A publication of the Oklahoma Health Care Authority Fall 2002

Behavioral Health Advisory Council Provides Resource for *SoonerCare* Plus Members

SoonerCare Plus consumers receiving behavioral health services don't have to feel isolated from assistance, with only a 1-800 help line to turn to when they have concerns about their treatment or health plan. Since 1999, the *SoonerCare* Plus Behavioral Health Advisory Council has been bringing consumers together with their primary resources for answers and help: the health plans and state agency representatives.

Debbie Spaeth, behavioral health specialist for the Oklahoma Health Care Authority, said the council started three years ago to obtain a measure of face-to-face consumer satisfaction.

"We didn't have as much one-on-one contact information that we would like," Spaeth said.

Beverly Smallwood, coordinator of the Children's Services for the Oklahoma Department of Mental Health and Substance Abuse Services, and consumer Frank Young co-chair of the SoonerCare Plus Behavioral Health Advisory Council.

The Council provides an avenue to bring all possible resources for behavioral health clients together. In addition to specific consumer problems, council meetings cover everything from HIPAA and legislative updates to current issues at the Oklahoma Health Care Authority and what benefit changes consumers may be facing in the coming months. The meetings also cover different program options, such as the Program for Assertive Community Treatment, a highly successful treatment option that bombards a small number of clients with a myriad of resources and help.

All the ***SoonerCare*** Plus health plans participate in the quarterly meetings, including CommunityCare, Heartland, Prime Advantage and UniCare. Representatives from agencies such as the Department of Mental Health and the Disability Law Center, who serve the same consumer population, also attend.

"For consumers, this is one of the places where they get heard and something is done," Spaeth said. "For the health plans, they get immediate feedback of possible problems when consumers are going through a crisis. The plans get information from CAHPS surveys, but this information is not timely enough to assist consumers when they are in crisis or in need of immediate

(continued on page 2)

OCFMR Breaks Ground in Delivery of Preventive Services with Hand-held Computer Reminder System

The Oklahoma Health Care Authority is assisting the Oklahoma Center for Family Medicine Research (OCFMR) with the development of a preventive services reminder system for primary care practices that uses a Personal Digital Assistant (PDA). The PDAs, or hand-held computers, will empower practice nurses to deliver immunizations and other appropriate primary and secondary preventive interventions to patients during office visits.

OHCA is paying for a report on the project, which will enable OCFMR to implement the system over the course of the next fiscal year in 10 practices that treat Medicaid patients. Oklahoma State Medical Association committees, the Education and Research Foundation and Physicians for a

(continued on page 3)

Vaccine Shortages Nearing an End

The vaccine shortage that has plagued the country since be fore the first of the year is almost at an end. The Centers for Disease Control and Prevention (CDC) recently announced that vaccine levels of tetanus toxoids, diphtheria and acellular pertussis (whooping cough) (DTaP), measles, mumps and rubella (MMR) and varicella (chicken pox) are sufficient for providers to return to a routine immunization schedule.

Levels of the pneumococcal vaccine, PCV, however, remain at critically low levels, according to the CDC website. The CDC does not expect the PCV shortage to end until the final quarter of 2002 or early 2003.

Ivoria Holt, Early and Periodic Screening, Diagnosis and Treatment manager for the Oklahoma Health Care Authority, said the recent vaccine shortage was unprecedented and lead to deferral of some vaccine doses.

"Because of the shortage, the CDC said the final dose of some vaccines shouldn't be given to make supplies stretch farther and cover all children," Holt said.

During the shortage the Oklahoma State Department of Health granted temporary exemptions to allow school or day care attendance without all the recommend vaccinations. Physicians and providers who experienced shortages in supplies were allowed to grant a six-month deferral for the required fourth and fifth doses of DTaP, the second dose of MMR and varicella as needed. Providers were also asked to use the MMR combination vaccine in place of one of the monovalent vaccines, even if patients had previously received one of the other antigens.

The vaccine shortage was caused by several factors, including manufacturers' production capacity, regulatory compliance issues and manufacturers' changes in production practices. In addition, there are few manufacturers for the vaccines and any change in their production has a significant impact on the vaccine supplies. For three of the vaccines affected, there is only one manufacturer.

While supplies for all the vaccines except pneumococcal are great enough for physicians to resume a normal immunization schedule, supplies are not large enough for physicians to institute an aggressive recall of patients for whom the final vaccination in a series was deferred during the shortage.

Detailed recommendations for dealing with the pneumococcal PCV shortage by the CDC's Advisory Committee on Immunization Practices can be found at www.cdc.gov/mmwr/preview/mmwrhtml/mm5050a.htm.

Behavioral Health Advisory Council (continued from page 1)

services. Consumer input is crucial."

A representative from a plan/agency and a consumer co-chair the meetings. Beverly Smallwood, co-chair, is the coordinator of Children's Services for the Oklahoma Department of Mental Health and Substance Abuse Services and has been involved with the committee since its inception. Jo Hill was the original consumer co-chair for two years and did an excellent job representing consumer issues/concerns, Spaeth said. Frank Young is the current consumer chair and has already been active in the development of the monthly consumer focus groups as well as increasing consumer attendance at the advisory meetings.

"The council is very helpful because a lot of the information I didn't know about," Young said. "Also, if there are plan members who don't want to stand up and talk to the group, they can talk to me and I can get their questions answered for them. If the people at the meeting can't answer the questions, they can find someone who can."

A new program to bring more information to the behavioral health advisory council sends Spaeth and plan representatives to a different location across the state once a month. Spaeth and the plan representatives visit ongoing support and advocacy groups, therapy groups, schools and clubhouses. These meetings are convenient and the environment is conducive to consumers feeling free to ask questions and express their concerns. Information from those meetings is shared at the quarterly ***SoonerCare*** Plus Behavioral Health Advisory Council.

"This year we decided to do monthly consumer focus groups because we were getting consistent feedback that the advisory council meeting and the annual consumer focus groups were not convenient for busy consumers and family members of consumers," Spaeth said. "It was another meeting that consumers or parents of consumers had to attend. Now, we are going to where the consumers are. About once a month, we schedule to meet with a consumer group that is already in place. We take OHCA and plan representatives who can answer consumer questions. These questions can be related to behavioral health or any other area relating to their Medicaid compensable services."

(continued on page 3)

OCFMR Breaks Ground (continued from page 1)

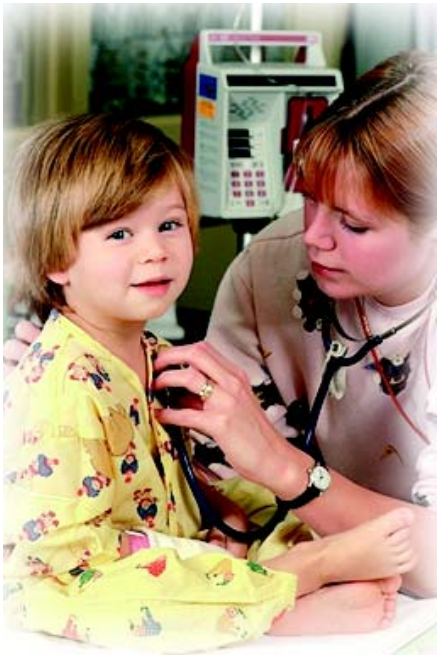
Healthier Oklahoma, also support the program.

James W. Mold, MD, MPH, director of the research division of the Department of Family and Preventive Medicine, said physicians don't always have the right systems in place to manage regularly delivered services.

"We need to empower nurses to deliver preventive services," Mold said. "They just need the authority and an effective reminder system to let them know when the service is needed."

Practice Enhancement Assistants (PEAs) will provide technical help to physician/nurse teams who receive the PDAs. PEAs will ensure the nurses and physicians know how to use the software and will make modifications so the program can be tailored to fit each practice's needs. PEAs will also load patient demographic information onto the PDA from billing records. Nurses will manually enter the patient's risk factors and contraindications from a brief patient questionnaire.

The PDAs will be programmed to interface with the OCFMR database and the Oklahoma State Health Department's immunization registry. Participating nurses will enter names of patients with an appointment for the following day and place the PDA in a special recharging cradle just before they leave the office. Overnight, the PDA synchronizes across the Internet with a database at OCFMR and locates each patient by name, date of birth and clinic identifier. The next day, nurses will be able to print a list of preventive services due for that patient as well as what services they've had in the past at that clinic, risk factors and contraindications.



After the patient's visit, nurses can update a patient's information including immunization status and other services that have been administered. A list of those services can be printed and attached to the chart for physician review. While the PDA is plugged into the cradle for the night, new information entered for the day's patient visits will be sent to the database. Participation in the program is voluntary; patients can choose not to be included.

Mold said patient information is only accessible to the nurse for the patient's primary care provider. Once the system is in place, he believes patient information could be changed to a different PDA if the patient should change primary care physicians.

An OCFMR research assistant will conduct retrospective and prospective chart audits to determine the rates of documented immunizations and other selected primary and secondary preventive services. During the final month of the project, clinicians, nurses and administrators in both groups will complete satisfaction surveys. OCFMR staff will determine costs for implementation and ongoing maintenance from direct observations in the practices. Mold said the testing of the program will continue if the initial study appears to be effective and ecomonically feasible.

Physicians interested in participating in the program may contact Dr. James Mold, at (405) 271-2370 or e-mail james-mold@ouhsc.edu. Physicians eligible for inclusion in the program are family physicians who treat a large number of Medicaid patients, community physicians or government community health centers. Residency programs are not eligible.

No more than two nurse/physician teams per practice can participate. One team will be given the PDA system; the other will be the control group and continue their normal practice.

Behavioral Health Advisory Council

(continued from page 2)

If a plan member receives behavioral health services and would like to attend the Advisory Council meeting, the health plans will provide transportation. The next meeting is set for Nov. 6, 2002. Meetings for 2003 include **Feb. 3, May 7, Aug. 6 and Nov. 5.** If a plan member can't attend, but has an issue that needs to be addressed, he or she can call or e-mail co-chair Frank Young at (405) 422-4122, (405) 745-3270 or e-mail drummaster01969@yahoo.com.

OHCA: HIPAA Questions & Answers

In April 2002, OHCA sent a Medicaid Provider HIPAA Compliance Survey to all of our providers. There were many questions that were asked as a result of this survey. Here are a few of those questions. (For authoritative information on the official rules and regulations on HIPAA, please visit the Department of Health and Human Services website at: http://aspe.os.dhhs.gov/admnsimp/index.htm.)

Q: Is HIPAA an OHCA or EDS mandate?

A: No. The Health Insurance Portability & Accountability Act of 1996, Public Law 104-191, HIPAA, is a federal mandate. The federal Department of Health and Human Services in Washington D.C. wrote the rules for implementing the Administrative Simplification portion of the law. OHCA and EDS do not determine rules and requirements set out by the federal government. OHCA's change to a new fiscal agent and the requirement for HIPAA compliance are two separate issues. It is important you understand OHCA and EDS did not invent HIPAA. It is a federal mandate that we must comply with too. Because of the timing of the implementation of a new Medicaid Management Information System (MMIS), we are implementing the HIPAA transaction standard formats at the same time.

Q: Where can I get more information on HIPAA?

A: There are many websites and magazine articles about HIPAA. In OHCA's quarterly provider newsletter, *Provider Update,* there have been articles that specifically talk about HIPAA in each of the last four issues. You can also go to the DHHS website to find the actual HIPAA rules and regulations – http://aspe.hhs.gov/admnsimp/. The rule on standards for electronic submissions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides that are the format specifications may be downloaded from http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

Q: The OHCA survey I received earlier this year asked about compliance by the Oct. 16, 2002 deadline, but I have heard OHCA will not be

(continued on page 5)

Family Planning and Prenatal Care: A Natural Fit

Family planning services are an integral part of comprehensive maternity services and a vital link to improving the overall health of Oklahoma women. Research has shown that women who have intended pregnancies give birth to infants with higher birth weights, seek prenatal care earlier, are less likely to live in poverty, and have fewer incidences of reported child abuse.[1] The increasing variety of contraceptive options available ensure that women can choose a method that is effective, as well as meets their needs and lifestyle.

Discussions about the method of birth control to be used after delivery are easily incorporated into prenatal visits. Use of contraception can be discussed in the second trimester and reviewed as part of the delivery plan. The patient's desire for additional children, breastfeeding status, desired spacing and past experience with contraception will all play a role in selection of a contraceptive method.

Contraceptive choices for women have dramatically increased with the introduction of Ortho-Evra, Yasmine, Mirena Intrauterine System, and the Nuva Ring. The Ortho Evra contraceptive patch and the Nuva Ring provide effective contraception without the necessity of daily dosing.

Depending on the client's choice of contraception and lactation status, several of the contraceptives methods may be initiated immediately postpartum or at the six week visit. Clients should be informed of the importance of the six week postpartum visit and the availability of contraception at that time.

Decreasing the number of unintended pregnancies in Oklahoma will have a dramatic and positive impact on the health and well-being of Oklahoma families. Ensuring open communication about the benefits of contraception and providing a range of contraceptive methods will assist women in selecting the most appropriate and effective form of contraception for them.

By Women's Health, OSDH
The Healthy Beginnings Campaign, funded by a grant from the March of Dimes, is working in conjunction with the Women's Health Division at the Oklahoma State Department of Health and the Oklahoma Health Care Authority to make providers aware of the importance of prenatal care and family planning. This article was written by the Women's Health Division at the Oklahoma State Department of Health.

[1] PRAMS, 1996.

OHCA: HIPAA Q & A (continued from page 4)

compliant until Jan. 1, 2003 and the federal deadline has been extended to October 2003. Can you discuss these dates in more detail?

A: The original implementation deadline for the HIPAA transactions and code sets was October 2002. In December 2001, the federal government extended the deadline to October 2003 for those who file a compliance plan with DHHS prior to the October 2002 deadline. (More information on the completion of the compliance plan can be found at http://www.cms.gov/hipaa/hipaa2/ascaform.asp.) All HIPAA covered entities that file a compliance plan must be compliant by October 2003 on the transactions and codes sets. There is also a requirement that testing must begin by April 2003. OHCA will be compliant by January 2003, due to the implementation of the new EDS system. It would be confusing, and costly, for both OHCA and our providers to launch a new system in January that requires the EDS proprietary format and then implement the HIPAA formats by October. Therefore, we are moving ahead with our implementation of the HIPAA standard transaction set formats on Jan. 1, 2003.

Q: If you submit paper claims only, what does an organization have to do, if anything, to be HIPAA compliant? What changes will apply to paper claim filing?

A: If you file paper claims currently, you can continue that practice. You may see a few changes that impact paper submission in January as a result of implementation of the new system. However, that information will be communicated to you with more information on the transition to the new system. There is discussion at a national level of future changes to the paper formats to bring them more in line with the HIPAA electronic formats; however, there is no official information on those potential changes at this time.

Q: I feel that filing paper claims is more efficient. Can each office decide which method to use?

A: At this time, OHCA has not mandated that claims be submitted electronically. After implementing the new system, you may choose to file paper claims, electronic claims, submit a claim on the secure website or utilize a billing service/clearinghouse. However, any electronic transaction/file sent to EDS must be in the HIPAA standard format.

Q: Currently, nursing home claims can only be submitted on paper. Will this change with EDS or HIPAA implementation?

A: With the implementation of the EDS system, nursing homes will begin using the UB92 paper format for submission of paper claims. This will also allow nursing homes to submit electronic claims in the HIPAA 837 Institutional format. Nursing homes will also be able to submit claims via the secure website in the new system.

Q: I do not currently file Medicaid electronically, but would like to. How do I do that?

A: When the new system is launched in January 2003, you will have several choices for claims submission. We will still accept paper. You can use our secure website to file electronically. You can use a billing service or clearinghouse. You can use practice management or billing software. It is the provider's discretion to decide the appropriate mechanism for their submission of claims.

Q: I currently submit my electronic claims using software provided by OHCA. Am I compliant?

A: The free software, shareware, given out many years ago is not HIPAA compliant. You may contact the original developer to see if they plan to upgrade to a HIPAA format. The functionality previously provided by that shareware will be available through our secure website which will meet the HIPAA transaction set rules.

Q: Are there companies that sell compliant software? How do I find out about them? Does Medicaid provide the software to bill electronically or do we purchase it ourselves, and from where?

A: As a state agency, we cannot endorse a particular software package. You may want to contact your professional association or other providers in your same area of practice to see what software they recommend. OHCA does not purchase or provide software to bill electronically. We will be offering a secure website where a provider can submit a claim. However, the provider is responsible for the costs of the connection to the Internet.

Q: Will I be able to check claim status and patient eligibility electronically?

A: We will continue to work with various eligibility/claim status vendors as well as have the capability to accept a batch transaction for checking claim status and patient eligibility. Additionally, with our new secure website you will be able to check claim status and patient eligibility via direct data entry into the system.

Customer Service: Keeping You Informed

Q We currently send claims to Unisys. Is this changing?

A Yes. Unisys has been the fiscal agent for Oklahoma Medicaid, contracted to handle all Medicaid billing and payments since 1986. On a regular schedule, OHCA must open the bid process for fiscal agents and enter a new contract period. During the most recent bid process, EDS was selected to be the new fiscal agent. For the past 18 months, EDS has been designing our new Medicaid Management Information System (MMIS) and will take over Jan. 1, 2003. After the new system is in place, you will no longer do business with Unisys for Medicaid payments.

Q How will OHCA's transition to a new fiscal agent, EDS, affect my practice?

A The change will bring Medicaid providers several new features including secure Internet submission of claims, prior authorization requests, eligibility information and the ability to view claim status and payment information instantaneously. Also available to providers will be a new automated voice response (AVR) system that recognizes speech commands. The AVR system will enable providers to access the same Medicaid information available on the Internet. Providers will receive a Personal Identification Number (PIN) for Internet access and a separate PIN to access the AVR system.

Q How can I access the system's new Internet features?

A Medicaid providers will be given a new 10-digit identification number and PIN numbers. Clients will receive new, white plastic ID cards. The new cards and ID numbers will be mailed with letters explaining the new system in December 2002. Your new personal identification number will allow you to access the secure website. The site is available at http://www.ohca.state.ok.us under the Provider menu option. To begin setting up your account, you will need to go to the "First Time Here?" section on the log on page, where you will be required to enter your PIN, along with your Medicaid Provider ID number or either your Federal Employer Identification Number (FEIN) or Social Security Number. Each page in the secure website has its own set of instructions. If you have any questions or need help throughout the site, choose the "Help" tab in the menu bar at the top of the page.

Q When can I begin accessing the secure website?

A Providers may access the site in the early fall of this year.

Q Will there be a provider orientation? When?

A Yes. EDS will provide extensive, statewide orientation in the fall. All Medicaid providers will be notified of training dates and times. The most current schedule will be available on the OHCA website calendar.

Q Who from my practice can access the site?

A The person at the clinic who will be receiving the PIN from OHCA is the only one who is authorized to log on to the site, but once logged on, you can designate representatives to access account information called clerks. Instructions for granting access to a clerk that has already been established, and creating new clerks, will be on the website.

Q Will the P.O. boxes for sending claims through the mail stay the same?

A OHCA is trying to make the transition to a new fiscal agent as easy as possible for our providers. The P.O. boxes and phone numbers used to reach the fiscal agent claims status lines will remain the same.

Make Eye Safety a Part of Your Life

With the warm temperatures and the first day of school around the corner, more kids and adults engage in sporting events; however, it's not all fun and games. More than 40,000 people are treated each year in hospital emergency rooms for sports and fireworks-related eye injuries. This figure does not include the number of injured who seek treatment from other sources. The actual number of sports eye injuries may be two or more times greater. Dr. George Foster, Dean of Northeastern State University Oklahoma College of Optometry in Tahlequah, Oklahoma states: "There are over 500 eye care professionals in over 70 counties in Oklahoma that should be consulted for eye injuries by E.R. staff, family physicians and pediatricians."

Worldwide, racquet sports are responsible for most eye injuries. In the United States, baseball accounts for one-third of all eye injuries. Basketball, however, is a strong contender for first place as more baseball leagues require protective headgear.

Eye Protection During Sports

A simple decision to wear quality eye protectors during sporting events can significantly decrease the chances of sustaining an injury. Patients should be cautioned that prescription glasses, sunglasses and even occupational safety glasses do not provide adequate protection when participating in sports. It's important to consider anti-fog coating or side vents, so that vision doesn't become obscured during games from condensation on the lenses. Eye protectors should be made of polycarbonate material.

For baseball players, a faceguard of polycarbonate material that attaches to the helmet and sports eye guards are recommended. A polycarbonate shield that attaches to faceguards is also strongly recommended for football in addition to sports eye guards. Hockey players should purchase a wire or polycarbonate mask and sports eye guards. Handball and racquetball players should always wear eye guards with solid frames. Basketball and soccer participants should consider wearing eye guards to protect against elbows, shoes and hands. Because of the heat of the summer, there's a tendency to avoid wearing these protective items. Family physicians, pediatricians, optometric physicians and ophthalmologists should remind patients and their families of the need to maintain protection all year round.

Ultraviolet Radiation Protection

Particularly during the summer, patients should protect their eyes from Ultraviolet (UV) rays as well. To minimize the risk of eye damage from the sun, sports vision specialists recommend sunglasses or goggles with a UV filter. Many sunglasses are merely "dark glasses" or only block UV wavelengths up to 380 nanometers. Look for labels that indicate 100 percent UV protection (both A & B) up to 400 nanometers.

Pediatricians and family physicians should refer their patients and their patients' children to their eye care provider to ensure they have proper ultraviolet protection and proper eyewear.

Inexpensive dark glasses without sufficient UV protection are actually harmful because they enlarge the pupil and let higher levels of ultraviolet waves into the eye.

Exposure to even small amounts of UV rays over the course of many years contributes to cataracts, macular degeneration and other eye health problems.

Information for this article came from the Oklahoma Association of Optometric Physicians, Ferris State University, Michigan College of Optometry, and *Ophthalmology World News 1 #6 June 1995, pp. 1,36,41.*

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. Thirteen thousand, three hundred 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.

The Oklahoma Health Care Authority does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

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

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