

# Oklahoma *SoonerCare* Update

## Fax Blast

*SoonerCare* Main Telephone Numbers  
OKC Metro (405) 522-7366  
State-wide Toll Free 1-877-823-4529  
OHCA Website: [www.okhca.org](http://www.okhca.org)

July 11, 2006

Dear Provider:

### **Change of procedure for processing *SoonerCare* Provider Change Request Forms (SC-11)**

Many of you in your offices are facilitating the enrollment of ***SoonerCare*** members by submitting the OHCA Form SC-11, Provider Change Request Form. The purpose of this message is to inform you that this form has been updated and there is a change in procedure in processing these forms to better serve you and your ***SoonerCare*** patients.

In the past these forms have been sent via fax from your office to your designated ***SoonerCare*** Provider Representative. These forms go directly to your Provider Representative's office computer as an e-mail message. The Provider Representative's e-mails are secure and password protected. In the event that they are not in the office there have been times when, due to this security measure, that the processing of your "Change Requests" may have been delayed.

Future SC-11 forms need to be faxed directly to the ***SoonerCare*** Helpline. Their direct fax number is (405) 782-8780. Please replace the current form you are using with this new form. Continue to send them to the attention of your Provider Representative. In addition, please make sure that the information requested, both member information and provider information, on this form is accurate and complete. Patient's or guardians must sign this form. SC-11 forms that are incomplete or inaccurate will not be processed.

If you have an urgent need for a change of Primary Care Provider due to continuity of care issues please mark this request as urgent. If the patient is a newborn please mark the NB box on the form. OB providers need to mark the OB box and also indicate the estimated date of delivery in the space provided.

The updated version of the SC-11 form is attached to this message as well as on the Oklahoma Health Care Authority web site at [www.okhca.org](http://www.okhca.org). If you are unable to access the web site or need more information concerning this change, please contact your ***SoonerCare*** Provider Representative.

**State Of Oklahoma  
Oklahoma Health Care Authority**

Attention SoonerCare Helpline: Fax: (405) 782-8780

Provider Representative's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Urgent Request: \_\_\_ NB \_\_\_ OB: \_\_\_

|  |
|--|
| <p><b>SoonerCare<br/>Provider Change Request Action Form</b></p> |
|--|

Please use this form when requesting a change in your/your family's SoonerCare primary care provider. Members age 14 and over may choose general practice, family practice or internal medicine providers. For children under age 14 you may choose pediatricians, family medicine or general practice providers. You may change your provider up to four times per year.

1. Complete the form below. Be sure to include all information requested including your Medicaid ID number. Incomplete forms may result in your change being delayed.
2. The member must sign this form. Your provider can not sign this form for you.
3. Return the completed form to your health care provider. They will fax the form to SoonerCare for you.

Enrollment changes may take up to 45 days. If you have questions about your PCP change, please contact the SoonerCare Helpline at 1-800-987-7767

Providers: Please make sure your name and provider number is on the form and correct. Fax this form to SoonerCare Helpline at 405-782-8780.

Please Print:

| Name of family member<br>Changing PCP/CM | SoonerCare ID<br>Number | Birth Date<br>(required)<br>mm/dd/year | Social Security<br>Number | Name of new<br>Provider | Primary Care<br>Provider Number | OB Estimated<br>Date of<br>Delivery |
|--|-------------------------|--|---------------------------|-------------------------|---------------------------------|-------------------------------------|
|  |                         |  |                           |                         |                                 |                                     |
|  |                         |  |                           |                         |                                 |                                     |
|  |                         |  |                           |                         |                                 |                                     |
|  |                         |  |                           |                         |                                 |                                     |

Your address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Member Signature \_\_\_\_\_ Phone number or message phone \_\_\_\_\_

|   |
|---|
| For Provider Representative Use Only: Date Received _____ Urgent Request _____ Disenrollment Date _____ |
| Check all that apply: Panel hold _____ Age Restriction _____ Supervisor Approval _____                  |

|   |
|---|
| For Member Services Use Only: Reason not processed _____ Panel hold on: _____ Age Restriction on _____      |
| Date Received _____ Completed By _____ Date Completed _____ Panel hold off: _____ Age Restriction off _____ |

|   |
|---|
| SoonerCare Helpline Use Only:<br>Date Received: _____ Completed by: _____ Reason not Processed: _____ |
|---|

## **Patient Dismissals Revisited**

Members/Patients can be dismissed from your panel with good cause and written request. This must be approved by the OHCA Dismissal Committee, as our members have appeal rights. A definition of good cause is as follows:

- Non-compliance with PCP/CM's direction
- Abuse of PCP/CM and/or staff (includes disruptive behavior)
- Deterioration of PCP/CM – member relationship
- 3 no show appointments (or as your office policy dictates)

Please include documentation to support your good cause. **Documentation should include dates and times of no shows, description of disruptive behavior, description of non-compliance, or description of deterioration of PCP/CM – member relationship.** Please include your Provider ID number as well as the member's ID number. This can be faxed to me at 405-530-3233. The Committee meets once a week and they have 30 days upon the request to act upon your request.

Please refrain from sending out a letter to the member until you formally hear from the Committee. Note, all family members within a case will be affected, to avoid any discrepancies, please list all known members of a family, along with their member ID number. If you have more than one facility/location, please be sure to include all Provide ID numbers to ensure all locations are lock out from the member once approved. In most cases I will contact you as soon as I hear something so you can be advised even before the formal letter reaches you.

Remember: Either party has the right to appeal the decision to the Administrative Law Judge pursuant to OAC 317:2-1-2 (the Authority's Grievance Procedure).

## **EPSDT Bonus**

EPSDT Bonus payments are scheduled to be paid this month. Very soon you will be receiving information about whether or not you qualified for this bonus. All providers who see SoonerCare Choice patients under age 21 and who participated in the program for the full calendar year 2005 were audited. Letters will be sent to all providers who were audited to inform them of their EPSDT status. Remember bonuses were calculated based on paid claims only.

### **O-EPIC Individual Plan**

Very soon your Provider Representative will be telling you about a new and exciting program offered by the Oklahoma Health Care Authority. It is called O-EPIC Individual Plan. This program is designed to provide health insurance coverage for adults who do not qualify for **SoonerCare Choice** services. These include individuals and their spouses who work for small businesses (under 50 employees) who can not get health coverage through their employer, self employed, receiving unemployment compensation, and disabled persons who are working but do not qualify for **SoonerCare**. Income for these groups must be at or below 185% of the Federal Poverty Rate.

These individuals are responsible for a portion of the coverage premium as well as applicable co-payments for services provided. Coverage includes office visits, laboratory/x-ray, hospitalization, prescription coverage and limited durable medical supplies.

More information will be available soon on the Oklahoma Health Care Authority's Web site at [www.okhca.org](http://www.okhca.org).

### **Provider Outreach**

In July your Provider Representatives will be scheduling appointments to visit your facilities. If you have any special needs or topics you wish to discuss please do not hesitate to contact your assigned Provider Representative. If you desire to set up a meeting prior to their scheduling just let them know. Your Provider Representative is here to assist you any way they can and they are always just a phone call, email or fax away. Please note there have been some changes in area assignments. Attached is a new listing of Provider Representatives and their new areas.

**Your SoonerCare Provider Representatives**  
**Toll Free Telephone Number 1-877-823-4529, Option 2**

**Susan Loris**

Phone: (405) 522-7509

Fax: (405) 530-3361

[susan.loris@okhca.org](mailto:susan.loris@okhca.org)

|          |                |
|----------|----------------|
| Alfalfa  | Kingfisher     |
| Beaver   | Major          |
| Beckham  | Noble          |
| Blaine   | Roger Mills    |
| Cimarron | Texas          |
| Custer   | Washita        |
| Dewey    | Woods          |
| Ellis    | Woodward       |
| Garfield | <b>Kansas:</b> |
| Grant    | Seward         |
| Harper   | Sumner         |
| Kay      |                |

**Sherrie Anderson**

Phone: (405) 522-7250

Fax: (405) 530-3278

[sherrie.anderson@okhca.org](mailto:sherrie.anderson@okhca.org)

|          |               |
|----------|---------------|
| Caddo    | Jefferson     |
| Comanche | Kiowa         |
| Grady    | Stephens      |
| Greer    | Tillman       |
| Harmon   | <b>Texas:</b> |
| Jackson  | Wichita Falls |
|          | Willbarger    |

**Alexis Howard**

Phone: (405) 522-7441

Fax: (405) 530-3303

[alexis.howard@okhca.org](mailto:alexis.howard@okhca.org)

**University of Oklahoma Clinics**

**Melissa Clampitt**

Phone: (405) 522-7567

Fax: (405) 530-3233

[melissa.clampitt@okhca.org](mailto:melissa.clampitt@okhca.org)

|        |            |
|--------|------------|
| Creek  | Rogers     |
| Osage  | Washington |
| Pawnee | Oklahoma   |
| Tulsa  |            |

**Lesley Brown**

Phone: (405) 522-7537

Fax: (405) 530-7172

[lesley.brown@okhca.org](mailto:lesley.brown@okhca.org)

|           |              |
|-----------|--------------|
| Canadian  | McClain      |
| Cleveland | Okfuskee     |
| Garvin    | Payne        |
| Hughes    | Pottawatomie |
| Lincoln   | Seminole     |
| Logan     |              |

**Amanda Willett**

Phone: (405) 522-7331

Fax: (405) 530-3294

[amanda.willett@okhca.org](mailto:amanda.willett@okhca.org)

Oklahoma

**Shannon Tiller**

Phone: (405) 522-7532

Fax: (405) 530-7208

[shannon.tiller@okhca.org](mailto:shannon.tiller@okhca.org)

Tulsa

**Cathy Brodt**

Phone: (405) 522-7558

Fax: (405) 530-7209

[cathy.brodt@okhca.org](mailto:cathy.brodt@okhca.org)

|          |                              |
|----------|------------------------------|
| Craig    | <b>Arkansas:</b>             |
| Delaware | Benton                       |
| Mayes    | <b>Kansas:</b>               |
| Nowata   | Montgomery                   |
| Ottawa   | <b>Indian Health Clinics</b> |

**Kay McSpadden**

Phone: (405) 522-7349

Fax: (405) 530-3296

[kay.mcspadden@okhca.org](mailto:kay.mcspadden@okhca.org)

|          |                  |
|----------|------------------|
| Adair    | Sequoyah         |
| Cherokee | Wagoner          |
| Haskell  | <b>Arkansas:</b> |
| LeFlore  | Crawford         |
| McIntosh | Sebastian        |
| Muskogee | Scott            |
| Okmulgee |                  |

**Lana Pebworth**

Phone: (405) 522-7541

Fax: (405) 530-7187

[lane.pebworth@okhca.org](mailto:lane.pebworth@okhca.org)

|          |                  |
|----------|------------------|
| Atoka    | McCurtain        |
| Bryan    | Murray           |
| Carter   | Pittsburg        |
| Choctaw  | Pontotoc         |
| Coal     | Pushmataha       |
| Johnston | <b>Arkansas:</b> |
| Latimer  | Sevier           |
| Love     | <b>Texas:</b>    |
| Marshall | Lamar            |