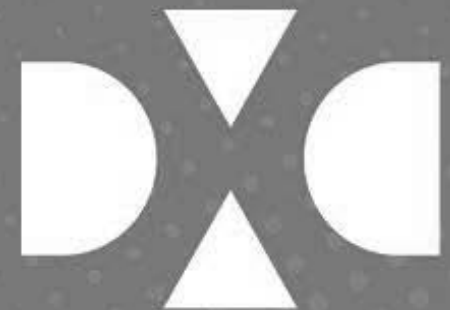


ELIGIBILITY



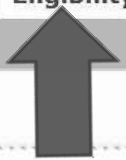
[DXC.technology](https://www.dxc.com)

Agenda

- Title 19
- Member ID Card
- SoonerCare Choice
- Third Party Liability (TPL)
- Medicare
- Mental Health & Substance Abuse
- Questions

Eligibility

- Should be checked on each visit.
- Members eligibility can change on any given day.
- Always click on expand all to see if the member is enrolled in an additional plan or has a primary insurance.



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.



[Contact Us](#)



[Secure Correspondence](#)



[Referrals](#)



[Update Provider Files](#)



[Upload Behavioral Health Records](#)



User Details

Welcome John

[My Profile](#)

[Manage Accounts](#)



Provider

Name Dr. Office

123456789 (NPI)

Provider ID 123456789X

Taxonomy 100123456A

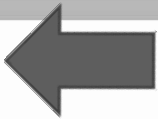
SC Provider Number



Provider Services

 **Eligibility**

- ▶ [Eligibility Verification](#)
- ▶ [Treatment History](#)



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.

Member ID

Case Number

SSN

Last Name

First Name

Date of Birth

***From Date of Service**

***To Date of Service**

Submit

Reset



[Print Preview](#)

Coverage Details for Member ID [REDACTED]

[Back to Eligibility Verification Request](#) 

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 11/12/2018 - Status: A

There are no coverage details to show based on the search criteria selected.

[Expand All](#) | [Collapse All](#)

EPSDT



TPL



Title 19

[Print Preview](#)

[Display Member ID Card](#)


Coverage Details for Member ID

[Back to Eligibility Verification Request](#) 

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

Verification Number - 11/12/2018 - Status: A

[Expand All](#) | [Collapse All](#)

| Eligibility  | | |
|---|----------------|------------|
| Coverage | Effective Date | End Date |
| Title 19 | 11/05/2018 | 11/05/2018 |
| SoonerCare Choice | 11/05/2018 | 11/05/2018 |
| Non Emergency Transportation | 11/05/2018 | 11/05/2018 |
| Mental Health and Substance Abuse | 11/05/2018 | 11/05/2018 |

Managed Care Information 

Visits 

TPL 

Member I.D. Card



[Print Preview](#)

[Display Member ID Card](#)

Coverage Details for Member ID [REDACTED]

[Back to Eligibility Verification Request](#) ?

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

Verification Number

[Expand All](#) | [Collapse All](#)

| Eligibility - | | |
|--|----------------|------------|
| Coverage | Effective Date | End Date |
| SoonerCare Choice | 11/05/2018 | 11/05/2018 |
| Non Emergency Transportation | 11/05/2018 | 11/05/2018 |
| Mental Health and Substance Abuse | 11/05/2018 | 11/05/2018 |
| Title 19 | 11/05/2018 | 11/05/2018 |



This file claims compliance with the PDF/A standard and has been opened read-only to prevent modification.

Enable Editing

Oklahoma HealthCare Authority
www.okhca.org

This card does not guarantee coverage. Copay may apply.

Member Name:
 Member ID:
 Member DOB:
 Date Issued:

For emergencies, call 911 or your local rescue unit.

This card does not guarantee coverage. Visit our websites or call our toll-free numbers to verify benefits, view claims or find a provider:

| | | |
|-------------------------|--|----------------|
| SoonerCare™ | www.okhca.org | 1-800-987-7767 |
| | TDD Line (Hearing Impaired) | 711 |
| Insure Oklahoma™ | www.InsureOklahoma.org | 1-888-365-3742 |
| | TDD Line (Hearing Impaired) | 711 |

| | |
|-------------------------|----------------------------------|
| Provider EVS: | (405) 840-0650 or 1-800-767-3949 |
| Other inquiries: | (405) 522-6205 or 1-800-522-0114 |



Oklahoma Tobacco Helpline
1 800 QUIT NOW
Free help 784-8669

8.50 x 11.00 in

SoonerCare Choice

[Print Preview](#)

[Display Member ID Card](#)


Coverage Details for Member ID


[Back to Eligibility Verification Request](#) 

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

Verification Number 11/12/2018 - Status: A

[Expand All](#) | [Collapse All](#)

| Eligibility  | | |
|---|----------------|------------|
| Coverage | Effective Date | End Date |
| SoonerCare Choice | 11/05/2018 | 11/05/2018 |
| Non Emergency Transportation | 11/05/2018 | 11/05/2018 |
| Mental Health and Substance Abuse | 11/05/2018 | 11/05/2018 |
| Title 19 | 11/05/2018 | 11/05/2018 |


| Managed Care Information  | | | |
|--|----------------|------------------|-------------------|
| Provider Name | Provider Phone | Health Plan Name | Health Plan Phone |
| Family Doctor's Office | | | |

Third Party Liability (TPL)


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


Verification Number - 11/12/2018 - Status: A

[Expand All](#) | [Collapse All](#)

| Eligibility  | | |
|---|----------------|------------|
| Coverage | Effective Date | End Date |
| SoonerCare Choice | 11/05/2018 | 11/05/2018 |
| Non Emergency Transportation | 11/05/2018 | 11/05/2018 |
| Mental Health and Substance Abuse | 11/05/2018 | 11/05/2018 |
| Title 19 | 11/05/2018 | 11/05/2018 |

| Managed Care Information  | |
|--|--|
| EPSDT  | |

| TPL  | | | | | | | | | |
|---|---------------|------------------------|------------------------------|-------------|---------------|--------|--------|------------|------------|
| Click '+' to add a row. | | | | | | | | | |
| Carrier Name (Carrier ID) | Policy Number | Group ID (Employer ID) | Policy Holder (Relationship) | Policy Type | Coverage Type | Rx-BIN | Rx-PCN | Effective | End |
| BCBS | 123456789 | | | | | | | 11/05/2018 | 11/05/2018 |

 Click to expand



Click to collapse

* Indicates a required field.

*Carrier Name

Carrier ID

*Policy Number

Group ID

*Policy Holder is Person Organization

*Policy Holder Last Name

*First Name

MI

Policy Type

*Coverage Type

*Relationship

Employer ID

Effective

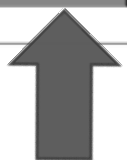
End

Rx-BIN

Rx-PCN

Add

Reset



Medicare

[Print Preview](#)

[Eligibility](#) > [Eligibility Verification](#) > Coverage Details

Coverage Details for Member ID

from 11/05/2018 to 11/05/2018


[Back to Eligibility Verification Request](#) 

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 · 11/12/2018 - Status: A

[Expand All](#) | [Collapse All](#)

| Medicare 2PE2KJ5NJ89  | | |
|--|----------------|------------|
| Coverage | Effective Date | End Date |
| Medicare A | 11/05/2018 | 11/05/2018 |
| Medicare B | 11/05/2018 | 11/05/2018 |

TPL 

Mental Health & Substance Abuse

[Print Preview](#)

[Display Member ID Card](#)


Coverage Details for Member ID

[Back to Eligibility Verification Request](#) 

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

Verification Number - 11/12/2018 - Status: A

[Expand All](#) | [Collapse All](#)

| Eligibility  | | |
|---|----------------|------------|
| Coverage | Effective Date | End Date |
| Title 19 | 11/05/2018 | 11/05/2018 |
| SoonerCare Choice | 11/05/2018 | 11/05/2018 |
| Non Emergency Transportation | 11/05/2018 | 11/05/2018 |
| Mental Health and Substance Abuse | 11/05/2018 | 11/05/2018 |

Managed Care Information 

Visits 

TPL 

Questions