

# NETWORK NEWS

Employees Group Insurance Division Office of Management and Enterprise Services

## Contraceptives Available at no Cost to HealthChoice Members

Effective immediately, medroxyprogesterone acetate (J1050) and Skyla® (J7301) are available at no cost to HealthChoice members. The change is effective for claims incurred on or after Jan.1 2014. HealthChoice will begin adjusting claims that were not processed at 100% of the Allowable Fee. Providers do not need to take any action at this time.

If you have any questions regarding this coverage change, please contact the health and dental claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

## HealthChoice Basic and Basic Alternative Plan Changes for 2015

There are changes to the deductible and out-of-pocket maximum amounts for both the HealthChoice Basic and Basic Alternative Plans for the 2015 plan year. The following changes are effective Jan. 1, 2015:

Medical Benefits	Basic Plan		Basic Alternative	
	Individual	Family	Individual	Family
First Dollar Coverage (Plan pays 100%)	\$ 500	\$ 500	\$ 250	\$ 250
Calendar Year Deductible (Member pays 100%)	\$1,000	\$ 1,500	\$1,250	\$ 1,750
Coinurance (Plan Pays 50% and member pays 50% of Allowed Charges)	\$6,000	\$15,000	\$5,500	\$14,500
Calendar Year Out-of-Pocket Maximum	\$4,000	\$ 9,000	\$4,000	\$ 9,000

Both plans have a pharmacy out-of-pocket maximum of \$2,500 for an individual and \$4,000 for a family.

If you have questions regarding the deductibles or out-of-pocket maximums for any HealthChoice Plan, please contact our health and dental claims administrator by calling 1-405-416-1800 or toll-free 1-800-782-5218. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

## Ambulance Services

In order to avoid claims processing as non-Network, ambulance services are requested to contract with HealthChoice and the Department of Corrections (DOC). DOC claims are paid at the Medicaid rates for non-Network providers. Applications are available at [www.healthchoiceok.com/providers](http://www.healthchoiceok.com/providers).

We hope Network Facilities encourage ambulance service providers in their area to participate in HealthChoice and DOC whenever possible. This provides the best benefit to the patient and to you as well.

If you have any questions about what forms are necessary or how to contract as a provider, please contact Network Management by calling 1-405-717-8790 or toll-free 1-800-543-6044. Inquiries by email can be sent to [EGID.NetworkManagement@omes.ok.gov](mailto:EGID.NetworkManagement@omes.ok.gov) or [EGID.DOCNetworkManagement@omes.ok.gov](mailto:EGID.DOCNetworkManagement@omes.ok.gov).

## BRCA Analysis Changes for the 2015 Plan Year

For charges incurred on or after Jan. 1, 2015, BRCA gene analysis codes 81211, 81212, 81214, 81215, 81216 and 81217 require certification, and there is a limit of one total per lifetime.

If you have any questions about this, or any other benefit, please contact our health and dental claims administrator by calling 1-405-416-1800 or toll-free 1-800-782-5218. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

## Compound Medication Management Program

Beginning Sept. 15, 2014, HealthChoice implemented a new compound medication management program for all of its health plans, except Medicare Part D plans.

A number of ingredients are not covered as part of this program. Refer to the table below for a list of the top 25 excluded ingredients. If any ingredient in a prescribed compound medication is on the list of excluded ingredients, the compound will not be covered. When this occurs, a non-covered ingredient can be switched to a covered ingredient (with the prescribing physician's approval), or an FDA-approved drug can be prescribed.

Compound Ingredient	Indication or Base
<i>fluticasone propionate powder</i>	Topical Pain
<i>gabapentin powder</i>	Topical Pain
Lipo-Max Cream	Vehicle (Base)
PracaSil™-Plus Gel	Vehicle (Base)
<i>ketamine hcl powder</i>	Topical Pain
<i>flurbiprofen powder</i>	Topical Pain
Lipoderm® Base	Vehicle (Base)
<i>cyclobenzaprine hcl powder</i>	Topical Pain
<i>baclofen powder</i>	Topical Pain
<i>bupivacaine hcl powder</i>	Topical Pain
<i>ethoxy diglycol liquid</i>	Solvent
<i>meloxicam powder</i>	Topical Pain
VersaPro™ Cream Base	Vehicle (Base)

Compound Ingredient	Indication or Base
<i>mometasone furoate powder</i>	Topical Pain
Spira-Wash™ Gel	Vehicle (Base)
<i>diclofenac sodium powder</i>	Topical Pain
<i>levocetirizine dihydrochloride powder</i>	Scar Gel
Versatile™ Cream Base	Vehicle (Base)
Lipopen Ultra Cream Base	Vehicle (Base)
<i>nabumetone micronized powder</i>	Topical Pain
Lipopen Plus Cream	Vehicle (Base)
<i>tramadol hcl powder</i>	Topical Pain
<i>ketoprofen micronized powder</i>	Topical Pain
<i>prilocaine hcl powder</i>	Topical Pain
<i>resveratrol powder</i>	Anti-Inflammatory

## Eligible Transplants

For charges incurred on or after Jan. 1, 2015, the transplants that are approved for HealthChoice and the Department of Corrections (DOC) are as follows:

- Bone Marrow
- Heart
- Intestinal
- Kidney
- Liver
- Lung
- Pancreas
- Peripheral Stem Cell

Certification is required for all transplants. If you have questions about certification for a HealthChoice member, please contact our certification manager at 1-800-848-8141. If you have other questions, please contact our health and dental claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

## Filing Claims for Home Infusion Therapy



If you are a provider of home infusion therapy, when you file claims, please include accurate information related to the services rendered. This includes the appropriate place of service and billing codes.

HealthChoice cannot provide assistance with how to bill a claim; however, all claims are reviewed for billing accuracy, including claims with billing codes S9490 through S9810.

Please note that home infusion therapy requires certification through our Health Care Management Unit (HCMU). If you have questions regarding the certification process or to request certification, please contact HCMU at 1-405-717-8879 or toll-free 1-800-543-6044.

## Formulary Changes for 2015

Effective Jan. 1, 2015, the medications shown below will **not** be included on the *HealthChoice Select Medication List* for pre-Medicare members and all Medicare supplement without Part D members, and will not be covered.

Excluded Medications	Preferred Alternatives
Betaseron <sup>®</sup>	Avonex <sup>®</sup> , Extavia <sup>®</sup> , Rebif <sup>®</sup>
Kadian <sup>®</sup> , Zohydro <sup>™</sup> ER	<i>morphine sulfate ER, oxymorphone ER, Nucynta<sup>®</sup> ER, Opana<sup>®</sup> ER, OxyContin<sup>®</sup></i>
Abstral <sup>®</sup> , Fentora <sup>®</sup> , Subsys <sup>®</sup>	<i>fentanyl citrate, Lazanda<sup>®</sup></i>
Axert <sup>®</sup> , Frova <sup>®</sup>	<i>rizatriptan, sumatriptan, zolmitriptan, Relpax<sup>®</sup></i>
Edarbi <sup>®</sup> , Edarbyclor <sup>®</sup> , Teveten <sup>®</sup> HCT	<i>candesartan/HCTZ, irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ, Benicar/HCT<sup>®</sup></i>
BenzaClin <sup>®</sup> Gel Pump, Veltin <sup>®</sup> Gel	<i>clindamycin/benzoyl peroxide, clindamycin plus tretinoin, Acanya<sup>®</sup> Gel, Ziana<sup>®</sup> Gel</i>
Abbott (FreeStyle <sup>®</sup> , Precision <sup>®</sup> ), Bayer (Breeze <sup>®</sup> 2, Contour <sup>®</sup> ), Nipro (TRUEtest <sup>™</sup> , TRUEtrack <sup>®</sup> ), Roche (Accu-Chek <sup>®</sup> )	LifeScan (OneTouch <sup>®</sup> )
Jentaduet <sup>®</sup> , Kazano <sup>®</sup> , Nesina <sup>®</sup> , Tradjenta <sup>®</sup>	Janumet <sup>®</sup> , Janumet <sup>®</sup> XR, Januvia <sup>®</sup> , Kombiglyze <sup>™</sup> XR, Onglyza <sup>®</sup>
Tanzeum <sup>™</sup> , Victoza <sup>®</sup>	Bydureon <sup>®</sup> , Byetta <sup>®</sup>
Novolin <sup>®</sup>	Humulin <sup>®</sup>
Apidra <sup>®</sup> , NovoLog <sup>®</sup>	Humalog <sup>®</sup>
Beconase AQ <sup>®</sup> , Omnaris <sup>®</sup> , Veramyst <sup>™</sup> , Zetonna <sup>®</sup>	<i>flunisolide, fluticasone propionate, triamcinolone acetonide, Nasonex<sup>®</sup>, Qnasl<sup>®</sup></i>
Cetraxal <sup>®</sup>	<i>ciprofloxacin otic solution, Ciprodex<sup>®</sup></i>
Nutropin <sup>®</sup> , Nutropin AQ <sup>®</sup> , Omnitrope <sup>®</sup> , Saizen <sup>®</sup> , Tev-Tropin <sup>®</sup>	Genotropin <sup>®</sup> , Humatrope <sup>®</sup> , Norditropin <sup>®</sup>
Fortesta <sup>®</sup> , Testim <sup>®</sup> , <i>testosterone 1% gel</i> , Vogelxo <sup>™</sup>	AndroGel <sup>®</sup> , Axiron <sup>®</sup>
Duexis <sup>®</sup> , Vimovo <sup>®</sup>	<i>famotidine plus ibuprofen, omeprazole plus naproxen</i>
Pancreaze <sup>®</sup> , Pertzye <sup>®</sup> , Ultresa <sup>®</sup>	<i>pancrelipase DR, Creon<sup>®</sup>, Zenpep<sup>®</sup></i>
Aranesp <sup>®</sup> , Epogen <sup>®</sup>	Procrit <sup>®</sup>
Incivek <sup>™</sup>	Olysio <sup>™</sup> , Victrelis <sup>™</sup>
PegIntron <sup>®</sup>	Pegasys <sup>®</sup>
Cimzia <sup>®</sup> , Simponi <sup>®</sup> , Xeljanz <sup>®</sup>	Enbrel <sup>®</sup> , Humira <sup>®</sup> , Stelara <sup>®</sup>
Bravelle <sup>®</sup> , Follistim <sup>®</sup> AQ	Gonal-f <sup>®</sup> , Gonal-f <sup>®</sup> RFF
Zioptan <sup>™</sup>	<i>latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan<sup>®</sup>, Travatan Z<sup>®</sup></i>
Euflexxa <sup>®</sup> , Gel-One <sup>®</sup> , Hyalgan <sup>®</sup> , Supartz <sup>®</sup>	Monovisc <sup>®</sup> , Orthovisc <sup>®</sup> , Synvisc <sup>®</sup> , Synvisc-One <sup>®</sup>
Alvesco <sup>®</sup> , Flovent <sup>®</sup> Diskus, Flovent <sup>®</sup> HFA	Asmanex <sup>®</sup> Twisthaler <sup>®</sup> , Asmanex <sup>®</sup> HFA, Pulmicort Flexhaler <sup>®</sup> , QVAR <sup>®</sup>
Breo <sup>®</sup> Ellipta <sup>™</sup>	Dulera <sup>®</sup> , Symbicort <sup>®</sup>
Proventil <sup>®</sup> HFA, Xopenex HFA <sup>®</sup>	ProAir <sup>®</sup> HFA, Ventolin <sup>®</sup> HFA
Levitra <sup>®</sup> , Staxyn <sup>™</sup> , Stendra <sup>®</sup>	Cialis <sup>®</sup> , Viagra <sup>®</sup>

## H.E.L.P. ✓ Continues in 2015

**H.E.L.P. ✓**, the wellness initiative for primary HealthChoice health plan members, is designed to help members identify health risks in an effort to improve overall health. There are no changes to the program for the 2015 plan year.

**H.E.L.P. ✓** rewards members who complete the **H.E.L.P. ✓** requirements with a \$200 incentive payment for their participation. By completing a comprehensive preventive care visit, members can learn what they need to do in order to reduce risks and improve their health.

To qualify for the **H.E.L.P. ✓** incentive payment, members must complete a comprehensive preventive services visit and register online for the **H.E.L.P. ✓** program at [www.healthchoiceok.com](http://www.healthchoiceok.com) by the end of the calendar year.

The following services are available once per calendar year to qualified members and are reimbursed at 100% of the Allowable Fee with no copay or out-of-pocket costs to members when they use a Network Provider.

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

- Initial Comprehensive Preventive Medicine
  - ◆ 99385 – Initial comprehensive preventive medicine, new patient age 18-39 years;
  - ◆ 99386 – Initial comprehensive preventive medicine, new patient age 40-64 years;
  - ◆ 99387 – Initial comprehensive preventive medicine, new patient age 65 years and older (non-Medicare)
- Periodic Comprehensive Preventive Medicine
  - ◆ 99395 – Periodic comprehensive preventive medicine, established patient age 18-39 years;
  - ◆ 99396 – Periodic comprehensive preventive medicine, established patient age 40-64 years;
  - ◆ 99397 – Periodic comprehensive preventive medicine, established patient age 65 years and older (non-Medicare)

For more information, please contact our health and dental claims administrator by calling 1-405-416-1800 or toll-free 1-800-782-5218. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

## Changes to MS-DRG LTCH Version 31 and 32 Fee Schedules

For charges incurred on and after Oct. 1, 2014, the following changes will take effect for HealthChoice and the Department of Corrections (DOC) MS-DRG LTCH fee schedule:

Version 32 of the MS-DRG LTCH fee schedule has a base rate of \$50,386.00. The outlier threshold is \$14,792 and the cost-to-charge ratio is 0.258.

The next comprehensive MS-DRG LTCH Fee Schedule update will be effective for charges incurred on or after Oct. 1, 2015.

HealthChoice is providing a replacement fee schedule for MS-DRG LTCH, Version 31 for charges incurred Oct. 1, 2013, through Sept. 30, 2014. This replacement file was due to a previous error in the calculation of the MS-DRG allowable. Adjustments will be made to any claims impacted by the error. It is not necessary to resubmit any claims.

If you have any questions regarding these adjustments, please contact the health and dental claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

## **Certification Discontinued for Certain Diagnostic Imaging Procedures**

For all charges incurred on or after Jan. 1, 2015, certification is no longer required for certain CT scans and MRIs of the face and neck. The following CPT® codes will be affected:

- 70480 – CT of the orbit
- 70481 – CT of the orbit with contrast
- 70482 – CT of the orbit without contrast
- 70540 – MRI of the orbit, face and/or neck without contrast
- 70543 – MRI of the orbit, face and/or neck without contrast followed by contrast

Certification is still required for other diagnostic imaging procedures within three working days prior to the scheduled procedure or within one day following emergency/urgent services.

If you have any questions, or to request certification, please contact the certification administrator toll-free at 1-800-848-8121.

### **S-Account Name Change**

On Jan. 1, 2015, the name of the HealthChoice S-Account will change to the HealthChoice High Deductible Health Plan (HDHP). This name change will have no effect on the Plan itself, and all benefits will remain the same.

If you have questions about this, or any HealthChoice Plan benefit, please do not hesitate to contact our health and dental claims administrator by calling 1-405-416-1800 or toll-free 1-800-782-5218.

### **DRS Fee Schedule Update**

The Department of Rehabilitation Services (DRS) has updated its fee schedule for charges incurred on or after July 29, 2014.

If you have any questions, please contact Network Management at 1-405-717-8790, or toll-free 1-800-543-6044, or send email inquiries to [EGID.DRSNetworkManagement@omes.ok.gov](mailto:EGID.DRSNetworkManagement@omes.ok.gov).

## **Tips for Submitting Claims**

For the quickest claims processing, submit claims electronically or through *ClaimLink*. If you consistently have issues with claims that do not process timely, please verify the format your intermediary or clearinghouse uses to submit your claims. Make sure they are filing your claims electronically and not on paper because it takes much longer to process paper claims.

Use the current claim form to expedite claims processing. Accepted claim forms include the ADA 2012\*, CMS 1500 (02-12) and UB-04.

If we request additional documentation to process a claim or if you need to file a corrected claim, please submit the information or corrected claim to:

HP Administrative Services, LLC  
P.O. Box 24110  
Oklahoma City, OK 73124-0110

When you submit a claim electronically and then submit it on paper, it can significantly slow down your payment. If you submit a claim and need to verify payment, please contact our health and dental claims administrator or log in to *ClaimLink* to check the claim status. Resubmit a claim only if it is not already on file. When the same claim is submitted multiple times, each additional claim can deny as a duplicate and further delay the adjudication process.

If you have questions, please do not hesitate to contact our health and dental claims administrator by calling 1-405-416-1800 or toll-free 1-800-782-5218.

\*Dental providers: For faster service and to save time and expense, please do not send dental x-rays or molds with your claims or dental pre-determinations unless they are requested by HealthChoice.

## In-Home Sleep Studies

For charges incurred on or after Jan. 1, 2015, HealthChoice will cover medically necessary sleep studies performed in the home. Guidelines are as follows:



- The study must involve a minimum of four channels (including oxygen saturation, respiratory movement, airflow and electrocardiogram); and
- The member or dependent must be age 18 or older.

Certification will not be required for these sleep studies.

If you have questions about this, or any HealthChoice Plan benefit, please contact our health and dental claims administrator by calling 1-405-416-1800 or toll-free 1-800-782-5218.

## Physical Therapy Practice Act

This year, the Oklahoma Legislature passed HB 1020, which amended several parts of the Oklahoma Physical Therapy Practice Act. Be aware, these changes have no impact on the services covered by or provided through, HealthChoice, Department of Corrections or Department of Rehabilitation Services.

If you have questions about the guidelines for physical therapy, refer to the Network Provider Manual on the HealthChoice website. You can also contact Network Management at 1-405-717-8790 or toll-free 1-800-543-6044. Email inquiries can be sent to [EGID.NetworkManagement@omes.ok.gov](mailto:EGID.NetworkManagement@omes.ok.gov).

## Fee Schedule Updates

As stated in the summer edition of the *Network News*, HealthChoice and the Department of Corrections (DOC) have updated their fee schedules for CPT/HCPCS, Outpatient Facility (OP) and Ambulatory Surgery Center (ASC), American Society of Anesthesiologists (ASA), American Dental Association (ADA), MS-DRG and MS-DRG LTCH codes effective for charges incurred on or after Oct. 1, 2014.

Be aware that HealthChoice and DOC update the CPT/HCPCS, outpatient hospital, ASC, ASA and ADA fee schedules quarterly.

**The next quarterly fee schedule update will be for charges incurred on or after Jan. 1, 2015, for CPT/HCPCS, OP, ASC, ASA and ADA codes.**

The American Medical Association may periodically change, add or delete procedure codes throughout the year. When these modifications occur, HealthChoice and DOC will review its fee schedule as soon as possible and make any necessary changes. Additionally, HealthChoice and DOC make fee schedule updates on an ad hoc basis when needed.

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

If you have questions, please call Network Management at 1-405-717-8790 or toll-free 1-800-543-6044. Email inquiries can be sent to [EGID.NetworkManagement@omes.ok.gov](mailto:EGID.NetworkManagement@omes.ok.gov) or [EGID.DOCNetworkManagement@omes.ok.gov](mailto:EGID.DOCNetworkManagement@omes.ok.gov).

## Emergency Room Physicians

In order to avoid claims being processed as non-Network, please be sure to contract your emergency room physicians as quickly as possible. Network Provider applications and additional location forms are available at [www.healthchoiceok.com/providers](http://www.healthchoiceok.com/providers).

We hope Network Facilities will encourage their ER physicians to participate in the HealthChoice and Department of Corrections whenever possible. This provides the best benefit to the patient and to you as well.

If you have any questions about what forms are necessary, or how to contract a provider, please contact Network Management by calling 1-405-717-8790 or toll-free 1-800-543-6044, or email can be sent to [EGID.NetworkManagement@omes.ok.gov](mailto:EGID.NetworkManagement@omes.ok.gov) or [EGID.DOCNetworkManagement@omes.ok.gov](mailto:EGID.DOCNetworkManagement@omes.ok.gov).

## Acute Inpatient Facilities

HealthChoice and the Department of Corrections (DOC) changed the reimbursement methodology for short-term acute inpatient facilities for all charges incurred on or after June 1, 2014.

This change established a four-tier system for inpatient facilities, as follows:

- Tier 1 – Network urban facilities with greater than 300 beds;
- Tier 2 – All other urban and non-Network facilities;
- Tier 3 – Critical access hospitals (CAH), sole community hospitals (SCH), Indian, military and VA facilities; and
- Tier 4 – All other Network rural facilities.

To determine an acute facility's tier designation, HealthChoice and DOC utilized Medicare's CY14 Hospital Inpatient PPS Impact File (IPPS). Medicare has finalized the Fiscal Year 2015 IPPS Impact File. Accordingly, the HealthChoice and DOC annual MS-DRG updates to acute inpatient reimbursement will include updates to tier designations.

Updates will be based on the number of beds and provider type designation as contained within the current year's final IPPS file for all charges incurred on or after Oct. 1, 2014.

For outlier claims, the thresholds, base rates and factors are as follows:

	Tier 1	Tier 2	Tier 3	Tier 4
Threshold	\$92,372	\$70,734	\$56,275	\$52,685
Base Rate	\$ 9,787	\$ 9,094	\$10,981	\$10,824
Factor	.67	.68	.72	.71

Version 32 of the MS-DRG Fee Schedule will be utilized by HealthChoice and DOC for all claims incurred on or after Oct. 1, 2014.

For more information, please visit our website and select *Providers* in the top menu bar. On the right side of the page, in the *Announcements* box, select *Final Changes to Inpatient Reimbursement*.

If you have any questions about this update, please contact Network Management at 1-405-717-8790 or toll-free 1-800-543-6044, or you can email [EGID.NetworkManagement@omes.ok.gov](mailto:EGID.NetworkManagement@omes.ok.gov) or [EGID.DOCNetworkManagement@omes.ok.gov](mailto:EGID.DOCNetworkManagement@omes.ok.gov).

## ICD-10 Testing Requested

Effective immediately, HP Administrative Services, LLC (HP) will be participating in the Emdeon Business Services LLC® Testing Exchange for ICD-10 codes and is requesting that providers submit INSTITUTIONAL and PROFESSIONAL test claims that contain ICD-10 data. The testing exchange is free and available to all Emdeon Clearinghouse customers. This testing pathway allows participating providers and submitters to test natively coded ICD-10 claims with Emdeon and receive clearinghouse reporting feedback on the test claims they submit. Providers and submitters can choose to designate their ICD-10 test claims for specific payers.

**Important note:** Test claim payment determinations will not be offered directly to providers. Providers who submit test claims will not receive any reporting or feedback from HP about specific test claims submitted.

### Action Required by Customer:

Providers and submitters can immediately begin to submit test claims with ICD-10 information for HP using the Emdeon Testing Exchange. For additional guidance on how to participate with the Emdeon Testing Exchange for ICD-10 visit <http://www.emdeon.com/5010/icd10testing.php>.

### Action Taken by Emdeon:

Emdeon will process all test claims received, return clearinghouse reporting and provide Emdeon accepted test claims to HP upon request.

Emdeon is proud to be your electronic data interchange (EDI) partner and remains committed to your success. If you have questions or need more information, contact Teresa South at [Teresa.South@omes.ok.gov](mailto:Teresa.South@omes.ok.gov).

# HealthChoice Provider NETWORK NEWS

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Oklahoma City, OK 73112

[www.sib.ok.gov](http://www.sib.ok.gov)

[www.healthchoicook.com](http://www.healthchoicook.com)

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## Network Provider Contact Information

### HealthChoice Providers

[www.sib.ok.gov](http://www.sib.ok.gov)

[www.healthchoicook.com](http://www.healthchoicook.com)

### Health and Dental Claims

HP Administrative Services, LLC

P.O. Box 24870

Oklahoma City, OK 73124-0870

Customer Service and Claims

OKC Area 1-405-416-1800

Toll-free 1-800-782-5218

FAX 1-405-416-1790

TDD 1-405-416-1525

Toll-free TDD 1-800-941-2160

### Pharmacy

Express Scripts

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  
Management Unit

OKC Area 1-405-717-8879

Toll-free 1-800-543-6044,  
ext. 8879

### HealthChoice Network Management

OKC Area 1-405-717-8790

Toll-free 1-800-543-6044

### DOC Network Management

<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 Network Management

<https://gateway.sib.ok.gov/DRS>

OKC Area 1-405-717-8921

Toll-free 1-888-835-6919

### DRS Health and Dental Claims

HP Administrative Services, LLC

P.O. Box 25069

Oklahoma City, OK 73125-0069

Toll-free 1-800-944-7938