Perinatal Task Force focuses on issues affecting women's health

The Oklahoma Health Care Authority (OHCA) partnered with the Oklahoma State Department of Health (OSDH) last May to form a Perinatal Task Force. The focus of the task force has been to study all issues concerning pregnant women covered by Medicaid, to determine those issues in which the task force can make a positive difference, and to develop programs and plans to target those areas for positive outcomes.

Some of the stakeholders and organizations involved in the Perinatal Task Force are:

- OU obstetrics department (Oklahoma City and Tulsa)
- OSU obstetrics department
- Community agencies and organizations
- Obstetric and family practice physicians
- American College of Nurse Midwives

After months of review, surveys and discussion, the task force has narrowed its focus to the following four areas of concern:

- *High-risk care in pregnancy*

The task force is looking at how such care is managed and why there is no separate payment structure. Members are working to develop a better system for care and payment.

- *Undocumented alien women and access to care during pregnancy*

Currently, Oklahoma Medicaid does not pay for prenatal care but does pay for emergencies, which would include delivery.

- *Lifestyle risk behavior*

The task force believes this area can involve many issues, including but not limited to domestic violence, smoking, substance abuse and mental health issues.

- *Alternative pregnancy models of care*

Centering Pregnancy, which provides complete prenatal assessment, education and support throughout pregnancy in a group setting, is one example of alternative pregnancy models of care the task force is studying.

The Perinatal Task Force seeks to improve the quality of care (and the quality of life) for pregnant Medicaid members through assessment tools, outreach programs and other resources, providing information to physicians to make them more aware of issues and linking those who seek help back to resources in the community.

In March, April and May, OHCA and OSDH will conduct a series of six meetings throughout the state with providers and other interested parties. The goal of these meetings is to gain input from health care providers who serve pregnant women covered by Medicaid, as well as other interested individuals and groups who have ideas to enhance high-risk perinatal care provided with Medicaid funds.

Providers were sent meeting notices and may contact LaQueda McDonald at OHCA at (405) 522-7504 for more information.

Watch for updated information as the task force further develops systems and resources to meet the goals it has established.

In this issue...

Electronic prescribing results in savings and safety

By Mary Martin, MS, RN

If your practice still provides handwritten prescriptions and manages renewals by playing fax and phone tag, you and your staff are probably spending from two to four hours a day handling renewal authorizations and questions from pharmacies. A recent survey of nearly 3,000 physicians conducted by Physicians Interactive for SureScripts revealed that physicians want to "increase the efficiencies in their practice by decreasing the phone calls and faxes surrounding the refill authorization process." They also want "relief from the hassles of obtaining prior authorizations from third parties."

Physician offices around the country are discovering that electronic prescribing, in which the practice's clinical software exchanges data directly with the pharmacy's management software, can offer a solution.

What is it and what is its value to my work?

The electronic prescribing process is fairly straightforward, although the term is used to cover a range of approaches, some of which still include paper. But when electronic prescribing software is integrated with an electronic prescribing network, the doctor writes a new prescription with a few mouse clicks, stylus or key strokes (depending on the physician's hardware and software), then transmits it to the patient's preferred pharmacy. It arrives directly into the pharmacy's management software if the pharmacy is on the same network or through the fax machine if they are not on the network. Linking the physician's system to software that checks for drug interactions adds another level of safety for the patient and protection for the physician and pharmacist. All of this occurs paper-free.

But the real time savings and improved safety for a practice comes with renewal authorizations, one of the most onerous tasks for a practice's staff. Typically, the patient calls the pharmacy, asking for a refill on an existing prescription. If the prescription does not allow for an additional refill, the pharmacist contacts the physician's office requesting renewal authorization.

Sounds simple, but when dozens of pharmacists are calling or faxing the physician's office requesting renewal authorizations, asking follow-up questions and more for hundreds of patients on thousands of prescriptions, a simple renewal can take hours. A large, busy practice with several prescribers may require dedicated staff to field faxes and phone calls from pharmacies. In many cases, nurses and medical assistants are forced to put patient care aside to handle these administrative issues.

Electronic prescribing software that uses a national electronic prescribing network to communicate prescription information directly into the pharmacy's software system completes the actual process in seconds.

Is it really necessary?

Growing pressures on the health care system, patient safety concerns and a need to increase efficiencies in health care are galvanizing the issue of electronic prescribing. The National Association of Chain Drug Stores notes that health care prescribers issue more than 3 billion prescriptions annually, while the Institute for Safe Medication Practices estimates that new prescriptions require 150 million follow-up telephone calls and faxes for clarification. Renewal requests and approvals require another estimated 500 million calls each year.

In Oklahoma alone, according to 2003 data from the Kaiser Family Foundation's "State Health Facts," more than 7,200 physicians write approximately 38 million retail prescriptions, which means each physician practice spends a great deal of time documenting patient information, managing refill requests and deciphering physician handwriting.

Studies and advocacy groups recognize that a true electronic prescribing standard would translate into fewer mistakes with greater efficiencies. Safety advocacy group Leapfrog has estimated that a computerized system could reduce serious prescribing errors by up to 86 percent. A 2004 report by the e-Health Initiative contends that electronic prescribing technology could prevent more than 2.1 million adverse drug events and 190,000 needless hospitalizations nationwide each year, saving the nation's health care system $29 billion annually. In 2000,

What to look for in electronic prescribing software for your practice

Basic Functions	Refill authorization	Receive requests from pharmacies and send back approvals or denials
	New prescriptions	Send a new prescription to pharmacies
	Reporting	Provide a range of reports about prescription history for the patient and the practice
	User tools	Provide aids such as favorites lists or chart labels to aid system use and practice workflow
	Two-way communication	Provide true two-way communication with pharmacies (SureScripts Messenger Services™)
Advanced Functions	Drug interaction checking	Provide alerts for drug-to-drug, drug-to-allergy and other checks for patient safety
	Formulary management	Display formulary information related to patient's drug coverage to help manage patient cost

Prior authorization changes

Prior authorization is now required for coverage of the following medications:

- exenatide (Byetta)
- alprazolam (Niravam)
- sildenafil (Revatio)
- pramlintide (Symlin)
- zolpidem tartrate (Ambien CR)

Please visit our Web site at www.okhca.org/provider/types/pharmacy/pa.asp to view prior authorization forms and criteria for coverage.

The following step therapy charts reflect recent changes to the prior authorization program.

Fibric Acid Derivatives

- Tier-1 products are covered with no authorization necessary.

Authorization for new Tier-2 prescriptions requires:
- Trial of a Tier-1 medication with inadequate results or adverse effect, or
- Contraindication to the Tier-1 medications, or
- Indication for what Tier-1 products are not indicated, or
- Further criteria as defined on the OHCA public Web site (www.okhca.org).

Tier-1 (no PA required)	Tier-2 (requires PA)
Clofibrate	Antara
Gemfibrozil	Triglide
Lofibra	
Tricor	

Anti-Ulcer Medications

- Tier-1 products are covered with no authorization necessary.

Authorization for new Tier-2 prescriptions requires:
- Trial of a Tier-1 medication with inadequate results or adverse effect, or
- Contraindication to the Tier-1 medications, or
- Indication for what Tier-1 products are not indicated, or
- Further criteria as defined on the OHCA public Web site (www.okhca.org).

Tier-1 (no PA required)	Tier-2 (requires PA)
OTC omeprazole (Prilosec OTC) *up to BID dosing	esomeprazole magnesium (Nexium)
generic Rx omeprazole *up to BID dosing	prantoprazole sodium (Protonix)
lansoprazole (Prevacid) – capsules *BID dosing requires PA	
rabeprazole sodium (Aciphex) *BID dosing requires PA	
omeprazole packets (Zegerid) *BID dosing requires PA	

Epocrates® Online is free!

Epocrates® Online Web-based drug and formulary reference is now free, and the Oklahoma Medicaid preferred drug list is available there.

Key features of Epocrates Online
- Medicare Part D formularies
- More than 3,300 brand and generic drug monographs, including on- and off-label dosing, adverse reactions, contraindications, drug interactions, pricing, mechanism of action and more
- Integrated health insurance formularies
- MultiCheck multiple-drug interaction checker
- Print and e-mail functionality
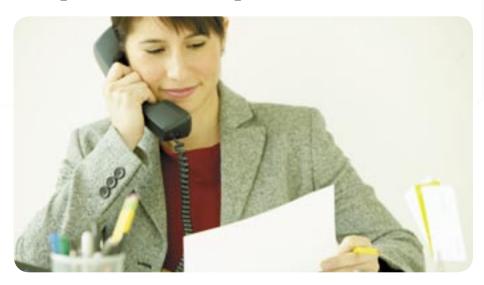- Medical abbreviations

To learn more, go to www.Epocrates.com and click on "Learn More" under the Epocrates Online free section.

New Pharmacy Help Desk telephone numbers

The telephone numbers for the OHCA Pharmacy Help Desk have changed. To reach the help desk, please call (405) 522-6205 or (800) 522-0114.

Please note that the telephone system will ask that you enter your Oklahoma Medicaid provider number. For faster service, please be prepared to provide this information.

Once you have entered the provider number, select option 4 for the pharmacy help desk.

Electronic prescribing

continued from page 2

the Institute for Safe Medication Practices urged the adoption of electronic prescribing, as has the National Association of Boards of Pharmacy. More recently, the new Medicare law provisions include the adoption of standards for electronic prescribing.

Nevertheless, while doctors may resist moving to electronic records and electronic prescribing because of the cost of new hardware, software and training, there's a growing awareness that electronic prescribing can offer a less costly way to get immediate results. Plus, there's impetus from the government in the form of the Medicare Modernization Act which, while it refrains from mandating e-prescribing, strongly encourages it and is requiring a number of demonstration projects in 2006 that will further the momentum for the adoption of health information technology (IT). Most recently, the tragedy caused by Hurricane Katrina, followed closely by Rita, highlighted the importance of electronic health records. E-prescribing is an easy way to bring health IT into physicians' practices and enables them to create an electronic medication history for each of their patients, which is often the first step toward building an electronic medical record.

Physician technology vendors today offer a range of solutions – from stand-alones to extensive systems – and pricing models suitable to any budget. The range of software available enables a practice to find electronic prescribing software or an electronic medical record system suitable to its practice needs, staffing commitments and budget, producing valuable return on investment, even after adjusting for changed workflow and learning new processes. Helpful material regarding this can be found by searching the Internet for "electronic prescribing."

The pharmacy story

While physicians are familiarizing themselves with electronic prescribing, pharmacists have been taking the lead. In fact, pharmacy software systems representing more than 85 percent of the nation's community pharmacies already are certified to use the SureScripts network, the largest neutral, fully electronic prescribing network in the nation. Nationally, 70 percent of chain pharmacies are live on the SureScripts network; in Oklahoma, nearly one in three retail pharmacies is already live on the SureScripts network. Pharmacies are already sending renewal requests to and receiving new prescriptions from local practices elec-

tronically or stand ready to exchange prescription information as soon as physicians get connected.

An automated system promises to save precious time for both physicians and pharmacists. A 2003 review of electronic prescribing cited by Topics in Health Information Management found that two electronic prescribing devices cut prescription average refill times from 15 minutes (time spent on hold before orders were taken) to an average of 69 seconds. Various case studies conducted by SureScripts with physicians using e-prescribing solutions that are connected to its network restate the time savings over and over again, especially for renewals. A physician specializing in internal medicine said his staff reduced their time from two hours a day on renewals to less than 15 minutes a day. Others point to reductions of from two to five hours a day by eliminating phone calls and faxes from pharmacies.

The process of prescribing electronically promises qualitative advantages, too, as the increased interactions between physicians and pharmacists create opportunities for a collaborative approach, stronger relationships and higher quality care for patients. And those are things we all support.

OHCA MMIS NEWS

OHCA, EDS partnership benefits Oklahomans, wins recognition

Electronic Data System's Oklahoma Team is in the race to win when it comes to their volunteer involvement in the Susan G. Komen Race for the Cure. This year, the 2005 Global Volunteer Day winners picked up the pace by accepting the challenging task of managing race registration for the Oklahoma City event.

Volunteers from the Oklahoma Health Care Authority and EDS contributed hundreds of hours of their time to help the program in its fight against breast cancer.

"The Oklahoma team did an outstanding job working together to make this project a success," said EDS Client Delivery Executive Scott Mack. "We first got involved with the race four years ago, working race day registration. We kept offering solutions to simplify the process and make it easier for the participants.

"The effort exemplified outstanding volunteer teamwork between OHCA and EDS. The two worked well together, as they do each day serving the Oklahoma Medicaid program."

"On race day, we had 44 volunteers who were there at 5 a.m. to set up and begin registration at 6:30 a.m.," said Jackie Fleener, EDS provider relations manager. "We had prepared for the race for weeks in advance. An event like this takes a lot of hard work. We have lost an employee to breast cancer; have survivors who are employees; and have spouses, mothers, sisters and daughters who have experienced breast cancer. We were so fortunate to have so many selfless, good people who were dedicated to making a positive impact."

Some OHCA and EDS staffers entered the race, while others unloaded and folded the 11,500 T-shirts that were distributed to racers. Employees also staffed the preregistration race office for 15 days, maintained a race database and worked with the Komen Race for the Cure boutique.

Another testament to both OHCA and EDS employees' devotion to finding a breast cancer cure is their work with the Oklahoma Cares program. Oklahoma Cares sponsors the Oklahoma Breast and Cervical Cancer Treatment Program, which provides treatment for breast and cervical cancer and precancerous conditions to eligible women ages 19 to 65. About 2,700 women have received care since the program's inception in January 2005.

Last year, the OHCA/EDS team was also one of seven finalists for the 2004 Service Excellence Cup. In 2005, we were in the finals again! The Service Excellence Cup recognizes EDS clients and their respective EDS support teams who most clearly demonstrate excellence in creating and maintaining mutually valuable relationships. The competition is open to all EDS clients, numbering approximately 10,000 or more worldwide.

The primary criteria for qualification is a strong working relationship between the EDS team and the client, as demonstrated by projects accomplished working as a team, as well as client feedback from surveys and interviews.

"We at EDS highly value our close working relationship with OHCA and the successes that have been achieved through working together for a common goal of providing the most cost-effective health care for the citizens of Oklahoma," Mack said.

EDS serves as fiscal intermediary for OHCA, which administers Medicaid. In 2004, OHCA and EDS processed nearly 31 million health care claims in Oklahoma, distributing nearly $2.7 billion in Medicaid benefits for about 600,000 low-income children and adults. About 25,000 health care providers participate in the Oklahoma Medicaid program.

Officials from OHCA and EDS present a check to representatives of the Susan G. Komen Foundation in Oklahoma City. Pictured from left are OHCA CEO Mike Fogarty, Scott Mack of EDS, Jackie Fleener of EDS, Tanessa Furfey of the Komen Foundation, Danielle Newport of EDS and Susan Parker, board president, Susan G. Komen Central Oklahoma Affiliate.

Medicaid 101 moves to a new day, every other month

The Oklahoma Medicaid 101 education program has moved to a new day in 2006. Effective February 2006, the classes began being held the first Thursday of every other month in Oklahoma City and Tulsa. Classes are being held in alternate months to allow trainers to participate in the spring and fall Medicaid workshops.

Oklahoma Medicaid 101 is designed to provide complete education on the procedures that someone new to Oklahoma Medicaid would need. Providers who experience staff turnover during the year will have the assurance of knowing that Medicaid training will be available each month for any new staff. The sessions are provided at no cost.

In Oklahoma Medicaid 101, two classes, "Introduction to Oklahoma Medicaid" and "Medicaid on the Web," provide technical and procedural information on the Oklahoma Medicaid program. Policy will not be discussed during either class. Class curriculum is applicable to all provider types. Provider type-specific information will not be available.

Class 1: Introduction to Oklahoma Medicaid

The Introduction to Oklahoma Medicaid class is for office personnel new to billing and Oklahoma Medicaid. This is the same information previously covered in both the spring and fall provider workshops in 2004. However, policy is not discussed during the training; instead, the class focuses on the billing and procedural aspects of Oklahoma Medicaid. The Introduction to Oklahoma Medicaid session is a morning class and is expected to last about two hours.

Class 2: Medicaid on the Web

Hands-on beginning Medicaid on the Web is offered in the afternoon and covers all aspects of Web training, including account maintenance, eligibility inquiry, claim submission and inquiry, and prior authorization. Attendees must have a Clerk ID and password prior to class time. Medicaid on the Web training lasts about two hours, depending on the number of attendees.

Registration is required for the classes. Please use the registration form on page 7 to reserve a place in one of the training sessions. Note: There will be a lunch break, but lunch is not included.

In addition to the monthly training geared toward new staff in providers' offices, OHCA and EDS will continue hosting the statewide bi-annual workshops in the spring and fall of 2006. Please watch your mail for more information on the workshops.

New medical ID cards

OHCA plans to begin using new ID cards for *SoonerCare* members in April. They feature the health care authority's new logo.

SoonerCare
Medical I.D. Card

**oklahoma
health care
authority**

Oklahoma Medicaid 101 Training

OHCA offers education classes for office staff needing beginning billing and procedural information for Oklahoma Medicaid. Seating is limited, and REGISTRATION IS REQUIRED. Walk-ins will not be allowed to participate in the training sessions. You must present your confirmation letter to attend the training. Two people per provider may register for a training session.

Registration Instructions

1. **Fill in your billing/pay to provider number:** _____ (one provider number per registration).

2. **Indicate the month/location from the options below. Also check what class or classes you wish to register for.** Training location and time will be assigned and mailed to you in a confirmation letter.

Location:
- ☐ Oklahoma City
- ☐ Tulsa

Class:
- ☐ Both
- ☐ Intro to Oklahoma Medicaid - AM
- ☐ Medicaid on the Web - PM

Month/Day:
- ☐ February 2
- ☐ April 6
- ☐ June 1
- ☐ August 3
- ☐ October 5
- ☐ December 7

3. **List the name(s) of the attendees: (please print)**
   Name: _____ Phone: (   ) _____
   Name: _____ Phone: (   ) _____
   (Please include a telephone number where you can be reached in case of changes in training dates or locations.)

4. **Return your registration by mail or fax to:**
   EDS-Oklahoma Medicaid 101 Training   Fax: (405) 947-3394
   2401 NW 23rd St.
   Oklahoma City, OK 73107

5. **A confirmation letter will be sent to you within 5 business days after EDS receives your registration request.** The confirmation letter will tell you the time and location for the Oklahoma Medicaid 101 training. You may have your confirmation letter sent to you by mail or fax. Please mark the way you want your confirmation letter received:
   - ☐ Mail
   - ☐ Fax: (   ) _____

EDS Internal Use Only

Date Received: _____

Confirmation Number: _____

Class Date: _____ Class Time: _____ Class Location: _____

Did you know?

The OHCA Call Center's average answer speed for December 2005 was eight seconds.

In 2005, staff completed 1,818 onsite provider visits that included new provider visits, walk-in visits, and provider-requested training sessions. This averages approximately 330 visits per year per field consultant, with 12 percent of all onsite visits being new provider visits.

There were 22 Medicaid 101 classes held in 2005 with 276 attending.

OHCA call statistics for 2005 included: 562,255 calls among all call centers; 5,084 calls, Electronic Data Interchange; 10,310 calls, Internet Help Desk; and 219,245 calls, OHCA Call Center.

Also check OHCA's latest annual report online for July 2004 through June 2005 facts and figures at www.okhca.org.

Benefits offered to our providers to help with billing issues include:

- SoonerCare provider representatives, field reps who work with SoonerCare primary care providers.
- Provider recruiters, who give potential providers an extensive overview and explanation of the Medicaid Program.
- EDS field consultants, who visit onsite for provider training, secure password set-up and Medicaid on the Web demonstration.
- Provider Services support representatives, who answer policy and billing questions.
- OHCA's Web site, which offers online help with policy and billing.
- Secure Web site, which offers the capability to verify eligibility, check claim and PA status, and get explanations on edit codes and detailed explanations on HCPC/CPT codes.

Myth:
Medicaid claims take forever to get paid.
Reality:
Oklahoma Medicaid's turnaround time to reimburse on a (clean) claim is seven days. If a provider submits a claim to Medicaid on the Web by noon on Wednesday, the provider should receive a check by the following Wednesday. Providers can check OHCA's Web site for more information. According to comments received from providers, Oklahoma Medicaid is one of the fastest payers.

Hints for successful paper claim submission

Double-checking paper claims for items that will interfere with our computer-automated scanning will help avoid problems with filing. Paper claims are scanned using Optical Character Recognition (OCR), a computer-automated process; a person does not scan the claims.

Lines that run together or blocks that overlap are not readable by the OCR scanner. Things that are more likely to cause a claim to fail are having notes written on it, having a sticky note attached to it or defacing the claim in some other way. For instructions on paper claim filing, visit our Web site at http://www.okhca.org/Provider/Billing/manual/documents/chap11.pdf. You also can call toll free at 1-800-522-0114, option 1, or in the Oklahoma City area at 405-522-6205, option 1.

Steps to follow to have a claim reviewed or reconsidered

Do you have a claim(s) that you would like to have reviewed or reconsidered?

Follow these steps:
- Complete a Medicaid Claim Inquiry Response Form (HCA-17)*.
- Attach the claim and documentation (office notes, medical record documentation, proof of timely filing, etc.).
- Mail to OHCA Provider Services, P.O. Box 18506, Oklahoma City, OK 73154.

Claims that do not have the HCA-17 form attached will be sent to process without review.

* To obtain a copy of the Medicaid Claim Inquiry Response Form (HCA-17), visit our Web site at http://www.okhca.org/provider/forms/pdflib/hca-17.pdf or call 1-800-522-0114, option 1, to request a copy.

Re-evaluate treatment for patients at risk for osteoporosis
By Carol Moore, PharmD

Osteoporosis, a potentially debilitating disease for the postmenopausal women affected, is often underdiagnosed or inadequately treated. The National Osteoporosis Foundation estimates that as many as 8 million women have osteoporosis, and an additional 22 million have bone density deficiency. Complications include fractures of the hip, vertebra and forearm; kyphosis; and back pain related to vertebral fractures. Statistics show that 24 percent of women over age 50 who experience a hip fracture die within a year of the fracture.[1, 2]

Estrogen has long been prescribed for prevention of osteoporosis in postmenopausal women. However, since the publication of the Women's Health Initiative in 2002, women and their physicians have been re-evaluating treatment options. Many women have elected to discontinue estrogen products. In doing so, many women are now at increased risk of fracture due to untreated osteoporosis.

If any of your at-risk patients are not being treated for osteoporosis, re-evaluation of their current treatment regimen might be considered and the benefits of starting one of the many products available for prevention or treatment of osteoporosis examined. All of the current osteoporosis treatments are covered by Medicaid, most without prior authorization.

References
1. *MD Consult Daily News June 10, 2004.*
2. *ed. J DiPiro, R Talbert, G Yee, et al (eds): Pharmacotherapy: A Pathophysiologic Approach, 3rd ed Stamford, Appleton and Lange 1997, pp1689-1699.*

SoonerCare initiative highlighted in national CHCS publication

Positive outcomes of a *SoonerCare* initiative to improve care for American Indians with diabetes were recently highlighted in a "Best Practices" article in the national publication of the Center for Health Care Strategies (CHCS).

The Oklahoma Health Care Authority joined CHCS and 11 other state Medicaid managed care teams in October 2004 to address the problem of racial and ethnic disparities in health care, applying the Best Clinical and Administrative Practices (BCAP) quality framework to structure quality improvement activities, develop realistic short- and long-term measures, pilot their interventions and evaluate the results.

SoonerCare Choice, the Oklahoma Primary Care Case Management (PCCM) program, focused on a two-year initiative to improve the effectiveness and level of care for adult American Indian enrollees identified as having diabetes. For its pilot project, *SoonerCare* Choice set a goal to increase screening rates for Hemoglobin A1c from 20.2 percent to 28.2 percent, low-density lipoprotein cholesterol from 16.5 percent to 24.9 percent and eye exams from 2.1 percent to 11.9 percent for American Indian enrollees ages 18-75 who have diabetes.

The article described how *SoonerCare* is working to achieve its goal and how the outreach efforts to date have resulted in an 18 percent increase in screening rates for members contacted through a phone/letter campaign and a 10 percent increase for those who received letters.

Using claims data to identify 1,020 eligible American Indian enrollees with diabetes for January 2005 through September 2005, *SoonerCare* Choice began focusing on educating those enrollees and their providers about benefits related to diabetes screenings via letters, one-on-one outreach and onsite clinic visits. The letters informed members about the importance of screenings and diabetes management and benefits available to them. Nurses from the care management team contacted members to assess why screenings were missed and to help them schedule appointments and obtain transportation for scheduled screenings. *SoonerCare* staff also issued provider notifications of screening needs for the identified population.

In addition to these outreach efforts, *SoonerCare* Choice also identified four "high-performing" provider sites. BCAP team members interviewed medical teams to assess their day-to-day diabetes care management: how they identified and registered

Domestic violence a societal problem that costs everyone

No individual, no family, no city and no state is immune to the crime of domestic violence. Income does not define the potential victim or perpetrator of violence in the home, nor does race, education or social status. In the 21st century, two women die every week in our country as a result of domestic violence.

In Oklahoma, law enforcement and many agencies seek to help the victims of domestic violence and abuse. According to the Oklahoma Department of Mental Health and Substance Abuse, violence occurs in one of every six couples in Oklahoma. Child abuse is also reported in 33 percent to 54 percent of families in which adult domestic violence occurs. Specialized programs serve more than 27,000 victims of domestic violence and sexual assault each year in Oklahoma.

Domestic violence has been targeted by the Perinatal Task Force because of the far-reaching effects of this crime, which poses additional risks for pregnant women. Pregnancy does nothing to lessen the frequency or severity of attacks. One of every 10 women report they have been physically hurt during the 12 months prior to delivering a baby. Studies also reveal that more than 25 percent of pregnant women who experience domestic violence do not receive adequate prenatal care, which can affect the health of mother and baby.

Many women don't get the help they need. Fear, economic dependence, responsibility for children, threats of injury, low self-esteem, mental health issues, love, and social, religious and cultural expectations can keep them in dangerous situations. Many abusers have periods when they show extreme remorse and affection to their partner, resulting in the partner being willing to "give them one more chance" time and time again.

In studying the problem of domestic violence and possible avenues to help the women who are being abused, either physically or emotionally, the task force has determined that physicians can play a vital role in identifying possible victims of abuse and guiding them to seek help.

"We are exploring every possible way we can reach these vulnerable women to make them aware of options they have to get out of abusive relationships and to receive protection from the abuser," said Director of Child Health Terrie Fritz, a licensed clinical social worker. "In talking to physicians, we pinpointed one opportunity to get the message to these women.

"When they go to the doctor's office, their partner often comes with them, especially if they fear the women will reveal abuses to the doctor. The only time she may be alone is when she is in the restroom. So we recommend placing posters there offering assistance, with a phone number she can call to get help."

Sometimes, Fritz said, all one has to do to get a woman to open up is ask her if she is being abused. If she answers in the affirmative, the person asking must be able to provide her

How practitioners can help:
- Provide information to women on domestic violence and resources available.
- Routinely ask about domestic violence at office visits.
- Post information with resource phone numbers inside women's restrooms and in waiting and exam rooms.
- Call Oklahoma Safeline at 1-800-522-SAFE.

with information about resources available in the community.

Oklahoma provides a number of quality agencies and programs that can offer women crisis counseling, shelter, legal support, emergency financial assistance and mentoring. Programs are available for victims with special needs, such as those who are hearing impaired or who don't speak English. The key to reducing domestic violence is to determine ways to remove the barriers between the women who need help and the programs that offer assistance.

Domestic violence is just one lifestyle risk behavior the Perinatal Task Force is targeting to make a positive difference in the quality of care for at-risk women. Because of the prevalence of this crime and the negative impact it has on the victims and the community, every victim reached and helped to get out of an abusive situation will receive far-reaching benefits.

O-EPIC to roll out individual plan in late summer

Oklahoma won federal approval in September 2005 for its Employer/Employee Partnership for Insurance Coverage (O-EPIC), a health plan premium assistance demonstration program aimed at addressing the state's high rate of uninsured people. The Oklahoma Health Care Authority (OHCA) began accepting employer applications Nov. 1, 2005, and employee applications Dec. 1, 2005.

This portion of O-EPIC has already been met with enthusiasm from small business employers and their employees. Eventually, the state expects to enroll between 50,000 to 70,000 Oklahomans in O-EPIC.

To be eligible, employers must have 25 or fewer workers. Employees and spouses are eligible if their income is at or below 185 percent of the federal poverty level (FPL). Costs of the plan are covered by employer contributions of at least 25 percent of the premiums, employee-paid premiums of up to 15 percent of the premium (not to exceed 3 percent of household income), and premium assistance through state and federal funds. Employees also pay applicable deductibles and co-payments, with out-of-pocket annual maximum limits.

Next step: the individual plan

The initiative also includes an individual plan for self-employed people, unemployed people currently seeking work, workers not eligible to participate in their employer's health plan, and workers whose employer does not offer a group health plan.

Another part of the plan offers coverage to low-income workers who are disabled individuals with incomes above Medicaid eligibility, but no more than 200 percent of the FPL.

People in both categories will be able to buy coverage directly from the state when the program becomes available later this year. Currently, the targeted date to implement this phase of O-EPIC is Aug. 1, 2006.

OHCA is now in the "design phase" of developing the individual plan for eligible adults 18 to 65, said Projects Manager Matt Lucas. "We are still working out the details of this phase of the plan and will be providing more information to providers in coming months. We anticipate the same Web billing process that providers currently use for all claims."

In the plan, payment will be based on 100 percent of Medicaid and the co-pay. "In Medicaid claims, the co-pay is deducted. In O-EPIC, providers will receive 100 percent of the Medicaid payment and

will be able to keep the co-pay amount as well. They can refuse service if the co-pay amount is not paid up front," Lucas said.

Those insured will be issued a unique identification card, to be shown at each visit.

Oklahoma has one of the highest rates of uninsured people in the country. In 2003, the rate was 20.4 percent uninsured, compared with a 15.2 percent national rate. O-EPIC is the first phase of the statewide insureoklahoma initiative designed to use public and private partnerships to make health insurance more affordable. Watch for more details.

For more information, visit the O-EPIC Web site at www.oepic.ok.gov.

SoonerCare initiative highlighted in national CHCS publication

patients, how they scheduled visits, how they organized care and what level of personnel they had. The results of those assessments will guide the development of education sessions at four identified "low-performing" practice sites.

"Through this process, we are able to identify best practices that can be replicated at other health clinics serving this population," said Angela M. Shoffner, RNC, MLS, director of quality assurance/quality improvement for OHCA.

SoonerCare Choice's initiative was selected for publication as an excellent example of how "best practices" can be established to effectively achieve set goals and be able to support and replicate the results through measurement and evaluation. More importantly, this initiative is improving the lives of those individuals targeted by helping them better manage their diabetes.

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