



MBR Name	
MBR Medicaid #	
MBR DHS #	

## ADv21 ELIGIBILITY/CLAIM RESOLUTION

One form per Member must be completed and for eligibility, prior authorization and/or claims resolution assistance. A copy of the denial remittance statement/denial screen must accompany the form for claims resolution assistance before ADvantage Administration Unit can intervene on behalf of the Provider.

To ensure proper research, the following info must be provided:

Step A. ELIGIBILITY	
<input type="checkbox"/>	Is Member eligibility reflected on the OHCA system? (Note: Title XIX and ADvantage Waiver lines should be present.) <input type="checkbox"/> Yes <input type="checkbox"/> No (see instructions)

Step B. PRIOR AUTHORIZATION	
<input type="checkbox"/>	Is prior authorization on the OHCA system? <input type="checkbox"/> Yes <input type="checkbox"/> No (see instructions)

Step C. OHCA RESOLUTION	
<input type="checkbox"/>	Remittance statement/denial screen reviewed with Oklahoma Health Care Authority (Customer Service 800.522.0114) for explanation/information regarding each error code.  <b>Name of Person(s) Contacted:</b> _____ <b>Date</b> _____ <b>Results:</b> _____ _____ _____

Step D. AA ASSISTANCE	
<input type="checkbox"/>	If claim still denied, fax completed form to <b>ADvantage Operations Claims Resolution Unit 918.933.4981</b> with copy of denial remittance statement/denial screen.  <b>Additional Information:</b> _____ _____ _____

<b>Submitted by (please print)</b>	<b>Agency and Provider ID</b>
<b>Fax #</b>	<b>Date</b>