Electronic Patient Dismissal Request

2016 Fall Provider Training

Oklahoma **HealthCare** Authority

DISCLAIMER

- The information and screenshots provided in this presentation are for demonstration purposes only and are subject to change.

- This information has been modified and it is now current according to the new process promoted as of 06/05/2017.

AGENDA

- Reasons for submitting a Patient Dismissal request

- Former Patient Dismissal process

- New electronic Patient Dismissal process

- Patient Dismissal request status

- Reinstatement request

- Questions

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REASONS FOR SUBMITTING A PATIENT DISMISSAL REQUEST

- Rude/Disruptive behavior
- Non-compliance with medical regime
- Deterioration of provider/patient relationship
- No shows

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FORMER PATIENT DISMISSAL PROCESS

- Received faxed Patient Dismissal request form HCA-42

- Request processed manually by OHCA staff

- Update status to approved, denied or pended

- Update managed care assignment as needed

- Lock member(s) out of PMP Service Location(s) if approved

- Send manually created letters to the provider and member as necessary

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NEW ELECTRONIC PATIENT DISMISSAL PROCESS

- Who can submit a Patient Dismissal request?

- Submitting a Patient Dismissal Form

- Upload supporting documents

- What happens after submitting Patient Dismissal Request?

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WHO CAN SUBMIT A PATIENT DISMISSAL REQUEST?

- Group login with a PMP Service Location

- Individual Provider login with a PMP Service Location

- A clerk login who has been granted access under a Group or Individual Provider PMP Service Location

SUBMITTING A PATIENT DISMISSAL FORM

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Login

?

*User ID

[   ]

Log In

Forgot User ID?

Register Now

Where do I enter my password?

Protect Your Privacy!
Always log off and close all of your browser windows

Helpful Links

▸ EVS Guide

▸ Insure Oklahoma

▸ Child Health (EPSDT)

▸ Provider Enrollment

Broadcast Messages

Provider Letters 2016-09 through 2016-19, as well Provider Letter 2016-23, outlines OHCA Program and Policy Updates that will become effective September 1, 2016. For full details, about these changes, please visit www.okhca.org/providerletters

Obstetrical (OB) services policy at OAC 317:30-5-2 and 317:30-5-22 is revised to amend the reimbursement structure for OB services. Currently the agency utilizes the global care CPT codes for routine OB care billing, which can be used if the provider rendered care for a member for greater than one trimester.

The revised policy will require OB care be billed using the appropriate evaluation and management codes for antepartum care, as well as the appropriate delivery-only and postpartum care services when rendered. The change allows for more accurate tracking of antepartum and postpartum services.

Effective September 1, 2016, all global OB CPT codes will not be eligible for reimbursement. This includes CPT 59400, 59410, 59425, 59426, 59510, 59515, 59610, 59614, 59618 and 59622.

There will be two different billing periods for OB care - one for services rendered up to August 31, 2016, and another for services rendered from September 1, 2016, forward.

For full details, please reference Provider Letter 2016-20, which can be found at www.okhca.org/providerletters

What can you do in the Soonercare Provider Portal

The Oklahoma Health Care Authority's secure portal is intended for providers, clerks and billing agents. This site gives you the opportunity to maintain provider information, access claim and prior authorization related functions, and receive messages from the OHCA that apply specifically to you.

Website Requirements

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My Home	Eligibility	Claims	Prior Authorizations	Referrals	Files Exchange	Financial	Letters	Reports	Resources

Welcome Health Care Professional!

User Details

Welcome OHCA Training

▸ My Profile

▸ Manage Accounts

Provider

Name Oklahoma Care

Provider ID 1234567891 (NPI)
Taxonomy 261QM2500X
SC Provider Number 200079670 A

Provider Services

▸ Member Focused Viewing

▸ Search Payment History

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to payment history and the ability to search for helpful information under the Resources menu.

📞 **Contact Us**

✉️ **Secure Correspondence**

Referrals

Update Provider Files

Upload Behavioral Health Records

Patient Dismissal Form

Helpful Links

▸ Insure Oklahoma Employer/Agent Portal

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My Home | Eligibility | Claims | Prior Authorizations | Referrals | Files Exchange | Financial | Letters | Reports | Resources

Patient Dismissal Form [?]

Members can be dismissed from your panel with good cause and written request. Please include documentation to support your good cause. Documentation should include the following: Dates and times for **no shows**. Documented chart notes/progress notes for **disruptive behavior**, **non-compliance**, and/or **deterioration of provider/patient relationship**.

Requesting Provider Information [?]

This panel contains provider information.

Provider ID 123456789   **ID Type** NPI   **Name** John Doe

Member Information [?]

*Member ID 123456789   **Birth Date** 010/01/01

Last Name Doe   **First Name** Jane   **Middle** O

Dismissal Reason [?]

Please note dismissal request from a PCP must be "**For Cause**". Please be sure to select one of the four options below and upload the supporting documents.

☑ Rude/Disruptive behavior (give specific examples)

Reason [   ]

☐ Non-compliance with medical regime (give specific examples)

☐ Deterioration of provider/patient relationship (give specific examples)

☑ No shows (give specific dates)

Reason [   ]

Back   Confirm   Cancel

DISMISSAL REQUEST FORM

- Only one member per Patient Dismissal Request.

- All active members on the same case will be locked out if approved unless otherwise specified in the reason text box of the Dismissal Request form.

- If approved, the member(s) will be locked out of all service locations under a group if the requester is logged in as a group.

- The member will only be locked out of the individual providers panel if the provider is logged in as an Individual PMP Service Location regardless if the provider is also a member of a group(s).

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PROVIDER AND MEMBER DATA

Patient Dismissal Form

Members can be dismissed from your panel with good cause and written request. Please include documentation to support your good cause. Documentation should include the following: Dates and times for **no shows**. Documented chart notes/progress notes for **disruptive behavior, non-compliance**, and/or **deterioration of provider/patient relationship.**

Requesting Provider Information

This panel contains provider information.

| Provider ID | 1790908012 | ID Type | NPI | Name | John Doe |

Member Information

*Member ID 000012345 Birth Date 01/01/2010

Last Name Doe First Name Jane Middle D

DISMISSAL REASON

Dismissal Reason

Please note dismissal requests from a PCP must be "For Cause". Please be sure to select one of the four options below and upload the supporting documents.

☑ Rude/disruptive behavior (give specific examples)

Reason

☐ Non-compliance with medical regime (give specific examples)

☐ Deterioration of provider/patient relationship (give specific examples)

☑ No shows (give specific dates)

Reason

Back	Confirm	Cancel

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DISMISSAL REASON, CONT.

- Reason text box is a required field
- Include any details or note that you have attached necessary documentation
- No shows require specific dates to be approved.
- More than one reason can be selected
- If you do not wish to disenroll all members on a case, you must note that in the reason text box along with the member IDs that you do not wish to disenroll.

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UPLOAD SUPPORTING DOCUMENTATION

UPLOAD SUPPORTING DOCUMENTS
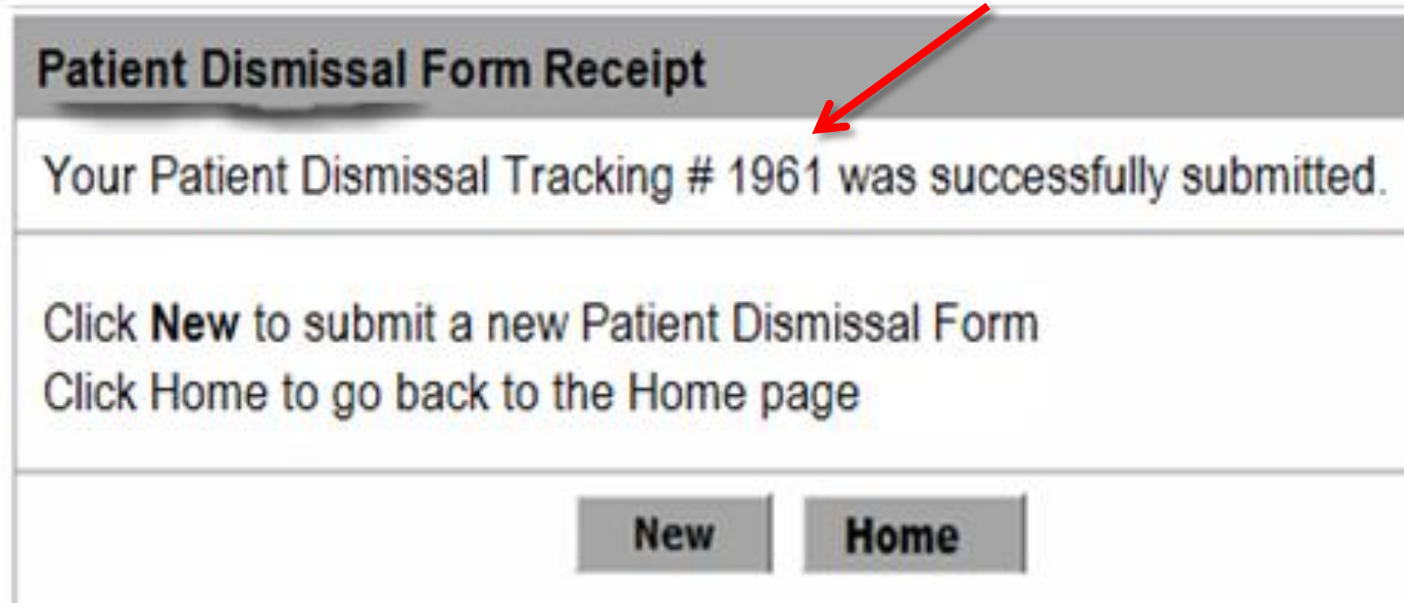
SUBMIT REQUEST

- **The tracking number can be used to locate your Patient Dismissal request.**

Patient Dismissal Form Receipt

Your Patient Dismissal Tracking # 1961 was successfully submitted.

Click **New** to submit a new Patient Dismissal Form
Click Home to go back to the Home page

| New | Home |

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SUPPORTING DOCUMENTS

- Allowable file types are .JPG, .TIFF, .PDF

- Total file size cannot exceed 10MB

- Upload multiple files per submission up to 5 documents

- Upload supporting documents before submitting Patient Dismissal form

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WHAT DOCUMENTS SHOULD BE UPLOADED

Rude/Disruptive Behavior:

- written note giving the details of what happened

Non-compliance with medical regime:

- chart notes, office policy, narcotic agreement and any other pertinent information that supports your request.

Deterioration of Provider/Patient relationship:

- chart notes, office policy and any other pertinent information that supports your request

No Shows:

- listing of specific no show dates and if necessary office policy

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WHAT HAPPENS AFTER SUBMITTING A PATIENT DISMISSAL REQUEST?

PATIENT DISMISSAL REQUEST STATUS

- Patient Dismissal request and supporting documents are loaded into workflow for OHCA staff to review

- Once reviewed the request will be placed in an approved, pended or denied status based on supporting documentation.

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APPROVED PATIENT DISMISSAL REQUEST STATUS

- A Patient Dismissal request will dismiss/unenroll all active members on a case unless otherwise notated in the text box on the dismissal request form.

- If a **group service location** submits a Patient Dismissal request the member will be locked out of all service locations under that group unless otherwise notated in the text box on the dismissal request form.

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APPROVED PATIENT DISMISSAL REQUEST STATUS, CONT

- Choice disenrollment is effective the current date and the member will be fee for service until a new provider has been selected.

- Members with Insure Oklahoma (PUB) will be assigned a default provider and will be fee for service until a new provider has been selected.

- All members on the case will be locked out of the provider(s) panel effective current date.

- Current date is the Patient Dismissal Request approval date

APPROVED PATIENT DISMISSAL REQUEST STATUS, CONT

- A letter will be sent to the case head advising they are no longer assigned to their previous provider.

- An approval letter will be sent to the provider via the provider portal.

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PENDED PATIENT DISMISSAL REQUEST STATUS

- A letter will be sent to the provider via the provider portal requesting additional supporting documentation.

- Once the missing documentation is provided the dismissal status will be reviewed again.

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DENIED PATIENT DISMISSAL REQUEST STATUS

- The requesting provider/group will receive a letter via the Provider Portal advising that the Patient Dismissal request was denied.

- The provider/group can call in to determine the reason for denial and to learn what additional documents are needed .

- A new Patient Dismissal form will need to be completed and all supporting documentation should be re-uploaded with the new Patient Dismissal request.

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PROVIDER LETTER

JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

MARY FALLIN
GOVERNOR

<<Current Date>>

<< Prover Name >>
<< Provider ID >>
<< Provider Address >>
<<<<<<<<<<<<<<<<
>>>>>>>>>>>>>>>>>>

RE: <<Member Name   Member ID>>
        <<Member Name   Member ID>>
        <<Member Name   Member ID>>

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PROVIDER LETTER, CONT

Dear Provider:

Your request to have the patient(s) listed above removed from your practice was reviewed by the Oklahoma Health Care Authority (OHCA). The results of the review are as follows:

____ Your request has been approved. The dismissal is effective <<lockout date/current date>>. If this patient contacts you to access care, please ask the patient to call our SoonerCare helpline at 800-987-7767 to choose another provider.

____ Your request is pending. We are unable to render a decision based on the submitted information. Please send OHCA a more detailed description of the event(s) to support this patient dismissal request.

____ Your request has been denied. The information supplied is not an appropriate cause for patient dismissal.

You have the right to appeal a denied decision. An appeal must be submitted to OHCA within 20 days from the triggering event date. Please contact the OHCA Docket Clerk at 405-522-7217 for more information or questions about the appeal process.

If you have further questions or need additional assistance, please call me at 405-522-7488.

Sincerely,

Davina Murrell
Oklahoma Health Care Authority Member Services Manager

MEMBER LETTER

JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

<<Current Date>>

<<Case Head Name>>
<<Case Head Address>>
<<<<<<<<<<<<<<<<
>>>>>>>>>>>>>>>>>

RE: <<Member Name   Member ID>>
        <<Member Name   Member ID>>
        <<Member Name   Member ID>>

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MEMBER LETTER, CONT

Dear Member:

<<Provider Name>> is unable to continue providing medical care for you and/or your family effective <<current date>>. You must choose a new primary care provider as soon as possible. If you do not select a new provider your benefits may be affected.

To choose a new provider, please call the SoonerCare helpline at 800-987-7767 or log in to your online account at www.mysoonercare.org or www.insureoklahoma.org.

Sincerely,

Oklahoma Health Care Authority

REINSTATEMENT REQUEST

- Must be written or typed on office/provider letterhead

- Should include a Member Name and ID number for each member being reinstated

- Include a statement that the provider has spoken to the member(s) and made a decision to accept the member(s) back

- A reinstatement request will only remove a lockout and will not assign a member back to the providers panel

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REINSTATEMENT REQUEST, CONT

- Reinstatement request will only reinstate the member(s) listed on the request

- All requests should be faxed to (405) 530-7243

- Action Form/Provider Change form (SC-13) is not considered a reinstatement request

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HELPFUL TIPS

- The old Patient Dismissal **HCA-42 f**orm will no longer be accessible on the OHCA Provider Forms page after the new process has been implemented

- Provider(s) and/or Member(s) have the right to appeal the decision of the dismissal resolution to the Administrative Law Judge pursuant to OAC 317:2-1-2.

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RESOURCES

SoonerCare Helpline

- 800-987-7767

OHCA Docket Clerk

- 405-522-7217

Member Service Manager

- Davina Murrell 405-522-7488

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QUESTIONS