

**SOONERCARE
CHOICE
REFERRALS**



CLASS DESCRIPTION

This class will discuss the SoonerCare Choice referral guidelines for members enrolled with a Patient Centered Medical Home provider and provide instructions on administrative referral requirements.

Note: Referrals submitted through the OHCA Secure Provider Portal by I/T/U providers to specialists will not be covered.

Recommended audience: SoonerCare Choice primary care providers/medical homes who issue referrals, and specialists who receive referrals.

DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of February 2022.
- Stay informed with current information found on the OHCA public website by visiting www.oklahoma.gov/ohca.

AGENDA

- Overview
- Referral Guidelines
- Administrative Referrals
- Reminders and Updates
- Resources
- Questions

OVERVIEW

SOONERCARE CHOICE

SoonerCare Choice is Oklahoma's statewide Primary Care Case Management (PCCM) program in which each member is linked to a primary care provider who serves as their patient-centered medical home (PCMH).

- Primary care providers (PCPs) manage member's basic health care needs, which includes specialty referrals and providing after hours care.
- Members enrolled in SoonerCare Choice must have a referral from the PCP in order to see a specialist.

SoonerCare 

MEMBER EXCLUSIONS

Certain SoonerCare members are ineligible for the SoonerCare Choice program.

Individuals excluded from the Choice program:

Enrolled in a waiver program

Reside in nursing home or long-term care facility

In state or tribal custody

In a subsidized adoption

Members with a commercial primary insurance

EXPANSION ADULT REFERRALS

On October 1, 2021, expansion adults began transitioning to SoonerCare Choice.

To assist the transition of expansion adults to medical homes and alignment with primary care, the “referral required” edit for claims was suspended.

On January 1, 2022, the edit was reinstated, and referrals are currently required for SoonerCare Choice expansion adults seeking specialty services.

SOONERCARE CHOICE ELIGIBILITY



SoonerCare Choice members must be concurrently enrolled in *Title 19* or *Expansion Healthy Adult Program*.


| Eligibility | | |
|-----------------------------------|----------------|------------|
| Coverage | Effective Date | End Date |
| Title 19 | 12/07/2021 | 12/07/2021 |
| SoonerCare Choice | 12/07/2021 | 12/07/2021 |
| Non Emergency Transportation | 12/07/2021 | 12/07/2021 |
| Mental Health and Substance Abuse | 12/07/2021 | 12/07/2021 |


| Eligibility | | |
|-----------------------------------|----------------|------------|
| Coverage | Effective Date | End Date |
| SoonerCare Choice | 11/18/2021 | 11/18/2021 |
| Non Emergency Transportation | 11/18/2021 | 11/18/2021 |
| Mental Health and Substance Abuse | 11/18/2021 | 11/18/2021 |
| Expansion Healthy Adult Program | 11/18/2021 | 11/18/2021 |

PRIMARY CARE INFORMATION

A member's primary care provider information is displayed on the OHCA secure provider portal when checking eligibility.

| Eligibility  | | |
|---|----------------|------------|
| Coverage | Effective Date | End Date |
| SoonerCare Choice | 11/18/2021 | 11/18/2021 |
| Non Emergency Transportation | 11/18/2021 | 11/18/2021 |
| Mental Health and Substance Abuse | 11/18/2021 | 11/18/2021 |
| Expansion Healthy Adult Program | 11/18/2021 | 11/18/2021 |
| Managed Care Information  | | |



| Managed Care Information  | | | |
|--|----------------|------------------|-------------------|
| Provider Name | Provider Phone | Health Plan Name | Health Plan Phone |
| S'chn T'gai Spock | 1-405-867-5309 | | |

REFERRAL EXCLUSIONS

- Services provided outside of the PCP/PCMH by primary care specialties
- Child physical/sexual abuse exams
- Acute hospitals
- Anesthesia services
- Emergency room care
- Outpatient surgeries (facility only)
- Inpatient hospital admissions
- Chemotherapy
- Diagnostic lab and X-ray services
- Durable Medical Equipment
- Family planning services
- Prenatal and Obstetrical care
- Outpatient behavioral health services
- Sleep studies/sleep medicine
- Dental services
- Therapy and audiology services
- Services provided to a Native American at an I/T/U
- Optometry
- Vision services for children

REFERRAL GUIDELINES

GUIDELINES

- »»» Services authorized by the PCP must be within the scope of coverage of the SoonerCare Choice program.
- »»» Referrals are to be initiated for services that are medically necessary, as determined by the PCP.
- »»» The PCP and specialty provider are responsible for maintaining appropriate documentation of each referral to support the claims for medically necessary services.
- »»» PCPs may be a group or an individual.
- »»» Referrals may be written to an individual provider or a group.
- »»» Referrals can be issued up to 12 months.
- »»» PCPs can backdate referrals up to six months.

GUIDELINES CONTINUED..

- »» Referrals from the PCP are required prior to rendering services, except for retrospective referrals that are deemed appropriate by the PCP.
- »» PCPs do not have to see a member before a referral is approved but they may require this.
- »» Referrals may be forwarded to other specialists with the approval of the PCP/CM.
- »» Specialists must report findings directly to the provider issuing the referral.
- »» Referrals are not the same as prior authorizations.
- »» A PCP referral is not a guarantee of payment.

GUIDELINES CONTINUED..

- »»» The group provider and referring provider must have an active SoonerCare contract.
 - »»» Referrals from a PCP group must have the individual referring provider tied to the contract.
 - »»» The referring provider information for claims processing must belong to an individual, not a group.
 - »»» The SoonerCare legacy number belonging to the individual referring provider is required for use on paper claims.
- A [Referral Guide for SoonerCare Providers](#) is available on the provider training page.
 - View Provider Letter [2010-41](#) for more information.

REFERRAL METHODS

Acceptable referral methods consist of, but are not limited to:

- [SoonerCare Referral Form \(SC-10\)](#).
- Paper referrals with required components.
- E-mail referrals with required components.
- Electronic referrals submitted through an electronic medical record (EMR) with required components.
- A printed copy of a referral from an EMR system with required components.
- OHCA secure provider portal referrals (applicable only to I/T/U facilities).

REFERRAL COMPONENTS

Referrals must include:

Member information:

- Name
- SoonerCare ID Number
- Telephone Number

Primary Care Provider information:

- Name of primary care provider
- Telephone/Fax Number

Referring provider information:

- Name of individual referring provider
- SoonerCare ID Number and NPI
- Original or electronic signature
- Reason for referral
- Referral start and end date

Specialty provider information:

- Name of specialist or group
- Address
- Telephone/Fax Number

SOONERCARE REFERRAL FORM

The SoonerCare Referral Form, or SC-10, can be found on OHCA's provider forms page at <https://oklahoma.gov/content/dam/ok/en/okhca/documents/a0304/20784.pdf>.

(Please type or print)

**Oklahoma
HealthCare
Authority**
SoonerCare/Insure Oklahoma Referral Form

Member Name
(Last name) (First Name) (Middle Initial)

Member ID Member Phone Member DOB
(Date of Birth 00/00/0000)

REFERRED TO:

Provider Name (must be current SoonerCare provider)

Phone Fax

Provider Address

Referral Valid from date to date
(Begin date not to exceed 6 months retrospectively; end date cannot exceed 12 months total)

Reason for Referral

REFERRED BY:

Medical Home Provider Name Phone

Name of Referring Provider Date

Signature of Referring Provider

Referring Provider ID Number NPI#
(10 digits)

- This referral is valid for all ancillary services related to the above reason for referral within the specified timeframe.
- This referral may be forwarded to other specialists for the above reason for referral with the approval of the PCP/CM.
- Report your findings directly to the provider who made this referral.
- This referral number should be entered by the referred to the provider in the appropriate field on the provider's claim. Use the NPI number for electronic claims and PCP/CM referral number on paper claims.
- All payments for services are subject to coverage limitations under the SoonerCare/Insure Oklahoma program and the referral is not a guarantee of payment.

Instructions

1. Complete and mail/fax the original copy of the form to the provider to whom you are referring.
2. Keep a duplicate copy for your records in the member's medical chart.
3. Referral form (SC-10) may be obtained on the OHCA website at <http://www.okhca.org/provider/forms.asp>.

PLEASE DO NOT MAIL OR FAX A COPY TO OHCA.
PLEASE DO NOT ATTACH A COPY TO YOUR CLAIM FORM.

CLAIM REQUIREMENTS

OHCA secure provider portal submission claims require the individual referring provider's NPI.

EDI claims require the individual referring provider NPI in Loop2310A, segment NM1*DM.

The screenshot shows the 'Submit Professional Claim: Step 1' form in the Oklahoma Health Care Authority Provider Portal. The form includes a navigation menu with options like 'My Home', 'Eligibility', 'Claims', 'Prior Authorizations', 'Referrals', 'Files Exchange', 'Financial', 'Letters', 'Reports', and 'Resources'. Below the navigation is a search bar and a 'Contact Us | Logout' link. The main content area is titled 'Submit Professional Claim: Step 1' and includes a legend: '* Indicates a required field.' The form fields are: 'Claim Type' (dropdown menu set to 'Professional'), 'EVV SERVICES ONLY timely filing' (dropdown menu set to 'No'), and 'HCA-17' (dropdown menu set to 'No'). Below these is a 'Provider Information' section with a note: 'This panel contains provider information.' The fields in this section are: 'Billing Provider ID' (1234567890), 'ID Type' (NPI), 'Name' (LUCY VAN PELT), 'Zip Code' (73105-1234), 'Contract Code' (blank), 'Taxonomy' (1234567890X), 'SC Provider Number' (123456789 A), 'Referring Provider ID' (input field), 'ID Type' (dropdown menu), 'Ordering Provider ID' (input field), 'ID Type' (dropdown menu), 'Ordering Zip Code' (input field), and 'Other Facility ID' (input field). The 'Referring Provider ID' and 'ID Type' fields are highlighted in yellow.

ADMINISTRATIVE REFERRALS

ADMINISTRATIVE REFERRALS

Administrative referrals are provided by the OHCA under special and extenuating circumstances:

- Referred by an Indian Health Service, Tribal or Urban Indian Clinic (I/T/U).
- Result of an emergency room visit or follow-up.
- Pre-operative facility services, prior to a dental procedure.

PROSPECTIVE ADMINISTRATIVE REFERRALS

Administrative referrals are reviewed by the OHCA Population Care Management unit.

Approval criteria for prospective administrative referrals:

- 1 The PCP denied the referral request.
- 2 The specialty visit must be urgent.
- 3 The visit must be medically necessary.

RETROSPECTIVE ADMINISTRATIVE REFERRALS

Retrospective administrative referrals are reviewed by OHCA Provider Services unit.

Approval criteria for retrospective administrative referrals:



The PCP denied the referral request.



Must be sent to OHCA Provider Services within 30 days from when the service is rendered.

ADMINISTRATIVE REFERRAL PROCESS

Administrative referral request process:

The SC-14 form is used for administrative referrals.



The PCP must be contacted prior to requesting an administrative referral.



Approved administrative referrals are issued to the rendering provider.

SC-14 RENDERING PROVIDER

On the SC-14 form for administrative referral requests, the rendering provider name and provider number must belong to the individual specialty provider.

| | |
|--|---------------------------------------|
| Return this Form to SoonerCare | Date: _____ |
| <input type="checkbox"/> Retrospective Administrative Referral Attn: Provider Services Phone: (800) 522-0114 option 1 or (405) 522-6205 option 1 Fax: (405) 530-3228 Number of Pages: _____ | |
| <input type="checkbox"/> Prospective Administrative Referral Attn: Care Management Phone: (877) 252-6002 Fax: (405) 530-3217 Number of Pages: _____ | |
| SOONERCARE REFERRAL REQUEST | |
| Please complete the information below to document your attempts to obtain a referral from the PCP/CM. Fax this completed form to SoonerCare. Your referral request will be considered and you will receive written notice of approval or denial. Include any necessary medical records. ALL PAYMENTS FOR SERVICES ARE SUBJECT TO COVERAGE LIMITATIONS UNDER THE CURRENT OKLAHOMA MEDICAID PROGRAM. | |
| RENDERING PROVIDER'S NAME: Doogie Howser | |
| Provider # 123456789 A | Contact Person: Margaret Houlihan |
| Address: 123 Any Road Anytown, OK 73105 | Telephone and Extension: 555-555-5555 |
| | Fax: 555-555-5555 |

ADMINISTRATIVE REFERRAL REVIEW FINDINGS



The OHCA will fax a letter if the administrative referral is denied.



If approved, the OHCA sends the provider an electronic letter notice via the provider portal.

- The administrative referral approval letter is only accessed by the individual rendering provider login.

ADMINISTRATIVE REFERRAL APPROVAL

To view the administrative referral approval notice, select the Letters tab, then click on Provider Letters.

The screenshot displays the Oklahoma Health Care Authority Provider Portal. At the top left is the logo for the Oklahoma Health Care Authority, featuring a colorful starburst design. To its right is the text "OKLAHOMA Health Care Authority". Further right is the title "Provider Portal". Below these elements is a horizontal navigation menu with the following items: "My Home", "Eligibility", "Claims", "Prior Authorizations", "Referrals", "Files Exchange", "Financial", "Letters", and "Resources". An orange arrow points to the "Letters" tab. Below the navigation menu is a grey bar with the text "Provider Letters". To the right of this bar are links for "Contact Us" and "Logout". Below the grey bar is a section titled "Letters" with a dashed line underneath. In this section, there is a grey button labeled "Provider Letters" with a document icon, and a blue link labeled "Provider Letters" with a right-pointing arrow. An orange arrow points to the blue link.


COORDINATION OF CARE LETTER

The
SoonerCare
Coordination
of Care Letter
provides the
disposition for
administrative
referral
requests.



ALL
Change in Provider Information
C-section Annual Rate Letter-Hospital
C-section Annual Rate Letter-ProviderV1
C-section Annual Rate Letter-ProviderV2
C-section Quarter Rate Letter-Hospital
C-section Quarter Rate Letter-Provider
C-section Semi-annual Rate Hospital
C-section Semi-annual Rate Provider
DRG Rate Letter
EHR Denial Letter
ER Utilization Letter
New Hospital Level of Care Rate Letter
PCP Notification of Inpatient Admission
PCP Notification of Inpatient Discharge
Provider Contract Expiration Notification
Provider EFT Error Letter
Provider Patient Dismissal Letter
Provider PIN Letter
Provider Renewal Letter
Provider Welcome Letter
Sooner Excel Letter
Sooner Excel Scorecard
SoonerCare Coordination of Care Letter

KEVIN S. CORBETT
CHIEF EXECUTIVE OFFICER



J. KEVIN STITT
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

April 20, 2021

MGD-9500-R (v2.0)
Provider ID: 123456789 A

Dear Doctor Who

Your request for an administrative referral has been approved on behalf of :

Member Name: SoonerCare, Suzie
RID: 012345678
Date(s) of Service: 03/22/2021 - 03/24/2021

This referral is considered an administrative referral issued by the Oklahoma Health Care Authority for exclusive use on this claim for the date(s) listed. There will be no referral form and you do not need to enter any specific information on your submitted claim form.

ALL PAYMENTS FOR SERVICES ARE SUBJECT TO COVERAGE LIMITATIONS UNDER THE CURRENT SOONERCARE PROGRAM.

If you have any questions regarding this administrative referral, please call Provider Services at 800-522-0114.

The Oklahoma Health Care Authority

REMINDERS & UPDATES

FIND A PROVIDER

Specialty providers can be searched within the provider portal, under the Resources tab.

Criteria used to perform the search:

- Zip Code
- Distance
- Provider NPI
- Provider Type and Specialty

The Search Results will provide a list of contracted specialists based on the criteria entered. Some provider specialties may not appear in the search results.

The screenshot shows the Oklahoma Health Care Authority Provider Portal. The page has a header with the logo and navigation tabs: My Home, Eligibility, Claims, Prior Authorizations, Referrals, Files Exchange, Financial, Letters, Reports, and Resources. Below the header is a search bar with options for Search Providers, Search Fee Schedule, and Search HIPAA Error Codes. The main content area is titled "Search Provider" and includes a legend for required fields. The search criteria are as follows:

- Health Plan:** All Health Plans (dropdown)
- Select Search Type:** Distance (selected), Location (radio button)
- Enter Your Address:** Address (text input), City (text input), State (dropdown), Zip Code (text input)
- Distance(within):** 5 miles (dropdown)
- Select Provider Criteria:** Provider NPI (text input), Provider Type (Physician, dropdown), Provider Specialty (All Specialties, dropdown), Results (5 per page, dropdown)

A "Search Provider" button is located at the bottom of the form. A "Show Advanced Search" link is also present.

2022 PCMH REDESIGN

The PCMH program has been enhanced to guarantee the availability of a medical home for all SoonerCare Choice members, and to take a significant step toward meaningful, outcome-linked, standardized measures while adjusting the incentive payment to reward significant improvement and high achievement relative to all PCMH providers.

Changes include:

- SoonerExcel pay-for-performance incentive measures
- Reimbursement structure
- Provider scorecards

See more by visiting the [Patient Centered Medical Home page](#), or by viewing Provider Letter [2021-13](#).

MEDICAL HOME AGREEMENT


In addition to the 2022 PCMH Redesign, medical homes are no longer required to obtain and maintain a signed Medical Home Agreement form within the patient's medical record.


- Medical home providers *are required* to explain the expectations of a patient-centered medical home with the patient.
- The Medical Home Agreement form can be found at <https://oklahoma.gov/content/dam/ok/en/okhca/docs/providers/types/sooner-care-choice/PE%20Medical%20Home%20Agreement%20English%202021.12.13.pdf>.

PROVIDER LETTERS

 Provider Letter [2010-41](#): PCPs Referrals

 Provider Letter [2017-09](#): Important Changes to the Referral Process

 Provider Letter [2021-12](#): National Correct Coding Initiative Program

 Provider Letter [2021-15](#): National Correct Coding Initiative Program

GLOBAL MESSAGES

 GM [12/21/21](#) Patient Dismissal Process Guide

 GM [12/20/21](#) Preventive Medicine for Adults

 GM [10/18/21](#) SoonerCare Adult Expansion Visit Limit Clarification

 GM [10/23/20](#) Ordering National Provider Identifier

RESOURCES

CARE COORDINATION

SoonerCare offers a variety of care coordination services for members and providers.

- [Population Care Management \(PCM\)](#) and [Health Care Systems Innovations \(HCIS\)](#).
- Members are partnered with a registered nurse or social services coordinator to work with providers on managing your needs.

CARE COORDINATION SERVICES

SERVICES OFFERED:

- Health Coaching
- Chronic Disease Management
- Pediatric Care Management
- Obstetrical Care Management
- Social Services
- Medication Therapy Management

CARE COORDINATION RESOURCES

CARE COORDINATION HELPS TO:

- Reduce hospital admissions
- Reduce unnecessary emergency room utilization
- Improve management of chronic diseases at home
- Ensures the care team is up-to-date on members' needs

Visit the [OHCA Care Coordination website](#) to view additional information.

CARE COORDINATION SURVEY

OHCA is encouraging providers to complete a brief questionnaire so we may assess and increase provider awareness of care coordination services available to members with higher levels of social and healthcare needs.

Please follow [this link](#) to participate in the Care Management Provider Survey.

HELPFUL TELEPHONE NUMBERS

- OHCA call center
 - 800-522-0114 or 405-522-6205; option 1
- Internet help desk.
 - 800-522-0114 or 405-522-6205; option 2, 1
- EDI help desk.
 - 800-522-0114 or 405-522-6205; option 2, 2

HELPFUL LINKS

- Agency website
 - www.oklahoma.gov/ohca
- OHCA provider portal
 - www.ohcaprovider.com
- Provider training
 - www.oklahoma.gov/ohca/providers/provider-training
- Provider toolkit
 - <https://oklahoma.gov/ohca/providers/toolkit.html>

MEDICAL HOME RESOURCES

- SoonerCare Choice Provider
 - <https://oklahoma.gov/ohca/providers/types/sooner-care-choice.html>
- Patient-Centered Medical Home
 - <https://oklahoma.gov/ohca/providers/types/sooner-care-choice/patient-centered-medical-home.html>
- Medical Home Resources
 - <https://oklahoma.gov/ohca/providers/types/sooner-care-choice/medical-home-resources.html>

TRAINING RESOURCES

- Provider education specialists:
 - Education specialists provide education and training as needed for providers either virtually or telephonically.
 - Requests for assistance should be emailed to: SoonerCareEducation@okhca.org. (Requests should include the provider's name and ID, contact information, and a brief description of what assistance is being sought.)
 - For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.
- Monthly webinars
- How-to videos

QUESTIONS?



OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
mysoonercare.org

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

