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Children's Specialty Program Provider Rights

WHAT ARE IMPORTANT PROVIDER RIGHTS TO BE AWARE OF?

✓ **SoonerSelect Children's Specialty Program (CSP) health plan, Oklahoma Complete Health (OCH), must honor OHCA Prior Authorizations (PAs) issued prior to April 1, 2024.**

OCH must honor PAs issued prior to April 1, 2024 for services delivered after April 1, 2024. PAs can cover up to a year of services.

✓ **OCH must accept claims from all participating and non-participating providers through September 28, 2024.**

During the 180-day continuity of care period, April 1, 2024 to September 28, 2024, PAs may not be denied on the basis that the authorizing provider is not part of the health plan's provider network.

Payments to non-participating providers for these services must be made at the current Medicaid fee schedule and in accordance with timeliness standards.

✓ **Providers should receive payment from OCH within 14 days of receipt of a "clean claim" in most instances.**

OCH must pay 90% of clean claims (i.e., a claim that is submitted without any errors or omissions and can be processed without additional information or verification) within 14 days of receipt.

✓ **Providers may request a peer-to-peer review process for all PA denials.**

After an adverse determination, providers may request OCH for a peer-to-peer assessment with licensed clinical staff of the same or similar specialty, such as Oklahoma-licensed clinical staff.

✓ **Providers can file a complaint, request for reconsideration, and/or an appeal regarding the denial of claims or payment.**

Regardless of whether a provider is participating or non-participating, they have the right to file a complaint, request for reconsideration, and/or appeal directly with OCH.

✓ **Providers may request OCH PA policies and procedures (P&Ps).**

OCH has written PA P&Ps and must share all requested P&Ps with providers.

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HOW DOES A PROVIDER FILE A COMPLAINT ABOUT THEIR EXPERIENCE?

Any provider who is not satisfied with OCH's actions or decisions may **file a complaint** directly with the health plan in writing, verbally, or in person.

Oklahoma Complete Health
Attn: Complaints
P.O. Box 8060
Farmington, MO 63640-8060
Fax: 833-611-2153
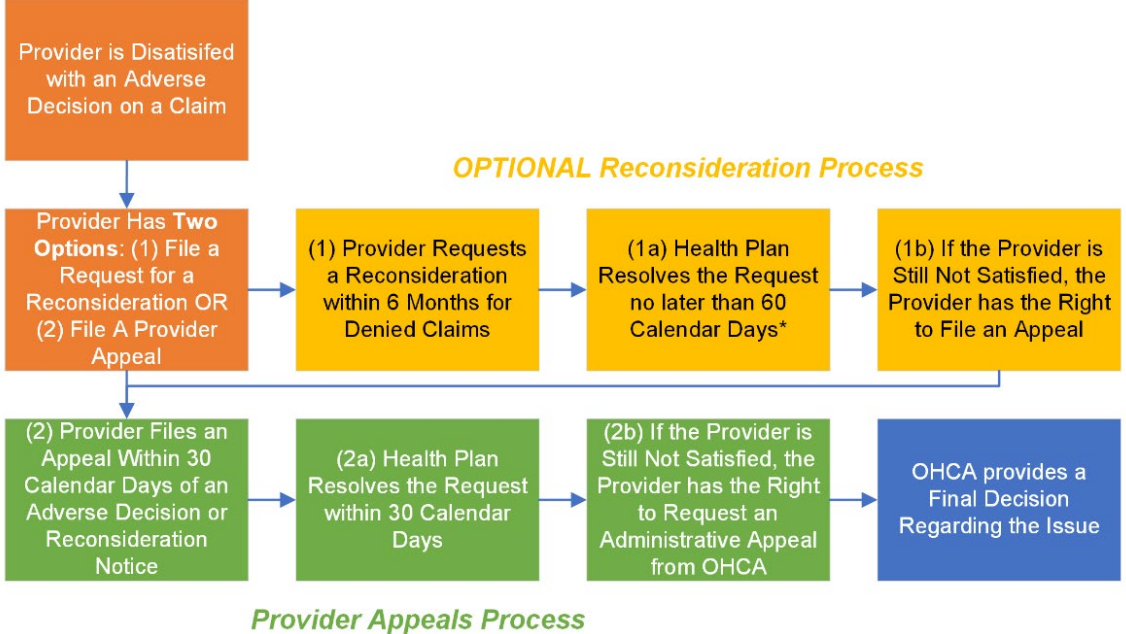Phone: 833-752-1665
OKCompleteHealth_Grievances@centene.com

OCH must send the provider timely written notification of resolution or results of the complaint within 30 days, or 72 hours for the expedited notice process.

WHAT STEPS CAN A PROVIDER TAKE TO REQUEST RECONSIDERATION OF DENIED CLAIM?

Providers can file a request for reconsideration and/or an appeal to challenge any denied claims. A request for reconsideration is an optional level prior to an appeal for a provider to request OCH to review a previously denied claim. **A request for reconsideration does not have to be filed for a provider to request an appeal.**

A provider can submit a request for reconsideration or an appeal after an adverse decision on payments or claims by following the process below.

Process to Request a Reconsideration and/or Appeal

Provider is Disatisifed with an Adverse Decision on a Claim

OPTIONAL Reconsideration Process

Provider Has **Two Options**: (1) File a Request for a Reconsideration OR (2) File A Provider Appeal

(1) Provider Requests a Reconsideration within 6 Months for Denied Claims

(1a) Health Plan Resolves the Request no later than 60 Calendar Days*

(1b) If the Provider is Still Not Satisfied, the Provider has the Right to File an Appeal

(2) Provider Files an Appeal Within 30 Calendar Days of an Adverse Decision or Reconsideration Notice

(2a) Health Plan Resolves the Request within 30 Calendar Days

(2b) If the Provider is Still Not Satisfied, the Provider has the Right to Request an Administrative Appeal from OHCA

OHCA provides a Final Decision Regarding the Issue

Provider Appeals Process

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*Please note that OCH must meet the following requirements for resolving provider reconsiderations based on the SoonerSelect contract:
- 98% of provider reconsiderations within 30 calendar days, and
- 100% of provider reconsiderations within 60 calendar days.

Providers may file a request for reconsideration or an appeal using the contact information below:

Oklahoma Complete Health
Attn: Appeals Department
P.O. Box 8060
Farmington, MO 63640-8060
OKCompleteHealth_Appeals@centene.com

WHERE CAN I FIND MORE INFORMATION?

For more information on provider rights, OCH P&Ps, or how to file complaints/requests for resolution/appeals, providers should directly contact the health plan.

Oklahoma Complete Health
833-752-1665, Option 1
Oklahoma Complete Health Provider Portal
OklahomaCompleteHealth.com

If questions or concerns are not answered by contacting the health plan directly, providers may contact OHCA on the **OHCA Provider Helpline** at (800) 522-0114, Option 1.