

HealthChoice

Network News November 2022

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November 2022

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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.

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HealthChoice advanced claim review implementation

HealthChoice is adding an advanced claim review (ACR). This program selects certain claims for additional coding review

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 76415171.
- 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.

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VARIS update

As we transition to UMR on Jan. 1, 2023, we will be moving from VARIS for inpatient post-payment

Additional coding review.

Reviews are performed by experts, including some specially board certified physicians, registered nurses and certified coders. Medical records and/or itemized bills will be required for review.

If claims with billing and/or coding errors are identified, they will be processed to reflect the appropriate payment. Claims are reviewed pre-payment or post-payment.

What changes could you experience for claim editing starting Jan.1, 2023?

1. Certain claims may deny for medical records if not already received from the provider or facility.
2. If error(s) are identified, claims may partially or fully deny as:
 - a. Code billed is a component of another code (unbundling).
 - b. Over unit maximum.
 - c. Code billed not documented in medical records.
 - d. Billed DRG not supported in medical records.

For HealthChoice claims with dates of service prior to Jan. 1, 2023, ACR will not apply.

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

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Update to dental code D0350

Beginning Jan. 1, 2023, HealthChoice will allow a maximum reimbursement of one unit per 12 calendar months for dental code D0350, which covers an unlimited number of photos. D0350 will not be reimbursed per tooth or per quadrant. Services billed that exceed the limitation will be applied to member responsibility.

Refer to the [HealthChoice Fee Schedule\(s\)](#) for coverage of codes, allowable fees and certification requirements.

For questions about eligibility and benefits, [certifications](#) or exclusions pertaining to medical or dental care, refer to the [dental plan handbook](#) or call the Customer Care team at toll-free 800-323-4314. TTY users call 711.

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HealthChoice code review vendor change

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

The HealthChoice code review vendor will also change from HealthSCOPE/McKesson to UMR/Clinical Editing System (CES).

The UMR Code Review team reviews all newly implemented codes. CES applies the editing on claims received for processing.

What changes might you experience for claim editing, beginning Jan. 1, 2023?

1. Claims with a code-to-code relationship present, billing of modifier 59 or equivalent X modifiers will not automatically override the claim editing. UMR will require medical records for review.
2. Claims with a code-to-code relationship present between an E & M code and

review to UMR.

Providing medical records to VARIS timely will be critical during this change. All medical records will need to be sent directly to the address indicated on the request. There could be a possible retraction of the full payment if the records are not received on time.

VARIS will review the medical records and provide a letter with rationale for any potential change to the DRG. The facility will have 60 days to sign the acknowledgement letter and include the overpayment. If you do not agree with the DRG change, please send a letter of appeal and any additional supporting documentation to VARIS. All contract provisions apply.

VARIS will work directly with you regarding any questions from your facility.

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Copays for primary care and specialists

For dates of services after Jan. 1, 2023, HealthChoice is changing the psychiatric office visit copay from a specialist copay of \$50 to a primary care office visit copay of \$30.

The following specialties are subject to the primary care office visit copay of \$30.

- General practice.
- Internal medicine.
- Obstetrics/gynecology.
- Pediatric medicine.
- Physician assistant.
- Nurse practitioner.
- Psychiatry.
- Geriatrics.
- Preventive medicine.
- Urgent care.
- Rural health clinics.
- Federally qualified health centers.
- Military facilities.
- VA facilities.
- Indian health facilities.

All other specialties are subject to the specialist office visit copay which remains \$50.

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

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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.

procedure code, billing of a modifier 25 will not automatically override the claim editing. UMR will require medical records for review.

3. HealthChoice facility claims will now receive code editing.

For HealthChoice claims with dates of service before Jan. 1, 2023, HealthSCOPE/McKesson will continue to apply editing on claims.

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

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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	
Coverage: Medical, Dental, Rx	Prescription
Group: 76415077	Rx BIN: 004336
Member ID: 32162837	Rx PCN: ADV
Member: BARRY SAMPLE	Rx GRP: RX1147
Medical Plan:	
Medical Ded: \$0	
OOPM: \$0	
BECKIE SAMPLE	

HealthChoice	
Medical and Dental Plan Present this card to medical and dental providers.	Pharmacy/Prescription Present this card at any pharmacy to fill your prescription.
Customer Service Member/Providers: 800-323-4314 TTY: 711	Customer Service Members: 877-332-2275 TDD: 800-865-5488 Pharmacists: 800-364-8331
EDI Submissions: 71004 Submit paper claims to: HealthChoice PO Box 98011 Lubbock, TX 79490-0011	Submit paper claims to: C/S Claims Dept. P.O. Box 52139 Phoenix, AZ 85073-2139
Visit us at healthchoicelubbock.com Members can download the HealthChoice Benefits app by scanning the code with your phone's camera.	

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- o Direct deposit (ACH).
- o Virtual card payments (VCP).
- Organization name, mailing information and tax identification number (TIN).
- 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.
 - o This option is currently not available for payments made by HealthChoice.
 - o If you enroll for virtual cards in error, you will receive checks.
 - o 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.
 - o Free basic service or paid premium service available with more robust reporting options.
 - o 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.

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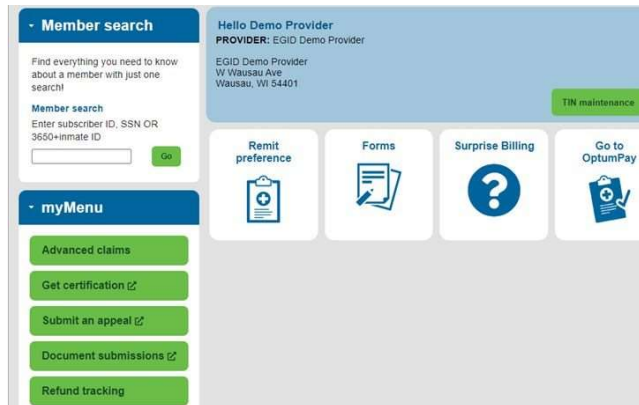
Certification portal update

Beginning Jan. 1, 2023, certification processing for HealthChoice will transition to UMR.

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.

What changes could you experience for certifications beginning Jan. 1, 2023?

1. Access the certification portal by logging on at HealthChoiceOK.com. Once logged on, you can submit a certification request for 2023 dates of service, view the status of a 2023 certification or request an appeal.
2. If you are logging on for the first time, you will need to create a login with a new username and password.
3. All certification requests will be initiated through UMR CARE and will be reviewed by the UMR CARE team or HCMU according to the EGID certification requirements.
4. Paper forms and faxes will no longer be accepted when initiating certification.
 - a. To initiate a new certification, select Get Certification.
 - b. You will then be guided through the required information to submit a certification request.



The new certification portal will be available through HealthChoiceOK.com after close of business on Dec. 30, 2022.

For certification requests initiated prior to close of business on Dec. 30, 2022 providers may continue to utilize the [HealthChoice online certification portal](#) on HealthChoice Connect, regardless of the date of service.

Any certification requests initiated on or after Dec. 31, 2022, must be made through the UMR certification portal at HealthChoiceOK.com regardless of the date of service.

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

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
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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