Medicaid on the Web

Oklahoma Medicaid Management Information System (OKMMIS)
Provider Training Manual
Version 3.15

Hewlett Packard Enterprise

Oklahoma HealthCare Authority

Document Control

Modification Log

Version #	Date	Modified By	Change/Update Details
3.15	11/5/2015	Brooke Tomlinson	Updated to include Hewlett Packard Enterprise branding and documentation standards per CO 18359.
3.14	4/06/2015	Radhika Mallipeddi	Updated to include changes for CO 16549 as follows: • Section 2.6 – Updated Panel Image. • Section 2.8 – Updated Panel Image. • Section 2.9 – Updated Panel Image. • Section 2.11 – Updated Panel Image. Section 2.12 – Added section for Adding an Enrollment Agent.
3.13	04/13/2015	Katherine Nguyen	Updated to include changes for CO 17269 as follows: • Section 5.4.2 – Prior Authorization Inquiry – Search Authorizations: Updated steps.
3.12	02/25/2015	Mohammed Azeez	Updated to include changes for CO 16597 as follows: • Section 7 – Electronic Referrals
3.11	02/20/2015	Katherine Nguyen	Updated to include changes for CO 16384 as follows: • Section 5.3 – Updated Panel Image. • Section 5.3.1, 5.3.2, 5.3.3, 5.2.4 – Changed Medical Justification to Remarks.
3.10	08/28/2014	Katherine Nguyen	• Section 4.2.6 – Updated Service Details image and steps
3.9	03/05/2014	Cara Brooke Adams	• Updated OHCA logo on title per request by OHCA.
3.8	01/06/2014	Adrian Barron	• Section 4.4 – Changed link name from Claims Submission to Claims. • Section 4.4 – Removed plural tense from “Submit Claims link” • Section 4.6 – Updated the screen shot. • Section 8.2, step 7 – Changed the RA Copy (PDF) button name to RA Copy. • Section 9.2 – Changed the name of the screen in the first paragraph from Care Management to Resources.

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Version #	Date	Modified By	Change/Update Details
3.7	01/06/2013	Adrian Barron/ Jan Murphy	• Global – Updated "Care Management" to "Prior Authorizations" as needed. • Section 1.2 – Updated the screen shots for the Menu Bar and Drop-down Menu. • Sections 3.2, 3.4, 3.5, 3.7, 5.2.6, 5.4.11, 5.6.3, and 5.10 – Updated the screen shot. • Section 3.9.1, 5.2.6, 5.6.3, 5.6.4, 5.6.5, and 6.4.2 – Updated the steps to accommodate screen/panel changes. • Section 8.2, step 10 – Changed "claim" to "referral".
3.6	08/08/2013	Adrian Barron	Updated to include the following changes per the WPR meeting on 08/05/2013: • Removed potential PHI from screenshots in the following sections: – 5.2 Claim Submission – Professional – 5.4 Claim Submission – Institutional – 5.6 Claim Submission – Pharmacy (Including Compounds) – 5.7 Claim Submission – Dental – 5.10 Hardcopy Attachment – 6.2 Prior Authorization (PA) Submission – 8.2 Create New Referral – 9.2 Search Payment History – 12.3 Message Detail • Section 2.4 – Added a note stating password requirements in step 9. • Appendix B – Added a list of abbreviations and acronyms used in this manual, which replaced the link to the existing user glossary on the Project Workbook.
3.5	08/01/2013	Adrian Barron	• Added the following screenshots: – Section 2.4 – Initial Login – Provider Level (New Users) – Section 3.2 – Creating a Clerk – Section 3.3 – Initial Logon for Clerk Level – Section 3.4 – Granting Access to an Existing Clerk – Section 3.5 – Revising Access of a Clerk or Billing Agent – Section 3.6 – Initial Logon for Billing Agent – Section 3.7 – Granting Access to A Registered Billing Agent – Section 3.8 – Switch Provider – Section 3.9.1 – Forgot Password – Section 3.9.2 – Forgot User ID – Section 4.2 – Allow Third Party to Receive 835 Remittance Advice – Section 4.4 – Eligibility Inquiry

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			– Section 4.5 – Pricing – Section 5.2 –Claim Submission – Professional – Section 5.2.4 – Diagnosis Codes – Section 5.2.6 – Service Details – Section 5.4 – Claim Submission – Institutional – Section 5.4.4 – Diagnosis Codes – Section 5.4.7 – Condition Code Details – Section 5.4.11 – Service Details – Section 5.6 – Claim Submission – Pharmacy (Including Compounds) – Section 5.6.3 – Claim Information – Section 5.6.6 – DUR Override Codes – Section 5.7 Claim Submission – Dental – Section 5.7.4 – Diagnosis Codes – Section 5.7.6 – Service Details – Section 5.8 – Dental History Inquiry – Section 5.9 – Medical History Inquiry – Section 5.10 – Hardcopy Attachment – Section 5.11 – Claim Inquiry – Medical Dental – Section 5.12 – Claim Inquiry – Pharmacy – Section 5.13 Resubmit a Claim – Denied Claims Only – Section 5.14 – Void a Claim – Paid Claims Only – Section 5.15 – Copy a Claim – Paid Claims and Resubmit Only – Section 6.2 – Prior Authorization (PA) Submission – Section 6.2.5 – Diagnosis Information – Section 6.3 – Service Details – Section 7.2 – HIPAA Error Code Search – Section 8.2 – Create New Referral – Section 8.3 – Search Referrals – Section 9.2 – Search Payment History – Section 10.2 – Search Providers – Section 11.2 – Search Member to View – Section 12.2 – Reading Message – Section 12.3 – Message detail – Section 12.4 – Create New Message – Section 13.2 – File Upload – Section 13.3 – File Upload Search – Section 13.4 – File Download – Section 3.5 – Changed heading to Revising Access of a Clerk or Billing Agent. – Section 4.5.2 – Removed steps 1 and 2. – Section 4.5.3 - Replaced with “Follow steps 1 and 2 from section 4.5.1, Procedure.” – Section 5.10 – Added wording. • Added cross reference as “See section 5.10 hardcopy Attachment” to “Attachment Coversheet(s) “ claim and PA definitions

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			• Section 5.13 – Added steps 2 and 3. • Section 5.14 – Removed "The same options can be applied when the claim is submitted initially." • Section 5.15 – Added steps 2 through 6. Section 6.1 – Added "Coversheets are generated automatically and pre-populated when Transmission Method-Fax and Transmission Method-Mail are selected."
3.4	07/22/2013	Adrian Barron	• Section 3.8 (Switch Provider) – Added as a new section. • Section 3.9 (Self Authentication) and subsections – Added as a new section. • Sections 5.2.6, 5.4.11, 5.6.4, and 5.7.6 – Added steps to save, edit, or remove an existing service. • Sections 5.2.8, 5.4.13, 5.7.7, and 6.3.5 – Added a step to remove an existing attachment. • Section 6.3.4 – Added steps to copy and remove an existing service. • Section 12.1 – Updated the overview text. Section 13 – Renamed section title to "Files Exchange", and updated the subsections to describe file uploading and downloading.
3.3	06/24/2013	Adrian Barron	• Updated to include internal comments from Marvin Dale.
3.2	06/06/2013	Adrian Barron	• Updated to include internal review comments
3.1	06/03/2013	Provider Portal Team	• Review and updates made throughout manual to reflect the new SoonerCare Provider Portal. • Updated to conform to HPES documentation standards.
3.0	05/24/2012	Adrian Barron	• Initial document.

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1 Web Basics

1.1 Overview

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

1.2 Terms to Know

- **Address Field**—Characters entered in this field make up an address specific to a web page or screen, as it is also referred to. For example, entering www.okhca.org in this field and pressing the enter key displays the OHCA homepage.

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

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

- **Field**—To enter information here , place the Cursor tool on the field and left click. Start typing when cursor appears in the field.
- **Drop-down List**—Left click the down arrow to display selections. Choose by moving Cursor tool on the desired selection and left click. The field auto-populates with that selection.
- **Help Icon**—Click the help icon to receive information on the window currently being viewed. The Help icon is located in the right corner of each screen containing a grey header.
- **Expand Icon**—Click the plus icon to expand sections on claims and authorizations

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- **Informational Icon**—Hold the cursor tool over the for more information on how a field should be entered (i.e., MM/DD/CCYY format, three-character minimum).

- **Check Box**—Place the cursor tool on the box and left click so a check mark populates the box.

- **Button**—Place the Cursor tool on the button Continue and click to activate the function.

- **Copy/Remove Links**—The Copy and Remove links Copy | Remove allow the user to copy service details on authorizations and remove details on both claims and authorizations.

- **Predictive Text**—Some fields such as Diagnosis Code and Procedure Code have predictive text enabled. Use the Informational icon to determine how many characters are needed to begin enabling predictive text.

- **Breadcrumb**—A breadcrumb is a navigation aid used to show where the page is located in the website hierarchy. It provides a link to the previous page the user navigated to. Select the link to return to the desired page.

  Claims > Submit Claim Prof > Submit Claim Prof 2 > Submit Claim Prof 3

- **Magnifying Glass**—The magnifying glass is a search function that allows the provider to search for other providers if the NPI is unknown.

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2 Initial Access to SoonerCare Provider Portal

2.1 Overview

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

2.2 General Submission Notes

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

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

2.3 Getting to the Website

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

1. Type www.okhca.org into the Address field.
2. Under the Providers Heading, select the OHCA Provider Portals link.
3. Select the SoonerCare Provider Portal link.

   Note: User IDs and passwords for existing providers, clerks, and billing agents are transferred to the new SoonerCare Provider Portal. Users may log in without first registering using the Register Now link.

2.4 Initial Login – Provider Level (New Users)

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

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

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

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

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

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

11. Enter a user name in the Display Name field.

    Note: This field is case sensitive, and it must begin with a letter of the alphabet and consist of 6 to 12 characters.

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

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21. Click **Submit**.

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

22. Click **OK**.

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

23. Log in to the SoonerCare Provider Portal.

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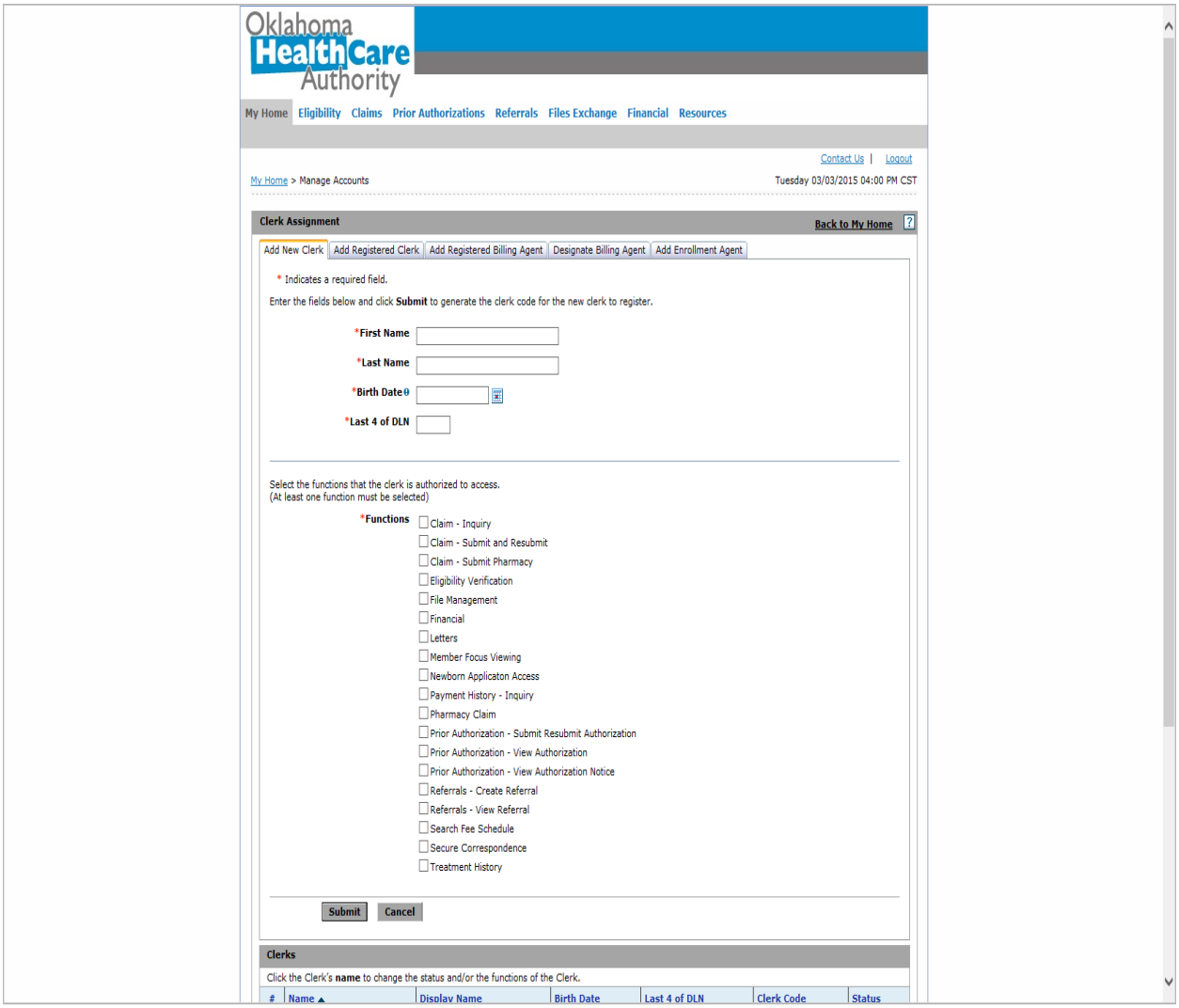
2.5 Overview

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

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

2.6 Creating a Clerk



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

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

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

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

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

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

2.7 Initial Logon for Clerk Level

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

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

    Note: The user ID must consist of 8 to20 characters, one numeric digit, no spaces and no special characters.

11. Enter a password in the Password field.

    Note: Passwords must have 6 to 20 characters total. The password must not be the same as the user ID and must have at least one numeric digit, one uppercase letter, and one lowercase letter. Multiple clerks can use the same password.

12. Confirm the password by retyping it in the Confirm Password field.
13. Enter the display name in the Display Name field.
14. Enter the phone number in the Phone Number field.
15. Enter an extension in the Ext field, if applicable.
16. Enter an email address in the Email field.
17. Confirm the email by retyping it in the Confirm Email field.
18. Select a site key token by selecting the Site Key radio button.
19. Enter a passphrase in the Passphrase field.
20. Select three questions to answer in the Challenge Question #1-3 drop-down lists.
21. Enter three answers in the Answer to #1-3 fields.

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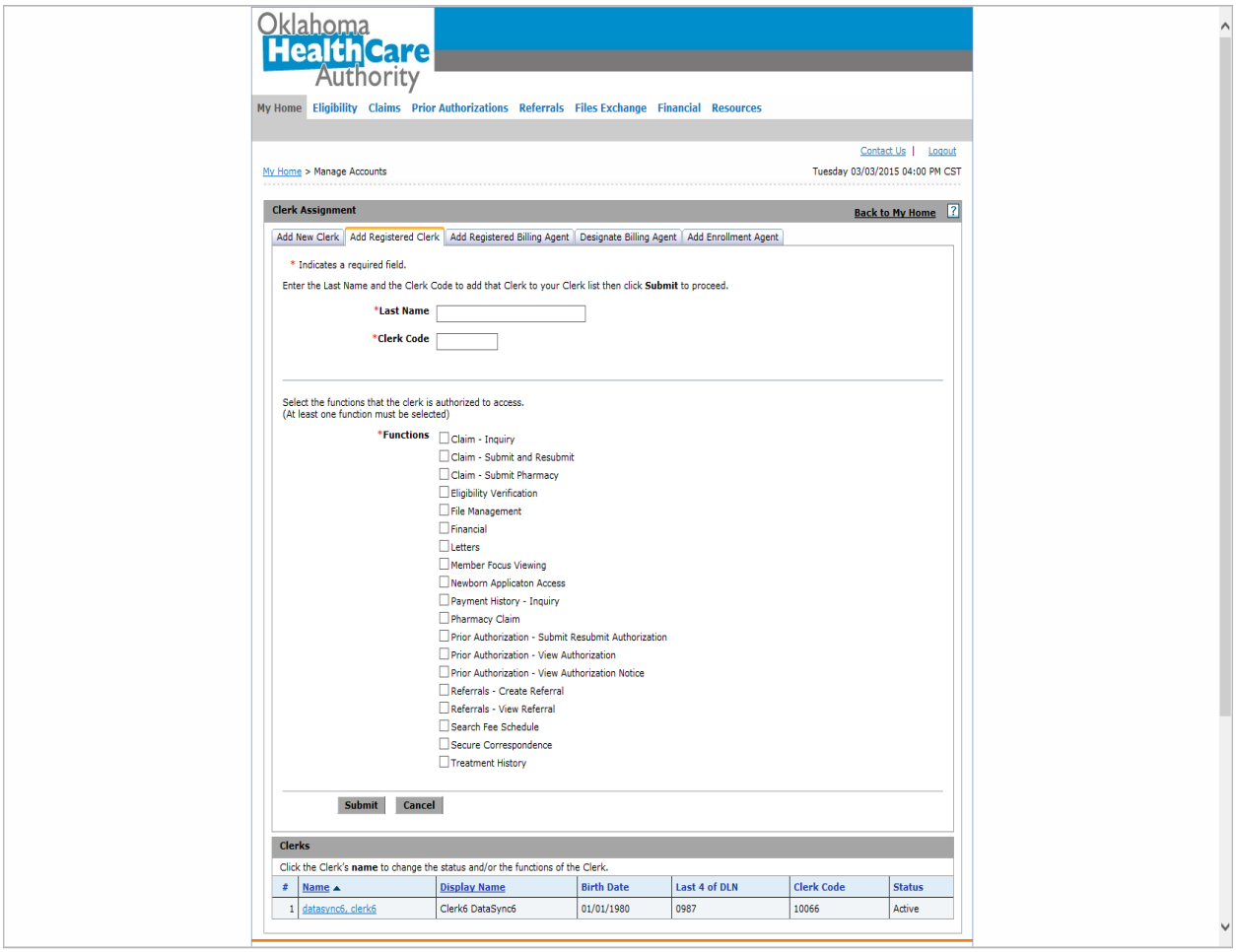
22. Click **Submit**.

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

23. Log in to the SoonerCare Provider Portal.

2.8 Granting Access to an Existing Clerk



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

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

1. Select the Manage Accounts link from the provider main page.

2. Select the Add Registered Clerk tab.

3. Enter the clerk's last name in the Last Name field.

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4. Enter the previously generated clerk code in the Clerk Code field.

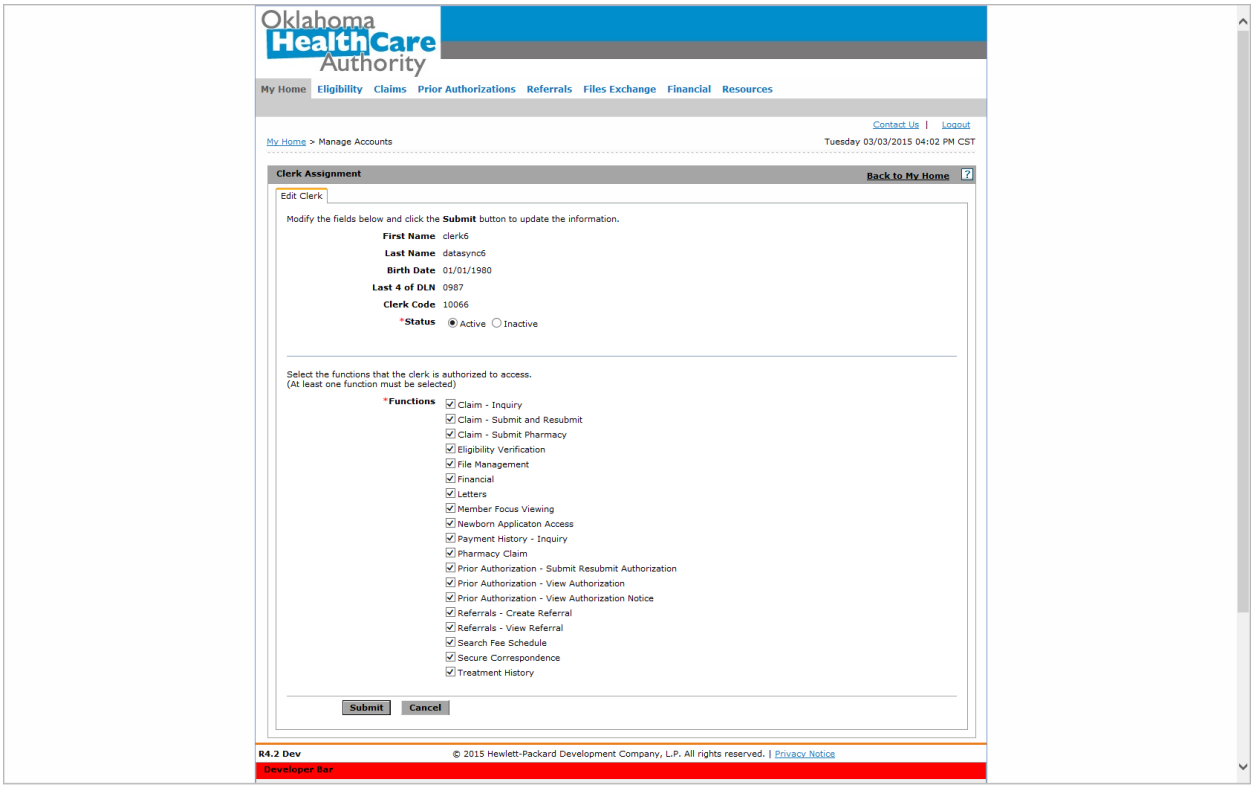
5. Select the Functions check boxes to be added to the clerk's access.

6. Click **Submit**.

7. Click **Confirm**.

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

2.9 Revising Access of a Clerk or Billing Agent



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

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

2. In either the Add New Clerk or Add Registered Clerk tabs, select the name of the clerk at the bottom of the tab. For Billing Agents, select the Add Registered Billing Agent tab and select the Agent Code.

3. To change the status of the clerk, select the Active or Inactive radio buttons.

4. To authorize additional or less access to a clerk, click the Functions check boxes.

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5. Click **Submit**.

6. Click **Confirm**.

2.10 Initial Logon for Billing Agent Level

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

1. Select the Register Now link.

2. Select Billing Agent from the registration options.

3. Enter the trading partner ID in the Trading Partner ID field.

4. Enter the PIN number in the PIN field.

5. Click **Continue**.

6. Enter a user name in the User ID field.

   Note: The user ID must consist of 8 to20 characters, one numeric digit, no spaces, and no special characters.

7. Enter a password in the Password field.

   Note: Passwords must have 6 to 20 characters total. The password must not be the same as the user ID and must have at least one numeric digit, one uppercase letter, and one lowercase letter. Multiple billing agents can use the same password.

8. Confirm the password by retyping it in the Confirm Password field.

9. Enter the display name in the Display Name field.

10. Enter the phone number in the Phone Number field.

11. Enter an extension in the Ext field, if applicable.

12. Enter an email address in the Email field.

13. Confirm the email by retyping it in the Confirm Email field.

14. Select a site key token by selecting the Site Key radio button.

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15. Enter a passphrase in the Passphrase field.

16. Select three questions to answer in the Challenge Question #1-3 drop-down lists.

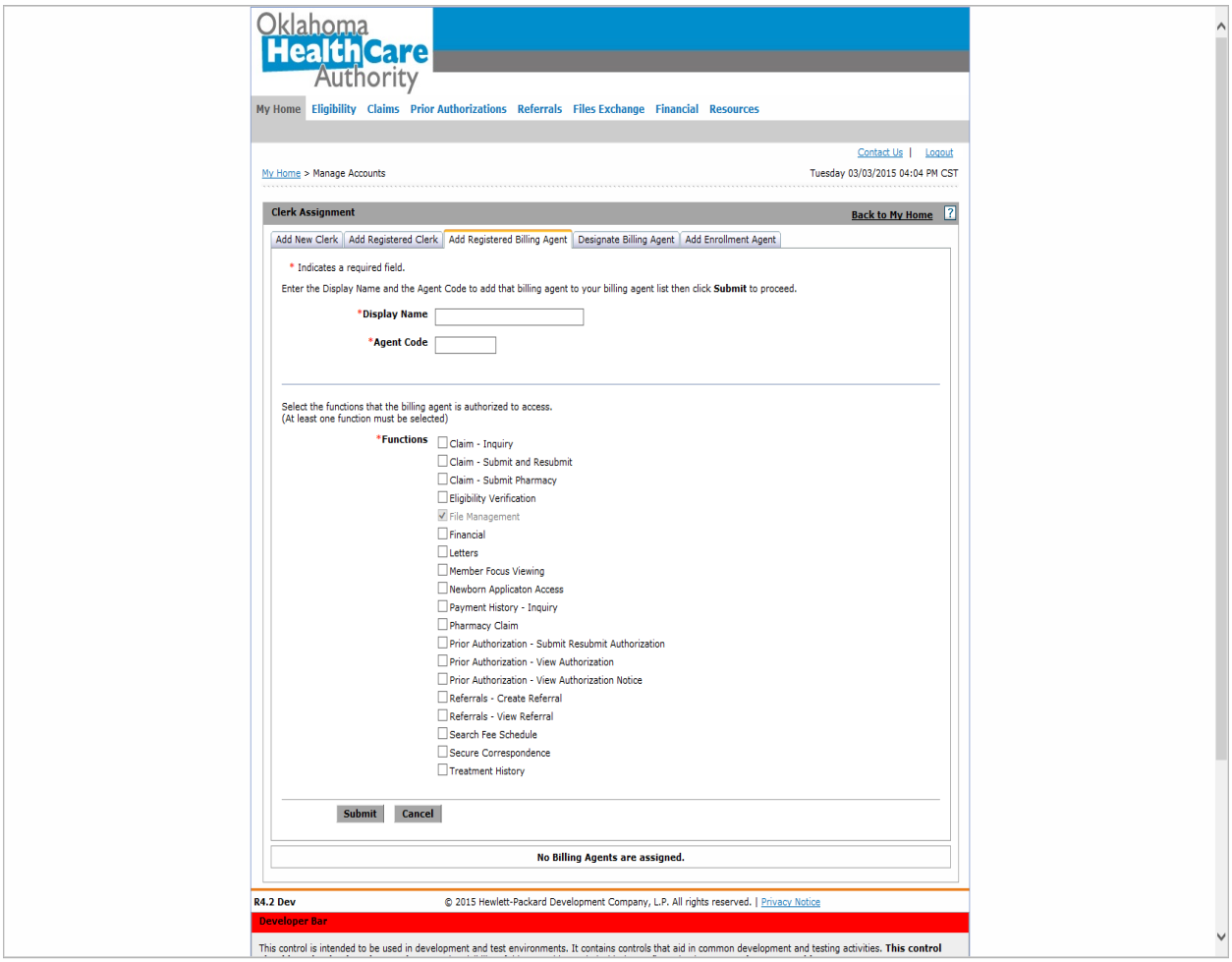
17. Enter three answers in the Answer to #1-3 fields.

18. Click **Submit**.

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

19. Log in to the SoonerCare Provider Portal.

2.11 Granting Access to A Registered Billing Agent



Follow these steps to add a registered billing agent.

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

1. Login as the provider and select the Manage Accounts link from the Provider main page.

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2. Select the Add Registered Billing Agent tab.

3. Enter the billing agent's display name In the Display Name field.

4. Enter the billing agent's agent code in the Agent Code field. If the agent code is unknown, the agent code is located in My Profile-Role Qualifiers from the billing agent user account.

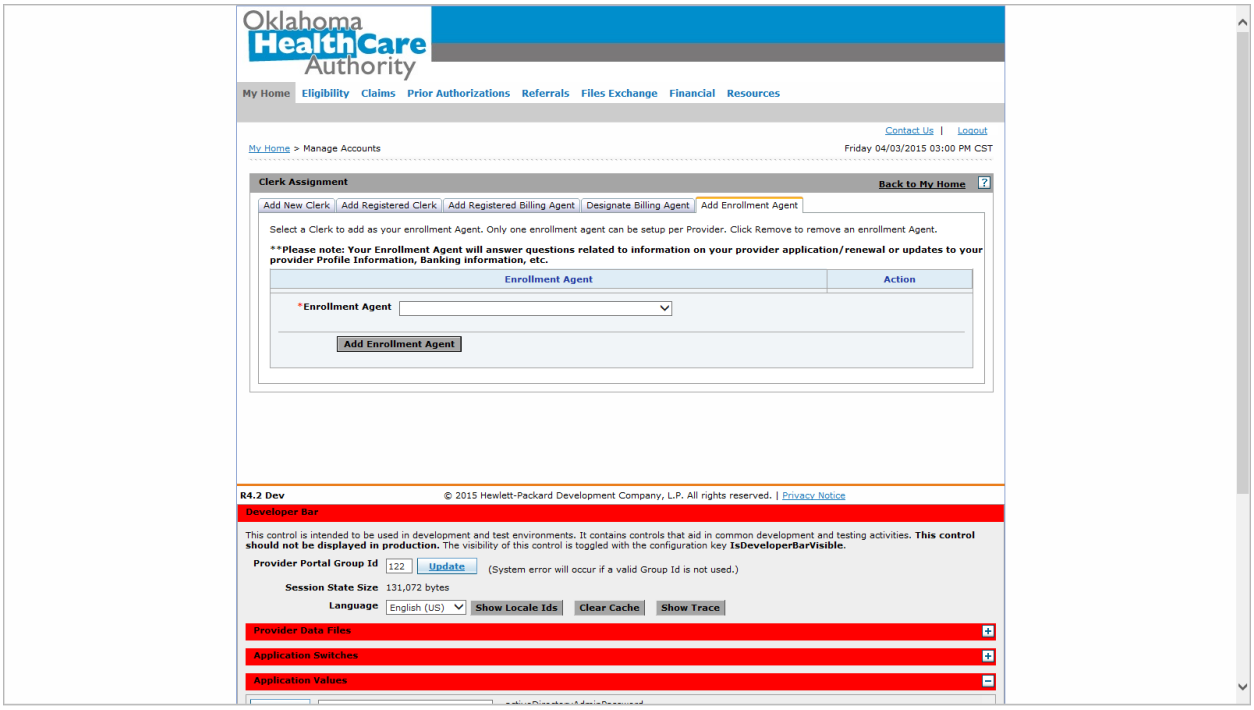
5. Select the Functions check boxes to be added to the clerk's access.

6. Click **Submit**.

7. Click **Confirm**.

If a billing agent no longer needs access to your provider account or functions need be added/removed, access can be revised. Follow the steps listed in section 2.9, Revising Access of a Clerk, select the Add Registered Billing Agent tab and select the Agent Code.

2.12 Adding an Enrollment Agent



Follow these steps to add an enrollment agent.

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

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

2. Select the "Add Enrollment Agent" Tab.

3. Select the enrollment agent from the Enrollment Agent dropdown list.

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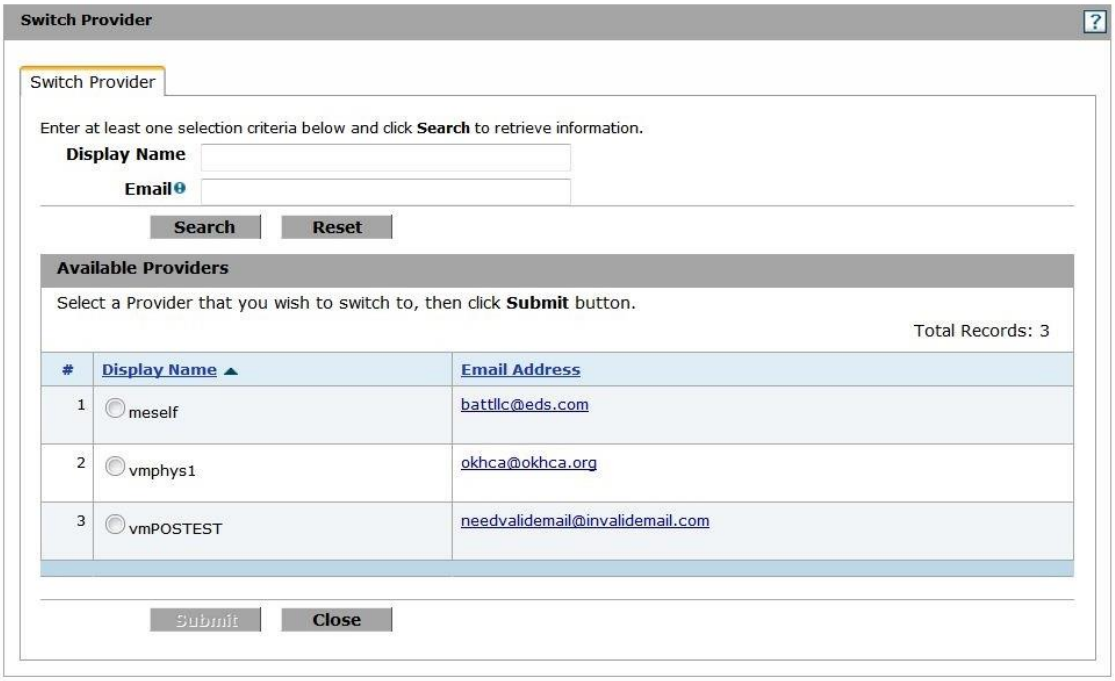
4. Click **Add Enrollment Agent**.

5. Select the Remove link to remove an enrollment agent.

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

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

2.13 Switch Provider



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

1. Select the Switch Provider tab. There is a list of providers linked to the user displays in the Available Providers list on the Switch Provider tab submenu.

2. Select the radio button of the display name to switch to from the Display Name column.

3. Click **Submit**.

4. Click **OK** from the Switch Provider Confirmation window. The Selected Provider tab displays the current information you are working under.

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5. Click **Close**. The Provider main page displays.

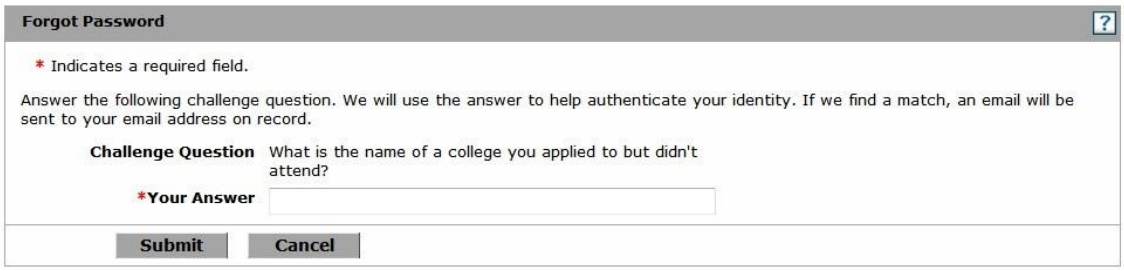
6. Select the Switch Provider tab to switch to a different provider.

7. Select the Switch Provider tab submenu to display a list of available providers to switch to.

2.14 Self-Authentication

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

2.14.1 Forgot Password



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

Follow these steps to Level 1 self-authentication:

1. Navigate to the SoonerCare Provider Portal.

2. Enter the user ID.

3. Click **Log In**.

4. Enter the challenge question answer.

5. Click **Continue.**

6. Select the Forgot Password? link.

7. Answer the challenge question.

8. Click **Submit**.

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

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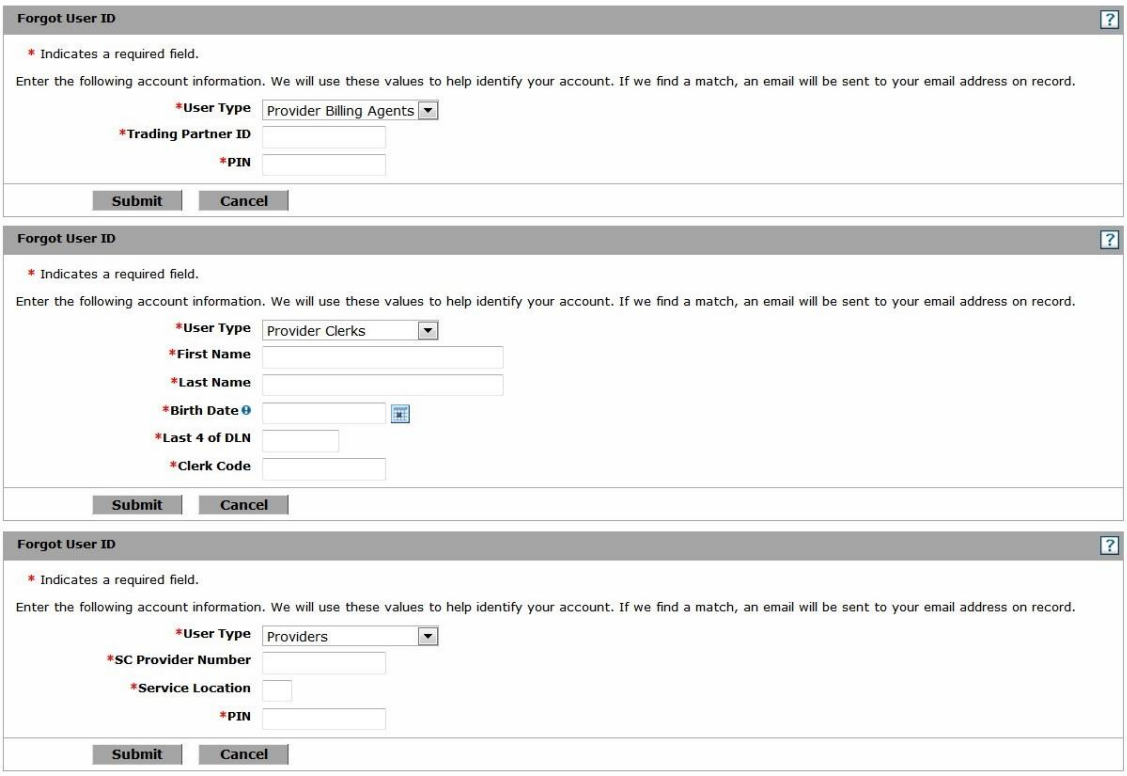
2.14.2 Forgot User ID?



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

Follow these steps to obtain a forgotten user ID:

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

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

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3 General SoonerCare Provider Portal Elements

3.1 Overview

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

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

3.2 Allow Third Party to Receive 835 Remittance Advice

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

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

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

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

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3.3 Broadcast Messages

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

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

3.4 Eligibility Inquiry

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

1. Select the Eligibility tab.

2. Select the Eligibility Verification link.

3. Enter search criteria to verify eligibility. The field options are Member ID, Case Number, SSN, First and Last Name, Date of Birth, and Dates of Service.

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

4. Click **Submit**.

   Status A indicates the electronic request for eligibility was accepted by Oklahoma Medicaid and does not reflect the eligibility of the member. The eligibility and benefit programs for the member appear below the status.

5. Select a member ID from the search results to view eligibility details.

6. To print the eligibility results, click **Print Preview**. A new window appears, and you can print the eligibility details.

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

1. Follow steps 1-5 in section 3.4, Eligibility Inquiry.

2. Click **[+]** to expand the TPL header.

3. Enter the name of the carrier in the Carrier Name field.

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4. Enter the carrier ID in the Carrier ID field.

5. Enter the policy number in the Policy Number field.

6. Enter the group ID in the Group ID field.

7. Select the Person or Organization radio button from the Policy Holder field.

8. Enter the policy holder's first name, last name, and middle initial in the Policy Holder Last Name First Name and MI fields (if you selected the Person radio button), or enter the policy holder's organization in the Policy Holder Organization field (is you selected the Organization radio button).

9. Select the policy type from the Policy Type drop-down list.

10. Select the coverage type from the Coverage Type drop-down list.

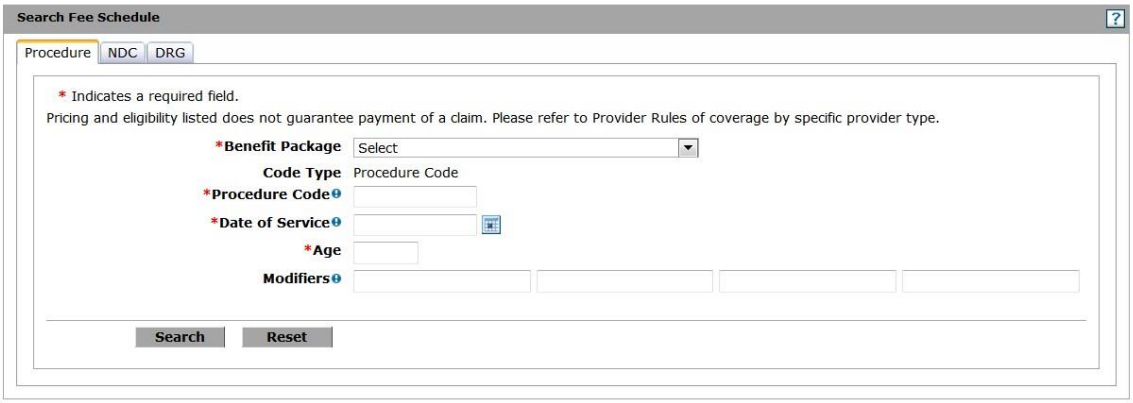
11. Select the relationship from the Relationship drop-down list.

12. Enter the employer ID in the Employer ID field.

13. Enter the effective and end dates in the Effective and End Date fields.

14. Click **Add**.

3.5 Pricing



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

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

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

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3.5.1 Procedure

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

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

3.5.2 NDC

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

   The NDC is an 11-digit number that must be in the format 00000-0000-00.
5. Enter the date of service in the Date of Service field by entering it in the MM/DD/CCYY format or by using the pop-up calendar option.
6. Click **Search.**

3.5.3 DRG

1. Follow steps 1 and 2 from section 4.5.1, Procedure.
2. Select the DRG tab.
3. Enter a diagnosis related group or a description in the Diagnosis Related Group or Description field.
4. Enter the discharge date in the Discharge Date field by entering it in the MM/DD/CCYY format or by using the pop-up calendar option.

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5. Click **Search**.

4 Claims

4.1 Overview

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

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

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4.2 Claim Submission – Professional

Submit Professional Claim: Step 1

* Indicates a required field.

Claim Type Professional

Provider Information

General Provider Header Instructions

Billing Provider ID **ID Type** NPI **Name**
Zip Code 74006-2495 **Contract Code** DM **Taxonomy** **SC Provider Number**
Referring Provider ID **ID Type**
Ordering Provider ID **ID Type** **Ordering Zip Code**

Patient Information

General Patient Instructions

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

Claim Information

Claim Header Instructions

Date Type **Date of Current**
Accident Related
Patient Account Number **Expected Delivery Date**
From Date _ **To Date** _
CLIA Number
***Other Insurance** Include

Total Charged Amount $0.00

Continue **Cancel**

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

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

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

4.2.1 Provider Information

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

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

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4.2.2 Patient Information

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

4.2.3 Claim Information

1. Select the condition in the Date Type drop-down list. (The date type selected must be Injury, if Accident Related is entered.)

2. Enter the date of the current condition in the Date of Current Condition field by entering it in the MM/DD/CCYY format or by using the pop-up calendar option. (Required if Date Type or Accident Related are entered)

3. Select the accident related type in the Accident Related drop-down list.

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

5. Enter the expected delivery date into the Expected Delivery Date field, if applicable. (It is for pregnancy-related services only.)

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

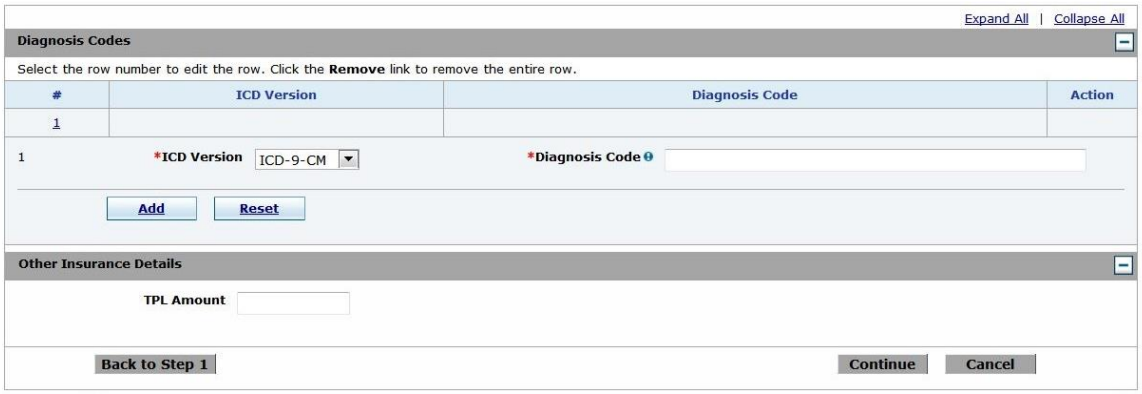
6. Enter up to three CLIA numbers in the CLIA Number fields.

7. If other insurance was used, select it in the Other Insurance drop-down list. (To select TPL, the Include value must be selected in the Other Insurance field.)

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

8. Click **Continue**.

4.2.4 Diagnosis Codes



1. Select the ICD type in the ICD Version drop-down list.

2. Enter a diagnosis in the Diagnosis Code field.

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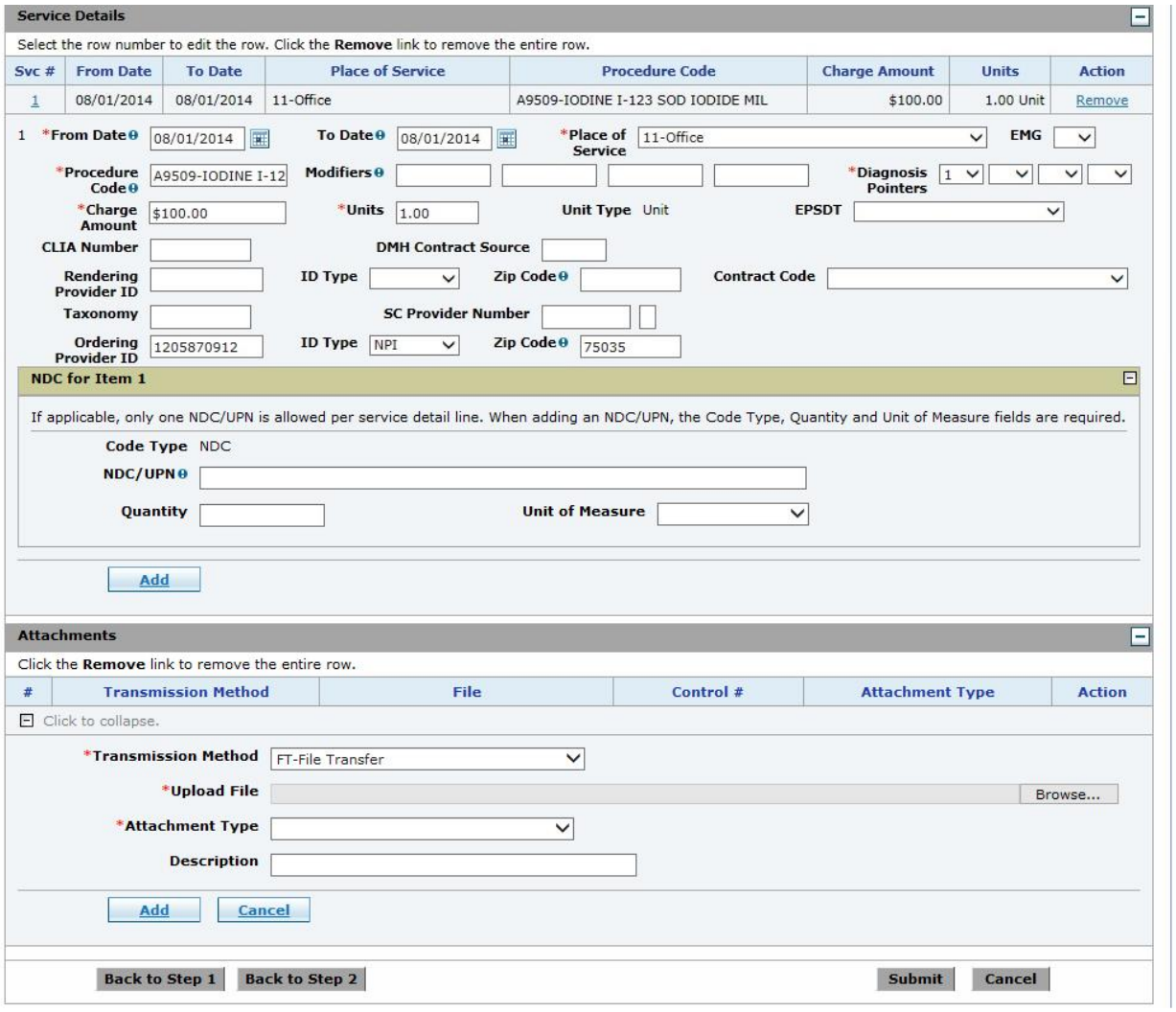
4.2.5 Other Insurance Details

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

2. Click **Continue**.

4.2.6 Service Details



1. Enter the beginning date of service in the From Date field by entering it in the MM/DD/CCYY format or by using the pop-up calendar option.

2. Enter the end date of services in the To Date field by entering it in the MM/DD/CCYY format or by using the pop-up calendar option.

3. Select a place of service from the Place of Service drop-down list.

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4. Select Yes or No from the EMG drop-down list.

5. Enter a procedure code in the Procedure Code field.

6. Enter up to four modifiers in the Modifiers fields.

7. Enter the diagnosis cross-reference in the Diagnosis Pointers drop-down list.

8. Enter the dollar amount of charges in the Charge Amount field.

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

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

   The Unit Type field is disabled to display Unit only.

10. Select a value from the EPSDT drop-down list, if applicable.

11. Enter a CLIA number in the CLIA Number field.

12. Enter the rendering provider's NPI in the Rendering Provider ID field.

    The rendering provider is the person or entity who actually rendered the service and is not necessarily a physician.

13. Enter an NPI value in the ID Type field, if entering a rendering provider ID.

14. Enter the rendering provider's five-digit Zip code in the Zip Code field.

15. Enter the contract code in the Contract Code field, if applicable.

16. If the rendering provider is tied to more than one group, enter the taxonomy code the Taxonomy field.

17. Enter the Ordering provider's NPI in the Ordering Provider ID field.

18. Enter an NPI value in the ID Type field, if entering a ordering provider ID.

19. Enter the ordering provider's five-digit Zip code in the Zip Code field.

20. Click **Save** to save the changes and click **Reset** to revert back to the original version before clicking **Save**, or click **Cancel** to return to the Service Details screen.

21. To edit an existing service, select the Svc # of the service to edit and make applicable changes.

22. To remove an existing service, click **Remove**.

4.2.7 NDC for Item

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

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The Code Type field is disabled to display NDC only.

2. Enter the NDC number in the NDC/UPN field, if applicable.

3. Enter the quantity in the Quantity field, if applicable.

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

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

5. If additional items are to be billed on this submission, click **Add** and repeat the process.

4.2.8 Attachments

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

2. Select the method of sending attachments from the Transmission Method drop-down list.

3. Click **Browse** to locate and upload to the Upload File field.

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

4. Select the type of attachment being sent from the Attachment Type drop-down list.

5. Enter a description of the attachment in the Description field.

6. If additional attachments are to be sent on this submission, click **Add** and repeat the process.

7. Click **Remove** to remove an existing attachment.

8. When finished, click **Submit**.

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

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

- **Attachment Coversheet(s)**—Coversheets are generated automatically and pre-populated when Transmission Method-Fax and Transmission Method-Mail are selected. Each attachment has its own completed coversheet. Selecting Transmission Method-File Transfer does not generate a coversheet, because those attachments are uploaded directly. See section 4.10, Hardcopy Attachment, for more information on attachment coversheets.

- **Print Preview**—Displays and prints the claim.

- **Copy**—Copies specific details from one claim to another; the options are preset.

- **New**—Begins a new claim.

- **Edit**—Enables the current claim submitted to be edited.

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

4.3 Claim Submission – Professional Crossover

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

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

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

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

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

4.3.1 Crossover Details

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

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

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4.4 Claim Submission – Institutional

Submit Institutional Claim: Step 1

* Indicates a required field.

Claim Type: Crossover Inpatient

Provider Information

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

Billing Provider ID | ID Type NPI | Name
Zip Code 74006-2495 | Contract Code DM | Taxonomy | SC Provider Number
Institutional Provider ID | ID Type NPI
Attending Provider ID | ID Type
Operating Provider ID | ID Type
Referring Provider ID | ID Type

Patient Information

General Patient Instructions

*Member ID
Last Name | First Name | Middle
Birth Date

Claim Information

Claim Header Instructions

*Covered Dates - * | Covered Days
*Admission Date/Hour - (hh:mm) | Discharge Hour (hh:mm)
*Admission Type | *Admission Source
*Admitting ICD Version ICD-9-CM | *Admitting Diagnosis
*Patient Status | *Type of Bill
Patient Account Number | Other Insurance Include
Total Charged Amount $0.00

Medicare Crossover Details

Institutional Medicare Crossover Instructions

Deductible Amount | Co-insurance Amount
Blood Deductible Amount | *Medicare Payment Date

Continue | Cancel

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

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

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

4.4.1 Provider Information

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

1. Enter the institutional provider ID in the Institutional Provider field.

2. Enter the attending physician's NPI in the Attending Physician NPI field.

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3. Enter any other physician NPI in the Operating Provider ID field, if applicable.

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

4. If the service was for a SoonerCare Choice member, enter the referring provider's NPI into the Referring Provider ID field.

5. Enter an NPI value in the ID Type field for any of the Provider ID fields used.

4.4.2 Patient Information

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

4.4.3 Claim Information

1. Enter the beginning and end dates of service in the Covered Dates fields.

2. Enter the number of eligible days in the Covered Days field.

3. Enter the admission date and hour (in military time convention, such as 14:30 for 2:30pm) in the Admission Date/Hour fields. (This field is required for all inpatient/crossover claims.)

4. Enter discharge time in military time convention in the Discharge Hour field. (This field is not editable for outpatient claims.)

5. Enter the type of admission in the Admission Type field. (This field is required for all inpatient/crossover claims.)

6. Enter the source of admission in the Admission Source field. (This field is required for all inpatient/crossover claims.)

7. Select the admitting ICD type from the Admitting ICD Version drop-down list. (This field is not available for outpatient/crossover, home health, and long term care claims.)

8. Enter the diagnosis in the Admitting Diagnosis field. (This field is not editable for outpatient/crossover, home health, and long term care claims.)

9. Enter the patient's current status in the Patient Status field.

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

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

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

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

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

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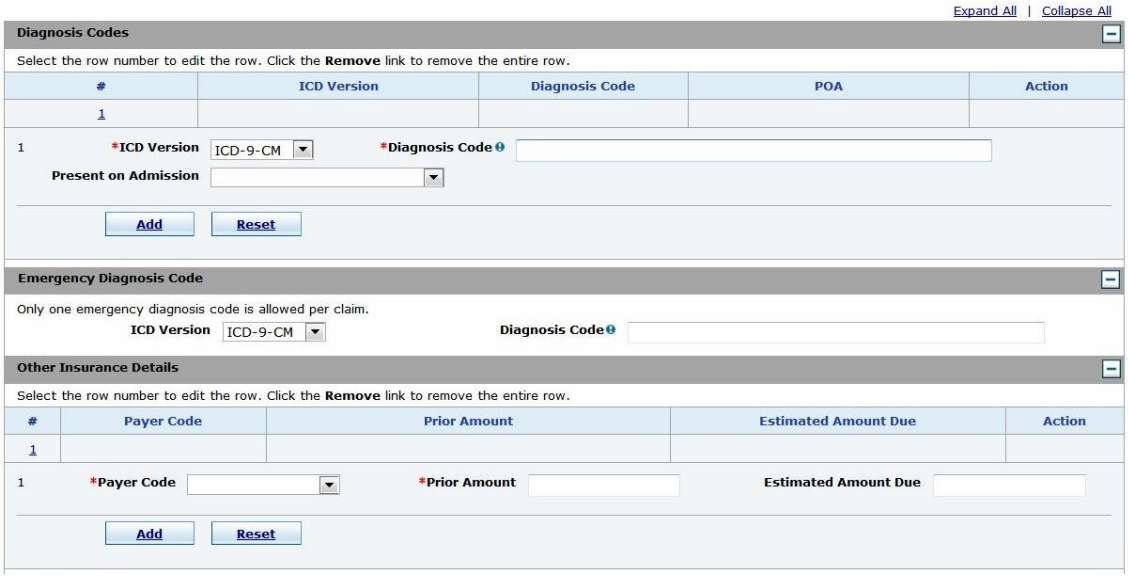
To enter Payer Codes and the amount paid and due, the Include value must be selected in the Other Insurance field.

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

12. Click **Continue**.

4.4.4 Diagnosis Codes



1. Select the ICD type in the ICD Version drop-down list.

2. Enter a diagnosis in the Diagnosis Code field.

4.4.5 Emergency Diagnosis Codes

1. Select the ICD type in the ICD Version drop-down list.

2. Enter a diagnosis in the Diagnosis Code field.

4.4.6 Other Insurance Details

1. Select the appropriate payer code in the Payer Code drop-down list, if applicable.

2. Enter the dollar amount (including decimal point) in the Prior Amount field, if applicable.

   This is the amount that has been received from a previous third party payer.

3. Enter the estimated amount due (including decimal point) in the Estimated Amount Due field, if applicable.

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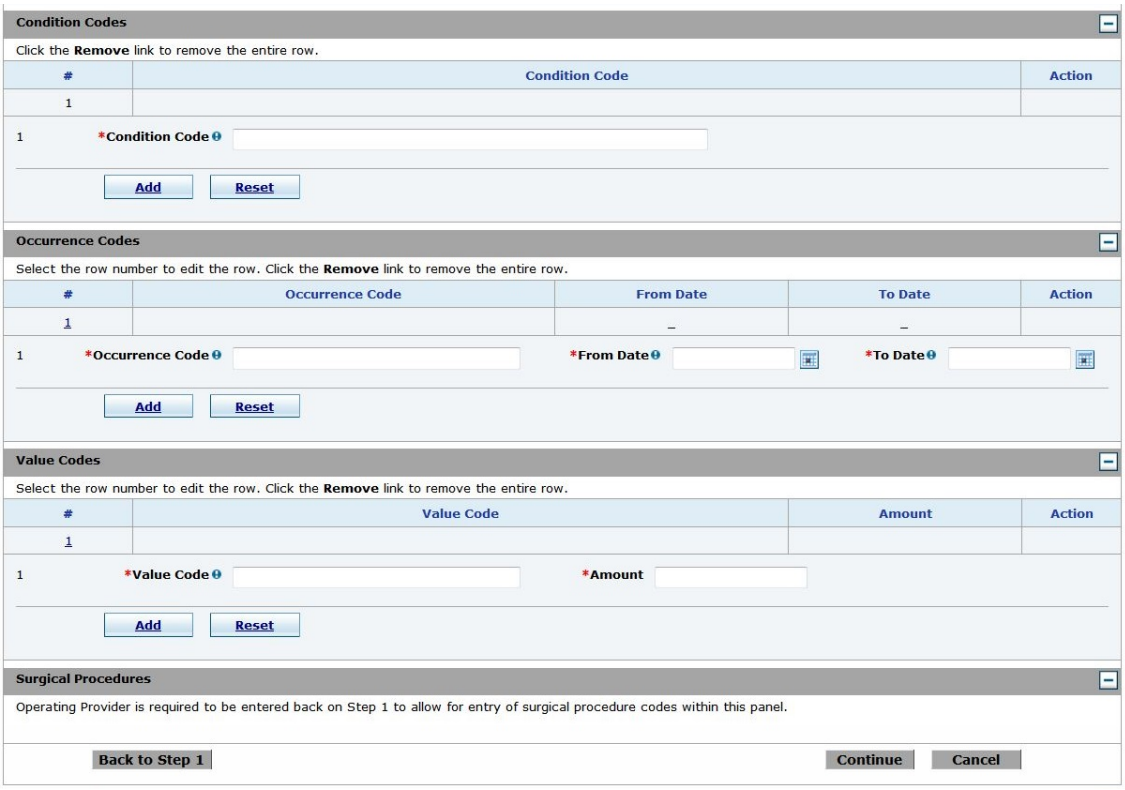
4.4.7 Condition Code Details



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

4.4.8 Occurrence Code Details

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

4.4.9 Value Codes Details

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

4.4.10 Surgical Procedures Details

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

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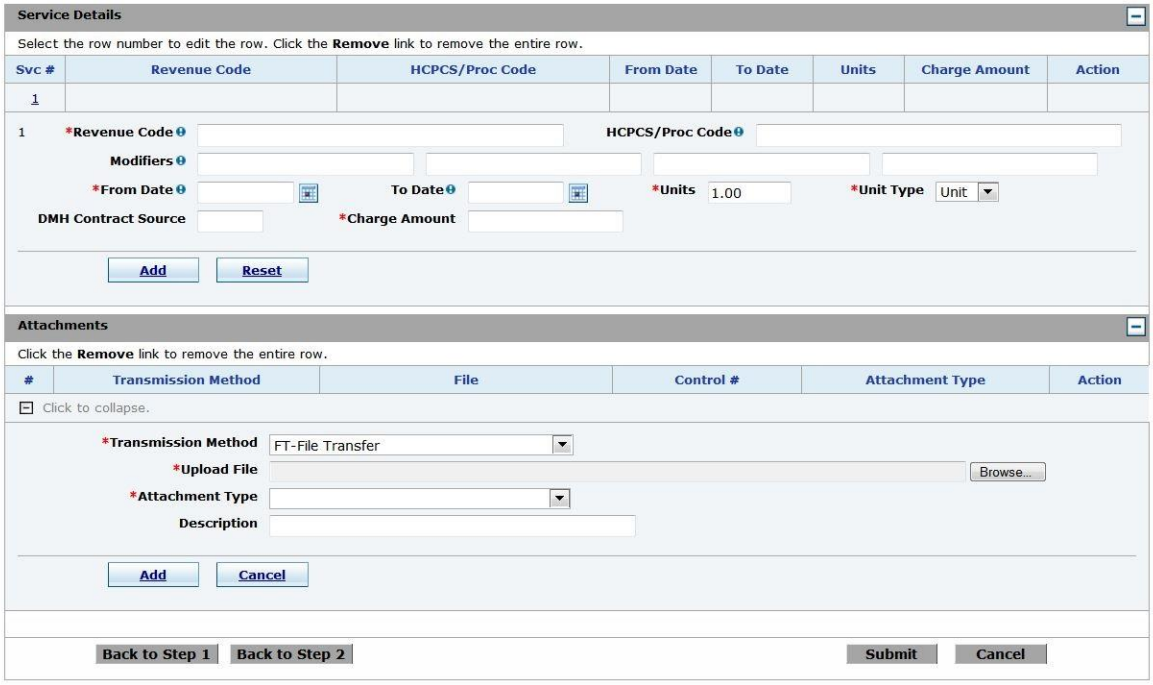
5. Click **Continue**.

4.4.11 Service Details



1. Enter the three-digit revenue code in the Revenue Code field.
2. Enter the five-digit HCPCS code in the HCPCS/Proc Code field.
3. Enter up to four modifiers in the Modifiers fields.
4. Enter the beginning date of service in the From Date field.
5. Enter the end date of service in the To Date field.
6. Enter number of units billed in the Units field.
7. Enter the unit of measurement type in the Unit Type field.
8. Enter a DMH contract source code in the DMH Contract Source field. Available for Inpatient/Crossover claims only.
9. Enter the total dollar amount of charges in the Charge Amount field.
10. Click **Save** to save the changes, click **Reset** to revert back to the original version before clicking **Save**, or click **Cancel** to return to the Service Details screen.
11. If you want to edit an existing service, select the Svc # of the service to edit and make applicable changes.

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12. If you want to remove an existing service, click **Remove**.

4.4.12 NDC for Item #d

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

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

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

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

4.4.13 Attachments

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

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

- **Attachment Coversheet(s)**—Coversheets are generated automatically and pre-populated when Transmission Method-Fax and Transmission Method-Mail are selected. Each attachment has its own completed coversheet. Selecting Transmission Method-File Transfer does not generate a coversheet, because those attachments are uploaded directly. See section 4.10, Hardcopy Attachment, for more information on attachment coversheets.
- **Print Preview**—Displays and prints the claim.
- **Copy**—Copies specific details from one claim to another; the options are preset.

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- **New**—Begins a new claim.
- **Edit**—Enables the current claim submitted to be edited.
- **View**—Displays the details of the claim.

4.5 Claim Submission – Institutional Crossover

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

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

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

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

4.5.1 Service Information

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

   The Crossover Details section should now be visible.

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

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

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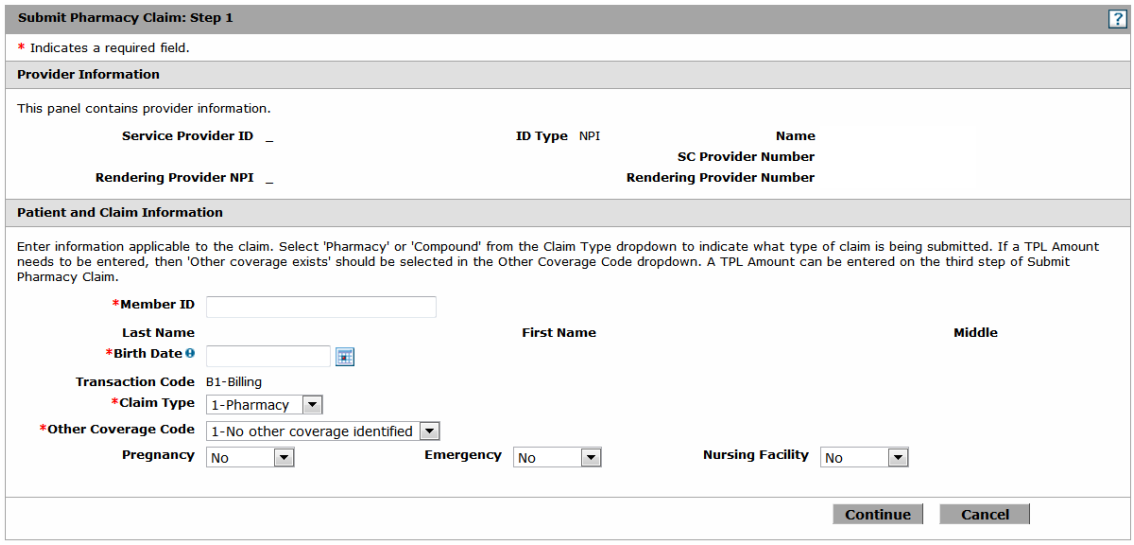
4.6 Claim Submission – Pharmacy (Including Compounds)



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

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

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

4.6.1 Provider Information

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

4.6.2 Patient and Claim Information Section

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

2. Enter the date of birth in the Birth Date field.

3. Select either a pharmacy or compound claim type from the Claim Type drop-down list.

4. If the claim is related to another insurance type, select it from the Other Coverage Code drop-down list.

5. If the claim is related to a pregnancy at the time the script was dispensed, select Yes or No from the Pregnancy drop-down list.

6. If the claim is related to an emergency condition, select Yes or No from the Emergency drop-down list.

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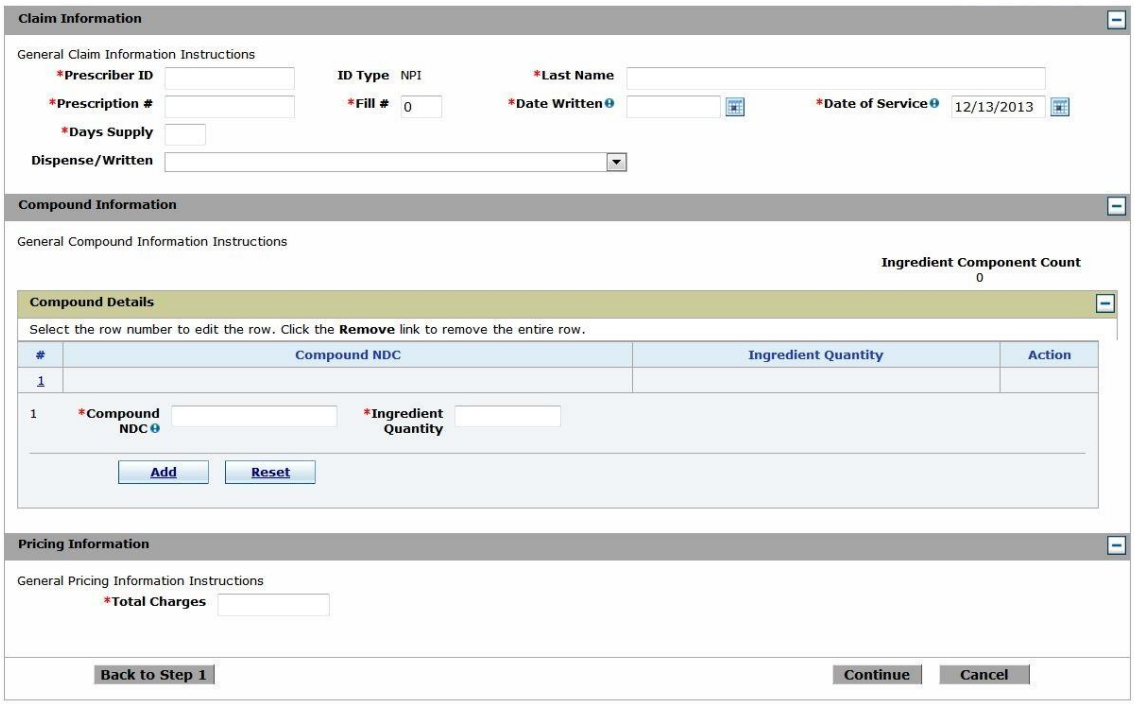
7. If the claim is related to a member that was/is at a nursing facility at the time the script was dispensed, select Yes or No from the Nursing Facility drop-down list.

8. Click **Continue**.

4.6.3 Claim Information



1. Enter the prescriber ID in the Prescriber ID field.

2. Enter the prescriber last name in the Last Name field.

3. Enter the prescription number in the Prescription # field.

4. Enter the number of fills in the Fill # field. If there are no refills, or it is a new script, enter 00.

5. Enter the date the prescription was prescribed by the physician in the Date Written field.

6. Enter the date the prescription was dispensed by the pharmacy in the Date of Service field.

7. Enter the NDC number prescribed in the NDC field.

   If the Claim Type – Compound is selected, the NDC field is will not appear.

8. Enter the amount dispensed in the Quantity Dispensed field (Claim Type Pharmacy only).

9. Enter the number of days prescribed in the Days Supply field.

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10. Select the Dispensed as Prescribed or Other Orders from the Dispense/Written drop-down list.

4.6.4 Compound Information Details

Note: This applies to compound claims only.

1. The Ingredient Compound Count field automatically counts the number of Compound NDCs entered in the Compound Details section.

2. Enter the compound NDC number in the Compound NDC field.

3. Enter the ingredient quantity in the Ingredient Quantity field.

4. Click **Add** to save the changes, click **Reset** to revert back to the original version before clicking Save, or click **Cancel** to return to the Service Details.

5. If you want to edit an existing service, select the Svc # of the service to edit and make applicable changes.

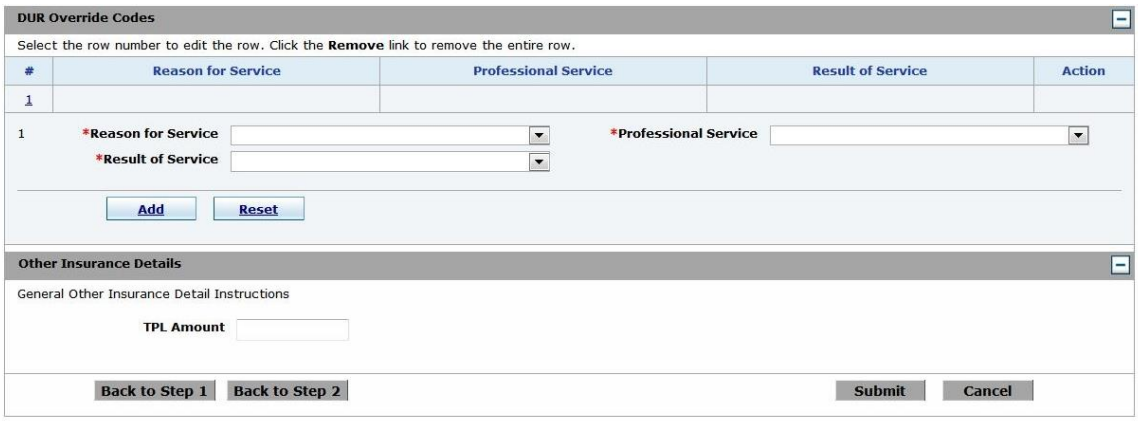
6. If you want to remove an existing service, click **Remove**.

4.6.5 Pricing Information

1. Enter the total charges in the Total Charges field.

2. Click **Continue**.

4.6.6 DUR Override Codes



1. Select the conflict code to be overridden using the Reason for Service drop-down list, if applicable.

2. Select the appropriate intervention used in dispensing of the prescription using the Professional Service drop-down list, if applicable.

3. Select the appropriate intervention outcome using the Result of Service drop-down list, if applicable.

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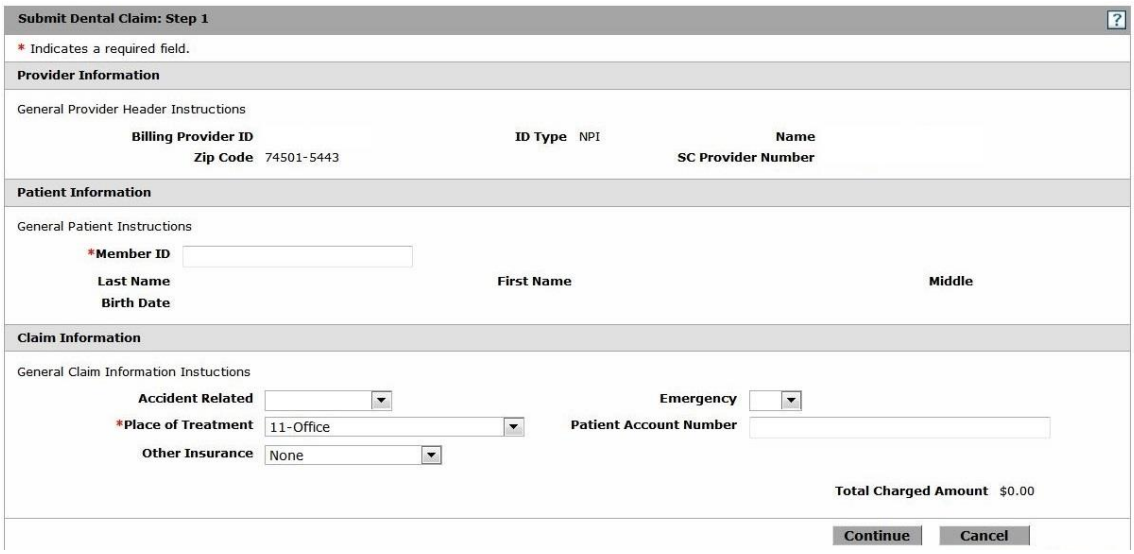
4.6.7 Other Insurance Details

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

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

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

4.7 Claim Submission – Dental



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

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

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

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4.7.1 Provider Information

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

4.7.2 Patient Information

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

4.7.3 Claim Information

1. If the claim is related to an accident, select the accident type from the Accident Related drop-down list.

2. If the claim is related to an emergency, select it from the Emergency drop-down list.

3. Select the place of treatment from Place of Treatment drop-down list.

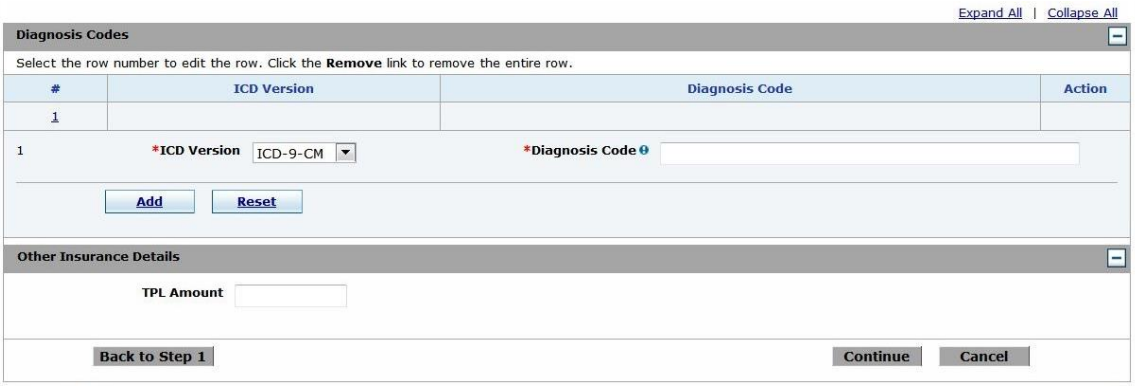
   The patient account number (provider's internal ID) is captured and appears on the remittance advice if entered into the Patient Account Number field.

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

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

5. Click **Continue**.

4.7.4 Diagnosis Codes



1. Select the ICD type in the ICD Version drop-down list.

2. Enter a diagnosis in the Diagnosis Code field.

4.7.5 Other Insurance Details

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

2. Click **Continue**.

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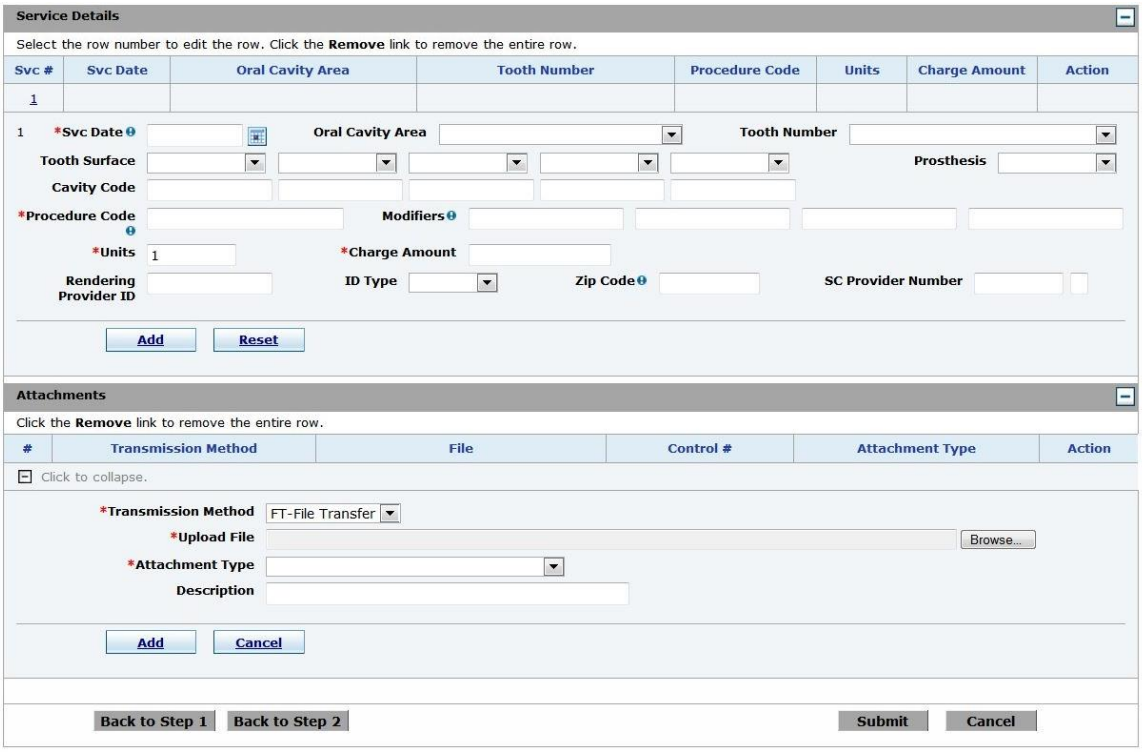
4.7.6 Service Details



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

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

11. Enter the rendering provider's NPI in the Rendering Provider ID field.

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The rendering provider is the person or entity who actually rendered the service and is not necessarily a physician.

12. Enter an NPI value in the ID Type field, if entering a rendering provider ID.

13. Enter a rendering provider's five-digit Zip code in the Zip Code field.

14. Enter an SC provider in the SC Provider Number field, if applicable.

15. Click **Save** to save the changes, click **Reset** to revert back to the original version before clicking Save, or click **Cancel** to return to the Service Details.

16. If you want to edit an existing service, select the Svc # of the service to edit and make applicable changes.

17. If you want to remove an existing service, click **Remove**.

4.7.7 Attachments

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

2. Select the method of sending attachments from the Transmission Method drop-down list.

3. Click **Browse** to locate and upload to the Upload File field.

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

4. Select the type of attachment being sent from the Attachment Type drop-down list.

5. Enter a description of the attachment in the Description field.

6. If additional attachments are to be sent on this submission, click **Add** and repeat the process.

7. Click **Remove** to remove an existing attachment.

8. When finished, click **Submit**.

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

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

- **Attachment Coversheet(s)**—Coversheets are generated automatically and pre-populated when Transmission Method-Fax and Transmission Method-Mail are selected. Each attachment has its own completed coversheet. Selecting Transmission Method-File Transfer does not generate a coversheet, because those attachments are uploaded directly. See section 4.10, Hardcopy Attachment, for more information on attachment coversheets.

- **Print Preview**—Displays and prints the claim.

- **Copy**—Copies specific details from one claim to another; the options are preset.

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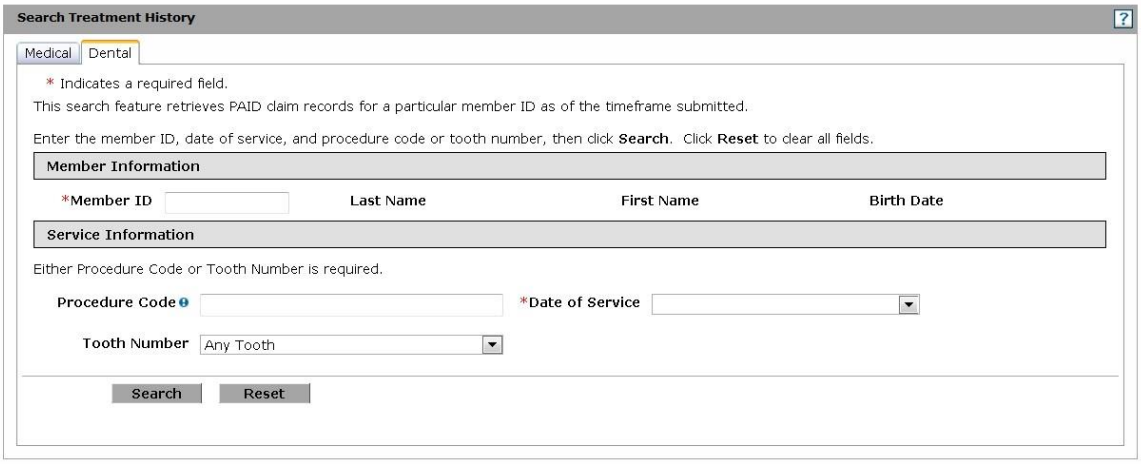
- **New**—Begins a new claim.
- **Edit**—Enables the current claim submitted to be edited.
- **View**—Displays the details of the claim.

4.8 Dental History Inquiry



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

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

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

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

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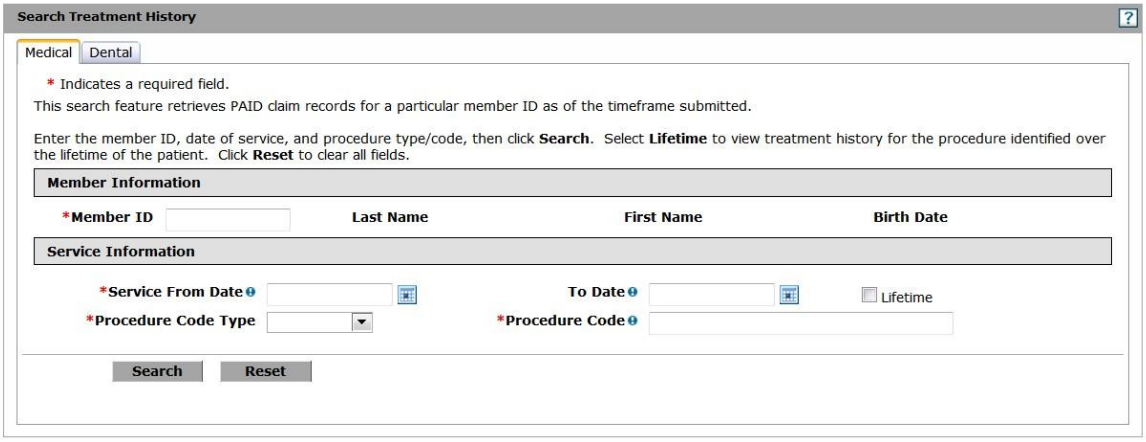
4.9 Medical History Inquiry



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

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

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

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

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4.10 Hardcopy Attachment

Print

Oklahoma Health Care Authority
Electronic Claim Paper Attachment Form
Cover Sheet

Four fields below are required and must match claim.

1. Provider Number _
2. Client ID Number 047775932
3. Attachment Control Number 20131213305150
4. Claim Number 2313347016001
5. Date/Time 12/13/2013 03:28 PM

Purpose:
This form is to be used when a claim requiring a paper atttachment 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 HCA-13
Revised 06/24/09

Print Close

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

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

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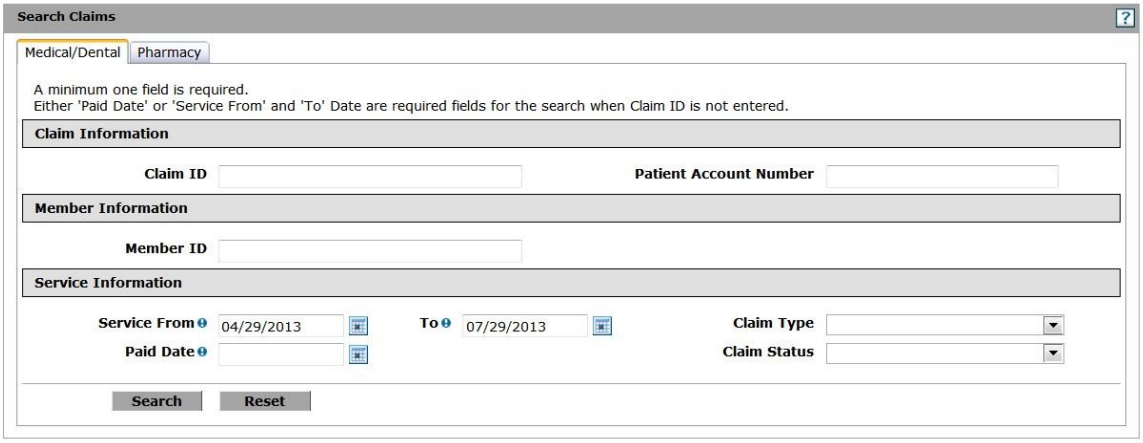
4.11 Claim Inquiry – Medical/Dental



Follow these steps to inquire on a claim.

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

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

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

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

3. If known, the patient account number can be entered in the Patient Account Number field.
4. If known, the member ID number can be entered in the Member ID field.
5. Enter the starting date in the Service From field, and the end date in the in the To field.
6. To narrow down search results, select the type of claim from the Claim Type drop-down list.
7. Enter the date the claim was paid in the Paid Date field.
8. To narrow search results, the Claim Status field can be set to Denied, Paid, Suspended or Resubmit.
9. Click **Search**.
10. Search results can be exported to an Excel spreadsheet by selecting the Export results link. A new Excel window appears with the claim results, and you can print it.
11. To see basic claim information, click **[+]** to the Claim ID column.

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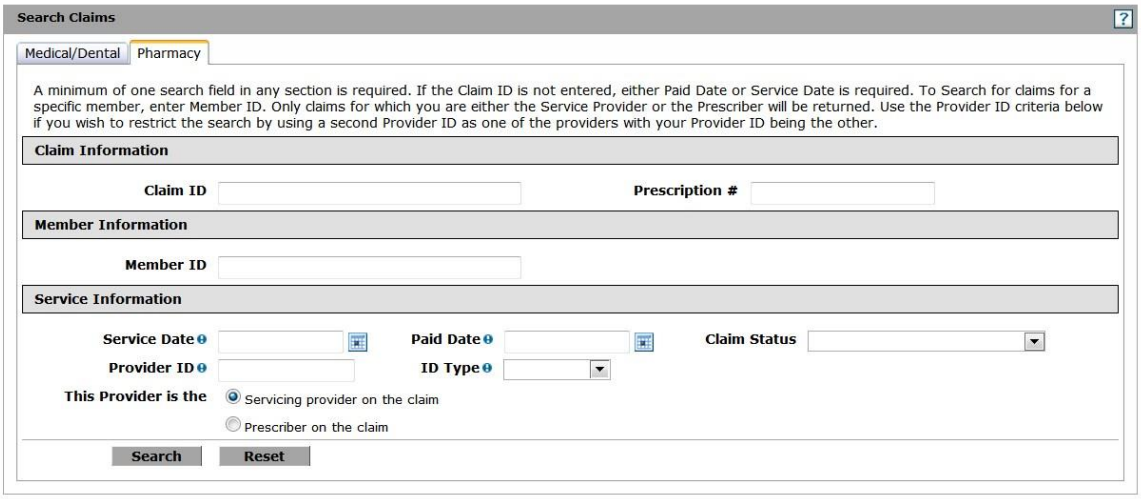
12. To view complete claim information, select the claim ID from the Claim ID column.

13. To print the claim, click **Print Preview**.

14. To print the Electronic Claim Paper Attachment Form Cover Sheet, click **Attachment Coversheet(s)**.

4.12 Claim Inquiry – Pharmacy



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

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

1. Select the Pharmacy tab.

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

   Only that specific claim displays when searching by claim ID.

3. If known, the prescription number can be entered in the Prescription # field.

4. If known, the member ID number can be entered in the Member ID field.

5. Enter the date of service in the Service Date field.

6. Enter the date the claim was paid in the Paid Date field.

7. To narrow search results, the Claim Status field can be set to Denied or Paid.

8. Enter a provider ID in the Provider ID field, if applicable.

9. Enter an NPI number in the ID Type field, if entering a rendering provider ID.

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10. Select whether the provider is the servicing provider or prescribing provider in the This Provider is the radio button.

11. Click **Search**.

12. Search results can be exported to an Excel spreadsheet by selecting the Export results link. A new Excel window appears with the claim results, and you can print it.

13. To see basic claim information, click **[+]** (next to the Claim ID column).

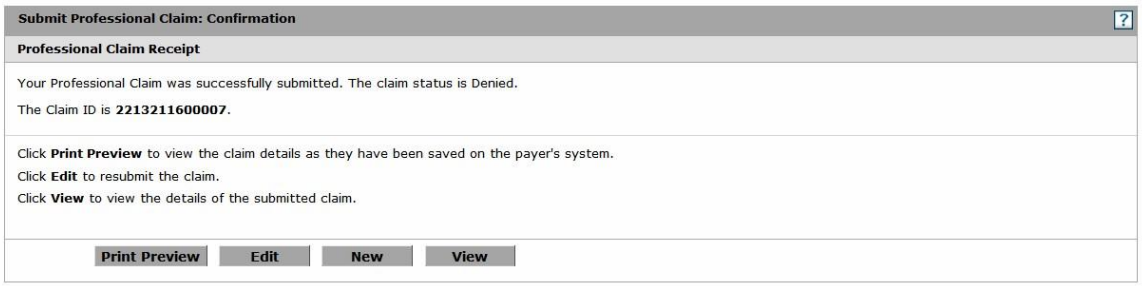
14. To view complete claim information, select the claim ID from the Claim ID column.

15. To print a copy of the claim, click **Print Preview**.

16. To print the Electronic Claim Paper Attachment Form Cover Sheet, click **Attachment Coversheet(s)**.

4.13 Resubmit a Claim – Denied Claims Only

From Claim submission:



1. Click **Edit**.

2. Modify the field(s) containing the incorrect data.

3. Click **Submit**.

From Claim Inquiry:

Follow these steps to resubmit a denied claim.

1. Follow steps 1-9 in section 4.11, Claim Inquiry – Medical/Dental, to locate the denied claim.

2. Select the Claim ID link of the claim that needs correction.

3. Click **Edit**.

4. Modify the field(s) containing the incorrect data.

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5. Click **Submit**.

4.14 Void a Claim – Paid Claims Only

Follow these steps to void a paid claim from Inquiry.

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

1. Follow steps 1-9 in section 4.11, Claim Inquiry – Medical/Dental, to locate the paid claim.

2. Select the Claim ID link of the claim to be voided.

3. Click **Void**.

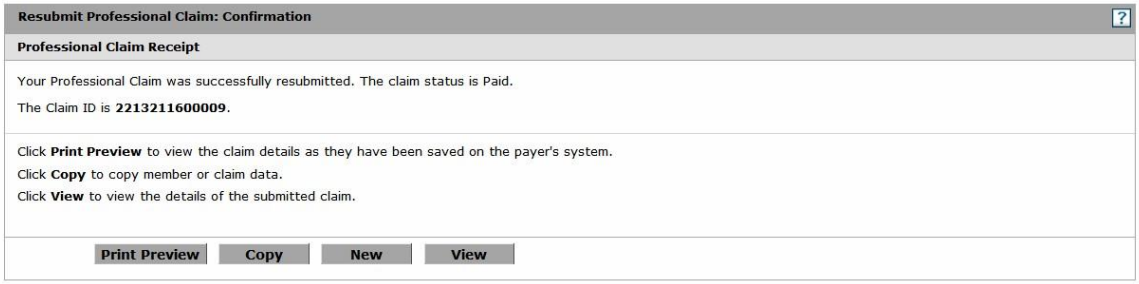
4. An information window displays asking "Are you sure you want to void this Claim Type Claim ID XXXXXXXXXX?" (The voided claim now has a new Claim ID.)

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

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

4.15 Copy a Claim – Paid Claims Only

From Claim submission:



1. Click **Copy**.

2. Select the radio button with the fields that best fits the new claim to be submitted. Data copied varies by claim type.

3. Click **Copy** to initiate the claim.

4. Make any additional changes needed to the claim.

5. Click **Submit**.

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6. Click **Confirm**.

From Claims Inquiry:

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

1. Follow steps 1-9 in section 4.11, Claim Inquiry – Medical/Dental, to locate the paid claim.
2. Select the claim ID link of the claim to be copied.
3. Click **Copy**.
4. Select the radio button with the fields that best fits the new claim to be submitted. Data copied varies by claim type.
5. Click **Copy** to initiate the claim.
6. Make any additional changes needed to the claim.
7. Click **Submit**.
8. Click **Confirm**.

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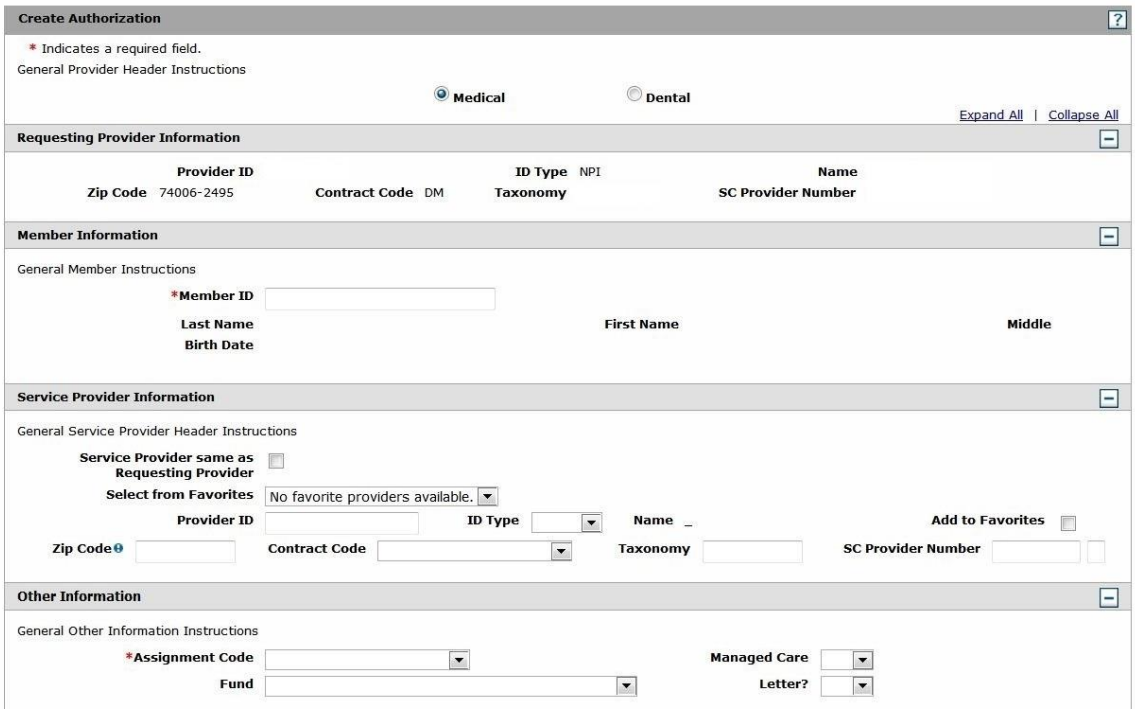
5 Prior Authorization

5.1 Overview

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

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

5.2 Prior Authorization (PA) Submission



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

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

1. Select the Medical or Dental radio button.

5.2.1 Requesting Provider Information

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

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5.2.2 Member Information

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

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

5.2.3 Service Provider Information

1. If the requesting provider is the same as the servicing provider, select the Service Provider same as Requesting Provider check box. All other service provider fields are disabled.

2. If the servicing provider has been used before and been saved as a favorite, select from the Select from Favorites drop-down list. Additional fields auto-populate.

3. Enter the servicing provider ID in the Provider ID field. This field is required for medical providers.

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

4. Enter the NPI value in the ID Type field, if entering a rendering provider ID.

   The Name field auto-populates automatically if the options from step 3 or 4 are selected.

5. To add a new provider as a favorite, select the Add to Favorites check box. Up to 20 favorites can be saved.

6. Enter the Zip code of the servicing provider in the Zip Code field.

7. Select the contract type from the Contract Code drop-down list.

8. Enter the taxonomy code of the servicing provider in the Taxonomy field, if applicable.

9. Enter the SC provider number in the SC Provider number field, if applicable.

5.2.4 Other Information

1. Select the provider type of the servicing provider from the Assignment Code drop-down list.

2. Select if the authorization is for managed care from the Managed Care drop-down list.

3. Enter the fund code from the Fund drop-down list.

4. Select if a letter ID requested from the Letter? drop-down list.

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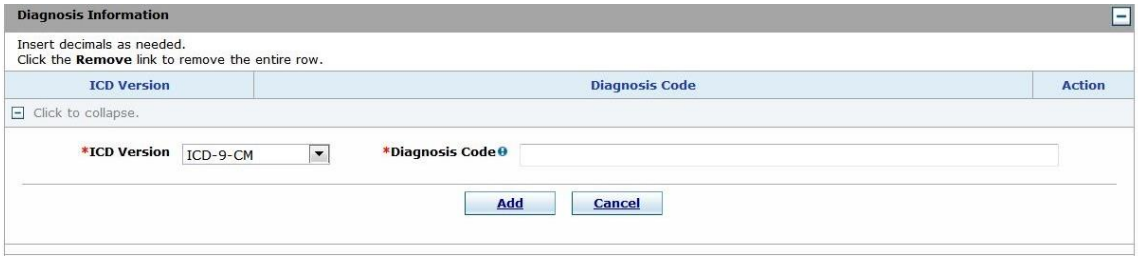
5.2.5 Diagnosis Information

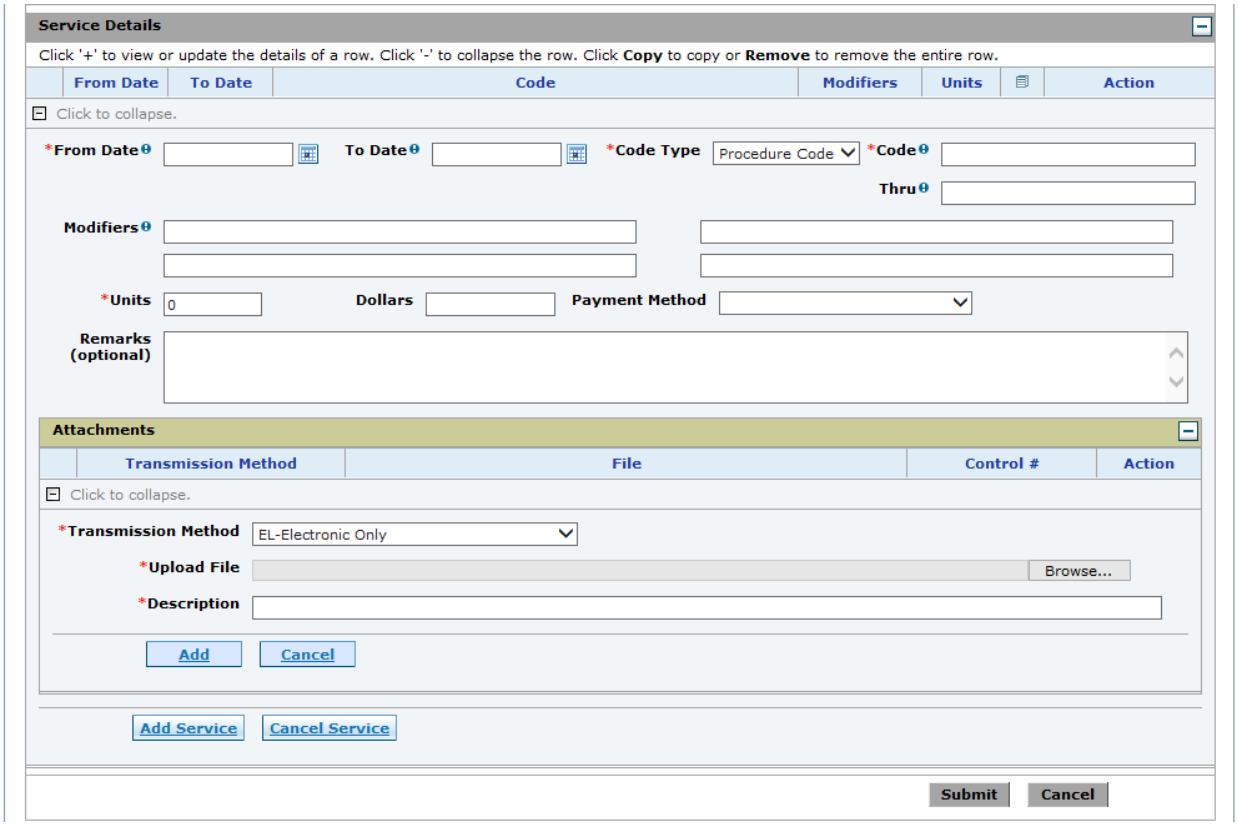


1. Select the ICD type in the ICD Version drop-down list.

2. Enter a diagnosis in the Diagnosis Code field.

5.3 Service Details

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



5.3.1 Code Type-NDC

1. Enter the beginning date in the From Date field.

2. Enter the end date in the To Date field.

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3. Select the NDC for the Code Type field.
4. Enter the NDC code in the Code field.
5. Enter number of units requested in the Units field.
6. Enter the dollar amount requested in the Dollars field.
7. Select the payment type in the Payment Method drop-down list.
8. Select Yes or No from the NDC Lock drop-down list.
9. Enter remarks for medical justification in the Remarks (optional) field.

5.3.2 Code Type-Procedure Code

1. Enter the beginning date in the From Date field.
2. Enter the end date in the To Date field.
3. Select Procedure Code from the Code Type field.
4. Enter the procedure code in the Code field.
5. To enter a range of procedure codes, enter the end range in the Thru field.
6. Enter any modifiers for the requested code in the Modifiers fields.
7. Enter number of units in the Units field.
8. Enter the dollar amount requested in the Dollars field.
9. Select the payment type from the Payment Method drop-down list.
10. Enter remarks for medical justification in the Remarks (optional) field.

5.3.3 Code Type-Revenue Code

1. Enter the beginning date in the From Date field.
2. Enter the end date in the To Date field.
3. Select Revenue in the Code Type field.
4. Enter the revenue code in the Code field.
5. To enter a range of procedure codes, enter the end range in the Thru field.
6. Enter number of units in the Units field.
7. Enter the dollar amount requested in the Dollars field.

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

9. Enter remarks for medical justification in the Remarks (optional) field.

5.3.4 Code Type-ADA (Dental Only)

1. Enter the beginning date in the From Date field.

2. Enter the end date in the To Date field.

3. Select ADA in the Code Type field.

4. Enter the procedure code in the Code field.

5. Enter number of units in the Units field.

6. Enter the dollar amount requested in the Dollars field.

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

8. Select the tooth number from the Tooth Number drop-down list.

9. Select the cavity areas from the Oral Cavity Area drop-down list.

10. Enter remarks for medical justification in the Remarks (optional) field.

11. If you want to copy existing service information to another service line, click **Copy**.

12. If you want to remove an existing service, click **Remove**.

5.3.5 Attachments Information

1. Click **[+]** to expand the attachments section.

2. Select the method of sending attachments from the Transmission Method drop-down list.

3. Click **Browse** to locate and upload to the Upload File field. The Upload File option is enabled only when the transmission method is set to Electronic Only.

4. Enter a description of the attachment in the Description field.

5. If additional attachments are to be sent on this submission, click **Add** and repeat the process.

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

6. Click **Remove** to remove an existing attachment.

7. When finished, click **Submit**.

8. Verify the authorization information, and then click **Confirm**.

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

- **Attachment Coversheet(s)**—Coversheets are generated automatically and pre-populated when Transmission Method-Fax and Transmission Method-Mail are selected. Each attachment has its own completed coversheet. Selecting Transmission Method-File Transfer does not generate a coversheet, because those attachments are uploaded directly. See section 4.10, Hardcopy Attachment, for more information on attachment coversheets.
- **Print Preview**—Displays and prints the authorization.
- **Copy**—Copies specific details from one claim to another; the options are preset.
- **New**—Begins a new claim.

5.4 Prior Authorization Inquiry

Follow these steps to complete a prior authorization inquiry.

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

5.4.1 Prospective Authorizations

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

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

5.4.2 Search Authorizations

1. If known, enter the authorization number in the Authorization Tracking Number field; all other fields can be left blank.
2. If known, select the assignment code from the Assignment Code drop-down list to narrow the search results, if applicable.
3. If known, enter the type of code in the Code Type drop-down list.
4. Enter the code in the Code field.
5. Select a day range from the Day Range drop-down list or enter a day of service in the Authorized Service Date field.

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6. If known, enter the member ID in the Member ID field.

7. Enter a provider ID in the Provider NPI field.

8. Select if the provider is the servicing provider or prescribing provider radio button with the This Provider is field.

9. Click **Search**.

10. Search results can be exported to an Excel spreadsheet by selecting the Export results link. A new Excel window displays with the authorization results, and it can be printed.

11. Select the tracking number from the Authorization Tracking Number column.

12. To view Reason Codes and Remarks, select the View link.

13. To view the original request, select the View Original Request button.

14. On the View Authorization page, if the service line is waiting for documents, the attachment grid will be enabled. Add attachments and click on Submit Additional Attachment button to submit the attachments.

15. To print a copy of the authorization, select the Print Preview button. A new window displays, and the authorization can be printed.

5.5 Prior Authorization Notice

Follow these steps to view a prior authorization notice.

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

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

1. If known, enter the authorization number in the Authorization Tracking Number field.

2. If known, enter the type of code in the Code Type drop-down list.

3. Enter the code in the Code field.

4. If known, enter the member ID in the Member ID field.

5. If known, enter the last name of the member in the Last Name field.

6. If known, enter the first name of the member in the First Name field.

7. Select a day range from the Day Range drop-down list, or enter a date range in the From and To fields.

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8. Click **Search**.

9. Click the tracking number in the Authorization Tracking Number column. This allows you to view the authorization and print a copy.

10. To view the Prior Authorization Notice, select the date from the Date Sent column. This displays a new window, and the notice can be printed.

11. In the Unread Notices Summary section, a running count of read and unread notices is kept.

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

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6 Error Code Search

6.1 Overview

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

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

6.2 HIPAA Error Code Search

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

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

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

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7 Electronic Referrals

7.1 Overview

This section describes electronic referrals on the SoonerCare Provider Portal.

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

7.2 Create New Referral

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

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

1. Enter the member ID in the Member ID field. Member data auto-populate.
2. Click **Verify PCP**.
3. Enter Alternate Phone and Extension of the Referring Provider. These fields are optional.
4. Enter the NPI number of the provider receiving the referral in the Refer to Provider ID field. If the entered NPI number is valid, the Provider Information with auto-populate. If the refer to provider ID is unknown, see section 7.2.1, Search Providers.
5. If the referral is for an initial visit, select the Referral for Initial Visit Only radio button.
6. If the referral is ongoing, select the Ongoing Referral radio button.
7. Enter the beginning date of the referral in the Referral Start Date field.
8. Enter the end date of the referral in the Referral End Date field.

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9. Select a specialty from the Refer To Specialty drop-down list. This list will only contain the specialties that require a referral.

10. Enter the purpose of referral in the Reason For Referral field.

11. Click **Submit**.

12. Click **Confirm** once all information has been verified.

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

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

7.2.1 Search Providers

1. If the refer to provider ID is unknown, select the magnifying glass icon.

2. Enter search criteria and Click **Search**. The search results will only contain the Providers that require a referral.

3. Select the desired Provider by clicking on the "**Select**" link. This will auto-populate the Refer To Provider Information fields.

4. Enter the first name of the provider in the First Name field.

5. Click **Search**.

6. Select the desired provider ID from the Provider ID column. This populates the provider ID in the Refer to Provider ID field. (If selecting the provider ID from the Search Referrals list, the provider ID selected populates in the Provider ID field.)

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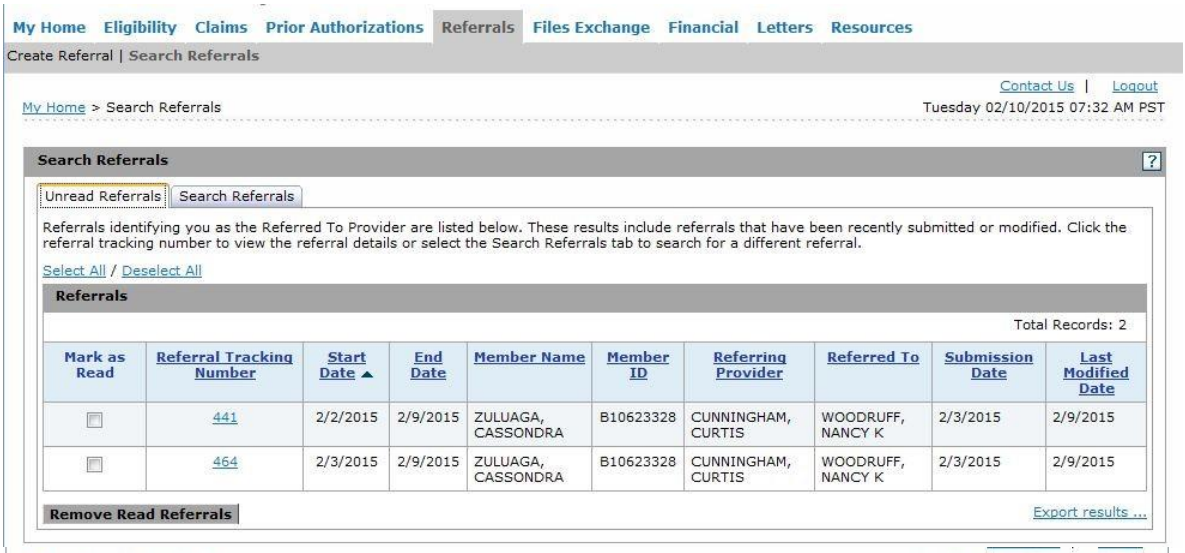
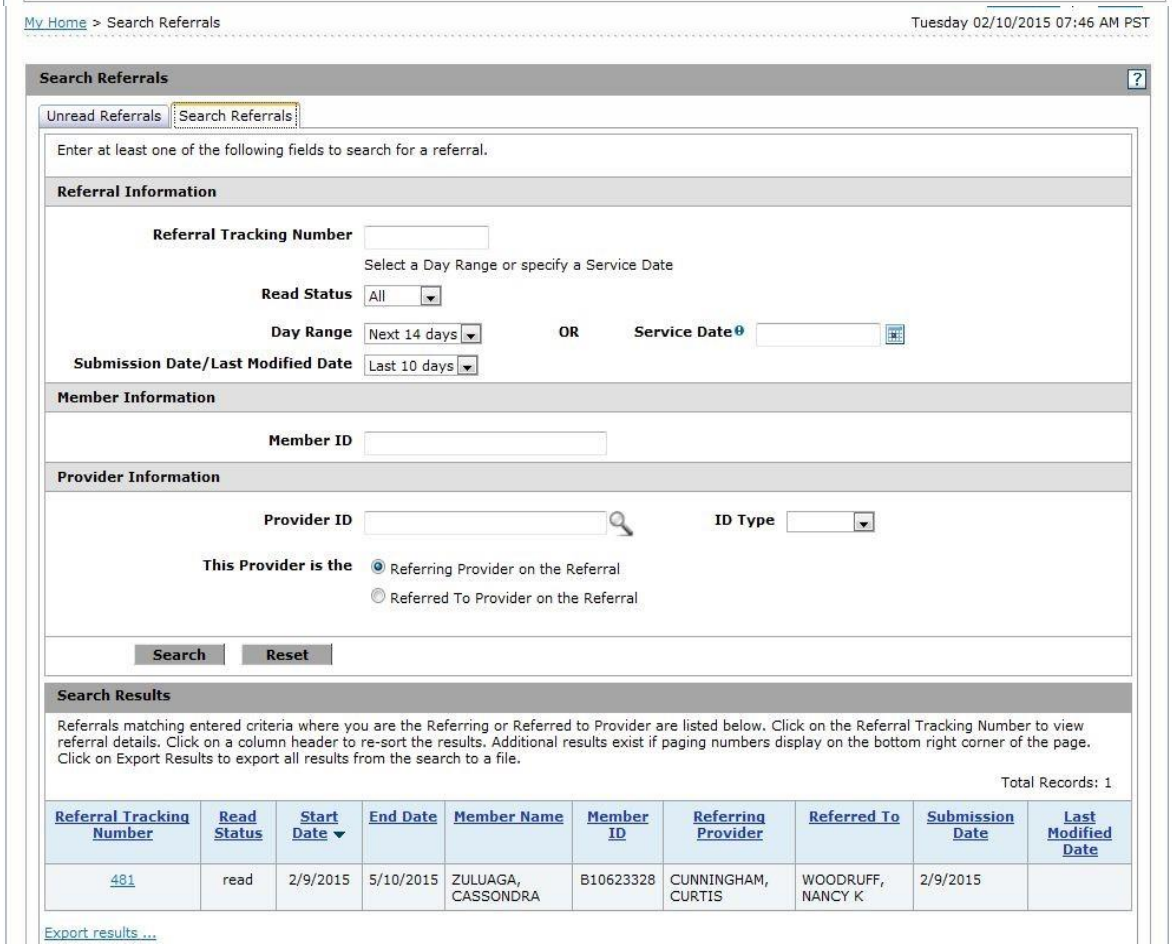
7.3 Search Referrals





There are three ways to search for referrals:

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

Unread Referrals Tab

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

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

Search Referrals Tab

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

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

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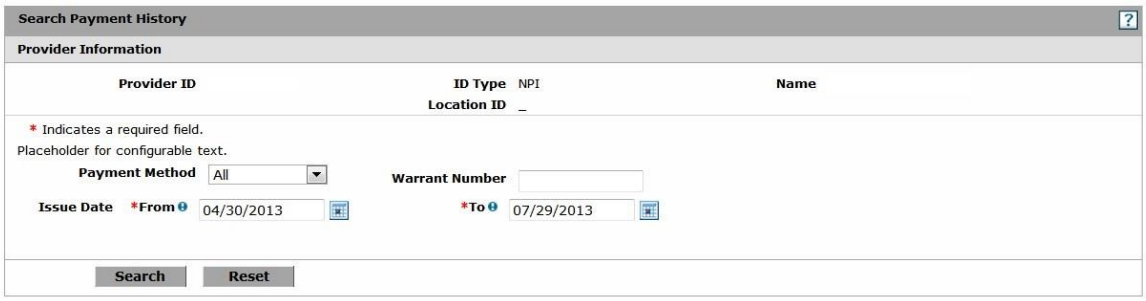
8 Payment History

8.1 Overview

This section describes electronic referrals on the SoonerCare Provider Portal.

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

8.2 Search Payment History



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

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

1. Select the method of payment from the Payment Method drop-down list.
2. Enter the warrant number in the Warrant Number field.
3. Enter the beginning issue date in the From field.
4. Enter the end issue date in the To field.
5. Click **Search**.
6. To see payment details, select the Warrant Number link.
7. To print a copy of the RA, click **RA Copy**. The RA can also be printed from selecting the [RA] from the RA Copy column on the previous Search Details page.
8. To view the claim, select the Claim ID link. You can copy existing claim information to a new claim, void a claim (if applicable to the status), and print a copy of the claim
9. To narrow down the Payment Summary to display more specific details, select the Show Filter Options link.

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10. To display a specific claim, use the Claim ID field.
11. To display a specific account number, use the Account Number field.
12. To display a specific name, use the Recipient Name field.
13. To display a specific recipient, use the Recipient ID field.
14. To display a specific rendering provider, use the Rendering Provider field,
15. To display specific dates, use the Service From and To fields.
16. Click **Filter** to display filtered claim results.

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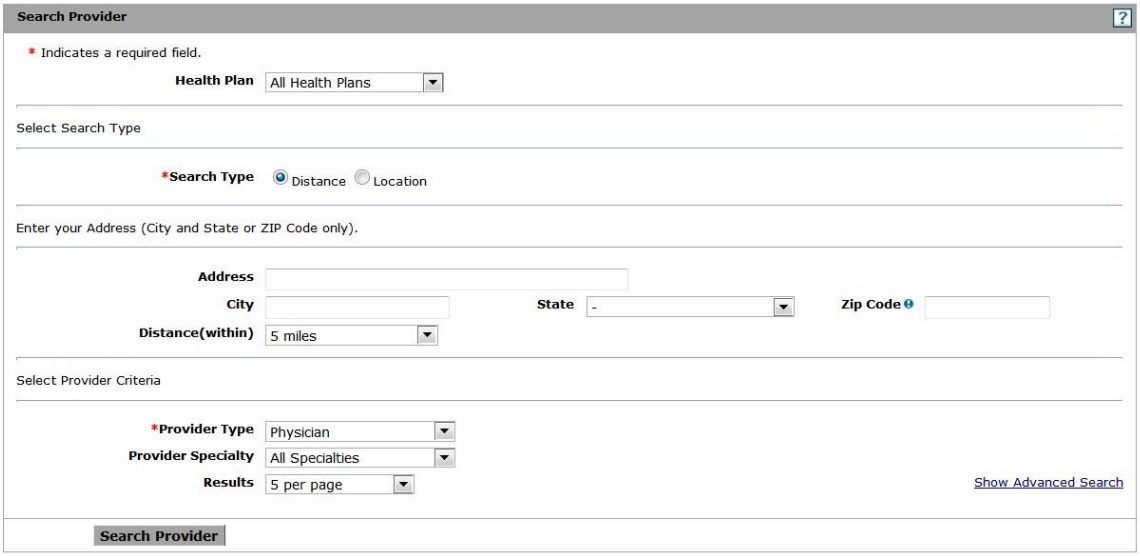
9 Locate Providers

9.1 Overview

This section describes locating providers on the SoonerCare Provider Portal.

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

9.2 Search Providers



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

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

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8. Select the average distance from the Distance drop-down list. (This is available only when the Distance radio button is selected.)

9. Select the type of provider from the Provider Type drop-down list.

10. Select the provider specialty from the Provider Specialty drop-down list.

11. Select the average amount results per page from the Results drop-down list.

12. To show additional search criteria, select the Show Advanced Search link.

13. Enter the last name of the provider or name of business in the Last Name/Business Name field.

14. Enter the first name of the provider in the First Name field.

15. Select any provider gender preference from the Gender radio buttons.

16. Select a language preference from the Language drop-down list.

17. Click **Search Provider**.

18. To print the search results, click **Print this section**.

19. To view the provider, select the Provider name link.

20. To print the Provider Details page, click **Print Preview**. A new window displays, and the details page can be printed.

21. Click **[Map]** from the Address section to launch MapQuest, or click **[Map]** from the Address column on the previous Search Results page.

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

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10 Member Focus Viewing

10.1 Overview

This section describes the member focus viewing on the SoonerCare Provider Portal.

Member Focus Viewing on the SoonerCare Provider Portal allows for the user to view recent authorizations, claims, and eligibility for the member. It also allows the user to create claims and authorizations, as well as check eligibility—all in one page. Any claims or authorizations submitted from Member Focus Viewing auto-populates the member ID, name, and birth date.

10.2 Search Member to View

Starting on the Provider main page, select the Member Focus Viewing link under Provider Services. The Last Member Viewed tab displays the last 10 members the user has viewed, submitted claims on, or submitted authorizations on. If the member is not seen on the list, select the Search tab.

1. Enter a member ID in the Member ID field; all other fields may remain blank.
2. Enter a last name in the Last Name field. (Must also include information in the First Name and Birth Date fields.)
3. Enter a first name in the First Name field. (Must also include information in the Last Name and Birth Date fields.)
4. Enter a birth date in the Birth Date field. (Must also include information in the Last Name and First Name fields.)
5. Enter a city in the City field.
6. Enter a Zip code in the Zip Code field.
7. Click **Search**.
8. Select the member name from the Member column.

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10.2.1 Coverage Details

Coverage Details displays eligibility coverage for the member. To view additional eligibility, select the View eligibility verification information link. This takes you to Eligibility Verification Request as described in section3.4, Eligibility Inquiry.

10.2.2 Your Member Claims

Your Member Claims displays the most recent claims submitted by the user. To view the claim, select the claim from the Claim ID column.

To submit a medical/dental claim, follow the steps in one of the following: section 4.2, Claim Submission – Professional; section 4.4, Claim Submission – Institutional; or section 4.7, Claim Submission – Dental.

10.2.3 Pharmacy

1. Select the Pharmacy tab.

2. To submit a pharmacy claim, select the Submit a Pharmacy Claim link (see section 4.6, Claim Submission – Pharmacy (Including Compounds) for more information).

3. To view additional pharmacy claims, select the View more claims for this member link (see section 4.11, Claim Inquiry – Medical/Dental for more information).

10.2.4 Your Member Authorizations

Your Member Authorizations displays the most recent authorizations submitted by the user. To view the authorization, select the authorization from the Authorization # tab.

- To submit an authorization, select the Submit an Authorization link (see sections 5.2, Prior Authorization (PA) Submission, through 5.3, Service Details, for more information).

- To view additional authorizations, select the View other authorizations for this member link (see section 5.4, Prior Authorization Inquiry, for more information).

- To change the member in focus, select the Change link from the black header. This takes the user back to the Last Member Viewed tab.

10.3 Last Member Viewed

The Last Member Viewed tab displays the last 10 members the user has viewed, submitted claims or authorizations. Click the name of the member from the Member column. Follow the steps in sections 10.2.1, Coverage Details, through 10.2.3, Pharmacy.

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11 Secure Correspondence

11.1 Overview

This section describes reviewing secure correspondence and submitting it on the SoonerCare Provider Portal.

The Secure Correspondence screen allows Internet users to receive messages from the OHCA directed specifically to certain groups, such as specialties. The messages remain in the mailbox until a user closes the message or the system closes it automatically 60 days after the last response.

11.2 Reading Message

Secure Correspondence - Message Box

Back to My Home

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

Create New Message

Total Records: 3

Status	Reference Number	Subject	Message Category	Date Opened	Last Activity Date
Open	6898201	Eligibility	Eligibility Inquiry	07/17/2013	07/17/2013
Message Sent	6898196	Test message	Training Request	06/17/2013	06/27/2013
Closed	6898192	Claims Question	Claim Inquiry	05/29/2013	06/27/2013

Starting from the Provider main page, select the Secure Correspondence link. A list of messages display. The messages are sorted by Status (Open, Closed, Message Sent, Message Received), Reference Number, Subject, Message Category, Date Opened, and Last Activity Date (last message update). The status definitions are as follows:

- **Open**—New message
- **Closed**—Message /issue has been resolved
- **Message Received**—A reply has been sent by OHCA staff
- **Message Sent**—A reply has been sent by the user

To view the message, select the Subject hyperlink.

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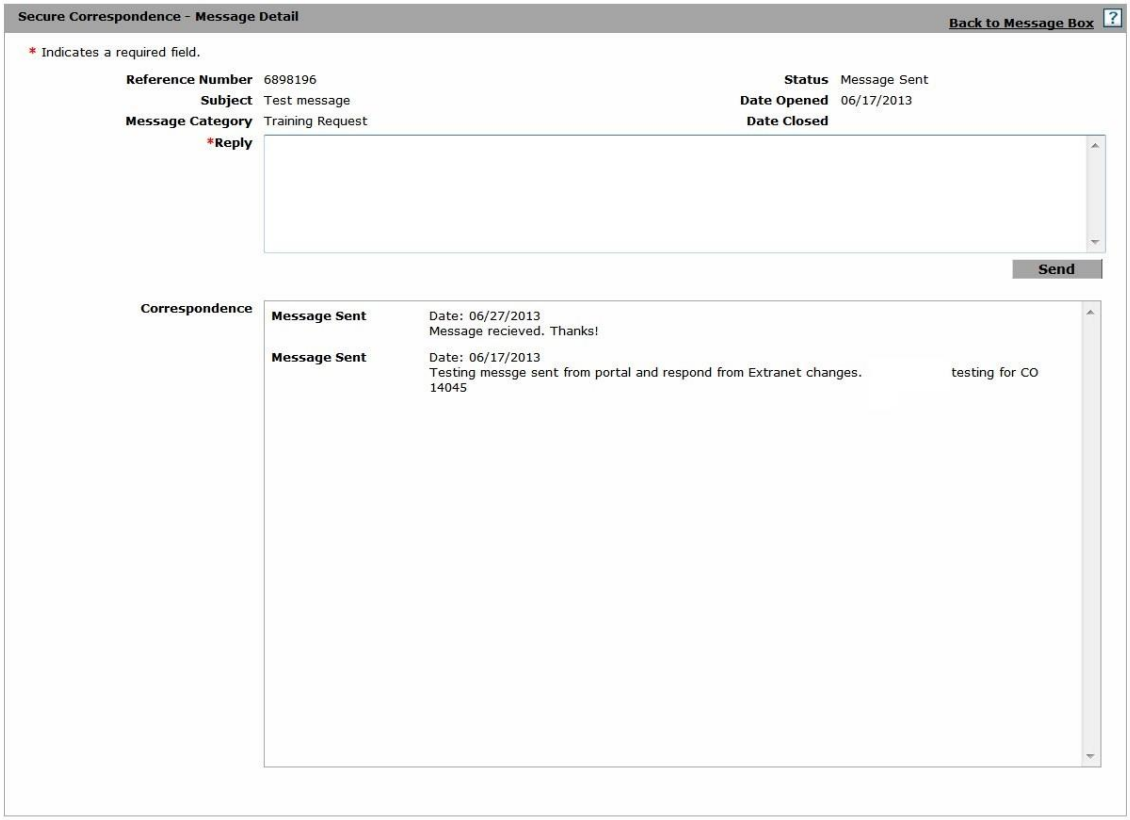
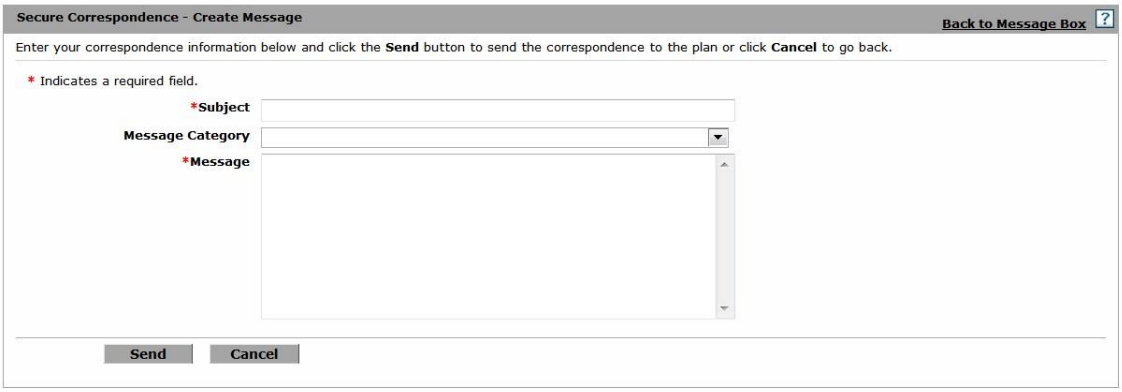
11.3 Message Detail



The Correspondence field displays the message sent to OHCA by the user and any following messages by OHCA. To reply to a message, enter relevant data in the Reply field. Select the Send button.

1. Select the Back to Message Box hyperlink to return to the Secure Correspondence main menu.

11.4 Create New Message



Starting on the Provider main page, select the Secure Correspondence link. Select the Create New Message link.

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1. Enter the subject matter in the Subject field.
2. Select a message category from the Message Category drop-down list.
3. Enter a message in the Message field.
4. Select **Send**.
5. Select **Cancel** to cancel the new message and return to the Secure Correspondence main menu.

Once the message is sent, the message will appear in the Secure Correspondence-Message Box panel.

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12 Files Exchange

12.1 Overview

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

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

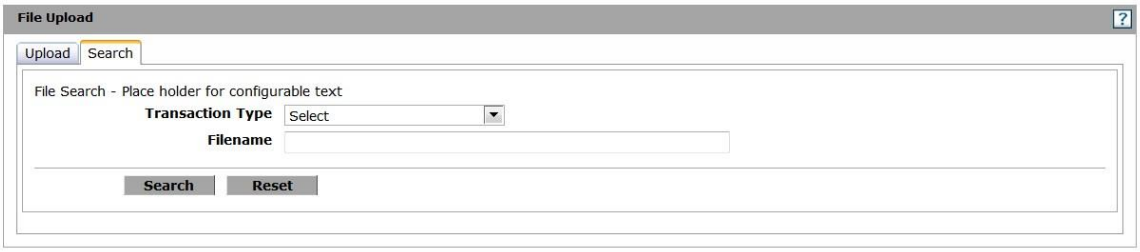
12.2 File Upload

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

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

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

12.3 File Upload Search



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

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

12.4 File Download

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

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

1. Select the file status from the File Status drop-down list.
2. Select the category type from the Category drop-down list.
3. Enter dates in the Available From Date and To Date fields.
4. Click **Search**. A list of files available to download displays.
5. To download the file, select the file name link.
6. To view additional download files, select the pagination numbers.

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

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Appendix A Resources

A.1 Quick Reference Guide

The Quick Reference Guide is a great resource for providers. It provides OHCA and HPE contact information and other resource material.

The most recent version of the Quick Reference Guide can be found at:
http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=12336

A.2 Eligibility Verification System Guide

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

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

A.3 Provider Billing and Procedures Manual

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

The most recent version of the Quick Reference Guide can be found at:
http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=100

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Appendix B Abbreviations and Acronyms

This appendix lists abbreviations and acronyms used in this manual.

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

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

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