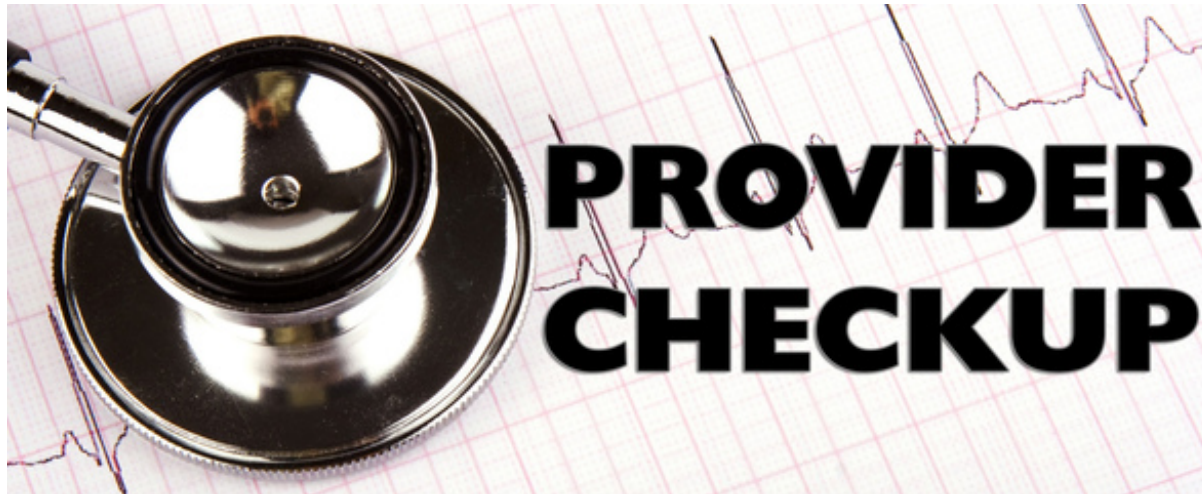




## OHCA budget outlook, program updates, new after-hours locator for members and more

*Oklahoma Health Care Authority sent this bulletin at 01/21/2015 02:51 PM CST*

OHCA Provider Checkup, Winter 2015



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## SFY 2016 Budget Outlook



**Garth L. Splinter, M.D., MBA**  
**State Medicaid Director**

As lawmakers prepare for the next legislative session, it is natural for state appropriations to be at the forefront of our minds at the Oklahoma Health Care Authority (OHCA).

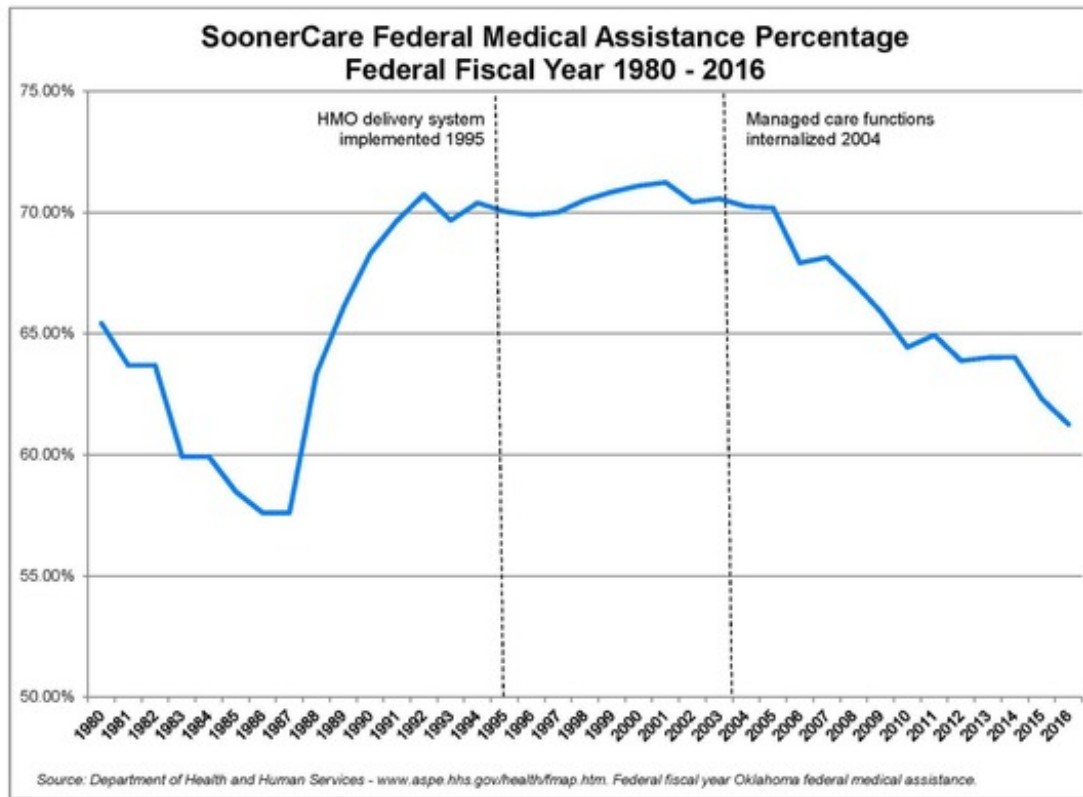
OHCA received a flat budget for state fiscal year (SFY) 2015 (July 2015 – June 2016). However, with annual growth in enrollment and a reduction in federal matching funds, the appropriation wasn't enough to continue operating the SoonerCare (Oklahoma Medicaid) program at SFY 2014 levels. To accomplish that, we needed an additional \$104 million state dollars.

In the end, difficult decisions had to be made in order to submit a balanced budget. Administrative cuts to the SoonerCare program were made early in the process, followed by targeted cuts to programs that were optional under federal law.

As a last resort, a provider rate cut of 7.75 percent was needed to balance the budget. Unfortunately, this was in addition to another necessary provider rate cut of 3.25 percent implemented in April 2010, which has not been restored.

A major factor in last year's budget shortfall was the reduction in OHCA's Federal Medical Assistance Percentage, or FMAP, which will also be of primary concern in SFY 2016.

Let me preface my explanation of the FMAP by saying that, as Oklahomans, it is good to hear that our state economy is doing well. However, although average income is up, the number of people enrolled in SoonerCare remains basically the same. Therein lies the problem.



FMAP is the federal funding formula that's based on the state's per capita income relative to that of other states (determined on a three-year rolling average). Since Oklahoma's economy is doing well comparatively, the state received a reduction in federal matching funds for Medicaid, starting October 1, 2014 - a loss of some \$45 million, or 1.72 percentage points.

This downward trend will continue with a further decrease in federal funds for SFY 2016. OHCA has already received word that the FMAP rate will decrease from 62.30 percent to 60.99 percent, creating a need for \$45.5 million in additional state funds.

To put it bluntly, the budget outlook for SFY 2016 is bleak. The agency's SFY 2016 budget need just to maintain the program at current levels is \$170 million. This includes replacement of lost federal dollars, four percent program growth, a federal mandate for an in-house administrative law judge and

replacement of one-time carryover funds.

It is worth noting that this figure also includes \$14.4 million to cover children who qualify for SoonerCare through the Children's Health Insurance Program (CHIP). CHIP provides an increased match rate of 73.61 percent for services provided to children from 133 percent to 185 percent of the Federal Poverty Level, and is currently before Congress for possible reauthorization. If the program is not reauthorized, these children will remain in the SoonerCare program, but will receive the regular match of 60.99 percent. However, if CHIP is reauthorized through federal fiscal year (FFY) 2019, the match rate will increase to approximately 96 percent and the OHCA's need for additional state funds will decrease by \$42 million. Of course, this is a situation that we are monitoring very closely.

Eligibility for SoonerCare populations is authorized in legislation, and the state cannot reduce the SoonerCare eligibility guidelines for children due to federal mandate - **no cuts can be taken in this**. Consequently, the only control OHCA has over budget cuts is in regard to utilization of services (e.g. prior authorizations), which keeps our Per Member Per Month (PMPM) costs relatively flat, and the fee schedule. As stated earlier, most optional programs and services were eliminated for SFY 2015. The only major services that are now optional are behavioral health, pharmacy and dental extractions for adults. We believe that the elimination of any of these would result in increased total costs due to the ultimate spillover to over covered services.

It takes a great amount of purpose and diligence to continue navigating the SoonerCare program in these turbulent financial times. We will continue to work closely with our provider community as well as state and local stakeholders to ensure we make the best possible choices to ensure we are using taxpayer dollars in the most efficient and effective manner while providing quality health care for our members. Please feel free to share your thoughts and suggestions with us at [MD-DDS.inquiries@okhca.org](mailto:MD-DDS.inquiries@okhca.org).

\*FMAP graph provided by OHCA Reporting & Statistics

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## **ATTENTION ALL PROVIDERS**

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### **CPT and HCPCS code changes**

Annually the AMA and CMS review, add, change and delete various billing CPT and HCPCS codes. It is OHCA's annual standard operating procedure to update our codes in accordance with our codified policy. OHCA reminds all providers to be cognizant of new, changed and deleted 2015 CPT codes and 2015 HCPCS codes for billing purposes. New codes are effective as of January 1, 2015, date of

service, and deleted codes are end dated effective December 31, 2014..

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## OHCA is no longer printing remittance advices

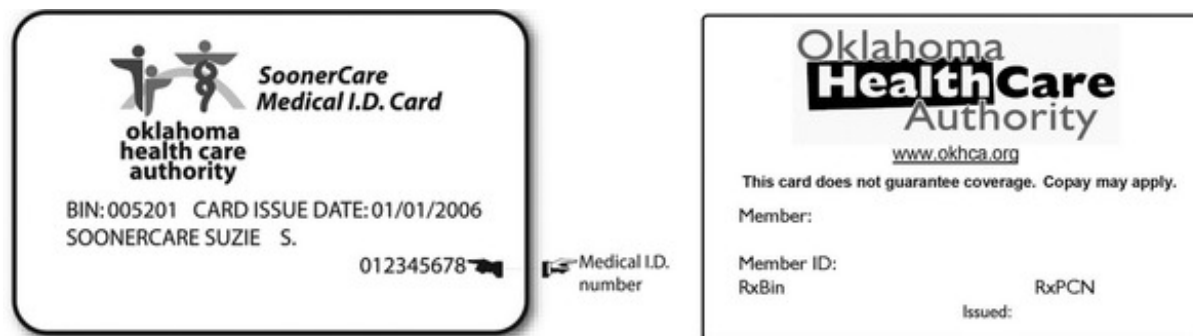
Providers are now expected to download remittance advices (RAs) from the [SoonerCare Provider Portal](#). RAs are available on the portal for 24 months.

OHCA will only process requests for duplicate RAs if the request is beyond the 24-month timeframe, and there will be a charge for each request. Requests for duplicate RAs may be submitted to OHCA using the most recent version of the [HCA-18](#).

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## New SoonerCare member ID cards

In the next few months, OHCA will be rolling out new SoonerCare member ID cards. Here are a few things that providers should know:



Old card

New card

- The card is a redesign
- The cards will be issued to first-time enrollees and current members needing a replacement card (we will not replace every member's card)
- Current members who do not need a replacement card will continue to use their existing member ID card
- Previous Medical Benefits Identification cards are still applicable in helping with program validation
- The SoonerCare ID card identifies members but does not guarantee eligibility or payment of services
- Providers should verify coverage each time services are provided. This can be done by:

1. Calling 405-840-0650, opt 1 (OKC area) or toll-free 800-767-3949, opt.1 (statewide), if you have the SoonerCare Provider ID Number and Eligibility Verification System (EVS) PIN. **Forgot your PIN?** Contact the Internet Help Desk at 800-522-0114, option 2, then 1; or
2. By logging on to the secure [SoonerCare Provider Portal](#) site.

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## ICD-10 update

OHCA completed a beta round of external provider testing on August 29, 2014, and completed the first formal round (i.e., Round 1) of testing on December 19, 2014. Currently, two additional rounds of testing are scheduled as follows:

Round 2: February 2, 2015 – April 30, 2015

Round 3: June 1, 2015 – August 28, 2015

To facilitate the next round of testing, OHCA will use the same approach as that used for Round 1 and reach out to specific billing agents and clearing houses to define which providers will be selected to participate in the next round of testing. Each billing agent or clearing house will be allowed to select no more than two of the providers for which they submit claims for in production today.

It's recommended that providers contact their billing agent or clearing house as soon as possible to let them know about their interest in participating and to see if they're capable and willing to submit test claims on their behalf, should they be contacted by HP to take part in the testing.

Great effort is involved in setting up the billing agent or clearing house and provider information in the test environment prior to the submission of test claims. Therefore, testing must be limited to approximately 10 to 20 billing agents or clearing house per round of testing. This means that each round of testing could encompass a total of 20 to 40 providers.

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## Final EHR rule from CMS



### Flexibility Rule

OHCA has updated its Electronic Health Records (EHR) Attestation system to accommodate the changes outlined by the Centers for Medicare & Medicaid Services (CMS) in the EHR Flexibility Rule which can be found at <http://www.gpo.gov/fdsys/pkg/FR-2014-09-04/pdf/2014->

[21021.pdf](#). Providers and hospitals affected by the delay in implementing a 2014 certified EHR technology (CEHRT) may begin submitting attestations on December 18, 2014. The flexibility rule changes are only to allow providers and hospitals affected by a delay in fully implementing a CERHT during the 2014 program year to submit an attestation using 2011 CEHRT or a combination 2011 and 2014 CEHRT. Beginning in program year 2015, all providers and hospitals will be required to report using 2014 CEHRT.

### **New Form**

In order for providers or hospitals that have been affected by the delay to fully implement a 2014 CEHRT to attest, they must complete a "[Flexibility Rule Form](#)" and submit it along with all other required documentation once the attestation has been submitted. This form can be found at the end of the attestation system pages or by accessing the link above. This form will be used by the provider or hospital to indicate how they were affected by the delay in the implementation of 2014 CEHRT.

### **Hospital Attestation Tail**

For the participation year, the attestation tail period for hospitals is being extended. The last date hospitals may submit a 2014 attestation is now January 31, 2015.

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## **For your patients: after-hours care locator**

There's a new tool to help your patients access the care they need outside of regular office hours.

OHCA has created a web-based locator developed with the smart phone screen size in mind. The program allows SoonerCare members to enter any Oklahoma zip code and search for primary care providers offering after-hours care for minor injuries or illness in close proximity to their location. They can also enter the age of the patient seeking care, which will help locate the appropriate provider type (e.g., pediatric).

Upon submitting a request, a provider list will appear based on the aforementioned criteria. The list will include the facility names, addresses, phone numbers and hours of operation. Members are instructed to call a facility first to be triaged before going there.

By offering this new program, OHCA hopes to redirect SoonerCare members from visiting the emergency room for minor injuries or illness. The locator, which is scheduled to launch at the end of January, will be available through our public website at [www.okhca.org/afterhours](http://www.okhca.org/afterhours). You can check out the demonstration [here](#).

### **Get listed!**

OHCA Provider Services staff will be conducting face-to-face visits with all Tier 3 providers and Tier 2 providers that have after hours available for members in Oklahoma, Tulsa and Cleveland counties to enquire about their interest in being listed in the program. Provider Services will also be contacting facilities listed in our system as urgent care centers to determine what services they have available and their interest in participating.

OHCA welcomes the participation of any contracted provider who offers after-hour services. If you're interested in being listed in this locator, please contact Provider Services at 800-522-0114. You may also sign-up through the provider section of our [website](#), starting at the end of January.

We hope to have a statewide list of available providers up and running by April.

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## Insure Oklahoma brochures available to order



Connect uninsured patients to information about Insure Oklahoma health coverage with the Insure Oklahoma Individual Plan brochure, which can be ordered and shipped to your office at no charge.

Low-income, uninsured adult patients who do not qualify for SoonerCare, Medicare or employer-sponsored health plans may qualify for coverage through Insure Oklahoma. Insure Oklahoma members pay low health insurance premiums and copays for covered services. To enroll in the individual plan, members must earn at or below 100 percent of the federal poverty level and meet additional qualifications.

The brochures outline basic qualifications and benefits, and are available in English and Spanish. Click [here](#) to order.

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## Pharmacy

### Update on short-acting opioid quantity limits

The OHCA is focused on decreasing opioid abuse and diversion. As such, we are implementing a claims edit that will block payment for short-acting opioid products in quantities greater than four per day for chronic use. In effect, opioid claims for quantities greater than 120 units over a 30-day time period will be rejected.

Beginning in November 2014, OHCA implemented a three-phase quantity limit edit for SoonerCare



pharmacy claims. The last phase of this project begins in January 2015. Phase 3 of the opioid analgesic quantity limits will go into effect on all hydrocodone and other combination products as shown in the table below. The implementation phases of the opioid quantity limit edits are as follows:

Date of Quantity Limit Implementation	Medications Affected
Phase 1 November 2014	Hydromorphone Immediate Release Products Morphine Immediate Release Products Codeine and Codeine Combination Products Oxymorphone Immediate Release Products
Phase 2 December 2014	Oxycodone Immediate Release Products Oxycodone Combination Products
<b>Phase 3 January 2015</b>	<b>Hydrocodone Combination Products Butalbital Combination Products</b>

The [OHCA webpage](#) has been updated to reflect these changes in policy. Please visit the following links for more information:

- [Quantity Limits – Opioid Analgesics](#)
- [Analgesics, NSAIDs and Antipyretics](#)
- [Opiate Prescribing Guidelines](#)

Pharmacy has also created a campaign poster (“No More Than Four”) for providers to display at their facilities. You may download the [printable PDF](#) on our [website](#).

Questions may be directed to [pharmacy@okhca.org](mailto:pharmacy@okhca.org) or the Pharmacy Help Desk at 800-522-0114, option 4.

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### To protect young children, oral viscous lidocaine initiative proposed

On June 26, 2014, the FDA issued [a Drug Safety Communication regarding the use of oral viscous lidocaine](#) 2% solution for teething pain in infants and children. Serious adverse events, including seizure, severe brain injury, heart problems and death have occurred due to overdose, and accidental swallowing of lidocaine.



The FDA has recommended the addition of a black box warning to the product label. Parents and

caregivers are encouraged not to use over-the-counter (OTC) topical medications for teething pain, but to follow the American Academy of Pediatrics' (AAP) recommendations to use a chilled teething ring or gentle rubbing of the gums with a finger.

### SoonerCare Claims Analysis

A review of fiscal year 2014 SoonerCare pharmacy claims found 225 members age 1 year or younger with a paid claim for oral viscous lidocaine. Of these members, 58 or 25.78 percent had a diagnosis of teething syndrome. An additional analysis was conducted reviewing the first three calendar quarters of 2014. Claims were evaluated for oral viscous lidocaine use in members 5 years of age or younger.

**Calendar Year- Quarter Number of Paid Claims for Viscous Lidocaine**

Date of Quantity Limit Implemen- tation	Medications Affected
Phase 1 November 2014	Hydromorphone Immediate Release Prod- ucts Morphine Immediate Release Products Codeine and Codeine Combination Prod- ucts Oxymorphone Immediate Release Prod- ucts
Phase 2 December 2014	Oxycodone Immediate Release Products Oxycodone Combination Products
<b>Phase 3</b> <b>January 2015</b>	<b>Hydrocodone Combination Products</b> <b>Butalbital Combination Products</b>

Analysis of diagnosis for members 5 years of age or younger receiving oral viscous lidocaine revealed acute pharyngitis, otitis media, dental carries, and teething pain. Compounded claims were included. The most common prescribers of oral viscous lidocaine included physician assistants, nurse practitioners, and family practitioners.

### Recommendations

Despite FDA recommendations to restrict use of oral viscous lidocaine in children, utilization in this population remains high. Based on these findings the OHCA Drug Utilization Review (DUR) Board and the University of Oklahoma Health Sciences Center (OUHSC) College of Pharmacy have recommended an educational initiative to recent prescribers of oral viscous lidocaine in children 5 years of age or younger. The initiative would consist of a targeted mailing to prescribers outlining the FDA recommendations.

Following the mailing a review of utilization will be conducted to determine if the intervention was effective in reducing prescribing in this population.

## Dental



### What's new

The SoonerCare program has a new dental poster available for providers to order or download for their practices. The poster explains the dental services available for children and is available in both English and Spanish (the poster is two-sided).

You can access the poster on the [OHCA publications page](#). You'll also find useful publications on the SoonerRide program, our Child Health Checkups Handbook, the newly released 2014 OHCA Annual Report and more.

OHCA has also recently begun producing a Dental Newsletter, which is released bi-monthly. The newsletter can be accessed

online or you may subscribe through [Web Alerts](#) to have it delivered directly to your inbox.

## DME

### Durable medical equipment point-of-sale (DMEPOS) repair process change

In an effort to expedite the process for DMEPOS item repairs for SoonerCare members, OHCA implemented changes in the repair prior authorization (PA) process effective for requests processed after December 1, 2014.

OHCA now accepts modifier "RB – Replacement of a part of a DME, orthotic or prosthetic item furnished as a part of repair." Items and products that have a MAX Fee payment classification with an allowable less than \$1,000 are not subject to PA if the provider



bills the claim using the RB modifier associated with the HCPCS code on the claim. All items classified as Manual Pricing and items with an allowable equal to or greater than \$1,000 continue to require PA.



Use of the RB modifier validates that the part or replacement is furnished to repair a DMEPOS product. “Repair” means to fix or mend. During the course of a repair, parts or components of a base item may be replaced. The replacement of parts or components of a base item is considered a repair.

Since claims for repairs are subject to audit using a post-payment method, providers must maintain records and medical necessity documentation of the repair items and related labor required in their files. OHCA requires that the least costly alternative be applied to repairs and replacement parts.

This process change is good for both our DME providers and our members. OHCA thanks our contracted providers for their input.

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### Manual pricing and fair market value pricing methodology and process change

Have questions about OHCA’s DME [Fair Market Value Price List](#)? Check the [FAQ](#) section of our DME webpage.

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## New on OKHCA.org

- [Provider Letters](#)
- [Global Messages](#)
- [News Releases](#)

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## OHCA Dates to remember

- |             |   |
|-------------|---|
| February 11 | <a href="#">Drug Utilization Review Board (DUR) Meeting</a> |
| February 12 | <a href="#">OHCA Board Meeting</a>                          |
| March 11    | <a href="#">DUR Board Meeting</a>                           |

March 12      [Medical Advisory Committee \(MAC\) Meeting](#)

March 26      [OHCA Board Meeting](#)

To access the complete calendar, click [here](#).

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## Tell us your story

OHCA loves to share stories from current and former SoonerCare members about the positive impact that access to quality health care has had in their lives. These stories are featured in print and/or video on our website and social media networks.

If your patient has a significant story to tell, please have them contact us via the [public website](#). It is an excellent opportunity to show the difference that good health can make.

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## Resources for you

- [OHCA Quick Reference Guide](#) (PDF)
- [Provider Resources](#): Useful contact information
- [Web Alerts](#) (Register for the latest OHCA updates of your choice)
- [EVS Guide](#): Oklahoma Client Eligibility Verification System
- [ePocrates](#): Oklahoma SoonerCare drug list and Medicare Part D formularies
- [Medicaid on the Web](#): Oklahoma Medicaid Management Information System (OKMMIS) Provider Training Manual
- [Provider Directory](#) (PDF for members in patient-centered medical homes)
- [Additional provider directories](#) (Behavioral Health, Dental, Vision, DME, etc.)
- [Online provider training](#) (Webinars, provider workshop schedules, etc.)
- [Statistics & Data](#) (access Fast Facts on providers and services)
- [Printer-friendly newsletters](#) (PDFs of provider newsletters)

· [Free OHCA publications](#): Ordering from our website

**OHCA Provider Helpline: 800-522-0114**

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## Pass it on!

OHCA works to keep providers and their staff informed about the latest happenings in SoonerCare. Be sure to check that all health care providers, administrative staff, business departments and other appropriate parties have access to this E-newsletter by forwarding it today!

**Information contained within is subject to change. Be sure to check OHCA Provider Letters, Global Messages and [Web Alerts](#) at [www.okhca.org](http://www.okhca.org) for the most up-to-date information.**

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Please submit any questions, comments or story suggestions to Kelli Brodersen ([kelli.brodersen@okhca.org](mailto:kelli.brodersen@okhca.org)) at the OHCA's Office of Public Information at 405-522-7504.



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