Meals and Lodging Benefits

• These services are a benefit to SoonerCare members (and up to one approved escort) who must travel 100 miles or greater for medically-necessary care.

• In order to be reimbursed for meals and lodging services, a provider must have a voucher/authorization form.
  – This form is provided by either a SoonerCare social services coordinator or a hospital-based social worker.
Sample Voucher

- Covers one room only
- Meals are covered as indicated by the boxes checked
- Member and/or escort must sign the voucher
- Keep the voucher for billing use
- The voucher covers the nights they stay with the contracted provider, not the check out date
Receiving a Voucher

• If you receive a referral for someone who needs meals and/or lodging services and you do not have a voucher, the SoonerCare member or provider should call 1-877-252-6002.

• If meals and/or lodging services are approved, you will receive a voucher by fax from a SoonerCare social services coordinator or a hospital-based social worker.
Member Responsibilities

• If the member (patient) and/or escort decide to leave during the middle of a voucher period, they will need to check out and remove their personal belongings.
  – No further billing may be done after the member checks out of the room.
• Member and/or escort must follow the lodging provider’s policies in regards to their stay and checkout process.
• SoonerCare will not pay for any additional fees, such as: fees for additional people in the room, late checkout fees, lost keys/cards, phone bills (local or long distance), upgrades or extra amenities for the room, or lost/stolen items.
Voucher Questions

Call OHCA Population Care Management to speak to one of the social services coordinators

1-877-252-6002
Billing
OHCA Website

IRS 1095-B Tax Form
Click here to find out more!
Provider Portal

Provider Portal

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
Claims Tab
Select Submit Claim Professional.
Claim information

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

- Date Type
- Accident Related
- Patient Account Number
- From Date
- CLIA Number
- *Other Insurance

Date of Current
Expected Delivery Date
To Date
HMO Copay

Total Charged Amount $0.00

Continue  Cancel
Diagnosis Codes – Enter Z764 in the Diagnosis Code field without the decimal point, then click Add.

*Only one diagnosis code is required. Click Continue.*
Diagnosis Codes

• Use diagnosis Code Z764: OTHER BOARDER TO HEALTHCARE FACILITY (ICD10) on claim.

• Do not use 1111 or 9999 or other filler/junk codes.
From Date – Enter the date when the member checks in.

To Date – Enter the last day they stayed overnight, not the check out date.
**Place of Service** – Select **99 - Other Unlisted Facility**.
Procedure Codes

• **Lodging Codes:**
  – A0180: Non-Emergency Transportation: Ancillary: Lodging-Recipient
  – A0200: Non-Emergency Transportation: Ancillary: Lodging-Escort

• **Meals Codes:**
  – A0190: Non-Emergency Transportation: Ancillary: Meals-Recipient
  – A0210: Non-Emergency Transportation: Ancillary: Meals-Escort
**Procedure Code** – Enter the procedure code. (Refer to the next slide for lodging and meals codes).

**Diagnosis Pointers** – Select 1.
Charge Amount – Enter the total charge amount. (Example: Rate for A0180 is $54.00/day.) Multiply the rate times the number of days.

Units – Enter the total number of days billed.

Click Add.
The system will populate another blank section for additional codes to be added. Add member meals or escort meals if applicable.
Submitting the Voucher as an Attachment

You must submit the voucher as an attachment.

There are 2 methods of attachment:

1. Electronic upload (preferred)
2. Fax
Attachment by Electronic Upload

Transmission Method – FT - File Transfer.

Upload File – Select **Browse** to locate the supporting documentation.
**Attachment Type** – Select OZ - Support Data for Claim.

**Description** – Brief description of the documents being sent.

Click **Add**.
Attachment by Fax

Transmission Method – FX - By Fax.
Attachment Type – OZ - Support Data for Claim.
Description – Brief description of the documents being sent. Click Add.

*See “Simplifying Secondary Claims” on the OHCA Training webpage (www.okhca.org/providertraining) for more information.
Once the attachment section is complete (either FX-By Fax or FT-File Transfer) click **Submit** and **Confirm**.
Every claim will be suspended for review.

If the **By Fax** transmission method was selected, the system will provide a link to view the attachment coversheet. Print this coversheet and fax with the voucher.

**Note, the coversheet must be the FIRST document when received.**
Claim Questions?

For more information about submitting claims, please contact the **OHCA Provider Helpline**

1-800-522-0114, option 1