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SoonerCare 101

Webinar

December 12, 2019

DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of December 2019.

AGENDA

- SoonerCare Programs/Coverages
- Member Eligibility
- Claim Submission
  - Copay
  - TPL
  - Timely Filing
- Resources
- Questions

TEAM PLAYERS

- Oklahoma Health Care Authority (OHCA)
- Department of Human Services (DHS)
- DXC Technology (DXC)
- University of Oklahoma College of Pharmacy
- Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)

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SoonerCare Traditional (Title 19) Adult Basic Coverage

ADULT BASIC COVERAGE

- Four (4) office visits per month (excludes PCMH and emergency room)
- A maximum of two (2) physician visits per month in a nursing home
- Emergency extractions – tooth extraction must have medical need documented; limited oral examinations and medically necessary images as needed
- Outpatient behavioral health in an agency setting
- Personal care services
- Tuberculosis case management and clinic services
- Home health visits – 36 visits per calendar year

ADULT BASIC COVERAGE *(cont.)*

- Family planning services
- Podiatric services
- Renal dialysis services
- Smoking and tobacco use cessation counseling and products
- Case management services for the chronically mentally ill
- Services of a certified nurse anesthetist
- Services provided by physicians, advanced practice nurses, physician assistants

ADULT BASIC COVERAGE *(cont.)*

- Hospital inpatient services:
  - Inpatient claims will be paid using the Diagnosis Related Grouping (DRG) methodology, with exceptions
  - Preventable readmissions within 30 days of discharge will be at a reduced payment
  - Emergency room services

ADULT BASIC COVERAGE (*cont.*)

- Services provided by Rural Health Clinics:
  - Limited to four (4) visits per month and one (1) encounter per day
    - *Provider Letter 2014-42*
- Services provided by Federally Qualified Health Centers:
  - Limited to four (4) visits per month and one (1) encounter per day
    - *Provider Letter 2014-42*

ADULT BASIC COVERAGE—PHARMACY

- Six (6) prescriptions per month
  - Members receiving services under a Waiver program get an additional seven (7) prescriptions

- Maximum two (2) brand name prescriptions

ADULT BASIC COVERAGE—PHARMACY

- Exemptions from the six (6) prescription limit:
  - Prescriptions for family planning
  - Chemotherapy drugs
  - Antiretroviral drugs
  - Hemophilia drugs
  - Smoking cessation products
  - Solutions used in IV therapy
  - Drugs used to treat tuberculosis

ADULT BASIC COVERAGE—PHARMACY

- Lock-in evaluation for members with:
  - Multiple providers/pharmacies
  - Frequent emergency room visits
- Pharmacy Referral Lock-in Form (Pharm-16)
  - www.okhca.org
    - *Providers>Forms*

ADULT GENERAL EXCLUSIONS

- Inpatient diagnostic studies that could be performed on an outpatient basis
- Cosmetic surgery and experimental services
- Routine eye examinations and visual aids
- Non-therapeutic hysterectomies or sterilization reversal procedures
- Induced abortions, except when certified in writing by a physician that the abortion was necessary to save the mother's life or the pregnancy was the result of rape or incest

ADULT GENERAL EXCLUSIONS *(cont.)*

- Services of two (2) physicians for the same type of service to the same patient at the same time, except when warranted by the necessity of supplemental skills

- Services rendered by the following:
  - Certified surgical assistant
  - Chiropractor
  - Hearing therapist
  - Psychologist
    - (Services by a psychiatrist are covered)

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SoonerCare Traditional (Title 19) Child Basic Coverage

CHILD BASIC COVERAGE

- A child is an individual under the age of 21
- Children receive unlimited medically necessary outpatient visits, prescription drugs, emergency room services and inpatient days
- Hospital inpatient services:
  - Inpatient claims will be paid using the Diagnosis Related Grouping (DRG) methodology, with exceptions
  - Preventable readmissions within 30 days of discharge will be at a reduced payment

CHILD BASIC COVERAGE *(cont.)*

- Physical, occupational, speech and hearing services, including hearing aids
- Dental services
- Optometry services
  - Eye exams
  - Glasses: limited to two (2) per 12-month period; additional medically necessary glasses must be prior authorized

CHILD BASIC COVERAGE *(cont.)*

- Targeted case management for “first-time mothers” and their infants
- Skilled nursing services
- Early intervention
- School-based services
- Early and periodic screening, diagnosis and treatment (EPSDT)
- Residential behavior management services
- Inpatient psychiatric services
- Psychological services

CHILD BASIC EXCLUSIONS

- Services or any expense incurred for cosmetic surgery, unless the physician certifies the procedure is necessary for the emotional well-being of the child
- Experimental medical services
- Services of two (2) physicians for the same type of service, except when warranted by the necessity of supplemental skills
  - Documentation and review required
- Services of a certified surgical assistant
- Services of a chiropractor

CHILD BASIC EXCLUSIONS *(cont.)*

- Hysterectomy
  - Non-therapeutic hysterectomy
- Induced abortions
  - Induced abortions, except when certified in writing by a physician that the abortion was necessary to save the mother's life or the pregnancy was the result of rape or incest
- More than one (1) inpatient visit per day per physician (with certain exceptions)
- Inpatient drug and alcohol treatment, except detox

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SoonerCare Choice/ Medical Home

SOONERCARE CHOICE/MEDICAL HOME

- SoonerCare Choice is a managed care model in which each member is linked to a primary care provider who serves as the “medical home”
- Medical Home providers will receive traditional fee for service and incentive payments
- All SoonerCare Choice members will establish a Patient Centered Medical Home (PCMH)
- PCMHs manage the basic health care needs, including after hours care and specialty referrals of the members on their panel

SOONERCARE CHOICE/MEDICAL HOME

- Members may change PCMHs at any time; however, they may only change once per day
- Specialty care services require a referral from the PCMH
- PCMHs can collect the member's SoonerCare copay (adults only, but may not refuse services due to inability to pay)

SOONERCARE CHOICE/MEDICAL HOME

- Enrollment in the VFC program is no longer a condition of contracting for the Patient Centered Medical Home
  - Providers with pediatric members on their panel are encouraged to enroll in the Program
- PCMHs are responsible for providing immunizations for their assigned children as per EPSDT screening criteria
- If the provider uses private stock vaccine for a SoonerCare Member, this cannot be billed to the member
  - Providers may bill SoonerCare for the vaccine administration fee

SOONERCARE CHOICE/MEDICAL HOME

- Physicians (MD or DO)
  - Family practitioner
  - General practitioner
  - Internist
  - Pediatricians
- Physician assistants
- Advanced practice nurses

CHOOSING A PCMH

- After eligibility has been established, members choose their PCMH
  - Online enrollment requires the member to choose a PCMH before completion of the application
- Family members can choose separate PCMHs

SOONERCARE CHOICE EXCLUSIONS

- Members enrolled in a Waiver program
- Members who reside in a nursing home or long-term care facility
- Members who are dually eligible for Medicare and Medicaid
- Members enrolled in commercial/private Insurance (including HMOs and PPOs)
  - As of 7/01/2014, members were removed from SoonerCare Choice and are now Title 19 only

REFERRALS

- PCMH initiates all referrals
  - PCMH's do not have to use the SC-10 form but must meet all requirements as stated in the Provider Letter (*refer to Provider Letter 2017-09)*
    - The SC-10 form is located on the public site
- Referral is required prior to rendered service
- Referrals must be issued to contracted SoonerCare providers
- Ongoing treatment referrals up to 365 days
- Administrative Referrals (SC14)

REFERRALS *(cont.)*

- Effective 09/01/2016, per provider letter 2016-25:
- Ordering/referring/rendering NPI must be an individual's number not a group number
- If PCMH is a group, the referral should have the rendering provider NPI and name in the "Reason for Referral" section of the referral
- Ordering/referring/rendering NPI must have a current SoonerCare contract
- Provider must be of a specialty type that is eligible to order/refer or attend

PAYMENT FOR REFERRED SERVICES

- Payment is based on the SoonerCare Traditional Fee Schedule
- Adults are limited to four (4) outpatient visits per month outside their Medical Home

SELF-REFERRED SERVICES

- Services provided outside the PCMH by primary care specialties
- Emergency room visits
- Inpatient hospital admissions (including professional services)
- Acute hospitals
- Outpatient surgeries (facility only)
- Anesthesia services
- Vision services for children
- Optometry
- Outpatient behavioral health services

SELF-REFERRED SERVICES *(cont.)*

- OB care
- Child abuse/sexual abuse exams
- Family Planning services
- Dental services
- Diagnostic lab and X-ray services
- PT/OT/ST/Audiology services
- Chemotherapy
- Services provided to a Native American at an IHS/ Tribal/Urban Indian Clinic

SOONERCARE CHOICE/MEDICAL HOME

- Monthly Payment
  - Paid monthly for care coordination only
- Care Coordination payment will be based on the date processed
- Group contracts must designate a medical director
- Elimination of default auto assignment
- Elimination of providers' ability to request panel hold
  - System stops enrollment at 95% capacity, with exceptions
    - 365-day look back
    - Family assignment

PRIOR AUTHORIZATIONS

- It is the responsibility of the provider to obtain prior authorization
- Required for specific services, equipment, procedures or drugs that require medical review prior to payment
- Prior authorizations come from the OHCA or an OHCA agent
- Effective 07/01/2017: all attachments must be electronic (uploaded through the Provider Portal)

PRIOR AUTHORIZATIONS *(cont.)*

- www.okhca.org/Providers/MedicalAuthorizaiton Unit

- Email: MAUadmin@okhca.org
- DMEadmin@okhca.org
- Therapyadmin@okhca.org

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Other Programs

MENTAL HEALTH & SUBSTANCE ABUSE

- Coverage for Department of Mental Health contracted providers only:
  - Qualifications for this program are different than Title 19, thus people may qualify for this program and may not qualify for Title 19
  - This is *not* medical coverage; it is behavioral health coverage only

SOONERRIDE

- SoonerRide: non-emergency transportation (NET) program
  - Logisticare Solutions LLC is the NET broker
- Trip requests for urgent care visits should be made immediately after the appointment is made
- Trip requests for standing appointments must be made at least three (3) business days in advance
- Logisticare may request prior authorization for trips exceeding 45 miles; certain geographic areas and medical specialties are exempt

SOONERRIDE *(cont.)*

- To request a trip or learn about the online system for standing appointment trip requests call (877) 404-4500 or visit https://www.logisticare.com

- If your ride is more than 15 minutes late, call "Where's my ride" at (800) 435-1034

SOONERPLAN – FAMILY PLANNING

To be eligible for family planning services an individual must:

- Be age 19 or older and an Oklahoma resident
- Be a U.S. citizen or qualified alien
- Not otherwise qualify for SoonerCare
- Have family income at or below 133% of the federal poverty level (FPL)

Members can now have insurance and still qualify for the SoonerPlan program.

SOON TO BE SOONERS

- SoonerCare coverage of pregnancy-related medical services for pregnant women who would not otherwise qualify for SoonerCare benefits.
- Available for pregnant women (19-64) with FPL of 134-185%:
- Mother of baby does not receive full SoonerCare benefits
- Limited prenatal coverage for the benefit of the unborn child
- Limited benefit program that allows for prenatal care and delivery of the newborn
- No proof of pregnancy is required
- May apply through MySoonerCare.org or any agency partner

OKLAHOMA CARES (BCC)

To be eligible, women must meet the following criteria:

- Must be a U.S. citizen or qualified alien and reside in the state of Oklahoma
- Under the age of 65
- No creditable coverage or available insurance providing breast and cervical services
- A clinical abnormality must be identified by an OSDH, Cherokee or Kaw Nation deemed screener and found to be in need of treatment
- Cannot be pregnant

OKLAHOMA CARES (BCC)

- Provides diagnostic services, including:
  - Diagnostic testing for members whose screening outcome is abnormal
  - Surgical consultations

OKLAHOMA CARES (BCC)

Contact Information:

- Oklahoma State Department of Health
  - (866) 550-5585
- Cherokee Nation
  - (877) 458-4491
- Kaw Nation of Oklahoma
  - (580) 362-1039, ext. 228

HOME AND COMMUNITY-BASED WAIVERS

- Oklahoma has six (6) Home and Community Based Services Waivers, plus the Living Choice Demonstration

- These waiver programs provide services not normally included in SoonerCare coverage

HOME AND COMMUNITY-BASED WAIVERS

- Medically Fragile Waiver serves members 19 and older who meet skilled nursing facility or hospital level criteria or care (administered by OHCA)

- Living Choice Demonstration helps transition members from nursing facilities to the community; this demonstration is for one (1) year/365 days of services (administered by OHCA)

HOME AND COMMUNITY-BASED WAIVERS

- Advantage Waiver serves frail, elderly adults with disabilities (administered by DHS)

- (PACE) The Program of All-Inclusive Care for the Elderly is a managed care model of acute and long-term care that integrates the provision and financing of medical and long-term care services. The PACE model is centered on the belief it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible.

SOONERCARE SUPPLEMENTAL

Medicare-eligible individuals receive the following Medicaid-only services:

- Non-emergency transportation through the SoonerRide program
- Outpatient Behavioral Health services through OHCA's Outpatient Behavioral Health Program
- Emergency dental extractions
- Waiver services if eligible
- Payment for deductible and/or coinsurance

LIMITED MEDICARE PROGRAMS

- Specified Low-Income Medicare Beneficiary (SLMB)

- Qualifying Individual, Group 1 (Q1) and Qualifying Individual, Group 2 (Q2)
  - Provides assistance for Medicare Part B premiums only

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Eligibility

ELIGIBILITY PROCESS

- Members can complete an application or renew eligibility online through www.mysoonercare.org
  - Helpdesk: (800) 987-7767
- Applications can also be filed through the local DHS office or other agency partners, including Indian Health Services and the OSDH
- Real-time update to the Medicaid Management Information System (MMIS)

ELIGIBILITY VERIFICATION

Methods to verify eligibility:

1) OHCA Provider Portal
   - Internet Help Desk: (800) 522-0114, option 2, 1

2) Eligibility Verification System, (EVS)
   - EVS phone access: (800 767-3949 (pin required)
   - Client eligibility and prior authorization (fax back)

3) Electronic Data Interchange (EDI)
   - 270/271 electronic transaction

ELIGIBILITY VERIFICATION

- Electronic Newborn-1 (e-NB1): (Hospitals only)
  - Add newborns to cases of mothers with pre-existing SoonerCare eligibility
  - Allow newborns to be added to SoonerCare in real time
  - e-NB1 is available on the OHCA Provider Portal
  - OE/DHS Online Enrollment system will be updated with newborn information
  - Infant will be assigned a Client Identification Number

ELIGIBILITY VERIFICIATION

- Electronic Newborn-1 (e-NB1) additional benefits:
  - PCMH selections made for newborn at time of enrollment
  - Printable confirmation for mother and hospital staff
  - Newborns able to immediately receive benefits and hospitals can start submitting claims
  - Real-time case creations for other benefit packages

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Claim Submission

CLAIM SUBMISSION

- OHCA Provider Portal – Direct Data Entry (DDE)
- ASC X12N 837 – Electronic Data Interchange (EDI)
  - Implementation Guide: www.x12.org
- Paper
  - Provider Billing and Procedures Manual (www.okhca.org/provider/claimtools/billingmanual)

INTERNAL CONTRAL NUMBER (ICN)

Every claim is given an internal control number:

- Logical format: 2219001001234
  - 22 – Region code
  - 19 – Year
  - 001 – Julian date
  - 001234 – Claims processing sequence #

INTERNAL CONTROL NUMBER (ICN)

ICN Region Code examples:

- 10 – Paper claim
- 11 – Paper claim with attachment
- 20 – Electronic claim (EDI)
- 21 – Electronic claim with attachment
- 22 – Web claim submission (DDE)
- 23 – Web claim submission (DDE) with attachment

INTERNAL CONTROL NUMBER (ICN)

ICN Region Code examples: *(cont.)*

- 49 – Recipient linked adjustment
- 50s – Adjustments
- 59 – Provider-voided claim on the portal
- 60s – HMO copay adjustments
- 90s – Special processed claims
- 92 – HMO copay claims submitted on paper
- 94 – HMO copay claims submitted on the Provider Portal

CLAIM SUBMISSION

Medicare Crossover Claims:

- Claims cross over from Medicare automatically based on the Medicare NPI on the SoonerCare provider file
- If there is an automatic crossover failure, you may submit the claim on the Provider Portal or through your electronic submission source
- Effective 02/01/2017: Paper crossover claims are no longer accepted

SOONERCARE COPAY

- OHCA only processes assigned claims
- Payment from OHCA represents payment in full except for any copayments applied to the claim
  - Providers are not obligated to collect the SoonerCare copay from the client
  - Providers cannot refuse care if the member is unable to provide the copay
  - Adult copays and generic prescription copays are $4

COPAY EXCLUSIONS

- Services for children (persons under age 21)
- Pregnant women – for pregnancy-related visits
- Services provided under Home and Community-Based Waivers
- Family planning services
- Emergency services
- Services for residents of a nursing facility or an intermediate care facility for the intellectually disabled (ICF/ID)
- Women in the Oklahoma Cares (BCC) program
- Services provided by a tribal facility

THIRD PARTY LIABILITY (TPL)

- TPL means another party is responsible for paying health care costs before SoonerCare pays
- SoonerCare is the payer of last resort
- Exceptions to this policy include:
  - Indian Health Services
  - Crime Victims Compensation

TPL – PROVIDER RESPONSIBILITY

- Federal regulations (42 CFR447.20) prohibit providers from billing a member while a claim is pending adjudication
- Providers cannot refuse service because the member has third party coverage
  - Providers cannot collect the primary copayment if the member also has SoonerCare
  - Providers must write off any amount over the SoonerCare allowable

TPL – MEMBER RESPONSIBILITY

A member can only be billed if:

- The service rendered is a non-covered service
- The member does not adhere to all the rules of the primary insurance and SoonerCare
  - Example: SoonerCare provider is out of network for the primary insurance

TIMELY FILING

- Federal law requires all claims to be filed within 183 days from the date of service

- In the event that a problem exists (such as pending eligibility determination), the provider must still file the claim within 183 days

TIMELY FILING *(cont.)*

- All claims more than 183 days old require proof of timely filing as an attachment

- Proof of timely filing:
  - The full page from your remittance advice that has the ICN and all lines of service related to the claim
  - A copy of the portal screen that includes the ICN and line item details
  - Date stamp on a paper claim returned by OHCA or DXC

TIMELY FILING *(cont.)*

- All claims over 12 months old must meet 1 of 4 exceptions (provider letter 2001-33):
  - 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

TIMELY FILING *(cont.)*

Medicare to SoonerCare:

- Claims for coinsurance and/or deductible must meet the Medicare timely filing requirements

- The fiscal agent (DXC) must receive the electronic SoonerCare claim related to the Medicare service within 183 days of the date of service or within 90 days of the Medicare disposition (if over 12 months)

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Resources

RESOURCES

OHCA Call Center

- (800) 522-0114 or (405) 522-6205; Option 1

OHCA Provider Portal

- www.okhca.org/provider/securesite/soonercaresecuresite
- Internet Help Desk
  - (800) 522-0114 or (405) 522-6205; Option 2, 1

RESOURCES *(cont.)*

OHCA Policy and Rules:

- www.okhca.org
  - Provider/Policies & Rules/Oklahoma Health Care Authority Medicaid Rules
  - Chapter 25 – SoonerCare Choice
  - Chapter 30 – Fee for Service

RESOURCES *(cont.)*

SoonerCare Education Specialists

- On-site assistance (visits/group training)
  - Email: SoonerCareEducation@okhca.org
- Bi-monthly SoonerCare 101 training
- Fall and Spring provider training workshops
- Webinars

ADDITIONAL RESOURCES

- Insure Oklahoma/O-EPIC
  - www.insureoklahoma.org
  - 1-888-365-3742
- Care Management Department
  - http://www.okhca.org/providers.aspx?id=2044&parts=7499_7501
  - (877) 252-6002
- Durable Medical Equipment Department
  - DMEAdmin@okhca.org

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SOONERCARE 101

INTRODUCTION TO OKLAHOMA SOONERCARE

- Questions
- Evaluations