

SPECIAL BULLETIN

FOR HEALTH OPTIONS PROVIDERS

FEBRUARY 4, 2015

HEALTH OPTIONS: CLAIM SUBMISSION REMINDERS

Highmark Blue Cross Blue Shield Delaware (Highmark Delaware) now offers Medicaid benefits to Delawareans through Health Options. As you know, Health Options benefits were effective on Jan. 1, 2015.

We know that adapting to a new process can be a challenge, and we want to make it as easy as possible for you to do business with Health Options. With that in mind, we are sharing the following reminders about submitting Health Options claims.

- You must submit claims for Health Options members to Health Options. **Do not submit Health Options claims to Highmark Delaware.** If you do, they will be denied and you will need to resubmit.
- Claims must be received by Health Options within 120 days from the date of service.
- Health Options accepts electronic and paper claims. Electronic claims submission is preferred – it streamlines the process and saves you time.

Electronic Claims Submission (Preferred Method)

- It's possible to send electronic data interchange (EDI) claims to Emdeon (either directly or through your clearinghouse/vendor) using Health Options payor ID number **47181**.
- Health Options uses Emdeon to transfer the 835 version 4010A health care remittance.
- You may receive electronic claims remittance advice (ERA) and electronic funds transfer (EFT).

Paper claims can be mailed to:

Health Options – Claims Department
P.O. Box 830419
Birmingham, AL 35283

Claim inquiries for administrative/medical review should be mailed to:

ATTN: Claims Review Department, Health Options
P.O. Box 22218
Pittsburgh, PA 15222-0218

You can find more information about claims, billing and reimbursement in Chapter 7 of the Health Options provider manual (available online at www.highmarkhealthoptions.com).

