

Medicaid on the Web

Oklahoma Medicaid Management Information System (OKMMIS)
Provider Training Manual
Version 3.27



Document Control

Modification Log

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Table of Contents

1	Web Basics	1
1.1	Overview	1
1.2	Terms to Know	1
2	Initial Access to SoonerCare Provider Portal	4
2.1	Overview	4
2.2	General Submission Notes	4
2.3	Getting to the Website	4
2.4	Initial Login – Provider Level (New Users)	4
2.5	Overview	6
2.6	Creating a Clerk	7
2.7	Initial Logon for Clerk Level	8
2.8	Granting Access to an Existing Clerk	10
2.9	Revising Access of a Clerk or Billing Agent.....	12
2.10	Initial Logon for Billing Agent Level	13
2.11	Granting Access to A Registered Billing Agent	15
2.12	Adding an Enrollment Agent	16
2.13	Switch Provider	17
2.14	Self-Authentication.....	18
2.14.1	Forgot Password	18
2.14.2	Forgot User ID?	19
3	General SoonerCare Provider Portal Elements	21
3.1	Overview	21
3.2	Allow Third Party to Receive 835 Remittance Advice	21
3.3	Broadcast Messages	22
3.4	Eligibility Inquiry	22
3.5	Pricing	23

3.5.1	Procedure	24
3.5.2	NDC	24
3.5.3	DRG.....	24
4	Claims.....	26
4.1	Overview	26
4.2	Claim Submission – Professional	27
4.2.1	Provider Information	27
4.2.2	Patient Information	28
4.2.3	Claim Information	28
4.2.4	Diagnosis Codes	29
4.2.5	Other Insurance Details.....	29
4.2.6	Service Details.....	29
4.2.7	NDC for Item #.....	31
4.2.8	Attachments.....	32
4.3	Claim Submission – Professional Crossover.....	33
4.3.1	Claim Information	33
4.3.2	Crossover Details	35
4.4	Claim Submission – Institutional.....	35
4.4.1	Provider Information	36
4.4.2	Patient Information	36
4.4.3	Claim Information	36
4.4.4	Diagnosis Codes	37
4.4.5	Emergency Diagnosis Codes.....	37
4.4.6	Other Insurance Details.....	38
4.4.7	Condition Code Details.....	38
4.4.8	Occurrence Code Details	38
4.4.9	Value Codes Details	38

4.4.10	Surgical Procedures Details	39
4.4.11	Service Details.....	39
4.4.12	NDC for Item #d.....	40
4.4.13	Attachments.....	40
4.5	Claim Submission – Institutional Crossover Inpatient	41
4.5.1	Crossover Details	41
4.6	Claim Submission – Institutional Crossover Outpatient	42
4.6.1	Claim Information	43
4.7	Claim Submission – Pharmacy (Including Compounds)	44
4.7.1	Provider Information	45
4.7.2	Patient and Claim Information Section.....	45
4.7.3	Claim Information	46
4.7.4	Compound Information Details.....	46
4.7.5	Pricing Information	47
4.7.6	DUR Override Codes	47
4.7.7	Diagnosis Codes	48
4.7.8	Other Insurance Details.....	48
4.8	Claim Submission – Dental.....	48
4.8.1	Provider Information	49
4.8.2	Patient Information	49
4.8.3	Claim Information	49
4.8.4	Diagnosis Codes	49
4.8.5	Other Insurance Details.....	50
4.8.6	Service Details.....	50
4.8.7	Attachments.....	51
4.9	Dental History Inquiry	52
4.10	Medical History Inquiry	53

4.11	Hardcopy Attachment	54
4.12	Claim Inquiry – Medical/Dental	55
4.13	Claim Inquiry – Pharmacy.....	56
4.14	Resubmit a Claim – Denied Claims Only	57
4.15	Void a Claim – Paid Claims Only.....	58
4.16	Copy a Claim – Paid Claims Only	58
5	Prior Authorization	61
5.1	Overview.....	61
5.2	Prior Authorization (PA) Submission	61
5.2.1	Requesting Provider Information.....	61
5.2.2	Member Information	61
5.2.3	Service Provider Information	62
5.2.4	Attachments Information	62
5.2.5	Other Information.....	63
5.2.6	Diagnosis Information.....	63
5.3	Service Details	63
5.3.1	Code Type-NDC	64
5.3.2	Code Type-Procedure Code	65
5.3.3	Code Type-Revenue Code.....	65
5.3.4	Code Type-ADA (Dental Only)	65
5.3.5	Change Healthcare Interqual Medical Review	66
5.4	Prior Authorization Inquiry	67
5.4.1	Prospective Authorizations	67
5.4.2	Search Authorizations	68
5.5	Prior Authorization Notice	68
6	Error Code Search.....	71
6.1	Overview	71

6.2	HIPAA Error Code Search	71
7	Electronic Referrals.....	73
7.1	Overview	73
7.2	Create New Referral	73
7.2.1	Search Providers	74
7.3	Search Referrals	75
8	Payment History	78
8.1	Overview	78
8.2	Search Payment History	78
9	Locate Providers	81
9.1	Overview	81
9.2	Search Providers	81
10	Member Focus Viewing.....	84
10.1	Overview	84
10.2	Search Member to View	84
10.2.1	Coverage Details	85
10.2.2	Your Member Claims.....	85
10.2.3	Pharmacy	85
10.3	To submit a pharmacy claim, select the Submit a Pharmacy Claim link (see section 4.6, Claim Submission – Institutional Crossover Outpatient.....	86
10.3.1	Claim Information	Error! Bookmark not defined.
10.3.2	Your Member Authorizations.....	88
10.4	Last Member Viewed	88
11	Secure Correspondence	90
11.1	Overview	90
11.2	Reading Message	90
11.3	Message Detail	91

11.4	Create New Message	91
12	Files Exchange	94
12.1	Overview	94
12.2	File Upload.....	94
12.3	File Upload Search	94
12.4	File Download	95
13	Letters	97
13.1	Overview	97
13.2	Provider Letters	97
14	Financial	99
14.1	Overview	99
14.2	Remittance Advice (RA) Reports.....	99
14.3	Roster Reports.....	99
14.4	CAP Reports	100
15	Reports	102
15.1	Overview	102
15.2	Provider Reports.....	102
Appendix A	Resources.....	104
A.1	Quick Reference Guide	104
A.2	Eligibility Verification System Guide	104
A.3	Provider Billing and Procedures Manual	104
Appendix B	Abbreviations and Acronyms	106

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

- **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  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)



Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

*SC Provider Number **SC Provider Number is a required field.**

*Service Location

*PIN

Continue **Cancel**

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

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.
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.

Creating and Managing Clerks and Billing Agents

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

Oklahoma HealthCare Authority

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

My Home > Manage Accounts [Contact Us](#) | [Logout](#)
 Tuesday 03/05/2019 11:33 AM CST

User 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

Clerks

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

#	Name ▲	Display Name	Birth Date	Last 4 of DLN	Clerk Code	Status
1	bavo, sidikiba	sidikiba bavo	01/01/1975	0614	10243	Active - Pending
2	boop, betty	Betty Boop	01/01/1930	1111	10120	Active
3	kirsten, kirsten	Kirsten	01/01/1900	0000	10091	Active
4	test321, test321	test321	01/01/1970	1111	10231	Active

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



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

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 to 20 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.
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

Oklahoma HealthCare Authority

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

[Contact Us](#) | [Logout](#)
 Tuesday 03/05/2019 11:33 AM CST

User 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.

#	Name ▲	Display Name	Birth Date	Last 4 of DLN	Clerk Code	Status
1	bayo, sidikiba	sidikiba bayo	01/01/1975	0614	10243	Active - Pending
2	boop, betty	Betty Boop	01/01/1930	1111	10120	Active
3	kirsten, kirsten	Kirsten	01/01/1900	0000	10091	Active
4	test321, test321	test321	01/01/1970	1111	10231	Active

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.
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

Oklahoma HealthCare Authority

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

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

[My Home](#) > Manage Accounts Tuesday 03/05/2019 11:51 AM CST

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

Delegate Status

Load Active Delegates Only Load Active and Inactive Delegates

[Edit Clerk](#)

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

First Name sidikiba
Last Name bayo
Birth Date 01/01/1975
Last 4 of DLN 0614
Clerk Code 10243
***Status** Active Inactive

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

Submit **Cancel**

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.
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 to 20 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.
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

Oklahoma HealthCare Authority

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

My Home > Manage Accounts [Contact Us](#) | [Logout](#)
 Tuesday 03/05/2019 11:33 AM CST

User 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 Display Name and the Agent Code to add that billing agent to your billing agent list then click **Submit** to proceed.

*Display Name

*Agent Code

Select the functions that the billing agent 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 Applicaton 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

Submit **Cancel**

No Billing Agents are assigned.

Follow these steps to add a registered billing agent.

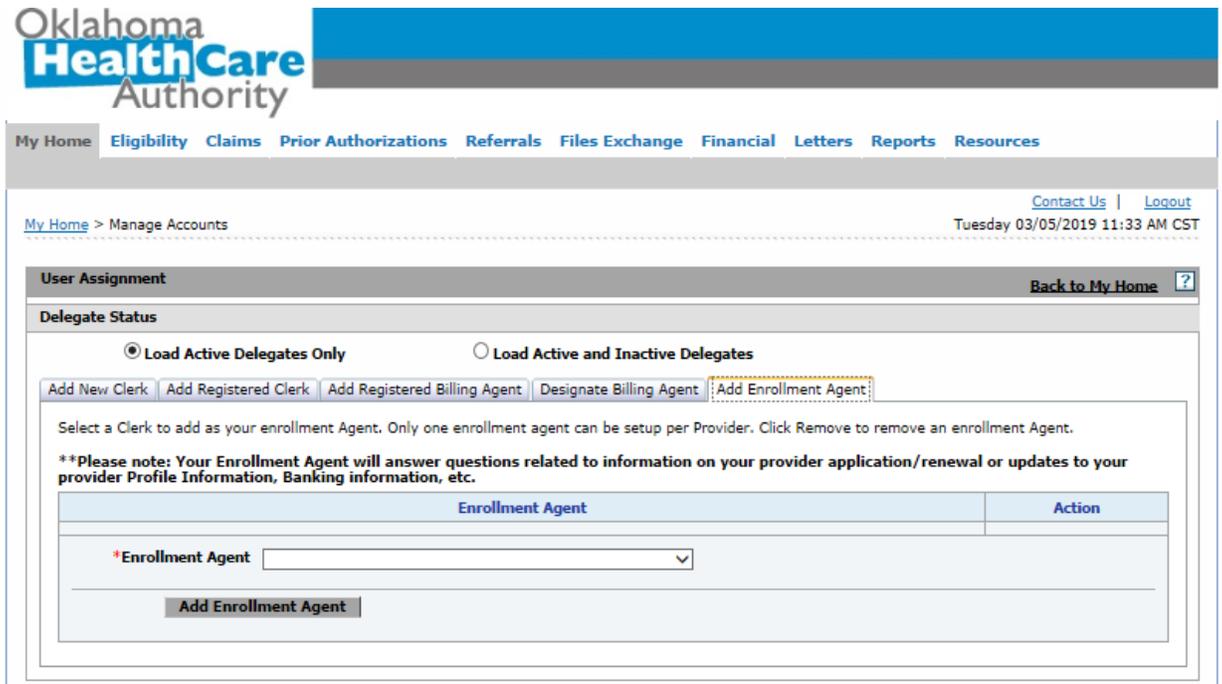
Note: You must be logged on at the Provider level.

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



Oklahoma HealthCare Authority

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

My Home > Manage Accounts Contact Us | Logout
Tuesday 03/05/2019 11:33 AM CST

User 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](#)

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.

****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.**

Enrollment Agent	Action
*Enrollment Agent <input type="text"/>	

Add Enrollment Agent

Follow these steps to add an enrollment agent.

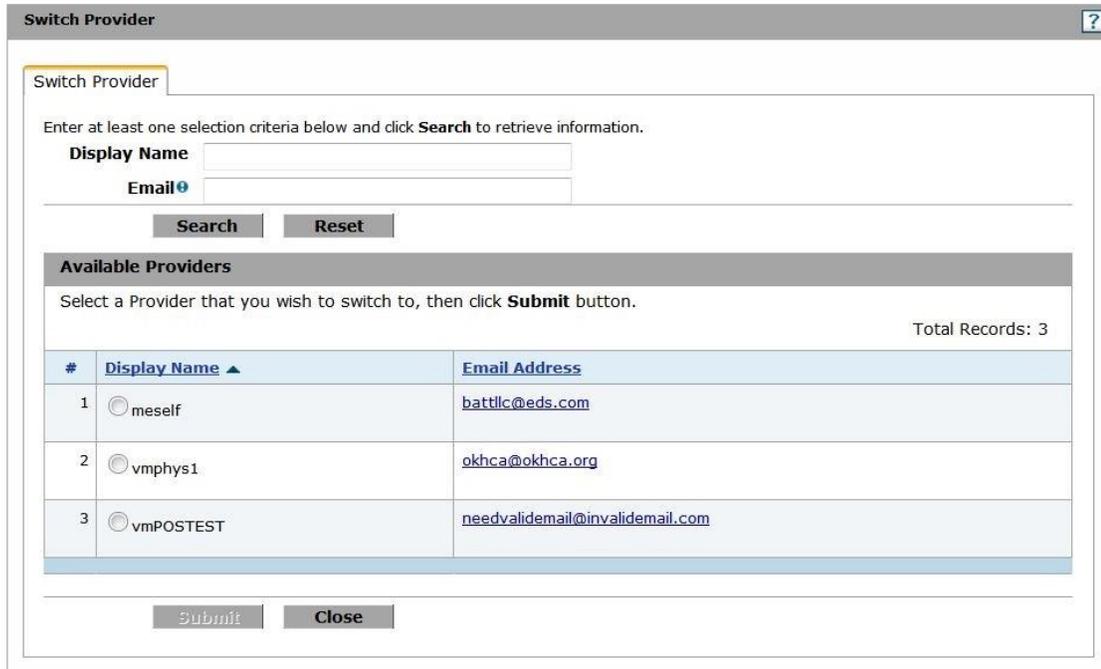
Note: You must be logged on at the Provider level.

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.
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



Switch Provider

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

Display Name

Email

Search **Reset**

Available Providers

Select a Provider that you wish to switch to, then click **Submit** button. Total Records: 3

#	Display Name ▲	Email Address
1	<input type="radio"/> meself	battlc@eds.com
2	<input type="radio"/> vmphys1	okhca@okhca.org
3	<input type="radio"/> vmPOSTEST	needvalidemail@invalidemail.com

Submit **Close**

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

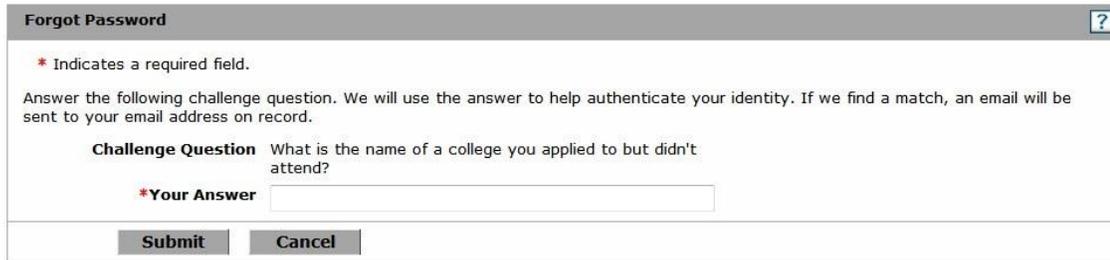
1. Select the Switch Provider tab. There is a list of providers linked to the user displays in the Available Providers list on the Switch Provider tab submenu.
2. Select the radio button of the display name to switch to from the Display Name column.
3. Click **Submit**.
4. Click **OK** from the Switch Provider Confirmation window. The Selected Provider tab displays the current information you are working under.
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.

2.14.2 Forgot User ID?

Forgot User ID ?

* Indicates a required field.

Enter the following account information. We will use these values to help identify your account. If we find a match, an email will be sent to your email address on record.

*User Type

*Trading Partner ID

*PIN

Forgot User ID ?

* Indicates a required field.

Enter the following account information. We will use these values to help identify your account. If we find a match, an email will be sent to your email address on record.

*User Type

*First Name

*Last Name

*Birth Date

*Last 4 of DLN

*Clerk Code

Forgot User ID ?

* Indicates a required field.

Enter the following account information. We will use these values to help identify your account. If we find a match, an email will be sent to your email address on record.

*User Type

*SC Provider Number

*Service Location

*PIN

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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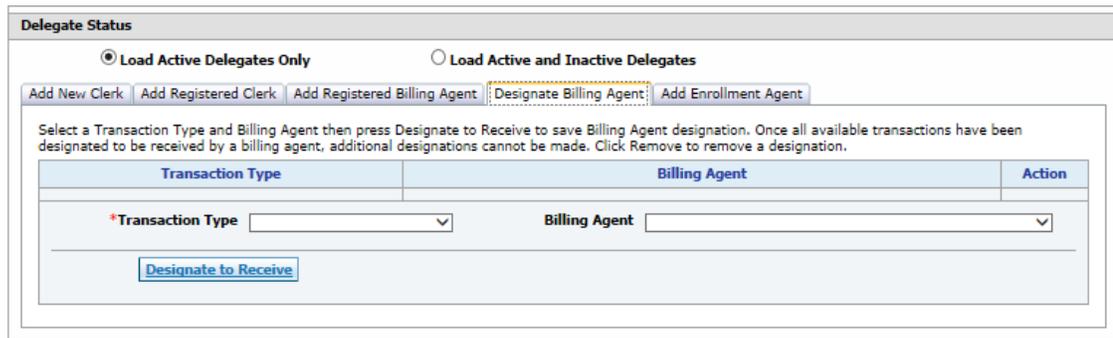
3 General SoonerCare Provider Portal Elements

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 third 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.

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.

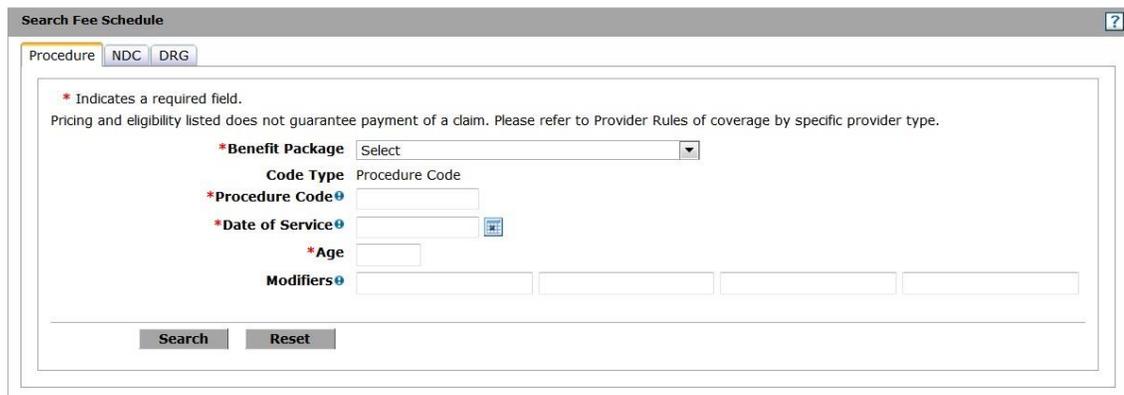
4. Click **Submit**.
- Status A indicates the electronic request for eligibility was accepted by Oklahoma Medicaid and does not reflect the eligibility of the member. The eligibility and benefit programs for the member appear below the status.
5. Select a member ID from the search results to view eligibility 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.
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 (if 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. Enter the Rx-BIN and Rx-PCN
15. Click **Add**.

3.5 Pricing



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: Select

Code Type: Procedure Code

*Procedure Code: [Text Box]

*Date of Service: [Calendar]

*Age: [Text Box]

Modifiers: [Text Box] [Text Box] [Text Box] [Text Box]

Search | Reset

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.

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.
5. Click **Search**.

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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

4.2 Claim Submission – Professional

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

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

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

[Claims](#) > [Submit Claim Prof](#) Tuesday 07/07/2020 09:23 AM CST

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

EVV SERVICES ONLY timely filing

Provider Information

This panel contains provider information.

Billing Provider ID	ID Type NPI	Name	
Zip Code 74104	Contract Code _	Taxonomy	SC Provider Number
Referring Provider ID <input type="text"/>	ID Type <input type="text"/>		
Ordering Provider ID <input type="text"/>	ID Type <input type="text"/>	Ordering Zip Code <input type="text"/>	
Other Facility ID <input type="text"/>	ID Type <input type="text"/>		

Patient 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		

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

Date Type <input type="text"/>	Date of Current <input type="text"/>	
Accident Related <input type="text"/>	Expected Delivery Date <input type="text"/>	
Patient Account Number <input type="text"/>	From Date <input type="text"/>	To Date <input type="text"/>
CLIA Number <input type="text"/>	*Other Insurance <input type="text" value="None"/>	HMO Copay <input type="text" value="No"/>

Total Charged Amount \$0.00

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.

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

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

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	ICD Version	Diagnosis Code	Action
1			
1	*ICD Version <input type="text" value="ICD-9-CM"/>	*Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>			

Other Insurance Details

TPL Amount

1. Select the ICD type in the ICD Version drop-down list.
2. Enter a diagnosis in the Diagnosis Code field.

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

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	08/01/2014	08/01/2014	11-Office	A9509-IODINE I-123 SOD IODIDE MIL	\$100.00	1.00 Unit	Remove

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units Unit Type EPSDT

CLIA Number DMH Contract Source

Rendering Provider ID ID Type Zip Code Contract Code

Taxonomy SC Provider Number

Ordering Provider ID ID Type Zip Code

NDC for Item 1

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required.

Code Type

NDC/UPN

Quantity Unit of Measure

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					

*Transmission Method

*Upload File

*Attachment Type

Description

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.
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.
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 4.11, 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.
- **View**—Displays the details of the claim.

4.3 Claim Submission – Professional Crossover

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

This panel contains provider information.

Billing Provider ID	ID Type NPI	Name	
Zip Code	Contract Code _	Taxonomy	SC Provider Number
Referring Provider ID <input type="text"/>	ID Type <input type="text"/>		
Ordering Provider ID <input type="text"/>	ID Type <input type="text"/>	Ordering Zip Code <input type="text"/>	

Patient 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		

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

Date Type <input type="text"/>	Date of Current <input type="text"/>
Accident Related <input type="text"/>	
Patient Account Number <input type="text"/>	Expected Delivery Date <input type="text"/>
*From Date <input type="text"/>	*To Date <input type="text"/>
CLIA Number <input type="text"/>	
*Other Insurance <input type="text" value="None"/>	

Total Charged Amount \$0.00

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 Claim Information

1. The Claim Information for a professional crossover claim should be completed as a professional claim, except for the From Date and To Date fields.

2. From Date and To Date fields are enabled for professional crossover claim. Enter the From Date and To Date in these fields.
3. Click **Continue**.
4. The Medicare Crossover Details panel will be displayed below the Claim Information panel, if the from date is before the effective date for processing the crossover claims at the detail level.

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

Date Type <input type="text"/>	Date of Current <input type="text"/>
Accident Related <input type="text"/>	
Patient Account Number <input type="text"/>	Expected Delivery Date <input type="text"/>
*From Date <input type="text" value="03/01/2016"/>	*To Date <input type="text" value="04/05/2016"/>
CLIA Number <input type="text"/>	
*Other Insurance <input type="text" value="None"/>	
Total Charged Amount \$0.00	

Medicare Crossover Details

Medicare Crossover Details must be entered in this step if the From Date is before 03/22/2016.

Allowed Medicare Amount <input type="text" value="\$0.00"/>	Co-insurance Amount <input type="text" value="\$0.00"/>
Deductible Amount <input type="text" value="\$0.00"/>	Psychiatric Services Amount <input type="text" value="\$0.00"/>
Medicare Payment Amount <input type="text" value="\$0.00"/>	*Medicare Payment Date <input type="text"/>

5. The Medicare Crossover Details panel will be displayed in the Service Details panel, if the From Date is on or after the effective date for processing the crossover claims at the detail level.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date <input type="text"/>	To Date <input type="text"/>	*Place of Service <input type="text"/>	EMG <input type="text"/>
*Procedure Code <input type="text"/>	Modifiers <input type="text"/>		*Diagnosis Pointers <input type="text"/>
Charge Amount <input type="text"/>	*Units <input type="text"/>	Unit Type <input type="text"/>	Unit <input type="text"/>
CLIA Number <input type="text"/>		EPSDT <input type="text"/>	
Rendering Provider ID <input type="text"/>	ID Type <input type="text"/>	Zip Code <input type="text"/>	Contract Code <input type="text"/>
Taxonomy <input type="text"/>			
Ordering Provider ID <input type="text"/>	ID Type <input type="text"/>	Zip Code <input type="text"/>	

NDC for Item 1

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required.

Code Type <input type="text" value="NDC"/>	
NDC/UPN <input type="text"/>	
Quantity <input type="text"/>	Unit of Measure <input type="text"/>

Medicare Crossover Details for Item 1

Medicare Crossover Details must be entered in this step if the From Date is on or after 03/22/2016.

Allowed Medicare Amount <input type="text" value="\$0.00"/>	Co-insurance Amount <input type="text" value="\$0.00"/>
Deductible Amount <input type="text" value="\$0.00"/>	Psychiatric Services Amount <input type="text" value="\$0.00"/>
Medicare Payment Amount <input type="text" value="\$0.00"/>	*Medicare Payment Date <input type="text"/>

4.3.2 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.

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	Contract Code DM	ID Type NPI	Name
Zip Code 74006-2495		Taxonomy	SC Provider Number
Institutional Provider ID		ID Type NPI	
Attending Provider ID <input style="width: 80%;" type="text"/>		ID Type ▼	
Operating Provider ID <input style="width: 80%;" type="text"/>		ID Type ▼	
Referring Provider ID <input style="width: 80%;" type="text"/>		ID Type ▼	

Patient Information

General Patient Instructions:

*Member ID

Last Name First Name Middle

Birth Date

Claim Information

Claim Header Instructions:

*Covered Dates <input style="width: 100px;" type="text"/> - * <input style="width: 100px;" type="text"/> *Admission Date/Hour <input style="width: 100px;" type="text"/> (hh:mm) *Admission Type <input style="width: 150px;" type="text"/> *Admitting ICD Version ICD-9-CM ▼ *Patient Status <input style="width: 150px;" type="text"/> Patient Account Number <input style="width: 150px;" type="text"/>	Covered Days <input style="width: 100px;" type="text"/> Discharge Hour <input style="width: 100px;" type="text"/> (hh:mm) *Admission Source <input style="width: 150px;" type="text"/> *Admitting Diagnosis <input style="width: 150px;" type="text"/> *Type of Bill <input style="width: 100px;" type="text"/> Other Insurance Include ▼ Total Charged Amount \$0.00
--	--

Medicare Crossover Details

Institutional Medicare Crossover Instructions:

Deductible Amount <input style="width: 100px;" type="text"/> Blood Deductible Amount <input style="width: 100px;" type="text"/>	Co-insurance Amount <input style="width: 100px;" type="text"/> *Medicare Payment Date <input style="width: 100px;" type="text"/>
--	---

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.
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.

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

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

Diagnosis Codes				
Select the row number to edit the row. Click the Remove link to remove the entire row.				
#	ICD Version	Diagnosis Code	POA	Action
1				
1	*ICD Version <input type="text" value="ICD-9-CM"/>	*Diagnosis Code <input type="text"/>		
	Present on Admission <input type="text"/>			
<input type="button" value="Add"/> <input type="button" value="Reset"/>				
Emergency Diagnosis Code				
Only one emergency diagnosis code is allowed per claim.				
	ICD Version <input type="text" value="ICD-9-CM"/>	Diagnosis Code <input type="text"/>		
Other Insurance Details				
Select the row number to edit the row. Click the Remove link to remove the entire row.				
#	Payer Code	Prior Amount	Estimated Amount Due	Action
1				
1	*Payer Code <input type="text"/>	*Prior Amount <input type="text"/>	Estimated Amount Due <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>				

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.

4.4.7 Condition Code Details

Condition Codes				
Click the Remove link to remove the entire row.				
#	Condition Code	Action		
1				
1	*Condition Code <input type="text"/>			
<input type="button" value="Add"/> <input type="button" value="Reset"/>				
Occurrence Codes				
Select the row number to edit the row. Click the Remove link to remove the entire row.				
#	Occurrence Code	From Date	To Date	Action
1		-	-	
1	*Occurrence Code <input type="text"/>	*From Date <input type="text"/>	*To Date <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>				
Value Codes				
Select the row number to edit the row. Click the Remove link to remove the entire row.				
#	Value Code	Amount	Action	
1				
1	*Value Code <input type="text"/>	*Amount <input type="text"/>		
<input type="button" value="Add"/> <input type="button" value="Reset"/>				
Surgical Procedures				
Operating Provider is required to be entered back on Step 1 to allow for entry of surgical procedure codes within this panel.				
<input type="button" value="Back to Step 1"/>			<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

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.
5. Click **Continue**.

4.4.11 Service Details

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1							

1 ***Revenue Code** **HCPCS/Proc Code**

Modifiers

***From Date** **To Date** ***Units** 1.00 ***Unit Type** Unit

DMH Contract Source ***Charge Amount**

Attachments -

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

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

***Transmission Method** FT-File Transfer

***Upload File**

***Attachment Type**

Description

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.
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 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 4.11, 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.
- **View**—Displays the details of the claim.

4.5 Claim Submission – Institutional Crossover Inpatient

These sections list the steps to follow when submitting an institutional crossover inpatient 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 Crossover Details

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

4.6 Claim Submission – Institutional Crossover Outpatient

Submit Institutional Claim: Step 1 ?

* Indicates a required field.

Claim Type Crossover Outpatient

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	Contract Code	Taxonomy	SC Provider Number
Institutional Provider ID			
Attending Provider ID	ID Type	NPI	
Operating Provider ID	ID Type		
Referring Provider ID	ID Type		

Patient 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		

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

*Covered Dates ? - 	Covered Days
Admission Date/Hour ? - (hh:mm)	Discharge Hour ? (hh:mm)
Admission Type ? 	Admission Source ?
Admitting ICD Version ? ICD-10-CM	Admitting Diagnosis ?
Patient Status ? 	*Type of Bill ?
Patient Account Number ? 	Other Insurance ? None

Total Charged Amount \$0.00

Continue
Cancel

The following sections list the steps for submitting an institutional crossover outpatient claim.

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

1. Start on the Provider main page.
2. Select the Claims link to display the Claims screen, 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.

3. Click the Claim Type drop-down list and choose Crossover Outpatient.
 - The Medicare Crossover Details section will not be displayed. This section will display based on the From Date entered in Covered Date field, as explained in section 4.6.1 below.

4.6.1 Claim Information

1. The Claim Information for a crossover outpatient claim should be completed as an institutional claim.
2. Click **Continue**.
3. The Medicare Crossover Details section will display below the Claim Information section, if the From Date in the Covered Date field is **before** the effective date for processing crossover claim at the detail level.

Claim Information	
Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.	
*Covered Dates 	03/01/2016  - *03/01/2016 
Covered Days	<input type="text"/>
Admission Date/Hour 	<input type="text"/> (hh:mm) - <input type="text"/> (hh:mm)
Discharge Hour 	<input type="text"/> (hh:mm)
Admission Type 	<input type="text"/>
Admission Source 	<input type="text"/>
Admitting ICD Version	ICD-10-CM 
Admitting Diagnosis 	<input type="text"/>
Patient Status 	<input type="text"/>
*Type of Bill	131
Patient Account Number	<input type="text"/>
Other Insurance	None 
Total Charged Amount \$0.00	
Medicare Crossover Details	
Medicare Crossover Details must be entered in this step if the Covered From Date is before 03/22/2016.	
Deductible Amount	\$0.00 <input type="text"/>
Co-insurance Amount	\$0.00 <input type="text"/>
Blood Deductible Amount	\$0.00 <input type="text"/>
*Medicare Payment Date 	<input type="text"/>
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

4. The Medicare Crossover Details section will display in the Service Details panel, if the From Date in the Covered Date field is **on or after** the effective date for processing crossover claims at the detail level.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1							

1 *Revenue Code HCPCS/Proc Code

Modifiers

*From Date *To Date *Units *Unit Type

Charge Amount

NDC for Item 1

Medicare Crossover Details for Item 1

Medicare Crossover Details must be entered in this step if the Covered From Date is on or after 03/22/2016.

Deductible Amount Co-insurance Amount

Blood Deductible Amount *Medicare Payment Date

Medicare Payment Amount

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to add attachment.					

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

4.7 Claim Submission – Pharmacy (Including Compounds)

Submit Pharmacy Claim: Step 1

* Indicates a required field.

Provider Information

This panel contains provider information.

Service Provider ID <input type="text"/>	ID Type <input type="text"/> NPI	Name
Rendering Provider NPI <input type="text"/>		SC Provider Number
		Rendering Provider Number

Patient and Claim Information

Enter information applicable to the claim. Select 'Pharmacy' or 'Compound' from the Claim Type dropdown to indicate what type of claim is being submitted. If a TPL Amount needs to be entered, then 'Other coverage exists' should be selected in the Other Coverage Code dropdown. A TPL Amount can be entered on the third step of Submit Pharmacy Claim.

*Member ID <input type="text"/>	First Name	Middle
Last Name		
*Birth Date <input type="text"/>		
Transaction Code <input type="text" value="B1-Billing"/>		
*Claim Type <input type="text" value="1-Pharmacy"/>		
*Other Coverage Code <input type="text" value="1-No other coverage identified"/>		
Pregnancy <input type="text" value="No"/>	Emergency <input type="text" value="No"/>	Nursing Facility <input type="text" value="No"/>

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.

4.7.1 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.

4.7.2 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.
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**.

4.7.3 Claim Information

Claim Information

General Claim Information Instructions

*Prescriber ID ID Type NPI *Last Name

*Prescription # *Fill # *Date Written *Date of Service

*Days Supply

Dispense/Written

Compound Information

General Compound Information Instructions

Ingredient Component Count
0

Compound Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Compound NDC	Ingredient Quantity	Action
1			

1 *Compound NDC *Ingredient Quantity

Pricing Information

General Pricing Information Instructions

*Total Charges

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

4.7.4 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**.

4.7.5 Pricing Information

1. Enter the total charges in the Total Charges field.
2. Click **Continue**.

4.7.6 DUR Override Codes

DUR Override Codes -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Reason for Service	Professional Service	Result of Service	Action
1				
1	*Reason for Service <input type="text"/>	*Professional Service <input type="text"/>	*Result of Service <input type="text"/>	

Other Insurance Details -

General Other Insurance Detail Instructions

TPL Amount

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.

4.7.7 Diagnosis Codes

Diagnosis Codes			
Select the row number to edit the row. Click the Remove link to remove the entire row.			
#	ICD Version	Diagnosis Code	Action
<u>1</u>			
1	*ICD Version <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	

1. Select the ICD type in the ICD Version drop-down list.
2. Enter a diagnosis in the Diagnosis Code field.

4.7.8 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.

4.8 Claim Submission – Dental

Submit Dental Claim: Step 1			
* Indicates a required field.			
Provider Information			
General Provider Header Instructions			
Billing Provider ID	ID Type NPI	Name	
Zip Code 74501-5443		SC Provider Number	
Patient Information			
General Patient Instructions			
* Member ID	First Name	Middle	
Last Name		Birth Date	
Claim Information			
General Claim Information Instructions			
Accident Related	Emergency	Patient Account Number	
* Place of Treatment			
Other Insurance			
			Total Charged Amount \$0.00
<input type="button" value="Continue"/>		<input type="button" value="Cancel"/>	

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.

4.8.1 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.

4.8.2 Patient Information

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

4.8.3 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**.

4.8.4 Diagnosis Codes

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

Diagnosis Codes			
Select the row number to edit the row. Click the Remove link to remove the entire row.			
#	ICD Version	Diagnosis Code	Action
1			
1	*ICD Version <input type="text" value="ICD-9-CM"/>	*Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>			
Other Insurance Details			
TPL Amount <input type="text"/>			
<input type="button" value="Back to Step 1"/>		<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

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

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.

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**.

4.8.7 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**.

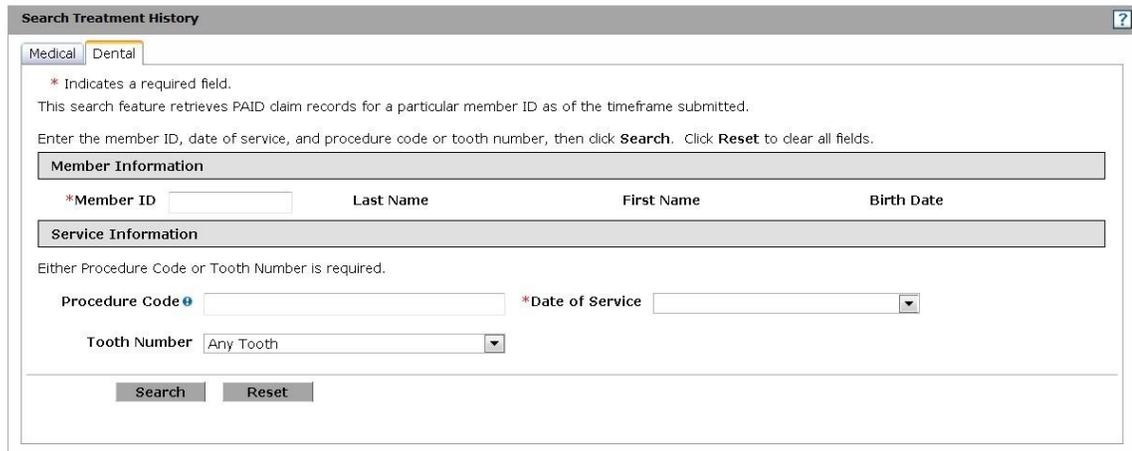
Once the claim has been submitted, a claim receipt is generated with a Claim ID. Depending on the status and attachments selected, there are different options to choose from:

- **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 4.11, 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.
- **View**—Displays the details of the claim.

4.9 Dental History Inquiry



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 code or tooth number, then click **Search**. Click **Reset** to clear all fields.

Member Information

*Member ID Last Name First Name Birth Date

Service Information

Either Procedure Code or Tooth Number is required.

Procedure Code *Date of Service

Tooth Number

Search **Reset**

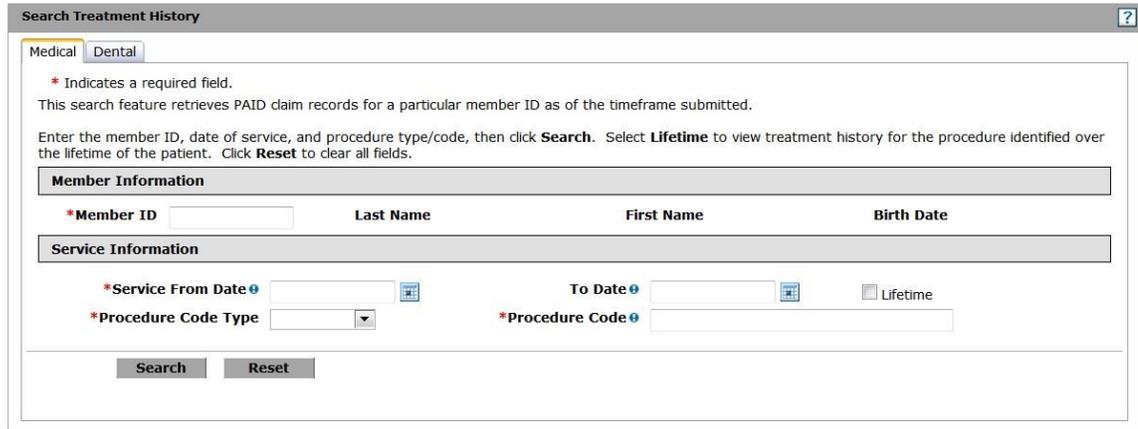
This section lists the steps to follow when making an inquiry on a member's dental history.

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.

4.10 Medical History Inquiry



Search Treatment History

Medical Dental

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

Member Information

*Member ID Last Name First Name Birth Date

Service Information

*Service From Date To Date Lifetime
 *Procedure Code Type *Procedure Code

Search **Reset**

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.

4.11 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** _____
- 3. Attachment Control Number** _____
- 4. Claim Number** _____
- 5. Date/Time** 12/13/2013 03:28 PM

Purpose:
 This form is to be used when a claim requiring a paper attachment is being submitted electronically. Submission of this completed form along with the required attachment and electronically submitted claim will allow the appropriate review process to be conducted by the OHCA.

Instructions:

1. In box 1, fill in the pay to Provider Number that will be used for filing the electronic claim.
2. In box 2, fill in the nine-digit client identification number that was submitted on the electronic claim.
3. In box 3, fill in the identification number that was assigned to the electronically submitted claim.
4. In box 4, fill in the fill in the Attachment Control Number (ACN) that was used for filing the electronic claim. The ACN on this form must be the same number entered in the control number field of the direct data entry screen (Medicaid on the Web) or the PWK segment of the 837 transaction. Make sure the ACN is clear and legible on the HCA-13. Illegible information could delay or stop the attachment process. Alphabetic and numeric are the only characters that should be used in the ACN selection. Do not use dashes and spaces in the ACNs.
5. Place the completed form on top of the attachment(s) for each electronic claim.
6. Mail to EDS, P.O. Box 18500 OKC, OK 73154, fax 405-947-3394

Note: Do not place another Fax Cover Sheet on top.
***This form is for use with electronically filed claims requiring attachments.**

Sender's Name: _____ **Phone Number:** _____

This fax contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this fax. Please notify the sender immediately by phone if you have received this e-fax by mistake and destroy the fax you received. Fax transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of fax transmission.

OKLA HCA
Revised 06/24/09
HCA-13

Print
Close

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.

4.12 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.

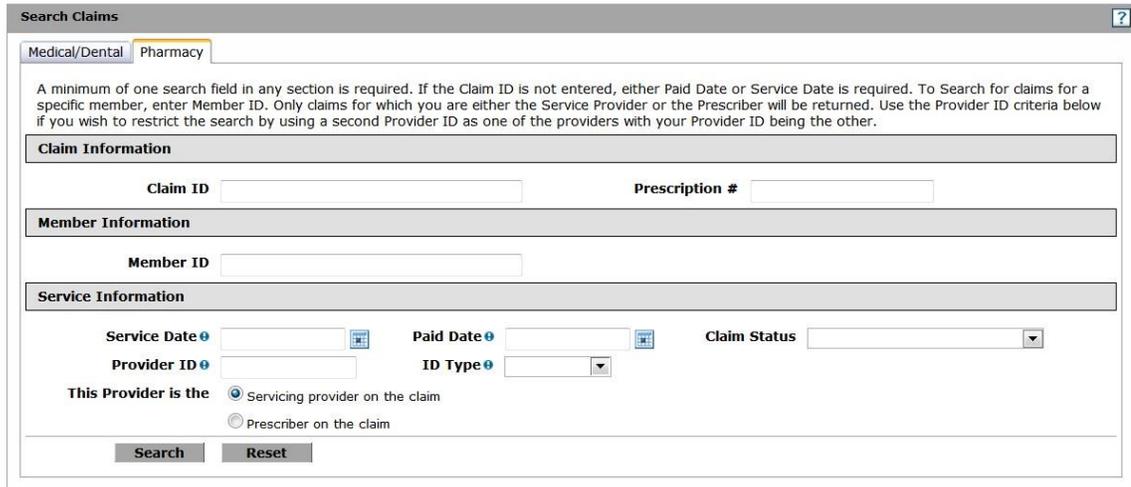
Starting on the Provider main page, select the Claims link to display the Claims screen, and then select the Search Claims link. Another option is to select the Claims tab to display the drop-down list, and then select the Search Claims link.

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.

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)**.

4.13 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.

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)**.

4.14 Resubmit a Claim – Denied Claims Only

From Claim submission:

Submit Professional Claim: Confirmation ?
Professional Claim Receipt
Your Professional Claim was successfully submitted. The claim status is Denied. The Claim ID is
Click Print Preview to view the claim details as they have been saved on the payer's system. Click Edit to resubmit the claim. Click View to view the details of the submitted claim.
Print Preview Edit New View

1. Click **Edit**.
2. Modify the field(s) containing the incorrect data.
3. Click **Submit**.

From Claim Inquiry:

Edit Attachment Coversheet(s) Print Preview
--

Follow these steps to resubmit a denied claim.

1. Follow steps 1-9 in section 4.12, 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.

5. Click **Submit**.

4.15 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.

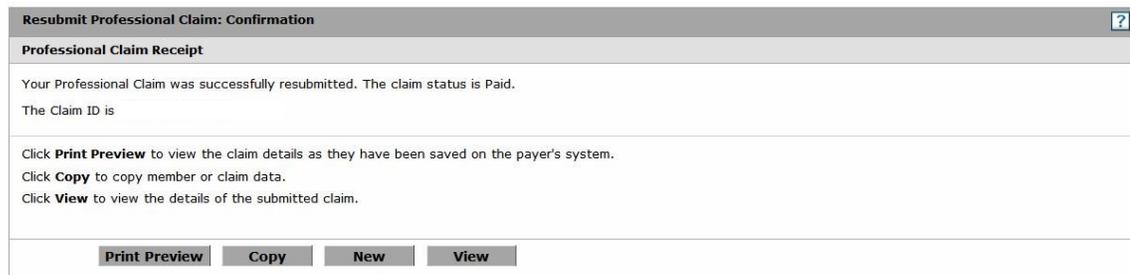
1. Follow steps 1-9 in section 4.12, Claim Inquiry – Medical/Dental, to locate the paid claim.
2. Select the Claim ID link of the claim to be voided.
3. Click **Void**.
4. An information window displays asking “Are you sure you want to void this Claim Type Claim ID XXXXXXXXXXXX?” (The voided claim now 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.

4.16 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**.
6. Click **Confirm**.

From Claims Inquiry:

Copy Print Preview
--

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 4.12, 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**.

This page intentionally left blank.

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

Create Authorization ?

* Indicates a required field.

Medical **Dental**

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 0987654321	ID Type NPI	Name HILLCREST MED CNTR	
Zip Code 74104	Contract Code _	Taxonomy 282N00000X	SC Provider Number 100673450 A

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.

After selecting on the radio button, sections 5.2.1 through 5.3.5 should be followed to submit the Authorization.

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.

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 Attachments Information

1. Click **[+]** to expand the attachments section.
2. Select the method of sending attachments from the Transmission Method drop-down list (Dental only).
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**.

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 4.11, Hardcopy Attachment, for more information on attachment coversheets.
- **Print Preview**—Displays and prints the authorization.
- **Copy**—Copies specific details from one authorization to another; the options are preset.
- **New**— Create a new authorization.

5.2.5 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.

5.2.6 Diagnosis Information

Diagnosis Information		
Insert decimals as needed. Click the Remove link to remove the entire row.		
ICD Version	Diagnosis Code	Action
Click to collapse.		
*ICD Version	ICD-9-CM	*Diagnosis Code
		<input type="button" value="Add"/> <input type="button" value="Cancel"/>

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.

Medical Prior Authorization

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
<input type="checkbox"/> Click to collapse.					
<div style="display: flex; justify-content: space-between;"> *From Date <input type="text"/> To Date <input type="text"/> *Code Type Procedure Code *Code <input type="text"/> </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> Thru <input type="text"/> </div> <p style="font-size: x-small; margin-top: 5px;">Appropriate modifier(s) must be submitted on PA for claims processing.</p> <div style="display: flex; justify-content: space-between;"> Modifiers <input type="text"/> <input type="text"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> *Units <input type="text"/> Dollars <input type="text"/> Payment Method 1-Pay System Calculated Price </div> <div style="margin-top: 5px;"> Remarks (optional) <div style="border: 1px solid gray; height: 30px; width: 100%;"></div> </div>					
<div style="display: flex; justify-content: space-around;"> Add Service Cancel Service </div>					

Dental Prior Authorization

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	Tooth Number	Oral Cavity Area	Units	Action
<input type="checkbox"/> Click to collapse.						
<div style="display: flex; justify-content: space-between;"> *From Date <input type="text"/> To Date <input type="text"/> *Code Type ADA *Code <input type="text"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> *Units <input type="text"/> Dollars <input type="text"/> Payment Method 1-Pay System Calculated Price </div> <div style="margin-top: 5px;"> Tooth Number <input type="text"/> </div> <div style="margin-top: 5px;"> Oral Cavity Area <input type="text"/> </div> <div style="margin-top: 5px;"> Remarks <div style="border: 1px solid gray; height: 30px; width: 100%;"></div> </div>						
<div style="display: flex; justify-content: space-around;"> Add Service Cancel Service </div>						

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.
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.
8. Select the payment type from the Payment Method drop-down list.
9. Enter remarks for medical justification in the Remarks (optional) field.

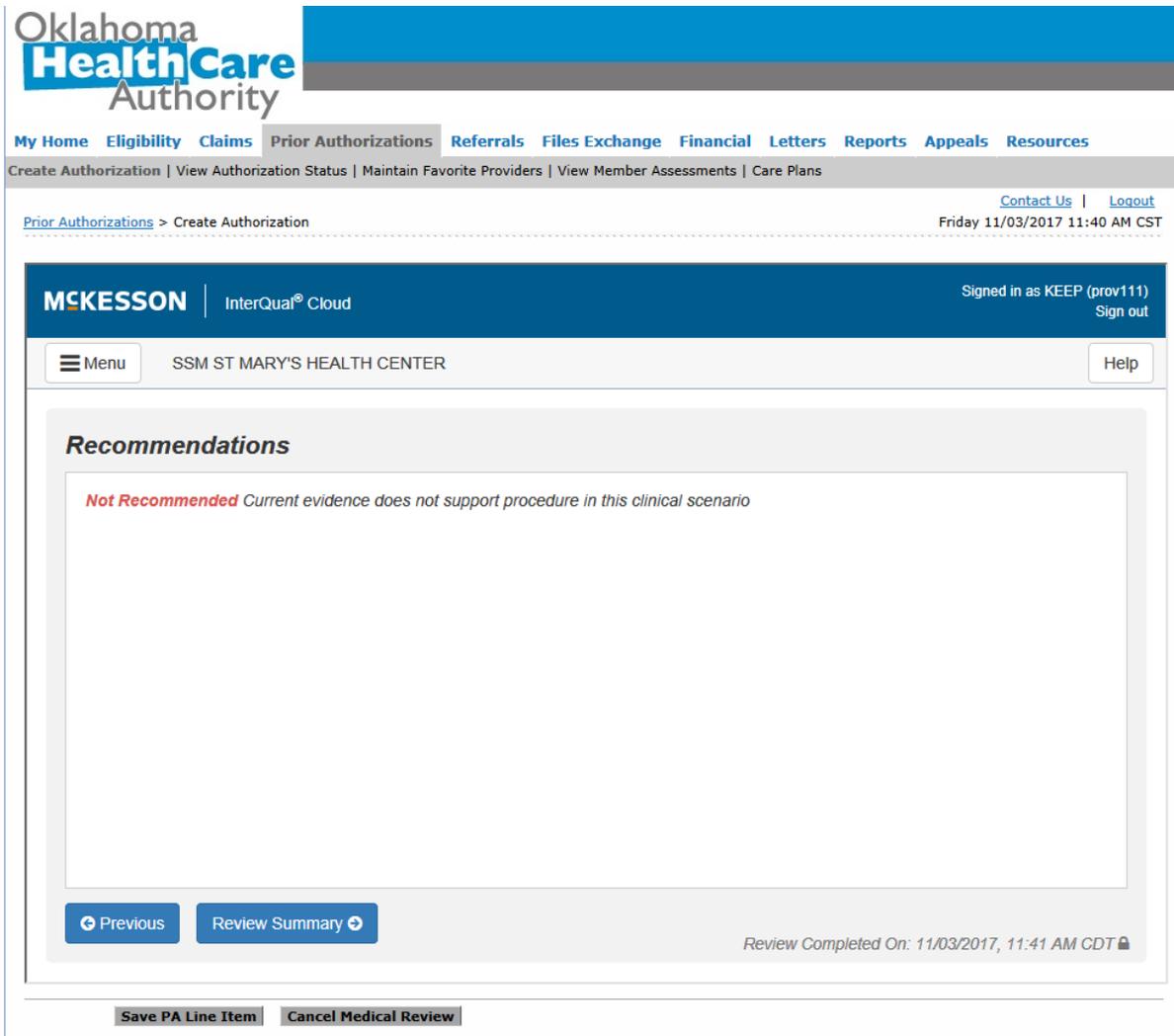
5.3.4 Code Type-ADA (Dental Only)

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 Change Healthcare Interqual Medical Review

When the code type is Procedure code and the entered code requires a medical review, user will be required to use the embedded Change Healthcare InterQual Medical Review tool to perform the review. Once the review is complete, click on “Save PA Line Item” button to add the reviewed code to Portal. Clicking Cancel Medical Review button will take the user back to Portal without adding the code.



The screenshot displays the Oklahoma HealthCare Authority web portal. At the top, there is a navigation menu with links for My Home, Eligibility, Claims, Prior Authorizations, Referrals, Files Exchange, Financial, Letters, Reports, Appeals, and Resources. Below this is a secondary menu with links for Create Authorization, View Authorization Status, Maintain Favorite Providers, View Member Assessments, and Care Plans. The main content area shows the 'Prior Authorizations > Create Authorization' page. A dark blue header bar contains the 'MCKESSON InterQual® Cloud' logo and the user's login information: 'Signed in as KEEP (prov111) Sign out'. Below the header, there is a 'Menu' button, the text 'SSM ST MARY'S HEALTH CENTER', and a 'Help' button. The main content area is titled 'Recommendations' and contains a message: 'Not Recommended Current evidence does not support procedure in this clinical scenario'. At the bottom of the content area, there are two buttons: 'Previous' and 'Review Summary'. A timestamp at the bottom right of the content area reads 'Review Completed On: 11/03/2017, 11:41 AM CDT'. Below the content area, there are two buttons: 'Save PA Line Item' and 'Cancel Medical Review'.

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.
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 PA line item is waiting for documents, the attachment grid will be enabled. Additionally, if a PA line item has a status of "Pending Documents (I)", "Approved (A)", "Evaluation (E)", "Pending (P)", "Pending Pricing (F)", or "Approved w/ Pricing (G)", a "Cancel" checkbox will be enabled to cancel a PA line item; otherwise, the checkbox will be disabled. After selecting the PA line item to Cancel and/or add an additional attachment to, click on the "Submit" button.
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.
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



Create Referral ?

* Indicates a required field.

Requesting Provider Information

General Header Instructions for Referrals.

Provider ID	ID Type NPI	Name
-------------	-------------	------

Member Information

General Member Instructions for Referrals.

*Member ID	Birth Date	Middle
Last Name	First Name	

Verify PCP Cancel

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 will 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.

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.)

7.3 Search Referrals

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

Create Referral | Search Referrals [Contact Us](#) | [Logout](#)

[My Home](#) > Search Referrals Tuesday 02/10/2015 07:32 AM PST

Search Referrals ?

Unread Referrals Search Referrals

Referrals identifying you as the Referred To Provider are listed below. These results include referrals that have been recently submitted or modified. Click the referral tracking number to view the referral details or select the Search Referrals tab to search for a different referral.

[Select All](#) / [Deselect All](#)

Total Records: 2									
Mark as Read	Referral Tracking Number	Start Date ▲	End Date	Member Name	Member ID	Referring Provider	Referred To	Submission Date	Last Modified Date
<input type="checkbox"/>	441	2/2/2015	2/9/2015					2/3/2015	2/9/2015
<input type="checkbox"/>	464	2/3/2015	2/9/2015					2/3/2015	2/9/2015

[Export results ...](#)

[My Home](#) > Search Referrals Tuesday 02/10/2015 07:46 AM PST

Search Referrals ?

Unread Referrals Search Referrals

Enter at least one of the following fields to search for a referral.

Referral Information

Referral Tracking Number

Select a Day Range or specify a Service Date

Read Status All ▼

Day Range Next 14 days ▼ OR Service Date

Submission Date/Last Modified Date Last 10 days ▼

Member Information

Member ID

Provider Information

Provider ID ID Type ▼

This Provider is the Referring Provider on the Referral Referred To Provider on the Referral

Search Results

Referrals matching entered criteria where you are the Referring or Referred to Provider are listed below. Click on the Referral Tracking Number to view referral details. Click on a column header to re-sort the results. Additional results exist if paging numbers display on the bottom right corner of the page. Click on Export Results to export all results from the search to a file.

Total Records: 1

Referral Tracking Number	Read Status	Start Date ▼	End Date	Member Name	Member ID	Referring Provider	Referred To	Submission Date	Last Modified Date
481	read	2/9/2015	5/10/2015					2/9/2015	

[Export results ...](#)

There are three ways to search for referrals:

- 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.
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

Search Payment History	
Provider Information	
Provider ID	ID Type NPI
SC Provider Number	Name
* Indicates a required field.	
Enter criteria to search for payment history. At a minimum an issue date that spans 90 days or less must be entered.	
Payment Method All	Warrant Number
Issue Date *From 12/23/2014	*To 03/23/2015
Search	Reset

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.
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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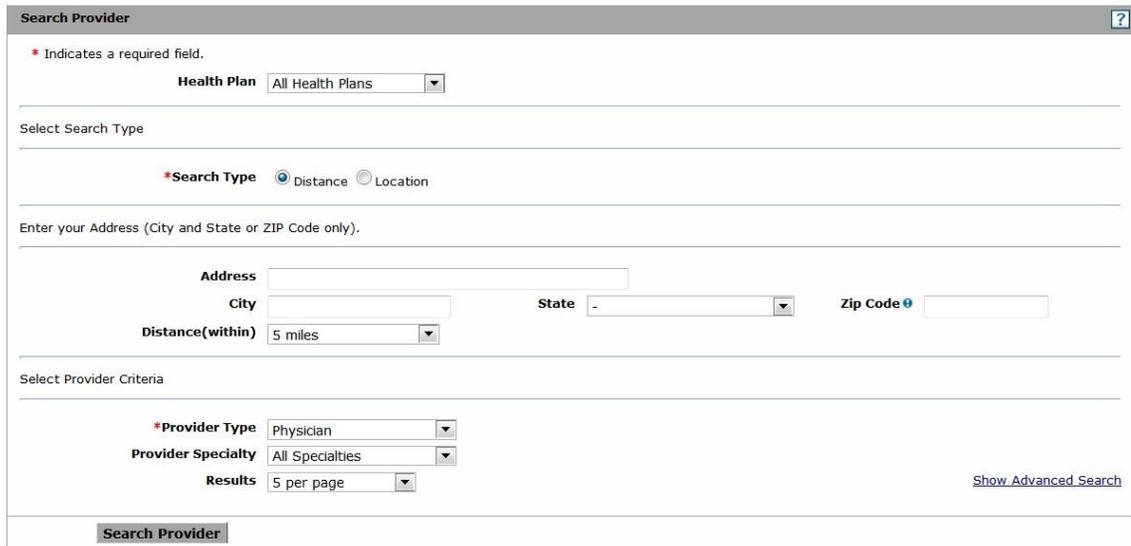
9 Locate Providers

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



Search Provider ?

* Indicates a required field.

Health Plan All Health Plans

Select Search Type

***Search Type** Distance Location

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

Address

City **State** **Zip Code**

Distance(within) 5 miles

Select Provider Criteria

***Provider Type** Physician

Provider Specialty All Specialties

Results 5 per page [Show Advanced Search](#)

Search Provider

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.)

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.

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 section 3.4, 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 4.8, Claim Submission – Dental.

10.2.3 Pharmacy

1. Select the Pharmacy tab.

10.3 To submit a pharmacy claim, select the **Submit a Pharmacy Claim** link (see section 4.6, **Claim Submission – Institutional Crossover Outpatient**)

Submit Institutional Claim: Step 1 ?

* Indicates a required field.

Claim Type Crossover Outpatient

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	Contract Code _	Taxonomy	SC Provider Number
Institutional Provider ID	ID Type NPI		
Attending Provider ID <input style="width: 100%;" type="text"/>	ID Type ▼		
Operating Provider ID <input style="width: 100%;" type="text"/>	ID Type ▼		
Referring Provider ID <input style="width: 100%;" type="text"/>	ID Type ▼		

Patient 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		

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

*Covered Dates <input style="width: 100px;" type="text"/> - <input style="width: 100px;" type="text"/>	Covered Days <input style="width: 100px;" type="text"/>
Admission Date/Hour <input style="width: 100px;" type="text"/> (hh:mm)	Discharge Hour <input style="width: 100px;" type="text"/> (hh:mm)
Admission Type <input style="width: 100px;" type="text"/>	Admission Source <input style="width: 100px;" type="text"/>
Admitting ICD Version ICD-10-CM	Admitting Diagnosis <input style="width: 100px;" type="text"/>
Patient Status <input style="width: 100px;" type="text"/>	*Type of Bill <input style="width: 100px;" type="text"/>
Patient Account Number <input style="width: 100px;" type="text"/>	Other Insurance None

Total Charged Amount \$0.00

Continue
Cancel

The following sections list the steps for submitting an institutional crossover outpatient claim.

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

4. Start on the Provider main page.
5. Select the Claims link to display the Claims screen, 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.

6. Click the Claim Type drop-down list and choose Crossover Outpatient.
 - The Medicare Crossover Details section will not be displayed. This section will display based on the From Date entered in Covered Date field, as explained in section 4.6.1 below.

10.3.1 Claim Information

6. The Claim Information for a crossover outpatient claim should be completed as an institutional claim.
7. Click **Continue**.
8. The Medicare Crossover Details section will display below the Claim Information section, if the From Date in the Covered Date field is **before** the effective date for processing crossover claim at the detail level.

Claim Information	
Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.	
*Covered Dates <input type="text" value="03/01/2016"/> - <input type="text" value="*03/01/2016"/>	Covered Days <input type="text"/>
Admission Date/Hour <input type="text"/> (hh:mm)	Discharge Hour <input type="text"/> (hh:mm)
Admission Type <input type="text"/>	Admission Source <input type="text"/>
Admitting ICD Version <input type="text" value="ICD-10-CM"/>	Admitting Diagnosis <input type="text"/>
Patient Status <input type="text"/>	*Type of Bill <input type="text" value="131"/>
Patient Account Number <input type="text"/>	Other Insurance <input type="text" value="None"/>
Total Charged Amount \$0.00	
Medicare Crossover Details	
Medicare Crossover Details must be entered in this step if the Covered From Date is before 03/22/2016.	
Deductible Amount <input type="text" value="\$0.00"/>	Co-insurance Amount <input type="text" value="\$0.00"/>
Blood Deductible Amount <input type="text" value="\$0.00"/>	*Medicare Payment Date <input type="text"/>
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

9. The Medicare Crossover Details section will display in the Service Details panel, if the From Date in the Covered Date field is **on or after** the effective date for processing crossover claims at the detail level.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1							

1 *Revenue Code HCPCS/Proc Code

Modifiers

*From Date *To Date *Units *Unit Type

Charge Amount

NDC for Item 1

Medicare Crossover Details for Item 1

Medicare Crossover Details must be entered in this step if the Covered From Date is on or after 03/22/2016.

Deductible Amount Co-insurance Amount

Blood Deductible Amount *Medicare Payment Date

Medicare Payment Amount

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to add attachment.					

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

Claim Submission – Pharmacy (Including Compounds) for more information).

- To view additional pharmacy claims, select the View more claims for this member link (see section 4.12, Claim Inquiry – Medical/Dental for more information).

10.3.2 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.

10.4 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

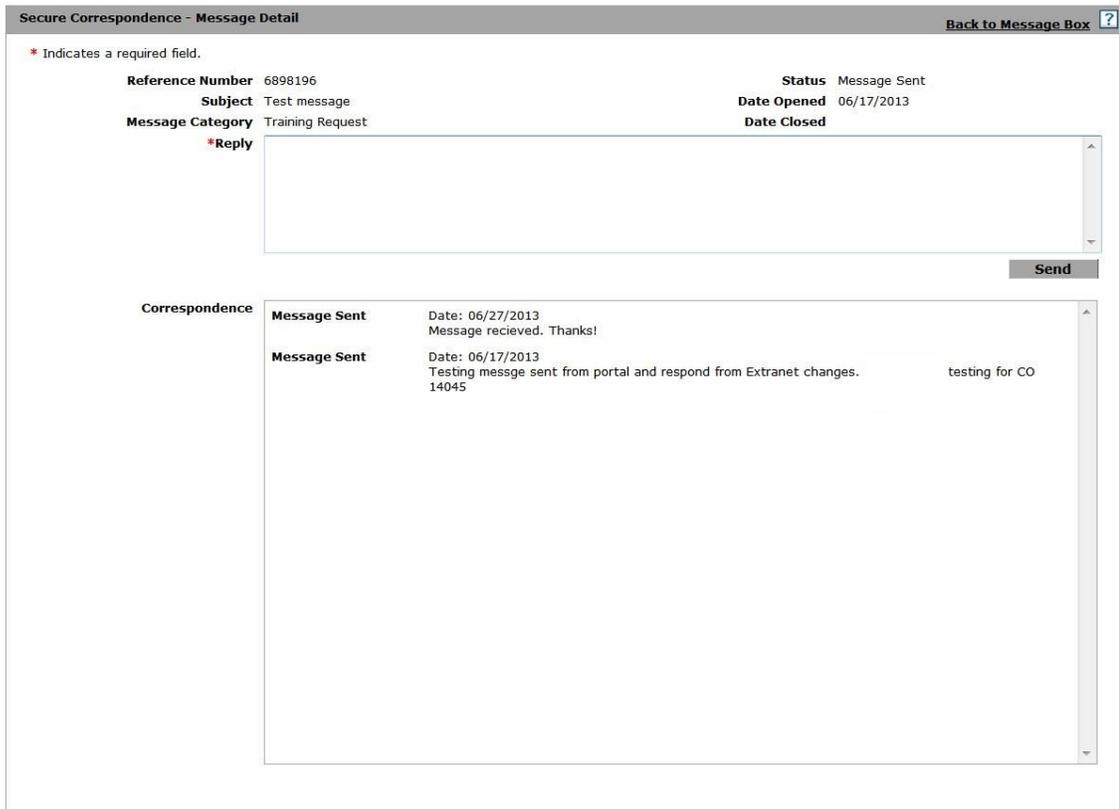
Secure Correspondence - Message Box					
Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.					Back to My Home 
					Create New Message
					Total Records: 3
Status	Reference 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.

11.3 Message Detail



Secure Correspondence - Message Detail [Back to Message Box](#) ?

* Indicates a required field.

Reference Number	6898196	Status	Message Sent
Subject	Test message	Date Opened	06/17/2013
Message Category	Training Request	Date Closed	

***Reply**

Send

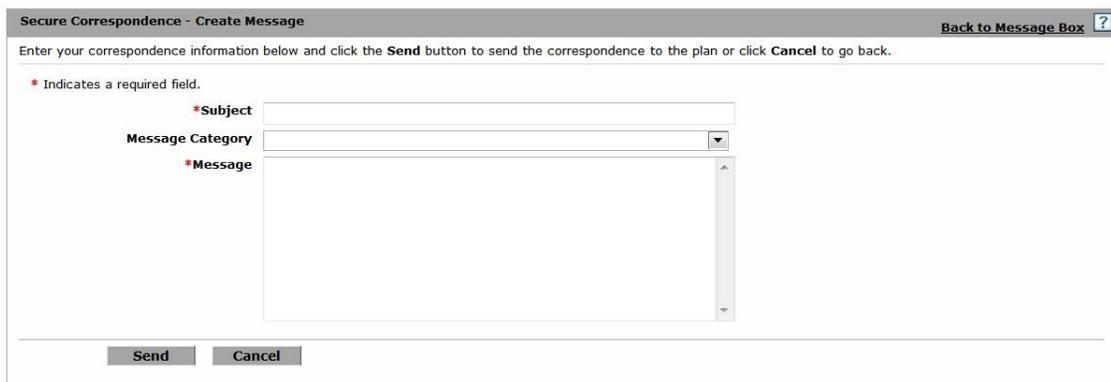
Correspondence

Message Sent	Date: 06/27/2013 Message recieved. Thanks!	
Message Sent	Date: 06/17/2013 Testing message sent from portal and respond from Extranet changes.	testing for CO 14045

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



Secure Correspondence - Create Message [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

* Indicates a required field.

***Subject**

Message Category

***Message**

Send **Cancel**

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

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

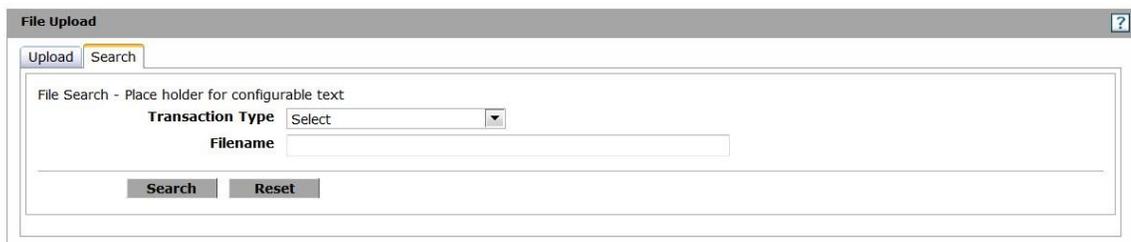


Starting on the Provider main page, select the Files Exchange link to display the File Upload screen. Another option is to select the Files Exchange tab to display the drop-down list, and then select the Upload Files link.

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



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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13 Letters

13.1 Overview

This section describes Letters on the SoonerCare Provider Portal

Letters on the SoonerCare Provider Portal allows the user to download a variety type of letters.

13.2 Provider Letters

Provider Letters ?

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

***Letter Type** ▼

***Available From Date** ***To Date**

Letters Available to Download From 3/1/2015 To 3/23/2015

To download the Letter click the View Letter icon.

Total Records: 7

Letter Description	Letter Date	Letter
Provider Welcome Letter	03/04/2015	
DRG Rate Letter	03/03/2015	
New Hospital Level of Care Rate Letter	03/03/2015	
Provider Contract Expiration Notification	03/03/2015	
Provider Welcome Letter	03/03/2015	
Provider Welcome Letter	03/03/2015	
Provider Welcome Letter	03/01/2015	

Starting on the Provider main page, select the Letters tab to display the submenu, and then select Provider Letters link to display the Provider Letters screen. Another option is to select the Letter tab and select Provider Letters link from the landing page.

1. Select the Letter type from the Letter Type drop-down list.
2. Enter a search date range. The range must be within 365 days
3. Click **Search**.

From the Search results, click on a letter icon to download the letter.

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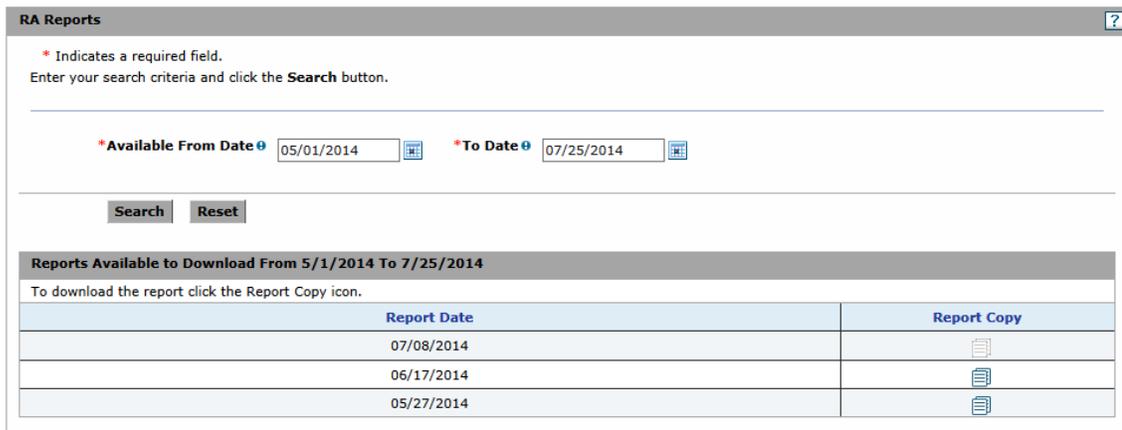
14 Financial

14.1 Overview

This section describes Financial Reports on the SoonerCare Provider Portal

Financial on the SoonerCare Provider Portal allows the user to download Remittance Advice Reports, Roster Reports and CAP Reports.

14.2 Remittance Advice (RA) Reports



RA Reports ?

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

* **Available From Date** * **To Date**

Reports Available to Download From 5/1/2014 To 7/25/2014

To download the report click the Report Copy icon.

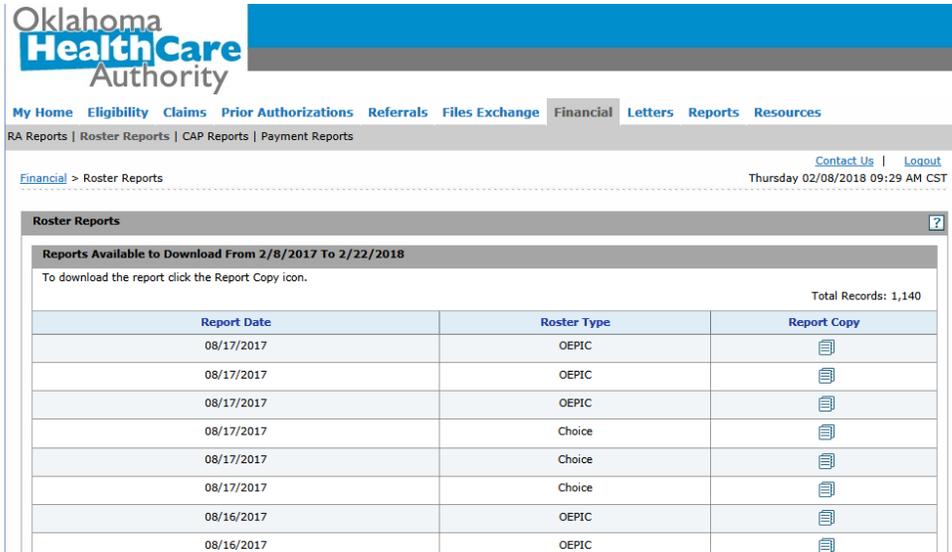
Report Date	Report Copy
07/08/2014	
06/17/2014	
05/27/2014	

Starting on the Provider main page, select the Financial tab to display the submenu, and then select RA Reports link to display the RA Reports screen. Another option is to select the financial tab and select RA Reports link from the landing page.

1. Enter a search date range. The range must be within 90 days
2. Click **Search**.

From the Search results, click on a Report icon to download the RA Report. Report Icon will be greyed out and disabled if it is larger than 10MB.

14.3 Roster Reports



Oklahoma HealthCare Authority

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

RA Reports | Roster Reports | CAP Reports | Payment Reports

Financial > Roster Reports [Contact Us](#) | [Logout](#)

Thursday 02/08/2018 09:29 AM CST

Roster Reports

Reports Available to Download From 2/8/2017 To 2/22/2018

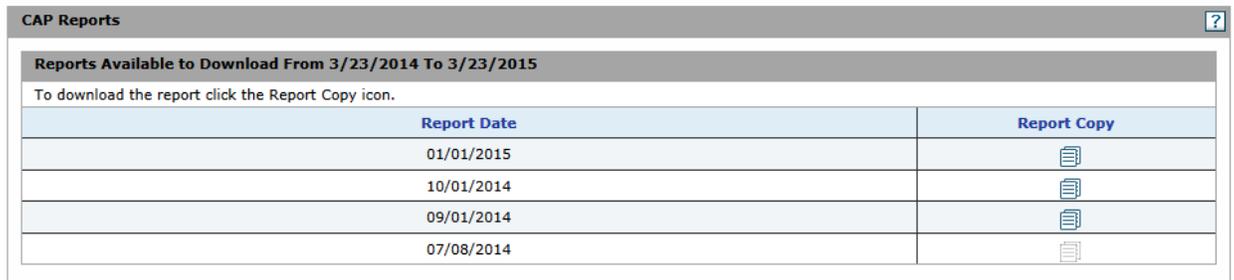
To download the report click the Report Copy icon. Total Records: 1,140

Report Date	Roster Type	Report Copy
08/17/2017	OEPIC	
08/17/2017	OEPIC	
08/17/2017	OEPIC	
08/17/2017	Choice	
08/17/2017	Choice	
08/17/2017	Choice	
08/16/2017	OEPIC	
08/16/2017	OEPIC	

Starting on the Provider main page, select the Financial tab to display the submenu, and then select Roster Reports link to display the Roster Reports screen. Another option is to select the financial tab and select Roster Reports link from the landing page.

From the results, click on a Report icon to download the Roster report. Report Icon will be greyed out and disabled if it is larger than 10MB.

14.4 CAP Reports



CAP Reports

Reports Available to Download From 3/23/2014 To 3/23/2015

To download the report click the Report Copy icon.

Report Date	Report Copy
01/01/2015	
10/01/2014	
09/01/2014	
07/08/2014	

Starting on the Provider main page, select the Financial tab to display the submenu, and then select CAP Reports link to display the Roster Reports screen. Another option is to select the financial tab and select CAP Reports link from the landing page.

From the results, click on a Report icon to download the CAP report. Report Icon will be greyed out and disabled if it is larger than 10MB.

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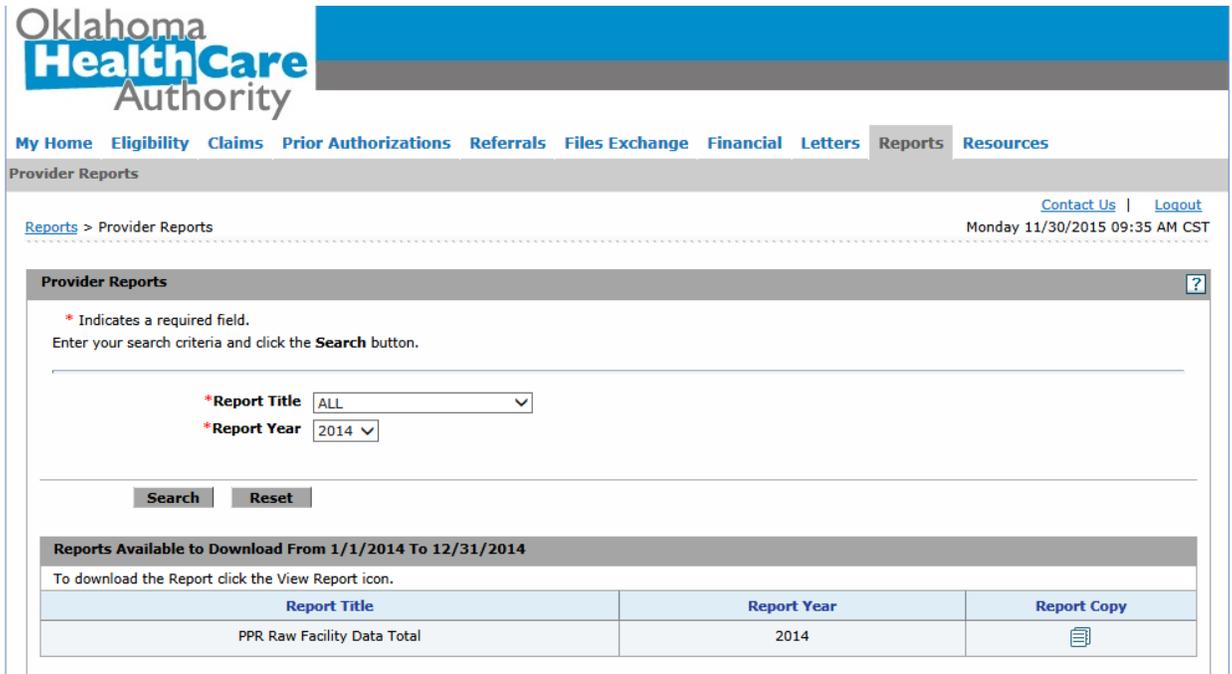
15 Reports

15.1 Overview

This section describes Letters on the SoonerCare Provider Portal

Reports on the SoonerCare Provider Portal allows the user to download a variety type of Reports.

15.2 Provider Reports



Oklahoma HealthCare Authority

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

Provider Reports

[Reports](#) > Provider Reports [Contact Us](#) | [Logout](#)
Monday 11/30/2015 09:35 AM CST

Provider Reports ?

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

*Report Title ALL

*Report Year 2014

Search **Reset**

Reports Available to Download From 1/1/2014 To 12/31/2014

To download the Report click the View Report icon.

Report Title	Report Year	Report Copy
PPR Raw Facility Data Total	2014	

Starting on the Provider main page, select the Reports tab to display the submenu, and then select Provider Reports link to display the Provider Reports screen. Another option is to select the Reports tab and select Provider Reports link from the landing page.

1. Select the Report Type from the Report Title drop-down list.
2. Select a report year from Report Year dropdown
3. Click **Search**.

From the Search results, click on a Report icon to download the Report.

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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 DXC 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 Provider Billing and Procedures Manual 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
OHCA	Oklahoma Health Care Authority, the Designated Single State Agency for administration of the Oklahoma Title XIX Medicaid Program.

Abbreviation/Acronym	Description
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