

# HealthChoice

## HealthChoice Network News Summer 2023

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Summer 2023

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### News

#### HealthChoice contracts and applications

HealthChoice only accepts the most current version of the contract and application and forms, located on the [HealthChoice Provider homepage](#).

When first enrolling or adding a new TIN, complete and return the appropriate contract and application along with the required attachments. HealthChoice accepts digital and e-signatures on all documents. Submit your documents to [EGID.NetworkManagement@omes.ok.gov](mailto:EGID.NetworkManagement@omes.ok.gov).

For questions or further information, email [EGID Network Management](#) or call 405-717-8790 or toll-free 844-804-2642. TTY users call 711.

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#### EGID Network Management

EGID Network Management is responsible for managing the HealthChoice, DRS and DOC provider networks. This includes administering provider contracts, reviewing provider applications and forms to maintain accurate provider information, and aiding providers with escalated matters.

Send inquiries regarding provider contracts and applications, fee schedules, escalated matters as well as other provider issues to [EGID.NetworkManagement@omes.ok.gov](mailto:EGID.NetworkManagement@omes.ok.gov) or call 405-717-8790 or toll-free 844-804-2642. TTY users call 711.

EGID Network Management is available Monday through Friday, 8 a.m. to 4:30 p.m., excluding state holidays.

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## Updating your billing address

EGID no longer requires the billing address on HealthChoice, DOC or DRS contracts and applications and forms.

Update your billing address by adjusting the address on claims prior to submission. You can submit claims electronically, through the online [provider portal](#), direct data entry or via mail.

For questions, call the Customer Care team at toll-free 800-323-4314. TTY users call 711. .

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## Fee schedule updates

Future fee schedule updates for services by HealthChoice network providers are scheduled for:

Annual Fee Schedule Releases	Jan. 1	April 1	July 1	Oct. 1
Anesthesia (ASA)	Comp			
ASC and ASC Implants	A/C/D	Comp	A/C/D	A/C/D
Bariatric Surgery - Inpatient	Comp	A/C/D	A/C/D	A/C/D
Bariatric Surgery - Outpatient	Comp	A/C/D	A/C/D	A/C/D
Certification Requirements	Comp	Comp	Comp	Comp
CPT	A/C/D	Comp	A/C/D	A/C/D
Dental (ADA)	Comp	A/C/D	A/C/D	A/C/D
Diabetes Prevention Program (DPP)	Comp			
Endodontic	Comp	A/C/D	A/C/D	A/C/D
HCPCS	A/C/D	Comp	A/C/D	A/C/D
MS-DRG				Comp
MS-DRG LTCH				Comp
NDC	Comp	Comp	Comp	Comp
Non-CMS Certified Facility	Comp	Comp	Comp	Comp
Outpatient	Comp	Comp	Comp	Comp
Outpatient Revenue	Comp	A/C/D	A/C/D	A/C/D
Preventive Services	Comp	A/C/D	A/C/D	A/C/D
Select Inpatient (MS-DRG)	A/C/D	A/C/D	A/C/D	A/C/D
Select Outpatient/ASC	A/C/D	A/C/D	A/C/D	A/C/D

\*Comp =Comprehensive; A/C/D = Adds, changes, deletes and other necessary updates

As a reminder, national medical and dental associations may change, add, correct or delete billing codes throughout the year. When that occurs, EGID reviews the modifications as quickly as possible and makes any necessary updates. Additionally, EGID performs fee schedule updates on an ad hoc basis when necessary.

The EGID tiers were created in part to help support the continued existence and financial viability of truly rural hospitals. EGID's tier designation process is intended to only recognize a rural reimbursement methodology if the urban or rural status is based on the ZIP code of the hospital and the status of that ZIP code in the U.S. Census Bureau's metropolitan core-based statistical area.

Inpatient and outpatient tier designations and facility urban/rural designations are updated annually on Oct. 1. These designations are determined by the most current Centers for Medicare & Medicaid Services fiscal year inpatient prospective payment system impact file or the facility's ZIP code, included in the U.S. Census Bureau's metropolitan core-based statistical area. On Jan. 1, the urban/rural indicators are updated based on the most recent CMS ZIP code to carrier locality file for all facilities that are not hospitals.

For the most part, the applicable urban tier status is based on the most current CMS fiscal year inpatient prospective payment system impact file for network providers, unless the ZIP code of its physical location is included in the U.S. Census Bureau's metropolitan core-based statistical area.

Inpatient and outpatient tier designations are defined as:

- Tier 1 – Network urban facilities with greater than 300 beds.
- Tier 2 – All other urban and non-network facilities.

- Tier 2 – All other urban and non-network facilities.
- Tier 3 – Critical access hospitals, sole community hospitals, and Indian, military and VA facilities.
- Tier 4 – All other network rural facilities.

Following each quarterly update of the HealthChoice fee schedule, outpatient rates for the procedures covered under the program will become fully phased in during the next quarterly update.

Fee schedule updates are reported in each quarterly issue of the Network News. If you need specific codes and allowable fees affected by these updates, please [view or download the latest fee schedule addendum](#). The fee schedule has not been publicly disclosed and is deemed confidential pursuant to 51 O.S. and should not be disseminated, distributed or copied to persons not authorized to receive the information. If you have questions or need additional information, please contact EGID Network Management.

For more information, email [EGID Network Management](#) or call 405-717-8790 or toll-free 844-804-2642. TTY users call 711.

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## HealthChoice contact information

### Network Management

405-717-8790  
Toll-free 844-804-2642  
[EGID.NetworkManagement@omes.ok.gov](mailto:EGID.NetworkManagement@omes.ok.gov)  
[HealthChoiceOK.com](#)

### Medical and Dental Claims, Eligibility, Benefits and Certifications

Toll-free 800-323-4314  
TTY 711  
Payer ID: 71064  
[Provider portal](#)

### New Claims, Correspondence and Medical Records

HealthChoice  
P.O. Box 30511  
Salt Lake City, UT 84130-0511

### Optum Pay

Toll-free 877-620-6194  
[Optum Pay sign in](#)

### Pre-Service Appeals

HealthChoice  
P.O. Box 400046  
San Antonio, TX 78229

### Post-Service Appeals

P.O. Box 30546  
Salt Lake City, UT 84130-0546

### Pharmacy Benefit Administrator: CVS/caremark

Prior Authorization toll-free 800-294-5979  
Customer Care toll-free 877-720-9375  
[caremark.com](#)

### SilverScript (Medicare Part D)

Prior Authorization toll-free 855-344-0930  
Customer Care toll-free 866-275-5253  
[healthchoice.silverscript.com](#)

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