

## INSTRUCTIONS for ADv21 Eligibility/Claim Resolution

### PURPOSE OF FORM

The ADv21 is required for eligibility, prior authorization and/or claim denial issues. The form outlines each step that must be completed before returning the form to the ADvantage Administration Unit (AAU). Each block must be checked to inform the AAU's Claims Resolution Unit that appropriate steps were taken before the AAU becomes involved. The AAU Claims Resolution Unit will not interface with EDS on behalf of the provider agency until the provider agency has completed the process outlined on the ADv21. One completed form per Member must be completed and accompanied with the appropriate denial remittance statement when sent to the AAU, if applicable.

### HOW TO COMPLETE THE ADv21

#### MEMBER INFORMATION

1. Enter the Member's Name:
2. Enter the Member's Medicaid number (9 digit unique identifier)
3. Enter the Member's DHS#

The following procedures are required for each inquiry.

#### Step A. ELIGIBILITY

Review the OHCA eligibility screen.

**Form**

4. Validate that the eligibility screen reflects Title XIX and ADvantage Waiver.
5. If no, check box and fax directly to ADvantage Operations Claim Resolution Unit. (If applicable – attach denial remittance statement screen.)
6. If yes, proceed to Step B.

#### Step B. PRIOR AUTHORIZATION

Review the HCA eligibility screen form.

**Form**

7. Validate that the prior authorization is on the OHCA system.
8. If no, check box and fax directly to ADvantage Operations Claims Resolution Unit. (If applicable, attach copy of denial remittance statement/screen.)
9. If yes, proceed to Step C.

#### Step C. OHCA RESOLUTION

Contact the Oklahoma Health Care Authority with any questionable error codes on remittance statement/screen. (800-522-0114 or 405-522-6205)

**Form**

10. Check the box when completed.
11. Enter the name of the person(s) contacted.
12. Enter the date of contact.
13. Enter the results of the contact.

#### Step D. AA ASSISTANCE

Submit the ADv21 to the AA – ADvantage Operations/Claims Resolution Unit for further assistance. (Fax number 918-933-4981). **Denial remittance statement or screen printout must accompany the completed ADv21 form.**

14. Check the box when completed.
15. Enter any additional information.
16. Enter your name.
17. Enter your title.
18. Enter your agency's name.
19. Enter the date submitted to the AAU.
20. Fax to 918-933-4981.