



SOONERCARE PATIENT DISMISSAL PROCESS

The SoonerCare patient dismissal process for SoonerCare Choice providers is fully electronic and can be completed using OHCA's secure provider portal.

- *Who can submit the patient dismissal request?*

Secure provider portal users who have appropriate access will see a Patient Dismissal link on the right side of the home screen. The following portal logins will have access to the online patient dismissal form:

- Group login with a PMP service location– a group request will lock out members from all service locations under the group.
- Individual provider login with a PMP service location– an individual request will lock out members from the individual provider panel, even if the provider is also a member of a group.
- A clerk login who has been granted access under a Group or Individual PMP service location.

NOTE: **Only one dismissal request per household is needed.** All active members on the same case are locked out of the requesting provider's panel unless otherwise specified in the reason text box of the dismissal request form.

- *What are the reasons a patient can be dismissed?*

SoonerCare members can be dismissed from a PCP's panel with good cause and written request. Cause for dismissal must be one or more of the following:

- Rude or disruptive behavior.
 - Non-compliance with medical regime.
 - Deterioration of provider/patient relationship.
 - No-shows.
 - Inactive member = member not seen by provider in at least 24 months
- *What documents need to be submitted with the dismissal request?*
 - Rude or disruptive behavior: Written note giving the details of what happened.
 - Non-compliance with medical regime: Chart notes, office policy, narcotic agreement and any other pertinent information that supports your request.
 - Deterioration of provider/patient relationship: Chart notes, office policy and any other pertinent information that supports your request.



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WEBSITES

oklahoma.gov/ohca
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PHONE

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- No shows: Listing of specific no show dates and if necessary, office policy.
- Inactive members: May be dismissed when 24 months have passed with the member not being seen by the provider. Additionally, the provider must make at least 2 attempts to contact the member to make an appointment during months 15-20 and 3 more attempts after the member has been inactive 21 months and over the course of months 21-23. The office must contact the member via multiple modes of communication (*phone/e-mail/mail, etc.*) Documentation of these attempts must be sent in with the patient dismissal request and must include the date, time, and mode of communication.

- *What happens after the dismissal request has been submitted?*

After the patient dismissal form and supporting documentation have been submitted via the secure provider portal, OHCA staff will review the request and assign a status of approved, pending or denied based on supporting documentation.

- Approved status: Approval letter will be sent to provider and notification letter will be sent to member. Member becomes fee-for-service until new provider is identified.
- Pending status: A letter requesting more information is sent to provider. Once information is received, a new OHCA staff review will be conducted.
- Denied status: A denial letter will be sent to provider. Provider may call OHCA to determine denial reason. Provider may submit new dismissal request form with appropriate documentation.

Providers and members have the right to appeal the decision of the dismissal resolution to the Administrative Law Judge pursuant to O.A.C. 317:2-1-2.



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