



Winter 2013

SoonerCare Provider Update

Increased SoonerCare Payment for Primary Care Providers

The Affordable Care Act (ACA) directs Medicaid agencies to reimburse certain primary care providers for Evaluation and Management (E&M) and vaccine administration codes at 100 percent of the Medicare rate during calendar years 2013 and 2014. Physicians in primary care specialties and subspecialties are eligible for higher payments, as well as physician assistants and advanced practice nurses who work under an eligible physician's personal supervision.

Eligible specialties are family medicine, general internal medicine or pediatric medicine and all subspecialties within those designations as recognized by the [American Board of Medical specialties](#), the [American Osteopathic Association](#), or the [American Board of Physician Specialties](#). Providers can verify and/or update their specialties on the [Provider Secure Site](#).

To receive the higher payments, physicians must complete an amendment to their SoonerCare Provider Agreements by March 15, 2013 and attest to either:

1. Board certification in one of the eligible specialties or subspecialties, or
2. That 60 percent or more of the physician's codes billed or paid by Medicaid in calendar year 2012 were for included E&M and vaccine administration codes.

Claims for dates of service beginning Jan. 1, 2013 are eligible for the higher payments. [OHCA](#) will make the higher payments at the end of each quarter by adjusting all paid claims for the included codes to the higher rate with the net amount deposited to your account. The first adjustment will occur in April 2013; the claims adjusted will be identified with EOB 8147.

Providers may access more information and the required amendment on the [Provider Enrollment website](#). You may also call the OHCA Provider Helpline at 800-522-0114, option five, with any additional questions.

Using the 5A's to Quit Smoking

The **5A's** are used to help patients quit smoking. The **5A's** include: Ask, Advise, Assess, Assist and Arrange.

Ask

- Program a reminder into your [EHR](#) system to screen for tobacco use.
- Use the standardized multiple-choice question to ask patients about smoking status.
- Record smoking status as a vital sign in the patient record.

Advise

- Advise all tobacco users to quit using tobacco.

Assess

- Assess willingness to make a quit attempt.
- Refer to a calendar to help the patient choose a specific quit date.

Assist

- Write out a "Prescription to Quit," including a quit date and cessation resources (e.g. 800-QUIT NOW, www.OKHelpline.com).
- Fax a [referral](#) to the quit line while the patient is in the office. Contact melody.bays@okhca.org for a customized fax referral form.
- Sign a "Quit Contract" between patient and clinician.
- Provide a patient diary or phone application for recording smoking triggers prior to quitting or problems and success after quitting.

Arrange

- Arrange a follow up appointment.



The 5A's can be used specifically for pregnant women also. Here are some additional helpful tips for using this method to help pregnant women stop smoking:

- Ask the patient about her tobacco use at first prenatal visit, document it as a vital sign, and track smoking status at every visit.
- Advise patients to stop using tobacco.
- Assess the patient's willingness to quit.
- Assist with a cessation plan by providing support, self-help materials, and problem-solving techniques and by helping to identify other sources of support.
- Arrange follow up to monitor smoking status and provide support.

[5A's tobacco cessation counseling is reimbursable](#). For more information, contact melody.bays@okhca.org.

Interconception Care Postcards

To help promote appropriate screening and follow-up for women who have been diagnosed with gestational diabetes during pregnancy, the Oklahoma Gestational Diabetes Collaborative developed a postcard, which will be sent to all Oklahoma women after delivery based on birth certificate data from health care information.

According to Pregnancy Risk Assessment Monitoring System (PRAMS) data, almost 1 in 10 mothers report gestational diabetes or high blood glucose during pregnancy.

The postcard includes important information about being healthy during the postpartum period including scheduling a postpartum appointment with their health care provider, planning for the future by talking with their health care provider about birth control, taking a multivitamin with folic acid every day, and tobacco cessation or staying quit if they quit smoking during pregnancy.

Many women do not return to their physician for their postpartum check-up, which puts them at risk if they have experienced pregnancy complications, including high blood pressure and gestational diabetes.

PA Restart Information

The process for Prior Authorization (PA) for outpatient behavioral health services has restarted.

Working with [OHCA](#), this process will be handled by the [Oklahoma Department of Mental Health and Substance Abuse Services](#) (ODMHSAS) in PICIS and will be done by adding a few data elements to the Customer Data Core (CDC).

To ease the transition to the new PA process and at the request of multiple providers, ODMHSAS has moved the restriction on backdating the PA start date for



The postcard will be sent to all Oklahoma mothers just after the birth of their infant to remind them to schedule their postpartum visit and to promote recommended follow-up for health problems that may have developed during pregnancy, including gestational diabetes. The [Oklahoma State Department of Health's](#) (OSDH) [Maternal and Child Health Service](#) wanted to assure you were aware of this new activity as you or your staff may be asked about the postcard by clients.

Approximately 30 percent of these women will develop Type 2 diabetes directly following this most recent pregnancy and 50 percent will develop Type 2 diabetes in the next 10 years.

For questions, contact the [OSDH Perinatal and Reproductive Health Division](#) at 405-271-4476.

agencies to Feb. 25, 2013. At that point, the system will only allow backdating up to five calendar days.

For members receiving services prior to the PA start date, ODMHSAS will create authorizations based on existing CDC information. For those of you who were unable to attend one of our webinars, recordings and resources are available at [ODMHSAS](#).

Change to Call Center

The [Oklahoma Health Care Authority](#) (OHCA) call center has transitioned to a new vendor. This new vendor is responsible for both member and provider calls. With this new partner come new opportunities for improvement. Call audits have shown the top two types of provider calls received are in regard to verification of member eligibility, and claim status. Answers to these questions can be found more quickly and efficiently through the [SoonerCare Secure Site](#) than over the telephone.

Based on this information, beginning April 1, 2013, calls regarding the subjects mentioned above will be referred to the [SoonerCare Secure Site](#). Providers will need to access this information on the SoonerCare Secure Site, where it is available 24 hours a day, seven days a week. This tool should increase productivity by decreasing staff time on the telephone.



Additionally, visiting the website will eliminate the need for frequent return calls to inquire about multiple claims or eligibility checks. **This does not apply to calls placed to the Pharmacy Helpdesk Desk.**

To insure a smooth transition, please make sure your staff has the necessary access to the SoonerCare Secure Site, which is located on the [OHCA website](#) under the Providers tab, Secure Sites link.

If you need assistance or have questions regarding access to the SoonerCare Secure Site or member eligibility, please call 800-522-0114, option two, then option one.

Permanent Rule Change

OHCA's permanent rulemaking season commenced Feb. 1 with the posting of all [proposed rules](#), which were available for review and input through March 3.

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 will be considered.

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

The [Medical Advisory Committee](#) will make its recommendations regarding all rules at its March 13 meeting.

Finally, the [OHCA Board](#) will take action regarding the rules during its March 14 meeting. Following Board action, the rules will move forward to the Legislature and Governor for action. If approved, most of the rules will take effect around July 1, 2013.

Oklahoma State Department of Health Teams and WebMD to Enhance Public Health Alert System

The [Oklahoma State Department of Health](#) announced in December 2012 that it teamed with [Medscape](#) of WebMD to communicate urgent public health messages to physicians, physician assistants, pharmacists, nurse practitioners, nurses and other health care providers in Oklahoma. This partnership complements Oklahoma's existing [Health Alert Network](#) (HAN) system.

In the recent past, the [Oklahoma State Department of Health](#) delivered vital health information through health alerts, advisories and updates to local health departments, hospitals, health care providers and other public health partners as part of the [Centers for Disease Control and Prevention's](#) national HAN system.

[Medscape](#) supports these efforts by distributing Oklahoma-specific email alerts to its network of registered clinical members throughout the state. These alerts cover infectious disease outbreaks, environmental and product safety advisories, preparedness planning and response information, and public health developments in Oklahoma.

If you're interested in receiving public health advisories and alerts, please visit the Oklahoma State Department of Health [website](#).

Authorized Sites and Origins for Telemedicine

For purposes of telemedicine, the originating site must be located in a rural area or geographic area that lacks medical specialty expertise locally and distant sites are not easily accessible to the [SoonerCare](#) member.

[SoonerCare](#) coverage for telemedicine technology is limited to consultations, office visits, individual psychotherapy, psychiatric diagnostic interview, examinations and testing, mental health assessments and pharmacologic management.

Authorized originating sites are: the office of a physician or practitioner, a hospital, a school, an outpatient behavioral health clinic, a critical access hospital, a rural health clinic (RHC), a federally qualified health center (FQHC) or an Indian Health Service facility, a Tribal health facility, or an Urban Indian Clinic (I/T/U).



Authorized distant site providers are contracted: physicians, advanced registered nurse practitioners, physician assistants, genetic counselors, licensed behavioral health professionals, dietitians and I/T/U's with specialty service providers listed above.

Students and individuals under supervision and specialists not listed above are not authorized to provide services using telemedicine technology. All services provided via telemedicine must be provided utilizing an [OHCA](#) approved network. Please refer to [provider letter OHCA 2009-06](#) regarding questions concerning billing.

Insure OK

The [Insure Oklahoma](#) program is dealing with a lot of unknowns. The Oklahoma Health Care Authority is also pursuing options to extend the program. However, we have been told by the federal government that under the ACA, federal funding will no longer be available for premium assistance programs, including Insure Oklahoma, effective Jan. 1, 2014.

Federal funding currently pays for more than half of the program, the rest is paid for by state tobacco tax funds. Unless the federal government changes their current position, their assistance to the program will end.

Oklahoma leaders are looking at possible alternatives to help citizens keep their insurance coverage or purchase coverage if they don't have it. We will continue to work with state leadership to find the best possible solution for our state.

We are still developing a transition plan for Oklahomans enrolled in [Insure Oklahoma](#). We expect that around the middle of July, we will begin mailing letters to Insure Oklahoma employers and participating employees with information about their health insurance options.

We thank you for your patience while these developments unfold.

Spring Provider Training Save the Date

- April 11th-Durant
- April 18th-Enid
- May 8th and 9th-OKC
- May 22nd and 23rd-Tulsa



SoonerCare 101

Sign up for Oklahoma [SoonerCare 101](#), which is designed to educate office staff about billing and procedural aspects of Oklahoma [SoonerCare](#). There are two classes in a one-session format: Introduction to Oklahoma SoonerCare and the Provider Secure Site. Class curriculum is applicable to all provider types.

These sessions are held in Oklahoma City and Muskogee on the first Thursday every other month. The next session will be held on April 4.

Visit [SoonerCare 101](#) to register today!

SoonerRide

SoonerRide will now begin taking up to three children to urgent medical appointments. The appointment can be for either a sick child or sick parent, but members must make the request for additional child passengers when making the trip reservation. A maximum of three children can ride with their parent/guardian. The total number of passengers, including the driver cannot be more than five for any vehicle.

The following conditions must apply:

- The medical appointment must be urgent (to be seen within 24 hours) as determined by the member's doctor. [SoonerRide](#) will confirm this with the provider.
- All children must be related to the member by birth, marriage, legal adoption, foster child, or legal guardianship.
- All additional children (not the patient) must be younger than 13 years of age, unless the child has complex medical, intellectual or physical disabilities that require constant care and supervision.

Flu Vaccine Coverage

Flu vaccines are available to members ages 19 and older through both the [SoonerCare](#) prescription drug benefit and the medical benefit. Providers administering flu vaccines to those SoonerCare members will be reimbursed for the vaccine according to the fee schedule. Administration fees are not compensable.

Flu vaccines are not covered through the prescription drug benefit for members ages 18 and younger. [SoonerCare](#) coverage of immunizations for individuals younger than 19 years of age must be provided through the federal [Vaccines for Children \(VFC\)](#) program, as mandated by federal law. Providers who are not enrolled in the [VFC program](#) are ineligible for reimbursement of vaccines for members younger than 19 years of age.



- Each child must have its own car seat, provided by the member, if required by state law.

To set up a ride or a gas reimbursement trip number, patients need to call 877-404-4500 or 711 (TDD). To view SoonerRide requirements, please visit the [OHCA website](#).

If a patient's ride is 15 minutes late, they need to call "Where's My Ride?" at 800-435-1034 or 711 (TDD).



Pharmacies administering flu vaccines will be reimbursed the allowable cost of the vaccine and the standard prescription dispensing fee. Additional administration fees are not compensable. Flu vaccines administered by pharmacies do not count against a member's monthly prescription limit. View a list of current covered flu vaccines [here](#). If you have any questions, please call provider services at 800-522-0114 option one.

Antifungals and Diaper Dermatitis: A Quick Review

Diaper dermatitis, or diaper rash, is an extremely common condition affecting many of our pediatric members. The origination of diaper dermatitis includes perineal environmental factors such as temperature, friction, urine and feces. Most evidence supports changing diapers frequently, use of absorbent diapers, and protecting the skin with a product containing petrolatum or zinc oxide. Diaper dermatitis is an all-inclusive term and can include irritant contact diaper dermatitis, allergic contact dermatitis, seborrheic dermatitis, Lichen sclerosus, and fungal infections. Treatments vary with each condition.



Recommended treatments of irritant contact diaper dermatitis and allergic contact dermatitis usually involve a short course of hydrocortisone one percent cream and removal of the offending agent. Prescription hydrocortisone cream is available as a Tier-1 product and does not require prior authorization; over-the-counter forms of hydrocortisone are not covered. Higher potency steroids can potentially lead to atrophy, systemic absorption, and candidiasis; use should be avoided unless necessary or only when

treating severe disease such as Lichen sclerosus. Seborrheic dermatitis is treated similarly with low-potency corticosteroids and topical antifungals.

Fungal infections of the perineal area are typically caused by Candida, however tinea cruris is a potential cause. The recommended treatment includes topical antifungal agents (nystatin, clotrimazole, miconazole, or ketoconazole) in combination with zinc oxide.

[SoonerCare](#) provides coverage for a variety of topical antifungals, including several over-the-counter products for pediatric members up to 20 years of age.

Covered over-the-counter products include:

- Clotrimazole one percent cream
- Terbinafine one percent cream
- Tolnaftate one percent cream.

A prescription is required for coverage of over-the-counter therapies, but claims should process at the pharmacy with no additional authorization. In addition to the over-the-counter products, there are prescription options available without prior authorization including commonly used products like ketoconazole cream and nystatin cream and ointment. Please visit the [OHCA website](#) for a complete list of Tier-1 and Tier-2 products.

Continuously updated versions of tier charts and PA criteria for all medication categories can be accessed on the [OHCA website](#).

Changes to Drug Coverage for Dual Eligible Medicare Members

Effective Jan. 1, 2013, Medicare Part D prescription drug plans are now required to cover benzodiazepines and barbiturates used in the treatment of epilepsy, cancer or a chronic mental disorder. Medicaid plans (including SoonerCare) are no longer covering these products for members who are also eligible for Medicare. The exception to this change is butalbital, which continues to be covered by SoonerCare for headache or pain diagnoses.

Interested providers can view a complete [list of products](#) covered by SoonerCare for dual eligible members.

National Children's Dental Health Month

Each February, the [American Dental Association](#) (ADA) sponsors [National Children's Dental Health Month](#) (NCDHM) to raise awareness about the importance of oral health. [NCDHM](#) messages and materials have reached millions of people in communities across the country. Developing good habits at an early age and scheduling regular dental visits helps children get a good start on a lifetime of healthy teeth and gums.

For more information on the materials used during NCDHM, visit www.ada.org.



Changes to Dental Billing

Dental providers, please note that new CDT (Current Dental Terminology) has been released. D1208 Topical Application of Fluoride has replaced D1203 and D1204 (Topical Application of Fluoride – child, adult).

Changes to the CPT Codes for Psychiatry and Psychotherapy Services

Beginning Jan. 1, 2013, there were significant changes to the Current Procedural Terminology (CPT) codes for psychiatry and psychotherapy services. Decisions made to the (CPT) codes this year will have a higher-than-usual impact. Changes will affect [SoonerCare](#) individually contracted Licensed Behavioral Health Professionals (LBHPs), psychologists, psychiatrists and outpatient behavioral health agencies providing pharmacologic management.

Significant changes to the 2013 Psychiatry CPT Code set include:

- Distinction between an initial evaluation with medical services by a physician (90792) and an initial evaluation by a non-physician (90791).
- There are now just three timed codes to be used for psychotherapy in all settings (90832 – 30 minutes; 90834 – 45 minutes; 90837 – 60 minutes). When psychotherapy is done in the same encounter as an Evaluation & Management (E/M) service, there are timed add-on codes for psychotherapy that are to be used by psychiatrists to indicate both services were provided (90833 – 30 minutes; 90836 – 45 minutes; 90838 – 60 minutes).
- In lieu of the separate codes for interactive psychotherapy, there is now an add-on code for interactive complexity, which may be used when the patient encounter is made more complex by the need to involve people other than the patient (90785). The CPT manual includes specific guidelines as to what constitutes interactive complexity that should be understood before this add-on code is used. Documentation must clearly indicate this complexity.



- Code 90862 (pharmacologic management) has been eliminated. Psychiatrists will now use an appropriate E/M code when they do pharmacologic management for a patient. When psychotherapy is done during the same session as the E/M visit, one of the new psychotherapy add-on codes should be used along with the E/M code.

- Code 90863 is NOT reimbursable for pharmacologic management. This code was created by the American Medical Association to be used by psychologists in states that allow them to have prescribing rights (not authorized in Oklahoma).

Psychiatrists should familiarize themselves with E/M codes for pharmacologic management and other patient encounters that are not primarily for psychotherapy. For more information, the [Centers for Medicare and Medicaid Services](#) (CMS) has a guide to E/M coding available on its website.

For some of the new codes, CMS has assigned new values which may be slightly different from the previous codes and will affect the reimbursement rate.

Visit [online](#) to view updated CPT codes.

Information and training related to these changes can be found at: [Current Procedural Terminology CPT Codes](#) or on the [AACAP website](#).

If you have any questions regarding this information, please contact OHCA provider services at 800-522-0114.

Long-time CEO Mike Fogarty retires this March

Mike Fogarty, who began his work with the [Oklahoma Health Care Authority](#) (OHCA) in 1995, will retire as Chief Executive Officer this March.

Fogarty joined OHCA as the State Medicaid Director and Chief Operating Officer and was selected as CEO in 1999. Fogarty led the agency's Oklahoma SoonerCare (Medicaid/SCHIP) programs, with an enrollment of more than one million Oklahomans.

Prior to joining [OHCA](#), Fogarty maintained a private law practice and also owned and operated nursing facilities in Oklahoma. He received his Master of Social Work from the University of Oklahoma and Juris Doctorate from Oklahoma City University.

The [OHCA](#) Board named Nico Gomez successor to Mike Fogarty as Chief Executive Officer.

Gomez has worked with [OHCA](#) since 2000, serving as Deputy CEO and overseeing the Communications, Outreach and Reporting Division since 2008.

Gomez graduated from the University of Oklahoma with a degree in Journalism and Public Relations and received his master's degree in business administration with an emphasis in health care administration from Southern Nazarene University. In 2006, Gomez was named one of [OKCBIZ](#)'s "Forty Under Forty" professionals.

Gomez will oversee OHCA and the nearly 500 employees statewide.



Retiring OHCA CEO, Mike Fogarty



Successor to Mike Fogarty as OHCA CEO, Nico Gomez

What Do You Want To See In The Next Newsletter?

Tell us what you want to see in the next newsletter. Send ideas to jennie.melendez@okhca.org.



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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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