

## OHCA Moving Toward Patient-Centered Medical Home for all SoonerCare Choice Members

At the request of our provider community, OHCA has been reviewing the possibility of changing our current primary care delivery system. Many of you voiced concerns related to the program's payment structure and member assignment. Our Medical Advisory Taskforce (MAT) has recommended a patient-centered medical home (PC-MH) model. This model will also include "pay for excellence" incentive payments. The proposed model will incorporate a managed care component with traditional fee-for-service payments.

The American Academy of Pediatrics (AAP) introduced the medical home concept in 1967, initially referring to



*(Continued on Page 2)*

### SoonerCare Choice PCPs Eligible for New Incentive Payment Program

As mentioned in the article regarding our plan to move to a Patient Centered-Medical Home model (PC-MH), we are implementing a new program to reward providers for quality improvement for our members. Our Child Health Screens (EPSDT) and our fourth DTaP incentive payments will continue, and we are looking at additional payments for increased use of generic drugs, decreased ER utilization, increased breast and cervical cancer screenings and a program related to providers who provide inpatient hospital services.

These programs are in the development/discussion stage. As they are finalized, you will receive information from us through our Web site and provider letters. One element of the program that has been decided is that all of these payments will be based on claims submitted that are in a paid status.

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## OHCA Moving Toward Patient-Centered Medical Home for all SoonerCare Choice Members (continued from page 1)

a central location for archiving the medical records of a child. In its 2002 policy statement, the AAP expanded the medical home concept to include these operational characteristics: accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally sensitive care.

In February 2007, the AAP, the American Academy of Family Physicians (AAFP), the American Osteopathic Association (AOA) and the American College of Physicians (ACP) used this concept to develop a set of joint principles. These

principles address the medical home partnership through which access is facilitated to specialty care, educational services, out-of-home care, family support, and other public and private community services important to the overall health of the patient.

The OHCA has evaluated programs from other states and will build on the successes already achieved in SoonerCare to establish a medical home for all SoonerCare managed care members. Also, the new PC-MH model will replace the current SoonerCare Choice program.

We are targeting an effective date of Jan. 1, 2009. We anticipate having transition payments available to assist some providers with the shift from capitation payments to fee-for-service.

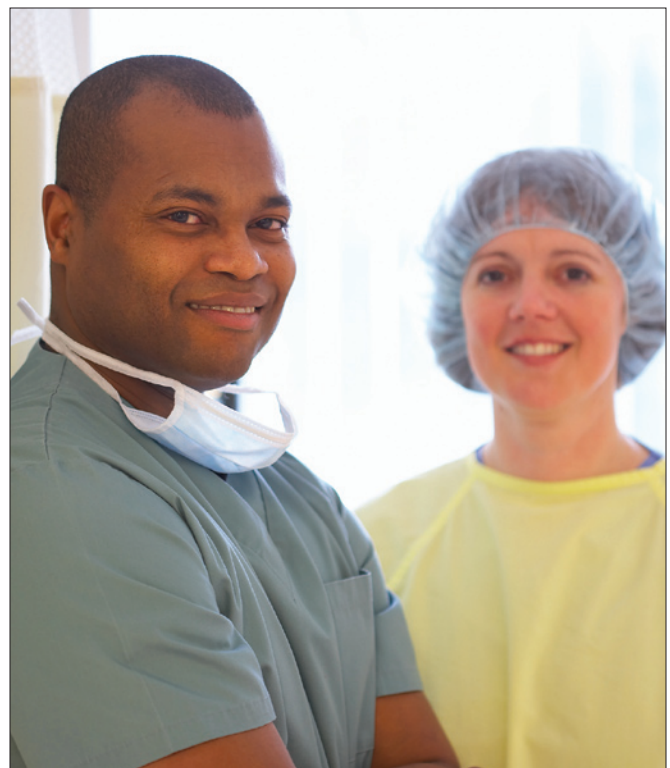
Representatives from the agency will schedule presentations to introduce this new program and to answer questions at different locations within the state. We will also have information available on our public Web site, [www.okhca.org](http://www.okhca.org). If you would like to schedule an informational meeting, please contact Provider Services at 405-522-7356.

## SoonerCare Choice PCPs Eligible for New Incentive Payment Program (continued from page 1)

Our plan is to make payments on a quarterly basis, and we would like to roll out this program in April 2009. We will be looking at claims data from October through December 2008 in preparation. In order for you to have every opportunity to participate, you must file claims in a timely manner, code them at the appropriate level of care provided and ensure that the claim is in a paid status. Currently, in our partially capitated managed care program, some providers do not file claims, and if they do file claims, the CPT code may not reflect the actual level of care. Moving forward, it is very important that your claims are accurate and in our system.

**For maximum payments through the incentive plan when it starts next year, providers must file every claim and reflect the actual level of care for patients seen in October through December this year to give us an accurate baseline for the incentive payments.**

If you have any questions or need any additional training on filing a claim, please contact EDS at 1-800-522-0114 option 1 for assistance.



## Second Annual OHCA SoonerCare Tribal Consultation Planned

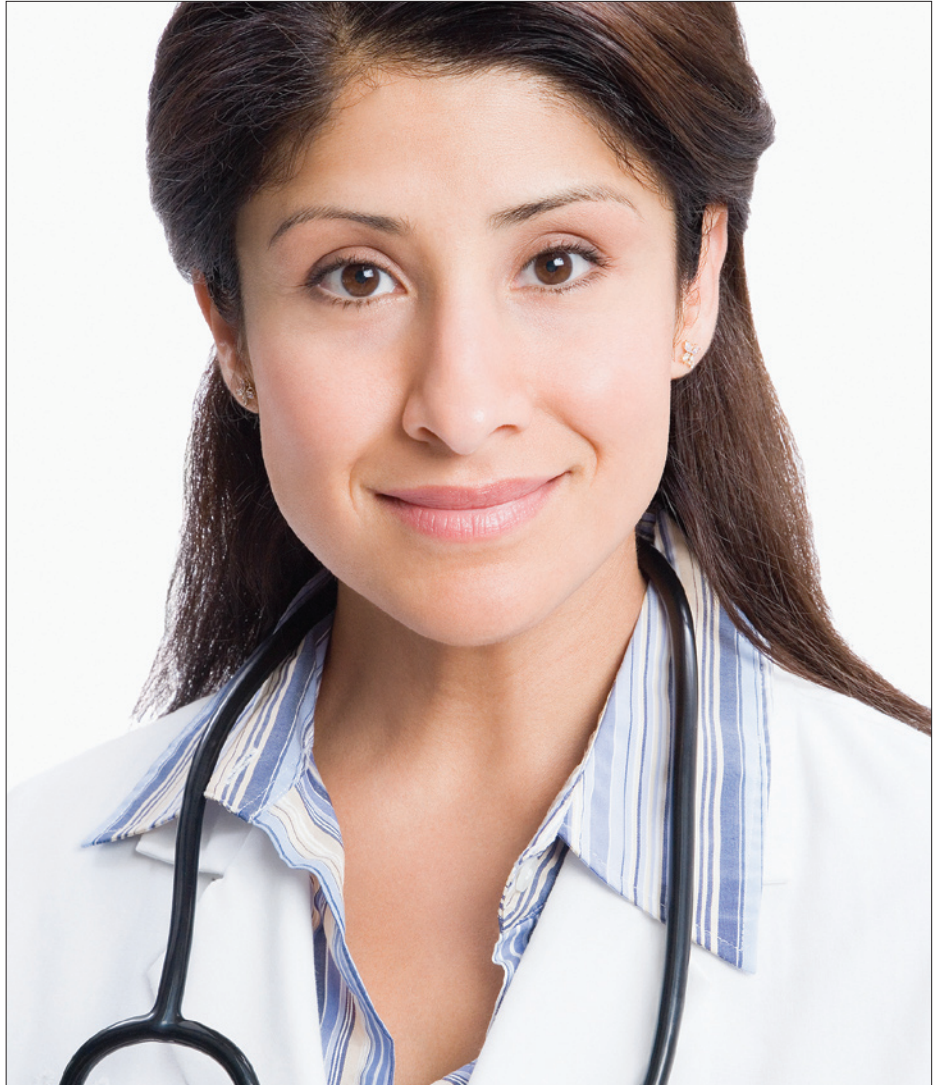
The second annual OHCA SoonerCare Tribal Consultation is scheduled for Tuesday, July 22, at the Citizen Potawatomi Heritage Center in Shawnee. This year's meeting agenda will address program changes, strategic planning and legislation affecting OHCA as well as an open forum for attendees to openly converse with state health officials on a variety of issues about SoonerCare and the Indian health system.

In addition to presentations by the agency, a panel of state health officials, including OHCA CEO Mike Fogarty, Health Cabinet Secretary Mike Crutcher and Commissioner Terri White of the Department of Mental Health and Substance Abuse Services, will discuss tribal and state partnerships. Also, OHCA will invite and seek participation from tribal officials and other key stakeholders in Indian health.

Attendees will also have access to a technical assistance room that is held concurrently with the larger consultation meeting. Technical assistance will be available throughout the event to provide specific OHCA program information.

This annual meeting is convened in accordance with the OHCA formal tribal consultation policy with the goal of maximizing partnerships with sovereign tribal governments by consulting with them on SoonerCare issues that will affect their service delivery.

OHCA is the first state agency in Oklahoma to have a formal tribal consultation policy and annual meeting. In addition to achieving the goals of the consultation, OHCA strives to serve as a model for other state agencies that desire to strengthen relationships with tribal governments. The intended end result of this consultation model is to create ongoing relationships



with the state and tribal governments that are based upon mutual respect, understanding and common goals.

Last year's inaugural consultation meeting was a success, with an impressive attendance of 152, including tribal leaders and their designees representing 15 tribes. Several positive outcomes have been established from the 2007 meeting due in large part to meaningful and open dialogue during the event. OHCA is looking forward to furthering communication with tribal governments and hopes this year's event will be an even larger success.

There is no cost to attend this event, and registration is open to everyone. If you would like to register, please contact the OHCA Indian Health Unit at 405-522-7303.

## New Web Site Helps Oklahomans Choose Nursing Facilities

Gov. Brad Henry and the Oklahoma Health Care Authority on April 3 unveiled an innovative new tool to help Oklahoma consumers make wiser choices when they are looking for long-term care facilities for themselves or their loved ones.

A new Web site, [www.oknursinghomeratings.com](http://www.oknursinghomeratings.com), allows consumers to access current information about nursing facilities that contract with SoonerCare. Called Focus on Excellence, the program is designed to encourage quality improvements in long-term care services through public accountability.

“Selecting a nursing home for a loved one is a critical and often emotional decision for Oklahoma families,” Henry said. “We’re trying to make the decision process a little less difficult by giving consumers easy access to detailed information about long-term care facilities. This program is also encouraging nursing homes to go the extra mile to provide more and even better services to their residents.”

Nursing facilities that voluntarily participate in the program earn financial bonuses from OHCA for their performance on 10 rating factors. The Web site also provides information about each of the rating factors that include categories such as quality of care; employee, resident and family satisfaction; and compliance with state and federal requirements.

OHCA has contracted with a national health care data management firm, My InnerView Inc., to provide independent

validation of each nursing home’s performance, information that is used to award a “star rating” based on their scores.

“An average 70 percent of nursing facility residents in Oklahoma have their care paid for through the SoonerCare program,” said OHCA CEO Mike Fogarty. “The program is designed to drive measurable improvements in the quality of life, care and services for these Oklahomans. But at the same time, it allows the facilities to set and meet performance improvement targets and see how they compare with other facilities in the state.”

The program carries out a provision enacted by the Oklahoma Legislature as part of the Medicaid Reform Act of 2006.

Initially, 265 facilities, or 85 percent of the nursing facilities in the state, signed up for the program.

Of that number, 133 facilities received from two to 10 additional bonus points for performing well on the 10 quality measures. As of March 31, 24 facilities had earned the top rating of five stars.

Nursing facilities are also able to post additional information, such as special services, activities or therapies they offer, to the site. Long-term care facilities that are not contracted with the SoonerCare program are eligible to participate in the program rating system but are not eligible for the financial incentives.

The Web site also features a quick search option that provides a list of all nursing homes. Searches can be made by city and zip code or rating factor criteria.

For more information about Focus on Excellence, visit OHCA’s Web site at [www.okhca.org](http://www.okhca.org).

Oklahoma Nursing Home Ratings

<http://oknursinghomeratings.com/>

Oklahoma health care authority

Begin New Search | Description of Rating Factors | Contact Us

### Nursing Home Ratings

Welcome to the Focus on Excellence premier Web site that allows consumers to view Oklahoma nursing home ratings.

This Web site was designed to showcase Oklahoma nursing homes going above and beyond in making their facilities Oklahoma proud.

It is a tool that allows the Oklahoma Health Care Authority and the Oklahoma Department of Health to work with nursing homes to provide quality long-term care facilities for Oklahomans.

The nursing home ranking system uses multiple measures to score each nursing home on a level of one (lowest) through five (highest). The nursing home ratings are based on 10 separate "Rating Factors." A complete description and explanation of the Rating Factors are displayed on the [Description of Rating Factors](#) page.

There are several different options you have to begin your search. You can use the "Quick Search" if you want a list of all nursing homes or you know the name of a nursing home and want to see their ratings. You can use options one and two in order to do a search by city and zip code or specific searches based on [Rating Factor](#) criteria.

- Perform a search based on city, zip code and miles.
 

I am looking for a nursing home within  miles from  or zip code
- Select a rating factor that is most important to you and click the "one" button.
 

A complete explanation of the Rating Factors are displayed on the [Description of Rating Factors](#) page.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Quality of life
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Resident/Family satisfaction
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Employee satisfaction
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OHA/NA turnover and retention
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nurse turnover and retention
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	State survey compliance
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	System-wide culture change
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Clinical measures
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Occupancy

## Medicare Announces Replacement Policies

Here are the new Medicare Replacement policies for 2008! These are the plans that take the place of traditional Medicare. Because a member must have Medicare to be eligible for the replacement policies, Medicare eligibility must remain on the member's file.

HMO claims must be submitted on paper with an EOB from the primary insurance. Medicare PPO claims should be filed just like a crossover; however, these do not automatically cross over to OHCA from the PPO plans. If the claim is not filed correctly, the error will indicate the member has Medicare and that claims must be submitted to Medicare. However, Medicare will probably deny these claims since the member has a replacement policy. The claim must be refiled following the HMO or crossover instructions.

DME, LTC and hospice claims are not covered by these plans; therefore those types of claims must be processed like a traditional crossover claim and will require special handling by OHCA.

Remember: Medicare replacement HMO and PPO claims are submitted and paid differently. At right are some details about each type of replacement policy. If you have any questions, please contact the Third Party Liability Unit at (800) 522-0114.



### Medicare Replacement HMOs

#### Plans

Aetna Golden HMO  
Arcadian Health Plan  
Arkansas Community Care  
Community Care Senior Generations  
Secure Horizons HMO

#### Where To Send Claims

EDS  
P.O. Box 18500  
Oklahoma City, OK 73136

#### Notes

Medicaid pays only co-pay claims for these plans.

### Medicare Replacement PPOs

#### Plans

Advantra Freedom  
Aetna Golden PPO

Humana Gold  
Secure Horizons Medicare Direct PPO  
Unicare Security Choice  
Select Care  
Sterling Option 1, 2, 3 or 4  
HealthMarkets Care Assured  
Today's Options (Pyramid Life)  
Wellcare

#### Where To Send Crossover Claims

EDS  
P.O. Box 18110  
Oklahoma City, OK 73154

#### Notes

Durable medical equipment (DME), long-term care (LTC) and hospice claims with a member who has a Medicare replacement policy should be filed with Medicare as primary and then if necessary submitted to:  
OHCA Customer Service  
P.O. Box 18506  
Oklahoma City, OK 73154

## Clarification of Policy on Eyeglasses

Effective Feb. 1, 2008, the following policy went into effect regarding eyeglasses for SoonerCare members.

Replacement of or additional lenses and frames are allowed when medically necessary. Prior authorization

is not required; however, the provider must document in the patient record the reason for the replacement or additional eyeglasses.

## How Can Insure Oklahoma/O-EPIC Benefit the Provider Population?

There are two ways Insure Oklahoma/O-EPIC can benefit providers across the state.

**1) For you as the employer:** For businesses located in Oklahoma, Insure Oklahoma/O-EPIC Employer Sponsored Insurance (ESI) will subsidize private insurance premiums for eligible employees. Talk to your insurance agent to find out which health plans qualify and how to sign up. Businesses are required to be located in the state of Oklahoma, have 50 or fewer full-time employees and be willing to contribute at least 25 percent of an eligible employee's premiums. For an employee to be eligible, he/she must be a U.S. citizen and resident of Oklahoma, be between the ages of 19 and 64, meet income guidelines and be willing to contribute a maximum of 15 percent toward his/her monthly premiums.

**2) For you as a provider:** As a provider, you may start seeing patients who are on the Insure

Oklahoma/O-EPIC Individual Plan (IP). Insure Oklahoma/O-EPIC PCPs will receive 100 percent of the SoonerCare fee for service allowable for covered services in addition to the \$10 co-pay for an office visit. There is also a \$3 per-member-per-month care management fee for individuals on your panel.

The co-pay is due at the time of service and, unlike SoonerCare, you may refuse service if the co-pay is not paid. To become an Insure Oklahoma/O-EPIC primary care provider, choose your panel size (the number of Insure Oklahoma/O-EPIC patients you are willing to see) and sign an addendum to the SoonerCare contract available at [www.okhca.org](http://www.okhca.org). Providers submit claims and check eligibility in the same way they do for SoonerCare. You can also check eligibility by calling EVS/AVR at 1-800-767-3949. If you are not a provider with Insure Oklahoma or would like more details, please call Felicia Roettger at (405) 522-7903.

## Pharmacy Lock-In Program Helps Avert Drug Abuse

The OHCA Pharmacy Lock-In Program assists health care providers in monitoring potential abuse or inappropriate utilization of prescription medications by SoonerCare members.

When warranted, a member may be "locked in" and therefore required to fill all prescriptions at a single designated pharmacy in order to better manage his or her medication utilization.

Pharmacies, physicians and caseworkers can refer members to the program. For more information or to obtain a referral form, please see [www.okhca.org/PharmacyLock-In](http://www.okhca.org/PharmacyLock-In) or contact the pharmacy help desk at 1-800-522-0114, option 4.



## OHCA Chosen for International Service Award

OHCA garnered international accolades from their partner in technology, EDS, by winning the company's 2007 Service Excellence Cup. The award was presented to OHCA during its February 2008 board meeting.

The Service Excellence Cup is an award designed to recognize EDS' clients and their respective EDS support teams who most clearly demonstrate excellence in creating and maintaining mutually valuable relationships. EDS Vice Chairman Jeff Heller presented the agency with an engraved Service Excellence Cup.

"This award demonstrates the

Oklahoma Health Care Authority's commitment to excellence in the health care industry and what can be accomplished by our teams working collaboratively toward a common vision," Heller said.

OHCA, which has been nominated for the award the past three years, joins the ranks of previous winners that include Western Union, Motorizzazione Civile (Europe, Middle East, Africa), Mexicana de Aviación (Latin America) and Blue Cross Blue Shield of Massachusetts.

An excerpt from the agency's award nomination notes, "Health care innovation enabled through

technology has become the trademark of the OHCA, with 2007 far exceeding previous outstanding years." Specific projects listed on the nomination include the OHCA/EDS team's development of a Web-based enrollment system for hospitals to enroll newborns into SoonerCare, thus ensuring immediate assignment of the child to a physician; the migration of a paper-based nursing home pre-admission and evaluation system to a Web-based system; and automation of the prior authorization process.



*Scott Mack, EDS Account Executive, presenting the Service Excellence Cup to Mike Fogarty, CEO, Oklahoma Health Care Authority*

## Prescription Cards Working for Oklahomans

Two prescription drug programs that are funded by the state are providing customers with average savings of more than 60 percent on their generic prescriptions. The RX for Oklahoma and OklahomaRx Discount Card programs are also saving consumers more than 10 percent on average for brand-name prescriptions.

OHCA, in partnership with the Oklahoma Department of Commerce, funds the programs. They were created to help make sure all residents can afford their prescriptions.

“We hear or read horror stories every day about people who have to choose between paying for their groceries or electricity and paying for their prescriptions. Usually, people forgo their prescriptions, which can have severe consequences. With these programs, we’re trying to make prescriptions more affordable, and the data is proving that the programs work,” said OHCA Pharmacy Director Nancy Nesser.

### **RX for Oklahoma**

The RX for Oklahoma program is a free service that helps low-income residents access prescription assistance programs provided by pharmaceutical manufacturing companies. Since the inception of the program in December 2005, more than 18,700 people across the state have been helped.

The program’s staff provides assistance in completing applications and submitting the proper documentation to the pharmaceutical companies. The process takes

about a month, so only long-term medications qualify for this program.

RX for Oklahoma also provides enrollment assistance and advice for the OklahomaRx Discount Card.

Oklahoma residents, regardless of age, who are uninsured or underinsured are encouraged to apply. For additional information about the Rx for Oklahoma program, please call 1-877-RX4-OKLA (1-877-794-6552) or visit [www.RX4OKLA.com](http://www.RX4OKLA.com).

### **OklahomaRx Discount Card**

The OklahomaRx Discount Card is available to all residents of the state. Individuals who do not have health insurance with prescription drug coverage or those who have insurance but regularly exceed their maximum yearly benefit for prescription drugs will realize the greatest savings.

Under the program, discounts range from 10 percent to 55 percent, depending on the drugs and where they are purchased. Generic drugs save consumers the most money. More than 570 pharmacies in

Oklahoma are participating in the program, including most major retailers.

Oklahomans with total household income greater than 150 percent of the federal poverty level (FPL) (about \$31,000 per year for a family of four) pay a membership fee of \$9.95 per year. For those whose household incomes fall below 150 percent of the FPL, the membership fee is paid by the state.

The card is simple to use. It can be taken to any of the participating pharmacies when a prescription is needed, and the discount will be given at the time of purchase. There are no receipts to submit or claim forms to fill out.

The program is administered by RxAmerica, a leading pharmacy benefit manager. Once enrollment has been processed at RxAmerica, a card is delivered in about seven to 10 business days. For more information, contact RxAmerica’s 24-hour toll-free customer service line at 1-800-511-7410 or visit [www.okrxdiscount.com](http://www.okrxdiscount.com).





## Fall Training Topics Welcome

We hope you and your staff were able to participate in our large group trainings in April and May. It is time to start planning our fall training sessions for September and October.

If you would like to suggest a specific topic you would like to see presented, please contact Provider Services at 1-877-823-4529 and let us know what would help you as a valued SoonerCare provider.

## Provider Fee Schedule Will Get Annual Update Soon

Remember, the Oklahoma Health Care Authority updates the provider Resource Based Relative Value System (RBRVS) fee schedule every July. This corresponds with our state fiscal year.

The other advantage in waiting until July is that the Centers for Medicare & Medicaid Services (CMS) have made all the adjustments to the Relative Value Units (RVUs), and we do not have to update our file more than once.



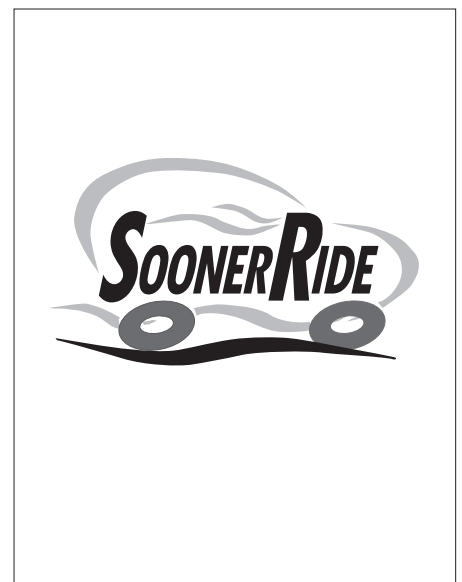
## Stretcher Van Service Added to SoonerRide Benefit Package

Effective Jan. 1, 2008, non-emergency stretcher van service became a part of the SoonerRide benefit package. (This does not include ALS and BLS transports.) Transportation providers must be contracted with and authorized by SoonerRide to receive reimbursement for providing this service.

A stretcher van is an alternative mode of transportation for preauthorized trips. It is provided to an individual who must be transported in a reclining position on a stretcher or gurney yet does not need the medical services of an

ambulance. Stretcher van service does not provide medical care or medical treatment during transport. A driver and an assistant will staff the vehicle, which is specifically designed and equipped to provide non-emergency transportation of individuals on an approved stretcher.

To receive authorization for a trip, a call must be made to 1-800-435-1276 before transporting a SoonerRide member. At that time a determination will be made if the proposed trip meets the requirements for stretcher transport.



## Q & A: Billing Professional and Institutional Claims With National Drug Codes (NDC)

**Q:** When do NDC billing requirements for hospital outpatient department claims take effect?

**A:** July 1, 2008.

**Q:** Which professional and institutional claims require an NDC to be submitted?

**A:** An NDC is required when billing HCPC codes that begin with J, Q and S and CPT code 90378.

**Q:** How can I find out if an NDC is covered?

**A:** Providers can use the drug pricing feature on the OHCA secure provider Web site (<https://www.OHCAprovider.com>) to check coverage status for an NDC. Coverage status can also be obtained by calling the OHCA Pharmacy Help Desk.

**Q:** Are NDCs required for billing vaccines?

**A:** NDCs are not required for billing vaccines.

**Q:** Can OHCA recommend specific NDCs?

**A:** OHCA is unable to recommend NDCs, but we can tell providers whether a specific NDC is covered. In order for an NDC to be covered, the manufacturer must have executed a federal drug rebate agreement with the Centers for Medicare & Medicaid Services.

**Q:** Where can I find the NDC number for a product?

**A:** The NDC is typically located on the vial of medication.

**Q:** How many digits are in an NDC?

**A:** Depending on how the product label is printed, an NDC may be nine, 10 or 11 digits. Please note that OHCA's computer system can only accept NDCs in an 11-digit (5-4-2) format.



**Q:** The NDC I need to bill has only nine or 10 digits. How do I submit it in the OHCA-recognized 11-digit (5-4-2) format?

**A:** NDCs are divided into three segments. The first segment should be five digits, the second segment should be four digits, and the last segment should be two digits. If the NDC is missing a digit in any segment, insert a zero at the beginning of the segment. (Example: NDC 11111-111-11 should be submitted as 11111-0111-11.)

**Q:** Are prior authorization requirements based on the HCPC/CPT code or the NDC?

**A:** Prior authorization requirements are based on the HCPC/CPT code submitted on the claim.

(For more information, see [www.okhca.org/NDCbilling](http://www.okhca.org/NDCbilling).)

## Medicare Crossover Billing With NDC

Recently, you may have filed a claim with a J-code to Medicare. The claim was paid and was automatically sent to OHCA for processing. However, you noticed that when you filed the J-code, the NDC was not included, but the crossover claim was still processed and paid.

The next time this happens, look closely at your documentation. Notice that the detail line that billed the J-code without the NDC is actually a denied detail line. The only time the crossover will deny the entire claim for the missing NDC is if there are no payable lines on the entire claim. For example, the claim only has one line filed with a J-code but without the NDC. As you further investigate, you will notice that even though the line with the J-code was denied, OHCA still paid 100



percent of the Medicare co-insurance and deductibles.

Since full payment has been received, you have nothing more to do to complete the process. However, if it is a denied crossover, you should follow the paper crossover directions and include the J-code with the NDC in order for payments to be processed.

If having denied detail lines on your crossover claims gives you pause, the easiest and most efficient way to alleviate this problem is to always include the NDC upon the initial filing to Medicare. You can request an adjustment for OHCA to add the NDC. Providers can request an adjustment for OHCA to add the NDC to paid crossover claims with denied detail lines in order to effectively pay all lines of the claim.

## Informational Video Available for Prior Authorization Requests

A new video has been posted at [mms://www.okhca.org/PTOT-full](https://www.okhca.org/PTOT-full) that gives physical therapy providers step-by-step directions on submitting prior authorization (PA) requests.

The video contains information concerning the PA forms, as well as the items that should be attached with the forms to ensure quick approval.



**Maria Ordonez, RN**  
MAU Supervisor



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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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