

ODMHSAS Customer Enrollment

The following instructions apply:

If the customer does not have a member ID,

OR

the customer does not have DMH (MHSAS)
Eligibility,

OR

the customer has MHSAS eligibility, but it is
going to expire soon.

Background Information

Many providers were confused as to why this process is the same. The process is the same because the enrollment program uses the information that the provider enters and searches for a match. If the program finds a match then it will add MHSAS eligibility to that Medicaid ID; however, if it cannot match an ID then it will create a new ID with only MHSAS eligibility. This is why it is imperative to do a search ahead of time to ensure that you have matching information with the Medicaid system.

Click on 'ODMHSAS Customer Enrollment'

 **oklahoma health care authority**

Main Claims Eligibility Pricing Prior Auth Trade Files **ODMHSAS** Account Mailbox Help Log Off

Friday 17 September 2010 08:25 am

Member Eligibility Verification

Select Lookup Type: **Member ID Lookup**

Member Lookup

Member Id:

From Date of Service: To Date of Service:

Verification No. 1026000DP6 - 9/17/2010 - Status: A

EFFECTIVE/END dates are shown only for the period of time requested

Member

I.D.

Medicare A -

Medicare B -

The recipient is not eligible for the date(s) of service requested.

Visits

Link will take you to On-Line Enrollment

Customer Information - Windows Internet Explorer

https://www.apply.okhca.org/EligibilityODMHSAS/Site/CustomerInformation.aspx

File Edit View Favorites Tools Help

Customer Information

MHSAS Customer Enrollment Today is September 17, 2010

Customer Information

Please enter the following information on the customer.
When you are finished, select "**Submit**" to obtain the customer's ID and eligibility date.

Required fields are marked with an asterisk (*).

Personal Information

Enter the legal name of the person, not a nickname.

Last Name: * [What if I don't know the person's name?](#)

First Name: *
(example: Joseph, not Joe; Susan, not Sue)

Middle Name:

Suffix:

Date of Birth: * month day year

Gender: *

Social Security Information

SSN: * [What if I don't know the SSN?](#)

Re-enter SSN: *

What if I don't know the person's name?

What if I don't know the person's name?

If the customer cannot be identified or falls into one of the categories shown below, then this application cannot be used. Instead, use the designated ID for the specific type of customer. If you need assistance in determining the ID to use, you may contact either ODMHSAS or OHCA.

Non-Identified Customer Services include three classes of services:

- **Crisis** services offered to a customer who is not known to the provider agency and is unable to provide sufficient identifying information.
- **Disaster Program** services provided to a designated target population or geographical area for a limited time in response to a natural or human-caused occurrence (e.g., hurricane, tornado, flood, earthquake, explosion, hazardous materials accident, mass criminal victimization incident, war, transportation accident, fire, terrorist attack, famine, epidemic) that causes human suffering. The disaster program is designed to provide additional assistance when a disaster has created a collective need that overwhelms local resources.
- **Services to Non-specific Customer**, i.e., services to a customer or group of individuals not admitted for treatment, such as outreach or early intervention services; or when a clinical team provides consultation for many customers at a treatment team meeting or for administrative exercises, such as staff training.

Enter Name, Date of Birth, Gender, SSN, and Address then click 'Submit'

Now viewing April Lee's screen

Customer Information - Windows Internet Explorer

https://www.apply.okhca.org/EligibilityODMHSAS/Site/CustomerInformation.aspx

File Edit View Favorites Tools Help

Customer Information

Gender: *

Social Security Information

SSN: * [What if I don't know the SSN?](#)

Re-enter SSN: *

Mailing Address



Street or P.O. Box: [What if the person is homeless?](#)

Street - Line 2:

City:

State:

Zip Code:

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What if I don't know the SSN or the customer is homeless?

[What if I don't know the SSN?](#)

If you do not know the SSN, enter all 0's (zeroes).

[What if the person is homeless?](#)

Enter where the customer receives mail in the Mailing Address fields. If the member is homeless, but you know the name of a shelter he can be reached at, enter the address. Otherwise, leave the address blank.

After clicking submit, the screen will give you the name, Member ID, and the starting eligibility date

MHSAS Customer Enrollment

Today is Septem

Results

The Customer ID and eligibility date for the person are:

Customer Eligibility Details

Name: Donald Duck
Member ID: 55555589
Eligibility Date: 09/12/2010

[Enter another applicati](#)



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Things to Remember

- This is NOT enrollment for Medicaid
 - You should encourage customer to go to www.mysoonercare.org to fill out for Medicaid benefits
- You still need to be cautious to not create duplicate Customer IDs
- Entering in 000-00-0000 for the SSN should be the very last resort