

New Provider Portal

Access/Eligibility
and
1500/Professional Claim Submission

June 27th 2013

Agenda

- Compatibility
- How to access the new Provider Portal
- How to Login
 - 1st time user
 - Existing user
- Overview of New Welcome Page
- Update Provider File
- Manage Accounts
 - Creating clerks
- Clerk Login
- Eligibility
 - Add TPL
- Treatment History
- Pricing

Agenda (cont.)

- 1500/Professional Claim
 - Claim Submission
 - Claim Inquiry
 - Trade Files
- Enhancements
 - Prior Authorization and Referrals
 - Member Focus Viewing
 - Payment History
 - Search Providers
- Resources
- Questions and Answers

The New Provider Portal and the screenshots included in this presentation are for demonstration purposes only and are subject to change. The information in this presentation is current as of April 11, 2013.



Compatible with...



Firefox



Google Chrome



Internet Explorer 8 & 9



Adobe Reader X (to view PASRR, Remits etc.)

How to access the New Site

- www.okhca.org
- Provider
- Secure Sites
- SoonerCare Secure Site





OHCA's SoonerCare Secure Web Site

The Oklahoma Health Care Authority's secure Web site is intended for providers, clerks and billing agents. This site gives you the opportunity to maintain provider information, access claim and prior authorization related functions, and receive messages from the OHCA that apply specifically to you.

Please enter the required information below to enter our secure Web site or click [more logon information](#).

This Web site is compatible with Microsoft Internet Explorer 6 and above. You may download Internet Explorer here :



Log on to OHCA's SoonerCare secure Web site.

If you have already set up your account or a provider has set one up for you, log on here.

User Name

Password

First time here and need to create a User Name and Password?

If you are a provider and have received a PIN letter, you may use it here to log on and set up your User Name and Password.



Moving ON!
Graduation 2013





Login ?

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

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

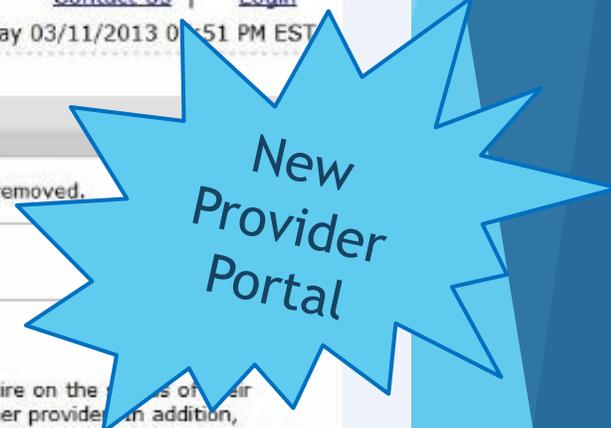
Broadcast Messages

Unsecure Message 1 - This is an Unsecure Broadcast message. Unsecure messages will not be removed.

Test Message 2 - Unsecure Message2. [more...](#)

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files containing 837 transactions, and search for another provider. In addition, healthcare providers can use this site to locate claim forms, provider participation materials and other health plan information and resources.



Protect Your Privacy!

Always log off and close all of your browser windows

Would you like to enroll as a Provider?

[Provider](#)

Drug Resources

[Search Drug Codes](#)

[View Drug Formulary](#)

Fee Schedule

[Search Fee Schedule](#)

Looking for a Doctor or Hospital near you?

[Search Providers](#)



[FAQs](#)

[Links and Tools](#)

[Learn More About](#)

[Website Requirements](#)



Home

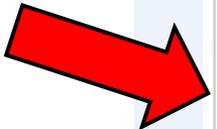
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*User ID

Log In

[Forgot User ID?](#)
[Register Now](#)

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



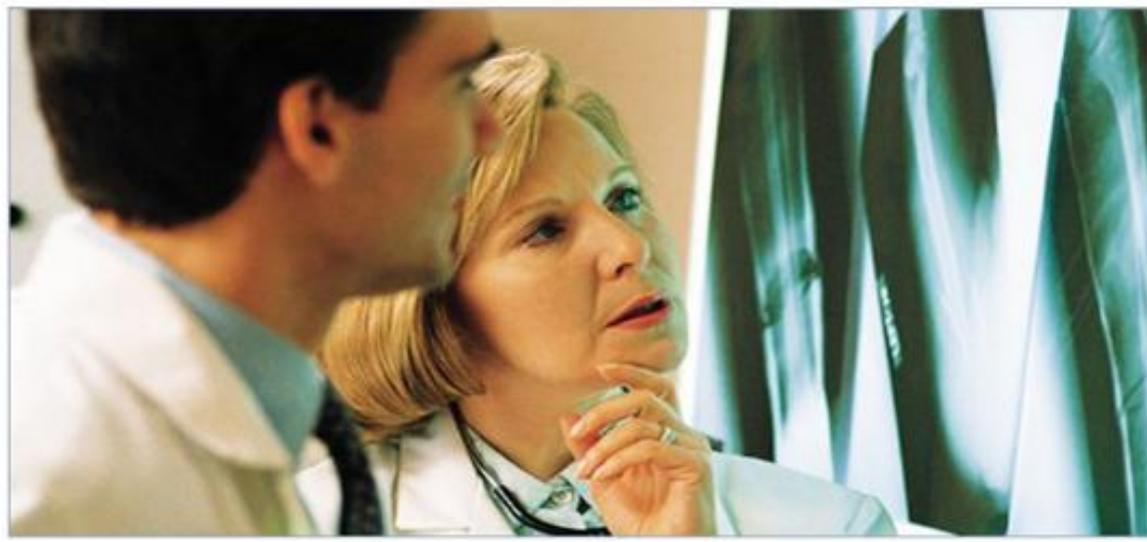
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- Protect Your Privacy!**
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-
- Would you like to enroll as a Provider?**
[Provider](#)
-
- Drug Resources**
[Search Drug Codes](#)
[View Drug Formulary](#)
-
- Fee Schedule**
[Search Fee Schedule](#)
-
- Looking for a Doctor or Hospital near you?**
[Search Providers](#)

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.



Clerk

An individual designated by the Provider 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 rea



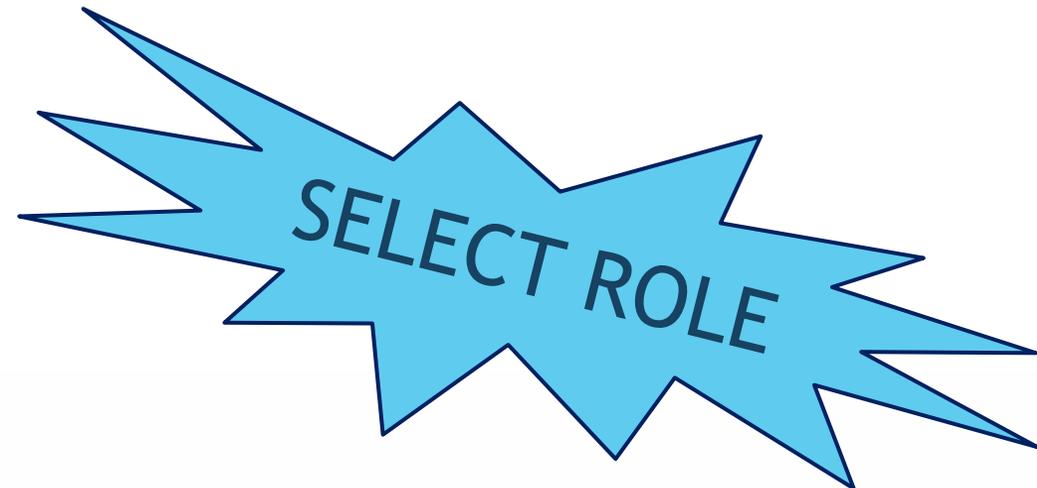
Trading Partner

An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.



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.





Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

Birth Date

Zip Code

***NPI**

[Continue](#)

[Cancel](#)

Provider Registration

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

+ User ID

+ Password

+ Confirm Password

Please provide your contact information below.

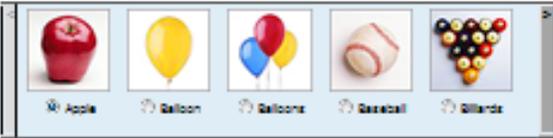
+ Display Name

+ Phone Number@ Ext

+ Email@

+ Confirm Email@

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

+ Site Key: 

+ Passphrase

Please select a unique Challenge Question and provide an answer for each question below. You should also update your Site Key Token and Passphrase to a personalized value. All this information is required for you to complete your login. You will be able to modify your selections in your Profile after you log in.

+ Challenge Question #1

+ Answer to #1

+ Challenge Question #2

+ Answer to #2

+ Challenge Question #3

+ Answer to #3

User Agreement

Provider registration user agreement placeholder...

By entering my full name in the space provided below and transmitting this form electronically, I state that, I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

+ Please sign by typing your full name here:

* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

*User ID

*Password

*Confirm Password

Please provide your contact information below.

*Display Name

*Phone Number Ext

*Email

*Confirm Email

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

* Site Key:

				
<input checked="" type="radio"/> Apple	<input type="radio"/> Balloon	<input type="radio"/> Balloons	<input type="radio"/> Baseball	<input type="radio"/> Billiards

*Passphrase

Please select a unique Challenge Question and provide an answer for each question below. You should also update your Site Key Token and Passphrase to a personalized value. All this information is required for you to complete your login. You will be able to your modify your selections in your Profile after you log in.

*Challenge Question #1

*Answer to #1

*Challenge Question #2

*Answer to #2

*Challenge Question #3

*Answer to #3

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Provider registration user agreement placeholder...

By entering my full name in the space provided below and transmitting this form electronically, I state that, I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

*Please sign by typing your full name here:



Login ?

***User ID**

Log In

[Forgot User ID?](#)
[Register Now](#)

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

Broadcast Messages

Unsecure Message 1 - This is an Unsecure Broadcast message. Unsecure meessages will not be removed.

Test Message 2 - Unsecure Message2. [more...](#)

User Successfully Registered X

You have successfully registered for the provider portal!

A confirmation email containing your login information has been sent to the email address provided. If you do not see an email, check your spam or junk mail folder.

OK

claims and inquire on the status of their search for another provider. In addition, materials and other health plan information and



Protect Your Privacy!
 Always log off and close all of your browser windows

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[Provider](#)

Drug Resources
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Fee Schedule
[Search Fee Schedule](#)

Looking for a Doctor or Hospital near you?



EXISTING USER

Home

Login

*User ID

Log In

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[Register Now](#)

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

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[FAQs](#)

[Links and Tools](#)

[Learn More About](#)

[Website Requirements](#)



**Computer and Challenge Question****Site Key**

The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

If this is not your personal computer, such as a public computer, select: **This is a public computer. Do not register it.**

Answer the challenge question to verify your identity.

Challenge Question What was the name of the first school you attended?

***Your Answer**

[Forgot answer to challenge question?](#)

Select

- This is a personal computer. Register it now.
- This is a public computer. Do not register it.

Continue



Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.

If this is not your site key token or passphrase, do not type your password. Call the [customer help desk](#) to report the incident.

Site Key:

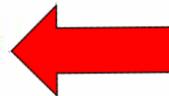


Passphrase thunder

*Password

Sign In

[Forgot Password?](#)



Forgot Password

Home

[Contact Us](#)

[Home](#) > [Challenge Question](#) > [Site Token Password](#) > Forgot Password

Tuesday 03/19/2013 11

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 In what city were you born?

*Your Answer

Submit

Cancel





 **Confirm Site Key Token and Passphrase**

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore safe to enter your password.

Make sure your site key token and passphrase are correct.

Forgot Password X

You have successfully validated your Password.

We have sent an email with your account information to the email address on record. Email notifications can take 15 to 30 minutes to be delivered.

Passphrase

*Password

[Forgot Password?](#)

My Home

User Details

Welcome Oklahoma Bedlam Hospital

- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)

Provider

Name Oklahoma Bedlam Hospital

Provider ID 1112223331 (NPI)

Taxonomy 282N00000X

SC Provider Number 100234568 A

Location ID TST-0060437

Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)

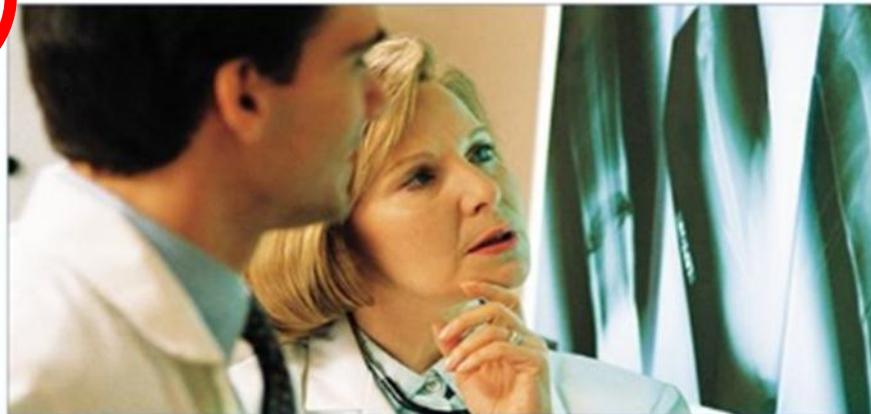
Broadcast Messages

Introduction Message - This is an introduction message and will be automatically acknowledged. It will be removed the next time the page is refreshed.

User Acknowledgment Instructions - This message needs to be acknowledged as read by the user. Once acknowledged, it will be removed the next time this page is refreshed.

Please acknowledge receipt of message by checking this box.

Welcome Health Care Professional!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

[Help us provide better service to you! Click here to give us your feedback](#)

[Contact Us](#)

[Secure Correspondence](#)

[Referrals](#)



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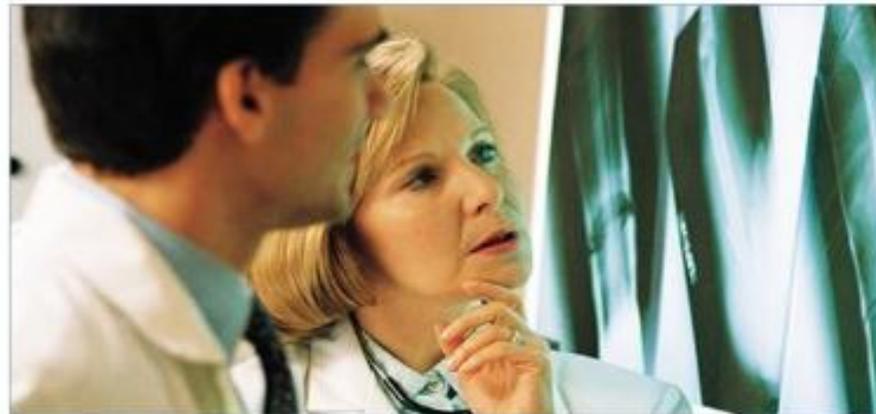
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Provider Profile

My Profile ?

Contact Information

Display Name: Provider1 Account
Phone Number: 1-872-797-8849 Ext: _
Current Email: HCPortalDevPM@hp.com

Edit

Roles

Current Roles: Providers

Add Role

Preferences

Primary Language: English (US)

Challenge Questions

Challenge Question #1: What was the name of the first school you attended?
Answer to #1: p1

Challenge Question #2: What is your favorite sports team?
Answer to #2: p1

Challenge Question #3: What is your mother's maiden name?
Answer to #3: p1

Edit

Site Key Token

Site Key: 

Passphrase: thunder

Edit

Password

Change Password



User Details

Welcome Oklahoma Bedlam Hospital

- [My Profile](#)
- [Manage Accounts](#)



Provider

Name Oklahoma Bedlam Hospital
Provider ID 1112223331 (NPI)
Taxonomy 282N00000X
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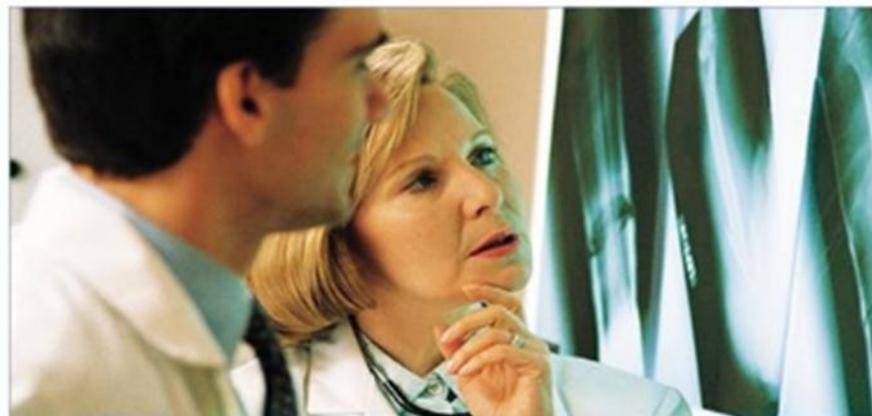
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Delegate Assignment

[Back to My Home](#) ?

Add New Clerk Add Registered Clerk Add Registered Billing 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
- Care Management - Create Referral
 - Care Management - Submit Resubmit Authorization
 - Care Management - View Authorization
 - Care Management - View Authorization Notice
 - Care Management - View Referral
 - Claim - Inquiry
 - Claim - Submit and Resubmit
 - Claim - Submit Pharmacy
 - Eligibility Verification
 - LTC
 - Member Focus Viewing
 - Newborn Application Access
 - Payment History - Inquiry
 - Pharmacy Claim
 - Search Fee Schedule
 - Secure Correspondence
 - Treatment History



Submit

Cancel



Add New Clerk

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

First Name Suzie

Last Name SoonerCare

Birth Date 10/31/1958

Last 4 of DLN 1234

- Functions**
- Care Management - Create Referral
 - Care Management - Submit Resubmit Authorization
 - Care Management - View Authorization
 - Care Management - View Authorization Notice
 - Care Management - View Referral
 - Claim - Inquiry
 - Claim - Submit and Resubmit
 - Claim - Submit Pharmacy
 - Eligibility Verification
 - LTC
 - Member Focus Viewing
 - Newborn Application Access
 - Payment History - Inquiry
 - Pharmacy Claim
 - Search Fee Schedule
 - Secure Correspondence
 - Treatment History

[Edit](#)[Confirm](#)[Cancel](#)

[Add New Clerk](#)[Add Registered Clerk](#)[Add Registered Billing 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

Clerk Assignment

The clerk has been added to your clerk list.

The clerk code for the new clerk is 10059. The clerk code is required to be communicated to the new clerk for registering with the portal.

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

- *Functions
- Care Management - Create Referral
 - Care Management - Submit Resubmit Authorization
 - Care Management - View Authorization
 - Care Management - View Authorization Notice
 - Care Management - View Referral
 - Claim - Inquiry
 - Claim - Submit and Resubmit
 - Claim - Submit Pharmacy
 - Eligibility Verification
 - LTC
 - Member Focus Viewing

[Add New Clerk](#) **[Add Registered Clerk](#)** [Add Registered Billing Agent](#)

* Indicates a required field.

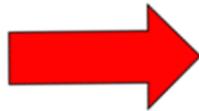
Enter the Last Name and the Clerk Code to add that Clerk to your Clerk list then click **Submit** to proceed.

*Last Name

*Clerk Code

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

- *Functions
- Care Management - Create Referral
 - Care Management - Submit Resubmit Authorization
 - Care Management - View Authorization
 - Care Management - View Authorization Notice
 - Care Management - View Referral
 - Claim - Inquiry
 - Claim - Submit and Resubmit
 - Claim - Submit Pharmacy
 - Eligibility Verification
 - LTC
 - Member Focus Viewing
 - Newborn Application Access
 - Payment History - Inquiry
 - Pharmacy Claim
 - Search Fee Schedule
 - Secure Correspondence
 - Treatment History



Add New Clerk | **Add Registered Clerk** | **Add Registered Billing 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 perform.
(At least one function must be selected)

*Functions

-
-
- Care Management - View Authorization
- Care Management - View Authorization Notice
- Care Management - View Referral
- Claim - Inquiry
- Claim - Submit and Resubmit
- Claim - Submit Pharmacy
- Eligibility Verification
- LTC
- Member Focus Viewing
- Newborn Application Access
- Payment History - Inquiry
- Pharmacy Claim
- Search Fee Schedule
- Secure Correspondence

 **Clerk Assignment** 

The clerk has been added to your clerk list.

- Payment History - Inquiry
- Pharmacy Claim
- Search Fee Schedule
- Secure Correspondence
- Treatment History

Submit

Cancel

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	account, provider3	Provider3 Account	01/01/1970	1234	10009	Active
2	account, provider3a	Provider3a Account	01/01/1970	1234	10010	Active
3	doe, joan	Sunrise Clinics	01/01/1975	1234	10058	Active
4	soonercafe, suzie	suzie soonercafe	10/31/1958	1234	10059	Active - Pending
5	waymack, becca	becca waymack	01/01/1970	1234	10054	Active - Pending
6	x, x	x x	01/01/1990	1234	10055	Active - Pending



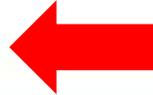
Delegate Assignment

[Back to My Home](#) ?

Edit Clerk

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

First Name provider3a
Last Name account
Birth Date 01/01/1970
Last 4 of DLN 1234
Clerk Code 10010
***Status** Active Inactive



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

- *Functions**
- Care Management - Create Referral
 - Care Management - Submit Resubmit Authorization
 - Care Management - View Authorization
 - Care Management - View Authorization Notice
 - Care Management - View Referral
 - Claim - Inquiry
 - Claim - Submit and Resubmit
 - Claim - Submit Pharmacy
 - Eligibility Verification
 - File Management
 - LTC
 - Member Focus Viewing
 - Newborn Application Access
 - Payment History - Inquiry
 - Pharmacy Claim
 - Search Fee Schedule
 - Secure Correspondence
 - Treatment History

Clerk Access





Login

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

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



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Trading Partner

An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.



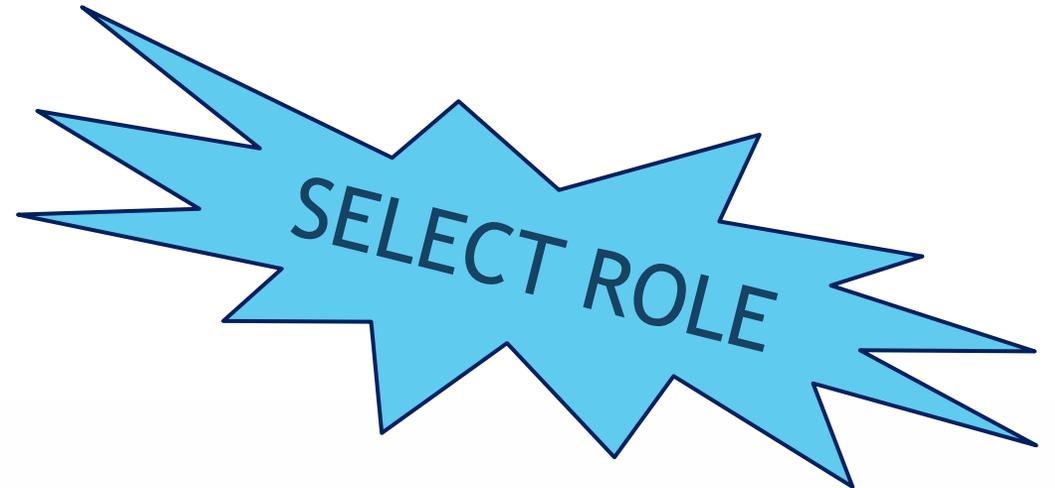
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An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a billing agent for services.



Clerk

An individual designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.





Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

*First Name

*Last Name

*Birth Date

*Last 4 of DLN

 *Clerk Code

Clerk Profile

Registration Step 2 of 2 - Security Information

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*User ID

*Password

*Confirm Password

Please provide your contact information below.

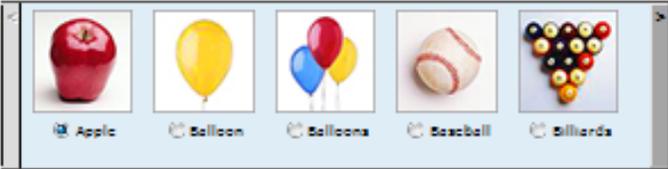
*Display Name

*Phone Number Ext.

*Email

*Confirm Email

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* Site Key: 

*Passphrase

Please select a unique Challenge Question and provide an answer for each question below. You should also update your Site Key Token and Passphrase to a personalized value. All this information is required for you to complete your login. You will be able to modify your selections in your Profile after you log in.

*Challenge Question #1

*Answer to #1

*Challenge Question #2

*Answer to #2

*Challenge Question #3

*Answer to #3

Registration Step 2 of 2 - Security Information

* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

*User ID

*Password

*Confirm Password

Please provide your contact information below.

*Display Name

*Phone Number Ext

*Email

*Confirm Email

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

* Site Key:

<      >

Binoculars Biplane Boot Bowling Box

*Passphrase

chinesefoodyum

Please select a unique Challenge Question and provide an answer for each question below. You should also update your Site Key Token and Passphrase to a personalized value. All this information is required for you to complete your login. You will be able to modify your selections in your Profile after you log in.

*Challenge Question #1

What is your oldest sibling's middle name? ▼

*Answer to #1

gilbert grape

*Challenge Question #2

What was your high school mascot? ▼

*Answer to #2

wampus cat

*Challenge Question #3

What is the name of the place your wedding reception was held? ▼

*Answer to #3

dew drop inn

Submit

Cancel



Login ?

*User ID

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[Register Now](#)

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

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Drug Resources

[Search Drug Codes](#)

[View Drug Formulary](#)

Broadcast Messages

Unsecure Message 1 - This is an Unsecure Broadcast message. Unsecure messages will not be removed.

User Successfully Registered X

You have successfully registered for the provider portal!

A confirmation email containing your login information has been sent to the email address provided. If you do not see an email, check your spam or junk mail folder.





Clerk for Bobby Sooner **Role IDs** Provider - In Network - P7-000111: ▾ **Location** PIH-000111 - Corner Pharmacy

User Details

Welcome Corner Pharmacy

- ▶ [My Profile](#)
- ▶ [Switch Provider](#)

Provider

Name Corner Pharmacy
Provider ID P7-0001111
Taxonomy 152WV0400X
SC Provider Number 996809359 9

Broadcast Messages

User Acknowledgment Instructions - This message needs to be acknowledged as read by the user. Once acknowledged, it will be removed the next time this page is refreshed.
 Please acknowledge receipt of message by checking this box.

Message Refresh Instructions - To display all messages again, either reload the xml file or remove all nodes under the

- [Contact Us](#)
- [Notify Me](#)
- [Secure Correspondence](#)

Welcome Health Care Professional!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

Helpful Links

- ▶ [Insure Oklahoma Employer/Agent Portal](#)

**Switch Provider** 

Switch Provider

Enter at least one selection criteria below and click **Search** to retrieve information.

Display Name

Email

Available Providers

Select a Provider that you wish to switch to, then click **Submit** button.

Total Records: 3

#	Display Name ▲	Email Address
1	<input type="radio"/> OK Bedlam Clinics	robbert.sooner@soonercare.com
2	<input checked="" type="radio"/> Bobby Sooner	rob.sooner@soonercare.com
3	<input type="radio"/> OK Bedlam Clinics 1	robert.sooner@soonercare.com





Switch Provider



Currently you are logged in as a clerk for Provider4 Account.

Selected Provider [Switch Provider](#)

To search for or switch to another Provider, click the **Switch Provider** tab.

Selected Provider Information

Provider: Bobby Sooner

Email: rob.sooner@soonercare.com

Roles

- Trading Partner: *Validated*

Identifiers

- T1-3456789

[Close](#)

Switch Provider Confirmation



You have successfully switched the user you are representing.

[OK](#)



Switch Provider



Currently you are logged in as a clerk for Bobby Sooner.

Selected Provider [Switch Provider](#)

To search for or switch to another Provider, click the **Switch Provider** tab.

Selected Provider Information

Provider Bobby Sooner

Email robert.sooner@soonercare.com

Roles

- **Provider - In Network:** Validated

Identifiers

- P7-0001111
- 1013190537

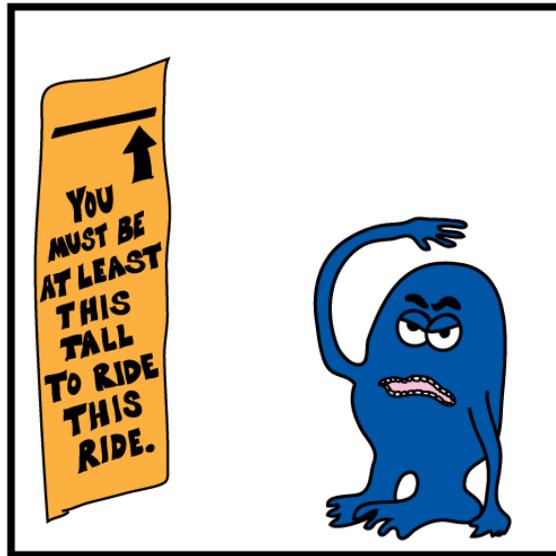
Location

- PIH-000111 - Corner Pharmacy
- LER-000111 - Legacy Drive ER



Close

Eligibility





User Details

Welcome Oklahoma Bedlam Hospital

- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)

Provider

Name Oklahoma Bedlam Hospital
Provider ID 1112223331 (NPI)
Taxonomy 282N00000X
SC Provider Number 100234568 A
Location ID TST-0060437

Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)

Broadcast Messages

Introduction Message - This is an introduction message and will be automatically acknowledged. It will be removed the next time the page is refreshed.

User Acknowledgment Instructions - This message needs to be acknowledged as read by the user. Once acknowledged, it will be removed the next time this page is refreshed.

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 [Referrals](#)

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Eligibility

-  **Eligibility**
- ▶ [Eligibility Verification](#)
- ▶ [Treatment History](#)





Eligibility Verification Request

* Indicates a required field.

Enter the patient information. If neither Member ID nor Case Number is known, enter SSN and Date of Birth.

Recipient ID

Case Number

SSN

Last Name

First Name

Date of Birth

***From Date of Service**

***To Date of Service**

NOTICE: Member's medical benefits will end soon. Please advise them to reapply.

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

Effective/End dates are shown only for the period of time requested.

Verification Number 1316200W5T - 6/11/2013 - Status: A



Eligibility 

Coverage	Effective Date	End Date
Title 19	02/28/2013	02/28/2013
My Life; My Choice	02/28/2013	02/28/2013

EPSDT 

TPL 

Click '+' to add a row.

Carrier Name (Carrier ID)	Policy Number	Group ID (Employer ID)	Policy Holder (Relationship)	Policy Type	Coverage Type	Effective	End
------------------------------	---------------	---------------------------	---------------------------------	-------------	---------------	-----------	-----

 Click to expand

Lock-in Details



Spend Down Details



Living Arrangements Details



LOC Code	Description	Effective Date	End Date
12345678901	Whispering Oaks Ctr	09/01/2012	09/01/2013

EPSDT Well Child Service Details or Benefit Service Interval Details



Demographic Details



Other Insurance Details



* Indicates a required field.
Click '+' to add a row.

Carrier Name (Carrier ID)	Policy ID	Group ID (Carrier ID)	Policy Holder (Relationship)	Policy Type	Coverage Type	Effective Date	End Date
Aetna (60540081)	PCS430923932	839123 (12345678)	Sandy Soonercare (Parent)	HMO	Medical	03/01/2013	03/02/2013

Click to collapse

*Carrier Name

Carrier ID

*Policy ID

Group ID

*Policy Holder is Person Organization

*Policy Holder Last Name

*First Name MI

Policy Type

*Coverage Type

*Relationship

Employer ID

Effective Date

End Date

[Add](#)

[Reset](#)



Other Insurance Details

* Indicates a required field.

Click '+' to add a row.

Carrier Name (Carrier ID)	Policy ID	Group ID (Carrier ID)	Policy Holder (Relationship)	Policy Type	Coverage Type	Effective Date	End Date
Aetna (60540081)	PCS430923932	839123 (12345678)	Sandy Soonercare (Parent)	HMO	Medical	03/01/2013	03/02/2013

Click to collapse

*Carrier Name

Carrier ID

*Policy ID

Group ID

*Policy Holder is Person Organization

*Policy Holder Organization

Policy Type

*Coverage Type

*Relationship

Employer ID

Effective Date

End Date



Treatment History



Search Treatment History ?

* 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 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 012345678 Last Name SoonerCare First Name Suzie Birth Date 01/01/1996

Service Information

Service From Date 01/12/2012 To Date 12/12/2012 Procedure Code Type CPT/HCPCS Procedure Code 27425-LAT RETINACULAR RLS OPN

Search

Reset

Search Results

Total Records : 3

Date of Service	Procedure Code	Description	Units
02/15/2012	27425	LAT RETINACULAR RLS OPN	1
02/19/2012	27425	LAT RETINACULAR RLS OPN	1
05/05/2012	27425	LAT RETINACULAR RLS OPN	1

Pricing





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* I accept I have read and agree to the Terms of Agreement

Submit

Cancel



Search Fee Schedule



Procedure

* 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.

*Benefit Package

Code Type

*Procedure Code

*Date of Service

*Age

Modifiers



Pricing and eligibility listed does not guarantee payment of a claim. Please refer to Provider Rules of coverage by specific provider type.

Benefit Package Title XIX
Code Type Procedure Code
Procedure Code A4609
Date of Service 12/01/2012
Age 6
Modifiers 0

Search

Reset

Additional criteria was found, please select Place of Service to view pricing data.

Place of Service 01-Place of Service 1

Search Results

Placeholder for Configurable Text

Pricing and Limitations:

Allowed Amount: \$325.99

Prior Authorization Required: YES

Maximum Units: 50

Age Restriction: 0-18

Gender: Both

Lifetime Limitation: NO

Attachment Required: NO

Ambulatory Surgical Facility Fee: \$100.00

Ambulatory Payment Classification: \$0.00

Discounted: N/A

Submitting the 1500/Professional Claim





My Home



User Details

Welcome Plano Independent Hospital
[My Profile](#)
[Manage Accounts](#)

Provider

Name Plano Independent Hospital
Provider ID 1194720201 (NPI)
Taxonomy 152WV0400X
SC Provider Number 246801357 9

Provider Services

- [Member Focused Viewing](#)
- [Search Payment History](#)

Broadcast Messages

User Acknowledgment Instructions - This message needs to be acknowledged as read by the user. Once acknowledged, it will be removed the next time this page is refreshed.
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Message Refresh Instructions - To display all messages again, either reload the xml file or remove all nodes under the GlobalMessageAcknowledgements node in the xml file and restart

[Contact Us](#)

[Secure Correspondence](#)

[Referrals](#) **New**

Welcome Health Care Professional!



Helpful Links

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We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

Submit Professional Claim: Step 1

* Indicates a required field.

Claim Type Professional

Provider Information

General Provider Header Instructions

Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital
Zip Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>	SC Provider Number	246801357 9
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>	Name	_
Ordering Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Ordering Zip Code	<input type="text"/>

Patient Information

General Patient Instructions

*Member ID 

Last Name Smith First Name Jane Middle D

Birth Date 01/01/1964

Claim Information

Claim Header Instructions

Date Type Date of Current

Accident Related Admission Date

Patient Account Number Expected Delivery Date

From Date To Date

CLIA Number

*Other Insurance

- *Does the provider have a signature on file? Yes No
- *Does the provider accept assignment for claim processing? Yes No Clinical Lab Services Only
- *Are benefits assigned to the provider by the patient or their authorized representative? Yes No N/A
- *Does the provider have a signed statement from the patient releasing their medical information? Yes No

Total Charged Amount \$0.00

Section 1 of 3

Section 2 of 3

Submit Professional Claim: Step 2 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital
Zip Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X
		SC Provider Number	123456789 A		

Patient and Claim Information

Member ID	B12345678	Gender	Female
Member	Jane D Smith	Total Charged Amount	\$0.00
Birth Date	01/01/1964	CLIA Number	_

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

Diagnosis Codes -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	ICD Version	Diagnosis Code	Action
<u>1</u>			

1	*ICD Version	ICD-9-CM <input type="button" value="v"/>		*Diagnosis Code <input type="button" value="⊕"/>	<input type="text" value="993"/>
		<input type="button" value="Add"/>	<input type="button" value="Reset"/>	<ul style="list-style-type: none">993-REITER'S DISEASE9930-BAROTRAUMA, OTITIC9931-BAROTRAUMA, SINUS9932-OTHER AND UNSPECIFIED EFFECTS OF HIGH ALTITUDE9933-CAISSON DISEASE9934-EFFECTS OF AIR PRESSURE CAUSED BY EXPLOSION9938-OTHER SPECIFIED EFFECTS OF AIR PRESSURE9939-UNSPECIFIED EFFECT OF AIR PRESSURE	
<input type="button" value="Back to Step 1"/>					

Submit Professional Claim: Step 2



* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1194720201

ID Type NPI

Name Plano Independent Hospital

Zip Code 75024-1234

Contract Code A

Taxonomy 152WV0400X

SC Provider Number 123456789 A

Patient and Claim Information

Member ID B12345678

Member Jane D Smith

Gender Female

Birth Date 01/01/1964

Total Charged Amount \$0.00

CLIA Number _

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

Diagnosis Codes



Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	ICD Version	Diagnosis Code	Action
<u>1</u>			

1 ***ICD Version** ICD-9-CM ***Diagnosis Code** 993-REITER'S DISEASE

[Add](#)

[Reset](#)

[Back to Step 1](#)

[Continue](#)

[Cancel](#)

Submit Professional Claim: Step 2



* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1194720201 ID Type NPI Name Plano Independent Hospital
Zip Code 75024-1234 Contract Code A Taxonomy 152WV0400X SC Provider Number 123456789 A

Patient and Claim Information

Member ID B12345678
Member Jane D Smith Gender Female
Birth Date 01/01/1964 Total Charged Amount \$0.00
CLIA Number _

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

Diagnosis Codes



Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	ICD Version	Diagnosis Code	Action
1	ICD-9-CM	993-REITER'S DISEASE	Remove
2			

Diagnosis Codes

2 *ICD Version ICD-9-CM *Diagnosis Code 78901-ABDOMINAL PAIN RIGHT UPPER QUADRANT

[Add](#) [Reset](#)

[Back to Step 1](#)

[Continue](#) [Cancel](#)



Section 3 of 3

Submit Professional Claim: Step 3

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1194720201	ID Type NPI	Name Plano Independent Hospital
Zip Code 75024-1234	Contract Code A	Taxonomy 152WV0400X
		SC Provider Number 246801357 9

Patient and Claim Information

Member ID B12345678	Gender Female
Member Jane D Smith	
Birth Date 01/01/1964	Total Charged Amount \$0.00
CLIA Number _	

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

Diagnosis Codes

[+](#)

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 Co	NPI	Charge Amount	Units	Action
<u>1</u>								

1 *From Date 03/22/2013 To Date 03/22/2013 *Place of Service 11-Office EMG

*Procedure Code 99213-Office or out Modifiers *Diagnosis Pointers 1

*Charge Amount 200.00 *Units 1.000 *Unit Type Unit EPSDT

CLIA Number DMH Contract Source

Rendering Provider ID 1194720201 ID Type NPI Zip Code Contract Code

Taxonomy SC Provider Number

NDC for Item 1

 [Add](#) [Reset](#)

Attachments

[+](#)

[Back to Step 1](#) [Back to Step 2](#)  [Submit](#) [Cancel](#)

Confirm Professional Claim



Select Print Preview before you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

Claim Type Professional

Provider Information

Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital
Zip Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X
Referring Provider ID	_	SC Provider Number	246801357		9
Service Facility Location ID	_	ID Type	_	Name	_
Ordering Provider ID	_	ID Type	_	Ordering Zip Code	_

Patient Information

Member ID	B12345678	Gender	Female
Member	Jane D Smith		
Birth Date	01/01/1964		

Claim Information

Date Type	_	Date of Current	_
Accident Related	_	Admission Date	_
Patient Account Number	_	Expected Delivery Date	_
From Date	03/22/2013	To Date	03/22/2013
CLIA Number	_		

Does the provider have a signature on file? Yes

Does the provider accept assignment for claim processing? Yes

Are benefits assigned to the provider by the patient or their authorized representative? Yes

Does the provider have a signed statement from the patient releasing their medical information? Yes

Total Charged Amount \$25.00

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

Diagnosis Codes



Service Details



Svc #	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Charge Amount	Units	EPSDT	Rendering Provider ID
<u>1</u>	03/22/2013	03/22/2013	11		99213		1	\$25.00	1.000 Unit		1194720201 (NPI)

Attachments



No Other Insurance Details exist for this claim



Back to Step 1

Back to Step 2

Back to Step 3

Print Preview

Confirm

Cancel



Submit Professional Claim: Confirmation ?

Professional Claim Receipt

Your Professional Claim was successfully submitted. The claim status is Paid. 
The Claim ID is 1000000103.

- Click **Attachment Coversheet(s)** to view the claim attachments coversheet(s).
- 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](#)



Copy Long Term Care Claim



Select the information you would like to have copied to the new claim. Press Copy to initiate the claim and continue entering claim information.

Member Information

- Member ID
- Last Name
- First Name
- Birth Date
- Condition Codes(s)

Service Information

- Admission Source
- Admission Type
- Admitting Diagnosis
- Type of Bill
- Diagnosis Code(s)
- Emergency Diagnosis Code
- Revenue Code(s)
- HCPCS/Proc Code(s)
- Modifier(s)
- DMH Contract Source(s)
- Detail Charge Amount(s)
- Units
- Unit Type(s)
- NDC Code Type(s)
- NDC Code(s)
- NDC Quantity(s)
- NDC Unit of Measure(s)

Member and Service Information

Copies data listed in previous 2 columns.

Entire Claim

Copies data listed in columns 1 and 2 PLUS:

- All Providers
- Admission Date/Hour
- Discharge Hour
- Patient Status
- Occurrence Code(s)
- Value Code(s)
- Surgical Procedure Code(s)
- Other Insurance
- All Dates
- All Amounts

Select what you would like to copy.

Copy

Cancel

Provider Information

General Provider Header Instructions

Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital
Zip Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>	SC Provider Number	246801357 9
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>	Name	-
Ordering Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name	-
				Ordering Zip Code	<input type="text"/>

Person Information

Instructions

Smith Jane
 Date 01/01/1964
 First Name Jane Middle D

Claim Information

Claim Header Instructions

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text"/>	Admission Date	<input type="text"/>
Patient Account Number	<input type="text"/>	Expected Delivery Date	<input type="text"/>
From Date	-	To Date	-
CLIA Number	<input type="text"/>		

***Other Insurance** Include means the primary insurance paid

*Does the provider have a signature on file? Yes No

*Does the provider accept assignment for claim processing? Yes No Clinical Lab Services Only

*Are benefits assigned to the provider by the patient or their authorized representative? Yes No N/A

*Does the provider have a signed statement from the patient releasing their medical information? Yes No

Total Charged Amount \$0.00



TPL- Paid

Diagnosis Codes

Select the row number to edit the row. Click the [Remove](#) link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	ICD Version	Diagnosis Code	Action
<u>1</u>			

1 *ICD Version *Diagnosis Code

[Add](#) [Reset](#)

Other Insurance Details

TPL Amount ← Insert the amount paid by the primary insurance

[Back to Step 1](#) [Continue](#) [Cancel](#)

* Indicates a required field.

Claim Type Professional

Provider Information

General Provider Header Instructions

Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital
Zip Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X
Referring Provider ID		SC Provider Number	246801357 9	ID Type	
Service Facility Location ID		ID Type		Name	_
Ordering Provider ID		ID Type		Name	_
		Ordering Zip Code			

Patient Information

General Patient Instructions

*Member ID B12345678

Last Name Smith First Name Jane Middle D

Birth Date 01/01/1964

Claim Information

Claim Header Instructions

Date Type

Accident Related

Patient Account Number

From Date

CLIA Number

Date of Current

Admission Date

Expected Delivery Date

To Date



*Other Insurance Denied

Primary denied

- *Does the provider have a signature on file? Yes No
- *Does the provider accept assignment for claim processing? Yes No Clinical Lab Services Only
- *Are benefits assigned to the provider by the patient or their authorized representative? Yes No N/A
- *Does the provider have a signed statement from the patient releasing their medical information? Yes No

Total Charged Amount \$0.00

Continue

Cancel

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
<u>1</u>							

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**

NDC for Item 1 +

Attachments -

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

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

TPL- Denied

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

Click to collapse.

***Transmission Method**

FX-By Fax

***Attachment Type**

AA-Available on Request at Provider Site

BM-By Mail

Description

EM-E-Mail

FT-File Transfer

FX-By Fax

Add

Cancel

Back to Step 1

Back to Step 2

Submit

Cancel



1 *From Date 03/22/2013 To Date 03/22/2013 *Place of Service 11-Office EMG

*Procedure Code 99213-Office or
 *Charge Amount 25.00
 CLIA Number
 Rendering Provider ID 1194720201
 Taxonomy

NDC for Item 1

[Add](#) [Res](#)

Attachments
 Click the **Remove** link to remove th

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

[Add](#) [Cancel](#)

[Back to Step 1](#) [Back to Step 2](#) [Submit](#) [Cancel](#)

B4-Referral Form
 BR-Benchmark Testing Results
 BS-Baseline
 BT-Blanket Test Results
 CB-Chiropractic Justification
 CK-Consent Form(s)
 CT-Certification
 D2-Drug Profile Document
 DA-Dental Models
 DB-Durable Medical Equipment Prescription
 DG-Diagnostic Report
 DJ-Discharge Monitoring Report
 DS-Discharge summary
 EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)
 HC-Health Certificate
 HR-Health Clinic Records
 I5-Immunization Record
 IR-State School Immunization Records
 LA-Laboratory Results
 M1-Medical Record Attachment
 MT-Models
 NN-Nursing Notes
 OB-Operative Note
 OC-Oxygen Content Averaging Report
 OD-Orders and Treatments Document
 OE-Objective Physical Examination (including vital signs) Document
 OX-Oxygen Therapy Certification
 OZ-Support Data for Claim
 P4-Pathology Report
 P5-Patient Medical History Document

1 *From Date 03/22/2013 To Date 03/22/2013 *Place of Service 11-Office EMG

*Procedure Code 99213-Office or ou Modifiers *Diagnosis Pointers 1

*Charge Amount 25.00 *Units 1.000 *Unit Type Unit EPSDT

CLIA Number DMH Contract Source

Rendering Provider ID 1194720201 ID Type NPI Zip Code Contract Code

Taxonomy SC Provider Number 123456789 A

NDC for Item 1

Add Reset

Attachments

Click the Remove link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

Click to collapse.

*Transmission Method FX-By Fax

*Attachment Type OZ-Support Data for Claim

Description BCBC denied EOB

Add Cancel

Back to Step 1 Back to Step 2 Submit Cancel

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							
1	*From Date 03/22/2013	To Date 03/22/2013	*Place of Service 11-Office			EMG	
	*Procedure Code 99213-Office or ou	Modifiers				*Diagnosis Pointers 1	
	*Charge Amount 25.00	*Units 1.000	*Unit Type Unit		EPSDT		
	CLIA Number	DMH Contract Source					
	Rendering Provider ID 1194720201	ID Type NPI	Zip Code		Contract Code		
	Taxonomy	SC Provider Number 123456789	A				
NDC for Item 1							
<input type="button" value="Add"/> <input type="button" value="Reset"/>							
<input type="button" value="Displays a list of Service Details."/>							
Attachments							
Click the Remove link to remove the entire row.							
#	Transmission Method	File	Control #	Attachment Type	Action		
1	FX-By Fax	-	12345678911	OZ-Support Data for Claim	Remove		
<input type="button" value="Click to add attachment."/>							
<input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/>							



Now Auto-populated



Confirm Professional Claim



Select Print Preview before you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

Claim Type Professional

Provider Information

Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital
Zip Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X
Referring Provider ID	_	SC Provider Number	246801357		9
Service Facility Location ID	_	ID Type	_	Name	_
Ordering Provider ID	_	ID Type	_	Ordering Zip Code	_

Patient Information

Member ID	B12345678	Gender	Female
Member	Jane D Smith		
Birth Date	01/01/1964		

Claim Information

Date Type	_	Date of Current	_
Accident Related	_	Admission Date	_
Patient Account Number	_	Expected Delivery Date	_
From Date	03/22/2013	To Date	03/22/2013
CLIA Number	_		

Does the provider have a signature on file? Yes

Does the provider accept assignment for claim processing? Yes

Are benefits assigned to the provider by the patient or their authorized representative? Yes

Does the provider have a signed statement from the patient releasing their medical information? Yes

Total Charged Amount \$25.00

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

Diagnosis Codes



Service Details



Svc #	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Charge Amount	Units	EPSDT	Rendering Provider ID
<u>1</u>	03/22/2013	03/22/2013	11		99213		1	\$25.00	1.000 Unit		1194720201 (NPI)

Attachments



No Other Insurance Details exist for this claim



Back to Step 1

Back to Step 2

Back to Step 3

Print Preview

Confirm

Cancel

**Professional Claim: Confirmation****Professional Claim Receipt**

Professional Claim was successfully submitted. The claim status is Suspended.
The Claim ID is **1000000114**.



Click **Attachment Coversheet(s)** to view the claim attachments coversheet(s).
Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **View** to view the details of the submitted claim.

[Attachment Coversheet\(s\)](#)[Print Preview](#)[New](#)[View](#)



Oklahoma Health Care Authority
Electronic Claim Paper Attachment Form
Cover Sheet

Print

Four fields below are required and must match claim.

1. Provider Number	123456789 A
2. Client ID Number	1234567
3. Claim Number	100000112
4. Attachment Control Number	12345678911

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 identification number that was assigned to the electronically submitted claim.
4. In box 4, 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 entered in the control number field of the direct data entry 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.
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.

OKLA HCA
Revised 06/24/09

HCA-13

Print

Close

Attachments -

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

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

Click to collapse.

***Transmission Method** FT-File Transfer

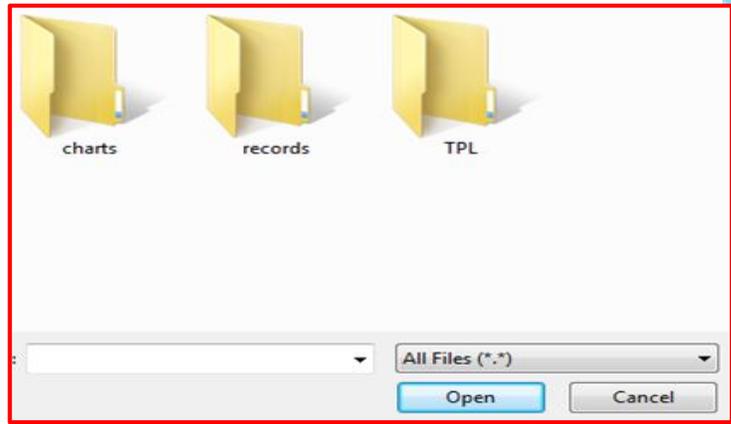
***Upload File**

***Attachment Type** AA-Available on Request at Provider Site

Description EM-E-Mail

FT-File Transfer 

FX-By Fax



Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	Field Staff Meeting.docx (15K)		OZ-Support Data for Claim	remove

Click to collapse.

***Transmission Method** FT-File Transfer

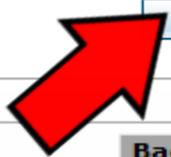
***Upload File** [Browse...](#)

***Attachment Type**

Description

[Add](#) [Cancel](#)

[Back to Step 1](#) [Back to Step 2](#) [Submit](#) [Cancel](#)



Attachments -

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

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

Click to collapse.

***Transmission Method** FT-File Transfer

***Upload File** \\share-server\pubs\Provider Training\EEM USER GUIDE.pdf

***Attachment Type** OZ-Support Data for Claim

Description BCBS EOB 







Professional Claim: Confirmation



Professional Claim Receipt

Professional Claim was successfully submitted. The claim status is Suspended.
The Claim ID is **1000000114**.



Click **Attachment Coversheet(s)** to view the claim attachments coversheet(s).
Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **View** to view the details of the submitted claim.

[Print Preview](#) [New](#) [View](#)



Submit Professional Claim: Confirmation ?

Professional Claim Receipt

Your Professional Claim was successfully submitted. The claim status is Denied.
The Claim ID is 1000000100.



Click [Print Preview](#) to view the claim details as they have been saved on the payer's system.

Click [Edit](#) to resubmit the claim.

Click [View](#) to view the details of the submitted claim.

[Print Preview](#)

[Edit](#)

[New](#)

[View](#)

Claim Overview

Claim Type Professional											
Provider Information											
Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital						
Zip Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X	SC Provider Number	246801357 9				
Referring Provider ID	_	ID Type	_	Name	_						
Service Facility Location ID	_	ID Type	_	Name	_						
Ordering Provider ID	_	ID Type	_	Ordering Zip Code	_						
Patient Information											
Member ID	1										
Member	Jane D Smith										
Gender	Female										
Birth Date	01/01/1964										
Claim Information											
Claim Status	Denied										
Date Type	_										
Accident Related	_										
Patient Account Number	_										
From Date	02/13/2013			To Date	02/13/2013						
CLIA Number	_										
Adjusted Claim ICN	_										
Does the provider have a signature on file?	Yes										
Does the provider accept assignment for claim processing?	Yes										
Are benefits assigned to the provider by the patient or their authorized representative?	Yes										
Does the provider have a signed statement from the patient releasing their medical information?	Yes										
Total Charged Amount	\$200.00										
Expand All Collapse All											
Diagnosis Codes											
Service Details											
Svc #	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Charge Amount	Units	EPSDT	Rendering Provider ID
1	02/13/2013	02/13/2013	11		99213		1	\$200.00	1.000 Unit		1902988116 (NPI)
Adjudication Errors											
Claim / Service #	HIPAA Adj	Description	HIPAA Adj Remark	Description	EOB	Description					
Claim	2029	Covered in per diem	M53	Units billed exceed allowed units for this procedure code.	4020	Missing / Incomplete / Invalid days or units of service.					
Service # 1	4120	Procedure code requires quadrant	N130	Consult plan benefit documents for information about restrictions for this service.	017B	Procedure requires prior authorization.					
Diagnosis Codes											
Other Insurance Details											
#	Payer Code	Prior Amount	Estimated Amount Due								
1	Medicaid	\$234.00	\$23.00								
2	Medicare	\$4.00	\$2.00								
Condition Codes											
Occurrence Codes											
#	Occurrence Code	From Date	To Date								
1	A3-Benefits Exhausted	01/29/2013	02/07/2013								
Value Codes											
#	Value Code	Amount									
1	A1-Deductible, Payor A	233.00									
Service Details											
Svc #	Revenue Code	HCP/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount				
1	110-General Classification	27425-LAT RETINACULAR RLS OPN		01/27/2013	01/28/2013	1.000 Unit	\$2,345.00				
Attachments											
#	Transmission Method	File	Control #	Attachment Type	Action						
1	FX-By Fax	--	20130213690053	08-Plan of Treatment	Attachment Coversheet						
No Emergency Diagnosis Code exist for this claim											
No Surgical Procedures exist for this claim											
Edit Attachment Coversheet(s) Print Preview											

Adjudication Errors						
Claim / Service #	HIPAA Adj	Description	HIPAA Adj Remark	Description	EOB	Description
Service #1	2029	Covered in per diem	M53	Units billed exceed allowed units for this procedure code.	4020	Missing / Incomplete / Invalid days or units of service

Error Codes &
Denial Reasons

Occurrence Codes			
#	Occurrence Code	From Date	To Date
1	A3-Benefits Exhausted	01/29/2013	02/07/2013

Value Codes		
#	Value Code	Amount
1	A1-Deductible, Payor A	233.00

Service Details							
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	110-General Classification	27425-LAT RETINACULAR RLS OPN		01/27/2013	01/28/2013	1.000 Unit	\$2,345.00

Attachments					
#	Transmission Method	File	Control #	Attachment Type	Action
<u>1</u>	FX-By Fax	-	20130213690053	08-Plan of Treatment	Attachment Coversheet

No Emergency Diagnosis Code exist for this claim

No Surgical Procedures exist for this claim

Edit Attachment Coversheet(s) Print Preview

Provider Information

General Provider Header Instructions

Billing Provider ID 1194720201	ID Type NPI	Name Plano Independent Hospital
Zip Code 75024-1234	Taxonomy 152WV0400X	SC Provider Number 246801357 A
Contract Code A	ID Type <input type="text"/>	Name _
Referring Provider ID <input type="text"/>	ID Type <input type="text"/>	Name _
Service Facility Location ID <input type="text"/>	ID Type <input type="text"/>	Ordering Zip Code <input type="text"/>
Ordering Provider ID <input type="text"/>	ID Type <input type="text"/>	

Patient Information

General Patient Instructions

***Member ID**

Last Name Smith **First Name** Jane **Middle** D

Birth Date 01/01/1964

Claim Information

Claim Header Instructions

Claim Status Denied

Date Type

Accident Related

Patient Account Number

From Date 03/22/2013 **To Date** 03/22/2013

CLIA Number

***Other Insurance**

- *Does the provider have a signature on file?** Yes No
- *Does the provider accept assignment for claim processing?** Yes No Clinical Lab Services Only
- *Are benefits assigned to the provider by the patient or their authorized representative?** Yes No N/A
- *Does the provider have a signed statement from the patient releasing their medical information?** Yes No

Total Charged Amount \$200.00

Adjudication Errors

Claim / Service #	HIPAA Adj	Description	HIPAA Adj Remark	Description	EOB	Description
Claim	2029	Covered in per diem	M53	Units billed exceed allowed units for this procedure code.	4020	Missing / Incomplete / Invalid days or units of service
Service # 1	4120	Procedure code requires quadrant	N130	Consult plan benefit documents for information about restrictions for this service.	017B	Procedure requires prior authorization

Continue **Cancel**

Resubmit Professional Claim ID 1000000100: Step 2 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital
Zip Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X
		SC Provider Number	246801357		9

Patient and Claim Information

Claim Status	Denied	Gender	Female
Member ID	B12345678	Total Charged Amount	\$200.00
Member	Jane D Smith		
Birth Date	01/01/1964		
CLIA Number	_		

[Expand All](#) | [Collapse All](#)Diagnosis Codes -

Select the row number to edit the row. Click the **Remove** link to remove the entire row. Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	ICD Version	Diagnosis Code	Action
1	ICD-9-CM	411-OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE	Remove
2			

2 *ICD Version *Diagnosis Code

[Add](#)[Reset](#)

No Adjudication Errors exist for this claim

[Back to Step 1](#)[Continue](#)[Cancel](#)

Diagnosis Codes +

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
<u>1</u>	02/13/2013	02/13/2013	11-Office	99213-Office or outpatient visit established patient 15 mins	\$200.00	1.000 Unit	

1 *From Date 02/13/2013 To Date 02/13/2013 *Place of Service 11-Office EMG

*Procedure Code 99213-Office or out Modifiers *Diagnosis Pointers 1

*Charge Amount 200.00 *Units 1.000 *Unit Type Unit EPSDT

CLIA Number DMH Contract Source

Rendering Provider ID 1902988116 ID Type NPI Zip Code Contract Code

Taxonomy SC Provider Number

NDC for Item 1 +

Attachments -

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

#	Transmission Method	File	Control #	Attachment Type	Action
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No Adjudication Errors exist for this claim

Confirm Professional Claim



Select Print Preview before you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

Claim Type Professional

Provider Information

Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital
Zip Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X
Referring Provider ID	_	ID Type	_	SC Provider Number	246801357 9
Service Facility Location ID	_	ID Type	_	Name	_
Ordering Provider ID	_	ID Type	_	Ordering Zip Code	_

Patient Information

Member ID	B12345678	Gender	Female
Member	Jane D Smith		
Birth Date	01/01/1964		

Claim Information

Date Type	_	Date of Current	_
Accident Related	_	Admission Date	_
Patient Account Number	_	Expected Delivery Date	_
From Date	03/22/2013	To Date	03/22/2013
CLIA Number	_		
Does the provider have a signature on file? Yes			
Does the provider accept assignment for claim processing? Yes			
Are benefits assigned to the provider by the patient or their authorized representative? Yes			
Does the provider have a signed statement from the patient releasing their medical information? Yes			
Total Charged Amount		\$25.00	

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

Diagnosis Codes



Service Details



Svc #	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Charge Amount	Units	EPSDT	Rendering Provider ID
<u>1</u>	03/22/2013	03/22/2013	11		99213		1	\$25.00	1.000 Unit		1194720201 (NPI)

Attachments



No Other Insurance Details exist for this claim

Back to Step 1

Back to Step 2

Back to Step 3

Print Preview

Confirm

Cancel





Resubmit Professional Claim: Confirmation



Professional Claim Receipt

Your Professional Claim was successfully resubmitted. The claim status is **Paid**.
The Claim ID is **1000000102**.

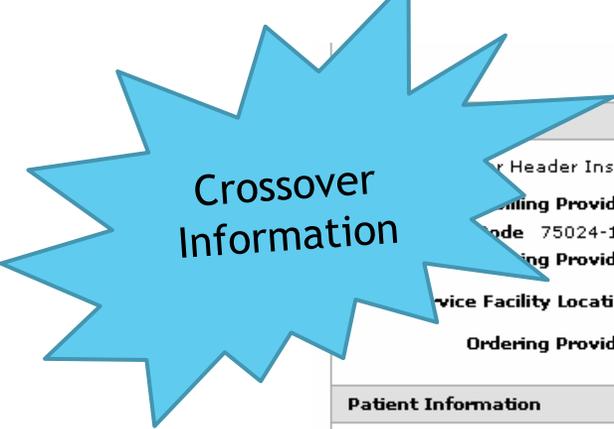


Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **View** to view the details of the submitted claim.

[Print Preview](#)

[New](#)

[View](#)



Claim Type Crossover Professional 

Header Instructions

Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital
Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X
SC Provider Number	246801357 9	ID Type	<input type="text"/>	Name	_
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>	Name	_
Ordering Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Ordering Zip Code	<input type="text"/>

Patient Information

General Patient Instructions

*Member ID

Last Name	First Name	Middle
Birth Date		

Claim Information

Claim Header Instructions

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text"/>	Admission Date	<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"/>		
*Other Insurance	<input type="text"/>		
*Does the provider have a signature on file? <input checked="" type="radio"/> Yes <input type="radio"/> No			
*Does the provider accept assignment for claim processing? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clinical Lab Services Only			
*Are benefits assigned to the provider by the patient or their authorized representative? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
*Does the provider have a signed statement from the patient releasing their medical information? <input checked="" type="radio"/> Yes <input type="radio"/> No			

Total Charged Amount \$0.00

Medicare Crossover Details

Medicare Crossover Instructions

Allowed Medicare Amount	<input type="text"/>	Co-insurance Amount	<input type="text"/>
Deductible Amount	<input type="text"/>	Psychiatric Services Amount	<input type="text"/>
Medicare Payment Amount	<input type="text"/>	*Medicare Payment Date	<input type="text"/>



Claim Inquiry





Claims



Claims

- ▶ [Search Claims](#)
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Inst](#)
- ▶ [Submit Claim Prof](#)
- ▶ [Submit Claim Pharm](#)
- ▶ [Search Payment History](#)

Search Claims ?

Medical/Dental

A minimum one field is required.
Either 'Paid Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered.

Claim Information

Claim ID Patient Account Number

Member Information

Member ID

Service Information

Rendering Provider ID ID Type Claim Type Service From To Claim Status Paid Date



Search Claims ?

Medical/Dental

A minimum one field is required.
Either 'Paid Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered.

Claim Information

Claim ID Patient Account Number

Member Information

Member ID

Service Information

Rendering Provider ID ID Type Claim Type
 Service From To Claim Status
 Paid Date

Search Results

To see service line information, or to view a remittance advice or request an appeal, click on the '+' next to the claims ID.

Total Records: 21

	Claim ID	Claim Type	Claim Status	Service Date ▼	Member ID	Patient Acct Number	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
+	1000000103	Professional	Paid	03/13/2013	1			\$200.00	-	

Member ID

Service Information

Rendering Provider ID ID Type Claim Type
Service From To Claim Status
Paid Date

Search Results

To see service line information, or to view a remittance advice or request an appeal, click on the '+' next to the claims ID.

Total Records: 1

	Claim ID	Claim Type	Claim Status	Service Date ▼	Member ID	Patient Acct Number	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
	1000000103	Professional	Paid	01/27/2013	1			\$200.00	-	

Professional Claim Information

Member John Smith
Birth Date 01/01/1964
Rendering Provider Plano Independent Hospital
Claim Status Paid
Total Allowed Amount \$550.00

Total Charge Amount \$254.00
Total Paid Amount \$200.00
Paid Date 01/30/2013

Service Information

Service	Service Date	Line Status	Units	Procedure/Modifiers	Charge	Paid
1	02/01/2013	Paid	2	27425 E1	\$232.00	\$200.00

[Export results ...](#)

Claim Type Professional

Provider Information

Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital
Zip Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X
Referring Provider ID	-	SC Provider Number	246801357	9	
Service Facility Location ID	-	ID Type	-	Name	-
Ordering Provider ID	-	ID Type	-	Name	-
		ID Type	-	Ordering Zip Code	-

Patient Information

Member ID	B12345678	Gender	Female
Member	Jane D Smith		
Birth Date	01/01/1964		

Claim Information

Claim Status	Paid	Paid Date	03/27/2013
Date Type	-	Date of Current	-
Accident Related	-	Admission Date	-
Patient Account Number	-	Expected Delivery Date	-
From Date	03/22/2013	To Date	03/22/2013
CLIA Number	-		
Adjusted Claim ICN	-		

Does the provider have a signature on file? Yes

Does the provider accept assignment for claim processing? Yes

Are benefits assigned to the provider by the patient or their authorized representative? Yes

Does the provider have a signed statement from the patient releasing their medical information? Yes

Total Charged Amount \$25.00

[Expand All](#) | [Collapse All](#)Diagnosis Codes Service Details 

Svc #	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Charge Amount	Units	EPSDT	Rendering Provider ID
<u>1</u>	03/22/2013	03/22/2013	11		99213		1	\$25.00	1.000 Unit		1194720201 (NPI)

Attachments 

No Adjudication Errors exist for this claim

No Other Insurance Details exist for this claim

Copy	Void	Attachment Coversheet(s)	Print Preview
------	-------------	--------------------------	---------------

Claim Type Professional

Provider Information

Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital
Zip Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X
Referring Provider ID	-	SC Provider Number	246801357	9	
Service Facility Location ID	-	ID Type	-	Name	-
Ordering Provider ID	-	ID Type	-	Name	-
		ID Type	-	Ordering Zip Code	-

Patient Information

Member ID	1	Gender	Female
Member	Jane D Smith		
Birth Date	01/01/1964		

Claim Information

Claim Status	Paid	Paid Date	03/27/2013
Date Type	-	Date of Current	-
Accident Related	-	Admission Date	-
Patient Account Number	-		
From Date	03/22/2013		
CLIA Number	-		
Adjusted Claim ICN	-		
Does the provider			
Are benefits assigned to the provider by the patient or a representative?			
Does the provider have a signed statement from the patient releasing their medical information?	Yes		

Total Charged Amount \$25.00

Diagnosis Codes

Service Details

Svc #	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Charge Amount	Units	EPSDT	Rendering Provider ID
1	03/22/2013	03/22/2013	11		99213		1	\$25.00	1.000 Unit		1194720201 (NPI)

Attachments

No Adjudication Errors exist for this claim

No Other Insurance Details exist for this claim

Copy

Void

Attachment Coversheet(s)

Print Preview

Confirmation

Are you sure you want to void this Professional Claim ID

200000012

Medical/Dental Pharmacy

A minimum one field is required.
 Either 'Paid Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered.

Claim Information

Claim ID Patient Account Number

Member Information

Member ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

Paid Date

Confirmation

Your Professional Claim ID 2000000012 was successfully voided.

Search Results

To see service line information, or to view a remittance advice or request an appeal, click on the '+' next to the claims ID.

Total Records: 15

	Claim ID	Claim Type	Claim Status	Service Date	Member ID	Patient Acct Number	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
+	1000000102	Dental	Suspended	03/26/2013	11			\$0.00	-	
+	1000000105	Dental	Paid	03/26/2013	1			\$0.00	-	
+	1000000103	Professional	Paid	03/22/2013	1			\$0.00	-	
+	1000000095	Home Health	Paid	01/28/2013 01/31/2013	1	235g23562		\$0.00	-	

Claim Type Professional

Provider Information

Billing Provider ID	1194720201	ID Type	NPI	Name	Plano Independent Hospital		
Zip Code	75024-1234	Contract Code	A	Taxonomy	152WV0400X	SC Provider Number	246801357 9
Referring Provider ID	4733762874	ID Type	NPI	Name	_		
Service Facility Location ID	_	ID Type	_	Name	_		
Ordering Provider ID	_	ID Type	_	Ordering Zip Code	_		

Patient Information

Member ID	B12345678	Gender	Female
Member	Jane D Smith		
Birth Date	01/01/1964		

Claim Information

Claim Status	Paid	Paid Date	02/14/2013
Voided By ID	johnm	Voided By Name	Clerk John
Date Type	_	Date of Current	_
Accident Related	_	Admission Date	_
Patient Account Number	_	Expected Delivery Date	_
From Date	01/27/2013	To Date	01/27/2013
CLIA Number	_		
Adjusted Claim ICN	_		
Does the provider have a signature on file?	Yes		
Does the provider accept assignment for claim processing?	Yes		
Are benefits assigned to the provider by the patient or their authorized representative?	Yes		
Does the provider have a signed statement from the patient releasing their medical information?	Yes		

Total Charged Amount \$234.00

Member ID

Service Information

Rendering Provider ID ID Type Claim Type
Service From To Claim Status
Paid Date

Search Results

To see service line information, or to view a remittance advice or request an appeal, click on the '+' next to the claims ID. Total Records: 1

	Claim ID	Claim Type	Claim Status	Service Date ▼	Member ID	Patient Acct Number	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
[-]	1000000099	Professional	Paid	01/27/2013	1			\$0.00	-	

Professional Claim Information

Member John Smith **Total Charge Amount** \$254.00
Birth Date 01/01/1964 **Total Paid Amount** \$200.00
Rendering Provider Plano Independent Hospital **Paid Date** 01/25/2013
Claim Status Paid
Total Allowed Amount \$550.00

Service Information

Service	Service Date	Line Status	Units	Procedure/Modifiers	Charge	Paid
1	02/01/2013	Paid	2	27425 E1	\$232.00	\$200.00

[Export results ...](#)

Excel Spreadsheet

ClaimSearchResults[1].csv - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View

Calibri 11 A A

Font Alignment Number

Wrap Text Merge & Center

General \$ % .00 .00 Conditional Formatting

R19 fx

	<u>Claim ID</u>	<u>Claim Type</u>	<u>Claim Status</u>	<u>Service Date</u>	<u>Member ID</u>	<u>Patient Acct Number</u>	<u>Rendering Provider ID</u>	<u>Medicaid Paid Amount</u>	<u>Medicaid Paid Date</u>	<u>Member Responsibility</u>
1	1000000099	Professional	Paid	1/27/2013	1			\$200.00	1/30/2013	
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										

ClaimSearchResults(1)

Trade Files





File Upload

Upload

* Indicates a required field.

File Upload - Place holder for configurable text

* **Transaction Type**

* **Select File to Upload**

* **Save as Filename**





File Upload



Upload

Search

* Indicates a required field.

File Upload - Place holder for configurable text

*Transaction Type

* Select File to Upload

*Save as Filename

Upload

Reset

- Select
- 270 / 271 Healthcare Eligibility Benefit Inquiry / Response
- 270 / 271 Healthcare Eligibility Benefit Inquiry / Response v5010
- 276 / 277 Healthcare Claim Status Request / Response
- 276 / 277 Healthcare Claim Status Request / Response v5010
- 278 Healthcare Services Review - Request for Review and Response
- 278 Healthcare Services Review - Request for Review and Response v5010
- 820 Payroll Deducted and Other Group Premium Payment for Insurance products
- 834 Benefit Enrollment and Maintenance
- 835 Healthcare Claim payment / Remittance Advice
- 835 Healthcare Claim payment / Remittance Advice v5010
- 837 Healthcare Claim - Dental
- 837 Healthcare Claim - Dental v5010
- 837 Healthcare Claim - Institutional
- 837 Healthcare Claim - Institutional v5010
- 837 Healthcare Claim - Professional
- 837 Healthcare Claim - Professional v5010
- 997 Functional Acknowledgement
- National Council for Prescription Drug Programs (NCPDP) Batch standard Version 1 Release 1



File Upload



Upload

* Indicates a required field.

File Upload - Place holder for configurable text

* **Transaction Type** 270 / 271 Healthcare Eligibility Benefit Inquiry / Response

* **Select File to Upload** C:\Users\barronad\Documents\QueryTableToExcel - Copy.dat

* **Save as Filename** NEO Pulmonary Associates 270 03-14-2013 Prof1



File Upload

Upload

Search

* Indicates a required field.

File Upload - Place holder for configurable text

* **Transaction Type** 270 / 271 Healthcare Eligibility Benefit Inquiry / Response

* **Select File to Upload** Browse...

* **Save as Filename** N

Upload File Confirmation

The file was successfully uploaded.

The file was saved on the server under the name
NEO Pulmonary Associates 270 03-14-2013 Prof1.

New Provider Portal Enhancements



[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#) | [Create Referral](#) | [Search Referrals](#)

[Contact Us](#) |

Care Management

Tuesday 03/19/2013 03:4

 **Authorizations**

- ▶ [Create Authorization](#)
- ▶ [View Status of Authorizations](#)
- ▶ [Maintain Favorite Provider List](#)

 **Referrals**

- ▶ [Create Referral](#)
- ▶ [Search Referrals](#)

Member Focus Viewing





My Home

User Details

Welcome Plano Independent Hospital

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[Manage Accounts](#)

Provider

Name	Plano Independent Hospital
Provider ID	1194720201 (NPI)
Taxonomy	152WV0400X
SC Provider Number	246801357 9

Provider Services

[Member Focused Viewing](#)

[Search Payment History](#)



Broadcast Messages

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Helpful Links

[Insure Oklahoma Employer/Agent Portal](#)



Member Focus Search



Last Members Viewed

The most recent members you viewed are listed below. Click on the member name below to access the Member Focus View.

Member ID	Member	Gender	Birth Date	City	ZIP Code
1	Jane Doe Smith	Female	01/01/1964	Plano	75024
555551777	Jonathan Doe	Male	08/15/1966	Dallas	75052
01	Mrs Jane L Smith MD	Female	01/01/1964	Plano	75024-0001
123456713	SORBANE O NOTEBOOM	Male	04/01/1982	TULSA	74122
3300	Joseph Bell	Male	01/01/1999	Philadelphia	19147
01	Mrs Jane L Smith MD	Female	04/03/1987	Plano	75024-0001
01	Jane Smith	Female	06/10/1964	Plano	75024
02	John Smith	Male	02/01/1964	Plano	75024
1100	Jack Green	Male	01/01/1965	Camp Hill	17011
02	Judy Smith	Female	06/10/1964	Plano	75024



Member Details

Member ID 1
Name Jane Doe Smith
Birth Date 01/01/1964
City Plano
State Texas
Gender Female
Primary Language English

Coverage Details

Placeholder for configurable text.

[View eligibility verification information](#)

Your Member Claims

Medical/Dental

Placeholder for configurable text.

[Submit a Professional Claim](#)

[Submit a Dental Claim](#)

[Submit an Institutional Claim](#)

Claim ID	Service Date	Claim Type	Claim Status
1000000095	01/28/2013 - 01/31/2013	HomeHealth	Paid
1000000096	01/27/2013 - 01/31/2013	LongTermCare	Denied
1000000099	01/27/2013 - 01/27/2013	Professional	Paid
1000000098	01/27/2013 - 12/31/9999	Dental	Suspended
1000000097	01/27/2013 - 12/31/9999	Dental	Paid

[View more claims for this member](#)

Your Member Authorizations

Placeholder for configurable text.

[Submit an Authorization](#)

Authorization #	Servicing Provider Name	Status
1000000017	County Hospital	Modified
1000000061	County Hospital	Not Certified
1000000062	County Hospital	Certified In Total
1000000063	County Hospital	Certified In Total
1000000064	County Hospital	Certified In Total

Other Details

 [Care Management](#)
Review your patient's risk

 [Secure Correspondence](#)
Review previously sent messages or send new secure messages.

Payment History





My Home

User Details

Welcome Plano Independent Hospital

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[Manage Accounts](#)

Provider

Name	Plano Independent Hospital
Provider ID	1194720201 (NPI)
Taxonomy	152WV0400X
SC Provider Number	246801357 9

Provider Services

[Member Focused Viewing](#)

[Search Payment History](#)



Broadcast Messages

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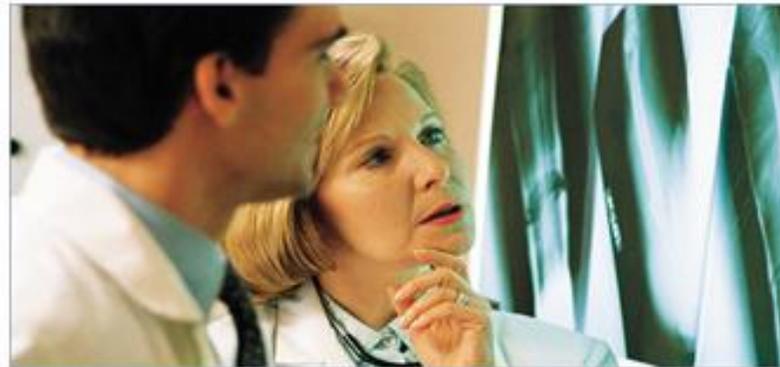
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Search Payment History



Provider Information

Provider ID 1194720201

ID Type NPI

Name Plano Independent Hospital

Location ID PIH-000111

* Indicates a required field.

Placeholder for configurable text.

Payment Method

Payment Type

Payment ID

Issue Date *From



***To**

Search

Reset



Search Payment History ?

Provider Information

Provider ID 1112223331

ID Type NPI

Name Oklahoma Bedlam Hospital

Location ID PIH-000111

* Indicates a required field.

Payment Method All

Payment Type All

Payment ID

Issue Date *From 08/01/2009

***To** 09/30/2009

Search Results

To see payment details, click on the payment ID link.

To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.

RA's are not available if the payment was for Pharmacy Claims.

If the RA is too large to display, the icon will be disabled. You will need to contact [Customer Service](#) for assistance.

Total Records: 3

Issue Date <input type="button" value="v"/>	Payment Method	Payment Type	Payment ID	Total Paid Amount	RA Copy (PDF)
08/24/2009	None	Zero Pay	2422	\$0.00	<input type="button" value="RA"/>
08/24/2009	EFT	Claims	2421	\$3,810.75	<input type="button" value="RA"/>
08/24/2009	Check	Claims	2420	\$4,810.25	<input type="button" value="RA"/>





Search Payment History

[Back to Search Payment History](#)

Provider Information

Provider ID 1112223331

ID Type NPI

Name Oklahoma Bedlam Hospital

Location ID PIH-000111

Instructions can be inserted here to describe the data on this page or how the filter option works.

Payment Summary for Payment ID 2421 issued on 8/24/2009.

Claim Payments \$2,323.21

Total Paid Amount \$3,810.75

[RA Copy \(PDF\)](#)

Additions \$300.00

Deductions \$250.00

[Show Filter Options](#)

Additional instructions can be inserted here to describe the data.

Claim Payment Details

Total Records: 3

Claim ID ▲	Account Number	Member	Rendering Provider	Service Dates	Total Charges	Allowed Amount	Member Responsibility	Payment Amount
1000000030	432	SoonerCare S 012345678	Thomas Anderson, MD	08/24/2009	\$3,200.00	\$12.50	\$60.00	\$2,127.77
1000000031	765	John Smith 11	Woods, Craig	08/24/2009	\$2,200.00	\$22.50	\$50.00	\$67.67
1000000032	632	SoonerCare S 012345678	Underwood and Associates	08/24/2009	\$1,200.00	\$32.50	\$50.00	\$127.77

REPORT: CRA-0150-W
PROCESS: FNIO3011
LOCATION: FINJW201

STATE OF OKLAHOMA
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
PROVIDER BANNER MESSAGES

OKLAHOMA CITY, OK 73112-0000

PAYEE NUMBER
PAYMENT NUMBER
ISSUE DATE

SUBJECT: Reminder: Change to Call Center Operations

Reminder: Change to

Beginning December 21, 2012 OHCA made changes to its call center operations. For faster service, please use OHCA's SoonerCare Secure web site or Member Eligibility Verification Voice Response System for all claims status and eligibility inquiries. Thank you for your cooperation.

Please make sure all parties involved with Claims submission and eligibility verification have access to your secure site and EVR information.

Please also reference OHCA 2013-02 Provider Letter RE: New OHCA Call Center Vendor & Call Center Questions for further clarification and/or instruction.

These changes are effective April 1, 2013.

This transition does not affect the Pharmacy Help Desk calls.

PROCESS: FNIO3011
 LOCATION: FINJW201

MEDICAID MANAGEMENT INFORMATION SYSTEM
 PROVIDER REMITTANCE ADVICE
 HCFA 1500 CLAIMS PAID

OKLAHOMA CITY, OK 73112-0000

PAYEE NUMBER
 PAYMENT NUMBER
 ISSUE DATE

--ICN--		SERVICE DATES		BILLED	ALLOWED	TPL	SPENDDOWN	CO-PAY	REIMB.
--PATIENT NUMBER--		FROM	THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
CLIENT NAME:				CLIENT NO.:					
2455		031513	031513	200.00		0.00		0.00	
					124.34		0.00		124.34
PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES	RENDERING	BILLED	ALLOWED	CONTRACT	DETAIL EOBS
				FROM THRU	PROVIDER	AMOUNT	AMOUNT	SOURCE	
11	76805		1.00	031513 031513		200.00	124.34		96 100 167 45
CLIENT NAME:				CLIENT NO.:					
1244371		062212	082412	590.00		0.00		0.00	
						119.36		0.00	119.36
PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES	RENDERING	BILLED	ALLOWED	CONTRACT	DETAIL EOBS
				FROM THRU	PROVIDER	AMOUNT	AMOUNT	SOURCE	
11	99203		1.00	062212 062212		190.00	0.00		96 133 B7 45

Provider Search





User Details

Welcome **Plano Independent Hospital**

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Provider

Name Plano Independent Hospital

Provider ID 1194720201 (NPI)

Taxonomy 152WV0400X

SC Provider Number 246801357 9

Provider Services

- ▶ [Member Focused Viewing](#)
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Search Provider

* Indicates a required field.

Health Plan

Select Search Type

* Search Type Distance Location

Enter your Address (City and State or ZIP Code only).

Address

City

State

Zip Code

Distance(within)

Select Provider Criteria

* Provider Type

Search By Primary Care Specialist Any

Provider Specialty

On Call Providers Only No Preference Yes

Results

[Hide Advanced Search](#)

Last Name

First Name

Gender No Preference Male Female

Group Practice

Language



Search Results

Search Results



Placeholder for configurable text.

Total Records: 4

<u>Provider</u>	<u>Address</u>	<u>Distance</u> ▲	<u>Phone</u>	<u>Specialty</u>	<u>Accepting Patients</u>
Tom J Anderson	 5400 Legacy Dr, Suite 100, Plano, Texas, 75024	5 miles	1-800-555-1234	Cardiology	Yes
Murphy M Bob	 5400 Legacy Dr, Suite 200, Plano, Texas, 75024	5 miles	1-800-555-2345	Acute Care	Yes
Jillian P Anderson	 5400 Legacy Dr, Suite 300, Plano, Texas, 75024	5 miles	1-800-555-3456	Pediatrics	No
University Hospital	 5400 Legacy Dr, Suite 400, Plano, Texas, 75024	5 miles	1-800-555-4567	Acute Care	Yes



[Print Preview](#)

Provider Details for Anderson, Thomas

[Back to Search Results](#) 

Group Practice Anderson and Associates
Distance 5 miles
National Provider ID _
Plan Provider ID 1234501001
Languages English, Spanish, French
Gender Male

Accepting Patients Yes

Address

Address 5400 Legacy Dr, Suite 100
City Plano
State Texas
Zip Code 75024

Phone 1-800-555-1234
Fax 1-800-555-1235



[View Map](#) 

Specialties

Cardiology
Acute Care

Hospital Affiliations

University Hospital
Suncoast
HCA

Education

MD, Medical University, 1975

Board Certification

Google Maps View

Google

from: Plano, Tx to: 5400 Legacy Dr. Suite 100, Plano, Texas

Sign in

Get directions My places

Plano, Tx

5400 Legacy Dr. Suite 100, Plano, Texas

GET DIRECTIONS

Suggested routes

Route	Distance	Time	Traffic
President George Bush Turnpike W and Dallas North Tollway N	13.9 mi	18 mins	In current traffic: 18 mins
E Parker Rd	10.5 mi	23 mins	In current traffic: 25 mins
E Spring Creek Pkwy	11.8 mi	23 mins	In current traffic: 25 mins

Driving directions to 5400 Legacy Dr #100, Plano, TX 75024

This route has tolls.
This route has restricted usage or private roads.

Plano, TX

Map data ©2013 Google - Edit in Google Map Maker Report a problem



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User Details

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Provider

Name Plano Independent Hospital

Provider ID 1194720201 (NPI)

Taxonomy 152WV0400X

SC Provider Number 246801357 9

Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)

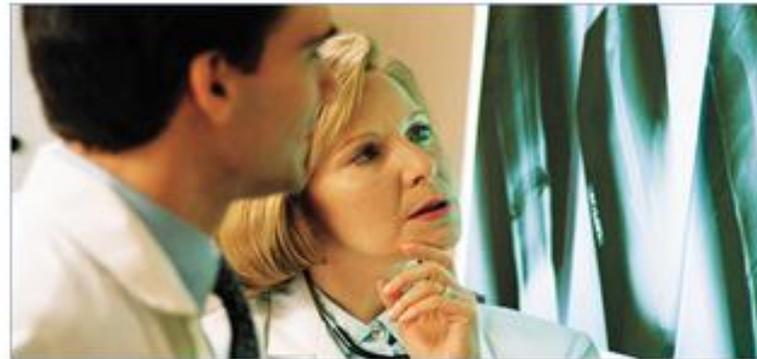
Broadcast Messages

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[Referrals](#) **New**

All Claim Inquiries should be submitted to the following Address:

HP Services
5400 Legacy Dr
Plano, TX 75024

Helpful Links

- ▶ [Insure Oklahoma Employer/Agent Portal](#)





My Home

User Details

Welcome Provider1 Account

- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)

Provider

Name Plano Independent Hospital

Provider ID 1194720201 (NPI)

Taxonomy 152WV0400X

SC Provider Number 246801357 A

Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)

Broadcast Messages

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Logout Confirmation

Are you sure you want to logout?



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HP Services
 5400 Legacy Dr
 Plano, TX 75024

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RESOURCES

On-site training- HP Field Consultants and OHCA Field Representatives

Divided by region, see Quick Reference Guide

Claims, eligibility, or policy questions- OHCA Call Center/Maximus

(800) 522-0114, option 1

Hours of operation: Monday-Thursday: 8:00am-7:30pm

Friday: 8:00am-5:00pm

Saturday: 9:00am-1:00pm

Secure Site logons and PIN resets- Internet Help Desk

(800) 522-0114, option 2, option 1

Hours of operation: Monday-Friday: 8:00am-noon & 1:00pm-5:00pm

Electronic batch questions- EDI Help Desk

(800) 522-0114, option 2, option 2

Hours of operation: Monday-Friday: 8:00am-noon & 1:00pm-5:00pm

Questions

