



## OHCA budget latest, fight against prescription drug abuse, Spring Provider Training dates and more

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OHCA Dental Newsletter - Spring 2015



### Dental Newsletter

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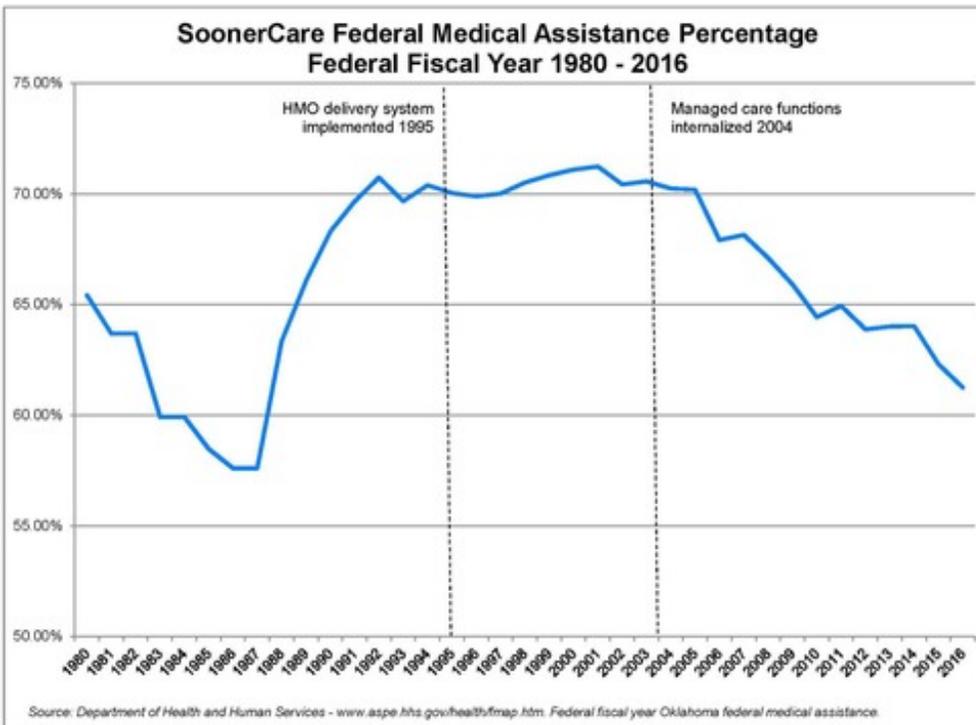
#### About the budget

The state Board of Equalization announced in February a budget shortfall of \$611 million for state fiscal year (SFY) 2016. This is double initial projections and will prove to be a challenge for state agencies as they make the difficult decisions necessary for submitting a balanced budget.

The Oklahoma Health Care Authority (OHCA) is no exception. Our vision is for Oklahomans to enjoy optimal health status through access to quality health care regardless of their ability to pay. We are responsible for helping our neighbors when they fall on difficult times and require access to critical prenatal care, preventive checkups for a newborn baby, screening for developmental delays or therapies for battling cancer. We are proud to work together with our members and provider network to care for Oklahomans in their times of need and to provide resources to keep them healthy. This benefits us all.

In order to simply keep pace with the increased need in our state, OHCA will require an additional state appropriation of \$120 million for SFY 2016. Several variables contribute to this need for additional state dollars. Three primary drivers are the decline in the federal matching rate for medical services (requiring an additional \$45.5 million), growth in utilization of services of approximately two percent (requiring an additional \$26 million) and replacement of one-time carryover funds from the previous state fiscal year (requiring an additional \$31 million).

The Federal Medical Assistance Percentage (FMAP)—the percent of every SoonerCare dollar spent on medical services that is provided by the federal government—will decline for the second year in a row. The current FMAP rate is 62.30 percent, but will decrease to 60.99 percent effective October 1, 2015, resulting in a loss of approximately \$45.5 million. A state's FMAP rate is based on their per capita income compared to the per capita income for the nation. Given that our state's economy has improved in recent years based on this indicator, the federal government provides fewer dollars to the state for covering the cost of medical services provided to SoonerCare members. However, in spite of strong economic performance in previous years, Oklahoma has not seen a decline in the need for access to quality health care. With increased need and decreased supply of federal funds, more state dollars are requested.



Furthermore, the Children’s Health Insurance Program (CHIP) is set to expire September 30 of this year unless Congress votes to reauthorize the program. Under current CHIP guidelines, the federal government provides almost \$0.73 of every dollar spent by SoonerCare on medical services for our children in families with annual incomes from 134 to 185 percent of the Federal Poverty Level (FPL). If Congress votes to reauthorize CHIP, they may choose to do so at the current rate or they have the option to increase the federal match to 95.69 percent which would reduce our request for state funds by \$42 million. If CHIP is not reauthorized, SoonerCare will continue to provide coverage for these children; however, the federal match will decrease to 60.99 percent—the same rate set for children in families with annual incomes at or below 133 percent of FPL. The uncertainty surrounding CHIP reauthorization certainly has an impact on potential budget scenarios. The request for \$120 million state dollars assumes that CHIP is not reauthorized (a change in \$14.4

million in state funds). Adjustments to the request will be made if this changes.

Given that OHCA's budget request is based on the dollars required to continue operating the SoonerCare program in its current form with the existing benefit structure, an appropriation of less than \$120 million will require targeted spending cuts to comply with the state's balanced budget mandate. We are hopeful for the best, but must prepare for less than optimal scenarios.

As in previous years, OHCA will work with members, providers and other stakeholders over the next few months to identify potential areas for budget reductions. While the agency is among the most efficient in the country with administrative costs of less than three percent of our overall budget, we will continue to tighten our belts and search for additional administrative savings to minimize to the extent possible any reductions in optional medical services or provider rates. Optional services are few but include those with a significant impact on the lives of our members such as pharmacy benefits, organ transplants and dialysis. While our initial budget request submitted in September included restoration of provider rates to 100 percent of the Medicare fee schedule where applicable, this is made much more difficult in light of the current budget outlook.

As always, we encourage you to submit ideas for potential cost savings. Though we will meet with a number of provider and stakeholder associations, you may submit your ideas individually to [ProviderNews@okhca.org](mailto:ProviderNews@okhca.org). We will continue to update you as we know more about our final budget appropriation and the impact on our programs.



## Preventing prescription opioid misuse, abuse and overdose in dentistry



Leon D. Bragg, DDS, MEd  
OHCA Chief Dental Officer

The prevention of prescription opioid abuse, particularly



in women of childbearing age, has received a good deal of attention recently. Since dentists prescribe approximately 12 percent of immediate-release opioids in the United States (second only to family practitioners

at 15 percent),<sup>1</sup> their role in this epidemic cannot be overlooked. While I believe most dental professionals prescribe pain medications responsibly, it is not always easy to determine which patients are at risk for potential abuse, addiction or misuse. Up to 23 percent of these drugs are used nonmedically and are most often obtained through family members or friends and, in some cases, from leftover medication prescribed for a legitimate medical or dental problem.<sup>1</sup>

Research from the Centers for Disease Control and Prevention (CDC) shows that women are at increased risk for painkiller abuse and overdose. Between 1999 and 2010, the risk among women who overdosed on opioid analgesics increased 400 percent; however, deaths from painkiller overdose are still most prevalent among men (more than 10,000 deaths attributed in 2010 alone). This equates to nearly 18 opioid overdose deaths in this population every day in the U.S.<sup>2</sup>

Earlier this year, the CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) determined that between 2008 and 2012 more than a third of reproductive-age women enrolled in Medicaid (and more than a quarter of those with private insurance) filled an opioid pain medication prescription each year.



The most commonly prescribed drugs were codeine, hydrocodone and oxycodone.<sup>3</sup> Use of these drugs, particularly early in pregnancy when many women are unaware that they are pregnant, could potentially lead to birth defects and other poor pregnancy outcomes. Since SoonerCare, Oklahoma's Medicaid program, covers 60 percent of pregnancies in the State of Oklahoma and provides more the 523,000 children with health and dental benefits,<sup>4-5</sup> these statistics are cause for alarm.

### The Big Picture

The American Dental Association (ADA) has a Statement on the Use of Opioids in the Treatment of Dental Pain.<sup>6</sup> Adopted in 2005, these six simple suggestions can go a

long way in protecting both patients and practitioners. The statement can be viewed online at [www.ada.org](http://www.ada.org). The ADA also offers continuing education opportunities on this subject.

### OHCA Response

The Oklahoma Health Care Authority (OHCA), which administers SoonerCare, is focused on decreasing opioid abuse, overdose and diversion. In November 2014, OHCA began rolling out a quantity limit edit (QLE) for SoonerCare pharmacy claims that blocks payment for short-acting opioid products in quantities greater than four per day for chronic use. The three-phase program is outlined in the following table:

Date of Quantity Limit Implementation	Medications Affected
Phase 1 (November 2014)	Hydromorphone Immediate Release Products Morphine Immediate Release Products Codeine and Codeine Combination Products Oxymorphone Immediate Release Products
Phase 2 (December 2014)	Oxycodone Immediate Release Products Oxycodone Combination Products
Phase 3 (January 2015)	Hydrocodone Combination Products Butalbital Combination Products

Early data show a decline in the number of hydrocodone claims for SoonerCare members since the implementation of the QLE program. This is a major step in the right direction. According to claims data, hydrocodone has historically been the number one prescribed medication in the SoonerCare program.

More helpful opioid prescribing guidelines can be accessed through the OHCA Pharmacy webpage ([www.okhca.org/opioids](http://www.okhca.org/opioids)). Although aimed at medical providers, many of the guidelines can help dental providers as well. For example, the guidelines advocate prescribing opioids for the use of acute pain only when non-opioid pain medications or therapies are not an option; opioids should never be a first line of treatment for chronic pain. The guidelines also promote screening patients for risk of

abuse or addiction before initiating opioid treatment and encourage providers to consult the state's Prescription Monitoring Program (PMP) to assess the patient's history with prescribed controlled substances. The program can be accessed at [www.ok.gov/obnnd/Prescription\\_Monitoring\\_Program/index.html](http://www.ok.gov/obnnd/Prescription_Monitoring_Program/index.html).

## Moving Forward

As research into opioid misuse, abuse and overdose continues to mount, we must do what we can to combat these problems. True patient-centered health care can do a lot to alleviate the situation. By working in tandem with our counterparts in medicine, dentists can help prevent abuse and diversion of these drugs and reinforce patient education regarding their safe use and disposal. Following peer-reviewed research and adopting evidence-based practices may not only be simple ways to safeguard your dental practice, they may also help save lives.

1. *Denisco RC, Kenna GA, O'Neil MG, Kulich RJ, Moore PA, Kane WT, et al. Prevention of prescription opioid abuse: The role of the dentist. JADA. 2011 Jul; 142(7):800-10.*
2. *Prescription painkiller overdoses: A growing epidemic, especially among women. CDC website. (<http://www.cdc.gov/vitalsigns/PrescriptionPainkillerOverdoses/index.html>). Published July 2013. Accessed March 6, 2015.*
3. *Ailes EC, Dawson AL, Lind JN, Gilboa, SM, Frey MT, Broussard CS, et al. Opioid Prescription Claims Among Women of Reproductive Age - United States, 2008–2012. MMWR Morb Mortal Wkly Rep. January 23, 2015; 64(02):37-41.*
4. *SoonerCare Delivery Fast Facts: SFY2014. Oklahoma Health Care Authority Statistics & Data website ([www.okhca.org/research/data](http://www.okhca.org/research/data)). Published October 20, 2014. Accessed March 6, 2015.*
5. *SoonerCare Children Fast Facts: January 2015. Oklahoma Health Care Authority Statistics & Data website ([www.okhca.org/research/data](http://www.okhca.org/research/data)). Published March 2015.*

Accessed March 6, 2015.

6. *Statement on the Use of Opioids in the Treatment of Dental Pain. American Dental Association Positions, Policies and Statements website (<http://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-opioids-dental-pain>).*

Published October 2005. Assessed March 2, 2015.

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## New dental videos and resources now available for members, providers



OHCA is growing the number of oral health resources provided online for our members. Among them are dental videos and one sheets full of helpful tips and information. Be sure to check them out at [www.okhca.org/memberdental](http://www.okhca.org/memberdental) and recommend them

to your patients who are seeking or needing additional dental health advice.

And, don't forget about the new SoonerCare dental poster, which is available to order or download for your practice. The poster explains the dental services available for children and is available in both English and Spanish (the poster is two-sided). You can access the poster on the [OHCA publications page](#).

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## Save the date: Spring Provider Training Workshops

You and your staff are invited to attend the Spring 2015 SoonerCare Provider Training Workshops hosted by OHCA and HP Enterprise Services.

- Durant – April 23
- Enid – April 30



- OKC – May 13 - 14
- Tulsa – May 27 - 28

Classes include: Dos, Don'ts and Did You Knows of Oklahoma SoonerCare; Navigating the OHCA Public Website; Understanding and Correcting Claim Denials; Electronic Referrals; Medication Policy Updates; and Tobacco Cessation.

OHCA and HP highly recommend that all providers attend this workshop!

Class descriptions further explain the covered topics and recommended audience. Classes will fill up soon, so mark your calendar and register today!

<http://www.okhca.org/classes>

<http://www.okhca.org/register>

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## Resources for you

- [Provider Letters](#)
- [Global Messages](#)
- [News Releases](#)
- [OHCA Public Meetings Calendar](#)
- [OHCA Quick Reference Guide](#) (PDF)
- **OHCA Provider Helpline: 800-522-0114**
- **Dental Prior Authorization Unit: 405-522-7401**

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## Dental FAQs

### 1. What is the procedure for SoonerCare dental policy changes?

1. Rules are posted for comment on the OHCA website a for comment period of 30

days.

2. Rules then go to the Medical Advisory committee (MAC) for consideration.
3. Next, rules go to the OHCA Board for consideration, then
4. Pending approval from legislative, permanent rules are signed by the governor.

Visit [Proposed Changes](#) on our website for more information.

## 2. I am having prior authorizations returned and/or denied. Why?

If a service is not approved, both provider and member receive a letter with a reason for the denial. Please read the denial response carefully to be aware of why this decision was rendered.

Note that reconsideration may be requested for a denied service. Your office should resubmit any supporting documentation including x-rays, treatment plan, photos, charting, treatment notes and narrative/remarks to paint clearer clinical picture. More details can be found on the OHCA dental providers' website: [www.okhca.org/dental](http://www.okhca.org/dental).

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## Word of mouth

Here are a few hot topics creating buzz in the dental community:

- [Study: Dentist's office may be good place for diabetes screenings](#)
- [Cyber security new necessity for dental practices](#)
- [Supreme Court rules dentists cannot bar non-dentists from whitening teeth](#)
- [Startup's dental gel sees "impressive" results in clinical trial](#)

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## #MySoonerCare

OHCA loves to share stories from current and former SoonerCare members about the positive impact that access to quality dental care has had in their lives. These stories are featured in print and/or video on our website and social media networks.

If your patient has a significant story to tell, please have them contact us via the [public website](#). It is an excellent opportunity to show the difference that good oral health can make.



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## Pass it on!

OHCA works to keep providers and their staff informed about the latest happenings in SoonerCare. Be sure to check that all dental providers, administrative staff, business departments and other appropriate parties have access to this E-newsletter by forwarding it today!

**Information contained within is subject to change. Be sure to check OHCA Provider Letters, Global Messages and [Web Alerts](#) at [www.okhca.org](http://www.okhca.org) for the most up-to-date information.**

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## Questions or comments about this newsletter?

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