



Winter 2014

SoonerCare Provider Update

Provider Portal Enhancements

As of Jan. 24, 2014, providers were able to access the new, enhanced [Provider Portal](#). This is the first major change to the portal since 2003.

A major undertaking such as this is not without challenges, and the [Oklahoma Health Care Authority](#) (OHCA) would like to thank providers for their patience as we work through these issues. Functionality of the site is improving every day, and HP Enterprise Services has brought in experts from across the country to fix any remaining problems.

As of Jan. 31 providers reported that website performance was good and there was increased satisfaction with the enhanced functionality. Enhancements include the ability to request electronic referrals for specialty care.

- Providers are able to view their remits, reducing the amount of paper remits possibly mailed out.
- Providers are able to attach their documents to claims and medical prior authorizations rather than having to fax.
- Providers are able to search for specialty providers in the provider database, to ensure better access to care.
- Providers are able to submit online prior authorization requests, rather than submission of paper.
- Providers are able to search for medical claims history per procedure code, so providers will not bill for non-reimbursable services.
- Providers are able to add a third party insurance carrier to the members file (after approval from OHCA).
- Providers are able to copy selected fields and information for copied claims and prior authorizations.
- Offers additional security measures for providers, clerks and trading partners.
- Provides ability to make electronic referrals.*

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Provider Portal Enhancements Continued

*Providers were previously notified of our plans that all new referral requests would be valid for 180 days and continued services referrals would be valid for 90 days in the new portal. After listening to the feedback from our provider community, we are extending the referral end date to a default of 365 days. Now, when the referral request is entered, the provider will have the option to keep the default date or change the end day to any day within the 365 day window. This applies to new and recurring referrals.

Access additional clarification and information regarding the new [Provider Portal](#) online. If you have any questions or need additional training, contact the OHCA call center at 800-522-0114.

SoonerCare Choice Program Makes Strides

Recently, [Pacific Health Policy Group](#) (PHPG) presented the results of an independent evaluation of the SoonerCare Choice program to the [Oklahoma Health Care Authority](#) (OHCA). PHPG specializes in design, implementation and evaluation of health reform. The PHPG assessment addressed trends, new program initiatives and how SoonerCare Choice compared to programs elsewhere in the country, particularly “traditional MCO” managed care operations.

[OHCA](#) is pleased with the findings of the PHPG report, which looked at the transformation of SoonerCare Choice since 2008. The results included:

- The positive impact of online enrollment, which allows reallocation of caseworker resources.
- Higher member satisfaction for measures related to care accessibility.
- A drop in ED utilization by members (members enrolled at least six months have lower ED utilization, suggesting that the impact of Patient-Centered Medical Home [PCMH] care management increases over time).

[Complete evaluation online.](#)

ADHD – New Tier Structure

TIER 1	TIER 2	TIER 3	SPECIAL PA
AMPHETAMINE			Desoxyn® tablets Dexedrine® tablets Dexedrine Spansules® caps ProCentra™ solution Methylin® Chewable Tablets Methylin® Solution Provigil® (modafinil tablets) Nuvigil® (armodafinil tablets) Xyrem® (sodium oxybate soln)
Short-Acting Adderall® tablets			
Long-Acting Vyvanse® capsules	Long-Acting Adderall XR® capsules (brand only)	Long-Acting Amphetamine/Dextro amphetamine ER® capsules (generic Adderall XR)	
METHYLPHENIDATE			
Short-Acting Ritalin® tablets Focalin® tablets Methylin® tablets			
Long-Acting Methylin ER® tablets Ritalin SR® tablets Metadate ER® tablets Metadate CD® capsules (brand only)	Long-Acting Ritalin LA® capsules (brand only) Focalin XR® capsules	Long-Acting Concerta® tablets Methylphenidate CD® capsules (generic Metadate CD) Methylphenidate LA® capsules (generic Ritalin LA) Daytrana™ patches Quillivant XR™ suspension	
NON-STIMULANTS[∞]			
Strattera® (atomoxetine caps)	Intuniv® (guanfacine ER tablets)	Kapvay® (clonidine ER tablets)	

Many Thanks to Dr. Brent Bell



Left: Brent Bell, D.O., D.Ph.
Right: OHCA CEO Nico Gomez

The [Oklahoma Health Care Authority](#) (OHCA) would like to recognize Dr. Brent Bell for his faithful service to the [Drug Utilization Review](#) (DUR) Board. Most recently providing leadership as DUR vice-chairman, Dr. Bell has reached the end of his nine-year term.

[DUR board meetings](#) are held the second Wednesday of each month in the OHCA boardroom. DUR board meeting dates can be found on the [OHCA website](#).



Pharmacy Update: Step Therapy Tier Changes

The following changes took effect January 1, 2014.

Complete tier lists and Prior Authorization (PA) criteria are [available online](#).

AntiHypertensives

- Cardizem® CD (diltiazem CD) 360mg capsules will require a PA – Please use two 180mg capsules
- Epaned™ (enalapril suspension) – members 7 years of age or older will require a PA
- Fosinopril/HCTZ tablets will require a PA – Please use individual agents

Diabetic Medications

- Byetta®: move from Tier 3 to Tier 2
- Bydureon®: move from Tier 3 to Tier 2
- Kazano®: move from Tier 3 to Tier 2
- Nesina®: move from Tier 3 to Tier 2
- Oseni®: move from Tier 3 to Tier 2

Ocular Allergy

- Pataday®: move from Tier 3 to Tier 2

Ophthalmic Glaucoma

- Simbrinza®: move from Tier 2 to Tier 1

Biologics

- Stelara®: move from Tier 2 to Tier 3
- Simponi®: move from Tier 2 to Tier 3

Atypical Antipsychotic

- Abilify Maintena®: Placed in Tier 2
- Invega Sustena®: Placed in Tier 3

Antifungal

- Ketoconazole tablets will require PA

If you have questions call the Pharmacy Help Desk 800-522-0114 option 4.

Quick Tip

Providers, please remember you can access an updated chart of covered [prenatal vitamins](#) online.

February is National Children's Dental Health Month

Sponsored by the [American Dental Association](#) (ADA), [National Children's Dental Health Month](#) (NCDHM) raises awareness about the importance of oral health. [NCDHM](#) messages and materials have reached millions of people across the country, helping them to develop good dental habits and maintain a lifetime of healthy teeth and gums.

[Free NCDHM resources](#) are available for dental and health care providers online. Additional resources can be found through the [Children's Oral Health Coalition](#) (COHC).

Changes to Current Dental Terminology (CDT) Codes

Staying abreast of Current Dental Terminology (CDT) is a vital part of provider services. The new [CDT 2014: Dental Procedure Codes](#) includes new, revised and deleted codes that may affect SoonerCare claims. The [Oklahoma Health Care Authority](#) (OHCA) encourages our dental providers to obtain and review this information to prevent delays in reimbursement.

New Oklahoma Office-Based Setting and Emergency Department/Urgent Care Clinic Opioid Prescribing Guidelines

Prescription drug abuse is Oklahoma's fastest growing drug problem. Our state has one of the highest overdose death rates in the nation, with nearly 3,200 unintentional poisoning deaths in Oklahoma from 2007 to 2011. Eighty-one percent of these deaths involved at least one prescription drug, and opioids were involved in 87 percent of the prescription drug-related deaths.

New guidelines have been developed to help reduce the misuse of prescription opioids in office-based settings (OBS) and emergency department/urgent care clinics (ED/UCC) while retaining their importance in the treatment of pain. These guidelines are expert recommendations from a workgroup of health care providers, health officials and law enforcement agents from Oklahoma and throughout the United States.

Many of the new OBS and ED/UCC recommendations are similar, but there are specific differences pertaining to each treatment setting. This includes limits and/or restrictions on the quantity and duration of the medications. In accordance with the release of these guidelines, [SoonerCare](#) will be implementing reduced quantity limits on immediate release narcotic analgesics to ensure safe and appropriate use of these medications. Beginning March 2014 the monthly quantity limits will gradually be decreased to ultimately allow no more than four doses per day, or #120 units per 30 days on all immediate release narcotic analgesic products.

Although opioids are effective in treating both acute and chronic pain, these new guidelines encourage providers to prescribe them to patients only when other non-opioid treatments and therapies are proven ineffective. It is also suggested that the use of such prescriptions be more closely monitored. [The Oklahoma Health Care Authority](#) (OHCA) has endorsed these guidelines and encourages their adoption throughout the state.

Access the full text of the [new OBS Guidelines](#) and the [new ED/UCC Guidelines](#) online.

2014 SoonerCare Changes

2014 Eligibility Categories

All information below is subject to change pending Policy updates

Category	Sub-Group	*FPL %	OHCA Program Eligible	Health Insurance Marketplace
CHILDREN:				
SoonerCare	Age 0-18	≤185	x	
Former Foster Care	Age 0-26	N/A	x	
ADULTS:				
SoonerCare	Age 19+ (Parent/Caretaker)	≤30	x	
	Age 19+	≥30-99		Subsidy Not Available
	Age 19+	≥100		x
SPECIAL POPULATIONS:				
Pregnant Women	Pregnant Women (Full Scope)	≤133**	x	
	Soon-To-Be-Sooners (STBS) (Limited Benefit Package)	≤185	x***	x***
SoonerPlan (Family Planning Services Only)	Age 19-64 Men & Women	≤133	x	x****
	Age 19-64 Men & Women	>133		x
Insure Oklahoma	Individual Plan (IP)	≤100	x	
	Individual Plan (IP)	>100		x
	Employee-Sponsored (ESI)	≤200	x	
	Employee-Sponsored (ESI)	>200		x

Dispensing Fees Reimbursement for Spectacles in Frames

For further clarification to the [Oklahoma Health Care Authority's](#) (OHCA) current policy for CPT codes 92340, 92341 and 92342, these codes are considered [dispensing fees for spectacles in frames](#) and are included in the cost of the frames.

These codes are non-reimbursable per OAC 317:30-5-431.1, which states that payment for frames includes the dispensing fee.

SoonerCare Choice Behavioral Health Screening



The [Oklahoma Health Care Authority](#) (OHCA) transitioned payment methodology in 2009, and we knew there would be changes to the [SoonerCare Choice Patient-Centered Medical Home](#) program as we advanced the delivery system to support our members.

One of the emerging changes in primary care is the national and local trend to integrate behavioral health into the physical health delivery system. [OHCA](#) and the [Oklahoma Department of Mental Health and Substance Abuse Services](#) (ODMHSAS) know this is important to members, and therefore, [OHCA](#) is implementing several changes.

As of Jan. 1, 2014, providers have been required to have their staff perform an annual behavioral health screening for [SoonerCare Choice](#) members assigned to their panel that are ages five and older. During the time with the member, if the screening tool denotes a positive finding, the provider and their staff will take the next step to assist these members by providing an appropriate intervention and/or referral for behavioral health services.

To help your practice integrate this new requirement, [OHCA](#) suggests the following:

1. Although this screening officially became part of provider tier requirements as of Jan. 1, 2014, [OHCA](#) will utilize 2014 as an educational/implementation year and the screening requirement will not be part of providers' compliance reviews by our Quality Assurance department. Each provider's office will receive on-site training during 2014 to assist with the integration of these new screening tools.
2. Providers may bill code 99420 (administration and interpretation of health risk assessment) for providing the screening. This code is in addition to any other code that is billed for the visit. This code is non-compensable so we have designed a new [SoonerExcel](#) initiative called "Annual Behavioral Health Screening." This new incentive will follow our current quarterly payment process and will replace the current incentive payment for Generic Drug Prescribing.
3. For members who screen positive for alcohol or drug use, providers who have completed special training provided by [ODMHSAS](#) may bill 99408 (alcohol and/or substance abuse structured screening and brief intervention), in addition to your Evaluation and Management (E&M), and be paid for all compensable services provided during the visit. [ODMHSAS](#) will hold training sessions, which providers can complete at their convenience. These sessions will begin in early 2014 and continue throughout the year. [Access the training information online.](#) For members who screen positive for depression, please bill the appropriate E&M code for the time you spent with this member.

If you have a current Group or Individual Provider Agreement as a Medical Home Primary Care Provider, this letter serves as the required contractual notification under Section 6.2 of Addendum 1 that OHCA is amending Attachment B and the [SoonerCare Excel](#) Methodology. (The revised Attachment B methodology is available on the [OHCA website.](#))

Contact Crystal Hooper at crystal.hooper@okhca.org or Mary Dimery at mary.dimery@okhca.org for more information.





Living Choice

By: Garth Splinter M.D.

Oklahoma Health Care Authority's ([OHCA](#)) Long Term Care Waiver Operations Unit has administrative oversight for four community-based programs:

1. Living Choice (also known as Money Follows the Person)
2. Sooner Seniors
3. My Life My Choice
4. Medically Fragile Waivers

These programs complement our nursing home coverage and the Advantage Program that serves frail elderly Oklahomans age 65 or older and adults age 21 and older with physical disabilities who would otherwise require placement in a nursing facility. They empower the member to manage their own health and live independently in their own home. All the programs must average a lower cost than nursing home coverage would be.

From a provider perspective, these waivers offer Continuity of Care. As patients' health care needs can now only rarely be met by a single professional, multidimensional models of continuity have had to be developed. Continuity in the experience of care relates conceptually to patients' satisfaction with both the interpersonal aspects of care and the coordination of that care. The focus is on new models of service delivery and improved patient outcomes.

Living Choice (LC)

Members who wish to enroll in the [Living Choice](#) Program must be [SoonerCare eligible](#), have resided in a Long Term Care Facility for 90 consecutive days with one day paid by Medicaid, and be able to live safely in the community with support. The purpose of the [Living Choice](#) Project is to rebalance the state's long-term care system by transitioning individuals from nursing facilities and the two state-operated intermediate care facilities for persons with intellectual disabilities (located in Enid and Pauls Valley) back to the community. In addition to those persons with intellectual disabilities, two other distinct populations are served: persons 19-64 years of age with physical disabilities and those 65 years of age and older who have either disabilities, long-term illnesses, or both. Individuals in any of these three populations are eligible for transition if they have resided in an institution for at least 90 days prior to their proposed transition date and have had one day of their institutional stay paid by Medicaid. Each member is assigned a case manager who assists the physician by helping members be more compliant.

Medically Fragile

[OHCA](#) also offers the [Medically Fragile Waiver](#) program as an alternative to nursing home living. To enroll in the Medically Fragile Waiver, members must be 21 years or older, live in the community and meet Hospital Level of Care. Members typically are ADvantage members who have exceeded the ADvantage Waiver Cost cap, or children who age out of Private Duty Nursing. There are also a few who self-refer. Because of the high level of care, the average Per Member Per Month cost (PMPM) is \$2,679, which is still less than the care in a facility for the same level of services.

the residential setting of their choosing while receiving the necessary care.

Under the Medically Fragile Waiver Program, Oklahomans who qualify will receive the following services:

- Advanced Supportive/Restorative Assistance
- Case Management
- Environmental Modifications
- Home Delivered Meals
- Hospice Care
- Occupational Therapy
- Personal Care
- Prescription Drugs
- Personal Emergency Response System (PERS)
- Physical Therapy
- Private Duty Nursing
- Respiratory Therapy
- Respite Care
- Skilled Nursing
- Specialized Medical Equipment and Supplies
- Speech Therapy

Program of All-Inclusive Care for the Elderly

PACE Program

The [Program of All-inclusive Care for the Elderly](#) (PACE) model is centered around the belief that it is better for the well-being of seniors with chronic care needs and their families to be served in the community with comprehensive care whenever possible.

The PACE model is designed to keep elders living in their homes, connected with their communities and out of nursing home facilities. It combines the services of an adult day health center, primary care office, and rehabilitation facility into a single location. PACE provides an all-inclusive and comprehensive continuum of care designed to maintain and ideally to improve the quality of life for the elderly.

Cherokee Elder Care is the first PACE program in the state of Oklahoma and the first PACE program to be sponsored by a Native American tribe. Cherokee Elder Care uses a team effort to increase the availability and quality of services, facilitate timely delivery and enhance the lives of elderly persons by assisting them to remain in their homes and community as long as possible.

Services Provided Through PACE Program

The services provided by Cherokee Elder Care are all-inclusive. Services include but are not limited to:

- Outpatient Health Services (i.e. nursing care, physical therapy, occupational therapy, home health, personal care, prescribed medications and pharmacy services, etc.).
- Adult Day Health Services (i.e. nursing, recreational therapy, meals, nutritional counseling, etc.).
- Inpatient Health Services (i.e. medical and surgical care, psychiatric care, ambulance services, emergency treatment, etc.).
- Nursing Home Care (i.e. semi private room and board, doctor and skilled nursing services, custodial care, etc.).
- Other Health Related and Community Based Services (i.e. prosthetics, oral surgery, transportation, meals, etc.).

The PACE program offers a managed care arrangement where the member goes to facility three to four times a week—resulting in many benefits, including continuity of care. Providers receive patient care updates from monthly meetings.

[Sooner Seniors](#) and [My Life My Choice](#) are home and community-based programs that are available after a member transitions from the Living Choice program.

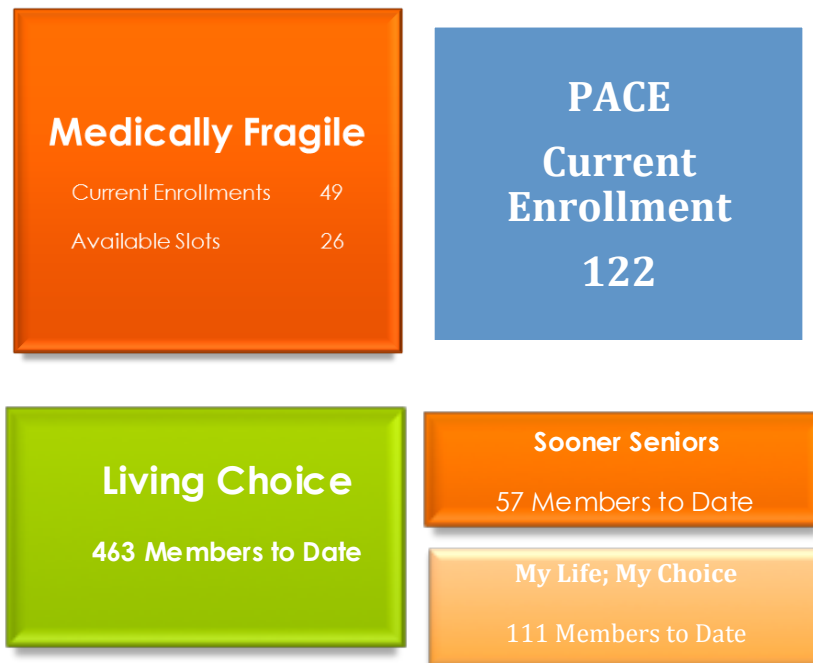


[Sooner Seniors](#) serves Adults 65 and older who transitioned to community-based services under [Living Choice](#). [My Life My Choice](#) is for those adults with physical disabilities who transitioned to the community from Living Choice as well.

[OHCA](#) is excited to offer these programs as a nursing home alternative for our members with Long Term Care needs. The agency strives for these services to be a resource for the member, their family, community and their clinicians. The case management model that is utilized should act as an extension of the physician's office, offering collaboration and efficiencies.

If you are interested in learning more about any of OHCA's Long Term Care Waiver operations, contact Ivoria Holt at 405-522-7773.

Enrollment Data from 2012 OHCA Annual Report:



Orthodontic Program Expectations Agreement

The [Oklahoma Health Care Authority](#) (OHCA) has recently released a new expectations agreement to help your practice with patient management and requests that you review and sign this document with each member of your staff. This is a precautionary agreement that will help provide sufficient documentation in the event that you might need to dismiss a member from your practice. If you wish to report failings by a member to uphold their commitment, there are additional standard dismissal request forms that should be completed. Both of these forms can be downloaded on the [OHCA website](#).

Wheelchair Feedback From Medical Authorization Unit

The [Medical Authorization Unit](#) (MAU) is continuing to receive requests for upgrades and add-ons that are either not documented or provide insufficient support in the medical necessity documentation.

With supporting medical documentation, the [Oklahoma Health Care Authority](#) (OHCA) considers wheelchairs with standard features (usually included in the base price) as appropriate for SoonerCare members. Any upgrades or features that are not standard must be supported with adequate and specific medical documentation in the wheelchair evaluation as to why the standard product will not meet the medical necessity needs of the member.

Upgrade items without adequate and specific medical documentation will be denied (or canceled) as not medically necessary. For more information, please contact kenneth.goodwin@okhca.org.



Update on Durable Medical Equipment Changes

- 1) Allow four pairs of A4556 per month for electrodes for apnea monitors, T.E.N.S.
- 2) Allow one rental period per calendar month for K0001 for 13 months total within a 60-month period.
- 3) [Orthotic Healthcare Common Procedure Coding System](#) (HCPCS) codes— orthotic codes have been converted to utilization limit (see listing on [Durable Medical Equipment \(DME\) website](#).) All items have a limit allowed without a PA, and additional units can be obtained by processing a PA Request with Medical Necessity documentation regarding the request.
- 4) [SC-10 forms](#) are designed for use by PCP's when referring members to specialists. They are not required for DME Prosthetics, Orthotics, and Supplies (DMEPOS) products.

Please note: [SoonerCare](#) members must have an order by a physician, but the SC-10 form is not required for DMEPOS items.



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Please submit any questions, comments or story suggestions to Kelli Brodersen (kelli.brodersen@okhca.org) at the Oklahoma Health Care Authority's Public Information Office at 405-522-7504.

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