

SOONERCARE SCHOOL-BASED IEP PROVIDER CONTRACTS

JANUARY 2022



DESCRIPTION

A comprehensive overview of OHCA's SoonerCare provider enrollment process with information on new contracts and contract renewals, and helpful tips for efficiency and accuracy.

Recommended audience: All Oklahoma Medicaid school-based EPSDT or rendering providers.

DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of January 2022.
- Stay informed with current information found on the OHCA public website by visiting www.oklahoma.gov/ohca.

**NEW
PROVIDER
CONTRACTS**

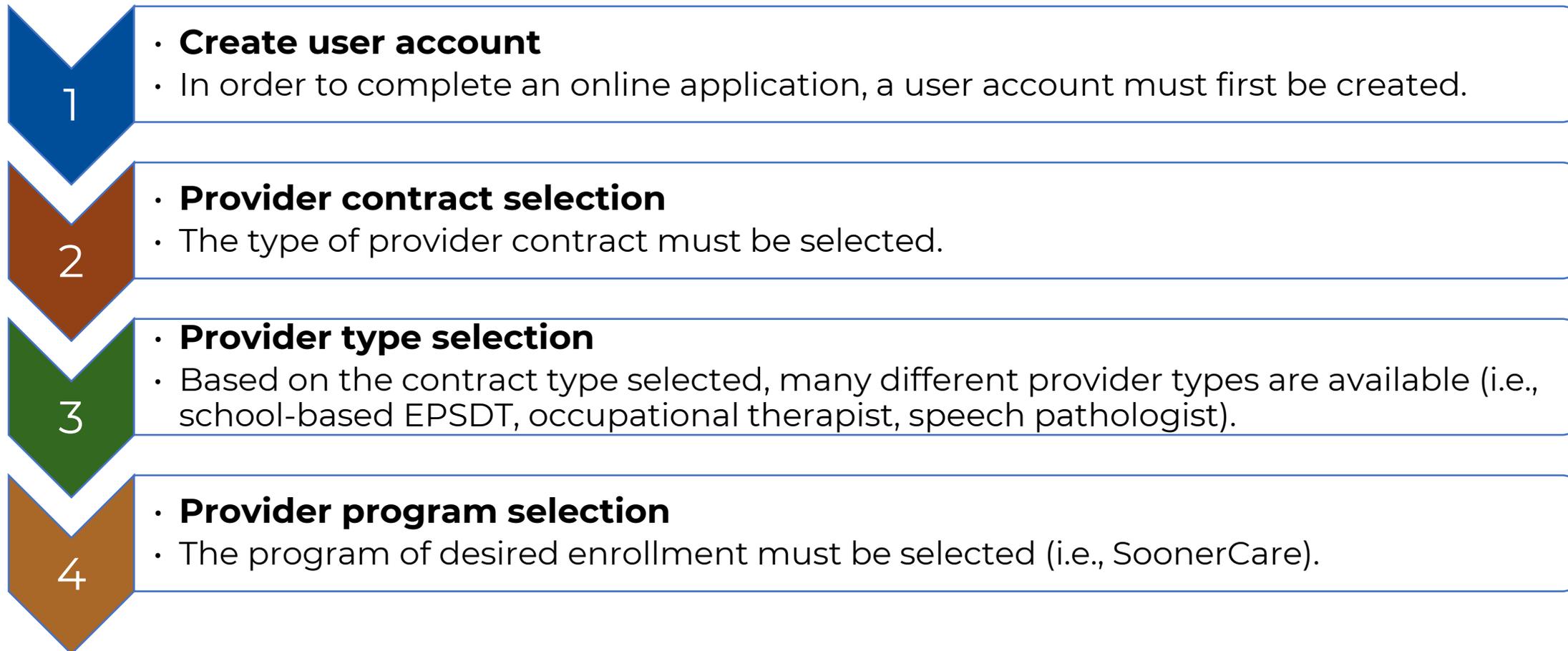
PROVIDER CONTRACTS

In order to provide medically necessary health care services to SoonerCare members pursuant to an Individualized Education Program (IEP), and to be eligible for payment, providers must have an approved provider contract on file with OHCA.

Providers that require a new contract are:

- New to providing services for Medicaid and have never had a SoonerCare contract.
- Providers that began the renewal process but have failed to complete the entire renewal process prior to contract expiration.
- Previously contracted but did not opt to renew during the contract renewal period.

PRE-ENROLLMENT STEPS



NEW CONTRACTS

The SoonerCare provider enrollment application is found on the [provider enrollment page](#) by clicking the New Contracts link, or by visiting www.ohcaprovider.com/Enrollment/Site/Home/createuser.aspx.

OKLAHOMA Health Care Authority Search

About Individuals Providers Insure Oklahoma Research Policy Contact More

Oklahoma Health Care Authority > Providers > Provider Enrollment

Enrollment

PROVIDER CONTRACTS	ATTENTION:
<p>If you have questions:</p> <ul style="list-style-type: none">• Call toll free (800) 522-0114, option 5 for Provider Contracts (Hours: 8 a.m. – 5 p.m. Mon., Tues., Thurs., Fri., and 1 – 5 p.m. Wed.)	<p>Please remember that all SoonerCare-contracted providers are responsible for keeping their provider file current.</p>
<ul style="list-style-type: none">• Email us	<p>Please make sure your email address(es), phone number(s) and location are up to date, so you can receive all pertinent OHCA communications. Thank you.</p>

Contracts	Forms	Resources
<ul style="list-style-type: none">• New contracts• Renewal contracts• Contract Types• Check Application Status	<ul style="list-style-type: none">• Addendum to Hospital Contracts for Psych & Rehab Units• Electronic Funds Transfer• Group Appendix A• Settlement Agreement Request Form• PRTF Attestation	<ul style="list-style-type: none">• Provider Portal Access Form• False Claims Act• Frequently Asked Questions• Office of Inspector General Exclusion List• OHCA Policy and Rules - Click to View• Provider Risk Levels

CREATE ACCOUNT

The first step in the pre-enrollment process is to create a user account.

Providers

- [Types](#)
- [Claim Tools](#)
- [Enrollment](#)
- [Forms](#)
- [SoonerCare Provider Portal](#)
- [Policies & Rules](#)
- [Training](#)
- [Updates](#)
- [Help](#)

Create a User Account

To create an account, you will need a User ID, password, and email address. When selecting a user ID and password, choose something that is easy for you to remember but hard for other people to guess. If you already have an account, [log on](#) now.

Required fields are marked with an asterisk (*).

User ID: *
Your User ID must be between 8 and 20 characters, lowercase letters, no spaces.

Password: *
Retype Password: *
Your password must be 8-20 characters in length, contain at least 1 numeric digit, 1 capital letter, 1 lowercase letter, no spaces and 1 special character. Passwords are case-sensitive.

If you forget your password, we can send it to you via e-mail. Without an e-mail address, you will have to contact the SoonerCare Help Desk in the case of a forgotten password.

Email:
[yourname@domain.com]

Retype Email:

Security Code

The security code is an image that cannot be read by a machine. It prevents automated programs from trying to create users on our system. Enter the security code displayed on your screen. If you have difficulty reading the security code displayed, please refresh your browser or click the 'Play Audio' button to have it read to you.



Security Code: *

CONTRACT TYPE

The next step is to select the type of contract:

- Individual provider
- Business
- Indian Health Services
- Tribal Facilities
- Urban Indian Facilities

School-based corporations will select a *Business* contract.

Provider Contract Selection

Welcome Providers! Thank you for serving Oklahoma SoonerCare members.
Enrolling in the SoonerCare Provider Program is easy - we'll walk you through everything you need to do.
In order to get started, we need to ask you a few questions. Your answers will help determine what information you need to provide and which agreement you need to sign.

Required fields are marked with an asterisk (*).

What type of provider are you enrolling? *

[How do I know which to select?](#)

- Individual provider
- Business (facility, agency, organization, or group)
- Indian Health Services
- Tribal Facilities
- Urban Indian Facilities

[National Provider Identifier](#)

[OHCA Policies and Rules](#)

[FAQs](#)

[Glossary](#)

[EXIT](#) [CONTINUE](#)

PROVIDER TYPE

Providers will then choose the appropriate provider type.

- Intermediate Care Facility for Individuals with Intellectual Disabilities
- Medicare Crossover Claims Facility
- NF Based Extended Respite
- Nursing Facility
- Occupational Therapist Business
- Optician
- Outpatient Behavioral Health Services
- Personal Care Agency
- Pharmacy
- Physical Therapist Business
- Public Health Agency
- RBMS Therapeutic Foster Care
- Respite Care Business
- Room and Board
- Rural Health Clinic
- School Based EPSDT (Early and Periodic Screening, Diagnosis and Treatment)
- Skilled Nursing Agency
- Speech Pathologist Business
- Substance Use Disorder Agency
- Transportation Public Business
- Waiver Group Home



CONTINUE

PROGRAM

The final step before beginning the enrollment process is to select the program in which to participate.

Provider Program Enrollment

Select the program(s) you want to participate from the list below.
Select "Continue" to begin the program enrollment process.

Required fields are marked with an asterisk (*).

Sooner Care Programs *

- SoonerCare (Medicaid) Provider
SoonerCare is a collection of Oklahoma health care benefit packages including Traditional (Fee-For-Service Medicaid), Choice (Medical Home), supplemental (Medicare Crossover), SoonerPlan (Family Planning) and others. Providers who choose this option may render services, file claims for reimbursement, order and refer and prescribe (within licensure limits) for SoonerCare members.

PROVIDER ENROLLMENT

In order to complete the enrollment process, providers will:

1. Complete the enrollment forms that are prompted for the user.
2. Read the provider agreement, special provisions, and any applicable addendums that are prompted for the user.
 - **General Provider Agreement** contains the terms and conditions applicable to all providers.
 - **Special Provisions** contains terms for a particular provider type and/or specialty.
3. Electronically sign the application and upload or fax copies of all requested documentation prompted for the user to OHCA.

* Federal laws require some providers to have on-site screening visits. An OHCA provider enrollment contracts representative will conduct these visits for providers that are not already screened by another state or federal agency.

PROVIDER ENROLLMENT CONT...

[Provider Type Selection](#) > Forms and Agreements

Forms and Agreements

Steps to follow

1. Complete the forms listed in the **Enrollment Forms** section to the right.
2. Read the SoonerCare Provider Agreement, the Special Provisions, and any applicable addendums listed in the **Provider Agreement** section, also located to the right.
3. Electronically sign your application and upload or fax copies of all requested documentation to OHCA.

Note: To help assure that only legitimate providers are enrolled in Medicaid, provisions of the Affordable Care Act require all enrolled providers to undergo background screening. For those providers who contract with Medicare or another state's Medicaid program, OHCA will rely on the results of the screening conducted by those entities. Providers who are not contracted with Medicare or another state's Medicaid program are responsible for the \$599 screening fee.

[What is included in the screening?](#)

Note: Some responses to questions may require additional documentation be upload or faxed to OHCA. If other information is required, it will appear in the **Documents to be Submitted** section. It will also be listed on your personal fax cover sheet.

Getting Started

You do not have to complete your enrollment in one session. You may save your responses and return to complete your enrollment at a later time. Before continuing with the application, make sure you selected the correct provider type. The information you will be asked to provide is dependent upon your provider type.

You have selected provider type: **School Based EPSDT (Early and Periodic Screening, Diagnosis and Treatment)**.

If this is not what you want to do, [select a new provider type](#) now.

To navigate through the web application, use the 'Previous' and 'Save & Next' buttons that are located at the bottom of each screen. Do not use the 'Back' button in the browser, and do not do a screen refresh.

If you have any questions regarding this application, please contact Provider Enrollment at either:

- (800) 522-0114
- (405) 522-6205

Select "**Continue**" to begin the enrollment process.

Enrollment Forms	
Actions	Status
Enrollment Application	● Not Started
EFT/ERA Enrollment Data	● Not Started

Provider Agreement

- [GENERAL AGREEMENT](#)
- [SCHOOL BASED SPECIAL PROVISIONS](#)

Documents to be Submitted

- [Appendix A](#)

I want to:

- [Add Provider to Group](#)
- [Sign Agreement](#)

All required forms to complete, agreements and provisions to read, and documents to be submitted will be listed on the right side of the Forms and Agreements page.

APPENDIX A

Specific business provider types are required to obtain a signature from each provider who appoints the business as the agent for receipt of payment for Medicaid-compensable health-care services.

The Appendix A is required for the following business provider contracts:

- Groups
- Public Health Agencies
- Rural Health Clinics (RHCs)
- Federal Qualified Health Centers (FQHCs)
- Outpatient Behavioral Health
- Substance Use Disorder Agencies
- School-Based EPSDT

APPLICATION SUBMISSION

New provider contracts are processed by provider enrollment within four to six weeks of submission.

OHCA will acknowledge receipt of the application with an application tracking number (ATN). The ATN or SSN/FEIN may be used to check the status of the application [here](#). See [Global Message 8/4/20](#).



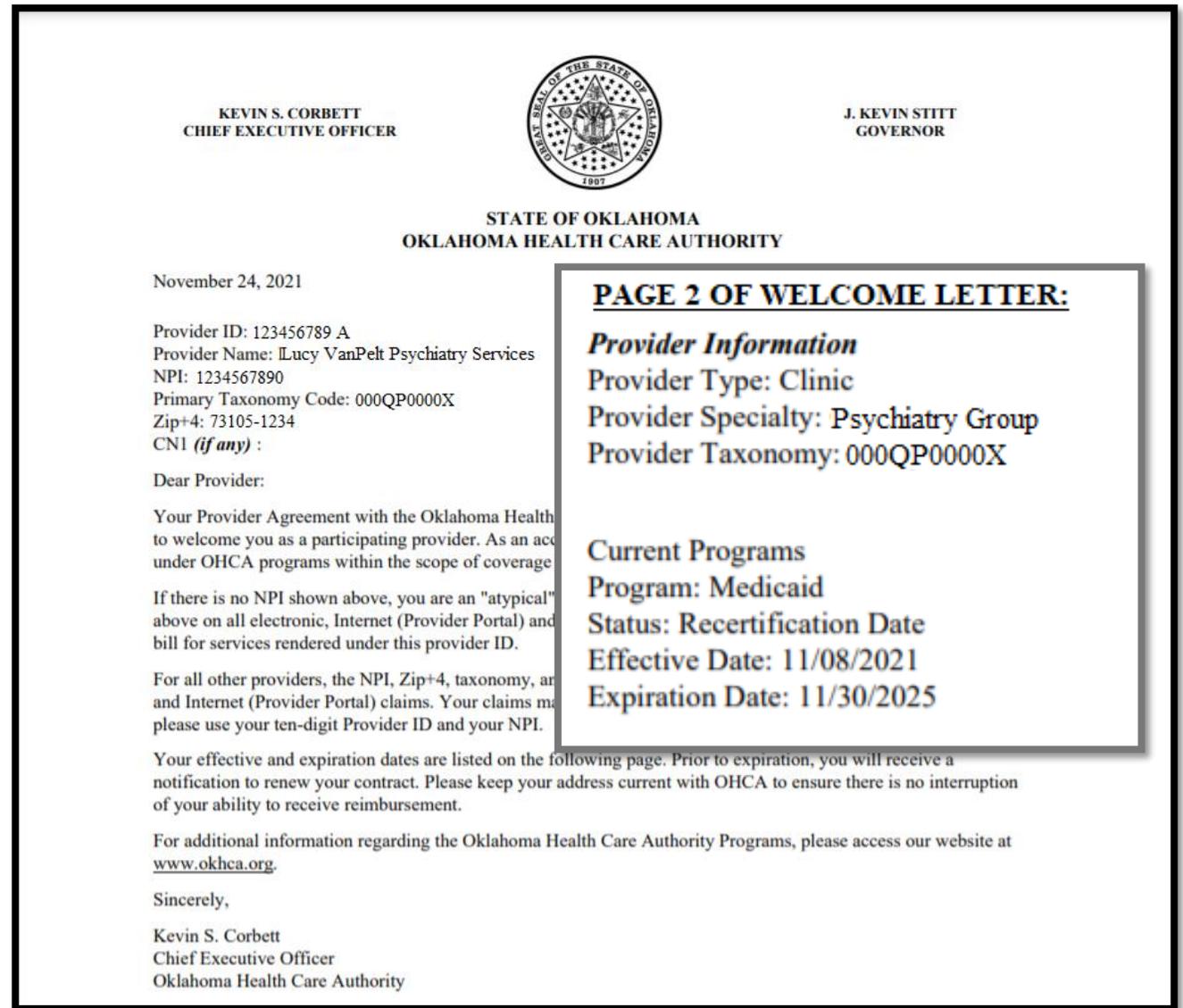
If the application is returned for corrections, email notifications will be sent to the enrollment contact submitted on the application.

- Initial email: the first notification that corrections are needed.
- Second email: sent 15 days after the initial email as a reminder.
- Expiration email: sent 30 days after the initial email as notification the contract is expired, and a new application is required.

APPLICATION APPROVAL

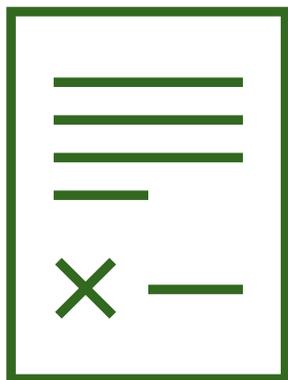
Upon application approval, official contacts will receive:

- **Welcome Letter** containing important contract information.
 - Provider ID
 - Primary Taxonomy Code
 - Zip +4
 - CN1 (if applicable)
 - Program
 - Effective Date
 - Expiration Date
- **PIN Letter** containing secure provider portal login instructions.



PROVIDER CONTRACT RENEWAL

CONTRACT EXPIRATION



SoonerCare provider contracts are valid for four years with few exceptions:

- Nursing homes – three years
- ICF/IID – two years
- Behavioral Health Practitioner Under Supervision – one year

Contracts expire according to provider type, for example:

- School-based epsdt group and SB paraprofessionals individual expires June 30, 2025
- Ot/pt/st individual contract expires March 31, 2022
- Ot/pt/st assistant and SLP fellows individual contract expires January 31, 2025

CONTRACT RENEWAL

The contract renewal period opens 75 days prior to the expiration date. OHCA strongly encourages early renewal to avoid delays in contract processing.

Renewal notifications are emailed to the official contact:

- Initial notification is emailed 75 days prior to expiration.
- Reminder notification is emailed 45 days prior to expiration.



Contract renewals that have been returned due to errors must be corrected prior to the expiration date or a new contract may be required.

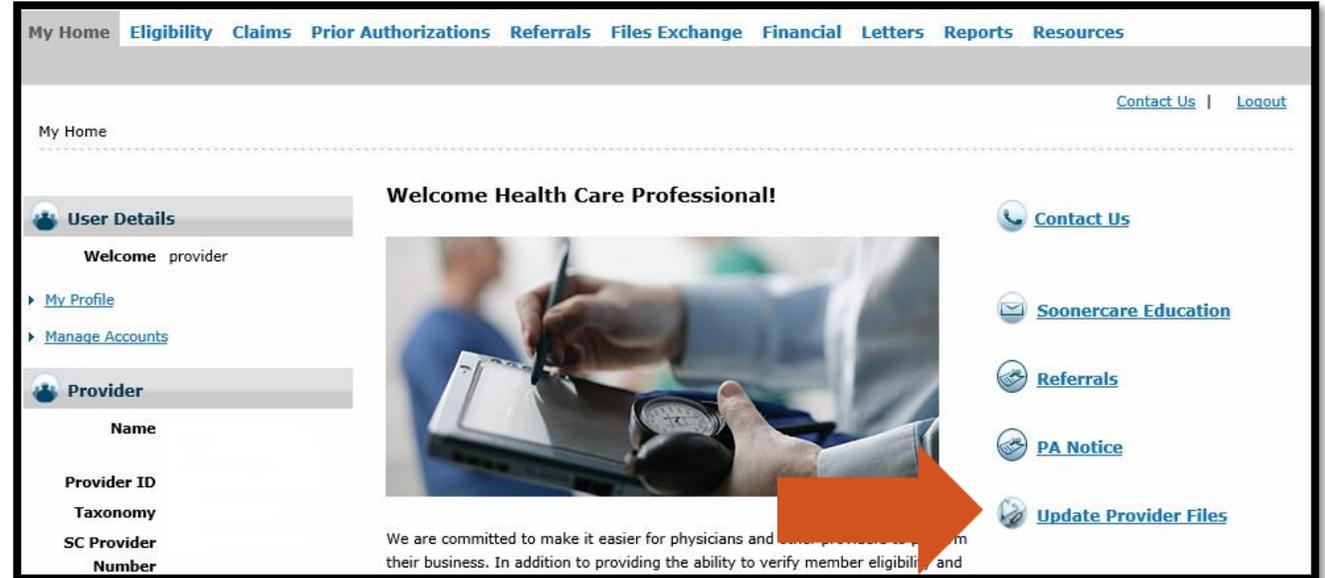
A *Renewing Your SoonerCare Provider Contract* how-to video is available on the provider training page [here](#).

RENEWING

The contract renewal process can be started by logging in to the secure provider portal and selecting **Update Provider Files**.

- Only the portal administrator or enrollment clerk can access Update Provider Files.

The [Provider Portal Access Form](#) is available for administrator account locks. See [Global Message 3/19/21](#).



The screenshot shows a provider portal dashboard. At the top, there is a navigation bar with links: My Home, Eligibility, Claims, Prior Authorizations, Referrals, Files Exchange, Financial, Letters, Reports, Resources. Below this, there is a 'My Home' section with a 'Contact Us' and 'Logout' link. The main content area is titled 'Welcome Health Care Professional!' and features a central image of a person writing on a tablet. To the left of the image is a sidebar with 'User Details' (Welcome provider, My Profile, Manage Accounts) and 'Provider' (Name, Provider ID, Taxonomy, SC Provider Number). To the right of the image is a vertical list of links: Contact Us, SoonerCare Education, Referrals, PA Notice, and Update Provider Files. An orange arrow points from the 'Update Provider Files' link to a callout box below.

Do you want to renew your contract now?

- Yes, I would like to renew my contract now.
- No, I will renew my contract later.

PROVIDER RENEWAL

In order to complete the renewal process, providers will:

1. Review the information on file and make any needed changes to the renewal forms that are prompted for the user.
2. Read the provider agreement, special provisions, and any applicable addendums that are prompted for the user.
3. Electronically sign the application and upload or fax copies of all requested documentation prompted for the user to OHCA.

* Behavioral health and physical therapy groups require a site visit for renewal.

OHCA will acknowledge receipt of the application with an application tracking number (ATN). The ATN or SSN/FEIN may be used to check the status of the application [here](#). See [Global Message 8/4/20](#).

PROVIDER RENEWAL CONT...

OKLAHOMA
Health Care Authority

SoonerCare Provider Enrollment

Contact Us | Exit Provider File

Forms & Agreements

Your Medicaid Program, Ordering/Referring Provider contract(s) with the Oklahoma Health Care Authority (OHCA) expires on 3/31/2022

To renew your contract, you must:

1. Review the information we have on file for you by selecting the forms listed in the Renewal Forms section to the right. Make changes as needed. If this is the first time you are renewing your agreement online, you may be asked to provide additional information.
2. Read the SoonerCare Provider Agreement, the Special Provisions, and any applicable addendums listed in the Provider Agreement section, also located to the right.
3. Electronically sign your contract, and upload or fax copies of all requested documentation to OHCA.

Note: Some responses to questions may require additional documentation be uploaded or faxed to OHCA. If other information is required, it will appear in the **Documents to be Submitted** section to the right. It will also be listed on your personal fax cover sheet.

Getting Started: You do not have to complete all the questions in one session. You will be given the opportunity to save your responses and return to the incomplete sections at a later time. You will have 35 days to submit the renewal application. After that, any changes you made will be lost and you will have to start again.

To navigate through the Web application, use the 'Previous' and 'Save & Next' buttons that are located at the bottom of each screen. Do not use the 'Back' button in the browser, and do not do a screen refresh.

If you have any questions regarding this renewal, please contact Provider Enrollment at either:

- (800) 522-0114, option 5
- (405) 522-6205, option 5

Select "Continue" to begin/continue the renewal process.

Renewal Forms

Actions	Status
Renewal Application	● Not Started

Provider Agreement

- [SPEECH PATHOLOGIST INDIVIDUAL SPECIAL PROVISIONS](#)
- [GENERAL AGREEMENT](#)

Documents to be Submitted

- Copy of current license

I want to:

- [Sign Agreement](#)

CONTINUE

All required forms to complete, agreements and provisions to read, and documents to be submitted will be listed on the right side of the Forms and Agreements page.

RENEWAL SUBMISSION

Notification of the contract update containing the new expiration date will be emailed to the official contact.

Reply ATTN: Provider Enrollment
(405) 522-6205, option 5

Provider ID: 123456789 A
NPI: 1234567890

Dear Provider:

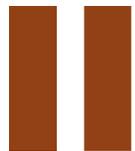
A contract under programs administered by the Oklahoma Health Care Authority has been received and updated. Please see the current information below for this program and its updated expiration date.

Program: Medicaid
Status: Recertification Date
Expiration Date: 11/30/2025

Your continued participation in the programs is appreciated.

Sincerely,

Kevin S. Corbett
Chief Executive Officer
Oklahoma Health Care Authority.



Updates or contract changes submitted via the portal that require OHCA review must be approved before additional changes can be submitted.

MAINTAINING PROVIDER FILE

MAINTAINING PROVIDER FILE

Maintaining accurate information on the OHCA provider file is the easiest way to ensure efficiency of claims reimbursement.

- Access *Update Provider Files* from the home screen of the OHCA secure provider portal.
- Only the portal administrator or enrollment agent can access Update Provider Files.

The [Provider Portal Access Form](#) is available for administrator account locks. See [Global Message 3/19/21](#).

The screenshot displays the OHCA secure provider portal interface. On the left, there is a navigation menu with sections: 'User Details' (containing 'Welcome', 'My Profile', and 'Manage Accounts'), 'Provider' (containing 'Name', 'Provider ID', 'Taxonomy', and 'SC Provider Number'), and 'Provider Services' (containing 'Member Focused Viewing' and 'Search Payment History'). The main content area is titled 'Welcome Health Care Professional!' and includes a photograph of a healthcare professional writing on a tablet. Below the photo, there is a paragraph of text: 'We are committed to make it easier for physicians their business. In addition to providing the ability to submit claims, our secure site provides access to p to search for helpful information under the Resources menu.' On the right side, there is a vertical list of links: 'Contact Us', 'Secure Correspondence', 'Referrals', 'PA Notice', 'Update Provider Files', 'eNB1 Newborn Application', 'Upload Service Quality Review Records', and 'Helpful Links'. An orange arrow points to the 'Update Provider Files' link.

UPDATE PROVIDER FILES

Update Provider Files on the secure provider portal allows updates to:

- Payment & tax reporting
- Address & contacts
- EFT & ERA
- Group membership
- Office information

Additionally, users are also able to:

- Upload documents
- Enroll in managed care
- Add a new service location

OKLAHOMA Health Care Authority Contact Us | Exit Provider File

SoonerCare Provider Enrollment

My Profile Home | Practice | Address & Contacts | Financial | EFT/ERA

Primary Specialty	Contract	Dates	Signee
School Corporation	Medicaid Program	11/1/2008 - 6/30/2025	Jane Doe

I want to change my...

- Payment & Tax Reporting**
 - [Banking information](#)
 - [Tax Reporting Name and ID](#)
- Group Membership**
 - [Group members](#)
- Office Information**
 - [Office hours](#)
 - [Languages spoken by staff](#)
- Address & Contacts**
 - [Service location](#)
 - [Mailing or 'Pay To' address](#)
 - [Correspondence contacts](#)
- EFT & ERA**
 - [EFT Enrollment](#)
 - [ERA Enrollment](#)

I want to:

- [Upload Required Documents](#)
- [Generate fax cover sheet](#)
- [View my General Agreement](#)
- [View my School Based Special Provisions](#)
- [View the OHCA policies and rules](#)
- [Add a new service location](#)

[Accessibility Policy](#) | [Privacy Policy](#) | [Terms of Use](#)

GROUP MEMBERS

A current record of group members is crucial for efficient claim processing and provides an accurate list of the individual providers affiliated with the group.

Individual providers can easily be added or removed on the provider portal.

* The [Appendix A](#) must be signed by the provider and uploaded or faxed to OHCA.

The screenshot shows a web interface for managing group members. At the top, there is a navigation bar with tabs: My Profile Home, Practice, Address & Contacts, Financial, Ownership, EFT/ERA, and EHR. The 'Practice' tab is selected. Below the navigation bar, the page title is 'Group Members'. A sub-header reads 'Make changes to the group membership.' followed by two bullet points: 'To add a provider to the group, enter his or her National Provider ID (NPI) and select "Add". You will be asked to enter the date the provider started with the group and if he serves as a Primary Care Provider (PCP) for your group.' and 'To remove a provider from your group, select the "Remove" link associated with the provider you want to remove. You will be asked to enter the date the provider left the group.' Below this, instructions state: 'When you have finished, select "Update" to save your changes.' and 'If you have finished making all of your changes, select "Update & Finish". This will bring you to a screen where you can submit your changes and/or print your fax cover sheet.'

On the right side, there is a 'Quick Links' box containing: 'National Provider Identifier', 'OHCA Policies and Rules', 'FAQs', and 'Glossary', each with an external link icon.

Below the instructions, a note states: 'Required fields are marked with an asterisk (*).' and a warning box says: 'If group members are removed, update will be made immediately.'

There is an 'NPI: *' input field with an 'ADD' button and an 'NPI look-up' link.

NPI	Name	PCP?	Group Affiliation Date	
1234567890	Provider A	<input type="radio"/> Yes <input checked="" type="radio"/> No	03/01/2021	Remove
2345678901	Provider B	<input checked="" type="radio"/> Yes <input type="radio"/> No	06/01/2014	Remove
3456789012	Provider C	<input type="radio"/> Yes <input checked="" type="radio"/> No	08/06/2018	Remove
4567890123	Provider D	<input checked="" type="radio"/> Yes <input type="radio"/> No	08/01/2014	Remove
5678901234	Provider E	<input type="radio"/> Yes <input checked="" type="radio"/> No	11/04/2014	Remove

ENROLLMENT/OFFICIAL CONTACT

Update Provider Files allows the portal account administrator to add or update the Enrollment Contact and the Official Contact.

- **Enrollment Contact:** the contact for answering questions about the information submitted in the initial or renewal application, or when an update is made to the provider file.
- **Official Contact:** the email address used for all OHCA communications including contract welcome letter, renewal notice or amendment, provider letters, provider newsletters, and any other required communication.

* Do not add third party contractor information as your official contact unless you want them to receive all official correspondence.

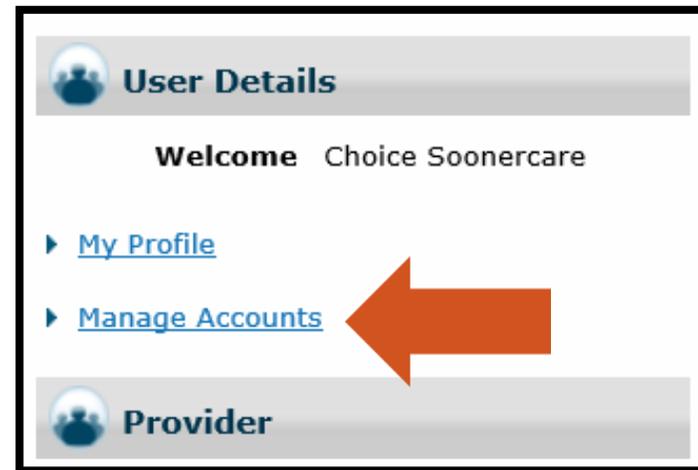
My Profile Home	Practice	Address & Contacts	Financial	Ownership	EFT/ERA	EHR	
		Addresses					
Primary Specialty						Signee	
Group		Contacts			1/2021		



MANAGE ACCOUNT CLERKS

The *Manage Accounts* feature of the secure provider portal allows the account administrator to:

- Add new clerks
- Add registered clerks
- Add registered billing agent
- Designate billing agent
- Add enrollment agent



A *Create Clerks* how-to video is available on the [provider training page](#).

CLERK ASSIGNMENT

Clerks can be added, or existing clerks can be set to inactive.

- At least one function must be chosen for each clerk.
- Administrator may add a registered clerk or an enrollment agent from the list of active clerks.

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

CLERK REGISTRATION

A **clerk code** will be generated after adding a new clerk to the portal account.

- The clerk will use the clerk code to complete portal registration.
- Clerks will remain in “pending” status until portal registration has been completed.

Clerks						
Click the Clerk's name to change the status and/or the functions of the Clerk.						
#	Name ▲	Display Name	Birth Date	Last 4 of DLN	Clerk Code	Status
1	smith, clerk	clerk smith	01/01/2000	1234	20429	Active - Pending

A *Register a Clerk* how-to video is available on the [provider training page](#).

UPDATING LICENSE

Licenses for group members must be updated via the secure provider portal from the individual provider's login.

- Notification of license expiration will be emailed to the official contact at 15 days and again seven days prior to the expiration date.

After selecting Update Provider Files, the individual provider will select *License* from the Personal and Professional tab.

OKLAHOMA Health Care Authority SoonerCare Provider Enrollment [Contact Us](#) | [Log Off](#)

My Profile Home | **Personal & Professional** | Practice | Address & Contacts | Financial

Primary Specialty	CMS Programs	Signee
Speech/Hearing Therapist	License	3 - 3/31/2022
	Provider Identification	10/15/2008 - 3/31/2022

I want to change my...

- Payment & Tax Reporting**
 - [Tax Reporting Name and ID](#)
- Office Information**
 - [Office hours](#)
 - [Languages spoken by staff](#)
- Address & Contacts**
 - [Service location](#)
 - [Mailing or 'Pay To' address](#)
 - [Correspondence contacts](#)

I want to:

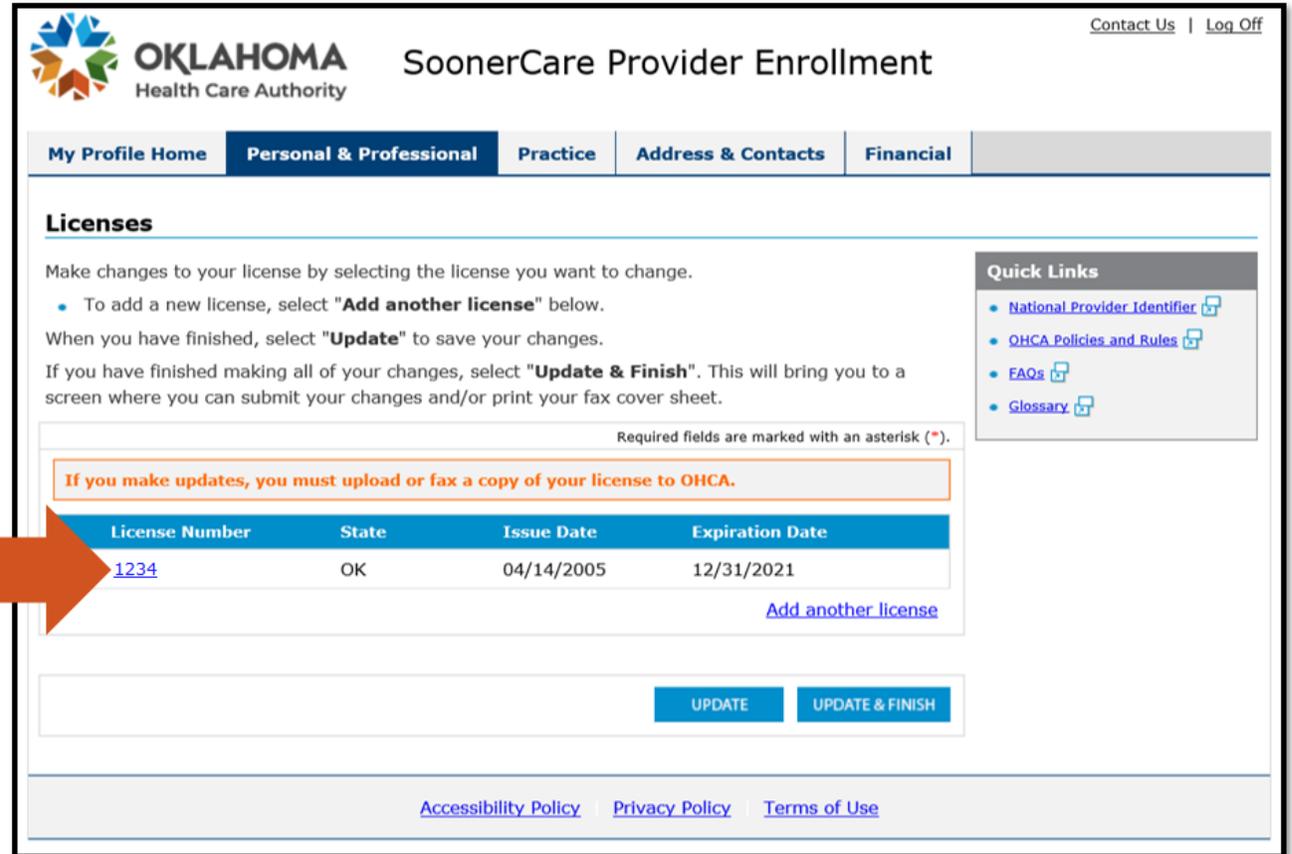
- [Upload Required Documents](#)
- [Generate fax cover sheet](#)
- [Add new program](#)
- [View my General Agreement](#)
- [View my Speech Pathologist Individual Special Provisions](#)
- [View the OHCA policies and rules](#)
- [Add a new service location](#)

[Accessibility Policy](#) | [Privacy Policy](#) | [Terms of Use](#)

UPDATING LICENSE

Make changes to the license by selecting the appropriate one from the list.

A new license may be added by selecting *Add another license*.



OKLAHOMA Health Care Authority SoonerCare Provider Enrollment

Contact Us | Log Off

My Profile Home Personal & Professional Practice Address & Contacts Financial

Licenses

Make changes to your license by selecting the license you want to change.

- To add a new license, select "**Add another license**" below.

When you have finished, select "**Update**" to save your changes.

If you have finished making all of your changes, select "**Update & Finish**". This will bring you to a screen where you can submit your changes and/or print your fax cover sheet.

Required fields are marked with an asterisk (*).

If you make updates, you must upload or fax a copy of your license to OHCA.

License Number	State	Issue Date	Expiration Date
1234	OK	04/14/2005	12/31/2021

[Add another license](#)

UPDATE UPDATE & FINISH

[Accessibility Policy](#) | [Privacy Policy](#) | [Terms of Use](#)

Quick Links

- [National Provider Identifier](#)
- [OHCA Policies and Rules](#)
- [FAQs](#)
- [Glossary](#)

UPDATING LICENSE

After the necessary license changes have been made, select *Update and Finish* to complete the change and to upload a copy of your license.

If any additional credentials require updating, the user will be prompted to update those sections before the license can be uploaded and submitted.

License Number	State	Issue Date	Expiration Date
1234	OK	01/26/2015	12/31/2021

License Number: *	<input type="text" value="1234"/>
Issuing State: *	<input type="text" value="Oklahoma"/>
Original Issue Date: *	<input type="text" value="01/26/2015"/>
Expiration Date: *	<input type="text" value="12/31/2022"/>

must be a future date not greater than 12/31/2299

[Add another license](#)

Has your license, registration, or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation, or any conditions or limitations by any state or professional licensing, registration, or certification board?

Yes
 No

[If yes, please explain](#)

Have any of your board certifications or eligibility ever been revoked?

Yes
 No

[If yes, please explain](#)

Have you ever chosen not to re-certify, voluntarily surrendered your board certification(s), or entered into any agreement not to practice with any licensure board while under investigation?

Yes
 No

[If yes, please explain](#)

 [UPDATE & FINISH](#)

UPDATING LICENSE

The changes made will be listed under Changes.

Select **Submit** to process your updates.

My Profile Home | Personal & Professional | Practice | Address & Contacts | Financial

Submit Changes

The changes listed below require review by OHCA. Once you submit these changes, you will not be able to update your information until these changes have been processed.

If you are ready to submit your changes, select the "**Submit**" button. If you want to save your changes, but are not ready to submit them, select "**Save**". Your updates will not be processed until you log back in and submit them.

To discard all changes being submitted for approval, select "**Cancel**". Your information will be reset to what it was prior to making changes.

You may continue updating your information by selecting what you want to change from the navigation menu above.

You have made the following changes:

Changes
License

SUBMIT | **SAVE** | **CANCEL**

Documents to be Submitted

- Copy of current license

Quick Links

- [National Provider Identifier](#)
- [OHCA Policies and Rules](#)
- [FAQs](#)
- [Glossary](#)

UPDATING LICENSE

After submitting the changes, the user will receive an acknowledgement with a tracking number.

In order to submit the current license, select Upload Required Documents.

Acknowledgement

Your tracking number is: 123456

In order to process your changes, please [upload](#) or fax a copy of the following documents to the OHCA. Be sure to use your [personal fax cover sheet](#) when faxing the documents - it contains your Application Tracking Number which ties your documents to your application.

Please remember that OHCA must review some of the changes you made to your information. You will not be able to make additional changes during this time.

Documents to be Submitted

- Copy of current license

What do you want to do now?

- [Exit Provider File](#)
- [Make more changes to my information](#)

Address Information

Oklahoma Health Care Authority
Attention: Provider Enrollment
P.O.Box 54015
Oklahoma City, OK 73154

Phone:
(405) 522-6205

Toll Free:
(800) 522-0114

Fax:
(405) 601-9797

Toll Free Fax:
(877) 601-9797

I want to:

- [Upload Required Documents](#)
- [Generate fax cover sheet](#) 📄



UPDATING LICENSE

From the Upload Required Documents section, select the **Browse** button to find the current license on your device for upload to OHCA.

When the file has been chosen, select **Upload**.

My Profile Home | **Personal & Professional** | **Practice** | **Address & Contacts** | **Financial**

Upload Required Documents

Please upload a copy of the following documents to the OHCA. You may submit multiple files at one time by selecting "Browse", attaching your files and selecting "Upload".

Allowed file types are .PDF, .PNG, .JPG, .JPEG, .BMP, .TIF, .TIFF, .GIF. If one of your documents to be uploaded is not one of these file types then you will need to convert it to an allowable file type.

- Copy of current license

Quick Links

- [National Provider Identifier](#)
- [OHCA Policies and Rules](#)
- [FAQs](#)
- [Glossary](#)

\\ds\Snowdenm\Admin\Licensure.pdf Browse...

Browse...

Browse...

Browse...

There are no previous required document uploads.

PREVIOUS | **UPLOAD**

UPDATING LICENSE

A message indicating the upload was successful will display, and the file that was uploaded will be listed at the bottom of the page with the file status.

[My Profile Home](#) | [Personal & Professional](#) | [Practice](#) | [Address & Contacts](#) | [Financial](#)

Upload Required Documents

Your documents have been uploaded and queued for processing. You may revisit this page later to check the status of the document upload.

Please upload a copy of the following documents to the OHCA. You may submit multiple files at one time by selecting "Browse", attaching your files and selecting "Upload".

Allowed file types are .PDF, .PNG, .JPG, .JPEG, .BMP, .TIF, .TIFF, .GIF. If one of your documents to be uploaded is not one of these file types then you will need to convert it to an allowable file type.

- Copy of current license

Upload Date	File Name	File Status
01/19/2022 09:14 AM	Licensure.pdf	File Received

RESOURCES

PROVIDER ENROLLMENT

Phone: 800-522-0114, option 5

Hours: 8 a.m. – 5 p.m. Mon., Tues., Thurs., Fri.
1 – 5 p.m. Wed.

Email: ProviderEnrollment@okhca.org

Web: <https://oklahoma.gov/ohca/providers/provider-enrollment.html>

TRAINING RESOURCES

Provider education specialists:

- Education specialists provide education and training as needed for providers either virtually or telephonically.
- Requests for assistance should be emailed to: SoonerCareEducation@okhca.org. (Requests should include the provider's name and ID, contact information, and a brief description of what assistance is being sought.)
- For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.



OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
mysoonercare.org

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

