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Summary Results for SoonerExcel Payments Year-to-Date Dates of Service: Oct. '08 – June '09

Total number of contracted Medical Homes

885

Percent of Medical Homes receiving a SoonerExcel payment

83%

Average payment

\$1,279

Average total payment YTD

\$3,446

Pay-for-Excellence + Budget Holds \$3.7 Million for Providers

A budget of \$3.7 million has been established for SoonerExcel payments in calendar year 2009, payable to providers who meet OHCA pay-for-excellence measures. Qualifying providers have already received three of the quarterly payments, in March, August and November. Below is a list of current measures and the amount of dollars they have been assigned:

- Child health exams (EPSDT) and DTaP will continue to be calculated as in the past but will be paid on a quarterly basis (\$1 million for Child Health and \$50,000 for DTaP).
- Generic drug prescribing has been allocated \$1 million and is determined by OU College of Pharmacy profiling.
- ER utilization received \$500,000 (a relatively small amount due to providers' claims of having little control

over this issue). An ER profile by APS is used for this measure.

- Breast and cervical cancer screening received \$350,000 (due to the relatively small population) and is also determined by APS profiling.
- Physician inpatient admitting and visits received \$850,000; this is further divided into two levels. At the first level, physicians receive up to a 25 percent bonus payment over the current fee schedule per claim for admitting or caring for a patient in an inpatient setting. The next level incentivizes physicians to visit members for whom they are the PCP. PCPs who visit their members in an inpatient setting at least 20 percent of the time are eligible for up to a \$20 bonus payment per visit.

+ 2009-2010 Is a Flu Season to Remember

Unfortunately, the 2009-2010 influenza season appears to be an event that many health care providers will remember for years to come. As of November, the CDC reported widespread flu activity (seasonal and/or H1N1) in 48 of 50 states. Many physicians have treated an unusually large number of patients exhibiting flu-like symptoms, and flu-related hospitalizations and deaths have been well above normal expectations.





In order to assist health care providers in managing this pandemic, OHCA recently launched an initiative to help educate the SoonerCare population about influenza. During November, approximately 1,000 SoonerCare prescribers received a package of flu education posters from OHCA. Displaying these materials in waiting areas or examination rooms should help foster patient/provider dialogue about appropriate flu prevention and treatment protocols. Providers who would like the educational posters but did not receive them may request copies via the OHCA Web site, www.okhca.org.

Also in November, approximately 45,000 SoonerCare member households received a brochure titled “Protect Yourself: Know What To Do About the Flu.” The leaflet covers the following topics:

- What is the flu?
- What is the H1N1 flu?
- What are the symptoms of the flu?
- How can I protect myself from the flu?
- How else can I protect my family from the flu?
- What if I get the flu?
- How serious is the flu?

The purpose of the brochure is to provide members with answers to the most commonly asked questions regarding both the seasonal flu and the novel H1N1 flu. It emphasizes practical steps that individuals can take to decrease the risk of contracting influenza or spreading it to others.

OHCA encourages providers to continue promoting appropriate antibiotic and antiviral utilization. Both the posters and the brochures also include the following points:

- Antibiotics don't cure the flu.
- Patients who receive antiviral medications should complete the course as prescribed, even if they start to feel better.

In many cases, education is one of the most effective tools for promoting positive public health outcomes. As this challenging influenza season progresses, OHCA is committed to assisting providers in educating SoonerCare members about the flu and the preventive measures that can help minimize its impact in Oklahoma.

Lactation Consultants Available to SoonerCare Members +

Breast-feeding is important for optimal infant and child health and development, and it has advantages for infants, mothers, families and society. OHCA encourages soon-to-be mothers to breast-feed their babies because breast milk is the perfect food for babies, containing superior vitamins and nutrients that babies need during the first six months.

Breast-feeding is natural; however, occasionally it takes a little time for babies and mothers to learn what works best for them. That is why OHCA offers lactation consultation services to members to assist the initiation and duration of breast-feeding. These services provide one-on-one support, training and expert help to expectant and new mothers. The lactation consultant provides individualized care to address specific breast-feeding issues or manage lactation crises. A woman enrolled in SoonerCare can receive these services during pregnancy and up to 60 days postpartum.

If you are a SoonerCare provider and would like to inform your SoonerCare members of this service, please visit our Web site, www.okhca.org. Click the “Find a Provider” tab in the “Individual” section, and then select “Lactation Consultants” (under “Pregnancy Specialty Services”) for a list of providers to whom you can refer your members.

A member can also self-refer to a lactation consultant if she is a first-time mother and needs prenatal education or if she has a history of breast-feeding problems, latch-on difficulties, low milk supply or for any other breast-feeding difficulty. For questions regarding this service, call the SoonerCare Helpline at 1-800-987-7767 or the Child Health Unit at 405-522-7188.





+OHCA Receives TSET Grant

The Tobacco Settlement Endowment Trust has awarded Oklahoma Health Care Authority a three-year grant that aims to reduce tobacco use among pregnant SoonerCare members, with the ultimate goal of improving birth outcomes in Oklahoma.

The goal of this initiative will be met by increasing obstetrical care providers' knowledge and use of best practices for tobacco cessation, their rate of inquiry regarding tobacco use status of pregnant patients, their routine use of the 5-As tobacco cessation counseling method with patients who use or recently quit using tobacco, and their rate of referrals to the Oklahoma Tobacco Helpline (resulting in increased participation and use of the Helpline by pregnant SoonerCare members).

The initiative will include a practice facilitation component in which two practice facilitators, one in Oklahoma City and one in Tulsa, will target OB providers that have a high quantity of annual deliveries and will teach them best practices for tobacco cessation. The practice facilitators will assist providers in integrating best practices into their office's daily routine. The goal is to reach 76 providers over the three-year time span.

OHCA will hire a tobacco cessation outreach specialist to provide statewide outreach to obstetrical care providers over the next three years. This outreach specialist will promote awareness of best practices for tobacco cessation and inform SoonerCare OB providers of available resources through phone calls and one-on-one contact.

OHCA will have a number of partners involved in this initiative, including the Tobacco Settlement Endowment Trust, Oklahoma State Department of Health Tobacco Use Prevention Services, Oklahoma Tobacco Helpline, Iowa Foundation for Medical Care, Pacific Health Policy Group and a project advisory committee formed of community stakeholders.

Total funding for the three-year grant is \$1,453,408.

Flu Shots for Expectant Mothers Covered

Effective Oct. 1, 2009, OB/GYN providers can bill seasonal flu shots for SoonerCare members. It is no longer necessary to obtain a referral in order to bill for these immunizations.

NOTE: The seasonal flu vaccine is available only to Sooners program members.

Living Choice Project Commences

OHCA is pleased to announce the launch of the Living Choice Project. The project promotes community living for adults of all ages who have disabilities or long-term illnesses. The project gives Oklahomans more options for managing their health care needs and adds more balance to the state's long-term care system.

To be eligible for the Living Choice Project, individuals must:

- Live in a nursing facility for at least six months prior to transition.
- Have SoonerCare for at least one month prior to transition.
- Be interested in moving back into the community.
- Be guaranteed home and community supports once they transition.

The Living Choice Project hopes to:

- Expand the use of home- and community-based (rather than institutional) services.

- Eliminate barriers that prevent or restrict the flexible use of SoonerCare funds.
- Increase the SoonerCare program's ability to assure continued provision of home and community-based long-term care services to qualified individuals who choose to transition from an institution to a community setting.
- Ensure that strategy and procedures are in place to provide quality assurance for qualified individuals receiving Medicaid home and community-based long-term care services and to provide for continuous quality improvement in such services.

Many ADvantage providers, such as DME and meal services, recently received contract amendments to add the Living Choice Project as a program they will serve. If you are one of those providers and have questions about the amendments, please feel free to contact us at www.oklivingchoice.org or 1-888-287-2443.

+ Electronic Provider Enrollment To Begin Soon

OHCA is pleased to announce the development of a new electronic provider enrollment (EPE) system. This is a "green" process, largely free of paper. Business and individual providers, or their representatives, will enter all necessary information and execute provider agreements without downloading a form. Licenses, certifications and other necessary documentation can be faxed to OHCA.

OHCA will notify providers as soon as EPE is available for renewals and updates. We anticipate implementation for new contracts before the end of the year and for renewals for most hospitals, inpatient psychiatric facilities, opticians and optometrists beginning Jan. 15, 2010. By mid-2010, existing providers should be able to update address, license, and other information online.

Providers will access EPE through the SoonerCare Secure Site, www.ohcaprovider.com/Oklahoma/Security/logon.xhtml.



CMS, OHCA Update ‘Never Events’ +

Effective Jan. 15, 2009, the Centers for Medicare & Medicaid Services (CMS) established three new National Coverage Determinations that nationally “non-cover” three surgical errors. These surgical errors are:

- Wrong surgical or other invasive procedures performed on a patient.
- Surgical or other invasive procedures performed on the wrong body part.
- Surgical or other invasive procedures performed on the wrong patient.

OHCA will adopt the same policy position effective Feb. 1, 2010, pending the governor’s signature. Please be on the lookout for a “Dear Provider” letter containing more details regarding this change.

Physician-Administered Drug Pricing Changes

On Jan. 1, 2010, the Oklahoma Health Care Authority will begin paying claims for physician-administered drugs at 106 percent of the average sales price (ASP). This new pricing system will be updated on a quarterly basis and will allow OHCA to comply with federal regulations. The ASP is calculated by the Centers for Medicare & Medicaid Services (CMS). More information regarding ASP can be found at www.cms.hhs.gov/McrPartBDrugAvgSalesPrice.

Members of the OHCA staff met with affected providers and discussed the impact of this pricing change, which will result in the addition of services. Specifically, T1002 will now be allowed for as a nursing procedure code (dependent on the type of office services the patient receives) and new utilization limits are set on brachytherapy codes (when appropriate modifier is applied).

Updated fees will be posted to our Web site and can be located at www.okhca.org. The updated fees will also be available on the OHCA SoonerCare Secure Site.



+ You've Been Asking for It ...

Finally, OHCA has rolled out the option for all providers to bill their crossover claims via the SoonerCare Secure Site. The Web crossovers can be submitted with or without attachments, and you file them using the same process that you currently use for your Web-based claims. HCA-28 is not required for Web crossovers, and most will not require attachments at all.

You can also file Medicare PPO replacement plan claims as Web crossovers. The necessary information should be keyed from the Medicare Part C explanation of benefits. However, all claims from Medicare should automatically cross over, so if there is a problem, check with provider enrollment to make sure OHCA and Medicare have correct and up-to-date information on your provider file.

If you have any questions, please call the Provider Helpline at (800) 522-0114 or (405) 522-6205.

+ Medicare Part D Help Is on the Way!

It is called the P-10 project, also known as the newly eligible transition program. Medicare will implement a new system change in which there will be a single payor that will pay claims when Medicare eligibility is retroactively established, normally due to SSI disability. Medicare has issued a contract to Humana to pay these claims at the Part D rate and disregard timely filing, prior authorizations and other administrative burdens. The pharmacy will receive the Part D rate for the drugs, and this mechanism for payment is available only for Part D prescriptions, not Part B. The program is scheduled to accept claims as of Jan. 1, 2010. Contact Medicare or Humana if you have further questions or need guidance on how to file these claims.

+ Recent Policy Changes to Responsibility

Policy was recently updated to include additional information regarding the responsibility of SoonerCare members as well as to clarify some provider limitations. [See section 317:30-3-24 Third party liability](#) for the entire section.

The first provider clarification is in reference to co-payments, specifically, that other than SoonerCare co-payments, a provider cannot bill a member for any unpaid portion of the bill or for a claim that is not paid because of provider administrative error.

However, it is now written policy that if a member is covered by a private health insurance policy or plan, the member is required to inform medical providers of the coverage including:

- Applicable policy numbers.
- Assignment of payments to medical providers.
- Updates to OHCA regarding any coverage changes.
- Release of money received from a health insurance plan to the provider if the provider has not already received payment, or to OHCA if the provider has already been paid by OHCA.

Also, members are responsible for notifying their providers of the intent to make application for SoonerCare coverage and of any retroactive eligibility determinations. Members may be responsible for any financial liability if they fail to notify the provider of the eligibility determinations and, as a result, the provider is unable to secure payment from OHCA.

Oklahoma Medicaid Director Selected for Inaugural Medicaid Leadership Institute

Oklahoma's Dr. Lynn Mitchell is one of six state Medicaid directors chosen nationally to participate in the inaugural class of the Medicaid Leadership Institute. The Robert Wood Johnson Foundation is launching this new initiative to enhance the leadership capacity of Medicaid directors so their programs can serve as national models for high-quality, cost-effective care.

"Dr. Mitchell is ideally suited to participate in the Institute. SoonerCare – Oklahoma's Medicaid program – has become a national leader in a number of areas, from improving care management for complex populations to providing dental care for children and pregnant women," said Mike Fogarty, chief executive officer of the Oklahoma Health Care Authority. "She has a lot of insights and expertise to bring to the table, and I know she also values the opportunity to share ideas and

learn from other leaders in the field." Medicaid plays a huge, often underappreciated, role in the U.S. health care system. It provides care for more than 65 million Americans, and it is second only to Medicare as a payer for health care. In Oklahoma, approximately \$970 million in state funds is spent annually on Medicaid, accounting for about 13 percent of state expenditures. With federal matching funds, the state's total Medicaid budget is about \$4 billion.

The 12-month Medicaid Leadership Institute is designed to enhance the strategic thinking, substantive knowledge, individual leadership and technical skills that directors need to effectively lead and foster innovation in their state Medicaid programs.



+ Dental History Now Available Online

As of July 2009, SoonerCare dental providers can obtain the dental treatment history of members on the SoonerCare Secure Site. Dental treatment information is accessible by:

- Procedure code.
- Specific tooth number.
- Dates of service (through the last five years).

Providers can access the Secure site at

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

PPI Pneumonia Risk Reported

Recent studies have highlighted a new safety risk for Proton Pump Inhibitor (PPI) therapy. These studies indicate there may be an association between PPI therapy and both hospital- and community-acquired pneumonia.

The most recent study, published in the *Journal of the American Medical Association* this year, stated that PPI use was associated with an increased incidence of hospital-acquired pneumonia (HAP).¹ The study examined the inpatient setting and the odds of hospital-acquired pneumonia. The researchers studied more than 60,000 patients admitted to the hospital with 52 percent receiving acid-suppressive therapy during their stay. Results:

- Histamine² receptor antagonists (H2RA) did not cause a statistically significant increase in HAP.
- PPIs were associated with an increase of about 30 percent.¹

In another study published this year, researchers examined the possibility of other drugs being associated with an increased risk of community-acquired pneumonia (CAP) compared to the risk associated with PPIs. This study found that statins and angiotension converting enzyme (ACE) inhibitors actually lower the chance of infection.² H2RA use was associated with a slightly increased risk but was not statistically significant. Conversely, use of PPIs was associated with a statistically significant increase in the odds of CAP.²

An association between PPI use and community-acquired pneumonia (CAP) was also noted in other recent studies:^{3,4}

- Initiation of PPI therapy within the past seven days was associated with a significant increase in the number of new cases of CAP (odds ratio of 5.0, 95 percent confidence interval (CI 2.1-11.7)).³
- Use of PPIs over 30 days before diagnosis did not increase the odds of CAP.
- A dose-response relationship was not observed.³

Sarker et al. found an increased number of CAP cases in patients with recent initiation of PPI therapy, as well.⁴ The findings were similar, in that recent PPI initiation seemed to present the greatest risk of CAP:

- Therapy started in the previous 14 days was associated with 3.16 greater odds of developing CAP (CI 2.45-4.08) than patients who did not receive PPIs.⁴
- CAP diagnoses were 6.53 times more likely if PPI therapy was initiated in the previous two days (CI 3.95-10.8).⁴

Although caution must be exercised before inferring causation from population case-control studies, there appears to be evidence that PPI therapy may be associated with an increased risk for both hospital- and community-acquired pneumonia. As always, the risk versus the benefit of PPIs should be carefully weighed before initiation of therapy.

References:

- Herzig SJ, Howell MD, Ngo LH, Marcantonio ER. Acid-Suppressive Medication Use and the Risk for Hospital-Acquired Pneumonia. *JAMA* 2009; 301(20):2120-8.
- Myles PR, Hubbard RB, McKeever TM, Pogson Z, Smith CJP, Gibson JE. Risk of community-acquired pneumonia and the use of statins, ace inhibitors and gastric acid suppressants: a population-based case-control study. *Pharmacoepidemiology and Drug Safety* 2009; 18(4): 269-275.
- Gulmez SE, Holm A, Frederiksen H, Jensen TG, Pedersen C, Hallas J. Use of proton pump inhibitors and the risk of community-acquired pneumonia: a population-based case-control study. *Arch Intern Med* 2007; 167:950-5.
- Sarker M, Hennessy S, Yang YX. Proton-pump inhibitor use and the risk for community-acquired pneumonia. *Ann Intern Med* 2008; 149:391-398.

+ DUR Board Elects New Officers, Welcomes New Members

At the June 2009 Drug Utilization Review Board meeting, John Muchmore, M.D., Ph.D., was elected to serve as chairman of the board, and Brent Bell, D.O., D.Ph., was elected to serve as vice chairman.

“Dr. Muchmore will bring outstanding wisdom, knowledge and leadership to the board, and Dr. Bell’s experience with and knowledge of childhood and adolescent needs are very important to the SoonerCare population. Both of these individuals possess the qualities that make for a sensitive and effective DUR Board centered toward proper patient care,” said Ron Graham of the University of Oklahoma College of Pharmacy.

Also at the June meeting, the board bid farewell to three long-serving, distinguished members. Departing Chairman Daniel McNeill, Ph.D., P.A.-C, served from 2000 to 2009. Clifford Meece, D.Ph., served from 1999 to 2009, and Dorothy Gourley, D.Ph., served from 2000 to 2009. “We wish to express our sincere appreciation to these members for years of dedicated service,” said Nancy Nesser, OHCA pharmacy director.

In July, OHCA welcomed three new board members: Bruna Varalli-Claypool, MHS, P.A.-C, Anetta Harrell, Pharm.D., and Eric Winegardener, D.Ph. The new board members will join existing members Mark Feightner, Pharm.D., Evie Knisely, Pharm. D., Thomas Kuhls, M.D., Paul Preslar, D.O., MBA, and James Rhymer, D.Ph.



RetroDUR Q&A

What Is RetroDUR?

OHCA uses a process known as retrospective drug utilization review (RetroDUR) to identify potentially unsafe pharmaceutical utilization within the SoonerCare population. Reviews are conducted by a clinical pharmacist who evaluates prior SoonerCare claims using specialized analytical software. The intent of RetroDUR is to assist health care providers in optimizing safe and effective medication therapy for their patients by minimizing adverse drug events and improving clinical outcomes.

Four types of findings trigger alerts that are considered:

- Drug-drug interactions occur when a member is taking two or more medications known to interact with each other. These interactions may cause a change in drug efficacy or may increase the likelihood of adverse effects.
- Duplication in therapy occurs when a member takes two or more medications indicated for the same diagnosis for non-synergistic purposes.
- Drug-disease interactions occur when a member takes a drug that may be contraindicated or result in a negative impact on the current disease state.
- Dose/duration alerts occur when a medication is taken above or below the recommended dosage and/or when the medication is taken for a shorter duration or beyond the recommended duration of therapy.

Who Is Reviewed?

The population parameters are changed each month. As a result, the randomized members included in the reviews are more reflective of the

entire SoonerCare population. Pregnancy and asthma populations are reviewed at least once per year. Parameters for other reviews are determined by the reviewing pharmacists' consultation with the DUR Board. Members of the DUR Board make suggestions based on their experiences as health care professionals.

How Is It Done?

RetroDUR is performed using a computerized application that integrates criteria for DUR alerts with a database of claims that have been filed with OHCA. Once the review parameters have been set, profiles of individual members with potentially adverse drug events are identified for review. If the reviewer determines that a member's profile may warrant further attention, letters are sent to the member's pharmacy and prescribing providers to inform them of the concerns. These letters include a list of all the member's medications and prescribers from the previous year, as well as a provider response form.

What If I Get a Letter?

The letters sent to providers by the RetroDUR program are intended to assist them in making informed decisions about a patient's medication therapy. It is not the program's intent to criticize prescribing decisions or dictate how medications should be prescribed. Frequently, the patient's medication profile included with the letter identifies issues previously unknown to the pharmacy and prescribing providers. Providers are encouraged to consider this information and to return the enclosed response form so that OHCA can continue to improve the program.

Primary Care Providers Often First Line of ADHD Treatment

Primary care physicians and clinics are responsible for the first diagnosis of attention deficit hyperactivity disorder (ADHD) for nearly 70 percent of SoonerCare children, according to a recent OHCA quality assessment study.

The Diagnostic and Statistical Manual of Mental Disorders says ADHD is characterized by persistent inattention, hyperactivity-impulsivity or both occurring in greater severity and frequency than typically seen in people at the same developmental level. The diagnostic criteria require evidence of interference with developmentally appropriate functioning in social, academic or occupational settings.

APS Healthcare Inc., OHCA's contracted quality improvement organization, recently completed the study, which examined claims data from calendar year 2007. The study identified 20,278 children (under age 21) with at least one paid claim containing an ADHD diagnosis during 2007. An analysis of the members' first occasion of ADHD diagnosis showed that 69.7 percent of the claims came from clinics and physicians. Mental health providers were responsible for 17.2 percent of the initial diagnoses.

The National Institute of Mental Health (NIMH) Multimodal Treatment Study of ADHD lists four main approaches to treatment: medication management, behavioral health treatment, a combination of both medication and behavioral health treatment, and treatment provided by local community outreach organizations.

The OHCA study defined medication management as receiving a prescription for a central nervous system (CNS) stimulant and behavioral health treatment as individual or group therapy with a behavioral health specialist. The study found that 10.4 percent of members with an ADHD

diagnosis received no treatment. The treated members were divided among those who received a CNS stimulant only (41.4 percent), behavioral health services only (18.4 percent), and both medication and behavioral health services (40.2 percent). Relying on paid claims, the study could not determine how many SoonerCare children with ADHD may be undiagnosed, underscoring the importance of the role of primary care providers.

The NIMH study found that patients receiving the combination of behavioral health treatment and medication management had better outcomes.

ADHD is a complex disorder, and the first professional to make the diagnosis is likely to be a primary care provider (PCP). OHCA has resources available to help providers who are serving members with ADHD. In collaboration with APS Healthcare, OHCA offers free, informal telephonic consultations between psychiatrists and PCPs regarding psychotropic medication management. To access the program, contact the APS Psychiatric Consultation Hotline at 1-877-845-7468 to speak with a psychiatrist. The hot line is available 24 hours a day, seven days a week.

An executive summary of this study is available under Studies and Reports at www.okhca.org/ADHD.



Goals of Practice Facilitation:

- Assist with building empowered proactive teams.
- Assist with implementation of evidence-based guidelines.
- Facilitate staff involvement and investment with quality improvement activities including measurement of performance (National Quality Forum Ambulatory Care Starter measures).
- Create office process design plans that promote and support disease prevention.
- Implement a Web-based health information and management tool.
- Create processes that are stable and predictable.

Providers that take part in practice facilitation are committed to quality improvement. The initial results of the HMP Satisfaction and Self-Management Satisfaction Impact Report prepared by the Pacific Health Policy Group (PHPG) in June 2009 revealed that the most important reason practices chose to participate was to improve care management of patients with chronic conditions and to boost health outcomes. Also, 92 percent of the practices reported changing the management of patients with chronic conditions as a result of participating in the initiative. Two of the most important changes reported were the level of involvement by the practice staff in chronic care work-ups and the utilization of the Web-based health information registry tool.

Participating practices also can attend regional collaboratives held across the state. These meetings allow providers to exchange process improvement strategies, engage in peer-to-peer discussions regarding the implementation of evidence-based guidelines and build a sense of community.

OHCA would like to congratulate and thank all the initiative's participants for their commitment to quality improvement.

+ Primary Care Providers Focus on Quality

The Oklahoma Medicaid Reform Act of 2006 created programs that would improve the quality, efficiency and effectiveness of services and care provided to SoonerCare members.

The SoonerCare Health Management Program (HMP) was developed as a result of the Medicaid Reform Act and was established to improve clinical outcomes and reduce health care costs for chronically ill SoonerCare members.

The HMP, administered by our vendor, Iowa Foundation for Medical Care (IFMC), is a dual-armed approach to health management that focuses on nurse care management and provider activation through practice facilitation. The HMP currently provides nurse care management services to more than 4,000 SoonerCare Choice members, and more than 70 SoonerCare primary care clinics have participated in practice facilitation since February 2008.

Practices selected by OHCA for practice facilitation have the opportunity to work with a professional, highly trained practice facilitator in applying quality improvement techniques, redesigning office systems to improve efficiency and implementing a free, Web-based health information registry tool.

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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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