

### **INTRO TO SOONERCARE PART 1**

Q. When a member has Medicaid coverage through the Expansion Healthy Adult Program, how will we be able to see what private insurer they are under, such as BCBS, Humana, etc.?

A. The only way an expansion member would show a private Insurance is if Medicaid is secondary to a private commercial insurance. If Medicaid is primary, there would not be private coverage.

#### Q. How can I get what DME is covered for the new program?

A. It is recommended to use the search fee schedule on the provider portal for specific covered services.

#### Q. Are there a list of denial codes and descriptions for eligibility?

A. The online application will provide the reason if a denial occurs regarding eligibility.

## Q. Does a person have to reside in OK for a certain length of time to order to meet residency requirements?

A. To be eligible for SoonerCare services, the applicant must reside in Oklahoma with the intent to be here at the time the services are received.

# Q. Is the hospital the only one that can submit a NODOS? If so, which department is responsible for that?

A. In addition to hospitals, there are certain certified crisis centers that can now submit NODOS. From OHCA's perspective, it is up to the facility on who is responsible for submitting the request. The NODOS request on the provider portal must be done by someone with a clerk role. The administrator for the account is in charge of who has clerk access.

Q. For newborns: when a new mom is currently receiving TANF, how does the NB1 get completed? I've tried to do the NB1 online before, but it hadn't backdated and when I call both the OHCA help desk and DHS offices, neither know who works these newborns and adds them to the mother's current case.

A. If an NB-1 has been done and the eligibility has not been backdated, please call the provider helpline at 800-522-0114.









#### Q. Does Oklahoma have retro eligibility coverage?

A. Yes, under certain circumstances. The member requesting retro eligibility would need to call into the member helpline.

#### Q. Will patients be required to have a PCP?

A. It depends on the program members qualify for. If the member has SoonerCare Choice, they will have a medical home. The member could be fee-for-service and in that instance, they would not have a medical home.

### Q. If a member has the expansion healthy adult program, do they have to have Title 19?

A. EHAP and Title 19 are different eligibility programs, but the benefits closely mirror each other.

#### Q. Is O-Epic still a current program with OHCA?

A. The employee sponsored portion (ESI) that falls into the 139-200% of the federal poverty level will stay in Insure Oklahoma. The other members of Insure Oklahoma were transitioned into the new expansion population.

## Q. For the Expansion Healthy Adult Program, do we submit the claim like we would if they had Title 19?

A. Claims done on the portal for EHAP members should be done the same way as for Title 19. The claims process did not change.

#### Q. Then how would we find how my visits they have left?

A. Providers can check the treatment history on the provider portal.

#### Q. We have been told some clients are only eligible for premium payments, so is the client responsible for copay?

A. Some Medicare beneficiaries qualify for SoonerCare to pay for their premiums under the Qualified Individual (Q1/Q2) or Specified Low-Income Medicare Beneficiary (SLMB) programs. In these cases, members would be responsible for the balance as Medicaid would not pay for services.





