SPECIAL CLAIMS PROCESS
(ADA DENTAL)
DISCLAIMER

• SoonerCare policy is subject to change.

• The information included in this presentation is current as of November 2020.

• Stay informed with current information found on the OHCA public website: www.okhca.org by signing up for web alerts.
CLASS DESCRIPTION

This class is an overview of the recent Special Process feature now included on the provider portal. As OHCA continues the Going Green initiative, if a claim requires special processing using the HCA-17, this action can now be completed and submitted on the SoonerCare provider portal.

We will discuss and demonstrate the process of completing a claim for special processing via the provider portal. This class will not cover policy or other types of claim submission.
AGENDA

• Special processing defined
• Important notes
• Special processed claim examples
• Claims that don’t require special processing
• Special process submission
• Reminders
• Questions
SPECIAL PROCESSING DEFINED
SPECIAL PROCESSING DEFINED

• A special processed claim is a claim that has been previously submitted but all or a portion of the claim has been denied.

• Certain claim denials can be appealed using the Special Processing feature through the provider portal.

• Additional documentation must be submitted to support the appeal. This includes the HCA-17A form.
IMPORTANT NOTES

• Beginning Nov. 2, 2020, special processed claims started being accepted through the OHCA secure provider portal using the HCA-17A function.

• Paper claims that require special processing will no longer be accepted as of Dec. 31, 2020.

• Effective Jan. 1, 2021, special processed claims must be submitted using the provider portal HCA-17A function.
IMPORTANT NOTES

• Special processed claims are reviewed on an individual basis and are not guaranteed payment.

• Supporting documentation is required for all special processed claims. This includes the HCA-17A form.

• Documentation must be uploaded. Faxed or mailed attachments for the HCA-17A process will not be accepted.
IMPORTANT NOTES

• Claims must be filed within the first six months from the date of service to establish timely filing.

• Timely filing proof is considered a claim from the OHCA secure provider portal that reflects the ICN and line-item details or a copy of an OHCA remittance advice with the same information.

• Examples provided in the presentation are not an all-inclusive list.
SPECIAL PROCESSED
CLAIM EXAMPLES
ADA DENTAL CLAIMS

• Tooth extraction denial:
  • Tooth is still retained in the mouth.

• Prior authorized service:
  • Claim denied due to frequency.
A claim past the timely filing limit can be submitted for special processing if it meets one of the four following criteria:

• Administrative agency corrective action or action taken to resolve a dispute.
• Reversal of the eligibility determination.
• Investigation for fraud or abuse of the provider.
• Court order or hearing decision.
CLAIMS THAT DO NOT REQUIRE SPECIAL PROCESSING
CLAIMS THAT DO NOT REQUIRE SPECIAL PROCESSING

- Third Party Liability
- Soon-to-be-Sooners
- Claims filed with incomplete supporting documentation
- Claims within standard timely filing limit
SPECIAL PROCESS SUBMISSION
Select the **Claims** tab then **Submit Claim Dental**.
• Select the HCA-17 drop down and choose Yes.
• Please note, the claim will require a completed HCA-17A and applicable attachments to be uploaded upon submission.
**SPECIAL PROCESS SUBMISSION**

**Provider Information**
This panel contains provider information.

- **Billing Provider ID**: 2000000000A
- **ID Type**: NPI
- **Name**: Dental Office

**Patient Information**
Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

- **Member ID**: 
- **Last Name**: 
- **First Name**: 
- **Middle**: 
- **Birth Date**: 

• **Provider Information** – Enter the provider information if required based on the service provided.

• **Member ID** – Enter the member’s SoonerCare ID number.
SPECIAL PROCESS SUBMISSION

Claim Information

Enter information applicable to the claim. If a TPL Amount needs to be entered, then Include should be selected in the Other Insurance dropdown. A TPL Amount can be entered on Submit Step 2.

- Accident Related
- Place of Treatment: 11-Office
- Other Insurance: None
- Emergency
- Patient Account Number

Total Charged Amount: $0.00

Claim Information - Complete required fields, if applicable. Click Continue to proceed to Step 2.
**SPECIAL PROCESS SUBMISSION**

**Diagnosis Codes** – If applicable, enter the ICD-10 diagnosis code without the decimal point then click **Add**. Repeat the same step to add additional diagnosis codes, if needed. Click **Continue**.
Service Details – Only submit the line item(s) that require special processing.
SPECIAL PROCESS SUBMISSION

Attachments – Required attachments to be uploaded:
• Completed HCA-17A form.
• All supporting documentation for review.
SPECIAL PROCESS SUBMISSION

• Supporting documentation examples may contain, but are not limited to:
  • HCA-17A form
  • Proof of timely filing
  • DHS Letter of retro-eligibility determination
  • Documentation that supports medical necessity
HCA-17A

- The HCA-17A form must be uploaded as an attachment.
- Provider Number, Member Demographics and Date of Service must match the claim submission.
- Related ICN must reflect a previously submitted claim.
SPECIAL PROCESS SUBMISSION

<table>
<thead>
<tr>
<th>PROVIDER INFORMATION</th>
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</table>
| Provider Name and Address:  
SoonerCare Provider  
4345 N. Lincoln Blvd  
Oklahoma City, OK 73105 |
| Provider Number: 100000000A |
| Group Number: 200000000A  
(if applicable) |
| Telephone: (405) 867-5309 |

- **Provider Name and Address** – Group or individual provider
- **Provider Number** – Rendering provider SoonerCare ID
- **Group Number** – Billing group SoonerCare ID
- **Telephone** – Telephone number
**SPECIAL PROCESS SUBMISSION**

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<tr>
<th>CLAIM INFORMATION</th>
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<tbody>
<tr>
<td>Member Name</td>
</tr>
<tr>
<td>Suzie SoonerCare</td>
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</table>

- **Member Name and ID Number and Date of Service** – Must match claim submission
- **Related ICN** – Must reflect a claim was previously submitted
SPECIAL PROCESS SUBMISSION

Inquiry – List specific reasons why the claim needs or requires special processing.

INQUIRY: (Please list specific reasons why claim needs/requires special processing.)
Two ambulance runs on the same day - See attached documentation that supports both runs
SPECIAL PROCESS SUBMISSION

- **Contact Name, Phone Number and E-mail Address** – Must belong to the person submitting the special processed claim
- **Date** – When the special processed claim is submitted
- **For Internal Use Only** – Leave blank

**THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT**

OKLA HCA Revised: 8/20/20

HCA-17A
SPECIAL PROCESS SUBMISSION

• **Attachments** – Indicators **MUST** include:
  • Transmission Method: File Transfer
  • Attachment Type: 77-Support Documentation for Verification
  • Description: e.g. Duplicate services on same day or Medicare non-covered services

Instructions for submission of HCA-17 claims MUST be followed. Please read carefully.

Required Attachments to be uploaded **MUST** include:
• Completed HCA-17 Form
• All Supporting documentation for review

**Attachment Indicators** (below) **MUST** include:
• Transmission Method: File Transfer
• Attachment Type: 77-Support Documentation for Verification
• Description: e.g. Duplicate services on same day or Medicare non-covered services
SPECIAL PROCESS SUBMISSION

Click the **+** sign to add attachments

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**Attachments**

Click the Remove link to remove the entire row.

*Instructions for submission of HCA-17 claims MUST be followed. Please read carefully.*

**Required Attachments to be uploaded MUST include:**

- Completed HCA-17A Form
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- Transmission Method: File Transfer
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<th>Transmission Method</th>
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*OKLAHOMA HEALTH CARE AUTHORITY*
## SPECIAL PROCESS SUBMISSION

- **Transmission Method:**
  - FT-File Transfer (electronic upload)
  - Up to 10 MB
  - Accepted file types: JPEG, PDF, TIF, XPS
**SPECIAL PROCESS SUBMISSION**

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<tr>
<td></td>
<td>FT-File Transfer</td>
<td>C:\Users\</td>
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<td>77-Support Data for Verification</td>
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</table>

*Transmission Method*  
*Upload File* C:\Users\medicalrecord.pdf  
*Attachment Type*  
*Description* Duplicate services on same day

Click **Add** to attach the documentation.
Multiple attachments can be added to the claim but must be the same file type.
Click **Submit** once all documentation is added.
Claim suspends for review with a ‘93’ region code.

Claim is sent through a queue and assigned to a reviewer.

Reviewer determines if claim requires special processing.

If claim requires further review, it will remain in suspend status until a decision has been made.

After determination, claim will cycle through the financial process and appropriate claim edits.
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Questions
GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

okhca.org
mysoonercare.org

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