CMS ITU PROVIDER TRAINING

Vickie Sams & Kathrine McCoy
TGR Education and Outreach Specialist II

August 2025

DISCLAIMER

This presentation was compiled by OHCA tribal government relations and provider engagement.

The information contained within this presentation is intended as a reference only and is current as of August 2025. Content is subject to change.

Stay current with up-to-date information on the OHCA website: okhca.org.

CMS ITU PROVIDER TRAINING

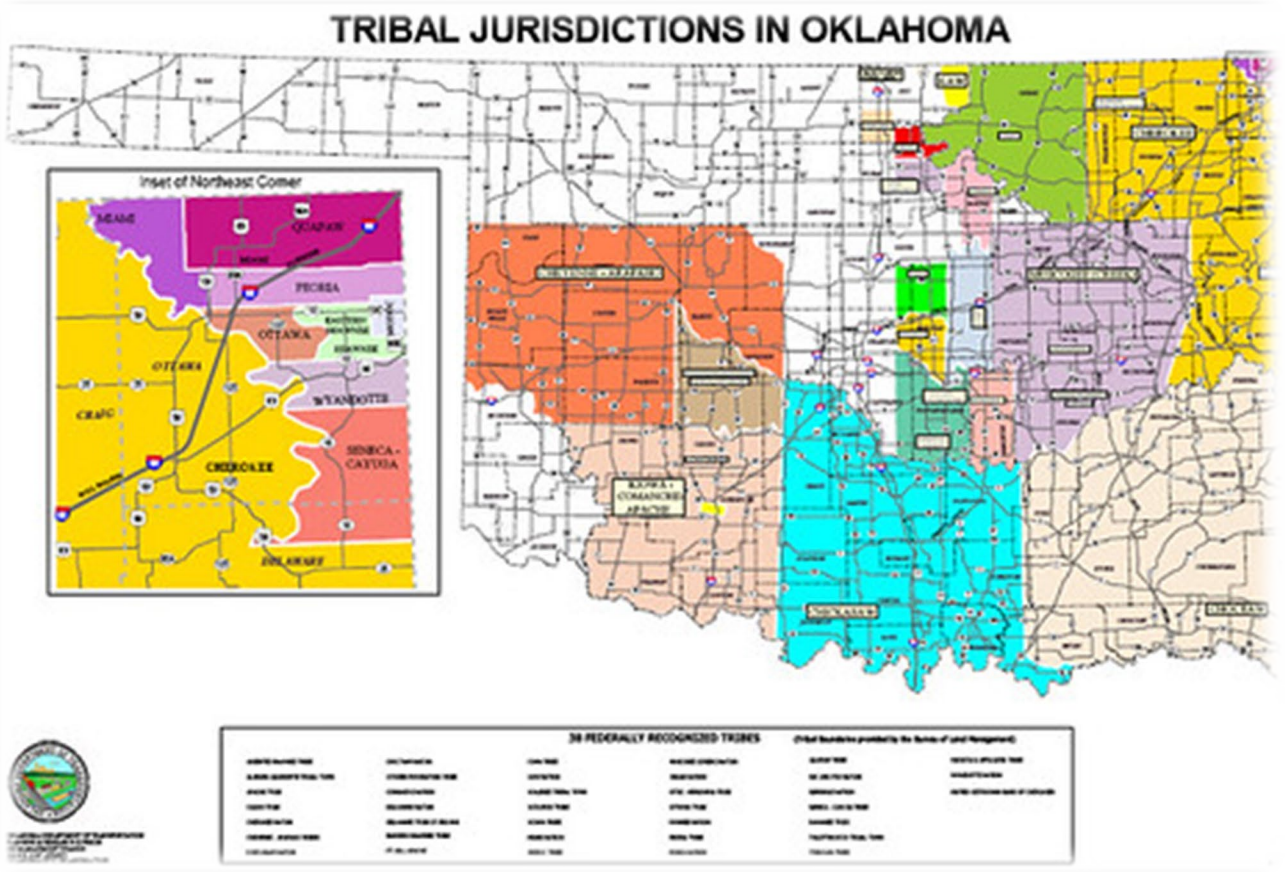
AGENDA

- Welcome & Introductions
- SoonerCare 101
- ITU Policy
- ITU Billing
- SoonerSelect
- Reminders
- Knowledge Check Questions

WELCOME AND INTRODUCTIONS

TRIBAL GOVERNMENT RELATIONS DEPARTMENT

The Tribal Government Relations (TGR) department serves as a liaison between OHCA and CMS, Indian Health Service, Urban Indian facilities, and Oklahoma tribal governments for state and national level issues including tribal consultation, workgroups, policy development, legislation and tribal sovereignty issues.



TRIBAL GOVERNMENT RELATIONS MISSION

The mission of the Tribal Government Relations department and OHCA is to improve services to American Indian SoonerCare members, Indian health care providers, and sovereign tribal governments through effective meaningful communication and by maximizing partnerships.

TRIBAL GOVERNMENT RELATIONS DEPARTMENT

In addition to SoonerCare and tribal health care collaboration, the TGR team has a wide range of experience in Indian Country including:

- I/T/U provider education
- I/T/U administration
- Legislative affairs
- Nonprofit/advocacy
- Indian health education
- Elder care
- Behavioral health
- Partner collaboration

Ashley Johnson
TGR Director

Kathrine McCoy
TGR Education and Outreach Specialist II

Vickie Sams
TGR Education and Outreach Specialist II

PATHWAYS TO COMMUNITY LIVING

About Pathways

Money Follows the Person (MFP) transitions qualified Oklahomans from a nursing home back into the community of their choice. The MFP tribal initiative (Pathways) was modified to work more independently with tribes to give funds more specific to their needs.

Outreach

Our team has community outreach coordinators who will:

- Engage tribal partners
- Attend/present at tribal events across the state
- Maintain relationships

Johnney Johnson
Director of Pathways to Community Living

Carley Fryrear **Leeann Bennett**
Community Outreach Coordinators

SOONERCARE 101

SOONERCARE AMERICAN INDIAN ENROLLMENT

American Indian Fast Facts

July 2025

OKLAHOMA
Health Care Authority

Validation Percent		Total American Indian Enrollment	Total Enrollment (Includes Insure Oklahoma)	Percent of Total
Self Reported	46%	182,238	1,044,295	17%
Verified	54%			

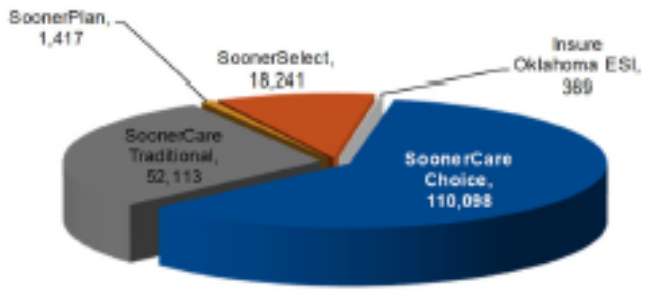
Total Enrollment is the number of members enrolled in SoonerCare and Insure Oklahoma.

American Indian Enrollment by Aid Category

Qualifying Group	Enrollment	% of Total
Children/Parents	121,155	66.48%
Aged/Blind/Disabled	16,305	8.95%
Oklahoma Cares	7	0.00%
TEFRA	127	0.07%
OTHER	2,268	1.24%
SoonerPlan	1,417	0.78%
Insure Oklahoma Employer-Sponsored Insurance (ESI)	369	0.20%
Expansion	40,590	22.27%

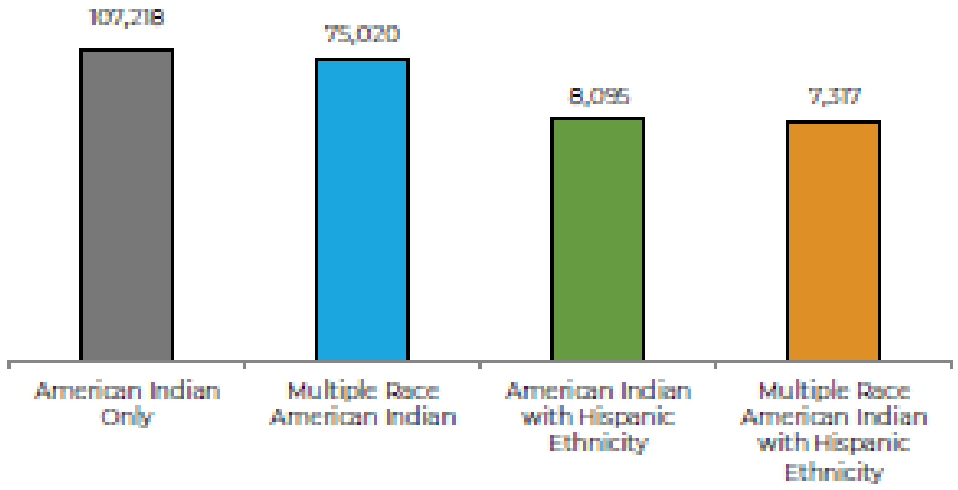
OTHER group includes—Child Custody-Refugee-Qualified Medicare Beneficiary-SLMB-OOSD Supported Living-Program of All Inclusive Care for the Elderly (PACE)-Soon to be Sooners (STBS) and TB patients. For more information go to www.okhca.org under Individuals then to Programs.

American Indian Enrollment by Delivery System



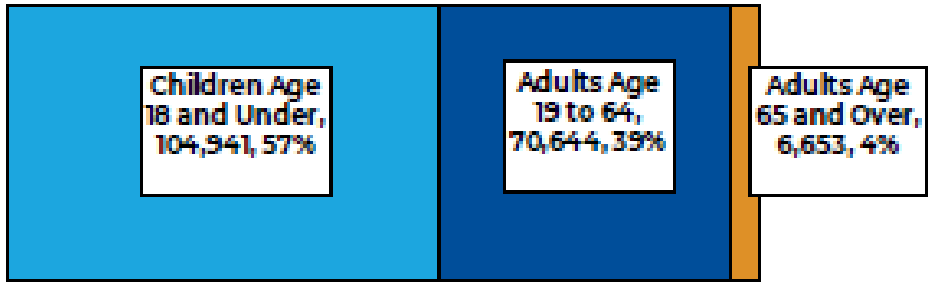
SOONERCARE AMERICAN INDIAN ENROLLMENT

American Indian Race Breakdown



Race is self-reported by members at the time of enrollment. The multiple race members have selected two or more races. Hispanic is an ethnicity not a race.

Age Breakdown of American Indian Enrollment



American Indian by Sex	
Female	100,356
Male	81,882

SOONERCARE

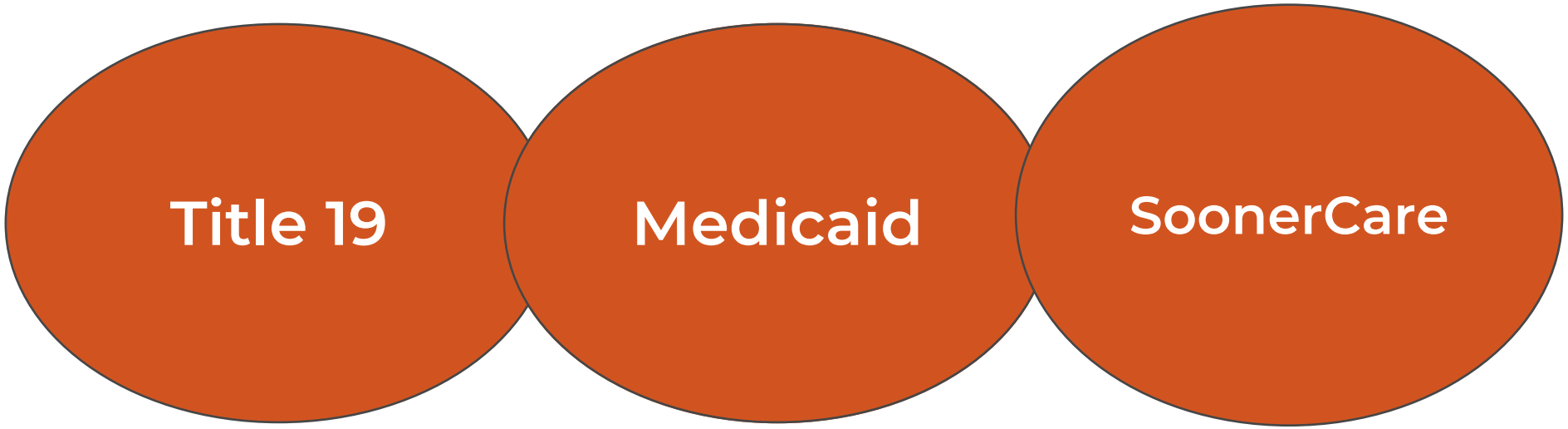
- SoonerCare (Oklahoma Medicaid) is a health coverage program jointly funded by the federal and state government. This program covers medical expenses for certain groups of people who have limited income and resources.
- The Oklahoma Health Care Authority is the state agency that administers the program.

WHO QUALIFIES FOR SOONERCARE?

- Adults with children under age 19
- Children under age 19 and pregnant women
- Adults, not eligible for Medicare, ages 19-64
- Individuals 65 and older
- Individuals who are blind or who have disabilities

SOONERCARE TRADITIONAL

SoonerCare Traditional is a statewide network of providers that includes but is not limited to I/T/U facilities, hospitals, family practice doctors, pharmacies, and medical suppliers.



SOONERCARE CHOICE

SoonerCare Choice is a managed care model where a member is linked to a primary care provider (PCP) who serves as the “medical home.”

PCPs manage all the basic health care needs of members, including specialty referrals.

ITU POLICY

OUTPATIENT ENCOUNTER, OMB RATE , REVENUE CODES, OFFSITE SERVICES & TIMELY FILING

ITU OUTPATIENT ENCOUNTERS

What is an ITU encounter?

It is a face-to-face or telehealth contact between a health care professional and an IHS eligible SoonerCare member for the provision of medically necessary Title XIX or Title XXI covered services through an IHS or Tribal 638 facility or an urban Indian clinic within a 24-hour period ending at midnight, as documented in the patient's record.

317:30-5-1087 Terms and definitions

OUTPATIENT ENCOUNTER

Examples include but are not limited to:

- Medical and diagnostic services
- Behavioral health services
- Dental services
- Vision services
- Physical, occupational and speech therapy
- Podiatry
- Visiting nurse services
- Smoking and tobacco use cessation counseling

ITU OUTPATIENT ENCOUNTERS

- “More than one outpatient visit with a medical professional within a 24-hour period for distinctly different diagnoses may be reported as two encounters.”
- “I/T/U outpatient encounters for IHS eligible SoonerCare members whether medical, dental or behavioral health, are not subject to prior authorization.”

317:30-5-1098 I/T/U outpatient encounters

SERVICES OUTSIDE OF THE ENCOUNTER RATE

Provision of other health services outside of the I/T/U encounter:

a) Medically necessary SoonerCare covered services that are not included in the I/T/U outpatient encounter rate may be billed outside the encounter rate within the scope of the SoonerCare fee-for-service contract. The services will be reimbursed at the fee-for-service rate, and will be subject to any limitations, restrictions or prior authorization requirements.

317:30-5-1090 Provision of other health services outside of the I/T/U encounter

SERVICES OUTSIDE OF THE ENCOUNTER RATE

Examples include but are not limited to:

- Durable medical equipment
- Glasses
- Ambulance
- Home health
- Inpatient practitioner services
- Non-emergency transportation
- Behavioral health case management
- Psychosocial rehabilitative services
- Psychiatric residential treatment facility services
- Applied behavior analysis
- Diabetes self-management training

ENCOUNTER RATE

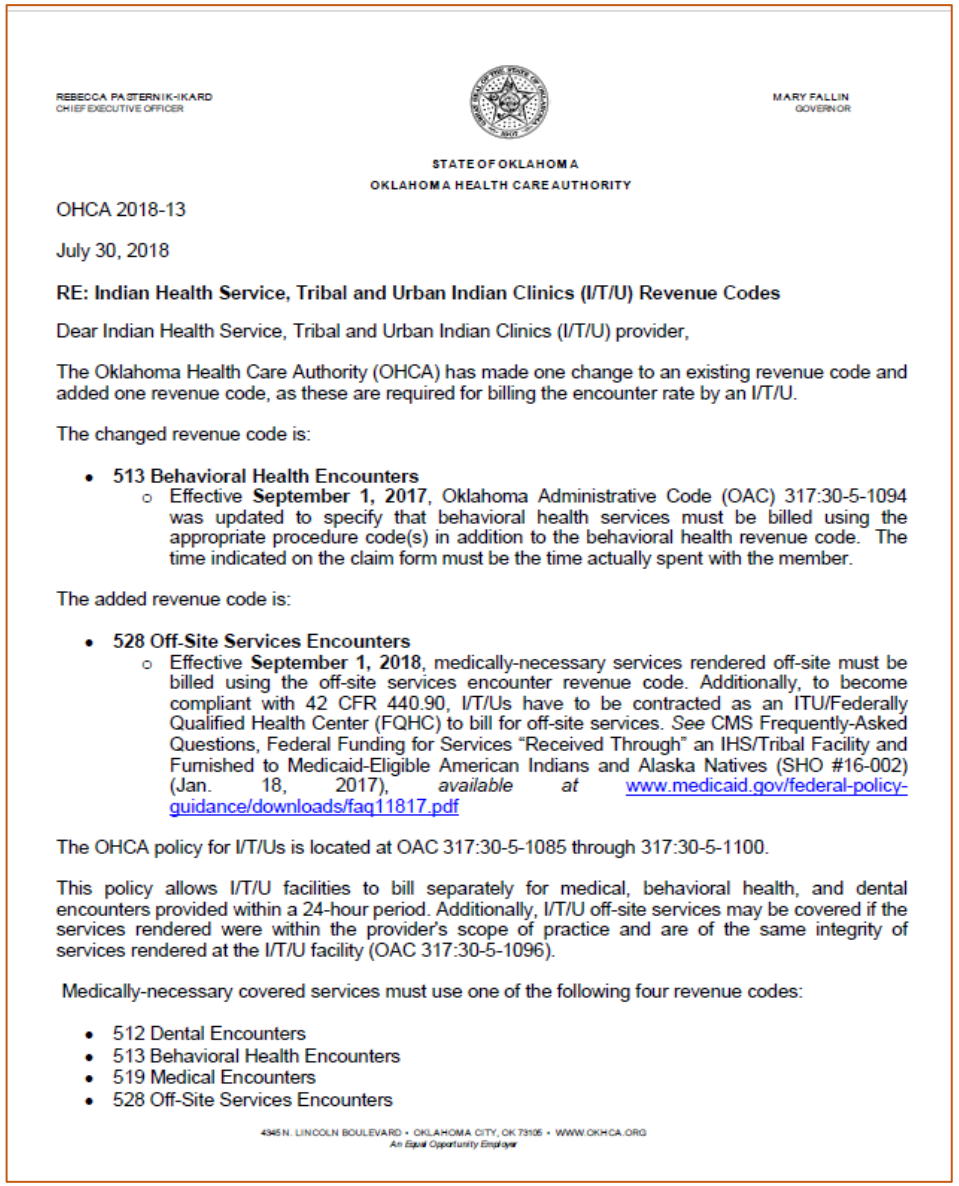
The annual OMB rate for covered encounters paid to contracted I/T/U providers is established by the Office of Management and Budget (OMB) and is published in the Federal Register.

Calendar Year	Outpatient Rate (per encounter)	Inpatient Rate (per covered day)
2022	$640	$3,631
2023	$654	$4,239
2024	$719	$5,083
2025	$801	$5,580

ITU REVENUE CODES

- Contracted I/T/U providers bill with revenue codes for compensable services:
  - 512: Dental
  - 513: Behavioral Health
  - 519: Medical
  - 528: Off-Site Services

OHCA 2018-13



REBECCA PASTERNIK-IKARD
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2018-13

July 30, 2018

RE: Indian Health Service, Tribal and Urban Indian Clinics (I/T/U) Revenue Codes

Dear Indian Health Service, Tribal and Urban Indian Clinics (I/T/U) provider,

The Oklahoma Health Care Authority (OHCA) has made one change to an existing revenue code and added one revenue code, as these are required for billing the encounter rate by an I/T/U.

The changed revenue code is:

- **513 Behavioral Health Encounters**
  - Effective **September 1, 2017**, Oklahoma Administrative Code (OAC) 317:30-5-1094 was updated to specify that behavioral health services must be billed using the appropriate procedure code(s) in addition to the behavioral health revenue code. The time indicated on the claim form must be the time actually spent with the member.

The added revenue code is:

- **528 Off-Site Services Encounters**
  - Effective **September 1, 2018**, medically-necessary services rendered off-site must be billed using the off-site services encounter revenue code. Additionally, to become compliant with 42 CFR 440.90, I/T/Us have to be contracted as an ITU/Federally Qualified Health Center (FQHC) to bill for off-site services. *See* CMS Frequently-Asked Questions, Federal Funding for Services "Received Through" an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives (SHO #16-002) (Jan. 18, 2017), *available at* www.medicaid.gov/federal-policy-guidance/downloads/faq11817.pdf

The OHCA policy for I/T/Us is located at OAC 317:30-5-1085 through 317:30-5-1100.

This policy allows I/T/U facilities to bill separately for medical, behavioral health, and dental encounters provided within a 24-hour period. Additionally, I/T/U off-site services may be covered if the services rendered were within the provider's scope of practice and are of the same integrity of services rendered at the I/T/U facility (OAC 317:30-5-1096).

Medically-necessary covered services must use one of the following four revenue codes:

- 512 Dental Encounters
- 513 Behavioral Health Encounters
- 519 Medical Encounters
- 528 Off-Site Services Encounters

4345 N. LINCOLN BOULEVARD • OKLAHOMA CITY, OK 73105 • WWW.OKHCA.ORG
An Equal Opportunity Employer

OFFSITE SERVICES

- I/T/U covered services provided off-site or outside of the I/T/U setting that are compensable at the OMB rate when billed by an I/T/U including but not limited to:
  - Mobile clinics
  - Places of residence
  - Tribal HeadStart
  - Schools
- Use Rev Code 528: Off-Site Services to bill.

317:30-5-1096. Off-site services

TIMELY FILING REMINDER

- Providers have six months from the date of service to file their initial claim.
- Then they have another six months after that to correct any adjudication errors or correct anything else on the claim.

317:30-3-11 Timely filing limitation

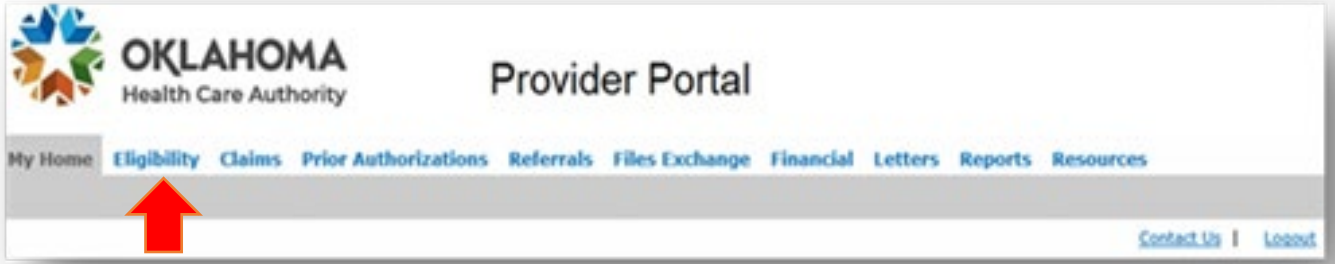
ITU BILLING

CHECKING ELIGIBILITY, REFERRAL PROCESS &
THIRD-PARTY LIABILITY BILLING

CHECKING ELIGIBILITY VERIFICATION

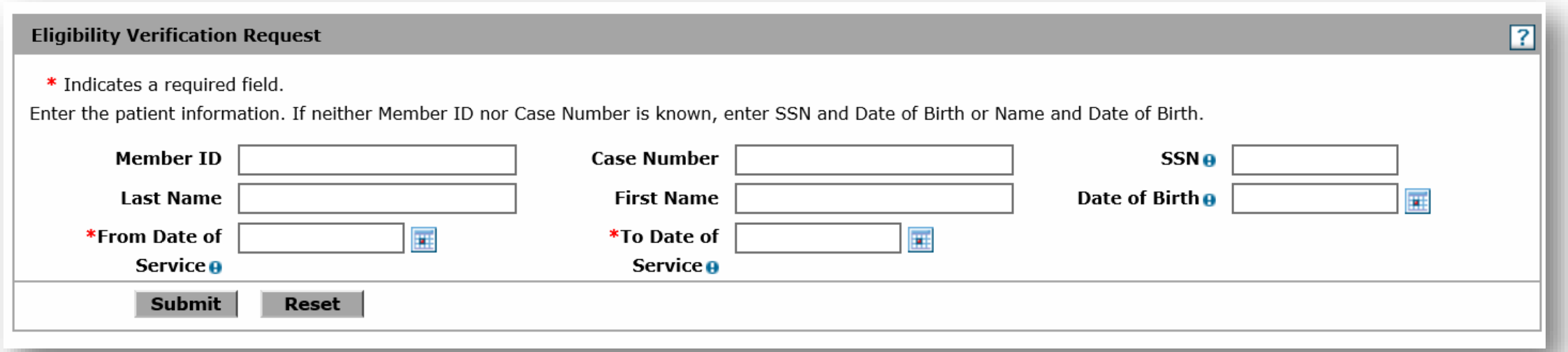
Provider's Responsibility:

- ALWAYS check eligibility status first inside the Provider Portal.



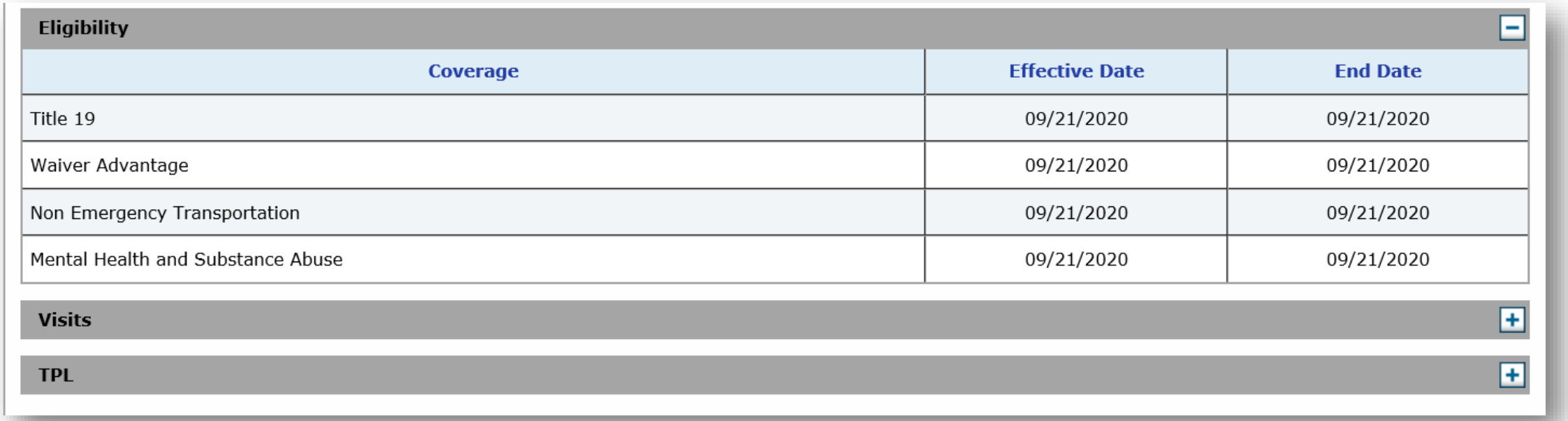
- Select the Eligibility Tab
- Select the Eligibility Verification link

ELIGIBILITY VERIFICATION



- Enter the SoonerCare Member ID.
- Enter the From Date and To Date of Service

ELIGIBILITY VERIFICATION



Eligibility

Coverage	Effective Date	End Date
Title 19	09/21/2020	09/21/2020
Waiver Advantage	09/21/2020	09/21/2020
Non Emergency Transportation	09/21/2020	09/21/2020
Mental Health and Substance Abuse	09/21/2020	09/21/2020

Visits

TPL

Eligibility must show Title 19 or HAP

SOONERCARE REFERRAL GUIDELINES

Referrals are to be initiated for medically necessary services as determined by the PCP.

The PCP and specialty provider are responsible for maintaining appropriate documentation of each referral to support the claims for medically necessary services.

Services authorized by the PCP must be within the scope of coverage of the SoonerCare Choice program.

A PCP referral is not a guarantee of payment.

SOONERCARE REFERRAL GUIDELINES (CONT.)

- Referrals can be issued for up to a period of 12 months.
- Referrals from the PCP are required prior to rendering services, except for retrospective referrals that are deemed appropriate by the PCP.
- PCPs can backdate referrals up to six months.
- PCPs do not have to see a member before a referral is approved, but they may require this.

SOONERCARE REFERRAL GUIDELINES (CONT.)

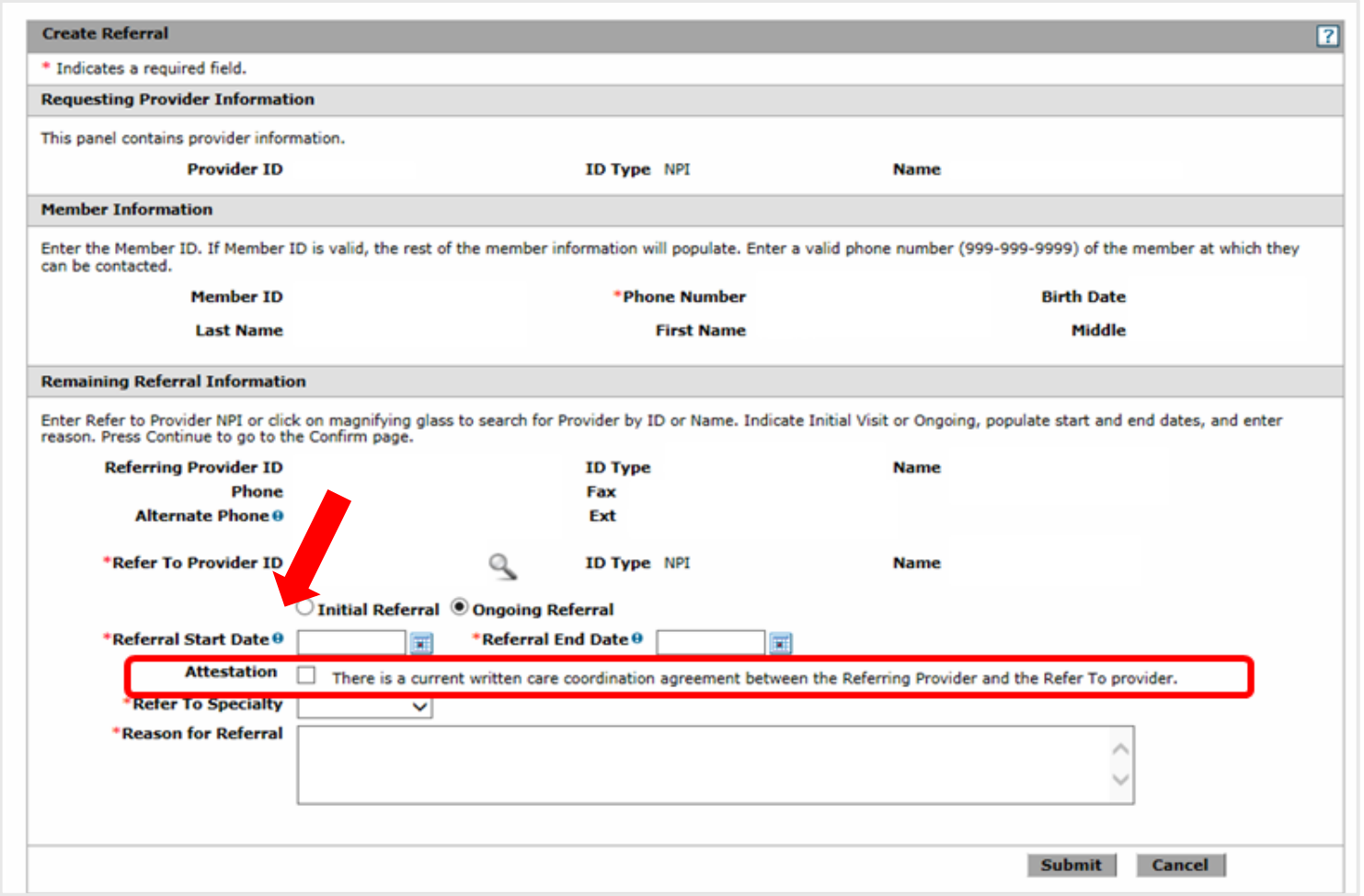
- Referrals may be written to an individual provider or group.
- Referrals may be forwarded to other specialists with the approval of the PCP.
- Specialists must report findings directly to the provider issuing the referral.

I/T/U SOONERCARE REFERRALS

- I/T/U PCPs are the only provider type to retain the ability to submit a new electronic referral after Sept. 1, 2017.
- The attestation box on an electronic referral should only be check-marked by I/T/Us actively participating in the 100% FMAP initiative.
    - Requires a signed care coordination agreement (CCA) between the I/T/U provider and the specialist.

***FMAP**: Federal Medical Assistance Percentage*

I/T/U SOONERCARE REFERRALS (CONT.)



ADMINISTRATIVE REFERRALS

Administrative referrals may be provided by OHCA under special and extenuating circumstances and should not be requested as a standard business practice. Administrative referrals may be requested using the SC-14 form. OHCA will not process retrospective administrative referrals unless one of the following exceptions applies:

- The specialty services are referred from an I/T/U facility.
- The specialty services are referred as the result of an emergency room visit or emergency room follow-up visit.

ADMINISTRATIVE REFERRAL (CONT.)

- The specialty services are referred for pre-operative facility services prior to a dental procedure.
- The retrospective administrative referral request for specialty services is requested from OHCA within 30 calendar days of the specialty care date of service. The request must include appropriate documentation for OHCA to approve the request.

ADMINISTRATIVE REFERRAL (CONT.)

Appropriate documentation must include:

- Proof the specialist has attempted to collect a PCP referral from the member's assigned PCP.
- Medical documentation to substantiate the specialty services are medically necessary.

THIRD PARTY INSURANCE

Private insurance coverage generally does not exclude an individual from receiving Oklahoma SoonerCare benefits. Many SoonerCare members have other insurance in addition to SoonerCare.

Insurance may be a commercial group plan through the member's employer, an individually purchased plan, Medicare or insurance available because of an accident or injury.

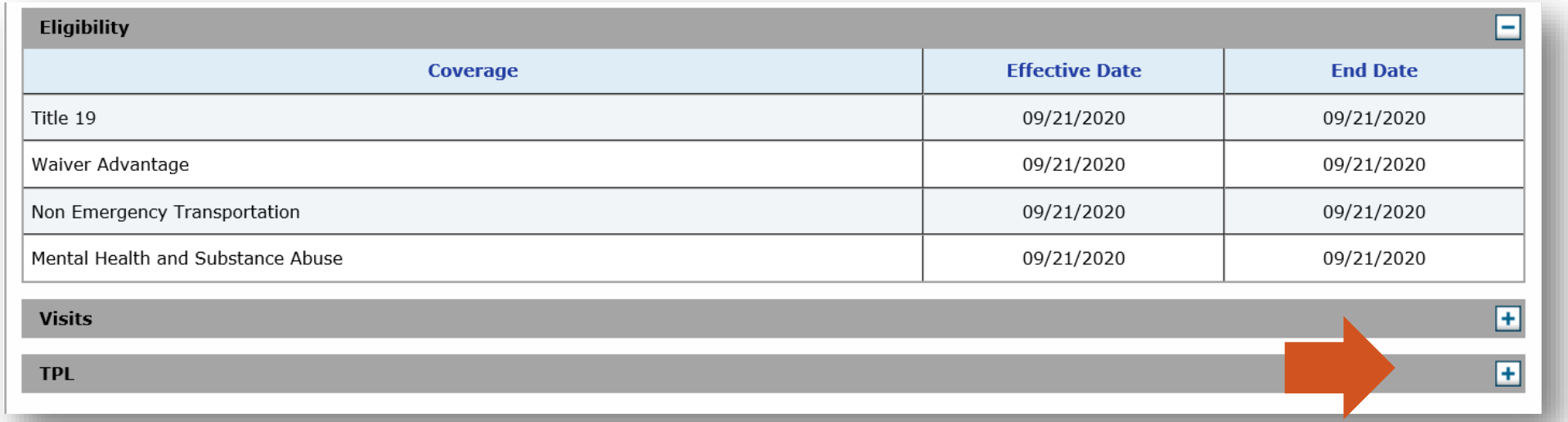
THIRD-PARTY LIABILITY

317:30-3-24 Third-Party Resources

OHCA is the payer of last resort, with few exceptions. When other resources are available, those resources must first be utilized.

- Exceptions to this policy are those receiving medical treatment through Indian Health Services and those eligible for the Crime Victims Compensation Act.

THIRD-PARTY LIABILITY



Eligibility

Coverage	Effective Date	End Date
Title 19	09/21/2020	09/21/2020
Waiver Advantage	09/21/2020	09/21/2020
Non Emergency Transportation	09/21/2020	09/21/2020
Mental Health and Substance Abuse	09/21/2020	09/21/2020

Visits

TPL

Click [+] to expand the TPL Header

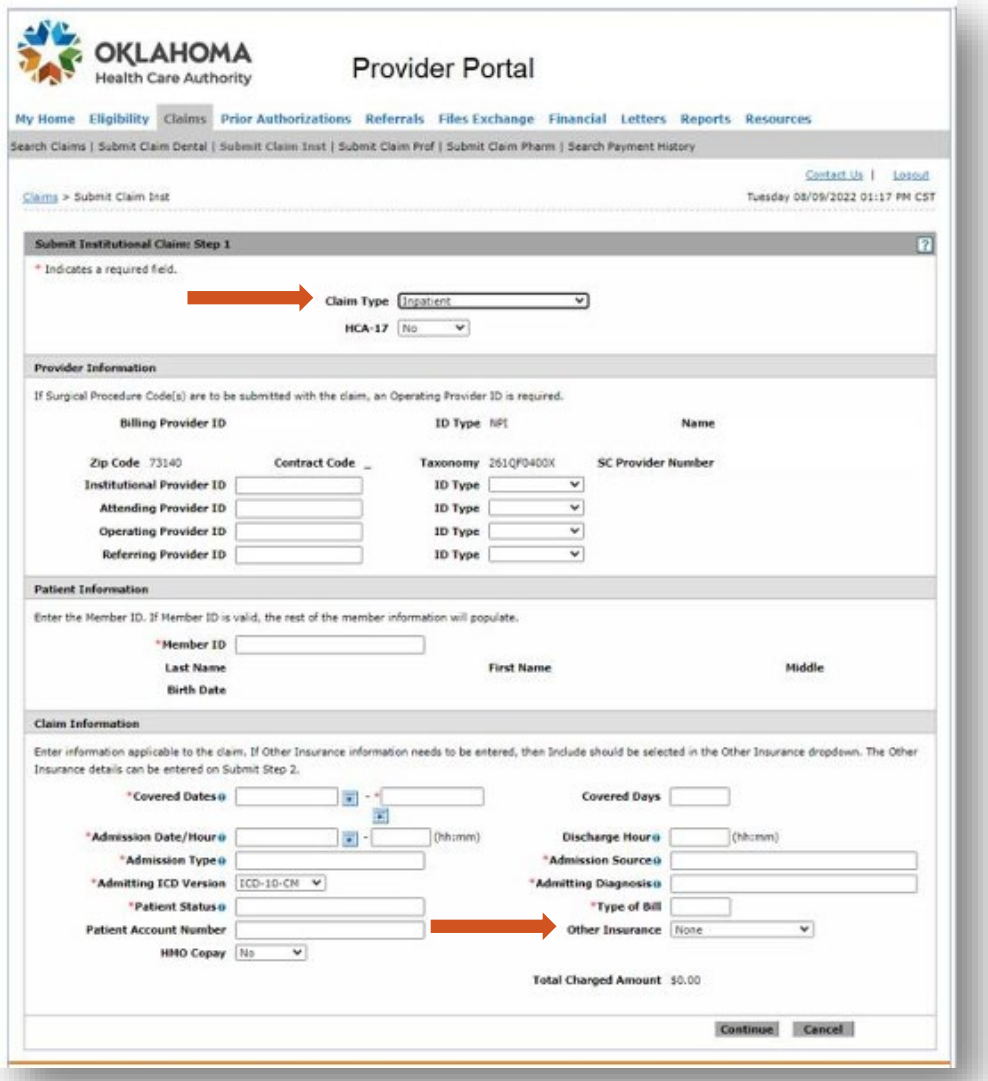
TPL

Click '+' to add a row.

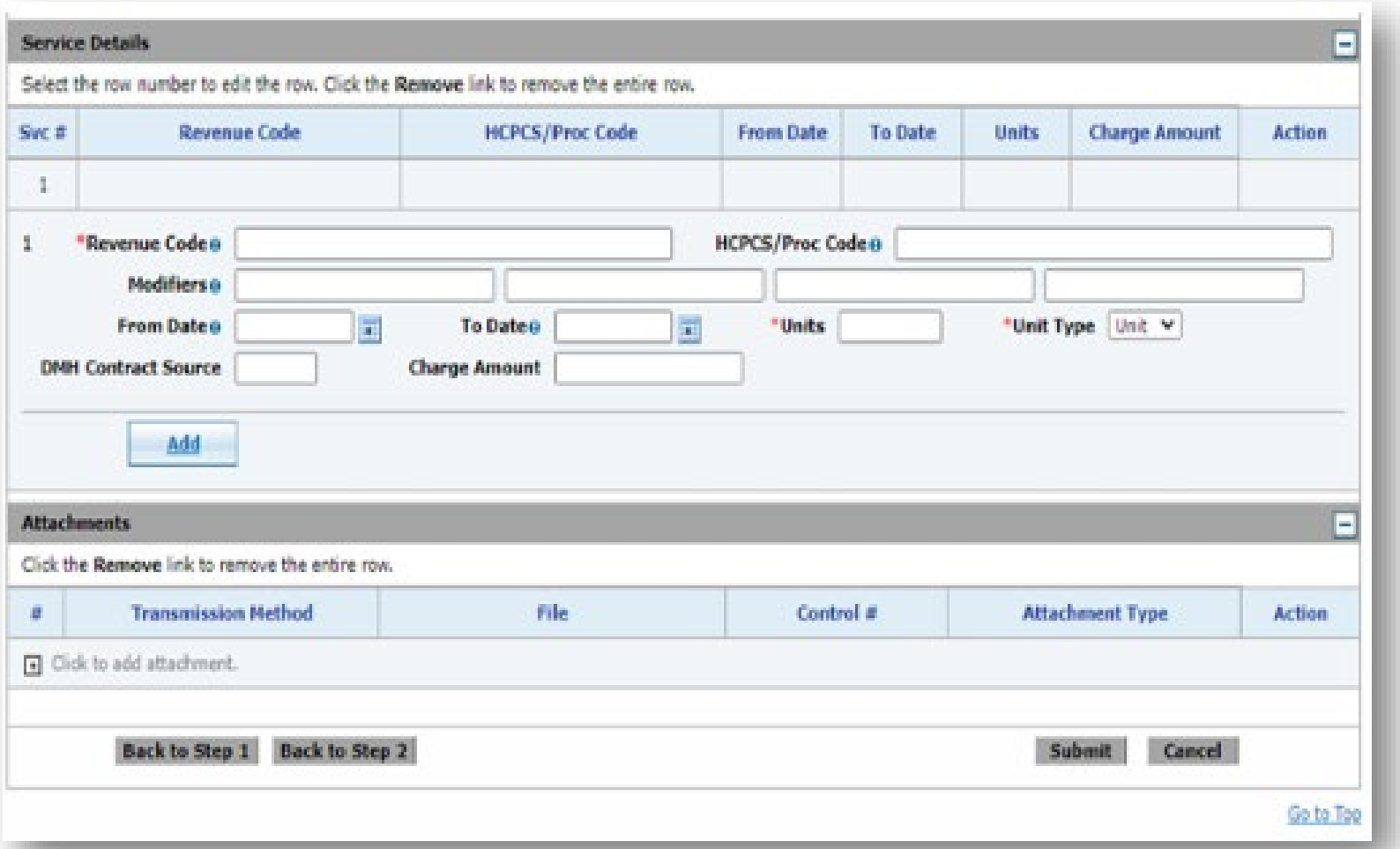
Carrier Name (Carrier ID)	Policy Number	Group ID (Employer ID)	Policy Holder (Relationship)	Policy Type	Coverage Type	Effective	End
BLUE ADVANTAGE ADMINISTRATORS OF AR	YABADABA2	- (-)	Fee Lingbetter	-	MAJOR MEDICAL	11/25/2017	12/31/2018

PRIMARY INSURANCE PAID OR DENIED

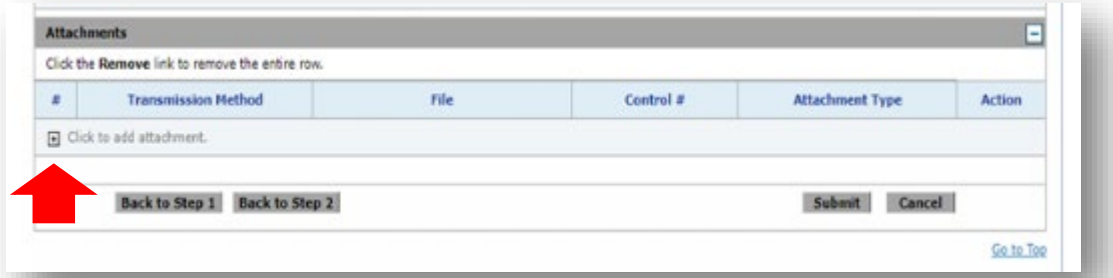
- Select Claim Type.
- Select **Include** on Other Insurance when claim was paid.
- Select **Denied** on Other Insurance when claim is denied.
- Select Continue

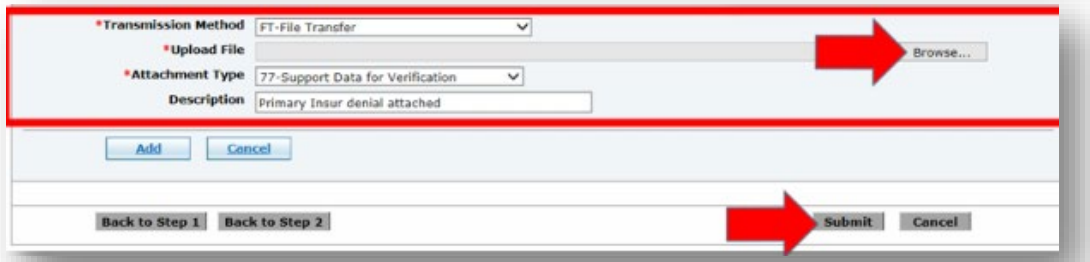


PRIMARY INSURANCE



ADDING ATTACHMENTS





- Click on the [+].
- Select FT-File Transfer from the drop-down box.
- Select Browse and pick the file that holds the denied EOB.
  - Paid Claims do not require an EOB attachment
- Select Submit.

TPL - HELPFUL HINTS

TPL is unable to add more than one carrier to the file if they are the same type of coverage.

Have all the necessary information when calling the TPL Unit to add or term a carrier.

If claims were denied due to TPL and a provider calls in to term the TPL, the provider will need to resubmit those claims.

If a carrier's website will not run eligibility, the provider needs to call the carrier to determine eligibility.

HMS INFORMATION

HMS is the TPL contractor for OHCA.

HMS creates and oversees TPL projects from start to finish and reports the findings to OHCA.

The overall goal: To ensure that Medicaid remains the payer of last resort, allowing the State of Oklahoma to spend more of its health care dollars on the individuals entitled to them.

HMS PROCESS

- HMS notifies provider of claims which TPL is identified. Provider is instructed to bill claim to liable payer.
- Provider has 60 days to bill identified claim and provide results to HMS.
- Provider advises HMS if claim should not be recouped and supplies supporting documentation.
- HMS closes cycle at end of 60 days and sends OHCA claims to recoup.
- OHCA recoups identified claims.

HMS CONTACT INFORMATION

HMS Third-Party Liability Service Center

- Phone: 877-253-5697
- Fax: 214-905-2064

Provider Portal

- ecenter.hmsy.com

SOONERSELECT

SoonerSelect

AI/AN ENROLLMENT & ELIGIBILITY

- American Indian/Alaskan Native (AI/AN) members can opt in to SoonerSelect but are not required to enroll. No action is required unless the members want to join a SoonerSelect health/dental plan.
- If AI/AN members do not opt in to SoonerSelect, they will remain on SoonerCare, and nothing will change. They will not lose SoonerCare coverage.
- If an AI/AN member opts in but does not pick a plan, OHCA will assign a SoonerSelect plan to the member.
- Children in tribal custody and a tribal juvenile justice program can voluntarily enroll in the SoonerSelect Children's Specialty Program by choosing to opt in. This population is able to voluntarily enroll in the SoonerSelect Children's Specialty Program at the time they come into custody or at open enrollment.

SoonerSelect

AI/AN ENROLLMENT & ELIGIBILITY

- AI/AN members may disenroll from the SoonerSelect program at any time. If the AI/AN member chooses to disenroll from the SoonerSelect program, they will have the opportunity to reenroll at the next option period.
- American Indian/Alaskan Native members can join SoonerSelect outside of the enrollment period for **specific** reasons. For example, if the member has new SoonerCare coverage or the member reenrolled after their eligibility terminated.
- Members needing help choosing a plan can call the Choice Counseling helpline at 800-987-7767, option 5.
- For questions about benefits and what services are covered, members should contact their dental and/or health plan directly.

SoonerSelect

AI/AN ENROLLMENT & ELIGIBILITY

- Dental and/or health plans will mail SoonerSelect identification (ID) cards to each member. Dental and/or health plan ID cards will show member plan assignment. Eligibility letters will continue to be issued by OHCA.
- If there is a change in the member's coverage, they will be notified via letter.
- SoonerSelect coverage dates may vary based on enrollment. If someone signs up before the 15th of the month, their SoonerSelect coverage will start on the 1st of the following month. Example: If Julie signed up before Aug. 15, her SoonerSelect coverage will start on Sept. 1. If she signs up after Aug. 15, her SoonerSelect coverage will start on Oct. 1.
- AI/AN enrollees are exempt from copays.

SoonerSelect

IHCP CONTRACTING & CLAIMS

- Indian Health Care Providers (IHCPs) may contract with the dental and health plans. Each plan has a tribal specific addendum.
- OHCA will reimburse IHCPs for services provided to AI/AN members and non-native members.
- Services covered under the outpatient encounter will continue to be billed at the OMB rate.
- IHCPs that render services to non-native members enrolled in SoonerSelect will continue to bill OHCA and then the IHCP will pay back the quarterly state share.

SoonerSelect

PCP/PCD SELECTION

- IHCPs cannot change a SoonerSelect member's primary care provider (PCP) or primary care dentist (PCD) through Agency View. Members should contact their health plan to select or change a PCP. Members should contact their dental plan to select or change a PCD.
- If your facility is not contracted with the SoonerSelect plans, members will not be able to select your facility as their PCP or PCD.
- SoonerSelect members can still receive services from an IHCP even if the IHCP is not the PCP/PCD or contracted with the SoonerSelect plans.

SoonerSelect

REFERRALS & PRIOR AUTHORIZATIONS

- An IHCP can refer an AI/AN member to a provider contracted with one of the SoonerSelect plans. That includes services by non-contracted IHCPs or through referral under purchase and referred care.
- The SoonerSelect plans do not require referrals if the member is seeing an in-network provider.
- IHCPs will submit all prior authorization requests directly to OHCA.

REMINDERS

REMINDERS

- Group/facility contract renewals has been extended to *Dec. 31, 2025*.
  - This means that you are ***unable*** to renew your group or facility contracts at this time. The renewal process will not begin for several more months. We will keep you updated and inform you when the renewal process is ready to start.
- You can now obtain contracts for your individual pharmacists. The contract type is listed in the provider enrollment system as ITU pharmacist.

OKLAHOMA
Health Care Authority

Tribal Government Relations

Ashley Johnson, TGR Director	Ashley.Johnson@okhca.org
Kathrine McCoy, TGR Education & Outreach Specialist II	Kathrine.McCoy@okhca.org
Vickie Sams, TGR Education & Outreach Specialist II	Vickie.Sams@okhca.org
Johnney Johnson, Director Pathways to Community Living	Johnney.Johnson@okhca.org
Carley Fryrear, Community Outreach Coordinator	Carley.Fryrear@okhca.org
Leeann Bennett, Community Outreach Coordinator	Leeann.Bennett@okhca.org

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73145

okhca.org
MySoonerCare.org

Agency: 405-522-7300
Helpline: 800-987-7767