COMPLETING THE CLAIM APPEAL AND REVIEW COVER SHEET (HCA-17)
DISCLAIMER

• SoonerCare policy is subject to change.

• The information included in this presentation is current as of July 2020.
2020 UPDATE TO PAPER CLAIMS PROCESSING

• OHCA Global Message dated 3/19/2020 requires all claims to be submitted either electronically or via ohcaprovider.com with the exception of claims requiring special processing.

• Global message dated 5/21/2020 made this change permanent.

• Before these changes, paper claims submitted to the special processing post office box that didn’t require special processing would still be processed as regular claims.
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 on paper claims.
• 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.
- 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 admit 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 fraud or abuse of the provider.
  • 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.
- TPL (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)

## Provider Information

<table>
<thead>
<tr>
<th>Name &amp; Address:</th>
<th>Provider Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Group Number (if applicable):</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th></th>
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<tbody>
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</tbody>
</table>

## Claim Information

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Member ID Number</th>
<th>Date of Service</th>
<th>Related ICN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**INQUIRY:** (Please list specific reasons why claim needs special processing.)

<table>
<thead>
<tr>
<th>Printed Name:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Signature:</th>
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</tbody>
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**Cover Sheet Must Be Placed On Top of Claim Form**

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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.
• Original, pre-printed 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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Spock</td>
<td>100 Starfleet Command</td>
</tr>
<tr>
<td></td>
<td>San Francisco, CA</td>
</tr>
<tr>
<td></td>
<td>94016</td>
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</tbody>
</table>

<table>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>Group Number (if applicable):</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>415-555-5555</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Amanda Grayson</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>415-555-5555</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<td></td>
<td>Amanda Grayson</td>
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<tr>
<th>Member Name</th>
<th>Member ID Number</th>
<th>Date of Service</th>
<th>Related ICN</th>
</tr>
</thead>
<tbody>
<tr>
<td>James T. Kirk</td>
<td>B01153909</td>
<td>04/27/18</td>
<td>2217117123456</td>
</tr>
</tbody>
</table>

**INQUIRY:** (Please list specific reasons why claim needs/requires special processing.)

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

**Printed Name:** Amanda Grayson  
**Date:** 05/11/2018

**Signature:**

**COVER SHEET MUST BE PLACED ON TOP OF CLAIM FORM**
PRIOR TO SUBMISSION

• Make sure your claim needs special processing.
• Make sure your HCA-17 is on top of an original 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.
SOONERCARE PROVIDER NUMBER: 1500 FORM

- Missing **provider number** is the main reason claims are returned back to the provider/billing agency.
- Claims with no provider id can NOT be processed.
SOONERCARE PROVIDER NUMBER: UB FORM

- Missing provider number is the main reason claims are returned back to the provider/billing agency.
- Claims with no provider id can NOT be processed.
RESOURCES

OHCA Call Tree: 800-522-0114 or 405-522-6205

• Option 1 – OHCA Call Center
• Option 2, 1 – Internet Help Desk
• Option 2, 2 – EDI Helpdesk

Onsite Training: SoonerCareEducation@okhca.org