

# COMPLETING THE CLAIM APPEAL AND REVIEW COVER SHEET (HCA-17)

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# DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of July 2020.

# 2020 UPDATE TO PAPER CLAIMS PROCESSING

- OHCA Global Message dated 3/19/2020 requires all claims to be submitted either electronically or via [ohcaprovider.com](https://ohcaprovider.com) with the exception of claims requiring special processing.
- Global message dated 5/21/2020 made this change permanent.
- Before these changes, paper claims submitted to the special processing post office box that didn't require special processing would still be processed as regular claims.

# AGENDA

- When to use the Claim Appeal and Review Cover Sheet (HCA-17).
- When not to use the Claim Appeal and Review Cover Sheet (HCA-17).
- Submission instructions.
- Provider information on paper claims.
- Claim information.

# WHEN TO USE THE CLAIM APPEAL AND REVIEW COVER SHEET (HCA-17)

# WHEN TO USE THE CLAIM APPEAL AND REVIEW COVERSHEET: PROFESSIONAL CLAIMS REQUIRING SPECIAL PROCESSING

- Same billing provider, different rendering, same CPT/HCPCS.
- Medicare non-covered services.
- Medicare HMOs with copay more than allowed amount.
- Physician claim with multiple visits on the same day.
- Ambulance claim with two runs on the same day.
- Physician claim with multiple emergency room visits on the same day.

# WHEN TO USE THE CLAIM APPEAL AND REVIEW COVER SHEET: INSTITUTIONAL CLAIMS REQUIRING SPECIAL PROCESSING

- Outpatient hospital claim with services not in the same month.
- Hospital claim with procedure prior to admit date.
- Hospital claim with multiple visits on the same day.
- Medicare exhausted days.
- No Part A Medicare coverage.
- Medicare non-covered services.

## WHEN TO USE THE CLAIM APPEAL AND REVIEW COVER SHEET: CLAIMS REQUIRING SPECIAL PROCESSING

- A claim past normal timely filing limit can be billed if it meets one of the four following criteria:
  - Administrative agency corrective action or action taken to resolve a dispute.
  - Reversal of the eligibility determination.
  - Investigation for fraud or abuse of the provider.
  - Court order or hearing decision.

# WHEN NOT TO USE THE CLAIM APPEAL AND REVIEW COVER SHEET (HCA-17)

# WHEN NOT TO USE THE CLAIM APPEAL AND REVIEW COVER SHEET: DO NOT SPECIAL PROCESS

- Claims within standard timely limit.
- TPL (claims with primary insurance).
- Medicare crossovers (covered services).
- Claims with attachments.
- C-section Quality Initiative.
- Soon-to-be-Sooners.
- Claims with modifiers.

# SUBMISSION INSTRUCTIONS

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# CLAIM APPEAL AND REVIEW COVER SHEET (HCA-17)

STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY CLAIM APPEAL AND REVIEW COVER SHEET			
Attach a red & white, one-page claim form and any applicable documentation. If you have previously sent a claim for review, please be sure to include additional documentation not previously sent to support your request along with this cover sheet. Please include detailed processing instructions in the Inquiry field. A completed cover sheet, claim form and documentation is required for each appeal.		SEND COMPLETED COVER SHEET AND CLAIM FORM TO: <b>Attn: Provider Services</b> Oklahoma Health Care Authority PO Box 18506, Oklahoma City, OK 73154	
<b>COVER SHEET MUST BE PLACED ON TOP OF CLAIM FORM</b>			
<b>PROVIDER INFORMATION</b>			
Name & Address: <input type="text"/>		Provider Number: <input type="text"/>	
		Group Number (if applicable): <input type="text"/>	
		Telephone: <input type="text"/>	
		Contact Name: <input type="text"/>	
<small>Please print.</small>			
<b>CLAIM INFORMATION</b>			
Member Name	Member ID Number	Date of Service	Related ICN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>INQUIRY:</b> (Please list specific reasons why claim needs/requires special processing.) <input type="text"/>			
Printed Name: <input type="text"/>		Date: <input type="text"/>	
Signature: <input type="text"/>			
For Internal Use Only <input type="text"/>		<b>COVER SHEET MUST BE PLACED ON TOP OF CLAIM FORM</b>	
OKLA HCA Revised: 3/12/18			
HCA-17			

# SUBMISSION INSTRUCTIONS

STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY  
**CLAIM APPEAL AND REVIEW COVER SHEET**

Attach a red & white, one-page claim form and any applicable documentation. If you have previously sent a claim for review, please be sure to include additional documentation not previously sent to support your request along with this cover sheet. Please include detailed processing instructions in the Inquiry field. A completed cover sheet, claim form and documentation is required for each appeal.

**SEND COMPLETED COVER SHEET  
AND CLAIM FORM TO:**  
**Attn: Provider Services**  
Oklahoma Health Care Authority  
PO Box 18506, Oklahoma City, OK 73154

**COVER SHEET MUST BE PLACED ON TOP OF CLAIM FORM**

# SUBMISSION INSTRUCTIONS

- HCA-17 must be placed on top of claim.
- Original, pre-printed red and white claim form must be attached with each submission.
- Every submission should have applicable documentation attached behind the claim.
- A complete form is required for each submitted claim.

# SUBMISSION INSTRUCTIONS

- **Only** claims with an appeal or requiring a review are mailed with the HCA-17 to:

Attn: Provider Services

Oklahoma Health Care Authority

PO Box 18506

Oklahoma City, OK 73154

# PROVIDER INFORMATION

## PROVIDER INFORMATION

<p>Name &amp; Address:</p> <p>Dr. Spock 100 Starfleet Command San Francisco, CA 94016</p>	<p>Provider Number: 200000000A</p> <p>Group Number (if applicable):</p> <p>Telephone: 415-555-5555</p> <p>Contact Name: Amanda Grayson</p> <p>Please print.</p>
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# CLAIM INFORMATION

CLAIM INFORMATION			
Member Name	Member ID Number	Date of Service	Related ICN
James T Kirk	B01153909	04/27/18	2217117123456
<b>INQUIRY:</b> (Please list specific reasons why claim needs/requires special processing.)  <ul style="list-style-type: none"><li>• Be specific and brief as to the reason for special process</li><li>• Please list the reason for denial</li></ul>			
Printed Name: Amanda Grayson		Date: 05/11/2018	
Signature: _____			
For Internal Use Only		<b>COVER SHEET MUST BE PLACED ON TOP OF CLAIM FORM</b>	

# PRIOR TO SUBMISSION

- Make sure your claim needs special processing.
- Make sure your HCA-17 is on **top** of an original red and white claim form.
- If you are sending a crossover claim and it does not require special processing, your claim will not be processed.
- Send all necessary documentation with every submission.
- Make sure your SoonerCare provider number is on the claim.

# SOONERCARE PROVIDER NUMBER: 1500 FORM

T?	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
	\$	\$	
	33. BILLING PROVIDER INFO & PH # ( 415 ) 555-5555 Dr. Spock 100 Starfleet Command San Francisco, CA 94016		
	a. NPI	b. 200000000A	
CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)			

- Missing **provider number** is the main reason claims are returned back to the provider/billing agency.
- Claims with no provider id can NOT be processed.

# SOONERCARE PROVIDER NUMBER: UB FORM

56 NPI	
57	2000000000A
OTHER	
PRV ID	

- Missing **provider number** is the main reason claims are returned back to the provider/billing agency.
- Claims with no provider id can NOT be processed.

# RESOURCES

OHCA Call Tree: 800-522-0114 or  
405-522-6205

- Option 1 – OHCA Call Center
- Option 2, 1 – Internet Help Desk
- Option 2, 2 – EDI Helpdesk

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

