MEDICAID - SoonerCare Choice, cont....

APPEALS PROCESS

1. The appeals process allows a member to appeal a decision involving medical services, prior authorizations for medical services, or discrimination complaints.
2. In order to file an appeal, the member files a LD-1 form within 20 days of the triggering event. The triggering event occurs at the time when the member knew or should have known of such condition or circumstance for appeal. The staff advises the Appellant that if there is a need for assistance in reading or completing the grievance form that arrangements will be made.
3. If the LD-1 form is not received within 20 days of the triggering event or if the form is not completely filled out with all necessary documentation OHCA sends the Appellant a letter stating the appeal will not be heard.
4. Upon receipt of the member's appeal, a fair hearing before the Administrative Law Judge (ALJ) will be scheduled. The member will be notified in writing of the date and time for this procedure. The member must appear at this hearing. The ALJ's decision may be appealed to the CEO, which is a record review at which the parties do not appear.
5. Member appeals are to be decided within 90 days from the date OHCA receives the member's timely request for a fair hearing unless the member waives this requirement.

PIECES OF THE PUZZLE

- SoonerCare combines a managed care approach to services through the use of a PCCM and the state reimbursement on a fee-for-service to other community providers such as specialist, pharmacists and durable medical equipment vendors.
- SoonerCare Choice covers many health care services. However, there are limitations that apply to ensure that only medically necessary services are provided. Some services are for children only.
- Medicaid recipients exempt from SoonerCare Choice remain in the fee-for-service SoonerCare Traditional program. These include individuals who are:
  - dually-eligible for Medicaid and Medicare;
  - in state custody such as foster care;
  - reside in an institution such as a nursing facility; or
  - served through a Home and Community-Based Waiver, such as the ADvantage Waiver Program and In-Home Support Waiver Services.
- Not all types of AT devices can be purchased under Medicaid. OHCA will either purchase or rent DME that is prescribed by an approved medical provider and is medically necessary.
- Questions about Medicaid coverage of specific items should be directed to the Oklahoma Health Care Authority, SoonerCare Helpline (800) 987-7767 or 711 TDD.
- Medicaid does not reimburse the recipient directly for medical expenses incurred. Medicaid payment is payment in full. Providers may not bill both the individual and Medicaid.
- Medicaid is the payor of last resort on equipment purchases. If an individual has health insurance, Medicaid only begins paying after the health insurance ceases to pay.
- All DME purchased with Oklahoma Medicaid funds becomes the property of the OHCA to be used by the recipient until no longer needed.
- When the SoonerCare member no longer needs the valuable DME they may contact the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP) so it can be refurbished, repaired if needed, and reassigned to another Oklahoman at no cost. Priority is given to SoonerCare members for the first 60 days. Call OKDMERP staff at (405) 523-4810 or go to www.okabletech.okstate.edu for more details.