

SOONERCARE ELIGIBILITY THROUGH NODOS OR eNB-1

September 2022



DISCLAIMER



SoonerCare policy is subject to change. The information provided in this presentation is current as of September 2022.

Current OHCA policy and rules are available at

www.oklahoma.gov/ohca.

AGENDA

NODOS Overview

- NODOS defined
- Provider portal submission instructions
- DMH New Member Enrollment

eNB-1 Overview

- eNB-1 defined
- Provider portal submission instructions

Resources

Questions

NODOS OVERVIEW

Notification Of Date Of Service

A Notification of Date of Service, or NODOS is an electronic request made by approved facilities to reserve SoonerCare eligibility for a date of service.

NODOS allows facilities to notify the OHCA of needed medical services for potential members.

PURPOSE OF A NODOS

RESERVE ELIGIBILITY: NODOS allows a SoonerCare application to be **backdated no more than 5 days** from the date of NODOS submission.

- An application must be completed, and the member determined eligible within **15 days** of NODOS submission.

REIMBURSEMENT: In order for a provider to be reimbursed by SoonerCare, the patient must have eligibility for the date of service.

A NODOS IS NOT A GUARANTEE OF ELIGIBILITY OR PAYMENT FOR SERVICES.

WHO IS A NODOS FOR?



A NODOS can be submitted for:

- Newborn babies
- Families and children
- Pregnant women
- Adults 19-64 years old

HOSPITALS, INPATIENT PSYCHIATRIC FACILITIES AND CBSCC'S ARE THE ONLY PROVIDER TYPES WITH ACCESS TO SUBMIT A NODOS TO OHCA ELECTRONICALLY.

- OHCA secure provider portal clerks will need access to the *Eligibility Verification* function in the portal to access the NODOS application.

SUBMITTING A NODOS

NODOS is submitted online using the [OHCA secure provider portal](#).

Any clerk with eligibility verification access can submit NODOS.

The NODOS feature is site-specific, meaning that the Provider ID that submits the NODOS must match the facility ID where the patient was seen.

Member eligibility must be verified before accessing the NODOS.

The screenshot shows the Oklahoma Health Care Authority Provider Portal. The header includes the logo and the text "OKLAHOMA Health Care Authority" and "Provider Portal". A navigation menu contains links for "My Home", "Eligibility", "Claims", "Prior Authorizations", "Referrals", "Files Exchange", "Financial", "Letters", "Reports", and "Resources". Below the menu, there is a breadcrumb trail "Eligibility Verification | Treatment History" and links for "Contact Us" and "Logout". The main content area is titled "Eligibility Verification Request" and contains a form with the following fields: "Member ID", "Case Number", "Last Name", "First Name", "SSN", "Date of Birth", "*From Date of Service", and "*To Date of Service". The "From Date of Service" and "To Date of Service" fields are marked with an asterisk to indicate they are required. There are "Submit" and "Reset" buttons at the bottom of the form.

Enter patient's SSN and Date of Birth or Last Name, First Name, and Date of Birth, and a single date of service.

When it has been verified that the patient has no existing SoonerCare coverage:

Hospitals will gain access to the Notification of Date of Service.

Verification Results

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

Please click on the following link to begin the process to establish eligibility for this member – [Notification of Date of Service](#)

Inpatient psychiatric facilities and CBSCC's will gain access to NODOS and DMH New Member Enrollment.

Verification Results

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

Please click on the following link to begin the process to establish eligibility for this member – [Notification of Date of Service](#)

Please click on the following link to begin the process to establish eligibility for this member – [DMH New Member Enrollment](#)

NODOS

Information required:

- Patient's first and last name
- Date of birth
- Gender
- Citizenship status
- Social Security Number*
- Mailing address

*For patients that are citizens or legal aliens, and one year old or older, the SSN is mandatory.

For patients under the age of one who do not have a SSN, enter all zeros.

For patients that are not citizens or legal aliens, enter all zeros.

Information should be verified prior to submitting.

Notification of Date of Service

Please enter the following information about the patient requiring in-patient medical services, outpatient care, or other services.

[Tell me more about this form](#)

When you are finished, select "Submit" to submit the form.

Required fields are marked with an asterisk (*).

Patient Information

Enter the legal name of the person, not a nickname.

Last Name: *

First Name: *
(example: Joseph, not Joe; Susan, not Sue)

Middle Name:

Suffix:

Date of Birth: *

Sex: *

Citizenship

Is this person a citizen of the United States or a legal alien? * Yes No [Tell me more about Citizenship](#)

Social Security Information

SSN: * [What if I don't know the SSN?](#)

Re-enter SSN: *

Mailing Address

Street or P.O. Box: *

Street - Line 2:

City: *

State: *

Zip Code: *

Before submitting the Notification of Date of Service form, you must indicate, by checking the box below, that you understand the purpose of this form.

This form is used to reserve an application date for the SoonerCare programs when the completed application is submitted. **This does not guarantee qualifications or payments for services.** This is to notify OHCA that the above-named individual was admitted to the hospital at the request of his or her attending physician.

A submitted NODOS from one provider is not searchable for other providers.

- The system will honor the earliest NODOS within an eligible date range no matter how many are submitted.

Notification of Date of Service Acknowledgement

The Notification of Date of Service was received on 08/04/2022 at 12:12.

Based on the information you provided, you have notified OHCA of the date of admission for the individual listed below. This does not guarantee qualification or payment of services. In order for the expenses you incurred to be processed, OHCA must receive a SoonerCare Application and this individual must be determined to qualify for services. **The application must be received within the Notification Date Range, shown below.**

Patient Notification Details	
Name:	NEW SOONERCARE
Date of Birth:	Jan 01,2000
Sex:	Male
U.S. Citizen or Legal Alien:	Yes
SSN:	123-45-6789
Mailing Address:	4345 N LINCOLN BLVD OKLAHOMA CITY, OK 73105
Member ID:	B12345678
Date Notification Submitted:	08/04/2022
Notification Date Range:	07/30/2022 - 08/19/2022

[Log Off](#)







Print the acknowledgement: once the NODOS Acknowledgement screen is closed, providers will no longer be able to access the submitted NODOS.

NODOS KEY POINTS

- 🔑 Only one NODOS is needed per family.
- 🔑 Submission of multiple NODOS forms for the same individual will cause delays in processing and payment of claims.
- 🔑 The original NODOS is valid for 15 days after submission.
Example: If a NODOS is submitted on 7/10/22. The member has until 7/25/22 to apply. If they apply on or before 7/25/22, the application for the member will backdate to 7/05/22 which is five days prior to the submission date of the NODOS.
- 🔑 Inaccurate information on the NODOS causes data integrity issues for reporting and statistics, and delays the eligibility backdate process.
- 🔑 A NODOS must be submitted prior to the submission of a completed eligibility application.
 - If an application is received prior to a NODOS, the date of coverage will be the application date.

KEY POINTS CONTINUED

-  A submitted NODOS from one provider is not searchable by other providers. OHCA's system will honor the earliest NODOS within an eligible date range no matter how many are submitted.
-  The Notice of Date of Service Acknowledgement should be printed for proof of NODOS submission. Once the confirmation screen is closed out, providers will no longer have access to the submitted NODOS.
-  Eligibility backdating does not occur in real-time. If the NODOS matches the application, OHCA's system will backdate eligibility on the next business day.
-  Providers may email the NODOS to NODOS-NBI@okhca.org if the electronic NODOS system is not working.

DMH NEW MEMBER ENROLLMENT

Inpatient Psychiatric Facilities and Community-Based Structured Crisis Centers (CBSCCs) have access to the DMH New Member Enrollment application along with the electronic NODOS.


The DMH New Member Enrollment application is for MHSAS eligibility and is NOT enrollment for Medicaid.

- This application will add MHSAS eligibility to an existing Medicaid ID or will create a new ID with *only* MHSAS eligibility.
- MHSAS eligibility is backdated five days from the date of submission.
- No additional action or application is needed by the member to secure MHSAS eligibility.

DMH NEW MEMBER APPLICATION

Information required:

- Patient's first and last name
- Date of birth
- Gender
- Social Security Number
- Mailing address (not required if homeless)

 **OKLAHOMA**
Health Care Authority [Log Off](#)

MHSAS Customer Enrollment

Customer Information

Please enter the following information on the customer.
When you are finished, select "**Submit**" to obtain the customer's ID and eligibility date.

Required fields are marked with an asterisk (*).

Personal Information

Enter the legal name of the person, not a nickname.

Last Name: * [What if I don't know the person's name?](#)

First Name: *
(example: Joseph, not Joe; Susan, not Sue)

Middle Name:

Suffix:

Date of Birth: * month day year

Sex: * -Select-

Social Security Information

SSN: *

Re-enter SSN: *

The person is homeless.

Mailing Address

Street or P.O. Box: *

Street - Line 2:

City: *

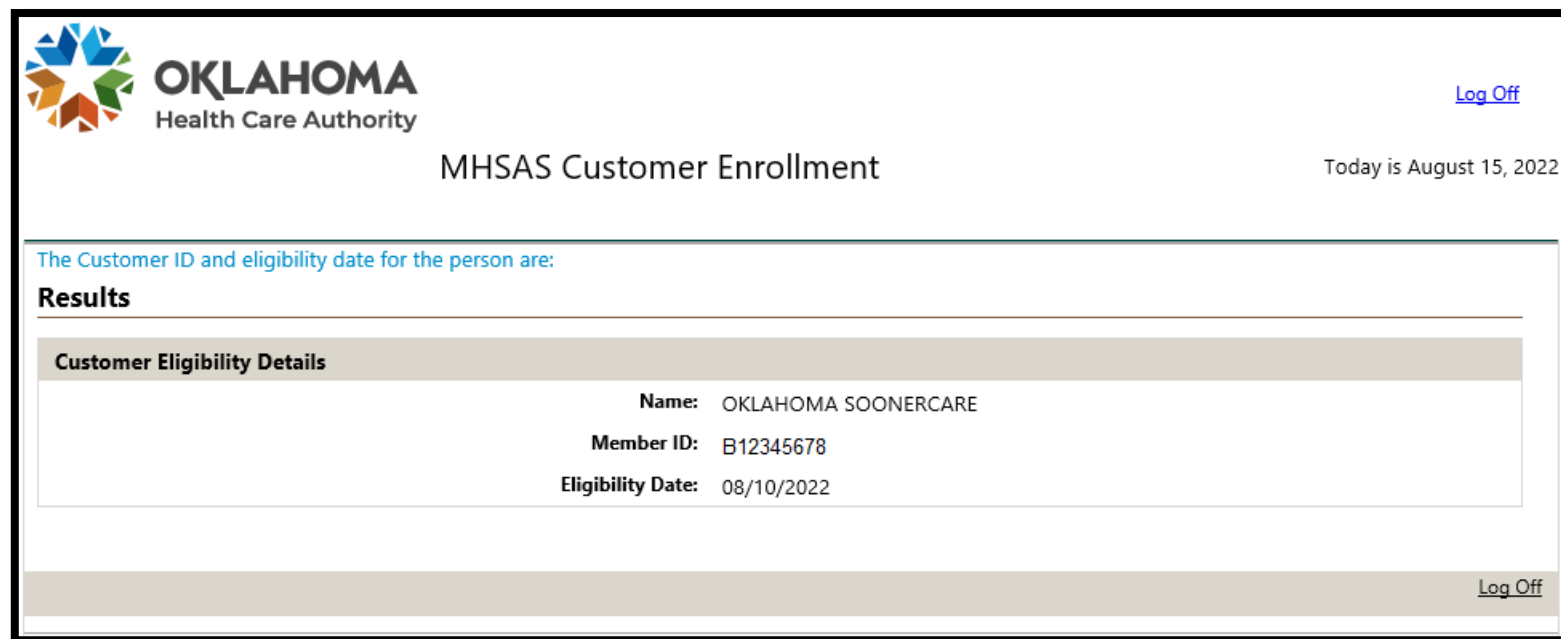
State: Oklahoma

Zip Code: *

MHSAS ELIGIBILITY DETAILS

Results are returned with the Member ID and the eligibility date.

- MHSAS eligibility will be backdated five days from the date of application submission.



The screenshot displays the Oklahoma Health Care Authority's MHSAS Customer Enrollment interface. At the top left is the Oklahoma Health Care Authority logo, and at the top right is a "Log Off" link. The main heading is "MHSAS Customer Enrollment", with the date "Today is August 15, 2022" on the right. Below this, a blue link states "The Customer ID and eligibility date for the person are:". Underneath, a "Results" section is shown, containing a table with the following details:

Customer Eligibility Details	
Name:	OKLAHOMA SOONERCARE
Member ID:	B12345678
Eligibility Date:	08/10/2022

A second "Log Off" link is located at the bottom right of the page.

For assistance with DMH New Member Enrollment issues please email the PICIS Help Desk at gethelp@odmhsas.org.

eNB-1

OVERVIEW



Electronic Newborn
Application Process

or

eNB-1

An online process to
establish immediate
SoonerCare eligibility
for a baby born to a
mother with
SoonerCare coverage.

PURPOSE OF eNB-1



- Real-time electronic processing of SoonerCare applications for deemed newborns.
- Primary Care Provider (PCP) medical home selection at the time of application.
- Obtain a new member ID for the baby for billing purposes.

WHO CAN SUBMIT AN eNB-1?

Hospitals and birthing centers are the only types of providers that can submit an eNB-1 newborn application.

- OHCA secure provider portal clerks will need access to *Newborn Application Access* function in the portal to access the eNB-1 newborn application.
- A [Create Clerks how-to-video](#) is available on the provider training page for information on how to add a new clerk or how to add eligibility verification to an existing clerk's access.

eNB-1 REQUIREMENTS

The mother gave birth to only one newborn child.

The mother retains custody of the newborn child.

The mother is prepared to select a Primary Care Provider (PCP) for the newborn.

If these conditions cannot be met, use the Adobe PDF version of the [NODOS/NBI](#).



DO NOT USE THE ONLINE NEWBORN ENROLLMENT PROCESS TO:

- Change a baby's name (800-987-7767)
- Change a baby's PCP (800-987-7767)
- Report other change in information to OKDHS (405-521-3646)

eNB-1 NEWBORN APPLICATION

If the mother has current SoonerCare coverage, proceed with the eNB-1 Newborn Application accessible on the home page of the secure provider portal.

OKLAHOMA
Health Care Authority

Provider Portal

My Home | [Eligibility](#) | [Claims](#) | [Prior Authorizations](#) | [Referrals](#) | [Files Exchange](#) | [Financial](#) | [Letters](#) | [Reports](#) | [Resources](#)

[Contact Us](#) | [Logout](#)

My Home

Broadcast Messages

Effective July 1, 2022, OHCA is adding coverage for:

- CPT 33274 - Insertion of Permanent Leadless Pacemaker using Imaging Guidance
- CPT 33275 - Removal of Permanent Leadless Pacemaker using Imaging Guidance

Coverage for both codes is for ages 18 and older. Prior authorization is required for this service.

Please acknowledge receipt of message by checking this box.

User Details

Welcome test

- [My Profile](#)
- [Manage Accounts](#)

Provider

Name
Provider ID
Taxonomy
SC Provider Number

Provider Services

- [Member Focused Viewing](#)
- [Search Payment History](#)

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 other data to search for helpful information under the Resources menu.

- [Contact Us](#)
- [SoonerCare Education](#)
- [Referrals](#)
- [PA Notice](#)
- [Update Provider Files](#)
- [eNB1 Newborn Application](#)
- [Upload Service Quality Review Records](#)
- [Helpful Links](#)
 - [Insure Oklahoma Employer/Agent Portal](#)

1

Answer both questions at the bottom of the page and click the Begin NB-1 Form Submission link.

OKLAHOMA
Health Care Authority

Log Off

START VERIFY ELIGIBILITY SELECT A PCP NEWBORN INFO VERIFY CONTACT INFO OTHER PARENT INFO VALIDATE DATA PRINT DOCUMENTS

NB-1 Online Form Submission

The NB-1 Online form allows you to submit newborn information for children whose mother is a current Oklahoma SoonerCare (Medicaid) member. Upon successful submission, you will immediately receive the newborn's member identification number.

This NB-1 Online Form should only be used if: [Learn more about using the Online Newborn Enrollment Process](#)

- The mother **gave birth to only one newborn** child
- The mother **retains custody** of the newborn child
- The **mother is prepared to select a Primary Care Provider (PCP) for the newborn** [Information about Primary Care Providers](#)

If the mother wants a PCP for the newborn child that is not listed, or she is not familiar with a PCP at this time, then she should select one that is shown.

She may call SoonerCare Helpline at 1-800-987-7767 to change her PCP selection.

If she does not want to select one of the PCPs shown at this time, then you must [use the Adobe PDF version](#).

If these conditions cannot be met, then you must [use the Adobe PDF version](#).

You must turn off your pop-up blocker before starting this form.

Please answer **both of the following questions** in order to begin the NB-1 Online Form submission process.

What is the newborn's date of birth?

Is the newborn still living? Yes No

[Begin NB-1 Form Submission](#)

2

Verify mother's eligibility using:

- Mother's Member ID
- SoonerCare Case Number
- First Name, Last Name and Date of Birth
- SSN and Date of Birth

Results will populate with the member information.

If eligibility can not be located, use the [pdf version](#).

OKLAHOMA Health Care Authority

Log Off

Start Over

START VERIFY ELIGIBILITY SELECT A PCP NEWBORN INFO VERIFY CONTACT INFO OTHER PARENT INFO VALIDATE DATA PRINT DOCUMENTS

NB-1 Online Form Submission - Verify Mother's Eligibility

In order to process the form, we need to verify the mother's eligibility.

Please enter the mother's Member ID, or use the drop-down list to select the information you have for the mother that will allow us to verify her eligibility.

Member ID Enter the **Mother's** information below. All fields are required.

Member ID:

OKLAHOMA Health Care Authority

Log Off

Start Over

START VERIFY ELIGIBILITY SELECT A PCP NEWBORN INFO VERIFY CONTACT INFO OTHER PARENT INFO VALIDATE DATA PRINT DOCUMENTS

NB-1 Online Form Submission - Verify Mother's Eligibility

Search Results

	Member Name	Case #	Member ID	DOB	SSN
<input checked="" type="radio"/>	KERRY V. SOONERCARE	1234ABC	B12345678	01/01/1990	###-##-1234

Don't see the mother? [Start new search.](#)

3

The primary care provider (PCP) associated with the household will display, allowing the user to select the same PCP for the newborn, or search for a new PCP.

* If no PCP is associated with the household, the form will prompt the user to search for a PCP using:

- Provider name
- Provider ID
- Member to provider distance



Enter the newborn information.

- If the newborn has not been given a name, the mother will need to contact the DHS worker later to have the newborn's legal name changed on the DHS case.
- The "undetermined" value for the child's sex must only be used for instances where the biological sex of the child is not yet known due to a sex anomaly or intersex condition.

OKLAHOMA
Health Care Authority

Start Over

START VERIFY ELIGIBILITY SELECT A PCP **NEWBORN INFO** VERIFY CONTACT INFO OTHER PARENT INFO VALIDATE DATA PRINT DOCUMENTS

Log Off

NB-1 Online Form Submission - Newborn Information

Please enter the **newborn's information** below. All fields are required except as noted.

Has the newborn been legally named? Yes No [More info...](#)

Sex: Male Female Undetermined [More info...](#)

First Name:

Middle Initial:

Last Name:

Race: (check all that apply) [More info...](#)

- African American
- Asian
- Caucasian
- Hawaiian/Pacific Islander
- Native American/Alaskan Native

Hispanic Ethnicity: Yes No

[Continue](#)

Verify contact information for the mother. Enter updates as needed, or if the information is already correct, click *Continue*.

If the mother is homeless enter where she stays in the Residence fields and where she gets her mail in the Mailing Address fields.

The screenshot shows the Oklahoma Health Care Authority's online form submission interface. At the top left is the logo and name 'OKLAHOMA Health Care Authority'. A 'Start Over' button is located below the logo. On the top right, there is a 'Log Off' link and a progress bar with eight steps: START, VERIFY ELIGIBILITY, SELECT A PCP, NEWBORN INFO, VERIFY CONTACT INFO (highlighted in orange), OTHER PARENT INFO, VALIDATE DATA, and PRINT DOCUMENTS. The main heading is 'NB-1 Online Form Submission- Contact Information'. Below this is a paragraph of instructions: 'Please review the address information we have on file for KERRY SOONERCARE. Confirm with the mother and update below if needed. If the information is already correct, just hit 'Continue.' All fields are required except as noted.' The form is divided into three sections: 'Residence', 'Mailing Address', and 'Contact Methods'. The 'Residence' section includes fields for 'Street - Line 1' (123 BROADWAY ST), 'Street - Line 2' (optional), 'City' (OKLAHOMA CITY), 'State' (Oklahoma), and 'Zip Code' (73036). A 'More info...' link is next to the first street field. The 'Mailing Address' section has a checkbox for 'Same as Residence' and fields for 'Street or P.O. Box' (123 BROADWAY ST), 'Street - Line 2' (optional), 'City' (OKLAHOMA CITY), 'State' (Oklahoma), and 'Zip Code' (73036). The 'Contact Methods' section includes 'Day Time Phone' (Cell, (405) 555-0000, optional) and 'Night Time Phone' (No Phone, optional), each with a radio button for 'Okay to leave message?' (Yes/No). A large orange arrow points to a yellow 'Continue' button at the bottom center.

Enter information about the other parent if in the home:

- Name
- Date of birth
- SSN

If the other parent is not in the home, answer whether the parent is deceased.


6

The screenshot shows the Oklahoma Health Care Authority logo and a progress bar with steps: START, VERIFY ELIGIBILITY, SELECT A PCP, NEWBORN INFO, VERIFY CONTACT INFO, OTHER PARENT INFO (highlighted), VALIDATE DATA, and PRINT DOCUMENTS. The page title is "NB-1 Online Form Submission - Other Parent's Information". The question is "Is the other parent living in the home with the newborn's mother? 'Yes' or 'No' is required." with radio buttons for Yes and No. Below, it says "Please enter the other parent's information below. All fields are required except as noted." and lists several input fields: "Other Parent's First Name:" (with a note "(Full legal name, not a nickname; example: Joseph, not Joe)"), "Other Parent's Middle Name:" (optional), "Other Parent's Last Name:", "Other Parent's Suffix:" (optional), "Other Parent's Date of Birth:" (mm/dd/yyyy), and "Other Parent's SSN:" (999999999). A yellow "Continue" button is at the bottom, with a large orange arrow pointing to it.

This screenshot is identical to the one above, but the question is "Other parent is deceased: 'Yes' or 'No' is required." with radio buttons for Yes and No. The "Continue" button and the large orange arrow are also present.

Confirm information for the newborn, the PCP, the address and the other parent. If any information is correct, edit the appropriate section.



Log Off

[Start Over](#)

START VERIFY ELIGIBILITY SELECT A PCP NEWBORN INFO VERIFY CONTACT INFO OTHER PARENT INFO **VALIDATE DATA** PRINT DOCUMENTS

NB-1 Online Form Submission - Newborn Information Confirmation

You are requesting that the following newborn be added to **Case Number 1234ABC** for **KERRY SOONERCARE**.

Please confirm the **newborn's information** below. You may edit the newborn's information if it is incorrect.

Newborn

Sex: Male
First Name: BABY
Middle Initial:
Last Name: SOONERCARE
DOB: 8/4/2022
Race: African American
Hispanic Ethnicity: No
Still living: Yes

[Edit Newborn](#)

Address

Residence: 123 BROADWAY ST
OKLAHOMA CITY, OK 73036
Mailing Address: 123 BROADWAY ST
OKLAHOMA CITY, OK 73036
Day Time Phone: Cell : (405) 555-0000
Not okay to leave message
Night Time Phone: No Phone

[Edit Address](#)

Other Parent

Not in the house.

[Edit Other Parent](#)

PCP

Name: PRIMARY CARE OFFICE
PCP ID 123456780A
Address: 123 N MAIN AVE
OKLAHOMA CITY
Phone: (405) 555-5555

[Edit PCP](#)

[Submit](#)

A message of successful submission will display with other programs of potential eligibility.

Click the link for Create Printable Documents to print documents for:

- mother
- hospital
- physician

The screenshot shows a web interface for a newborn submission process. At the top, there is a progress bar with steps: START, VERIFY ELIGIBILITY, SELECT A PCP, NEWBORN INFO, VERIFY CONTACT INFO, OTHER PARENT INFO, VALIDATE DATA, and PRINT DOCUMENTS. The current step is 'PRINT DOCUMENTS'. Below the progress bar, the title is 'NB-1 Online Form Submission - Successful Submission'. The main message states: 'The following newborn has been successfully added to Case Number 1234ABC for KERRY SOONERCARE.' A box contains the following information: Name: BABY SOONERCARE, Sex: M, DOB: 08/04/2022, Member ID: B01234567. Below this, there is a section for 'Other Programs' with a list of links: Voter Registration, WIC, Food Stamps, OKJobMatch.com, Retroactive Eligibility, Childcare, and Text4Baby. A 'Create Printable Documents' button is highlighted with a large orange arrow. Below the button, there is a link to 'get Adobe Reader' and a small Adobe Reader logo. At the bottom, there are two more links: 'Submit a form for another mother's newborn.' and 'LogOff'.

RESOURCES

RESOURCES

- If the electronic NODOS is unavailable, email the pdf [NODOS Submission form](#) to NODOS-NB1@okhca.org.
- OHCA application policy [317:35-6-15](#).

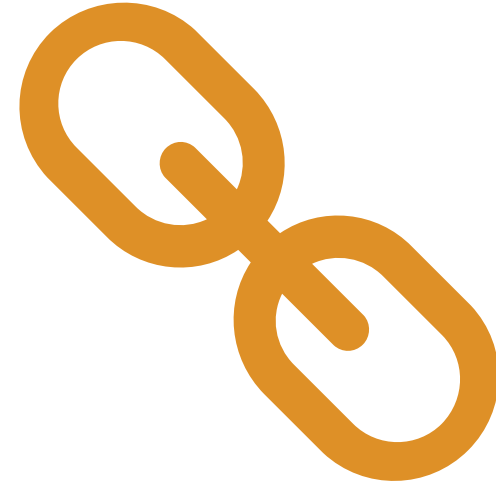
HELPFUL TELEPHONE NUMBERS

- SoonerCare Helpline
 - 800-987-7767
- OHCA Provider Helpline
 - 800-522-0114 or 405-522-6205; option 1
- Internet Help Desk
 - 800-522-0114 or 405-522-6205; option 2, 1
- EDI Help Desk
 - 800-522-0114 or 405-522-6205; option 2, 2



HELPFUL LINKS

- Agency website
 - www.oklahoma.gov/ohca
- OHCA provider portal
 - www.ohcaprovider.com
- Provider training
 - www.oklahoma.gov/ohca/providers/provider-training
- [Provider Quick Reference Guide](#)
- [OHCA Resource Guide](#)



TRAINING RESOURCES

- Provider education specialists:
 - Education specialists provide education and training as needed for providers either virtually or telephonically.
 - Requests for assistance should be emailed to: SoonerCareEducation@okhca.org. (Requests should include the provider's name and ID, contact information, and a brief description of what assistance is being sought.)
 - For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.
- Monthly webinars
- How-to videos



QUESTIONS



OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Oklahoma.gov/ohca
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767

