

Employees Group Insurance Division
Office of Management and Enterprise Services



Health Voice



A Newsletter Provided by HealthChoice

Fall 2013

H.E.L.P. ✓ 2013 Reaches the Home Stretch!!! Time is Running Out to Claim Your \$200 Incentive

Earlier this year, we informed you that the H.E.L.P. ✓ preventive care initiative would continue in 2013 with streamlined requirements. To date, we've had an enthusiastic response to those changes, however; not everyone has taken advantage of this initiative which supports both the doctor-patient relationship and uses preventive medicine.

WHAT'S KEEPING YOU FROM RECEIVING \$200? Time is running out and you must complete all program requirements by December 31, 2013. The steps for completing the program are as follows:



Step 1. Register online for the H.E.L.P. ✓ program at www.healthchoiceok.com. Once you register, you will be provided the specific billing codes your provider must use for your free preventive services visit.

Step 2. Complete your free comprehensive preventive services visit.

Following the completion of these steps, you will receive your incentive payment of \$200.

Certain comprehensive metabolic and lipid tests are also covered at 100% of Allowed Charges once per calendar year. There is no copay or out-of-pocket cost to the member when services are provided by a HealthChoice Network Provider. Members are still encouraged to complete or update the free online health risk assessment (HRA) available through our website at www.healthchoiceok.com.

All HealthChoice members age 20 and older who are not enrolled in a HealthChoice Medicare Supplement plan or the HealthChoice USA plan are eligible to participate.

TAKE CONTROL OF YOUR HEALTH!!! Register today at www.healthchoiceok.com.

APS Certification Reminder

Certain diagnostic imaging services such as MRI and CT scans require certification before the scan is performed. Your physician will generally obtain certification before scheduling your test. If certification is not obtained, you could be responsible for the cost of the scan.

MRI and CT scans that require certification from APS HealthCare are:

- MRI of Eye and Face
- MRI of Head/Brain
- MRI of Cervical, Thoracic, and Lumbar Spine
- MRI of Shoulder, Arm and Hand
- CT Scan of Eye and Face
- CT of Sinus
- CT of Head/Brain
- CT of Chest
- CT of Cervical, Thoracic and Lumbar Spine

To ensure your scan has been certified as medically necessary, contact your ordering physician. APS HealthCare can be contacted by calling toll-free 1-800-848-8121.

How to Quit and Make the Quit Stick

Thinking About Quitting?

The first step to quitting tobacco is deciding you are ready to quit and then making a plan to do it. It's okay to have mixed feelings about quitting. Don't let that stop **you!** There will be times every day that you don't feel like quitting. Just remember your reasons for quitting, that you want to quit and can quit – and your plan can help. Here is how to **S.T.A.R.T.**

Before you quit, figure out where to **S.T.A.R.T.**:

S= Set a quit date

T= Tell family, friends, and coworkers that you plan to quit and ask for their support

A=Anticipate and plan for the challenges you'll face while quitting

R=Remove tobacco products from your home, car, and work.

T=Talk with your doctor about quitting or access free quit services through the Oklahoma Tobacco Helpline at 1-800-QUIT-NOW (1-800-784-8669) or online at www.OKhelpline.com

Just thinking about quitting may make you anxious, however; your chances of quitting more than double when you work with your doctor or by contacting the Oklahoma Tobacco Helpline.

Why is Quitting So Hard?



Many former smokers say that quitting was the hardest thing they ever did. Do you feel hooked? You're probably addicted to nicotine. Nicotine is in all tobacco products. The more you smoke, the more nicotine you need to feel good. Soon, you don't feel *normal* without nicotine. It takes time to break free from nicotine addiction. It may take more than one try to quit for good. So don't give up too soon. You will feel good again.

Quitting is also hard because smoking is a big part of your life. You enjoy holding cigarettes and puffing on them. You may smoke when you are stressed, bored, or angry. After months and years of lighting up, smoking becomes part of your daily routine. You may light up without even thinking about it, like with your morning coffee, when talking on the phone, driving, or when you are around other smokers.

When you quit you may even feel uncomfortable not smoking at times or in places where you usually have a cigarette. These times and places are called *triggers*. That's because they trigger, or turn on, cigarette cravings. Breaking these habits is the hardest part of quitting for some smokers. Focus on the reasons you wanted to quit, like feeling healthier right away and for the rest of your life, being a great role model for you kids, grandkids, family, and friends. and not worrying about when you will get your next cigarette. Remember, the urge to smoke will pass in just a few minutes, try taking a quick walk, calling a friend or reading a book.

You can be a Quitter!

Quitting isn't easy. It may take several tries, but you learn something each time you try. It takes willpower and strength to beat your addiction to nicotine. Remember that millions of people have quit smoking for good, some with help from their doctor or a free program like the Oklahoma Tobacco Helpline, some with a friend or on their own. You can be one of them – you can proudly declare yourself a quitter!

Immunizations/Vaccinations and their Administration

In accordance with current Centers for Disease Control and Prevention guidelines, for charges incurred on or after July 1, 2013, HealthChoice members not covered on a Medicare Supplement plan are covered for routine immunizations and vaccinations at the pharmacy, as well as their physician's office. In the past, these services were only covered under the health plan. Immunization and vaccination administration fees are also covered at 100%, if the service is provided by a Network Provider.

Participants are subject to non-Network benefits and can be balanced billed for amounts above the Allowed Charges when utilizing the services of a non-Network pharmacy.

Please note that free-standing ambulatory care clinics located inside the pharmacies, grocery stores, or supercenters may not be participating providers, and your services may not be covered at these locations. You should verify provider status by visiting the HealthChoice website or calling Member Services at 1-800-752-9475.

The following immunizations/vaccinations are covered under the pharmacy plan when a Network Pharmacy is used:

Anthrax	Flu	Haemophilus Influenzae
Hepatitis A	Hepatitis B	Human Papillomavirus
Influenza A	Influenza HD	Japanese Encephalitis
Measles	Meningococcal	Mumps
Pneumococcal	Poliomyelitis	Rabies, Human Diploid
Rabies, PF Chick-EMB Cell	Rotavirus	Rubella
Smallpox (Vaccinia) Vaccine	Tetanus Booster	Tetanus, Diphtheria, Pertussis
Typhoid	Varicella	Yellow Fever
Zoster		

Newborn Coverage Rule Changes

The Office of Management and Enterprise Services (OMES) Employees Group Insurance Division's (EGID) rule regarding the effective date for newborn coverage changed for charges incurred on or after January 1, 2013. The new rule states that the effective date for newborns added to the Plan is the first of the month of their birth. However, for the remainder of 2013, EGID will continue to allow newborns to be added the first of the month of birth or the first of the month following birth.



For charges incurred on or after January 1, 2014, newborns must be added to coverage the first of the month of the child's birth. Premiums must be paid for the birth month, and when one or more eligible dependents are currently covered, the newborn must be added to the same coverage, unless there is proof of other group coverage.

If you have questions, please contact EGID Member Services at 1-405-717-8780 or toll-free 1-800-543-6044, ext. 8780. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.

2014 Formulary Changes for non-Medicare Members

Beginning January 1, 2014, the medications listed below will be removed from the HealthChoice Select Medication List and will no longer be covered. Listed to the right of the excluded medication(s) is a list of covered alternatives. If you are currently taking one of the drugs being excluded from coverage, talk to your doctor to see if a Preferred alternative medication is right for you.

DRUG CLASS	EXCLUDED MEDICATIONS	COVERED ALTERNATIVES
ANTINEOPLASTIC/ IMMUNOSUPPRESSANT Biologics – Injectable Tumor Necrosis Factor Antagonists and Other Drugs for Inflammatory Conditions	Cimzia, Simponi, Stelara, Xeljanz	Enbrel, Humira
AUTONOMIC & CENTRAL NERVOUS SYSTEM Interferon Beta Medications for Multiple Sclerosis	Betaseron	Avonex, Extavia, Rebif
Long-Acting Opioid Oral Analgesics	Avinza, Exalgo, Kadian	morphine sulfate ER, oxymorphone ER, Nucynta ER, Opana ER, Oxycontin
CARDIOVASCULAR Angiotensin II Receptor Antagonists + Diuretic Combinations	Edarbi/Edarbyclor, Micardis/Micardis HCT, Teveten/Teveten HCT	candesartan/hydrochlorothiazide (HCTZ), irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ, Benicar/HCT
DIABETES Blood Glucose Meters and Strips	Abbott (Freestyle, Precision) Bayer (Breeze, Contour), Nipro (TRUEtrack, TRUEtest), Roche (Accu-Chek)	LifeScan (OneTouch)
Dipeptidyl Peptidase-IV inhibitors & Combos	Jentaducto, Kazano, Nesina, Tradjenta	Janumet, Janumet XR, Januvia, Kombiglyze, Onglyza
Incretin Mimetics (Glucagon-Like Peptide-1 Agonists)	Victoza	Bydureon, Byetta
Insulins	Novolin	Humulin
	Apidra, NovoLog	Humalog
EAR/NOSE Nasal Steroids	Beconase AQ, Omnaris, Rhinocort Aqua, Veramyst, Zetonna	flunisolide, fluticasone propionate, triamcinolone acetonide, Nasonex, Qnasl
ENDOCRINE (OTHER) Androgen Drugs (Topical Testosterone Products)	Fortesta, Testim	Androgel, Axiron
Growth Hormones	Nutropin/Nutropin AQ, Omnitrope, Saizen, Tev-Tropin	Genotropin, Humatrope, Norditropin
IMMUNOLOGICAL Interferons	PegIntron	Pegasys
OBSTETRICAL AND GYNECOLOGICAL Ovulatory Stimulants	Bravelle, Follistim AQ	Gonal-f
OPHTHALMIC Antiglaucoma Drugs (Ophthalmic Prostaglandins)	Zioptan	latanoprost, travoprost, Lumigan, Travatan Z
RESPIRATORY Epinephrine Auto-Injector Systems	Auvi-Q	EpiPen, EpiPen Jr
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Flovent Diskus/HFA	Asmanex, Pulmicort Flexhaler, QVAR

CONTINUED ON NEXT PAGE

Pulmonary Anti-Inflammatory/Beta Agonist Combination Inhalers	Advair Diskus/HFA, Breo Ellipta	Dulera, Symbicort
Beta-2 Adrenergics (Short-Acting Inhalers)	Maxair Autohaler, Proventil HFA, Xopenex HFA	Proair HFA, Ventolin HFA
UROLOGICAL Erectile Dysfunction Oral Agents *These medications will not be covered unless specific clinical criteria is met.	Levitra, Staxyn	Cialis, Viagra*

Additional covered alternatives may be available

A Prior Authorization review may be requested if you are unable to take the Preferred alternative medications. A Plan exception may be requested by contacting Express Scripts, Inc. toll-free at 1-800-753-2851.

Medicare and Durable Medical Equipment Fraud

The need for durable medical equipment (DME) such as wheelchairs, prosthetic devices, oxygen tanks, orthotics, implants, etc. is increasing in response to the aging of our population. Unfortunately, the growing need for DME and related services has also increased the possibility of fraud, waste and abuse among DME suppliers. Medicare has identified DME fraud as a rapidly growing problem.

Reducing and/or eliminating DME fraud helps ensure that healthcare resources are spent appropriately. Unnecessary medical equipment results in excessive costs to the healthcare system, and limits the availability of medical supplies and equipment for people who genuinely need it. The healthcare system continues to be very expensive and cannot afford waste and/or abuse of services.

The following types of claims for DME may be indications of fraud, waste and/or abuse:

- A claim is filed specifically to obtain a higher reimbursement than allowed by law
- A claim is filed but the equipment is not medically necessary or is not delivered to the patient
- Equipment is returned to the supplier, but the supplier fails to credit Medicare
- A supplier misrepresents payment obligations to the patient or waives copayments or deductibles owed by the patient

If you suspect HealthChoice and/or Medicare have been or are being defrauded by a DME company or any other healthcare entity or practitioner or you feel resources are potentially being wasted and/or abused, report your suspicions to the Oklahoma Office of Management and Enterprise Services (OMES) Employee Group Insurance Division (EGID) Compliance Officer immediately. You can report any suspected fraud activity by visiting the OMES EGID Compliance Officer in person or writing to:

OMES EGID Compliance Office
3545 NW 58 Street, Ste. 110
Oklahoma City, OK 73112

You may can email reports to antifraud@sib.ok.gov or call the antifraud hotline toll-free at 1-866-381-3815 toll-free.

Medicare fraud can be reported to the Department of Health and Human Services Office of the Inspector General Hotline toll-free at 1-800-447-8477 toll-free or via email to HHSTips@oig.hhs.gov.

Additional information on how to prevent Medicare fraud is available at www.StopMedicareFraud.gov.

All HealthChoice Plans except Medicare Low Option Plans

Medication Type	30-Day Supply	31-90 Day Supply
Generic	Up to \$10	Up to \$25
Preferred	Up to \$45	Up to \$90
Non-Preferred	Up to \$75	Up to \$150
Specialty Medications	Copay per 30-Day Supply	
Medicare Members	\$100	
Non-Medicare Members	\$100 - Preferred	
	\$200 - Non-Preferred	

- *A Family Out of Pocket Maximum of \$4,000 has been added to the HealthChoice High, High Alternative, Basic, Basic Alternative, and USA Plans.
- (This does not apply to the S-Account or any Medicare Supplement Plans.)

Vision Care Direct is an Additional Vision Plan Option for 2014

In addition to the current vision care plans options listed in the Option Period Guide you receive in the mail, Vision Care Direct is also being offered for Plan Year 2014. To choose Vision Care Direct as your vision plan, please write *Vision Care Direct* in the vision plan section of your Option Period form, as it will not be listed as a selection.

Updated premium information and plan details are available online in each of the Option Period guides.

Premium information for all the vision plans offered for 2014 can be found at <http://www.ok.gov/sib/Member/Premiums/index.html>

Vision plan comparison charts, plan details, and contact information can be found at http://www.ok.gov/sib/documents/Vision_Grid.pdf

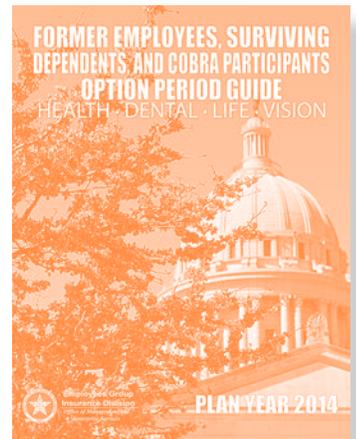
If you have any questions, please contact Member Services at 1-405-717-8780 or toll-free 1-800-752-9475. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.

Plan Year 2014 Option Period

The annual Option Period for 2014 has arrived and now is the time to make plan selections that meet your changing needs. All current EGID plan members have received or will be receiving Option Period Materials at work or through the mail. The most up-to-date version of all Option Period material is also available on our website at www.healthchoiceok.com.

Please review the *Plan Changes* section of your *2014 Employee Benefit Options Guide* or your *2014 Option Period Enrollment Packet* where changes for the next plan year are highlighted.

If you have any questions, please contact Member Services at 1-405-717-8780 or toll-free 1-800-752-9475. TDD users please call 1-405-949-2281 or toll-free 1-866-447-0436.



OKLAHOMA TOBACCO HELPLINE

CELEBRATING 10 YEARS OF HELPING OKLAHOMANS QUIT TOBACCO

This month marks the tenth anniversary of the Oklahoma Tobacco Helpline's launch. Since they opened their doors in 2003, more than 250,000 Oklahomans have accessed the services offered by the Helpline to help them quit tobacco.

The Oklahoma Tobacco Helpline provides free smoking cessation services that include telephone coaching sessions and nicotine replacement products. Their services are available to any Oklahoman who has a desire to quit tobacco. The Helpline has a 34 percent quit rate for those who received multiple coaching calls, while those who choose to quit cold turkey only experience a 5 percent quit rate.

In fiscal year 2012, nearly 39,000 people contacted the Helpline for tobacco cessation services. While many Oklahomans have access to cessation services through their health insurance plan, approximately 40 percent of Helpline callers are uninsured. Additionally, more than 60 percent of callers have an annual income that is less than \$20,000.

The Helpline is primarily funded by the Oklahoma Tobacco Settlement Endowment Trust (TSET) in partnership with the Oklahoma State Department of Health, the Oklahoma Health Care Authority, the Oklahoma Employees Group Insurance Division, and the Centers for Disease control and Prevention.

Smoking-related illnesses are the leading cause of preventable death in Oklahoma. According to figures from the Centers for Disease Control and Prevention, 6,200 Oklahomans die each year from smoking related illnesses. Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. Smoking costs Oklahoma nearly \$1.2 billion in related healthcare costs; however, it is estimated that Helpline services are saving Oklahoma an average of \$18 million in medical costs each year.

"Stopping tobacco use is one of the most important things that Oklahomans can do to improve their health," said Dr. Terry Cline, Secretary of Health and Human Services. "After a decade, the Oklahoma Tobacco Helpline continues to be a great investment to move the needle and make a large-scale impact on the health and prosperity of our state."

If you've been thinking about quitting tobacco, don't wait any longer. For more information, call the Oklahoma Tobacco Helpline at 1-800-QUIT NOW (784-8669) or visit their website at OKhelpline.com.



What is the Oklahoma Tobacco Settlement Endowment Trust?

The Oklahoma Tobacco Settlement Endowment Trust (TSET) was created in 2000 by a voter-approved amendment to the Oklahoma Constitution. Its mission is to improve the health and quality of life of all Oklahomans through accountable programs and services that address the hazards of tobacco use and other health issues.

In addition to the Oklahoma Tobacco Helpline, TSET also funds the award-winning, public education campaign, Tobacco Stops With Me. This campaign serves to promote the Oklahoma Tobacco Helpline through educational messages that focus on the dangers of tobacco and secondhand smoke. It is estimated that the Tobacco Stops With Me campaign has touched the lives of nearly two-thirds of Oklahomans.

"Through strategic, evidence-based efforts like the Oklahoma Tobacco Helpline, TSET is working to create a healthier environment in our state," said Tracey Strader, TSET executive director. TSET also supports ground-breaking research at the Stephenson Cancer Center, the Oklahoma Tobacco Research Center, and the Oklahoma Center for Adult Stem Cell Research.

Additionally, TSET funds numerous grants to Oklahoma communities to support efforts to promote tobacco use prevention and improved physical activity and nutrition. TSET grants also work to promote tobacco cessation best practices into hospitals and tobacco cessation among Medicaid recipients and those receiving treatment for behavioral health disorders.

"Our investments help people stop using tobacco and reduce premature deaths and costly chronic medical conditions, including those aggravated by smoking and toxic secondhand smoke," commented Tracey Strader.

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Concierge Medicine

There is a trend among some physicians in Oklahoma to move to a concierge practice model which is also known as a private physician practice model.

Typically, concierge medicine is a fee-for-service health care delivery system that is characterized by a direct, financial relationship between private physicians and their patients. In many cases, private practice physicians collect a retainer from their patients in addition to filing claims for covered services.

HealthChoice members should be aware that charging a retainer in association with HealthChoice covered services is a violation of the provider's

contract with HealthChoice. This kind of contract violation will result in the termination of the provider contract. Once contracts are terminated, all HealthChoice claims will be reimbursed at the non-Network rate.

Register for HealthConnect
HealthConnect is an online benefit application designed to give you quick and easy access to your benefit information.

In the coming months, we will be adding new features.

You can access HealthConnect from our website at www.sib.ok.gov or www.healthchoiceok.com.

Moving? Let Us Know

If you are a current employee, you should notify your Insurance/Benefits Coordinator of your new address. They will see that your new information is forwarded to HealthChoice.

If you are a former employee, you must notify HealthChoice in writing. You can download a *Change of Address Form* from our website at www.sib.ok.gov or www.healthchoiceok.com or send a letter to EGID.

Please mail your change of address information to:

**Employees Group
Insurance Division
P.O. Box 58010
Oklahoma City, OK 73157-8010**