oklahoma health care authority

Summer 2013

SoonerCare Provider Update

Leavitt Report

Leavitt Partners (www.leavittpartners.com), an independent consulting firm assisting with outlining elements of the "Oklahoma Plan," has published a preliminary proposal of its findings related to SoonerCare (Oklahoma Medicaid) (www.okhca.org).

The final version of this report will be used to aid discussions with state government and health care leaders to outline potential policy choices.

The final report will be presented at OHCA's board (www.okhca.org/OHCA-Board)meeting on Thursday, June 27 at the Samis Education Center, Level B, Room B, 1200 Children's Avenue (Phillips Ave) OKC, 73104.

Evaluation of SoonerCare's Acute Care Program: Initial Findings

Program Strengths

- Feedback mechanisms, evaluation and response
- Application and enrollment process
- Provider reimbursement
- Medical home model
- Insure Oklahoma
- Cost control
- Other

Areas for Continuing Improvement

- Board oversight and advisory committees
- HEDIS
- Program incentives
- Behavioral health
- Provider capacity and access
- Competition

Leavitt Report

Preliminary Recommendations for a Medicaid Demonstration Proposal

Medicaid Realignment

Key Principles:

1. Create a more uniform, equitable and stable definition of the Medicaid eligible population
2. Maximize the use of commercial plan enrollment
3. Increase system and individual accountability for health outcomes
4. Align program design with economic goals

Foundational Changes

1. Eliminate optional Medicaid coverage for:
   a) Individuals eligible for Medicaid under the base program
   b) Individuals eligible for commercial coverage
2. Use IO as the base for a premium support program for adults up to 138 percent FPL

Recommendation

1. Maintain the current ESI program
2. Leverage premium tax credits to enable the purchase of individual insurance
3. Leverage population health to improve preventative care and reduce preventable hospitalizations
4. Modify the IO individual plan:
   a) Maintain premium base approach
   b) Use as wrap around coverage for disabled/medically frail
   c) Include a blended health home/medical home model and add health home benefits
   d) Use care coordination and behavioral health benefits to address wellness and individual accountability
   e) Use maximum allowable cost sharing and appropriate reductions to incentivize positive health choices
   f) Implement new payment strategies, such as shared savings models, with a focus on provider incentives
5. Work toward multi-payer models
6. Create a steering committee to oversee implementation
7. Develop a strong evaluation component
8. Demonstrate cost effectiveness
9. Leverage current program initiatives

Medicaid Realignment

10. Develop complementary proposals for I/T/Us to preserve unique program characteristics
    a) Allow I/T/Us to continue to receive funds to mitigate costs associated with uncompensated care
    b) Maintain current income eligibility limits
    c) Provide an option to enroll in commercial plans or utilize the I/T/U system
    d) Identify issues impacting health care, define quality measures and metrics, and implement a financial incentive program

Timing

- January 2015 is a realistic time frame
- Best if IO waivers are extended a year
- Do not phase in different components

LEAVITT PARTNERS

Insure Oklahoma Comes to a Close

The Insure Oklahoma (www.insureoklahoma.org) program will end Dec. 31, 2013. Federal funding will no longer be available for the program in 2014. Without federal funding, we will not be able to provide support to the 30,000 Oklahomans who are currently enrolled in Insure Oklahoma.

In the meantime, we will continue to operate the program at full capacity and will accept applications for new members. Please encourage new and existing members to start looking into other insurance options for 2014. However, Insure Oklahoma looks forward to helping with health care costs until Dec. 31.

We plan to mail letters to the employers, employees and insurance agents who participate in Insure Oklahoma later this summer. These letters will provide additional information about the health insurance options that will be available.

Finally, our care management team will try to assist in finding alternative sources of care for those members who are enrolled in our Individual Plan and are dealing with health issues or treatments when the program ends.

We thank you for your patience while we continue to work through this issue. ■

Relief for SoonerCare Adult Asthmatic Patients is Spelled OKDMERP

The Oklahoma Durable Medical Equipment Reuse Program (OKDMERP) (www.ok.gov/abletech/DME_Reuse/) has a supply of compressor driven nebulizers for distribution to adult SoonerCare (www.okhca.org) members (21 and over). The equipment can be delivered in the Oklahoma City metro area or shipped. Fax applications (www.ok.gov/abletech/DME_Reuse/DME_Forms/index.html) to 405-523-4811 or email as an attachment to katie.woodward@okstate.edu. A pad RX from the physician and the application are the only documents required to expedite delivery.

Currently many members may be affected by rain dampness resulting in mold growth. Physicians' offices may initiate the application to expedite delivery as well. A copy of the application can be downloaded online (www.ok.gov/abletech/DME_Reuse/DME_Forms/index.html).

OHCA requires that pediatric patients contact their local contracted Durable Medical Equipment providers or pharmacies for their nebulizer needs.

For more information regarding compressor driven nebulizers, call 405-523-4810. ■

Spring Provider Trainings

The information below is for those who missed, or would like to review, the presentations that took place at the Spring Provider Trainings on May 8 and 9. Please take note that the new SoonerCare provider portal will not be implemented until November 2013.

New Provider Portal – Referrals

Description:
This class introduced providers to the electronic referral process within the new SoonerCare provider portal. It covered how to submit an electronic referral and how to receive an electronic referral. It is extremely important that all providers who write or receive referrals review this information. The processes described in this class will replace the current SoonerCare referral process (SC-10 process) beginning November 2013.

Recommended Audience:
All SoonerCare Choice Medical Home providers and specialty providers whose services require a SoonerCare referral.

View the presentation online at www.okhca.org/providers.aspx?id=14920

New Provider Portal - 1500

Description:
This class introduced the new SoonerCare provider portal for providers and entities who currently submit 1500 claims to the Oklahoma Health Care Authority. This class covered new and enhanced processes for claim submission, checking eligibility, viewing prior authorizations, and many additional features. All providers and provider types are affected by the new portal.

Recommended Audience:
SoonerCare providers, their staff and billing entities that bill on a 1500 claim form.

View the presentation online at www.okhca.org/providers.aspx?id=14920

New Provider Portal - Access, Eligibilty & Enchancements

Description:
All providers and provider types are affected by the new portal. This class introduced the new SoonerCare provider portal for providers. This class covered new and enhanced processes for accessing the new site, checking eligibility and many additional features.

Recommended Audience:
All SoonerCare providers and their staff.

View the presentation online at www.okhca.org/providers.aspx?id=14920

New Provider Portal – Medical Authorizations Unit

Description:
This class guided providers through the new process of submitting DME & medical prior authorizations on the new SoonerCare provider portal. This class was a step-by-step guide on the submission process only- this did not include any discussion over approval criteria or prior authorization policy. This class was not for behavioral health, pharmacy or dental providers.

Recommended Audience:
SoonerCare providers and their staff that submit DME & medical prior authorizations (PT, OT, ST, surgical, etc).

View the presentation online at www.okhca.org/providers.aspx?id=14920

New Provider Portal - Dental

Description:
This class introduced providers to the process of submitting ADA 2006 claims, working claims, checking eligibility and treatment history, viewing and submitting dental prior authorizations, uploading x-rays, and additional features on the new SoonerCare provider portal. All providers and provider types are affected by the new portal.

Recommended Audience:
SoonerCare providers, their staff and billing entities that bill on a ADA 2006 claim form.

View the presentation online at www.okhca.org/providers.aspx?id=14920

New Provider Portal - UB-04

Description:
This class introduced the new SoonerCare provider portal for providers and entities who currently submit UB-04 claims to the Oklahoma Health Care Authority. This class covered new and enhanced processes for claim submission, checking eligibility, viewing prior authorizations, and many additional features. All providers and provider types are affected by the new portal.

Recommended Audience:
SoonerCare providers, their staff and billing entities that bill on a UB-04 claim form.

View the presentation online at www.okhca.org/providers.aspx?id=14920

Smoking Cessation Claims

Prior authorization for the use of Zyban and nicotine patches has been removed. Members may utilize both products up to 180 days each within a calendar year.

Previous criteria for Chantix and other formulations of nicotine replacement products still apply.

Chantix and nicotine replacement products (other than patches) are available and covered for your patients without prior authorization for the first 90 days. After 90 days of use in a calendar year, further use of these products requires prior authorization.

Providers, please note the criteria for approval after the first 90 days:

- Member must be enrolled in a smoking cessation behavior modification program and the name of the program must be stated on the prior authorization request.
- Prior authorizations will be approved for an additional 90 days of treatment.
- After the member has had 180 days of treatment in a calendar year, the member must wait until the next January before smoking cessation treatment will be covered again.
- Smoking cessation products do not count against the six prescriptions per month limit. This includes Chantix and Zyban.
- Quantity limits apply.

For more information on smoking cessation treatments and claims, please contact the OHCA (www.okhca.org) pharmacy help desk at 405-522-6205 option 4. ■

Safety Update on Codeine Use in Children from FDA

A Boxed Warning, the U.S. Food and Drug Administration's (FDA) (www.fda.gov) strongest warning, is being added to the drug label of codeine products alerting the public on the risks of codeine in children following a tonsillectomy and/or adenoidectomy. In addition, a Contraindication, a strong FDA recommendation against the use of a drug in certain patients, is being put in place to restrict the use of codeine in this setting. The Warnings/Precautions, Pediatric Use and Patient Counseling Information sections of the drug label will also be revised.

The FDA launched a safety review after post-operative deaths occurred among children with obstructive sleep apnea who received codeine following a tonsillectomy and/or adenoidectomy. The safety review conducted on the use of post-operative codeine in children after a tonsillectomy and/or adenoidectomy found that in most cases, overdose or death

occurred in children with obstructive sleep apnea. These children proved to be ultra-rapid metabolizers of codeine, meaning that the liver converts codeine into fatal amounts of morphine in the body. Since these children already experience breathing difficulties, they may be particularly sensitive to further breathing difficulties that happen when codeine is converted into high levels of morphine.

Codeine should not be prescribed to children after undergoing a tonsillectomy and/or adenoidectomy. Alternative post-operative painkillers should be considered before the use of codeine in children unless the benefits are anticipated to outweigh the risks.

Information for Health Care Professionals

- Deaths occurred in children with obstructive sleep apnea who received codeine following tonsillectomy and/or adenoidectomy and had evidence of being rapid metabolizers of codeine due to a cytochrome P450 2D6 (CYP2D6) polymorphism.
- Routine CYP2D6 genotype testing is not recommended for use in this setting because patients with normal metabolism may convert codeine to morphine at levels similar to rapid metabolizers.
- If children are treated with codeine for other types of pain, monitor their respiratory status closely and advise parents/caretakers to monitor their children for signs of morphine overdose.
- If prescribing codeine-containing drugs, choose the lowest effective dose for the shortest period of time.
- Advise parents/caretakers to stop giving their child codeine and to seek medical attention immediately if their child exhibits signs of morphine overdose.

Codeine Facts for Parents and Caregivers

- Codeine is an opioid pain reliever used to treat mild to moderately severe pain
- Often used in combination with other medications such as an acetaminophen to reduce coughing
- In 2011, approximately 1.7 million pediatric patients were prescribed a codeine/ acetaminophen combination product or single ingredient codeine product from U.S. outpatient retail pharmacies.
- If your child is experiencing unusual sleepiness, confusion or difficulties breathing after taking codeine, seek medical attention immediately
- If codeine is prescribed for pain, it is often given on an "AS NEEDED" basis. Do not give codeine to a child on a scheduled basis unless the child requires the drug. Do not administer more than six doses per day
- Talk to your child's healthcare professional if you have any questions or concerns about codeine

To report any side effects from codeine to the FDA MedWatch Program visit www.fda.gov/Safety/MedWatch/default.htm. For further information, visit www.fda.gov/Drugs/DrugSafety/ucm339112.htm. ■

SoonerCare Pharmacy Update

Narcotic Analgesics Age Restriction
Prior authorization will now be required for all solid dosage forms of narcotic analgesic products for children younger than 10 years of age.

Billing Partial Units
Pharmacies must bill claims for medications as the exact metric quantity dispensed. Pharmacies who are unable to bill partial units should make adjustments. Claims billed with rounded quantities for NDC's will be recouped.

Pharmacy Lock-In Program
Member "lock-in" allows health care providers to monitor potential drug abuse by managing medication utilization at a designated pharmacy the member chooses. Pharmacies have the option to decline serving as the member's designated lock-in pharmacy.

Help desk phone number:
405-522-0114
Email: pharmacy@ohhca.org
Website: www.okhca.org

SoonerCare Reflections

By Dr. Garth Splinter

Mike Fogarty

Mike Fogarty retired as the CEO of the Oklahoma Health Care Authority (OHCA) (www.okhca.org) in March 2013, after serving in this role since 1999. His service is of special importance to Oklahoma physicians since he had strongly supported increasing the role of medical personnel in the oversight of SoonerCare (Oklahoma Medicaid). Besides direct access to medical peers and medical community input into policy making, he had championed more appropriate fees (currently about 97 percent of Medicare fees), the increased use of outcomes based population fees and the financial support of GME (graduate medical education).

While always being available to state and national interest groups, he also managed a 500+ employee agency with a budget in excess of $5 billion, serving more than 1,000,000 Oklahomans in the last 12 months.

Besides significant support of our medical schools, he also supported other health-related state agencies by insuring that they were able to acquire appropriate federal Medicaid match funds for their programs. From my personal consulting experience, I can attest that these attitudes are not always present in other states.

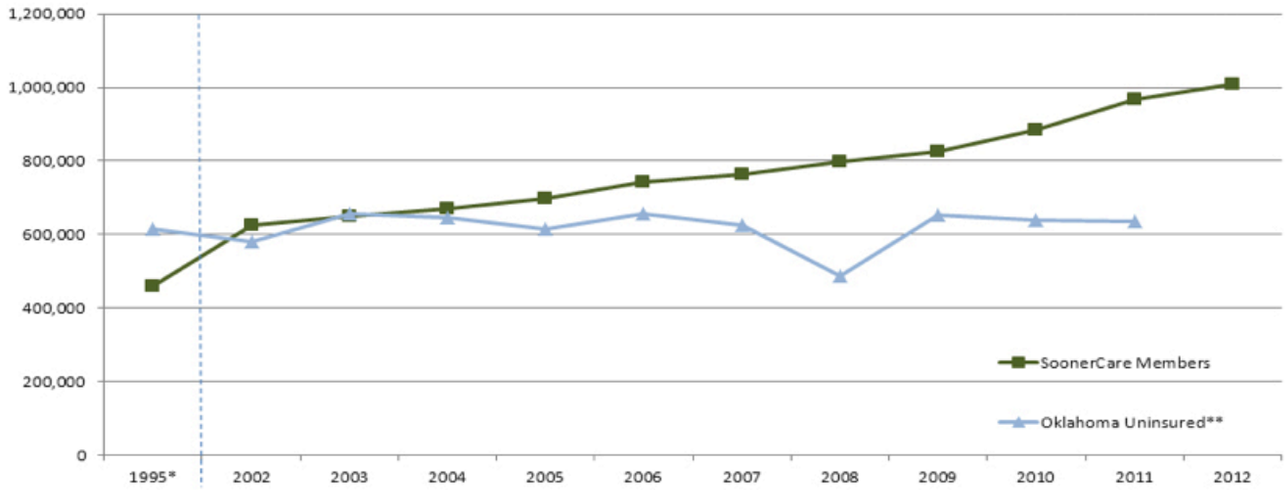
Mike came well prepared to lead OHCA. He earned master degrees in social work and religious education and a Juris Doctorate. His work experience included being State Medicaid Director from 1983 to 1987, and 1995 to 1999. He also managed to work as a social worker, a legislative assistant for Senator David Boren and was in private law practice. Oklahoma has been blessed to have Mike Fogarty, with the full support of his wife Billie, dedicate most of his life to public service. My hope is that our government officials, foundations and interest groups (including OSMA [www.osmaonline.org]), continue to call on Mike for his valuable participation in crafting solutions to the health care and social issues we face.

Following are Mike's own views (as given to interviewer Jennie Melendez) and some broad information about the SoonerCare program during Mike's tenure. My last comment is to relate Mike's observation, made a few months after he joined the OHCA in 1995, that the most significant change he saw was not the shift to managed care, but the increased emphasis on medical input by medical professionals (the agency had created a Medical Division with Lynn Mitchell, M.D. as Chief Medical Officer). More than just an observation, this became a guiding principle during his tenure as CEO and guided his choices in growing the program into the only truly state-run managed care Medicaid program. It has been my pleasure and honor to serve with Mike Fogarty.

The Oklahoma Health Care Authority was established by the Legislature in 1993 to focus on prevention and primary care while reigning in spiraling health care costs and placing an emphasis on improved access to care.

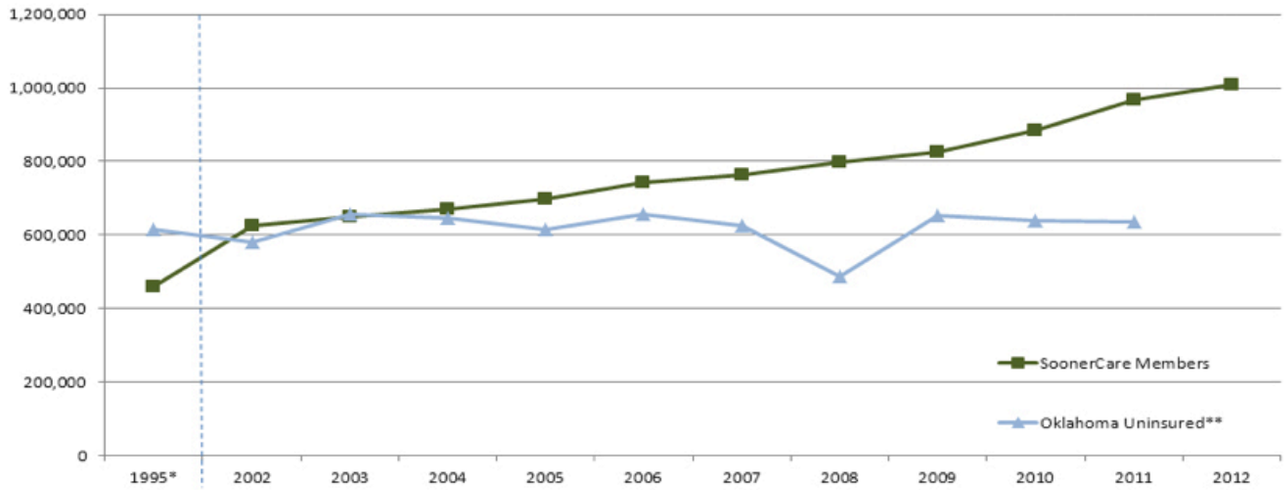
OHCA has continuously taken the necessary steps to transition hundreds of thousands of Oklahomans into SoonerCare programs. There was much work to do to ensure a smooth transition, but OHCA staff maintained an unwavering commitment to the residents of Oklahoma. As a result, these growth spurts have been successful by collaborating with thousands of new recruited providers, ensuring an adequate provider network, for the increased enrollment.

SoonerCare Members vs. Oklahoma Uninsured



*The medthodology used to determine 1995 national data is different than the methodology used to determine the subsequent years, however it is approximately correct. **Uninsured estimates are based on calendar year. Uninsured source: US Census Bureau Health Insurance Historical Tables - HIB Series; 1995 Uninsured Oklahomans Table HI-6. Health Insurance Coverage Status and Type of Coverage by State-- People Under 65: 1987 to 2005; SoonerCare Members/Enrollees are based on state fiscal year from the OHCA Annual Reports.

SoonerCare Members vs. Oklahoma Uninsured



*The medthodology used to determine 1995 national data is different than the methodology used to determine the subsequent years, however it is approximately correct. **Uninsured estimates are based on calendar year. Uninsured source: US Census Bureau Health Insurance Historical Tables - HIB Series; 1995 Uninsured Oklahomans Table HI-6. Health Insurance Coverage Status and Type of Coverage by State-- People Under 65: 1987 to 2005; SoonerCare Members/Enrollees are based on state fiscal year from the OHCA Annual Reports.

In state fiscal year 2012, OHCA (www.okhca.org) purchased health care services and goods for more than one million Oklahomans. While OHCA's total expenditures continue to increase with the growing number of enrollees, the per member cost of SoonerCare has remained well controlled with an average growth of 1.4 percent per year over the last five years. (National Medicaid costs per member averaged 2.6 percent growth each year.) The remarkable success in containing per member costs is the result of innovation in benefits coverage and reimbursement and state-of-the-art service delivery, while maintaining priority on the purchase of high quality, effective care and treatment.

As the state's economy continues to recover, health coverage through SoonerCare is more important now than ever; but the significant population of uninsured Oklahomans remains a reality. According to the Census Bureau's 2012 Current Population Survey, more than 636,000 Oklahomans were uninsured in 2011. SoonerCare programs have made a tremendous impact in minimizing the number of uninsured Oklahomans; but we will continue to diligently work towards managing that population.

The creation and commitment of OHCA's Medical Division has kept the agency on the front lines alongside our provider network, supporting them through research, collaboration and problem resolution as related to members' care.

The agency's emphasis on maintaining an integrated clinical staff has led to the promotion of policies and standards leading to more efficient delivery of quality health care to members. Our medical division provides clinical expertise and input as requested to legal, policy, audits, provider services, care management, behavioral health and other agency divisions as requested and as appropriate to promote efficient delivery of and access to quality medical care. Special projects such as the Health Management Program and C-Section reduction plan have been created and implemented under the direction of this unit.

Under the leadership of State Medicaid Director Dr. Garth Splinter, the Medical Professional Services Unit is overseen by OHCA's Chief Medical Officer Dr. Sylvia Lopez and is comprised of a Senior Medical Director, Chief Dental Officer, Durable Medical Equipment (www.okhca.org/DME) Director and a Geneticist. These positions are supported by six physician consultants, three dental consultants, RN Managers, a Systems Integrity Review Nurse, and PT, Speech and Audiology consultants. There are a total of 88 nurses on staff with the agency, with 42 of these in our Care Management department.

These positions exist to provide leadership, direction, and management within OHCA. The professional backgrounds and experience of the Medical Professional Services Unit offers the agency a unique perspective when dealing with complexities facing the program.

Sometimes I think we tend to lose sight of the fact that these are not just members. We're talking about people and their lives and their health. We're talking about more than one million of our fellow Oklahomans- our family and neighbors- reciving access to health care and life saving treatments.

OHCA CEO Mike Fogarty

OHCA has invested in employing this medical staff, across almost all specialties, to better meet the needs of our provider and member communities. A major responsibility for OHCA is to oversee the process of health care delivery. Staff medical professionals conduct routine reviews of medical records and investigate reports of potential quality issues.

The cost management of a fluid and fluctuating SoonerCare population and the presence and emphasis on a strong, forward-thinking Medical Division are only two of many successes of the Oklahoma Health Care Authority. It has been my privilege and honor to collaborate and work with Oklahoma's Medicaid Provider network over the years. Our agency's vision for Oklahomans to enjoy optimal health status through access to quality health care would not be possible without your commitment and passion; and for that I sincerely thank you. ■

Billing Requirements for Gardasil Administration

The Oklahoma Health Care Authority (OHCA) (www.okhca.org) is adding Gardasil vaccination to the package of benefits for patients under SoonerPlan (www.okhca.org/SoonerPlan).

The Gardasil vaccine is intended for females and males from ages 11 through 26, and can provide protection from human papillomavirus (HPV), a virus that is known to cause cervical cancer and genital warts.

The Gardasil vaccine is compensable only when it is given and billed in addition to an approved family planning related service. This preventive vaccination is administered in three separate doses (date of initial vaccination, the second dose one to two months thereafter and the final or third dose is given six months after the initial dose). If the dose of Gardasil is given when an approved family planning related service is not performed, that dose of the vaccine will not be compensable.

The Advisory Committee of Immunization Practices (ACIP) recommends that patients receive the initial set of doses at 11-12 years of age. Therefore, if patients are eligible to receive Gardasil under the Vaccines for Children's Program (www.ok.gov/health/Disease,_Prevention,_Preparedness/Immunizations/Vaccines_for_Children_Program/), this young age is the best time to begin Gardasil vaccination before the patient needs family planning services. There are no restrictions to Gardasil administration when given as per ACIP recommendation under the Vaccines for Children's Program.

If there are any questions about the Gardasil benefit for the SoonerPlan population, please call the Provider Helpline at 1-800-522-0114. ■

Clarification on Reimbursement for Ambulance Services

The Oklahoma Health Care Authority (OHCA) (www.okhca.org) is amending the process for handling ambulance claims. In the past, OHCA denied the claim if it was improperly billed, and the provider was required to file an HCA 17 Claim Inquiry form (www.okhca.org/claim-inquiry). Now, rather than denying the claim, OHCA will reimburse the amount consistent with the HCPCS code that the documentation best supports. The net effect of this change is to make a timely payment for the services provided that are clearly appropriate and not contested.

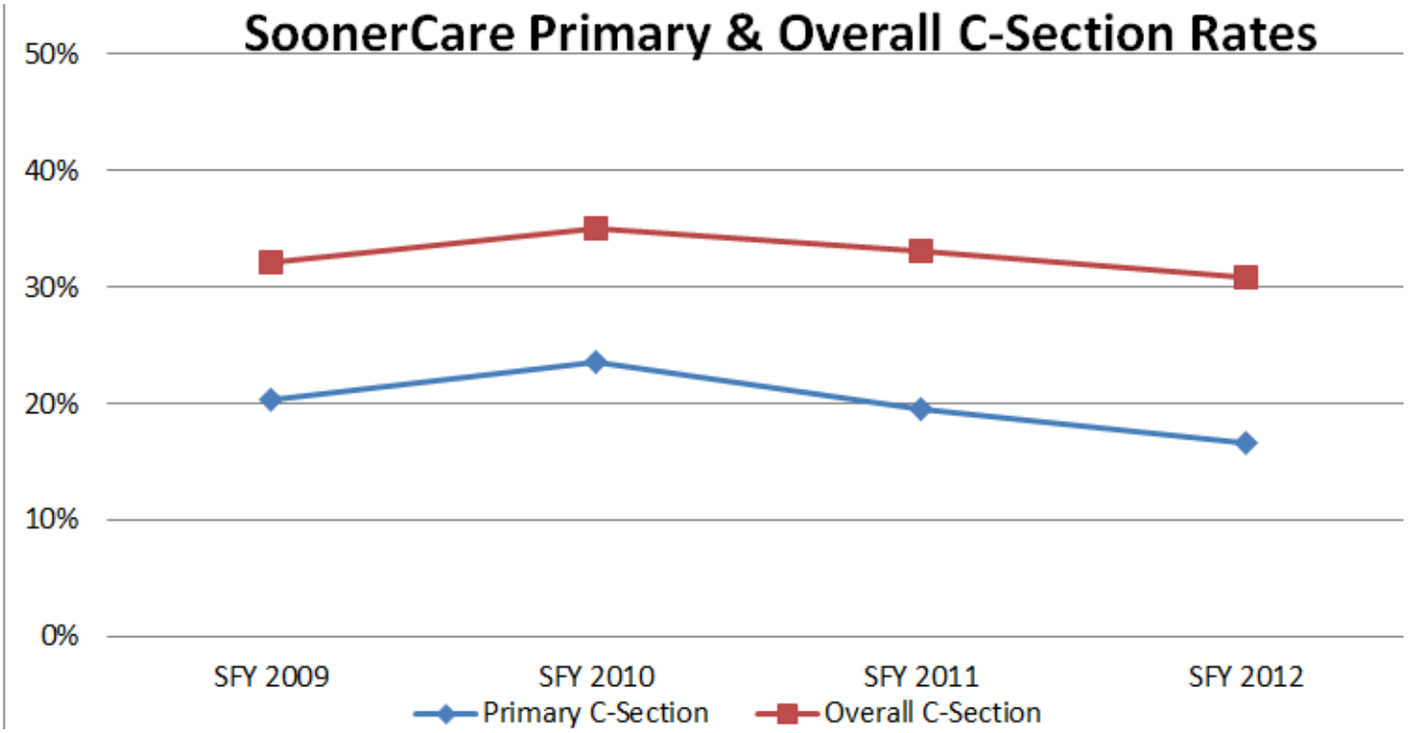
If the provider disagrees with the amount allowed, an HCA 17 Claim Inquiry form requesting reconsideration for the difference of the billed amount and reimbursement amount can be submitted to the Provider Services unit. If reconsideration is requested, please submit any additional documentation or explanations at the time of the request.

Visit the OHCA website to access the reimbursement guidelines for specialty care transport and air ambulance services to help clarify what our medical staff considers when reviewing documentation for proper reimbursement. If you have any questions regarding this letter, please contact OHCA's Provider Helpline at (800)–522-0114, option 5. ■

OHCA C-Section Quality Initiative Follow-up

By Dr. Garth Splinter and Dr. Sylvia Lopez

We introduced Oklahoma Health Care Authority's (OHCA) (www.okhca.org) Cesarean Section (C-section) Quality Initiative in a previous journal article during the spring of 2011. Our goal was to reduce the primary C-section rate for SoonerCare members, to less than or equal to 18 percent over the first year, by reducing the number of primary C-sections that lack medical indication.



The program initially sparked controversy from the physician community, due to the belief that the initiative would somehow be restrictive of all C-sections. Concerned physicians shared their views with us, and we listened. It was very important to OHCA staff that our providers understood that the initiative was taking place to lower the number of C-sections being performed that were not medically appropriate. Tracking and observing the primary C-section percentages by provider and hospital was never intended to be seen as a "judgment" on the physicians who have to frequently perform medically appropriate C-sections. We wanted to promote a quality of care impact. Over the last two decades, the C-section rate has continued to steadily and consistently increase without a corresponding improvement in maternal or neonatal outcomes. Professional sources report a range from 3 percent – 30 percent for operative deliveries performed without medical indication.

Information on the initiative was communicated to our provider community via several public meetings with providers present, including the OHCA Board (www.okhca.org/OHCA-Board) meeting, the Perinatal Advisory Task Force(www.okhca.org/PATF) and the Medical Advisory Task Force (www.okhca.org/MATF). In addition, a workgroup of

stakeholders, including 30 physicians, hospital administrators and PLICO members, met several times to openly discuss the initiative and concerns. It was within that workgroup, that OHCA received and implemented a request to spend more time gathering data. As a direct result of listening to the advice of the workgroup, an entire State Fiscal Year SFY (2010) was devoted to the additional gathering of data and analysis. Also during this time, communication channels remained open for feedback from the workgroup.

Data from SFY 2009 reflects a baseline year, prior to any intervention. SFY data 2010 shows the impact of the partial intervention (what has been referred to as Phase I) of the initiative that included data analysis and feedback directly to the providers and hospitals, and communication which began with the providers via meetings. Full-program intervention (what has been referred to as Phase II) was implemented in SFY 2011, beginning with provider letters sent to all SoonerCare providers (physicians and hospitals) who met a specific volume threshold, ie those providers who performed at least 25 C-sections a year. The letters included a PIN that the provider could use to view quarterly updates of their rates from our OHCA public website (www.okhca.org). This allowed providers to ascertain where they stood in comparison to their peers and the 18 percent benchmark that triggered a medical records review. Delivery reimbursement was adjusted only after a review of the physician's medical records failed to show the medical appropriateness of the C-section. This chart review is done by a board-certified obstetrician with final veto authority.

The open and multi-step process used to develop the C-section initiative is reflective of the type of transparency to which our agency commits to having with our physician community. We welcome and value your input, and often incorporate the feedback into our operations.

Our goal was to influence behaviors in the practices that we could impact; a targeted intervention on the highest utilizer groups for non-medically necessary procedures. It was our hope that this approach would identify the highest provider groups who were performing C-sections that were medically unnecessary. It was also our theory that those in the lower percentile of utilization would remain relatively flat. We wanted to make an impact among the high utilizer groups, without the unintended impact of adversely affecting those C-sections which were medically indicated. We theorized that those providers who were already reporting a low percentage rate at the beginning of the initiative would be the least impacted by the program and that their rates would remain flat. We further theorized that the highest utilizer group would include the providers who could make a change in their primary C-section behaviors, thus resulting in the impact we wanted to make.

Three years later, the data from the C-Section Quality Initiative is showing initial success. From a big-picture overview, the primary C-section rate for SFY 2009 was 20.3 percent while the SFY 2012 primary C-section rate is 16.6 percent. ■

SoonerCare In Action

Jackilynn Lehnick had been trying to enjoy life as a normal nine-year-old kid when she was diagnosed with a rare genetic disease.

"Jack" had been going to doctors and looking for answers since she was fourteen-months old. She was ultimately diagnosed with Spinocerebellar ataxia, otherwise known as SCA.

When things appeared to be getting worse for Jack and her family, a SoonerCare (www.okhca.org) program aided in improving Jack's quality of life and her ability to move with ease despite her condition. Jack's mother Melinda is grateful for SoonerCare's Durable Medical Equipment (DME) (www.okhca.org/DME) program, which gave her daughter access to an effective wheelchair.

"Oh, wow, it's amazing. We can go to the grocery store, we can go to the mall, we can take a vacation, you know, anything that required Jackilynn to walk we couldn't do before the wheelchair," said Melinda. "Now she can go to school full time and do anything that anyone else can do; she just does it with a wheelchair."

Describing her experience breaking her new wheelchair in, Jack said the process was "really fun."

"I got to test drive it everywhere, from when I got home from when I got to school, and I ran into a lot of stuff," she said with a mischievous smile.

Melinda recognizes the limitations Jack faces, not being able to play basketball or to cheer, but more than anything, "we just want her to be happy." Doing the everyday business of life without struggling is important, and being able to do that is what makes Jack happy.

"We just want her to be the happiest nine-year-old she can be," she said.

The purpose of SoonerCare's DME program is to provide medical equipment that is used in the home for medical necessity, according to Stan Ruffner, DME director. Examples of medical equipment included are power wheelchairs, regular wheelchairs, hospital beds and breathing equipment.

"The normal process for a SoonerCare member to obtain durable medical equipment is for them to see their physician, the physician will make a referral based on the medical necessity and coordinate with a DME provider who will then make arrangements to either file the claim or coordinate with the [Oklahoma] Health Care Authority regarding a prior authorization for certain types of equipment," Ruffner said.

Ruffner also expressed his appreciation for being able to help a child overcome major life obstacles through this program.

"It's such a satisfying and rewarding opportunity to see and meet a kid like that with all smiles. It is satisfying to see a child that has a rare genetic disease overcome that and be an active part of our society," Ruffner said. ■

This Interview took place fall of 2012.

OHCA Director of Dental Services Elected Vice President of Dental Association

The Oklahoma Health Care Authority's (www.okhca.org) Chief Dental Officer, Leon D. Bragg, D.D.S., MEd, was elected Vice President of the Medicaid CHIP State Dental Association (MSDA) (www.medicaiddental.org) at their recent symposium in Washington, DC.

MSDA has 100 percent state membership and has relied on SoonerCare's (Oklahoma Medicaid) dental program under Dr. Bragg's leadership for best practices regarding policy and administrative processes for providers.

Dr. Bragg has more than 21 years of private practice expertise and currently has an active Oklahoma Dental License. He served as Assistant Professor in Departments of Operative Dentistry and Dental Materials as a full-time faculty member at the University of Oklahoma College of Dentistry (dentistry.ouhsc.edu) for five years. He was Assistant Dean for OU Dental College Clinic (dentistry.ouhsc.edu/Patients/PediatricClinic.aspx) prior to joining the Oklahoma Health Care Authority in 2004.

"Dr. Bragg has played a pivotal role in developing program policy for dental care and standards for quality care and utilization," said Dr. Sylvia Lopez, OHCA chief medical officer. "He has also served as an effective liaison between OHCA and dentists throughout the state. This latest nomination to the MSDA solidifies his commitment to serving SoonerCare patients at every level."

OHCA currently has 1,396 dental providers in its network, providing some one-million members access to dental care benefits.

MSDA is a membership organization whose mission is to contribute to the optimal oral health of Medicaid and State Children's Health Insurance Program (SCHIP) (www.insurekidsnow.gov/state/oklahoma/) beneficiaries by developing, promoting and promulgating evidence and best-practices, based on state and national Medicaid/SCHIP oral health policies and practices.

What Do You Want To See In The Next Newsletter?

Tell us what you want to see in the next newsletter.
Send ideas to jennie.melendez@okhca.org.

Provider Update is published by the Oklahoma Health Care Authority (www.okhca.org) for Oklahoma's SoonerCare providers. This publication is issued by the Oklahoma Health Care Authority in conjunction with Jones Public Relations, Inc., as authorized by 63 O.S. Supp. 1997, Section 5013. Distribution of the OHCA SoonerCare Provider Update was $17,625.

The Oklahoma Health Care Authority does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Please submit any questions or comments to Jennie Melendez at the Oklahoma Health Care Authority's Public Information Office at 405-522-7404.

Oklahoma Health Care Authority
2401 NW. 23rd St., Ste. 1-A
Oklahoma City, OK 73107
OHCA Provider Helpline: 800-522-0114

Be sure to follow us on social media: