



HealthChoice Provider Network News

Summer Edition, 2009

NPI Numbers Needed

Your NPI number is critical to automated claims processing. If your claim cannot be matched to your NPI number, the automated process is disabled, and the claim is kicked out for manual review. This applies to providers in the HealthChoice, DOC, and/or DRS Networks.

To send us your NPI number, use one of the following three methods.

1. Write your NPI number on your business letterhead and send it to:
Oklahoma State and Education Employees Group Insurance Board
Attn: Provider Relations
3545 N.W. 58th, Suite 600
Oklahoma City, OK 73112
2. FAX your NPI number to:
OSEEGIB Provider Relations at
1-405-717-8977
3. Email your NPI number to:
oseegibproviderrelations@sib.ok.gov

If you are exempt from obtaining an NPI number, please send us a brief explanation of why you are exempt.

Visit the CMS website, <https://nppes.cms.hhs.gov/NPPES/Welcome.do>, for assistance in obtaining your NPI number.

If you have questions about sending OSEEGIB your NPI number, please contact a Provider Relations Specialist at 1-405-717-8790 or toll-free 1-800-543-6044.

Update to Processing Backlog

EDS continues to make progress in programming its system to process claims for the various types of medical and dental services covered by HealthChoice. As of June 1, 2009, over 1.4 million claims had been processed totaling more than \$219 million in payments. As indicated in previous communications with you, catching up on the backlog has been slow, but EDS has taken several steps to eliminate the backlog, including adding a number of new positions, leveraging resources from other EDS accounts, and hiring an external vendor to provide additional onsite resources.

For assistance with a claim issue you have been unable to get resolved, please email EDSResolution@sib.ok.gov with the details of your claim. For

security reasons, please include the member's HealthChoice ID number in your email and not the member's Social Security number.

We deeply regret the difficulties the backlog of claims has caused and will continue to provide you with regular updates. Thank you for your patience.

EDS Call Center Update

Please remember that the EDS call center hours of operation are from 7 a.m. to 7 p.m., and the heaviest call load is from 10 a.m. to 2 p.m. EDS increased the number of telephone representatives working in the call center which should decrease wait times significantly. We apologize for the excess wait times and appreciate your patience.



Provider Relations Has New Director

On May 18, 2009, Teresa South began her new duties as Director of Provider Relations. Ms. South comes to OSEEGIB with over 23 years of well-diversified experience in the medical field, especially in the areas of contracting and reimbursement analysis. She has experience working for a sleep lab, a physical therapy group, an OKC multispecialty group, a general medical surgical hospital, an orthopedic specialty hospital, and an outpatient imaging facility. Her hobbies include church activities, fishing, and spoiling her grandchildren.

She plans to schedule future onsite visits with some of our Network Providers just as soon as she gets more settled in her new position. Meanwhile, she would welcome calls or emails from providers. Her contact information is:

Teresa South, Director, Provider Relations – tsouth@sib.ok.gov
1-405-717-8627 or toll-free 1-800-543 6044 ext. 8627

Use Current Claim Forms

The most current claim forms should be used when filing paper claims. Using outdated claim forms will delay the processing and payment of your claims.

As a reminder, the following claim forms are approved by OSEEGIB and should be used exclusively by providers:

- ❖ UB-04 ❖ CMS-1500
- ❖ ADA 2006 Dental Claim Form

Beginning September 1, 2009, if you use outdated claim forms or do not follow the guidelines set in the OSEEGIB Billing Guide, your claims will be denied.

DOC Inmate Numbers

All health and dental claims for Department of Correction's inmates must include an ODOC Inmate Number. This number must appear in box 1a on a CMS 1500, box 60 on a UB04, and box 15 on ADA 2006 forms. In order for claims to process automatically, there must be a total of nine digits in the inmate number. If an inmate's number has less than nine digits, zeros must be added to the beginning of the number on the claim form. Claims that do not meet the Inmate Number requirement will be denied.

If you have any questions please contact DOC Provider Relations.

Keep Information Current

It is important for you to notify HealthChoice when you have changes in your address, phone number, tax ID number, or professional affiliations.

To request a change form be faxed or mailed, contact HealthChoice Provider Relations.

Interest Payments to Providers

Oklahoma State Statutes require that interest be paid to providers when clean claims are not processed within 45 days of receipt. In accordance with this requirement, OSEEGIB, through its third party claims administrator EDS Administrative Services, is paying interest for claims that meet the criteria required in State Statutes.

Prospective interest payments began on April 8, 2009. All claims paid on or after that date included interest payments if the claim was not processed and paid within the mandated 45-day period.

Recently, OSEEGIB began retrospective interest payments. Providers were mailed a letter



with instructions on how to apply for receiving interest payments for older claims. Over 2,000 retrospective interest payments have been sent to providers so far.

Questions and Answers regarding interest payments can be found on the Network Provider websites for HealthChoice at www.sib.ok.gov/providers, the Department of Corrections at <https://gateway.sib.ok.gov/DOC> and the Department of Rehabilitation Services at <https://gateway.sib.ok.gov/DRS>.

Any additional questions you may have concerning interest payments should be directed to EDS Administrative Services at 1-405-416-1780 or toll-free 1-800-782-5218.

OSEEGIB Billing Guide

We understand that the transition to EDS Administrative Services has brought with it many changes to the processes involved in claims adjudication and payment. We are striving to eliminate confusion and making it easier for providers to get accurate claim payments. With this goal in mind, we are announcing the development of a *Billing Guide* which contains block-by-block instructions for completing each type of claim form. If you strictly follow the guidelines contained in the new *Billing Guide*, you should experience fewer difficulties with claim payments and higher levels of speed and accuracy.

The *Billing Guide* is

conveniently located on our website at the Network Provider home pages for HealthChoice www.sib.ok.gov/providers, DOC <https://gateway.sib.ok.gov/DOC>, and DRS <https://gateway.sib.ok.gov/DRS>. A link has been attached to each home page that will take you directly to the *Billing Guide*.

If you have any additional questions after referencing the *Billing Guide*, please contact EDS for assistance at 1-405-416-1800 or toll-free 1-800-782-5218.



HealthChoice Tobacco Cessation Program

In partnership with the Oklahoma Tobacco Settlement Endowment Trust and the Oklahoma State Department of Health, HealthChoice continues to receive recognition throughout the state for its expanded tobacco cessation program which was a new benefit last year. Analysis of the first year's data reveals a six-to-one return on our investment! The program supports Governor Brad Henry's *Strong and Healthy Oklahoma* program which calls on Oklahomans to "Eat Better, Move More, and Be Tobacco-Free."

Participation in 2009 is off to a good start with over 500 participants enrolled so far. In 2008, there were nearly 3,400 participants taking advantage of the enhanced benefit which provides active and retired HealthChoice members, as well as their enrolled



dependents age 18 and up, with two 90-day courses of treatment per year of any FDA-approved tobacco cessation product. Members need only pay their pharmacy copay if they use a HealthChoice Network Pharmacy. The HealthChoice Plans pick up the rest of the cost.

Participants also have free access to Professional Quit Coaches® at 1-800-QUIT-NOW (1-800-784-8669), through the OKLAHOMA TOBACCO HELPLINE. The same help is available in Spanish at 1-800-793-1552.

Studies have concluded that a combination of FDA approved tobacco cessation products and coaching is by far the most effective way to successfully quit tobacco.

For more information, call HealthChoice Member Services at 1-405-717-8780 or toll free 1-800-752-9475.

Claims Processing Problem Resolved - CMS-1500 Claims

EDS Administrative Services made some system modifications that will improve the accuracy of payments on radiology, pathology, laboratory, home health care, durable medical equipment, hospice, and skilled nursing facility claims.

If you have claims that have already been filed or paid, please do not refile because your claims will be automatically adjusted.

It is critical that you include your NPI number on all claims. Following is where the NPI numbers should be placed on a CMS 1500 claim form:

- Billing Provider NPI – Box 33a
- Rendering Provider NPI – Box 24
- Service Facility NPI – Box 32

If you have questions, contact EDS customer service at 1-405-416-1800 or toll-free 1-800-782-5218.

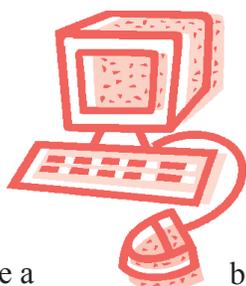
ClaimLink

To check the status of medical and dental claims and submit claims electronically, check out ClaimLink, an online service from EDS that is available day or night. You can go to ClaimLink from our website www.sib.ok.gov/providers, the Department of Rehabilitation Services at <https://gateway@sib.ok.gov/DRS>, and the Department of Corrections at <https://gateway@sib.ok.gov/DOC>.

Security is a primary concern, and therefore, you will need to register and create a unique username and password to gain access. To register, you will

need:

- Your NPI number or SSN.
- Your PIN. You must register each location with each Network you are contracted with.
- A valid claim number paid within the last two years. If the claim was paid by Fiserv, you will need to add the prefix HC for HealthChoice, DS for DRS, or DC for DOC to the claim number.



For help registering, scroll to the bottom of the ClaimLink home page and click on either *FAQs* or *Registration Help*.

For Faster Processing of Dental Claims

For faster service, please do not send dental x-rays or molds with your claims or dental pre-determinations unless they are requested by HealthChoice. This will also save you time and expense.



Currently, EDS, the dental claims processing administrator, receives many dental items that are not necessary for the processing of claims.

Certification Requests

APS Healthcare reviews all HealthChoice certification requests for:

- ❖ Inpatient admissions
- ❖ Observation stays greater than 24 hours
- ❖ Some outpatient surgical procedures (varicose veins, scar revision, breast reduction, breast implant removal, and surgery of the eyelids, nose, and stomach)
- ❖ Some specific diagnostic imaging procedures

To request certification over the phone, call 1-800-848-8121, select option 1 first, and then option 2 to contact APS Healthcare staff.

When calling APS Healthcare to request certification, the following information will help expedite your request:

- ❖ The member's name and identification number
- ❖ The member's date of birth
- ❖ Diagnosis code(s)
- ❖ Scheduled date of admission or service(s)
- ❖ CPT code(s) for outpatient surgical or diagnostic imaging procedure(s)
- ❖ Name of requesting provider
- ❖ Name of facility

Certification Forms are now available on the HealthChoice Provider website. Just go to www.sib.ok.gov/providers and click the *Forms* icon in the left menu bar.

See the next article for instructions on how to fax your certification requests.

Fax Certification Requests



The Certification Request Form can now be faxed to an APS Healthcare intake coordinator. This form is available on our website at www.sib.ok.gov/providers.

Fax your Certification Request Forms to 1-405-416-1755. The faxed form and your fax confirmation page will provide you with documentation that your request has been sent.

APS Healthcare will respond to all faxed certification requests within 48 hours.

The following are just a few reminders from APS Healthcare:

- Sclerotherapy does not require certification.
- Certification is required three working days prior to **scheduled** hospital admissions, outpatient surgical procedures, and diagnostic imaging services.
- Specific diagnostic imaging procedures require certification by APS Healthcare. For information regarding the imaging procedures that need to be certified, please contact Provider Relations.



Overpayments Being Recouped

On September 1, 2009, EDS will begin recouping outstanding overpayments made by Fiserv Health Harrington (FHH), our previous claims administrator. Providers were issued a notice at the end of 2008. This article serves as a courtesy reminder that the recouping process will begin soon. You will be receiving Remittance Advices showing the amounts being recouped from each payment on your current claims. We ask that all providers inform their staffs that the overpayments will be deducted from current payments.

For any questions regarding recouping overpayments, please contact EDS customer service.

DRG, ASA, CPT/HCPCS, and Outpatient Facility Fee Schedule Updates

The HealthChoice/Department of Corrections (DOC) DRG fee schedule will be updated effective October 1, 2009, and the CPT/HCPCS, ASA, and outpatient facility fee schedules for HealthChoice and DOC will also be updated effective January 1, 2010. More information regarding the updates will be available before these updates become effective.

Network Providers can access the current fee schedules online at www.sib.ok.gov/providers or <https://gateway.sib.ok.gov/DOC>. Access to the updated fee schedules will be provided before implementation. For general information regarding the fee schedules, contact Provider Relations at 1-405-717-8970 or toll-free 1-800-543-5044.

Generics Released for the First Two Quarters of 2009

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

Brand-Name Medication	Generic Medication	Treatment	Date Available
Ambien CR	zolpidem controlled release	Insomnia	March 2009
Adderall XR	amphetamine/ dextroamphetamine mixed salts	Attention deficit hyperactive	April 2, 2009
Casodex	bicalutamide	Prostate cancer	April 2009
CellCept	mycophenolate mofetil 500mg tablets and 250mg capsules	Prevent transplant rejection	May 4, 2009
Cytomel	liothyronine sodium	Underactive thyroid	April 14, 2009
Depakote Sprinkles	divalproex sodium	Seizure disorders	January 29, 2009
Depakote ER 250/500mg	divalproex sodium extended release	Seizure disorders	January 30, 2009
Imitrex Nasal Spray	sumatriptan nasal spray	Migraine or cluster headaches	March 18, 2009
Keppra Solution	levetiracetam solution	Epilepsy	February 13, 2009
Keppra 1000mg	levetiracetam tablets 1000mg	Epilepsy	January 20, 2009
Tegretol XR	carbamazepine extended release tablets	neuralgia	April 3, 2009
Tobradex Suspension Ophthalmic	tobramycin sulfate	Infection following intraocular surgery	January 20, 2009
Topamax	topiramate	Migraine headache	April 2009
Urso 250 & Urso Forte	ursodiol 250mg and 500mg tablets	Cirrhosis	May 14, 2009

Astelin, Astepro, and Patanase Nasal Sprays (Non-Medicare Only)

Effective April 08, 2009, Astelin, Astepro, and Patanase Nasal Sprays were restored to the HealthChoice Select Medication List. These medications are used for allergy symptom relief. Although these medications will not require prior authorization, members will be required to pay the non-Preferred copay.

Triptan Step Therapy (Non-Medicare Only)

Effective July 1, 2009, brand name Triptans will be non-Preferred. Sumatriptan (generic for Imitrex) will be the one Preferred migraine medication in this category.

Patients who have tried and are unable to tolerate sumatriptan can ask for a Prior Authorization review. Physicians must contact Medco toll-free at 1-800-753-2851 for a Brand-Name Exception Form. If a prior authorization is approved, the patient will pay the higher, non-Preferred copay. The non-Preferred Triptans are:

- Amerge
- Maxalt
- Treximet
- Axert
- Maxalt-MLT
- Zomig
- Frova
- Relpax
- Zomig-ZMT

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3545 NW 58th Street, Suite 110
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www.healthchoicook.com/providers

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Permit #1067

This publication is printed by the Oklahoma State and Education Employees Group Insurance Board as authorized by 74 O.S., Section 1301. 21,000 copies have been printed at a cost of \$0.0913 each. Copies have been deposited with Publications Clearinghouse of the Oklahoma Department of Libraries.

Network Provider Contact Information

HealthChoice Providers

www.sib.ok.gov/providers
www.healthchoicook.com/providers

Health and Dental Claims

EDS Administrative Services
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 1-405-416-1750
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
All Areas 1-800-841-5409

Other Pharmacy Prior Authorization
All Areas 1-800-753-2851

Certification

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

HealthChoice Health Care Management Division

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

HealthChoice 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

EDS Administrative Services
P. O. Box 268928
Oklahoma City, OK 73126-8928
All Areas 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

EDS Administrative Services,
P.O. Box 25069
Oklahoma City, OK 73125-0069
All Areas 1-800-944-7938