

Smoking cessation campaign affects Oklahoma smokers

A flier mailed to **SoonerCare** members by the Oklahoma Health Care Authority to encourage smokers to put down their cigarettes appears to have had a positive impact. The Oklahoma Tobacco Helpline, launched by the Oklahoma Tobacco Settlement Endowment Trust (TSET) in August 2003 – already successful in helping thousands of Oklahomans quit smoking – has seen a marked increase in calls since the flier was mailed in March 2006.

“The mailing of the promotional flier to **SoonerCare**/Medicaid members has directly resulted in at least 1,500 new callers to the helpline,” said Tracey Strader, MSW, TSET executive director. “We expect that there will continue to be a strong demand for these free services among **SoonerCare** clients as referrals to the helpline by health care providers have also been on the rise.”

The flier’s front has a bold message for members – “Help Is Here! **SoonerCare** can help you stop smoking!” On the back is a list of the benefits and services available to those who wish to quit:

- Nicotine patches, gum and other treatments.
- Zyban (to combat cravings).
- Coaching (support from the Oklahoma Tobacco Helpline).

Recipients are given two resources to contact: their medical doctor or the Oklahoma Tobacco Helpline, (800) QUIT-NOW (800-784-8669). An alternate phone number, (800) 793-1552, is given for assistance in Spanish, and a TTY number is available at (877) 777-6534.

The flier is intended to enhance other efforts to promote the Oklahoma Tobacco Helpline, including television and radio ads, brochures, tip cards, posters and quit cards.

Clinicians were also targeted with the message, and OHCA is encouraging physicians, nurse practitioners,

physician assistants and other providers to talk to patients about the dangers of smoking, the benefits derived from quitting and the resources available to assist them.

“Primary care providers have a unique opportunity to reach their patients who smoke,” said Terrie Fritz, MSW, OHCA’s director of child health. “Statistics show that practitioners can have a tremendous impact on their patients’ health with just a brief intervention. By simply identifying smoking patients, advising them to quit and referring them to the helpline, doctors can double the chances their patients will quit.”

The OHCA flier will be distributed to **SoonerCare** providers to serve as an aid when discussing smoking cessation with their patients. Providers who wish to have copies of the QUIT NOW flier sent to them should contact Jan Covey by phone at (405) 522-7079 or e-mail at Janis.Covey@okhca.org. Other resources providers can use to assist patients in smoking cessation (such as posters, brochures, prescription pads and charts) are available from the Oklahoma State Department of Health. For these items, please contact Linda Eakers at (405) 271-9444, ext. 56413, or Lindawe@Health.ok.gov.

SoonerCare smoking cessation benefit

Nicotine replacement products can help relieve withdrawal symptoms people experience when they quit smoking. Nicotine patches, nicotine gum and nicotine lozenges are available over the counter, and a nicotine nasal spray and inhaler and a non-nicotine pill are available by prescription. Nicotine replacement therapies are more effective for quitting smoking when combined with a behavior modification program.

The smoking cessation benefit, available through OAC 317:30-5-77.2(e)(1)(B)(ii), includes 90 days of Zyban™ or nicotine replacement products or a Zyban™/nicotine replacement combination once per 12 months. Nicotine replacement therapies do not count toward the prescription limit. Coverage beyond 90 days requires prior authorization and proof of enrollment in a behavior modification program.

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Antibiotic use in the treatment of persistent cough

By Eric Tisdale, Pharm.D. Candidate

Due to the rise in the cost of prescriptions, researchers and clinicians are trying to find innovative ways to help curb the health care costs associated with lower respiratory tract infections while maintaining quality health services. One area of interest is the use of antibiotics in the treatment of uncomplicated respiratory tract infections. Many wonder if prescribing antibiotics to all patients affects outcomes or if the prescribing of these medications is simply a psychological cure.

In a recent study by Little et. al., researchers found that giving antibiotics immediately to patients who had an uncomplicated lower respiratory tract infection only cut about a day off of most patients' chief complaint – persistent cough. This led researchers to question the value of empirical treatment. The clinical question is whether a one-day decrease in symptoms such as cough is really worth the prescribed antibiotic adverse effects, expenses associated with purchasing the antibiotics or the increased resistance associated with using antibiotics for this symptom.

Another observation of the study was how the use of antibiotics in treating these uncomplicated lower respiratory tract infections may be a result of the patient's preference. For the most part, we expect our

health care providers to provide us with some form of treatment when we go in to see them, but such expectations can lead to a potentially unnecessary prescription. In fact, when prescriptions are written for antibiotics in this type of situation, it may reinforce the patient's tendency to expect the use of prescription antibiotics in these unnecessary situations.

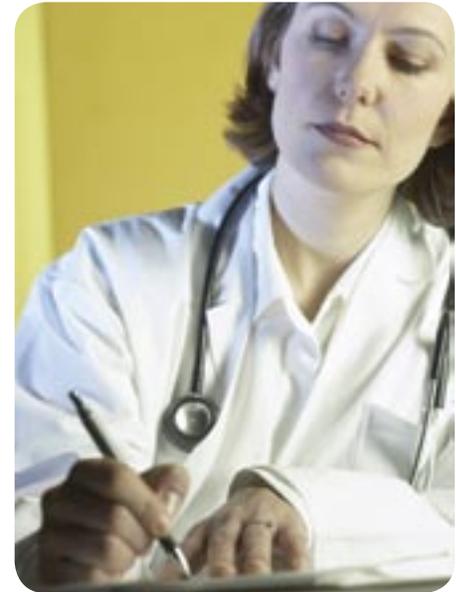
In the outpatient setting, cough is one of the most common reasons patients go in to see their health care providers. Where patients have a chief complaint of a cough, researchers say that education is the key. Patients should be informed that most colds or coughs are caused by viruses and treatment with antibiotics will not improve these symptoms. Health care providers should also teach patients that their cough may persist for about three weeks, with or without antibiotic treatment. A suggested treatment for these patients is to stick with the basics: nutrition, rest and plenty of fluids. Also, these patients should be told to notify their health care provider if their symptoms increase.

This article is not intended to discourage the use of antibiotics in all patients; however, it is intended to reiterate that proper use is essential to help reduce antibiotic resistance and to help control health care costs. The

improper use of antibiotics and the resistance associated with using them in these situations are important issues for health care providers to consider. Overuse of antibiotics may leave physicians with fewer and potentially more expensive drug treatment options to manage their patients' care in the future.

References

1. Little P. *Information Leaflet and Antibiotic Prescribing Strategies for Acute Lower Respiratory Tract Infection. A Randomized Controlled Trial.* JAMA. 2005;293:3029-3035.
2. Ebell MH. *Antibiotic Prescribing for Cough and Symptoms of Respiratory Tract Infection: Do the Right Thing.* JAMA. 2005;293:3062-3064.



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Retrospective Drug Utilization Review (RetroDUR)

In everyday clinical practice, adverse events associated with the use of medical products can lead to an overall increase in utilization of health care resources, prolong hospitalizations, cause permanent disability and even result in death. According to the Center for Drug Safety, adverse drug events result in more than 2.1 million injuries each year.¹

There are many potential causes of adverse drug reactions. They include:

- Incorrect dose;
- Lack of dosing modification for renal or liver failure, CHF;
- Unrecognized drug interaction;
- Therapeutic duplication;
- Incomplete knowledge about new drugs;
- Sound-alike medications;
- Lack of drug information available at the point of care;
- Unrecognized contraindication;
- Misinterpretation of written orders;
- Increased demands on nursing and pharmacy (“not having the time to look things up”);
- Improper administration;
- Increasing complexity of medical treatments.

Many of these causes can be modified by increased awareness with checks in place at crucial points in the drug delivery process. Many strategies can minimize medication errors: black box warnings about serious drug reactions, FDA health care provider letters and notices, altered labeling for sound-alike drug names, and computerized drug utilization reviews at the point of sale that prompt the pharmacist to review the interaction. Many pharmacy benefits organizations also implement what is known as retrospective drug utilization review in an effort to further minimize adverse drug events.

What is RetroDUR?

Retrospective drug utilization reviews pharmacy claims against

databases of known drug interactions, drug disease interactions, etc. Within OHCA, RetroDUR reviews are performed monthly by a clinical pharmacist who reviews the database of filled prescriptions to see if there were drug-drug interactions, drug-disease interactions, duplication in therapy, high dose or duration conflicts.

Four types of interactions or alerts are specifically reviewed:

- **Drug-drug interactions** – looks for two drugs taken together that are known to interact with each other. The interaction may cause changes in the efficacy or adverse effects of either or both of the medications.
- **Duplication in therapy** – looks for two or more medications indicated for the same diagnosis, for non-synergistic purposes.
- **Drug-disease interactions** – looks for a drug that is contraindicated or may result in a negative impact on a comorbid disease state.
- **Dose/duration alerts** – looks for medication taken above or below the recommended dosage and/or medication taken for less than or beyond the recommended duration of therapy.

The goal of RetroDUR is to assist health care providers in optimizing safe and effective medication therapy for *SoonerCare* members by minimizing adverse drug events and improving clinical outcomes.

Who is reviewed?

The population parameters are changed every month, and as a result, the randomized populations included in the reviews are more reflective of the whole *SoonerCare* population. The pregnancy and asthma populations are reviewed at least once a year, while other population parameters for the

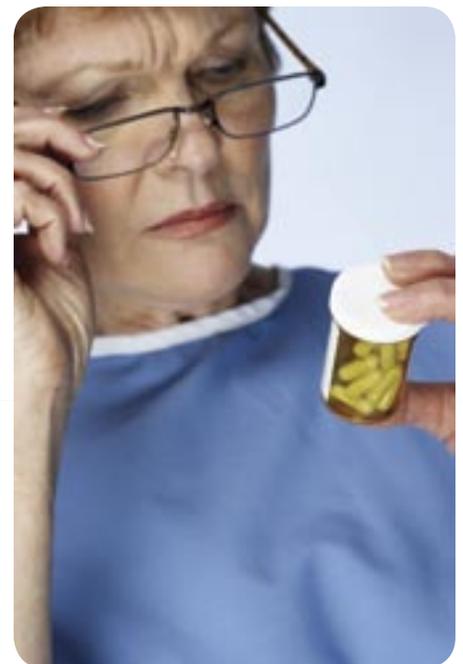
remaining reviews are determined by the clinical pharmacist in conjunction with DUR board members, who make suggestions based on concerns with utilization.

How is it done?

RetroDUR is currently being performed using software that integrates Medispan-licensed criteria and a database of OHCA prescription, medical and physician claims. Once the review parameters have been entered into the program, profiles with adverse drug events are identified for review. When the review is complete, the program allows the pharmacist to generate letters to physicians and pharmacies for each specified member. The letter informs the provider of the concern(s) and includes a list of all the patient's prescriptions and providers within the previous year. Also included with the letter and patient medication profile is a response form that the providers are encouraged to complete and return.

Endnotes

¹ Center for Drug Safety. Available online: http://www.centerfordrugsafety.org/PAT_ADEStat.asp. 2005.



Medication Therapy Management Services

The Oklahoma Medicaid Pharmacotherapy Management Program has a new name: OHCA Medication Therapy Management Services. **SoonerCare** members who are enrolled in Advantage, Community and In-Home Support waiver programs are eligible for Medication Therapy Management Services. The program's mission is to assist health care providers in optimizing safe and effective medication therapy by minimizing adverse drug events and improving clinical outcomes.

In order to streamline paperwork requirements for providers, the number of therapy management forms has been reduced from three to two. To enroll a member in Medication Therapy Management Services, the referring provider should complete the *Medication Therapy Management*

Services Member Referral Form. This form replaces the previous *Client Referral Form* and the *Client Information Request Form*.

Providers should submit a *Medication Therapy Management Services Prior Authorization Request Form* for each medication being denied for exceeding monthly prescription limits. The new therapy management prior authorization form is identical to the older version except for reflecting the program's name change.

Updated forms can be obtained from the pharmacy help desk by calling (405) 522-6205 or (800) 522-0114. The forms also can be found on the Oklahoma Health Care Authority Web site: www.okhca.org/provider/types/pharmacy/pharmacy_forms.asp.



SoonerPlan exceeds expectations, expands covered services

Since going into effect just over a year ago on April 1, 2005, **SoonerPlan** – Oklahoma's family planning waiver – has enrolled 22,000 people. This waiver covers family planning services for individuals otherwise ineligible for Medicaid, allowing the state to provide these services to an expanded group of women and men.

Urine pregnancy tests and four other new procedure codes have been approved for **SoonerPlan** by the Centers for Medicare & Medicaid Services. They cover expanded lab and pathology services rendered on or after April 1, 2006. The new codes can be found in the "Provider" section of OHCA's Web site under "**SoonerPlan**."

"**SoonerPlan** has proved very beneficial to thousands of women and men who can now, through this waiver, space their pregnancies so they can have healthier babies or limit the size of their families. Without this coverage, many would not have that option," said Lori Kann, member services manager for OHCA. "The feedback

we've received over the last year from the families and individuals served, and from providers, has been very positive."

Those eligible under **SoonerPlan** include women and men ages 19 and

"Without this coverage, many would not have that option"

older, regardless of pregnancy or paternity history, who have family income at or below 185 percent of the Federal Poverty Level (FPL) and who are otherwise ineligible for **SoonerCare** benefits. For women who gain eligibility for Title XIX reproductive health services due to a pregnancy, but whose eligibility ends 60 days postpartum,

the limited family planning benefit package available through **SoonerPlan** becomes a means of assuring ongoing quality reproductive health services.

SoonerPlan is strictly for family planning services, so it is important that all claims reflect a family planning diagnosis. Services covered include:

- Office visits and physical exams related to family planning;
- Birth control information and supplies;
- Laboratory tests related to family planning services, including Pap smears and screening for sexually transmitted infections;
- Tubal ligations for women age 21 and older;
- In-office pregnancy tests for women;
- Vasectomies for men age 21 and older.

Any contracted provider whose scope of practice includes family planning services may serve a **SoonerPlan** member. Referrals are not required for this program.

Oklahoma Health Care Authority



OHCA MMIS NEWS

Call answer rates continue to improve

Do you have a policy question? Unsure of whether a claim has been paid? In addition to checking with your OHCA provider representative or EDS field consultant, try calling the OHCA call tree for the correct answer.

The Oklahoma Health Care Authority and its contractors continue to improve performance in answering provider calls. Even though the number of calls increased, the percentage of inbound calls answered during the first quarter of 2006 shows an improvement over the same period for 2005.

Figures shown are for the period from Jan. 1 through March 31, 2006.

about batch transactions. The Internet Help Desk can assist with clerk setup, assistance submitting claims, prior authorizations (PAs) and eligibility inquiries. The Pharmacy Help Desk issues prescriber numbers and deals with prescription drug claims and pharmacy PAs.

OHCA's Adjustments unit is responsible for questions regarding paid claim adjustments and outstanding accounts receivable inquiries. The Medical Authorizations unit handles PA requests for durable medical equipment, medical services and emergency PAs for aliens.

Provider Enrollment handles all

and policy questions about breast and cervical cancer (Oklahoma Cares), CLIA and *SoonerPlan*. It also handles claim check issues, 24-month timely filing rule explanations and detailed explanations of complex policy issues and answers written correspondence.

Other OHCA units not on the call tree also may assist callers:

ADDITIONAL RESOURCES FOR PROVIDERS

Care Management
(877) 252-6002

Care/case management
Out-of-state care
Specialty care
Transplant issues

Dental Authorizations
(405) 522-7401

Dental authorizations only
(Most dental questions can be answered by EDS or Provider Services.)

SoonerCare Choice
(877) 823-4529

1) Admin Staff
2) Provider Rep
3) SoonerRide
4) DHS BCC Eligibility Unit
5) Care Management
** Repeat Options*

SoonerRide
(877) 404-4500

Non-emergency transportation

Specialty Services
(405) 522-7256

Help for non-contracted health care providers

Call Unit	Calls Answered Jan. 1 - March 31	Percentage of Inbound Calls Answered
Adjustments	1,295	94.46 %
Electronic Data Interchange Help Desk	1,478	97.11 %
Internet Help Desk	3,368	95.68 %
Medical Authorizations	5,377	94.70 %
OHCA Call Center @ EDS	55,654	98.89 %
Pharmacy Help Desk/Pharmacy & Client	24,496	96.79 %
Pharmacy Help Desk/Physician	1,348	66.34 %
Provider Enrollment	4,507	91.57 %
Provider Services	7,083	97.43 %
Third Party Liability	5,056	96.43 %
	109,662	

The OHCA Call Center at EDS handles claim status and basic policy questions. When a caller is unsure where to direct a call, the call center serves as a first step to finding that answer.

Electronic Data Interchange (EDI) Help Desk answers questions

existing contract issues, electronic fund transfer (EFT) issues and new contracts. Third Party Liability responds to estate recovery, subrogation, and TPL inquiries, as well as health insurance injury/accident questionnaire issues.

Provider Services answers claims

SoonerCare providers attend spring training

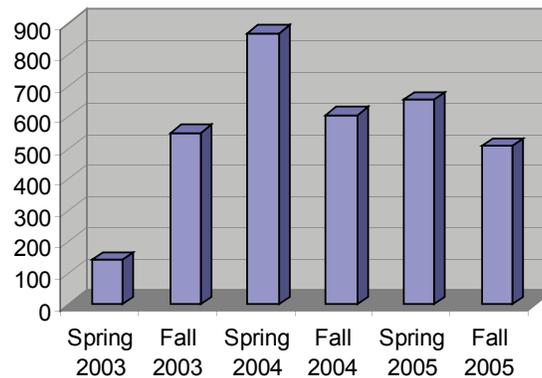
During recent weeks, providers took time out of their busy schedules to attend 2006 Spring Training conducted by OHCA and EDS. This annual training helps providers stay up to date on the many issues related to serving our *SoonerCare* population and processing the necessary paperwork for those services, as well as learn about new programs available to them and their patients.

“We understand that time is a valuable commodity for our busy providers, and we really appreciate their commitment to come and receive this additional information,” said Melody Anthony, OHCA’s new director of provider services. “This is a reflection of their dedication to providing the best possible care in the most timely and efficient manner possible. We are proud to be partners with them in serving Oklahomans.”

Sessions were held in Durant, Oklahoma City, Weatherford and Tulsa in April and May. Additional training is planned in the fall.



Workshop Attendance



SoonerCare Member Services and SoonerCare Provider Services Units

To help transition OHCA from an organizational structure based on program type, employees from the old Customer Services Unit were assigned last September to either the new *SoonerCare* Beneficiary Services or *SoonerCare* Provider Services Units. Recently, the *SoonerCare* Beneficiary Services Unit dropped the word “Beneficiary” from its name in favor of “Member.”

The transition has not only helped OHCA staff address member and provider issues more effectively and efficiently but has resulted in OHCA employees sharing their knowledge of the managed care and traditional fee-for-service programs by teaching each other.

The principal duties of the *SoonerCare* Member Services Unit are to help members obtain access to *SoonerCare* services and provide member education about any *SoonerCare* program. The *SoonerCare* Provider Services Unit is charged with providing program information and training to all *SoonerCare* providers and working on provider recruitment and retention.

And the survey says ...

Just like “Family Feud,” our surveys have been tallied, and the results are official. Electronic Data Systems (EDS) mailed the questionnaires to provider service locations for 14,909 contracted health care providers Feb. 17. Surveys returned by the March 31 deadline were included in the statistics.

The Oklahoma Health Care Authority’s goal was to assess provider outreach and training efforts. Of the surveys sent, 1,837 surveys were returned, for a response rate of 12.32 percent. For nearly all industries, 10 percent is considered a successful response rate.

OHCA and EDS have partnered to offer training to our health care providers since 2003. Training has progressed from “Introduction to the Internet” and “Medicaid on the Web” courses to an expanded menu of classes that now includes one-on-one training onsite, Medicaid 101 small group training, and spring and fall training workshops with multiple session offerings. OHCA reviews evaluations from the classes held over the previous year to assess the need for future training sessions, with attendance the key in choosing locations each year.

Questions and the most frequent responses are detailed below. Sometimes more than one answer was selected, exceeding the number of surveys returned.

1. **Have you taken advantage of Medicaid training?**
Yes – 977 No – 860
2. **Which training was most helpful?**
One-on-one – 622
Fall training – 521
Spring training – 413
Intro to OK Medicaid – 394
I call OHCA or EDS with problems – 98
Medicaid 101 – 83
3. **Have you attended Medicaid 101 training?**
Yes – 700 No – 816
No response – 321

4. **What 2005 training location did you prefer?**

Oklahoma City – 874
Tulsa – 786 No response – 321
Lawton – 146 Enid – 82

5. **Which possible future training would benefit you?**

Adjusting Claims – 958 (offered spring 2006)
Be Prepared for Audits – 911 (offered spring 2006)
Remittance Advice – Basics and Beyond – 635
Medical Authorization – 506 (offered spring 2006)
Care Management – 423
New Programs at OHCA – 412

(offered spring 2006)

Introduction to Oklahoma Medicaid – 367 (offered spring 2006)

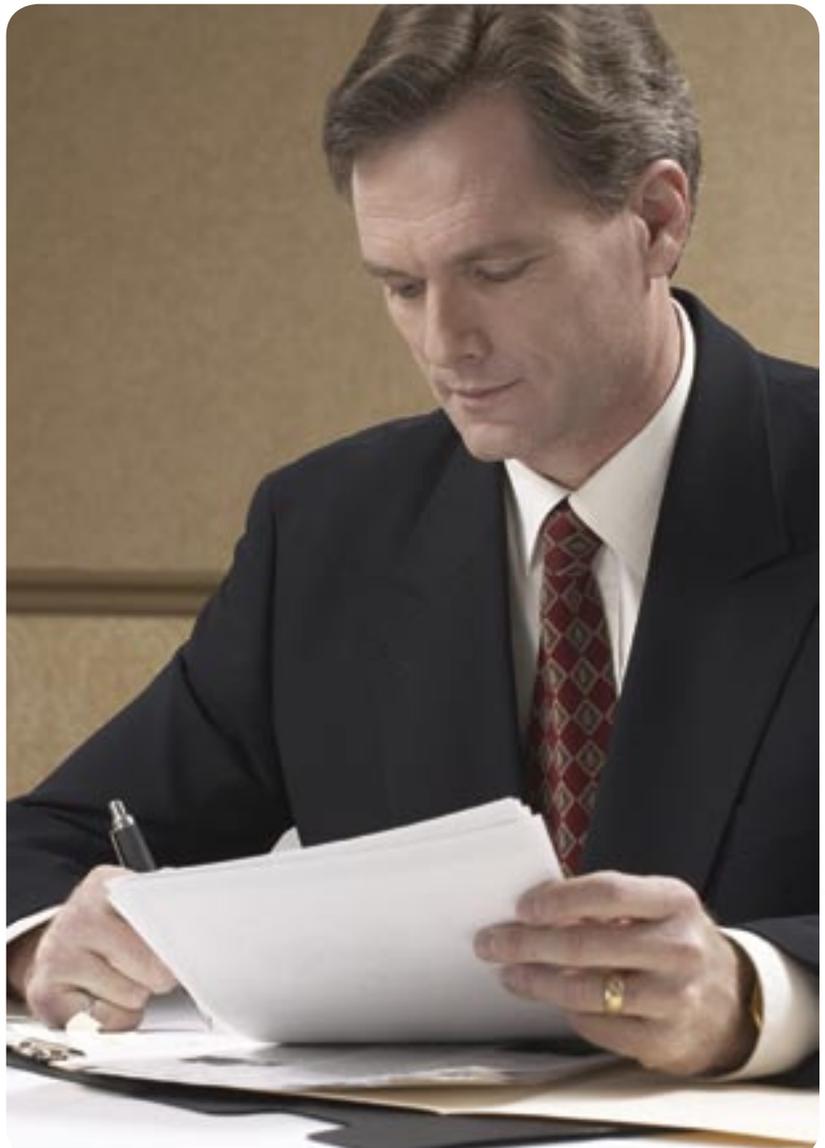
SoonerCare PCP/CM basics – 325 (offered spring 2006)

Behavioral Health – 232 (offered spring 2006)

6. **What other topics would you like offered?**

Providers requested 33 different subjects. Of the 33, 14 of the classes were offered in 2005 or 2006. Pharmacy and dental training were two specific requests. In spring 2005, dental round-table discussions were offered in Enid, Lawton, McAlester, Oklahoma

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Did you know?

Thunderstorms with hail and wind damage, lightning strikes, tornadoes ripping through the landscape, winter ice storms bringing down utility lines, summer heat causing power outages and drought-fueled wildfires – all have been on Oklahoma's weather menu the past couple of years.

Did you know that the Oklahoma Health Care Authority and its contractors have a plan for business continuity in the event of catastrophic loss of any facilities? The plans are practiced several times each year to ensure that claims processing and other services continue for OHCA's providers and members.



And the survey says ...

continued from page 7

City, Tulsa and Sayre. A total of 84 enrolled in all sessions, with 50 actually attending. In fall 2005, pharmacy training was offered in Atoka, Enid, Lawton, McAlester, Oklahoma City and Tulsa. A total of 65 enrolled, with 43 actually attending.

7. Would you be interested in vendor presentations at training?

Yes – 212 No – 963

No response – 662

Interest in vendor participation

(clearinghouses, EDI software vendors, etc.) was low, indicating that the information currently provided meets the needs of the provider community.

8. Is there a particular vendor you would like to see present?

Davinci* DME Providers*
EDI software vendors * Pride
Mobility * Other clearinghouses

9. Which training location would be best for you?

Oklahoma City – 892

Tulsa – 786 Lawton – 200

Oklahoma City and Tulsa received 72 percent of preference for future provider workshop training. These two locations consistently garner the highest attendance as well.

10. Have you taken advantage of the training offered by your regional EDS field consultant?

My field consultant has visited my location – 920
Field consultant conducted group training – 36
Not aware site visits could be arranged – 753
No response – 128

11. Have you taken advantage of training offered by your SoonerCare or OHCA rep?

My representative has visited my location – 512

Representative conducted group training – 31

Not aware site visits could be arranged – 700

Offered training and declined visit - 269

No response – 325

12. If you have not attended any training sessions, please indicate why.

Training I needed was not offered – 561

Not aware training was offered – 396

Cost was a factor – 52

Invitation letters are sent to all active provider service locations at least one month prior to the first scheduled workshop. In addition, training is publicized on the OHCA Web site and in the Provider Update. All OHCA-sponsored training is offered at no cost to providers.

The majority of providers felt that one-on-one training conducted by a **SoonerCare** provider representative, OHCA Provider Services staff member or EDS field consultant was most beneficial. Spring and fall provider training workshops were providers' second preference for continuing education.

We read your surveys and listened to your comments at 2006 spring provider training. We will continue to address your concerns and keep you informed because the survey shows that "Oklahoma Cares."



Eligibility requirements for TEFRA

OHCA's Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) program may allow children with physical or mental disabilities who would not ordinarily be eligible for Supplemental Security Income (SSI) benefits because of their parent's income or resources to qualify for **SoonerCare**. Under TEFRA, only the child's income and resources are counted.

To be eligible for TEFRA, a child must meet income guidelines and the following requirements:

- Be under age 19.
- Meet the Social Security definition of disability.
- Have qualifying income and resources.
- Meet an institutional level of care. The three levels are: intermediate care for the mentally retarded, nursing facility or hospital.
- It must be appropriate to care for the child at home.
- The estimated cost of caring for the child at home cannot exceed the estimated cost of in-

stitutional care. Providers can help patients avoid unnecessary delays in processing applications by helping ensure all sections of the TEFRA-1 assessment form have been completed and that the necessary supplemental documentation is attached. If the child has a diagnosis of mental retardation, a psychological evaluation containing IQ scores and a developmental history summary completed within the past year by a licensed psychologist is required.

For complete information about TEFRA eligibility and coverage, go to <http://www.okhca.org/client/programs/tefra/tefra.asp>.



OHCA updates Web site and e-mail addresses

The Oklahoma Health Care Authority has simplified the format for its staff e-mail addresses. The shorter addresses should be easier to remember. Simply use the staff member's first name, followed by a dot, then the staff member's last name, followed by @okhca.org (example: suzie.employee@okhca.org).

Please update your OHCA contacts in your address book. Old e-mail addresses for OHCA staff will not work after June 30, 2006.

The OHCA Web site address has also changed. You can now find us at www.okhca.org. Please bookmark our new address. You can still locate us via the old Web site address (www.ohca.state.ok.us), but the new one is shorter and easier to remember.



Lawton pediatric dentist gives Medicaid testimony

“It ain’t broke, so don’t fix it.”

Giving testimony before the Oklahoma House of Representatives Task Force on Medicaid Reform concerning Oklahoma’s dental program, Dr. Wavel Wells, a pediatric dentist from Lawton, sought to convey the importance of dental coverage for the *SoonerCare* population.

Dr. Wells appeared as a representative of the Oklahoma Dental Association, which represents 1,550 licensed dentists in the state – 85 percent of all Oklahoma dentists.

He stressed the importance of oral health care and explained how lack of dental services affects children. “Oral health care is cost-effective and saves money in the long run, because dental disease is highly preventable at minimal costs,” he said. “Lack of access to basic preventive and restorative treatments creates a cycle in which dental problems that could be treated easily and inexpensively instead worsen.”

Pointing out that “oral pain is particularly severe because nerve tissue is connected directly to the brain” and “untreated decay also results in pain, dysfunction, reduced weight/poor nutrition, and poor appearance problems that can greatly reduce a child’s capacity to succeed in life,” Dr. Wells said untreated oral diseases affect economic productivity, causing over 51 million missed school hours. “Poor children suffer nearly 12 times more restricted activity days than children from higher-income families,” he said.

Dr. Wells cited these barriers to dental care for the indigent:

- Location-specific dentist shortages due to economic conditions.
- Low Medicaid reimbursement rates and heavy administrative burdens that discourage provider participation.

- Lack of case management services.
- Missed appointments that add to providers’ financial burden.

He praised “significant changes in the Oklahoma Dental Medicaid Program in 2004 that have helped to address some of these barriers.” Those changes, which have resulted in an 80 percent increase in dental providers, included:

- OHCA employed its first full-time dentist to administer the dental services program.
- OHCA transitioned from using managed care organizations to a single benefit manager administered by OHCA. By using electronic data services and a fee-for-service program, OHCA has established a record of timely payments to dental providers, eliminating administrative burdens for them.
- OHCA has dedicated staff members who provide outreach to dentists by providing assistance in program enrollment and responding quickly to inquiries about billing and policy issues.
- OHCA has improved its eligibility and verification systems,

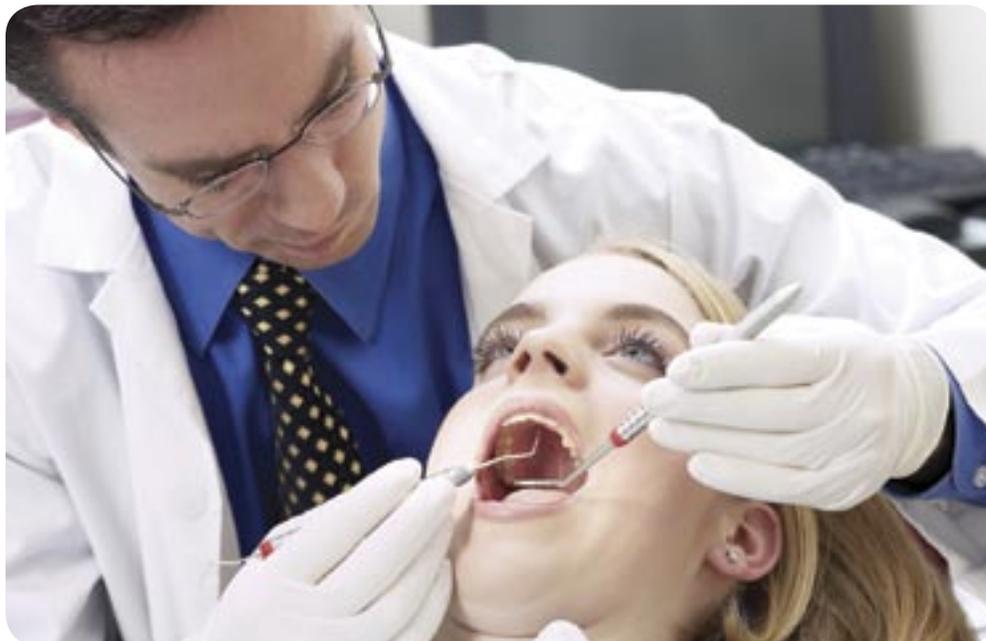
providing 24-hour access via the Web to member eligibility and patient information.

- OHCA has improved its claims process, reducing paperwork yet maintaining an accuracy rate of more than 90 percent.

After listing the many ways dentists provide free screenings and service to help address the needs of the elderly, indigent and special-needs populations in Oklahoma, Dr. Wells closed with three final comments:

- “First, ‘It ain’t broke, so don’t fix it.’ Do not undo the many positive changes that have been made in the past two years. Keep dental care carved out.
- “Second, do not decrease funding. Dental Medicaid dollars are a very insignificant amount of the overall Medicaid budget.
- “Third, when financially feasible, expand the dental Medicaid program to provide care to adults.”

The quotes and information in this article were taken from Dr. Wells’s full testimony before the Task Force on Medicaid Reform, published in full in the February 2006 issue of the Oklahoma Dental Association newsletter.



OHCA updates periodicity schedule for Child Health/EPSTD screens

After consultation with various provider groups who are concerned with children's health care, the Oklahoma Health Care Authority has revised its Periodicity Schedule for Child Health/EPSTD screens.

OHCA conducted meetings with medical, vision, hearing and dental providers before updating the schedule. Helpful feedback and recommendations were received and led to the new schedule, which we anticipate will be in effect July 1, 2006.

The new schedule mirrors the AAP in many respects but does contain some variations, such as the requirement to measure for Body Mass Index (BMI) starting at age 4 and at each subsequent visit.

Also, the anticipatory guidance is more specific (broken down into categories of injury prevention, violence prevention, sleep positioning counseling, and nutrition counseling).

The changes to the recommended visits are as follows:

- A newborn visit was added (to be performed in the hospital).
- A one-week visit was added (optional for babies released early from the hospital or who are at risk for other medical problems).
- The 15-month visit was made optional.
- All of the visits after age 6 are to be performed on the even years (8, 10, 12, etc.), and visits in odd number years are optional.

The agency views these changes as a step in the right direction in improving preventive care for children.

The new periodicity schedule will be implemented in late summer, and providers will receive a notification let-

ter in the mail. OHCA is designing education and training materials to assist providers in effectively transitioning to the new schedule and screening recommendations.

In the meantime, please feel free to contact any of the following staff if you have questions or need assistance in matters pertaining to children's health: Ivoria Holt, manager of child health, (405) 522-7352 or Ivoria.Holt@okhca.org; Sue Robertson, child health specialist, (405) 522-7269 or Sue.Robertson@okhca.org; or LaQueda McDonald, child health specialist, (405) 522-7504 or LaQueda.McDonald@okhca.org.

Providers also are encouraged to check OHCA's Web site at www.okhca.org for helpful current information regarding EPSTD services and for future developments regarding the new periodicity schedule.

What is EPSTD?

EPSTD is a special program for *SoonerCare* members who are pregnant or through age 20. EPSTD detects and treats health care problems early through:

- Regular medical, dental, vision and hearing check-ups.
- In-depth diagnosis of problems.
- Treatment of dental, eye, hearing and other medical problems.

Why are health check-ups important?

- Health problems may be hidden.
- The earlier health problems are found, the easier it is to correct them or stop them from becoming serious.
- Some health problems can lead

to permanent disability if left untreated.

Please visit our Web site at www.okhca.org. An updated version of the provider manual will be available there soon.

Transportation for these services is available through SoonerRide.

Providers, please keep in mind when billing an EPSTD screen, the following codes are the only codes identified for use in claiming and reporting EPSTD screens. These are also the only codes that count toward the EPSTD bonus payments.

Preventive Medicine Codes:

- 99381 – 99385 (New Patient)
- 99391 – 99394 (Established Patient)
- 99431 – 99432 (Newborn)

(Use code appropriate to child's age on date of service)

Evaluation & Management

(E&M) Codes:

- 99201 – 99205 (New Patient)
- 99211 – 99215 (Established)

(Note: *Diagnosis codes V20 – V20.2 and/or V70.0 and/or V70.3 – V70.9 must be used in conjunction with the E&M Codes.*)

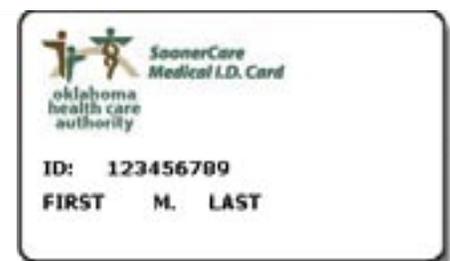
No change is being made in bonus calculations with the new schedule.

If you have questions, please call the OHCA Child Health Unit at (405) 522-7188.

OHCA redesigns medical benefits ID card

The Oklahoma Health Care Authority has redesigned the Medical Benefits Identification Card issued to *SoonerCare* members. OHCA began issuing the new card in April 2006 to first-time enrollees and to current members who need replacement cards. Current members who do not need replacement cards will continue to use their existing ID card.

Providers should remember that this ID card identifies members but does not guarantee eligibility or payment for services. You should verify coverage each time services are provided. To confirm eligibility or submit a pharmacy claim, call (405) 840-0650 or (800) 767-3949 or access OHCA's secure Web site at www.okhca.org.



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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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