

Meals and Lodging Billing Provider Training

November 2019

Meals and Lodging Benefits

- These services are a benefit to SoonerCare members (and up to one approved escort) who must travel 100 miles or greater for medically-necessary care.
- In order to be reimbursed for meals and lodging services, a provider must have a voucher/authorization form.
 - This form is provided by either a SoonerCare social services coordinator or a hospital-based social worker.

Sample Voucher

CHIEF EABLUTIVE OFFICER



Room and Board Provider

STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

Lodging and/or Meals Authorization Form

This form authorizes payment from the Oklahoma Health Care Authority to the Room and Board Provider for the actual cost of the Lodging and/or Meals provided to the SoonerCare Member and/or Escort, not exceeding the following

> \$54.00 per night total for Lodging for Member and/or Escort (1 room only) \$21.00 per day each for Meals for Member and/or Escort

Name of Member/Minor:	
Member's Date of Birth:	
SoonerCare Member ID Number:	
Name of Escort:	Relationship to Member (Escort):
Phone:	
Dates Authorized: from night of: / / throug	ch night of: / / (check out on / /)
Check all that apply: Lodging (one room only)	Meals for Member Meals for Escort
Comments:	
Name of Member (print)	Name of Escort (print)
Signature of Member	Signature of Escort
Name of Authorizing Person (print)	Title

- Covers one room only
- Meals are covered as indicated by the boxes checked
- Member and/or escort must sign the voucher
- Keep the voucher for billing use
- The voucher covers the nights they stay with the contracted provider, not the check out date



Receiving a Voucher

- If you receive a referral for someone who needs meals and/or lodging services and you do not have a voucher, the SoonerCare member or provider should call 1-877-252-6002.
- If meals and/or lodging services are approved, you will receive a voucher by fax from a SoonerCare social services coordinator or a hospital-based social worker.

Member Responsibilities

- If the member (patient) and/or escort decide to leave during the middle of a voucher period, they will need to check out and remove their personal belongings.
 - No further billing may be done after the member checks out of the room.
- Member and/or escort must follow the lodging provider's policies in regards to their stay and checkout process.
- SoonerCare will not pay for any additional fees, such as: fees for additional people in the room, late checkout fees, lost keys/cards, phone bills (local or long distance), upgrades or extra amenities for the room, or lost/stolen items.



Voucher Questions



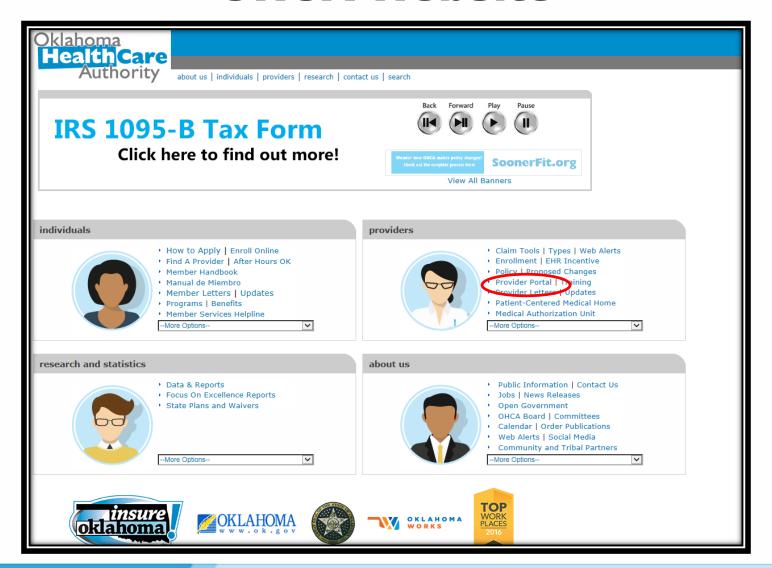
Call **OHCA Population Care Management** to speak to one of the social services coordinators

1-877-252-6002

Billing

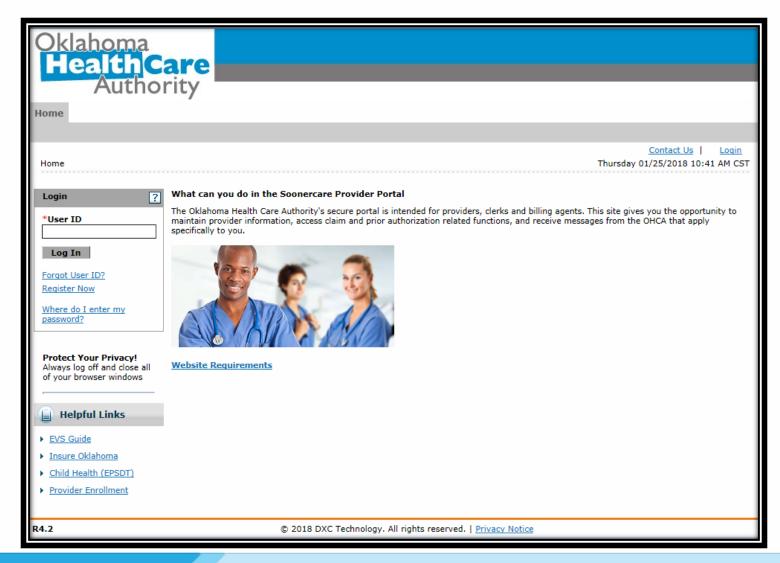


OHCA Website



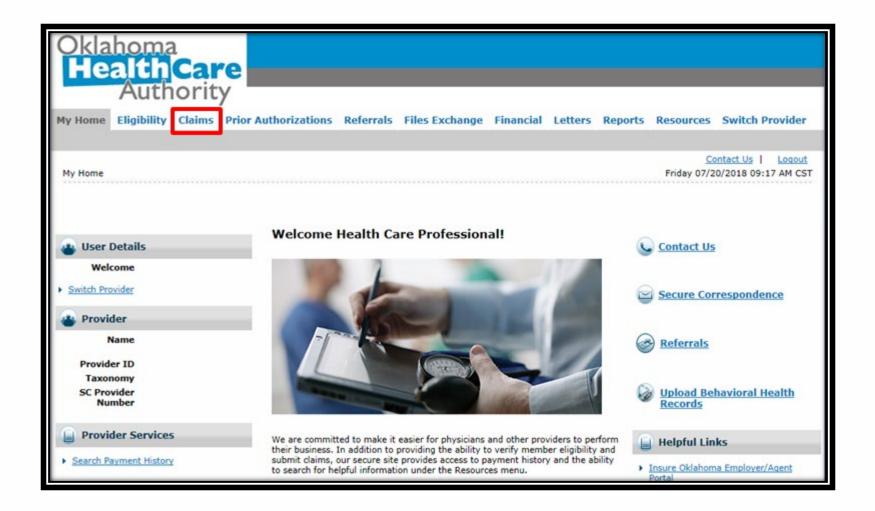


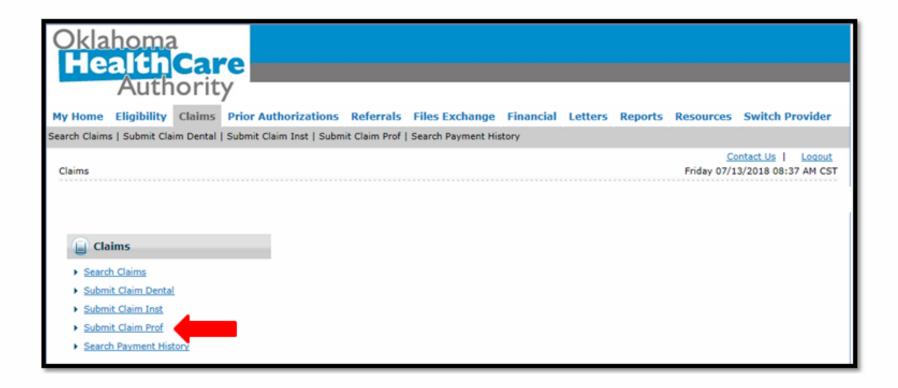
Provider Portal





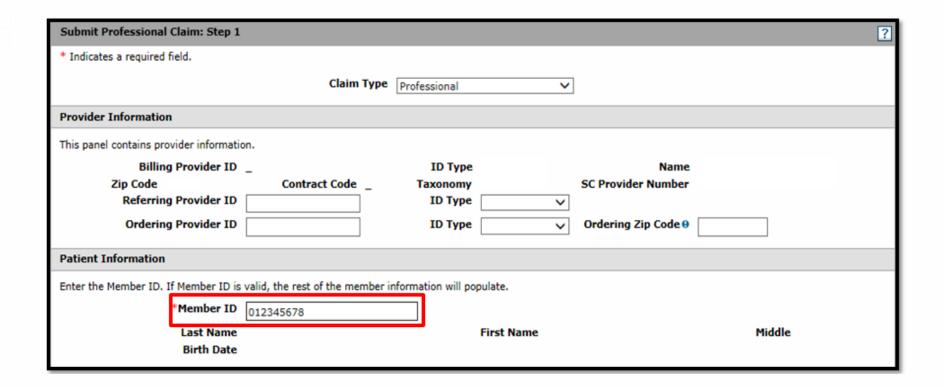
Claims Tab



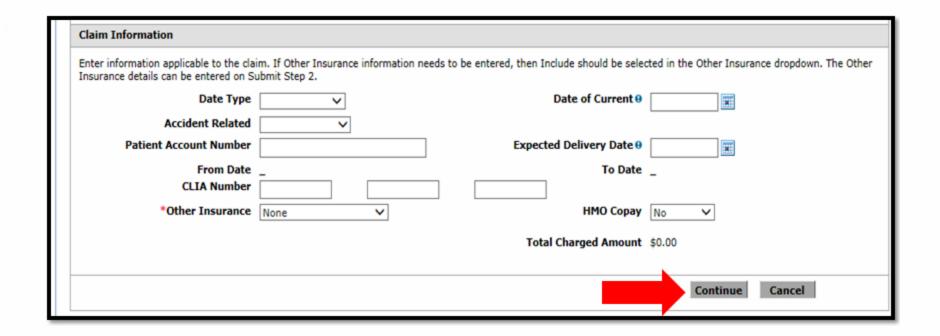


Select Submit Claim Professional.

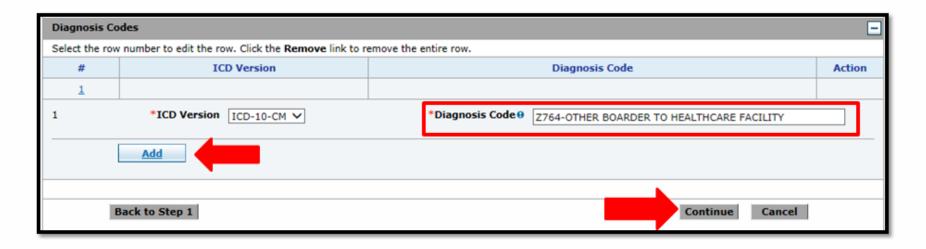
Patient Information



Claim information



Diagnosis Codes



Diagnosis Codes – Enter Z764 in the **Diagnosis Code** field without the decimal point, then click Add

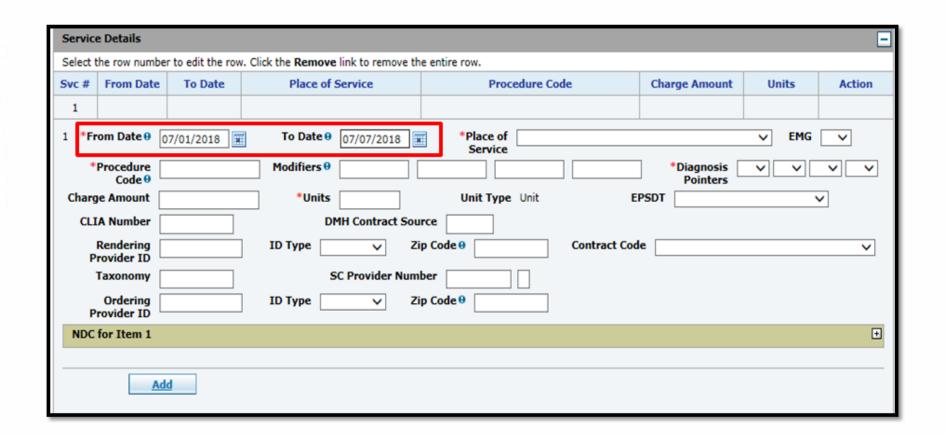
*Only one diagnosis code is required. Click Continue.



Diagnosis Codes

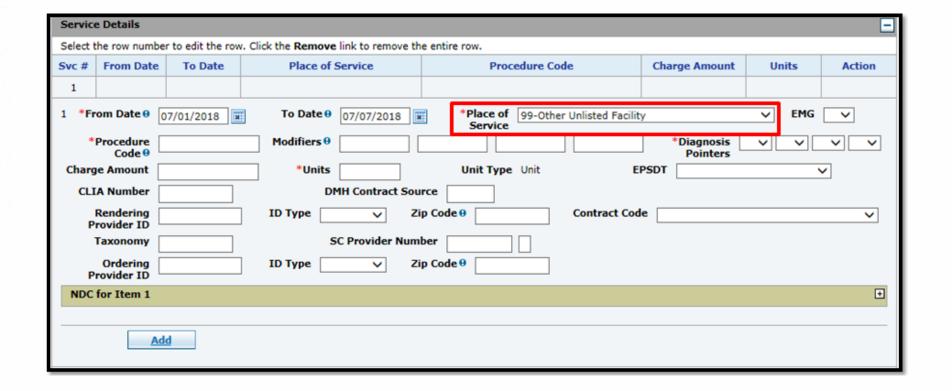
- Use diagnosis Code Z764: OTHER BOARDER TO HEALTHCARE FACILITY (ICD10) on claim.
- Do not use 1111 or 9999 or other filler/junk codes.





From Date – Enter the date when the member checks in.

To Date – Enter the last day they stayed overnight, not the check out date.



Place of Service – Select 99 - Other Unlisted Facility.

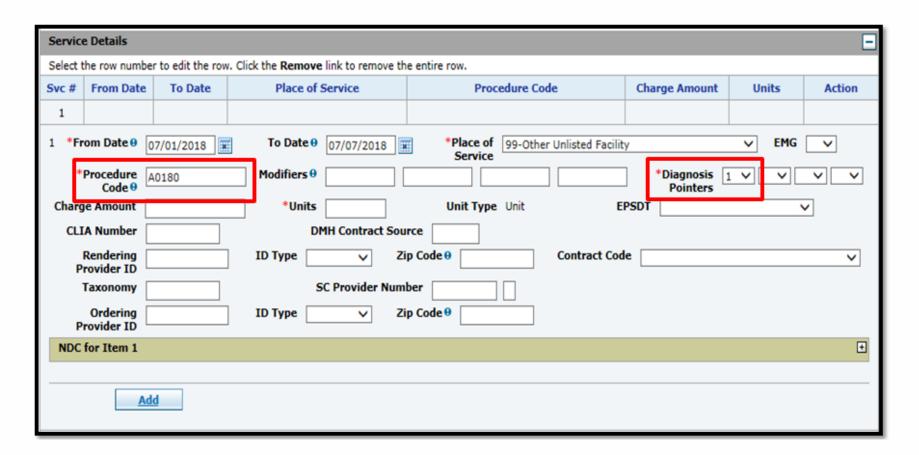
Procedure Codes

Lodging Codes:

- A0180: Non-Emergency Transportation: Ancillary: Lodging-Recipient
- A0200: Non-Emergency Transportation: Ancillary: Lodging-Escort

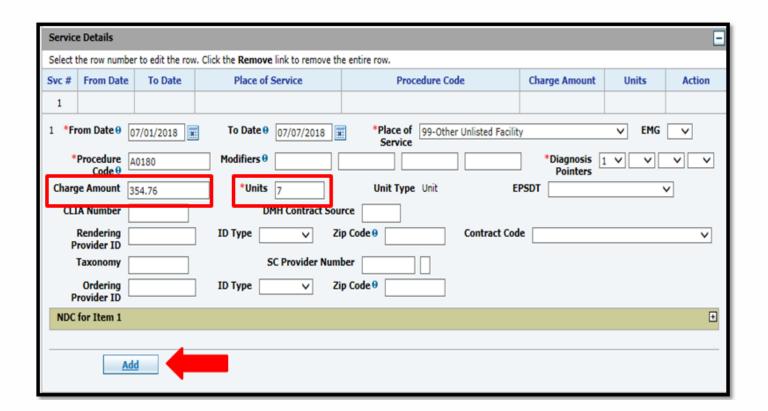
Meals Codes:

- A0190: Non-Emergency Transportation: Ancillary: Meals-Recipient
- A0210: Non-Emergency Transportation: Ancillary: Meals-Escort



Procedure Code – Enter the procedure code. (Refer to the next slide for lodging and meals codes).

Diagnosis Pointers – Select 1.

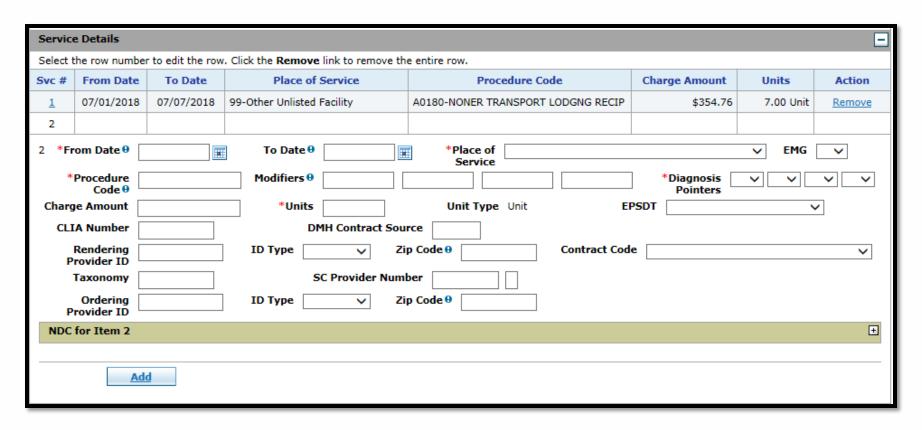


Charge Amount – Enter the total charge amount. (Example: Rate for A0180 is \$54.00/day.) Multiply the rate times the number of days.

Units – Enter the total number of days billed.

Click Add.





The system will populate another blank section for additional codes to be added. Add member meals or escort meals if applicable.

Submitting the Voucher as an Attachment

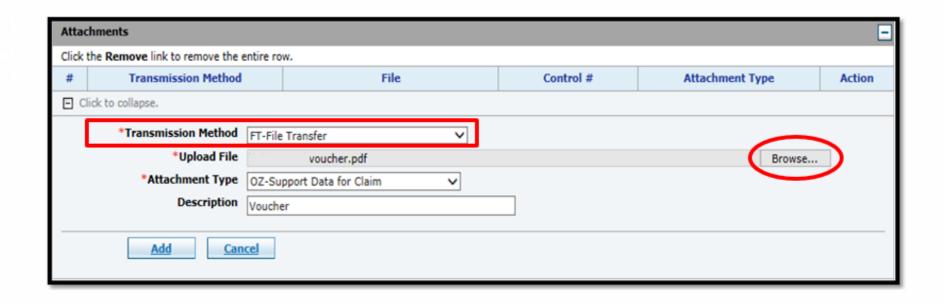
You must submit the voucher as an attachment.

There are 2 methods of attachment:

- 1. Electronic upload (preferred)
- 2. Fax

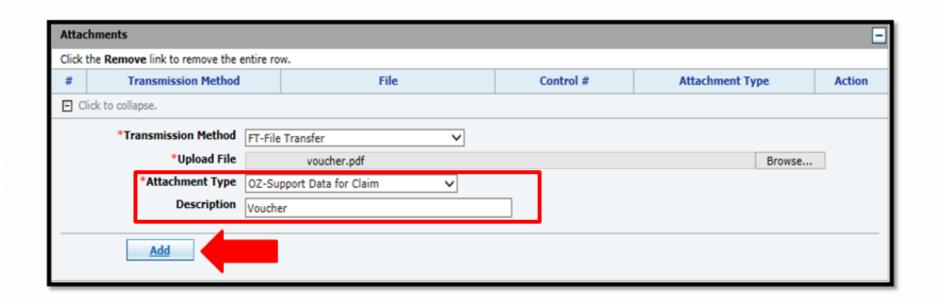


Attachment by Electronic Upload



Transmission Method – FT - File Transfer.

Upload File – Select **Browse** to locate the supporting documentation.

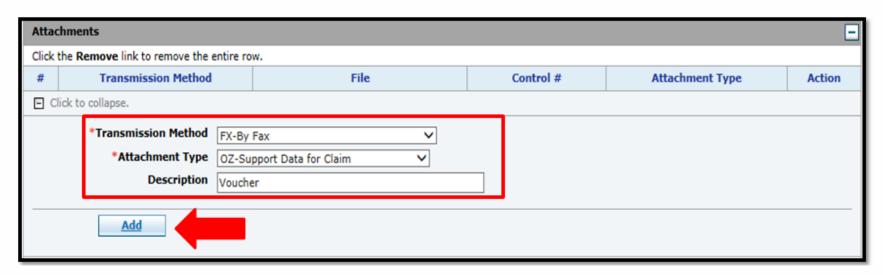


Attachment Type – Select OZ - Support Data for Claim.

Description – Brief description of the documents being sent.

Click Add.

Attachment by Fax



Transmission Method – FX - By Fax.

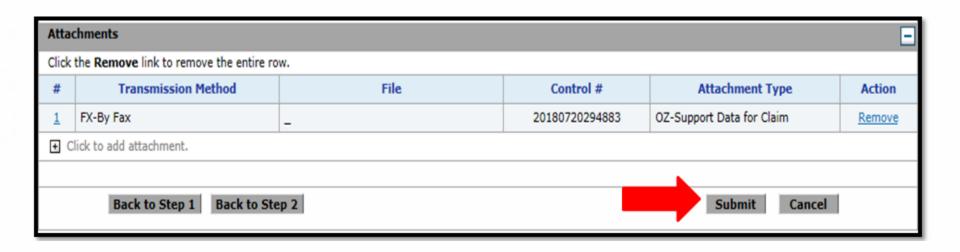
Attachment Type – OZ - Support Data for Claim.

Description – Brief description of the documents being sent. Click Add.

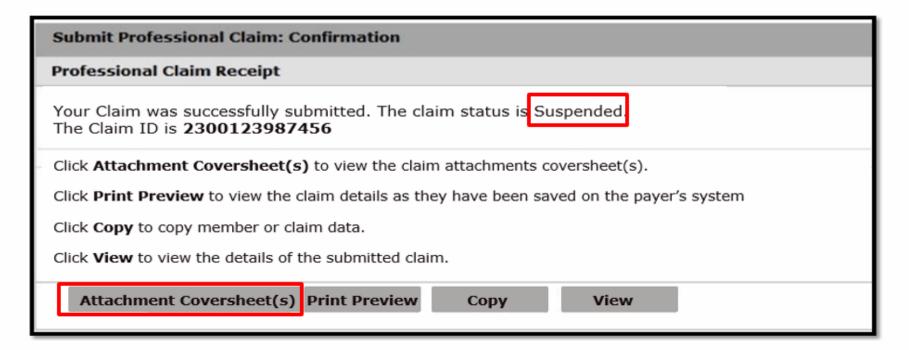
*See "Simplifying Secondary Claims" on the OHCA Training webpage (www.okhca.org/providertraining) for more information.







Once the attachment section is complete (either FX-By Fax or FT-File Transfer) click **Submit** and **Confirm**.



Every claim will be suspended for review.

If the **By Fax** transmission method was selected, the system will provide a link to view the attachment coversheet. Print this coversheet and fax with the voucher.

**Note, the coversheet must be the FIRST document when received.

Claim Questions?



For more information about submitting claims, please contact the **OHCA Provider Helpline**

1-800-522-0114, option 1

