

Oklahoma *SoonerCare* Update

Fax Blast

SoonerCare Main Telephone Numbers
OKC Metro (405) 522-7366
State-wide Toll Free 1-877-823-4529
OHCA Website: www.okhca.org

July 11, 2006

Dear Provider:

Change of procedure for processing *SoonerCare* Provider Change Request Forms (SC-11)

Many of you in your offices are facilitating the enrollment of ***SoonerCare*** members by submitting the OHCA Form SC-11, Provider Change Request Form. The purpose of this message is to inform you that this form has been updated and there is a change in procedure in processing these forms to better serve you and your ***SoonerCare*** patients.

In the past these forms have been sent via fax from your office to your designated ***SoonerCare*** Provider Representative. These forms go directly to your Provider Representative's office computer as an e-mail message. The Provider Representative's e-mails are secure and password protected. In the event that they are not in the office there have been times when, due to this security measure, that the processing of your "Change Requests" may have been delayed.

Future SC-11 forms need to be faxed directly to the ***SoonerCare*** Helpline. Their direct fax number is (405) 782-8780. Please replace the current form you are using with this new form. Continue to send them to the attention of your Provider Representative. In addition, please make sure that the information requested, both member information and provider information, on this form is accurate and complete. Patient's or guardians must sign this form. SC-11 forms that are incomplete or inaccurate will not be processed.

If you have an urgent need for a change of Primary Care Provider due to continuity of care issues please mark this request as urgent. If the patient is a newborn please mark the NB box on the form. OB providers need to mark the OB box and also indicate the estimated date of delivery in the space provided.

The updated version of the SC-11 form is attached to this message as well as on the Oklahoma Health Care Authority web site at www.okhca.org. If you are unable to access the web site or need more information concerning this change, please contact your ***SoonerCare*** Provider Representative.

**State Of Oklahoma
Oklahoma Health Care Authority**

Attention SoonerCare Helpline: Fax: (405) 782-8780

Provider Representative's Name: _____ Date: _____ Urgent Request: ___ NB ___ OB: ___

<p>SoonerCare Provider Change Request Action Form</p>

Please use this form when requesting a change in your/your family's SoonerCare primary care provider. Members age 14 and over may choose general practice, family practice or internal medicine providers. For children under age 14 you may choose pediatricians, family medicine or general practice providers. You may change your provider up to four times per year.

1. Complete the form below. Be sure to include all information requested including your Medicaid ID number. Incomplete forms may result in your change being delayed.
2. The member must sign this form. Your provider can not sign this form for you.
3. Return the completed form to your health care provider. They will fax the form to SoonerCare for you.

Enrollment changes may take up to 45 days. If you have questions about your PCP change, please contact the SoonerCare Helpline at 1-800-987-7767

Providers: Please make sure your name and provider number is on the form and correct. Fax this form to SoonerCare Helpline at 405-782-8780.

Please Print:

Name of family member Changing PCP/CM	SoonerCare ID Number	Birth Date (required) mm/dd/year	Social Security Number	Name of new Provider	Primary Care Provider Number	OB Estimated Date of Delivery

Your address: _____ Apt.# _____ City _____ State _____ Zip _____

Member Signature _____ Phone number or message phone _____

For Provider Representative Use Only: Date Received _____ Urgent Request _____ Disenrollment Date _____
Check all that apply: Panel hold _____ Age Restriction _____ Supervisor Approval _____

For Member Services Use Only: Reason not processed _____ Panel hold on: _____ Age Restriction on _____
Date Received _____ Completed By _____ Date Completed _____ Panel hold off: _____ Age Restriction off _____

SoonerCare Helpline Use Only: Date Received: _____ Completed by: _____ Reason not Processed: _____

Patient Dismissals Revisited

Members/Patients can be dismissed from your panel with good cause and written request. This must be approved by the OHCA Dismissal Committee, as our members have appeal rights. A definition of good cause is as follows:

- Non-compliance with PCP/CM's direction
- Abuse of PCP/CM and/or staff (includes disruptive behavior)
- Deterioration of PCP/CM – member relationship
- 3 no show appointments (or as your office policy dictates)

Please include documentation to support your good cause. **Documentation should include dates and times of no shows, description of disruptive behavior, description of non-compliance, or description of deterioration of PCP/CM – member relationship.** Please include your Provider ID number as well as the member's ID number. This can be faxed to me at 405-530-3233. The Committee meets once a week and they have 30 days upon the request to act upon your request.

Please refrain from sending out a letter to the member until you formally hear from the Committee. Note, all family members within a case will be affected, to avoid any discrepancies, please list all known members of a family, along with their member ID number. If you have more than one facility/location, please be sure to include all Provide ID numbers to ensure all locations are lock out from the member once approved. In most cases I will contact you as soon as I hear something so you can be advised even before the formal letter reaches you.

Remember: Either party has the right to appeal the decision to the Administrative Law Judge pursuant to OAC 317:2-1-2 (the Authority's Grievance Procedure).

EPSDT Bonus

EPSDT Bonus payments are scheduled to be paid this month. Very soon you will be receiving information about whether or not you qualified for this bonus. All providers who see SoonerCare Choice patients under age 21 and who participated in the program for the full calendar year 2005 were audited. Letters will be sent to all providers who were audited to inform them of their EPSDT status. Remember bonuses were calculated based on paid claims only.

O-EPIC Individual Plan

Very soon your Provider Representative will be telling you about a new and exciting program offered by the Oklahoma Health Care Authority. It is called O-EPIC Individual Plan. This program is designed to provide health insurance coverage for adults who do not qualify for **SoonerCare Choice** services. These include individuals and their spouses who work for small businesses (under 50 employees) who can not get health coverage through their employer, self employed, receiving unemployment compensation, and disabled persons who are working but do not qualify for **SoonerCare**. Income for these groups must be at or below 185% of the Federal Poverty Rate.

These individuals are responsible for a portion of the coverage premium as well as applicable co-payments for services provided. Coverage includes office visits, laboratory/x-ray, hospitalization, prescription coverage and limited durable medical supplies.

More information will be available soon on the Oklahoma Health Care Authority's Web site at www.okhca.org.

Provider Outreach

In July your Provider Representatives will be scheduling appointments to visit your facilities. If you have any special needs or topics you wish to discuss please do not hesitate to contact your assigned Provider Representative. If you desire to set up a meeting prior to their scheduling just let them know. Your Provider Representative is here to assist you any way they can and they are always just a phone call, email or fax away. Please note there have been some changes in area assignments. Attached is a new listing of Provider Representatives and their new areas.

Your *SoonerCare* Provider Representatives
Toll Free Telephone Number 1-877-823-4529, Option 2

Susan Loris

Phone: (405) 522-7509

Fax: (405) 530-3361

susan.loris@okhca.org

Alfalfa	Kingfisher
Beaver	Major
Beckham	Noble
Blaine	Roger Mills
Cimarron	Texas
Custer	Washita
Dewey	Woods
Ellis	Woodward
Garfield	Kansas:
Grant	Seward
Harper	Sumner
Kay	

Sherrie Anderson

Phone: (405) 522-7250

Fax: (405) 530-3278

sherrie.anderson@okhca.org

Caddo	Jefferson
Comanche	Kiowa
Grady	Stephens
Greer	Tillman
Harmon	Texas:
Jackson	Wichita Falls
	Willbarger

Alexis Howard

Phone: (405) 522-7441

Fax: (405) 530-3303

alexis.howard@okhca.org

University of Oklahoma Clinics

Melissa Clampitt

Phone: (405) 522-7567

Fax: (405) 530-3233

melissa.clampitt@okhca.org

Creek	Rogers
Osage	Washington
Pawnee	Oklahoma
Tulsa	

Lesley Brown

Phone: (405) 522-7537

Fax: (405) 530-7172

lesley.brown@okhca.org

Canadian	McClain
Cleveland	Okfuskee
Garvin	Payne
Hughes	Pottawatomie
Lincoln	Seminole
Logan	

Amanda Willett

Phone: (405) 522-7331

Fax: (405) 530-3294

amanda.willett@okhca.org

Oklahoma

Shannon Tiller

Phone: (405) 522-7532

Fax: (405) 530-7208

shannon.tiller@okhca.org

Tulsa

Cathy Brodt

Phone: (405) 522-7558

Fax: (405) 530-7209

cathy.brodt@okhca.org

Craig	Arkansas:
Delaware	Benton
Mayes	Kansas:
Nowata	Montgomery
Ottawa	Indian Health Clinics

Kay McSpadden

Phone: (405) 522-7349

Fax: (405) 530-3296

kay.mcspadden@okhca.org

Adair	Sequoyah
Cherokee	Wagoner
Haskell	Arkansas:
LeFlore	Crawford
McIntosh	Sebastian
Muskogee	Scott
Okmulgee	

Lana Pebworth

Phone: (405) 522-7541

Fax: (405) 530-7187

lane.pebworth@okhca.org

Atoka	McCurtain
Bryan	Murray
Carter	Pittsburg
Choctaw	Pontotoc
Coal	Pushmataha
Johnston	Arkansas:
Latimer	Sevier
Love	Texas:
Marshall	Lamar