

REFERRAL GUIDE FOR SOONERCARE

SoonerCare members enrolled in the SoonerCare Choice program should first visit with their primary care provider (PCP) before visiting a specialist. PCPs are required to assure the delivery of medically necessary preventive and primary care medical services, including securing referrals for specialty services. A referral is not an authorization, but some services require prior authorization from OHCA. Specialists can submit prior authorization requests via the secure provider portal.

Referrals should contain the reason for the referral and the start/end dates, as well as the following information:

Member Information	Referring provider information	Referred to provider information
 Name SoonerCare member ID number Telephone number 	 Individual provider name and PCMH group name SoonerCare provider ID number and NPI Telephone/fax number Original or electronic signature 	 Group or individual provider name Address Telephone/fax number

Provider Letter <u>2017-09</u> offers additional referral guidance. Acceptable referral methods consist of:

- SoonerCare referral form (SC-10)
- Paper referrals with required information
- E-mail referrals with required information
- Electronic referrals submitted through an electronic medical record (EMR) with required information
- A printed copy of an EMR referral with required information
- SoonerCare secure provider portal referrals (applicable only to I/T/U facilities)







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



SoonerCare Referral Guidelines:

- · Referrals are to be initiated for medically necessary services as determined by the PCP.
- The PCP and specialty provider are responsible for maintaining appropriate documentation of each referral to support the claims for medically necessary services.
- Services authorized by the PCP must be within the scope of coverage of the SoonerCare Choice program.
- · A PCP referral is not a guarantee of payment.
- Referrals can be issued for up to a period of 12 months.
- Referrals from the PCP are required prior to rendering services, except for retrospective referrals that are deemed appropriate by the PCP.
- PCPs can backdate referrals up to six months.
- PCPs do not have to see a member before a referral is approved, but they may require this.
- · Referrals may be written to an individual provider or group.
- · Referrals may be forwarded to other specialists with the approval of the PCP.
- Specialists must report findings directly to the provider issuing the referral.

Administrative referrals may be provided by OHCA under special and extenuating circumstances and should not be requested as a standard business practice.

Administrative referrals may be requested using the <u>SC-14</u> form.

OHCA will not process retrospective administrative referrals, unless one of the following exceptions applies:

- The specialty services are referred from an I/T/U facility;
- The specialty services are referred as the result of an emergency room visit or emergency room follow-up visit;
- The specialty services are referred for pre-operative facility services prior to a dental procedure; or
- The retrospective administrative referral request for specialty services is requested from OHCA within 30 calendar days of the specialty care date of service. The request must include appropriate documentation for OHCA to approve the request.







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Appropriate documentation must include:

- Proof the specialist has attempted to collect a PCP referral from the member's assigned PCP; and
- Medical documentation to substantiate the specialty services are medically necessary.

There are certain referral exclusions. Referrals are not required for:

- Services provided outside the medical home by primary care specialties
- Child physical/sexual abuse exams
- Acute hospitals
- Anesthesia services
- Emergency room care outpatient surgeries (facility only)
- Inpatient hospital admissions
- Chemotherapy
- Diagnostic lab and x-ray services
- Family planning services or obstetrical care
- Outpatient behavioral health services
- Sleep studies/sleep medicine
- Dental services
- Physical therapy/occupational therapy/speech therapy/audiology services
- Services provided to Native Americans at I/T/U facilities
- · Vision services for children, including optometry
- Durable medical equipment









SoonerCare members who are enrolled in the SoonerCare Choice program will display that
program on the secure provider portal's eligibility screen, along with either Title 19 or Expansion
Healthy Adult Program. The member's PCP information can be found by expanding the
Managed Care tab.

Eligibility				
Coverage		Effective Date	End Date	
SoonerCare Choice		11/18/2021	11/18/2021	
Non Emergency Transportation		11/18/2021	11/18/2021	
Mental Health and Substance Abuse		11/18/2021	11/18/2021	
Expansion Healthy Adult Program		11/18/2021	11/18/2021	
Managed Care Information				
Managed Care Information				
Provider Name	Provider Phone	Health Plan Name	Health Plan Phone	
S'chn T'gai Spock	1-405-867-5309			

Questions? Contact the OHCA Provider Helpline at 800-522-0114, option 1.





