Completing the Claim Appeal and Review Cover Sheet (HCA-17) Webinar
Sept. 13, 2018

Ross Riley, SoonerCare Education Specialist
Disclaimer

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of September 2018.
Agenda

• When to use the Claim Appeal and Review Cover Sheet (HCA-17).

• When not to use the Claim Appeal and Review Cover Sheet (HCA-17).

• Submission instructions.

• Provider information.

• Claim information.
When To Use the Claim Appeal and Review Cover Sheet (HCA-17)
When To Use the Claim Appeal and Review Coversheet: Professional Claims Requiring Special Processing

- Same billing provider, different rendering, same CPT/HCPCS code.
- Medicare non-covered services.
- Medicare HMOs with copay more than allowed amount.
- Physician claim with multiple visits on the same day.
- Ambulance claim with two runs on the same day.
- Physician claim with multiple emergency room visits on the same day.
When To Use the Claim Appeal and Review Cover Sheet: Institutional Claims Requiring Special Processing

- Outpatient hospital claim with services not in the same month.
- Hospital claim with procedure prior to admission date.
- Hospital claim with multiple visits on the same day.
- Medicare exhausted days.
- No Part A Medicare coverage.
- Medicare non-covered services.
When To Use the Claim Appeal and Review Cover Sheet: Claims Requiring Special Processing

A claim past normal timely filing limit can be billed if it meets one of the four following criteria:

- Administrative agency corrective action or action taken to resolve a dispute.
- Reversal of the eligibility determination.
- Investigation for provider fraud or abuse.
- Court order or hearing decision.
When Not to Use the Claim Appeal and Review Cover Sheet (HCA-17)
When Not To Use the Claim Appeal and Review Cover Sheet: Do Not Special Process

- Claims within standard timely limit.
- Third party liability (claims with primary insurance).
- Medicare crossovers (covered services).
- Claims with attachments.
- C-section Quality Initiative.
- Soon-to-be-Sooners.
- Claims with modifiers.
Submission Instructions
Claim
Appeal and
Review
Cover Sheet
(HCA-17)
Submission Instructions

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY
CLAIM APPEAL AND REVIEW COVER SHEET

Attach a red & white, one-page claim form and any applicable documentation. If you have previously sent a claim for review, please be sure to include additional documentation not previously sent to support your request along with this cover sheet. Please include detailed processing instructions in the Inquiry field. A completed cover sheet, claim form and documentation is required for each appeal.

SEND COMPLETED COVER SHEET AND CLAIM FORM TO:
Attn: Provider Services
Oklahoma Health Care Authority
PO Box 18506, Oklahoma City, OK 73154

COVER SHEET MUST BE PLACED ON TOP OF CLAIM FORM
Submission Instructions

• HCA-17 must be placed on top of claim.
• Red and white claim form must be attached with each submission.
• Every submission should have applicable documentation attached behind the claim.
• A complete form is required for each submitted claim.
Submission Instructions

- **Only** claims with an appeal or requiring a review are mailed with the HCA-17 to:

  Attn: Provider Services  
  Oklahoma Health Care Authority  
  PO Box 18506  
  Oklahoma City, OK 73154
## Provider Information

<table>
<thead>
<tr>
<th>Name &amp; Address:</th>
<th>Provider Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Spock</td>
<td>200000000A</td>
</tr>
<tr>
<td>100 Starfleet Command</td>
<td></td>
</tr>
<tr>
<td>San Francisco, CA</td>
<td></td>
</tr>
<tr>
<td>94016</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group Number (if applicable):</td>
</tr>
<tr>
<td></td>
<td>Telephone: 415-555-5555</td>
</tr>
<tr>
<td></td>
<td>Contact Name: Amanda Grayson</td>
</tr>
</tbody>
</table>

Please print.
Claim Information

- Be specific and brief as to the reason for special process.
- Please list the reason for denial.
Prior to Submission

- Make sure your claim needs special processing.
- Make sure your HCA-17 is on top of a red and white claim form.
- If you are sending a crossover claim and it does not require special processing, your claim will not be processed.
- Send all necessary documentation with every submission.
- Make sure your SoonerCare provider number is on the claim.
• Missing provider number is the main reason claims are returned back to the provider/billing agency.
• Claims with no Provider ID cannot be processed.
• Missing provider number is the main reason claims are returned back to the provider/billing agency.
• Claims with no Provider ID CANNOT be processed.