

# UTILIZING THE PROVIDER PORTAL

Mark Bowman, SoonerCare Education Specialist

February, 2020



# DISCLAIMER

- SoonerCare policy is subject to change. The information included in this presentation is current as of Feb. 13, 2020. Current information can be found on the OHCA website: [www.okhca.org](http://www.okhca.org).

# AGENDA

- Logging on.
  - My home.
- Manage accounts.
  - Creating a clerk.
  - Clerk registration.
  - My profile.
  - Add registered clerk.
- Treatment history.
- Financial.
- Letters.
- Search provider.
- Search fee schedule.
- Updating provider file.
- Resources.
- Questions.

# LOGGING ON

You can access the provider portal by visiting the public website at [www.okhca.org](http://www.okhca.org) or by using the web address [www.ohcaprovider.com](http://www.ohcaprovider.com).



[View All Banners](#)

If you, or someone you know, is needing help, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

**member portal**



**quick links**



- [How to Change Your SoonerCare Mailing Address](#)
- [New Out of State Provider Rules for Members](#)
- [Enroll In SoonerCare](#)
- [NEW: ABA Information](#)
- [Suspect Medicaid Fraud? Click here to file a report](#)
- [Sign Up For Web Alerts](#)

**individuals**



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

[-More Options-](#)

**providers**



- [Claim Tools | Types | Web Alerts](#)
- [Enrollment | EHR Incentive](#)
- [Policy | Out-of-State Services](#)
- [Provider Portal | Training](#)
- [Provider Letters | Updates](#)
- [Patient-Centered Medical Home](#)
- [Medical Authorization Unit](#)

[-More Options-](#)

# LOGGING ON

- You will need to enter your username, answer the challenge question and enter your password in order to log on.

Login

\*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

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

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

 **Helpful Links**

- ▶ [EVS Guide](#)
- ▶ [Insure Oklahoma](#)
- ▶ [Child Health \(EPSDT\)](#)
- ▶ [Provider Enrollment](#)

 **Broadcast Messages**

Provider Letters 2019-09 through 2019-15 outline OHCA program and policy updates that will become effective September 1, 2019. For full details about these changes, please visit [www.okhca.org/providerletters](http://www.okhca.org/providerletters).

Thank you.

Provider Letter 2019-07 serves to inform providers that, effective August 1, 2019, the Oklahoma Health Care Authority will no longer be backdating provider contracts prior to the date that the provider was screened. Please post all comments by close of business Thursday, August 15, 2019, via the Oklahoma Health Care Authority Policy Change Blog.

Thank you.

The State of Oklahoma is planning to release an open, deliverables-based request for proposal (RFP) for a single statewide health information exchange (HIE). The state will be seeking a vendor to manage the operations and technology to support the statewide exchange of clinical healthcare information and other services to support the improvement in health outcomes.

**What can you do in the Soonercare Provider Portal**

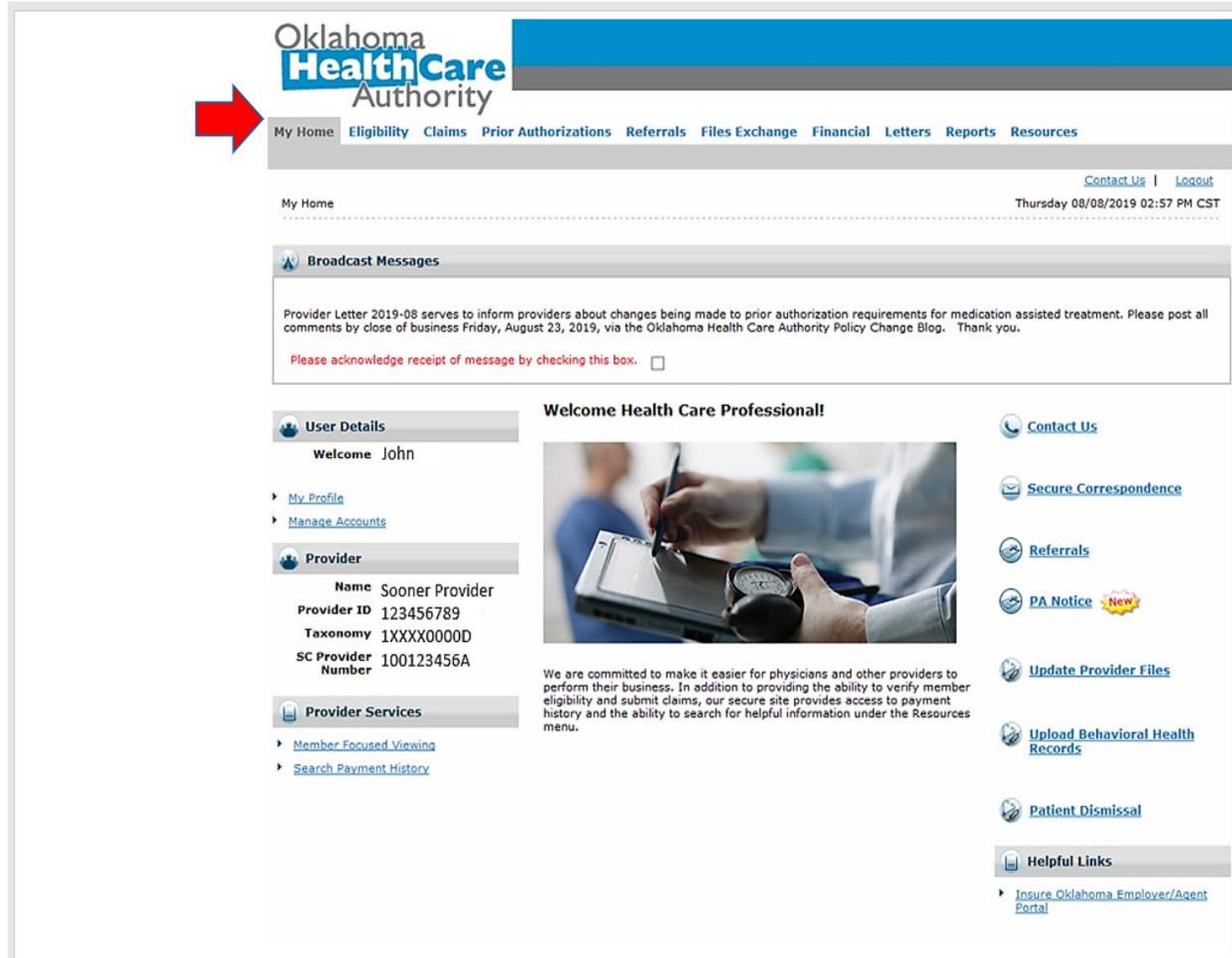
The Oklahoma Health Care Authority's secure portal is intended for providers, clerks and billing agents. This site gives you the opportunity to maintain provider information, access claim and prior authorization related functions, and receive messages from the OHCA that apply specifically to you.



[Website Requirements](#)



# MY HOME



**Oklahoma Health Care Authority**

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

Contact Us | Logout

My Home Thursday 08/08/2019 02:57 PM CST

### Broadcast Messages

Provider Letter 2019-08 serves to inform providers about changes being made to prior authorization requirements for medication assisted treatment. Please post all comments by close of business Friday, August 23, 2019, via the Oklahoma Health Care Authority Policy Change Blog. Thank you.

Please acknowledge receipt of message by checking this box.

### User Details

Welcome John

- My Profile
- Manage Accounts

### Provider

Name Sooner Provider  
Provider ID 123456789  
Taxonomy 1XXXX0000D  
SC Provider Number 100123456A

### 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
- PA Notice **New**
- Update Provider Files
- Upload Behavioral Health Records
- Patient Dismissal

### Helpful Links

- Insure Oklahoma Employer/Agent Portal

# CREATING A CLERK

- You can only create and edit a clerk from the administrative level.
- Use the Manage Account link to access the clerk feature.

# MANAGE ACCOUNTS

**Oklahoma HealthCare Authority**

My Home | [Eligibility](#) | [Claims](#) | [Prior Authorizations](#) | [Referrals](#) | [Files Exchange](#) | [Financial](#) | [Letters](#) | [Reports](#) | [Resources](#)

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

My Home Thursday 08/08/2019 02:57 PM CST

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- [Referrals](#)
- [PA Notice](#) New
- [Update Provider Files](#)
- [Upload Behavioral Health Records](#)
- [Patient Dismissal](#)

**Helpful Links**

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

# MANAGE ACCOUNTS

- Fill in the required fields then select which functions you wish to grant to the clerk.
- You can edit to add or removes functions at anytime.

# CREATING A CLERK

Oklahoma HealthCare Authority

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

Contact Us | Logout  
Monday 08/12/2019 07:38 AM CST

My Home > Manage Accounts

Clerk Assignment [Back to My Home](#) ?

Delegate Status

Load Active Delegates Only  Load Active and Inactive Delegates

[Add New Clerk](#) [Add Registered Clerk](#) [Add Registered Billing Agent](#) [Designate Billing Agent](#) [Add Enrollment Agent](#)

\* Indicates a required field.  
Enter the fields below and click **Submit** to generate the clerk code for the new clerk to register.

\*First Name   
\*Last Name   
\*Birth Date    
\*Last 4 of DLN

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

\*Functions

- Claim - Inquiry
- Claim - Submit and Resubmit
- Claim - Submit Pharmacy
- Eligibility Verification
- File Management
- Financial
- Letters
- Member Focus Viewing
- Newborn Application Access
- Patient Dismissal
- Payment History - Inquiry
- Pharmacy Claim
- Prior Authorization - Submit Resubmit Authorization
- Prior Authorization - View Authorization
- Prior Authorization - View Authorization Notice
- Referrals - View Referral
- Reports
- Search Fee Schedule
- Secure Correspondence
- Treatment History



# CREATE A CLERK

- Once the clerk is created they will register their account on the provider portal.
- They will need to know the information from the required field, plus the clerk code that was created automatically when the clerk was created.

# CLERK REGISTRATION

[Home](#) > [Registration Selector](#) > Registration Tuesday 08/27/2019 02:51 PM CST

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**Registration Step 1 of 2 - Personal Information** ?

\* Indicates a required field.

Please provide the following information to get started!

**\*First Name**

**\*Last Name**

**\*Birth Date**  

**\*Last 4 of DLN**

**\*Clerk Code**

A clerk code will be generated by the portal when creating clerk is confirmed.

Login

\*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

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

**Protect Your Privacy!**

Always log off and close all of your browser windows

**Helpful Links**

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[Website Requirements](#)



### Registration

Select one of the following options that best describes your role.



#### Provider

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



#### Billing Agent

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



#### Clerk

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

# MY PROFILE

Oklahoma HealthCare Authority

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

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

My Home > My Profile Thursday 08/08/2019 03:06 PM CST

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**My Profile** ?

**Contact Information**

Display Name OSUtest  
Phone Number \_ Ext \_  
Current Email needvalidemail@invalidemail.com

[Edit](#)

**Roles**

Current Roles Providers

**Preferences**

Primary Language English (US)

**Challenge Questions**

Challenge Question #1 What is your favorite sports team?  
Answer to #1 none

Challenge Question #2 What is your oldest sibling's birthday month and year? (e.g., January 1900)  
Answer to #2 none

Challenge Question #3 In what city or town was your first job?  
Answer to #3 none

[Edit](#)

**Site Key Token**

Site Key: 

Passphrase provider

[Edit](#)

**Password**

[Change Password](#)

# ADD REGISTERED CLERK

- Once a clerk is created, they can be added to other provider accounts if needed by using the Add Registered Clerk feature.

# ADD REGISTERED CLERK

Oklahoma HealthCare Authority

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

Contact Us | Logout

My Home > Manage Accounts Monday 08/12/2019 10:24 AM CST

Clerk Assignment [Back to My Home](#) ?

Delegate Status

Load Active Delegates Only  Load Active and Inactive Delegates

Add New Clerk: **Add Registered Clerk** | Add Registered Billing Agent | Designate Billing Agent | Add Enrollment Agent

\* Indicates a required field.

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

\*Last Name

\*Clerk Code

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

\*Functions

- Claim - Inquiry
- Claim - Submit and Resubmit
- Claim - Submit Pharmacy
- Eligibility Verification
- File Management
- Financial
- Letters
- Member Focus Viewing
- Newborn Application Access
- Patient Dismissal
- Payment History - Inquiry
- Pharmacy Claim
- Prior Authorization - Submit Resubmit Authorization
- Prior Authorization - View Authorization
- Prior Authorization - View Authorization Notice
- Referrals - View Referral
- Reports
- Search Fee Schedule
- Secure Correspondence
- Treatment History



Clerks

Click the Clerk's **name** to change the status and/or the functions of the Clerk.

# ADD ENROLLMENT AGENT

- If you wish to add an Enrollment Agent, you must first create them as a clerk and have them register their account on the provider portal.

# ADD ENROLLMENT AGENT

The screenshot displays the Oklahoma Health Care Authority web portal. At the top left is the logo for Oklahoma Health Care Authority. A navigation menu includes links for My Home, Eligibility, Claims, Prior Authorizations, Referrals, Files Exchange, Financial, Letters, Reports, and Resources. On the right, there are links for Contact Us and Logout, and the date and time: Tuesday 08/27/2019 01:50 PM CST.

The main content area is titled 'Clerk Assignment' and includes a 'Back to My Home' link. Below this is the 'Delegate Status' section, which has two radio buttons: 'Load Active Delegates Only' (selected) and 'Load Active and Inactive Delegates'. A row of buttons includes 'Add New Clerk', 'Add Registered Clerk', 'Add Registered Billing Agent', 'Designate Billing Agent', and 'Add Enrollment Agent' (highlighted).

Below the buttons, there is a text instruction: 'Select a Clerk to add as your enrollment Agent. Only one enrollment agent can be setup per Provider. Click Remove to remove an enrollment Agent.' A note follows: '\*\*Please note: Your Enrollment Agent will answer questions related to information on your provider application/renewal or updates to your provider Profile Information, Banking information, etc.'

A table with two columns, 'Enrollment Agent' and 'Action', is shown. Below the table, there is a dropdown menu labeled '\*Enrollment Agent' and a button labeled 'Add Enrollment Agent'. A large red arrow points to the 'Add Enrollment Agent' button.

At the bottom of the page, the footer contains 'R4.2 ITF' on the left, '© 2019 DXC Technology. All rights reserved. | Privacy Notice' in the center, and a blank space on the right.

# TREATMENT HISTORY

- You can check treatment history on a SoonerCare member using the feature in the eligibility tab.

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 SOONERCARE First Name SUZIE Birth Date 07/01/2014

Service Information

\*Service From Date  To Date   Lifetime

\*Procedure Code Type  \*Procedure Code

Search

Reset

**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**

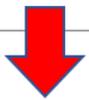
Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

\*Member ID  Last Name First Name Birth Date

**Service Information**

\*Service From Date  To Date   Lifetime

\*Procedure Code Type  \*Procedure Code



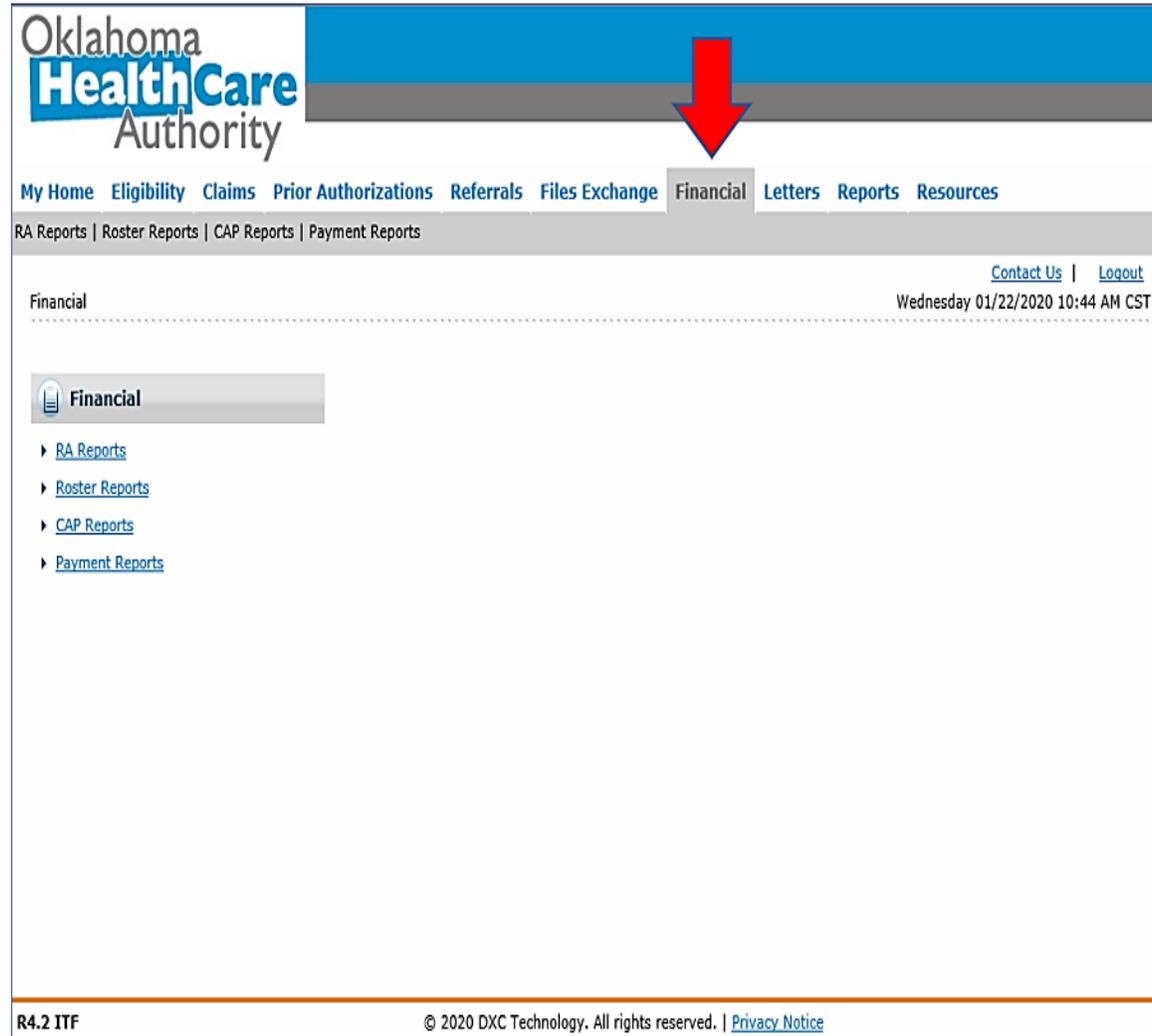
**Search Results**

Total Records: 5

Service Date ▼	Procedure Code	Description	Units
05/26/2019	99213	OFFICE/OUTPATIENT VISIT EST	1
05/05/2019	99213	OFFICE/OUTPATIENT VISIT EST	1
04/29/2019	99213	OFFICE/OUTPATIENT VISIT EST	1
04/15/2019	99213	OFFICE/OUTPATIENT VISIT EST	1
04/01/2019	99213	OFFICE/OUTPATIENT VISIT EST	1

Treatment history can be used for checking on certain procedure code limits and cases like behavioral health or therapies to ensure the member is not being seen elsewhere.

# FINANCIAL



Oklahoma Health Care Authority

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

RA Reports | Roster Reports | CAP Reports | Payment Reports

Contact Us | Logout

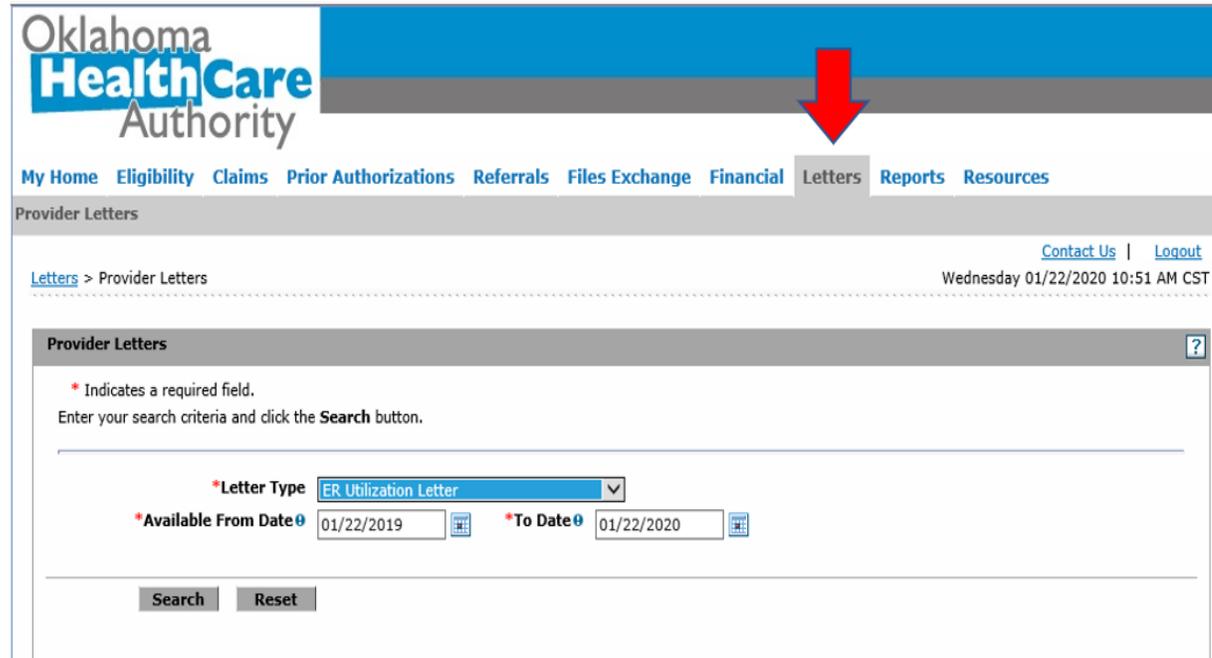
Financial Wednesday 01/22/2020 10:44 AM CST

**Financial**

- ▶ [RA Reports](#)
- ▶ [Roster Reports](#)
- ▶ [CAP Reports](#)
- ▶ [Payment Reports](#)

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# LETTERS



Oklahoma Health Care Authority

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

Provider Letters

[Letters](#) > Provider Letters [Contact Us](#) | [Logout](#)

Wednesday 01/22/2020 10:51 AM CST

**Provider Letters** ?

\* Indicates a required field.  
Enter your search criteria and click the **Search** button.

\*Letter Type

\*Available From Date   \*To Date

- C-section rates.
- Emergency room utilization letter.
- Primary care physician notification of inpatient admit or discharge.
- Provider contract expiration notification.
- Provider PIN letter.
- Provider welcome letter.

# RESOURCES – SEARCH PROVIDER

Search Providers | Search Fee Schedule | Search HIPAA Error Codes

[Resources](#) > Search Providers [Contact Us](#) | [Logout](#)  
Wednesday 01/22/2020 11:11 AM CST

### Search Provider

Indicates a required field.

Health Plan

Select Search Type

Search Type  Distance  Location

Enter Your Address (ZIP Code only, Address and ZIP Code, or Address, City and State)

Address

City  State  Zip Code

Distance(within)

Select Provider Criteria

Provider NPI

Provider Type

Provider Specialty

Results  [Show Advanced Search](#)

### Search Results

Click on the name of the provider to view additional details for the provider. If there are multiple pages with search results, click on the number hyperlink at the lower right to see more providers.

Total Records: 1

Provider	Address	Distance	Phone	Specialty
<a href="#">Bob Sooner</a>	123 Main St. Oklahoma City, OK 73107	2.1 Miles	405-599-1234	Cardiology

# RESOURCES – SEARCH FEE SCHEDULE

[My Home](#) [Eligibility](#) [Claims](#) [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Financial](#) [Letters](#) [Reports](#) **Resources**

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

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

[Resources](#) > Search Fee Schedule Wednesday 01/22/2020 01:03 PM CST

### 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

Code Type Procedure Code

\*Procedure Code

\*Date of Service

\*Age

Modifiers

Provider Type 08-Clinic  
Provider Specialty 082-Group  
Place of Service DP-Default Program Pricing

#### Search Results

**Pricing and Limitations:**

- Non-Facility Place of Service Allowed Amount: \$125.12
- Facility Place of Service Allowed Amount: \$125.12
- No 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

# UPDATE PROVIDER FILES

- Update Provider Files is available at the administrative level and to the enrollment agent.
- A clerk cannot access Update Provider Files so you can keep that information secure .

## Broadcast Messages

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Please acknowledge receipt of message by checking this box.

## User Details

Welcome John

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

## Provider

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**Taxonomy** 1XXXX0000D  
**SC Provider Number** 100123456A

## Provider Services

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[Contact Us](#)

[Secure Correspondence](#)

[Referrals](#)

[PA Notice](#) New

[Update Provider Files](#)



## SoonerCare Provider Enrollment

Today is August 16, 2019

[My Profile Home](#)

[Practice](#)

**[Address & Contacts](#)**

[Financial](#)

[EFT/ERA](#)

[EHR](#)

**Primary Specialty**

**Contract**

**Dates**

**Signee**

Group

Medicaid Program

6/23/2006 - 3/4/2022

### I want to change my...

#### Payment & Tax Reporting

- [Banking information](#)
- [Tax Reporting Name and ID](#)

#### Address & Contacts

- [Service location](#)
- [Mailing or 'Pay To' address](#)
- [Correspondence contacts](#)

#### EFT & ERA

- [EFT Enrollment](#)
- [ERA Enrollment](#)

#### Group Membership

- [Group members](#)
- [Medical Director](#)

#### Office Information

- [Office hours](#)
- [Languages spoken by staff](#)

#### I want to:

- [Upload Required Documents](#)
- [Generate fax cover sheet](#) 
- [Enroll in a Managed Care Program](#)
- [View my General Agreement](#) 
- [View my Group Special Provisions](#) 

#### ADDENDUM 1 TO SOONERCARE PROVIDER AGREEMENT FOR CHOICE MEDICAL HOME PRIMARY CARE PROVIDERS

##### 1.0 PURPOSE

The purpose of this addendum (hereinafter "ADDENDUM 1") is for OHCA and PROVIDER to contract

## SoonerCare Provider Enrollment

Today is August 16, 2019

[My Profile Home](#)

[Practice](#)

**[Address & Contacts](#)**

[Financial](#)

[EFT/ERA](#)

[EHR](#)

### Addresses

Make changes to your addresses by selecting the one you want to change.

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

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

Required fields are marked with an asterisk (\*).

#### Service Location

Updates to required Service Location fields must be approved by OHCA and may require additional documents to be uploaded or faxed. Updates to fields which do not require OHCA approval will be applied immediately.

Enter the address, phone, and fax numbers of your Service Location.

Street Address: \*

(This cannot be a P.O. Box)

Suite #, Building #:

City: \*

State: \*

Zip Code: \*

Phone: \* (  )  -  ext.

Fax: (  )  -

#### Quick Links

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

## Pay To Address

Enter the address, phone, and fax numbers of your Pay To Address.

- Same as Service Location Address
- Same as Mailing Address
- None of the above

**Street or PO Box: \***

**Suite #, Building #: \***

**City: \***

**State: \***

**Zip Code: \***

**Phone: \*** (  )  -  ext.

**Fax: \*** (  )  -

UPDATE

UPDATE & FINISH



## SoonerCare Provider Enrollment

Today is August 16, 2019

[My Profile Home](#)

[Practice](#)

**[Address & Contacts](#)**

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[EHR](#)

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Make changes to your contacts by selecting the one you want to change.

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

Required fields are marked with an asterisk (\*).

**If you make updates, the changes will be applied immediately.**

#### Enrollment Contact

**Who should we contact if we have questions about your enrollment application? This would be the person who can answer questions about the information submitted in this application, during a renewal application or when an update is made to your provider file.**

**First Name: \***

**Last Name: \***

**Phone: \*** (  )  -  ext.

**Fax: \*** (  )  -

**Enrollment & Contract  
Correspondence E-mail: \***   
[yourname@domain.com]

**Retype Email: \***

#### Quick Links

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

## Official Contact

**OHCA communicates with providers only by email. This Official Contact Email Address will be used for all OHCA communications including your contract welcome letter, renewal notice, or amendment, provider letters, provider newsletters, and any other required communication. Do not add third party contractor information as your official contact unless you want them to receive all official correspondence.**

- Same as Enrollment Contact
- None of the above

**First Name: \***

**Last Name: \***

**Phone: \*** ()  -  ext.

**Fax:** ()  -

**Official Contact E-mail: \***

[yourname@domain.com]

**Retype Email: \***

Do you have a website you want listed in a provider directory? If yes, enter the web address.

**Provider Website:**

[http://www.providerurl.com]



UPDATE

# RESOURCES

OHCA : 800-522-0114 or 405-522-6205.

- Option 1 – OHCA call center.
- Option 2, 1 – Internet help desk.
- Option 2, 2 – EDI help desk.

Onsite training: [SoonerCareEducation@okhca.org](mailto:SoonerCareEducation@okhca.org).

