HealthChoice

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News

Certification penalties

When certification is not initiated and approved within the time frames described below, a 10% penalty is applied, if approved retrospectively. The member is not responsible for this penalty.

Certification is required within **three** business days prior to scheduled hospital admissions, certain surgical procedures in an outpatient facility and certain diagnostic imaging procedures. Certification is required within **one** day following emergency/urgent services.

Additional information about certifications is on the HealthChoice Provider site.

For questions about certification, call the Customer Care team at toll-free 800-323-4314. TTY users call 711.

Claim denials for medical records

Beginning Jan. 1, 2023, claims processing for HealthChoice, Department of Corrections (DOC) and Department of Rehabilitation Services (DRS) will move to UMR.

What changes could you experience with claims denied for medical records beginning Jan. 1, 2023?

- By referencing the ineligible code, you will see the claim was denied for medical records on your HealthChoice remittance advice.
- You will also be notified with a letter telling you why the claim was denied and what records are needed to complete the review of the claim. This letter will include details on what is needed and where and how to submit the records back to UMR.
- When submitting records online, you will use the PCH tool. For questions on or issues with submitting medical records using the PCH tool, use the Contact Us option on the PCH website.

For questions about the medical records submission process, call the Customer Care team at toll-free 800-323-4314. TTY users call 711.

Credit balance resolution

Beginning Jan. 1, 2023, HealthChoice will use Credit Balance from Optum to provide on-site and remote-location resources to help providers research and resolve unsolicited and solicited overpaid claims. What is credit balance resolution?

- This program audits credit balances and overpayments found and documented on provider ledgers.
- Optum verifies the members' claims administered by UMR and notifies the provider of refund requests.
- Optum verifies the credit balance or overpayment amount and completes the recovery.
- Credit balance and overpayment recoveries made by Optum are sent to UMR monthly for crediting in the UMR claim payment system, and payment reimbursement is sent to

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.

Department of Corrections billing update

The Department of Corrections (DOC) is transitioning from its current third-party administrator, HealthSCOPE benefits, to UMR effective Jan. 1, 2023.

For dates of service on or after Jan. 1, 2023, DOC providers will need to:

- Bill with group number 76415170.
- Update the member ID to utilize a prefix of 3650 + the DOC inmate ID number.
- Enter the prefix 3650 + DOC inmate ID number when making a DOC inquiry using the IVR system or UMR Portal.

For questions, call the Customer Care team at toll-free 800-323-3710.

HealthChoice Electronic Funds Transfer

UMR will be the new claims processor for HealthChoice, DOC and DRS processing claims with dates of service beginning Jan. 1, 2023. As a provider, you will be able to receive direct deposit of claim payments processed by UMR.

HealthChoice encourages you to enroll now with Optum Pay or by calling 877-620-6194.

You will need the following information to complete your enrollment online:

- The payment method for your organization.
  - Direct deposit (ACH).
  - Virtual card payments (VCP).
- Organization name, mailing information and tax identification number (TIN).

HealthChoice.

For questions about credit balance resolution, call Optum at 615-503-1000, option 5.

Dental maximum benefit

The calendar year maximum benefit per person for network and non-network preventive, basic and major services combined is $2,500.

The member is responsible for all non-covered services and amounts above the calendar year maximum benefit. The HealthChoice discount applies to the service line where the maximum is met; all other service lines are denied in full as member responsibility.

HealthChoice direct data entry of claims and requests for additional information

Beginning Jan. 1, 2023, claims processing for HealthChoice, Department of Corrections (DOC) and Department of Rehabilitation Services (DRS) will move to UMR.

Providers can continue to access the Availity web portal for direct data entry of all claims in 2022 and prior dates of service. Providers are urged to submit claims for adjudication as soon as possible once services are rendered. This will ensure that claims may be timely adjudicated by HealthSCOPE during the designated run-out period.

What changes could you experience for data entry of claims and additional information, beginning Jan. 1, 2023?

The HealthChoice direct data entry of claims vendor will change to the UMR submissions vendor PCH for claims with dates of service on or after Jan. 1, 2023.

Steps to register

To register, visit the PCH home page:

1. Select **My Account** from the top menu bar.
2. Choose **Sign up** from the drop-down menu.
3. Complete the form (left) and select **Submit**.

What type of correspondence can be submitted through the PCH provider portal?

- Single-submission claims.
- Supporting dental documentation.
- Itemized medical statements and records.
- This application does not include submission for certifications.

Where can I go to check the status of submitted documents?

Providers can check the status of submitted documents in the **Reports** tab once you have access and log into PCH.

For questions about the direct data entry process, call the Customer Care team at toll-free 800-323-4314. TTY users call 711.

Overpayment notification

Examples of the overpayment notification and the corresponding remit advice notification and recoupment can be found here.

- Contact information for your designated Optum Pay contacts.
- Banking information for the ACH option.
- Your organization's W-9 form.
- A voided check or bank letter for each account where payments will be deposited for the ACH option.
- There will be an option to enroll for virtual card payments.
  - This option is currently not available for payments made by HealthChoice.
  - If you enroll for virtual cards in error, you will receive checks.
  - Virtual cards will be available as a payment option in 2023.

What happens if I do not enroll?

- You will receive a paper check for dates of service after Jan. 1, 2023, if you are not enrolled in Optum Pay.

Benefits of electronic payments

- Payments arrive sooner than checks.
- No lost payments.
- Often see less administrative costs with receiving electronic payments.
- Payments viewable through the Optum Pay web portal.
  - Free basic service or paid premium service available with more robust reporting options.
  - Remittance advices and 835 transaction data is available.

For questions about EFT enrollment, call the Customer Care team at toll-free 800-323-4314. TTY users call 711.

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.

New HealthChoice ID card for medical, dental and pharmacy

HealthChoice will be mailing new ID cards to all HealthChoice members in December for the 2023 plan year.

The new HealthChoice ID cards will now serve as the only insurance card for health, dental and pharmacy.

The new cards will also include the updated group number 76415077.

Medical, dental and RX plan sample card
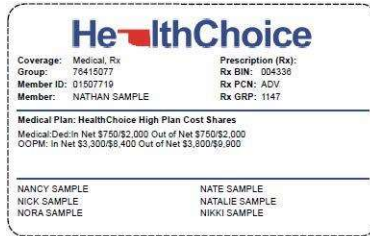
HealthChoice is partnering with CARE

HealthChoice is partnering with CARE to help give eligible plan participants the resources they need to live their best lives. Read more.

• 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.

Secure messaging through provider portal

Beginning Jan. 1, 2023, claims processing for HealthChoice, Department of Corrections (DOC) and Department of Rehabilitation Services (DRS) will move to UMR. For portal claim communications, UMR uses Optum Secure Messaging.

What changes will you experience for sending and receiving secure messages starting Jan. 1?

On the HealthChoice provider portal under **Contact us**, you will see a new feature that allows you to send and receive messages for claims with dates of service on or after Jan. 1, 2023.

Once signed into the website, select the **Contact us** icon at the top of the screen to initiate a conversation.

By selecting the **Messages** icon, you will be able to view sent and receive messages.

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 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.

New HealthChoice P.O. box addresses

Jan. 2, 2023, HealthChoice will have NEW post office box addresses for all claims, claim correspondence and claim appeals.

UMR is replacing HealthSCOPE Benefits as the third-party administrator for HealthChoice, DRS and DOC Jan. 1, 2023. UMR will take over services related to the receipt and processing of all claims, claim correspondence and claim appeals. The change in TPAs requires a change to the HealthChoice mailing addresses below:

HealthSCOPE Benefits TPA (Current)	UMR TPA (New)
HealthChoice Claims P.O. Box 99011 Lubbock, TX 79490-9011	**HealthChoice Claims** P.O. Box 30511 Salt Lake City, UT 84130-0511
Department of Corrections Claims P.O. Box 16532 Lubbock, TX 79490-6532	**Department of Corrections Claims** P.O. Box 30522 Salt Lake City, UT 84130-0522
Department Rehabilitative Services Claims P.O. Box 16485 Lubbock, TX 79490-6485	**Department of Rehabilitative Services Claims** P.O. Box 30521 Salt Lake City, UT 84130-0521
ECHO/Misc. Correspondence for EGID, DOC & DRS, Recoveries HealthChoice P.O. Box 34006 Little Rock, AR 72203	**Misc. Correspondence for EGID, DOC & DRS, Recoveries** HealthChoice P.O. Box 30527 Salt Lake City, UT 84130-0527
Appeals Address HealthChoice Attn: Appeals P.O. Box 3897 Little Rock, AR 72203	**Post-Service Appeals** P.O. Box 30546 Salt Lake City, UT 84130-0546 **Pre-Service Appeals** P.O. Box 400046 San Antonio, TX 78229

For HealthChoice claims with dates of service prior to Jan. 1, 2023, the current addresses will be available for six months after Dec. 31, 2022, to accommodate the timely filing of claims.

For questions about the claim submission process, call Customer Care at 800-323-4314. TTY users call 711.

Certification portal update

All certification requests initiated after Dec. 30, 2022, must be submitted through the HealthChoice provider portal, regardless of the date of service. Initiate a request from the UMR certification portal at HealthChoiceOK.com. To navigate to the portal, select Providers from the menu and then select the portal. From the portal log in page and within the portal, you will select Get certification, as shown below.

the portal log-in page and within the portal, you will select Get certification, as shown below.
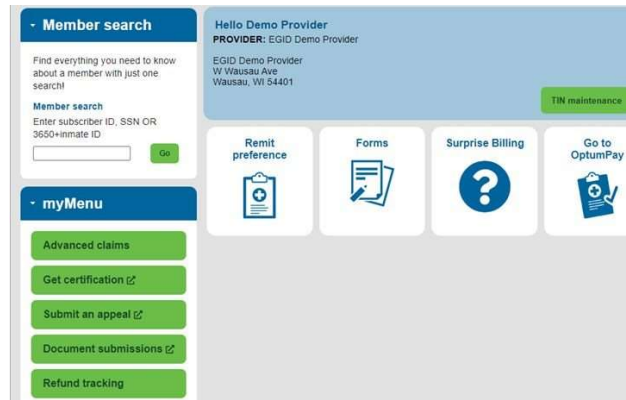
The HealthChoice certification vendor, American Health Holdings (AHH), will be replaced by the UMR CARE Team. The HealthCare Management Unit (HCMU) will continue to review some certification requests as they do today.

AHH will notify UMR of any certifications that carry over into 2023 and will be available in the UMR system.

For questions about the certification process, call the Customer Care team at toll-free 800-323-4314. TTY users call 711.

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Please share this newsletter with:

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

Contact information

Network Management
405-717-8790
Toll-free 844-804-2642
EGID.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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