



HealthChoice Provider Network News

Winter Edition, 2009

OSEEGIB Names New Administrator

During its November board meeting, the Oklahoma State and Education Employees Group Insurance Board announced the promotion of Deputy Administrator of Finance, Frank Wilson, to the position of Plan Administrator. Mr. Wilson fills the position being vacated by Bill Crain who retired as of January 1.

Mr. Wilson brings 20 years of experience to his new position. He began his career with OSEEGIB in 1990 as the manager of Member Accounts. In 1996, he was promoted to Director of Finance, and in 2000, he became Deputy Administrator of Finance.

Mr. Wilson is a Certified Public Accountant and a member of the Oklahoma Society of Certified Public Accountants.

Commenting on the promotion, OSEEGIB Chairman Richard Womack said, "Frank brings a great deal of knowledge and experience to the table and the Board is confident in his ability to lead this agency."

Reminders for 2010

HealthChoice High Option, USA, and S-Account Plans

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

All HealthChoice Health Plans

Pharmacy copays increased 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 guidelines for coverage of prophylaxis and fluoride treatments for children ages 0 through 12 are 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.



Correction to Fall Issue

In the Fall issue of this newsletter, it was reported that the HealthChoice Network Provider Contract would be amended to reflect changes to the certification/utilization review processes for inpatient admissions and outpatient procedures.



Subsequently, upon further review, it was determined that a formal amendment to the contract was not necessary; however, language in the HealthChoice Network Provider Contract regarding inpatient admissions and outpatient procedures has been clarified to reflect the following:

Effective January 1, 2010, when an outpatient procedure or inpatient admission has been certified, the provider has met the requirements of the contract, and services can be provided immediately. It is not necessary to wait the three-day period before an inpatient stay is scheduled or before outpatient services can be provided.

A copy of the HealthChoice Network Provider Contract is available on the HealthChoice Network Provider Home Page at www.sib.ok.gov/providers, or if you have questions, please contact Provider Relations. See the [Contact Information](#) on page 4.

On the Web

For more updates and articles not included in this newsletter, visit the Network Provider websites. Available articles include:

[2010 CPT Fee Schedule Update Postponed](#)

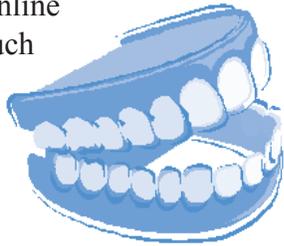
[Consultation Codes](#)

[Improper or Faxed Claims No Longer Accepted](#)

Refer to the [Contact Information](#) on page 4 for the website address of each Provider Network.

NEW! Online Claims Filing for Dentists

OSEEGIB is excited to announce that all Network Dentists can now file claims online through ClaimLink. ClaimLink is an online service available through each Network Provider website. Many providers have already used ClaimLink to verify member eligibility and check the status of claims. Online claim submission is much more efficient. It significantly reduces processing errors and improves the turnaround time for claim payments.



The online claim filing feature of ClaimLink can be accessed through each Network Provider home page. The website addresses are as follows:

HealthChoice: www.sib.ok.gov/providers

Department of Rehabilitation Services: <https://gateway.sib.ok.gov/DRS>

MS-DRG, MS-DRG LTCH 2009 Version 27 Fee Schedule

Effective October 1, 2009

The Market Basket update factor is 2.1%. Version 27 of the DRG fee schedule reflects a base rate of \$7,795 for urban hospitals and \$10,024 for rural hospitals. The threshold amount for outlier cases is \$76,542 for urban hospitals and \$59,510 for rural hospitals. The marginal cost factor is .80.

Version 27 of the MS-DRG LTCH fee schedule has a base rate of \$46,937. The outlier threshold is \$18,425 and the cost-to-charge ratio is 0.317.

[ok.gov/DRS](https://gateway.sib.ok.gov/DRS)

Department of Corrections:
<https://gateway.sib.ok.gov/DOC>

For security purposes, you must register to obtain a unique username and password. If you have previously registered for ClaimLink, it is not necessary to re-register to file claims online.

A presentation that outlines the online claims submission process is available through ClaimLink. If you have additional questions, please contact EDS. See the [Contact Information](#) on page 4.

Additional Claim Info

Beginning February 1, 2010, when a claim requires additional information for processing, the Provider Remittance will identify the specific information needed to complete the processing of the claim. In some instances, a letter will also be sent further explaining what is required to complete the claim processing. Claims will be closed until the required information is received.

Please be sure to include the member ID number and claim number when returning information to EDS. Once the information is received, the claim will be processed without resubmitting the claim.

If you have any questions, please call EDS. See the [Contact Information](#) on page 4.



Attention HealthChoice, DOC, & DRS Providers

Providers will receive one 1099 for each tax identification number (TIN). If you share a TIN with other providers, there will still be only one 1099 sent. This form will be addressed to the name registered with the Internal Revenue Service and mailed to the address indicated on your W-9 form.

For Faster Processing of Dental Claims

All Networks - for faster service, please do not send dental x-rays or molds with your claims or dental pre-determinations unless they have been requested by the dental claims processing administrator. This will help save time and expense. Currently, EDS is receiving documentation items that are not necessary for the processing of claims.

H1N1 Virus Vaccine Codes

CPT and HCPCS codes were added to the HealthChoice and DOC fee schedules effective November 1, 2009, for the H1N1 vaccine and its administration. These codes are as follows:

- ◆ 90663 Influenza virus vaccine, pandemic formulation
- ◆ G9141 Influenza A (H1N1) vaccine, any route of administration is the code for the vaccine itself
- ◆ G9142 Influenza A (H1N1) immunization administration (includes physician counseling for the patient/family) refers to the vaccine administration

URGENT! Billing Address Information Required

The Network Provider Contract states that, "Providers shall notify OSEEGIB/DOC/DRS of any change to the information contained in their application within 15 days of such change." This includes *Billing, Remit, and Pay To* addresses.

If the billing address on 837 claims, Loop 2010AA does not match the information provided on your application or update documents, your claims will be paid as non-Network.

You can verify the current billing address for your contract(s) at the following websites:

- ◆ HealthChoice Providers: <https://gateway.sib.ok.gov/providerselfservice/>
- ◆ Department of Corrections Providers: <https://gateway.sib.ok.gov/DOC/FacilitySearch.aspx>, for professionals: <https://gateway.sib.ok.gov/DOC/ProviderSearch.aspx>
- ◆ Department of Rehabilitation Services Providers: <https://gateway.sib.ok.gov/DRS/FacilitySearch.aspx>, for

professionals: <https://gateway.sib.ok.gov/DRS/ProviderSearch.aspx>

To update billing address information for your contract, submit a completed Provider Update Form with your correct information.



Provider Update Forms are available on the HealthChoice, DOC, and DRS provider websites at the following websites:

- ◆ HealthChoice:

http://www.sib.ok.gov/providers/Providers_Forms.asp.

- ◆ DRS: <https://gateway.sib.ok.gov/DRS/Forms.aspx>.

- ◆ DOC: <https://gateway.sib.ok.gov/DOC/Forms.aspx>.

Please submit the Provider Update Form to Provider Relations either by email at oseegibproviderrelations@sib.ok.gov or by mail to:

HealthChoice

Attn: Provider Relations
3545 NW 58th, Suite 110
Oklahoma City, OK 73112

You may also submit your completed form by fax at 1-405-717-8977.

Certification and 10% Penalty

As a reminder, the Utilization Review section of the HealthChoice Network Provider contract mandates that certification be obtained before certain specific services are provided or claims submitted for these services will be denied. If certification is subsequently obtained and medical necessity is established, a 10% penalty will be applied to the provider's payment.

If you need additional information or have questions, please contact Provider Relations. See the [Contact Information](#) on page 4.



2010 Changes for Insulin and Diabetic Supplies

Non-Medicare HealthChoice Members:

Diabetic supplies such as test strips, lancets, needles, and syringes will be limited to a 34-day supply or 200 units, whichever is less.

HealthChoice Medicare Supplement Plan Members:

The quantity limits indicated below will be applied to insulin and diabetic supplies:

- ◆ **Insulin Vial** - Up to a 34-day supply or 4 vials, whichever is less
- ◆ **Insulin pen, cartridges, or pre-filled syringes** - Up to a 34-day supply or 45ml, whichever is less
- ◆ **Needles and syringes** - Up to a 34-day supply or 200 units, whichever is less



Test strips and lancets are covered under Medicare Part B.

Fee Schedule Updates

The CPT/HCPCS, ASA, ASC, and outpatient facility fee schedules for HealthChoice and DOC were updated effective January 1, 2010.

You can access the updated fee schedules online at www.sib.ok.gov/providers or <https://gateway.sib.ok.gov/DOC>.

For information regarding the fee schedules, contact Provider Relations. See the [Contact Information](#) on page 4.



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

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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