

SOONERCARE MEDICAL RESIDENT IN TRAINING PROVIDER CONTRACTS

JUNE 2025



CLASS DESCRIPTION

A comprehensive overview of OHCA's SoonerCare provider enrollment process with information on new contracts and contract renewals, and helpful tips for efficiency and accuracy.

Recommended audience: Medical residents in training and credentialing staff.

DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of June 2025.
- Stay informed with current information found on the OHCA public website by visiting oklahoma.gov/ohca.

AGENDA

- New Provider Contracts
- Provider Contract Renewal
- Maintaining Provider Files
- Contract Notes
- Resources
- Questions

NEW PROVIDER CONTRACTS

PROVIDER CONTRACTS

To provide health care services to SoonerCare members and to be eligible for payment, providers must have an approved contract on file with OHCA.

Providers that require a new contract are:

- New to providing services for Medicaid and have never had a SoonerCare contract.
- Providers that began the renewal process but have failed to complete the entire renewal process prior to contract expiration.
- Previously contracted but did not opt to renew during the contract renewal period.



PROVIDER CONTRACTS

A medical resident in training contract should be submitted when the physician:

- Only has a medical resident in training license.
- Has a full license and has not applied for a DEA and/or BNDD.

A full physician contract should be submitted when the physician:

- Has a full license, DEA and BNDD certifications.

The full physician contract should be done as soon as the DEA and BNDD are received, even if you are in the middle of your medical resident in training contract.

NEW CONTRACTS

The SoonerCare provider enrollment application is found on the [provider enrollment page](#) by clicking the New Contracts link or by visiting ohcaprovider.com/enrollment/site/home/createuser.aspx.

OKLAHOMA
Health Care Authority

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About Individuals Providers Insure Oklahoma Research Policy Contact More

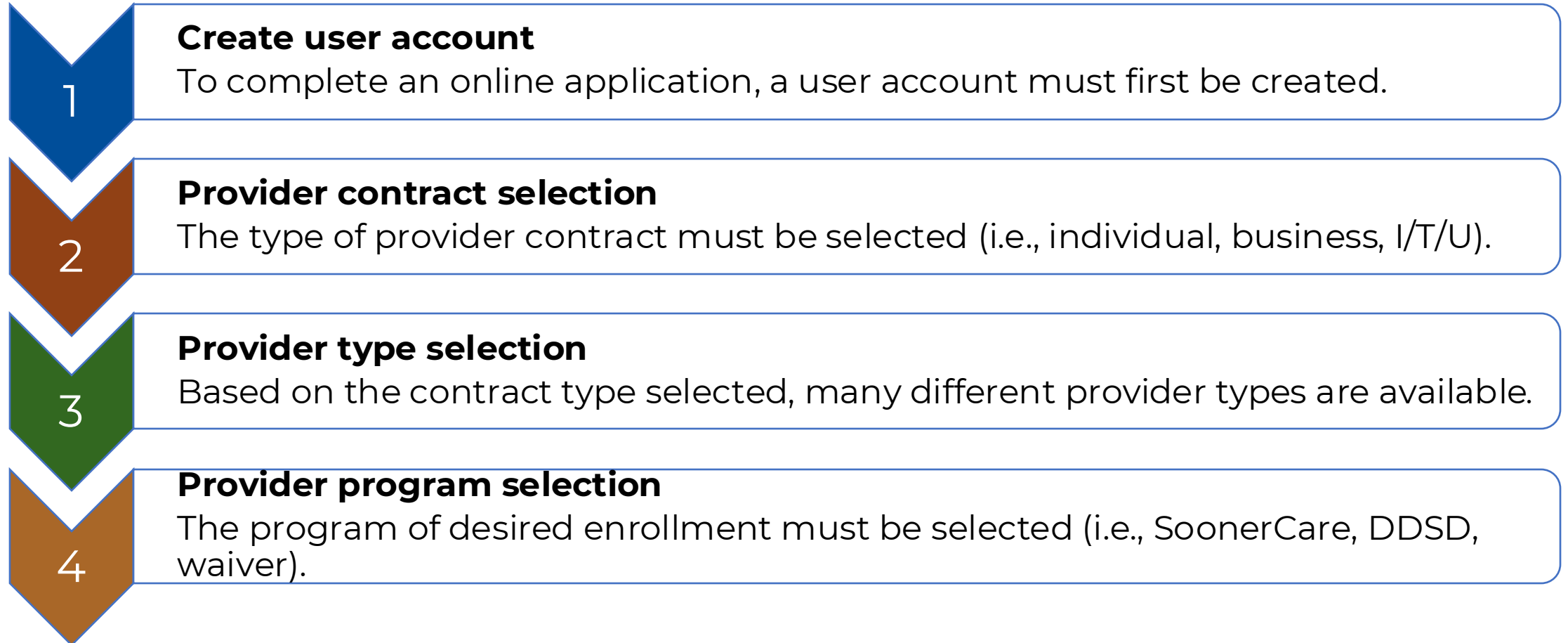
Oklahoma Health Care Authority > Providers > Provider Enrollment

Enrollment

PROVIDER CONTRACTS	ATTENTION:
<p>If you have questions:</p> <ul style="list-style-type: none">• Call toll free (800) 522-0114, option 5 for Provider Contracts (Hours: 8 a.m. – 5 p.m. Mon., Tues., Thurs., Fri., and 1 – 5 p.m. Wed.)	<p>Please remember that all SoonerCare-contracted providers are responsible for keeping their provider file current.</p>
<ul style="list-style-type: none">• Email us	<p>Please make sure your email address(es), phone number(s) and location are up to date, so you can receive all pertinent OHCA communications. Thank you.</p>

Contracts	Forms	Resources
<ul style="list-style-type: none">• New contracts• Renewal contracts• Contract Types• Check Application Status	<ul style="list-style-type: none">• Addendum to Hospital Contracts for Psych & Rehab Units• Electronic Funds Transfer• Group Appendix A• Settlement Agreement Request Form• PRTF Attestation	<ul style="list-style-type: none">• Provider Portal Access Form• False Claims Act• Frequently Asked Questions• Office of Inspector General Exclusion List• OHCA Policy and Rules - Click to View• Provider Risk Levels

PRE-ENROLLMENT STEPS



Providers

- [Types](#)
- [Claim Tools](#)
- [Enrollment](#)
- [Forms](#)
- [SoonerCare Provider Portal](#)
- [Policies & Rules](#)
- [Training](#)
- [Updates](#)
- [Help](#)

Create a User Account

To create an account, you will need a User ID, password, and email address. When selecting a user ID and password, choose something that is easy for you to remember but hard for other people to guess.

If you already have an account, [log on](#) now.

Required fields are marked with an asterisk (*).

User ID: *

Your User ID must be between 8 and 20 characters, lowercase letters, no spaces.

Password: *

Retype Password: *

Your password must be 8-20 characters in length, contain at least 1 numeric digit, 1 capital letter, 1 lowercase letter, no spaces and 1 special character. Passwords are case-sensitive.

If you forget your password, we can send it to you via e-mail. Without an e-mail address, you will have to contact the SoonerCare Help Desk in the case of a forgotten password.

Email:

[yourname@domain.com]

Retype Email:

Security Code

The security code is an image that cannot be read by a machine. It prevents automated programs from trying to create users on our system.

Enter the security code displayed on your screen. If you have difficulty reading the security code displayed, please refresh your browser or click the 'Play Audio' button to have it read to you.



Play Audio

Security Code: *

CREATE ACCOUNT

Provider Contract Selection

Welcome Providers! Thank you for serving Oklahoma SoonerCare members.

Enrolling in the SoonerCare Provider Program is easy - we'll walk you through everything you need to do.

In order to get started, we need to ask you a few questions. Your answers will help determine what information you need to provide and which agreement you need to sign.

Required fields are marked with an asterisk (*).

What type of provider are you enrolling?*

[How do I know which to select?](#)

- ☒ Individual provider
- ☐ Business (facility, agency, organization, or group)
- ☐ Indian Health Services
- ☐ Tribal Facilities
- ☐ Urban Indian Facilities

Quick Links

- [National Provider Identifier](#)
- [OHCA Policies and Rules](#)
- [FAQs](#)
- [Glossary](#)

EXIT

CONTINUE

- ☐ Occupational Therapist Individual
- ☐ Optometrist
- ☐ Para Professional
- ☐ Pharmacist
- ☐ Physical Therapist Individual
- ☒ Physician

Select your primary specialty.

Primary Specialty: *

Medical Resident in Training ▼

Are you board certified? *

☐ Yes ☒ No

- ☐ Physician Assistant
- ☐ Podiatrist
- ☐ Psychologist
- ☐ Respite Care Individual
- ☐ School Based Para Professional
- ☐ Self-Directed Support and Services
- ☐ Specialized Foster Care
- ☐ Speech Pathologist Individual
- ☐ State Employed Physician (OSU)
- ☐ State Employed Physician (OU)
- ☐ Therapy Assistant
- ☐ Transportation Public Individual
- ☐ Treatment Parent Specialist

EXIT

CONTINUE

Provider Program Enrollment

Select the program(s) you want to participate from the list below.

Select "**Continue**" to begin the program enrollment process.

Required fields are marked with an asterisk (*).

Sooner Care Programs *

☒ SoonerCare (Medicaid) Provider

SoonerCare is a collection of Oklahoma health care benefit packages including Traditional (Fee-For-Service Medicaid), Choice (Medical Home), supplemental (Medicare Crossover), SoonerPlan (Family Planning) and others. Providers who choose this option may render services, file claims for reimbursement, order and refer and prescribe (within licensure limits) for SoonerCare members.

EXIT

CONTINUE

[Accessibility Policy](#) | [Privacy Policy](#) | [Terms of Use](#)

PROVIDER ENROLLMENT

To complete the enrollment process, providers will:

- Complete the enrollment forms that are prompted for the user.
- Read the provider agreement, special provisions and any applicable addendums that are prompted for the user.
 - [General provider agreement](#) contains the terms and conditions applicable to all providers.
 - Special provisions contains terms for a particular provider type and/or specialty.
- Electronically sign the application and upload or fax copies of all requested documentation prompted for the user to OHCA.

Forms and Agreements

Steps to follow

1. Complete the forms listed in the **Enrollment Forms** section to the right.
2. Read the SoonerCare Provider Agreement, the Special Provisions, and any applicable addendums listed in the **Provider Agreement** section, also located to the right.
3. Electronically sign your application and upload or fax copies of all requested documentation to OHCA.

Note: Some responses to questions may require additional documentation be upload or faxed to OHCA. If other information is required, it will appear in the **Documents to be Submitted** section. It will also be listed on your personal fax cover sheet.

Getting Started

You do not have to complete your enrollment in one session. You may save your responses and return to complete your enrollment at a later time. Before continuing with the application, make sure you selected the correct provider type. The information you will be asked to provide is dependent upon your provider type.

You have selected provider type: **Physician**.

If this is not what you want to do, [select a new provider type](#) now.

To navigate through the web application, use the '**Previous**' and '**Save & Next**' buttons that are located at the bottom of each screen. Do not use the '**Back**' button in the browser, and do not do a screen refresh.

If you have any questions regarding this application, please contact Provider Enrollment at either:

- (800) 522-0114
- (405) 522-6205



Select "**Continue**" to begin the enrollment process.

CONTINUE

Enrollment Forms

Actions	Status
Enrollment Application	● Not Started

Provider Agreement

- [MEDICAL RESIDENT IN TRAINING SPECIAL PROVISIONS](#) 
- [GENERAL AGREEMENT](#) 

Documents to be Submitted

- Medical Training License

I want to:

- [Sign Agreement](#)

All required forms to complete, agreements and provisions to read and documents to be submitted will be listed on the right side of the Forms and Agreements page.

Enrollment Application

Before you start:

It may be helpful to have the information listed below *before* you begin answering the questions.

- NPI, Medicare number and DEA number (if applicable)
- Number, original issue date, effective date and expiration date of all professional licenses
- Names of hospitals where you have admitting privileges (if applicable)
- NPI of any provider who either supervises you or covers your practice in your absence
- FEIN or SSN used for tax reporting
- Routing number and account number for where your payments should be deposited
- Office hours
- Name, phone, email of enrollment, billing, and clinical services contacts

Instructions:

Please keep in mind that all questions pertain to the individual who is enrolling in the SoonerCare program, and who will be "signing" the agreement with OHCA.

Select "**Continue**" to begin the Enrollment Application at the beginning.

If you have any questions regarding this application, please contact Provider Enrollment at either:

- (800) 522-0114, option 5
- (405) 522-6205, option 5

CONTINUE

Enrollment Forms

To access a specific section of the application, select the name from the list below.

Section	Status
Personal Information	● Not Started
Professional Practice	● Not Started
Location Addresses	● Not Started
Contact	● Not Started
Payment	● Not Started

Click the link to begin

Personal Information

 Use the Previous button at the bottom of the page in place of the browser back button.

The first step in the enrollment process is to tell us a little about yourself.

When you have finished, select "Save & Next" to save your information and continue with the Enrollment Application or "Save" to return at a later time.

Required fields are marked with an asterisk (*).

Last Name: *

First Name: *

Middle Initial:

Suffix:

SSN: *

Date of Birth: *

Cannot be less than 01/01/1900

Gender: *

☐ Male ☐ Female

Title: - Select title -

National Provider Identifier (NPI): *

In the past ten (10) years have you *
been convicted of, pled guilty to,
entered into a deferred adjudication
or sentencing for, or pled nolo
contendere to any misdemeanor or
felony (excluding minor traffic
violations) or been found liable or
responsible for any civil offense that
is reasonably related to your
qualifications, competence,
functions, or duties as a medical
professional, or for fraud, an act of
violence, child abuse or a sexual
offense or sexual misconduct?

☐ Yes

☐ No

 [If yes, please explain](#)

How will you report payments to the *
IRS?

☐ Personal SSN

☐ Personal FEIN

☒ Group/Corporate FEIN

☐ Attending Provider Only

Quick Links

- [National Provider Identifier](#)
- [OHCA Policies and Rules](#)
- [FAQs](#)
- [Glossary](#)

References & Resources

- [MEDICAL RESIDENT IN TRAINING
SPECIAL PROVISIONS](#)
- [GENERAL AGREEMENT](#)

◀ PREVIOUS


SAVE

SAVE & NEXT ▶

APPLICATION SUBMISSION

New provider contracts are processed by Provider Enrollment within 4-6 weeks of submission.

OHCA will acknowledge receipt of the application with an application tracking number (ATN). The ATN or SSN/FEIN may be used to check the [status of the application](#). See [global message 8/4/20](#).



If the application is returned for corrections, email notifications will be sent to the enrollment contact submitted on the application.


- **Initial email:** The first notification that corrections are needed.
- **Second email:** Sent 15 days after the initial email as a reminder.
- **Expiration email:** Sent 30 days after the initial email as notification that the contract has expired, and a new application is required.

APPLICATION APPROVAL

Upon application approval, official contacts will receive:

- **Welcome letter** containing important contract information:
 - Provider ID
 - Primary taxonomy code
 - Zip +4
 - CN1 (if applicable)
 - Program
 - Effective date
 - Expiration date
- **PIN letter** containing secure provider portal login instructions.

KEVIN S. CORBETT
CHIEF EXECUTIVE OFFICER



J. KEVIN STITT
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

November 24, 2021

Provider ID: 123456789 A
Provider Name: ILucy VanPelt Psychiatry Services
NPI: 1234567890
Primary Taxonomy Code: 000QP0000X
Zip+4: 73105-1234
CN1 (if any) :

Dear Provider:

Your Provider Agreement with the Oklahoma Health Care Authority to welcome you as a participating provider. As an account holder, you are authorized to bill for services rendered under OHCA programs within the scope of coverage.

If there is no NPI shown above, you are an "atypical" provider. You must bill above on all electronic, Internet (Provider Portal) and paper claims, and bill for services rendered under this provider ID.

For all other providers, the NPI, Zip+4, taxonomy, and program code are required on all electronic, Internet (Provider Portal) claims. Your claims must be submitted to the OHCA. Please use your ten-digit Provider ID and your NPI.

Your effective and expiration dates are listed on the following page. Prior to expiration, you will receive a notification to renew your contract. Please keep your address current with OHCA to ensure there is no interruption of your ability to receive reimbursement.

For additional information regarding the Oklahoma Health Care Authority Programs, please access our website at www.okhca.org.

PAGE 2 OF WELCOME LETTER:

Provider Information
Provider Type: Clinic
Provider Specialty: Psychiatry Group
Provider Taxonomy: 000QP0000X

Current Programs
Program: Medicaid
Status: Recertification Date
Effective Date: 11/08/2021
Expiration Date: 11/30/2025

**PROVIDER
CONTRACT
RENEWAL FOR
FULLY LICENSED
PHYSICIANS**

RENEWAL DISCLAIMER

- As a medical resident in training, you will not be renewing your contract. When you become fully licensed, you will complete a NEW physician contract.

CONTRACT EXPIRATION



SoonerCare provider contracts are on four-year cycles with few exceptions:

- Nursing homes – three years.
- ICF/IID – two years.
- Behavioral health practitioner under supervision – one year.
 - BH practitioner under supervision will move to three years beginning January 2026.
- Paraprofessional – two years.

Contracts expire according to provider type.

CONTRACT RENEWAL

The contract renewal period opens 75 days prior to the expiration date. OHCA strongly encourages early renewal to avoid delays in contract processing.

Renewal notifications are emailed to the official contact:

- Initial notification is emailed 75 days prior to expiration.
- Reminder notification is emailed 45 days prior to expiration.



Contract renewals that have been returned due to errors must be corrected prior to the expiration date or a new contract may be required.

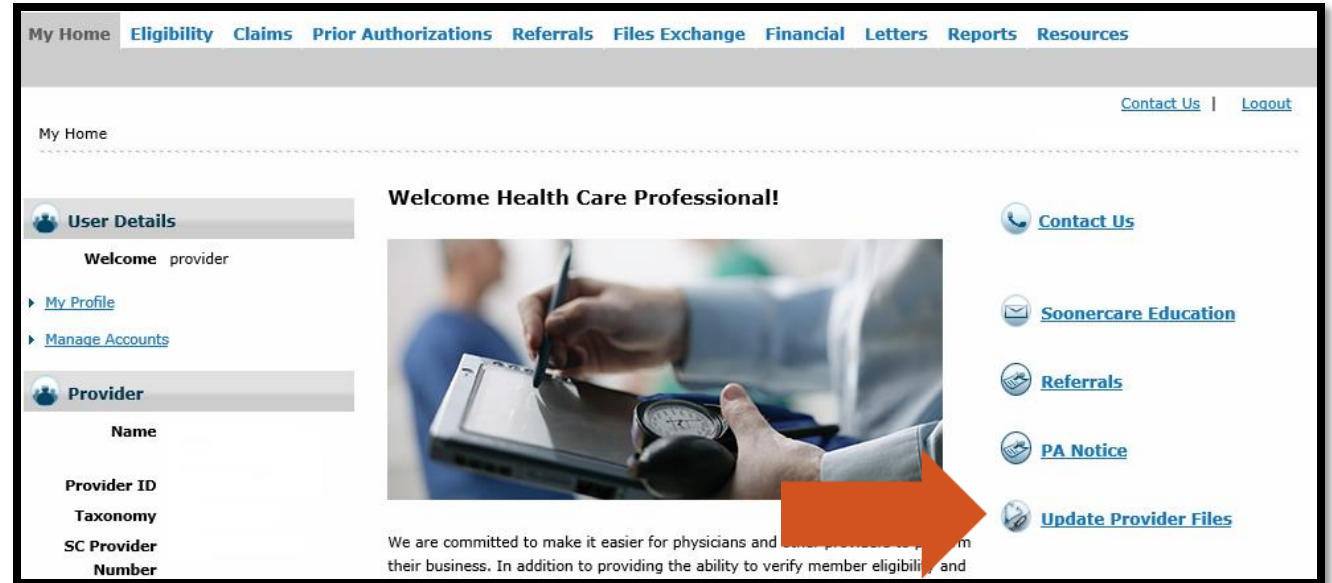
A *Renewing Your SoonerCare Provider Contract* how-to video is available on the [provider training page](#).

RENEWING

The contract renewal process can be started by logging in to the secure provider portal and selecting **Update Provider Files**.

- Only the portal administrator or enrollment clerk can access Update Provider Files.

The [Provider Portal Access Form](#) is available for administrator account locks. See [global message 3/19/21](#).



Do you want to renew your contract now?

- ☐ Yes, I would like to renew my contract now.
- ☐ No, I will renew my contract later.

PROVIDER RENEWAL


To complete the renewal process, providers will:

1. Review the information on file and make any needed changes to the renewal forms that are prompted for the user.
2. Read the provider agreement, special provisions and any applicable addendums that are prompted for the user.
3. Electronically sign the application and upload or fax copies of all requested documentation prompted for the user to OHCA.

- Federal laws require some providers to have on-site screening visits. An OHCA provider enrollment contracts representative will conduct these visits for providers that are not already screened by another state or federal agency.

OHCA will acknowledge receipt of the application with an application tracking number (ATN). The ATN or SSN/FEIN may be used to check the status of the application [here](#). See [global message 8/4/20](#).

PROVIDER RENEWAL CONT...

 **OKLAHOMA**
Health Care Authority

SoonerCare Provider Enrollment

Contact Us | Exit Provider File

Forms & Agreements

Your Medicaid Program contract(s) with the Oklahoma Health Care Authority (OHCA) expires on 3/31/2021

To renew your contract, you must:

1. Review the information we have on file for you by selecting the forms listed in the Renewal Forms section to the right. Make changes as needed. If this is the first time you are renewing your agreement online, you may be asked to provide additional information.
2. Read the SoonerCare Provider Agreement, the Special Provisions, and any applicable addendums listed in the Provider Agreement section, also located to the right.
3. Electronically sign your contract, and upload or fax copies of all requested documentation to OHCA.

Note: Some responses to questions may require additional documentation be uploaded or faxed to OHCA. If other information is required, it will appear in the **Documents to be Submitted** section to the right. It will also be listed on your personal fax cover sheet.

Getting Started: You do not have to complete all the questions in one session. You will be given the opportunity to save your responses and return to the incomplete sections at a later time. You will have 35 days to submit the renewal application. After that, any changes you made will be lost and you will have to start again.

To navigate through the Web application, use the 'Previous' and 'Save & Next' buttons that are located at the bottom of each screen. Do not use the 'Back' button in the browser, and do not do a screen refresh.

If you have any questions regarding this renewal, please contact Provider Enrollment at either:

- (800) 522-0114, option 5
- (405) 522-6205, option 5

Select "Continue" to begin/continue the renewal process.

CONTINUE

Renewal Forms

Actions	Status
Renewal Application	● Not Started
EFT/ERA Enrollment Data	● Not Started
Disclosure of Ownership	● Not Started

Provider Agreement

- [HOSPITAL SPECIAL PROVISIONS](#)
- [GENERAL AGREEMENT](#)

Documents to be Submitted

- Copy of current license
- Medicare or JCAHO certificate
- CLIA Certification

I want to:

- [Sign Agreement](#)
- [Access my EHR attestation](#)

All required forms to complete, agreements and provisions to read, and documents to be submitted will be listed on the right side of the Forms and Agreements page.

RENEWAL SUBMISSION

Notification of the contract update containing the new expiration date will be emailed to the official contact.

Reply ATTN: Provider Enrollment
(405) 522-6205, option 5

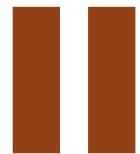
Provider ID: 123456789 A
NPI: 1234567890

Dear Provider:

A contract under programs administered by the Oklahoma Health Care Authority has been received and updated. Please see the current information below for this program and its updated expiration date.

Program: Medicaid
Status: Recertification Date
Expiration Date: 11/30/2025

Your continued participation in the programs is appreciated.



Updates or contract changes submitted via the portal that require OHCA review must be approved before additional changes can be submitted.

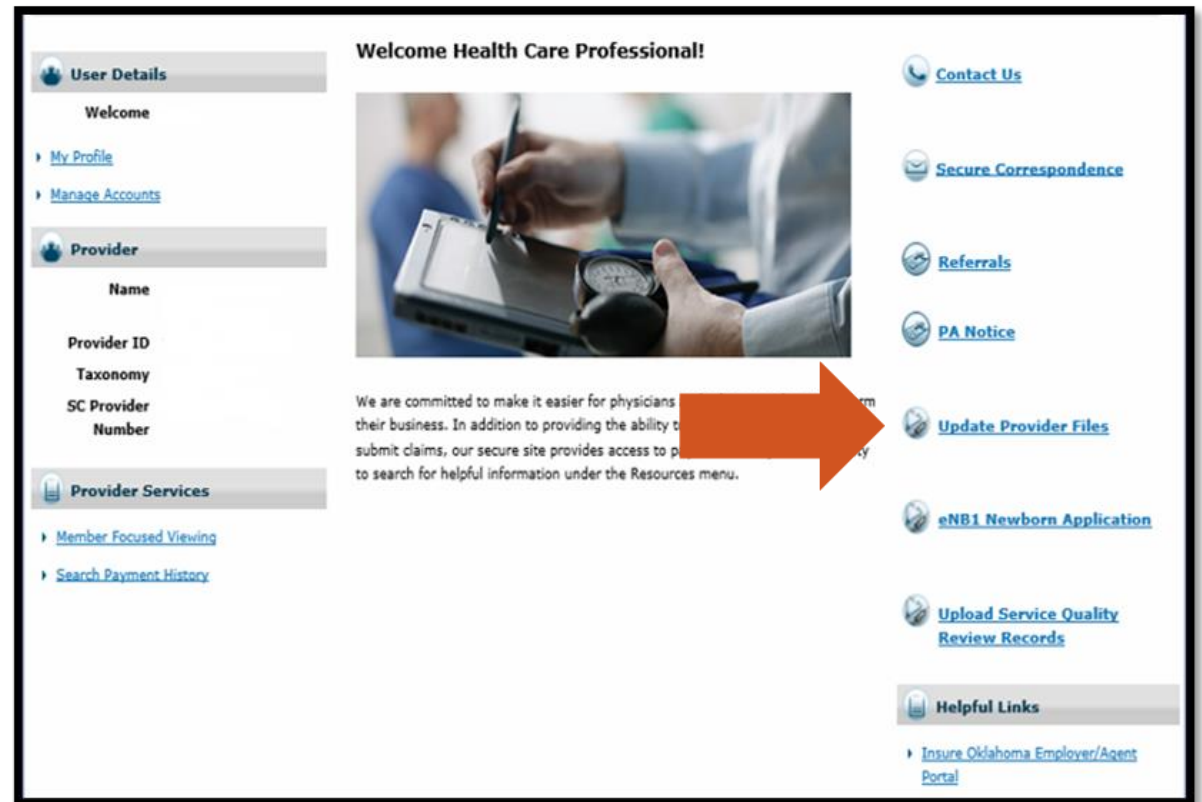
MAINTAINING PROVIDER FILES

MAINTAINING PROVIDER FILES

Updates to OHCA Provider Files are no longer accepted via correspondence and must be made using the secure provider portal.

- Access *Update Provider Files* from the home screen of the OHCA secure provider portal.
- Only the portal administrator or enrollment agent can access Update Provider Files.

The [Provider Portal Access Form](#) is available for administrator account locks. See [global message 3/19/21](#).



UPDATE PROVIDER FILES

Update Provider Files on the secure provider portal allows updates to:

- payment & tax reporting
- address & contacts
- office information

Additionally, users are also able to:

- upload documents
- enroll in managed care
- add a new service location

The screenshot displays a web portal for updating provider information. At the top is a navigation bar with tabs: 'My Profile Home' (selected), 'Personal & Professional', 'Practice', 'Address & Contacts', 'Financial', and 'EHR'. Below the navigation bar is a table showing contract details.

Primary Specialty	Contract	Dates	Signee
General Pediatrician	Medicaid Program	1/20/2025 - 9/30/2028	
	Ordering/Referring Provider	1/20/2025 - 9/30/2028	

Below the table is a section titled 'I want to change my...' with three columns of links:

- Payment & Tax Reporting**
 - [Tax Reporting Name and ID](#)
- Office Information**
 - [Office hours](#)
 - [Covering providers](#)
 - [Languages spoken by staff](#)
- Address & Contacts**
 - [Service location](#)
 - [Mailing or 'Pay To' address](#)
 - [Correspondence contacts](#)

On the right side of the page is a section titled 'I want to:' with a list of actions:

- [Upload Required Documents](#)
- [Generate fax cover sheet](#)
- [Access my EHR attestation](#)
- [Enroll in or Modify a Managed Care Program](#)
- [View my General Agreement](#)
- [View my Physician Special Provisions](#)
- [View the OHCA policies and rules](#)
- [Print My Signature Page](#)
- [Add a new service location](#)

GROUP MEMBERS

A current record of group members is crucial for efficient claim processing and provides an accurate list of the individual providers affiliated with the group.

Individual providers can easily be added or removed on the provider portal.

- The [Appendix A](#) must be signed by the provider and uploaded or faxed to OHCA.

If providers move out of state or their license expires, they need to submit a termination request to providerenrollment@okhca.org.

[My Profile Home](#) | [Practice](#) | [Address & Contacts](#) | [Financial](#) | [Ownership](#) | [EFT/ERA](#) | [EHR](#)

Group Members

Make changes to the group membership.

- To add a provider to the group, enter his or her National Provider ID (NPI) and select **"Add"**. You will be asked to enter the date the provider started with the group and if he serves as a Primary Care Provider (PCP) for your group.
- To remove a provider from your group, select the **"Remove"** link associated with the provider you want to remove. You will be asked to enter the date the provider left the group.

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.

Quick Links

- [National Provider Identifier](#)
- [OHCA Policies and Rules](#)
- [FAQs](#)
- [Glossary](#)

Required fields are marked with an asterisk (*).

If group members are removed, update will be made immediately.

NPI: * **ADD** [NPI look-up](#)

NPI	Name	PCP?	Group Affiliation Date	
1234567890	Provider A	<input type="radio"/> Yes <input checked="" type="radio"/> No	03/01/2021	Remove
2345678901	Provider B	<input checked="" type="radio"/> Yes <input type="radio"/> No	06/01/2014	Remove
3456789012	Provider C	<input type="radio"/> Yes <input checked="" type="radio"/> No	08/06/2018	Remove
4567890123	Provider D	<input checked="" type="radio"/> Yes <input type="radio"/> No	08/01/2014	Remove
5678901234	Provider E	<input type="radio"/> Yes <input checked="" type="radio"/> No	11/04/2014	Remove

ENROLLMENT/OFFICIAL CONTACT

Update Provider Files allows the portal account administrator to add or update the Enrollment Contact and the Official Contact.

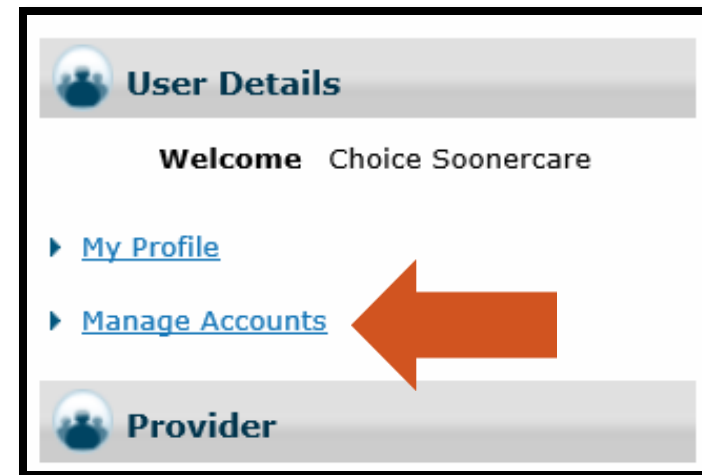
- **Enrollment Contact:** The contact for answering questions about the information submitted in the initial or renewal application, or when an update is made to the provider file.
- **Official Contact:** The email address used for all OHCA communications including contract welcome letter, renewal notice 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.*

My Profile Home		Personal & Professional	Practice	Address & Contacts	Financial	EHR	
				Addresses			
Primary Specialty	Contract					Signee	
General Pediatrician	Medicaid Program			Contacts			
	Ordering/Referring Provider			1/20/2025 - 9/30/2028			

MANAGE ACCOUNT CLERKS

The Manage Accounts feature of the secure provider portal allows the account administrator to:

- Add new clerks.
- Add registered clerks.
- Add registered billing agent.
- Designate billing agent.
- Add enrollment agent.



A Create Clerks how-to video is available on the [provider training page](#).

CLERK ASSIGNMENT

Clerks can be added, or existing clerks can be set to inactive.

- At least one function must be chosen for each clerk.
- Administrator may add a registered clerk or an enrollment agent from the list of active clerks.

Clerk Assignment

Back to My Home ?

Delegate Status

☒ Load Active Delegates Only ☐ Load Active and Inactive Delegates

Add New Clerk

Add Registered Clerk

Add Registered Billing Agent

Designate Billing Agent

Add Enrollment Agent

* Indicates a required field.

Enter the fields below and click **Submit** to generate the clerk code for the new clerk to register.

*First Name

*Last Name

*Birth Date

*Last 4 of DLN

Select the functions that the clerk is authorized to access.
(At least one function must be selected)

*Functions

☐ Claim - Inquiry

☐ Claim - Submit and Resubmit

☐ Claim - Submit Pharmacy

☐ Eligibility Verification

☐ File Management

☐ Financial

☐ Letters

☐ Member Focus Viewing

☐ Newborn Application Access

☐ Patient Dismissal

☐ Payment History - Inquiry

☐ Pharmacy Claim

☐ Prior Authorization - Submit Resubmit Authorization

☐ Prior Authorization - View Authorization

☐ Prior Authorization - View Authorization Notice

☐ Referrals - View Referral

☐ Reports

☐ Search Fee Schedule

☐ Treatment History

Submit

Cancel

CLERK REGISTRATION

A **clerk code** will be generated after adding a new clerk to the portal account.

- The clerk will use the clerk code to complete portal registration.
- Clerks will remain in “pending” status until portal registration has been completed.

Clerks						
Click the Clerk's name to change the status and/or the functions of the Clerk.						
#	Name ▲	Display Name	Birth Date	Last 4 of DLN	Clerk Code	Status
1	smith, clerk	clerk smith	01/01/2000	1234	20429	Active - Pending

A Register a Clerk how-to video is available on the [provider training page](#).

CONTRACT NOTES

INDIVIDUAL PROVIDERS

If an individual provider bills his/her services under a group contract and reports payments to the facility's FEIN, the individual only needs to enroll one time. The individual should complete a single enrollment and indicate the service location where the provider practices most frequently.

If an individual provider does not bill through a group and reports payments to either the individual's social security number or personal FEIN, a separate enrollment must be completed for every physical location where services are rendered.

The individual will receive a separate location code under the same provider number for each physical location. They must use the zip +4 and taxonomy code that corresponds to the physical location where the service was rendered when filing claims.

See [Provider Letter 2010-04](#).

PAYMENT AND TAX REPORTING



Individual providers that are set up to have corporate payment and tax reporting but want to provide services outside of the corporation need to have a separate contract that reports to the SSN/FEIN.

Behavioral health: if provider is a contractor for an agency, the provider will still select group corporate FEIN for billing and attach themselves to the agency.

RESOURCES

PROVIDER ENROLLMENT

Phone: 800-522-0114, option 5

Hours: 8 a.m. to 5 p.m., Mon., Tue., Thu., Fri.
1 to 5 p.m., Wed.

Email: ProviderEnrollment@okhca.org

Web: oklahoma.gov/ohca/providers/provider-enrollment.html

HELPFUL RESOURCES

- OHCA Call Center
 - 800-522-0114 or 405-522-6205, option 1
- Agency Website
 - oklahoma.gov/ohca
- Provider Training
 - oklahoma.gov/ohca/providers/provider-training
- Medicaid Expansion
 - oklahoma.gov/ohca/about/medicaid-expansion/expansion

TRAINING RESOURCES

Provider education specialists:

- Education specialists provide education and training as needed for providers either virtually or telephonically.
- Requests for assistance should be emailed to: SoonerCareEducation@okhca.org. (Requests should include the provider's name and ID, contact information and a brief description of what assistance is being sought.)
- For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.

QUESTIONS?



OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
MySoonerCare.org

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

