



SoonerSelect Health Provider Rights Guide

WHAT ARE IMPORTANT PROVIDER RIGHTS TO BE AWARE OF?

- ✓ **All SoonerSelect health plans must honor OHCA Prior Authorizations (PAs) issued prior to April 1, 2024.**

CEs must honor PAs issued prior to April 1, 2024 for services delivered after April 1, 2024. PAs can cover up to a year of services.

- ✓ **Health plans must accept claims from all participating and non-participating providers through June 30, 2024.**

During the 90-day continuity of care period, April 1, 2024 to June 30, 2024, PAs may not be denied on the basis that the authorizing provider is not part of a health plan's provider network.

Payments to non-participating providers for these services must be made at the current Medicaid fee schedule and in accordance with timeliness standards.

- ✓ **Providers should receive payment from a SoonerSelect health plan within 14 days of receipt of a "clean claim" in most instances.**

Health plans must pay 90% of clean claims (i.e., a claim that is submitted without any errors or omissions and can be processed without additional information or verification) within 14 days of receipt.

- ✓ **Providers may request a peer-to-peer review process for all PA denials.**

After an adverse determination, providers may request the health plan for a peer-to-peer assessment with licensed clinical staff of the same or similar specialty, such as Oklahoma-licensed clinical staff.

- ✓ **Providers can file a complaint, request for reconsideration, and/or an appeal regarding the denial of claims or payment.**

Regardless of whether a provider is participating or non-participating, they have the right to file a complaint, request for reconsideration, and/or appeal directly with the health plan.

- ✓ **Providers may request SoonerSelect health plan PA policies and procedures (P&Ps).**

Health plans have written PA P&Ps and must share all requested P&Ps with providers.

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HOW DOES A PROVIDER FILE A COMPLAINT ABOUT THEIR EXPERIENCE?

Any provider who is not satisfied with a health plan's actions or decisions may file a complaint with the health plan in writing, verbally, or in person. **To file a complaint**, contact the health plan directly.

Aetna Better Health of Oklahoma

PO Box 81040
5801 Postal Road
Cleveland, OH 44181
Fax: 833-805-3310
Phone: 844-365-4385

OKAppealandGrievance@aetna.com

Humana Healthy Horizons in Oklahoma

Provider Appeals
210 Park Ave PO Box 43
Oklahoma City, OK 73102
Phone: 855-223-9868

OKProviderRelations@Humana.com

Oklahoma Complete Health

Attn: Complaints
P.O. Box 8060
Farmington, MO 63640-8060
Fax: 833-611-2153
Phone: 833-752-1664

OKCompleteHealth_Grievances@Centene.com

After receiving a complaint, the health plan must send the provider timely written notification of resolution or results of the complaint within 30 days, or 72 hours for the expedited notice process.

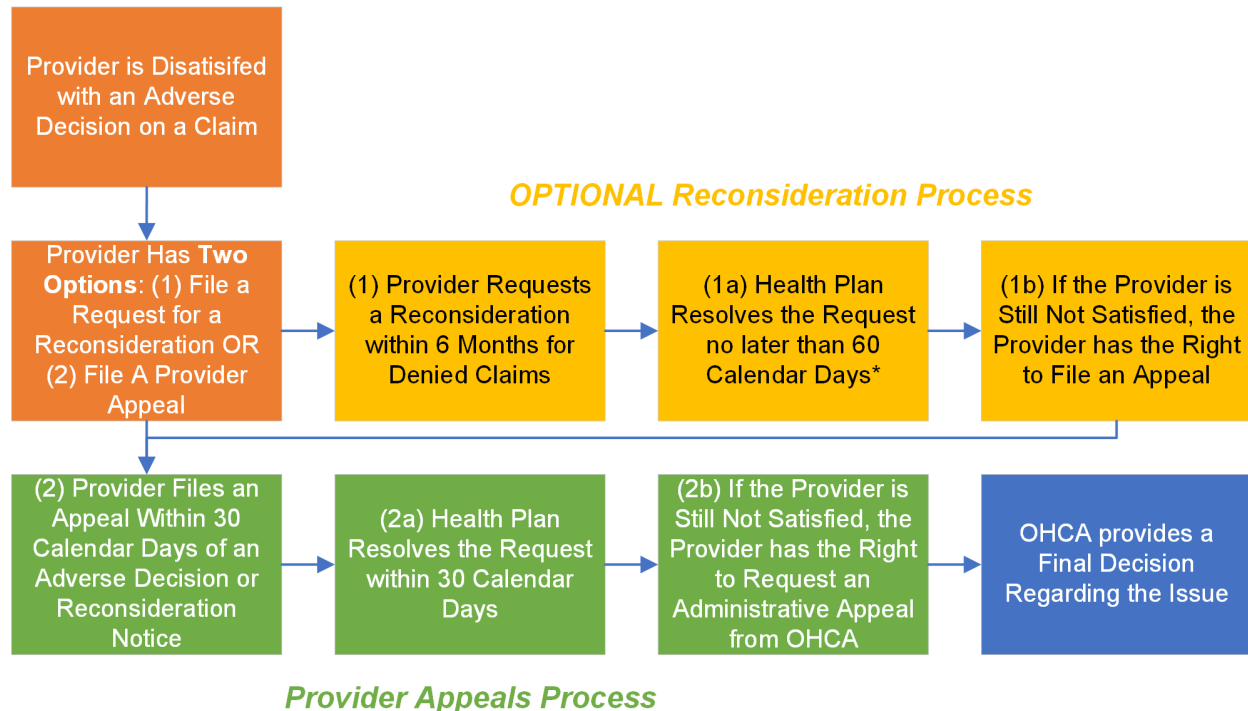
WHAT STEPS CAN A PROVIDER TAKE TO REQUEST RECONSIDERATION OF DENIED CLAIM?

Providers can file a request for reconsideration and/or an appeal to challenge any denied claims. A request for reconsideration is an optional level prior to an appeal for a provider to request the health plan to review a previously denied claim. *Providers contracted with Humana must file a request for reconsideration before filing an appeal.*

Providers can file a request for reconsideration and/or an appeal by following the process below.

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Process to Request a Reconsideration and/or Appeal



*Please note that CEs must meet the following requirements for resolving provider reconsiderations based on the SoonerSelect contract:

- 98% of provider reconsiderations within 30 calendar days, and
- 100% of provider reconsiderations within 60 calendar days.

Providers may file a request for reconsideration or an appeal using the contact information below:

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PO Box 81040
5801 Postal Road
Cleveland, OH 44181
Fax: 833-805-3310

OKAppealandGrievance@aetna.com

Humana Healthy Horizons in Oklahoma

Provider Appeals
210 Park Ave PO Box 43
Oklahoma City, OK 73102

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Oklahoma Complete Health

Attn: Appeals Department
P.O. Box 8060
Farmington, MO 63640-8060

OKCompleteHealth_Appeals@Centene.com

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WHERE CAN I FIND MORE INFORMATION?

For more information on provider rights, health plan P&Ps, or how to file complaints/requests for resolution/appeals, providers should directly contact the SoonerSelect health plans.

Aetna

844-365-4385

[Aetna Provider Portal](#)
[AetnaBetterHealth.com](#)

Humana

855-223-9868

[Humana Provider Portal](#)
[Humana.com](#)

Oklahoma Complete Health

833-752-1664

[Oklahoma Complete Health Provider Portal](#)
[OklahomaCompleteHealth.com](#)

If questions or concerns are not answered by contacting the SoonerSelect health plans directly, providers may contact OHCA on the **OHCA Provider Helpline** at (800) 522-0114, Option 1.