A Publication Of The Oklahoma Health Care Authority

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OHCA LOOKS TO CUT COSTS & GO GREEN

In the Oklahoma Health Care Authority's continuing effort to reduce our paper usage, the Provider Update, provider letters and a policy change input system are all going electronic. Already up on the OHCA website, the proposed rule change site is available for reviewing and commenting on proposed agency rule changes. Provider letters that used to be mailed to a physical address are now going to be sent electronically. Finally, this publication will no longer be mailed but will be sent via email. This change will not only allow OHCA to save on shipping costs but will also allow for this newsletter to be interactive. Stories and content will have direct links to various resources and will be available for easy sharing. Be on the lookout for the electronic OHCA Provider Update coming in May.

provider + update spring 2011

PROVIDER COMMUNICATION BECOMES EXPEDITIOUS, ELECTRONIC AND ECO-FRIENDLY

The Oklahoma Health Care Authority (OHCA) is pleased to announce its new "green" provider notification process. In going "green," OHCA will offer providers the option of three sources of communication instead of the paper letter process. These options are:

1. **E-mail notification. Provider letters will be sent directly to the provider's e-mail address.**
2. **Web alerts. A website banner on the OHCA secure site will notify providers of newly posted letters and include a link to the letters.**
3. **Fax Blasts. This option is for those wishing to opt out of the e-mail messages. Communications will be sent to the provider's fax number.**

Moving to solely electronic communication will enable the dissemination of pertinent information more quickly, as well as reducing OHCA's environmental impact and overhead costs. If, for some reason, issues arise with e-mail addresses, providers will always have the option of viewing letters via the Internet on the secure site.

OHCA is currently in the testing phase of this process and is requesting that all providers log in to the secure site — the same site used to verify SoonerCare eligibility — to review their contact information and make any necessary corrections or updates. This will ensure that providers continue to receive all vital SoonerCare correspondence.

Providers: please verify or update your contact information by logging in to the OHCA secure site at www.okhca.org and following these instructions:

- Select "update provider file."
- Verify your information; make corrections or changes as allowed.
- Click the "submit" button.

Thank you for your dedication and commitment to serving our SoonerCare and Insure Oklahoma members. For questions regarding these new communication procedures, contact Demetria Morrison at 405-522-7641.

PRESCRIPTIONS NOT COVERED FOR NON-OHCA PROVIDERS

Historically, SoonerCare members' prescriptions have been covered when written by any prescriber for whom a valid National Provider Identifier and licensure information could be verified. In order to comply with requirements in the federal Patient Protection and Affordable Care Act, the Oklahoma Health Care Authority (OHCA) is in the process of implementing a change to this policy. In the future, prescriptions will be compensable only if the prescriber has an active provider contract with OHCA. In addition to bringing OHCA policies into compliance with federal law, this change is expected to encourage members to seek services from medical home providers, enhance coordination of care, and discourage inappropriate drug-seeking behaviors.

An individual OHCA provider contract will be required in order for a provider's prescriptions to continue to be covered by SoonerCare, whether or not the individual provider directly bills OHCA for services provided to the member. Examples of providers who previously have been able to prescribe for SoonerCare members without having an OHCA contract include emergency room physicians, residents, physicians' assistants and nurse practitioners.

"OHCA is moving quickly to comply with federal law," said OHCA Pharmacy Director Nancy Nesser. "My advice to prescribers who haven't obtained individual contracts is to avoid delay. Get your contracts as soon as possible."

Providers who need to obtain a contract can enroll online through the OHCA secure site. For details, please visit www.okhca.org, or contact the OHCA Provider Enrollment department at 800-522-0114, option 5.

ONLINE PROPOSED RULE CHANGES PAGE OPEN FOR COMMENTS

The Oklahoma Health Care Authority (OHCA) is pleased to announce that, in compliance with the Oklahoma Government Website Information Act, proposed rule changes began being posted on the OHCA public website as of fall 2010. This change better enables OHCA to collect advice and consultation from medical professionals, professional and tribal organizations, and the general public in developing new or amended rules. The proposed rule changes (PRC) page is designed to give all constituents an opportunity to review and make comments regarding upcoming rule changes.

Additionally, the public, medical professionals and tribal organizations have the option to sign up for web alerts. Web alerts notify subscribers — anyone who has signed up for the service — with e-mail alerts any time the page is changed, such as when new rules are added.

Proposed rule changes are open to comments for 20 days and then moved to an archived section for future reference. All comments are considered during the rulemaking process and become a part of the official work folder. The PRC page may be accessed at www.okhca.org by clicking on "rule changes" under the providers' section of the home page.

CESAREAN SECTION QUALITY INITIATIVE

Cesarean section delivery rates continue to rise consistently across the country and have been seen across all maternal age, racial and socioeconomic groups. In state fiscal year 2009, the rate for SoonerCare members was 32.16 percent. The state average for primary C-section delivery was 20.2 percent, with the Tulsa area having the lowest rate, at just above 18 percent. However, these figures also have steadily increased in our state. The Oklahoma Health Care Authority (OHCA) has begun implementation of a quality initiative to address the rising C-section rate amoung SC members. The concern for potential harm from a non-medically indicated C-section applies to mother and baby. The mother has both short- and long-term potential morbidity. Her newborn, if delivered before 39 weeks, has a longer length of hospital stay, in addition to a higher rate of respiratory complications and neonatal ICU admission.

In the state of Oklahoma, Physicians Liability Insurance Company (PLICO) provides malpractice insurance to most of the obstetricians. Currently, PLICO does not provide coverage for vaginal births after cesarean. Therefore, vaginal delivery is often not an option many obstetricians can offer their patients. Realistically then, influencing the primary section rate is the only way to impact the overall C-section rate, specifically for those clients who have no medical indication. It is estimated that 3 to 14 percent of all first C-sections are truly elective.[1] (Primary C-section rate is calculated as primary C-sections divided by vaginal births plus primary C-sections.) The OHCA C-section quality initiative is an ongoing, multipronged approach including three important stages: education, review and feedback. Our goal is that this initiative will help reduce the primary C-section rate in SoonerCare to less than or equal to 18 percent over the first year by reducing the number of primary C-sections that have no medical indication.

This program is composed of two phases. Phase I involves providing physicians and hospitals with the calculated total and primary C-section rates for their SoonerCare patients. Phase II would include retrospective medical chart review and was scheduled to start on Sept. 1, 2011. Parts of the original initiative plan generated a great deal of controversy on which charts were to be gathered and then reviewed. Therefore, the second phase will be reevaluated by a panel of currently practicing obstetricians and family medicine doctors that deliver babies. This panel will be comprised of six physicians, with two representing the Oklahoma State Medical Association and one representing the Oklahoma Osteopathic Association. The other three members will be selected by OHCA to assure all necessary specialties are represented. The final Phase II plan will depend on the recommendations of the panel.

EDUCATION, REVIEW AND FEEDBACK

Educational tools will be made available to interested providers and hospitals. However, providers and hospitals are encouraged to collaborate on initiatives at the local level in order to meet the goal. OHCA will generate reports monthly on C-section rates for individual providers and hospitals from 2011 state fiscal year (SFY) data so they may see the trend in their rates.

Providers and hospitals will receive data that encompasses an entire fiscal year. By providing this information, there will be time to change processes, if desired. After August 2011, providers and hospitals will get data reports every quarter. There is a page on the OHCA website that shows every hospital's SoonerCare C-section rate. (www.okhca.org/c-section) The website also lists provider C-section rates, but by anonymous ID numbers rather than names. C-section rates for each quadrant of the state, plus the Oklahoma City and Tulsa metro areas, will be included.

In its entirety, the C-section quality initiative is driven by the OHCA's desire to examine the trends of C-section rates among SoonerCare providers. The optimal outcome would be to find there is no problem regarding C-section without medical indication. The focus of the OHCA is and will continue to be to provide an acceptable standard of care while utilizing its resources responsibly.

1 Bettes, B.A., et. al. (2007) Cesarean delivery on maternal request: obstetrician-gynecologists' knowledge, perception, and practice patterns. Obstetrics Gynecolo, 109(1), 57-66.

Declerq, E.R., et. al. (2006). Listening to mothers II: Report of the second national U.S. survey of women's childbearing experiences. New York, N.Y. Childbirth Connection

National Institutes of Health (2006). NIH state of the science conference statement on cesarean delivery on maternal request. NIH Consens Sci Statements, 23(1), 1-29.

Wax, J.R., et. al. (2004). Patient choice cesarean: an evidence-based review. Obstetrics & Gynecology Survey, 59 (8), 601-616.

Druzin, M.L., & El-Sayed, Y.Y. (2006). Cesarean delivery on maternal request: Wise use of finite resources? A view from the trenches. Semin. Perinatology, 30(5), 305-308.

Clark, S, et. al. (2008). Improved outcomes, fewer cesarean deliveries, and reduced litigation: results of a new paradigm in patient safety. Am. J. Obstet-Gynecol, 199(2), 105 e101-107.

Reisner, R.G., et.al. (2007). Reduction of elective inductions in a large community hospital. Am. J. Obstet Gynecol, 200(6). 674, e671-677.

BE ON THE LOOKOUT for invitations to OHCA's spring provider training. The invitation will have all the information and it will be posted on the OHCA website. Registration will be online. If you have any additional questions, please call **800-522-0114**, option 1.

APRIL 7
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MAY 24-25
OSU - TULSA CONFERENCE CENTER
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TULSA, OK 74106

Pictured from left: Melissa Gastorf D.O., Crystal Plata, HIT practice advisor OFMQ, Mary Melott, HIT practice advisor OFMQ, Mike Fogarty, CEO OHCA, Jonathan Kolarik, health information technology director OFMQ, Garth Splinter M.D., OHCA state Medicaid director, Jeff Gastorf D.O.

PAVING THE WAY FOR ELECTRONIC HEALTH RECORDS

Pictured from left: Robin Yoder, physician liaison NRHS, Brain Yeaman chief medical informatics officer NRHS, Garth Splinter, M.D., state Medicaid director OHCA, John Meharg, director of health information technology NRHS, Dr. Cyntia Taylor, M.D., Diane Butler A.R.N.P., and Mike Fogarty, CEO OHCA.

Congratulations to Dr. Cynthia Taylor of the Norman Regional Health System (NRHS), and Drs. Jeff and Melissa Gastorf of Gastorf Family Clinic in Durant on being part of the first payments to eligible professionals in the country.

Oklahoma was the first state to approve eligible medical professionals for payments through the Oklahoma Electronic Health Records (EHR) Incentive Program. For each participating eligible professional, $63,750 is given over the life of the six-year program. The first payment is $21,250 per provider.

Since these first two payments, more than 500 professionals and hospitals have registered with the Centers for Medicare & Medicaid Services to participate in the Oklahoma EHR Incentive Program. OHCA has paid out more than $3 million in incentive payments. The Oklahoma EHR incentive program is part of a federal grant program in which 100 percent of incentive payments are federal funds.

The Oklahoma Health Care Authority (OHCA) procured funds from the federal government on behalf of the state in order to pay professionals and hospitals who choose to participate in the incentive program. The program is a federal grant that offers major financial support to assist certain providers to adopt (acquire and install), implement (train staff, deploy tools, exchange data), upgrade (expand functionality or interoperability) or meaningfully use certified EHR technology.

State Medicaid Director, Dr. Garth L. Splinter, M.B.A, feels this has been a long time coming for Oklahoma and its provider community.

"Oklahomans are fortunate to have medical professionals who care about improving patient care through available improvements in the usage of electronic health records," said Splinter. "This is a huge accomplishment for these practices and for the state of Oklahoma."

Eastern Oklahoma Medical Center (Poteau) and McCurtain Memorial Hospital (Idabel) will be the first Oklahoma hospitals to receive incentive payments from the Medicaid program for their certified EHRs. The OHCA has approved payments of more than $700,000 for each of these hospitals. The incentive amounts was included in the hospitals' Feb. 2 payments. Hospital payments are spread out over three years, with 50 percent of the total payment coming in the first year.

The funding for the program is coming from the American Reinvestment and Recovery Act (ARRA) of 2009. Within the ARRA is the HITECH act that contains an uncapped, entitlement grant. The OHCA did a survey of providers to estimate the necessary funds Oklahoma would need to pay providers. The state estimated more than 1450 providers would participate and $300 million in incentive funds would be needed. However, since the incentive program is uncapped, if more than the estimated amount were to participate, the state would be able to procure those funds.

State Health Information Technology Coordinator, John Calabro, started in health IT more than 20 years ago and has never seen an investment of this magnitude.

"This is an excellent opportunity for Oklahoma to get funding injected for health IT," said Calabro. "This is the largest, longest grant I've ever seen and am excited to see how it paves the way for future developments."

For more information on the Oklahoma EHR incentive program, visit www.okhca.org/ehr-incentive.

NEED TO KNOW INFO

The Oklahoma Foundation for Medical Quality is one of a nationwide network of Regional Extension Centers, established through a provision in the stimulus bill to provide the necessary technical assistance to help providers successfully implement EHR. OFMQHIT will help you get started converting from paper records to digital or upgrading your current system and achieving Meaningful Use. For more info about available services contact Jana Partin at (405) 302-3318 or jpartin@ofmq.com;

IMPORTANT RESOURCES

Oklahoma Health Care Authority EHR Incentive website: www.okhca.org/ehr-incentive

Centers for Medicare and Medicaid Services–EHR Incentive website: www.cms.gov/EHRincentiveprograms

Office of the National Coordinator for Health Information Technology: healthit.hhs.gov
OHCA EHR Incentive Line: 405-522-7567

INFANT HEALTH RISKS ASSOCIATED WITH EARLY ELECTIVE BIRTHS

A recent article in California Watch reports the number of women giving birth early, often without medical reason, has increased dramatically in the past two decades. Researchers say shorter pregnancies coincide with a large number of women and doctors now scheduling childbirth for convenience. The article reports that while the risks of early delivery are well known among maternal health experts, the general public has been left in the dark, and a lack of knowledge seems to have driven the trend of elective cesarean sections and artificial induction before full gestation.

Mothers who choose to have an early birth expose their babies to a variety of health risks that may be avoided by waiting until at least 39 weeks to give birth. Early deliveries can affect an infant negatively in several ways: Lung development, vision, weight and fine-tuning of the brain.

Babies born too early often sleep longer than normal and have trouble learning how to breastfeed, which can cause dehydration and jaundice. In addition, babies born early through induction or C-section without a medical reason are nearly twice as likely to spend time in the neonatal intensive care unit. They also are more likely to contract infections and need the assistance of breathing machines.

Many women believe that nine months is a full-term pregnancy. However, a full-term pregnancy medically counts 40 weeks rather than nine months. Because better health outcomes are associated with waiting until at least 39 weeks gestation to deliver, it is imperative that providers discuss with parents the potential health risks associated with early delivery, as well as the benefits of carrying the pregnancy to full-term whenever possible.

Many medical facilities now have systems in place to encourage physicians to ensure medical reasons for early births. Physician groups and health organizations in several states also have begun implementing guidelines to reverse both the trend of early delivery for nonmedical reasons and the resulting child health consequences associated with that trend. In Oklahoma, recruitment is in progress for Oklahoma obstetric hospitals to join a statewide collaborative effort to eliminate elective deliveries prior to 39 weeks.

To ensure your hospital is involved in the collaboration, or for additional resources, contact Barbara O'Brien at 405-271-7777. For a brochure with program details, go online to www.oumedicine.com/body.cfm?id=6129.

Note: California Watch is a project of the independent, nonpartisan Center for Investigative Reporting. To read the entire article, visit www.californiawatch.org and type "elective births" into the search portal.

PROVIDERS PROPEL SOONERCARE'S SUPERIOR PERM RESULTS

The Oklahoma Health Care Authority (OHCA) is proud to announce the SoonerCare program had the lowest overall Medicaid error rate of the 17 states measured in the most recent audit cycle of the Payment Error Rate Measurement (PERM) program by the federal Centers for Medicare & Medicaid Services (CMS), thanks to the outstanding work of our providers. This PERM review cycle was for Federal Fiscal Year (FFY) 2009 (Oct. 1, 2008 – Sept. 30, 2009). In results released by CMS in the state's final report, issued Nov. 15, 2010, Oklahoma's error rate was 1.24 percent, compared to the national average error rate of 8.98 percent. This low error rate confirms Oklahoma as a national leader in ensuring that public funds are being spent appropriately in the Medicaid program. In 2006, CMS implemented the PERM program to comply with laws requiring federal agencies to review programs they oversee that are susceptible to significant erroneous payments. The PERM program measures improper payments in Medicaid, and produces state and national error rates. By identifying and measuring payment errors, states can take action to correct mistakes and rectify problems.

States participate in PERM reviews every three years. Oklahoma participated in the initial 2006 process; our error rate was 2.51%.

COMPARISON OF MEDICAID FFS FOR FY 2006 AND FY 2009:

Oklahoma's Medicaid FFS error rate was lower than the national rate in both FY 2006 and FY 2009, and, similar to national results, the error rate decreased substantially from FY 2006 to FY 2009.

- Total errors in FY 2006 were 33; total errors in FY 2009 were 11.
- Insufficient documentation medical review errors decreased to zero in FY 2009 from 11 in FY 2006.
- Data processing errors decreased to zero in FY 2009 from seven in FY 2006.

OHCA's Program Integrity Unit would like to thank all the providers who participated in the 2009 PERM project for supplying updated contact information and for their prompt assistance in submitting the requested records to the federal contractor. Overall, the review went smoothly and these stellar results would not have been possible without your cooperation. We appreciate your continued support of the SoonerCare program.

OHCA believes much of our success can be contributed to the joint OHCA / provider participation in the Annual Payment Accuracy Reviews conducted by the OHCA Program Integrity Unit. OHCA's Payment Accuracy Program closely mirrors the PERM program; OHCA feels that consistency of the programs and our conducting them annually results in the most optimal outcome. Continuous operations maintain stakeholder involvement, awareness, and operational knowledge. Identified problems are addressed and corrective action is initiated immediately. Standard operating procedures and processes are in operation and drive our efforts.

The next PERM cycle reviews for Oklahoma will begin in October for FFY 2011-2012. Specific instructions will be provided as they become available to the 2012 cycle states.

For more information related to PERM and the role of providers in this process, visit the CMS PERM website at www.cms.gov/perm. For additional questions, please contact Susan Crooke, PERM project supervisor, at 405-522-7584 or susan.crooke@okhca.org.

SELF-CARE IN TIMES OF STRESS

The issue of self-care during times of stress has become more important as the level of stress in our social, economic and political environments has ratcheted up in recent decades. With a recent focus on terrorist activities, including the 1995 bombing of the Alfred P. Murrah Federal Building in Oklahoma City, psychological theory has turned to sports psychology to understand how athletes recover from their continual stressors. The result has been an understanding of stress as the inability to rebound; that stress is a constant in our lives and always has been; and that it is a natural part of being human. If we were not in economic stress, we would have stressors related to jobs, family, houses, cars, illness, etc.

Stress is a part of the human condition and not something evil or aberrant that has been visited upon us. Since we cannot eliminate stress from our lives, we need to focus on the ability to rebound from it, which some people do more easily than others. We call such individuals "resilient," able to cope with adverse events. Most of us, however, are not as resilient as we would prefer. In order to rebound more effectively, there are some short-term and long-term solutions.

SHORT-TERM SOLUTIONS — WHEN A STRESSFUL EVENT OCCURS IN THE MOMENT:

1. Practice deep breathing. This activity is the shortest, most effective, most unobtrusive mode of rebounding. It can be done at your desk or in the middle of a family event, a stressful meeting or an angry moment. Slowly breathe in through your nose, fill your lungs full so that your stomach expands, hold the breath, and then release it through your mouth. Do this three times.

2. Keep a picture — your dog, your child — nearby, or in your mind's eye, that will take you away from the event and which will give you momentary peace and a good feeling.

3. If you can, turn to a magazine or the Internet and read something you usually don't read, something that has nothing to do with your current situation.

4. Think about an activity that you love, such as singing, running, getting a massage, laughing at a particular television show. Imagine yourself in that situation, and stay there for one minute.

LONG-TERM SOLUTIONS — WHEN STRESS IS EXPERIENCED AS CONSTANT:

1. Eat nutritious foods. When you know you are doing something healthy for yourself, your self-esteem goes up and stress goes down.

2. Meditate every morning. Meditation in the evening is also helpful to assist relaxation and sleep. Experiment with different types of meditation — walking, visualization, breathing, chanting, praying — to find what works for you.

3. Engage in moderate exercise. Some studies indicate that if you take short walks, even just 10 minutes two or three times a day, your muscles become more receptive to accepting insulin to burn sugar, with the result that you become more energized.

4. Have a planned activity that you enjoy in your off time. The activity should be something particularly satisfying for you: cooking, reading, writing, running, bicycling, artwork, etc. Schedule it at least once a week, so that you can look forward to it and know that the stress reliever is close at hand.

5. It is important that you feel like there is a part of your life in which you are totally in control. Make a list of goals or tasks, and determine to accomplish one of them each day. These goals or tasks should be short and easy to achieve.

We are all in the business of caring. Those of us who care for others must make sure that we take care of ourselves. This self-care requires awareness. Recognize your symptoms of stress. Be aware of subtle changes that may appear out of the norm. Pay close attention to the following:

- Memory or concentration problems, losing focus or not being able to complete tasks or activities.
- Negative thoughts or constant worrying. It takes 10 positives to undo one negative (Joel Osteen, Your Best Life Now). Your situation may not be as severe as it appears.
- Aches and pains, nausea or dizziness. When your work becomes overwhelming, take some time off and regain perspective.
- Loss of sex drive. Make sure that you participate in extracurricular activities that you tend to enjoy.
- Moodiness or irritability, which can lead to procrastination and distraction.
- Depression, sleeping too much or too little, or isolation from others.
- Eating more or less, or using alcohol, cigarettes or drugs to relax.

You are the best person to gauge what is the norm for your body. If stress is the culprit, then some of the suggestions in this article may be helpful.

Joining a support group or seeking advice from a professional counselor also can be considered self-care. When stress is overwhelming and coping solutions don't seem to be effective, asking for help can be a very beneficial way of taking care of ourselves.

Note: There are many resources for stress education and information. Two that were utilized for this article were the book Stress Less by Thea Singer and the Canadian Mental Health Association website at www.cmha.ca.

Provider Update is published by the Oklahoma Health Care Authority for Oklahoma's medical providers.

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Please submit any questions or comments to Carter Kimble the Oklahoma Health Care Authority's Public Information Office at (405) 522-7510.

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