

HealthChoice Select Provider FAQ

What is HealthChoice Select?

- HealthChoice Select is a program designed to reduce the costs of select services by contracting with select facilities to provide these services at one low, bundled price that will be covered at 100 percent of allowable fees with no out-of-pocket costs to members. Members of the High Deductible Health Plan must meet their deductible before any benefits, other than for preventive services, are paid by the plan.

What is bundled pricing?

- Bundled pricing is a pricing strategy that provides one consolidated bill for services that includes the related fees for the facility, surgeon, anesthesia, laboratory, pathology, radiology, etc., all at a reduced rate for all services provided on the date of the surgery, procedure, or during the inpatient stay. Standard clinical editing and all existing plan policy and provisions apply. This value-based pricing motivates providers to work across the medical continuum to keep patients healthy and out of the hospital. Related services that occur on a day other than the Select surgery or procedure are subject to standard HealthChoice benefits.

What services are covered by HealthChoice Select?

- HealthChoice continues to increase the types of services covered under bundled pricing. For a list of services covered under HealthChoice Select, please visit our web page at <https://gateway.sib.ok.gov/providersearch/SelectProgram.aspx>.

How will members know which facilities are participating in HealthChoice Select?

- Members can search for facilities participating in HealthChoice Select on the HealthChoice website by selecting the HealthChoice Select banner on the home page. Members can also call HealthChoice Customer Care toll-free 800-323-4314 (TTY 711) for the names of facilities participating in the program.

Who is eligible to receive the services covered under HealthChoice Select?

- Approximately 170,000 HealthChoice health plan members and dependents are eligible to receive the services covered under HealthChoice Select. This includes members of the HealthChoice High, High Alternative, Basic, Basic Alternative plans and High Deductible Health Plan. Members of the High Deductible Health Plan must meet their deductible before any benefits, other than for preventive services, are paid by the plan.

Do all HealthChoice Network Facilities have to provide the services covered under HealthChoice Select?

- Existing HealthChoice Network Facilities are encouraged to sign an amendment to their existing contract to provide the services covered under the program. Facilities not already contracted with HealthChoice are encouraged to sign the applicable HealthChoice contract and the Select amendment. Only those facilities that have signed the Select amendment provide the services under the bundled price.

How can a facility contract to participate in HealthChoice Select?

- Facilities already participating in the HealthChoice Provider Network can sign a HealthChoice Select contract amendment to participate in the program. The amendment and bundled allowable fee are available at <https://omes.ok.gov/services/healthchoice/providers/healthchoice-select>.
- Facilities that are not currently participating in the HealthChoice Provider Network can contact HealthChoice Network Management at 405-717-8790 or toll-free 844-804-2642 for information on joining the provider network.

How does a facility file a claim for services covered under HealthChoice Select?

- Claims for services covered under HealthChoice Select may be submitted electronically, entered directly online using our portal at <http://www.healthchoiceconnect.com/>, or by paper.

If complications or unforeseen services result from a bundled service, how are claims for these additional costs to be handled?

- Contact HealthChoice Network Management at 405-717-8790, toll-free 844-804-2642 or email EGID.NetworkManagement@omes.ok.gov.

Will members be responsible for a copay, deductible or coinsurance for the services covered under HealthChoice Select?

- The services covered under HealthChoice Select will be covered at 100 percent of the allowable fee with no out-of-pocket costs to members for the related services on the date of the surgery, procedure or during the related inpatient stay. However, members of the HealthChoice High Deductible Health Plan must meet their deductible before any benefits, other than for preventive services, are paid by the plan to the facility.

How will members be referred to facilities participating in HealthChoice Select?

- Members can search for facilities participating in HealthChoice Select on the HealthChoice website by selecting the "HealthChoice Select" banner on the home page. Members can also call HealthChoice Customer Care toll-free 800-323-4314 (TTY 711) for the names of facilities participating in the program.

How will members be scheduled for services covered under HealthChoice Select?

- Facilities participating in HealthChoice Select should be prepared to accept member phone calls and coordinate the scheduling of services covered under the program.

Can any facility schedule a member for services covered under HealthChoice Select at any facility?

- Network facilities that have contracted to provide the services covered under HealthChoice Select have agreed to accept the bundled allowable fees for those services.
- Network facilities that have not contracted to provide the services covered under HealthChoice Select can collect the deductible, copay or coinsurance according to plan provisions.

Is HealthChoice looking for facilities in my area to participate in HealthChoice Select?

- HealthChoice is seeking to contract with facilities in all 77 counties in Oklahoma, as well as any other states, to provide the services covered under HealthChoice Select. This encompasses the areas where more than 170,000 members who are eligible for the program live or work.

Who do I contact if I have more questions about HealthChoice Select?

- Contact HealthChoice Network Management at 405-717-8790 or toll-free 844-804-2642. A request for more information can also be emailed to EGID.NetworkManagement@omes.ok.gov.

Who do I contact if I would like to provide input or obtain information on future bundled service initiatives?

- Contact HealthChoice Network Management at 405-717-8790, toll-free 844-804-2642 or email EGID.NetworkManagement@omes.ok.gov.

How will a payment for bundled services covered under HealthChoice Select be identified on the remittance advice?

- Payments for services covered under HealthChoice Select will include the explanation code, "2540-Congratulations, Another member has picked your facility for services because you are a Select Provider." Services that are billed separately that are considered part of the bundled procedure and are not paid separately will be marked with explanation code "2568-These services are subject to bundled reimbursement and are not reimbursed separately."

Can we designate an alternate phone number for HealthChoice members to call to schedule services covered under HealthChoice Select?

- Yes. Please submit the alternate phone number with your signed HealthChoice Select contract amendment and we will guarantee it shows on the Find a Provider search tool for HealthChoice Select at <https://gateway.sib.ok.gov/providersearch/SelectProgram.aspx>. This will not affect your phone number listed for other services.

How do I verify benefits for HealthChoice members?

- You can verify benefits online using HealthChoice Connect or by contacting HealthChoice Customer Care toll-free at 800-323-4314 (TTY 711). In order to prevent delayed claim payments, HealthChoice Select facilities are encouraged to verify that members have completed all related 'Verification of Other Insurance Coverage' (VOIC) as required by the HealthChoice Benefit Plan to avoid delayed payment for services.

How does Select reimburse for implants?

- Select will reimburse outpatient implants at the invoice cost less any rebates or discounts received by the facility. HealthChoice Select will allow up to the net cost, including shipping, handling and tax. Shipping, handling and tax must be prorated for the billed implant for invoices including supplies other than the billed implant. Occasionally, HealthChoice may require the actual invoice for the implant billed. Implants used in an inpatient setting will not be reimbursed separately. For more information, please refer to the HealthChoice Select Facility Amendment at <https://www.ok.gov/sib/documents/HCSelectFacilityAmendment.pdf>.

How does Select reimburse for bilateral procedures?

- HealthChoice Select can reimburse bilateral procedures at 150 percent of the Select allowable fee when billed with the appropriate modifier(s).

Which code or codes on the fee schedule should I refer to when looking for a bundled allowable fee?

- The HealthChoice Select fee schedule can be found on the website at <https://gateway.sib.ok.gov/feeschedule/Login.aspx>. Inpatient hospital services will use the Select MS-DRG fee schedule. Outpatient services will use the Select Outpatient/ASC fee schedule. Authorized contacts can access the full fee schedule or the addendum. The addendum includes all additions, changes and deletes from Jan. 1, 2018 to present. In the Select fee schedule, payments for Select bundled services are organized by types of procedures. Under the types of procedures are groups of similar services, each of which has a separate and distinct CPT/HCPCS code, or groups of CPT/HCPCS codes. For more information, please see this helpful link on the website: <http://omes.ok.gov/services/healthchoice/providers/healthchoice-select/procedure-types-and-fee-schedules>.

What is a combination CPT/HCPCS code?

- Select combination CPT/HCPCS codes contain multiple procedures and services performed at the same time.

Are Select claims subject to subrogation?

- Select claims are subject to subrogation policy applicable to all HealthChoice claims. For more information about subrogation, visit our website at <https://omes.ok.gov/content/subrogation>.

Does HealthChoice coordinate benefits on Select claims?

- The Select contract amendments and reimbursement methodology do not apply to claims for which HealthChoice is not in the primary position. When HealthChoice is not in the primary position, the Select benefit does not apply. The Select benefit does not apply to the primary service or any of the related ancillary services. HealthChoice Select claims may be pended to verify other insurance coverage or to review for third party liability. Providers may inquire with Customer Care if members have verified other coverage with the plan prior to rendering Select services to ensure claims process timely.

In order to prevent delayed claim payments, HealthChoice Select facilities are encouraged to verify that members have completed all related 'Verification of Other Insurance Coverage' (VOIC) as required by the HealthChoice Benefit Plan prior to rendering services. Providers may verify this information with HealthChoice Customer Care toll-free 800-323-4314. Members can complete the VOIC process via a phone call to customer care at the number above.

HealthChoice Select claims are subject to subrogation recovery services. Subrogation is a Plan's right to seek reimbursement for an accident or injury cause by a third party such as motor vehicle accident or slip and fall. When a claim denies for Subrogation the member receives a notification to contact McAfee & Taft as well as a letter and questionnaire from McAfee & Taft requesting details about the

medical services provided. Members may also complete a questionnaire online at www.mtsubrogation.com. Upon completion the member will be provided a confirmation number for their records. If the member does not provide the requested information and return it to McAfee & Taft the claim will be reprocessed accordingly as member responsibility.