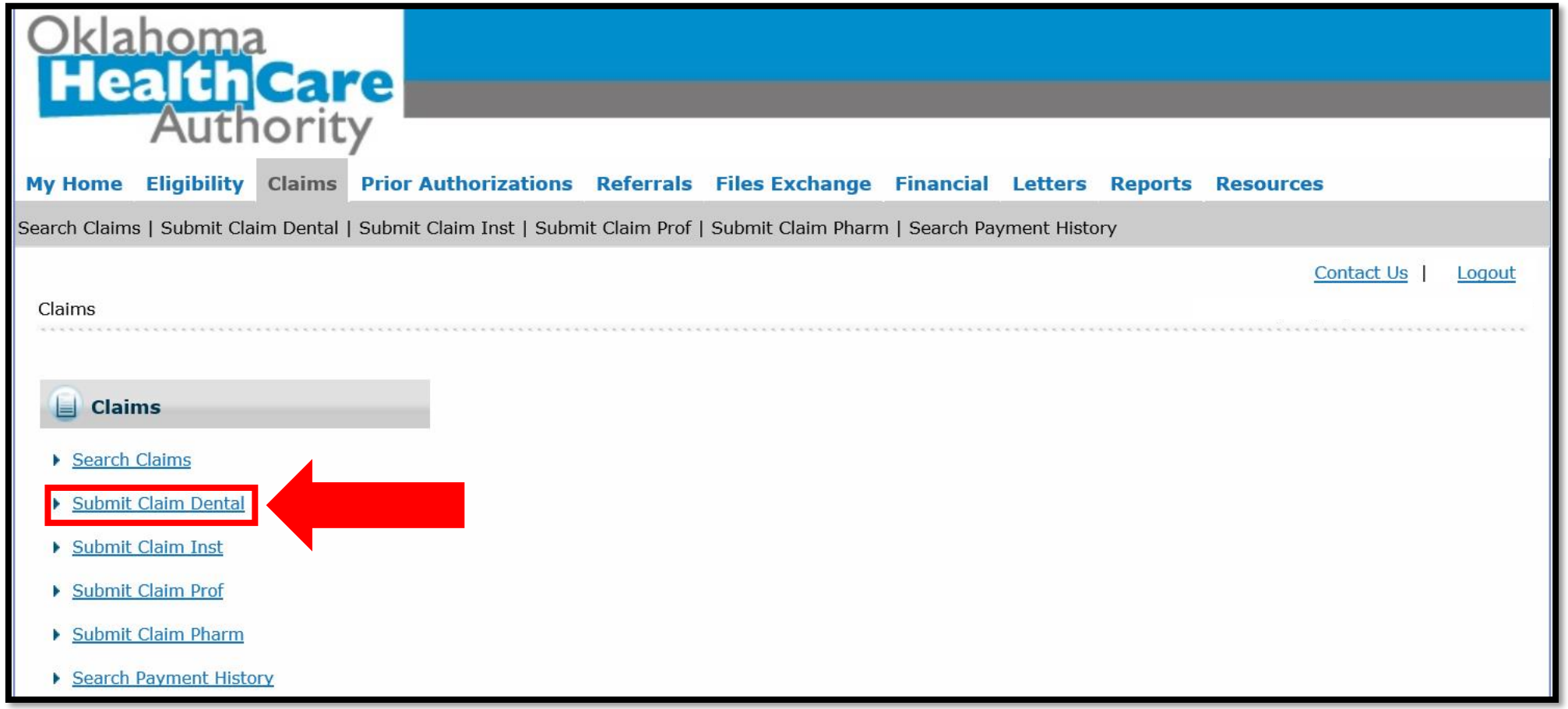
CLAIMS THAT DO NOT REQUIRE SPECIAL PROCESSING

CLAIMS THAT DO NOT REQUIRE SPECIAL PROCESSING

- Third Party Liability
- Soon-to-be-Sooners
- Claims filed with incomplete supporting documentation
- Claims within standard timely filing limit

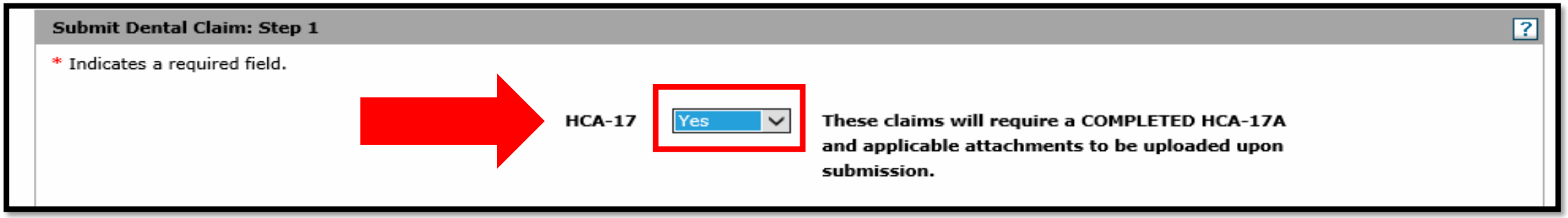
SPECIAL PROCESS SUBMISSION

SPECIAL PROCESS SUBMISSION



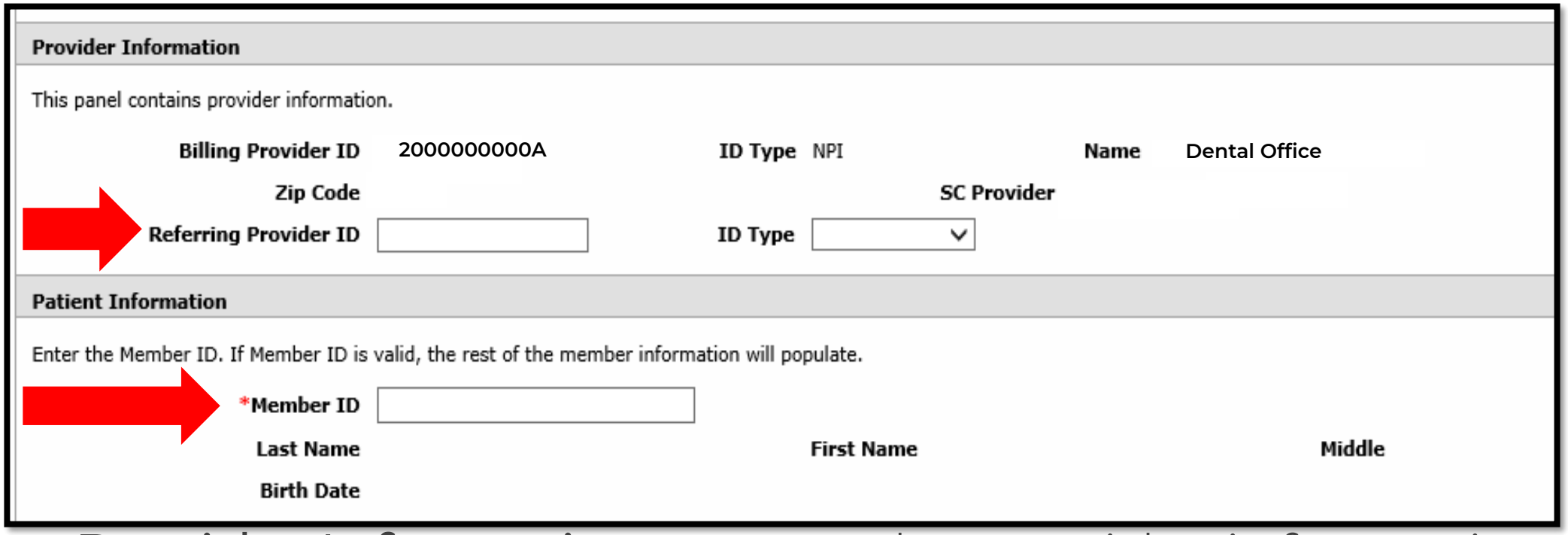
Select the **Claims** tab then **Submit Claim Dental.**

SPECIAL PROCESS SUBMISSION



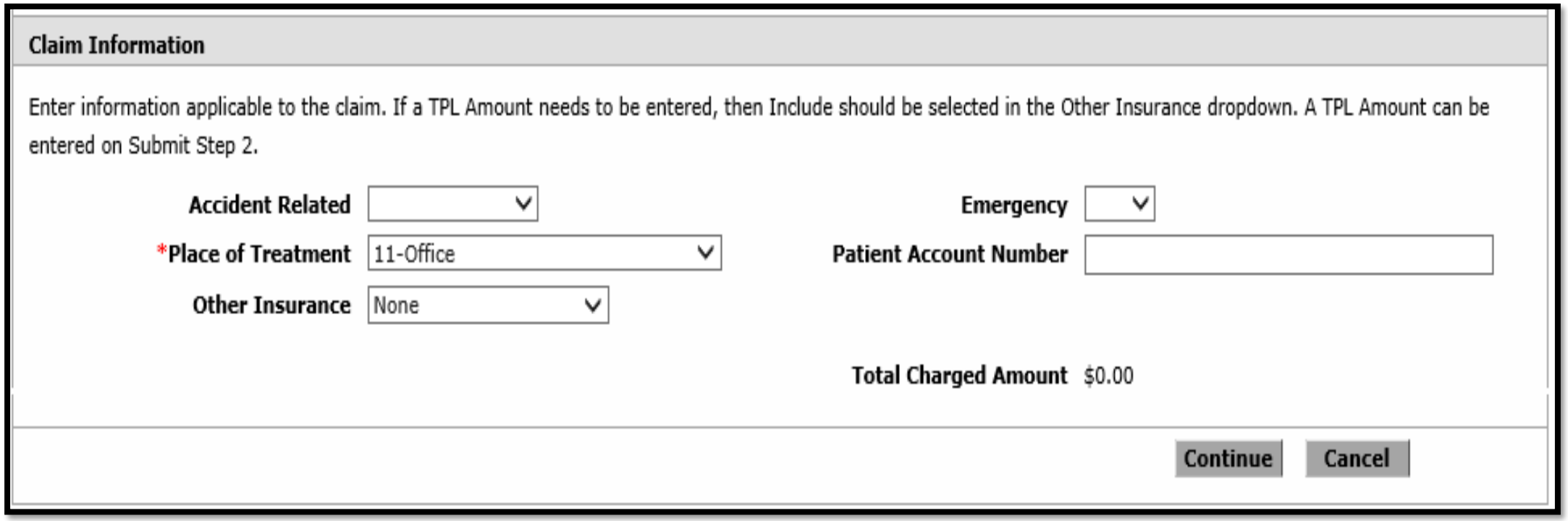
- Select the **HCA-17** drop down and choose **Yes**.
- Please note, the claim will require a **completed** HCA-17A and applicable attachments to be uploaded upon submission.

SPECIAL PROCESS SUBMISSION



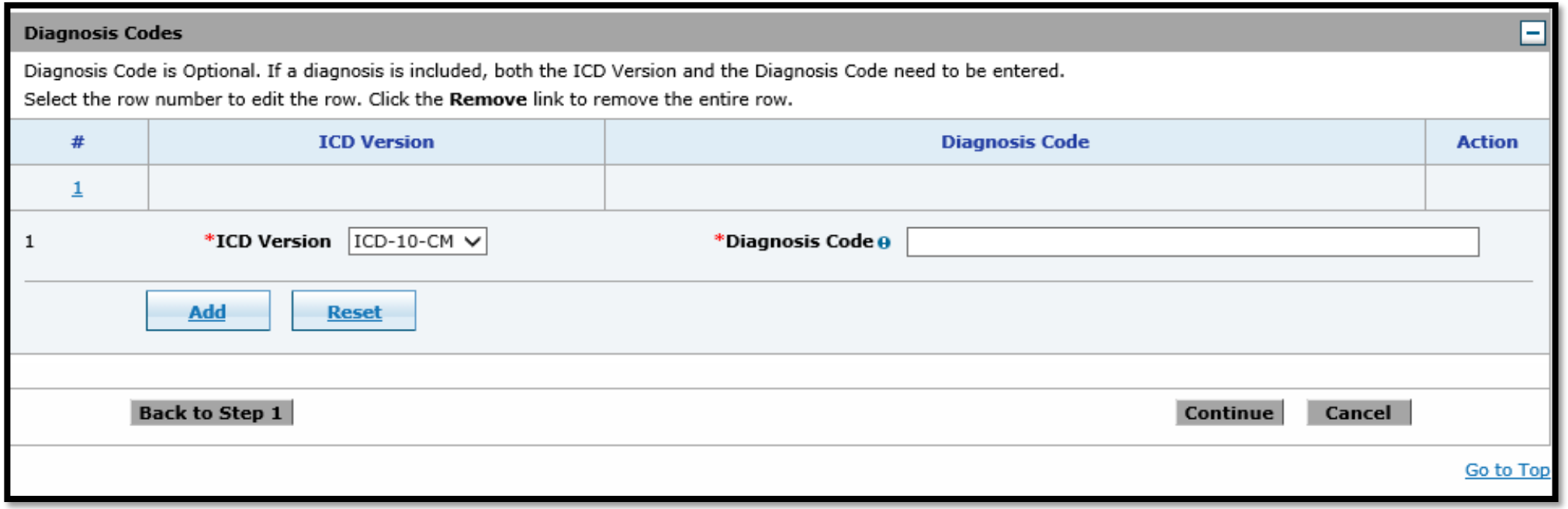
- Provider Information – Enter the provider information if required based on the service provided.
- Member ID – Enter the member's SoonerCare ID number.

SPECIAL PROCESS SUBMISSION



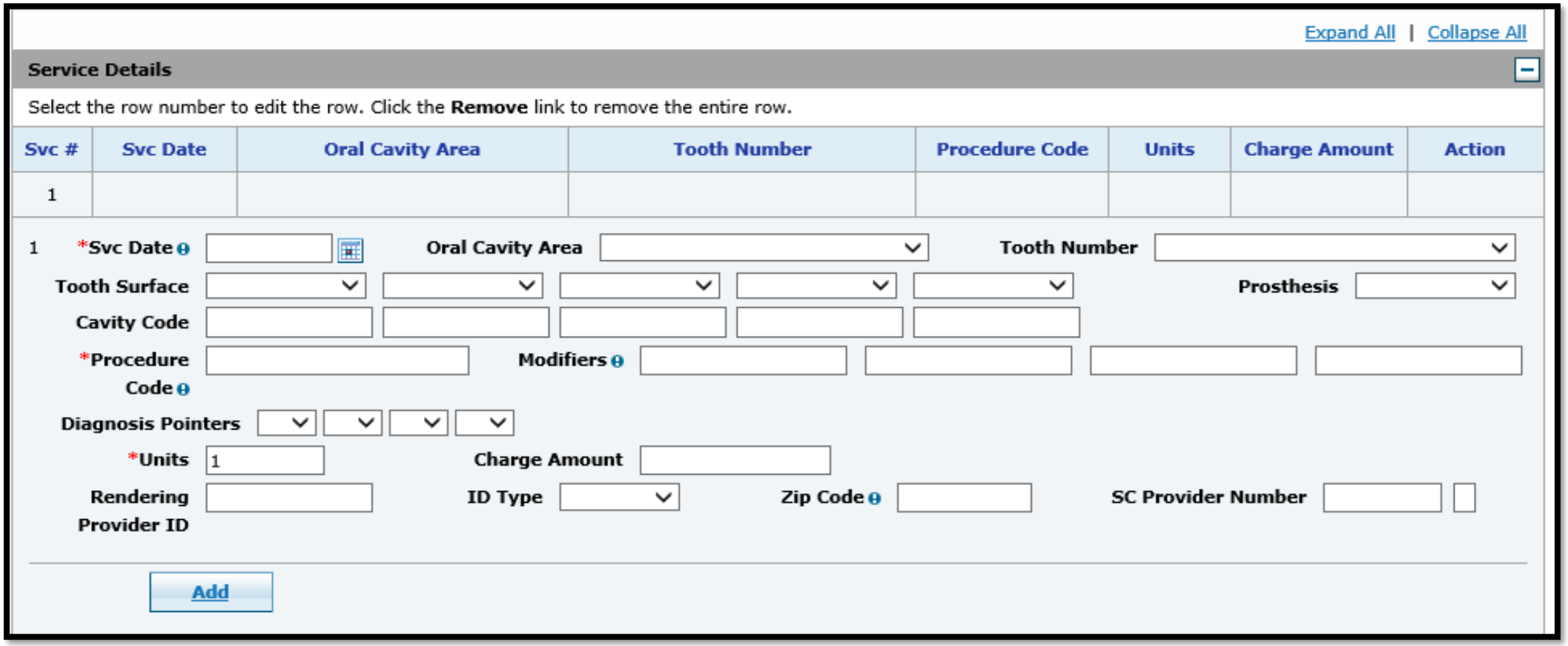
Claim Information - Complete required fields, if applicable. Click **Continue** to proceed to Step 2.

SPECIAL PROCESS SUBMISSION



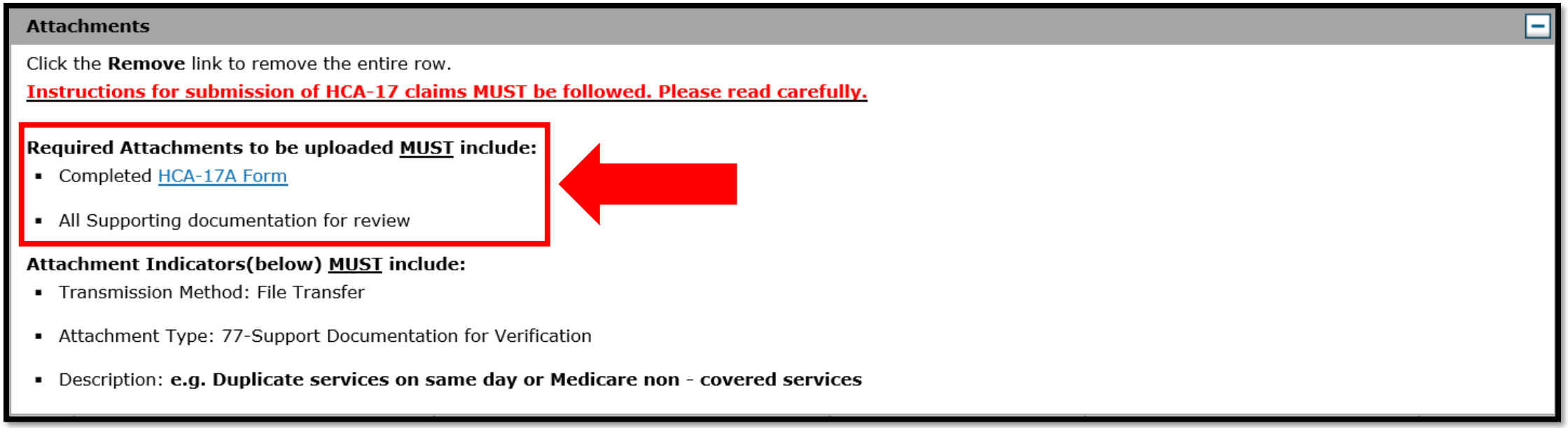
Diagnosis Codes – If applicable, enter the ICD-10 diagnosis code without the decimal point then click Add. Repeat the same step to add additional diagnosis codes, if needed. Click Continue.

SPECIAL PROCESS SUBMISSION



Service Details – Only submit the line item(s) that require special processing.

SPECIAL PROCESS SUBMISSION



Attachments – Required attachments to be uploaded:

- Completed HCA-17A form.
- All supporting documentation for review.

SPECIAL PROCESS SUBMISSION

- Supporting documentation examples may contain, but are not limited to:
  - HCA-17A form
  - Proof of timely filing
  - DHS Letter of retro-eligibility determination
  - Documentation that supports medical necessity

HCA-17A

- The HCA-17A form must be uploaded as an attachment.
- Provider Number, Member Demographics and Date of Service must match the claim submission.
- Related ICN must reflect a previously submitted claim.

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: *(if applicable)* 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 *(printed)*: Phone Number: Email Address:	Date:

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

OKLA HCA Revised: 8/20/20 HCA-17A

SPECIAL PROCESS SUBMISSION

PROVIDER INFORMATION

Provider Name and Address:	Provider Number: 100000000A Group Number: 200000000A *(if applicable)* Telephone: (405) 867-5309
SoonerCare Provider 4345 N. Lincoln Blvd Oklahoma City, OK 73105	

- Provider Name and Address – Group or individual provider
- Provider Number – Rendering provider SoonerCare ID
- Group Number – Billing group SoonerCare ID
- Telephone – Telephone number

SPECIAL PROCESS SUBMISSION

PROVIDER INFORMATION

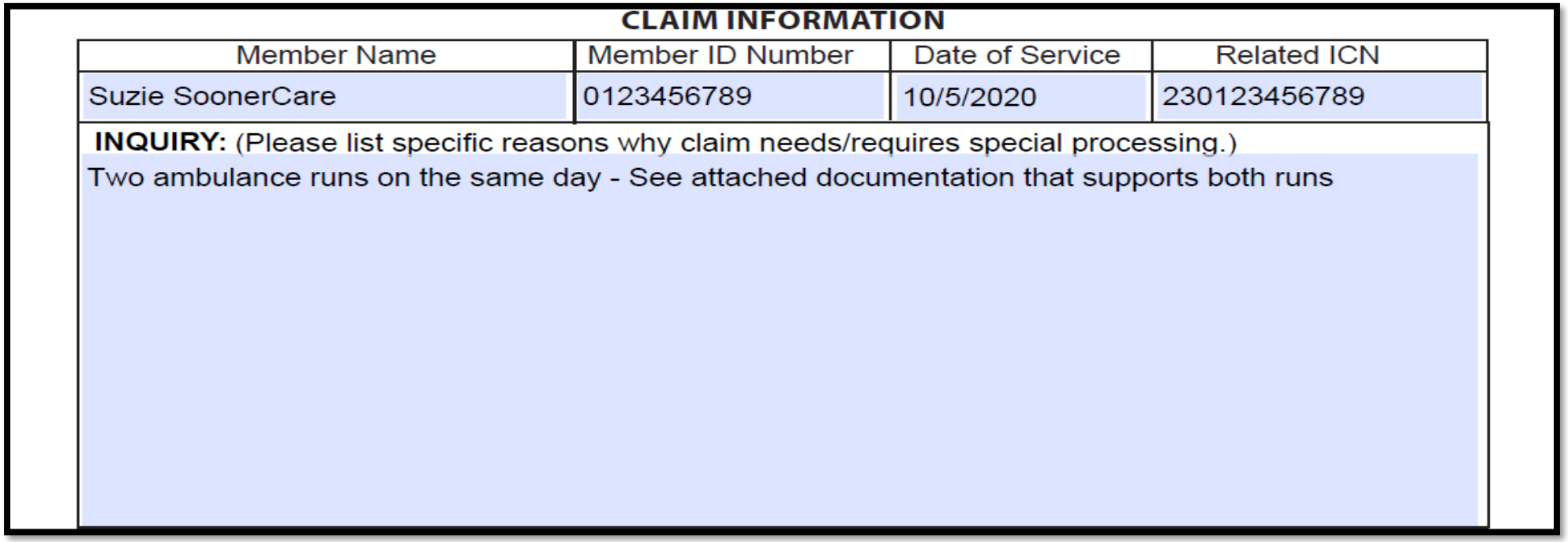
Provider Name and Address:	Provider Number: 100000000A
SoonerCare Provider 4345 N. Lincoln Blvd Oklahoma City, OK 73105	Group Number: 200000000A *(if applicable)* Telephone: (405) 867-5309

CLAIM INFORMATION

Member Name	Member ID Number	Date of Service	Related ICN
Suzie SoonerCare	0123456789	10/5/2020	230123456789

- Member Name and ID Number and Date of Service – Must match claim submission
- Related ICN – Must reflect a claim was previously submitted

SPECIAL PROCESS SUBMISSION



CLAIM INFORMATION

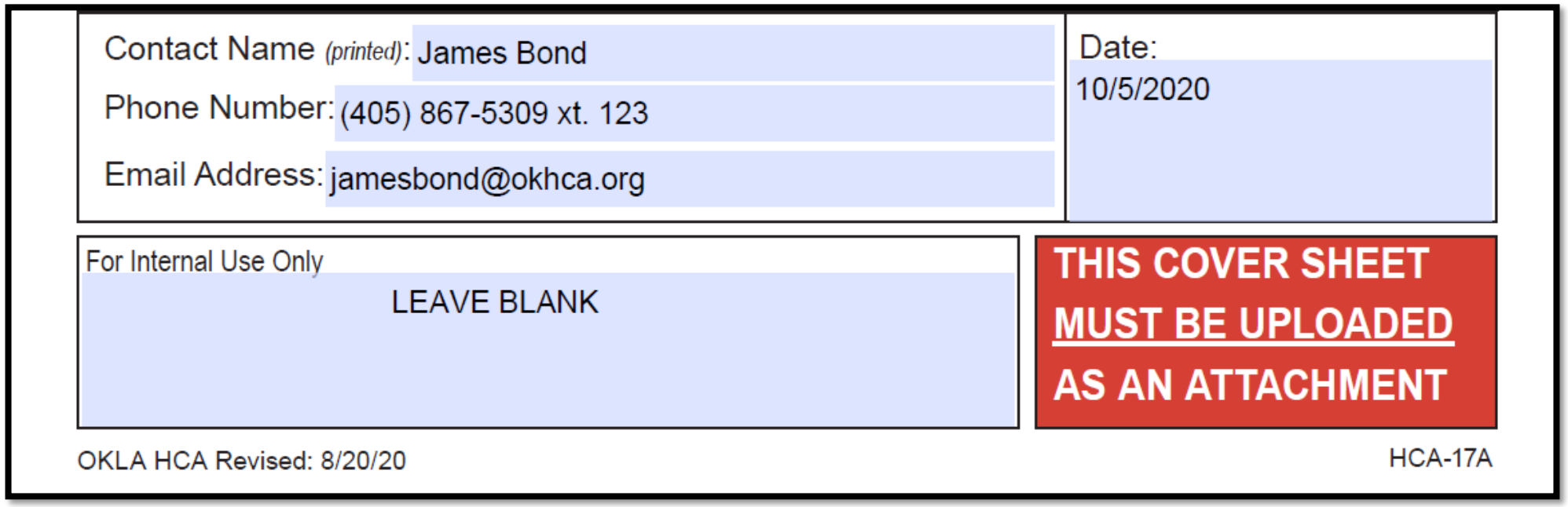
Member Name	Member ID Number	Date of Service	Related ICN
Suzie SoonerCare	0123456789	10/5/2020	230123456789

INQUIRY: (Please list specific reasons why claim needs/requires special processing.)

Two ambulance runs on the same day - See attached documentation that supports both runs

Inquiry – List specific reasons why the claim needs or requires special processing.

SPECIAL PROCESS SUBMISSION



Contact Name *(printed)*: James Bond

Phone Number: (405) 867-5309 xt. 123

Email Address: jamesbond@okhca.org

Date: 10/5/2020

For Internal Use Only

LEAVE BLANK

THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT

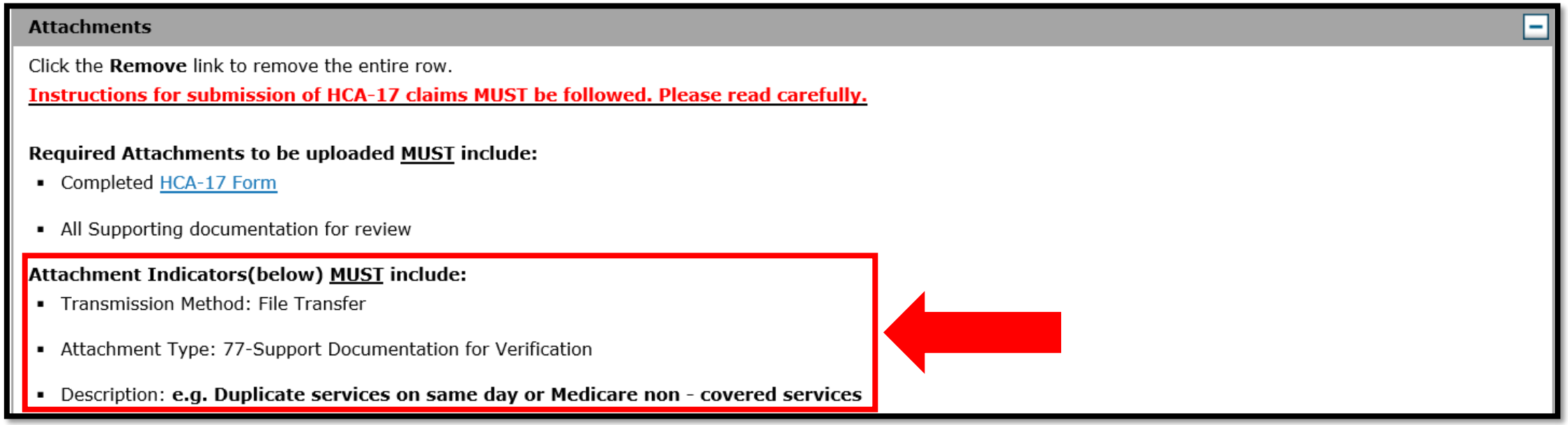
OKLA HCA Revised: 8/20/20

HCA-17A

- Contact Name, Phone Number and E-mail Address – Must belong to the person submitting the special processed claim
- Date – When the special processed claim is submitted

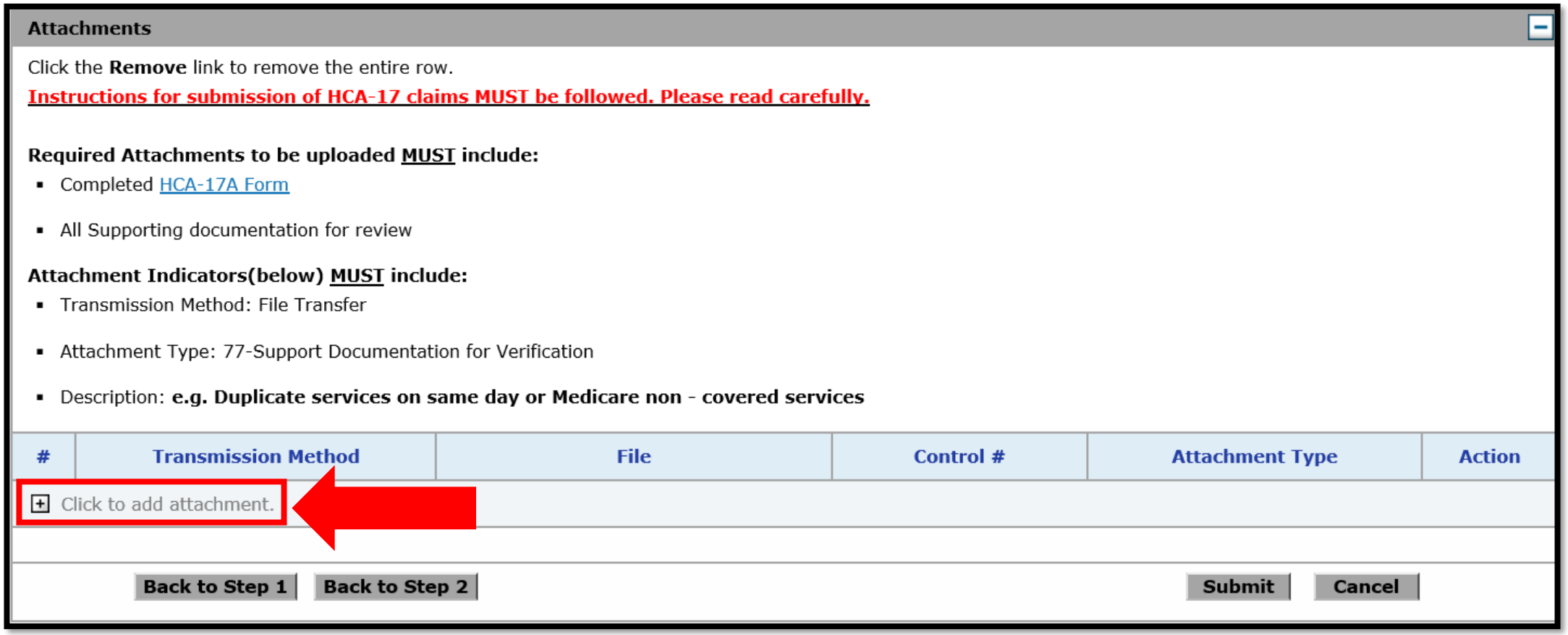
- For Internal Use Only – Leave blank

SPECIAL PROCESS SUBMISSION



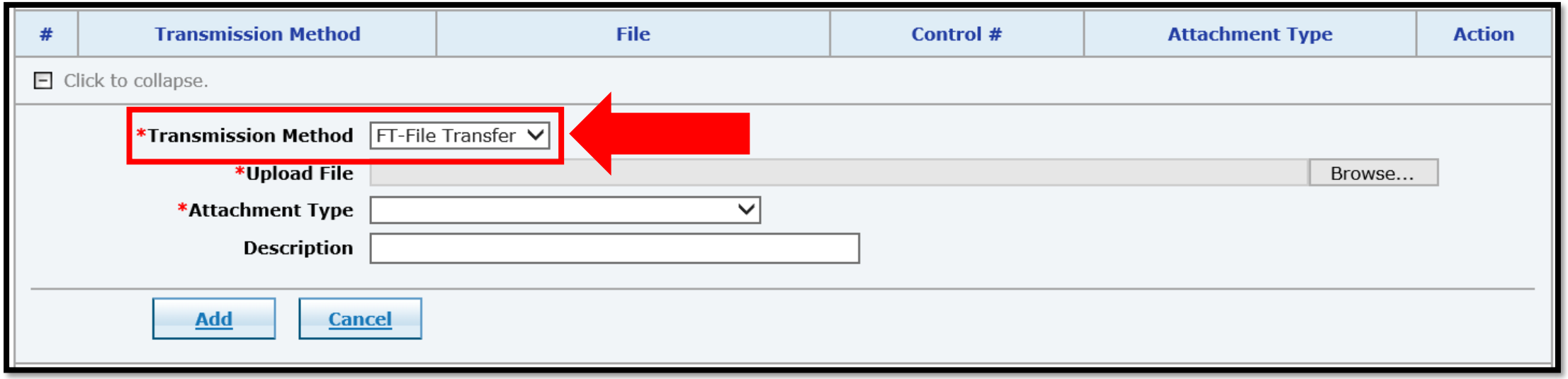
- Attachments – Indicators MUST include:
  - Transmission Method: File Transfer
  - Attachment Type: 77-Support Documentation for Verification
  - Description: e.g. Duplicate services on same day or Medicare non-covered services

SPECIAL PROCESS SUBMISSION



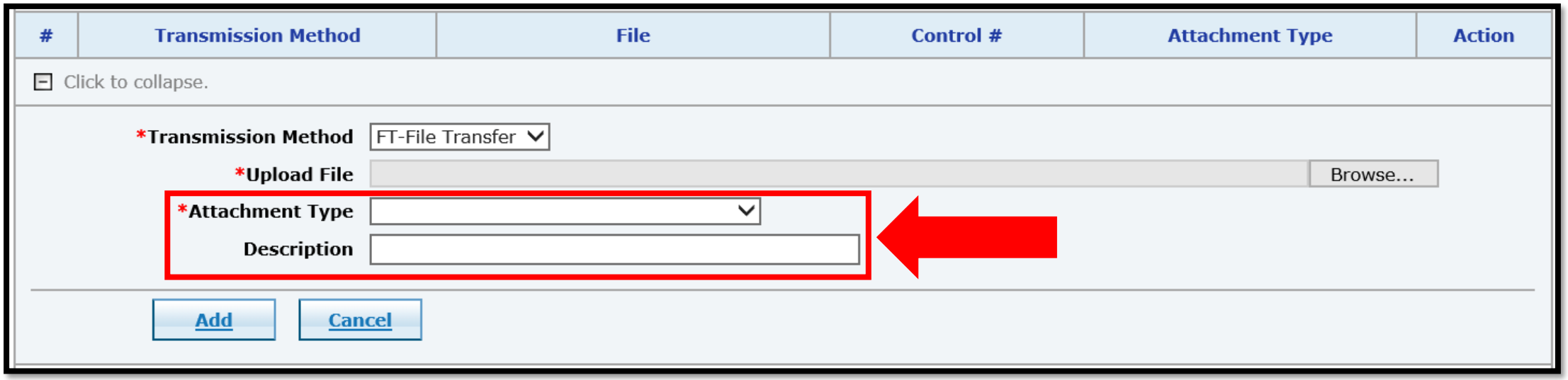
Click the + sign to add attachments

SPECIAL PROCESS SUBMISSION



- Transmission Method:
  - FT-File Transfer (electronic upload)
  - Up to 10 MB
  - Accepted file types: JPEG, PDF, TIF, XPS

SPECIAL PROCESS SUBMISSION



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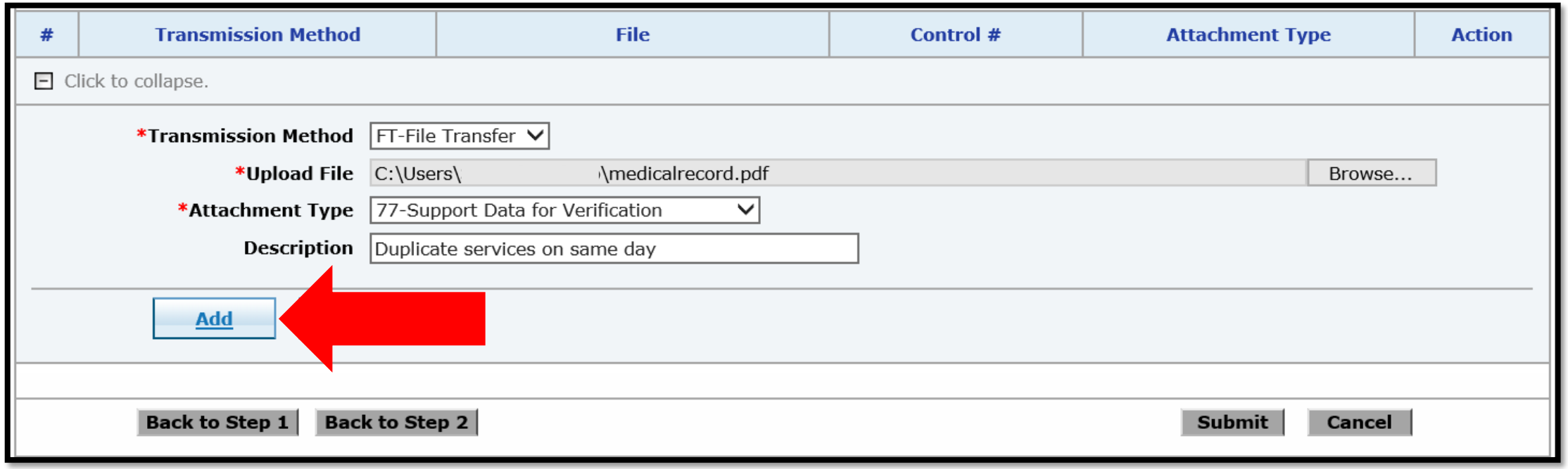
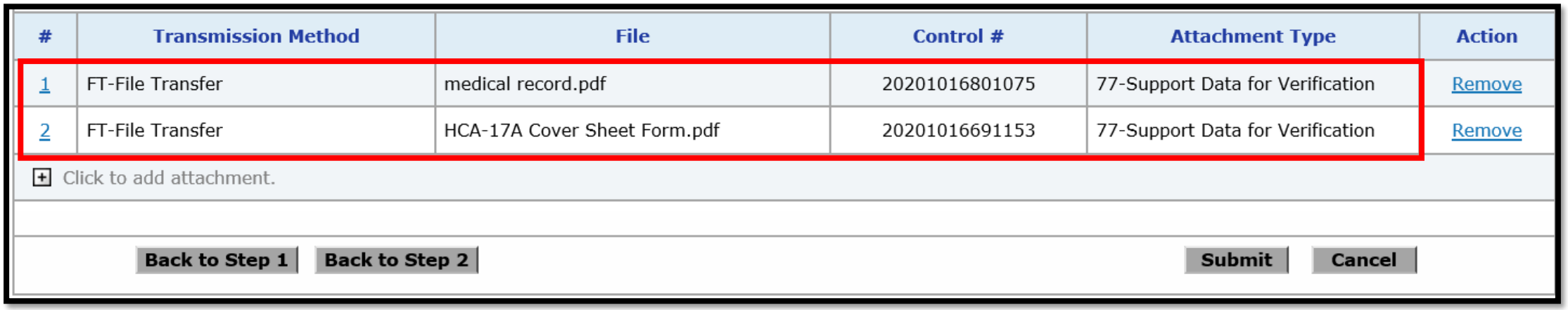


Click Add to attach the documentation.

SPECIAL PROCESS SUBMISSION



#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	medical record.pdf	20201016801075	77-Support Data for Verification	Remove
2	FT-File Transfer	HCA-17A Cover Sheet Form.pdf	20201016691153	77-Support Data for Verification	Remove

Click to add attachment.

Back to Step 1 | Back to Step 2 | Submit | Cancel

Multiple attachments can be added to the claim but must be the same file type.

SPECIAL PROCESS SUBMISSION

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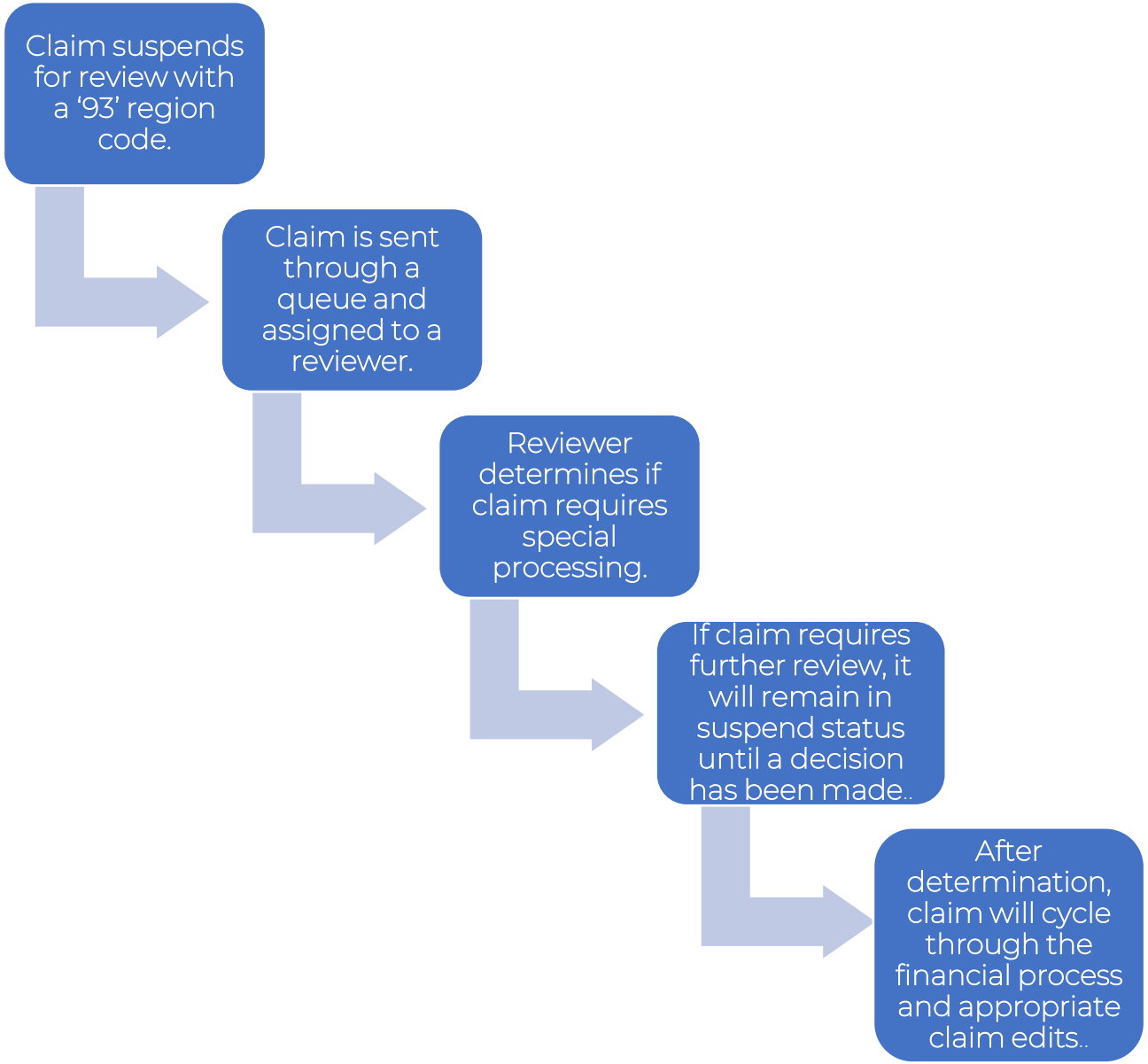
2	FT-File Transfer	HCA-17A Cover Sheet Form.pdf	20201016691153	77-Support Data for Verification	Remove
⊞ Click to add attachment.					
Back to Step 1	Back to Step 2			Submit	

Click **Submit** once all documentation is added.


Claim suspends for review with a '93' region code.
Claim is sent through a queue and assigned to a reviewer.
Reviewer determines if claim requires special processing.
If claim requires further review, it will remain in suspend status until a decision has been made..
After determination, claim will cycle through the financial process and appropriate claim edits..

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Questions

OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

okhca.org
mysoonercare.org

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