

# SoonerSelect

## SoonerSelect Health Provider Rights Guide

### WHAT ARE IMPORTANT PROVIDER RIGHTS TO BE AWARE OF?

- ✓ **All SoonerSelect health plans must honor OHCA Prior Authorizations (PAs) issued prior to April 1, 2024.**

CEs must honor PAs issued prior to April 1, 2024 for services delivered after April 1, 2024. PAs can cover up to a year of services.

- ✓ **Health plans must accept claims from all participating and non-participating providers through June 30, 2024.**

During the 90-day continuity of care period, April 1, 2024 to June 30, 2024, PAs may not be denied on the basis that the authorizing provider is not part of a health plan's provider network.

Payments to non-participating providers for these services must be made at the current Medicaid fee schedule and in accordance with timeliness standards.

- ✓ **Providers should receive payment from a SoonerSelect health plan within 14 days of receipt of a "clean claim" in most instances.**

Health plans must pay 90% of clean claims (i.e., a claim that is submitted without any errors or omissions and can be processed without additional information or verification) within 14 days of receipt.

- ✓ **Providers may request a peer-to-peer review process for all PA denials.**

After an adverse determination, providers may request the health plan for a peer-to-peer assessment with licensed clinical staff of the same or similar specialty, such as Oklahoma-licensed clinical staff.

- ✓ **Providers can file a complaint, request for reconsideration, and/or an appeal regarding the denial of claims or payment.**

Regardless of whether a provider is participating or non-participating, they have the right to file a complaint, request for reconsideration, and/or appeal directly with the health plan.

- ✓ **Providers may request SoonerSelect health plan PA policies and procedures (P&Ps).**

Health plans have written PA P&Ps and must share all requested P&Ps with providers.

# SoonerSelect

## HOW DOES A PROVIDER FILE A COMPLAINT ABOUT THEIR EXPERIENCE?

Any provider who is not satisfied with a health plan's actions or decisions may file a complaint with the health plan in writing, verbally, or in person. **To file a complaint**, contact the health plan directly.

### **Aetna Better Health of Oklahoma**

PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181  
Fax: 833-805-3310  
Phone: 844-365-4385

[OKAppealandGrievance@aetna.com](mailto:OKAppealandGrievance@aetna.com)

### **Humana Healthy Horizons in Oklahoma**

Provider Appeals  
210 Park Ave PO Box 43  
Oklahoma City, OK 73102  
Phone: 855-223-9868

[OKProviderRelations@Humana.com](mailto:OKProviderRelations@Humana.com)

### **Oklahoma Complete Health**

Attn: Complaints  
P.O. Box 8060  
Farmington, MO 63640-8060  
Fax: 833-611-2153  
Phone: 833-752-1664

[OKCompleteHealth\\_Grievances@Centene.com](mailto:OKCompleteHealth_Grievances@Centene.com)

After receiving a complaint, the health plan must send the provider timely written notification of resolution or results of the complaint within 30 days, or 72 hours for the expedited notice process.

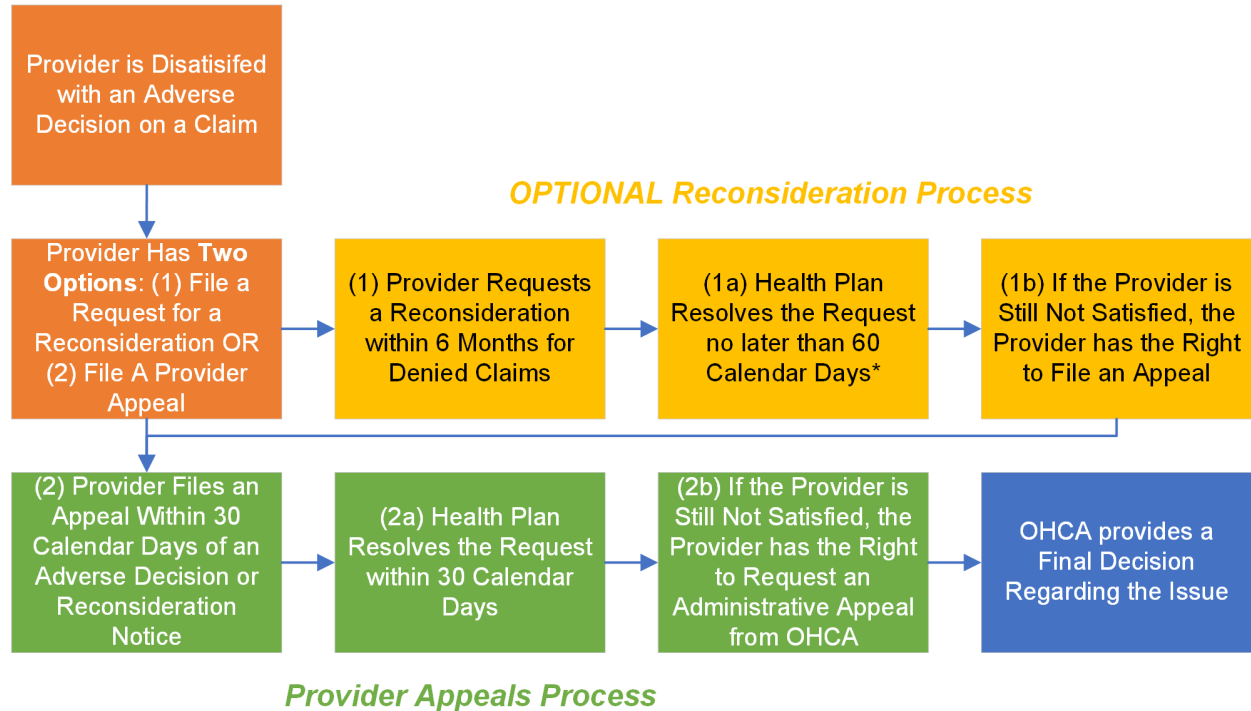
## WHAT STEPS CAN A PROVIDER TAKE TO REQUEST RECONSIDERATION OF DENIED CLAIM?

Providers can file a request for reconsideration and/or an appeal to challenge any denied claims. A request for reconsideration is an optional level prior to an appeal for a provider to request the health plan to review a previously denied claim. *Providers contracted with Humana must file a request for reconsideration before filing an appeal.*

Providers can file a request for reconsideration and/or an appeal by following the process below.

# SoonerSelect

## Process to Request a Reconsideration and/or Appeal



\*Please note that CEs must meet the following requirements for resolving provider reconsiderations based on the SoonerSelect contract:

- 98% of provider reconsiderations within 30 calendar days, and
- 100% of provider reconsiderations within 60 calendar days.

Providers may file a request for reconsideration or an appeal using the contact information below:

### **Aetna Better Health of Oklahoma**

PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181  
Fax: 833-805-3310

[OKAppealandGrievance@aetna.com](mailto:OKAppealandGrievance@aetna.com)

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## WHERE CAN I FIND MORE INFORMATION?

For more information on provider rights, health plan P&Ps, or how to file complaints/requests for resolution/appeals, providers should directly contact the SoonerSelect health plans.

### **Aetna**

844-365-4385

[Aetna Provider Portal](#)  
[AetnaBetterHealth.com](#)

### **Humana**

855-223-9868

[Humana Provider Portal](#)  
[Humana.com](#)

### **Oklahoma Complete Health**

833-752-1664

[Oklahoma Complete Health Provider Portal](#)  
[OklahomaCompleteHealth.com](#)

If questions or concerns are not answered by contacting the SoonerSelect health plans directly, providers may contact OHCA on the **OHCA Provider Helpline** at (800) 522-0114, Option 1.