ProviderUpdate

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OHCA Launches SoonerCare Health Management Program

The SoonerCare Health Management Program (HMP) is set to launch statewide in spring 2008. The HMP is an innovative and comprehensive disease management program designed to benefit members with chronic conditions as well as the provider.

HMP members will be selected for the program using predictive modeling software. The software will identify SoonerCare Choice members who are at high risk for adverse outcomes and increased health care expenditures. Most of this risk will be driven by co-morbid conditions that increase the likelihood of a health care crisis.

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Don't Take A Chance On Your Cash Flow! Get and Use NPI!

OHCA is proceeding with our plan to implement the federally mandated National Provider Identification Number (NPI) by May 23, 2008. We are following the same phased-in approach as Medicare but with slightly more flexibility to benefit our Oklahoma providers.

Until May 23, 2008, you'll need to continue to use your SoonerCare provider IDs (nine numbers plus a letter) in all fields anytime you file a claim and for any other purpose – prior authorization, call tree log-in, etc.

OHCA began in March to deny electronic or Web institutional claims (837I or UB04) without valid NPIs in the "billing" field. This doesn't apply to "attending," "referring" or other fields. Medicare implemented this requirement Jan. 1. NPIs must be on file with OHCA to be considered valid.

As of **April 1**, electronic or Web professional claims (837P, 1500 or ADA2006) without valid NPIs in the "billing" and "rendering" fields will deny. (This does not apply to paper claims.) Again, this doesn't apply to

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Don't Take A Chance On Your Cash Flow! Get and Use NPI! (continued from page 1)

the "referring" or any other fields. Medicare has required this since March 1, 2008. These steps help us and you to ensure that we have correct NPIs on all provider files before the federally mandated final implementation date.

Providers will also need to be certain to use the correct "zip+4" code in the fields where they use NPI. OHCA uses the NPI and "zip+4 code" to crosswalk your NPI to an existing provider ID. During this transition phase, OHCA can identify the crosswalk problem and work with you to resolve it. After May 23, we will be unable to notify providers whose NPI fails to crosswalk because there will no longer be a SoonerCare provider ID on the claim, so it's critical that we resolve crosswalk problems before May 23.

On **May 23**, electronic, Web and point-of-sale claims will require **NPIs only** in every field – billing, rendering, attending, referring, prescriber, etc. You will continue to use your SoonerCare provider ID on paper claims, to log in to the OHCA call tree, and to log in to the APS Care Connection (behavioral health providers).

As of February 2008, 93 percent of our contracted providers had supplied us with their NPIs. During January and February, providers without NPIs in their file received notification that their NPIs were not on file. Please fax your NPI to OHCA's Provider Enrollment unit at (405) 530-3224. Remember that OHCA needs **ALL the NPIs** that you have received and the SoonerCare provider IDs that are

associated with them. If you need help, please call Provider Enrollment at 1-800-522-0114.

Atypical providers who don't provide health care services (personal care, room and board, etc.) don't need NPIs and will continue to use their SoonerCare provider IDs indefinitely for all purposes, including electronic claims.

What Would You Like to Know about Insure Oklahoma/O-EPIC?

What is the Insure Oklahoma/O-EPIC Individual Plan (IP)?

The Insure Oklahoma (also known as Oklahoma Employer/Employee Partnership for Insurance Coverage Individual Plan), or Insure Oklahoma/O-EPIC IP, is a health plan for qualified working Oklahomans who are not able to access an Insure Oklahoma/O-EPIC ESI subsidy through their eligible employer. This program extends premium assistance to eligible self-employed individuals, employees of an eligible employer who is not offering a Qualified Health Plan, the unemployed who are currently eligible for or receiving benefits from the Oklahoma Employment Security Commission, and individuals working with a disability who have a Ticket-to-Work.

Insure Oklahoma/O-EPIC IP is a managed-care type health plan funded and administered by the state. The plan is limited on the benefit packages offered. Participants are required to choose a primary care provider (PCP). The plan does not have an annual deductible, but the member is responsible for co-payments.

What are the advantages for becoming a PCP?

All PCPs will be able to receive a co-payment in addition to the SoonerCare Traditional (fee-for-service) schedule. Providers who participate as a PCP will also receive a $3 per member/per month case management fee.

How do I bill Insure Oklahoma/ O-EPIC IP claims?

Insure Oklahoma/O-EPIC IP claims are billed in the same manner as SoonerCare claims. All providers

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133 Oklahoma Nursing Facilities Earn Performance Bonuses

More than 130 nursing facilities in Oklahoma have earned the first quality-based bonuses awarded through the Oklahoma Health Care Authority's "Focus on Excellence" program.

The incentive-based rate plan for nursing facilities was created under Oklahoma's Medicaid Reform Act of 2006. Focus on Excellence links nursing home pay to performance on 10 quality indicators, which range from resident and family satisfaction to quality of care and from staff retention rates to compliance with state and federal requirements.

The 265 participating facilities received a 1 percent bonus last July. As of Jan. 1, 2008, for the first quarter, 133 facilities will receive from two to 10 additional bonus points for performing well on the 10 quality measures. The points will be used to calculate additional bonuses of $1.09 to $4.36 per patient day and to determine a rating of one to five stars (one star for every two bonus points).

Four facilities received the top rating. They were Baptist Retirement Center (Lackey Manor), Oklahoma City; Baptist Retirement Center, Owasso; Community Health Center, Wakita; and Eastgate Village Retirement Center, Muskogee.

Eighty-five percent of nursing facilities in Oklahoma are participating in the program. Those facilities recently received letters telling them how they scored under the rating system and what bonus they had earned.

Later this year, OHCA plans to post the star ratings on a Web site so consumers can see what scores each facility has received. Nursing facilities also will be able to post additional information, such as special services, activities or therapies they offer.

"This is a great program, and the facilities have to work hard for those stars each quarter," said Cassell Lawson, Opportunities for Living Life director at OHCA. "And for the consumer, since the scores are updated each quarter, they will have access to the most current information about facilities they are considering for themselves or a loved one."

For more information about Focus on Excellence, visit OHCA's Web site at www.okhca.org.

Speed Up Your Prior Authorization Requests

Prior authorizations for medically necessary services require the service provider to submit the documentation related to the request to the appropriate office. In order to keep review times down, please submit only relevant medical information that is unique to the request. If the reviewer asks for additional information, please send new information or inform the reviewer that additional information does not exist. There is no need to resubmit the information contained in the original request.

Each prior authorization request should contain doctors' answers to at least the following three questions:

- What is the specific treatment?
- What is the specific related diagnosis for which this treatment is being requested?

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Dental Rule Changes Proposed

Several rule changes regarding dental coverage are under consideration, according to OHCA's Health Policy Unit.

Changes have been proposed that would:

- Add definitions for certain terminology. For example, "palliative treatment" means action that relieves pain but is not curative and no other codes are billable on the same date of service; "upcoding" means reporting a more complex and/or higher cost procedure than actually performed.
- Clarify that permanent restoration is not billable to OHCA when performing pulpotomy or pupal debridement on a permanent tooth.
- Clarify a clinical examination must precede any radiographs, and consider patient history, prior radiographs, caries risk assessment and both dental and general health needs of the patient, as suggested by American Dental Association.
- Clarify panoramic films are allowable once in a three-year period.
- Clarify placement of a stainless steel crown includes all related follow-up service for a period of two years.

If you have questions about the changes, please call Tracy Matthews, dental services programs coordinator, at (405) 522-7381.

Speed Up Your Prior Authorization Requests (continued from page 3)

- Why are other possible treatments not the appropriate choice for this patient?

Follow these simple guidelines, and you will spend less time waiting for approval of your request.

OHCA Launches SoonerCare Health Management Program (continued from page 1)

The members identified to be at **very high risk** (Tier 1) will receive face-to-face intervention by a nurse care manager (NCM). Members identified to be at **high risk** (Tier 2) will receive nurse care management by telephone. NCMs will provide education and support specific to the member's condition(s), help coordinate care and improve self-management skills. The NCMs will have access to a resource specialist to locate available community and state resources. NCMs will provide feedback to the primary care provider (PCP) regarding the member's status. Initially, 5,000 SoonerCare Choice members will be targeted for this comprehensive nurse care management.

SoonerCare Choice PCPs will also benefit from HMP mailings containing disease-specific, evidence-based guidelines; state and regional collaboratives (with CME and CEU credits available); and the opportunity to participate in a practice facilitation program. A full-time medical professional specifically trained in practice facilitation (typically an RN, BSN or MPH) will be deployed to participating practices for a period of one to two months. Their goal will be to assist the provider and staff with the implementation of quality improvement techniques, office system design to improve efficiency and the implementation of a clinical disease registry that may be used for the entire patient population of the practice. Financial incentives will be presented to the practice based on their participation in the program.

The Iowa Foundation for Medical Care (IFMC) was awarded the contract with OHCA to administer this program. IFMC has successfully operated a similar Medicaid program and several commercial programs in other states. Their experience, strong management team and quality improvement emphasis give OHCA assurance of a successfully run HMP contract that will benefit all of Oklahoma.

If you have any questions or if you are interested in participating in the practice facilitation program, please call IFMC at (866) 539-0365.

Processing Pharmacy Claims with NPI

Effective May 23, 2008, all electronic pharmacy claims submitted to SoonerCare must identify the prescriber and pharmacy by National Provider Identifier (NPI) number. Electronic claims submitted using SoonerCare prescriber or provider numbers will be denied. Paper pharmacy claims will continue to use the SoonerCare Provider ID. Prior to this transition, claims can be processed only with the SoonerCare provider and prescriber numbers. NPI numbers should not be used for claims submission until May 23, 2008.

The state default prescriber ID number will change to 9999999995. This number is available for the initial fill on a prescription **only** if the valid prescriber NPI number is not available. If the state default number is used, the claim must be reversed and resubmitted with the correct prescriber NPI number within two weeks to avoid automatic recoupment of funds. The state default number is not valid for subsequent refills on a prescription, and the claims will display NCPDP response 73 ("Refills are not covered") if the state default number is used.

The over-the-counter (OTC) prescriber number will change to 9999999987. Pharmacist recommendation and approval are all that is necessary to submit claims for covered OTC medications with this prescriber number. Please use the name "OTC" in the prescriber name field. Covered OTC products include PlanB® and select medications for children. For a complete list of covered OTC products for children, please refer to the pharmacy page of the OHCA Web site, www.okhca.org.

Children in Indian Boarding Schools Gain Health Care Access

More than 300 uninsured students at Indian boarding schools in Oklahoma became qualified for SoonerCare on Dec. 1, 2007, after a rules change passed by OHCA and signed by Gov. Brad Henry.

The schools are the Chickasaw Children's Village, Ardmore; Eufaula Dormitory, Eufaula; Jones Academy, Hartshorne; Riverside Indian School, Anadarko; and Sequoyah High School, Tahlequah.

About a third of the more than 1,100 Indian children attending the five boarding schools lack comprehensive health care coverage. Although many of them live in dormitories or residential facilities in Oklahoma for most of the year, they have been considered out-of-state residents and thus ineligible for SoonerCare.

The amended rule extends SoonerCare eligibility to students living in Indian Heath Service (IHS), Bureau of Indian Affairs (BIA) or tribal-controlled peripheral dormitories or schools. Most of the students are expected to receive primary health care at IHS or tribal facilities, which will draw a 100 percent match in federal Medicaid funds. Some of the children will need services that are not available through IHS, however, and state funds of about $300 per child per year will be needed to cover those expenses.

"This change will allow us to expand access to health care to 342 students," said Trevlyn Cross, OHCA's Indian health manager. "We hope this will increase their participation in preventive services like child health screens and immunizations. And because the average Oklahoma boarding school student is 14, we can reach them at an undoubtedly important formative period where healthy lifestyles are learned."

Oklahoma is the first state to formally extend coverage to Indian boarding school children, she added.

Here's How to Learn More About OHCA Rules, Policy Changes

The OHCA Policy Unit has taken great measures to ensure our providers and members are kept abreast of policy changes to the SoonerCare program. One of our greatest resources to disseminate information about upcoming policy changes is the OHCA Web site, www.okhca.org.

All proposed rule changes are presented before the Medical Advisory Committee (MAC) and the OHCA Board of Directors prior to submittal to the governor and legislative body for approval. Both meeting agendas, along with proposed rule changes, are listed on the agency calendar on the OHCA Web site for public viewing.

The MAC meets every other month beginning in January of each year. The meetings are generally held on the third Thursday of the meeting month. The OHCA Board of Directors meets every month, usually on the second Thursday.

Further, rates that require a methodology change are presented before a Rates and Standards Committee and the OHCA board. The Rates and Standards agenda is also posted on the agency Web site, along with the proposed rate changes. Federal law also requires proposed rate changes be published in local newspapers that have a circulation of 50,000 or greater. To comply with the requirement, the agency publishes proposed rate changes in the Oklahoman, the Tulsa World, the Norman Transcript and the Lawton Constitution.

When the legislature is in session, the agency conducts public meetings on all permanent rules it intends to present to the OHCA board, governor and legislature. The public meeting dates and agendas are posted on the calendar on the agency Web site. The public may offer written or verbal comments regarding any proposed rule change on the agenda. All interested parties are invited to attend any of the meetings referenced above.

OHCA also offers Web alerts to keep providers and members current on policy changes. Members and providers can sign up to receive updates to specific pages on our Web site and may sign up for as many alerts as they choose based upon their specific interests. After the selections have been made, the requestor will be notified via e-mail anytime the page has been updated

or changed. This includes the agency fee schedule.

Other resources for information include the Oklahoma Register that publishes emergency and permanent rule changes for all state agencies. The Oklahoma Register can be referenced on the secretary of state's Web site, www.oar.state.ok.us. The secretary of state publishes notice of rulemaking intent and public meeting notifications for all agencies.

After the governor and/or legislature have approved all rule changes, the agency sends out a provider letter notifying providers who may be directly affected by the change. OHCA is committed to our partnership with our providers and will continue to strive to update our providers and members of policy changes.

Pharmacies Can Get Emergency Prior Authorizations

Pharmacies can obtain emergency prior authorizations (PAs) by calling the Pharmacy Help Desk and requesting an emergency supply for a member.

Requests for emergency PAs can be handled entirely over the telephone — no paperwork is required.

Emergency authorizations allow for a three-day supply of medications. This ensures that the member is not without medication while the pharmacy and physician are completing any necessary paperwork for longer-term authorization.

Emergency PAs do not count against the member's monthly prescription limit.

New DME Policy Detailed; Accreditation Rule Revised

Requests for prior authorization (PA) of durable medical equipment (DME) items should include the provider's estimated costs along with a description of the item for which the provider is requesting authorization and all other documentation necessary for any particular item.

The PA will be reviewed and issued based on coverage guidelines and medical necessity.

At the time a claim is filed, the DME provider should bill OHCA the usual and customary charge and include documentation showing the provider's actual cost of the item. OHCA will pay the lesser of the usual and customary charges billed on the claim or the max fee schedule. OHCA understands that providers have incentive pricing, buyer's club discounts, group discounts and other charges and costs that make up the provider's usual and customary fee.

The claim, with the cost and description of the item, will be compared to the original prior authorization to ensure that what was initially authorized was the equipment actually delivered to the SoonerCare member. The max fee schedule of DME equipment is available on the Web site. The max fee schedule is based on industry standards for our region.

You are not required to wait until you are invoiced to bill for equipment; submission of a packing slip is permissible. A delivery ticket with a clear description of the item and the amount of the item signed by the SoonerCare member may also be submitted with the claim for faster processing.

Some Healthcare Common Procedure Code System (HCPCS) codes will not have an associated max fee schedule because one code is used to describe many items. When billing those HCPCS codes, you should include documentation showing the actual cost of the item, and OHCA will price according to industry standards for our region. Any time a nationally recognized HCPCS code is available, it should be used for billing.

In addition to the pricing updates, the OHCA has updated the quantity limits on many supplies and equipment. If the SoonerCare member's condition warrants a quantity that exceeds the limit, it will be necessary to obtain a prior authorization by submitting documentation that demonstrates the medical necessity of the quantity needed.

Finally, OHCA has revised the new DME rule and postponed until 2011 the requirement that suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) be accredited by a Medicare-deemed accreditation organization for quality standards in order to receive reimbursement from SoonerCare.

Prior Authorization Now Required for Some Eyeglasses

The SoonerCare policy covers one pair of eyeglasses per child per year. Routine dispensing of multiple frames or excess lenses is not acceptable or within the standard of care; however, a significant change in refractive power or lost or damaged glasses may create a need for additional lenses or frames within a 12-month period. The medical necessity for additional spectacles must be clearly documented in the patient's chart.

Starting March 1, 2008, if a patient requires more than three frames per year or more than three lens changes per eye in a year, prior authorization will be required. To obtain prior authorization, submit your request by fax to the Medical Authorization Unit at (405) 530-3496. Specify why the patient requires additional eyeglasses, frames or lenses.

If you suspect a patient or family is abusing the privilege of SoonerCare coverage for glasses, please contact OHCA Care Management at (800) 252-6002 or via fax at (405) 530-3217, and our trained staff will follow up with the family.

OHCA Working to Reduce Suspended PET, MRI Claims

OHCA is reviewing claims processing functions and working to improve processes to reduce the number of suspended claims. One improved process involves a change in prior authorization requirements for PET scans and MRI scans.

All PET and MRI claims that are performed in the emergency room or as part of an inpatient stay will not require a prior authorization. If you have received claim denials for lack of a prior authorization in this situation, you can now resubmit the claims for processing.

However, PET scans performed anywhere other than during an inpatient stay or an emergency room visit still require a prior authorization. With an MRI claim, providers should familiarize themselves with the Diagnosis Cross-Reference table found on the SoonerCare Secure Site. There are diagnosis-procedure combinations listed that if billed in the combination listed on the table do not require a prior authorization.

Any diagnosis-procedure combination not listed on the table will require a prior authorization. If there is any doubt as to whether the combination will require a prior authorization, it is always best to obtain the prior authorization. If you have any questions or want to obtain more information about the table, call the Provider Helpline at 522-6205 in the Oklahoma City metro area or (800) 522-0114 statewide.

What Would You Like to Know about Insure Oklahoma/O-EPIC?

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will have the same SoonerCare eligibility verification tools and claims submission procedure for Web, electronic and paper submissions. The same informational tools will be used for required authorizations, 835 electronic remittance, prior authorizations and referrals.

What should I do if my claim is denied?

All providers have the same SoonerCare verification tools. You may review denials on the Web or call the helpline at (888) 365-3742.

What are the Insure Oklahoma/ O-EPIC IP co-payments?

Co-pays can be mandatory for some services received by Insure Oklahoma/O-EPIC IP members. A provider can refuse service if the co-pay is not paid at the time of service.

Below is a list of some co-pay amounts:

- Office visit: $10.
- Pharmacy: $5 generic, $10 single source brand.
- Hospital emergency visit: $30 (waived if admitted).
- Hospital inpatient stay: $50.

All services must be medically necessary, and most require a referral from the member's PCP. Some services may require an additional prior authorization.

How do I know if other providers are contracted to accept Insure Oklahoma/O-EPIC IP members?

Fee-for-service providers who are contracted with SoonerCare are automatically contracted with Insure Oklahoma/O-EPIC IP.

What services are covered?

Insure Oklahoma/O-EPIC IP has limited benefits. While most health care services are covered, such as hospital and office visits, others are excluded. Excluded services include: allergy testing and treatment; dental; transportation; nursing home care; physical, speech and/or occupational therapy; transplants; hospice; and hearing and/or vision testing and treatment. This is not a complete listing. Refer to the member handbook for more information.

Insure Oklahoma/O-EPIC IP covered benefits may have monthly or lifetime benefit maximums. There are maximums of $15,000 annually for durable medical equipment and $1 million lifetime for total plan services. Office visits are limited to four per month. Prescriptions are limited to six per month (three name-brand and three generic).

Providers Advised of Family Planning Waiver Benefit Package

SoonerPlan, Oklahoma's family planning waiver program, was established to reduce the number of unintended pregnancies in Oklahoma. It was created in partnership with the Oklahoma State Department of Health and the Oklahoma Department of Human Services. SoonerPlan uses the SoonerCare network of contracted providers, but providers should note that SoonerPlan and SoonerCare do not provide the same spectrum of family planning services.

SoonerPlan family planning services are **limited in scope** and **restricted** to a few ICD-9-CM codes and a few CPT codes.

One of the ways that SoonerPlan will be evaluated is through the measurement of pregnancies reported as unintended. The Oklahoma State Department of Health collects state-specific, population-based data on maternal attitudes and experiences before, during and shortly after pregnancy. This data becomes part of the Centers for Disease Control and Prevention's surveillance project called PRAMS (Pregnancy Risk Assessment Monitoring System). According to the 2002 PRAMS data, 51.5 percent of pregnancies in Oklahoma were unintended at the time of conception.

Eligibility Verification

It is important for providers to verify eligibility to distinguish SoonerPlan members from SoonerCare members before rendering any services, because the SoonerPlan family planning service package **does not offer all of the same services** as SoonerCare.

Providers should log on to the OHCA secure Web site and verify eligibility. If the member has SoonerPlan, the benefit plan will list "Family Planning" and the effective dates. Also, there will be "No PCP information available" because SoonerPlan members do not have SoonerCare and therefore will not have a PCP.

Providers who render a non-covered service to a SoonerPlan member will not be reimbursed by OHCA.

SoonerPlan Coverage

SoonerPlan members may receive family planning services from any SoonerCare provider who offers family planning. SoonerPlan members have no co-pay for any covered family planning waiver service, device, prescription or over-the-counter product.

SoonerPlan services include:

- Birth control supplies and information.
- Office visits and physical exams related to family planning.
- Laboratory tests related to family planning services, including Pap smears and screening for sexually transmitted infections performed at the time of the family planning service visit.
- Pregnancy tests (urinalysis).
- Tubal ligations for women age 21 and older.
- Vasectomies for men age 21 and older.

Tubal ligations and vasectomies are paid in accordance with current SoonerCare policy and require each provider associated

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Providers Advised of Family Planning Waiver Benefit Package (continued from page 9)

with the sterilization to submit the Federal Sterilization Consent form. This includes the surgeon, anesthesia provider, pathologist and facility. Failure to submit a copy of the Federal Sterilization Consent form with the claim for services will cause the claim to be denied.

NOTE: Fertility services are NOT covered under SoonerPlan. Additional medical services are NOT covered under SoonerPlan.

Referrals for other needed medical services can be obtained from OHCA, but the patient is financially responsible for all non-covered (non-family planning) services. For a complete list of codes for services currently covered for SoonerPlan members, go to: http://www.okhca.org/fpw.

SoonerPlan products include:

- Birth control pills
- IUDs and vaginal rings
- Contraceptive sponges
- Depo injections
- Male and female condoms
- Diaphragms and cervical caps
- Spermicidal jellies, creams, suppositories and foams
- Contraceptive patches

Prescriptions and Over-the-Counter Medications

Prescription medications may be billed through the SoonerCare point-of-sale (POS) pharmacy system.

Over-the-counter pharmaceuticals require a prescription from the family planning provider to be filled at a SoonerCare-contracted pharmacy.

Over-the-counter family planning products may also be distributed by the family planning provider and billed on the CMS 1500 form.

Diagnosis Codes

ONLY the following Diagnosis Codes are covered: V25.01, V25.02, V25.03, V25.04, V25.09, V25.1, V25.2, V25.3, V25.40, V25.41, V25.42, V25.43, V25.44 and V25.49.

Member Eligibility	SoonerPlan is for women and men who meet ALL of the following criteria: 1. Not enrolled in SoonerCare. 2. U.S. citizen or qualified alien. 3. Oklahoma resident. 4. Age 19 or older. 5. Income up to 185 percent of Federal Poverty Level. 6. Does not have creditable health insurance coverage. (Creditable coverage includes Medicare and other health insurance. A stand-alone dental, vision, or pharmacy plan is not considered creditable coverage.)
Most Common Reasons for Claim Denial	1. 4021 - Service not covered. 2. 4244 - Diagnosis not covered. 3. 2042 - Itemized service date not in eligibility span. (Member not eligible on the date of service.) 4. 5001 - Exact duplicate.

Tamper-Resistant Rx Pad Requirement Starts April 1

As a result of federal law, written prescriptions for SoonerCare members soon will need to be executed on tamper-resistant prescription pads. The requirement was originally set to take effect Oct. 1, 2007, but implementation was delayed for six months.

The Centers for Medicare & Medicaid Services has announced that beginning April 1, 2008, a prescription pad must contain at least one feature from one of the three categories listed below:

- One or more features designed to prevent unauthorized copying.
- One or more features designed to prevent erasure or modification of information written on the prescription by the prescriber.
- One or more features designed to prevent the use of counterfeit prescription forms.

Effective Oct. 1, 2008, a prescription pad must contain at least one feature from all three categories to be considered tamper-resistant.

Please note that the tamper-resistant requirement does not apply to refills, prescriptions that are called or faxed in, or electronic prescriptions (e-prescriptions).

EDS Names New Provider Relations Manager

Marvin Dale has been named the new provider relations manager for Electronic Data Systems (EDS). Marvin is a familiar face to many at OHCA and EDS.

He was employed with EDS starting in April 2001 during the implementation of the OKMMIS. As the provider consultant for Tulsa County, he worked closely with the OHCA Provider Services unit. He traveled to provider locations to work onsite with their staff and went with the Provider Relations team throughout the state conducting workshops.

In May 2006, Marvin went to work as the account manager for the corporate office of a national dental provider in Stillwater. This combination of first-hand SoonerCare provider experience and his previous work with the EDS provider consultant team will serve OHCA and the provider community well.

Marvin's responsibilities as provider relations manager include management of the Electronic Data Interchange department, Internet help desk, provider consultant team and the EDS call center. He is excited about returning to work with OHCA and is happy to again serve Oklahoma's SoonerCare providers.

Spring 2008 Provider Training Reminder

Invitations are being prepared for the Spring 2008 SoonerCare provider training workshops and will be mailed in the next few weeks. The two-day training sessions will be conducted in Oklahoma City, Tulsa, Durant and Lawton.

Spring 2008 Provider Training Dates

Durant: April 22-23
Oklahoma City: April 29-30
Tulsa: May 20-21
Lawton: May 28-29

Training topics are in the process of being finalized and will include various specialty and general sessions giving providers a large array of choices. OHCA agency staff and EDS field consultants again will partner to conduct the training sessions.

A copy of the invitation will be available online after April 1, 2008, at www.okhca.org in the Provider section under "Training." We look forward to your participation, and, as always, training is free of charge to our SoonerCare provider community.

Prepare Now for Hospital Outpatient Billing Using National Drug Codes

The Centers for Medicare & Medicaid Services (CMS) has granted Oklahoma a six-month extension to the Jan. 1, 2008, deadline for submitting National Drug Codes (NDCs) on hospital outpatient department claims. In response to the difficulties hospital providers experienced in making the system changes necessary to report NDCs, OHCA requested an extension on behalf of our provider network. The deadline has been extended to June 30, 2008.

Beginning July 1, 2008, NDCs must be submitted along with the appropriate HCPCS Level II codes for pharmaceutical products on all outpatient department claims. Claims submitted for drug products without an NDC will be denied.

Please note that the extension applies to institutional claims only, and not to professional claims submitted by physicians' offices. The Jan. 1, 2008, deadline for submitting professional claims for pharmaceutical products with NDCs still applies; professional claims submitted without NDCs after Jan. 1, 2008, will be denied.

Billing institutional and professional claims with NDCs will be a featured topic in Spring Provider Training sessions.

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Please submit any questions or comments to Meri McManus in the Oklahoma Health Care Authority's Public Information Office at (405) 522-7026.

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