

Prior Authorization Required Process Change

Fall Training 2016



DISCLAIMER

The information provided is current as of August 2016 and is subject to change. Stay current with up-to-date information on the OHCA public website: www.okhca.org.

UPDATE

Provider Letter 2016-29:

Effective November 1, 2016: the initiation of the PA request must be submitted electronically. The MAU at OHCA will continue to accept supporting documentation by fax and mail until June 30, 2017.

Effective November 1, 2016: PAs for the following services will be initiated through the SoonerCare Provider Portal: Spine, Joint, Cardiology Procedures, Pain Management and Radiation Therapy, as well as Imaging, Therapies (PT, OT, ST) and all other services currently being submitted.

AGENDA

- Services authorized by the Oklahoma Health Care Authority (OHCA)
- Accessing the Provider Portal
- Search fee schedule
- Treatment history
- Creating a prior authorization (PA) on the Portal
- View authorization status and authorization notices
- OHCA website resources

Services authorized by the OHCA

SERVICES AUTHORIZED BY THE OHCA

- Allergy testing/Immunotherapy
- Audiology services
- Bariatric surgery
- Communication devices
- Dental services
- Durable medical equipment (DME)
- Genetic testing
- High-risk OB (HROB)

SERVICES AUTHORIZED BY THE OHCA (CONT.)

- In-home nursing services
- Sleep studies (children only)
- Stimulators
- Surgeries (see Medical Authorization website)
- Urine drug screens
- Wound care supplies
- Vision

Accessing the Provider Portal

SoonerFit.org



er how OHCA makes policy changes?
eck out the complete process here!

SoonerFit.org

[View All Banners](#)

individuals



- ▶ [How to Apply](#) | [Enroll Online](#)
- ▶ [Find A Provider](#) | [After Hours OK](#)
- ▶ [Member Handbook](#)
- ▶ [Member Letters](#) | [Updates](#)
- ▶ [Programs](#) | [Benefits](#)
- ▶ [Member Services Helpline](#)

--More Options--



providers



- ▶ [Claim Tools](#) | [Types](#) | [Web Alerts](#)
- ▶ [Enrollment](#) | [EHR Incentive](#)
- ▶ [Policy](#) | [Proposed Changes](#)
- ▶ [Provider Portal](#) | [Training](#)
- ▶ [Provider Letters](#) | [Updates](#)
- ▶ [Patient-Centered Medical Home](#)
- ▶ [Medical Authorization Unit](#)

--More Options--



Login ?

*User ID

Log In

[Forgot User ID?](#)
[Register Now](#)
[Where do I enter my password?](#)

Broadcast Messages

All SoonerCare providers and staff are encouraged to attend the 2016 Fall SoonerCare Provider Training Workshops hosted by the OHCA and HPE.

Classes include:
Understanding and Implementing CMS Ordering and Referring Guidelines; Effective Provider Portal Solutions; EDI Toolbox; Prior Authorizations on the Provider Portal; Automated Patient Dismissal Process; DMEPOS Updates; SoonerCare Pharmacy Program Overview; SoonerCare Update and Navigating the Public Website; and EHR Incentive Program.

Class descriptions explain the covered topics and recommended audience.
Classes will fill up quickly, so mark your calendar and register now!

The workshops will be held at four locations statewide, beginning September 22nd.

Class Descriptions: <http://www.okhca.org/Classes>
Registration Tool: <http://www.okhca.org/Register>

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

- Helpful Links**
- ▶ [EVS Guide](#)
 - ▶ [Insure Oklahoma](#)

What can you do in the SoonerCare Provider Portal

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

Searching fee schedule

My Home

User Details

Welcome

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

Provider

Name

Provider ID

Taxonomy

SC Provider Number

Provider Services

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

Welcome Health Care Professional!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to payment history and the ability to search for helpful information under the Resources menu.

 [Contact Us](#)

 [Secure Correspondence](#)

 [Referrals](#)

 [Update Provider Files](#)

Helpful Links

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

Resources



Resources

- ▶ [Search Providers](#)
- ▶ [Search Fee Schedule](#)
- ▶ [Search HIPAA Error Codes](#)



Search Fee Schedule

Procedure NDC DRG

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

*Benefit Package Title 19

Code Type Procedure Code

*Procedure Code G0480

*Date of Service 08/11/2016

*Age 20

Modifiers

Search Reset

- **Benefit Package** – Select the member’s eligibility plan
- **Procedure Code** – Enter the procedure code
- **Date of Service** – Enter the date of service
- **Age** – Enter the age of the member
- **Modifiers** – Used for pricing of procedures

Search Results

Pricing and Limitations:

Allowed Amount: \$65.75

PA Required

Maximum Units: 1

Age Restriction: 0 - 999

Medical Review is Not Required

Gender: Both

Attachment is Not Required

Not a Lifetime Procedure

Not restricted to any Diagnosis

Billing Provider not restricted to any Specialty

Rendering Provider restricted to certain Specialty

Ambulatory Surgical Facility Fee: \$0.00

Ambulatory Payment Classification Fee: \$0.00

Discounted: NA

Treatment History

Search Treatment History

* Indicates a required field.

This search feature retrieves PAID claim records for a particular member ID as of the timeframe submitted.

Enter the member ID, date of service, and procedure type/code, then click **Search**. Select **Lifetime** to view treatment history for the procedure identified over the lifetime of the patient. Click **Reset** to clear all fields.

Member Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID Last Name First Name Birth Date

Service Information

*Service From Date To Date Lifetime

*Procedure Code Type *Procedure Code

Search Treatment History

Medical Dental

* Indicates a required field.
 This search feature retrieves PAID claim records for a particular member ID as of the timeframe submitted.
 Enter the member ID, date of service, and procedure type/code, then click **Search**. Select **Lifetime** to view treatment history for the procedure identified over the lifetime of the patient. Click **Reset** to clear all fields.

Member Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID Last Name First Name Birth Date

Service Information

*Service From Date To Date Lifetime

*Procedure Code Type *Procedure Code

- **Member ID** – Enter the SoonerCare member ID.
- **Service From and To Date** – Enter the dates of service.
- **Lifetime** – Only used for dental lifetime procedures.
- **Procedure Code Type** – Select the code type as CPT/HCPSC or Revenue.
- **Procedure Code** – Enter the procedure code. If searching by the revenue, enter the appropriate revenue code.

Service Information

*Service From Date To Date Lifetime

*Procedure Code Type *Procedure Code

Search Results

Total Records: 10

Service Date ▼	Procedure Code	Description	Units
08/12/2016	E1390	OXYGEN CONCENTRATOR	1
07/12/2016	E1390	OXYGEN CONCENTRATOR	1
06/12/2016	E1390	OXYGEN CONCENTRATOR	1
05/12/2016	E1390	OXYGEN CONCENTRATOR	1
04/12/2016	E1390	OXYGEN CONCENTRATOR	1
03/12/2016	E1390	OXYGEN CONCENTRATOR	1
02/12/2016	E1390	OXYGEN CONCENTRATOR	1
11/22/2015	E1390	OXYGEN CONCENTRATOR	1
10/22/2015	E1390	OXYGEN CONCENTRATOR	1
09/22/2015	E1390	OXYGEN CONCENTRATOR	1

- The search results will reflect what date the member received the item and how many units were billed. Disclaimer: The system will **only** show results based on paid claims.

Creating a PA on the Portal

DOCUMENTATION MATTERS

ALL prior authorization (PA) requests require the submitting provider to send in supporting medical documentation and necessary forms. This allows OHCA to perform a comprehensive review to determine the medical necessity of the requested service.

WHY CREATE A PA ON THE PORTAL?

- Easier tracking
- No risk of returned mail
- No lost attachments
- OHCA receives uploaded documents in a timely manner
- Documents are more legible if electronically uploaded

WHY CREATE A PA ON THE PORTAL? (CONT.)

- Photos are clear when electronically uploaded
- Eventually, OHCA will transition to completely paperless (“go green”)

My Home

User Details

Welcome

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

Provider

Name

Provider ID

Taxonomy

SC Provider
Number

Provider Services

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

Welcome Health Care Professional!



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[Contact Us](#)

[Secure Correspondence](#)

[Referrals](#)

[Update Provider Files](#)

Helpful Links

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

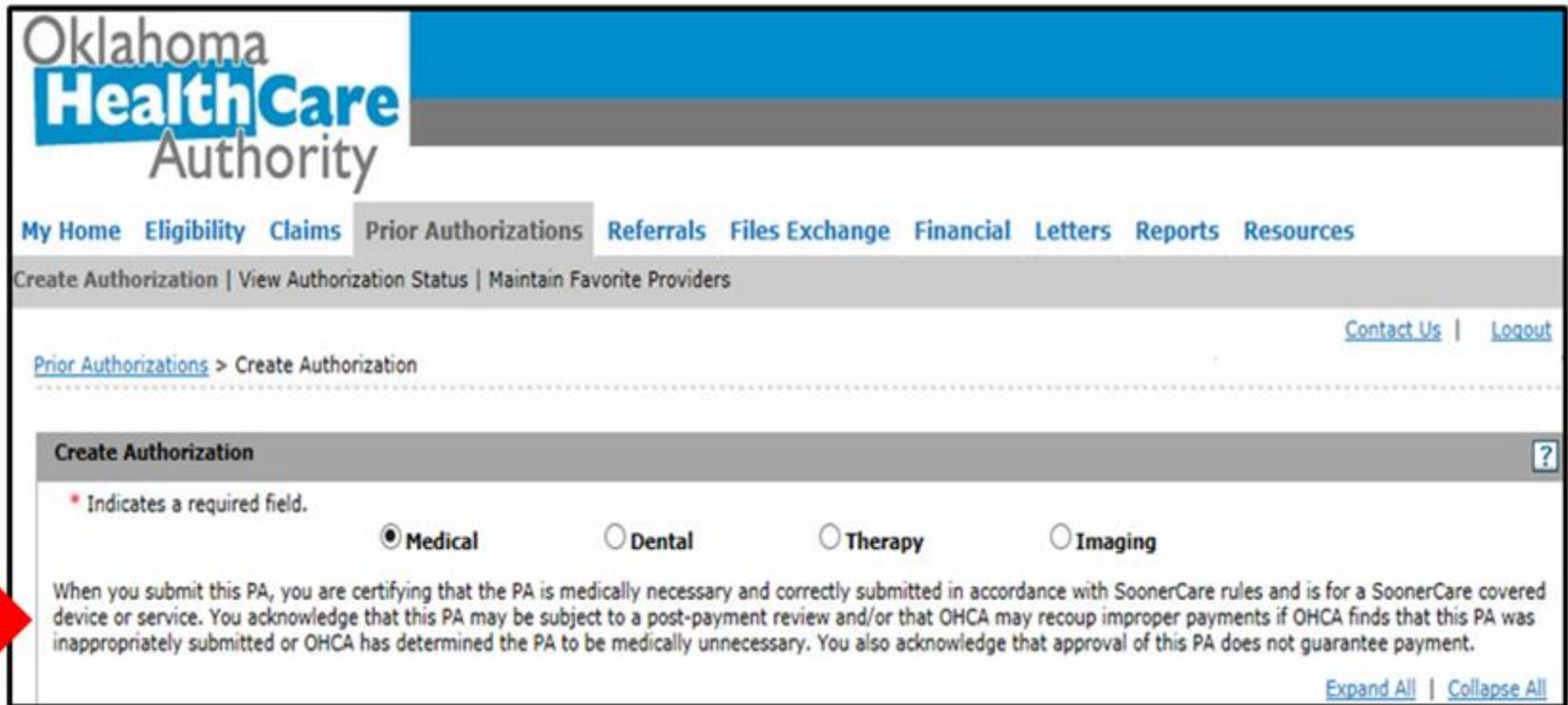
- Click on the **Prior Authorization** tab to create an authorization.

CREATING A PORTAL PA

The screenshot displays the Oklahoma HealthCare Authority website interface. At the top left is the logo for Oklahoma HealthCare Authority. A navigation menu includes links for My Home, Eligibility, Claims, Prior Authorizations (which is highlighted), Referrals, Files Exchange, Financial, Letters, Reports, and Resources. Below the navigation menu are links for Create Authorization, View Authorization Status, and Maintain Favorite Providers. On the right side, there are links for Contact Us and Logout. The breadcrumb trail shows Prior Authorizations > Create Authorization. The main content area is titled 'Create Authorization' and includes a legend indicating that a red asterisk denotes a required field. There are four radio button options: Medical (selected), Dental, Therapy, and Imaging. A disclaimer text states: 'When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.' At the bottom right of the form area, there are links for Expand All and Collapse All.

- **Create Authorization** – Choose from the following options.

CREATING A PORTAL PA



Oklahoma HealthCare Authority

My Home Eligibility Claims **Prior Authorizations** Referrals Files Exchange Financial Letters Reports Resources

Create Authorization | View Authorization Status | Maintain Favorite Providers

[Contact Us](#) | [Logout](#)

[Prior Authorizations](#) > Create Authorization

Create Authorization ?

* Indicates a required field.

Medical Dental Therapy Imaging

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

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

- Disclaimer notice advises that the PA may be subject to a post-payment review.

Create Authorization ?

* Indicates a required field.

Medical
 Dental
 Therapy 

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

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

Requesting Provider Information -

This panel contains provider information-

Provider ID	ID Type	NPI	Name
Zip Code	Contract Code	Taxonomy	SC Provider Number

Therapy Information -

- Occupational, Physical and Speech Therapy for children 0-20 are processed by [eviCore](#). Please note when clicking this link, you will be leaving the Provider Portal Application.
- Retro Authorizations are not allowed for Therapy services.
- Once the Prior Authorization (PA) documentation has been reviewed by eviCore, a PA decision notice will be provided by eviCore and transferred to the SoonerCare provider portal within three (3) business days.
- Provider Questions and concerns regarding Therapy services should be directed to eviCore Client Services department via E-mail at ClientServices@evicore.com or by phone 800-575-4517.
- For Therapy amendment requests contact eviCore via E-mail at ClientServices@evicore.com or by phone 800-575-4517.

- **Therapy** - This tab will provide a link to the eviCore website to initiate the PA's for therapy services.

Create Authorization ?

* Indicates a required field.

Medical
 Dental
 Therapy
 Imaging
←

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

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

Requesting Provider Information -

This panel contains provider information.

Provider ID	ID Type	Name	
Zip Code	Contract Code	Taxonomy	SC Provider Number

Imaging Information -

- Cardiac Procedures, including echocardiograms, are processed at OHCA, please select Medical option above.
- CT/PET Scans and MRA/MRI are processed by [eviCore](#). Please note when clicking this link, you will be leaving the Provider Portal Application.
- Once the Prior Authorization (PA) documentation has been reviewed by eviCore, a PA decision notice will be provided by eviCore and transferred to the SoonerCare provider portal within three (3) business days.
- Provider Questions and concerns regarding Imaging services should be directed to eviCore Client Services department via E-mail at ClientServices@evicore.com or by phone 800-575-4517.
- For Imaging amendment requests contact eviCore via E-mail at ClientServices@evicore.com or by phone 800-575-4517.

- **Imaging** – This tab will provide a link to the eviCore website to initiate the PAs for imaging services.

CREATING A PORTAL PA

Requesting Provider Information

This panel contains provider information.

Provider ID	ID Type	Name
Zip Code	Contract Code	Taxonomy
		SC Provider Number

- **Requesting Provider Information** – This section will automatically populate the provider logged in.

Member Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID

Last Name	First Name	Middle
Birth Date		

- **Member ID** – Enter the SoonerCare member ID.

CREATING A PORTAL PA

Service Provider Information

Service Provider may be required depending on the type of Assignment Code selected. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populate, either click the Service Provider same as Requesting Provider checkbox or select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox. Service Provider is required, the servicing provider cannot be a group, clinic or PLLC, etc., or the PA will be denied. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populate select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox.

Service Provider same as Requesting Provider

Select from Favorites

Provider ID **ID Type** **Name**

Zip Code **Contract Code** **Taxonomy** **Add to Favorites**

SC Provider Number

- **Service Provider Information** – This field may be required depending on the Assignment Code selected.

CREATING A PORTAL PA

Other Information

Assignment Code must be selected from the dropdown. The Assignment Code can be viewed in the Prospective Authorizations results panel and in the Search Results panel when using Search Authorizations.

*Assignment Code	<input type="text"/>	Managed Care	<input type="text"/>
Fund	<input type="text"/>	Letter?	<input type="text"/>

- **Assignment Code** – Select the appropriate assignment code.
- **Managed Care, Fund, Letter** – Leave **blank**.

CREATING A PORTAL PA

Diagnosis Information

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

ICD Version	Diagnosis Code	Action
Click to collapse.		
*ICD Version <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/>		



- **ICD Version** – Select the ICD version of the diagnosis code.
- **Diagnosis Code** – Enter the diagnosis code without the decimal, then click **Add**.

CREATING A PORTAL PA

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

From Date	To Date	Code	Modifiers	Units		Action
Click to collapse.						
*From Date <input type="text"/>	To Date <input type="text"/>	*Code Type <input type="text" value="Procedure Code"/>	*Code <input type="text"/>	Thru <input type="text"/>		

- **From and To Date** – Enter the date range. The 30-day retro rule applies.
- **Code Type** – Select Procedure Code or Revenue.
- **Code** – Enter the procedure code.

CREATING A PORTAL PA

Modifiers [⊕]	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
*Units	<input type="text" value="0"/>	Dollars <input type="text"/>
		Payment Method <input type="text" value="v"/>
Remarks (optional)	<input type="text"/>	

- **Modifiers** – Use appropriate modifiers, if applicable. Up to four modifiers can be entered.
- **Units** – Enter the number of units.
- **Dollars** – Leave blank.
- **Payment Method** – Leave blank.

CREATING A PORTAL PA



- **Remarks (optional)** – For items listed as miscellaneous, enter the line item and description in the remark field.
- If uploading electronic documentation through the Provider Portal, enter a contact name and phone number.



- **Attachments** – Click on the “+” sign to designate how the documentation will be submitted. **Note:** The attachment must be added **before** the first service line can be added.

CREATING A PORTAL PA

Attachments

Transmission Method	File	Control #	Action
Click to collapse.			
*Transmission Method	EL-Electronic Only		
*Upload File	AA-Available on Request at Provider Site		Browse...
*Description	EL-Electronic Only		

Buttons: Add, Cancel

- **Transmission Method** – Select from the following:
 - BM – By Mail (Accepted until June 30, 2017)
 - ET – Electronic Only
 - .JPG, PDF, TIFF (up to 10 MB)
 - FX – By Fax (Accepted until June 30, 2017)

CREATING A PORTAL PA

Attachments

Transmission Method	File	Control #	Action
Click to collapse.			
*Transmission Method	EL-Electronic Only		
*Upload File			Browse...
*Description			

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

- **Upload File** – This field only appears when the attachments are uploaded electronically. Select **Browse** to search for the attachments.

CREATING A PORTAL PA

Transmission Method	File	Control #	Action
Click to collapse.			
*Transmission Method	EL-Electronic Only		
*Upload File	medicalrecords.pdf		Browse...
*Description	Medical Records		
Add Cancel			
Add Service Cancel Service			
Submit Cancel			

- **Description** – Enter a brief description of the documentation.

CREATING A PORTAL PA

The screenshot shows a web form titled "Attachments". At the top, there is a table with the following columns: "Transmission Method", "File", "Control #", and "Action". Below the table, there is a "Click to collapse" link. The form contains the following fields and buttons:

- *Transmission Method**: A dropdown menu with "EL-Electronic Only" selected.
- *Upload File**: A text input field containing "medicalrecords.pdf" and a "Browse..." button.
- *Description**: A text input field containing "Medical Records".
- Add**: A blue button with a red arrow pointing to it.
- Add Service**: A blue button.
- Cancel Service**: A blue button.
- Submit**: A grey button.
- Cancel**: A grey button.

- Once the required fields are completed, click **Add** to attach the documentation. If you do not add the attachment *prior* to adding the service details, the attachments will not be included.

CREATING A PORTAL PA

Error
Total file size cannot be more than 10,485,760 bytes after compression.

Attachments

Transmission Method	File	Control #	Action
Click to collapse.			
*Transmission Method	EL-Electronic Only		
*Upload File	Browse...		
*Description	Medical Records		
Add	Cancel		
Add Service	Cancel Service		

- The portal will give an error message if the file exceeds the capacity limit.

CREATING A PORTAL PA

	Transmission Method	File	Control #	Action
<input type="checkbox"/>	EL-Electronic Only	medicalrecords.pdf (603K)	20160826639522	Remove

Click to collapse.

*Transmission Method

*Upload File

*Description

- If the electronic file upload has successfully attached to the PA request, it will reflect the transmission method, file and control number.

CREATING A PORTAL PA

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

From Date	To Date	Code	Modifiers	Units	Action
-----------	---------	------	-----------	-------	--------

Click to collapse.

*From Date 08/16/2016 To Date 12/31/2016 *Code Type Procedure Code *Code G0480-DRUG TEST DEF 1-7 CLASS Thru

Modifiers

*Units 9 Dollars Payment Method

Remarks (optional)

Attachments

Transmission Method	File	Control #	Action
EL-Electronic Only	medicalrecords.pdf (603K)	20160826639522	Remove

Click to collapse.

*Transmission Method EL-Electronic Only

*Upload File Browse...

*Description

Add Cancel

Add Service



- If all documentation is attached, click **Add Service**.

CREATING A PORTAL PA

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	From Date	To Date	Code	Modifiers	Units		Action
+	08/18/2016	12/31/2016	G0480-DRUG TEST DEF 1-7 CLASSES		9	1	Copy Remove

Click to collapse.

*From Date To Date *Code Type *Code
Thru

Modifiers

*Units Dollars Payment Method

Remarks (optional)

Attachments

- **Notice:** The system will show the attachment file included on the first service line. The page will then refresh and populate another section if other service details need to be added.

CREATING A PORTAL PA

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	From Date	To Date	Code	Modifiers	Units		Action
+	08/18/2016	12/31/2016	G0480-DRUG TEST DEF 1-7 CLASSES		9	1	Copy Remove

Click to collapse.

*From Date To Date *Code Type *Code Thru

Modifiers

*Units Dollars Payment Method

Remarks (optional)

Attachments

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



- If no other service details will be added, click **Submit**.

CREATING A PORTAL PA

Service Details						
	From Date	To Date	Code	Modifiers	Units	
+	08/18/2016	12/31/2016	G0480-DRUG TEST DEF 1-7 CLASSES		9	1

Back  Confirm Cancel

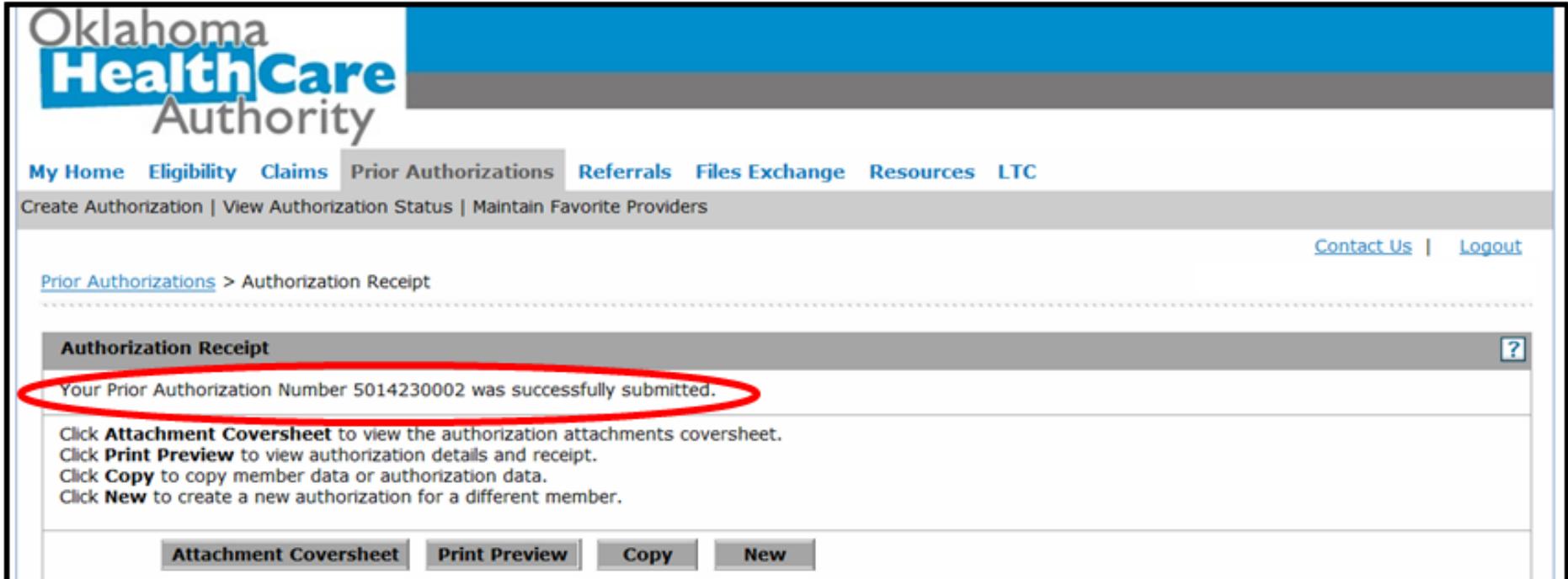
- Review the information entered and click the **Confirm** button.

CREATING A PORTAL PA

The screenshot displays the Oklahoma HealthCare Authority website interface. At the top left is the logo. A navigation menu includes 'My Home', 'Eligibility', 'Claims', 'Prior Authorizations', 'Referrals', 'Files Exchange', 'Financial', 'Letters', 'Reports', and 'Resources'. Below the menu are links for 'Create Authorization', 'View Authorization Status', and 'Maintain Favorite Providers'. On the right side, there are links for 'Contact Us' and 'Logout'. The main content area shows a breadcrumb trail: 'Prior Authorizations > Create Authorization'. A red error message states: 'Error: Authorization contains an attachment(s) that is not associated to a valid service line. Either add the service line or remove the attachment(s)'. Below the error is a 'Create Authorization' form with a help icon. The form includes a legend: '* Indicates a required field.' and two radio button options: 'Medical' (selected) and 'Dental'. At the bottom right of the form are links for 'Expand All' and 'Collapse All'. Below the form is a section for 'Requesting Provider Information' with a minus sign icon.

- If the electronic file upload is **not** successfully attached to the request **prior** to the addition of the first service line, the system returns an error message when the request is submitted.

CREATING A PORTAL PA



The screenshot displays the Oklahoma HealthCare Authority portal interface. At the top left is the logo for Oklahoma HealthCare Authority. A navigation menu includes links for My Home, Eligibility, Claims, Prior Authorizations (which is highlighted), Referrals, Files Exchange, Resources, and LTC. Below the navigation menu are links for Create Authorization, View Authorization Status, and Maintain Favorite Providers. On the right side, there are links for Contact Us and Logout. The main content area shows a breadcrumb trail: Prior Authorizations > Authorization Receipt. A grey header bar contains the text 'Authorization Receipt' and a help icon. Below this, a red oval highlights the message: 'Your Prior Authorization Number 5014230002 was successfully submitted.' Underneath the message are four instructions: 'Click Attachment Coversheet to view the authorization attachments coversheet.', 'Click Print Preview to view authorization details and receipt.', 'Click Copy to copy member data or authorization data.', and 'Click New to create a new authorization for a different member.' At the bottom of the content area are four buttons: Attachment Coversheet, Print Preview, Copy, and New.

- **Authorization Receipt** – The Portal will generate a PA number and confirm that the request is successfully submitted. This **does not mean** the PA is approved.

CREATING A PORTAL PA

Oklahoma HealthCare Authority

[My Home](#) [Eligibility](#) [Claims](#) [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Resources](#) [LTC](#)

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

[Contact Us](#) | [Logout](#)

[Prior Authorizations](#) > Authorization Receipt

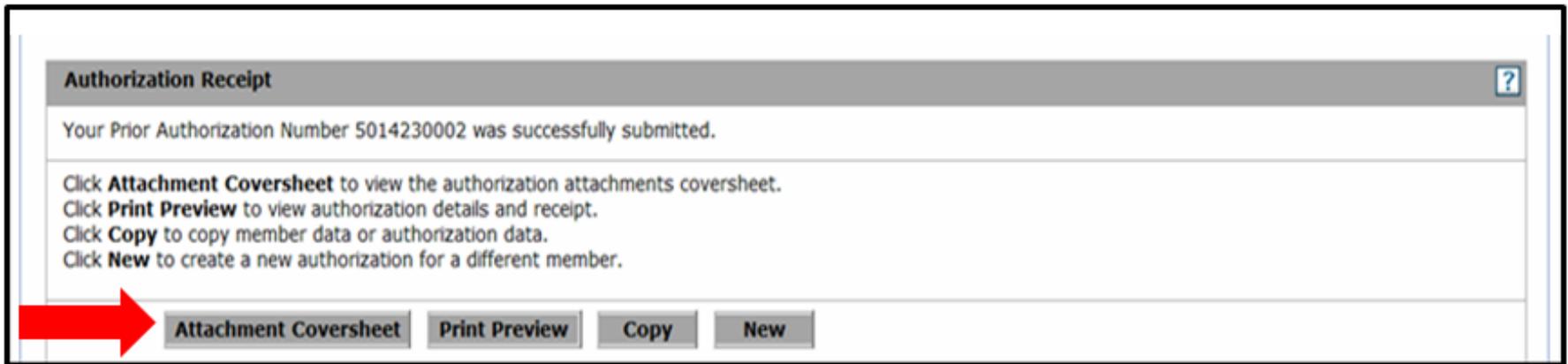
Authorization Receipt ?

Your Prior Authorization Number 5014230002 was successfully submitted.

Click **Attachment Coversheet** to view the authorization attachments coversheet.
Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.

[Attachment Coversheet](#) [Print Preview](#) [Copy](#) [New](#)

- **Attachment Coversheet** button will only show if the transmission method selected is by mail - BM or by fax - FX.



- Click the **Attachment Coversheet** button if you selected the BM (by mail) or FX (by fax) transmission method. An auto-populated HCA-13A cover sheet will appear.
- Place the HCA-13A cover sheet on top of the documents that you mail or fax. The HCA-13A cover sheet is the only accepted cover sheet. **DO NOT** place other documents on top of the HCA-13A.
- OHCA must receive mailed or faxed documents within 10 business days of the PA submission date. Attachments faxed on the 10th day **MUST** be received before 1:30 p.m. CST.

- Initial Request
- Amended
- Additional Documentation
- Photos/Videos Included

Note: Do not place another Fax Cover Sheet on top.

Three fields below are required and must match the prior authorization request.

1. **Provider Number or NPI/ZIP/ZIP+4:**
2. **Member ID Number:**
3. **Prior Authorization Number:**

Purpose:

This form is to be used when a prior authorization request (PAR) requiring a paper attachment is being submitted. Submission of the completed forms along with the required attachments will allow the appropriate review process to be conducted by the OHCA.

Instructions:

1. Box 1; fill in the Servicing Provider Number.
2. Box 2; fill in the nine-digit member identification number.
3. Box 3; write "new" to initiate a new prior-authorization request. A "new" PAR is also required for continuation of previously authorized services. PAR dates must not overlap previously approved dates of service.
 - a. For SoonerCare or Insure Oklahoma online PAR submissions, enter the corresponding PAR number in box 3.
 - b. **To submit additional documentation or to amend a PAR, enter the existing PAR number in box 3 to assure your documentation will be linked with the correct existing PAR.**
4. The Initial Request box is to be checked when requesting "new" services.
5. The Amended box is to be checked when minor changes are required to an existing approved authorization. Also, enter the prior authorization number in box 3 above so your amendment request will be linked with the correct existing PAR.
6. The Additional Documentation box is to be checked when submitting additional documentation to be added to an existing PAR. Enter the PAR number in box 3 above so your documentation will be linked with the correct existing PAR.
7. The Photos/Videos Included box is to be checked when submitting photos or videos for review. Mail to: HP Attn: Prior Authorizations, 2401 NW 23rd, Suite 11, Oklahoma City, OK. 73107
8. Fax all forms and documentation to: **405-702-9080 Toll Free 1-866-574-4991**

Note: Do not place another Fax Cover Sheet on top.

This form is for use with Prior Authorization requests 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.

CREATING A PORTAL PA

Oklahoma HealthCare Authority

[My Home](#) [Eligibility](#) [Claims](#) [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Resources](#) [LTC](#)

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

[Contact Us](#) | [Logout](#)

[Prior Authorizations](#) > Authorization Receipt

Authorization Receipt ?

Your Prior Authorization Number 5014230002 was successfully submitted.

Click **Attachment Coversheet** to view the authorization attachments coversheet.
Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.

[Attachment Coversheet](#) [Print Preview](#)

- **Print Preview** allows you to print a copy of the PA request.

View authorization status and notices

AUTHORIZATION STATUS

Oklahoma HealthCare Authority

My Home Eligibility Claims **Prior Authorizations** Referrals Files Exchange Financial Letters Reports Resources

Create Authorization | View Authorization Status

Prior Authorizations > View Authorization Status

View Authorization Status

Prospective Authorizations Search Authorizations Authorization Notices

Enter at least one of the following fields to search for an authorization.
For Advanced search PA or Member ID/day range is required.

Authorization Information

Prior Authorization Number Advanced Search

Assignment Code

Code Type Code

Select a Day Range or specify a Service Date. The optional date criterion provides a search option based on the Authorized Effective and Authorized End Date of the Prior Authorization.

Authorized Day Range OR Authorized Service Date

Member Information

Member ID

Provider Information

Provider NPI

This Provider is the Servicing Provider on the Authorization
 Referring Provider on the Authorization

Search Reset

- Select **View Authorization Status** under the Prior Authorization tab.

VIEW AUTHORIZATION STATUS

The screenshot shows a web application window titled "View Authorization Status". At the top, there are three tabs: "Prospective Authorizations", "Search Authorizations" (which is selected), and "Authorization Notices". Below the tabs, there is a search instruction: "Enter at least one of the following fields to search for an authorization. For Advanced search PA or Member ID/day range is required." The form is divided into three main sections: "Authorization Information", "Member Information", and "Provider Information".

Authorization Information

- Prior Authorization Number: [Text Input]
- Assignment Code: [Dropdown Menu]
- Code Type: [Dropdown Menu]
- Advanced Search:
- Code: [Text Input]
- Select a Day Range or specify a Service Date. The optional date criterion provides a search option based on the Authorized Effective and Authorized End Date of the Prior Authorization.
- Authorized Day Range: [Dropdown Menu] OR Authorized Service Date: [Text Input]

Member Information

- Member ID: [Text Input]

Provider Information

- Provider NPI: [Text Input]
- This Provider is the:
 - Servicing Provider on the Authorization
 - Referring Provider on the Authorization

At the bottom of the form, there are two buttons: "Search" and "Reset".

- Search authorizations by the following: **Authorization Information**, **Member Information** or **Provider Information**.

VIEW AUTHORIZATION STATUS

Authorization Information

Prior Authorization Number Advanced Search

Assignment Code

Code Type Code

Select a Day Range or specify a Service Date. The optional date criterion provides a search option based on the Authorized Effective and Authorized End Date of the Prior Authorization.

Authorized Day Range OR Authorized Service Date

Member Information

Member ID

Provider Information

Provider NPI

This Provider is the

Servicing Provider on the Authorization

Referring Provider on the Authorization

Search Reset

- **Authorization Information** – Search by the PA Number, Authorized Day Range or Authorized Service Date.
- **Member Information** – Search by the SoonerCare Member ID.
- **Provider Information** – Search by the Provider NPI and indicate if the provider NPI is the Servicing or Referring Provider on the authorization.

VIEW AUTHORIZATION STATUS

Member Information						
Member ID		0123456789				
Provider Information						
Provider NPI						
This Provider is the		<input checked="" type="radio"/> Servicing Provider on the Authorization <input type="radio"/> Referring Provider on the Authorization				
Search		Reset				
Search Results						
The Search criteria selected in the Search Authorizations panel reflect the Search Results displayed.						Total Records: 1
<u>Prior Authorization Number</u>	<u>Authorized Service Date</u> ▼	<u>Member Name</u>	<u>Member ID</u>	<u>Assignment Code</u>	<u>Requesting Provider</u>	<u>Servicing Provider</u>
5014230002	08/18/2016 - 12/31/2016	SOONERCARE, SUZIE	0123456789		BOB SOONERCARE	BOB SOONERCARE

- Select the **PA Number** to view the request.

VIEW AUTHORIZATION STATUS

View Authorization Response for [Back to View Authorization Status](#) ?

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

Prior Authorization Number	Submission Date	Decision Date	Media Type	Update Received	Date Received	Date Mailed
Requesting Provider Information +						
Member Information +						
Other Information +						
Diagnosis Information +						
Service Provider / Service Details Information -						

Line	Authorized From Date	Authorized To Date	Requested From Date	Requested To Date	Units	Units Used	Dollars	Dollars Used	Code	Remarks	Status
A	08/18/2016	12/31/2016	08/18/2016	12/31/2016	9	0	-	-	G0480-DRUG TEST DEF 1-7 CLASSES	Hide	Pending

Payment Method 1-Pay System Calculated Price
Reason
001- Under review by Analyst
Remarks

- Click **View** under **Remarks**. This gives more detailed information as to why a service was denied, cancelled, or if additional documentation is needed.

VIEW AUTHORIZATION NOTICE

View Authorization Status

Prospective Authorizations Search Authorizations **Authorization Notices**

Enter at least one of the following fields to search for an authorization.

Provider Information

SC Provider Number
Unread Notices 0

Search Criteria

Prior Authorization Number

Code Type

Code

Member ID

Last Name

First Name

Select a Day Range or Specify a Date Range

Day Range OR *From *To

- **Authorization Notices** may be searched by Number, Code Type, Procedure Code, Member ID or the Last and First Name of the member.

View Authorization Status

Prospective Authorizations | Search Authorizations | **Authorization Notices**

Enter at least one of the following fields to search for an authorization.

Provider Information

SC Provider Number
Unread Notices

Search Criteria

Prior Authorization Number: 5016239000
 Code Type: [v]
 Code: []
 Member ID: []
 Last Name: []
 First Name: []

Select a Day Range or Specify a Date Range
 Day Range: [v] OR *From: 03/02/2016 *To: 08/29/2016

Search Reset

Unread Notices Summary

Search Results

The Search criteria selected in the Authorization Notices panel reflect the Search Results displayed. To access the Authorization Notice, select a 'Date Sent' link. Access to an Authorization Notice will require a file viewer. If the Authorization Notice is too large to display, you will need to contact [Provider Services](#) for assistance.

Total Records: 2

Prior Authorization Number	Date Sent	Member	Requesting Provider	Servicing Provider	Status
5016239000	08/25/2016	0123456789 SOONERCARE, SUZIE	100000000D - BOB SOONERCARE	100000000D - BOB SOONERCARE	Unread

- Click on the **PA Number** to view the response.

VIEW AUTHORIZATION NOTICE

View Authorization Response for [Back to View Authorization Status](#) ?

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

Prior Authorization Number	Media Type	Date Received
Submission Date	Update Received	Date Mailed
Decision Date		

Requesting Provider Information +

Member Information +

Other Information +

Diagnosis Information +

Service Provider / Service Details Information -

Line	Provider ID		Contract Code		ID Type		Name		Code	Remarks	Status
	Zip Code				Taxonomy		SC Provider Number				
	Authorized From Date	Authorized To Date	Requested From Date	Requested To Date	Units	Units Used	Dollars	Dollars Used			
A							-			View	Approved

Payment Method 1-Pay System Calculated Price
Reason

- The screen will automatically populate the PA request to view remarks

VIEW AUTHORIZATION NOTICE

View Authorization Response for [Back to View Authorization Status](#) ?

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

Prior Authorization Number	Submission Date	Media Type	Date Received
Decision Date	Update Received	Date Mailed	
Requesting Provider Information +			
Member Information +			
Other Information +			
Diagnosis Information +			
Service Provider / Service Details Information +			
View Original Request		Print Preview	

- The portal will allow you to view or print the original request

OHCA website resources

SoonerFit.org



Learn how OHCA makes policy changes!
Check out the complete process here!

SoonerFit.org

[View All Banners](#)

individuals



- ▶ [How to Apply](#) | [Enroll Online](#)
- ▶ [Find A Provider](#) | [After Hours OK](#)
- ▶ [Member Handbook](#)
- ▶ [Member Letters](#) | [Updates](#)
- ▶ [Programs](#) | [Benefits](#)
- ▶ [Member Services Helpline](#)

--More Options--

providers



- ▶ [Claim Tools](#) | [Types](#) | [Web Alerts](#)
- ▶ [Enrollment](#) | [EHR Incentive](#)
- ▶ [Policy](#) | [Proposed Changes](#)
- ▶ [Provider Portal](#) | [Training](#)
- ▶ [Provider Letters](#) | [Updates](#)
- ▶ [Patient-Centered Medical Home](#)
- ▶ [Medical Authorization Unit](#)

--More Options--

CONTACTS AND RESOURCES

DME webpage: www.okhca.org/DME

DME email: DMEAdmin@okhca.org

MAU webpage: www.okhca.org/MAU

MAU email: MAUAdmin@okhca.org

Dental webpage: www.okhca.org/dental-providers

CONTACTS AND RESOURCES (CONT.)

OHCA prior authorizations

- **Toll Free: 800-522-0114**
- **Oklahoma City area: 405-522-6205**
 - Medical authorizations status - Option 6,3
 - Dental authorizations status - Option 6,5

Questions?