

OHCA Refining 'Medical Home' Concept

OHCA continues to develop and further define the proposed enhancements to SoonerCare Choice. From April through June, OHCA staff met with more than 130 providers and staff representing more than 70 PCP locations.

Meetings continue throughout the state, and individual provider meetings are also being held. These meetings have been invaluable in addressing the impact to the providers as we move forward with the proposal.

Based on provider feedback, OHCA has further defined the prepaid case management fee. The proposed change includes a higher "core" case management (CM) fee.

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Special Delivery Program Helps Identify High-Risk Moms

Special Delivery, a pilot project for pregnant members of SoonerCare, is aimed at encouraging early prenatal care, developing an understanding of available benefits and identifying high-risk OB cases for early care management intervention.

Since SoonerCare pays for about half of the deliveries that take place in Oklahoma each year, we have a strong interest in bringing about more positive birth outcomes by making sure members receive proper prenatal care early in their pregnancy and that high-risk members are identified and receive appropriate care.

About 900 pregnant SoonerCare members were contacted through the pilot in February 2008. Three hundred of the women received phone calls, 300 got short letters and the other 300 received long letters. All the members received assistance with understanding third-party liability issues, locating an obstetrical and/or dental provider or changing their primary care provider. They also were offered smoking cessation materials.

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The fee is tiered according to the SoonerCare Choice panel the PCP accepts. The fee represents the required “core” of case management services; PCPs may receive additional payments for other services their practice provides. We have three proposed PCP tiers for case management:

- Providers who accept children
- Providers who accept adults
- Providers who accept both

The core CM payments could range from \$3 to \$10 per member per month. The core payment could be adjusted with add-on payments based on the capabilities of the practice.

Some add-on components would have to be specifically approved by OHCA. The CM fee would be paid per member per month for every member on the panel.

A separate “health access network” payment is being explored to recognize and pay advanced medical homes for the enhanced services they provide for members and PCPs. Details of the “health access network” are in the early discussion stages. Continue to review our Web site for additional information.

OHCA and the Medical Advisory Taskforce (MAT) continue to work together to have the proposed program ready to begin Jan. 1, 2009. A two-hour class will be part of the

fall provider training being held in Lawton, McAlester, Oklahoma City and Tulsa. Please plan on attending one of these very important sessions. As a provider, you must have your contract amendment signed prior to Nov. 1, 2008. These can be found on our Web site under provider enrollment. Provider Services reps are available to assist you with this process. Please feel free to contact them at 877-823-4529.

If you need more information, please call Provider Services at the number above or e-mail us through your secure Web site or at medhomecomments@okhca.org.

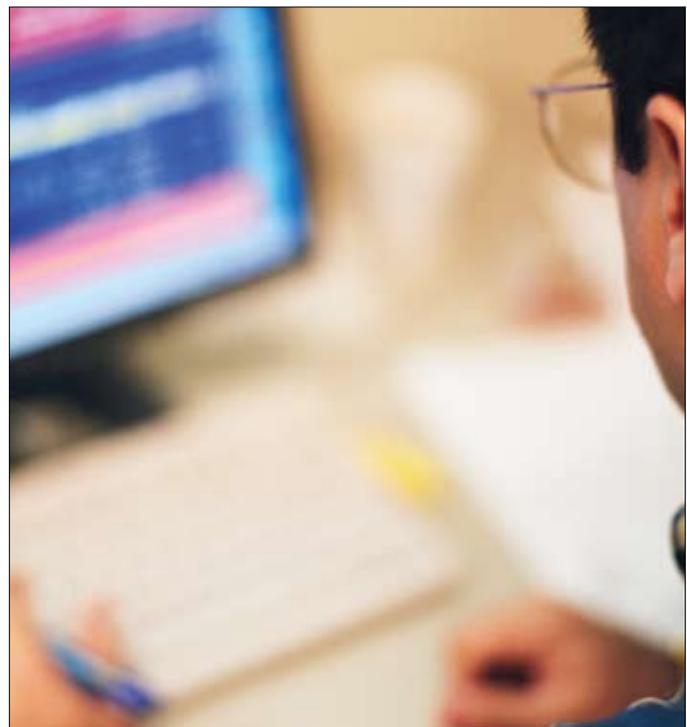
Retro Authorization Process Changing

In an effort to streamline the prior authorization process and meet the Oklahoma Health Care Authority’s goal of a 72-hour turnaround time for prior authorization requests, retro authorizations will soon be processed in a new, more efficient manner.

Effective Sept. 1, 2008, authorization requests and all reconsiderations with necessary forms and documentation must be received by the Medical Authorization Unit (MAU) within 30 days of the initial date of service.

Please note that the current OHCA policy of no retro authorizations for MRI/MRA/PET scans is not changing. These still require an authorization prior to the service being rendered. The prior authorization requirements and processes for services requiring an authorization is the same for both SoonerCare and O-EPIC IP members.

For questions regarding retro authorizations or reconsideration requests, please contact the Provider Services department at 877-823-4529, option 2.



Special Delivery Program Helps Identify High-Risk Moms (continued from page 1)

Of those contacted, 141 members took part in a survey. They were asked about such issues as whether they had seen a provider, how their pregnancy was progressing and whether they had risk factors such as diabetes or smoking.

The best news? All but one of the women had already seen a provider about their pregnancy or had made an appointment. The one woman who hadn't seen a doctor turned out to be at high risk and was assisted with finding a provider.

Thirty-four women contacted in the pilot were referred to care managers for a high-risk assessment review, and 18 met the criteria. None of those women had been identified in the formal high-risk OB program by referral from a maternal fetal medicine specialist. Care management staff members developed customized interventions for the women. They also drafted a letter for each member's obstetrical provider to let them know their patient indicated she had some potential risk with her current or past pregnancy. Details for the provider about OHCA's high-risk OB program and expanded benefits also were included in the letter.

When it came to benefits, Oklahoma Health Care Authority staff members discovered that three-quarters of the women polled were unaware of SoonerCare's



perinatal dental access benefit, which offers dental exams, X-rays, periodontal treatments and fillings to members throughout their pregnancy and for 60 days following the birth. In addition to explaining the benefit to members who were contacted in the pilot, OHCA also followed up with a press release and other efforts to familiarize members with the benefit.

Because of the positive response, OHCA intends to continue this promising program. If you would like more information about Special Delivery, contact Marjorie Snyder, senior project manager, at 405-522-7525.

Here's How to Handle Medicare Supplemental Policies

It is important to note that Medicare crosses claims over to both SoonerCare and Medicare Supplemental policies. If OHCA does not have the supplemental policy on the member's file, the claim will pay incorrectly, which will require you to fill out an adjustment form and refund some or all of the payment to OHCA.

To prevent this from happening, please call 800-522-0114 and choose the Third Party Liability (TPL) option. Once the supplemental policy is added, claims will not pay unless Medicare and the supplemental have both been billed.

The OHCA payment should be 100 percent of co-insurance and deductibles minus the supplemental payment. Thank you for your attention to this matter.



Hospitals Using Electronic NB-1 Application

Hospitals using the new electronic NB-1 (a Web-based application to automatically add newborns to existing SoonerCare cases) are having success with the new system. Prior to creation of this process, hospitals could not bill for services provided to a newborn until several steps were taken by the provider, parents and Oklahoma Department of Human Services.

Initially, OHCA and OKDHS evaluated the current enrollment process for newborns to determine the problems, potential areas of improvement and the adverse affects these issues had on members and providers. It was determined that OKDHS could receive a real-time transaction from the hospital, update the case automatically and trigger the transaction at OHCA to add the newborn to benefits.

Provider task forces gave input on how best to design the process, and possible changes to both OHCA and OKDHS systems were identified. Additionally, EDS sent its user experience team to meet with hospital staff in both urban and rural settings to demonstrate how the system would work by using “wireframes,” a tool that allows users to try out a process before all the system design changes take place. With input from these outreach efforts, the system design was completed, and systems changes were made to accommodate adding newborns to existing cases.

The system is being implemented incrementally to allow a provider representative from OHCA and/or EDS to visit each location, spend time training staff on the new process and answer any questions.

The advantages of using the Web application are many. The baby is given eligibility, and the hospital receives feedback in real time. The baby is part of the Eligibility Verification System, and claims can be immediately submitted by the hospital or attending physician. A printable confirmation and notification with the newborn's ID number are available immediately for the hospital, the attending physician and the mother.



The printout can be used for the hospital to bill claims on the child, for the attending physician's records and for mother to use as a temporary ID card for the baby.

Hospitals still have the option of submitting the paper NB-1 form instead of using the online service. Paper filing will be necessary if the mother's SoonerCare categorical eligibility is not because of pregnancy or if the system is down, for instance. OHCA has made the electronic NB-1 system available since Jan. 1, 2008.

Future plans for this system include real-time eligibility determination and case creation for eligible mothers who have not yet applied for benefits.

Improvements to the process, including a Web application with real-time eligibility determination and case creation for potentially eligible mothers who haven't previously applied, are scheduled to begin development when Phase I is complete.

This enhancement would allow the mother to apply for SoonerCare and, if approved, receive immediate eligibility for delivery costs as well as medical care for the newborn while still in the hospital.

The electronic NB-1 process is part of OHCA's commitment to continued improvement in meeting the needs of our members and the providers who serve them.

For more information, contact the OHCA Call Center at 800-522-0114 or 405-522-6205.

Care Program for Seniors Based in Tahlequah Taking Applications

Applications are now being accepted for the new Program of All-inclusive Care for the Elderly (PACE), a program for nursing home-eligible people age 55 and older offered through a partnership of the Oklahoma Health Care Authority and Cherokee Nation Elder Care.

PACE, based at the Cherokee Elder Care Center, will provide comprehensive health-related and social services to seniors who meet care and income qualifications. The program is intended to offer these seniors support and assistance that will allow them to remain in the community rather than live in a nursing facility.

Applications are being accepted as of Aug. 1, 2008; services offered

through PACE will begin Sept. 1, 2008. Members of PACE will receive a range and intensity of services that allow them to remain out of hospitals and long-term care facilities.

PACE members will be taken to the day center about three days a week and receive all necessary preventive, primary, acute and long-term care services, including therapy, social services, nursing and personal care.

PACE is offered to anyone in the center's service area who meets the program's qualifications, regardless of whether they are members of the Cherokee Nation. The service area includes the following ZIP codes: 74347, 74352, 74364, 74368, 74401, 74403, 74423, 74427, 74434, 74441, 74451, 74452, 74464 and 74471.



For more information or to apply, contact Sharon Washington at Cherokee Elder Care, 918-453-5599.

Inpatient Hospital Services Annual Review Begins

The annual review process for inpatient hospital services paid under the Diagnosis Related Group (DRG) system is under way. OHCA mailed out letters in August notifying you of the cost-related characteristics that were being used to classify your facility into peer groups. If you did not receive a letter, please contact the Provider Rates and Reimbursement Unit at 405-522-7485 or e-mail ReimbComments@okhca.org.

We are still in the early stages of our analysis and updating process but will mail out letters detailing each facility's base rate as that information becomes available. Additionally, we will make the updated DRG weights available on our Web site at www.okhca.org/providers/types/drg prior to implementation on Jan. 1, 2009.



HPV Vaccine Gardasil Coverage Includes Adults

Payment for potentially life-saving vaccines for adults, including the vaccine Gardasil, has been approved by the Oklahoma Health Care Authority Board, giving Oklahoma providers additional tools for preventing cancer and other deadly diseases. The action will allow coverage for adult immunizations per the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) guidelines.

The ACIP recommends use of the quadrivalent human papillomavirus (HPV) vaccine Gardasil in both the adult and children's vaccination schedules. Routine vaccination with three doses of the vaccine was recommended for females 11-12 years of age. ACIP also recommended catch-up doses for females ages 13-26 who have not been vaccinated previously or who have not



completed the full vaccine series. According to guidelines, the vaccine should be administered before potential exposure to HPV through sexual contact.

The vaccinations will be covered by SoonerCare for females age 9-18 under the Oklahoma Vaccines for Children program through the Oklahoma State Department of Health. Coverage for older females, age 19-26, is provided under the adult program.

“By maintaining the recommended immunizations, SoonerCare members, their families and communities are protected from serious and often life-threatening infections,” said Dr. Lynn Mitchell, state Medicaid director. “This rule will reduce the risk to public health, safety and the environment by offering safe and effective protection from infectious diseases.”



Spring Provider Training Successful

OHCA and EDS completed spring training in May. Classes were held in Durant, Lawton, Oklahoma City and Tulsa. Providers were able to learn additional information related to adjustments, prior authorizations, pharmacy, Insure Oklahoma and our child health department.

Of the providers that registered, 77 percent were able to attend. Thanks to everyone involved. You are the reason our SoonerCare program is so successful.

Our fall training classes will be in Lawton, McAlester, Oklahoma City and Tulsa. Enroll today for a session near you. If you have additional questions, please call OHCA at 800-522-0114 or 405-522-6205.

DME Wheelchair Purchase Policy Changes

During this state legislative session, a policy was approved that will help maintain and raise quality standards for wheelchairs purchased through the OHCA's Durable Medical Equipment (DME) program.

The policy requires a fitting evaluation of a purchased wheelchair by an authorized health care specialist, such as a licensed physical therapist, occupational therapist, or assistive technology practitioner, in addition to the former requirements of a Certificate of Medical Necessity, a prescription for the wheelchair and prior authorization.

This requirement will not affect rented wheelchairs.

The policy will take effect April 1, 2009, which means all suppliers must provide a professional who is certified to perform the evaluation or be certified by the Rehabilitation Engineering and Assistive Technology Society of North America by that time. More information will be available about this new policy in upcoming newsletters.

300+ Providers Get EPSDT Bonuses

More than 300 providers received more than \$869,000 in EPSDT bonus payments earlier this year. Thanks for all you do for our SoonerCare members.

When Can a Claim Be Adjusted?

Myth: If a claim was processed or paid incorrectly, it must be voided.

Fact: Most fields can be adjusted on a paid claim. Some fields that can't be adjusted are member name and number, payee provider number or claim type (how the claim was processed).

In order for a claim to be adjusted it must be in paid status. A denied claim, denied details on a paid claim, or HMO co-pay claims cannot be adjusted. If an HMO co-pay claim was processed incorrectly, it must be voided and resubmitted.

Currently, OHCA is not accepting electronic adjustments. You can, however, void a claim in its entirety via the secure Web site. If changes are needed you must request those by submitting the proper adjustment request form, either the HCA-14 (UB-04) or the HCA-15 (CMS-1500 or Dental) for OHCA Adjustments to correct and process. Date of service, procedure codes, rendering provider, and insurance amount (TPL) are just a few examples of fields that can be adjusted on a paid claim.

If you have questions regarding this policy, please contact Adjustments at 800-522-0114, option 3, sub-option 1.



Oklahoma Long-Term Care Partnership Project Up and Running

Oklahomans now have a new option to consider when choosing a long-term care insurance provider. The new Oklahoma Long-Term Care Partnership project, created by the Center for Health Care Strategies, has officially begun operation. The project is the result of recent federal legislation aiding states in building similar partnership programs. As of July 14, 2008, OHCA is working with consumers to give them access to long-term care health insurance plans that will provide LTC benefits, while also helping to protect the assets of the policy holder.

A list of agents selling approved policies is available on the program's Web site, <http://www.okltcpartnership.org>.

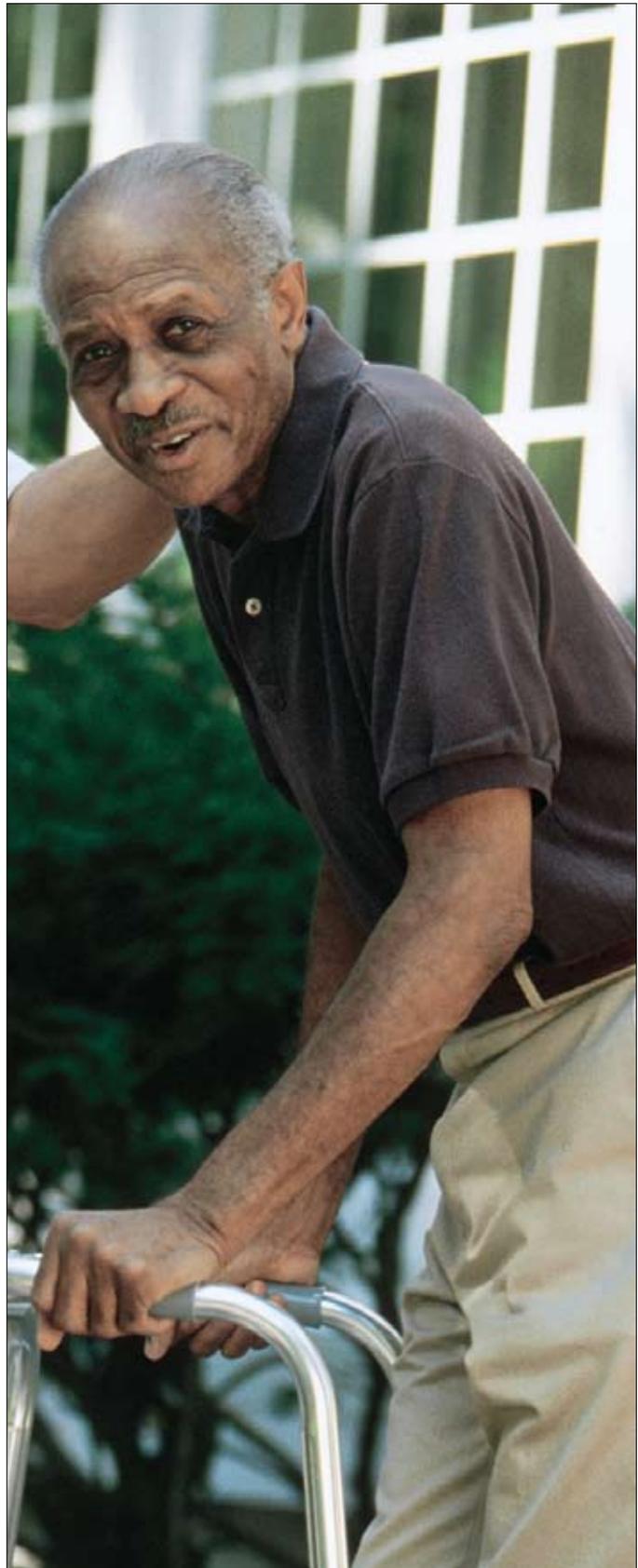
Members considering the purchase of LTC insurance should be aware of the partnerships. Since LTC differs from regular medical care and can be quite expensive (the average LTC patient pays \$48,000 per year for care), the possibility of a single insurance policy holder exhausting benefits while still needing care is highly probable. In most cases, the policy holder applies for Medicaid (if eligible to do so) to assist in paying for the care.

LTC Partnerships allow those who buy long-term care insurance policies to not only receive benefits through their insurance company, but also protect consumers' assets in instances where policies are exhausted and Medicaid is necessary. For example, individuals who purchase a policy and exhaust its benefits can then apply for Medicaid under a "dollar-for-dollar" partnership. The amount of protected assets will equal the amount of the policy purchased.

This program is targeted for middle-income families who are likely to buy some amount of LTC insurance, may not be able to afford as much as they need, yet would not qualify for Medicaid because of assets like home equity and investments. The program protects those families facing potentially catastrophic LTC costs.

While the partnerships do protect assets such as cash savings, securities and most property, they do not protect Social Security and pension income. Oklahoma's plan also includes a mandatory inflation protection plan for consumers younger than 76.

For more information on the LTC Partnership Project, visit the Web site mentioned above.



Don't Forget New Prescription Pad Requirements

Effective Oct. 1, 2008, written prescriptions for SoonerCare members must possess all of the following characteristics in order to comply with federal law:

- One or more features designed to prevent unauthorized copying of a completed or blank prescription form
- 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

The tamper-resistant requirement does not apply to refills, prescriptions that are faxed or phoned in, or electronic prescriptions (e-prescriptions).

More information, including OHCA recommendations for implementation and compliance, is available at www.okhca.org.



Check Out OHCA's Updated Web Site

The OHCA Web site's front page has been updated in order to make it more accessible and convenient. After receiving feedback on potential improvements, OHCA decided to revamp the page in order to address concerns that the site was difficult to navigate because of misplaced or hard-to-find information.

One of the concerns was that important research information was buried on the site and difficult to access. To fix this problem, we moved the research section for our agency to the front page and offered detailed links to helpful information like Fast Facts. It is very important to OHCA to offer transparent and convenient enrollment and utilization figures.

Another concern brought to our attention was that a growing number of secure provider sites were being scattered and buried on the site. In order to address this, we created a secure sites page, called OHCA Secure Sites, and linked it off the front page (under the Provider section). We have numerous secure sites either already implemented, like the SoonerCare Health Management Program, or in the process of being created. As OHCA grows and the nature of our agency moves toward

Web-based applications, we will link them off the OHCA Secure Sites page to make them easier for you to find.

We also moved our About Us section to the front page and added more links for easier and more convenient access. We enhanced our jobs section and broke away from the traditional site design in order to communicate what OHCA has to offer as a state employer and to compete with the private sector for quality of applicants.

Finally, a last concern was that the banner system we had on the site had limited viewing time which posed problems for our audience, so we designed and built a banner player that allows us to show unlimited banners and gives control of the banner to the audience. With controls on the player, the audience can control the banners to stop and resume play, as well as fast-forward and rewind. The banner is also equipped with thumbnail banners scrolling below the controls. We hope these updates assist you in navigating our Web site. We are committed to making the experience of using the tools and research we offer as convenient and pleasurable for you as possible, and we appreciate the feedback that made these updates possible.

Most Rx's Should Be Filed With Medicare Part D

Effective immediately, when a member is eligible for Medicare and SoonerCare, OHCA will no longer provide pharmacy benefits. OHCA will only cover the prescriptions listed below. OHCA will deny claims for all other prescriptions with an error advising that these claims need to be filed with Medicare Part D.

- Barbiturates
- Benzodiazepines
- Loratadine (Claritin OTC)
- OTC nicotine replacement products
- Folic acid
- Niacin (Niaspan)

Please visit www.okhca.org/providers for a complete list of covered drugs.



State Medicaid Directors Meet in Oklahoma City

The spring meeting for the National Association of State Medicaid Directors (NASMD) was held June 15-17 at the Sheraton Hotel in downtown Oklahoma City. This was the first time Oklahoma was selected to host a meeting for the group, whose primary purpose is to serve as a communication tool between states and the federal government.

“We were very proud when Oklahoma was chosen to host this meeting. In addition to having the opportunity to network and share information with other states, we were given the opportunity to show off our great city and state,” said OHCA CEO Mike Fogarty.

The NASMD meeting included representatives from 41 states, the District of Columbia, and three

territories (Saipan, Guam and the Virgin Islands). They discussed issues such as targeted case management, program integrity and health care reform.

“As the incoming NASMD chair, I was thrilled to start my term in your state. As the horizon in Oklahoma is unlimited, so is the opportunity for Medicaid programs throughout the country. Your state’s Medicaid program stands as a great example of the possibilities that exist for all of us to better serve our state’s most vulnerable population,” said Carol Steckel, NASMD executive committee chair and commissioner for Alabama Medicaid.

OHCA’s own Dr. Lynn Mitchell serves as a member of the NASMD executive committee.



OHCA Implements Federal Drug Rebate Program Requirements

Due to a change in federal law, OHCA is now required to collect the National Drug Code (NDC) numbers for drugs administered in outpatient settings. The NDC is found on the product package and is an 11-digit number assigned to all drugs. It is in a 5-4-2 format. The first five-digit segment is the labeler code (or the manufacturer code).

The NDC information is necessary to collect rebates from drug labelers. If a labeler does not participate in the federal rebate program, then OHCA cannot pay for any of its products. The Centers for Medicare & Medicaid Services (CMS) publishes a reference list of labelers participating in the federal drug rebate program. A link to the CMS reference list can be found at www.okhca.org/NDCbilling.

OHCA encourages providers to regularly verify that a labeler is currently participating in the federal rebate program. Providers may also verify coverage for a particular NDC on a specific date of service by visiting the SoonerCare Secure Site.

Rhogam® is an example of a product which is frequently used in certain practices, yet cannot be covered by OHCA at this time. The manufacturer, Ortho Clinical Diagnostic (labeler code 00562), has chosen not to participate in the



federal drug rebate program. This labeler code is not found on the reference list on the CMS Web site; therefore, the manufacturer does not participate in the federal drug rebate program, and OHCA cannot cover its products.

Alternately, checking the specific Rhogam® NDC on the SoonerCare Secure Site will show that the drug is not covered at this time. When the NDC is not covered, a window will pop up stating “NDC code not found.” There are several other products marketed

by participating manufacturers that are indicated for the same conditions as Rhogam® and therefore covered by OHCA. Currently, these products are HyperRho™ by Talecris Biotherapeutics (labeler code 13533), WinRho® by Baxter Healthcare (labeler code 00944), and Rhophylac® by CSL Behring (labeler code 44206). All three of these labeler codes can be found on the CMS reference list.

More information on this topic can be found at the OHCA Web site at www.okhca.org/NDCbilling.

The National Drug Code

| Labeler Code | Product Code | Package Code |
|--------------|--------------|--------------|
| 5 digits | 4 digits | 2 digits |
| 99999 | 9999 | 99 |

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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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