WHAT IS SOONERCARE?
A SUMMARY OF BENEFITS, PROGRAMS, AND ELIGIBILITY

Brandon Beavers & Rebecca Wroblewski
June, 2020
DISCLAIMER

• SoonerCare policy is subject to change. The information included in this presentation is current as of June 1, 2020. Current information can be found on the OHCA public website: www.okhca.org.
CLASS DESCRIPTION

This class is an overview of the various member eligibility methods and a summary of general SoonerCare programs. We will demonstrate how these plans appear on the provider portal and how they apply to you. This class will not cover policy or claim submission.
AGENDA

• What is SoonerCare?
  • Who is covered?

• Applying for benefits.

• Member eligibility – hospitals only.
  • Electronic Newborn Application (e-NB1).
  • Notification of Date of Service.
AGENDA

• Eligibility Verification/Programs.
  • Mental health and substance abuse.
  • SoonerCare Choice/Medical Home.
  • SoonerCare Choice exclusions.
  • SoonerPlan – family planning.
  • Soon-to-be-Sooners.
  • Limited Medicare plans.
  • SoonerRide.
• Eligibility Verification with third party liability.
• Search fee schedule.
• Friendly reminders.
• Questions.
WHAT IS SOONERCARE?
WHAT IS SOONERCARE?

• SoonerCare is Oklahoma’s state Medicaid program.

• Medicaid was created as Title XIX of the Social Security Act in 1965. It is a federal and state partnership program that makes access to basic health and long-term care services available to those who qualify based upon income or other eligibility criteria. SoonerCare works to improve the health of qualified Oklahomans by ensuring that medically necessary benefits and services are available.
WHO IS COVERED?

• Certain low income children.
• Seniors.
• The disabled.
• Those being treated for breast or cervical cancer.
• Those seeking family planning services.

There is no cost for those who qualify for SoonerCare. Copays may apply to some services for adults.
WHO IS COVERED?

• The health care needs of Oklahoman’s can be many and complex. SoonerCare offers various health benefit packages to accommodate our members in the most fiscally responsible way.

• Limits are in place to ensure that we provide only the services that are medically-necessary and in some cases, particular benefits are for children only.
APPLYING FOR BENEFITS
APPLYING FOR BENEFITS

• 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 OSDH.
  • Kiosks are available at some local DHS offices, agency partners and OHCA for additional assistance when needed.

• First time potential members that have issues with the online application or do not have the ability or resources to apply through the online application can contact the helpdesk and utilize "Apply by Phone" for an initial enrollment only.

• Renewal for services must be done through the online application.
SoonerCare Online Enrollment

WebAlerts

Sign up for email Web Alerts for the latest news and information about SoonerCare Online Enrollment.

Log In Now | Apply for Benefits | Income Guidelines | How-To Videos
Member Handbook | #MySoonerCare | After Hours Locator | Register to Vote

English | Spanish
MEMBER ELIGIBILITY:
HOSPITALS ONLY
E-NB1

• Electronic Newborn-1 for 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.
E-NB1

• Electronic Newborn-1 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.
  • Parent(s) must submit documentation to continue newborn benefits.
NODOS

• NODOS- Notification of Date of Service.
  • A NODOS is an electronic request made by a hospital to reserve a date of service.
  • Allows an application to be backdated no more than five days from the date the NODOS is submitted.
  • An application must be completed and the member found eligible within 15 days of the NODOS being created.
ELIGIBILITY:
VERIFICATION/PROGRAMS
ELIGIBILITY VERIFICATION

• Methods to verify eligibility:
  1) OHCA provider portal.
      Internet help desk: 800-522-0114, option 2, 1.
  2) Eligibility verification system.
      EVS phone access: 800-767-3949 (pin required).
      Client eligibility and prior authorization (fax back).
  3) Electronic data interchange.
      270/271 electronic transaction.
Welcome Health Care Professional!

We are committed to making 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 manage your account. Visit our provider services to learn more.
Welcome Health Care Professional!

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## Eligibility Verification Request

* Indicates a required field.

Enter the patient information. If neither Member ID nor Case Number is known, enter SSN and Date of Birth or Name and Date of Birth.

<table>
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<th>Field</th>
<th>Value</th>
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<tbody>
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<td>Last Name</td>
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<tr>
<td>Case Number</td>
<td></td>
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<tr>
<td>First Name</td>
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<tr>
<td>SSN</td>
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<tr>
<td>Date of Birth</td>
<td></td>
</tr>
</tbody>
</table>

From Date of Service: 05/21/2020

To Date of Service: 05/21/2020

Submit  Reset
Can NOT print Member ID card.

Effective/End dates are shown only for the period of time requested.
The member is not eligible for the date(s) of service requested.

Verification Number: 201204BTQ9 - 4/29/2020 - Status: A

There are no coverage details to show based on the search criteria selected.
### Coverage Details for Member ID

Effective/End dates are shown only for the period of time requested.

**Verification Number** 20041DNP88 - Status: A

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<td>05/21/2020</td>
</tr>
</tbody>
</table>

**Managed Care Information**

- **EPSDT**
- **TPL**
MENTAL HEALTH AND 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.
 Coverage Details for Member ID

Effective/End dates are shown only for the period of time requested.

Verification Number 20036EDE68 - 5/1/2020 - Status: A

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<tr>
<td>Mental Health and Substance Abuse</td>
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<tr>
<td>Title 19</td>
<td>05/01/2020</td>
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Managed Care Information

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<td>BEST CARE CLINIC</td>
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TPL
SOONERCARE CHOICE/MEDICAL HOME

• 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/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.

• 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. 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 vaccine for children program is no longer a condition of contracting for the PCMH.

• 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 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 either commercial or private insurance (including HMOs and PPOs).
  • As of July 1, 2014, members were removed from SoonerCare Choice and are now Title 19 only.
**Coverage Details for Member ID**

Effective/End dates are shown only for the period of time requested.

**Verification Number** 201204CJ4X - 4/29/2020 - Status: A

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<td>FAMILY PLANNING</td>
<td>04/29/2020</td>
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</table>

TPL
SOONERPLAN – FAMILY PLANNING

• To be eligible for family planning services an individual must:
  • Be 19 years old or older.
  • Be an Oklahoma resident.
  • Be a U.S. citizen or qualified alien.
  • Not otherwise qualified for SoonerCare.
  • Have family income at or below 133% of the federal poverty level.

• Members can now have insurance and still qualify for the SoonerPlan program.
Billing for Codes and Services

SoonerPlan will pay for the following services:

- Birth control information and supplies
- Office visits and physical exams related to family planning
- Laboratory tests related to family planning services, including pregnancy tests, Pap smears and screening for some sexually transmitted infections
- Tubal ligations for women age 21 and older
- Vasectomies for men age 21 and older
- Gardasil 9 for males and females through age 45
- Tubal ligations and vasectomies are paid in accordance with current SoonerCare policy and require the Sterilization Consent form.

Medically necessary office visits related to family planning are unlimited for SoonerPlan members younger than 21.

For SoonerPlan members 21 and older, medically necessary office visits and physical exams related to family planning (birth control) are limited to four per month except for the initial visit code. For 99202, the limit is two per month.

Copayments do not apply for any family planning service, device, prescription or over-the-counter product.

Billing

Claims for family planning services can be billed electronically or by using the appropriate paper claim form. You should use your SoonerCare fee-for-service provider number when submitting these claims.

Coverage for this program is limited to the use of listed diagnosis codes. Please be advised that these diagnostic codes are subject to change. These are effective October 1, 2015. For claims billed with dates of service Oct. 1, 2015, use the new ICD-10 codes. For claims with dates of service before Oct. 1, use ICD-9 codes.

The following CPT codes are covered services under this program and are reimbursed at the current SoonerCare Fee-for-Service rate:

- SoonerPlan CPT Codes

Please be advised that these CPT codes are subject to change.

Important Disclaimers:

Services reimbursed based on provider specific (contracted rates) or specialty based rates are not included under SoonerPlan. To inquire about other rates, please call our Customer Service provider line.

- This fee schedule does not address the various coverage limitations routinely applied by SoonerPlan before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third party liability, age restrictions, prior authorization, etc.)
- Although every effort is made to keep the schedule accurate and current, it is not the official document of record. If you are a current Medicaid/SoonerPlan provider, you may refer to the Pricing section on our Provider Secure Site, or call our Customer Service provider line.

https://www.okhca.org/providers.aspx?id=7941
Coverage Details for Member

Effective/End dates are shown only for the period of time requested.

Verification Number: 201204CNDT - 4/29/2020 - Status: A

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<tr>
<td>TPL</td>
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</table>
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 (ages 19-64) with 134-185% FPL.

• 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.
Effective/End dates are shown only for the period of time requested.

**Verification Number**: 201225MJTT - 5/1/2020 - Status: A

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| Visits                                        |          |                |          |
| TPL                                            |          |                |          |
LIMITED MEDICARE PROGRAMS

• Specified low-income Medicare beneficiary.

• Qualifying individual, Group 1 (Q1) and Qualifying individual, Group 2 (Q2).
  – Provides assistance for Medicare Part B premiums only.
Effective/End dates are shown only for the period of time requested.

Verification Number: 201204CM08 - 4/29/2020 - Status: A

### Coverage Details for Member

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### Managed Care Information

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<tr>
<th>EPSDT</th>
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</thead>
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<table>
<thead>
<tr>
<th>TPL</th>
</tr>
</thead>
</table>
SOONERRIDE

• SoonerRide: non-emergency transportation 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 business days in advance.
• Logisticare may request prior authorization for trips exceeding 45 miles. Certain geographic areas and medical specialties are exempt.
SOONERRIDE

• 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.
ELIGIBILITY VERIFICATION WITH THIRD PARTY LIABILITY (TPL)
ELIGIBILITY VERIFICATION WITH TPL

Coverage Details for Member ID - SPRING SOONERCARE from 05/01/2020-05/01/2020

Effective/End dates are shown only for the period of time requested.

Verification Number 20036MDPGB - 5/1/2020 - Status: A

Eligibility

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<th>Coverage</th>
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<td>Title 19</td>
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Managed Care Information

TPL

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<th>Group ID (Employer ID)</th>
<th>Policy Holder (Relationship)</th>
<th>Policy Type</th>
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</table>

Click to expand
## ELIGIBILITY VERIFICATION ADDING TPL

### Adding TPL:
- Provider Portal
- TPL 1 Form

### Removing TPL:
- Call 1-800-522-0114, option 5

---

**TPL**

Click `+` to add a row.

<table>
<thead>
<tr>
<th>Carrier Name (Carrier ID)</th>
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* Indicates a required field.

- **Carrier Name**
- **Policy Number**
- **Policy Holder**
  - Person
  - Organization
- **Policy Holder Last Name**
- **Policy Type**
- **Coverage Type**
- **Relationship**
- **Effective**
- **Rx-BIN**

**Carrier ID**

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**Group ID**

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**Employer ID**

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<thead>
<tr>
<th>Employer ID</th>
<th>End</th>
</tr>
</thead>
</table>

**Rx-PCN**

---

**Add**

**Recall**
ELIGIBILITY VERIFICATION WITH 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.
ELIGIBILITY VERIFICATION WITH TPL

• 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.
ELIGIBILITY VERIFICATION WITH TPL

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.
SEARCH FEE SCHEDULE: IS THE PROCEDURE COVERED?
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* I accept

[Submit Cancel]
## Search Fee Schedule

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<th>Procedure Code</th>
<th>Date of Service</th>
<th>Age</th>
<th>Modifiers</th>
</tr>
</thead>
</table>
| *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
- Title 10

### Procedure Code
- 021110

### Date of Service
- 04/22/2020

### Age
- 15

### Search Results

**Provider Type:** Off-Clinic  
**Provider Specialty:** 490-Anesthesiology/Pharm Management  
**Place of Service:** OP-Default Program Pricing

### Pricing and Limitations:
- Non-Facility Place of Service Allowed Amount: $27.85
- Facility Place of Service Allowed Amount: $27.85
- PA Required
- Maximum Units: 4
- Age Restriction: 0 - 20
- Medical Review is Not Required
- Gender: Both
- Attachment is Not Required
- Not a Lifetime Procedure
- Not restricted to any Diagnosis
- Billing Provider not restricted to any Specialty
- Rendering Provider restricted to certain Specialty
- Ambulatory Surgical Facility Fee: $0.60
- Ambulatory Payment Classification Fee: $0.00
- Discounted: NA
FRIENDLY REMINDERS
MEMBERS SHOULD KEEP CONTACT INFORMATION UP TO DATE
IN ONE WEEK, DXC RECEIVED SEVEN TUBS OF RETURNED MAIL DUE TO INCORRECT ADDRESSES

Please remind members to keep their address up to date.
REASONS TO CHECK MEMBER ELIGIBILITY

• Eligibility may change anytime during the month.

• If a member enrolls online, they have 10 days to turn in required documentation before benefits are terminated.

• We want you to be paid for your services.

• We appreciate you accepting SoonerCare as you are benefitting your community with your services.
QUESTIONS