Incontinence Supply Service Code and Rate Changes

The Oklahoma Health Care Authority Board of Directors met on June 10 and approved proposed incontinence supply rate changes for the ADvantage Program, thereby establishing fixed and uniform rates for incontinence supplies.

Case management agencies and durable medical equipment suppliers have received several AAU communications regarding new service code and rate information and the processes by which the new service codes and rates will be changed. If you have not received any of this information, please contact Lynne Miles at lynne.miles@okdhs.org.

For your reference, here are some of the more frequently asked questions that we have received regarding this significant change.

When will service codes and rates be converted through the automated process?
OKDHIS converted remaining “existing plans” were changed automatically on Oct. 1. A new prior authorization number was assigned and the former PA# ended effective Sep. 30. Case management and DME providers will receive a spreadsheet listing changes resulting from the conversion.

What if I do not know what service code to use?
Many DME providers have reported that they will be meeting with the ADvantage agencies in their area to supply a list of items they provide along with corresponding new service codes.

For additional information about incontinence supply service codes or rates please contact: lynne.miles@okdhs.org or tana.parrot@okdhs.org or https://advantage.ok.gov/provideremail

Member Spotlight on Martha May Berryhill

We are pleased to spotlight a very special ADvantage member: Martha May Berryhill. Martha celebrated her 110th birthday in July, and is our oldest member. She is a member of the Creek (Muscogee) tribe, was assigned a number on the Dawes Rolls, and is an original allottee. She was born in Okmulgee, which at that time was Indian Territory, and has lived there her entire life. Her daughter, Ruby, who recently celebrated her 90th birthday, also lives in the home. While it is sometimes difficult for Martha to communicate, Ruby is a wonderful historian readily able to retell the story of her mother’s incredible life.

Ruby relates that Martha’s mother died when she was only three, leaving her father to raise the small child alone. He was a Methodist minister and one of

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Upcoming Events

CM Training: Nov. 15-19, Dec. 6-10
Begins at noon on Monday
For more information or to register, visit the Web site
Martha’s earliest memories was of walking to church with her father. He carried the lantern to light the way and she carried his Bible. One can only imagine how large and heavy that Bible was for the child to manage. Her father later remarried and Martha became big sister to three siblings. As she grew, she first attended the country school and later attended a mission school. Martha eventually married and had three daughters and one son, and Ruby is her only surviving child.

“I was the first child and now I am the last,” Ruby said. She shared that Martha has many grandchildren and great-grandchildren, too numerous to accurately count, but they could recall six generations. Ruby lived and worked in Tulsa as a nurse’s aide at what was originally Oklahoma Osteopathic Hospital and retired after nearly 30 years of service. She remembers her mother’s advice when she first started working: “Treat everyone just like they were family.”

Martha has always been a homemaker and was home with her children while they were growing up. After they became adults and moved away, Martha began to go to area nursing homes to visit the residents. She never learned to drive, so she walked to the various nursing homes, first to provide company, and later to fulfill “special requests” such as homemade cobbler and her special chicken and dumplings. She would say, “Why stand there watching? Do something to help.” She taught by example mending and washing residents’ clothes. Martha loved doing this and says it provided a way to share her faith with others. In fact, Ruby recalls that her mother continued her visits and assistance until just the last seven or eight years, when she was no longer able to make the trek.

She now spends her days sitting on the porch wearing one of her favorite purple dresses, rocking in her purple rocking chair, and visiting with Ruby and Amy, her personal caregiver. Amy works for Creek Nation and assists in the home six days a week, from 7 a.m. to 7 p.m., supplemented by an aide from a home health agency coming in to help on Amy’s day off. Amy speaks fluent Creek, which provides the wonderful ability to communicate with Martha in her native language. It is obvious that there is a special bond between these three ladies, which is one of mutual trust, respect and admiration.

During this interview, Ruby and Amy proudly shared the story of Martha’s life through pictures, awards, newspaper articles and books. Martha’s picture was included in M.J. Alexander’s book “Salt of the Red Earth” wearing her favorite purple native dress, and an article about Martha was included in the August Vintage magazine, to mention only a couple of examples.

When asked to describe Martha, both ladies responded that she has an amazing attitude and has never forgotten the importance of faith and prayer in her life. Martha feels that prayer can change anything and believes that the secret of long life is having a strong faith in God.

Ruby is quick to say that she truly feels blessed, and doesn’t know where she and her mother would be if it weren’t for all of the helping hands that provide assistance. Their home was provided by the Creek Nation and a porch was added later, all at no cost to them. ADvantage and the Creek Nation provide case management, personal care, home delivered meals and transportation. Ruby and Martha know that without this help, they would be unable to live together.

Martha, Ruby and Amy are perfect examples of how lives can be enhanced by the right combination of services provided through different resources. Each of these ladies truly benefit from the close relationship they share. And each, in her own way, is a living example of the advice Ruby gives: “Treasure everything. And they certainly do.”


**New Web Content**

The AAU has begun the process of converting all of our forms to meet the OKDHS guidelines for ADA compliance. While this is a slow process, we are pleased to announce that several of our forms are now available on the OKDHS Web site. You may access them by going to http://www.okdhs.org/library/forms/, then selecting ADvantage from the Category dropdown list and clicking Go. At this point we have not set an official implementation date, but we would encourage you to look over the new forms and become familiar with them now.

There are a couple of things we would like to point out about the new forms. First, all forms will be available in both pdf and Word format, which will allow you the ability to save completed forms to your computer. Second, all forms have been given a new number which complies with OKDHS standards. All ADvantage forms will begin with 02CB, followed by a three-digit number. Whenever possible, the number has been kept close to the LTCA number (ex: ADv5, Service Team Release of Information, is now 02CB005).

For more information on a specific form, please read the instructions provided on the Web site. We will send AAU updates as other forms are developed, and will highlight any significant changes made.

We also have a new home on the Web. While the current http://advantage.ok.gov Web site will not be going away any time soon, new content is not being added and eventually everything will be moved to the new site on the okdhs.org domain. Currently, most items link back to the advantage.ok.gov website, but we will be updating the links as items are made compliant with OKDHS Web standards. To check out our new site, visit us at http://www.okdhs.org/divisionsoffices/visd/asd/advadm/. Or to quickly find us, go to http://www.okdhs.org and click on A-Z List of Programs/Services under the Quick Links box, then click “ADvantage Administration. Please note: there is also a link to ADvantage Services. That site is aimed at providing members with information about the ADvantage program, while ADvantage Administration contains information for our providers.

**OK AuthentiCare**

We are excited to announce the implementation of OK AuthentiCare is underway! OKDHS and various ADvantage provider agencies have been working very closely with First Data, the entity that developed AuthentiCare, to assure the product meets the needs of everyone involved with using the system.

If you have not heard about OK AuthentiCare yet, you will soon. OK AuthentiCare is an electronic scheduling, tracking, reporting and billing system for in-home care providers, including personal care assistants, advanced supportive/restorative care assistants and case managers. This paperless, Web-based system also provides real-time access to information needed for member services management. Claims are generated automatically by phone calls to the OK AuthentiCare toll-free phone number from the member’s home. OK AuthentiCare verifies that the worker is present in the member’s home, records the service performed and compares it to services authorized. A claim is generated when a valid check-in and check-out are completed. When the claim is confirmed by the provider using the Web, it is sent to the Oklahoma Health Care Authority for adjudication. OK AuthentiCare also generates standard reports that are available to each provider.

To date, 34 out of 65 ADvantage case management and home care providers have attended OK AuthentiCare training sessions and several agencies are already using the system. Full implementation will be complete by the end of December.

OKDHS anticipates that OK AuthentiCare will greatly enhance the ADvantage Program processes and quality assurance activities. First and foremost, the product offers the capability for ADvantage providers and OKDHS to monitor the delivery of services on a real-time basis. Additionally, claims created through the OK AuthentiCare system are screened for critical exceptions prior to submission to OHCA, thereby diminishing the potential for denied payments to providers.

Input from ADvantage provider agencies has been invaluable and has ensured successful development of the OK AuthentiCare product. If you have any questions or comments about OK AuthentiCare, please send you inquiry to: AuthentiCare@okdhs.org.
Inside the AAU: RESOURCE CENTER

The Resource Center represents the initial introduction to the ADvantage Administration Unit. It is typically the first contact an individual has with the AAU and provides the first impression of the ADvantage Program, and often of OKDHS as a whole. The Resource Center has seven AAU team members under the management of Linda Yeargain, programs Manager II. This dedicated team is responsible for answering live calls from ADvantage members, applicants, providers and case managers. All calls are entered into a database and are given individual time and attention to detail by the team to assist the caller with a wide range of issues.

The Resource Center handles intake for the ADvantage Program and supplies program applicant information to OKDHS county offices across the state. The Resource Center also handles any inquiries a member may have regarding their services. It is crucial to provide the most up-to-date and accurate information possible to ensure the member is well informed and comfortable with their service plan.

It so rewarding to hear elderly Oklahomans tell us how grateful they are for the ADvantage Program, said Resource Center team member Maggie Johnson.

Some of the calls from ADvantage certified agencies are also handled by the Resource Center. They are provided with requested information as well as access to other departments within AAU to facilitate answers to their questions. Obviously, a varied knowledge of the AAU inner workings is beneficial to resolving provider issues. Team Lead Deborah Norton has been with the ADvantage Program for over 12 years and her experiences contribute heavily to the team’s success.

The Resource Center adheres to the following procedures to ensure accurate and courteous service:

- **Courtesy:** Members, family members or providers are all treated in a calm and considerate manner.
- **Accuracy:** The most accurate information possible is relayed to the caller. The information is researched, double checked and confirmed.
- **Sharing:** When the Resource Center encounters an issue that has not been experienced before, it is discussed within the team. Therefore, if the issue should arise again, all team members will know how to handle it. This ensures the caller has a speedy resolution to the problem.
- **Follow through:** Follow through ensures that the caller feels confident someone is trying to help. It also ensures the continuity of information so that there is no confusion in communication.

These procedures, when practiced as a whole, ensure callers are receiving accurate and concise responses from AAU. The Resource Center wants to make sure all callers, including members, providers, county offices, etc., have what they need to guarantee the ADvantage Program is successful in providing the aging and disabled members safe and reliable services. Perhaps this is best expressed in Kim Mackey’s response when asked about her favorite part of the job: The people that I work with!

The Paper Trail: The Paperwork Isn’t Finished Until the Signatures are On It

Recently there has been an increased volume of documentation being submitted to the AAU without all of the required signatures. Please remember that Service Plan Cost Sheets (ADv6e) and Service Plan Addendums (ADv6e1) must be signed by the member, case manager, and case management supervisor before they will be authorized. Capturing all three of these signatures prior to submission to the AAU will help prevent a delay in the processing of the document. Please note that an addendum may be submitted without a member’s signature only in the event that a service, supply or equipment is being added to the member’s plan. However, during the next visit to the member’s home, the case manager will need to obtain the member’s signature on the original form, and the case manager’s and case management supervisor’s signatures are still required for processing. Most other ADvantage forms and documents require at a minimum the member’s and the case manager’s signatures to be processed.
We are pleased to introduce Linda Yeargain, program manager. Linda provides management and supervision of the ADvantage Administration Unit’s Resource Center and Reception. Linda directly supervises six employees who make up the unit’s applicant intake and Member Care call center.

Linda was born in Miami, Okla., and raised in Tulsa, graduating from Webster High School. She has been married for 14 years to her high school sweetheart, John Yeargain. She has three grown children and four grandchildren who are unmistakably the apples of her eye. When asked about her favorite hobby or activity, she didn’t miss a beat before saying, “spending time with my family.”

Linda’s career path is a bit of a winding road. She worked for 18 years as the admissions supervisor for what was originally the Oklahoma Osteopathic Hospital and eventually became the Tulsa Regional Hospital, located at what is now the OSU Medical Center. For the next four years, Linda worked with her husband, managing a local logistics business that specialized in furniture delivery. As Linda describes it, she was the fleet manager in charge of logistics, operations, customer service, sweeping the loading dock, resolving complaints, and pretty much anything else that needed doing. Linda also did a three-year stint as credit manager for Hahn Appliance Center prior to coming to work as an operations supervisor for the ADvantage Program at the Long Term Care Authority of Tulsa in October 2005. She became a program manager II in charge of the Resource Center in October 2008 during the transition of the program to OKDHS.

Linda is an active volunteer and strong advocate for Domestic Violence Intervention Services and Call Rape. She serves as on-call Crisis Line support as well as a DVIS representative at public awareness events and fundraisers. Linda speaks passionately about the sense of fulfillment in volunteering for DVIS as it gives her the opportunity to help people. As a Crisis Line volunteer, Linda serves as advocate to victims of domestic violence and/or rape.

When describing the Resource Center, Linda always makes the point that many times her group is the first contact our members have with OKDHS. In establishing the first impression of the agency, the Resource Center staff often sets the tone of future interactions with OKDHS for the caller. She says it’s important to greet the caller with a smile in your voice and treat them just like you would want your own family members to be treated.

Linda approaches her work for the ADvantage Program as a sincere labor of love. “It’s a warm fuzzy to work with people and know you have helped, she said. The thing I like best about working at the AAU is that I think everyone here is truly committed to our members.”
Avoiding Transfer Troubles

Sooner or later, a member is going to request a transfer to another provider. We discussed general home care provider agency transfers in the last issue of ADvantage Point, so now let’s address transfers involving only case management providers. A case management provider transfer occurs when a member requests to use a different case management provider and can happen for a variety of reasons. It happens to even the most diligent case managers.

Your primary focus should be to facilitate the transfer process in the most effective manner. Here are some important points to remember:

- If the member does not voice a provider preference, the current case manager is responsible for providing the member with a list of all case management providers currently serving the area. This allows the member to choose a new provider.
- The current case manager must obtain the member’s permission prior to sharing any information with the newly selected agency. This is best accomplished by using the Change of Provider form (ADv10). In rare circumstances, if a home visit is not feasible (i.e., the member has moved from the area or would prefer to terminate services with the current case manager by phone) this can also be accomplished by obtaining verbal consent by phone. In this case, the member’s signature can then be obtained at the transfer IDT meeting.
- At the transfer IDT meeting, the transferring case manager introduces the member to the new case manager and pertinent member information is exchanged. The transferring case manager then leaves the meeting and the new case manager assumes the case.
- Transfers that are completed independent of the IDT meeting process are often problematic and should be avoided if possible. Actual transfer date is unclear and claims issues frequently result.
- An RN assessment/evaluation is NOT required if there is no change in the home care provider.
- The receiving case manager completes the transfer addendum using the date of the IDT meeting as the end date for the outgoing case management agency and the same date for the begin date for the new agency. Case manager (T1016) dates can overlap by only one day.
- Units cannot be billed by the outgoing agency after the date of the transfer; likewise, units cannot be billed by the receiving agency prior to the date of the transfer.
- The new case manager obtains the member’s signature on the Change of Provider form (ADv10) unless the signed form has already been provided by the transferring case manager. In the event of a phone transfer (if an IDT meeting with both providers is not feasible) the actual date of the transfer must be agreed upon by both transferring and receiving case managers. Claims issues are sure to result if both providers are not clearly aware of the actual date of transfer.
- Details of all communications regarding the transfer should be included in the both case manager’s progress notes.
- Required documents for authorization of a case manager provider transfer include:
  - Change of Provider (ADv10)
  - Service Plan Addendum (ADv6e1)
  - Provider Communication (ADv9) confirming that both case management providers are aware of effective date for transfer

One final point: Simply contacting another provider to inquire about a transfer or simply faxing information to a new provider does not constitute a transfer. Both providers must be in agreement on the actual transfer date to avoid billing issues and to ensure uninterrupted service delivery.