Patient Volume Documentation Form

Oklahoma Medical Loan Program

Attesting Provider Information:

Provider Name: _____ NPI: _____

(Must be the Physician NPI detailed in the Oklahoma Medical Loan Payment Program Physician Contract)

I am reporting as a Physician in the following area of expertise:

☐ family medicine   ☐ general OB/GYN

☐ geriatrics   ☐ general pediatrics

☐ general internal   ☐ emergency

Point of Contact: (Please provide the name, phone number and email address for whom we may contact for patient volume questions.)

Name: _____   Phone: _____

Email: _____

Reporting Period

Reporting Period Begin: _____/_____/_____   Reporting Period End: _____/_____/_____

Patient Volume Information

A. Number of Encounters:	B. Number of Members referred via Fax, Web Portal or EMR to the Oklahoma Tobacco Helpline:
Total Encounters: _____ SoonerCare Encounters: _____	Encounters: _____

Please complete a second patient volume form if you have SoonerCare/Medicaid encounters from more than two clinics.

Instructions

Attesting Provider Information:

Provider Name and NPI: Enter the name of the Physician and the NPI listed in the Oklahoma a Medical Loan Payment Program Physician Contract.

Point of Contact: List the requested contact information for whom we may contact for questions on the information submitted.

Reporting Period: List the beginning and ending dates for reporting periods and the patient volume data given.

Patient Volume Information:

A.   Number of SoonerCare Member encounters*

B.   Number of Members Referred to the Oklahoma Tobacco Helpline:

SoonerCare includes: SoonerCare Choice, SoonerCare Traditional, CHIP, Home and Community Based Waivers, Insure Oklahoma Employer Sponsored Insurance and Individual Plan.

For OB/GYN Providers and Providers who bill using global procedures, there are two methods to submit patient volume.

1) Submit encounters using the paid global procedures in addition to all other paid Fee-For-Service claims in both Numerator and Denominator.

2) Submit encounters using the paid ante-partum, post-partum or follow-up visits in addition to all other paid Fee-For-Service claims in both Numerator and Denominator.

• Paid ante-partum, post-partum and follow-up visits are paid using a global procedure code.

• This method also requires the provider to submit supporting documentation of those ante-partum, post-partum, and follow-up visits.

Definitions

*SoonerCare Encounter:

• Services rendered to a Member by a physician on any one day
  AND

• Where SoonerCare paid for:

(1) Part or all of a service, or

(2) Part or all of the individual's premiums, co-payments and/or cost sharing