ProviderUpdate

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Hydrofluoroalkane Inhalers to Replace Chlorofluorocarbon Inhalers

Hydrofluoroalkane (HFA) propelled inhalers soon will replace branded and generic chlorofluorocarbon (CFC) propelled albuterol metered dose rescue inhalers, which have been used for decades.

On Dec. 31, 2008, a four-year FDA medication withdrawal of CFC albuterol inhalers will be finalized and they will no longer be produced, marketed or sold in the United States.

FDA has found HFA safe, effective and environmentally friendly. Three HFA albuterol products and one levalbuterol product are available (see chart page 2).

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Online Provider Enrollment Targeted to Begin Feb. 1

OHCA's new online provider enrollment system is targeted for complete implementation by Feb. 1, 2009.

Once the system is fully operational, providers will be able to view and execute OHCA contracts, enter new or changed addresses or other information, and automatically renew expiring contracts without downloading and printing documents.

The new online enrollment system will save time and money for both OHCA and providers. Costs for printing, copying, postage and scanning will be eliminated, and the time to process a new or renewal contract will be reduced.

Many renewals may be automatic and effective the same day they are entered.

Providers also will be able to view their current address, banking and other information on file and make corrections. Groups will be able to view physicians and other professionals attached to the group and change and delete members as needed without additional paperwork.

More information will be available after the first of the year.

in this issue

Hydrofluoroalkane Inhalers to Replace Chlorofluorocarbon Inhalers (continued from page 1)

To help make the transition from CFC inhalers to HFA inhalers smoother for your patients:

- If a specific brand is not preferred, consider writing the prescription for "albuterol HFA inhaler," allowing the pharmacy to readily dispense the regularly stocked product that is on hand or the preferred product according to your patient's pharmacy plan. All HFA rescue inhalers are currently branded products with no generic equivalents, so this might help patients avoid higher co-pays. This also allows patients without pharmacy coverage to ask the pharmacist for the more affordable product.

- Inform your patients that the smell, taste and delivery feel of HFA inhalers may differ from that of CFC propelled products. The spray is less forceful and hence may not feel as "cold" as the old CFC products. Other attributes such as the color or size of the inhalers also may differ from the old products.

- Because of these differences, patients may think their new inhalers are less effective than the old ones. Remind patients that technique allows the medication to be effectively delivered into the airways, not the type of propellant or force of the spray. Use this time of transition to review proper inhaler techniques and to reinforce the patient's understanding of the importance of daily asthma control medications and the appropriate role of rescue medications.

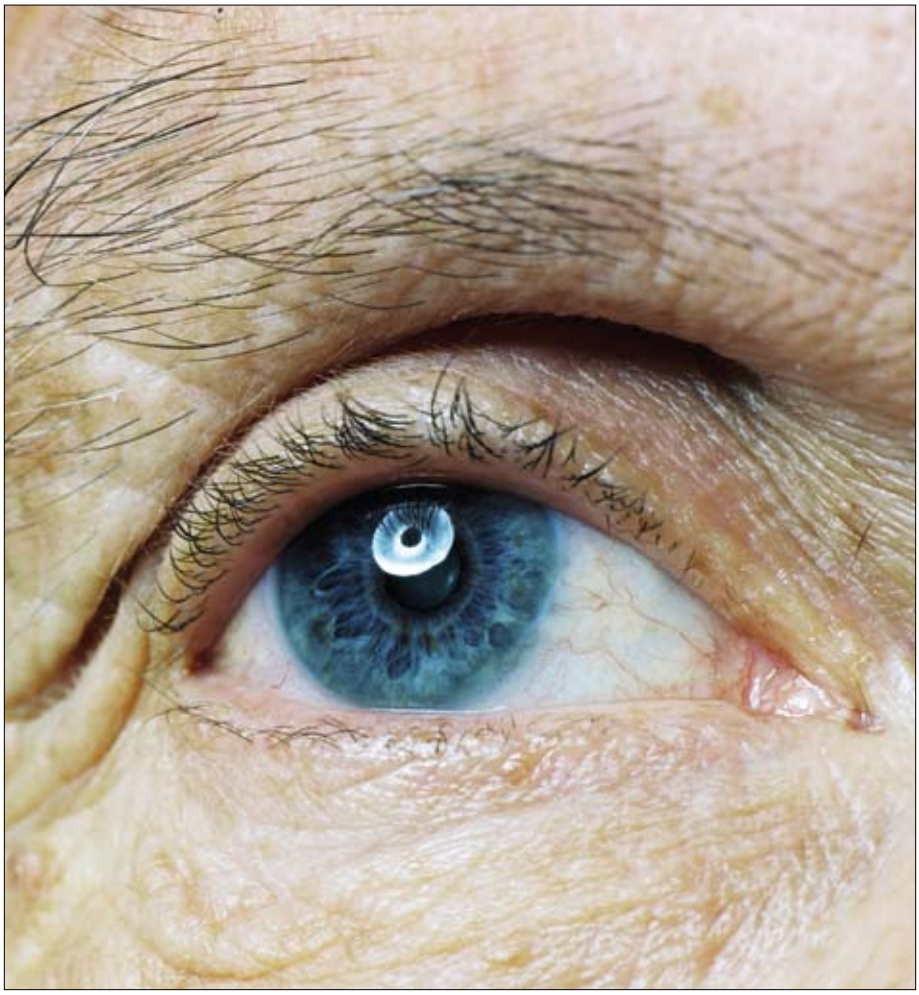
- Advise patients of the importance of cleaning inhalers weekly as recommended. Failure to clean the inhalers may lead to a decrease in the amount of medication delivered or even prevent the medication from coming out. Cleaning recommendations for all products are similar and involve removing the canister and washing the mouthpiece in warm running water. Excess water should be shaken off, and the mouthpiece should be allowed to air-dry overnight. If the inhaler is blocked and needs to be used immediately, patients should wash as above, shake off excess water, then spray two puffs away from the face before use.

- Ensure the member knows when the inhaler needs to be primed and how to prime it.

Product	Contains Alchohol	Contains Oleic Acid	Active Drug Delivered	Sprays to Prime	Days Before Re-Prime	Cleaning Frequency	Age Indicated
Proventil® HFA	Yes	Yes	90mcg	4 Sprays	14 Days	Weekly	4 Years
Ventolin® HFA*	No	No	90mcg	4 Sprays	14 Days	Weekly	4 Years
ProAir® HFA	Yes	No	90mcg	3 Sprays	14 Days	Weekly	4 Years
Xopenex® HFA	Yes	Yes	45mcg	4 Sprays	3 Days	Weekly	4 Years

*Once this product is removed from the foil wrapper, it should be discarded in six months even if there are sprays remaining in the canister.

Glaucoma Outreach Program a Success



OHCA, working in conjunction with the OU College of Pharmacy, has successfully completed an educational outreach program that targeted SoonerCare members who were diagnosed with glaucoma and their physicians.

A recent OHCA utilization review revealed that some of these members did not always regularly fill glaucoma medication prescriptions, and many did not receive annual dilated eye exams as recommended by the National Eye Institute.

"For individuals diagnosed with glaucoma, medication compliance and annual eye exams are absolutely essential," said OHCA Pharmacy Director Nancy Nesser.

OHCA initiated the outreach program to reduce complications and improve outcomes by encouraging safe and appropriate use of glaucoma medications and by educating members about the importance of receiving comprehensive dilated eye exams annually.

While members selected for intervention received a postcard explaining the importance of regular eye exams and medication compliance, physicians received a letter regarding members under their care who had a diagnosis of glaucoma but did not receive annual eye exams or fill glaucoma medications regularly. Physicians also received a survey regarding their plans for intervention with the members.

Following these outreach efforts, targeted members' glaucoma medication use increased by 41.3 percent and the proportion of members who received the recommended eye exam increased by 40.7 percent.

Approximately 97 percent of physicians who received letters returned the survey response form, and overall response to the intervention was favorable.

The results of this outreach indicate that it was well-received and produced a significant increase in members' use of important medications; however, an even higher rate of use is desirable.

"The more people we can educate about this topic, the better," Nesser said. "The results of this outreach show that if individuals understand there are simple things they can do to prevent vision loss, they pay attention. They are far more likely to remain compliant with medications and to obtain eye exams, both of which should clearly lead to better outcomes."

If you have questions about the program, contact OHCA's Pharmacy Helpdesk at 800-522-0114, option 4, or 405-522-6205, option 4.

SoonerPlan Family Planning Waiver Services

As discussed in the Spring 2008 Provider Update, SoonerPlan family planning waiver services are limited in scope and restricted to a select few ICD-9-CM codes and a few CPT codes.

A list of the covered codes is provided here as a handy reference tool for your office.

Oklahoma SoonerPlan, Family Planning Waiver, Covered Diagnosis Codes

Dx Code	Long Diagnosis Description
V25.01	General counseling for prescription of oral contraceptives
V25.02	General counseling for initiation of other contraceptive measures
V25.03	Encounter for emergency contraceptive counseling and prescription
V25.04	Counseling and instruction in natural family planning to avoid pregnancy
V25.09	Other general counseling and advice for contraceptive management
V25.1	Insertion of intrauterine contraceptive device
V25.2	Sterilization (admission for interruption of fallopian tubes or vas deferens)
V25.3	Menstrual extraction
V25.40	Contraceptive surveillance, unspecified
V25.41	Surveillance of previously prescribed contraceptive pill
V25.42	Surveillance of previously prescribed intrauterine contraceptive device
V25.43	Surveillance of previously prescribed implantable subdermal contraceptive
V25.49	Surveillance of other previously prescribed contraceptive method
V25.5	Insertion of implantable subdermal contraceptive
V25.8	Other specified contraceptive management
V25.9	Unspecified contraceptive management

Oklahoma SoonerPlan, Family Planning Waiver, Covered Service and Supply Codes

00851	76830	87491	88166	99215
00921	81002	87590	88167	A4261
11975	81025	87591	88174	A4266
11976	83020	88141	88175	A4267
11977	84703	88142	88302	A4268
36415	85013	88143	90772	A4269
36416	85014	88147	99201	J1055
55250	85018	88148	99202	J1056
55450	86592	88150	99203	J7300
58300	86689	88152	99204	J7302
58301	86701	88153	99205	J7303
58600	87081	88154	99211	J7304
58615	87164	88155	99212	S4993
58670	87210	88164	99213	
58671	87490	88165	99214	

Oklahoma SoonerPlan, Family Planning Waiver, Covered Revenue Codes

300	311	402	923
310	360	490	

A list of the covered codes is available at:
http://www.okhca.org/providers.aspx?id=652&menu=74

Double-Check Your Codes to Avoid Claims Being Denied

It is important to remember that SoonerPlan is not SoonerCare and does not offer the same services. Comparing SoonerPlan with SoonerCare is like comparing apricots with watermelons.

SoonerPlan denies an average of 104,331 claims per year, primarily for uncovered services, diagnoses or drugs (see table at right).

SoonerPlan, Family Planning Waiver, Claim Denial Overview

Denial Code	Denial Code Description	Yr 1 4/05-3/06	Yr 2 4/06-3/07	Yr 3 4/07-3/08
4021	Procedure Code vs. Program Indicator (Service not covered)	41.21%	25.92%	20.81%
4002	NDC Indicates a Non-Covered Drug on DOS (Drug not covered)	19.84%	26.02%	25.13%
4244	Diagnosis Not in Scope of Program (Diagnosis not covered)	14.49%	30.11%	26.04%
4227	Revenue Code Not Covered by Program	5.50%	5.11%	4.10%
5001	Exact Duplicate	3.19%	2.60%	2.67%

OHCA Reimburses Selected Services Provided Via Telemedicine

OHCA will cover certain services delivered via telemedicine for dates of service on and after Jan. 1, 2009.

Telemedicine definition

Telemedicine uses communication and information technologies — video, audio and externally acquired images — to deliver medical information through a networking environment between a member (the originating site) and a contracted SoonerCare provider at a remote location (distant site).

All services rendered via telemedicine must be interactive audio and video telecommunications permitting real-time or near real-time communication between the distant site physician or practitioner and the SoonerCare member at an originating site. Telemedicine services do not include telephone conversations, electronic mail messages or facsimiles.

Compensable telemedicine services

While not an expansion of SoonerCare covered services, telemedicine is an option to deliver certain covered services.

Telemedicine services compensable by SoonerCare must be of sufficient audio and visual fidelity and clarity as to be functionally equivalent to face-to-face contact and must be delivered over an OHCA-approved network.

Benefits of telemedicine

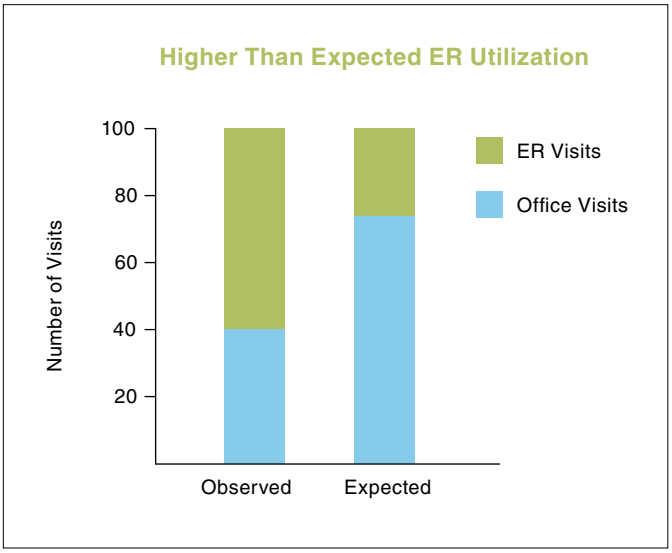
The addition of telemedicine will improve the delivery of health care by bringing a wider range of services to underserved communities and individuals in both urban and rural areas. We anticipate telemedicine will improve the coordination of care between physical health and behavioral health services as well as help attract and retain health professionals in rural areas by providing support and collaboration with other health professionals.

Reimbursable telemedicine services

SoonerCare coverage for telemedicine technology is limited to consultations, office visits, individual psychotherapy, psychiatric diagnostic interview examinations and testing, mental health assessments and pharmacologic management. Reimbursement for these services is subject to the same restrictions as face-to-face contacts (e.g., place of service/POS, allowable providers, multiple service limitations, prior authorization/PA).

(Continued on Page 10)

New ER Utilization Profiles Explained



OHCA has created a new FAQ document to explain emergency room utilization profiles in more detail to SoonerCare Choice providers.

The profiles focus on the utilization patterns for members assigned to their panel for at least 11 months during a one-year review period.

"The ER profiles are a snapshot comparing the number of office visits and ER visits for these members who have been assigned to PCPs for longer periods of time," said Lise DeShea, statistician in OHCA's Quality Assurance and Improvement Department. "We don't think it would be fair to include members with shorter lengths of eligibility, because providers haven't had a chance to establish a relationship with them."

OHCA recently upgraded its Adjusted Clinical Group (ACG) Case-Mix System software for measuring members' illness burden, which should make the profiles more sensitive to the likelihood that sicker members would need to use the ER more often.

The software was developed by Johns Hopkins University.

The agency also is working on refining the profiles to give providers a better understanding of the results. One option being investigated would show the ratio of office visits to ER visits that actually occurred compared with the expected pattern, based on the ACG results.

For example, the following graph illustrates data from a provider's members whose observed (actual) number of ER visits made up a greater proportion of their total visits (office + ER) than expected, given their illness burden.

The ER profiles have been generated twice a year for about the last four years. In 2007, OHCA created three new twice-yearly profiles, focusing on child health checkups (EPSDT), breast cancer screening and cervical cancer screening. Providers receive profiles if the identified members had a sufficient number of claims for valid statistical analysis.

The new FAQ ER utilization profiles document is available at www.okhca.org/soonercare-choice.

FAQs About Provider Profiles on ER Utilization

Q: Who receives a profile?
A: We analyze data from members who have been assigned to your panel for at least 11 months during a one-year review period and have had at least one office or ER visit. As a result, you may show more members on your panel or office visits than are shown on your profile. Your practice also must have enough claims for valid statistical analysis.

Q: How many visits are required for a valid profile?
A: You will receive a profile if at least five office visits and five ER visits with eligible members are expected. If the expected number of office or ER visits is less than five, you will receive a letter saying you had insufficient data for profiling.

Q: I am a provider with more than one service location. Does this affect my profile?
A: We combine data from all of your service locations. We mail the profile to the location serving the most SoonerCare Choice members.

Q: How often are the ER utilization profiles created?
A: We send out profiles twice a year.

Q: How do you count office visits and ER visits that have been made by these members? Where is this information shown on the profile?
A: We count the number of visits based on claims and encounter data submitted by PCPs and hospitals. ER visits are not counted if the members were admitted for a hospital stay.

Q: My profile shows an expected number of ER visits equal to 214.5. How can you calculate the number of ER visits that you would expect for a group of patients?
A: The ACG software assigns an ACG number for each member based on the person's illness burden. We compare all the members with the same ACG scores to determine the rate of ER utilization statewide for people with that score. This expected rate is then associated with each member with that ACG score.

Once we have an expected ER rate for each member of your panel, we average these numbers and apply that rate to your members' total office and ER visits. The rest of the total visits would be expected as office visits.

(Continued on Page 8)

Provider Profile: ER Utilization

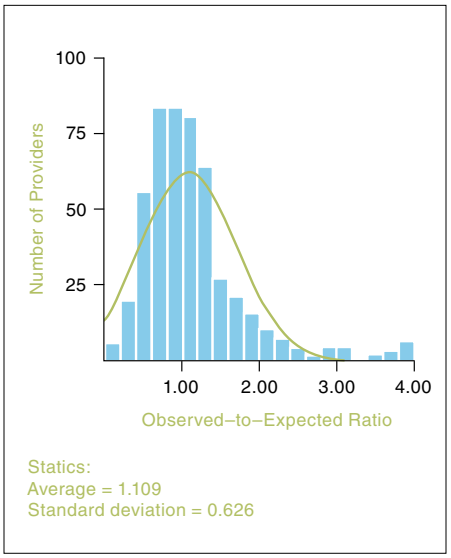
For Dates of Service 1/1/2007 to 12/31/2007

Provider Information

Provider ID:	99999999
Provider Name:	Dr. Chris Provider
Provider Address:	123 Main St
	Hometown OK 71111

Data for Dr. Provider

Members	153	A
Office Visits	806	B
Expected Office Visits	677.5	C
ER Visits	86	D
Expected ER Visits	214.5	E
O/E Ratio	0.40	F
PCP/CM Rank	459	G
Number of PCP/CMs	481	H



Key	
A	The number of members enrolled for at least 11 months who also had at least one office or ER visit in the review period.
B	The number of office visits reported to the OHCA during the review period for the members identified above.
C	Expected Office Visits are computed by subtracting the Expected ER Visits from the total number of office visits and ER visits.
D	The number of ER visits reported by hospitals for members identified above who were not admitted to the hospital.
E	The expected number of ER visits based on your members' ACG scores compared with others with the same scores. More ER visits would be expected if your panel consists of sicker members.
F	The Observed-to-Expected (O/E) Ratio is calculated by dividing the ER Visits by the Expected ER Visits.
G	This is the PCP's rank out of all the providers included in this analysis.
H	The total number of providers included in this analysis.

Eligibility for Individual Contracts Expanded to Include LBHPs

Beginning Jan. 1, 2009, OHCA will contract with individual licensed behavioral health professionals (LBHPs) to provide certain outpatient behavioral health services to those only enrolled in Insure Oklahoma.

While psychiatrists and psychologists have been eligible for individual contracts, the following LBHPs can submit contract applications to OHCA:

1) Allopathic or osteopathic physicians with a current license and board certification in psychiatry, or who are board eligible in the state in which services are provided, or who are a current resident in psychiatry practicing as described in OAC 317:30-5-2.

2) Practitioners with a license to practice in the state in which services are provided or those actively and regularly receiving board-approved supervision and extended supervision by a fully licensed clinician if the board's supervision requirement is met but the individual is not yet licensed and plans to become licensed by one of the following licensing boards:

   - Psychology.
   - Social work (clinical specialty only).
   - Professional counselor.
   - Marriage and family therapist.
   - Behavioral practitioner.
   - Alcohol and drug counselor.

3) Advanced practice nurses (certified in a psychiatric mental health specialty) who are licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.

4) Physician's assistants who are licensed and in good standing in the state and have received specific training for and are experienced in performing mental health therapeutic, diagnostic or counseling functions.

The individual contracts can be accessed at www.okhca.org.

All services will require a prior authorization, and each applicant must have a National Provider Identifier (NPI) number. If you do not have an NPI number, you can apply at www.cms.hhs.gov.

Trainings on the prior authorization process and billing will be provided Jan. 19 at Comanche County Memorial Hospital in Lawton; Jan. 21 in the Oklahoma Health Care Authority Boardroom in Oklahoma City; and Jan. 22 at Shadow Mountain Behavioral Health System in Tulsa. All training sessions will begin at 10 a.m. and end at 3 p.m.

LBHPs will receive a letter with a registration form. If you do not receive a letter, please call Brandie Candelaria at 405-522-7475.

FAQs about Provider Profiles on ER Utilization (continued from page 8)

Q: What is the "rank" on the profile?

A: We assign rank by placing all providers' data in order according to the O/E ratio. The provider with the largest O/E ratio (the highest number of observed ER visits relative to the expected ER visits) is ranked first.

Q: What is the "O/E Ratio" reported on the profile?

A: This statistic is the first step toward determining whether the ER utilization rate is average, lower than average or higher than average. The observed-to-expected, O/E, ratio is found by taking the number of observed, or actual, ER visits and dividing it by the expected number of ER visits. That figure allows us to compare your members' ER utilization rate to the statewide average. A confidence interval is computed to help us determine how your O/E ratio compares with the average of all providers' O/E ratios and if the difference is statistically "big."

For more information on the calculation of the confidence intervals or if you have other questions, please contact the Quality Assurance and Improvement Department of OHCA at 405-522-7672.

Living Choice Project to Move People From Institutions to Communities

The Living Choice project will soon help eligible Oklahomans with disabilities or long-term illnesses transition from institutions to communities.

Nationally recognized as Money Follows the Person, the project recently obtained protocol approval from the Centers for Medicare & Medicaid Services.

The Living Choice project will empower people with mental retardation, older people and people with physical disabilities to have choice and control of the services and supports necessary to live in and be part of the community. It hopes to move more than 600 people back into communities in 2009.

Consumers and their transition team will create their own care plan to make the transition.

Transition coordinators, much like case managers, will use the customary intake form to determine program eligibility, help consumers plan their transition and support them in making it successful.

Our partner agency, the Long Term Care Authority, is developing the curriculum for training transition coordinators and hopes to offer the first training class very soon.

For more information about Living Choice, contact Amy.Bradt@okhca.org or call her at 405-522-7709.

Additional Reimbursement for High-Risk OB Care Available

Recent benefit expansions now give SoonerCare providers an opportunity to seek additional reimbursement for the care of pregnant women with approved high-risk conditions.

A limited set of additional pregnancy care services for approved high-risk maternal/fetal conditions (prior authorization required) include:

- Fetal non-stress tests.
- Biophysical profiles.
- Additional ultrasounds.
- Antepartum management.

Prior authorization request forms CH-17 and HCA-13A are available at OHCA's Web site. For additional information about these services, please contact OHCA's Child Health Unit at 405-522-7188 or log on to www.okhca.org.

OHCA Reimburses Selected Services Provided Via Telemedicine (continued from page 5)

Distant site specialty physicians and practitioners

The following provider types are authorized telemedicine distant site specialty physicians and practitioners:

- Physicians.
- Advanced registered nurse practitioners.
- Physician assistants.
- Genetic counselors.
- Licensed behavioral health professionals.
- Dietitians.

Originating site facility fee

Effective for dates of service beginning Jan. 1, 2009, SoonerCare will reimburse an originating site facility fee. The originating site is a facility at which the member is located during the telemedicine-based service. The following providers are authorized originating sites:

- Physician's or practitioner's office.
- Hospital.
- School.
- Outpatient behavioral health clinic.
- Critical access hospital.
- Rural health clinic (RHC).
- Federally qualified health center (FQHC).
- Indian health service facility, a tribal health facility or an urban Indian clinic (I/T/U).

Claim submissions

The originating site is required to submit claims for the facility fee with HCPCS code Q3014 (Telehealth originating site facility fee).

Claims for professional services performed via telemedicine by the distant site must be billed with the appropriate procedure code and must include HCPCS modifier "GT" (via interactive audio and video telecommunication systems).

This update is a summary of the telemedicine rules that were recently promulgated by OHCA and does not include all the provisions for providing services through telemedicine. Prior to implementation, a provider letter with detailed information regarding reimbursement and billing will be sent.

DTaP Bonus Payments See Huge Jump

Since 2004, the number of providers, number of members served and the amount of reimbursements paid has increased dramatically.

Contract Year	Number of providers	Members with fourth DTaP before age 2	Bonus payments ($3 per injection)
2004	74	1,942	$5,826
2005	81	2,520	$7,561
2006	117	3,140	$9,420
2007	375	15,110	$45,330

SoonerCare Providers Must Perform Lead Tests for Children

SoonerCare providers are required to perform a blood lead toxicity test, either a finger stick or venipuncture, for every SoonerCare-enrolled child at 1 year and 2 years of age.

Children 3 years to 6 years old who have not received a blood lead screening test must receive one immediately whether they are determined a high or low risk. Infants and children younger than age 6 also should have their blood tested for lead.

Lead toxicity can cause serious damage. If not detected early, children with high levels of lead in their bodies can suffer from neurological damage; behavioral and learning problems, such as hyperactivity; slowed growth; hearing problems; and headaches.

Lead is more dangerous to children because infants and young children often put their hands and other objects, which can be coated with lead dust, in their mouths. Children's growing bodies absorb more lead, and children's brains and nervous systems are more sensitive to the damaging effects of lead.

People in general can absorb lead if they put their hands or other objects covered with lead dust in their mouths; eat paint chips or soil that contain lead; or breathe in lead dust, especially during renovations that disturb painted surfaces.

In the United States, children from low-income families are eight times more likely to suffer from lead poisoning.

Much of the exposure to lead comes from homes built before 1978 that may have peeling or chipping lead-based paint or high levels of lead in dust.

Practitioners Must Use Periodicity Schedule For Child Health Checkups

Since July 2006, OHCA has required practitioners to adopt and use OHCA's periodicity schedule when providing child health checkups for SoonerCare members. However, additional health checkups are allowed and encouraged as needed.

Address for Medicare Replacement HMO Claims Corrected

The mailing address to submit Medicare replacement HMO claims was incorrectly stated in the Summer 2008 Provider Update.

The correct address to submit claims is:

EDS
P.O. Box 18500
Oklahoma City, OK 73154

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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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