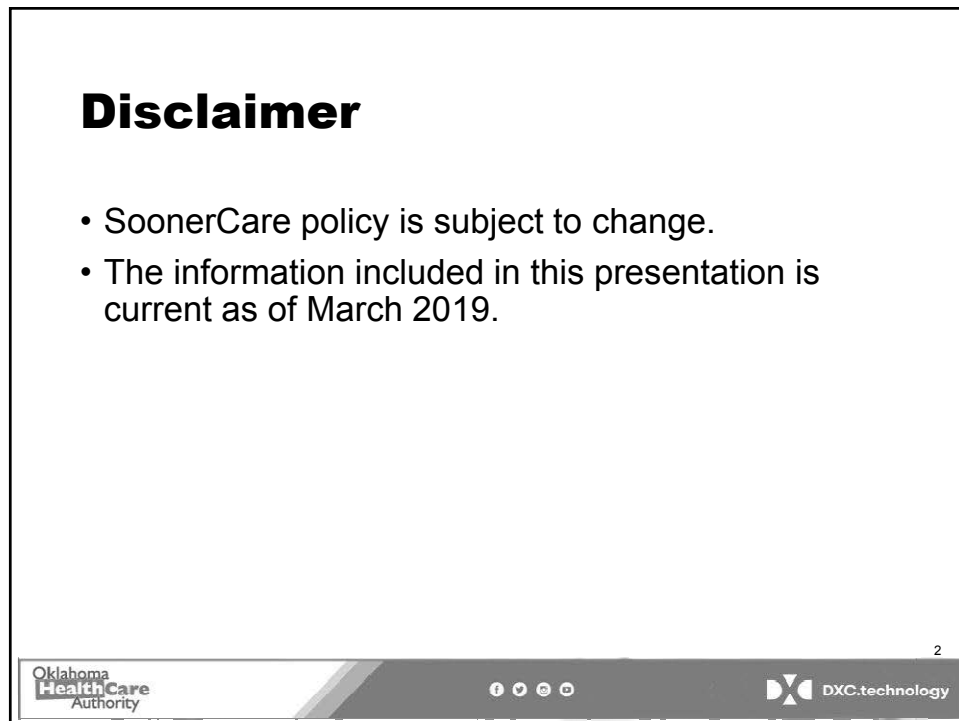




## Disclaimer

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



## Agenda

- Letters
- Provider Contract Expiration
- Provider Contract Renewal
- ER Utilization
- Sooner Excel
- PCP Notification of Inpatient Admission
- PCP Notification of Inpatient Discharge
- SoonerCare Coordination of Care
- C-Section Quarter Rate Letter – Hospital
- Questions
- Spring 2019 Workshops

## Letters

The screenshot displays the Oklahoma HealthCare Authority portal interface. At the top left is the logo for Oklahoma HealthCare Authority. A navigation bar contains links for My Home, Eligibility, Claims, Prior Authorizations, Referrals, Files Exchange, Financial, Letters, Reports, and Resources. The 'Letters' link is highlighted with an upward-pointing arrow. Below the navigation bar, the page title is 'Provider Letters'. On the right side of the page, there are links for 'Contact Us' and 'Logout', and the date and time 'Tuesday 08/14/2018 07:58 AM CST'. The main content area features a 'Provider Letters' section with a sub-link 'Provider Letters' and an upward-pointing arrow. At the bottom left of the page, the version number 'R4.2' is displayed. At the bottom center, there is a copyright notice: '© 2018 DXC Technology. All rights reserved. | Privacy Notice'.

# Letters (cont.)

Oklahoma HealthCare Authority

My Home Eligibility Claims Prior Authorizations Referrals Files Exchange Financial Letters Reports Resources

Provider Letters

Letters > Provider Letters Contact Us | Logout  
Tuesday 08/14/2018 08:00 AM CST

**Provider Letters** ⓘ

\* 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
- DIC Rate Letter
- EHR Denial Letter
- ER Utilization Letter
- New Hospital Level of Care Rate Letter
- Provider Contract Expiration Notification
- Provider EFT Error Letter
- Provider Patient Dismissal Letter
- Provider PIN Letter
- Provider Renewal Letter
- Provider Welcome Letter
- Sooner Excel
- SoonerCare Coordination of Care Letter

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Oklahoma HealthCare Authority f t g+

# Letters (cont.)

Oklahoma HealthCare Authority

My Home Eligibility Claims Prior Authorizations Referrals Files Exchange Financial Letters Reports Resources

Provider Letters

Letters > Provider Letters Contact Us | Logout  
Tuesday 08/14/2018 08:00 AM CST

**Provider Letters** ⓘ

\* Indicates a required field.  
Enter your search criteria and click the Search button.

\*Letter Type   
\*Available From Date  \*To Date


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Oklahoma HealthCare Authority f t g+

# Provider Contract Expiration

REBECCA PATTERSON-BLANK  
CHIEF EXECUTIVE OFFICER



MARY FALLON  
GOVERNOR

STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

October 18, 2017

PRV-9044-M (02-0)

Re: Oklahoma Medical Contract  
Provider ID: 2000000000  
SIN: 0123456789  
PIN: 1

Dear Provider:

Your Medical contract with the Oklahoma Health Care Authority will expire on 11/09/2017. Listed below are steps to guide you through the renewal process.

1. Access the website at [www.ohca.org](http://www.ohca.org).
2. Select "Social Care Provider Portal".
3. Select "Social Care Provider Portal".
4. If your account is already set up, log in and proceed to Step 12 for the renewal process.
5. If you use a fax cover sheet or the user name and password information is not available, the Provider ID and PIN shown above can be used to establish access to the provider portal. Go to "Register New" in the Login portion of the screen. Click on the Provider icon and enter your username: **OC**, Provider ID in the first box, enter your service location Alpha character in the next box, then enter your PIN that was issued to you in your letter in the next box. Click "Continue".
6. The Registration Step 1 of 7 - Security Information page will display. Create a User ID and password.
7. Type in a unique User ID that you will be able to remember. Your User ID must be between 8 and 20 characters in length, a combination of lower and upper case letters, and no spaces. Your password must be between 8 and 20 characters in length, contain 1 capital letter, 1 lowercase letter, 1 numeric digit, no spaces, and no special characters. Passwords are case sensitive, so type them in each time exactly as they were originally. You may click on the "Check Availability" box to be sure no one else has the same User ID.
8. Enter the Display Name (Contact Name) you wish to have, enter your office phone number and an extension, and email address.
9. Please choose a Personalized Site Key with the options available. Click on the arrow in the upper right corner of the Site Key box to see all available options. Once you have made your choice, enter a pin-point of your choice below it.
10. Select Security Challenge questions from the drop down box. Be sure your answers are correct, and remember these are case sensitive. If you ever want to add your security questions, choose My Profile from the Provider portal home page.
11. Once you have completed this registration, you must accept the user agreement at the bottom and click on Submit. When the submission completes successfully, you will be taken back to the Log In page.
12. After successful login, click on Update Provider Data. The Social Care Provider Enrollment web site will open in a separate window. Log in with your User ID and Password, make the system log you are automatically. The Contract Renewal page will display and you will then select Yes to continue with the renewal process. Select No if you do not wish to renew your contract. If you select Yes, complete all necessary information as you navigate through the pages. Click on Submit at the end to complete the renewal process.
13. Fax the OHCA cover page along with any required documents listed in the fax number listed on the fax cover page. Please submit our fax cover sheet that includes all required documentation for each site application renewal. If you have additional applications/renewals, fax that information separately.


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# Provider Contract Renewal

REBECCA PATTERSON-BLANK  
CHIEF EXECUTIVE OFFICER



MARY FALLON  
GOVERNOR

STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

November 18, 2017

PRV-9006-R (v.1.0)

Provider ID:  
SIN:

Dear Provider:

A contract under program administered by the Oklahoma Health Care Authority has been received and updated. Please see the current information below for this program and its updated expiration date.

Program: Medical  
Start: Expiration Date  
Expiration Date: 11/09/2017

Your continued participation in the program is appreciated.

Sincerely,  
Rebecca Patterson-Blank  
Chief Executive Officer  
Oklahoma Health Care Authority.


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# ER Utilization

**REBECCA PASTERNAK-HEARD**  
CHIEF EXECUTIVE OFFICER



**MARY FALLIN**  
GOVERNOR

**STATE OF OKLAHOMA**  
**OKLAHOMA HEALTH CARE AUTHORITY**

August 18, 2018

General Hospital  
911 Emergency St.  
Oklahoma City, OK 74117

PRV-9110-R (v1.0)

Provider ID: 200XXXXXX A

**RE: Emergency Room Use**

Member Name: Suzie SoonerCare  
Member ID: B123456789  
Date of Birth: 01/01/1955

Dear Provider,

This letter is to notify you that your SoonerCare member **SUZIE SOONERCARE** has utilized the ER 1 times (based on records of the latest financial cycle run). Please see diagnosis services page for details.

As the current Primary Care Provider (PCP) of this member, this history of ER utilization is being supplied to you for informational purposes. If this member is no longer on your panel, please disregard this information.


The Oklahoma Health Care Authority is actively working with this member to encourage the appropriate use of your office for Primary Medical Care. OHCA has an ongoing initiative to ensure that SoonerCare members are properly utilizing Emergency Room Services. We appreciate any assistance you can offer or additional information you can provide about this member.


Because we want our members to get the best health care possible, we will continue to look at the SoonerCare services this member is receiving.


For further assistance, please call the toll-free SoonerCare Provider Services line at 800-522-0114, option 1. As always, OHCA appreciates your continued service to our SoonerCare Members.

Sincerely,

Provider Services  
The Oklahoma Health Care Authority







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# Sooner Excel


January 22, 2019


As a valued Medical Home you are eligible to take part in the OHCA SoonerExcel program. SoonerExcel is a performance-based reimbursement program designed to recognize achievements in improving quality and providing effective care. The below incentive payment(s) indicate you have met or exceeded quality-of-care goals within the various incentive categories.


Please look for the incentive payments on your January 30th remit. This payment is not patient specific and will be found on the financial transaction page under non-claim specific payouts.

<b>Emergency Department Utilization Incentive</b> <small>-based on emergency dept utilization of panel members</small>	<b>\$58.41</b>
<b>Inpatient Admits / Visits Incentive</b> <small>-based on inpatient admits / visits to SoonerCare Choice members</small>	<b>\$25.03</b>
<b>EPSDT / DTaP - Well Child Checks &amp; Immunization</b> <small>-based on meeting the EPSDT screening compliance rate and 4th DTaP a</small>	<b>\$48.93</b>
<b>Total</b>	<b>\$132.37</b>

The SoonerExcel incentive payments are dependent on the types of members you see, your panel size and services provided. They are calculated on a quarterly basis; please look for your next communication in April 2019.







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## PCP Notification of Inpatient Admission

Subject: Notification of Member Inpatient Stay

Dear Provider:

As part of the implementation of the enhancements to SoonerCare Choice, coordination of care is an integral part of the medical home concept. Although many of you follow your members when they are inpatient, we have implemented this new process to insure all providers know of services received and where these services were provided.

Member Name: SOONERCARE, SUZIE  
Hospital/Facility: SAINT ELIGIUS  
Admit Date: 03/05/2019  
Discharge Date:

Please contact us if your phone number or address changes so we may update our files and be able to reach you in a timely manner. As always, you may contact Provider Services with any questions at Toll Free (800)522-0114 option 1, Oklahoma City Area (405)522-6205 option 1 and speak to a Provider Representative. Additional information about SoonerCare may be found on our public website at [www.okhca.org](http://www.okhca.org).

Sincerely,

SoonerCare Provider Services

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## PCP Notification of Inpatient Discharge

Subject: Notification of Member Inpatient Stay

Dear Provider:

As part of the implementation of the enhancements to SoonerCare Choice, coordination of care is an integral part of the medical home concept. Although many of you follow your members when they are inpatient, we have implemented this new process to insure all providers know of services received and where these services were provided.

Member Name: SOONERCARE, SUZIE  
Hospital/Facility: SAINT ELIGIUS  
Admit Date: 02/14/2019  
Discharge Date: 02/16/2019

- Please contact your patient to arrange follow-up care.
- Please contact the above facility to request a copy of the discharge summary for your patient's medical record.
- Please contact us if your phone number or address changes so we may update our files.

As always, you may contact Provider Services with any questions at Toll Free (800)522-0114 option 1, Oklahoma City Area (405)522-6205 option 1 and speak to a Provider Representative. Additional information about SoonerCare may be found on our public website at [www.okhca.org](http://www.okhca.org).

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# Provider Patient Dismissal 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 March 5, 2019. 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.

If you have further questions or need additional assistance, please call 405-522-7528.


Sincerely,  
Oklahoma Health Care Authority Member Services Manager



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# SoonerCare Coordination of Care

REBECCA PASTERNAK-BOARD  
CHIEF EXECUTIVE OFFICER



MARY FALLIN  
GOVERNOR

STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

October 20, 2017

MGD-9500-R (v2.0)

Provider: 200XXXXXX A

Dear General Hospital,

Your request for an administrative referral has been approved on behalf of:

Member Name: Suzie SoonerCare  
RID: B123456789  
Date(s) of Service: 01/01/2018 - 01/01/2019

This referral is considered an administrative referral issued by the Oklahoma Health Care Authority for exclusive use on this claim for the date(s) listed. There will be no referral form and you do not need to enter any specific information on your submitted claim form.

ALL PAYMENTS FOR SERVICES ARE SUBJECT TO COVERAGE LIMITATIONS UNDER THE CURRENT SOONERCARE PROGRAM.

If you have any questions regarding this administrative referral, please call Provider Services at 800-522-0114.

The Oklahoma Health Care Authority



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# C-section Quarter Rate Letter- Hospital

Re: Cesarean Section Rates

Dear Hospital Administrator:

As part of the Cesarean Section Quality Initiative, please find your calculated primary and total C-section rates for the first quarter of state fiscal year (SFY) 2019, based on paid claims data for SoonerCare deliveries. All hospitals that have an obstetrical ward and perform on average a minimum of six SoonerCare deliveries per quarter are receiving this letter. This data is informational. No action is required.

Measure	First Quarter (7/1/2018 – 9/30/2018)
Your Primary C-Section rate	14.7%
Your total C-Section rate	28.0%

These rates will continue to be provided on a quarterly basis. You may also visit the Oklahoma Health Care Authority (OHCA) webpage specific to obstetrics at [www.okhca.org/c-section](http://www.okhca.org/c-section) where these rates will also be posted. Data is sorted by region, and you are in the **Central** reporting region.

Thank you for your continued support and the services you provide to SoonerCare members.

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# Questions?



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## **Spring 2019 Workshops**

- Lawton – April 30
- Durant – May 9
- Guymon – May 15
- Oklahoma City – May 22-23
- Tulsa – May 29-30

Registration will be available in April at  
<http://okhca.org/xTraining.aspx>