



HealthChoice Provider Network News

Winter Edition 2012

HealthChoice, DOC, and DRS to Adopt Electronic Funds Transfer

As mandated by HB 1086, the Transparency, Accountability, and Innovation in Oklahoma State Government 2.0 Act of 2011, all payments disbursed by the State Treasurer must be made through electronic funds transfer (EFT).

Effective July 1, 2012, any provider who has not authorized EFT for their contract will be at risk for delayed claims payments.

EFT is fast and secure, and reimbursements are deposited directly to the bank account you designate. You will continue to receive paper remittance advices (RAs) to assist with accounts reconciliation.

Practice groups that use the same bank account for multiple

providers under the same TIN need to submit one *EFT Authorization Form* to OSEEGIB along with a list of their providers.

Electronic funds transfer offers these advantages:

- Automatic deposits
- Less paper handling

To register for EFT, complete an *EFT Authorization Form* and return it to OSEEGIB as indicated. The form is available online:

- HealthChoice Network Providers go to <http://www.ok.gov/sib/Providers/index.html> and click *Forms* under the Quick Links tab.
- Department of Corrections Network Providers go to <https://gateway.sib.ok.gov/>

DOC/ and click the *Forms* tab in the top menu bar.

- Department of Rehabilitation Services Network Providers go to <https://gateway.sib.ok.gov/DRS/> and click the *Forms* tab in the top menu bar.

Please allow two to four weeks for your registration to be processed, so don't wait until the last minute to sign up!

If you have any questions, please contact the Network Management/Provider Relations Division. See *Network Provider Contact Information* on page 10. Email inquiries can be sent to oseegibproviderrelations@sib.ok.gov.

HB 1275 – The Oklahoma Nursing Practice Act

HB 1275, the Oklahoma Nursing Practice Act, became effective November 1, 2011. The Act standardized the titles of nursing professionals who are licensed and/or certified by the Oklahoma Board of Nursing.

The bill changed certain nursing titles to include the designation APRN (advanced practice registered nurse). The APRN title applies to the following nursing licenses/certifications:

- Certified Registered Nurse Anesthetist (CRNA)
- Certified Nurse Midwife (CNM)
- Clinical Nurse Specialist (CNS)
- Certified Nurse Practitioner (CNP)

The Oklahoma State and Education Employees Group Insurance Board, a division of the Office of State Finance, will use the following nursing titles:

APRN-CRNA APRN-CNS
APRN-CNM APRN-CNP

If you have questions, call Network Management/Provider Relations at 1-405-717-8790 or toll-free 1-800-543-6044, or email inquiries to oseegibproviderrelations@sib.ok.gov.

HealthChoice Pharmacy Benefits for 2012

The Oklahoma State and Education Employees Group Insurance Board has adopted new pharmacy benefits for its pre-Medicare members for Plan Year 2012. The new benefits have been developed to reduce costs for the HealthChoice plans as well as plan members.

Most prescriptions can be filled for up to a 90-day supply at all HealthChoice Network Pharmacies for one copay. The HealthChoice Pharmacy Network includes both independent and national chain pharmacies. There is also the option of using mail service.

To view the HealthChoice Select Medication List, which is a list of preferred medications, reference the HealthChoice website at www.sib.ok.gov or www.healthchoicetok.com. This list is also available by calling Medco, the pharmacy benefits manager, toll-free at 1-800-841-5409. TDD users call toll-free 1-800-825-1230.

HealthChoice Continues H.E.L.P. ✓ Wellness Initiative in 2012 Incentive Payment Increased to \$200

HealthChoice will continue its **H.E.L.P. ✓** (Help Check) wellness initiative in 2012. **H.E.L.P. ✓** is designed to help members identify their health risks in an effort to improve their health. After members complete the requirements of the program, they will know what they need to do to reduce their risks and improve their health. The program rewards members who complete the **H.E.L.P. ✓** requirements with a \$200 incentive payment for their participation. The program is available to all primary HealthChoice, pre-Medicare health plan members age 20 and older.

The following services are available once per calendar year to qualified members and are reimbursed at 100% of Allowed Charges with no copay or out-of-pocket cost to members:

- One comprehensive preventive services visit
- One comprehensive metabolic panel (fasting)
- One comprehensive lipid panel (fasting)

Please use the following CPT Codes when billing for these free services:

- **Initial Comprehensive Preventive Medicine**
 - 99385 – new patient age 18-39, or
 - 99386 – new patient age 40-64, or
 - 99387 – new patient age 65 and older (non-Medicare)
- **Periodic Comprehensive Preventive Medicine**
 - 99395 – established patient age 18-39, or
 - 99396 – established patient age 40-64, or
 - 99397 – established patient age 65 and older (non-Medicare)
- **Metabolic Panel**
 - 80053 – comprehensive metabolic panel, or
 - 80050 – general health panel
- **Lipid Panel**
 - 80061 – comprehensive lipid panel

Certain other office visit codes also qualify for the **H.E.L.P. ✓** program, but are subject to all Plan provisions including copays, deductibles, and coinsurance. CPT Codes are subject to change.

HealthChoice members will need the following information from you to complete the HealthChoice Health Risk Assessment and qualify for the \$200 incentive:

- | | | |
|-------------------------|-------------------|------------------------------|
| • Height/weight | • Blood pressure | • Resting Heart Rate (Pulse) |
| • Fasting Blood Glucose | • LDL Cholesterol | • HDL Cholesterol |
| • Total Cholesterol | • Triglycerides | • Tobacco Usage |

If you need more information about the **H.E.L.P. ✓** program, please contact HealthChoice Network Management/Provider Relations. See *Network Provider Contact Information* on page 10.

Fee Schedule Updates

For charges incurred on or after January 1, 2012, HealthChoice and the Department of Corrections (DOC) updated the following fee schedules:

- ◆ CPT/HCPCS*
- ◆ Outpatient Facilities (OP)*
- ◆ Ambulatory Surgery Centers (ASC)
- ◆ American Society of Anesthesiologists (ASA)
- ◆ American Dental Association (ADA)

HealthChoice and DOC provide fee schedule updates on January 1 of each year that reflect codes that have been added, changed, and/or deleted; however, providers should note that the comprehensive annual fee schedule update occurs on April 1 of each year. This date allows time for the Centers for Medicare & Medicaid Services (CMS) to finalize and post its fee schedules.

Following is the 2012 schedule for HealthChoice and DOC fee schedule updates:

- ◆ January 1: Add, change, and/or delete codes for CPT/HCPCS, OP, ASC, and ADA
- ◆ January 1: Quarterly fee

schedule addendum and other updates as necessary for CPT/HCPCS, OP, ASC, ASA, and ADA

- ◆ February 1: Add, change, and/or delete codes for ASA
- ◆ April 1: Comprehensive fee schedule update for CPT/HCPCS, OP, ASC, and ADA
- ◆ July 1: Quarterly fee schedule addendum and other updates as necessary for CPT/HCPCS, OP, ASC, ASA, and ADA
- ◆ October 1: Quarterly fee schedule addendum and other updates as necessary for CPT/HCPCS, OP, ASC, ASA, and ADA
- ◆ October 1: Comprehensive fee schedule update for MS-DRG and MS-DRG LTCH

As a reminder, the American Medical Association periodically changes, adds, corrects, and/or deletes procedure codes throughout the year. When these changes occur, HealthChoice and DOC review them as soon as possible and make any necessary changes. Additionally, OSEEGIB makes fee schedule updates on an ad hoc

basis when necessary.

Fee schedule updates are reported in each issue of the *Network News* newsletter which is distributed quarterly to all Network Providers. Updates are also posted to the provider websites. We encourage you and your staff to reference the website of your provider network for the most recent fee schedule updates and other important information.

If you want specific codes and Allowed Charges affected by these updates or if you have questions, please contact the Network Management/Provider Relations Division. See *Network Provider Contact Information* on page 10. Email inquiries can be sent to oseegibproviderrelations@sib.ok.gov.

*Exceptions that affect CPT, HCPCS, and Outpatient fee schedules: there are approximately 100 new CPT codes in the pathology code range (80000) related to gene testing. These codes are not covered.



Avoid Backup Withholding!

Each year, HP Administrative Services, LLC (HP), the health and dental claims administrator for HealthChoice, sends 1099 forms to all providers who had claims paid by the Plan. These forms are prepared using identification information submitted by providers on Form W-9.

The information provided on Form W-9 must match the information you have on file with the IRS. When records do

not match as required by the IRS, HP must apply 28% backup withholding to future claim payments.

Each October, HP sends letters requesting updated W-9s from providers whose information is not current. If you are asked to update your Form W-9, please make certain that the following information matches IRS records:

- ◆ Corporate Name

- ◆ Address
- ◆ Tax Identification Number (TIN)*

We hope this reminder will help you avoid backup withholding. If you have questions or need further information, please contact HP Administrative Services, LLC. See *Network Provider Contact Information* on page 10.

*Your TIN must match the number listed on your Form SS4.



Updates to ClaimLink

Effective February, 2012, the Oklahoma State and Education Employees Group Insurance Board, a division of the Office of State Finance, updated its *ClaimLink* system.

One of the new features is the auto procedure code search. This search function is initiated by entering three or more characters into the Procedure Code field.

Following are additional changes providers should note:

Dental Claims

- The field, Member Information and Claim Information, is now separated into two panels
- The field, Auto Accident State/Auto Accident County, has been added
- New HIPAA 5010 fields have been added
- Service Date is no longer required for predetermination claims

Professional Claims - Non-Facility

- The field, Member Information and Claim Information, is now separated into two panels
- The field, Auto Accident State/Auto Accident County, has been added
- New HIPAA 5010 fields have been added
- The field, Diagnosis Type, has been added; this field auto-fills and is designated as “read-only” until ICD-10 Codes are implemented
- The field, Unit Type, has been added for anesthesia minutes

If you have any questions regarding *ClaimLink*, call DOC, DRS, or HealthChoice Network Management/ Provider Relations. See *Network Provider Contact Information* on page 10. Also, email inquiries can be sent to osegibproviderrelations@sib.ok.gov.

New Benefits for Preventive Services

Effective January 1, 2012, HealthChoice adopted new benefits for preventive services. This means certain preventive procedures are covered at 100% of Allowed Charges for members who meet clinical criteria. When using a HealthChoice Network Provider, members have no copays or other out-of-pocket costs. Following is a summary of the services that are free to eligible members:

- ◆ Blood pressure, diabetes, and cholesterol tests
- ◆ Breast, cervical, prostate, and colorectal cancer screenings
- ◆ Osteoporosis screening
- ◆ Counseling from health care providers on topics including quitting tobacco, losing weight, eating healthy, treating depression, and reducing

alcohol use

- ◆ Prescription tobacco cessation products
- ◆ Vaccines for children and adults
- ◆ Flu and pneumonia shots
- ◆ Screening for obesity and counseling by a doctor and other health professionals to promote sustained weight loss, including dietary counseling from a doctor
- ◆ Screening for conditions that can harm pregnant women or their babies, including iron deficiency, hepatitis B, a pregnancy related immune condition called Rh incompatibility, and a bacterial infection called bacteriuria
- ◆ Special, pregnancy-tailored counseling from a doctor to help pregnant women quit

smoking and avoid alcohol use

- ◆ Counseling to support breastfeeding and help nursing mothers
- Please visit the Network Provider website at www.sib.ok.gov/providers or www.healthchoiceok.com for a complete list of the preventive services affected by the new guidelines.

For additional updates and articles, visit the Network Provider websites. HealthChoice Providers use www.sib.ok.gov or www.healthchoiceok.com. DOC Providers use <https://gateway.sib.ok.gov/DOC>. DRS Providers use <https://gateway.sib.ok.gov/DRS>.

New Coverage for Non-Network Emergency Room Services

For charges incurred on or after January 1, 2012, HealthChoice began reimbursing all emergency room services based on its Network fee schedule and coinsurance level. This Network benefit applies regardless of whether or not a facility is contracted with HealthChoice. All ancillary services provided in the emergency room on the same date of service are also reimbursed based on the Network fee schedule and coinsurance level.

To be reimbursed at the Network rate, non-Network facilities must submit claims using Place of Service Code 23. Be aware that the \$100 emergency room copay* continues to apply to emergency room services when the patient is not admitted to the hospital.

Following are the *Revenue Codes*** that are affected by the new reimbursement criteria:

Revenue Codes	Descriptions
450	Emergency Room
451	Emergency Room: ER/Emergency Medical Treatment and Active Labor Act (EMTALA)
452	Emergency Room: ER/Beyond EMTALA
456	Emergency Room: Urgent Care
459	Emergency Room: Other Emergency Room

Please email questions to HealthChoice Network Management/Provider Relations at oseegibproviderrelations@sib.ok.gov or contact a Provider Relations specialist. See *Network Provider Contact Information* on page 10.

*The emergency room copay does not apply to the Basic or Basic Alternative Plans.

**All codes are subject to change.

Online Claim Filing for Anesthesia Services

Beginning February 2012, *ClaimLink* allows claims for anesthesia services to be submitted online through direct data entry. This new feature makes the submission of anesthesia claims more efficient and should significantly reduce processing errors and improve turnaround times for claim payments.

Claim status is available the next business day for claims submitted online through *ClaimLink*. Remittance advices (RAs) are also available online by accessing your secure provider account through *ClaimLink*.

We hope providers can use this information to improve revenue-cycle management by reducing the lag time between the Electronic Funds Transfer to your bank and your receipt of the RA in the mail. Instant access to RAs can also help to speed your account reconciliation processes.

You can access *ClaimLink* through the Network Provider website at www.sib.ok.gov/providers or www.healthchoiceok.com. Just click *ClaimLink* in the top menu bar of the website home page.

There are several Quick

Start Guides available on the *ClaimLink* home page without going through the login process. The guides provide tutorials that include the step-by-step processes for submitting claims, searching claims, and obtaining RAs online. *Adobe Reader* is required to view the guides.

For additional information, assistance, or training, call Network Management/Provider Relations at 1-405-717-8790 or toll-free 1-800-543-6044. Please send email inquiries to oseegibproviderrelations@sib.ok.gov.



Sclerotherapy Not a Covered Benefit

Beginning with charges incurred on or after February 1, 2012, the HealthChoice fee schedule will show sclerotherapy as NC (Not Covered).

Sclerotherapy is considered cosmetic and is not covered by HealthChoice. The following CPT Codes will show NC status:

CPT Code	Descriptions	Allowables
36468	Single or multiple injections of sclerosing solutions; spider veins (telangiectasia); limb or trunk	NC
36470	Injection of sclerosing solution; single vein	NC
36471	Injection of sclerosing solution; multiple veins, same leg	NC

Saphenous Vein Ablation-Laser and Radiofrequency will continue to be covered procedures; however, certification is required.

Please email questions to HealthChoice Network Management/Provider Relations at oseegibproviderrelations@sib.ok.gov or contact a Provider Relations specialist. See *Network Provider Contact Information* on page 10.

High and Basic Alternative Plans Have Higher Deductibles

Each year, tobacco use costs the HealthChoice health plans and their members approximately \$52 million. Because these costs impact all health plan premiums, on January 1, 2012, HealthChoice introduced the High Alternative and Basic Alternative Plans for tobacco users. These plans have individual deductibles and out-of-pocket limits that are \$250 higher than the HealthChoice High and Basic Plans.

During Option Period last year, primary members were required to complete and submit an Attestation stating they and their covered family members were tobacco-free. Members who did not complete the Tobacco-Free Attestation were automatically enrolled in an Alternative plan.

Providers should be aware that the individual deductible for each of these plans is \$750 rather than the \$500 standard deductible.

HealthChoice Benefits for Tobacco Cessation

HealthChoice is focusing on tobacco cessation because tobacco is responsible for so many health conditions. We are encouraging all health plan members and covered dependents to quit tobacco now.

HealthChoice now covers two 90-day courses of the following prescription tobacco cessation products at 100% each plan year when they are purchased at a HealthChoice Network Pharmacy:

- Buproban 150mg SA Tabs
- Nicotrol 10mg Cartridge
- Bupropion HCL SR 150mg Tabs
- Nicotrol NS 20mg/m Nasal Spray
- Chantix 0.5mg and 1mg Tabs

HealthChoice also provides members with over-the-counter

(OTC) nicotine replacement therapy products (patches, gum, and lozenges) and telephone coaching. Members can receive two 8-week (lozenges) or two 10-week (patches or gum) courses of an OTC nicotine replacement therapy product and up to five one-on-one telephone counseling sessions with a trained Quit Coach. The OTC products and coaching services are available at no charge to health plan members age 18 and older.

Members should contact the OKLAHOMA TOBACCO HELPLINE at 1-800-QUIT-NOW (1-800-784-8669).

Please direct email inquiries to oseegibproviderrelations@sib.ok.gov or call Network Management/Provider Relations at 1-405-717-8790 or toll-free 1-800-543-6044 for more information.



Mental Health and Substance Use Disorder Limits Removed

For charges incurred on or after January 1, 2012, HealthChoice removed limits on the duration of treatment for inpatient and outpatient mental health and substance use disorder treatment. The chart below explains the new benefits:

Mental Health and Substance Use Disorder Treatment	2012 Benefits
Inpatient Treatment Including day treatment and residential treatment	Certification is required
Outpatient Treatment	Certification is required after 15 visits

Although the limits to the duration of treatment have been removed, providers still need to follow HealthChoice certification procedures as described below:

Inpatient treatment must be certified within three working days of a scheduled hospital admission, or within one working day following an emergency admission. To request certification for an inpatient admission, contact APS Healthcare toll-free at 1-800-848-8121.

Outpatient treatment must be certified for medical necessity when visits exceed 15 per calendar year. To request certification for outpatient treatment, contact the HealthChoice Health Care Management Division at 1-405-717-8879 or toll-free 1-800-543-6044, ext. 8879.

For additional information regarding the certification process, reference the *Utilization Review* section of the *HealthChoice Network Provider Manual* which is available on the provider website, or you can contact Network Management/Provider Relations at 1-405-717-8790 or toll-free 1-800-543-6044.

Changes to Certification for 2012

For charges incurred on or after January 1, 2012, HealthChoice made some changes to its list of procedures and/or services that require certification.

The following have been added to the list of services requiring certification:

- Spinal Cord Stimulator Placement Surgery (CPT Codes 63650, 63655, 63661, 63662, 63663, 63664, 63685 and 63688 and HCPCS Codes L8682, L8685, L8686, L8687 and L8688)

The following have been removed from the list of services requiring certification:

- PET Scans for Tumor Imaging (CPT Codes 78811, 78812, 78813, 78814, 78815 and 78816)
- Speech Therapy for plan members and their covered dependents 18 years of age or older (CPT Codes 92507 and 92508 and HCPCS Codes S9128 and S9152)
- Xolair Injection, omalizumab 5mg (J Code J2357)

Note: All CPT/HCPCS codes are subject to change.

Please direct questions about the certification process to the HealthChoice Network Management/Provider Relations Division at 1-405-717-8790 or toll-free 1-800-543-6044.

Questions can also be sent to Network Management/Provider Relations by email to oseegibproviderrelations@sib.ok.gov.

HIPAA 5010 Compliance

March 31, 2012, is the deadline for all health plans, claims clearinghouses, and healthcare providers to adopt HIPAA 5010 standards for claims processing.

When there is a non-match of addresses in the OSEEGIB provider database, there is the potential for claims to be paid incorrectly as non-Network when they are actually Network claims. There is also a chance that claims will be pended if 5010 standards are not followed.

If you experience an issue with claims processing due to 5010, please work with your billing office or claims clearinghouse to correct the issue. Current transaction service providers for HP Administrative Services, LLC include Emdeon at www.emdeon.com and CMS at www.cms.gov.

Department of Rehabilitation is Recruiting Providers

The Department of Rehabilitation Services (DRS) is recruiting providers for its Network. DRS is the state agency that provides vocational rehabilitation to disabled individuals to help them become more independent, productive members of the Oklahoma workforce.

If you are interested in learning more about DRS, visit the DRS Network Provider website at <https://gateway.sib.ok.gov/DRS>. You can also access the DRS provider fee schedule from this website by clicking *Fee Schedule* in the top menu bar.

If you are interested in joining the DRS Provider Network, contracts are available on their website. To access a contract, click the *Contracts* tab in the top menu bar.

If you have questions or need more information, you can email inquiries to DRSProviderRelations@sib.ok.gov or call DRS Network Management/ Provider Relations at 1-405-717-8921 or toll-free 1-888-835-6919.

MS-DRG and MS-DRG LTCH 2011-2012 Fee Schedule

For charges incurred on and after October 1, 2011, the following changes became effective for Department of Corrections (DOC) and HealthChoice MS-DRG and MS-DRG LTCH fee schedules:

MS-DRG

- The Market Basket update factor is 1.9%.
- Version 29 of the MS-DRG fee schedule reflects a base rate of \$8,130 for urban hospitals and \$10,455 for rural hospitals.
- The threshold amount for outlier cases is \$79,829 for urban hospitals and \$62,065 for rural hospitals.
- The marginal cost factor is \$0.80.

MS-DRG LTCH

- Version 29 of the MS-DRG LTCH fee schedule has a base rate of \$48,266.
- The outlier threshold is \$17,931 and the cost-to-charge ratio is \$0.304.

The next comprehensive MS-DRG and MS-DRG LTCH fee schedule update will be effective for charges incurred on and after October 1, 2012.

CPT Code Modifier 33 – Preventive Service

Effective for charges incurred on or after January 1, 2012, HealthChoice and Department of Corrections Network Providers are reimbursed 100% of Allowed Charges for the following evaluation and management codes when they are billed using Modifier 33 to identify them as preventive services:

CPT Codes	Description
99201	Initial office visit for new patient
99202	Initial office visit for new patient
99203	Initial office visit for new patient
99204	Initial office visit for new patient
99205	Initial office visit for new patient
99211	Office visit for established patient
99212	Office visit for established patient
99213	Office visit for established patient
99214	Office visit for established patient
99215	Office visit for established patient

Be aware that CPT Code Modifier 33 applies only to services provided to pre-Medicare patients. Additionally, Modifier 33 should not be used for services that are already identified as preventive.

Please direct any questions related to the issue to HP Administrative Services, LLC at 1-405-416-1800 or toll-free 1-800-782-5218.

Medications Now Available in Generic Form

New generic medications are now available for the brand-name medications listed below. If you prescribe any of these brand-name medications to HealthChoice members, please note that the generic medication saves them money at the pharmacy. This applies to all HealthChoice members, including all members of the HealthChoice Medicare Supplement Plans With and Without Part D.

<i>Brand-Name Medication</i>	<i>Generic Medication</i>	<i>Treatment</i>	<i>Launch Date</i>
Caduet	amlodipine/atorvastatin	High blood pressure	Dec 2011
Lipitor	atorvastatin	High cholesterol	Nov 2011
LoSeasonique R	levonorgestrel/ethinyl estradiol tablets	Birth control	Dec 2011
Zyprexa & Zyprexa Zydus	olanzapine tablet	Schizophrenia	Oct 2011

2012 PHARMACY CHANGES AT-A-GLANCE

NON-MEDICARE CHANGES

Initiation of mail service benefits (1/1/2012)

90 day supply at retail and mail

Provigil/Nuvigil Quantity Duration Program (250mg/day of Nuvigil and 200mg(+)/day of Provigil)

Rheumatoid Arthritis Step Therapy Program (Use of Cimzia or Simponi requires the failure of both Enbrel and Humira for rheumatoid arthritis; for Crohn's disease, failure of Humira only)

Adoption of Medco's Self-Administered Injectable List (Most non-self-administered injectable drugs are now covered under the medical program)

Specialty medication copay increase (\$60.00 Preferred and \$120.00 non-Preferred)

\$0.00 copay for prescription and OTC tobacco cessation medications

Some OTC medications are covered with a prescription (ex: aspirin, folic acid, etc.; age limits may apply)

Fosamax D no longer Preferred (4/1/2012)

Suboxone tablets no longer Preferred (4/1/2012)

MEDICARE CHANGES

Initiation of mail service benefits (3/1/2012)

Intranasal Steroid PA Program (generics only will be Preferred)

Multiple Sclerosis PA and Quantity Limit Program (90 day limit)

Oncology PA and Quantity Duration Program

Provigil PA Program (90 day limit)

Rheumatoid Arthritis PA and Quantity Duration Program (90 day limit)

Oxycontin Step Therapy Program (new users must try and fail morphine sulfate ER)

\$0.00 copay for prescription and OTC tobacco cessation medications

HealthChoice Provider Network News

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www.healthchoicework.com

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This publication is printed by the Oklahoma State and Education Employees Group Insurance Board, a division of the Office of State Finance, as authorized by 74 O.S., Section 1301. 3,500 copies have been printed at a cost of \$0.04 each. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries.

Network Provider Contact Information

HealthChoice Providers

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www.healthchoicework.com

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FAX 1-405-416-1790
TDD 1-405-416-1525
Toll-free TDD 1-800-941-2160

Pharmacy

Medco Health Solutions
Pharmacy Prior Authorization for
Preferred/Non-Preferred or
Brand/Generic
Toll-free 1-800-841-5409

Other Pharmacy Prior Authorization
Toll-free 1-800-753-2851

Certification

APS Healthcare
P.O. Box 700005
Oklahoma City, OK 73107-0005
Toll-free 1-800-848-8121
Toll-free TDD 1-877-267-6367
FAX 1-405-416-1755

HealthChoice Health Care
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OKC Area 1-405-717-8879
Toll-free 1-800-543-6044
Ext. 8879

HealthChoice Network Management/Provider Relations

OKC Area 1-405-717-8790
Toll-free 1-800-543-6044

DOC Provider Relations

<https://gateway.sib.ok.gov/DOC>
OKC Area 1-405-717-8750
Toll-free 1-866-573-8462

DOC Health and Dental Claims

HP Administrative Services, LLC
P. O. Box 268928
Oklahoma City, OK 73126-8928
Toll-free 1-800-262-7683

DRS Provider Relations

<https://gateway.sib.ok.gov/DRS>
OKC Area 1-405-717-8921
Toll-free 1-888-835-6919

DRS Health and Dental Claims

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P.O. Box 25069
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