



June 4, 2025

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Our Provider Search Tool has improved

Please select your product.
Not sure which to select? Please refer to your ID card.

OhioHealthy Network ▼ Select a Group # ▼ Continue

OhioHealth members are now able to find providers by name, specialty, place or type through improved search capability. When searching for a provider, members will now select their network in the first drop down column, and then select the group number by the letter identifier that matches their ID card.

A new provider manual is on the way

We are currently working on a new provider manual with a tentative release date for this late summer or early fall. This manual will dig deep into policies, procedures, processes and more for working with OhioHealthy. Look for more updates on the new and enhanced provider manual in our next newsletter.

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

Formulary Update – Addition of Stelara Biosimilars

Effective as of April 1, 2025, Stelara Biosimilars have been added to the formulary as preferred options for members on the Navitus Pharmacy Benefits. To allow adequate time to transition, brand name Stelara will remain on formulary until 7/1/2025. After this date, coverage for brand name Stelara will be discontinued. Current **Stelara** utilizers received mailed notification letters from Navitus about the change.

At this time, these drugs are not interchangeable. **Patients will need a new prescription to fill this medication, however current prior authorizations for Stelara will carry over.**

Providers are encouraged to begin transitioning patients to an available biosimilar ASAP. OhioHealthy is covering Yesintek and Steqeyma as preferred biosimilars as of April 1, 2025:

- YESINTEK
 - NDCs pending
- STEQEYMA:
 - 45 mg/0.5 mL (NDC 72606-027-01)
 - 90 mg/mL (NDC 72606-028-01)

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.

Prior-authorization – What you need to know

For services within the 17 Counties listed below (Effective 2024):

Luminare Healthcare Management

Dir Call: 866-466-5053

Fax: 717-295-1208

Specialty Medications on OhioHealthy's Medical Drug Benefit Managed by Archimedes:

<https://www.ohiohealthyplans.com/globalassets/documents/ohiohealthy-archimedes-pa-form-for-specialty-drugs.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

**Coshocton, Delaware, Fairfield, Franklin, Guernsey, Hocking, Licking, Madison
Marion, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Richland, Union**

For services outside the above Counties (Effective 2025):

**American Health Holdings
(Auth Reference numbers are 7 digits)**

Dir Call: 800-641-5566

Fax: 866-881-9643

www.getprecert.com

For Members on the Navitus Pharmacy Benefit:

Navitus Provider Portal: <https://prescribers.navitus.com>

PHONE: (844) 268-9789

MAIL: Navitus Health Solutions LLC

Attn: Prior Authorizations

1025 West Navitus Dr.

Appleton, WI 54913

FAX: (855) 668-8551 (toll free)

Electronic portal for CoverMyMeds: [CoverMyMeds, The Leader In Electronic Prior Authorization](#)

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 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

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

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