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## OHCA Opts Not to Renew HMO Contracts

**N**ews of increased health care costs and a decision by a health maintenance organization (HMO) to pull out of the state Medicaid program prompted the Oklahoma Health Care Authority (OHCA) board to approve a proposal to end its HMO contracts and switch to the state's other managed care system, *SoonerCare Choice*.

The action came after Unicare Health Plan of Oklahoma notified OHCA that they do not intend to renew their managed care contract serving areas of Oklahoma City, Tulsa and Lawton. The contract expires Dec. 31.

On Jan. 1, the agency will transfer approximately 189,000 people into a temporary but enhanced fee-for-service system. This means a person will be eligible for care from any willing contracted provider, and the state would then pay the provider on a per-service basis. Agency staff will be available to help patients find care if needed. On or before April 1, the agency will transition members into *SoonerCare Choice*.

Currently operating in 61 counties, *SoonerCare Choice* features benefits similar to the current HMO managed care system, *SoonerCare Plus*; however, *SoonerCare Choice* makes payments directly to physicians and other providers for care rather than through an HMO system. In *SoonerCare Choice*, OHCA con-

tracts directly with providers throughout the state to provide primary health care services and to manage the health needs of their patients. Currently, OHCA provides services for 160,000 people through the *SoonerCare Choice* program.

Under *SoonerCare Plus*, OHCA contracted with three HMOs to provide medically necessary services to patients living in 16 counties in the urban areas of Oklahoma City, Tulsa and Lawton. OHCA budgeted \$222.4 million for the HMO-based program for a six-month period beginning Jan. 1, 2004. Federally mandated actuarial developed

rates determined the health plan premiums should be increased to \$233.3 million, leaving a difference of about \$10.9 million. OHCA made the health plans an offer based on the available budgeted amount.

These changes do not affect those Medicaid patients living in nursing homes or those people served in the home and community based waivers, such as the Advantage program. Letters and notifications will be mailed to affected beneficiaries in the coming weeks detailing the transitional information and the resources that will be available.

## OHCA Approves Rate Increase for Medicaid Providers

**O**n the heels of a proposal by Gov. Brad Henry and legislative leaders, the Oklahoma Health Care Authority board approved rate increases paid to nursing homes, hospitals, doctors and ambulance services that provide care to more than 500,000 Medicaid beneficiaries each month.

At its monthly meeting, the board unanimously approved the use of \$34 million in federal relief funds to increase nursing home rates by 7 percent and inpatient hospital rates by 5 percent. Evaluation and management services provided by physicians and other providers will be increased equal to 90 percent of the



Medicare fee schedule, up from 72 percent. The new rates will take effect Jan. 1, 2004. It is estimated the federal relief funds could support

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## Walkers Weigh In at Capitol Gathering

Employees from several state agencies converged on the state Capitol on Oct. 2 for “Oklahoma Walk for Health Day.” The activities helped kick off a statewide 12-month pilot health campaign, “*Walk This Weigh Oklahoma*,” aimed at encouraging residents to exercise regularly and eat responsibly.

*Walk This Weigh Oklahoma* was organized by the Oklahoma Turning Point Council and the Oklahoma State Department of Health. The campaign’s message is simply to walk at least 30 minutes a day, three times a week; reduce fat intake by 1 percent to 3 percent; and enjoy a healthier life.

Approximately 500 walkers from various state agencies – including the Health Department, Oklahoma Health Care Authority, Department of Human Services and Department of Mental Health and Substance Abuse – participated in the campaign’s kickoff by walking from their agencies to the Capitol.

*Walk This Weigh Oklahoma* is designed to improve the health of all Oklahomans by:

- ◆ Raising public awareness through a fun and innovative approach to reducing individual weight and increasing physical activity levels;
- ◆ Implementing healthy community design and smart growth strategies; and
- ◆ Advocating for nutritional and physical activity policies and standards in schools, work sites, health care systems and government entities.

According to the *Shape Up America* Web site, the Surgeon General’s recommendation for physical activity is to add about 30 minutes of moderately intense



activity each day on top of customary daily activities. This recommendation is designed to improve health and is backed by solid evidence. Some studies now suggest that walking 10,000 steps a day should be a goal for weight management.

The number of obese Oklahomans has skyrocketed in the past 10 years, jumping from 12 percent in 1993 to 23 percent in 2003. The number of overweight or obese children and teens has more than doubled in the last 30 years. About 15 percent of Oklahoma adolescents between the ages of 12 and 19 are obese. In 1983, less than 5 percent of Oklahomans in that age group were categorized as obese. Unless changes are made, projections are that 30 percent of all Oklahomans will be obese by 2008.

Poor diet and physical inactivity are major preventable causes of death, second only to tobacco use. Obesity-related problems are linked to more than 300,000 deaths each year.

According to an issue brief published by NGA Center for Best

Practices, minority groups and those with less education and lower incomes are much more likely to be overweight and obese. Nearly 30 percent of African-American adults and 23 percent of Hispanic adults are obese. One in five Hispanic and African-American children is overweight, and there has been a ten-fold increase in the number of children with adult-onset diabetes in the last five years.

Obesity-related costs now exceed those of tobacco use, and states pay heavily to treat obesity. Currently, 4 million obese children are Medicaid beneficiaries, and an unknown number of adult Medicaid beneficiaries are obese.

Additional results of this ongoing problem are increased absences from work and school, lost productivity and higher health care costs. Indiana says obesity is responsible for 10 percent of its Medicaid costs. If that is true in Oklahoma, then treatment of obesity-related illnesses costs the Medicaid program more than \$230 million every year.

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## OHCA Approves Rate Increase (continued from page 1)

this rate increase for at least 18 months.

“Increasing provider rates to appropriate and adequate levels continues to be a priority of this board and this agency. We must be able to compete in the health care market. This increase will help the state maintain our network of providers and give us the opportunity to attract new providers,” said Ed McFall, board chairman.

The rate increase will also result in increased payment for physician and ambulance services for beneficiaries who are dually eligible for both Medicaid and Medicare.

For example, Medicare pays 80 percent of the allowable for a physician visit. Before the rate was reduced two years ago, Medicaid paid 75 percent of the 20 percent co-insurance for people with both Medicaid and Medicare coverage. Under the new rates, Medicaid will pay for half of the patients’ remaining co-insurance.

“We believe these increases are the best use of this remaining pool of federal funds. The support of Governor Henry and legislative leaders demonstrates that this initiative is a priority. It is critical to pay responsible rates to ensure access to health care for Oklahomans who cannot afford the cost,” McFall said.

In other action, the board approved rules that increase the number of prescriptions available for adults. The rules have been submitted to the governor for signature with an effective date of Jan. 1, 2004. If approved, beginning Jan. 1, the *SoonerCare* and the fee-for-service program will pay for up to six prescriptions per month for each eligible adult, with a maximum of three name brands. Currently, adults in the *SoonerCare* program are lim-

ited to three paid prescriptions per month. The *SoonerCare* and fee-for-service program does not include adults living in nursing homes or adults in other Medicaid “waiver” programs.

The board also removed restric-

tions covering smoking cessation products. After Jan. 1, if approved by the governor, providers can prescribe the use of smoking cessation products, such as nicotine patches, without filing a prior authorization request.

## Providers Receive Nearly \$700,000 in EPSDT Bonus Payments

**T**he Oklahoma Health Care Authority mailed out almost \$700,000 in Early Periodic Screening Diagnosis and Treatment (EPSDT) annual bonus payments in October to pediatricians, family physicians, obstetricians/gynecologists and general practitioners throughout the state.

The bonus payments are made when providers reach more than 55 percent of the recommended number of screens for each Medicaid-eligible child in their care, said Nico Gomez, OHCA public information officer.

Children enrolled in *SoonerCare Choice* and *SoonerCare Plus* are eligible to take part in the EPSDT preventive health care package.

The funds provide regular examinations to help children from infancy through age 20 stay healthy and prevent future health-related problems. EPSDT exams check children’s overall physical condition to determine if they are growing well. The exams include examinations of the ears, eyes and teeth; blood screenings; childhood immunizations; and dietary reviews.

## Medicaid to Cover Custom Diabetic Shoes, Additional Inserts

**O**klahomans receiving Medicaid benefits now have coverage for diabetic shoes and inserts.

Medicaid will pay for one pair of custom-molded diabetic shoes, including inserts, and two additional inserts per year, said Peggy Davis, manager of the Oklahoma Health Care Authority’s medical authorization unit. OHCA will mail or fax requirements for the benefit to provider offices.

The benefit is for non-Medicare-eligible diabetics only, and coverage

will be based on Medicare’s guidelines. Purchase of the shoes and inserts will require prior authorization, and providers will have to submit an HCA-12 form. The forms are available at [www.ohca.state.ok.us](http://www.ohca.state.ok.us).

Physicians also will be asked to file a statement certifying the medical necessity of therapeutic shoes, Davis said.

The shoes are designed to relieve neuropathy-related stress on pressure points and deformities so sores and wounds common to diabetics can be avoided.



# Presidential Commission Suggests Changes in Mental Health Screening, Care Delivery

**M**ental illness is the single greatest cause of disability in the United States, according to a study released in late July by the President's New Freedom Commission on Mental Health.

The commission's report, "Achieving the Promise: Transforming Mental Health Care in America," called for sweeping changes in the nation's mental health care delivery system, from erasing the stigma often associated with mental illness to improving access to state-of-the-art research and treatments. (According to a report by the Institute of Medicine, the gap between discovering effective new treatments and incorporating them into routine patient care takes from 15 to 20 years.)

## Mental Illness 'Shockingly Common'

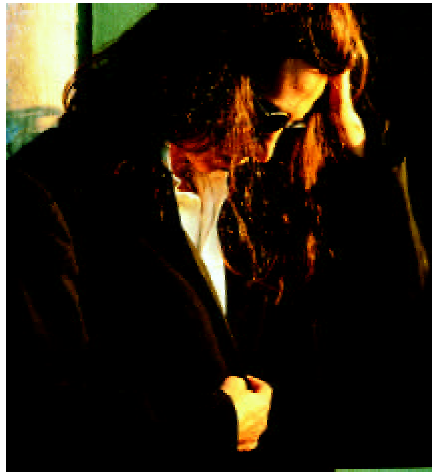
The report also found that mental illness is "shockingly common," far more prevalent than the general public might suspect. In any given year, about 5 percent to 7 percent of adults suffer from a serious mental illness, according to several nationally representative studies. Similarly, about 5 percent to 9 percent of children have serious emotional disturbances.

The commission was formed in 2002 to study those problems and make concrete recommendations for immediate improvements.

## Goals Target Transformation of Mental Health System

In its report, the commission outlined six goals for transforming the U.S. mental health system:

- Americans must understand that mental health is essential to overall health.



- Mental health care should be consumer and family driven.
- Disparities in mental health services need to be eliminated.
- Early mental health screening, assessment and referral to services must become common practice.
- Excellent mental health care needs to be delivered, and research must be accelerated.
- Technology should be used to access mental health care and information.

## Oklahoma Programs Addressing Concerns

In Oklahoma, many projects are under way to improve the availability, quality, effectiveness and efficiency of treatment for mental illnesses. The Oklahoma Health Care Authority is the largest payment or funding source for children's behavioral health treatment services and one of the largest for adults in our state. As a result, OHCA assumes responsibility alongside the Department of Mental Health and Substance Abuse Services (DMHSAS), the Department of Human Services (DHS) and other state agencies for ensuring the

best use of available resources to improve the delivery of mental health services.

To improve the system of care for adults who access care for mental health treatment in the public sector, OHCA has been working closely with DMHSAS, the Department of Rehabilitative Services and consumer representatives to develop and pilot in the community a model of service delivery that emphasizes recovery and consumer empowerment, effective and efficient use of financial and human resources, and the use of evidence-based treatment practices and services by providers.

## Children's Inpatient Psychiatric Care Increasing

The use of inpatient psychiatric hospital care to treat children with emotional disturbances seems to be increasing in the Medicaid program. Although inpatient care is necessary for some children who are acutely displaying behaviors that indicate they are dangerous to themselves or others, few outpatient resources are available in most communities, and services to support families in caring for seriously emotionally disturbed children are seldom available on a consistent basis. This results in an overuse of hospital care in some instances.

DMHSAS, in collaboration with OHCA, the Office of Juvenile Affairs and the Oklahoma Commission on Children and Youth, has been piloting a model of treatment and family support called "Systems of Care" in several communities. The program offers services to families based on their individual needs and

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## Toll-Free Tobacco Helpline Available

**P**roviders wanting to help Oklahomans with tobacco addiction can now call a statewide toll-free phone line. The Oklahoma Tobacco Helpline is a free, evidence-based tobacco cessation program that is available by calling 1-866-PITCH-EM (1-866-748-2436).

At the heart of the program is an intensive, individually tailored, telephone-based cessation counseling program accessible to all Oklahomans who have a desire to quit tobacco. The helpline assists health care providers with specific

information on helpline services, proper dosing and application of nicotine replacement therapy and provides written materials that cover a broad range of topics related to tobacco dependence treatment. All callers may receive resource information and materials, “quit kits” that address their specific concerns or referrals to locally available cessation programs.

Tobacco users interested in quitting can enroll in the helpline’s intensive telephone-based program. The program consists of a series of five telephone-based

counseling calls with the same professional specialist over a three- to four-month period. The timing of the calls is based upon the caller’s quit date and availability. Tobacco cessation specialists work with callers to determine their readiness to quit and assist them in developing a quit plan tailored to their individual needs. Specialists also help callers identify and access benefits that may be available to them through their employer, Medicaid or other insurance provider to cover the cost of cessation medications, such as nicotine patches, gum or Zyban.

Physicians and other health care professionals now also can proactively refer their patients to the helpline by faxing a FAX Referral Form toll-free to the helpline at 1-800-483-3114. Within 24 to 36 hours, a tobacco cessation specialist will contact the patient to explain Oklahoma’s cessation services and recruit them into counseling. With patient consent, the helpline will also provide feedback to the health care provider about the types of services the patient accepted.

The helpline’s “live” hours of operation are 7 a.m. to 11 p.m. Monday through Thursday, 7 a.m. to 9 p.m. on Friday and 8 a.m. to 7 p.m. weekends. Helpline staff will return any messages left after hours.

The Oklahoma Tobacco Helpline is funded by the Oklahoma Tobacco Settlement Endowment Trust (TSET). For more information on the helpline, visit the TSET Web site at [www.tobaccosettlement.state.ok.us/programs/helpline](http://www.tobaccosettlement.state.ok.us/programs/helpline).



### Presidential Commission (continued from page 4)

preferences. Families can get services not available in a traditional medical model in order to help stabilize the child and family and prevent unnecessary hospitalizations. The program also helps prevent placement of the child into the custody or care of the Oklahoma Juvenile Authority or DHS, increases school tenure and discourages students from dropping out.

“There is hope that this model will be adopted in many communities throughout Oklahoma, and the Medicaid program will be able to assist in this effort through payment for the service components that are allowed under federal

Medicaid regulations,” said Terrie Fritz, OHCA director of behavioral services.

In an effort to improve early identification of children who are at risk for mental and emotional developmental problems, OHCA is partnering with the Oklahoma Department of Health, Child Guidance Services and the Child Study Center of the University of Oklahoma Department of Pediatrics. That program assists physicians in the early identification and treatment of or intervention with children who may develop emotional disturbances to lessen or resolve such disturbances.

## Oklahoma Wins Grant to Develop Strategies to Improve Access to Health Insurance

**S**tories about the rising number of uninsured families and their plight are becoming commonplace in the daily news. This crisis affects every person's ability to access affordable health insurance. To help develop solutions to this crisis, the federal Department of Health and Human Services (DHHS) awarded \$11.7 million in grants to 30 states to develop strategies for improving access to health insurance.

In partnership with Gov. Brad Henry, the Oklahoma Health Care Authority applied for the grant and was awarded \$874,360 in federal dollars to study ways to effectively provide private and public health care to more Oklahomans. It has been reported that 19 percent of Oklahoma's total population is uninsured, one of the highest rates in the nation.

State Secretary of Health Tom Adelson said the grant provides a unique opportunity to develop policies that not only cover more Oklahomans but also strengthen the public and private partnership in the health care delivery system.

"Our strategies must address two critical issues," Adelson said. "First, we must reduce the alarming numbers of uninsured Oklahomans. Second, we must ensure payment rates for the public health care system preserves and enhance our provider network. A public health system placed on firm ground not only benefits more than 500,000 underserved Oklahomans, it also relieves the burden shouldered by the privately insured, who currently pay the hidden costs for uncompensated care."

Feeling the financial strain of operating an effective Medicaid

program, Mike Fogarty, OHCA's chief executive officer, recognizes the importance of the grant and the results the research will provide.

"We have been building toward this effort for nearly two years. Now it is time to develop awareness and gain input from all partners to turn the state's health care system in the best direction," Fogarty said.

Small and large group meetings to gather input and direction are being scheduled. Discussions of preliminary information also are planned with state legislators in the coming months.

The final report with options to provide access to affordable health insurance coverage to all citizens is due Sept. 30, 2004. The grant funds are limited to providing research and analysis related to this project.

States receiving the grants will first conduct studies to identify uninsured residents and the reasons why they don't have health insurance. Oklahoma and other participating states then will use the information to determine the most effective ways to provide high-quality, affordable health insurance, using plans offered to government employees or other benchmark health plans as a model.

## Walkers Weigh In at Capitol

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Obesity increases an individual's health care costs by 36 percent and medication costs by 77 percent compared to the general population. Obesity also contributes to the \$33 billion in annual spending on "quick

fix" weight loss solutions by 65 million Americans.

The ultimate goal is to implement *Walk This Weigh* in all Oklahoma counties by the centennial celebration in 2007. According to the Oklahoma Turning Point Council, by 2010, Oklahoma will increase the leisure time activity levels of both adults and children, lower the Body Mass Index (BMI) levels to an acceptable level (ultimately achieving levels at or below 25), and decrease the incidence of Type 2 diabetes as both adults and children learn better nutritional habits and achieve a healthy weight.

Additional information on the *Walk This Weigh* campaign can be found at the Oklahoma Turning Point Council's Web site, <http://www.otpc.org/>.





## Breastfeeding Makes Good Cents... But What Is the Cost for Breastfeeding Moms?

by Belinda Rogers, CIMI, CD (DONA), Oklahoma Institute for Child Advocacy

**T**he simple act of nursing a baby: It looks so tender, so effortless – and, since it’s “nature’s way,” it must be easy. But the truth is, for many women, breastfeeding is difficult, intimidating and unsuccessful. A host of problems can occur, some easily addressed and others troublesome enough to lead to formula feeding.

Exposed breasts are all over the media. But put a nursing infant anywhere near those breasts, and suddenly some people are offended. When someone asks a woman to cover up during breastfeeding or move to someplace more private, it is often because this person is sexualizing the act of breastfeeding. What people do not realize is that many infants cannot eat while covered up, and a nursing mother should not be made to feel embarrassed for feeding her child.

Too often forgotten is the reason women choose to breastfeed; besides strengthening the bond between mother and baby, breastfeeding offers significant health benefits for the child. Babies who are breastfed have lower rates of meningitis, childhood leukemia and other cancers, diabetes, respiratory illnesses, bacterial and viral infections, diarrheal illnesses, allergies and obesity. Moreover, breastfeeding offers significant health benefits to nursing mothers, including reduced risks of breast and other types of cancers, as well as osteoporosis.

For these reasons, the American Academy of Pediatrics recommends that breastfeeding continue for at least 12 months.<sup>1</sup>

Women with infants and children are the fastest growing segment of today’s labor force. Approximately 70 percent of employed women with children younger than age 3 work full time. At least 50 percent of

mothers return to work within three months after giving birth, and two-thirds return within six months.<sup>2,3</sup>

Despite its benefits, some women do not breastfeed. Many breastfeeding women face harassment and public discrimination or find it difficult to continue breastfeeding once they return to work. According to recent Oklahoma PRAMS data, women who are attempting to breastfeed cite returning to work as the greatest obstacle to continued breastfeeding.

Women who wish to continue breastfeeding after returning to work require few needs: a clean, private and comfortable location, other than a toilet stall, to express milk; the opportunity to pump frequently enough to maintain a good milk supply; and a place to temporarily store expressed milk.

Employers who have adopted these breastfeeding support programs have noted cost savings of \$3 per \$1 invested in breastfeeding support, lower health care costs (an average of \$400 per baby over the first year), and reduced absenteeism.<sup>4</sup>

A recent study of Working Well Moms, the corporate lactation program at CIGNA, revealed that the company saves \$240,000 a year in health care costs for breastfeeding moms and babies. By supporting employees who are breastfeeding, CIGNA also saves an additional \$60,000 a year through reduced absenteeism.<sup>5</sup>

The U.S. government has recognized the importance of breastfeeding with three major policy statements. The statements are included in *Healthy People 2010*, *HHS Blueprint for Action on Breastfeeding and Breastfeeding in the United States: A National Agenda*. These statements take into account the relation-

ship between improved breastfeeding practices and our national health.<sup>6</sup>

As a state, Oklahoma must support mothers who are contributing to the well-being of our state and nation by breastfeeding. Asking a breastfeeding mother to nurse in a bathroom or to experience public humiliation are unnecessary barriers to breastfeeding. Central Oklahoma Breastfeeding Advocates (COBA) is committed to protecting a mother’s right to breastfeed in public as well as in the workplace. Our goals for the upcoming 2004 legislative session will be to pass legislation that will:

- Exempt breastfeeding women from public indecency laws.
- Prohibit discrimination or retribution against women who are expressing milk during work hours, and encourage employers to make reasonable efforts to provide a room or location, other than a toilet stall, where breastfeeding moms can express milk in private.

Our hope is that through education and legislation, breastfeeding mothers will be treated with respect, and more women will be encouraged to breastfeed their children. For more information about the Central Oklahoma Breastfeeding Advocates or to join this work group, contact Belinda Rogers at (405) 236-5437, Ext. 107.

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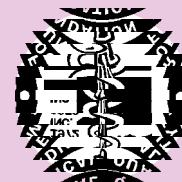
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