

OHCA Launches Diabetes Management Program

The Oklahoma Health Care Authority launched a diabetes management program July 10 in collaboration with the University of Oklahoma College of Pharmacy.

Mike Herndon, D.O., with OHCA's medical review and disease management unit, said the program features three components.

First, evidence-based standardized treatment guidelines for diabetes mellitus and diabetic patient flow sheets were developed and mailed to **SoonerCare** physicians for use in their practices.

"We encourage physicians to use the guidelines and flow sheets. They can make copies of the ones we sent them

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OHCA Implementing New Methods for Verifying Citizenship

A new citizenship and identity verification policy will be implemented soon to meet the Centers for Medicare & Medicaid Services (CMS) requirements on the types of documentary evidence that may be accepted to establish citizenship and identity and the processes states may employ to reduce administrative burden.

Formerly applicants had to attest to citizenship status by checking an appropriate box on the **SoonerCare** application for their status. Soon new methods will be introduced to obtain verification of citizenship and identity for members and new applicants.

The Oklahoma Health Care Authority, the Oklahoma Department of Human Services (OKDHS) and the Oklahoma State Department of Health (OSDH) are developing a plan of action to comply with new federal regulations regarding the verification of citizenship and

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to put in patient records, or more copies are available on our Web site.”

Second, collaborators developed a series of patient education letters about important issues. “We are hoping to encourage self-management of their disease and give them education to that end,” Herndon said.

Subjects of the letters include blood sugar monitoring, eye health, foot care, nutrition, hypertension and exercise. The materials are available at www.okhca.org under “Disease Management.”

Third, a call center at the College of Pharmacy began making outbound educational calls to **SoonerCare** members who have diabetes. “We do not make medical recommendations or medical decisions on these calls. It’s all educational,” Herndon said.

The calls focus on dietary habits, exercise and self-management. For example, in the first call, members are asked if they are diabetic, if they have a glucometer and if they can name their primary care provider (PCP).

Later calls become more technical, focusing on whether the members have had their HgbA1c tests, dilated retinal eye exams or cholesterol/triglycerides checks. “If they ask, ‘No, should I?’ we tell them that many physicians do recommend this for their patients with diabetes, and they should discuss it with their PCP if they haven’t had it performed,” Herndon said.

Statistics show that diabetes is among the areas where the state most needs to see improvement.



Oklahoma is ranked 50th in the nation for deaths due to cardiovascular disease, according to the 2005 “State of the State’s Health” data. The state significantly exceeds national averages in deaths due to diabetes, heart disease and stroke.

“We have a higher-than-average rate of diabetes in our state, partially because of our Native American and Hispanic populations,” Herndon said. Data from the National Diabetes Information Clearinghouse shows that, compared with non-Hispanic whites, American Indians are 2.2 times as likely to have diabetes, and Mexican Americans, the largest Hispanic/Latino subgroup, are 1.7 times as likely.

In another disturbing development, Oklahoma was one of 23 states having an age-adjusted prevalence of diagnosed diabetes at least 50 percent higher in 2004 than in 1994, according to the Centers for Disease

Control and Prevention.

OHCA will monitor claims data for member utilization to see if the diabetes management program has a positive impact on quality improvement and any reduction in cost, Herndon added.

OHCA also participates in a pediatric diabetes management program with the University of Oklahoma. About 250 **SoonerCare** members are involved.

The diabetes management program is a precursor to a more comprehensive disease management program approved last session by the state legislature, Herndon said.

“While we were waiting on that, we wanted to take advantage of the collaborative spirit with the College of Pharmacy and do this initiative,” he said. “We didn’t want to potentially wait another year to take an enhanced preventive role.”

O-EPIC IP Questions and Answers

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

The Oklahoma Employer/employee Partnership for Insurance Coverage Individual Plan (O-EPIC IP) is designed as a health insurance program for Oklahomans who are not eligible for private group insurance through an employer. This program extends coverage to eligible self-employed individuals; workers who are either not able to participate in, or whose employers do not offer, a Qualified Health Plan; the unemployed who are currently seeking work; and individuals working with a disability.

O-EPIC IP is a managed care health insurance plan funded and administered by the state. The plan offers a limited benefit package with a lifetime benefit maximum. Participants are required to choose a primary care provider (PCP). The PCP becomes the “medical home” and will take care of basic health care needs and provide referrals to specialists when necessary.

To be eligible for O-EPIC IP, an individual must meet certain requirements. Premiums will be assessed based on income. While the plan does not have an annual deductible, the member is responsible for co-payments. For more information regarding the O-EPIC

Individual Plan, including eligibility criteria, visit the Web site at www.oepic.ok.gov or call the O-EPIC helpline at 1-888-3-OK-EPIC (1-888-365-3742).

What are the advantages for a provider?

All providers will be able to receive a co-payment in addition to the **SoonerCare** Traditional (fee-for-service) schedule. Providers who want to be PCPs will receive a \$3 per member, per month case management fee. To become a PCP, the provider will need to request a panel and specify capacity. The Oklahoma Health Care Authority contracts with physicians, physician assistants and advanced practice nurses. Specialty providers are automatically contracted with O-EPIC.

All providers will have the same **SoonerCare** eligibility verification tools and claims submission procedure for Web, electronic and paper submissions. Providers will also have the same **SoonerCare** disbursement date and reimbursements process. The same informational tools and rules will be used for RAs, 835, prior authorizations and referrals. Providers may refuse service if no co-payment is made.

What are the O-EPIC IP co-payments?

Co-pays may be mandatory for some services received by O-EPIC IP members. The co-pays must be paid to the health care providers prior to the member receiving services.

Below are some of the co-pay amounts:

Office visit: \$10
 Pharmacy: \$5 generic, \$10 formulary
 Hospital emergency visit: \$30 (waived if admitted)
 Hospital inpatient stay: \$50
 Hospital outpatient services: \$25

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

Please see the member handbook for complete information.

What are the exclusions and maximums?

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

Additionally, O-EPIC IP covered benefits may have monthly or lifetime benefits maximums. There are overall lifetime maximums of \$15,000 for durable medical equipment and \$1 million for total plan services. Office visits are limited to four per month. Prescriptions are limited to six per month.



Oklahoma Gets Increase in DSH Funding

The Disproportionate Share Hospital (DSH) program was established in 1981 to address the needs of safety net hospitals that serve low-income and often uninsured patients. The program provided recognition that safety net hospitals incur higher uncompensated care costs than other hospitals.

New DSH funds for Oklahoma became available July 1, 2006. According to federal law, Oklahoma is deemed to be a Low Disproportionate Share Hospital (DSH) program state. As such, the state is receiving 16 percent annual increases in DSH funds each year through 2008.

“Prior to 2006, our state plan applied a very restrictive formula to allocate DSH money for lots of different reasons,” said Stephen

Weiss, senior policy advisor for the Oklahoma Health Care Authority. Weiss explained that a 1993 state law required the state’s Medicaid agency to weigh all hospital DSH funding against the University of Oklahoma Medical Center and to provide the bulk of the funds, approximately 82 percent, to the OU Medical Center. The remainder of the DSH funds went to mental health facilities and a handful of private and community hospitals.

With the 16 percent increase in DSH funding to Oklahoma in 2006, OHCA created a new allocation formula to allow more hospitals to receive funding to offset their uncompensated care costs.

OHCA added a new section to the Inpatient Hospital Services portion of the state plan in order to allocate \$5,925,053 of the 2006

“This is an exciting time for Oklahoma because of the increased DSH funds,” Weiss said. “We plan to continue with this formula in the future because it provides us with a unique opportunity to pay a significant number of hospitals for their uncompensated care costs.”

DSH allocation to 64 private and/or non-state-government-owned hospitals. The new section also allocated \$840,486 to a new category for the J.D. McCarty Center, a state-operated hospital for children with developmental disabilities, and \$7,222,295 to a public/private major teaching hospital, the University of Oklahoma Medical Center.



New Periodicity Schedule Rules, Handbook and Forms Available

The new periodicity schedule for child health checkups (EPSDT screening) was posted in October, along with the new rules, manual and forms. Providers were notified by letter, fax blasts and global messaging in October about the new changes and updates to the periodicity schedule.

The OHCA Child Health Unit hosted a work group of physicians, nurses, dentists and other professionals from across the state that developed a recommended periodicity schedule for Oklahoma **SoonerCare** members. Another work group was initiated to develop forms that providers may use as an aid to improve the quality and comprehensiveness of the screenings.

The child health manual has been updated to reflect the new schedule and to give providers additional information on the content of screenings, resources for referrals and other services related to child health. OHCA is encouraging providers to review the updated manual and to take note of changes in age group requirements and screening content.

OHCA highlighted two particular changes to screening content. Body mass index (BMI) is now required for children 4 and older to begin to address the issue of obesity in children. In addition to the new focus on BMI, information to assist in the developmental behavioral section of the screening has been provided on forms that will help providers identify flags for additional concern. Information from a developmental pediatrician was



included in the manual to look at certain tools useful for testing.

The forms, manual and other resources are available in the Providers section of the OHCA Web site, www.okhca.org.

The Child Health Unit is in the process of forming an advisory committee that will meet bimonthly

to discuss benefits and ways to potentially improve **SoonerCare** services for children. The committee will also gather input and advice about how to improve their services to children.

An updated version of the child

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2006 Fall Training Nets Highest Provider Turnout

Fall provider training saw the highest turnout of registrants since the Oklahoma Health Care Authority and EDS began offering sessions. All participating communities – Lawton, Tulsa, Oklahoma City, Durant and Woodward – featured an attendance rate above 70 percent.

During the five training sessions offered during August and September, providers and their staff learned more information about three important topics.

National Provider Identifier (NPI)

Attendees were informed of how OHCA would process claims with NPI as the provider’s identifying number. The importance of subparts was discussed so providers could decide if they would qualify for a subpart. Subparts help large organizations track the type of service provided, i.e., inpatient, rehab, radiology or home health.

OHCA updates the public Web site regarding NPI and implementation dates on a routine basis. If you have not already done so, please fax your NPI number along with your taxonomy number to Provider Enrollment at (405) 530-3224. If you have any questions related to NPI, please call Provider Enrollment at (800) 522-0114, option 5.

CMS 1500 paper claim form

Although only 5 percent of all claims are filed on paper, learning how to file paper claims properly is important to any provider who uses them. Providers who file any claim on paper must use both the referring provider’s NPI and legacy I.D. in Box 17; 17a is the legacy number, and 17b is for the NPI. Box 33 is for the billing provider’s numbers; 33a is the NPI, and 33b is the legacy number. Box 24j is for the rendering provider. On each line item detail, the

rendering provider’s legacy number is in the top part of the line item, and the NPI is in the bottom part of the line item. If you need additional training or assistance with this new form, please contact OHCA’s call center at (800) 522-0114, option 1.

O-EPIC Individual Plan

This new program for employees who work for small companies and are not offered health insurance is explained in more detail on Page 3.

OHCA extends our sincere thanks to everyone who attended these training sessions. OHCA and EDS staff are available at any time for onsite or group training. Spring training will begin in March 2007. Your input related to training topics is appreciated. Please contact us at (877) 823-4529, option 2, with your suggestions. Watch our Web site for updates and other training opportunities.

Figure 1

City	Registered	Attended	Attendance Rate
Lawton August 29	115	92	80%
Woodward August 31	60	47	78%
Tulsa September 13-14	574	434	75.6%
Oklahoma City September 19-20	645	467	72.4%
Durant September 26	179	126	70.4%



New Periodicity Schedule Rules (continued from page 5)



health handbook for parents will be available this winter. The handbook is an EPSDT quick reference guide for parents and includes the periodicity schedule and content of screenings. The Child Health Unit encourages providers to recommend it to members.

For assistance in matters pertaining to children's health, providers can contact the Child Health Unit at (405) 522-7188. For current information about EPSDT services and future developments regarding the periodicity schedule, please check www.okhca.org.

ePocrates® Introduces New Feature

ePocrates® is a free* drug and formulary based reference.

- The software is available in a Web-based version or can be downloaded to your Personal Digital Assistant (PDA) for added mobility.
- You can look up formulary specific drug information, such as coverage, quantity limits and prior authorization requirements.
- Oklahoma **SoonerCare** drug list and Medicare Part D formularies are included.

The new My ePocrates feature is all about YOU!

- Go straight to the drug monographs you recently viewed.
- Create shortcuts to get to your favorite applications faster.
- Launch MobileCME activities in your specialty.
- Edit your profile and much more!

More information on ePocrates online drug and formulary reference can be found at www.epocrates.com.

*Premium version also available from ePocrates for about \$60 per year.

ePrescribing® Coming Soon

The Oklahoma Health Care Authority is currently in the process of developing and implementing an electronic prescribing (ePrescribing) program.

OHCA will contract with multiple vendors to market ePrescribing solutions to **SoonerCare** contracted providers.

The contracted vendors will supply hardware (if needed), ePrescribing software and training to selected OHCA contracted providers for the purposes of exchanging data and submitting electronic prescriptions using standardized transactions.

If you are a contracted provider actively issuing prescriptions to **SoonerCare** members, you may qualify for our incentive program. Please contact us if you are interested in implementing an ePrescribing solution in your office.

Contact: Kelly Pensoneau, CPM
(405) 412-4944
Kelly.pensoneau@okhca.org

The rules of the ePrescribing program are subject to change as implementation procedures are not yet finalized.

[Prior Authorization Information can be found on our Web site at www.okhca.org/providers/rx/pa.](http://www.okhca.org/providers/rx/pa)

[Quantity limitation information can be found on our Web site at www.okhca.org/providers/rx/ql.](http://www.okhca.org/providers/rx/ql)

Online Fraud Training Offered for OHCA Providers, Contractors

The passage of the Deficit Reduction Act (DRA) of 2005 has made Medicaid fraud and abuse compliance programs mandatory for many organizations. The statute mandates that entities that receive at least \$5 million in Medicaid payments per year must implement employee education programs and certain written policies related to the detection and prevention of fraud and abuse by Jan. 1, 2007.

Billions of taxpayer dollars are lost every year to health care fraud and abuse. Nationwide, it is estimated that 10 percent of Medicaid claims are erroneous or possible attempts to abuse the system. The Oklahoma Health Care Authority is aggressively addressing these issues and will offer training to OHCA employees, **SoonerCare** providers and contractors in identifying and preventing inappropriate behavior.

OHCA staff is working with the University of Oklahoma Center for Public Management to develop the employee education program, which will also be available to providers and contractors. Online training for this course will provide information on identifying and protecting your group against **SoonerCare** fraud and abuse. Lessons include identification of such problems, the liability and penalties that can result and ways to safeguard against and report suspected fraud and abuse. For more information about this training, go to the OHCA Web site at www.okhca.org.

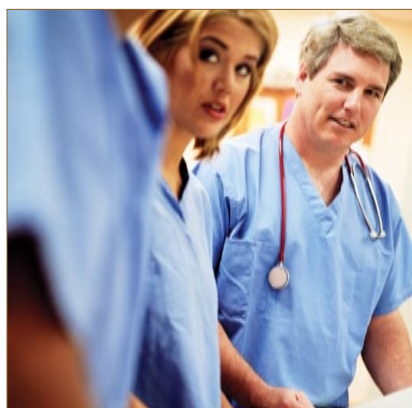
The screenshot shows the Oklahoma Health Care Authority website. The main navigation bar includes 'about us | individuals | providers | contact us | research |'. The 'providers' menu is highlighted with an orange arrow. The 'providers' menu items are: Claim Tools, Enrollment, Medicaid on the Web / Secure Site, Policies & Rules, Training, and more options. The 'did you know?' section on the right contains information about OHCA and EDG training, and the 'what's new?' section lists updates like 'New Provider Call Tree Option' and 'Expanded Fast Facts'.

www.okhca.org

Did You Know?

Recent policy updates, pending the governor's approval, have changed the rules on mammography and the payment procedures for surgery-related care.

Previous rules limited the number of mammography screenings and only offered them for women. The new rules do not



restrict the number of screenings or their availability by gender. Any screenings that are categorized as medically necessary are covered.

Surgical procedures where the fee is considered to be for the surgical procedure only or for the initial consultation or evaluation of the problem by the surgeon to determine the need for surgery will receive a separate payment. A separate payment is not made for preoperative and postoperative care billed in conjunction with surgery.

Codes G0308-G0319 related to End Stage Renal Disease are specific to outpatient services. (This is a clarification to the Winter 2004 Provider Update.) Please refer to coding guidelines.

National Provider Identifier (NPI) Implementation Timeline Updates

In October, the Oklahoma Health Care Authority began calling providers and requesting their National Provider Identifiers (NPIs). After Jan. 1, OHCA cannot accept a contract without an NPI.

Providers, billing agents and others need to be aware of the following dates in order to make the necessary modifications to their systems and business processes.



01/1/2007 - NPIs will be required as part of the contracting process.

OHCA will request the NPI number and the legacy provider identification number on all 837 transactions.

03/1/2007 - Missing NPI edit will post on all 837 and new 1500 paper claims received March 1, 2007 and after.

04/1/2007 - Old 1500 paper claim forms received on or after April 1, 2007, will be rejected.

05/23/2007 - NPIs will be required on all 837 and NCPDP transactions as well as 1500 paper claims.

To request an NPI, providers can contact the Centers for Medicare & Medicaid Services (CMS). There is no

charge to get an NPI. Providers can apply online at www.nppes.cms.hhs.gov or call 1-800-465-3203 to request a paper application.

Providers should be aware that they must inform OHCA of their NPI. OHCA requests that providers fax the letter or e-mail verification of their NPI from CMS with their old

(Continued on Page 11)

January 2007							March 2007						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	1	2	3	4	5	6					1	2	3
7	8	9	10	11	12	13	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17
21	22	23	24	25	26	27	18	19	20	21	22	23	24
28	29	30	31				25	26	27	28	29	30	31
April 2007							May 2007						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1	2	3	4	5	6	7			1	2	3	4	5
8	9	10	11	12	13	14	6	7	8	9	10	11	12
15	16	17	18	19	20	21	13	14	15	16	17	18	19
22	23	24	25	26	27	28	20	21	22	23	24	25	26
29	30						27	28	29	30	31		

OHCA Re-Enrollment Under Way for Physicians, Physician Assistants and Nurse Practitioners

Notices for re-enrollment for physicians, physician assistants and advanced practice nurses have been sent out and are currently being processed. Any of these provider types who have not received a notice to renew their contract should visit the Oklahoma Health Care Authority Web site at www.okhca.org or contact Provider Enrollment at (405) 522-6205 option 5.

Renewals are due at OHCA by Dec. 20, 2006. Any renewals received after this date could delay payment.

Notices for hospital re-enrollment will begin in mid January.

Changes were made in how primary care providers (PCPs) contract with OHCA. In the past, PCPs were required to complete the traditional FFS contract and a **SoonerCare** Choice contract. The new contract will enroll all providers into the traditional FFS program. Providers who choose to be PCPs will complete the addendum(s) to the contract. There is an addendum for the **SoonerCare** Choice program and

the O-EPIC program.

The O-EPIC program, a new program for the uninsured, is being administered by OHCA. A new phase of the program will offer an individual insurance plan for Oklahomans who are not eligible for private group insurance through an employer. Providers can sign up to participate in that program (O-EPIC IP). For more information, please contact your OHCA provider rep.



OHCA Implementing New Methods for Verifying Citizenship (continued from page 1)

identity. OHCA is proposing to conduct data matching to obtain citizenship verification. Applicants and members without a successful data match will need to obtain paper documentation to establish citizenship. All members and applicants are required to provide documentation of identity.

OHCA hopes to make the transition as smooth as possible for new applicants and members. A specialty unit will be housed at OHCA to assist members and applicants who require assistance to obtain required documentation. This Citizenship Verification Unit (CVU) will coordinate with other state entities to assist members and applicants in obtaining citizenship documentation.



NPI Implementation Timeline Updates (continued from page 9)

Medicaid provider identification number(s) to (405) 530-3224.

Providers who would like to track different subparts of their organization are encouraged to obtain separate NPIs for each subpart. Without separate NPIs, providers will have no way to track claims or revenue associated with a particular subpart. Providers who obtain separate

NPIs for organization subparts should indicate on their faxed letter what Medicaid provider IDs (including the alphabetical letter) are associated with each NPI.

Additional information about the NPI initiative is available on the CMS NPI page, www.cms.hhs.gov/NationalProvIdentStand.



NDCs To Be Required on J Code Drugs

Providers will be required to submit both the J-Code and the National Drug Code (NDC) for a covered outpatient drug that is physician administered. These drugs are currently billed using the HCPCS system and are predominantly coded in the “J series,” commonly referred to as “J codes.”

This change may become effective as early as July 1, 2007, and will affect physician’s offices, outpatient clinics and hospitals. Claims submitted for reimbursement on physician-administered drugs must include the NDC for the drug, or the claim will be denied.

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The Oklahoma Health Care Authority does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

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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