

## Medicaid to expand coverage for breast/cervical cancer treatment, family planning services

An expansion of the state Medicaid program is planned in early 2005 and will include two new programs, the breast/cervical cancer treatment program and the Family Planning Waiver.

In May 2004, Gov. Brad Henry signed the Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund Act that will enable the state to exercise the federal option under the State Medicaid Plan to provide breast and cervical cancer services for an expanded eligibility group of Oklahoma women. The legislature appropriated \$2.5 million for the program in fiscal year 2005.

To be eligible for services, women must meet certain requirements that have been set out by federal guidelines, including:

- They must be younger than age 65.
- They must have no creditable coverage or other available insurance providing breast or cancer services, including Medicaid.
- They must have been screened for breast or cervical cancer under the Breast and Cervical Cancer Early Detection Program (BCCEDP) established under Title XV of the Public Health Service Act and found to need treatment for either breast or cervical cancer.

Currently, three entities in the state of Oklahoma are administer-

ing a BCCEDP grant: the Oklahoma State Department of Health (OSDH), the Kaw Nation and the Cherokee Nation. Plans are in place to expand the current screening network.

In order to provide for the necessary coordination among the agen-



cies to implement this program of services, the Oklahoma Health Care Authority (OHCA), OSDH and the Kaw and Cherokee nations have developed a collaborative work plan, and various work groups are meeting weekly. The group is currently finalizing eligibility, policy and systems issues to meet the expected target implementation date of Jan. 1, 2005.

Women who meet eligibility criteria and have received an abnormal screen for either breast or cervical cancer will be eligible for the full scope of Medicaid services. Upon determination of the need for further treatment, they will be enrolled in **SoonerCare**, the state's partially capitated, managed care Medicaid program. Each woman will choose a primary care provider and receive needed specialty referrals through the primary care provider. In addition, she will have available care management services, transportation through SoonerRide, the **SoonerCare** Helpline and Nurse Advice Line.

Eligible women will continue to receive services through **SoonerCare** until they are determined to no longer be in need of cancer treatment.

According to figures released by the OSDH, more than 69,000 women in Oklahoma between the ages of 19 and 64 are at or below the 185 percent federal poverty level (FPL). Of this number, potentially 36,000 women will need some form of follow-up diagnostic testing, with an estimated number of 172 women having breast cancer.

Potentially 2,800 women in the same category will need follow-up for cervical cancer, with treatment needed for approximately 17 women with cervical cancer.

The Family Planning Waiver is an 1115(a) research and demon-

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## New Web site brings together asthma resources

The Oklahoma Asthma Initiative, a coalition funded by the Centers for Disease Control and Prevention, has launched a new Web site for providers and consumers, [www.asthmaok.org](http://www.asthmaok.org).

More than a quarter of a million Oklahomans – 178,000 adults and 77,000 children – suffer from asthma.

“The Oklahoma Health Care Authority has been participating since the inception of the initiative

**“We intend for the Web site to be a grand resource of information, with links to other sites on asthma, allergies and mold.”**

in 1998, and not until a joint grant to the Oklahoma Lung Association and the state Health Department was obtained did this effort really get off the ground,” said Kathe Eastham, R.N., OHCA’s disease management coordinator. “Now there’s a person devoted to the project and funding to promote it.”

Margaret Crump, director of public health awareness for the Oklahoma Lung Association, serves as field director for the initiative.

“The coalition was created to help bring down the burden of asthma and improve the health status of Oklahomans affected by asthma,” Crump said. “We want to provide a forum for information exchange among all members of the circle of care.”

The coalition’s efforts are divided among five workgroups:

- Community
- Data and surveillance
- Medical/professional education
- Patient/caregiver education
- Public policy

The Web site, which is premiering this month, has specific information tailored for providers and patients, Crump said.

The provider section includes information on the safety of corticosteroids for treating childhood asthma, medications, methods of care and how to recognize signs and symptoms.

Patient and caregiver information resources include a list of asthma triggers, frequently prescribed medications, guidelines of care and ways to reduce the incidence and severity of asthma attacks.

“The biggest resource is a state map showing all resources that are available by county and showing where they can go for information,” Crump said.

What is now available is just a skeleton that will be fleshed out in the months to come, she added.

“We intend for the Web site to be a grand resource of information, with links to other sites on asthma, allergies and mold,” she said. “It’s in its infancy, so it’s a resource we’ll keep updating.”

Participating partners in the asthma coalition also include the state’s School Nurse Association,

Thoracic Society, Pharmacy Association, Respiratory Therapist Association, Department of Environmental Quality and Education Department.

Several programs sponsored by the state Health Department are participants, as well. They include the Tobacco Use Prevention Service, Women’s Health Program, Child and Adolescent Health Division, Center for Health Information, Energy Force, Chronic Disease Service and Lead Program.

Other partners include the University of Oklahoma Health Sciences Center; physicians and other health care professionals invested in asthma diagnosis, treatment and management; and representatives of the clinical community, including Integris Health, Oklahoma Heart Institute, St. Anthony Hospital, Children’s Hospital of Oklahoma, Springer Clinic, Community Care, Allergy Clinic of Tulsa and Oklahoma Allergy and Asthma Clinic.

Representatives of the insurance and pharmaceutical communities also are involved, as are the Central OK Integrated Network, ECSL law firm and asthma advocates, family members and people with asthma.

### Asthma at a glance

- In the United States, 14 million to 15 million people have asthma.
- Asthma is the most common chronic childhood disease, afflicting 4.8 million children.
- Asthma is to blame for 100 million days that workers call in sick or work restricted schedules.
- The disease affects more women than men.
- In 2000, hospital charges for asthma topped \$20 million.
- In 2001, asthma was responsible for 49 deaths.

Source: Oklahoma Asthma Initiative

## SoonerCare transition smooth, successful

An extensive recruiting campaign for providers and an information push with beneficiaries has resulted in a smooth transition from the former *SoonerCare* Plus program to *SoonerCare* Choice, a managed care program operated by the Oklahoma Health Care Authority.

*SoonerCare* Plus, a Medicaid fully capitated program, was discontinued Jan. 1, 2004, and its members were temporarily placed in the fee-for-service program. They were then enrolled in the *SoonerCare* Choice program, doubling the size of that program, now simply called *SoonerCare*.

"Our focus was on our members and maintaining their patient-provider relationships to the extent we could," said Rebecca Pasternik-Ikard, director of *SoonerCare* and care management.

Six provider representatives conducted an extensive recruitment campaign to bring providers into the network, she said. Staff conducted onsite meetings with 275 individual and group providers and contacted

as fee-for-service providers.

The *SoonerCare* network had 1,144 primary care providers (including physician assistants and nurse practitioners) as of early July, serving almost 360,000 members.

"We feel we've been very successful. Many of the Plus providers transitioned into the Choice program, and we also have new providers who had not been in either program," she said. "We are still doing targeted recruitment efforts."

The transition took place in phases. Members in Lawton and the southwest service area were moved into the Choice program by Feb. 1, those in Tulsa and the northeast service area by March 1 and those in Oklahoma City and the central service area by April 1.

By the time enrollment took place in the service areas, 96 percent of former *SoonerCare* Plus PCPs in the Lawton area had signed up for the Choice program. The percentage was 75 percent in the Tulsa area and 80 percent in Oklahoma City, Pasternik-Ikard said.

"In all three areas, PCP participation continues to grow as word is spread that the transition is going smoothly," she said. "In fact, former

Plus members have new choices of providers that were not available to them through the health plans."

A new provider directory that incorporates changes is posted on the OHCA Web site and is updated regularly.

*SoonerCare* also used the transition as an opportunity to cooperatively identify members with complex or exceptional health care needs,

Pasternik-Ikard said.

"The care management area is now up and running, and we have filled all of our 28 positions for full-time nurses," she said.

The nurses provide care coordi-



nation services for almost 900 *SoonerCare* enrollees with complex medical needs, including 35 members with active transplant cases. The care management division also makes and receives about 5,600 calls per month.

The transition campaign and efforts were so successful that *SoonerCare* received a Quality Oklahoma Commendation Award from Gov. Brad Henry in May.

Future efforts will center on expanding quality assurance efforts and making a supportive infrastructure available to providers and support staff, Pasternik-Ikard said.

Providers who want to see materials such as the provider handbook or the *SoonerCare* contract can visit OHCA's Web site, [www.ohca.state.ok.us](http://www.ohca.state.ok.us). OHCA also has developed handbooks for use by staff in PCP offices.



hundreds of physicians about coming into the network. Since most of them had been under contract to the managed care plans, joining the network would ensure continuity of care between patients and their established primary care providers. OHCA staff also conducted large provider training sessions in the Tulsa and Oklahoma City areas. In addition, some 480 specialists were contacted and recruited

## Data-sharing Web site to improve agencies' cooperation, efficiency

A new Web site brings together data from state agencies and programs and offers a new resource to help agencies provide services more efficiently. The site also helps Oklahomans find community resources and programs and determine their eligibility for them.



Joint Oklahoma Information Network (JOIN) is a data-sharing project spanning 11 Oklahoma state agencies and programs. It is available at [www.join.ok.gov](http://www.join.ok.gov).

Participating organizations include the Oklahoma Health Care Authority, Commission on Children and Youth, Juvenile Affairs Office, Education Department, Employment Security Commission, Finance Office, Commerce Department, Health Department, Department of Human Services, Rehabilitation Department and Department of Mental Health and Substance Abuse Services.

A full-time staff member funded by JOIN at the Oklahoma Areawide Services Information System (OASIS) at the University of Oklahoma Health Sciences Center will collect and expand statewide information and keep JOIN's database current.

JOIN's intent is to enable participating agency workers to:

- Compare client information across programs and agency

boundaries.

- Determine where and what types of services a client is receiving.
- Determine what other services clients are eligible to use.
- Allow reporting for different populations to determine how services are being used.

- Optimize resource utilization where services are being delivered.

"One of the unique aspects of JOIN is the distinctness of the participating agencies that manage workforce development initiatives as well as children and

family services. This unique alliance enables partners to share costs and resources more efficiently and reduce duplication of service," said Richard Cook, project director.

JOIN also makes aggregate data available to agencies, services providers and the state legislature so it can be used for planning, research, outcome evaluation and service coordination. For the public, JOIN provides self-service tools, including an eligibility questionnaire, to allow them to identify programs for which they might be eligible, such as housing assistance and child care, and locate providers that offer those services.

JOIN is being developed in phases. The first phase, a statewide information and referral system/resource database,

is already up and running.

"It is intended to be the 'go-to' place for service provision information so an individual's need can be coordinated with a location for not only specific services but a geographical area, if desired," Cook said.

The second phase, a de-identified aggregate database for research, service planning and quality assessment, is currently being compiled on a test basis. JOIN is also looking at safeguards to ensure that data involving sparse populations would not inadvertently lead to identification.

"How quickly this will be operational has not been determined, but we hope it will be available within months," Cook said.

The third phase of the program, individual client information for single point of entry and case management, will "almost certainly take a long time" to iron out because of confidentiality issues, but many agencies would like to have such information available, he said.



## OHCA prevails in federal appeal

The Oklahoma Health Care Authority won an important federal appeal after the state challenged a \$1.9 million federal Medicaid audit regarding school-based services. The federal audit alleged Oklahoma schools improperly billed Medicaid reimbursements for providing school-based health services to low-income students that were provided free to other students and not exempt



under the Individuals with Disabilities Education Act. A federal Department of Health and Human Services Departmental Appeals Board (DHHS-DAB) reversed the decision of the federal government and ruled in Oklahoma's favor June 14.

In October 2002, DHHS' Office of the Inspector General recommended the state return \$1.9 million to the federal government for the federal share of payments made for services provided in state fiscal year 2000 that the federal government alleged was not in compliance with guidelines and policy. The audit questioned services ranging from classroom lice checks to vision and hearing screen-

ings. The review also questioned the Medicaid reimbursement for school-based nurses.

The appeal was filed when the Centers for Medicare & Medicaid Services (CMS) disallowed the claim on the grounds that Oklahoma did not seek third-party reimbursement for the cost of services provided by the schools to students who were not Medicaid eligible. CMS relied on the "free-care principle" set out in a 1991 Technical Assistance Guide, which the government alleged clarified a policy in the State Medicaid Manual.

The OHCA argued that CMS had no authority for their interpretation. Oklahoma also asserted that based upon the facts, the state should have been granted a waiver of the requirement. Further, the state had done exactly as the law required – collect third-party reimbursement for Medicaid recipients only.

The DHHS-DAB agreed with every point made by the OHCA, noting that the CMS free care principle is not an interpretation of any provision of the act or any regulation implementing a provision of the act.

"The only relevant provision of the Act requires a state to do precisely what Oklahoma did," the decision stated before it reversed the disallowance in full.

"Oklahoma believes school health services play an important role in our health care system. These services work because the care is taken to the child where they are easily accessible and located in a familiar, prevention-oriented environment. The audit findings contradicted the federal government's encouragement of school-based services and

its 'free-care' policies," said Mike Fogarty, OHCA's chief executive officer.

The final decision is binding and cannot be appealed by the federal government. All the school districts that were included in the audit sample and those other districts that hold Medicaid contracts have not refunded any money and will not be required to do so.

"We were confident the state would prevail and students would ultimately benefit from having better access to health care services. This decision affirms our common-sense approach to delivering essential health care to Medicaid-eligible children," said Sandy Garrett, state superintendent of public instruction. "It is a relief to have this cloud of financial pressure lifted from our school districts."

In state fiscal year 2003, the Oklahoma Health Care Authority contracted with 310 school-based providers in 72 out of 77 counties. These providers were reimbursed more than \$8 million for medical services.



## 'Genetics & Your Practice' Web site launched

By Belinda Rogers, director of program services, March of Dimes, Oklahoma State Chapter

A free Web site that provides practical how-to information and tools to help health care professionals integrate genetics into their practices has been launched by the March of Dimes.

"Genetics & Your Practice Online" ([marchofdimes.com/gyponline](http://marchofdimes.com/gyponline)), developed by the March of Dimes with funding from the Robert Wood Johnson Foundation, is intended for use by physicians, nurses, physician assistants, nurse practitioners and other health care providers.

The site illustrates step-by-step processes for taking an accurate family history, genetic testing and screening, and referring to genetic services. Tools for implementing these processes are easily downloaded off the site, making it both acces-

sible for a variety of professionals and practical to use.

"Genetics plays a central role in health care today," said Sharon Vaz, R.N., B.S.N., genetics nurse and chair of the program services committee for the Oklahoma State Chapter of the March of Dimes. "'Genetics & Your Practice Online' helps busy professionals make good use of their time to improve their skills in the area of genetics. This also will enhance the quality of dialogue between professionals and patients."

A customizable feature of the new site allows health care professionals to receive content relevant to the type of patients they see (for example, preconception/prenatal, infants/children or adolescents/adults). Free continuing medical education

credits can be obtained through interactive case studies due to a joint sponsorship between the March of Dimes and Swedish Medical Center in Seattle.

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy to save babies and launched a five-year campaign in 2003 to address the increasing rate of premature birth.

For more information, visit the March of Dimes Spanish Web site at [www.nacersano.org](http://www.nacersano.org) or its English Web site at [www.marchofdimes.com](http://www.marchofdimes.com).

## Fogarty receives public service award at OSU

Mike Fogarty, chief executive officer of the Oklahoma Health Care Authority, was honored May 15 with the Distinguished Public Service Award from the Oklahoma State University College of Osteopathic Medicine.

Fogarty, who was invited to deliver the college's 2004 commencement address, was completely unaware of the honor until he saw it mentioned in the program for the ceremony.

The mystery unfolded immediately following the commencement address. Dr. John Fernandes, president of the Center for Health Sciences and dean of the College of Osteopathic Medicine, presented Fogarty with the prestigious award.

The Distinguished Public Service Award is bestowed upon individuals for achievements in the following areas:

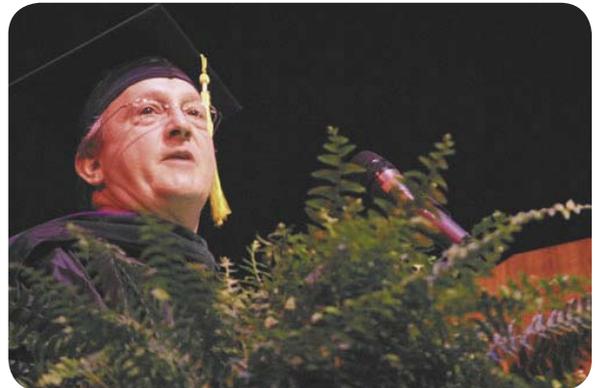
- Development of medical education so as to embody the highest standards of excellence and dedicated teaching.
- Improvements in health care for

the community, state and nation.

- Advancement of ideals that contribute to building a better society.

Before joining OHCA in 1995 as state Medicaid director and chief operating officer, Fogarty's public service career included serving as a social worker with the Oklahoma Department of Human Services, working on the legislative staff of U.S. Sen. David Boren, returning to DHS as deputy director and assistant director for medical services, practicing law and operating long-term health care facilities.

"Under his leadership, the OHCA has expanded medical coverage for children, pregnant women, disabled and elderly adults," the presentation stated. "Oklahoma's *SoonerCare* demonstration project has placed a greater emphasis on



Mike Fogarty, chief executive officer of OHCA, delivers the commencement address for Oklahoma State University's College of Osteopathic Medicine on May 15 in Stillwater. Fogarty later received the college's Distinguished Public Service Award.

prevention and early intervention and established a 'medical home' for all beneficiaries, associating them with primary care physicians, physician assistants or advanced practice nurses statewide."

Oklahoma also received one of eight federal grants to develop a plan to offer affordable health insurance to uninsured citizens, the presentation noted.

## Drug rebate program saves money, expands access

The Oklahoma Health Care Authority (OHCA) and several pharmaceutical manufacturers have partnered in supplemental rebate agreements that are projected to save the state thousands of dollars while expanding Medicaid clients' access to certain name brand medications.

The supplemental rebate program was initially approved by the OHCA Board of Directors as an emergency rule that went into effect with Gov. Brad Henry's signature Aug. 21, 2003. It was adopted as a permanent rule June 25, 2004. The program only applies to drugs that are currently on prior authorization status – usually newer, more expensive drugs that are still under patent. When these drugs are put on prior authorization status, the state saves money because of the resulting shift in the number of prescriptions to the lower-priced preferred drugs.

A supplemental state rebate program allows manufacturers of the drugs with higher retail prices to choose to participate in the rebate program to avoid prior authorization. The manufacturers can negotiate with the OHCA to meet a lower "benchmark" price for a particular drug, which results in that drug being moved off of prior authorization status and being placed on the

preferred list of medications. Several pharmaceutical manufacturers have agreed to sign supplemental rebate agreements with the agency.

"This is an excellent example of a public and private partnership," said Mike Fogarty, OHCA's chief executive officer. "With the supplemental rebate program, we've developed a creative solution that provides more therapeutic options for Oklahoma's Medicaid population while containing volatile pharmacy costs."

For the period of July through December 2004 alone, the agency expects rebates in excess of \$1 million. An additional benefit of the program is expanded access to medications. As of July 1, 2004, three medications used to treat ulcers and one medication used for arthritis will no longer require prior authorization. The manufacturers of the four drugs entered into supplemental rebate agreements with the OHCA, which effectively moved the medications onto the "preferred" list of drugs.

In the anti-ulcer category, supplemental rebate agreements were received for Prevacid™, manufactured by Tap Pharmaceutical Products Inc.; Protonix™, manufactured by Wyeth; and Nexium™, manufactured by AstraZeneca Pharmaceuticals. These drugs join Prilosec-OTC™, manu-

factured by Proctor and Gamble, and generic versions of prescription omeprazole as preferred anti-ulcer medications.

In the arthritis category, Boehringer Ingelheim Pharmaceuticals Inc. has agreed to provide a supplemental rebate for their drug Mobic™. It joins a list of approximately 20 other drugs in that category that are available to Medicaid clients without prior authorization.

Additionally, Merck & Co. Inc. agreed to provide a supplemental rebate for their drug Singulair™ in order to allow continuing coverage for that drug. Singulair™ is used to treat both asthma and allergy symptoms. Under agency rules, the drug would be subject to prior authorization as a treatment for allergy symptoms because other drugs for allergies must be prior authorized.

OHCA will soon be contracting in two to four more drug categories with a projected start date of Oct. 1, 2004. Currently, the agency's Drug Utilization Review Board has approved two of the additional categories, one of which must be approved by the OHCA board. Two more categories will be presented to the DUR board at their July meeting and, if approved, will go to the OHCA board in August for approval.

## Expanding coverage

*continued from page 1*

stration waiver to provide family planning services to individuals who would otherwise not be eligible for Medicaid. The OHCA anticipates the Centers for Medicare & Medicaid Services will grant approval of the waiver request later this year. Enrollment and coverage of eligible individuals will begin in early 2005.

Eligible individuals will include uninsured women ages 19 and older, regardless of pregnancy history, with family income at or below 185

percent of the FPL who are otherwise ineligible for Medicaid benefits. This category includes women who gain eligibility for Title XIX reproductive health services due to a pregnancy, but whose eligibility ends 60 days postpartum. Men and couples age 19 and older who are at or below 185 percent FPL are also eligible, regardless of pregnancy or paternity history. Medical benefits to be provided under the Family Planning Waiver are limited to the reproductive services

currently covered under the State Medicaid Plan.

The Family Planning Waiver is important to Oklahoma because of the 90:10 federal match that will enable the state to provide family planning services to an expanded group of women and men. Approximately 50,000 individuals will become eligible for the reproductive services to be covered under the proposed waiver.

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Please submit any questions or comments to Jo Kilgore in the Oklahoma Health Care Authority's Public Information Office at 405.522.7474.



Oklahoma Health Care Authority  
4545 N. Lincoln Boulevard, Suite 124  
Oklahoma City, OK 73105-9901

**Chief Executive Officer**

Michael Fogarty

**Medicaid Director**

Lynn Mitchell, M.D., M.P.H.

**Managing Editor**

Jo Kilgore, Public Information Manager

**Editor**

Meri McManus

**Graphic Designer**

Ashleigh Clemmer

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