



# PROVIDER NEWS



December 11, 2025

## If you're skimming.

- Pharmacy information and formulary updates
- Prior-authorization and claims – Submission steps and reminders
- How to get set up as a new provider
- Member Advocates are here to help

## Pharmacy information

The formulary and prior authorization lists for both medical specialty drugs and pharmacy benefit drugs are posted on <https://www.ohiohealthyplans.com/providers/pharmacy/> under Medical Drug Formularies for medical benefit drugs or in the [Navitus Prescriber Portal](#) for the pharmacy benefit drugs.

### Ulcer drugs -

Certain prescription drugs used to reduce stomach acid will no longer be covered in 2026 because they are available as over-the-counter products. The drugs that will no longer be covered include any in the Proton Pump Inhibitor and H2 Receptor Antagonist classes.

### GLP-1 drugs -

There will be no changes to coverage of GLP-1 drugs from last year. The drugs will not be covered in the medical plans for non-Type 2 diabetes diagnoses. We will continue to cover the drug in the medical plans for diagnoses of Type 2 diabetes.

### COVID vaccines -

- a. We understand there have been recent headlines and updates regarding COVID-19 vaccinations. We want to assure you there will be no changes to our COVID-19 vaccine coverage.
- b. COVID-19 vaccines will continue to be covered as they are today. Our approach remains guided by the latest clinical guidelines and current public health recommendations to ensure safe and effective access for all members.

## **Mail order pharmacy –**

Remember that patients have the option to use the enhanced mail order pharmacy from Costco, making prescriptions easier and more intuitive than ever. Please note If a drug or supply is considered “maintenance” and is part of the 90-day supply allowance, it can be filled at that quantity at any pharmacy per our benefit design.

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## **Prior-authorization and claims submission steps**

OhioHealthy has recently identified that some claims and prior-authorization requests are still being submitted to **Contigo**, our previous third-party administrator (TPA) from 2023. Please be advised that **Contigo is no longer the correct point of submission for any claims or prior-authorization requests.**

**Submitting requests to the incorrect TPA may result in claims denial and more importantly, may impact timely access to care for patients.**

**As a reminder, when submitting claims to OhioHealthy please use the following:**

- Claims EDI Number – 48116
- Claims Mailing Address – OhioHealthy, PO Box 4278, Clinton, IA 52733-4278

## **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, EDI information and compliance.

## **Prior-Authorization Submission Methods**

To ensure efficient processing and avoid unnecessary delays, please review and follow the current prior-authorization submission guidelines outlined below. **We ask that all provider offices share this information with their teams to ensure compliance with the correct process.**

### **1. Provider Portal**

- a. Use the message center within the Luminare Health provider portal to submit authorization requests.
- b. You can register for the portal [here](#). Once logged in, you can submit, track and manage authorizations online.

### **2. Phone**

- a. For urgent or specific cases, call the provider services number on the patient's ID card.

### 3. **Fax**

- a. For individual medical provider pre-certification, fax supporting documentation to 717-295-1208.

Note: The instructions outlined above apply to providers located within the following 17 counties: Coshocton, Delaware, Fairfield, Franklin, Guernsey, Hocking, Licking, Madison, Marion, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Richland, Union.

Authorization forms can be found on our [website](#).

***Requests for specialty medications through the medical benefit should continue to go to Archimedes.***

For Fax or Mail use the forms below:

Medical Drug Prior authorization and appeals form: [Archimedes Specialty Drug Authorization Form \(PDF\)](#)

Prior authorization and appeal requests can be submitted by:

- PHONE: (888) 504-5563
- MAIL: Archimedes, LLC 278 Franklin Rd. Ste 245 Brentwood, TN 37027
- FAX: (866) 491-6971

Questions on medical Benefit Drugs? Contact Archimedes Customer Service (888) 504-5563.

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## Starting as a new provider – Our step-by-step guide

New to OhioHealthy? We have you covered from registering on the portal to navigating your payments.

First, go to [OhioHealthyPlans.com](#) and select the Create Your Account button under the Provider section. Each Provider should create their own account. For a step-by-step guide on how to set up your account, click [here](#).

Second, learn about the portal options and resources. You can find a complete walkthrough of the provider portal [here](#).

Third, be sure to set up your payment preference.

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](#).

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## Member Advocates are here to help

**Experienced. Knowledgeable. And with you every step of the way.**

OhioHealthy Member Advocates are your ally throughout the healthcare journey. They are health plan experts fully equipped to quickly resolve routine and complex inquiries any time you need them. Just refer to the number on the back of the member ID card.

Here are just a few of the things a Member Advocate provides:

- Assistance with claims, billing, and benefits
- Cost estimates for common services
- In-call language and translation services for over 250 languages

- Claims and billing analysis for complex projects — including offline research and personal follow-up call and resolution
  - Assistance with the fully functional, web-based provider portal for provider self-service
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## Visit our provider portal or reach out to us directly

- Visit [OhioHealthyPlans.com](http://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](mailto:ProviderRelations@OhioHealthyPlans.com)**

**Credentialing questions can be emailed directly to: [OhioHealthCredentialing@OhioHealth.com](mailto:OhioHealthCredentialing@OhioHealth.com)**

You can also follow us on [LinkedIn](#) for news and updates on OhioHealthy!

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