



HealthChoice Provider Network News

Fall Edition, 2009

Administrator Offers Thanks

I would like to thank all of our Network Providers for persevering with OSEEGIB through the difficult transition to EDS. This transition has been more problematic than anyone could have anticipated and the patience and understanding you have demonstrated are deeply appreciated.

Although there is still work to be done, EDS has made significant progress in resolving computer issues that caused most of the delays in claims processing. As of September 15, 2009, EDS had processed more than 2.6 million claims totaling more than \$410 million in payments. EDS is committed to resolving the remaining issues and providing efficient claims processing services.

Please do not hesitate to contact me if I can be of assistance now or in the future.

Sincerely,
Bill Crain, Administrator

Avoid Claim Processing Delays

OSEEGIB places a high priority on fast and accurate claims payments to its providers. You can help this process by submitting claims accurately.

By following the guidelines listed below, you can help speed the processing and payment of your claims.

Submit your claims on one of the following forms:

- ADA 2006
- CMS 1500
- UB-04

Always submit the original claim form rather than a copy, and try not to submit hand written claims.

If you must write on a claim, do not use red ink. The use of red ink creates processing issues that can cause delays in payment.

Go to www.sib.ok.gov/providers/ClaimFilingProcedures.asp, https://gateway@sib.ok.gov/DRS, or https://gateway@sib.ok.gov/DOC for additional information on the proper procedures for claims submission.



2010 Plan Changes

HealthChoice High Option and S-Account Plans

Effective January 1, 2010, the copays for office visits and certain other services are increasing from \$25 to \$50.

Pharmacy copays are increasing to \$30 for medications costing \$100 or less and 25% (up to \$60) for medications costing more than \$100.

HealthChoice Dental Plan

Effective January 1, 2010, the

age guidelines for coverage of prophylaxis and fluoride treatments for children ages 0 through 12 will be as follows:

- ◆ Prophylaxis: 2 treatments per calendar year
- ◆ Fluoride: 2 treatments per calendar year

These new guidelines are consistent with recommendations set by the American Dental Association.



Denied Claims for Limited Oral Evaluations (D0140)

Some dental providers have experienced denied claims related to ADA code D0140, Limited Oral Evaluation. It has been determined that these claims were denied in error. The system has

been corrected and these denied claims are being adjusted to allow this procedure. It is not necessary for you to contact HealthChoice or EDS because these



claims are being adjusted automatically. If you have questions related to these denied claims, please contact EDS at 1-405-416-1800 or 1-800-782-5218.

Helpful Information From APS

To request certification from APS, call 1-800-848-8121 and follow the directions below:

- ◆ If you are a case manager calling to provide clinical information, select *Option 1*
- ◆ If you are calling on behalf of a physician, select *Option 2*
- ◆ If you are calling to request an appeal of an APS decision, select *Option 4*

It's important that you have the following information available:

- ◆ Member's name and ID number
- ◆ Member's date of birth
- ◆ Diagnosis code(s)
- ◆ Scheduled date of admission or service(s)
- ◆ CPT coding for outpatient surgical or diagnostic imaging procedure(s)
- ◆ Name of the facility(ies) where services will be provided

APS Healthcare also has a toll-free TTY line at 1-877-267-6367.

To Fax Certification Requests:

A *Certification Request Form* is available on the HealthChoice Provider website. Go to www.sib.ok.gov/providers and click on "Forms" in the left menu bar.

You can complete the *Certification Request Form* and fax it to an APS Healthcare intake coordinator at 1-405-416-1755. If you are faxing a *Certification Request Form*, be sure to include your contact information in case there are questions. APS Healthcare staff will respond to all faxed certification requests within 48 hours.

The only outpatient procedures that require certification are:

- Blepharoplasty
- Rhinoplasty

- Breast Implant Removal
- Scar revisions
- Breast Reduction
- Panniculectomy
- Surgical Treatment of Varicose Veins

CT scans of the abdomen and pelvis do not require certification.

Clinical Information:

- ◆ Clinical information is often needed to determine medical necessity. This includes exam information, clinical symptoms, and treatment history.
- ◆ Network facilities, home health providers, and durable medical equipment providers can be found on the HealthChoice provider website. Just go to www.sib.ok.gov/providers and click *Provider Search* in the left menu bar.

Correction to Summer Issue

An article was published on page 4 of the Summer issue of the *Network News*, titled *Fax Certification Requests*. The article stated, "sclerotherapy does not need certification."

This statement is incorrect.

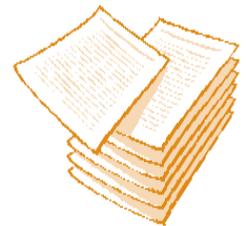
All varicose vein treatments require certification. Treatments that are performed on an outpatient basis are reviewed by the Health Care Management Division of OSEEGIB.

We apologize for the error and any confusion



Provider Contract Amended

- ◆ Effective January 1, the Network Provider Contract will be amended to state that as soon as an outpatient procedure or inpatient admission has been certified and approved, the provider has met the conditions of the contract, and the procedure can be performed immediately. When the amended contract takes effect, it will not be necessary to wait the three-day period before services can be provided.
- ◆ Current procedures are as follows: Providers must obtain certification at least three days prior to scheduled inpatient hospital admissions and specified non-emergency surgeries or procedures.
- ◆ Providers must obtain certification within one working day following an emergency or urgent admission, diagnostic imaging procedure, or outpatient surgical procedure.
- ◆ If you have questions or comments about these amendments to the 2010 Network Provider Contract, please contact Provider Relations at 1-405-717-8790 or toll free at 1-800-543-6044, ext. 8790.



Improper or Faxed Claims No Longer Accepted

To increase the efficiency and accuracy of claims processing, non-standard claims are not being accepted after September 1st. All claims that are submitted on improper claim forms, or forms that are incomplete, will be returned. Improper claim forms include, but are not limited to, superbills, copies of receipts, and printed reports generated from practice management software.

Visit the following websites to access the appropriate claim forms or for more information on proper billing procedures:



- ◆ Dental providers:
ADA2006 – www.ADA.org
- ◆ Medical providers: CMS-1500
– www.AMA-assn.org
- ◆ Hospitals: UB-04 – www.NUBC.org

In an effort to improve efficiency, EDS is trying to auto-adjudicate as many claims as possible; therefore, faxed claim forms will no longer be accepted.

Vaccines Paid at 100%

Vaccines for adults and children are covered at 100% of Allowed Charges. Any charges for the administration of the vaccine or for the office visit where the vaccine is administered are subject to all plan provisions including deductibles, copays, and coinsurance.



The following routine immunizations are covered according to the current guidelines set by the Centers for Disease Control and Prevention (CDC). This list is not all inclusive:

- ◆ Flu
- ◆ Hepatitis B for individuals in the high risk groups
- ◆ HPV (Human Papillamovirus)
- ◆ Pneumonia
- ◆ Shingles
- ◆ Tetanus

Routine immunizations for healthy infants and children are also covered according to current CDC guidelines.

Anesthesiologist Assistants

As of September 1, 2009, services provided by anesthesiologist assistants are covered. Reimbursement for these providers is made at 50% of the Allowed Charges calculated for anesthesiologists. Reimbursement is 50% of the total number of the basic units, as published in the current *ASA Relative Value Guide*. Reimbursement for time is also allowed for anesthesiologist assistants.

Any anesthesiologist assistant who wishes to participate in the HealthChoice Provider Network must complete the *Network Provider Physician Contract*. This is the same contract used by all CRNAs participating in the HealthChoice Network.

The Physician Contract can be found on the HealthChoice Network Provider Home Page at www.sib.ok.gov/providers. To download a copy of the contract, click on *Contracts/Appl.* in the left hand menu bar on the website.

Use ID Numbers

Always use the member ID number instead of the Social Security number (SSN) on all claim forms. Claims submitted with SSNs will be denied.

The member ID number is located on the front of the member's ID card between the issuer's name (HealthChoice) and the member's name.

Using ID numbers keeps everyone in compliance with HIPAA rules and ensures the security of members' personal information.

Remittance Advices (RA)

EDS Administrative Services has recently implemented a duplexed version of its Remittance Advice (RA). The address page is located on the front of the RA and the benefit information is now on the back. Using the duplexed RA will significantly reduce the amount of paper used to provide payment



information to you.

The layout and information provided on the RA has not changed; however, based on comments and suggestions from you and other providers, changes will be made to the RA in the near future.

Improvements to the RA will make the document easier to understand and be more useful to HealthChoice providers.

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3545 NW 58th Street, Suite 110
Oklahoma City, OK 73112

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www.healthchoicook.com/providers

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Partial Payment Recoupments

On September 1, 2009, HealthChoice began recouping partial claims payments made to providers during the Plan's transition to EDS. If you are affected by this issue, you should receive a letter of notification.

Remittance Advices for your current claims will show the amount recouped from each claim payment until the Partial Payment Account Balance is \$0. The partial payment recoupment notice will appear at the bottom of each Remittance Advice. Below is a sample of how the notice will appear:

Accounts Receivable Reason(s)
GFTH Prepayment Agreement

Here is a sample of the full text for a partial payment recoupment:

RECOVERED ON

CLAIM #: 0000000000000000 PATIENT NAME: Minnie Mouse FROM CLAIM_ID: FROM AR #:

REASON CODE:

ACCOUNT #: 00000000 PATIENT ID: 00000000-00 (2,222.22) 0000000000 GFTH

Please share this with your staff, and if you have any questions, contact EDS customer service.

Fee Schedule Updates

The HealthChoice/Department of Corrections (DOC) DRG fee schedule was updated October 1, 2009. CPT/HCPCS, ASA, and outpatient facility fee schedules for HealthChoice and DOC will be

updated effective January 1, 2010.

Network Providers can access current fee schedules online at www.sib.ok.gov/providers or <https://gateway.sib.ok.gov/DOC>.

Access to these fee schedules will

be provided before implementation begins. For general information regarding fee schedules, contact HealthChoice Provider Relations directly at 1-405-717-8790 or toll-free at 1-800-543-6044, ext. 8790.