Spring 2014

SoonerCare Provider Update

Oklahoma Health Care Authority

Permanent Rule Changes

This year's changes to the Oklahoma Health Care Authority's (OHCA) permanent rules were available for review and input through February 24. The rules include new regulations requested by the public, members, providers, other state agencies and OHCA staff and leadership. In addition, rules previously promulgated on an emergency basis were considered.

A Rule Impact Summary, including projected budget impacts, was furnished for each proposed rule. All text changes to the regulations were also highlighted in the postings.

The Medical Advisory Committee made its recommendations regarding all rules at its March 26 meeting.

Finally, the OHCA Board took action regarding the rules during its March 27 meeting (with the exception of WF #13-43, which was withdrawn from consideration due to a technical error). Following Board action, the rules were forwarded to the Legislature and Governor for action. If approved, most of the rules will take effect around July 1, 2014.

Among the new rules are changes regarding:

- Diabetic Testing Supplies — Policy is revised to clarify diabetic supplies are covered items when medically necessary according to the member's diabetic classification (e.g., Type 1 insulin and non-insulin dependent and Type 2 insulin and non-insulin dependent and gestational diabetes). (Reference APA WF # 13-07)
- Long Acting Reversible Contraceptive Devices — Policy is amended to allow reimbursement for Long Acting Reversible Contraceptive (LARC) devices to hospitals outside of the Diagnosis Related Group (DRG) methodology. (Reference APA WF # 13-13)
- Tobacco Cessation Counseling — Tobacco cessation counseling policy is revised to include Maternal/Child Health Licensed Clinical Social Workers (LCSWs) with certification as a tobacco treatment specialists as qualified providers for cessation counseling services. (Reference APA WF # 13-17)

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- Genetic Testing — Policy is being revised to add language that sets boundaries as to what are deemed approved genetic testing methods. Problems have recently arisen which call for more stringent policy, particularly issues regarding lab billing for expensive methods that lack sufficient evidence for their use. (Reference APA WF # 13-26)
- Fluoride Varnish — Policy is revised to expand the age for which application of fluoride varnish during course of a well-child screening is covered, from ages 12 months to 42 months to ages 6 months to 60 months. (Reference APA WF # 13-51)

Click here to view the complete list.

OHCA Adds New Measure to Combat Public Crisis of Prescription Drug Abuse

The mission of the OHCA Lock-In Program is to assist health care providers in monitoring potential abuse or inappropriate utilization of controlled prescription medications by SoonerCare members.

The OHCA has a new weapon in the war against prescription drug abuse. The agency has ramped-up its Pharmacy Lock-in Program so that certain SoonerCare members cannot receive controlled substances from more than one prescriber. The measure aims to deter the practice of doctor shopping and prevent the possibility of accidental drug overdose – a growing and deadly problem in Oklahoma. The new lock-in requirement begins in summer 2014.

"We simply feel this is a necessary change to create a more effective and relevant lock-in program," said OHCA's Health Care Management Medical Director, Dr. Mike Herndon. "We believe this additional measure will have a significant impact on the number of prescriptions those members who are in the Lock-in Program are able to acquire."

Presently, those SoonerCare members who are at risk of misusing prescribed controlled substances are restricted to the use of one pharmacy to fill all of their medications. The new requirement will limit these members to using both a single pharmacy and prescriber. Pharmacy claims will be blocked from a prescriber who is not the lock-in member's authorized prescriber. However, this lock-in will only apply to controlled substance prescriptions.

Prescription drug abuse is an epidemic in Oklahoma, narcotics in particular. According to a recent report by the Trust for America's Health, the Sooner state has the fifth highest drug overdose mortality rate in the U.S., a rate that tripled from 1999 to 2010.

New 1500 Form

As of April 1, 2014, the new 1500 Professional claim form is mandatory. When submitting the new form, be sure to use the following new format:

#1- Box 10D: This field will no longer be used. Report any Third Party Liability (TPL) payments in box 29 or Carrier Denied in box 19

#2- Box 17: This field will now require qualifier "DN" for referring provider or qualifier "DK" for ordering provider

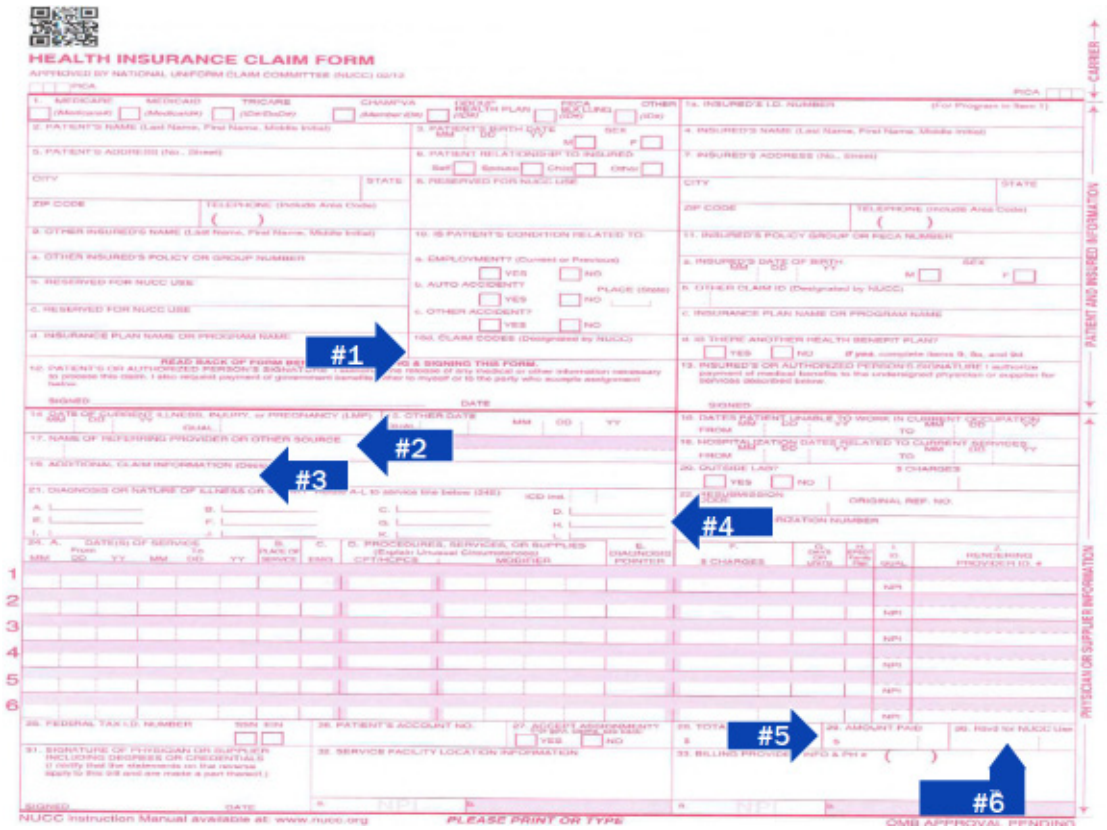
#3- Box 19: This field will now be used to report "Carrier Denied" on a claim

#4- Box 21: This field has expanded to allow a maximum of 12 diagnosis codes with seven characters per code.

#5- Box 29: This field will now be used to report TPL payments

#6- Box 30: This field will no longer be used. Leave this box blank.

For additional information visit our [New 1500/Professional Claim Form Instructions].



Stage 2 Begins for the Oklahoma EHR Incentive Program

For 2014 only, regardless of your stage of meaningful use, you will only demonstrate meaningful use for a three-month Electronic Health Records (EHR) reporting period.

- Stage 2 retains the core and menu structure for meaningful use objectives. While some objectives from Stage 1 were either combined or eliminated, most of the Stage 1 objectives are now core objectives in Stage 2.
- Stage 2 also replaces the previous Stage 1 objective to provide electronic copies of health information or discharge instructions and provide timely access to health information with objectives that allow patients access their health information online.
- Stage 1 measures that were kept have higher thresholds for Stage 2.

Eligible Professional (EP)

- EPs must meet 17 core objectives and three menu objectives that you select from a list of six, or a total of 20 core objectives.
- EPs have a new core measure in which they will use secure electronic messaging to communicate with patients on relevant health information.
- EPs will need to provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.

Eligible Hospital (EH)

- EHs must meet 16 core objectives and three menu objectives that you select from a list of six, or a total of 19 core objectives.
- EHs have a new core measure in which they will need to automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR).
- EHs will need to provide patients the ability to view online, download and transmit their health information within 36 hours after discharge from the hospital.

Stage 2 criteria place an emphasis on health information exchange between providers to improve care coordination for patients. One of the core objectives for both EPs and EHs requires providers who transition or refer a patient to another setting of care or provider of care to submit a summary of care record for more than 50 percent of those transitions of care and referrals.

- For more than 10 percent of transitions and referrals, EPs and EHs who transition or refer their patient to another setting of care or provider of care must provide a summary of care record electronically.
- EPs or EHs who transitions or refers their patient to another setting of care or provider of care must either a) conduct one or more successful electronic exchanges of a summary of care record with a recipient using technology that was designed by a different EHR developer than the sender's, or b) conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period.

Starting in 2014, all providers are required to submit supporting patient volume documentation. This documentation may be faxed to 405-601-9797 or emailed to EHRDocuments@okhca.org. Remember, PHI must be sent via secure email. Please include the tracking number provided on the fax cover sheet and provider's name in the subject line. The patient volume report is required to consist of the following:

- Provider name
- SoonerCare provider ID
- Member/Patient name
- SoonerCare member ID
- Date of service
- Primary diagnosis

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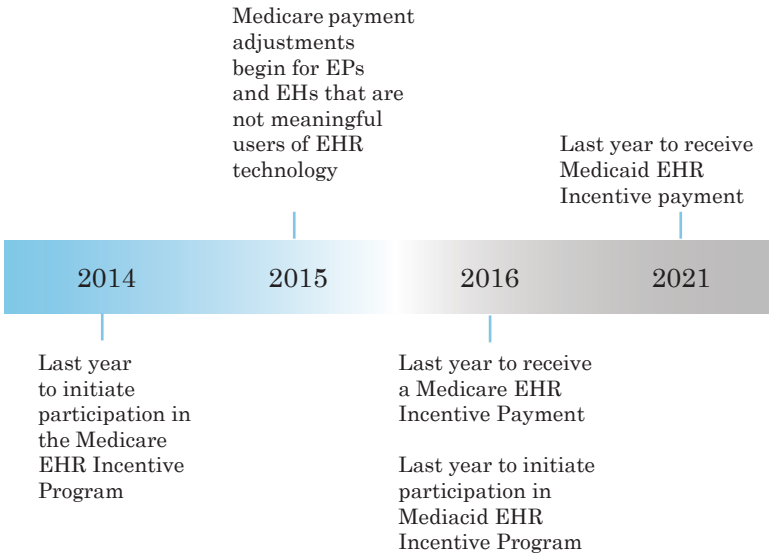
All other supporting documents may only be submitted via fax to 405-601-9797. This documentation consists of the following:

- Fax coversheet provided (contains tracking number)
- Vendor letter or entire signed and dated contract
- Signed contract amendment
- If attesting to 20-29 percent for board certified pediatricians, proof of board certification
- Meaningful use report
- Any OHCA requested supporting reports or documentation

The EHRDocuments@okhca.org email address is strictly for patient volume reports only. Any other documents sent to this email address will not be processed and the attestation will not be approved until other supporting documents have been successfully received via fax.

For further information, please contact the Oklahoma EHR Program Education Team at OKEHRIncentive@okhca.org or 405-522-7EHR.

CMS Medicare and Medicaid EHR Incentive Programs



Connecting DME to Oklahomans in Need

The Oklahoma Durable Medical Equipment Reuse Program (OKDMERP), a partnership between the OHCA and Oklahoma ABLE Tech, offers Oklahomans the opportunity to donate gently used DME to other Oklahoma residents in need. While SoonerCare and SoonerCare beneficiaries have priority, all Oklahoma residents with disabilities and/or health conditions are eligible to participate in the program regardless of age, income or insurance coverage. Participation is at no cost to the recipient.

OKDMERP inventory includes a range of devices to meet a variety of needs. DME that may be donated or includes: CPAPs, gait trainers, nebulizers, quad canes, shower chairs, walkers, bath benches, commodes, patient lifts, standers, hospital beds, wheelchairs and scooters. All Oklahoma Mobility Plus locations accept donations on behalf of OKDMERP, and donations are tax-deductible.

If you are interested in donating an item or you know a patient in need of equipment, please contact OKDMERP at 405-523-4810 or by email at katie.woodward@okstate.edu.

Think Teeth:
Help Create Smiles for Children

The Centers for Medicare & Medicaid Services (CMS) is deeply involved in promoting preventive dental services for patients eligible for benefits under Medicaid, Children's Health Insurance Program (CHIP) and the Health Insurance Marketplaces. CMS announced the Oral Health Initiative in 2010 to promote these services in Medicaid and CHIP. Under the initiative, state Medicaid and CHIP programs are encouraged to increase the number of children receiving dental sealants as well as prophylaxes and topical fluoride treatments.

CMS is working with states to increase by FFY 2015 the number of children (ages 1-20) receiving a preventive dental service by 10 percentage points over an established state baseline. For Oklahoma, that baseline is 44%.

Fluoride has been recognized as vitally important for caries prevention for almost 70 years. Community water fluoridation is the cornerstone of caries prevention and according to the Centers for Disease Control and Prevention (CDC) almost 70 percent of Americans on community water systems enjoy the benefits of water fluoridation. Topical fluoride treatments have also been proven effective for many years. We have been through painting stannous fluoride on teeth with a cotton swab, having patients hold fluoride gels and foams in their mouths for minutes and even given them prescription-level fluorides for home use.

Arguably the most effective topical fluoride treatment now available is in the form of fluoride varnish. Available from many different vendors, fluoride varnish is applied relatively quickly and easily. Under state practice acts, rules and regulations, a wide variety of health care professionals can provide fluoride varnish to even our youngest patients. Our medical colleagues are also encouraged to provide fluoride varnish because they often see children at a younger age than many receiving dental care – even though the recommendation is that children have their first dental visit by age one or at the eruption of the first teeth.

The science of dental sealants has been established for many years. The efficacy of sealant placement on permanent molars is well-researched. School-based dental sealant programs are even recommended by the Community Preventive Services Task Force.

Newly designed "Think Teeth" awareness materials can help your patients understand the importance of prevention. They are available for free on the Insure Kids Now website.

To view the OHCA's recommendations for pediatric oral health care, visit our website.

**This CMS message from Lynn Douglas Mouden, DDS, MPH, FICD, FACD, is forwarded to Oklahoma's dentists on behalf of the OHCA.*

Dr. Mouden, with almost 40 years of background in private practice and dental public health, now serves as Chief Dental Officer for the CMS.

A Word About SoonerCare Fluoride Varnish

By Leon Bragg,
DDS, MEd
OHCA Chief Dental Officer

SoonerCare medical providers can receive training and certification in fluoride varnish through the Smile for Life Oral Health Curriculum. Two web-based courses are required for physicians (and their trained staff) to be eligible for reimbursement.

Currently, nearly 70 individual SoonerCare PCPs are certified and eligible for reimbursement through this program. Visit online for more details about SoonerCare Fluoride Varnish.

Demystifying Maternity Benefits

Pregnancy services are offered to qualified Oklahoma women to increase the likelihood of a healthy pregnancy and birth. However, some women are eligible for the full-scope of SoonerCare benefits, whereas others qualify for a more limited range of services through Soon-To-Be-Sooners (STBS).

The following pregnancy related services are the same for women whose benefit program is SoonerCare or STBS. These services include:

- Routine office visits for prenatal care;
- Pregnancy-related medication;
- Two ultrasounds (one in the first trimester; one in the second or third trimester) and lab services related to the pregnancy;
- Limited medically necessary specialty and high risk obstetrical care with prior authorization; and
- Delivery services.

STBS pregnancy services are limited to those listed above.

However, a pregnant woman with full-scope SoonerCare has additional benefits, including non-emergency transportation (SoonerRide), emergency department services, limited dental coverage and post-partum care. These members may also receive services for other conditions in accordance with SoonerCare program benefits and exclusion policies for children and adults.

A side-by-side comparison of SoonerCare and STBS obstetrical coverage can be found on our website.

OHCA will soon be issuing an Obstetrical Care Providers Educational Materials Provider Letter, with complete updates for 2014. These comprehensive materials will include a comparison chart of benefits along with a Quick Reference Guide related to obtaining necessary authorizations.

OHCA policy regarding benefits for pregnant women can be referenced at www.okhca.org under Provider, Policy & Rules, OHCA Rules, Chapter 30, 317:30-5-22.

Providers with maternity benefits or policy questions may contact SoonerCare Provider Services at 800-522-0114, option 1.

Tech Use May Influence Health, Happiness of Families

By: Sylvia Lopez, MD, FAAP and OHCA Chief Medical Officer

New research further suggests that when caregivers put the brakes on their mobile device use they may help fast-track a child's development and build stronger family bonds.

The object of the study published in the journal *Pediatrics* was to observe adult caregivers and children eating out in restaurants to determine how the use of digital devices (i.e. smartphones and tablets) during mealtimes may affect parent-child interaction.

Researchers witnessed that most adults used some kind of mobile device during or at the end their meals. Of the 55 groups in the study, only 15 were observed to use no mobile device. Furthermore, it was those adults who were more engaged with the children in their care.

In contrast, children observed in the groups engaged in the use of hand-held devices exhibited behaviors that ranged from acceptance to limit-testing - many of the latter of whom attempted to garner attention from the caregivers. These provocative behaviors were met with inattention, insensitivity to the child's needs or a physical response. Those caregivers who were highly absorbed in their devices were also observed to respond most harshly.

The American Academy of Pediatrics periodically issues policy statements on the use of media in the family setting and the limitations we should set. Social media is ubiquitous and cannot be reasonably avoided, but parents should set boundaries for the sake of their children.

An especially important time for families is dinnertime. This should be a time for families to come together and share experiences while eating a nutritious meal. In many cases, this is the only time that the entire family is together.

What pediatricians like to stress is that the interaction between a parent and his/her child and the interactions among the children in the family are important in establishing family values and promoting character and responsibility. It is also important in the development of good vocabulary. Dinnertime is often the only time that parents directly hear from their children what has transpired at school. It is an opportunity for parents to hear from the children what matters to them. The best way to have this dialogue is to put the cell phones and other mobile devices away for 30 minutes.

When our children were young, we set the ground rules early. The entire family had dinner together every day. During dinner, there were no distractions. No one answered the phone when it rang. We didn't turn on the TV. No cell phones were allowed in the dining room. Everyone understood that it was the family's time for conversation and eating and it was important. To this day, our children tell us that they were glad we insisted on having it this way because this time created memories for them.

There are so many distractions for our children today. The family needs to set aside some time every day for one-on-one dialogue with all the members of the family and make it a priority.

Spring Provider Training Workshop

Tulsa – April 30 and May 1
Oklahoma City – May 14 and 15

All courses will be available at each location each day.
Registration is available online.

Recover Audit Program

Description:
This presentation is an overview of the Oklahoma Recover Audit Program - a new program that is in the final stages of implementation. The purpose of the program is to identify overpayments and underpayments.

View the presentation online.

Durable Medical Equipment

Description:
The Durable Medical Equipment (DME) class covers rule changes including diabetic supplies, manual pricing process and oxygen. It covers the impact that competitive bidding has on the OHCA, as well as budget issues.

View the presentation online.

Electronic Health Records

Description:
This course is designed to assist all eligible providers who plan on participating in the Oklahoma EHR Incentive Program. An eligible provider is an M.D., D.O., ARNP, Certified Midwife, Pediatrician, Dentist, P.A. (only if practicing at a FQHC/RHC led by a P.A.), acute care hospital (including cancer and critical access), and children's hospitals. The most recent information is provided as well as some handy tips learned from earlier provider attestations. We also show you the steps necessary to attest for the Oklahoma EHR Incentive Program.

View the presentation online.

Medication PA & Billing for Physicians

Description:
This class provides information about medication prior authorizations for both pharmacy and physician administered drugs. The class also covers information for billing J codes with NDC on claims.

View the presentation online.

Provider Portal Playbook

Description:
The Provider Portal Playbook is set to give you a wealth of "game day" knowledge by covering various topics on the new Provider Portal. Get tips, tricks and shortcuts related to the portal. Topics of discussion include: accessing the site, managing accounts, researching claims and many other functions.

View the presentation online.

Adjustments-Third Party Liability

Description:
This class explains when and why adjustments are required, as well as instructions on requesting an adjustment for all claim types. The class also covers Third Party Liability (TPL) topics including HMO copayments and Medicare replacements and supplements. The forms covered for this class are: HCA-14, HCA-15, HCA-28, Pharm3, and TPL1.

View the presentation online.

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Special Process Claims

Description:
This class addresses when, why and how to send a claim for special processing/manual review. It covers 1500 Professional and UB-04 Institutional claim examples, including timely filing, the HCA-17 and HCA-28 forms, Return to Provider letter, and claims that do not need to be sent for special processing.

View the presentation online.

Tobacco Cessation

Description:
This class has three objectives related to tobacco cessation: 1) to educate providers on tobacco cessation best practices, specifically the 5A's counseling methodology, 2) to teach providers about SoonerCare's tobacco cessation benefits and how to bill and document appropriately, and 3) to familiarize providers with the Oklahoma Tobacco Helpline as a free resource for their patients.

View the presentation online.

Oklahoma is National Model in the Growing Field of Genetics

Oklahoma's work in the field of genetics has been leading the way for Medicaid agencies. The OHCA is unique among other states in that it's the only state agency in the country to have a geneticist on-staff. Dr. Alison Adams Martinez, Ph.D., recently presented on Oklahoma's approach and policies towards genetic testing for the National Association of Medicaid Directors (NAMD).

"Oklahoma is always looking to share our perspective on genetic testing and promote a nationwide free exchange of ideas on this topic," said Martinez.

The use of genetic testing and other molecular pathology (MolPath) services are on the rise, with applications ranging from diagnostics to personalized medicine. While these technologies promise exciting new improvements in patient care, most tests do not require the Federal Drug Administration's approval, and their impact on outcomes may not be supported by solid evidence. If not monitored, novel technologies could lead to costly and potentially wasteful spending by Medicaid agencies.

"Part of our role at the Oklahoma Health Care Authority is to make sure that our members have access to the most clinically beneficial technologies, and we are trying to be thorough and thoughtful in evaluating the benefits and drawbacks of new genetic tests," said Martinez.

Dr. Martinez joined the Medical Professional Services unit of the OHCA in 2012. In her role as geneticist, Martinez reviews and develops recommendations for coverage of genetic testing and responds to inquiries from SoonerCare providers regarding these new technologies.

Visit online for more information on the role of genetics at OHCA.

Correction

The OHCA would like to correct information that was given in the last Provider Update. The second item in the "Update on Durable Medical Equipment Changes" should read, "Allow one rental period per calendar month for K0001 for 13 months total within a 60-month period."

New FDA Safety Guidelines for Prescribing and Dispensing Acetaminophen

The Federal Drug Administration (FDA) is recommending health care professionals discontinue prescribing and dispensing prescription combination drug products that contain more than 325 milligrams (mg) of acetaminophen (APAP) per tablet, capsule or other dosage unit. There are no available data to show that taking more than 325 mg of APAP per dosage unit provides additional benefit that outweighs the added risks for liver injury. Further, limiting the amount of APAP per dosage unit will reduce the risk of severe liver injury from inadvertent APAP overdose, which can lead to liver failure, liver transplant and death.

It is recommended that health care professionals:

- Counsel patients not to exceed the APAP maximum total daily dose (four grams/day)
- Educate patients about the importance of reading all prescription and over-the-counter (OTC) labels to ensure they are not taking multiple APAP-containing products
- Advise patients not to drink alcohol while taking APAP-containing medications
- Instruct patients to seek immediate medical assistance if they have taken more APAP than directed or experience swelling of the face, mouth and throat, difficulty breathing, itching and rash

Accidental overdose from prescription combination drugs containing APAP accounts for nearly half of all cases of APAP-related liver failure in the United States. When making individual dosing determinations, health care providers should always consider the amount of both APAP and the opioid components in the prescription combination drug product.

SoonerCare has initiated ingredient duplication edits when multiple claims for APAP-containing medications are attempted for its members within a designated timeframe. An ingredient duplication review is now required when the APAP duplication occurs.

This FDA safety alert was issued on Jan. 14. OTC APAP products will be addressed in another regulatory action.

Health care providers and pharmacists who have further questions are encouraged to contact the Division of Drug Information at 888.INFO.FDA (888-463-6332) or druginfo@fda.hhs.gov.

To report adverse events or side effects related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:

- Complete and submit the report online or call 800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form, or submit by fax to 800-FDA-0178.

Don't forget!

You can stay abreast of the latest OHCA policy changes and other important information by visiting the Provider section of our website.

- Provider Letters
- Global Messages

OHCA Has Moved

The OHCA would like to notify our providers, members and the general public of our relocation to Lincoln Center, just north of the state capitol. Our new address is 4345 N. Lincoln, Oklahoma City, OK 73105. All other contact information (i.e. phone and numbers) remains the same.

To find us, take the Lincoln Boulevard exit off I-44 and head south; we are located on the west side of the street. Our core business hours are from 8 a.m. – 5 p.m. Monday - Friday, and visitors' parking is at the front (east side) of the building.

Provider Update is published by the Oklahoma Health Care Authority (www.okhca.org) for Oklahoma's SoonerCare providers. This publication is issued by the Oklahoma Health Care Authority in conjunction with Jones Public Relations, Inc., as authorized by 63 O.S. Supp. 1997, Section 5013. Distribution of the OHCA SoonerCare Provider Update was $9,651.56.

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Please submit any questions, comments or story suggestions to Kelli Brodersen (kelli.brodersen@okhca.org) at the Oklahoma Health Care Authority's Public Information Office at 405-522-7504.

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