

Q&A – What is SoonerCare, June 2, 2020, 2:00 p.m. (Presenter: Rebecca Wroblewski)

Q 1. Modifier 25 – If it is separate from the procedure is it still payable?

Jeff: Generally speaking, the modifier 25 is reimbursable if appropriate for the procedure code. Nothing has changed regarding the Procedure Code/Modifier combination for SoonerCare.

A *Modifier 25 is used to report an Evaluation and Management (E/M) service on a day when another service was provided to the patient by the same physician this service must be separate from the E/M. We require documentation to support that the procedure and E/M were separate.*

Q 2. If this is for people new to working with SoonerCare, it would be helpful to spell out what the abbreviations mean. thanks!

A *Brandon: It is for new and experienced. Thank you for the input.*

A *Marvin Dale: Yes, we will look at that. (as per LaDawn Fulgenzi)*

Q 3. Is NODOS limited to hospitals only?

A *Brandon: Yes*

Q 4. On newborn enrollments, is it true if you enroll an infant separate from the hospital newborn enrollment that eligibility does not go back to DOB?

A *An E-NB1 (newborn application) is done if the mother has existing SoonerCare membership. If the mother does not have SoonerCare already the hospital can do a NODOS or notification of date of service to "bookmark" that date. The parent must then go to www.mysooner.org to apply for benefits for the newborn. Unless a NODOS is done in the hospital, eligibility will not backdate.*

Q 5. The eligibility screen has recently started having a red notice on some members that asks us to have the members contact OHCA. What's the reason for this notice? Is it regarding reapplying for benefits?

A *Brandon: Yes, that message indicates that we have had undelivered mail returned from that member's address. We ask that the member update their information, or they will lose benefits.*

Q 6. Can the patient pick their PCMH just by putting in the physician's name or do they have to put in the name of the group if there are more than one provider in the group?

A *It depends on how the PCMH is set up, if the group is listed as the PCMH then they would enter the groups name. If the PCMH is an individual it will be listed under the individual's name.*

Q 7. Sometimes, patients tell us that OHCA changed their PCP and that they did NOT request a PCP change. Is that possible?

A *Brandon: No, it is not.*

Q 8. If a claim is submitted and denies for "member not eligible," and days, weeks, months later OHCA back dates the client's coverage - we miss out on payments due to the back dating. Will OHCA ever automatically re-process claims when coverage is backdated?

A *Jeff: OHCA will not automatically reprocess claims for members who have regained eligibility. We encourage providers to submit all claims within the 183 timely and in the cases where a member may have regained eligibility, the provider then has an additional 183 days to resubmit a claim with proof of timely.*

Q 9. Is there a list of which SD's are covered under SoonerPlan/Family Planning?

A *The list of covered services is on the OHCA public website in the Provider section under SoonerPlan (<http://okhca.org/providers.aspx?id=652>).*

Q 10. On Q1 Q2 and SLMB - can applications be done online, or must they go to DHS?

A To apply for these programs, they will need to go to DHS.

Q 11. Our office is told if there is a zero amount for the APC section via the fee schedule, we will not receive payment. Is this correct?

A This depends on the services you are billing for. If you are a facility billing APC or ASC rates and there is a zero amount on the fee schedule, you will not get paid.

Q 12. Are we, as providers, allowed to call to update the member's address or is the member the only one allowed to do that?

A No, the member needs to be updating their address.

Q 13. Is there anything on the OHCA portal or website that the provider can utilize to find the following type of coverage information? Coverage criteria such as when a CPT/HCPSC requires a certain diagnosis in order to be considered a covered service or such as when certain clinical criteria are required by OHCA to be met/documented in order to be considered medically necessary/covered? MCR (like many other insurance companies) has NCDs and LCDs or policies that can be found on the CMS website when they have certain coverage criteria for certain services.

A Contact Provider Services for assistance at 1-800-522-0114, option 1.

Q 14. How do you apply for Mental Health benefits only?

A To apply for mental health benefits, put in an application at www.mysooner.org. Behavioral health providers can check to see if a member has eligibility, if they do not, they can sign them up for Mental Health and Substance Abuse Services on the portal by following the link.

Q 15. Did you say if a patient has primary insurance, we cannot refuse to see patient if they have DHS as a primary insurance?

A If a patient has a primary insurance, you cannot refuse to see the patient. If the patient has a primary insurance that you are out of network for and they have no out of network benefits, you should tell them to see a provider that accepts both insurances. The member has to follow the rules of both insurances.

Q 16. What exactly is SoonerCare I.H.S/A.S.O?!

A SoonerCare IHS/ASO means the members selected an I/T/U provider as their PCP.

Q 17. I do know that we are not allowed to turn away a patient because they can't pay their copay. We have run into a patient that never pays her balance (she doesn't even attempt to try to pay) and has a balance of \$88.00. Is there something we are allowed to say to the patient to try to collect that balance or do we just have to keep letting her be seen?

A If the member cannot pay the co-pay, you still must see her. You can send the member to collections for the co-pay owed.

Q 18. Are soon to be sooners under the age of 19 not covered?

A Yes, members under the age of 19 can be covered on the STBS program.

Q 19. I know adults have the 4.00 copay, we will collect and then when claim is paid, they are not charged a copay then the patient will not have a credit. When do we not charge the copay and how do we know?

A Marvin Dale: If you collect a copay and the member doesn't have a copay, you must refund the copay to the member. Normally you would know about their copay from the remit, but we don't post it on the portal because we don't know what codes you will be utilizing for services. (as per LaDawn Fulgenzi)

Q 20. If a claim denies for "member not eligible" and then coverage is back dated, how will I know? Most providers do not go back and continue to check eligibility on claims that

have already denied, so if coverage is backdated, I am losing that payment through no fault of my own.

A *Most people that are working on getting coverage will let the person at the front know. It is important to let your front desk person know if a patient stated that they are working on getting coverage, usually through DHS, to note that somewhere. This is so that you know to submit a claim with SoonerCare using their SSN or some other identifying number, in order to have proof of timely within the first 183 days.*

Q 21. Is there a report that we can download that lets us know our patient's address is incorrect?

A *Unfortunately, there is no such report.*

Q 22. Did you also say the hospital can add the infant right after birth?

A *Yes, the hospital can submit an E-NB1 or Electronic Newborn Application provided that the mother is a SoonerCare member.*

Q 23. SoonerChoice may be accepted by specialist as long as we have a referral from PCMH?

A *Yes, if the specialist is contracted.*

Q 24. Soon to be sooners, is there a more detailed document that explains what the mother's benefits are?

A <http://www.okhca.org/individuals.aspx?id=12496&menu=42&parts=12497>

Q 25. Is there way to add primary insurance online or is it only via phone call or faxing that form?

A *When you check eligibility on the portal there is a field that says TPL, expand it using the plus sign on the right it will allow you to add TPL.*

Q 26. SoonerPlan pays for testing of STDs - not Rx?

A *The list of covered services is on the OHCA public website in the Provider section under SoonerPlan (<http://okhca.org/providers.aspx?id=652>).*

Q 27. If a patient is getting unemployment and they are getting the extra \$600 weekly on top the regular amount are we supposed to include the \$600 or not?

A *Yes.*

Q 28. Where is the best place to locate information on restrictions for Advantage Waiver programs?

A *Refer to the ADvantage Waiver Administration website for information at <http://www.okdhs.org/services/aging/Pages/ADvantageAdmin.aspx>.*

Q 29. How do we know who pays a copay?

A *Children never have copays, but adults will have copays. You will not know if they owe a copay until the claim has been filed.*

Q 30. If you are an agency partner, you can update the address for patients?

A *Yes.*

Q 31. On the slide where it shows billing for codes and services, that is only for Family Planning, correct? Is there anything like this for other OHCA policies?

A *We show billing codes and policy for behavioral health providers as well.*

Q 32. I have been waiting on an answer for an NCD question I have for over a month with no response. Do I need to call provider services back?

A *Yes*

Q	33. How would it work if a patient had commercial insurance primary and title 19 secondary, but they were being seen for something that the primary insurance covered by title 19 doesn't, say for example, infertility?
A	<i>It would be a non-covered service for title 19 and the member should follow the rules of the primary.</i>
Q	34. What is the norm of when a child that is on SoonerCare is termed due to age? I have seen some that are 18 some that or 19.
A	<i>There are a lot of factors that go into eligibility. I cannot say that there is a "norm" as to when eligibility is termed.</i>
Q	35. I have a patient that is 15 and per OHCA website she has soon to be sooner.... are we not going to get paid for global?
A	<i>The presentation has been updated to remove the age 19-64. If the member has STBS they are eligible for these services.</i>
Q	36. What does OEPIC II DEFAULT PROVIDER mean when it is listed as PCP? Will we need a referral from this?
A	<i>This means that the member needs to call Insure Oklahoma and establish a PCP. This means that they currently have no PCP.</i>
Q	37. Can you remove TPL online or do you need to call?
A	<i>You cannot remove TPL online. You will need to fill out a TPL-1 form or call TPL at 800-522-0114 option 3,2.</i>

Q&A – What is SoonerCare, June 9, 2020, 10:00 a.m. (Presenter: Brandon Beavers)

Q	1. STBS coverage for miscarriages? I have had multiple patient's that are denied coverage for D&C after patient has miscarried the baby. Is this correct, do we bill the patient for this care?
A	<i>Yes</i>
Q	2. Can you bill patient for E&M with Modifier 57 (decision for surgery) since this is a non-covered service with Medicare; or should this charge be written off due to Medicaid policy?
A	<i>Need claim example</i>
Q	3. What TPL denials should be billed to the client other than out of network?
A	<i>If the member has a primary insurance with no out of network benefits you should be urging that member to see a provider that accepts both insurances. If they still decide they want to be seen, you need to let the member know they can be billed because they need to follow the rules of both insurances.</i>
Q	4. Can a provider NODOS for outpatient services when pregnancy is suspected and just waiting for confirmation?
A	<i>If the provider is a hospital they can, NODOS is simply a place holder.</i>
Q	5. Title 19 includes Dental coverage only?
	<i>No</i>

Q	6. Is there a paper application to submit SoonerCare application for new applicant? Sometime last week the online application was not working, and it was after hours to complete phone application.
A	<i>No, it is online or by phone (if a new applicant).</i>
Q	7. We can charge the patient for any Non-Covered items/procedures?
A	<i>Yes</i>
Q	8. How should a clinic proceed when we see under eligibility patient has SoonerCare Choice and Title 19 but nothing is listed under the Managed Care Information area?
A	<i>Contact Provider Services to inform them of the issue.</i>
Q	9. What decipherers whether a participant is placed on SoonerCare (no PCP) vs SoonerChoice (PCP required) ... it appears to be random?
A	<i>Member chooses PCP at the end of enrollment. There are factors listed in this prestaton that will determine if they are given a PCP or not. See PCMH exclusions.</i>
Q	10. What would the EOB say if you could bill the patient for non-covered services?
A	<i>I know there would be a denial for non-covered services, and possibly something related to patient responsibility with HIPAA but I'm not aware of any EOB/Error that indicates the patient/member could be billed for the services.</i>
Q	11. On a NoDOS, if an error is made, and the drop down for the patient's sex is chosen incorrectly, is there a way to change it after the fact or will the discrepancy cause an issue?
A	<i>We don't have to have the information match exactly for a Nodos, as long as we can tell it is the correct person.</i>
Q	12. If a member has a non-covered service and has been billed, can service be refused until this has been paid by the patient?
A	<i>You cannot refuse to see a member or reschedule. You may have an internal policy that informs the member that may be turned over to collections.</i>
Q	13. I had a claim denied because the procedure code had a LT modifier. This was the first time this has happened. Is there a list of CPT codes that you don't allow modifiers on?
A	<i>You may contact the HealthCare authority call center for claim inquiries. 800.522.0114 option 1 or 405.522.6205 option 1.</i>
Q	14. A patient is approved for Medicaid based on pregnancy, but the eligibility shows T19 does the patient qualify for full medical or just OB care?
A	<i>If the eligibility shows title 19 then they have the full scope of title 19 benefits</i>
Q	15. If a patient is removed from one case and added onto another case, it continues to tell us the social is invalid, yet we have the social security card verifying the number. Is it because that social was on another case?
A	<i>If the social does not match from the Social Security Administration, a member needs to provide the social security card until we can match the name and ssn with the Social Security Administration. There will always be an edit until it has a match.</i>
Q	16. Just to double check....STBS does not cover D&C for miscarriage?
A	<i>STBS does not cover the D&C for miscarriage</i>
Q	17. Will coverage for a newborn backdate to Date of Birth if mother does not have Medicaid and newborn is added days later? For example, if mother has commercial insurance but newborn is eligible. Is a NODOS needed or will it backdate to date of birth automatically?

A *If mother does not have Soonercare coverage, then a NODOS is needed.*

Q 18. Will you have a presentation regarding prior authorizations?

A *Possibly at a later date. Please check the training page for upcoming classes/webinars.*

Q 19. Does a non-covered service state patient responsibility on the remit or portal?

A *No*

Q 20. Can you back date a prior auth?

A *It depends on the service, if you have questions on backdating Prior authorizations, please contact the Medical Authorization Unit at MAUAdmin@okhca.org.*

Q 21. What is the difference between Soonercare and EPIC, do we treat that different? I have been told that EPIC is out of network for us but when we call are told we can take.

A *Yes, if you have a Medicaid contact you may accept Insure Oklahoma*

Q 22. Hello, On the TPL form, is that to help reduce issues with HMS?

A *Yes*

Q 23. If the EOB says CO- and was a non-covered service, could you bill the patient? Or is it just PR?

A *If it is a non-covered service, you may bill the patient.*

Q 24. If a patient has Soonercare and another eye insurance are they responsible for the copay?

A *You may not collect the copay*

Q 25. Is the clinic responsible for obtaining referrals from PCP?

A *The PCP should send the referral to the specialist. The specialist should not scheduled an appointment with the patient if they do not have a referral in place,*

Q 26. Is there a reason that the OHCA portal may show the patient is eligible for Title 19, but Agency View will show their eligibility has termed? Are the two systems not fed by the same data?

A *Agency View for eligibility is run by applications, if a member moved from one application to another each application may show different information based on the application. They should all match in recipient. DHS shows 2299 end date if they have a member open, but they should have closed, and we notify DHS helpdesk. Sometimes system errors occur, and we have to resend the PS2 transaction to get recipient to show or send a ticket to the BE-Eligibility group to correct the eligibility showing in recipient.*

Q 27. How do you determine which type of service will allow PA to be back dated?

A *Contact MAU at MAUAdmin@okhca.org*

Q 28. Probably covered, but I've had distractions. Which plans have specialist copays?

A *Insure Oklahoma and adults on Soonercare have copays but with Soonercare adults, you will not know the copay until the claim is filed.*

Q 29. If you receive a denial on a Dental PA and the reason is: Treatment exceeds medical necessity. Can you appeal with a narrative or should you submit a new request?

A *Please contact dentalservices@okhca.org*

Q 30. How do we determine if a patient has met their copay cap?

A *You will not know until the claim is submitted.*

Q 31. Copay caps are per month and not per year on Title 19?

A *Marvin Dale: We understand that, but many providers still review monthly and try to charge up front, which we don't recommend. (as per LaDawn Fulgenzi)*

Q 32. If patient pays copay and doesn't owe on that visit, can you apply that amount to a previous visit's unpaid copay?

A *Yes, it can be applied to previous balances.*

Q 33. Is there a release or bulletin that details the TPL rules for billing the client?

A *No*