

SoonerCare Announces Disease Management Provider Conferences

The **SoonerCare** Disease Management Program of OHCA will be inviting community health care leaders to collaborative conferences to promote partnership with the provider community. The conferences will introduce the **SoonerCare** Disease Management Program to provide and reinforce evidence-based guidelines for the treatment of **SoonerCare** members with chronic health conditions while also offering a forum to discuss patient self-management initiatives.

OHCA is bringing together providers who are dedicated to improving chronic and preventive care to share innovations and ideas with colleagues across the state in an innovative collaborative format.

(Continued on Page 3)



OHCA Expands Nutritional Counseling Program

OHCA is expanding its nutritional counseling program in an effort to address the problem of obesity and the overall poor health of Oklahomans. “As an agency, we have felt that with the high percentage of the population facing obesity and diabetes, two hours of counseling was not sufficient,” said Mike Herndon, D.O., of OHCA’s medical review and disease management unit.

Anyone who has an illness or condition for which nutritional therapy is indicated will be covered for six hours of nutritional counseling. “Our plan is to expand the program to cover six hours of counseling – for example, a member could attend a one-hour initial session with 10 subsequent 30-minute follow-up sessions,” Herndon explained. “I believe the members who will benefit most from this program are those with diabetes, high cholesterol or coronary artery disease as well as those who are morbidly obese.”

(Continued on Page 4)

in this issue

Clinical News

- 2 OHCA to Offer Coverage of Bariatric Surgery
- 4 OHCA and OSU-OKC Take CNA Training Program Statewide
- 6 SoonerPsych Program Helps Contain Costs, Improves Prescribing Practice
- 6 Prior Authorization Starts at the Pharmacy
- 7 Skeletal Muscle Relaxants: Their Place in Therapy
- 7 ePocrates® Introduces New Mobile Features
- 10 OHCA Receives Award of Excellence

Claims / Systems News

- 5 Secure E-mail Now Available
- 5 Did You Know?
- 9 Provider Services Department Offers Assistance
- 11 NPI Required for All Contracts

OHCA to Offer Coverage of Bariatric Surgery

Starting later this year, OHCA will offer coverage of bariatric surgery to qualified **SoonerCare** members.

Mike Herndon, D.O., of OHCA's medical review and disease management unit, researched covering surgery as a treatment for obesity. Herndon found that bariatric surgery was the best and most effective long-term treatment for morbidly obese patients with certain co-morbid conditions. "I felt the evidence was overwhelmingly in favor of surgery," he said.

Herndon also found that properly identifying the appropriate candidates, as well as the surgeons and facilities, are all key components contributing to patients' success. OHCA plans to carefully select **SoonerCare** members for surgery and will require the facility to meet certification and eligibility requirements before they can provide the service. Surgical providers must be certified by either the American College of Surgeons (ACS) as a Level I Bariatric Surgery Center or the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence (BSCOE).

Members interested in bariatric surgery will participate in a thorough prior authorization process. This process is made up of three main steps: determining if the member is an appropriate candidate; successfully completing a six-month presurgical program of mental, physical and nutritional evaluations; and attaining approval based on the presurgical program.



Certain criteria help determine if a member is an appropriate candidate. Members must have tried and failed other weight loss methods, must have been obese for five or more years and cannot have any contra-indicated health concerns. Members must also be between 18 and 65 years old and have a Body Mass Index (BMI) over 35 and an additional diagnosis of diabetes, degenerative joint disease of a significant nature or another co-morbid condition requiring surgery. Members cannot be pregnant or plan to become pregnant within two years. Members younger than age 18 would need additional case by case review. Documentation of the candidate meeting these criteria must

be submitted by their physician to OHCA for review and approval.

If approved, the member will participate in a presurgical program composed of a psycho-social evaluation, assessments by a qualified bariatric surgeon and internal medicine physician, a six-month weight loss program, nutritional counseling and a physician-supervised exercise program documenting progress on a monthly basis. After completing the presurgical program, documentation is reviewed by OHCA for approval.

The data on bariatric surgery strongly supports this extensive approach to patient selection. This approach improves surgical outcomes

(Continued on Page 3)

OHCA to Offer Coverage of Bariatric Surgery (continued from page 2)

by preparing patients to adhere to the radical and lifelong behavior changes and strict diet required after surgery.

Due to research findings that the Roux-en-Y gastric bypass (RYGBP) had better long-term results, OHCA is establishing the RYGBP as the procedure of choice unless a physician shows convincing

evidence that a particular patient would be better served through another procedure.

The decision by OHCA to extend coverage to include bariatric surgery for qualified members closely mirrors that of CMS. OHCA is currently in the process of setting up systems for payment and educating providers

about this new coverage.

For questions regarding prior authorization of services, call 800-522-0114, option 6; for questions regarding whether a provider can contract or if a contract has been accepted, call 800-522-0114, option 5; or for questions regarding program policy, call 877-823-4529.

SoonerCare Announces Conferences (continued from page 1)

OHCA plans to invite about 700 **SoonerCare** providers to be a part of the “kick-off” conference, and 15 to 30 providers to participate in each regional collaborative. Providers, clinic managers and clinical staff are expected to attend.

OHCA will sponsor one statewide conference later this year and nine regional collaboratives in the following 12 months. These smaller regional collaboratives will be a means of continued OHCA support to practice teams.

The collaboratives will seek to develop regional clinical champions armed with the tools and information needed to ignite the change process within their clinics and facilities. These leaders will assemble implementation teams.

Once the teams are established at the provider level, momentum and communication will be sustained by the regional practice facilitator until the next collaborative. At the

first regional collaborative, providers will introduce their newly assembled teams. These teams will engage in guided brainstorming and develop an action plan. Teams will report on the progress of the action plan at subsequent collaboratives.

For more information, contact

Cynthia Wood, RN, program manager, at 405-522-7629, fax 405-530-3268 or e-mail cynthia.wood@okhca.org.

Conference Topics Will Include:

- Supporting the self-management efforts of patients with chronic conditions.
- Leading change in a medical practice.
- Implementing practice process improvement strategies.
- Discussing the business case for process improvement.
- Facilitating peer-to-peer discussion in small group sessions.



OHCA and OSU-OKC Take CNA Training Program Statewide

OHCA and OSU-Oklahoma City (OSU-OKC) have expanded their certified nurse aide training program to Oklahomans statewide. The program is now available at no cost to qualified individuals.

The CNA training program was piloted in the summer of 2005 to residents of Oklahoma and Logan counties. During the pilot project, about 300 Oklahomans received their CNA certification. OHCA staff, along with representatives of other agencies, studied various outcomes related to the effectiveness of the program,

made improvements and expanded the program to two additional counties, Cleveland and Canadian.

The program has proved successful and will now be offered to Oklahomans statewide. Participants in the program will earn certification and must gain employment at a **SoonerCare** long-term care facility for at least 12 months.

“Oklahoma’s long-term care facilities in rural areas are particularly vulnerable to manpower shortages,” said OHCA Chief Executive Officer Mike Fogarty. “In



the pilot stages, this program proved to be successful. We believe that taking the program statewide will create job opportunities by providing the training that is needed to work in

(Continued on Page 10)

OHCA Expands Nutritional Counseling Program (continued from page 1)

The expansion of the program came about in part due to the obesity problem our nation is facing. Approximately 30 percent of adults are obese, with a Body Mass Index (BMI) greater than 30. Nearly 60 percent are overweight, with a BMI greater than 25. Most startling, 5 percent, or 1 in 20 people, are morbidly obese with a BMI of 40 or greater, an 8 percent increase over the last decade.

The expansion of the nutritional counseling program begins to address the obesity epidemic and also offer a preventive service. The program’s main goal is to further assist those members facing three main health concerns: diabetes, heart disease and obesity. OHCA hopes the expansion of this program will alert providers to this underused service.



Secure E-mail Now Available

Provider Services is pleased to announce the arrival of secure e-mail. Secure e-mail offers a method for providers to send e-mails containing private health information. The new e-mail function is located on the provider **SoonerCare** Secure Site (formerly Medicaid on the Web).

Secure e-mail is a safe alternative to contacting OHCA via telephone to inquire about policy, coverage, contract compliance or general questions. The secure site is not available for claim status; those calls should be directed to the OHCA call center, 800-522-0114 or 405-522-6205.

Sending a secure e-mail is simple. Providers can log on to the secure site at www.ohcaprovider.com/Oklahoma/Security/logon.xhtml. Once logged on, providers can visit

www.ohcaprovider.com/Oklahoma/Security/logon.xhtml

the Mailbox and “send mail” section to send OHCA a secure e-mail. Providers can visit the Mailbox’s “read mail” section to check for a response from OHCA.

Providers should find the secure

e-mail function convenient and simple to use. OHCA hopes secure e-mail will contribute to improved communication and service for **SoonerCare** providers.

Did You Know?

Providers receiving payment from a member’s secondary, private or commercial insurance are not required to submit a hard copy attachment if the claim is filed electronically. Electronic claim submission can be accomplished by submitting an 837 or direct data entry on the **SoonerCare** Secure Site.

Providers must enter the total dollar amount paid by the commercial insurance carrier using the decimal point, but no dollar sign. A hard copy attachment of the insurance payment detail is not required.

Providers can save time, paper and postage by submitting claims electronically. For more detailed information, please refer to OHCA’s Medicaid Provider Billing and Procedure Manual at www.okhca.org. You may also call 800-522-0114 or 405-522-6205, option 2, for the Internet and EDI Help Desks.



SoonerPsych Program Helps Contain Costs, Improves Prescribing Practice

Oklahoma is one of 26 states implementing programs to improve the use of behavioral health medications for Medicaid patients. Dubbed SoonerPsych (Sooner Prescription Solutions for Your Cognitive Health), Oklahoma's program is sponsored by OHCA and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

SoonerPsych is proving to be one of the most effective in the nation in improving quality of prescription drug use while containing the growth in the cost of Medicaid behavioral health prescriptions.

Research shows the most effective use of resources results when best practice guidelines are followed. Cost is an important consideration because behavioral health drugs are among the most expensive of all medications. The program's goal is to promote doctors' voluntary compliance with best-practice guidelines while avoiding the potential paperwork hassles that sometimes come when writing a patient's prescription (such as prior authorization permission).

"Physicians want the best for their patients, and this program has given them another tool to get the right drug to the right person at the right time. It is this practice that saves everyone time and health care dollars," said Dr. Nancy Nesser, pharmacy services director for OHCA.

Comprehensive NeuroScience Inc. (CNS) assists OHCA and ODMHSAS in the operation of SoonerPsych through funding

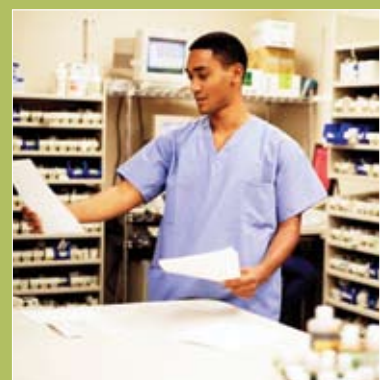


Prior Authorization Starts at the Pharmacy

The medication prior authorization process should start in the pharmacy. Because an individual prior authorization approval is specific to both the pharmacy and the member, the pharmacy information is required to process the petition.

If a prescriber contacts the Pharmacy Help Desk for prior authorization, a blank petition form will be faxed to them. Once the prescriber has completed their portion of the petition, they may fax, mail or forward the form to the pharmacy. The pharmacy will then enter their information prior to submission to the Help Desk.

Petitions submitted without pharmacy information cannot be processed. If you have any questions about the prior authorization process, please contact the Pharmacy Help Desk at 800-522-0114, option 4.



(Continued on Page 8)

Skeletal Muscle Relaxants: Their Place in Therapy

By Christendoza Le, Pharm.D.

The recommended treatments for musculoskeletal conditions are acetaminophen, NSAIDs, skeletal muscle relaxants, short-term opioid analgesics, hot or cold packs, and bed rest for several days. The most common musculoskeletal complaint is low-back pain, and 90 percent of these cases resolve in about four to six weeks with proper care and rest.

Oral skeletal muscle relaxants can be effective when used for acute symptomatic relief of pain and discomfort, but little evidence supports the use of skeletal muscle relaxants for chronic pain. There is a lack of high quality studies to suggest that any skeletal muscle relaxant is more effective than another. Most clinical trials of skeletal muscle relaxants are two to three weeks in duration and seldom continue beyond six weeks. Some trials show a decline in efficacy to rates similar to that of placebo after four to seven days. As a result of these trials, these agents are only recommended for short-term use.

Among the skeletal muscle relaxants prescribed for **SoonerCare** members during 2005, carisoprodol accounted for almost one-third of all the agents used. This is not consistent with current treatment guidelines and research which suggests that use of carisoprodol is generally not indicated due to its unclear risk-benefit profile. In addition, carisoprodol is metabolized to meprobamate, a sedative-hypnotic with highly addictive properties.

Carisoprodol is not scheduled as a controlled dangerous drug at the federal level, which may lead prescribers to underestimate the abuse and addictive potential of this medication. In regular users of carisoprodol, it is meprobamate rather than carisoprodol that accumulates. Carisoprodol is a controlled dangerous drug in Oklahoma due to abuse concerns.



ePocrates® Introduces New Mobile Features

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

- Available in a Web-based version or download to your Personal Digital Assistant (PDA) for added mobility.
- Look up formulary specific drug information such as coverage, quantity limits and prior authorization requirements.
- Oklahoma **SoonerCare** drug list and Medicare Part D formularies.

All ePocrates® mobile products now include:

- My ePocrates
- New safety information
- New pharmacology section
- Free decision support tools
- Memory card support

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

(Continued on Page 9)

SoonerPsych Program Helps Contain Costs (continued from page 6)

from Eli Lilly, a pharmaceutical company. Each month, CNS reviews **SoonerCare's** behavioral health pharmacy claims and compares them to nationally recognized best practice prescribing guidelines.

Prescribers who show patterns of deviating from guidelines receive educational messages from Dr. Peggy Jewell, medical director of ODMHSAS. The messages ask outlier prescribers to consider adjusting their patients' medication to be more consistent with best practice guidelines. The messages stress that the state is aware that each patient has unique problems and needs, and any changes are at the

sole discretion of the prescriber.

SoonerPsych began to send educational messages to prescribers in August 2004. From September through December 2004, the average monthly spending for **SoonerCare** behavioral health drugs held steady at around \$12 million. From January through December 2005, the average monthly spend rate for behavioral health drugs was \$12.2 million.

With less than a 2 percent increase in the cost of behavioral health medications during 2005, Oklahoma stands out against the national averages. Most states experienced a 14 percent to 18 percent annual growth rate in the cost of behavioral

health medications in 2005.

"Oklahoma can be proud of the achievements of the SoonerPsych program," said Dr. Richard Surles, senior vice president and head of CNS' Care Coordination and Disease Management Support Division. "Many state Medicaid agencies would be ecstatic if they could contain behavioral health medication costs to the levels Oklahoma has achieved. Oklahoma's experience strongly affirms our belief that focusing on the quality of prescribing practice to assure good patient care also results in the most effective use of limited Medicaid resources."



Skeletal Muscle Relaxants (continued from page 7)

The misuse of any medication has potential negative effects that may lead to an overall increase in utilization of health care resources, increased hospitalizations, permanent disability and sometimes death of the affected individual. Recently OHCA initiated prior authorization of all carisoprodol products. These products will be available for 90 days of therapy, after which time a prior authorization becomes effective. An additional approval for one month will be granted to allow titration or change to another muscle relaxant. Further authorizations will not be granted, except in cases where the member has one of the following diagnoses: muscular dystrophy, paralysis, cerebral palsy or multiple sclerosis.

References are available upon request.



Provider Services Department Offers Assistance

The provider services department at OHCA assists providers with claims issues, provider access issues, contracting, education and policy interpretation.

Providers needing a general overview of **SoonerCare** programs or onsite education related to any program area listed above are urged to contact Provider Services. Provider Services can be reached at 877-823-4529, option 1, or 405-522-7441. Any member of the staff is available to work with providers. A detailed contact list is available online at www.okhca.org.

2007 RBRVS fee schedule

The physician fee schedule follows the state fiscal year. In July 2007, changes in the Resource-Based Relative Value Scale (RBRVS) fee schedule will become effective. Please visit our Web site for all fee schedule information.

2006 in review

We would like to thank all of our providers for their continued support of **SoonerCare**. Over the last year we have made many improvements with the continued assistance of our provider network. Below is a short overview of some of the changes. (Please visit our Web site, www.okhca.org, to review provider letters from 2006 and earlier.)

- Disease Management Program for SoonerCare members with diabetes.
- Smoking and tobacco cessation counseling using the 5 A's.
- No prior authorization required for physical therapy evaluation and three units of therapy.
- Expanded ultrasound benefit for **SoonerCare** expectant mothers.
- Private duty nurses permitted to accompany members on urgent or emergent medical appointments.
- External breast prosthetics covered for members in our Breast and Cervical Cancer program (approved pending the governor's signature).

OHCA and OSU-OKC Take CNA Training Program Statewide (continued from page 4)

long-term care facilities. In turn, the program will also help the facilities by providing trained staff.”

OSU-OKC provides curriculum designed to prepare students to complete the state’s nurse aide competency examination. The curriculum consists of 80 hours of training, including 24 hours of supervised clinical training. Participants also receive a set of scrubs.

Students are required to pay for an Oklahoma State Bureau of Investigation background check as well as TB testing. Prior to beginning training, students are required to pass the background check and the nurse aide registry screening.

For more information or class registration, contact Melissa Flores with OSU-OKC at 405-945-8615.

OHCA Receives Award of Excellence

For the second year in a row, OHCA was honored with a Certificate of Excellence in Service Efforts and Accomplishments Reporting. The award was presented by the Association of Government Accountants at its performance management conference Oct. 30, 2006, in Schaumburg, Ill.

The award recognizes exceptional accountability reports of state and local governments that communicate relevant and reliable information about government’s performance to elected officials, citizens, management and other users. Reports must meet the criteria established by the Governmental Accounting Standards Board.

Only 11 reports were recognized. OHCA was the only state program, only health care program, only Medicaid program and only Oklahoma agency recognized.



NPI Required for All Contracts

As of Jan. 1, OHCA cannot accept any contracts without a National Provider Identifier (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.

3/1/2007 - Missing NPI edit will post on all 837 and new 1500 paper claims received March 1, 2007, and after.

4/1/2007 - Old 1500 paper claim forms received on or after April 1, 2007, will be rejected.

5/23/2007 - 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 <https://nppes.cms.hhs.gov> or call 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 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, <http://www.cms.hhs.gov/NationalProvIdentStand>.



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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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