# **UPDATE PROVIDER FILES: AN INSIDE LOOK**

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### DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of Aug. 1, 2020.
- Current information can be found at <u>www.okhca.org</u>.

# AGENDA

- My home.
- Update provider files.
- Address and contacts.
  - Zip + 4.
  - Enrollment contact.
  - Official contact.
- Financial.
  - Banking information.
- Ownership.
  - Owner information.

- Manage accounts.
  - Protecting the provider admin account.
  - Creating a clerk.
  - Clerk registration.
  - My profile.
  - Add registered clerk.
  - Add enrollment agent.
  - Resources.
  - Questions.

# **UPDATE PROVIDER FILES**

# UPDATE PROVIDER FILES

- Update provider files is available at the administrative level and to the enrollment agent.
- A clerk cannot access update provider files so you can keep that information secure .



Oklahoma Health Auth	a Care nority	Welcome Sooner(	Care	Provide	r Enrolli	men	t	Contact Us   Exit Provider Today is August 16, 20
My Profile Home	Practice	Address & Cor	ntacts	Financial	EFT/ERA	EHR		
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Oklahoma HealthCare	Welcome				Contact Us   Exit Provider File			
Authority	Soone	rCare Provide	er Enrolli	ment	Today is August 16, 2019			
My Profile Home Practice	Address & C	Contacts Financial	EFT/ERA	EHR				
Addresses								
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	Required fields are marked with an asterisk (*).							
Updates to required Service Log documents to be uploaded or fa applied immediately.	cation fields mus ixed. Updates to	st be approved by OHCA a fields which do not requ	and may require ire OHCA appro	e addition and will be	al			
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	UPDATE UPDATE & FINISH

Oklahoma Health	a Care	Welcome				Contact Us   Exit Provider File			
Auti	lority	Sooner(	Care Provide	er Enrolli	ment	Today is August 16, 2019			
My Profile Home	Practice	Address & Cor	ntacts Financial	EFT/ERA	EHR				
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If you make undat	os the change	s will be applied i	Required fi	elds are marked wi	th an asteri	• OHCA Policies and Rules       • FAQs			
Enrollment Conta	ct	s win be applied	initiediately.			• <u>Glossary</u>			
Who should we c would be the per application, durin	Who should we contact if we have questions about your enrollment application? This would be the person who can answer questions about the information submitted in this application, during a renewal application or when an update is made to your provider file.								
	First N	ame: *							
	Last N	ame: *							
	Pł	none: * (	) ext						
<b>F</b>		Fax: * (	)						
Corre	spondence E-	mail: [yourn	ame@domain.com]						
	Retype E	mail: *							

#### **Official Contact**

OHCA communicates with providers only by email. This Official Contact Email Address will be used for all OHCA communications including your contract welcome letter, renewal notice, or amendment, provider letters, provider newsletters, and any other required communication. Do not add third party contractor information as your official contact unless you want them to receive all official correspondence.

- O Same as Enrollment Contact
- O None of the above

First Name: *	
Last Name: *	
Phone: *	() ext.
Fax:	
Official Contact E-mail: *	
	[yourname@domain.com]
Retype Email: *	
Do you have a website you want listed in a	provider directory? If yes, enter the web address.
Provider Website:	
	[http://www.providerurl.com]
	UPDATE

### FINANCIAL

Oklahoma HealthCare Authority	Welcome GOOD GROUP	ps training cli Provider	nic itf Enrollm	ent	<u>Conta</u>	act Us   <u>Exit Provider File</u> Today is July 23, 2020
My Profile Home Practice	Address & Contacts	Financial	Ownership	EFT/ERA	EHR	
Primary Specialty Group I want to change my	Contract Medicaid Program	Dates 2/1/20	20 - 11/30/202	5 21 C	<b>Fignee</b> Choice Soc	onercare
Payment & Tax Reporting         • Banking information         • Tax Reporting Name and ID         Address & Contacts         • Service location         • Mailing or 'Pay To' address         • Correspondence contacts         EFT & ERA         • EFT Enrollment         • ERA Enrollment	Group Memi • Group men • Medical Din Office Infor • Office hour • Languages	bership mbers rector mation rs s spoken by staff		I want to: • Upload R • Generate • Enroll in • View my • View my • View the • ⊡ • Add a ne	Required E e fax cove a Manage Group Sp General / OHCA po	Documents er sheet  ed Care Program becial Provisions  P Agreement  ed dicies and rules  ed licies and rules  ed
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### **BANKING INFORMATION**

Oklahoma							
Health	care	Welcome GOOD GRC	OUPS TRAINING C	LINIC ITF		<u>Cont</u>	<u>act Us</u>   <u>Exit Provider Fi</u> l
Autho	ority	SoonerCare	e Provide	r Enrolln	nent		Today is July 23, 202
My Profile Home	Practice	Address & Contacts	Financial	Ownership	EFT/ERA	EHR	
Banking Informa	ation						
<ul> <li>Make changes to your b</li> <li>To change the finan Number field. If it is display.</li> <li>To change the account type.</li> <li>When you have finished mascreen where you can serve and the second type.</li> </ul>	banking info ncial inform is on file wit ount number d, select " <b>Up</b> aking all of y submit your	rmation. ation, enter the new ba h the OHCA, the name r, enter the new accoun odate" to save your cha our changes, select "U changes and/or print yo	nk routing numbe of the associated t number in the A anges. <b>Ddate &amp; Finish</b> ". pur fax cover she Required fie <b>a voided check or</b>	er in the Bank R Financial Institu Account Number This will bring et. ds are marked with bank letter to C	outing ution will r field. Select you to a n an asterisk (*).	Quick Natio	Links nal Provider Identifier 🕞 Policies and Rules 🕞 🕞 ary 🕞
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### OWNERSHIP

- Corporate ownership.
- Individual ownership.
- Managing employees.
- Officers and directors.
- Subcontractors.

Oklahoma Health Auth	a Care nority	Welcome GOOD GROUP	PS TRAINING (	clinic ITF	ent	<u>Cont</u>	act Us   Exit Provider File	
My Profile Home	Practice	Address & Contacts	Financial	Ownership	EFT/ERA	EHR	1000 13 501 23, 2020	
Primary Specialty Group		Contract Medicaid Program	Date 2/1/	es 2020 - 11/30/202	21 (	<mark>Signee</mark> Choice So	onercare	
Payment & Tax Re • Banking informati • Tax Reporting Nar Address & Contact • Service location • Mailing or 'Pay To	porting on me and ID ts	Group Mem • Group men • Medical Di Office Infor • Office hou • Languages	bership mbers rector mation rs s spoken by sta	aff	I want to: Upload F Generate Enroll in View my View my	Required 1 e fax covo a Manag g Group S g General	Documents er sheet 🗗 ed Care Program pecial Provisions 🖓 Agreement 🖓	
Correspondence of     EFT & ERA     EFT Enrollment     ERA Enrollment	ontacts				• View the	e OHCA po	e location	
	Accessibility Policy Privacy Policy Terms of Use							

### OWNER INFORMATION

	<u>Remove</u>
Last Name: *	
First Name: *	
Middle Initial:	
Street Address: *	
Suite #, Building #:	
City: *	
State: *	$\checkmark$
Zip plus 4: *	
Date of Birth: *	mm/dd/yyyy
SSN: *	

# MANAGE ACCOUNTS

# PROTECTING THE PROVIDER ADMIN ACCOUNT

- Creating clerks.
- Adding enrollment agents.
- Keeping contacts updated.
- Do not share passwords.
- Inactivate employees when applicable.
- Editing clerk functions and roles.

## CREATING A CLERK

- You can only create and edit a clerk from the administrative level.
- Use the manage account link to access the clerk feature.

### MANAGE ACCOUNTS

My Home Eligibility Claims Prior	Authorizations Referrals Files Exchange Financial Letters Repor	ts Resources
My Home		Contact Us     Thursday 08/08/2019 02:57
🔊 Broadcast Messages		
Comments by close of business Friday, Au Please acknowledge receipt of message	by checking this box.	Control Us
Welcome John		Contact US
My Profile Manage Accounts Provider Name Sooner Provider Provider ID 123456789 Taxonomy 1XXXX0000D		Secure Correspondence
SC Provider 100123456A Number	We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to payment	Update Provider Files
Provider Services	history and the ability to search for helpful information under the Resources menu.	A Unload Behavioral Hea
Member Focused Viewing		Records
		0
Search Payment History		Patient Dismissal

# CREATE A CLERK

Fill in the required fields then select which functions you wish to grant to the clerk.

You can edit to add or remove functions at any time.

	althCare Authority	
Home	Eligibility Claims Prior	r Authorizations Referrals Files Exchange Financial Letters Reports Resources
		<u>Contact Us</u>   <u>L</u>
Home	> Manage Accounts	Monday 08/12/2019 07:38 A
cia i a		- 4 · m · n
CIEFK A	ssignment	Back to My Home
Delegat	te Status	
	Load Active Delegate	as Only O Load Active and Inactive Delegates
Add Ne	w Clerk Add Registered Cler	rk Add Registered Billing Agent Designate Billing Agent Add Encollment Agent
100 110	in clotter ridgistered clot	
* In	idicates a required field.	
Enter	the fields below and click Sub	mit to generate the clerk code for the new clerk to register.
	Tinch Name	
	"First Name	
	*Last Name	
	touth pate 0	
	*Birth Date	
	*Last 4 of DLN	
Select (At lea	t the functions that the clerk is ast one function must be select <b>*Functions</b>	: authorized to access. *ed)
		Claim - Submit and Resubmit
		Claim - Submit and Resubmit Claim - Submit Pharmacy
		Claim - Submit and Resubmit Claim - Submit Pharmacy Eligibility Verification
		Claim - Submit and Resubmit Claim - Submit Pharmacy Eligibility Verification File Management
		Claim - Submit and Resubmit Claim - Submit Pharmacy Eligibility Verification File Management Financial
		Claim - Submit and Resubmit Claim - Submit Pharmacy Eligibility Verification Financial Letters
		Claim - Submit and Resubmit Claim - Submit Pharmacy Eligibility Verification File Management Financial Letters Member Focus Viewing
		Claim - Submit and Resubmit Claim - Submit Pharmacy Eligibility Verification File Management Innancial Letters Member Focus Viewing Newborn Applicaton Access
		Claim - Submit and Resubmit Claim - Submit Pharmacy Eligibility Verification File Management Financial Letters Member Focus Viewing Newborn Applicaton Access Patient Dismissal
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		Claim - Submit and Resubmit         Claim - Submit Pharmacy         Eligibility Verification         File Management         Financial         Letters         Member Focus Viewing         Newborn Applicaton Access         Patient Dismissal         Payment History - Inquiry         Pharmacy Claim
		Claim - Submit and Resubmit         Claim - Submit Pharmacy         Eligibility Verification         File Management         Inters         Member Focus Viewing         Newborn Applicaton Access         Patient Dismissal         Payment History - Inquiry         Pharmacy Claim         Prior Authorization - Submit Resubmit Authorization
		Claim - Submit and Resubmit         Claim - Submit Pharmacy         Eligibility Verification         File Management         Inters         Letters         Member Focus Viewing         Newborn Applicaton Access         Patient Dismissal         Payment History - Inquiry         Pharmacy Claim         Prior Authorization - Submit Resubmit Authorization
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		Claim - Submit and Resubmit         Claim - Submit Pharmacy         Eligibility Verification         File Management         financial         Letters         Member Focus Viewing         Patient Dismissal         Patient Dismissal         Payment History - Inquiry         Pharmacy Claim         Prior Authorization - Submit Resubmit Authorization         Prior Authorization - View Authorization         Prior Authorization - View Authorization Notice         Referrals - View Referral         Reports         Search Fee Schedule         Secure Correspondence         Treatment History

### CREATE A CLERK

- Once the clerk is created, they will register their account on the provider portal.
- They will need to know the information from the required fields and the clerk code that was generated when the clerk was initially created.

# **CLERK REGISTRATION**

Home > Registration Selector > Registration	Tuesday 08/27/2019 02:51 PM CST
Registration Step 1 of 2 - Personal Information	?
* Indicates a required field.	
Please provide the following information to get started!	
*First Name	
*Last Name	
*Birth Date 🖲 🔤 📰	
*Last 4 of DLN	
*Clerk Code	
Continue Cancel	

• A clerk code will be generated by the portal when creating clerk is confirmed.





#### **MY PROFILE**

Home Eligibility Claims Prior Authorizations Referrals Files Exchange Financial Letters Repor	s Resources
	Contact Us   Lo
<u>v Home</u> > My Profile	Thursday 08/08/2019 03:06 Pl
	P
My Profile	<u> </u>
Contact Information	
Display Name OSUItest	
Phone Number _ Ext _	
Current Email needvalidemail@invalidemail.com	
Edit	
Roles	
Current Balas Providers	
Preferences	
Primary Language English (US)	
Primary Language English (US) Challenge Questions	
Primary Language English (US) Challenge Questions Challenge Question #1. What is your favorite space learn?	
Primary Language English (US) Challenge Questions Challenge Question #1 What is your favorite sports team? Answer to #1 none	
Primary Language       English (US)         Challenge Question #1       What is your favorite sports team?         Answer to #1       none         Challenge Question #2       What is your oldest sibling's birthday month and year? (e.g., January 1000)	
Primary Language       English (US)         Challenge Questions       Value         Challenge Question #1       What is your favorite sports team?         Answer to #1       none         Challenge Question #2       What is your oldest sibling's birthday month and year? (e.g., January 1900)         Answer to #2       none	
Primary Language       English (US)         Challenge Questions          Challenge Question #1       What is your favorite sports team?         Answer to #1       none         Challenge Question #2       What is your oldest sibling's birthday month and year? (e.g., January 1900)         Answer to #2       none         Challenge Question #3       In what city or town was your first job?	
Primary Language       English (US)         Challenge Questions       What is your favorite sports team?         Answer to #1       none         Challenge Question #2       What is your oldest sibling's birthday month and year? (e.g., January 1900)         Answer to #2       onoe         Challenge Question #3       In what city or town was your first job?         Answer to #3       none	
Primary Language English (US)         Challenge Questions         Challenge Question #1       What is your favorite sports team?         Answer to #1       none         Challenge Question #2       What is your oldest sibling's birthday month and year? (e.g., January 1900)         Answer to #2       none         Challenge Question #3       In what city or town was your first job?         Answer to #3       none	
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Primary Language       English (US)         Challenge Questions       What is your favorite sports team?         Answer to #1       none         Challenge Question #2       What is your oldest sibling's birthday month and year? (e.g., January 1900)         Answer to #2       none         Challenge Question #3       In what city or town was your first job?         Answer to #3       none         Edit       Edit         Site Key Token       Site Key:	
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# ADD REGISTERED CLERK

Once a clerk is created, they can be added to other provider accounts by using the add registered clerk feature.

	Contact Us	I L
Home > Manage Accounts	Monday 08/12/2019 10	:24 A
Clerk Assignment	Back to My H	Home
Delegate Status		
Load Active De	egates Only OLoad Active and Inactive Delegates	
Add New Clerk Add Register	d Clerk Add Registered Billing Agent Designate Billing Agent Add Enrollment Agent	
* Indicates a required field		
Enter the Last Name and the	Park Code to add that Clark to your Clark list than disk Submit to proceed	
Enter the Last Name and the		
*Last	ame	
*Clerk	Code	
Select the functions that the (At least one function must t *Fun	erk is authorized to access. selected) ions Claim - Inquiry	
Select the functions that the (At least one function must t <b>*Fun</b>	erk is authorized to access. selected)	
Select the functions that the (At least one function must t <b>*Fun</b>	erk is authorized to access. selected) ions Claim - Inquiry Claim - Submit and Resubmit	
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Select the functions that the (At least one function must to Fun	erk is authorized to access. selected) ions Claim - Inquiry Claim - Submit and Resubmit Claim - Submit Pharmacy Eligibility Verification File Management Financial Letters Member Focus Viewing Newborn Applicaton Access Patient Dismissal Payment History - Inquiry Pharmacy Claim Prior Authorization - Submit Resubmit Authorization Prior Authorization - Submit Resubmit Authorization Prior Authorization - View Authorization Prior Authorization - View Authorization Prior Authorization - View Authorization Search Fee Schedule Secure Correspondence Treatment History	

### ADD ENROLLMENT AGENT

If you want to add an enrollment agent, you must first create them as a clerk and have them register their account on the provider portal.

Oklaho Heal A y Home Eligi	th <b>Ca</b> uthorit	re y Prior A	uthorizations	Referrals	Files Exchange	Financ	cial Letters	s Reports	Resources	
<u>Iv Home</u> > Mana	ige Accounts								C Tuesday 08/	Contact Us   Lo 27/2019 01:50 P
Clerk Assign	nent								Ba	ck to My Home
Delegate Stat	tus									
۲	Load Active De	legates (	Dnly	OLOGO	Active and Inacti		legates			
					Active and mach	IVC DC	regates			
Add New Cler	k Add Register	ed Clerk	Add Registere	d Billing Agent	Designate Billing A	Agent	Add Enrollme	nt Agent		
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OHCA: 800-522-0114 or 405-522-6205.

- Option 1 OHCA call center.
- Option 2, 1 Internet help desk.
- Option 2, 2 EDI help desk.

Onsite training: SoonerCareEducation@okhca.org.

