

# Incentive Program Poised to Promote EHR Technology

The Electronic Health Records (EHR) Incentive Program is a proposed federal program that will offer major financial support to assist certain providers with certified EHR technology. The purpose of the program is to improve outcomes, facilitate access, simplify care and reduce costs of health care nationwide by:

- Enhancing care coordination and patient safety.
- Reducing paperwork and improving efficiencies.
- Facilitating information sharing across providers, payers and state lines.
- Enabling communication of health information to authorized users through state Health Information Exchanges (HIE) and the National Health Information Network.

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This financial support will be in the form of assistance for providers who **adopt** (acquire and install), **implement** (train staff, deploy tools, exchange data) or **upgrade** (expand functionality or interoperability) certified EHR technology.

OHCA will administer the SoonerCare Medicaid EHR Incentive Program for Oklahoma. The state of Oklahoma has received a federal grant to develop a statewide HIE to facilitate the appropriate transfer of health information between authorized users. The HIE will be designed to interface with providers' EHRs to enhance communications between health-care-related professionals and organizations.

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Qualifying Eligible Professionals (EP) and Eligible Hospitals (EH) will have to meet certain criteria, primarily regarding patient volume. Although some eligibility definitions have not yet been established, current guidelines are as follows:

Qualifying Eligible Hospitals (EH)		
Eligible Hospitals	Patient Volume Over 90-Day Period	Definition *
Acute Care	10% SoonerCare	01. Average patient stay = 25 days or fewer, and 02. CCN's last four digits = 0001 through 0879
Children's	None	01. Separately certified children's hospital, and 02. CCN's last four digits = 3300 through 3399 -- alternative proposed as --
		01. Freestanding hospitals exclusively furnishing services to individuals under age 21, and 02. CCN's last four digits = 0001 - 0879 Short-term hospitals** 3025 - 3099 Rehabilitation hospitals*** 3300 - 3399 Children's hospitals*** 4000 - 4499 Psychiatric hospitals***

CCN=CMS Certification Number. \* The rule proposes two alternatives for defining children's hospitals. One is expected to be chosen. \*\* General & specialty hospitals \*\*\* Excluded from Prospective Payment Systems

Qualifying Eligible Professionals (EP)	
Non-Hospital-Based Eligible Professionals:	Patient Volume Over 90-Day Period
Physicians (MD, DO)	30% SoonerCare, or for Medical EPs practicing predominantly in FQHCs and RHCs - 30% needy individuals*
Dentists	
Certified Nurse Midwives	
Nurse Practitioners	
Physician Assistants (PAs) in rural health clinic or FQHC led by PA	30% SoonerCare; (20-29% SoonerCare may qualify for 2/3 of incentive payments)
Pediatricians	

\* Needy individuals = SoonerCare members, patients receiving uncompensated care and patients receiving services at reduced or no cost based on ability to pay

Proposed federal rules identify multiple “meaningful use” criteria intended to demonstrate that an EHR system is being used by EPs or EHs to promote the principles of the program. The proposed rules indicate a phase-in approach for meaningful use standards. OHCA will hold a public hearing regarding these criteria. Providers are encouraged to participate and will be notified of the date, time and location for the hearing.

**Qualifying EP and EH participants must meet the following specific, verified standards to receive payments:**

- Be a SoonerCare-contracted provider during the period of eligibility.
- Belong to one of the qualifying EP or EH categories.
- Register with the National Level Registry, currently being developed by the Centers for Medicare & Medicaid Services (CMS).
- Annually meet patient volume requirements, where applicable.
- Annually demonstrate meaningful use of a certified EHR system by meeting specified criteria, which will become more stringent over the years.

**Proposed funding for program participants will be paid over a varying period of years:**

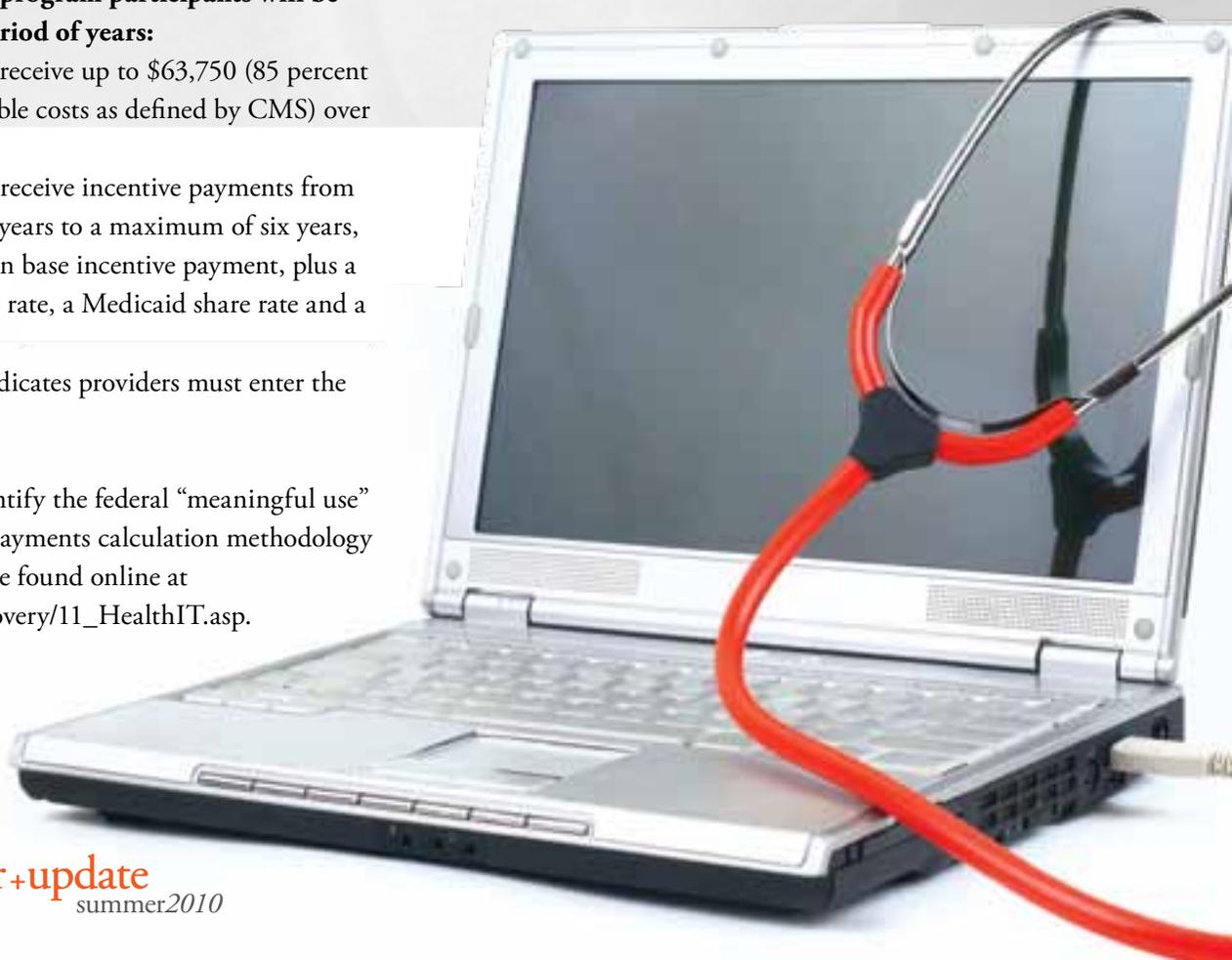
- Qualifying EPs may receive up to \$63,750 (85 percent of net average allowable costs as defined by CMS) over six years.
- Qualifying EHs can receive incentive payments from a minimum of three years to a maximum of six years, including a \$2 million base incentive payment, plus a provisional discharge rate, a Medicaid share rate and a transition factor.
- Federal legislation indicates providers must enter the program by 2016.

Proposed rules that identify the federal “meaningful use” criteria, as well as EH payments calculation methodology and other details, can be found online at [www.cms.hhs.gov/Recovery/11\\_HealthIT.asp](http://www.cms.hhs.gov/Recovery/11_HealthIT.asp).

**Potential EPs may find the following points helpful when considering participation in the incentive program:**

- Practices may be able to partner together to leverage incentive money and purchase a shared product.
- Providers may receive assistance in obtaining and implementing certified EHR systems through a regional extension center operated by the Oklahoma Foundation for Medical Quality.
- EPs must choose between the Medicare or Medicaid program and specify the state from which they choose to receive payment.

Once federal rules have been finalized, OHCA will be required to make state policy and rule changes that must follow a specific timetable. OHCA hopes to begin the program in January 2011, pending timely confirmation of program details. In the meantime, providers can help bring this valuable incentive program to Oklahoma by taking an online survey that will assist OHCA with gathering data for presenting its case to CMS. Find the survey and monitor updates of the program at [www.okhca.org/EHR-incentive](http://www.okhca.org/EHR-incentive).



# Garth Splinter Returns to OHCA as State Medicaid Director

## Former Director Lynn Mitchell Leaves Legacy of Focus on Quality

The Oklahoma Health Care Authority is pleased to announce that Garth L. Splinter, M.D., will assume the role of state Medicaid director beginning July 1. He succeeds Lynn Mitchell, M.D., who has moved to the Oklahoma State Department of Health to serve as deputy commissioner of prevention and preparedness services and chief medical officer.

Splinter is a familiar face at the agency, where he was administrator from 1994-99, and in Oklahoma's medical community. He more recently served as an associate professor and division head for the Primary Care Health Policy Division in the Department of Family and Preventive Medicine at the University of Oklahoma's College of Medicine. For four years, he also was chief medical officer for the University Hospitals Trust.

"I've been away from OHCA for 11 years, and I see a considerable difference," Splinter said. "Its budget is three or four times larger, and it has twice as many people. However, the focus on excellence is unchanged."

He anticipates that some of the major tasks awaiting him as state Medicaid director are assisting with the federal health reform's impact on Oklahoma and the effects of the state budget crisis on OHCA.

"I also want to continue with the wonderful job Dr. Mitchell has done by focusing on quality," he said. "A robust and satisfied private provider network is key to any successful primary-care-driven program."

Splinter's diverse educational and professional background will give him a unique perspective when dealing with complexities facing the agency. He earned a bachelor's degree in industrial engineering from OU and a master's in

business administration from Harvard before returning to OU for his M.D. In addition to his close ties to the academic community, he has worked in academic family practice as a clinical physician. He also has served on two National Institutes of Medicine committees: one on Medicare, setting the standards for the Medicare+Choice Program, and the other on financing childhood vaccinations.

"I have had broad, traditionally unconnected experiences, but because of health care reform and managed care, they have oddly become synergistic," he said.

During her years at OHCA, Mitchell oversaw health care programs for hundreds of thousands of low-income Oklahomans, primarily children. She was instrumental in many significant developments over the years, including the transition to a patient-centered medical home model of care, implementing a health management program for members with chronic diseases, and developing the Oklahoma Cares program for uninsured women with breast and cervical cancer.

Mitchell also played a national role, serving on the executive committee of the National Association of State Medicaid Directors and chairing its Pharmacy Technical Advisory Group. She aggressively worked on strategies to alleviate the cost for brand-name drugs for SoonerCare's pharmacy program, in conjunction with more than 1,000 pharmacies across the state.

While at OHCA, Mitchell was widely known for shedding light on policy issues in medicine and public health, while pushing for efforts at the state level to recognize and respect an individual's access to appropriate health care. Mitchell will be missed greatly.

# Oklahoma's Prognosis Improves with Health Care Reform

The SoonerCare program appears to reap substantial benefits from national health care reform. Beginning Jan. 1, 2014, the most immediate impact on the program will be to move the Oklahoma Health Care Authority closer to its statutory mission of covering many of our uninsured residents. The national health care reform legislation, as it is currently understood, significantly reduces the number of uninsured people by making affordable insurance options available.

One of the key provisions of the federal legislation will make SoonerCare coverage available to all uninsured Oklahomans, up to age 65, who earn less than 133 percent of the federal poverty level. For a single person, that equates to an annual gross wage of \$14,403. For the average Oklahoma household of three people, the qualifying wage is \$24,352 in total annual household income.

Based on current understanding of the national health care reform bill, the potential number of newly covered Oklahomans served by SoonerCare will be 250,000. Of that number, as many as 50,000 Oklahomans who are currently qualified but not enrolled will likely enroll in SoonerCare, due primarily to the mandate for individual insurance coverage. The state is required to offer this coverage beginning Jan. 1, 2014.

If all qualified Oklahomans enroll in the program, the cost to the state per person per month would be approximately \$14 in years 2014 through 2016, \$23 in 2017, \$25 in 2018, \$27 in 2019, and \$32 in 2020 and beyond. The estimated total state cost to administer and provide coverage to these previously uninsured citizens is \$41.5 million for 2014, \$42 million for 2015, \$43 million for 2016, \$67 million

for 2017, \$73 million for 2018, \$79 million for 2019, and \$95 million for 2020 and each year thereafter.

The estimated cost to the state is based on the schedule of Federal Medical Assistance Percentage (FMAP) set forth in the legislation. For the first three years (2014 through 2016), the cost estimates reflect that the federal government will pay 100 percent of FMAP for about 200,000 individuals, primarily adults, who previously did not qualify for SoonerCare. The federal government will pay 95 percent, 94 percent and 93 percent, respectively, in years 2017, 2018 and 2019 for this population; federal share then will be paid at 90 percent for all future years.

For the remaining 50,000 people who are currently qualified yet not enrolled in SoonerCare, the federal government will pay the regular Medicaid matching rate, which is 64.43 percent, beginning in fiscal year 2010. This rate is subject to change yearly, based on economic factors.

The potential coverage of 250,000 qualified Oklahomans should result in the total number of our state's uninsured population being cut in half, significantly reducing the amount of cost-shifting and uncompensated care currently being borne by insured families, employers, hospitals and other health care providers.

An additional benefit of national health care reform to Oklahoma is that, with 250,000 newly insured people, \$1 billion in total uncompensated care costs also should be cut in half. The average yearly state investment of \$63 million to provide the mandated coverage likely will see a return on investment of 8-to-1 for each state dollar spent.

# Providers Raise the Bar for Child Health Checkups

At a time when OHCA is seeing record enrollment and claims for SoonerCare, an additional record-breaking achievement is nothing but good news: Oklahoma has surpassed the national benchmark for child health screenings.

The OHCA staff applauds and thanks providers for their diligence and effort. Pediatricians, family practice physicians, nurse practitioners and physician assistants who see our young SoonerCare members have been working hard to increase the number of child health checkups, also known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screens. They have greatly stepped up their efforts to be sure our children receive these important screening services. For the past 10 years, the data has shown steady improvement.

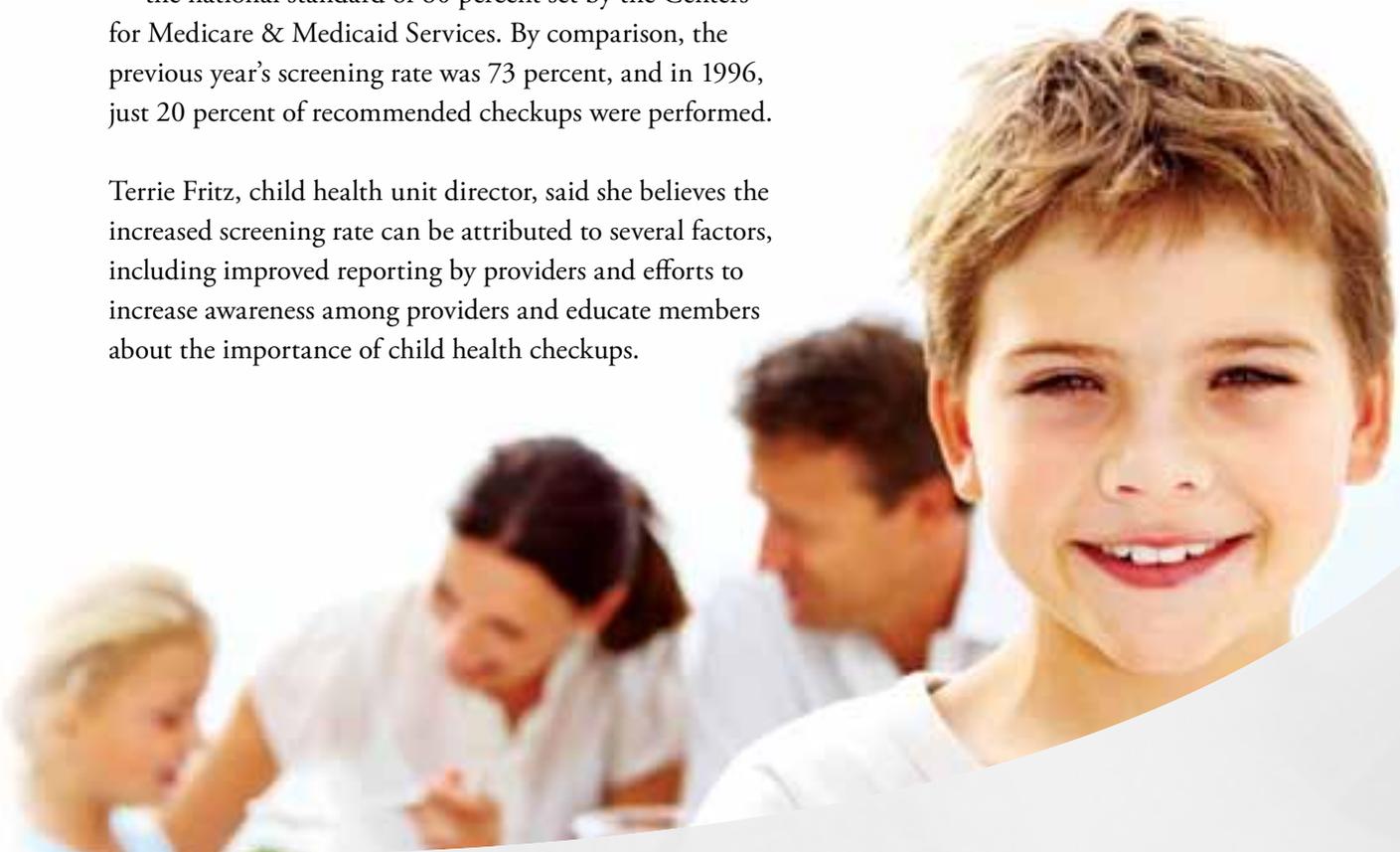
In the 2009 federal fiscal year, child health checkups were available to about 540,000 SoonerCare-enrolled children younger than age 21. These members received 83 percent of recommended checkups, exceeding — for the first time — the national standard of 80 percent set by the Centers for Medicare & Medicaid Services. By comparison, the previous year's screening rate was 73 percent, and in 1996, just 20 percent of recommended checkups were performed.

Terrie Fritz, child health unit director, said she believes the increased screening rate can be attributed to several factors, including improved reporting by providers and efforts to increase awareness among providers and educate members about the importance of child health checkups.

“Having regular checkups helps kids to stay healthy, and it lets providers catch problems earlier before they produce more symptoms or a health problem becomes more serious,” Fritz said. “Having regular checkups can lead to improved health and well-being.”

The economic downturn felt across the nation has led to record-breaking numbers of Oklahomans qualifying for SoonerCare. Recent data show 692,800 Oklahomans were enrolled in SoonerCare in April 2010. That's up from 634,789 in April 2009, an increase of more than 9 percent.

This increased membership also has meant a huge jump in claims for health care services that must be processed by OHCA's staff. More than 1 million claims were handled the week of March 17, 2010, and March set a record for total claims at more than 4.46 million, according to John Calabro, director of information services.



# Postpartum Intervention Timely for Parental Tobacco- Cessation Efforts

During pregnancy, numerous expectant parents quit smoking — many spontaneously, others with assistance. More than half of those who quit resume smoking within six months postpartum, with the majority relapsing within the first three months postpartum. However, the newborn evokes an overwhelming need in parents to protect him or her from harm, making the immediate postpartum period a potential “teachable moment” window for physicians to motivate the parents to stop using tobacco.

A March 2010 article in *Pediatrics* noted that opportunities exist in the immediate postpartum period to identify the tobacco-use status of both mother and father. Those parents who smoke then can be linked to evidence-based, tobacco-control interventions – for example, referrals to state quit lines that have demonstrated effectiveness for smoking cessation and offer an easy, successful way to provide tobacco-cessation support.

If you are a contracted OHCA physician with SoonerCare members age 12 and older, you can be reimbursed for providing tobacco-cessation counseling using the 5As model (Ask, Advise, Assess, Assist, Arrange) for treating tobacco use and dependence.

Visit [www.okhca.org](http://www.okhca.org) or call the Child Health Unit at 405-522-7188 for more information about the SoonerCare tobacco-cessation benefit.



# + Grant Aims To Reduce Tobacco Use Among Pregnant SoonerCare Members

The Oklahoma Tobacco Settlement Endowment Trust (TSET) and the Oklahoma Health Care Authority have joined forces to combat tobacco use by pregnant SoonerCare members. As of April 5, practice facilitators began working with SoonerCare obstetric providers who serve the largest numbers of pregnant women in the Oklahoma City and Tulsa metro areas.

Practice facilitators help providers adopt best practices to address tobacco use during pregnancy among their patients. They also help providers learn how to get reimbursement for tobacco-cessation counseling and encourage them to routinely use the benefit with their patients who use tobacco. For providers who serve smaller numbers of pregnant SoonerCare members or those outside the metro locations, a tobacco-cessation outreach specialist provides outreach and education.

Through a TSET grant, OHCA will receive \$695,178 over three years to fund these efforts. OHCA also will be able to draw a 50 percent administrative match from federal Medicaid funds to augment the TSET grant. The Iowa Foundation for Medical Care, a nationally recognized quality improvement organization, will provide services.

“The positive impact of this grant can be far-reaching for the health of pregnant women utilizing the SoonerCare program in Oklahoma,” said Tracey Strader, TSET executive director. “The better obstetricians understand the cessation benefits available to SoonerCare members, how to be reimbursed for asking about tobacco use, and how to support those who want to quit, the sooner we will start

seeing declines in the percentage of women who smoke while pregnant and an increase in those who stay quit after the birth of their baby.”

According to data from the Oklahoma State Department of Health, as recently as 2006, more than 30 percent of Oklahoma’s new mothers smoked during the three months prior to their pregnancies. Nearly one in five pregnant Oklahomans continued to smoke into her third trimester, and 59 percent of women who quit smoking during pregnancy resumed smoking after their babies were born.

In calendar year 2008, SoonerCare paid for more than 32,000 Oklahoma births, more than 17 percent of which were births with complications. The cost for a complicated birth is nearly one-and-a-half times that of the average cost for an uncomplicated delivery. Additionally, the costs of neonatal conditions caused by tobacco use during pregnancy have been estimated at \$5.7 million annually in Oklahoma.

“Offering support to expectant mothers who are trying to quit using tobacco is a significant way we can help them give their babies the best possible start in life. We are grateful for the funding that will allow us to make this critical contribution to healthy pregnancies and deliveries,” said Dr. Lynn Mitchell, then-state Medicaid director.

For more information about TSET, please visit its website at [www.tset.ok.gov](http://www.tset.ok.gov). To learn more about the SoonerCare program, please visit [www.okhca.org](http://www.okhca.org).

# Get Training on *Your* Schedule

Busy schedule? Not enough time in the day? Can't get away from the office? OHCA Provider Services would like to remind our SoonerCare providers that we are here for you. We can provide training at your location, at your convenience.

Provider Services and our HP Enterprise Services partners have dedicated and professional staff with in-depth knowledge of SoonerCare billing requirements and claim processing procedures. They can assist you with program, policy and claims issues. Staff can also help with quality and access to care issues and contract questions.

Training is available to all SoonerCare providers on the use of the Eligibility Verification System (EVR), Automated Voice Response (AVR), Electronic Data Interchange (EDI) and Web/Internet use. Onsite visits can be scheduled at your convenience Monday through Friday. A list of provider representatives and field consultants is available on the OHCA website.

Quick Reference Guides are also available that include eligibility verification information, a map of the six regions of the state with their respective provider representatives and field consultants, and other helpful phone numbers at OHCA.

OHCA provider representatives and HP field consultants offer workshops and seminars throughout the year to assist our provider community in keeping up with changes in SoonerCare. In addition, training videos and Powerpoint training presentations are always available at [www.okhca.org](http://www.okhca.org).

For more information or to schedule an onsite visit, please contact OHCA Provider Services toll free at (877) 823-4529, option 2.

## Medicaid on the Web: How to Create a Clerk ID

The SoonerCare Secure Site features many different levels of access. By creating a separate clerk ID for each user, a user's access can be limited based on specific job responsibilities. In addition, once a clerk ID has been created, the account administrator can grant access to multiple provider accounts using just one clerk ID.

**Here are the steps to follow when creating clerk accounts for your staff:**

- 01.** Log in to OHCA's SoonerCare Secure Site.
- 02.** Go to the Account tab and select Maintenance.
- 03.** Click on Create New Clerk.
- 04.** Create a temporary user name and password. Insert the clerk's full name for Contact Name field. The temporary user name and password will be changed once the clerk initializes his or her secure website account.
- 05.** Grant appropriate Roles that will be assigned to the clerk.
- 06.** Click on Create Clerk, which will redirect you back to the Account Maintenance page.

- 07.** Click the Save button on the Account Maintenance page to save Clerk information.
- 08.** Clerk then can begin with the temporary user name and password to create his or her account associated with this provider.

Remember: **Always** safeguard the integrity of the provider account by revoking a user's access when a staff member leaves your organization!

For additional assistance, please contact the OHCA Internet Help Desk at (800) 522-0114, option 2, then 1.



# New Step-Therapy + Requirements Now in Effect for Atypical Antipsychotics

New step-therapy requirements for atypical antipsychotic medications took effect April 1. These requirements apply to new starts only. Members who previously were stabilized on Tier 2 or Tier 3 medications before April 1 may continue therapy without interruption.

## Tier 1 Authorization Criteria

- Tier 1 medications are available without prior authorization for members age 5 or older.
- There is no copay for risperidone for the member at the pharmacy.

## Tier 2 Authorization Criteria

- A trial of risperidone — at least 14 days in duration, titrated to recommended dose — that did not yield adequate response, or resulted in intolerable adverse effects, is mandatory.

## Tier 3 Authorization Criteria

- Tier 2 criteria AND trials of all Tier 2 medications — each of which are at least 14 days in duration, titrated to recommended dose — that do not yield adequate response, or result in intolerable adverse effects, are mandatory.

## Other Authorization Criteria

- Authorization of Abilify or Seroquel XR for a diagnosis of depression requires concurrent use of an antidepressant and previous trials with at least two other antidepressants. Tier structure rules still apply.
- An OHCA-contracted psychiatrist must review all requests for members under age 5, regardless of the medication's tier status.

Tier 1	Tier 2	Tier 3
risperidone (Risperdal®)	aripiprazole (Abilify®)	olanzapine (Zyprexa®)
clozapine (Clozaril®)	iloperidone (Fanapt™)	quetiapine (Seroquel®)
		quetiapine ER (Seroquel® XR)
		ziprasidone (Geodon®)
		paliperidone (Invega®)
		asenapine (Saphris®)
		clozapine (Fazaclo®)
		olanzapine/fluoxetine (Symbyax®)



# + Pharmacy Co-Pays Change

On April 1, OHCA updated pharmacy co-payments for most adult SoonerCare members and launched a new \$0 co-pay list. Current co-pays are:

\$0	No member co-pay for select, cost-effective generic medications. (Product list available at <a href="http://www.okhca.org/providers/rx">www.okhca.org/providers/rx</a> .)
\$2	Co-pay for prescriptions \$29.99 or less.
\$3	Co-pay for prescriptions \$30 or greater.

Co-payments are not required for members who are: Younger than age 21, Residing in nursing facilities, Residing in intermediate care facilities for the mentally retarded, Pregnant.

## Pharmacy Help Desk Always on Call

The OHCA Pharmacy Help Desk is available seven days per week, with extended hours of operation from 8:30 a.m. to 7 p.m. Monday through Friday.

Weekend hours are 9 a.m. to 5 p.m. Saturday and 11 a.m. to 5 p.m. Sunday.

Representatives are available to provide assistance with a variety of pharmacy-related inquiries, including:

- Prior authorization.
- Claims adjudication and troubleshooting.
- Claims adjustment (reversal) requests.
- Member qualification and pharmacy benefits.
- State Maximum Allowable Cost (SMAC) medication reimbursement rates.
- Prescriber National Provider Identifier number (NPI) searches.
- Pharmacy lock-in program.

To reach the Pharmacy Help Desk, phone the OHCA call tree at (800) 522-0114 or (405) 522-6205 and select option 4.

## EDS Now Doing Business as HP Enterprise Services

Did you know OHCA's Medicaid Management Information Systems (MMIS) fiscal agent has a new name? EDS (previously Electronic Data Services) has been an HP business unit since 2008 and is now HP Enterprise Services.

HP Enterprise Services will continue to support SoonerCare providers and members. OHCA would like to assure providers that all the services and correspondence they have previously received from EDS will remain the same; only the name has changed.



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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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