

Summer 2012

# SoonerCare Provider Update



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health care  
authority**





## Physician's Contracts Set to Expire Soon

**S**oonerCare and Insure Oklahoma contracts for Physician Primary Care Providers/Medical Homes must be renewed before July 31, 2012.

Primary Care/Medical Home Physicians who do not complete contract renewals by July 31 will not appear in online provider directories; nor be able to receive new enrollment on their panels.

Please note that groups, physician assistants and nurse practitioners who have Medical Home/PCP contracts do not have to renew at this time; however all other physician contracts, including specialists, must be renewed before September 30, 2012.

**Renew By:**  
**Primary Care/Medical Home Physicians: July 31**  
**All other Physicians: Sep. 30**

To renew your contract, visit [www.okhca.org](http://www.okhca.org). Select the "OHCA Secure Sites" listed under "Providers". On the new page, click on the SoonerCare Secure Site link to access the renewal forms.

For first-time users, your Provider ID and PIN number can access the site.

After you submit your application, fax a cover page and the renewal documents to the number listed.

If you have any questions, please call 800-522-0114.



## New Dosage Recommendations for SoonerCare Members Taking Citalopram

In March 2012, the FDA stated that Citalopram (Celexa) should no longer be used at doses greater than 40mg/day. It was found that more than 40mg/day could potentially cause abnormalities in the electrical activity in the heart, which could lead to a fatal heart rhythm.

A maximum dose of 20mg/day is recommended for those with the following conditions:

- Hepatic impairment
- Older than 60 years of age
- CYP 2C19 poor metabolizers
- Taking a CYP 2C19 inhibitor

Prescribers who have patients on a higher than recommended dosage of Citalopram will receive a letter identifying these patients. Prescribers will be asked to review and reduce the dosage for the listed patients.



The Drug Utilization Review Board approved a quantity limit of one tablet daily on all strengths of Citalopram. Additionally, an age restriction for the 40mg/day will be placed on members age 60 years or greater.

Citalopram will be placed in the Ingredient Duplication module of the Prospective DUR point-of-sale system to prevent any use of 20mg and 40mg concurrently without prior authorization.

For more information, please contact the Pharmacy Help Desk at 800-522-0114, or by email at [pharmacy@okhca.org](mailto:pharmacy@okhca.org). For more information on the Drug Utilization Review Board, please visit [www.okhca.org/about.aspx?id=486](http://www.okhca.org/about.aspx?id=486).

### Drug Utilization Review Board Recommendations

Ages 60  
and older

Maximum  
dosage of  
20 mg per day

Ages 59  
and younger

Limited to one  
tablet daily of  
20 to 40 mg

# Antipsychotics & Children: Improvement Plan

**O**HCA's role in a multi-state research project to improve prescribing practices for Medicaid mental health will focus on atypical antipsychotics and children aged 5-14 years.

The Oklahoma quality improvement plan will educate prescribers in two key areas:

- *Dose:* Children will receive the correct dose of these medications.
- *Diagnosis:* The medication is appropriate for the condition being treated.



For more information, please visit the OHCA Behavioral Health Advisory Committee website at [www.okhca.org/about.aspx?id=11451](http://www.okhca.org/about.aspx?id=11451).

## OK Bureau of Narcotics “Take Back” Drug Disposal Boxes

**T**he Oklahoma Bureau of Narcotics (OBN) has established a “Take Back” program for Oklahomans to dispose of their old, unwanted pharmaceutical drugs. More than 118 disposal drop boxes are located in police and sheriff department lobbies across Oklahoma.

Since prescription drug abuse is an ever-growing issue in Oklahoma, please encourage your patients to participate in the “Take Back” program as necessary.

Patients can find more information on the “Take Back” program and a complete list of disposal boxes at [www.ok.gov/obnidd](http://www.ok.gov/obnidd).



# Blow the Whistle on Provider Fraud



In an effort to increase agency accountability and provide more provider education and awareness, the Oklahoma Health Care Authority (OHCA), the Centers for Medicare & Medicaid Services (CMS) and the Oklahoma Attorney General's Medicaid Fraud Control Unit (MFCU) are working to make providers and consumers more aware of resources available to them.

These partnerships can only work when the community of members and providers are engaged in the process of combatting inappropriate payments and/or abuse.

Payment accuracy and audit activities are a critical piece of OHCA's mission to be a responsible and accountable purchaser of health care services. These activities are mutually beneficial to SoonerCare members and providers by ensuring timely and appropriate payment.

Thank you for your continued support and services you provide to SoonerCare members.

For more information, please visit: OHCA: [www.okhca.org/about.aspx?id=226](http://www.okhca.org/about.aspx?id=226), CMS: [www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/index.html](http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/index.html), MFCU: [www.oag.ok.gov/oagweb.nsf/about.html](http://www.oag.ok.gov/oagweb.nsf/about.html).

<b>Upcoding/Billing Fraud and Abuse</b>	Billing for services at a level of complexity that is higher than the service actually provided or documented, billing for services not provided, duplicate billing, or billing in ways inconsistent with sound financial management, professional standards, or payment/billing
<b>Services or Supplies Not Rendered</b>	Billing for services or supplies not provided to a beneficiary and/or not including appropriate documentation
<b>Kickbacks</b>	Soliciting or receiving remuneration (in kind or in cash) in return for referring individuals, goods, or services for which payment may be made under Federal healthcare programs
<b>Excluded individuals</b>	Employing or contracting with any excluded individual or entity for the provision of items or services that are reimbursable, directly or indirectly, by any Federal healthcare program
<b>Drug Diversion</b>	Illegally distributing, abusing, or unintentionally using prescription drugs
<b>Provider Identity Theft</b>	Billing for items or services using another Medicaid provider's number
<b>Patient Abuse/Neglect</b>	Abusing, neglecting, or exploiting Medicaid patients, including committing physical and mental abuse, withholding medically necessary services, or neglecting to provide appropriate or adequate quality of care
<b>Waste</b>	Over-utilizing Medicaid benefits, such as prescribing inappropriate or unnecessary drugs, medical equipment and supplies, or medical services

# The Growing Role of Genetics in Medical Care

A growing proportion of drugs have variable effectiveness depending on a patient's genetics. This has led to an increasing number of genetic tests, which provide information on drug response, diagnosis or patient prognosis.



As these trends continue, it will be the responsibility of providers to ensure the appropriate use of genetic technologies. In particular, given the large volume of genetic tests entering the market on an ongoing basis, utilization should be dependent upon peer-reviewed evidence supporting clinical utility.

Through the development of new drug classes, selection of patients most likely to benefit from novel therapies and better definition of the etiology of complex conditions, genetic technologies have become vital to modern medical care.

Genetic technologies are no longer restricted to the clinical setting, as some companies now offer direct-to-consumer (DTC) genetic information, providing customers with an estimated level of risk for specific conditions based on their genotype. As this type of testing becomes more common, providers must also become more adept at interpreting the clinical significance (or lack thereof) of genetic test results for their patients.

Find more information on genetics in medical care at [www.cdc.gov/genomics](http://www.cdc.gov/genomics).

## EHR Incentive Program

Do you have questions about the EHR Incentive Program? Below is a variety of online sources that can help answer questions and concerns regarding the EHR Incentive Program.

- Oklahoma Health Care Authority: [www.okhca.org](http://www.okhca.org)
- Centers for Medicare and Medicaid Services: [www.cms.gov](http://www.cms.gov)
- HealthIT: [www.healthit.hhs.gov](http://www.healthit.hhs.gov)

For all general questions, contact Melissa Clampitt at 405-522-7567 or email at [melissa.clampitt@okhca.org](mailto:melissa.clampitt@okhca.org). For more information, please visit [www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms).

If you need to reset your password call 800-522-0114, Option 1 and Option 2.  
If you have contracting questions call 800-522-0114, Option 5.  
If you have a question about a claim call 800-522-0114, Option 1.

# Gestational Diabetes Among Oklahoma Mothers

A study released by the Oklahoman State Department of Health provides more specific information on the prevalence of mothers in Oklahoma who experience Gestational Diabetes Mellitus (GDM).

## Here are some of the major findings from the study:

- Almost 1 in 10 Oklahoma mothers reported GDM or high blood sugar during their pregnancy.
- The risks were highest for mothers 30 years or older, those obese prior to becoming pregnant and women living in lower income households.
- Mothers, with a Body Mass Index (BMI) categorizing them as overweight or obese, had higher rates of adverse outcomes such as cesarean sections, high birthweight infants and longer hospital stays after delivery.
- Children of mothers with GDM have a 70 percent risk of developing type 2 diabetes.

## Several changes can be made to help prevent or delay the onset of type 2 diabetes:

- Reduce current body weight by 7-10 percent
- Reduce overall calories by reducing fat calories to a level of less than 30 percent
- Exercising for at least 30 minutes daily
- Reducing stress levels

## Some intervention opportunities for Oklahoma health care providers include:

- Preconception, prenatal and postpartum care
- Assessing pregnancy weight gain
- Diabetes screening
- Postpartum gestational diabetes screening
- Breastfeeding counseling
- Counseling on increased type 2 diabetes risk
- Annual women's examinations

More information and recommendations for lowering the prevalence of GDM among Oklahoma mothers can be found at [www.health.ok.gov](http://www.health.ok.gov).



## Changes to Focus on Excellence Program

The Focus on Excellence (FOE) program has established nine new metrics to help organize and better address the most imperative issues of the long-term care community.

In addition to the new quality measures, FOE will also see changes resulting in increased precision and fairness in ratings and payment allocation, more detailed information for consumers, improved accountability and an increased focus on the personal needs of residents.

For more detailed information on the new rating factors, please visit [www.oknursinghomeratings.com](http://www.oknursinghomeratings.com). For further information on the overall program, please contact Jennifer Wynn at 405-522-7306 or [jennifer.wynn@okhca.org](mailto:jennifer.wynn@okhca.org).

For more information on the FOE program, please visit [www.okhca.org/individuals.aspx?id=8135](http://www.okhca.org/individuals.aspx?id=8135).

The nine new metric additions include:

- Person-centered care
- Direct care staffing
- Resident/family satisfaction
- Employee satisfaction
- Licensed nurse retention
- CNA retention
- Distance learning
- Peer-mentoring
- Leadership commitment

## New Role for Dr. Sylvia Lopez

Please join OHCA in welcoming our new Chief Medical Officer, Dr. Sylvia Lopez. We look forward to working with her in this new capacity and wish her well. We are sure that she will bring the same high level of professionalism and quality of work to this new position as she has always demonstrated. Dr. Lopez assumed her new duties on July 1.



Lopez previously served OHCA as a medical director in the Medical Review-Disease Management division.





# Attention Tulsa-Area Providers

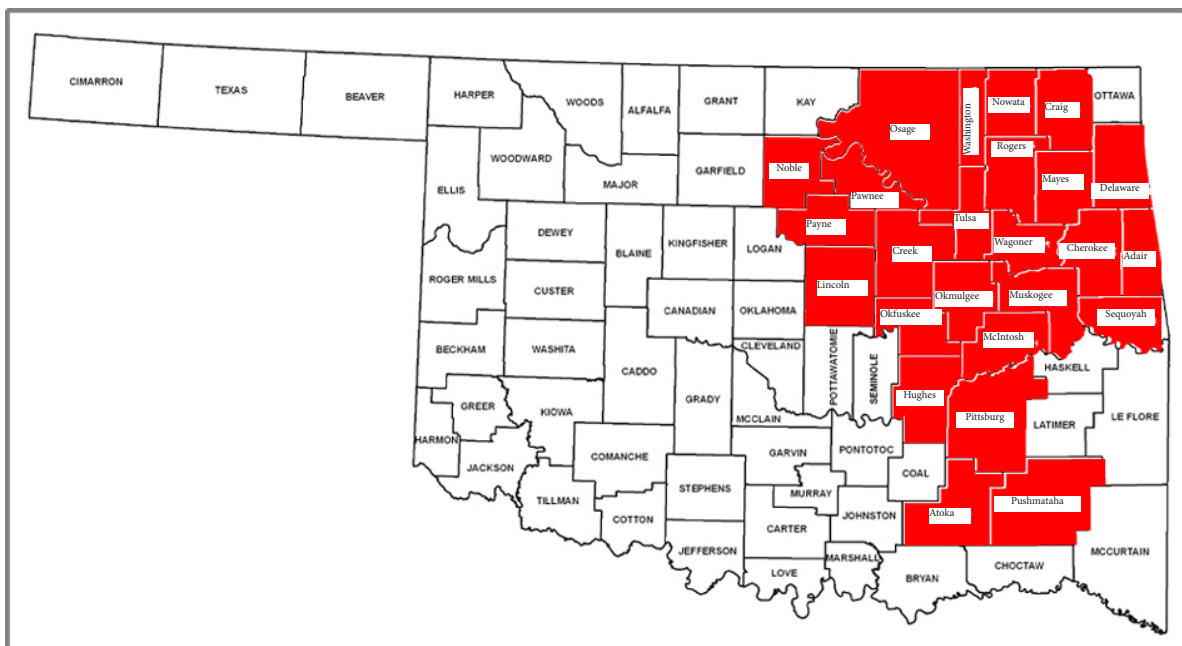
Greater Tulsa-area providers (see map below) are invited to apply for an exciting opportunity to join a Comprehensive Primary Care (CPC) Initiative through the Centers for Medicare & Medicaid Innovations program to test a new service delivery and payment model of high value primary care.

The Greater Tulsa market has been selected to participate in this multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care.

Check your eligibility to apply for participation by visiting [cms.gov.secure.force.com/cpci/cpciscreening](https://cms.gov.secure.force.com/cpci/cpciscreening). Upon completing the check, all eligible applicants will receive an email with further details about the upcoming application and how to apply to the program.

Read more on this CPC initiative in a recent article available at [hl-isy.com/Healthcare-Reform-Blog/May-2012/Health-information-exchanges-050912](http://hl-isy.com/Healthcare-Reform-Blog/May-2012/Health-information-exchanges-050912).

## Map of Greater Tulsa Counties



# Dr. Paul Keenan Retires

After more than 40 years of working in the medical field as an ophthalmologist, Dr. Paul Keenan retired at the end of June. He and his family moved here from California nearly 15 years ago when the Chief Medical Officer position became available at the Oklahoma Health Care Authority.

“No one has received better leadership training than I. It’s been not so much a job as a mentorship.”

Dr. Paul Keenan applauds the current leadership at OHCA during the May Medical Advisory Committee (MAC) Board meeting.

During his tenure, Dr. Keenan actively contributed to agency programs ranging from fraud and abuse detection, medical authorization, clinical claims editing, MMIS, data warehouse development and implementation and contract oversight.



Additionally, Dr. Keenan spent time with the Indian Affairs division, which since the inception of OHCA has reached out to and consulted regularly with leaders of the 43 Native American tribes in Oklahoma.

Upon retirement, he and his wife will spend their summers in Wisconsin and winters in Southern California, with stops in Oklahoma to visit their children, family and friends. Dr. Keenan tells us he will continue to be an OKC Thunder fan!

# After A Disaster, Could You Find Your Patient Records?



Disasters like tornadoes happen all too frequently. Is your practice prepared to deal with the loss of your patients' medical records?

Changing your practice from paper charts to electronic records isn't always easy. It requires learning how to use a new system, and changing how you do some things. But here's what you get in return:

- Your patients' records are secured from disasters like a tornado or flood.
- Your patients get better care everywhere they get care.
- Staff time isn't wasted looking for or creating paper charts.
- Money isn't wasted on non-productive staff time or storage costs.
- Your practice is ready to take electronic consults and referrals.

- You and your staff develop expertise in using electronic records and are better prepared for the future.
- If you are retiring in the next few years, potential buyers may be looking for practices with an active EHR in place and staff who can use it.

OFMQHIT is THE expert in EHR implementation, meaningful use, and HIT security and privacy. We are vendor-neutral and can help you with any certified EHR product.

**Ready to get started?  
Just have some questions?  
Call us toll-free, we have answers!**

**877-9-OFMQHIT**



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Please submit any questions or comments to Jennie Melendez at the Oklahoma Health Care Authority’s Public Information Office at 405-522-7404.

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