

# HealthChoice TPA Updates

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Below is the second edition of the HealthChoice TPA updates. In this edition you will find important information related to electronic payments, electronic remittance advices, and pre-adjudication edits. Updates will be sent out weekly detailing additional subjects as they relate to the Jan. 1, 2018, change (all articles with new information will be titled HealthChoice TPA Updates).

*Please watch for additional notifications via email and mail, and check the HealthChoice implementation page on our provider website frequently for updates at [https://www.ok.gov/sib/Providers/New Medical and Dental Claims Administrator.html](https://www.ok.gov/sib/Providers/New_Medical_and_Dental_Claims_Administrator.html).*

**Helpful Hints:** To ensure timely processing, HealthChoice encourages providers to submit claims, appeals and retroactive certifications as soon as possible for 2017 and prior. Please verify claim status for 2017 or prior dates of service by contacting the claims payer or using ClaimLink prior to resubmitting to avoid unnecessary denials of duplicates. If submitting a corrected claim, please mark as such and include the original claim number to ensure processing and avoid denial as duplicate.

## **EFT/ERA Activity Required**

Effective Jan. 1, 2018, HealthChoice is partnering with ECHO Health, a payment disbursement service. If your organization currently receives paper remittance advices in the mail, you will no longer receive them for claims with dates of service Jan. 1, 2018, and forward.

If your organization is currently participating with HealthChoice to receive electronic fund transfer (EFT) payments, ECHO Health will continue to utilize that existing EFT information to disburse funds for your organization's TIN, including all affiliated NPIs and locations. However, all organizations will need to enroll with ECHO Health to receive electronic remittance advices for your claims for dates of service beginning Jan. 1, 2018, unless they are already receiving ERAs or EPPs from ECHO Health for other lines of business.

ECHO Health offers an improved ERA known as an Explanation of Provider Payments (EPP), which combines payment information and remittance data into a single document. These detailed payment explanations can be viewed instantly on the ECHO Health portal at [www.ProviderPayments.com](http://www.ProviderPayments.com). In order to receive EPPs for

HealthChoice payments, simply register for the portal at any time to receive notices each time a new payment is issued.

HealthChoice urges providers and facilities to begin the registration process for your organization's TIN in order to access EPPs as soon as possible by contacting ECHO Health customer service department at 844-586-7463.

Webinars including detailed instructions for using the ECHO Health portal to retrieve ERAs and other available information will be scheduled in December.

### **Claims for Dates of Service Prior to Jan. 1, 2018**

Providers will continue to receive payments and related remittance advices according to your current directive with HealthChoice for claims processed by the current TPA for dates of service prior to Jan. 1, 2018.

### **Electronic Payments and Remittances for 2017 and Prior Years**

Providers should continue to provide all changes related to electronic payments and remittance advices to HealthChoice Network Management to ensure receipt of timely payment and related remittance advice information for 2017 and prior claims.

If you have questions, call HealthChoice Network Management at 405-717-8790 or toll-free 844-804-2642.

### **Advanced Communication Engine Announcement**

For dates of service beginning Jan. 1, 2018, HealthChoice will adopt more industry standard claim editing guidelines. These guidelines are a combination of CMS, CCI and McKesson claim editing, which have been evaluated for implementation based on plan experience.

To ensure our network providers have the best possible experience with our organization, we are excited to announce the launch of our new Advanced Communication Engine system. ACE will be available to all direct submitters as well as those who transmit claims via clearinghouse or billing services. New ACE Edits will appear on claim rejection reports (277CA) as HealthChoice deploys ACE in the claim submission process.

- ACE alerts you to deny certain claims through claim acknowledgement transaction reports, with clear instructions on how to fix the error and access the supporting documentation that triggered the alert.
- Claims failing the pre-adjudication editing process are not forwarded to our claims adjudication system.
- ACE integrates into your current EDI workflow so you can modify claims before submission.

- If you choose not to change the claim after you have reviewed the ACE Edit, you can resubmit in its original format and it will pass directly into our claims adjudication system for processing.

ACE does not require any downloads or changes in your current EDI workflow, and is available to you at no cost. Help improve clean claim rates and increase collections with actionable edit intelligence.

Please work with your existing clearinghouse or billing service to stress the importance of receiving a full 277CA claim submission report to include the new ACE Edits you will see with the implementation of ACE.