A publication of the Oklahoma Health Care Authority Fall 2003

Smoke-Free Beginnings Helps Pregnant Women and Their Families Live Tobacco-Free

Adapted by Belinda Rogers, Smoke-Free Beginnings Advisory Committee, Oklahoma Institute for Child Advocacy

Tobacco use in Oklahoma is prevalent throughout all age groups and ethnicities, and pregnant women, as a group, have disconcerting levels of prevalence.

According to Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS) data taken from 1996-99, 32.4 percent of pregnant women reported smoking in the three months prior to pregnancy. In addition, Oklahoma, at 18 percent, was among the top five PRAMS states in 1999 in the percentage of mothers smoking during the last three months of pregnancy, following West Virginia (27 percent), Ohio (23 percent) and Arkansas (19 percent). In a survey of 6,500 pregnant women conducted by the Oklahoma State Department of Health (OSDH) from July 2001 to June 2002, 39 percent reported that they smoked at some point during their pregnancy. As a result, one in seven low birth weight (LBW) births are attributed to smoking during pregnancy.[1]

Patient/Physician Discussion Uncomfortable

Talking with patients about their tobacco use has long been an area of discomfort for both patient and physician. Similar to national trends, a survey of Oklahoma physicians showed a low level of confidence in assisting patients in smoking cessation and in

providing cessation counseling, when compared to other aspects of intervening with smoking cessation.[2] The combination of a high rate of smoking during pregnancy and the low rate of physician self-efficacy in providing smoking cessation counseling set the stage for the adoption of a project to increase the level of confidence in physician-assisted smoking cessation efforts and address the prevalence of pregnant smokers in Oklahoma.

Smoke-Free Beginnings resulted from a partnership of several entities interested in aiding physicians in improving their abilities to deliver Best Practice Guidelines with every pregnant patient. Furthermore, since Oklahoma has a large Native American population with various health care systems aimed at meeting their health care needs, this project is provided with a unique opportunity for examining the culturally competent implementation of Best Practice Guidelines with pregnant Native American women.

Smoke-Free Beginnings is funded by the Robert Wood Johnson Foundation through a grant from the Smoke-Free Families National Dissemination Office at the University of North Carolina. The goal of the Smoke-Free Families National Dissemination Office is to promote and evaluate evidenced-based smoking cessation for pregnant and reproductive-age women and their families. The purpose in funding this project is to develop, implement and evaluate a systems-level approach to help prenatal care providers deliver smoking cessation interventions. Findings from the project will be used to provide a model for other organizations implementing best-practice smoking cessation interventions for pregnant women.

Partnerships

The Oklahoma State Medical Association and its Physicians' Campaign for a Healthier Oklahoma have a history of positive working relationships with many health-oriented organizations and state agencies. Building upon this, Smoke-Free Beginnings has partnered with the University of Oklahoma Health Sciences Center's

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Department of Family and Preventive Medicine and College of Public Health, the Oklahoma Physicians Resource/Research Network, and the Oklahoma State Department of Health to utilize existing infrastructures in implementation. Other partners include the Oklahoma Academy of Family Physicians, the Oklahoma Foundation for Medical Quality and the American College of Obstetricians and Gynecologists.

Collaboration Sought

Smoke-Free Beginnings is seeking to collaborate with multiple health care professionals to develop a practical, feasible and sustainable prenatal smoking cessation intervention. The project also seeks to enhance the self-efficacy of prenatal health care providers and their patients through the use of system supports. An easy-to-implement, evidenced-based clinical counseling approach recently has been developed. The approach, called "the 5 A's method," has been recommended by the U.S. Public Health Service in its *Treating Tobacco Use and Dependence Clinical Practice Guideline*[3] and by the American College of Obstetricians and Gynecologists.[4] The 5 A's method is effective for most pregnant smokers, including low-income women, the group most likely to smoke during pregnancy.

The 5 A's are:

ASK: Ask the patient about her smoking status.

ADVISE: Provide clear, strong advice to quit, with personalized messages about the impact of smoking and quitting on mother and fetus.

ASSESS: Assess the willingness of the patient to make an attempt to quit within the next 30 days.

ASSIST: Provide pregnancy-specific self-help smoking cessation materials. Suggest and encourage the use of problem-solving methods and skills for cessation. Arrange social support in the smoker's environment, and provide social support as part of the treatment.

ARRANGE: Periodically assess smoking status, and if she is a continuing smoker, encourage cessation.

In the end, this project hopes to promote the delivery, implementation and integration of the 5 A's in private and public prenatal health care settings to assist pregnant women and their families to live tobacco-free.

Smoke-Free Beginnings will partner with both family medicine and OB/GYN physicians. Project partnership will be invited through the physician memberships of the Oklahoma Physicians Resource/Research Network (OKPRN) and the Oklahoma State Medical Association. It should be noted that ***all*** physicians providing prenatal care are eligible to participate in the project. The OKPRN is a group of family physicians networked together for the purpose of research and promoting the use of evidence-based medicine. Approximately 32 sites will be recruited for the study; initially a small number of pilot sites will be identified to resolve unforeseen barriers and identify materials needed in the design and implementation of the protocol for the remaining practices. The project will remain in each practice for up to one calendar year.

Support Provided with Project

To facilitate the implementation of the project, a "Practice Enhancement Assistant," or PEA, will be available to each participating practice to provide education, resources and feedback to physicians and staff regarding the methods they select when implementing the 5 A's. Research within the OKPRN has shown that the use of a PEA is helpful to practices in evaluating and improving their quality of care. Research indicates that physicians who are involved in research projects from design to results tend to have less trouble integrating the findings into their practices.[5] Based on the experience of several investigators in the United States and England, aiding physicians and their staff in the implementation of new methods may be an effective way to overcome obstacles to guideline adoption.[6]

To facilitate the implementation of the 5 A's, physicians will be offered the use of a Personal Data Assistant (PDA) to help monitor patient status at each prenatal visit and at the postnatal visit. While all practice staff will be educated on the 5 A's intervention, one "champion" will be identified to communicate responsibilities and monitor progress in the delivery of the method. Quality improvement strategies such as chart audits and chart stickers will be implemented to provide a fast and efficient way of modifying each part of the intervention to ensure the project's best implementation at each site. In addition, the utilization of the Chronic Care Model in implementing the practice guidelines will allow for an effective, efficient way to improve the health of all smoking pregnant women in Oklahoma.

Resources and Benefits

While there is no direct reimbursement for participation in this project, the Smoke-Free Beginnings Project offers:

- Specific ways to make it easier to discuss smoking.
- Resources for patients and easy referrals to free cessation counseling.
- The presence of an in-office Practice Enhancement Assistant to facilitate implementation.
- The resources of the Oklahoma

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Medicaid Eligibility and Enrollment Explained

Member eligibility and enrollment in Oklahoma Medicaid are important issues to the many Medicaid providers throughout the state. As the Oklahoma Health Care Authority is constantly working to improve the overall service of the program, providing information on these issues is critical.

Determining Eligibility

As required by state law, Oklahoma Medicaid eligibility is determined at the Oklahoma Department of Human Services (OKDHS) county offices. Each is governed by federal and state eligibility criteria. Any Oklahoman who thinks he or she may be eligible for Medicaid can fill out an application for the program. The applications are available at the OKDHS county offices or by calling the ***SoonerCare*** help line at (800) 987-7767 (or for the hearing impaired, (800) 757-5979). The application is also available for download at the OKDHS Web site, http://www.okdhs.org/medapp/. The application can be taken or mailed to the local OKDHS county office. The applicant then receives a letter in the mail stating eligibility status; this could be a letter of certification, a letter of denial, or a request for more information to make a determination.

If OKDHS finds the applicant is eligible, he or she receives information in the mail explaining how to enroll with a health plan or provider and how to receive the available services or benefits. An Oklahoma Health Care Authority Medical I.D. Card is sent to the applicant in the mail 10 to 14 business days after OKDHS sends notice to the OHCA that the applicant is eligible for the program. The member can begin receiving medical care from a provider who will take fee-for-service Medicaid on the day after OKDHS sends the OHCA this notice.

By state law, members cannot choose to stay in regular fee-for-service Medicaid. If they are eligible for ***SoonerCare*** Plus, they must enroll in that program and then select a health plan and primary care provider (PCP) from that plan's network. If they reside in a non-Plus county, they become eligible for ***SoonerCare*** Choice and must select a primary care provider from the ***SoonerCare*** Choice network. It is a common myth that the OHCA can allow members to remain as fee-for-service members. State law prohibits that action. However, keep in mind that some groups of clients, such as foster care children and nursing home residents, do remain in fee-for-service, also by state law.

Enrollees Choose Provider

Another common myth is that members are always "auto-assigned" to providers and/or health plans. Again, that is not true. Upon enrollment, members are given the opportunity to choose a health plan and provider. If they make a choice, every effort is made to place them with the selected plan or provider. If they do not indicate a choice, then ***SoonerCare*** will auto-assign members to a plan or a provider.

In some cases, members may choose a provider who is not accepting any new Medicaid members. In that case, members are auto-assigned to a different provider. However, they are given the option of changing providers up to four times per year in the ***SoonerCare*** Choice program. Each health plan in ***SoonerCare*** Plus has different rules that are made available to their members about changing PCPs.

If members are unhappy with the ***SoonerCare*** Plus health plan they picked or were auto-assigned to, they can change plans within 30 days after enrollment. After 30 days, they are locked in to their health plan until the next open enrollment period. The only way a member can change plans is through the ***SoonerCare*** program; OKDHS cannot change plans for members. Also, OKDHS cannot provide a member with the name of his or her primary care provider. Again, only the ***SoonerCare*** program has access to this information. An easy way to access the information is by calling the ***SoonerCare*** help line at (800) 987-7767.

In Oklahoma, members are certified for Medicaid eligibility for up to six months. In the fifth month of their eligibility, OKDHS sends members a form that has to be filled out in order to keep coverage. If the form is not returned on time or at all to OKDHS, that agency will take steps to drop the member from Medicaid eligibility.

Re-establishing Eligibility

Recently, OHCA changed the rules that govern re-establishing client eligibility and auto-assignment. As of October 2002, if members re-establish Medicaid eligibility through OKDHS within 180 days of the date eligibility was lost, ***SoonerCare*** will enroll them with the same health plan and/or primary care provider they had at the time they lost eligibility. An exception is if their former provider is operating at capacity and cannot accept them. The OHCA made this change at the suggestion of ***SoonerCare*** providers and because we realize the importance of an established doctor/patient relationship. However, both members and providers need to realize that ***SoonerCare*** eligibility cannot be retro-certified.

Effective April 1, 2003, the state no

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Breathing Test Could Reduce Lung Disease Deaths

More than 100,000 Americans die each year from chronic bronchitis, emphysema and other chronic obstructive lung diseases. Many of these deaths could be prevented if physicians included a simple breathing test as part of each routine checkup.

Most doctors don't perform this breathing test on their patients, even though it takes less than a minute and requires no laboratory analysis. It's as simple and important as a blood pressure check, said Dr. Reuben Cherniack, a pulmonary specialist at the National Jewish Medical and Research Center in Denver. This simple test, called spirometry, measures airflow into and out of the lungs.

For example, Cherniack said, "If I measured the lung capacity of a 20-year-old man and it was normal, and measured it again when he was 30 and found it was excessively reduced even though still considered normal, I would certainly find out why it was deteriorating so rapidly. But without regular measurements, I would never know about the deterioration in the first place."

Many people don't realize that lung damage caused by smoking generally occurs gradually over many years. By the time a person experiences symptoms such as shortness of breath and wheezing, significant lung damage may have already occurred. By documenting yearly spirometry results and noting whether lung function was decreasing at an abnormal rate, the individual might be convinced to quit smoking at a younger age.

The mortality rate for chronic obstructive lung diseases has increased, while death rates for some other leading causes of death have declined. According to the National Center for Health Statistics, chronic obstructive pulmonary diseases (COPD), including emphysema, killed 107,086 Americans in 1991. COPD had the greatest increase since 1980. It is now the fourth leading cause of death due to disease and may have been a contributing factor in an equal number of deaths. In Oklahoma, the death rate for COPD is 19 percent higher than the U.S. rate; more than 1,700 Oklahomans died from the disease in 1997.

Although spirometry testing cannot screen for lung cancer, Cherniak said that cutting the death rate of chronic bronchitis and emphysema makes its widespread use more than worthwhile.

"The spirometry test is really analogous to the blood pressure measurement," Cherniack said. "Both should be given every time a physician sees a patient, since both tests show changes that can be recognized immediately."

Sources: National Jewish Medical and Research Center; Oklahoma State of the State's Health, 2001.

LogistiCare Wins Non-Emergency Transport Contract

The state of Oklahoma has signed a multi-year agreement with LogistiCare Solutions, LLC, of Atlanta to manage non-emergency transportation for the ***SoonerCare*** Choice program. ***SoonerCare*** Choice serves 240,000 Medicaid recipients in 77 counties throughout the state.

LogistiCare's contract runs from Aug. 1, 2003, through June 30, 2004, with three one-year renewal options. Estimated value of the three-year contract is more than $20 million.

After a competitive bid process, the Oklahoma Department of Central Services, on behalf of the Oklahoma Health Care Authority, selected LogistiCare because of its track record of providing higher-quality services to Medicaid recipients at a lower cost to its state clients.

"Working in partnership with a qualified, well-respected company such as LogistiCare allows the Oklahoma Health Care Authority to leverage its resources more effectively and efficiently," said Dr. Lynn Mitchell of OHCA, state Medicaid director. "This relationship will ultimately create opportunities for our agency to better serve our individual beneficiaries."

LogistiCare currently manages Medicaid NET programs for multiple Medicaid state agency and managed care clients across the nation.

In Oklahoma, LogistiCare will manage the complete NET transportation process of the SoonerRide program for the ***SoonerCare*** Choice population, which requests approximately 35,000 health-care-related transports each month. A staff of 20 will coordinate services from a central business office in Oklahoma City and a regional office in Muskogee following a 75-day transition period. The transition will give LogistiCare a chance to credential its provider network and conduct extensive outreach to health care facilities to ensure transportation service is uninterrupted.

LogistiCare's scope of services include Medicaid recipient eligibility verification and screening, trip scheduling and routing. The company also will subcontract with and manage the performance of the third-party local transportation companies that will provide the actual trip service. In that capacity, LogistiCare also will perform provider billing verification and trip reimbursement, while ensuring overall ***SoonerCare*** Choice program quality assurance.

Medicaid Records Requested for Many Purposes

Providers may be contacted by a number of regulatory and auditing groups seeking records regarding Medicaid patients.

Who might contact you, and why? Here's a list of some possible reasons.

Auditing

Jana Webb, R.N., surveillance and utilization review manager for the Oklahoma Health Care Authority, said regular audits of provider and recipient records are required by federal mandate. Auditors seeking a random sample of select cases may send for records or go out into the field to request them.

"We're looking to see if services were appropriately provided by qualified people according to Medicaid regulations," she said.

The OHCA also is participating in a pilot program with the Centers for Medicare & Medicaid Services (CMS). Medicaid's Payment Accuracy Measurement program, or PAM, looks at national ratings on how Medicaid claims are paid.

"PAM requires that the agency review a sample of claims to determine if the system paid correctly, the beneficiary was eligible for the service and the service was medically necessary. In order to determine medical necessity, it is often necessary for clinicians to do on-site visits to providers' offices and review records," said Cindy Roberts, director of management and audit services at OHCA.

Roberts said OHCA also performs random sample checks for contractual compliance and credit balance audits, which involve inspecting billing statements.

Cheryl Hays, Medicaid project manager at Oklahoma Foundation for Medical Quality, said annual audits also are required at the state level. OFMQ is subcontracted to OHCA to provide oversight of the Medicaid program and performs site audits for hospitals, foster care agencies and community mental health centers.

Other government entities legally entitled by contract to review Medicaid books, records and documents include the U.S. Comptroller General, the Oklahoma State Auditor and Inspector and the Medicaid Fraud Control Unit of the Oklahoma Attorney General's office.

Medical Utilization Studies

"For focus studies on a particular disease – like asthma or diabetes – we may need to actually document a client who was seen for that disease process," said Paula Gullion, quality assurance analyst at OHCA. "We might also request records as an audit function to see that care was delivered."

Hays said her department also has asked for information in support of certain studies, including Early and Periodic Screening, Diagnosis and Treatment; asthma studies; and individual case review in rural acute care facilities.

Data from medical records is also compiled for the national Consumer Assessment of Health Plans (CAHPS) database. Results from a survey administered to Medicaid beneficiaries are forwarded to the database, but all identifying information is de-identified.

Records also are used to gain information for ongoing performance improvement projects.

Further Medical Information or Claim Clarification

Sometimes records are requested to clear up confusion regarding a claim.

Leah Taylor, Ph.D., LPC, LMFT, manager of OFMQ's behavioral health program, said records are sometimes needed to get input from physician consultants or when additional expert advice is needed.

At other times, the information helps with record-keeping regarding treatments.

"Sometimes the ***SoonerCare*** Choice program has a general administrative need for records to resolve a payment issue, a utilization report or a provider referral," said Melinda Jones, senior compliance analyst with the ***SoonerCare*** program.

That might involve making sure a problem was adequately documented or ensuring that prior authorization procedures were followed.

Records are occasionally requested to investigate a member complaint, as well, she added.

HIPAA Coding Changes Continue

OHCA is continuing its transition from locally created codes to the HIPAA-mandated coding system. Changes coming this fall will affect behavioral health and other areas.

The HIPAA standard transaction sets include many standard code sets, both medical and nonmedical. The updates to the sets occur at various times during the year.

Upcoming code set implementations include the following:

- Provider Taxonomy, effective Oct. 1, 2003.
- Remittance Advice Remark, effective Oct. 1, 2003.
- Local Code Conversion to standard medical codes, effective Dec. 31, 2003.

Please watch the OHCA public Web site at www.ohca.state.ok.us for updated information.

Legislative Actions Affect Medicaid Program

A spirit of bipartisanship and cooperation marked this year's legislative session, during which several bills that will affect the state's Medicaid program were approved.

HB 1017 provides for a quality assurance assessment fee to be levied upon each health maintenance organization that has a Medicaid managed care contract with the state and is managed by the Oklahoma Health Care Authority (OHCA). The fee will go to the OHCA to help fund the state's Medicaid program. The bill was passed as an emergency measure and was signed by Gov. Brad Henry on March 18.

HB 1713 creates the Oklahoma Community Hospitals Public Trust Authorities Act. The act authorizes participating hospitals to create a public trust to secure funding for health care services to medically indigent Oklahomans and to provide for supplemental Medicaid programs. Participating hospitals are authorized to raise funds that will be matched by "upper payment limit" federal dollars. The OHCA Board is to submit application for any waiver needed to authorize Medicaid supplements to hospital districts. The bill was passed as an emergency measure and signed by the governor June 9.

SB 549 provides a new revenue source for the state Medicaid program. The bill requires state income tax return forms to contain check-off blocks to designate that a portion of the individual's state tax refund, from $2 and up, go to the support of common schools, road and highway maintenance and the Medicaid program. The bill will go into effect Dec. 31 with money collected for the Medicaid program going to the OHCA. The bill was signed by the governor April 16.

SB 610, a bill requested by the OHCA, is the Medicaid Reform Initiative (Health Care, Not Welfare) legislation. It also contains language for a Third Party Liability data match for insurance files. The bill directs the OHCA to apply for Health Insurance Flexibility and Accountability waivers to be phased in, based upon available funding, with the following goals: 1) increased access to health care; 2) promotion of beneficiary responsibility; 3) use of buy-in and/or voucher arrangements for employer-sponsored insurance purchasing; and 4) development of flexible benefit packages based upon patient need and cost. The Third Party Liability language provides that any entity that provides health insurance is required to compare data from its files with data from OHCA files to determine whether a Medicaid recipient has health coverage with another insurer. The law went into effect July 1.

Another bill that will affect the state's Medicaid program also was passed during the session.

SB 0686 expands the authority and composition of the Community Hospitals Authority. The bill acts as a vehicle for securing additional funding to the existing state Medicaid Program for education, indigent care and graduate medical education.

If you have any questions about these actions, please feel free to contact Barbara Gibbons at (405) 522-7496.

Smoke-Free (continued from Page 2)

Physicians Resource/Research Network.

- Team building and increased staff satisfaction.
- Increased patient satisfaction.

Smoking among pregnant women in Oklahoma continues to be a problem, resulting in increased health and financial burdens for families and the Oklahoma health care system. The Smoke-Free Beginnings project emphasizes practical strategies that can be easily integrated in routine practice. As a health care provider offering prenatal care, you have an opportunity to join other colleagues statewide to help improve the health of mothers and babies by helping pregnant Oklahoma smokers quit. To participate, or for more information, please contact Sarah Jane Carlson, Oklahoma State Medical Association, by phone at (405) 843-9571 or (800) 522-9452, or by e-mail at Carlson@osmaonline.org.

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OHCA Makes Changes in Provider Menu

In an effort to make it easier for providers to find the information they need, the Oklahoma Health Care Authority has reorganized the "Provider" section on the OHCA public Web site at www.ohca.state.ok.us to include the following areas:

- ***Billing Tools*** – This area contains information and forms you will use to get paid for services.
- ***Contracts*** – At this site, you can become a Medicaid provider or update your contract.
- ***HIPAA*** – The companion documents to the HIPAA Guidelines for Electronic Transactions, FAQ, adjustment reason codes and remittance advice remark codes are located here.
- ***Help*** – This site offers help with Medicaid on the Web training and troubleshooting. It also contains an FAQ and important contacts information.
- ***Medicaid on the Web*** – Formerly "Provider Services," *Medicaid on the Web* is OHCA's secure Web site intended for providers, clerks and billing agents.
- ***Pharmacy*** – Information on policies and procedures, help desk, pricing, prior authorization and updates are found here.
- ***Rules*** – This area outlines what items or services are "covered" or "not covered" as outlined in the Medical Review Guidelines and the OHCA Rules.
- ***SoonerCare Choice*** – This site contains potential provider information, a Provider Handbook and help from provider representatives.
- ***SoonerCare Plus*** – Information about health plans and the current fiscal year's Request for Proposal can be found here.
- ***Special Programs*** – This area covers American Indian/Alaska Native Services; Early Periodic Screening, Diagnosis and Treatment (EPSDT); Quality Assurance; and the State Children's Health Insurance Program (SCHIP).
- ***Updates*** – Medicaid director's letters and provider newsletters are available here.

Among other important updates are the latest Medicaid Fee Schedule under the Billing Tools submenu, and the ***SoonerCare*** Choice Provider Handbook under the ***SoonerCare*** Choice submenu group.

When referring to the fee schedule on OHCA's public Web site, please take into consideration that this document is static and may not reflect recent changes in fees or procedure codes. Please be sure to check the Pricing section on our *Medicaid on the Web* secure site or call the Customer Service provider line at (405) 522-6205 or (800) 522-0114 to verify current rates and coverage.

Web Feedback Becomes Popular Tool

Many people have already utilized the Web feedback form, which can be found by clicking on the Contact Us link at the bottom of each page on the OHCA public Web site.

We are thrilled to provide this additional outlet for your comments, and we try to make our responses timely and accurate. Still, there are a couple of things that you, the provider or provider representatives, can do to help this venue become even more effective and valuable.

First, do not include any identification information in the feedback form, as it is not protected by the secure socket layer (SSL).

Second, the best way to get an answer to a specific, claim-related question is to call our Customer Service provider line at (405) 522-6205 or (800) 522-0114. To decrease time waiting for the next available representative, call during off-peak hours (between 7:30 and 9:30 a.m. or after 3:30 in the afternoon). Tuesdays and Thursdays usually have lesser call volume, as well.

"We appreciate your cooperation and look forward to more of your comments," said Vera Mann, OHCA Web content developer.

Medicaid Eligibility

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longer provides up to three months of retroactive Medicaid eligibility. Eligibility now goes back to the first of the month in which the application was registered. Although there are exceptions, this change primarily applies to children, pregnant women and qualifying non-pregnant parents (TANF/AFDC) who are eligible for the ***SoonerCare*** program.

For new applicants or applicants reapplying after a gap in eligibility, they will now have eligibility beginning on the first of the month their application was received by the OKDHS. For example, a person submits an application on April 15. It is registered by OKDHS on April 18 and later determined to be eligible for Medicaid benefits; their services would be covered back to April 1, but services rendered in March or February would not be covered. Presumptive eligibility for pregnant women is not affected by this policy change.

However, any of these issues can be avoided completely if members keep their cases current.

The OHCA *Provider Update* is published by the Oklahoma Health Care Authority for Oklahoma's Medicaid providers.

This publication is issued by the Oklahoma Health Care Authority in conjunction with the Oklahoma Foundation for Medical Quality as authorized by 63 O.S. Supp. 1997, Section 5013. Eleven thousand printed pieces have been printed at a cost of .308 cents per copy. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries.

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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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