

Winter 2004 Provider Update

A publication of the Oklahoma Health Care Authority

OHCA now offering providers free drug reference software

The Oklahoma Health Care Authority is now offering prescription drug reference software free to all providers who have handheld personal data assistants (PDAs), said Alex Easton, pharmacy operations manager.



“It’s really a great tool,” Easton said. “We are the seventh state to be implementing this for Medicaid, so we’re on the cutting edge. Several of our providers already are using it, especially a lot of new residents.”

The Epocrates software, which covers more than 3,000 brand-name and generic drugs, is intended to help providers improve quality of care and cut lag

time for many Medicaid patients who now must wait to receive their prescriptions.

“With the software, providers can see at the point of care what drugs are available and whether the prescription requires prior authorization or has quantity limits,” Easton said.

If so, providers can view a list of therapeutically equivalent alternative drugs that are covered without restrictions.

In the past, a provider may not have found out that a prescribed drug required prior authorization until the patient took the prescription to the pharmacy. The pharmacy then had to contact the provider to begin the approval process.

The software also can point to the availability of generic drugs, show clinical guidelines and warn of adverse reactions or contraindications.

While the provider is responsible

for purchasing the PDA, OHCA will provide the software and regularly updated drug list. The list includes other health plans, as well as Medicaid, Easton said.

To use the software, providers need to have a Palm OS or Pocket PC handheld with

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Downloading Epocrates

If you’ve never subscribed to an Epocrates product ...

1. Go to www.epocrates.com.
2. Click “Learn More” in the “Handheld Products” or “Desktop Products” sections.
- 3a. For handheld products: Select your PDA and computer type and click “Continue.”
- 3b. For Desktop products: Skip to step 5b.
4. Find the version of the Epocrates application that best meets your needs. (All versions listed below include the Epocrates clinical drug list information.)
 - Epocrates Rx[®] – basic version available for FREE for a Palm OS PDA[®]
 - Epocrates Rx Pro[™] – premium version available for a Palm OS or Pocket PC PDA
 - Epocrates[®] Essentials – Epocrates Rx Pro + Epocrates Dx[™] + Epocrates Lab[™], available for Palm OS PDAs
- 5a. For Epocrates Rx Pro[™] or Essentials, click “Order Now,” or for Epocrates Rx, click “Get It Now.”
- 5b. Epocrates Rx Online: Under “Individuals,” click “Purchase.”
6. Click “Register Now,” and complete the registration form.
7. Complete the purchase process, if applicable.

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Breast/cervical cancer screening providers sought for new treatment program

The Oklahoma Breast and Cervical Cancer Treatment Program will go into effect Jan. 1, 2005, with eligible women receiving full Medicaid benefits through the Oklahoma Health Care Authority (OHCA) for the duration of their cancer treatment.

In order to become eligible for Medicaid benefits, women must be screened for breast or cervical cancer under the Breast and Cervical Cancer Early Detection Program (BCCEDP) and found to be in need of treatment for either breast or cervical cancer. The BCCEDP was established under Title XV of the Public Health Service Act.

Additional eligibility requirements that have been set out by federal guidelines include that the woman must be younger than age 65 and have no creditable health insurance coverage

or other available insurance providing breast or cervical cancer services, including Medicaid.

Currently, three entities in the state of Oklahoma are administering BCCEDP grants: the Oklahoma State Department of Health (OSDH) Chronic Disease Service, the Kaw Nation of Oklahoma and the Cherokee Nation. OSDH operates its grant under the Take Charge! Program. The three grantees are working in collaboration with OHCA to ensure that women who are found in need of treatment through their screening programs receive Medicaid services.

In addition to BCCEDP funded screening providers, the Take Charge! Program plans to invite providers (physicians, physician assistants, nurse practitioners and nurse midwives) to

join the network of nonfunded screening providers in order to expand the access options to women across the state. Any provider who is interested in more information about becoming a screening provider through the Take Charge! Program may contact the chronic disease program manager, Cheryl M. (Charlie) Jones, R.N., at 405.271.4072, Ext. 57128, or charliej@health.state.ok.us.

Once an eligible woman is screened by a deemed provider and found to be in need of treatment,

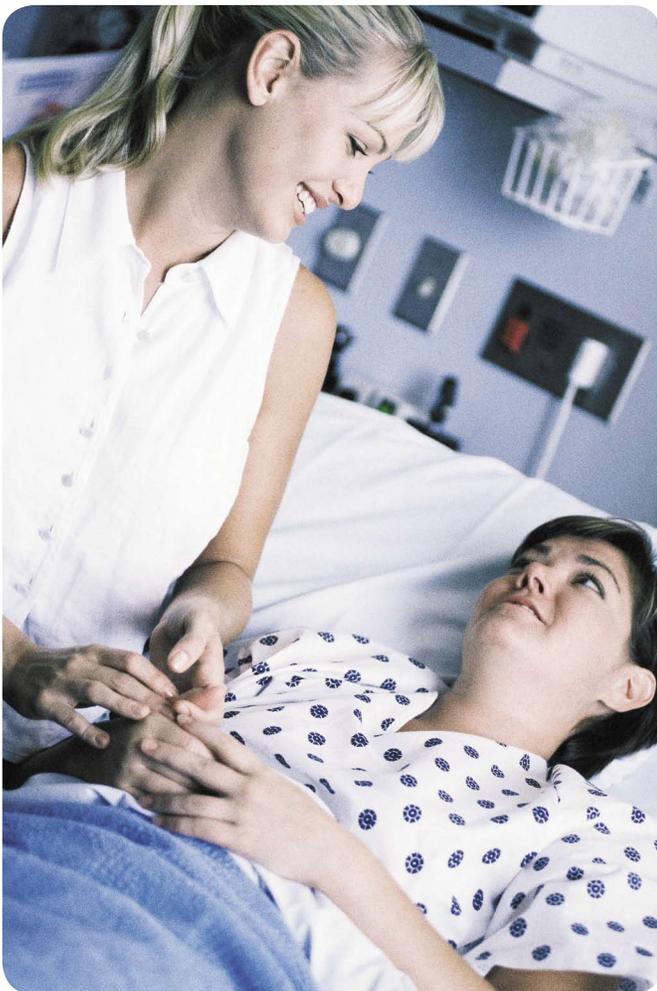
“Once an eligible woman is screened by a deemed provider and found to be in need of treatment, she will complete an application for the treatment program.”

she will complete an application for the treatment program. The Oklahoma Department of Human Services will determine if the applicant is otherwise eligible for basic Medicaid. If she is not, her application will be processed through the BCCTP program.

OHCA will provide services for diagnosis and treatment beyond the initial screen. Women in this program who receive further diagnostic testing and are found not to have cancer or precancerous conditions will lose their Medicaid eligibility. However, if a woman does receive a diagnosis of cancer or a precancerous condition, she will be enrolled in *SoonerCare*, the state’s partially capitated, managed care Medicaid program. The woman will choose a primary care provider and receive needed specialty referrals through the primary care provider. She also will have available care management services, transportation through *SoonerRide*, the *SoonerCare* Help Line and Nurse Advice Line.

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

Any provider who is interested in signing a Medicaid contract in order to provide diagnostic or treatment services may contact OHCA Provider Enrollment at 405.522.6205 or 800.522.0114 (select option 5).



Flu reimbursement adjusted for SoonerCare providers

Due to the nationwide shortage of flu vaccine, the Oklahoma Health Care Authority is urging its contracted providers to follow the recommended guidelines in administering flu vaccinations to high-risk people as stated by the Centers for Disease Control and Prevention (see box below right).

As the flu vaccine is currently unavailable at needed levels through the Vaccines for Children (VFC) program, OHCA will reimburse Medicaid providers for the cost of flu vaccine for their panel members younger than 21 years of age in accordance with the Medicaid FFS schedule, effective Oct. 1, 2004, until the time the flu vaccine is available through the VFC program.

The Oklahoma State Department of Health has notified OHCA that it expects to receive its requested VFC program flu vaccine within the next several weeks and has been asked to notify OHCA when it becomes available.

Providers are urged to regularly check with their local county health department to see if the flu vaccine is available through the VFC program. If flu vaccine is not available through VFC, providers may submit the appropriate CPT code, either 90657 or 90658, to be reimbursed for the cost of the flu vaccine based on the Medicaid FFS schedule. **Providers who receive their flu vaccine through the VFC program will not be reimbursed by OHCA for the cost of the vaccine.** (The cost of *administering* the flu vaccine to members younger than 21 years of age is included in the capitation rates.)

If a primary care provider/case manager does not have enough flu vaccine for assigned *SoonerCare* members under the age of 21, the PCP/CM should refer those members to another Medicaid provider who does have the vaccine available. With an accompanying referral, OHCA will reimburse the rendering Medicaid provider for the administration fee and

the cost of the flu vaccine in accordance with the Medicaid FFS schedule.

Costs for the administration fee and the flu vaccine for adult members (21 years and older) enrolled in the *SoonerCare* program are included in the *SoonerCare* capitation rates. No additional reimbursement will be made to *SoonerCare* PCP/CMs for flu vaccinations administered to their assigned members older than age 21.

Additional information about influenza and the flu vaccine is available at the Oklahoma State Department of Health's Web site (<http://www.health.state.ok.us/program/cdd/flu/index.html>) and the CDC flu page (<http://www.cdc.gov/flu>).



Who should get the flu vaccine?

Most healthy people should not get flu shots this year. The vaccine is reserved for people who need it most, including those at high risk of complications from the flu and those who have close, extended contact with them.

People in the following categories are appropriate candidates for vaccination:

- Children age 6 to 23 months
- Adults age 65 and older
- Adults or children who have:
 - heart disease
 - lung disease, including asthma
 - metabolic disease, including diabetes
 - kidney disease
 - immune deficiency
 - blood disorder

- Pregnant women
- Children 6 months to 18 years who take aspirin on a regular basis
- Residents of nursing homes or other chronic-care facilities
- People who have close contact with high-risk individuals:
 - Someone who lives with a child younger than 6 months old
 - Out-of-home caregiver for a child younger than 6 months of age
 - Health care worker who provides direct, face-to-face patient care and spends the majority of the day or extended periods of time with those patients

Source: Oklahoma State Department of Health

New recommendations and funding for newborn screening

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

The University of Oklahoma Health Sciences Center has received a three-year, \$1.1 million federal grant to increase to 30 the number of genetic and metabolic tests given to newborns in Oklahoma every year, according to the March of Dimes.

Oklahoma now requires newborns be tested for phenylketonuria, congenital hypothyroidism, galactosemia and sickle cell anemia. Soon, the state will require testing for cystic fibrosis and congenital adrenal hyperplasia. In March 2005, Oklahoma plans to begin testing for medium-chain acyl-coa dehydrogenase deficiency.

Equipment purchased by the new grant funds will allow for increased screening now recommended by the March of Dimes for the 30 genetic disorders. This is good news for parents of the 48,000 babies born in Oklahoma each year, about 60 of whom are found to have serious genetic disorders.

Newborn screening (NBS) is a public health activity for early identification and follow-up of infants affected by certain genetic, metabolic, hormonal and/or functional conditions. Since the mid-1960s, the success of NBS programs has made screening routine for the millions of babies born each year in the United States.

Currently, each state or region operates by law its own NBS program. Therefore, individual programs vary widely in the number and types of conditions for which they screen.¹ In 2000, the March of Dimes led the

way in proposing a national standard for NBS with, at minimum, a core list of nine disorders, with provision for expanding the list as new opportunities arose. More recent advances in technology, such as tandem mass spectrometry, enable screening for many different disorders.

In August 2004, the American

infant from early detection, and there is a reliable screening test that enables early detection from newborn blood spots or other means.

The uniform panel of 30 disorders in the ACMG report meets these criteria and includes all of the conditions named in our previous policy. Therefore, the March of

Dimes recently changed its recommendations on NBS. March of Dimes is now encouraging every state to increase screening for every newborn to at least the 30 disorders specified by the ACMG and to ensure reporting of the additional 25 "report only" conditions.

The March of Dimes supports parents' rights to be promptly and thoroughly informed about



College of Medical Genetics (ACMG) submitted a report to the federal Health Resources and Services Administration, identifying a nationwide standard for state NBS programs. The report includes a uniform panel of 30 disorders to be targeted by NBS programs. It also lists an additional 25 secondary targets or "report-only" conditions for which test results should be reported, even though these disorders do not yet have documented treatments or there is limited knowledge of their natural history.²

The March of Dimes supports comprehensive NBS for every baby born in the United States and its territories for conditions that meet the following criteria: There is documented benefit to the affected

their babies' screening results and supports expansion of health care provider education programs. NBS programs should include high quality screening tests with state-of-the-art technology, trained personnel, and resources for timely follow-up and program evaluation.

References

- 1 <http://genes-r-us.uthscsa.edu/nbsdisorders.pdf>
- 2 American College of Medical Genetics. Newborn Screening: Towards a Uniform Screening Panel and System. Final Report – Aug. 27, 2004.

'G' codes created for ESRD patients

The Centers for Medicare & Medicaid Services (CMS) implemented new "G" codes for billing services related to End Stage Renal Disease (ESRD) effective Jan. 1, 2004. The "G" codes replaced the previously used CPT codes 90918-90925.

Beginning in January 2005, Oklahoma Health Care Authority will recognize "G" codes and allow payment to individual providers for these services.

In-facility codes, G0308-G0319, are for services related to inpatient dialysis treatment and include monitoring for nutrition, growth and development and counseling for parents (if patients are younger than age 20). CMS has not created partial month codes for inpatient ESRD-related services. All monthly services should be reported under G0308-G0319. In order to report codes in this

range, the provider must determine the number of face-to-face physician visits per month and bill based on the number of visits and the age of the patient. Enter "1" in the days/units field of the claim.

Home dialysis, however, can be billed in **full-month or per-day** increments. These codes are for services related to home dialysis and include monitoring for adequacy of nutrition, assessment of growth and development and counseling for parents (if patients are younger than 20).

Codes G0320-G0323 are for home dialysis patients per full month. Codes



G0324-G0327 are for home dialysis patients whose utilization covers less than a full month or whose treatments are billed as per-day services. For home dialysis patients, full-month codes and partial-month codes should not be billed for the same month.

Pharmacy announces changes for diabetic supplies, Synagis

Oklahoma Health Care Authority's Medicaid pharmacy no longer requires primary care provider/case manager referrals for **diabetic supplies**.

The requirement was removed effective Sept. 8, 2004. Diabetic supplies should now be billed through your Durable Medical Equipment provider number on the HCFA 1500 claim form or on the OHCA secure Web site at www.ohca.state.ok.us.

Please use the table at right as a guide for billing.

Also, prior authorization is now required for **Synagis**. Criteria and the related request for authorization form are available on the OHCA Web site at www.ohca.state.ok.us/provider/pharmacy/pdfflib/Synagis_PA.pdf.

Questions about these changes or other prescriptions should be directed to the pharmacy help desk at 405.271.6349 or 800.831.8921.

HCPCS	Item	Billable Units	Max Units	Max Reimb.
A4206	Syringes	1 = 1	Unlimited	.29
A4253	Strips	1 = 50	2 Units / Month	32.74
A4258	Lancet Device	1 = 1	1 Unit / Year	17.21
A4259	Lancets	1 = 100	1 Unit / Month	10.44
A4245	Alcohol Wipes	1 = 100	Unlimited	2.50
A4254	Meter Batteries	1 = 1	3 Units / Year	6.28
E0607	Glucometer	1 = 1	1 Unit / Year	63.73
A4250	Ketone Strips	1 = 100	Unlimited	22.00
A4256	Meter Control Solution	1 = Bottle	Unlimited	10.30

Correct codes necessary to file for EPSDT bonuses

Providers who conduct EPSDT screens must use the appropriate CPT billing codes in order for the services to qualify for the bonus program. Providers who screen 60 percent or more of children on their panel are

eligible for the bonus program, said Ivoria Holt, EPSDT services manager.

The appropriate CPT billing codes for EPSDT screens are:

- 99201-99205
- 99211-99215

- 99381-99385
- 99391-99395
- 99431-99432

Procedure codes 99201-99205 and 99211-99215 may be used to indicate an EPSDT screen when accompanied by the listed V diagnosis codes:

- V20-V202.
- V70.0
- V70.3-V70.9

One of the above codes must be used to count as an EPSDT screen, and they are the only codes that will count toward EPSDT screening rates and the bonus payments.

“We appreciate everybody’s efforts in getting the EPSDT screens for our members, and appropriate use of the codes helps everyone,” Holt said.

More information, including a provider quick reference manual, is available at OHCA’s Web site at www.ohca.state.ok.us. Click on “Provider” and then “EPSDT.”



Deadline near for SoonerCare provider contracts

The Oklahoma Health Care Authority’s recontracting period for **SoonerCare** primary care provider/case managers and groups is now open.

Active **SoonerCare** providers gave input that was used in preparing the 2005 agreement. Major revisions were incorporated in the capitated benefit package, said Rebecca Pasternik-Ikard, director of **SoonerCare** and care management services.

“At providers’ request, all capitated X-ray services from the current contract were removed for 2005,” said Kevin Rupe, director of professional services. “Capitated laboratory services were reduced to include a limited number of procedures that are waived in the Clinical Laboratory Improvement Amendments program.”

An actuary has certified the capitation rates in accordance with the Balanced Budget Amendment, Rupe added.

“We have structured our program requirements to match current practices based on provider feedback,” Pasternik-Ikard said. “It is helpful to have this open communication with the practitioners who serve our **SoonerCare** members every day.”

SoonerCare providers are asked to have their 2005 contracts submitted to OHCA by **Dec. 10, 2004**.

The contracts can be downloaded at OHCA’s Web site (www.ohca.state.ok.us) under the “Provider” drop-down menu. Contracts also can be faxed or mailed upon request to those providers who do not have Web access.

The agency is encouraging prompt renewal to ensure uninterrupted services and reimbursements for **SoonerCare**. Questions or concerns may be directed to OHCA’s **SoonerCare** provider representatives by calling 877.823.4529 and then pressing 4.

Completed **SoonerCare** contracts may be returned to:

Oklahoma Health Care Authority
Attn: Bernadette Skillmore,
SoonerCare Contract Analyst
4545 N. Lincoln Blvd, Suite 124
Oklahoma City, OK 73105

Skillmore also can be contacted directly by phone at 405.522.7554 or 877.823.4529 (then press 1).

What can the software do for you?

A review of Epocrates in the Journal of the American Medical Association called the software “indispensable” and “the one to have and keep.” Here are some of the reasons why:

References enable point-of-care access to drug list information.

- Verify status and co-payment tiers.
- View alternatives and generic substitutions.
- Look up prior authorization requirements.
- Check quantity limits.
- Receive drug-specific messages directly from Oklahoma Health Care Authority.

Features benefit physicians and patients.

- Reduce medication errors.
- Minimize time dealing with pharmacy call-backs.
- Improve patient satisfaction.
- Easily monitor drug list updates and changes.

More than 340,000 health care professionals use the Epocrates drug reference guide.

- Determine adult and pediatric dosing.
- Check for drug interactions.
- Guard against adverse reactions and contraindications.
- Check pricing information.

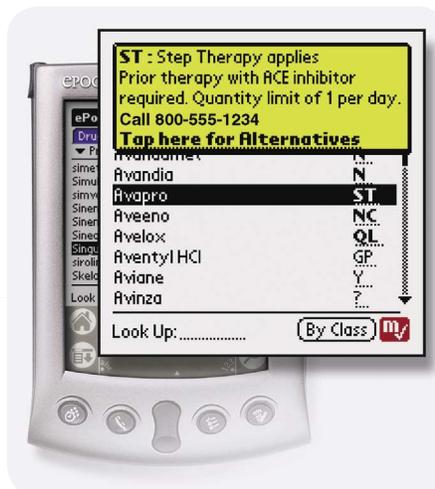
Reference software

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3.0 MB of free memory. Epocrates also offers a version of the software for personal computers with Internet access at an extra cost of about \$60 per year.

Providers also are eligible for a 20 percent discount on Epocrates premium products for the next three months. (The discount code is OKMEDI20 and can be used at the Epocrates Web site, www.epocrates.com.)

For more information, contact the pharmacy help desk at 405.271.6349 or 800.831.8921.



Epocrates

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8. Follow directions to complete the download and installation.
9. On the formulary selection page, select the Oklahoma Medicaid drug list.
10. Auto-update your PDA frequently to receive updates from Oklahoma Health Care Authority and Epocrates.

If you currently have Epocrates Rx or Epocrates Rx Pro on your handheld device but have never loaded the Oklahoma Medicaid drug list ...

1. Go to www.epocrates.com.
2. Click the “Add Formularies” link at the top of the page.
3. Log into the Web site using your user name and password.
4. Select the appropriate Oklahoma Medicaid drug list.
5. Click on “Add to My List” and then click on “Done.”
6. Auto-update your PDA to install the Oklahoma Medicaid drug list on your PDA.

If you currently use Epocrates Rx Online on your desktop computer but have never added the Oklahoma Medicaid drug list ...

1. Go to www.epocrates.com.
2. Click on “Rx Online” in the menu at the top of the page to go to Epocrates Rx Online.
3. Log in using your user name and password.
4. Click on the “Formularies” tab from the list of tabs at the top of the screen.
5. Select the appropriate Oklahoma Medicaid drug list.
6. Click on “Add to My List.”
7. The list will then be available in the Formulary drop down menu on the main Drug screen.

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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.



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