SoonerCare 2011
Outpatient Behavioral Health Agency
Master Provider Numbers and
Individual Rendering Provider Information

Upcoming changes in 2011 for OPBH agencies will be discussed:

- ***10/01/2011:***
  - ***Master Prior Authorization IDs***
  - ***Rendering provider required on claims***

    (Screen shots of the enrollment application included in this power point presentation)
  - ***New Vender for Prior Authorizations:***

    OptumHealth
    - http://www.optumhealthoklahoma.com

Who to call…

- **(800) 522-0114**
- ***Claims*** **- Provider Services: Option 1**
- ***Contracts*** **- Provider Enrollment: Option 5**

Authorizations:

- **The *new Master PA specialty code* will be added as a *secondary specialty* to one of the OPBH agency's current provider IDs.**

- **This ID will need to be used for *ALL* PA requests for the overall agency as a whole.**

When this goes into effect:

The different *site numbers* will not be available for generating prior authorizations.

The only number that will be available for PAs will be the ***"Master PA ID".***

Master Prior Authorization ID –

- **These ID #s will be automatically assigned by OHCA for all OPBH agencies.**
- **The agency does not need to do anything, but wait… for the Master ID to be assigned.**
- **Effective on 10/1/11, the Master PA ID will be added to the web based prior authorization system as the *only* choice for the OPBH agency to use.**
- **The site specific OPBH agency provider numbers will be removed as a choice from the web based prior authorization system.**

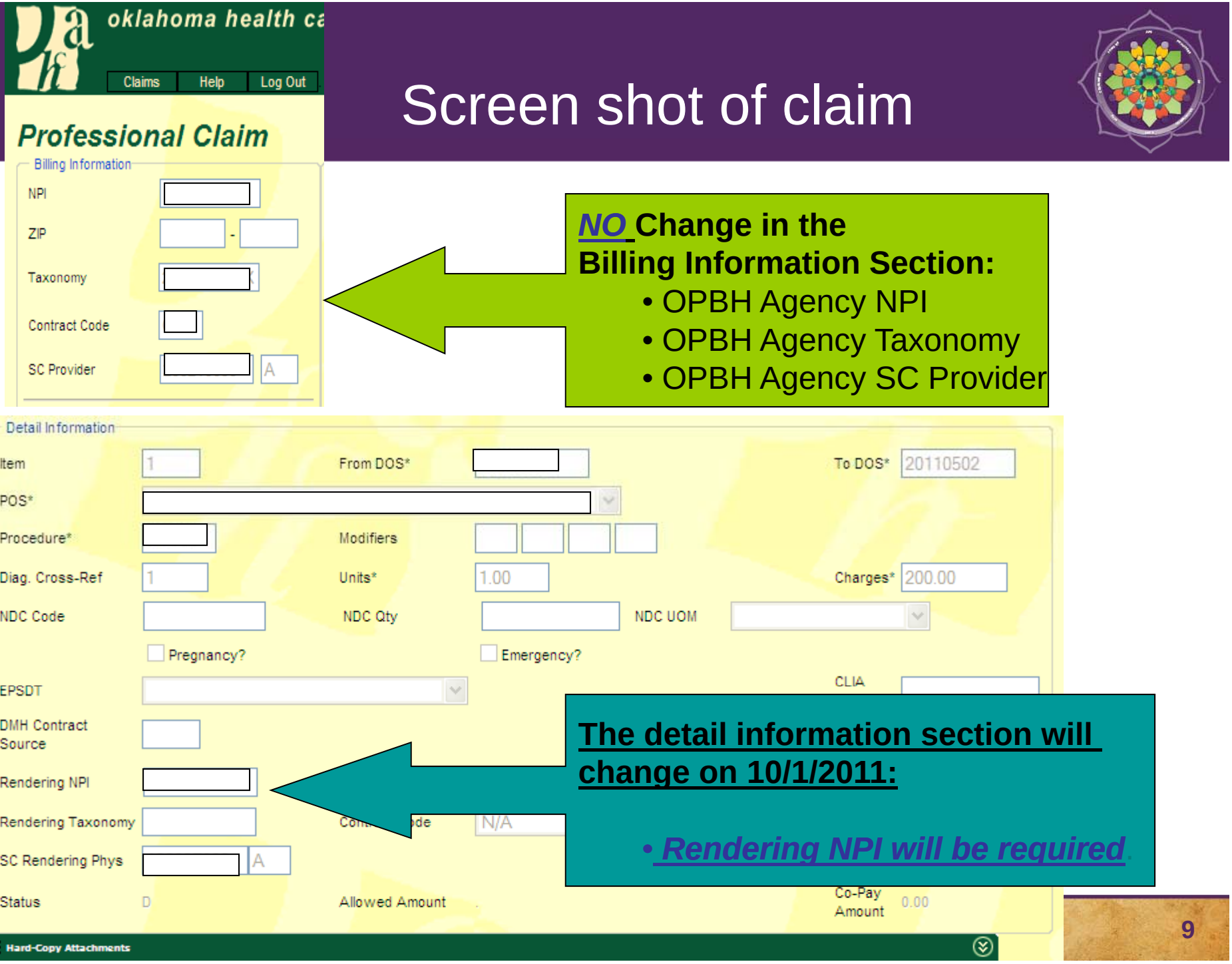
Master PA ID

- ***Benefit:*** Agencies with multiple sites will no longer have to identify how the procedure code group dollar cap is going to be split. Multiple prior authorizations numbers for each of these sites will not be needed.

Claims:

- **The *site specific* OPBH agency provider ID number will be required in the 'billing information' field, while the *individual rendering provider NPI* number will be required in the 'rendering provider' field.**

Screen shot of claim



***NO* Change in the Billing Information Section:**

- OPBH Agency NPI
- OPBH Agency Taxonomy
- OPBH Agency SC Provider

The detail information section will change on 10/1/2011:

- ***Rendering NPI will be required***.

Wait for the green light to start

Wait until the implementation date of 10/1/2011:

- ***Do not*** start adding the individual rendering provider ID (NPI) to your claims.
- ***Do not*** start using the Master PA ID on your prior authorization requests.

Start Now:

- ***Do*** start enrolling your staff now by completing the individual OHCA applications on EPE (Electronic Provider Enrollment).

Electronic Provider Enrollment

Have no fear.

It is easy.

You can start now

All individual rendering providers who work for an OPBH agency will need to complete a provider enrollment application.

EPE can be used for the following:

- **First-time applicants**
- **Contract renewals**
- **Updates or corrections to the contracts.**

You do not have to complete the application in one session..

You will have **30** days from the time of the last save to submit the application.

OPBH agency individual rendering providers have ***two*** application choices:

- Licensed Behavioral Health Practitioner
  - Under supervision is a choice under LBHP
- Para-Professional

OPBH Agency Contract Types (Choices)

Licensed Behavioral Health Practitioner

- Advance Registered Nurse Practitioner
- Licensed Clinical Social Worker (LCSW)
- Licensed Alcohol and Drug Counselor (LADC)
- Licensed Marital Family Therapist (LMFT)
- Licensed Behavioral Practitioner (LBP)
- Licensed Professional Counselor (LPC)
- Physician Assistant
- Under supervision

Para-Professional

- Behavioral Health Aide
- BHRS
- CADC
- CADC supervised
- Certified ASI
- CM I, II or III
- Certified CASI or TASI
- Certified Nurse Assistant
- RSS (Community Recovery Support Specialist)
- Employee Consultant
- Family Support and Training Provider
- Intensive CM II or III
- Licensed Practical Nurse
- MST
- Nationally Certified Gambling I or II
- Prevention Specialist
- Registered Nurse
- Wrap Around Facilitator CM II or III

Contract Expiration – Valid Through Dates

- **ADVANCED RN PRACTITIONER SPECIAL PROVISIONS:11/30/2013**
- **CLINICAL NURSE SPECIALIST SPECIAL PROVISIONS: 11/30/2013**
- **LBHP SPECIAL PROVISIONS: 02/28/2012**
- **OUTPATIENT BEHAVIORAL HLTH SPECIAL PROVISIONS: 6/30/2013**
- **PARA PROFESSIONAL SPECIAL PROVISIONS: 6/30/2013**
- **PHYSICIAN ASSISTANT SPECIAL PROVISIONS: 1/31/2012**
- **PHYSICIAN SPECIAL PROVISIONS: 9/30/2012**
- **PSYCHOLOGIST SPECIAL PROVISIONS: 6/30/2013**
- **RURAL HEALTH CLINIC SPECIAL PROVISIONS: 11/30/2013**
- **SCHOOL BASED SPECIAL PROVISIONS: 6/30/2013**
- **INPATIENT PSYCHIATRIC SPECIAL PROVISIONS: 3/31/2013**
- **RBMS THERAPEUTIC FOSTER CARE SPECIAL PROVISIONS: 9/30/2011**
- **MATERNAL & INFANT HEALTH LCSW SPECIAL PROVISIONS: 9/30/2013**

TFC Providers Types are excluded

- If you have this type of *special contract* with the OHCA, you do not need to enroll your individual providers in EPE.

NPPES
National Plan & Provider Enumeration System

- **You will need an *NPI*.**
- **https://nppes.cms.hhs.gov/NPPES/Welcome.do**
- **OHCA will need NPI confirmation to be faxed.**
- **You will print the provider information page that is produced when you do NPI Registry Search for your NPI.**

NPI application will ask for a taxonomy

Things to know about taxonomy:

- Definition: Taxonomy is the practice and science of classification.
- In the list of taxonomy choices for your profession or provider type, there may not be an exact match.
- It is acceptable to pick the closest description.
- It is up to you to decide which one you want to list. It does not have to be exact.
- Do not ask me to choose for you.

Before you start your application (EPE)

It is helpful to have the following information:

- NPI
- Licenses and/or certifications number, original issue date, effective date and expiration date.
- The OPBH agency's SoonerCare provider number.
- Service location, mailing address, and the "pay to" address, phone, fax and email. For some providers, these will be different locations.
- Contact person for enrollment, clinical services and electronic payments. The first and last name, phone, fax and email will be needed on the application.

www.okhca.org

about us | individuals | providers | research | contact us | search

Back Forward Play Pause

SoonerCare Apply ONLINE Today! ID Card Makeover

View All Banners

Choose Enrollment

individuals

- Enroll Online NOW!
- How to Apply | Find A Provider
- Member Letters | Updates
- Insure Oklahoma
- Programs | Benefits
- SoonerCare Choice
- Rule Changes

--More Options--

providers

- Claim Tools | Types
- Enrollment
- Policies & Rules | Rule Changes
- OHCA Secure Sites
- Provider Letters | Updates
- Patient-Centered Medical Home
- EHR Incentive

--More Options--

research and statistics

- Monthly Enrollment Figures
- Annual Reports
- Fast Facts
- Focus On Excellence Reports
- Quality Reports
- OHCA Waivers

--More Options--

about us

- Public Affairs | News Releases
- Boards and Committees
- Calendar/OHCA Meetings
- Jobs | Contact Us
- Order Publications
- Web Alerts | Social Media
- OK Health Insurance Exchange

--More Options--

insure oklahoma! OKLAHOMA www.ok.gov

Accessibility Policy | Privacy Policy | Terms of Use | Site Map | Employee E-Mail Access
Oklahoma's Medicaid Agency

First page of the Electronic Provider Enrollment (EPE) site.

Providers

- Types
- Claim Tools
- Enrollment
- Forms
- Secure Site
- Policies & Rules
- Training
- Updates
- Help

SoonerCare Provider Enrollment

Welcome to the online SoonerCare Provider enrollment application.

SoonerCare is a collection of Oklahoma health care benefit packages including Traditional (Fee-For-Service Medicaid), Choice (Medical Home), Insure Oklahoma, Supplemental (Medicare Crossover), SoonerPlan (Family Planning) and others.

SoonerCare providers who can apply online include:

- Businesses
- Corporations
- Facilities
- Individuals
- Groups

Provider Enrollment Log On

First Time User?
Register here

User ID:

Password:

Forgot ID or Password?

LOG ON

See the complete list of contract types.

First-time applicants can use the online application to complete an enrollment application and sign a provider contract.

Providers who are already enrolled in the SoonerCare Provider program can renew their contract online.

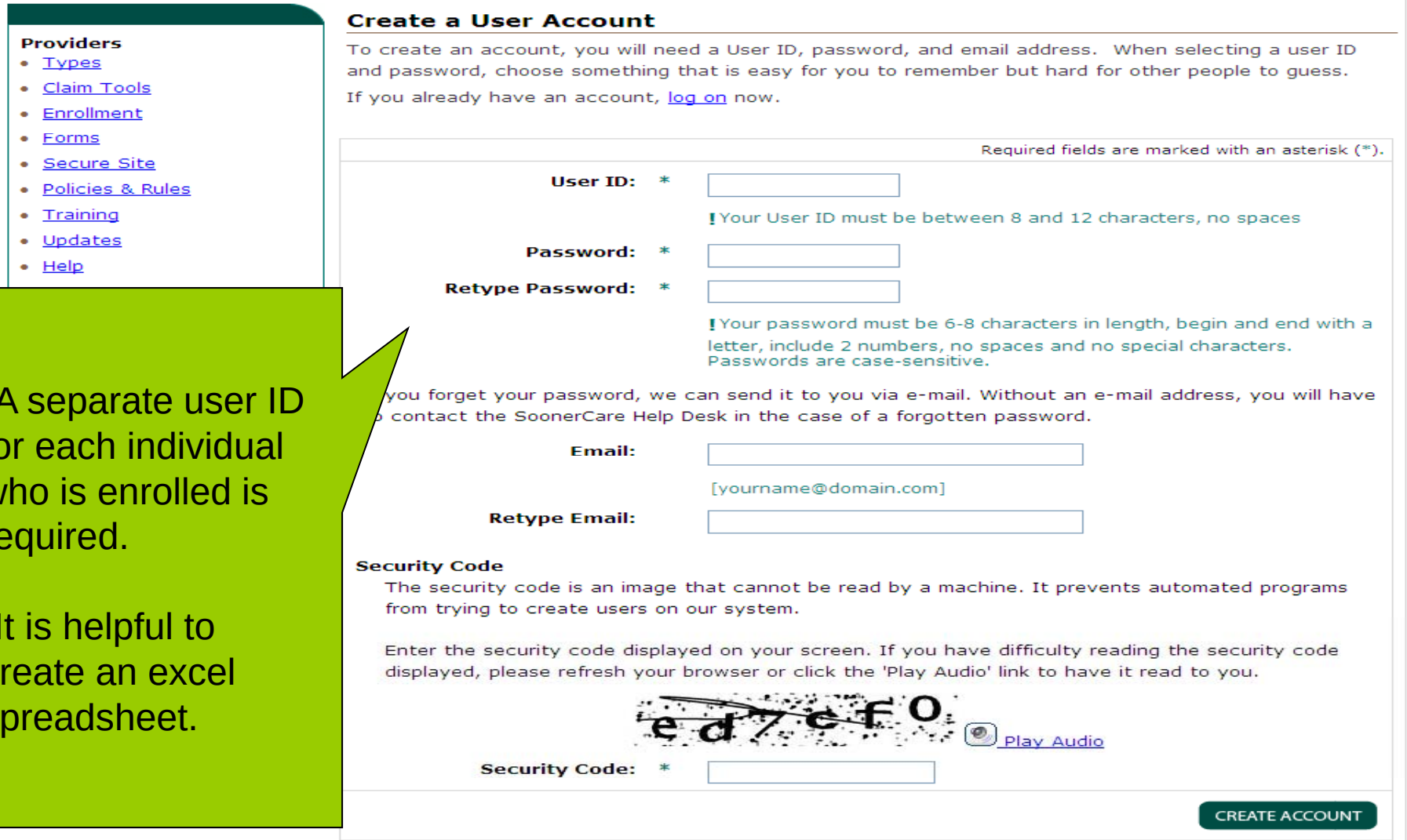
Things you should know:

- You will be required to create a User Account before submitting your application. If you already have a SoonerCare Provider ID, you may use it to log on here. You will be redirected to the OHCA Secure site.
- In addition to completing the online enrollment application, you may need to fax supporting documentation to the OHCA. The documentation is dependent upon your provider type. A list of required documents will be displayed to you once you begin your application.
- You do not have to complete the application in one session. You will be able to save your information and return later. You will have 30 days from the time of the last save to submit the application. After that, your information will be lost and you will have to start again.
- After the OHCA receives your application and supporting documentation, OHCA will review your application. You will be notified of the results by e-mail in approximately 15 days.

SoonerCare Provider Enrollment

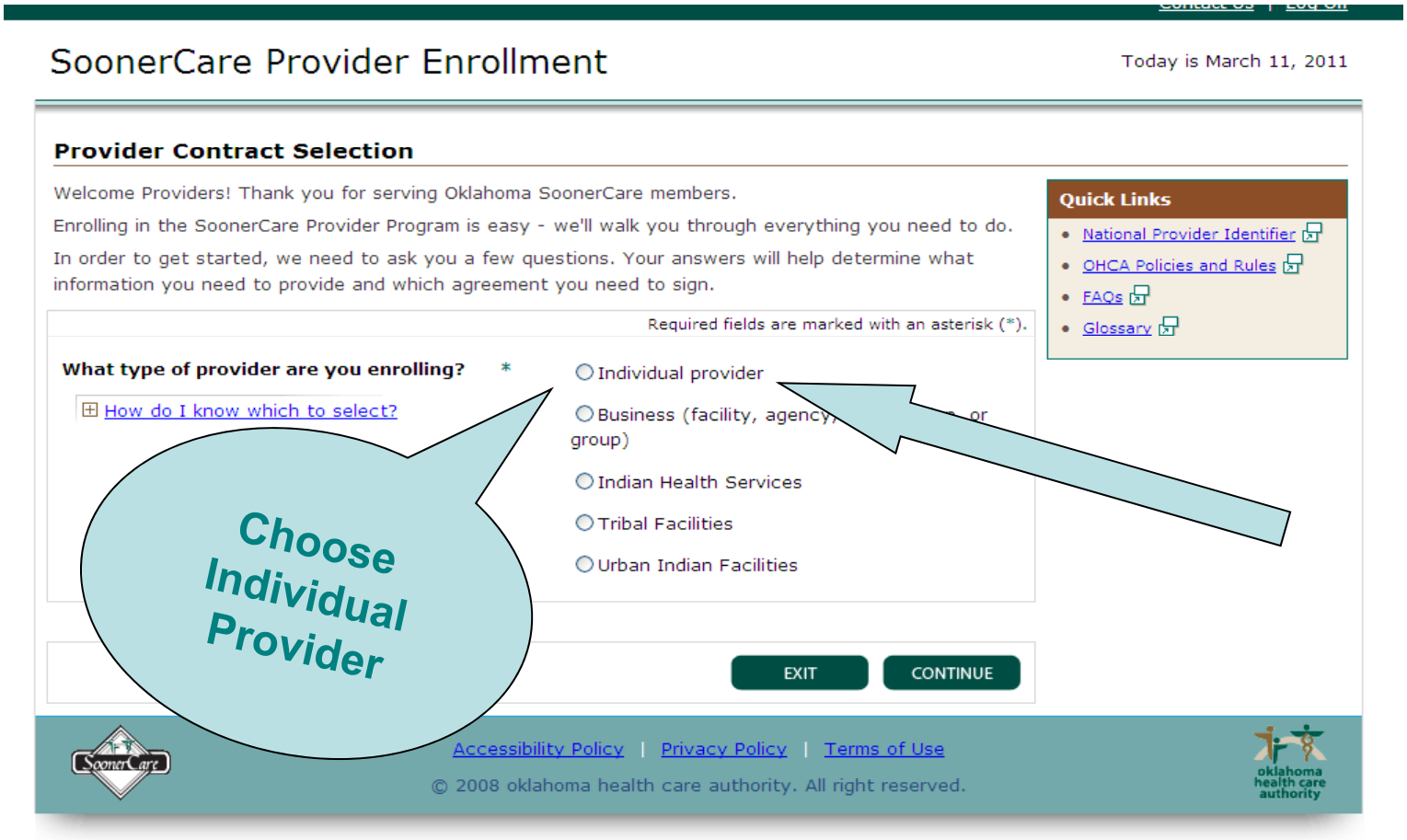
New or initial application
Complete your saved application
Obtain submitted application status
Renew contract
Update your information

Create a User Account

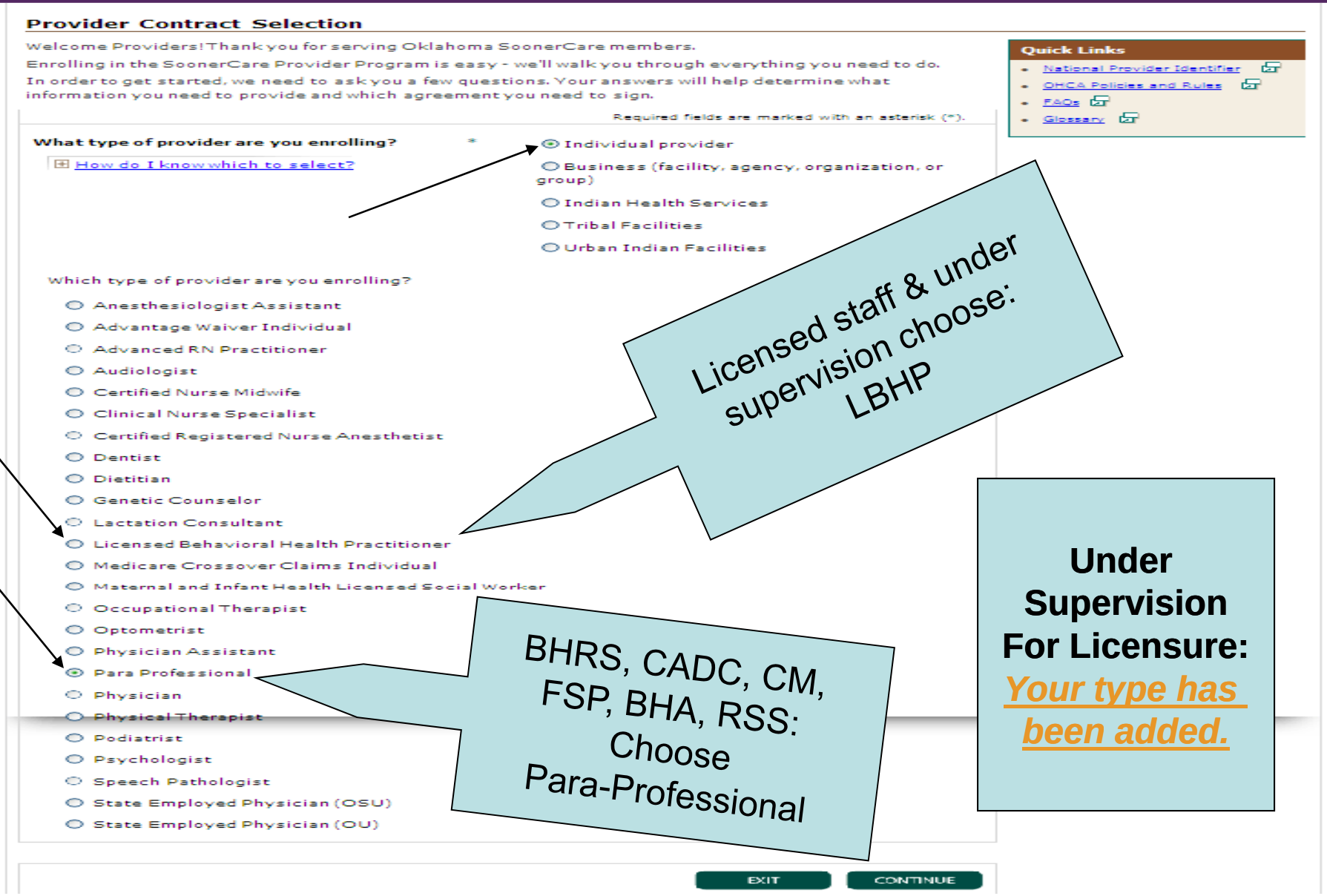


- A separate user ID for each individual who is enrolled is required.
- It is helpful to create an excel spreadsheet.

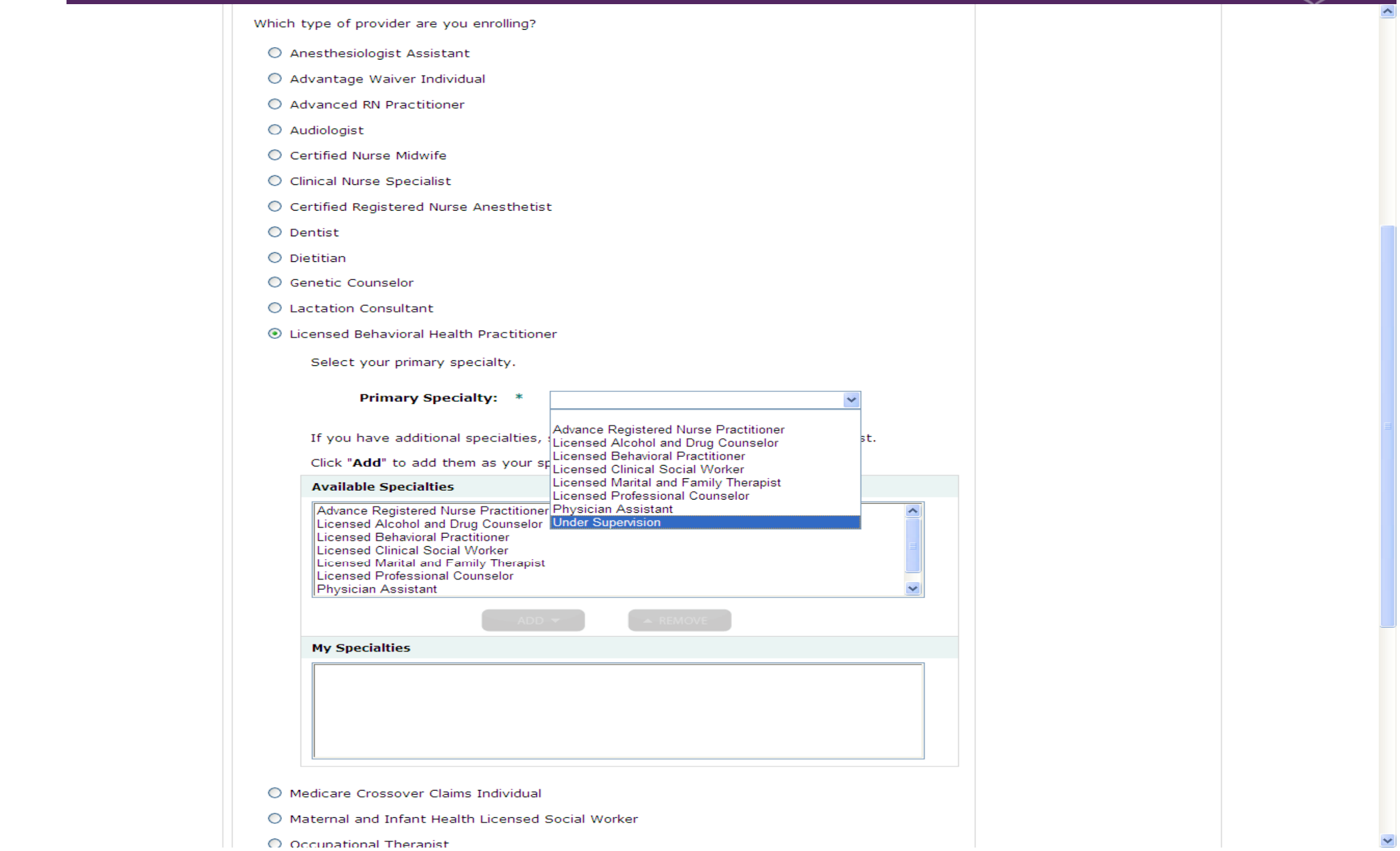
Provider Contract Selection. Choose Individual.



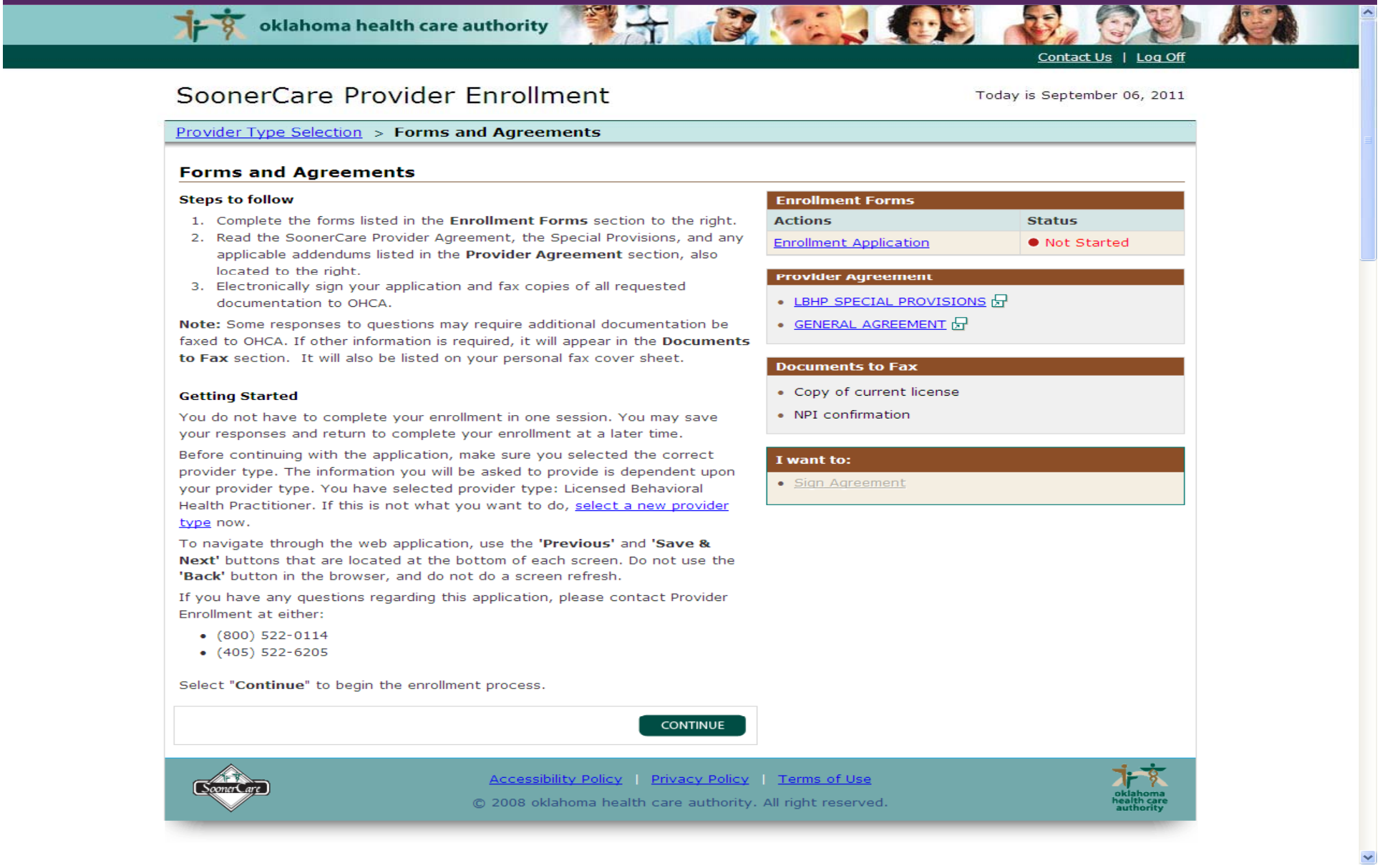
Next step: A list of choices will appear. Choose the type of provider: LBHP or Paraprofessional.



If you choose LBHP, this is what you will see.



This is the next screen you will see:



LBHP Application

SoonerCare Provider Enrollment

Today is September 06, 2011

Forms and Agreements > **Enrollment Application**

Enrollment Application

Before you start:

It may be helpful to have the information listed below *before* you begin answering the questions.

- NPI, Medicare number and DEA number (if applicable)
- Number, original issue date, effective date and expiration date of all professional licenses
- Names of hospitals where you have admitting privileges (if applicable)
- NPI of any provider who either supervises you or covers your practice in your absence
- FEIN or SSN used for tax reporting
- Routing number and account number for where your payments should be deposited
- Office hours
- Name, phone, email of enrollment, billing, and clinical services contacts

Instructions:

Please keep in mind that all questions pertain to the individual who is enrolling in the SoonerCare program, and who will be "signing" the agreement with OHCA.

Select "**Continue**" to begin the Enrollment Application at the beginning.

If you have any questions regarding this application, please contact Provider Enrollment at either:

- (800) 522-0114, option 5
- (405) 522-6205, option 5

CONTINUE

Enrollment Forms

To access a specific section of the application, select the name from the list below.

Section	Status
Personal Information	Not Started
Professional Practice	Not Started
Office Information	Not Started
Location & Addresses	Not Started
Contacts	Not Started
Payments	Not Started

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The application has 6 sections:

1. Personal Info
2. Professional info
3. Office Info
4. Location and addresses
5. Contacts
6. Payment

Paraprofessional Application

Before you start:

It may be helpful to have the information listed below *before* you begin answering the questions.

- NPI, Medicare number and DEA number (if applicable)
- Number, original issue date, effective date and expiration date of all professional licenses
- Names of hospitals where you have admitting privileges (if applicable)
- NPI of any provider who either supervises you or covers your practice in your absence
- FEIN or SSN used for tax reporting
- Routing number and account number for where your payments should be deposited
- Office hours
- Name, phone, email of enrollment, billing, and clinical services contacts

Instructions:

Please keep in mind that all questions pertain to the individual who is enrolling in the SoonerCare program, and who will be "signing" the agreement with OHCA.

Select "**Continue**" to begin the Enrollment Application at the beginning.

If you have any questions regarding this application, please contact Provider Enrollment at either:

- (800) 522-0114, option 5
- (405) 522-6205, option 5

Enrollment Forms

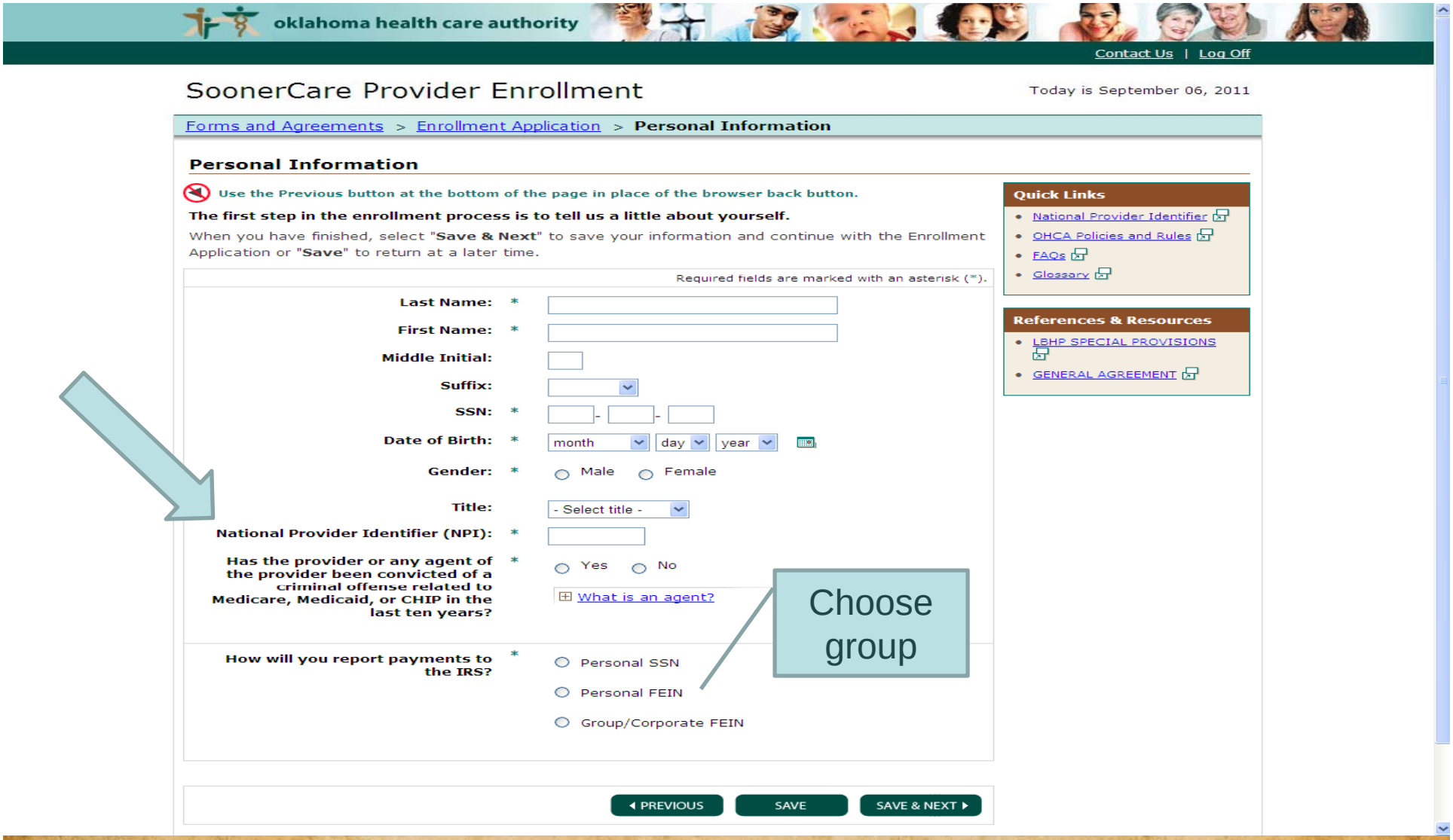
To access a specific section of the application, select the name from the list below.

Section	Status
Personal Information	Not Started
Professional Practice	Not Started
Location & Addresses	Not Started
Contacts	Not Started
Payments	Not Started

Application sections to complete:

1. Personal
2. Professional
3. Location & addresses
4. Contacts
5. Payments

Personal Information Section



Provider Agreement for *Para-Professionals*: Here it is. Next slide will explain…

SPECIAL PROVISIONS FOR BEHAVIORAL HEALTH PARAPROFESSIONALS

1. THE PURPOSE OF THIS AGREEMENT IS FOR PROVIDER TO IDENTIFY HIMSELF/HERSELF AS A BEHAVIORAL HEALTH PARAPROFESSIONAL RENDERING SERVICES AT ONE OR MORE SOONERCARE-CONTRACTED OUTPATIENT BEHAVIORAL HEALTH AGENCIES.

2. PROVIDER STATES THAT HE/SHE HAS BEHAVIORAL HEALTH CERTIFICATIONS AS INDICATED IN THE PROVIDER INFORMATION. PROVIDER AGREES TO MAINTAIN ALL CERTIFICATIONS DURING THE TERM OF THIS CONTRACT. SHOULD PROVIDER?S CERTIFICATIONS BE MODIFIED, SUSPENDED, REVOKED, OR IN ANY OTHER WAY IMPAIRED, PROVIDER SHALL NOTIFY OHCA IN WRITING WITHIN THREE BUSINESS DAYS OF SUCH ACTION. IN THE EVENT PROVIDER'S CERTIFICATIONS ARE MODIFIED, PROVIDER SHALL ABIDE BY THE TERMS OF THE MODIFIED CERTIFICATIONS. IN THE EVENT OF SUSPENSION, REVOCATION, OR OTHER ACTION MAKING IT UNLAWFUL FOR PROVIDER TO PROVIDE SERVICES UNDER THIS AGREEMENT, THE AGREEMENT SHALL TERMINATE IMMEDIATELY. A VIOLATION OF THIS PARAGRAPH, AT THE TIME OF EXECUTION OR DURING ANY PART OF THE AGREEMENT TERM, SHALL RENDER THE AGREEMENT IMMEDIATELY VOID.

3. PROVIDER AGREES THAT ALL SERVICES RENDERED BY PROVIDER TO SOONERCARE MEMBERS SHALL BE BILLED BY THE SOONERCARE-CONTRACTED OUTPATIENT BEHAVIORAL HEALTH AGENCY (IES) INDICATED IN PROVIDER'S PROVIDER INFORMATION AND THAT PROVIDER SHALL NOT BILL ANY SERVICES INDIVIDUALLY.

4. THE TERM OF THIS AGREEMENT SHALL EXPIRE ON JUNE 30, 2013.

Para-Professional
Provider Agreement Explained

1. Explains the agreement: The purpose is identification of the provider.
2. Basically says that you will stay in compliance with your certifications.
3. Agreement to allow payment for your services to be billed by your agency.
4. Expiration date: 6/30/2013. You will need to re-enroll or renew your application.

Para-Professional Professional Choices

Professional Practice

Use the Previous button at the bottom of

Tell us about your professional practice.

When you have finished, select "**Save & Nex** t
Application or "**Save**" to return at a later tim

Para Professional Certifications

Enter the following information for all **curre**

Select 'Add another certification' to add ad

Certification		
Certification:	*	- Select Certification -
Original Issue Date:	*	[mm/dd/yyyy]
Expiration Date:	*	[mm/dd/yyyy] must be a future date

Add another certification

- Behavioral Health Rehabilitation Specialist
- Cert. Alcohol & Drug Counselor (CADC)
- Cert. Alcohol & Drug Counselor (CADC) supervised
- Certified ASI
- Certified Case Manager I
- Certified Case Manager II (Bachelor or Master)
- Certified Case Manager III (LBHP)
- Certified CASI and TASI
- Certified Nurse Assistant
- Community Recovery Support Specialist (RSS)
- Employee Consultant
- Family Support and Training Provider
- Intensive Case Manager II (Bachelor or Master)
- Intensive Case Manager III (LBHP)
- Licensed Practical Nurse
- Multi-Systemic Therapy (MST) Provider (Master)
- Nationally Certified Gambling Counselor I
- Nationally Certified Gambling Counselor II
- Peer Recovery Support Specialist (PRSS)
- Prevention Specialist
- Registered Nurse
- Wraparound Facilitator CM II (Bachelor or Master)
- Wraparound Facilitator CM III (LBHP)

Quick Links

- National Provider Identifier
- OHCA Policies and Rules
- FAQs
- Glossary

References & Resources

- PARA PROFESSIONAL SPECIAL PROVISIONS

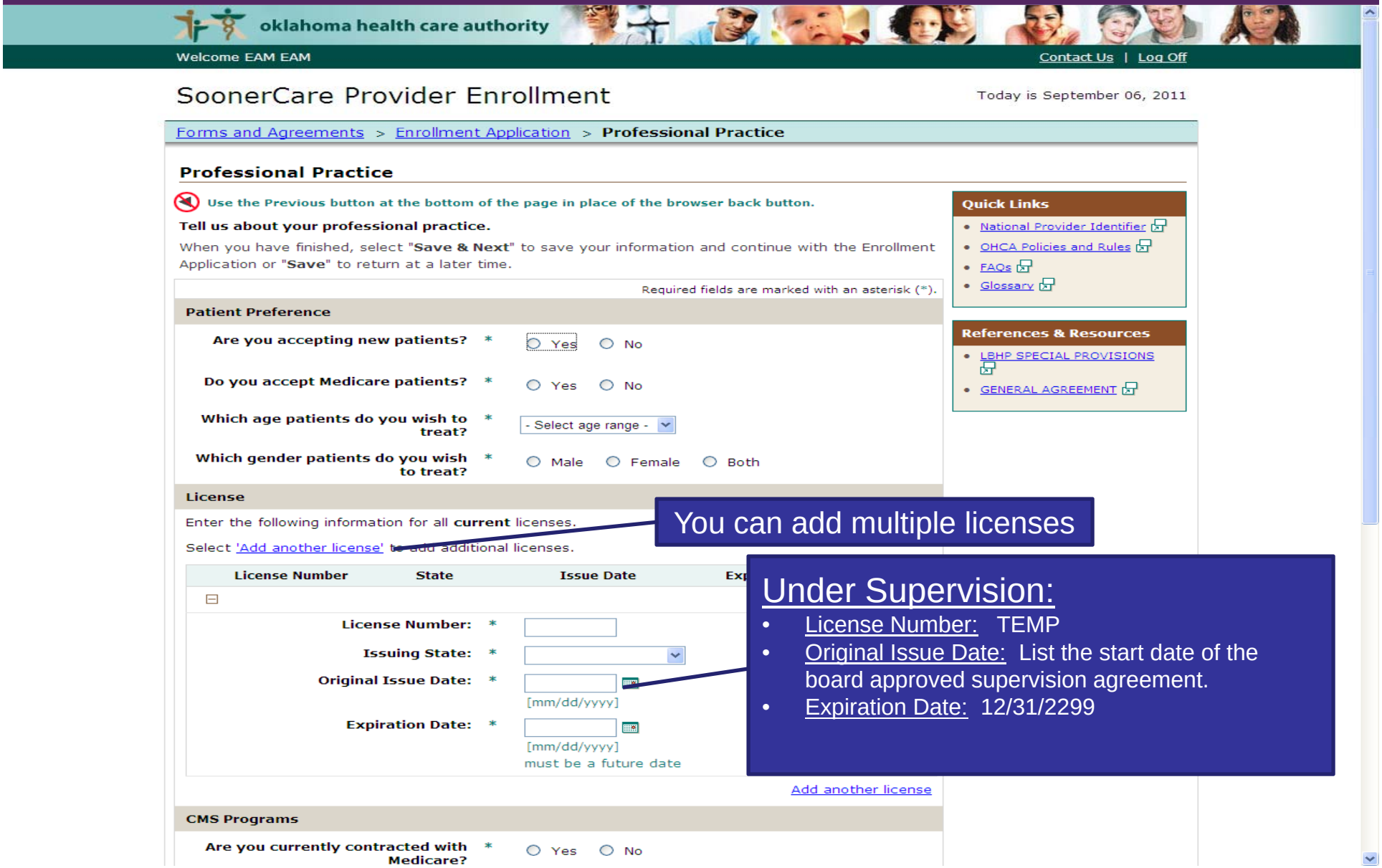
Choose the type.

◀ PREVIOUS | SAVE | SAVE & NEXT ▶

Para-professionals who do not have a certification

Paraprofessional Title	Original Issue Date	Expiration Date	Required Document
BHRS	Date on training certificate *or* Date on grandfathering letter	12/31/2299	Training certificate *or* Grandfathering letter
BHA	Date on training certificate		Training certificate
Family Support and Training	Date on training certificate		Training certificate
Employment Consultant	Date on training certificate		Training certificate
Support Services Provider	Date on ODMHSAS form		ODMHSAS form

Professional Practice Section



You can add multiple licenses

Under Supervision:

- License Number: TEMP
- Original Issue Date: List the start date of the board approved supervision agreement.
- Expiration Date: 12/31/2299

Office Information

Application or **Save** to return at a later time.

Required fields are marked with an asterisk (*).

Office Hours

What hours are you available to see patients?
For each timeframe you are open:

- Select the starting and ending hours
- Check the box in front of the days that timeframe applies to
- If opened 24 hours in one day, select the day, a starting time of 12am and an ending time of 12am.

If you need to add additional timeframes, select '**Add another timeframe.**'

* ☐ Available 24 hours per day, 7 days per week

From	To	Days
AM	AM	SELECT ALL DAYS; ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
AM	AM	Remove; SELECT ALL DAYS; ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Add another timeframe

Covering Providers

Are there any providers who cover your practice in your absence? * ○ Yes ○ No

Languages

Select all languages you or your staff are fluent in from the "Languages" list.
Click "**Add**" to add them to the "Languages Spoken by Staff" list.

Languages	Languages Spoken by Staff
Arabic	English

- FAQs
- Glossary

References & Resources

- LBHP SPECIAL PROVISIONS
- GENERAL AGREEMENT

317:30-5-240.2 Provider Participation Standards for OPBH Agencies: "Be available 24 hours a day, seven days a week, for Crisis Intervention services."

Answer "No"

LBHPs in Private Practice and also work for an OPBH Agency

If you have an individual contract and report your payments to the IRS under your SS# and you work for an OPBH agency, you will need to have ***two*** OHCA provider ID numbers:

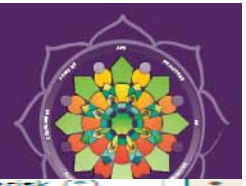
1. The private practice provider ID is set up as a ***yes-biller ID***; and the
2. OPBH agency individual provider ID is set up as a ***no-biller ID***.

Important Point to Remember: Yes-biller IDs can not be added to an OPBH agency's group. LBHPs with a Yes-biller ID will need to submit an application to obtain a no-biller ID.

List your addresses on the next screen:

1. Service location
2. Mailing address
3. Pay to address

Location and Addresses



Required fields are marked with an asterisk (*).

Service Location

Enter the address, phone and fax numbers, and e-mail of your Service Location.

Street Address:	*	(This cannot be a P.O. Box)
Suite #, Building #:		
City:	*	
State:	*	Oklahoma
Zip Code:	*	
Phone:	*	( ) ext.
Fax:		( )
Service Location E-mail:		[yourname@domain.com]

Mailing Address

Enter the address, phone and fax numbers, and e-mail of your Mailing Address.

Note:

Legal documents will be sent to the e-mail address entered below. If there is no e-mail address on file, the Street address will be used.

- ○ Same as Service Location Address
- ○ None of the above

Street or PO Box:	*	
Suite #, Building #:		
City:	*	
State:	*	Oklahoma
Zip Code:	*	
Phone:	*	( ) ext.
Fax:		( )
Mailing Address E-mail:		[yourname@domain.com]

Pay To Address

Enter the address, phone and fax numbers, and e-mail of your 'Pay To' Address.

- ○ Same as Service Location Address
- ○ Same as Mailing Address
- ○ None of the above

Street or PO Box:	*	
Suite #, Building #:		
City:	*	
State:	*	Oklahoma
Zip Code:	*	
Phone:	*	( ) ext.
Fax:		( )

List your contacts

Please tell us how to correspond with you if we have questions or information for you regarding your:

1. **Enrollment application and contract:** Who should we contact if we have questions about your enrollment application? This would be the person who can answer questions about anything in this application or for contract correspondence.
2. **Clinical services**: Who should we contact with questions or correspondence relating medical or clinical services?
3. **Electronic payments**: Who should we contact with questions or correspondence relating to electronic payments?

Please tell us how to correspond with you if we have questions or information for you regarding your:

- Enrollment application and contract
- Clinical services
- Electronic payments

When you have finished, select "**Save & Next**" to save your information and continue with the Enrollment Application or "**Save**" to return at a later time.

Required fields are marked with an asterisk (*).

Enrollment Contact

Who should we contact if we have questions about your enrollment application? This would be the person who can answer questions about anything in this application or for contract correspondence.

First Name: *

Last Name: *

Phone: * ( ) ext.

Fax: ( )

Enrollment & Contract Correspondence E-mail:
[yourname@domain.com]

Clinical Services

Who should we contact with questions or correspondance relating medical or clinical services?

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

First Name: *

Last Name: *

Phone: * ( ) ext.

Fax: ( )

Medical/Clinical Services Correspondence E-mail:
[yourname@domain.com]

Electronic Payments

Who should we contact with questions or correspondance relating to electronic payments?

- ○ Same as Enrollment Contact
- ○ Same as Clinical Services Contact
- ○ None of the above

First Name: *

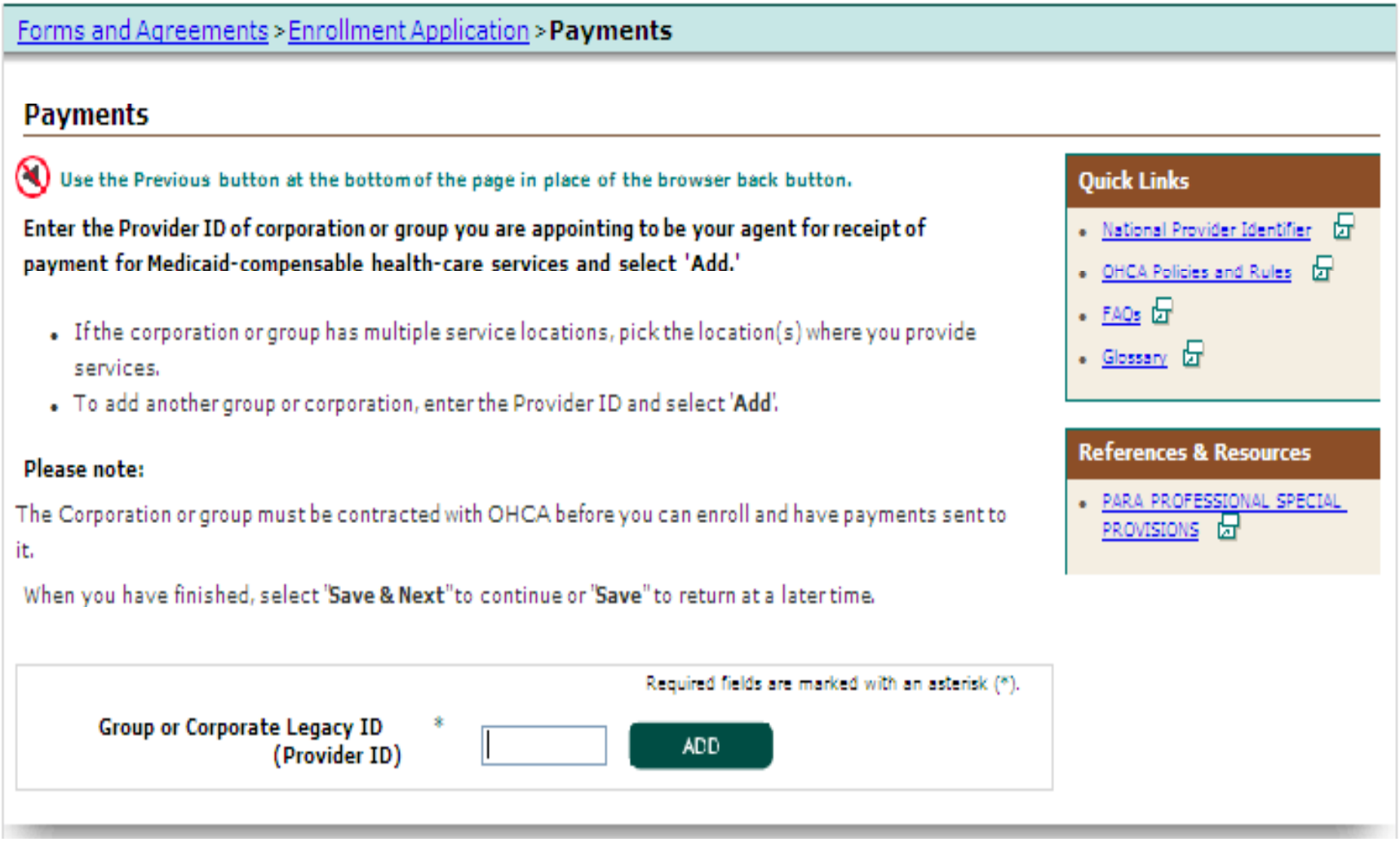
Last Name: *

Phone: * ( ) ext.

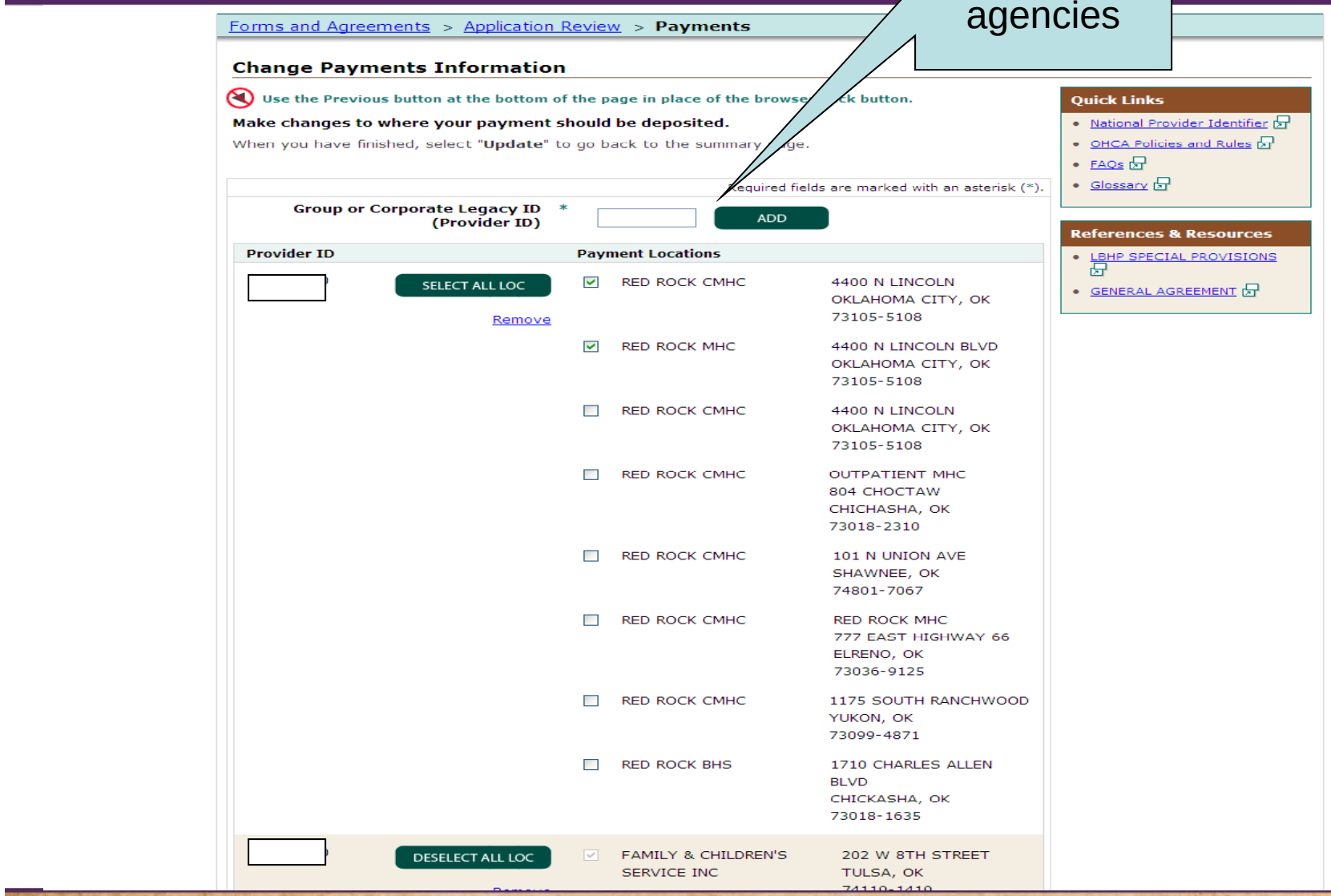
Fax: ( )

Electronic Payment Correspondence E-mail:
[yourname@domain.com]

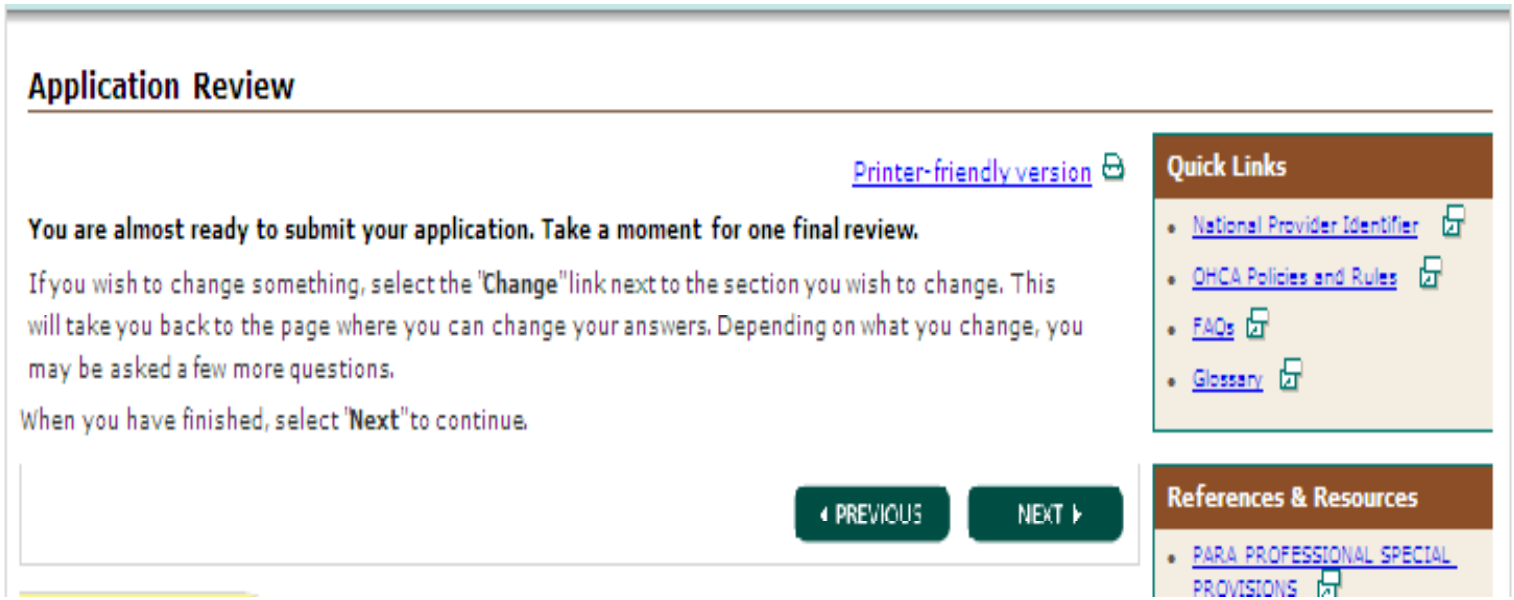
Payment screen: Requires the OPBH Agency SoonerCare Provider ID



You can add multiple agencies



The Application Review screen gives you an opportunity to see your entire application and to check for errors.



This is the application "***review screen***." You can make changes by clicking the "change" link.

Contacts

Type	Name	Phone	Fax	E-mail
ENROLLMENT	AA AA	(405)000-0000		
CLINICAL SERVICES	AA AA	(405)000-0000		
ELECTRONIC PAYMENT	AA AA	(405)000-0000		

Provider Website

Website URL:

Change Contacts

Payment and Tax Reporting

Provider ID	Service Location	Group Name	Location
	A	RED ROCK CMHC	4400 N LINCOLN OKLAHOMA CITY, OK 73105-5108
	C	RED ROCK MHC	4400 N LINCOLN BLVD OKLAHOMA CITY, OK 73105-5108
	W	FAMILY & CHILDREN'S SERVICE INC	202 W 8TH STREET TULSA, OK 74119-1419
	D	CENTRAL OKLA FAMILY MED CENTER	527 W 3RD ST KONAWA, OK 74849-0000

Change Payment and Tax Reporting

◂ PREVIOUS NEXT ▸

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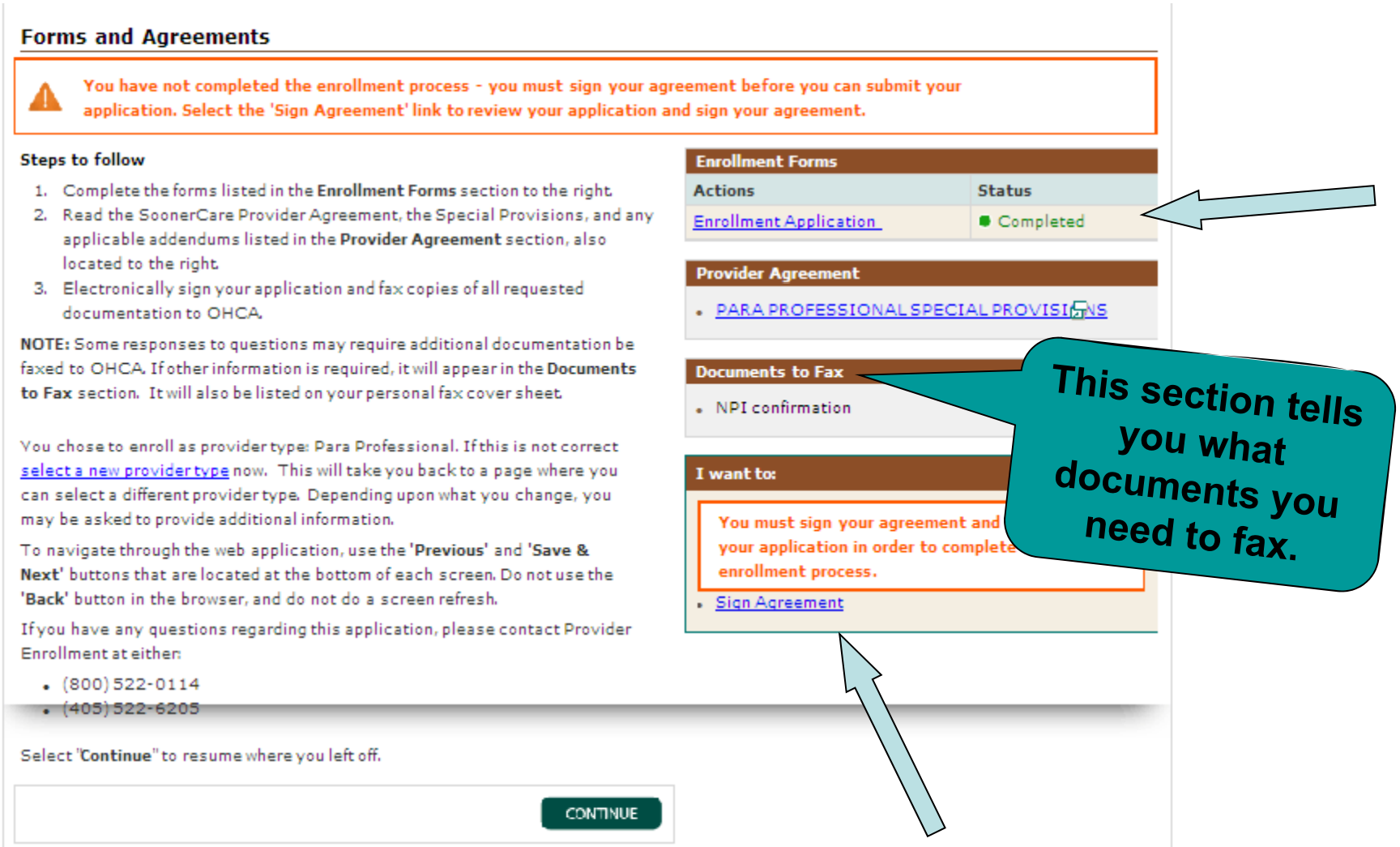
The individual can work for multiple agencies.

Electronically sign your application and fax copies of all requested documentation to OHCA.



Here is the screen for your electronic signature

Submit Application

Use the Previous button at the bottom of the page in place of the browser back button.

Before submitting your application, you must:

- Read and agree to the statements below
- Sign the application by selecting **"I agree"** and typing your name in the box provided. This electronic signature has the same legal effect and can be enforced in the same way as a written signature.

PARA PROFESSIONAL SPECIAL PROVISIONS

SPECIAL PROVISIONS FOR BEHAVIORAL HEALTH PARAPROFESSIONALS

1. ONLY ARTICLES II, III, ARTICLE IV SECTION 4.5, ARTICLES VII, VIII, AND IX OF THE SOONERCARE GENERAL PROVIDER AGREEMENT APPLY TO PROVIDER. THE REMAINDER OF THE AGREEMENT DOES NOT APPLY TO PROVIDER.
2. THE PURPOSE OF THIS AGREEMENT IS FOR PROVIDER TO IDENTIFY HIMSELF/HERSELF AS A BEHAVIORAL HEALTH PARAPROFESSIONAL RENDERING SERVICES AT ONE OR

Print PARA PROFESSIONAL SPECIAL PROVISIONS

Quick Links

- National Provider Identifier
- OHCA Policies and Rules
- FAQs
- Glossary

References & Resources

- PARA PROFESSIONAL SPECIAL PROVISIONS

Instructions for completing the electronic enrollment process

OHCA rules provide that electronic signatures can be used when both parties agree to conduct business electronically. By executing this electronically, you are agreeing to use an electronic signature. Any person who fraudulently represents facts in an electronic transaction, acts without authority, or exceeds their authority to perform an electronic transaction may be prosecuted under all applicable criminal and civil laws.

Who can execute this contract using an electronic signature?

Check the box below and enter your name. This box may be checked by a person from PROVIDER's staff who is not PROVIDER.

☐ **By checking this box, PROVIDER agrees to all terms and conditions of the SoonerCare Provider Agreement. PROVIDER has read the SoonerCare Provider Agreement, applicable Special Provisions, and applicable OHCA rules referenced in the Special Provisions.**

Select your relationship to PROVIDER and enter your name in the space provided.

My relationship to PROVIDER is that of: *

- PROVIDER
- Member of PROVIDER's staff or an agent of PROVIDER

OHCA will provide a directory of providers on a public website. If you do not want to be listed, check the following box:

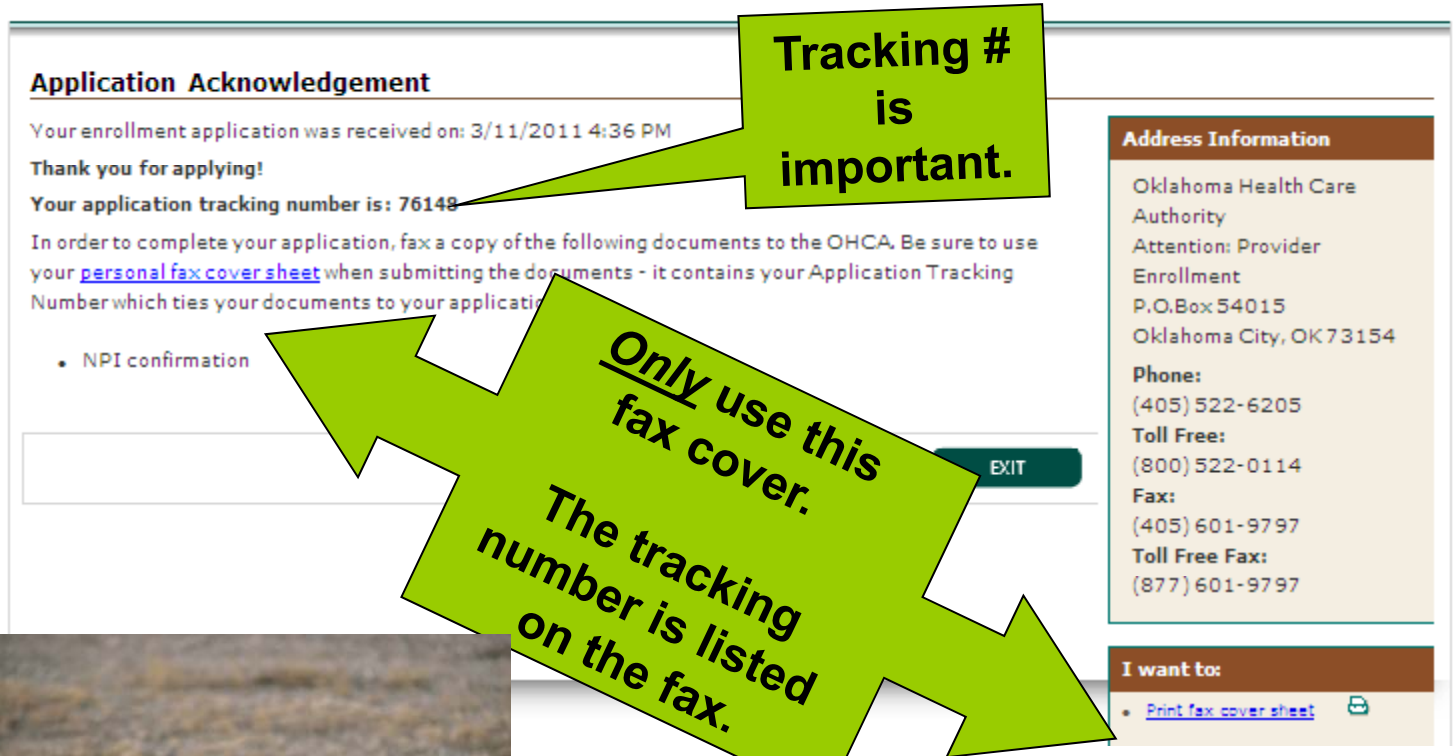
☐ Do not list me in the directory of providers

◂ PREVIOUS | SAVE | SUBMIT

Electronic Signatures:

- **A representative from the OPBH agency can sign the contract *electronically* if the provider has a written security policy that authorizes the person to do so.**

OHCA fax cover sheet is required.



Staff signature is required on form.

- **The SoonerCare Provider Agreement Signature Form will need to be faxed.**
- **You will get this form when you print the fax cover page.**

- ***The individual staff is required to sign the Signature Form.***

Signature page is included when you print the fax cover sheet. It ***must be signed*** by the ***individual*** and returned with the other required documents.

SOONERCARE PROVIDER AGREEMENT
SIGNATURE FORM

If PROVIDER is an organizational entity rather than an individual person, PROVIDER's Authorized Representative states that he or she has authority to execute this Agreement on behalf of PROVIDER pursuant to its organizational documents, bylaws, or properly enacted resolution of its governing authority.

Individual PROVIDER or Organizational PROVIDER's Authorized Representative certifies that:

1. If PROVIDER is an entity other than an individual person, the person signing below is the duly Authorized Agent of PROVIDER for the purpose of certifying the facts pertaining to the giving of things of value to government personnel in order to procure said contract;

2. Neither PROVIDER nor anyone subject to PROVIDER's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein;

3. No person who has been involved in any manner in the development of the Agreement to which this statement is attached while employed by the State of Oklahoma shall be employed by PROVIDER to fulfill any of the services provided for under said contract.

5/20/2011

_____ _____

Signature of individual PROVIDER or Organizational PROVIDER's Authorized Representative — Date

There are two ways to add individuals to your OPBH Agency Contract:

Individual adds the agency: The individual can add the agency when they are completing the individual application. The individual has the option to add multiple groups and to deselect a group when they discontinue employment;

or

OPBH agency adds the individual: After an individual has completed their individual enrollment application and they have been assigned an individual provider number, the agency can log on to the OHCA secure site and add them as a "member" of the "OPBH Agency group."

Important steps for successful individual provider enrollment:

- Use OHCA's fax cover sheet ***ONLY***. Your fax will not be accepted unless this form is used.
- The fax cover sheet must be the top sheet.
- *NO* batch faxing. Each individual application must be faxed separately.
- You will get a letter when the application has been successfully processed.
- Notary is not required.
- Each application requires a new user ID and pass word. If you are going to enter multiple providers, a spread sheet would be helpful to keep track of the information.

Other details regarding individual provider enrollment:

- It is estimated to take 5 to 10 business days to process the application once the fax has been received.
- The ***faxed received date*** of the required materials is ***very important***.
- The application start date can be retroactive 30 days from the fax received date. For example, the fax date is March 1, 2011. You can have a start date for the individual provider of January 30, 2011.

Other important points to note about the individual application:

- The individual provider number belongs to the individual.
- The individual provider number will be the same regardless of the location *or* if they work for different agencies.
- The individual needs to be able to access their application.
- The individual applications do not contain the OPBH agency's private information.

Provider Q&A

- If there are 2 different rehab groups in one day lead by two different renders to a member (such as the case in intensive outpatient services for substance abuse services) will the claim pay?
  - Yes, it will not deny for duplicate.
- When it is time to renew a contract, how early can we do it?
  - Renewal letters are mailed out 75 days prior to the expiration date of your contract, and again at 45 days prior to the expiration date if the contract has not been updated.
  - If you log into Electronic Provider Enrollment (EPE), the renewal notification is displayed for providers 120 days prior to the expiration date.
- Will the rendering be required on claims submitted after 10/1/11 for dates of service that occurred *before* 10/1/11?
  - No, it will not be required for dates of service before 10/1 but it can be used after 10/1 if the rendering provider's effective date in the group covers the date of service on the claim. For example, if Red Rock bills a service performed by Provider A on 8/1/2011 but the claim is submitted after 10/1/2011 AND Provider A is a member of Red-Rock effective 7/1/2011. The claim can be submitted with either the rendering provider A or Red Rock Group as the rendering provider. However, if Provider A did not become a member of RED ROCK until 9/1/2011 then the claim would need to be filed with RED ROCK as both billing and rendering because the claim was for DOS of 8/1/2011.

Provider Q&A

- If you add an individual with an existing individual SoonerCare provider # to your OPBH agency after 10/1/11, will they need to complete appendix A?
  - Yes (This is located on the provider enrollment page.)
- What happens if we fill out an application for an individual and they already have a provider number that exists in the system?
  - OHCA determines if a new location code needs to be issued or the pay-to information needs to be added to the existing number.
- If the license expires during the contract, you need to update or can up you just wait to update the information on the renewal date?
  - Yes, the provider needs to update their license, prior to the license expiration date, each year. Provider needs to log into the secure site to update their license information.
- Can agencies call to obtain the individual's provider number if they have one, but they do not know it?
  - Yes, they can call to obtain the individual's number. They must have the individual's SSN in order to obtain this information.

Appendix A

about us | individuals | providers | research | contact us | search

providers

- Types
- Claim Tools
- Enrollment
  - Indian Health
  - New Contracts
  - Renewal Contracts
- Forms
- Secure Sites
- Policies & Rules
- Training
- Updates
- Help

Home > Providers

Enrollment

Provider Contracts

IMPORTANT - Please be sure to visit Adobe's Web site and upgrade to the latest Adobe Reader program.

Get ADOBE® READER®

- New contracts
- Renewal contracts

Forms

- Uniform Credentialing
- Electronic Funds Transfer
- Disclosure of ownership instructions and form
- IRS Form W-9
- Group Appendix A

Telemedicine Network

- Telemedicine Network Provider Agreement
- Telemedicine Information

Contact Us

Recruitment

- For Medical Home/PCP: Contact OHCA Provider Services (800) 522-0114, option 1
- For Specialty Providers Contact: Oklahoma City Area (405) 204-1065 Tulsa Area (405) 210-9635

Resources

- False Claims Act
- Frequently Asked Questions
- Frequently Used Terms
- SoonerExcel Payment Methodology

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Oklahoma's Medicaid Agency

- If you file your **claims** in hard copy or using the provider's ***secured website***, then you will make *NO* changes until the implementation date of ***10/1/11***.

Please call Provider Enrollment if you have questions about completing the enrollment application:

(800) 522-0114 Option 5

Questions, Comments, Thank you