HealthChoice Network News Fall 2023

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Fall 2023

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News

Outpatient tier 1 and 2 claims billing with J1 codes

The third-party administrator for HealthChoice identified claims incorrectly processed when billed with multiple J1 status codes for outpatient tier 1 and tier 2 facilities. These codes were not bundled appropriately, causing overpayments. The impacted claims processed from May through August.

The root cause of this issue has been identified and corrected. The impacted claims are currently being adjusted.

We apologize for the inconvenience. If you have questions, contact Customer Care at toll-free 800-323-4314. TTY users call 711.

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Modifiers 26 and TC

The third-party administrator for HealthChoice discovered some professional claims paid incorrectly. Allowable amounts were not based on the units and modifiers that were billed on some claims. These claims were billed with a 26 or TC modifier. This has impacted certain professional claims from some rural health clinics, Indian health clinics, VA and military facility providers, home health and hospice providers.

Some of these professional claims were reimbursed the global rate when billed with modifiers 26 or TC, causing an overpayment. Additionally, some HCFA claims were calculated with a single unit when billed with multiple units causing an underpayment.

All claims have been identified and are currently being adjusted. No further action is needed from you. We apologize for the inconvenience. For questions, call Customer Care at toll-free 800-323-4314. TTY users call 711.

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Smart Logic utilization management

Effective Sept. 1, 2023, HealthChoice implemented a Smart Logic utilization management strategy to ensure glucagon-like peptide-1 (GLP-1) medications are being used appropriately for Type 2 diabetic patients and help safeguard availability of these GLP-1 products for members.

Off-label usage of these medications has led to drug shortages and often made it difficult for some members to obtain their medications. This program will help availability of these products for members who need them to control their diabetes and help in decreasing inappropriate use of these medications.

For questions, contact CVS Caremark Customer Care toll-free at 877-720-9375. TTY users call 711.

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HealthChoice Connect to be decommissioned

Effective Dec. 28, 2023, HealthChoice Connect, the prior third-party administrator's claims portal, will no longer be available. Remittance advices with dates of service prior to 2023 will not be accessible after that date.

Questions regarding claims can be directed to Customer Care at 800-323-4314. TTY users call 711.

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Certification requests

You must enter all HealthChoice certification requests through the provider portal. Using the portal is more efficient than filling out the forms previously used, and you receive responses and updates to certification requests more quickly.

Search previously submitted cases to view the status, upload any necessary records, view the original submission or initiate a preservice appeal.

First-time users need to create or use an existing One Healthcare ID and then create a new provider account.

If you have questions or need assistance with the portal, call Customer Care at toll-free 800-323-4314. TTY users call 711.

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New contracting self-service portal

HealthChoice launched a new self-service portal allowing you to contract, update and review credentialing for your TIN through the HealthChoice provider website. The portal offers a centralized hub to access and manage all your information, including rosters and contracts.

Today, you can now add new providers to your TIN, make changes to an existing TIN or term a provider via roster upload. Provider groups can also verify all providers associated with their TIN.

In the first quarter of 2024, we will roll out the final phase that will allow you to sign new contracts and edit provider demographics online, directly in the portal.

Stay tuned for more news and updates regarding he self-service portal.

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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Optum iEDI for direct data entry of claims

EGID offers the direct data entry of medical claims for HealthChoice, DRS and DOC through Optum Intelligent EDI (iEDI), which is a fast, convenient and free option to enter claims directly online.

You must first register for the HealthChoice Provider Portal. Select the Optum iEDI claim submission option. This will take you to the One Healthcare ID sign-on screen. Enter the same One Healthcare ID and password used for the HealthChoice Provider Portal and sign in. If you have issues logging in to iEDI or questions on how to use it, please email iEDI Technical Support at umr-business-edi@umr.com.

Once registered with the Optum portal, you will receive an email confirmation including dates and times to attend a one-on-one training class with an Optum trainer. Additionally, it will take approximately 72 hours before you can officially start using iEDI.

DentalXChange is available for the direct data entry of dental claims.

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

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Faxes no longer accepted

EGID Network Management will no longer accept faxed contracts or forms beginning Jan. 1, 2024. All documents should be sent via email to EGID.NetworkMangament@omes.ok.gov.

In the first quarter of 2024, you will also be able to use our new provider contracting portal. Watch for more details.

If you have questions or need assistance, please email EGID Network Management or call EGID Network Management at 405-717-8790 or toll-free 844-804-2642.

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MS-DRG and MS-DRG LTCH Fee Schedules: Version 41 updates

The HealthChoice and Department of Corrections annual MS-DRG updates to acute inpatient reimbursement include updates to tier designations based on the number of beds and designated provider type as urban or rural as contained within the current year's final IPPS file.

MS-DRG

For charges incurred on or after Oct. 1, 2023, the following changes are effective for the HealthChoice and DOC MS-DRG Fee Schedules:

Tier	1	2	3	4
Outlier Threshold	$198,830.00	$153,772.00	$125,728.00	$122,479.00
Marginal Cost Factor	0.32	0.35	0.43	0.44
Base Rate	$12,671.00	$11,772.00	$12,507.00	$10,824.00

The market basket update factor is 3.3%.

The next comprehensive MS-DRG Fee Schedule update will be effective for charges incurred on or after Oct. 1, 2024.

MS-DRG LTCH

For charges incurred on or after Oct. 1, 2023, the following changes are effective for the HealthChoice and DOC MS-DRG LTCH Fee Schedules:

- Version 41 of the MS-DRG LTCH Fee Schedule has a base rate of $61,148.00. The outlier threshold is $59,873.00, while the cost-to-charge ratio is 0.228.

The next comprehensive MS-DRG LTCH Fee Schedule update will be effective for charges incurred on or after Oct. 1, 2024.

If you have any questions regarding these adjustments, call EGID Network Management at 405-717-8790 or toll-free 844-804-2642. 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 3 – Critical access hospitals, sole community hospitals, and Indian, military and VA facilities.
- Tier 4 – All other network rural facilities.
- Tier 6 – Outpatient rural emergency hospitals.

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

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Toll-free 844-804-2642
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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