



Electronic Patient Dismissal Request

Fall, 2016

Disclaimer

- The information and screenshots provided in this presentation are for demonstration purposes only and are subject to change.
- This information is current as of September 2016.

Agenda

- Reasons for submitting a patient dismissal request.
- Current patient dismissal process.
- New electronic patient dismissal process.
- Patient dismissal request status.
- Reinstatement request.

Reasons for Submitting a Patient Dismissal Request

- Rude or disruptive behavior.
- Non-compliance with medical regime.
- Deterioration of provider-patient relationship.
- No shows.

Current Patient Dismissal Process

- Receive faxed patient dismissal request form – HCA-42.
- Request processed manually by OHCA staff.
- Update status to approved, pended or denied.
- Lock member out of primary medical provider service location, if approved.

Current Patient Dismissal Process

- Update managed care assignment as needed.
- Send manually-created letters to the provider and member, as necessary.

New Electronic Patient Dismissal Process

- Who can submit a patient dismissal request?
- Submitting a patient dismissal form.
- Upload supporting documents.
- What happens after submitting patient dismissal request?
- Provider and member letter.

Who can submit a patient dismissal request?

- Group login with a PMP service location.
- Individual provider login with a PMP service location.
- A clerk login with access under a group or individual provider PMP service location.

Submitting a Patient Dismissal Form

Dismissal Request Form

- Only one member per patient dismissal request.
- Only one individual provider or group per patient dismissal request.

Login

*User ID

Log In

[Forgot User ID?](#)

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

Protect Your Privacy!

Always log off and close all of your browser windows

Helpful Links

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

Broadcast Messages

Provider Letters 2016-09 through 2016-19, as well Provider Letter 2016-23, outlines OHCA Program and Policy Updates that will become effective September 1, 2016. For full details, about these changes, please visit www.okhca.org/providerletters

Obstetrical (OB) services policy at OAC 317:30-5-2 and 317:30-5-22 is revised to amend the reimbursement structure for OB services. Currently the agency utilizes the global care CPT codes for routine OB care billing, which can be used if the provider rendered care for a member for greater than one trimester.

The revised policy will require OB care be billed using the appropriate evaluation and management codes for antepartum care, as well as the appropriate delivery-only and postpartum care services when rendered. The change allows for more accurate tracking of antepartum and postpartum services.

Effective September 1, 2016, all global OB CPT codes will not be eligible for reimbursement. This includes CPT 59400, 59410, 59425, 59426, 59510, 59515, 59610, 59614, 59618 and 59622.

There will be two different billing periods for OB care - one for services rendered up to August 31, 2016, and another for services rendered from September 1, 2016, forward.

For full details, please reference Provider Letter 2016-20, which can be found at www.okhca.org/providerletters

What can you do in the SoonerCare Provider Portal

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



[Website Requirements](#)

Welcome Health Care Professional!



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

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 [Patient Dismissal Form](#)

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[Insure Oklahoma Employer/Agent Portal](#)

User Details

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Provider

Name Oklahoma Care

Provider ID

Taxonomy

SC Provider Number

Provider Services

[Member Focused Viewing](#)

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Patient Dismissal Form

Members can be dismissed from your panel with good cause and written request. Please include documentation to support your good cause. Documentation should include the following: Dates and times for no shows, Documented chart notes/progress notes for disruptive behavior, non-compliance, and/or deterioration of provider/patient relationship.

Requesting Provider Information

This panel contains provider information.

Provider ID	200654321	ID Type	Name	John Doe
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Member Information

*Member ID	<input type="text" value="123456789"/>	Birth Date	010/01/01		
Last Name	Doe	First Name	Jane	Middle	O

Dismissal Reason

Please note dismissal request from a PCP must be "For Cause". Please be sure to select one of the four options below and upload the supporting documents.

Rude/Disruptive behavior (give specific examples)

Reason

Non-compliance with medical regime (give specific examples)

Deterioration of provider/patient relationship (give specific examples)

No shows (give specific dates)

Reason

Provider and Member Data

Patient Dismissal Form



Members can be dismissed from your panel with good cause and written request. Please include documentation to support your good cause. Documentation should include the following: Dates and times for **no shows**. Documented chart notes/progress notes for **disruptive behavior, non-compliance**, and/or **deterioration of provider/patient relationship**.

Requesting Provider Information

This panel contains provider information.

Provider ID 200654321

ID Type NPI

Name John Doe

Member Information

***Member ID**

Birth Date 01/01/2010

Last Name Doe

First Name Jane

Middle D

Dismissal Reason

Dismissal Reason

Please note dismissal requests from a PCP must be "For Cause". Please be sure to select one of the four options below and upload the supporting documents.

Rude/disruptive behavior (give specific examples)

Reason

Non-compliance with medical regime (give specific examples)

Deterioration of provider/patient relationship (give specific examples)

No shows (give specific dates)

Reason

Back

Confirm

Cancel

Dismissal Reason

- Reason text box is a required field.
- Include any details or note that you have attached necessary documentation.
- No-shows require specific dates to be approved.
- More than one reason can be selected.
- If you do not wish to disenroll all members on a case, you must note that in the reason text box along with the member IDs that you do not wish to disenroll.

Upload Supporting Documentation

Upload Supporting Documents

Attachments -

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

#	File	Control #	Action
1	CCITT_1.TIF	20160816544308	Remove
2	test_file1.pdf	20160816310512	Remove

Click to collapse.

***Upload File**

Description

Submit Request

- The tracking number can be used to locate your patient dismissal request.

Patient Dismissal Form Receipt
Your Patient Dismissal Tracking # 1234 was successfully submitted.
Click New to submit a new Patient Dismissal Form Click Home to go back to the Home page
<div style="text-align: center;">New Home</div>

Supporting Documents

- Allowable file types are JPG, TIFF and PDF.
- Total file size cannot exceed 10MB.
- Upload multiple files per submission.
- Upload supporting documents before submitting patient dismissal form.

What Documents Should be Uploaded

- Rude or disruptive behavior .
- Written note that gives details of what happened.
- Non-compliance with medical regime.
- Chart notes, office policy, pain management agreement and any other pertinent information that supports your request.

What Documents Should be Uploaded

- Deterioration of provider-patient relationship.
- Chart notes, office policy and any other pertinent information that supports your request.
- No-shows.
- List of specific no-show dates and, if necessary, office policy.

What Happens After Submitting A Patient Dismissal Request?

Patient Dismissal Request Status

- Patient dismissal request and supporting documents are loaded into workflow for OHCA staff to review.
- Once reviewed, the request is placed in an approved, pending or denied status based on supporting documentation.

Approved Patient Dismissal Request Status

Lockout:

- All active members on the same case are locked out of the requesting providers panel, unless otherwise specified in the reason text box of the dismissal request form.

Approved Patient Dismissal Request Status

Lockout:

- If a group login is used when requesting a dismissal, all active members on the same case are locked out from all service locations under that group provider ID, unless otherwise specified in the reason text box of the dismissal request form.

Approved Patient Dismissal Request Status

Lockout:

- Members are locked out of a individual provider panel if the provider is logged in using an individual provider login, regardless if the provider is also a member of a group.
- The lockout date is effective as of the patient dismissal request approval date.

Approved Patient Dismissal Request Status

Disenroll:

- A member is only disenrolled from SoonerCare Choice or Insure Oklahoma Individual Plan if they are assigned to the requesting providers service location.

Approved Patient Dismissal Request Status

Disenroll:

- A patient dismissal request disenrolls all active members on a case from the requesting providers panel, unless otherwise notated in the text box on the patient dismissal request form.
- SoonerCare Choice and Insure Oklahoma Individual Plan disenrollment is effective the same day the patient dismissal request is approved.

Approved Patient Dismissal Request Status

- A letter is sent to the case head advising they are no longer assigned to their previous provider.
- An approval letter is sent to the provider.
- Member with SoonerCare Choice is fee-for-service until a new provider is selected.
- Members with Insure Oklahoma Individual Plan are assigned a default provider and are fee-for-service until a new provider is selected.

Pended Patient Dismissal Request Status

- A letter is sent to the provider requesting additional supporting documentation.
- Once the missing documentation is provided, the dismissal status is reviewed again.

Denied Patient Dismissal Request Status

- The requesting provider or group receives a letter advising that the patient dismissal request was denied.
- The provider or group can call to determine the reason for denial and learn what additional documents are needed.

Denied Patient Dismissal Request Status

- A new patient dismissal form must be completed, and all supporting documentation should be resubmitted with the new patient dismissal request.

Provider and Member Letters

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Letters

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Thursday 09/01/2016 01:33 PM CST

Provider Letters



* Indicates a required field.

Enter your search criteria and click the **Search** button.

*Letter Type

*Available From Date

*To Date

Search

Reset



Letter Type



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* Indicates a required field.

Enter your search criteria and click the **Search** button.

* Letter Type

* Available From Date

- ALL
- Change in Provider Information
- C-section Annual Rate Letter-Hospital
- C-section Annual Rate Letter-ProviderV1
- C-section Annual Rate Letter-ProviderV2
- C-section Quarter Rate Letter-Hospital
- C-section Quarter Rate Letter-Provider
- DRG Rate Letter
- EHR Denial Letter
- ER Utilization Letter
- New Hospital Level of Care Rate Letter
- Patient Dismissal Letter
- Provider Contract Expiration Notification
- Provider EFT Error Letter
- Provider PIN Letter
- Provider Renewal Letter
- Provider Welcome Letter
- Sooner Excel

01/2016

Search

Reset

Provider Letter

Dear Provider:

Your request to have the patient(s) listed above removed from your practice was reviewed by the Oklahoma Health Care Authority (OHCA). The results of the review are as follows:

___ Your request has been approved. The dismissal is effective <<lockout date/current date>>. If this patient contacts you to access care, please ask the patient to call our SoonerCare helpline at 800-987-7767 to choose another provider.

___ Your request is pending. We are unable to render a decision based on the submitted information. Please send OHCA a more detailed description of the event(s) to support this patient dismissal request.

___ Your request has been denied. The information supplied is not an appropriate cause for patient dismissal.

You have the right to appeal a denied decision. An appeal must be submitted to OHCA within 20 days from the triggering event date. Please contact the OHCA Docket Clerk at 405-522-7217 for more information or questions about the appeal process.

If you have further questions or need additional assistance, please call me at 405-522-7488.

Sincerely,

Davina Murrell
Oklahoma Health Care Authority Member Services Manager

Member Letter

Dear Member:

<<Provider Name>> is unable to continue providing medical care for you and/or your family effective <<|current date>>. You must choose a new primary care provider as soon as possible. If you do not select a new provider your benefits may be affected.

To choose a new provider, please call the SoonerCare helpline at 800-987-7767 or log in to your online account at www.mysoonercare.org or www.insureoklahoma.org.

Sincerely,

Oklahoma Health Care Authority

Reinstatement Request

- Must be written or typed on office or provider letterhead.
- Should include a member name and ID number for each person being reinstated.
- Include a statement that the provider has spoken to the member and made a decision to reinstate the member.
- A reinstatement request only removes a lockout and does not reassign a member to the providers panel.

Reinstatement Request

- Reinstatement request only reinstates the member listed on the request.
- All requests should be faxed to 405-530-7243.
- Action form/provider change form (SC-13) is not considered a reinstatement request.

Helpful Information

- The old patient dismissal HCA-42 form will no longer be accessible on the OHCA provider forms page after the new process is implemented.
- Providers and members have the right to appeal the decision of the dismissal resolution to the administrative law judge pursuant to OAC 317:2-1-2.