

HealthChoice

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News

HealthChoice TPA changing to UMR in 2023

EGID's benefits administrator will transition from HealthSCOPE Benefits to UMR on Jan. 1, 2023. UMR is UnitedHealthcare's third-party administrator.

HealthSCOPE Benefits has served as EGID's TPA since 2018 and was purchased by UnitedHealthcare in 2019. UMR and HealthSCOPE Benefits have worked with EGID to ensure a smooth transition.

UMR will continue to focus on member advocacy and engagement and enhanced integrated provider support. With UMR's flexible technology and advances in automated procedures, you will experience user-friendly access to benefits information, coverage details, eligibility and claim status, as well as ease of submitting requests and documentation for prior authorizations and claims appeals.

We assure you that EGID will remain the administrator of HealthChoice and continues to determine plan benefits, administrative rules and reimbursement.

For questions or more information, please call EGID Network Management at 405-717-8920 or toll-free 844-804-2642. TTY users call 711.

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Certification and claim appeals for medical and dental services

Beginning Oct. 1, providers can appeal any claim that was denied in whole or in part by submitting a letter to the claims administrator at the designated address within 180 days of receipt of denial.

Additionally, if the initial appeal is upheld, network providers can request a second-level appeal if they have additional information to submit for review within 90 days from the date of the first-level appeal response. Second-level appeals are only available to network providers.

Certification is required within three business days prior to inpatient admission, transplant procedure, specific outpatient procedures, supplies or services as indicated on the HealthChoice Certification List found on the HealthChoice website. Providers are required to request certification within one business day after services for an emergency medical condition.

If a provider wishes to appeal any part of a certification denial, it must be done within 180 days of receipt of denial. This is effective July 1, 2022.

For additional information, please call EGID Network Management at 405-717-8790 or toll-free 844-804-2642. TTY users call 711.

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Timely filing and appeal deadlines for medical and dental claims

All HealthChoice contracts contain timely filing provisions.

The following updates have been made to deadlines for claims filing:

Effective	Change
Jan. 1, 2023	All original claim submissions must be filed within 180 days from the date of service.
July 1, 2022	Corrected claim submissions must be filed within 180 days from the original processed date.
July 1, 2022	Secondary and tertiary claim submissions must be filed within 180 days from the

HealthChoice EDI payer IDs and new group numbers

Beginning Jan. 1, 2023, claims processing for HealthChoice, Department of Corrections (DOC) and Department of Rehabilitation Services (DRS) will move to UMR. Providers will not need to make any changes to electronic data interchange (EDI) payer IDs in their system.

The payer ID or EDI number is a unique ID assigned to each insurance company. It allows provider and payer systems to talk to one another to verify eligibility, benefits and submit claims.

Continue to use the same HealthChoice, DOC and DRS EDI payer IDs used today after Jan. 1, 2023:

- 71064 HealthChoice.
- 71065 DOC and DRS.

Optum – UMR's clearinghouse for claim files – works with several clearinghouses to receive claims.

HealthChoice members will receive new ID cards for the 2023 plan year that will reflect the payer IDs listed above. The new ID cards will also have these UMR-assigned group numbers:

- 76415077 HealthChoice (member IDs will remain the same).
- 76415170 Oklahoma DOC (member IDs will continue to be the inmate ID).
- 76415171 Oklahoma DRS (UMR will issue new member IDs).

For questions regarding this update, call Customer Care at 800-323-4314. TTY users call 711.

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Codes requiring review

On occasion, HealthChoice will identify certain claims or codes for review and will request medical records for these claims prior to issuing payment. This helps ensure that claims meet medical necessity requirements and standards of care.

For questions, call HealthChoice Customer Care at 800-323-4314. TTY users call 711.

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July 1, 2022	Secondary and tertiary claim submissions must be filed within 180 days from the previous responsible carrier's processed date.
July 1, 2022	Any medical or dental certification request denied in whole or in part can be appealed within 180 days from receipt of denial.
Oct. 1, 2022	Any medical or dental claim denied in whole or in part can be appealed within 180 days of receipt of denial.

For additional information, please call EGID Network Management at 405-717-8790 or toll-free 844-804-2642. TTY users call 711.

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HealthChoice claim remittance vendor change

UMR will be the new claims processor for HealthChoice, DOC and DRS claims with dates of service beginning Jan. 1, 2023. The payment disbursement vendor will also change from ECHO Health to Optum. HealthSCOPE Benefits will continue to process claims received in 2023 with a 2022 date of service, and ECHO Health will continue to process those payments.

Providers

If you are currently enrolled under UMR payer ID 39026 with OptumInsight for 835 electronic remittance advices or Optum Pay for ERAs, you do not need to register.

If you are not currently enrolled for remittances under UMR payer ID 39026, you can enroll at any time. UMR will automatically transfer your enrollment from payer ID 39026 to HealthChoice payer ID 71064 and DOC\DRS payer ID 71065 effective Jan. 1, 2023.

To enroll for ERAs via OptumInsight, call 866-367-9778 and choose Option 1.

- If you contact OptumInsight prior to Jan. 1, 2023, ask to enroll for payer ID 39026.
- If you contact OptumInsight after Jan. 1, 2023, ask to enroll for payer IDs 71064 and 71065.

You can also enroll for Optum Pay ERAs. With this option, you can view and download remittance information. HealthChoice encourages you to enroll or confirm you are currently enrolled by calling 877-620-6194.

Clearinghouse connections

You can also enroll to receive ERAs through your current clearinghouse. Clearinghouses can enroll you using the [Optum portal](#).

- If you request to enroll prior to Jan. 1, 2023, ask your clearinghouse to enroll you for payer ID 39026.
- If you request to enroll after Jan. 1, 2023, ask your clearinghouse to enroll you for payer IDs 71064 and 71065.

What happens if I do not enroll for ERAs by Jan. 1, 2023?

If you do not enroll for 835 remittances or ERAs, you will need to view claim information on the [HealthChoice provider portal](#) or request copies of remittances from Customer Care at 800-323-4314.

If you have any questions, please call Customer Care at 800-323-4314.

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Please share this newsletter with:

- Office managers.
- Business office staff.
- Referral staff.
- Medical records staff.
- Certification staff.
- Providers.

Contact information

Network Management

405-717-8790
 Toll-free 844-804-2642
EGJD.NetworkManagement@omes.ok.gov
healthchoiceok.com

Medical and Dental Claims

Toll-free 800-323-4314
 TTY 711
 Payer ID: 71064
healthchoiceconnect.com

New Claims, Correspondence and Medical Records

HealthChoice
 P.O. Box 99011
 Lubbock, TX 79490-9011

Appeals and Provider Inquiries

HealthChoice
 P.O. Box 3897
 Little Rock, AR 72203-3897

Health Care Management

405-717-8879
 Toll-free 800-543-6044, ext. 8879
 Fax 405-949-5459 and 405-949-5501

Certification Administrator

Toll-free 800-323-4314
 Fax 855-532-6780
 TTY 711

Pharmacy Benefit Administrator: CVS/caremark

Prior Authorization toll-free 800-294-5979
 Customer Care toll-free 877-720-9375
caremark.com

SilverScript (Medicare Part D)

Prior Authorization toll-free 855-344-0930
 Customer Care toll-free 866-275-5253
healthchoice.silverscript.com

ECHO Health Services

Toll-free 888-834-3511
providerpayments.com

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