



May 7, 2014

PROVIDER ANNOUNCEMENT

Dear Valued Provider:

Health Choice is committed to continuously improving its claim review and payment processes. As part of these efforts, this notice serves to inform you about new processes that we are implementing in early June 2014.

We will apply a more enhanced application of coding and reimbursement using improved technology and clinical review.

This enhancement includes the use of coding and billing rules that reflect industry standards, including the Correct Coding Initiative, as published and defined in CPT and by CMS. These are the same processes that Providers encounter from most other health care claims payers.

The enhancement will also include targeted clinical reviews, which will help Health Choice better evaluate the claim from a clinician's perspective and - in doing so, authorize payment on many services that our system would normally deny. This prevents unnecessary resubmissions of claims and provides more consistent and logical claims processing.

Some of these improved processes may impact claims payments for some Providers. And, in some cases, Providers may be asked to submit medical records in support of billed charges. Health Choice will collaborate with Providers that receive denials and help to review the coding and/or billing rules used to review their claims.

Health Choice believes that these enhancements to our claims adjudication processes will enable us to more effectively and universally implement fair reimbursement rules and guidelines aimed at preventing inappropriate billing to all providers.

We appreciate your cooperation and the high quality treatment that you provide to our members in your practice.

If you have any questions or need further information, please contact your Provider Services Representative at 480-968-6866 or 800-322-8670.

Thank you !