



October 15, 2024

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2023 claims submission reminder

2023 claims for OhioHealth and Huntington National Bank **must be submitted by December 1, 2024 to allow for processing and payment by December 31, 2024.** 2023 claims will not be reimbursable starting in 2025. 2023 claims submission details are below:

- **The 2023 EDI number for electronic submission is 34158***
- **The 2023 claims mailed address for paper claims is P.O. Box 2582, Hudson, OH 44236-2582**

***EDI number 34158 will display as Contigo Health.**

Preventive claim submission

Billing preventive services correctly is crucial for ensuring accurate reimbursement and compliance with insurance guidelines. When submitting claims electronically or on paper, ensure that the preventive service codes are listed first on the claim form. OhioHealth requires preventive services to be billed before any other services to ensure they are processed correctly. Please list preventive services first on the claim form before any other services, such as diagnostic or therapeutic procedures. This ensures that these services are recognized as preventive and processed accordingly.

Step-by-step guide to electronic filing of claims

We want claims filing to be as simple as it can be. We have heard your questions and wanted to offer a guide to electronic filing. Please note that this is a general guide and the steps may differ slightly depending on which tool you use to file claims online.

1. Select appropriate clearinghouse
2. Verify provider enrollment and credentialing
3. Prepare patient information
4. Select the correct claims form
5. Enter patient and service information
6. Review and validate claims
7. Submit claim electronically
8. Receive confirmation
9. Monitor claim status
10. Track payment

Tips for Successful Electronic Claim Filing

- **Stay Updated:** Keep abreast of changes in billing regulations, codes and payer requirements.
- **Use Practice Management Software:** Utilize software that integrates electronic claims submission for efficiency.
- **Maintain Documentation:** Keep thorough records of claims submitted, including confirmations and payment receipts.
- **Educate Staff:** Ensure all staff members involved in billing are trained on electronic claim submission processes and compliance.

Are you set up to receive ACH payments?

Currently, providers joining our network are automatically set up on a QuicRemit platform where claims payments are deposited onto a virtual credit card. If you prefer the EFT/ERA option, you will need to first opt out of the QuicRemit platform then complete the application process to enroll in the EFT/ERA payment method. Providers that receive a QuicRemit payment have 30 days to collect the funds from the virtual card. If the virtual card is not cashed, then another virtual card is issued. If the second virtual card payment goes uncashed for another 30 days, the payment will then move to a paper check sent to the provider. To use the QuicRemit card providers will need to enter their QuicRemit virtual card number into the terminal and follow the prompts to transfer funds to their bank account. Providers can use the same card number to make purchases or pay bills online. More information can be found [here](#).

1. Log in to your payment processing platform's online dashboard
2. Navigate to the virtual terminal: Find the "Virtual Terminal" option within your dashboard.
3. Select payment method: Choose "ACH" or "eCheck."

4. Input designated bank account details (routing number and account number) during the setup process.
5. Save settings: Confirm your bank account information and save the settings.

To opt out of the QuicRemit program, contact ECHO QuicRemit Card Services at (877)-705-4230 and they will walk you through the process. To locate your records, they will ask one or more of the following verification questions:

- Draft number
- Token number
- Transaction number
- Claim number

Once you opt out of QuicRemit, complete and submit the editable [ECHO PDF EFT/ERA Form](#):

If you have further questions about this process, please reach out to the ECHO QuicRemit Card Services at (877)-705-4230.

Pharmacy benefit drug formulary updates

The formulary and prior authorization lists for both medical specialty drugs and pharmacy benefit drugs are posted [here](#) under Medical Drug Formularies for medical benefit drugs or in the [Navitus Prescriber Portal](#) for the pharmacy benefit drugs.

1. 2025 GLP-1 formulary change for OhioHealthy members

As of January 1, 2025, *OhioHealth* will no longer cover GLP-1 medications for weight loss (Wegovy, Zepbound, Saxenda) through OhioHealthy as part of the pharmacy benefit formulary. This approach is aligned with national and regional health systems.

- If you currently prescribe a GLP-1 medication for OhioHealthy members with a proven diagnosis of Type 2 diabetes, you should continue to do so without change.

| Brand Name Medication | FDA-approved Indication | Plan coverage Requirement |
|--|---|---|
| <ul style="list-style-type: none"> • Bydureon® • Byetta® • Ozempic® • Rybelsus® • Trulicity® • Mounjaro® | <ul style="list-style-type: none"> • Type 2 diabetes | <ul style="list-style-type: none"> • Treatment of Type 2 diabetes • Not covered if used for weight loss |

- Providers who prescribe GLP-1 weight loss medications, including Saxenda, Wegovy and Zepbound for OhioHealthy members, should be aware:
 - Affected members will receive notification by mail 60 days prior to the change
 - Members will be responsible for the full cost of the drug as of January 1, 2025

- **Lifestyle management tools to improve overall wellness**
 - All OhioHealthy plan participants who have been diagnosed with a chronic condition have access to [free programs](#), services and even a personalized health coach.
 - The [OhioHealth Weight Management program](#) offers medical and surgical options to help participants lose weight effectively and safely. This program provides support before, during and after treatment to help participants maintain a healthy weight for life.
 - OhioHealth will continue to subsidize the cost of [WeightWatchers](#) for eligible associates and covered dependents.

2. Actemra changes

- On **November 1, 2024**, Navitus will be moving **Actemra** products to not covered (NC) status and the biosimilar, **Tyenne (tocilizumab-aazg)** <https://www.tyenne.com/get-to-know-tyenne>, will become the preferred product.
- Current Actemra utilizers will receive letters from Navitus about the change and new PAs for Tyenne should not be needed (as with the change from Humira as preferred to select biosimilars).
- A new prescription will be needed for Tyenne.

3. Victoza changes

- As of **October 1, 2024**, Navitus will be covering both Victoza and the authorized generic liraglutide on Tier 2.

4. Remicade biosimilars vary in cost

- OHy will prefer 2 of the biosimilars as of October 1, 2024 – Unbranded infliximab and Renflexis (infliximab-abda) to stay within our lowest net cost strategy.
- The biosimilars Avsola (infliximab-axxq) and Inflectra (infliximab-dyyb) will move to not covered on the formulary.

For questions regarding pharmacy benefit formulary, please contact Navitus Customer Care toll-free at (855) 673-6504.

New process for CPAP/BIPAP rentals

Effective immediately, we are streamlining the process for CPAP/BIPAP rental trials while ensuring compliance with necessary guidelines.

1. Authorization of the CPAP/BIPAP rental trial will initiate from the date of trial, if known, or will begin on the date of request. The authorization will be valid for one year and the rental trial can be scheduled within this timeframe. Updating the authorization within this timeframe is not required.
2. A new service line will be added to the authorization for the subsequent review upon completion of the rental period and purchase request. If medical necessity is not met at any point in the process, standard procedures for denial and appeal will be followed. Claims will be

adjudicated based on the approved authorization being in place at the time of service. The member must remain eligible on their plan for the entire duration of the service to ensure compliance with this process.

OhioHealth Outreach Labs transitioning to Quest Diagnostics

As of October 14, OhioHealth outreach labs have transitioned to Quest Diagnostics.

- Lab hours will remain the same at this time. Any future changes would be determined by Quest and communicated in advance.
 - Questions can be emailed to Quest directly at OhioHealthInquiries@QuestDiagnostics.com.
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Visit our provider portal or reach out to us directly

- Visit OhioHealthyPlans.com to register for the new provider portal.
- Here you can connect with provider services and access self-service information to review claims, access patient coverage and check patient eligibility.
- Register for the portal by selecting the appropriate option under the login box.
- For more information on how to register for the provider portal click [here](#).

Any questions regarding the topics in this newsletter or any other can be directed to our Provider Relations team at: ProviderRelations@OhioHealthyPlans.com

Credentialing questions can be emailed directly to: OhioHealthCredentialing@OhioHealth.com

OhioHealthy is the trade name of OhioHealthy Medical Plans, Inc. Self-funded employer benefit plans are administered by OhioHealthy Plans, LLC.