UPDATE PROVIDER FILES:
AN INSIDE LOOK

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DISCLAIMER

• SoonerCare policy is subject to change.
• The information included in this presentation is current as of Aug. 1, 2020.
• Current information can be found at www.okhca.org.
AGENDA

• My home.
• Update provider files.
• Address and contacts.
  • Zip + 4.
  • Enrollment contact.
  • Official contact.
• Financial.
  • Banking information.
• Ownership.
  • Owner information.

• Manage accounts.
  • Protecting the provider admin account.
  • Creating a clerk.
  • Clerk registration.
  • My profile.
  • Add registered clerk.
  • Add enrollment agent.
  • Resources.
  • Questions.
UPDATE PROVIDER FILES
UPDATE PROVIDER FILES

• Update provider files is available at the administrative level and to the enrollment agent.
• A clerk cannot access update provider files so you can keep that information secure.
Welcome Health Care Professional!

We are committed to making 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.
ADDENDUM 1 TO SOONERCARE PROVIDER AGREEMENT FOR CHOICE MEDICAL HOME PRIMARY CARE PROVIDERS

1.0 PURPOSE

The purpose of this addendum (hereinafter "ADDENDUM 1") is for OHCA and PROVIDER to contract
Addresses

Make changes to your addresses by selecting the one you want to change. When you have finished, select "Update" to save your changes.

If you have finished making all of your changes, select "Update & Finish". This will bring you to a screen where you can submit your changes and/or print your fax cover sheet.

Service Location

Updates to required Service Location fields must be approved by OHCA and may require additional documents to be uploaded or faxed. Updates to fields which do not require OHCA approval will be applied immediately.

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

Street Address: *

(This cannot be a P.O. Box)

Suite #, Building #: 

City: *

State: *

Zip Code: *

Phone: * ( ) - ext.

Fax: ( ) -
Pay To Address

Enter the address, phone, and fax numbers 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: *
Zip Code: *
Phone: ( ) — ext.
Fax: ( ) —

[Buttons: UPDATE, UPDATE & FINISH]
SoonerCare Provider Enrollment

Contacts

Make changes to your contacts by selecting the one you want to change.
When you have finished, select "Update" to save your changes.

If you make updates, the changes will be applied immediately.

Enrollment Contact

Who should we contact if we have questions about your enrollment application? This would be the person who can answer questions about the information submitted in this application, during a renewal application or when an update is made to your provider file.

- First Name: *
- Last Name: *
- Phone: *
- Fax: *
- Enrollment & Contract Correspondence E-mail: [yourname@domain.com]
- Retype Email: *
Official Contact

OHCA communicates with providers only by email. This Official Contact Email Address will be used for all OHCA communications including your contract welcome letter, renewal notice, or amendment, provider letters, provider newsletters, and any other required communication. Do not add third party contractor information as your official contact unless you want them to receive all official correspondence.

○ Same as Enrollment Contact
○ None of the above

First Name: *

Last Name: *

Phone: * (____) ____ - ____ ext.

Fax: (____) ____ - ____

Official Contact E-mail: *

[username@domain.com]

Retype Email: *

Do you have a website you want listed in a provider directory? If yes, enter the web address.

Provider Website: [http://www.providerurl.com]

[UPDATE]
**SoonerCare Provider Enrollment**

Today is July 23, 2020

<table>
<thead>
<tr>
<th>My Profile Home</th>
<th>Practice</th>
<th>Address &amp; Contacts</th>
<th>Financial</th>
<th>Ownership</th>
<th>EFT/ERA</th>
<th>EHR</th>
</tr>
</thead>
</table>

**Primary Specialty**
- Group

**Contract**
- Medicaid Program

**Dates**
- 2/1/2020 - 11/30/2021

**Signee**
- Choice Soonercare

**I want to change my...**

### Payment & Tax Reporting
- Banking information
- Tax Reporting Name and ID

### Group Membership
- Group members
- Medical Director

### Address & Contacts
- Service Location
- Mailing or ‘Pay To’ address
- Correspondence contacts

### Office Information
- Office hours
- Languages spoken by staff

### EFT & ERA
- EFT Enrollment
- ERA Enrollment

**I want to:**
- Upload Required Documents
- Generate fax cover sheet
- Enroll in a Managed Care Program
- View my Group Special Provisions
- View my General Agreement
- View the QHCA policies and rules
- Add a new service location
# Banking Information

Make changes to your banking information.

- To change the financial information, enter the new bank routing number in the Bank Routing Number field. If it is on file with the OHCA, the name of the associated Financial Institution will display.
- To change the account number, enter the new account number in the Account Number field. Select the account type.

When you have finished, select "Update" to save your changes.
If you have finished making all of your changes, select "Update & Finish". This will bring you to a screen where you can submit your changes and/or print your fax cover sheet.

<table>
<thead>
<tr>
<th>Required fields are marked with an asterisk (*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you make updates, you must upload or fax a copy of a voided check or bank letter to OHCA.</td>
</tr>
</tbody>
</table>

**Bank Routing Number:**
- [ ] Where is this?

**Financial Institution:**

**Account Number:**
- [ ] Where is this?

**Account Type:**
- [ ] Checking
- [ ] Savings

[UPDATE] [UPDATE & FINISH]
OWNERSHIP

• Corporate ownership.
• Individual ownership.
• Managing employees.
• Officers and directors.
• Subcontractors.
## OWNER INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Initial</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>Suite #, Building #</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip plus 4</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td>SSN</td>
<td></td>
</tr>
</tbody>
</table>

Remove
MANAGE ACCOUNTS
PROTECTING THE PROVIDER ADMIN ACCOUNT

• Creating clerks.
• Adding enrollment agents.
• Keeping contacts updated.
• Do not share passwords.
• Inactivate employees when applicable.
• Editing clerk functions and roles.
CREATING A CLERK

• You can only create and edit a clerk from the administrative level.
• Use the manage account link to access the clerk feature.
MANAGE ACCOUNTS
CREATE A CLERK

Fill in the required fields then select which functions you wish to grant to the clerk.

You can edit to add or remove functions at any time.
CREATE A CLERK

• Once the clerk is created, they will register their account on the provider portal.
• They will need to know the information from the required fields and the clerk code that was generated when the clerk was initially created.
A clerk code will be generated by the portal when creating clerk is confirmed.
Select one of the following options that best describes your role.

**Provider**
An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.

**Billing Agent**
An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a billing agent for services.

**Clerk**
An individual designated by the Provider or Billing Agent for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.
## MY PROFILE

### Contact Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Display Name</td>
<td>OKaked</td>
</tr>
<tr>
<td>Phone Number</td>
<td>_</td>
</tr>
<tr>
<td>Current Email</td>
<td><a href="mailto:needvalidemail@mail.com">needvalidemail@mail.com</a></td>
</tr>
</tbody>
</table>

### Roles

- Current Roles: Providers

### Preferences

- Primary Language: English (US)

### Challenge Questions

1. What is your favorite sports team?
   - Answer: "none"

2. What is your oldest sibling’s birthday month and year? (e.g., January 1901)
   - Answer: "none"

3. In what city or town was your first job?
   - Answer: "none"

### Site Key Tokens

- Site Key: [Icon]
- Passphrase: [Label] (provider)

### Password

- Change Password: [Link]
Once a clerk is created, they can be added to other provider accounts by using the add registered clerk feature.
If you want to add an enrollment agent, you must first create them as a clerk and have them register their account on the provider portal.
RESOURCES

OHCA: 800-522-0114 or 405-522-6205.

• Option 1 – OHCA call center.
• Option 2, 1 – Internet help desk.
• Option 2, 2 – EDI help desk.

Onsite training: SoonerCareEducation@okhca.org.