

MEDICAL ADVISORY COMMITTEE MEETING
Draft Minutes
January 15, 2009

Members attending: Ms. Bellah, Dr. Bourdeau, Dr. Crawford, Ms. Sherry Davis, Jena Jackson for Ms. Forrest, Patti Holderman for Mr. Goforth, Dr. Scott Cyrus for Dr. Grogg, Ms. Harrison, Ms. Holiman, Dr. Kasulis, Mr. Gerald Duehning for Mr. Machtolff, Dr. McNeill, Dr. Ogle, Dr. Rhoades, Dr. Wells, Dr. Yadon

Members absent: Ms. Bates, Ms. Case, Ms. Patti Davis, Dr. Post, Dr. Simon, Ms. Slatton-Hodges, Mr. Tallent, Mr. Unruh, Dr. Walker, Dr. Woodward, Dr. Wright

I. Welcome, Roll Call, and Public Comment Instructions

Dr. Crawford welcomed the committee members and called the meeting to order. Roll call established the presence of a quorum and there were no requests for public comment.

II. Approval of minutes of the September 18, 2008 Medical Advisory Committee Meeting

Dr. McNeill made the motion to approve the minutes as written. Dr. Ogle seconded. Motion carried.

III. MAC Member Comments/Discussion

No discussion.

IV. Financial Report: Carrie Evans, Chief Financial Officer

Ms. Evans reviewed the Financial Report for the five months ended November 30, 2008. Dr. McNeill inquired as to the 29% over budget for Lab & Radiology. Ms. Evans explained that one lab facility submitted an entire year's worth of billing at one time which created the overage. For more detailed information see MAC information packet.

V. Program Operations & Benefits Update: Melinda Jones, Director of Waiver Development and Reporting

Ms. Melinda Jones reviewed the SoonerCare Programs report for November 2008. She also reviewed the SFY 2007 – 2008 Comparison Report which covered Care Management, Medical Authorization, Waiver Development and Reporting, Insure Oklahoma, Behavioral Health, and Member Services. Ms. Pasternik-Ikard presented for the first time the Behavioral Health FastFacts and a new brochure on the Oklahoma SoonerCare Psychiatric Consultation Program. For more detail see MAC information packet.

VI. Provider Services Support Update: Paul Keenan MD

Dr. Keenan reviewed the Provider Fast Facts for November 2008. For more detail see MAC information packet. Dr. Keenan reminded the members of the Medical Advisory Taskforce meeting taking place at 5:30. He also reported that the request by Dr. Simon to cover enuresis alarms was being reviewed along with potential guidelines. As of January 1 when OHCA is notified of a hospitalization the PCPs will be notified by telephone within 24 hours of OHCA receiving the information. We are encouraging all hospitals to participate. Follow-up calls or letters will be sent if phone contact is not successful. Dr. Crawford recommended faxing the information to HIPAA secure faxes.

Dr. Keenan agreed and indicated that we can add this to our approaches as our database of secure fax numbers expands. Dr. Keenan introduced Stan Ruffner as the new DME Director.

VII. Medical Home Update: Melody Anthony, Director of Provider Services

Ms. Anthony updated the committee on the status on the implementation of Medical Home. She reported that there were 720 contract renewals in 65 days; the HANS (Health Access Networks) are waiting on CMS approval; there will be an annual assessment for tier increase; e-visits and telephone consultations are included in Phase II, and the tier breakdown is 4% Tier 3, 35% Tier 2, and 61% Tier 1. Also, CMS approved and increase for Insure Oklahoma to employer size of 250 and that college students through age 22 can enroll in Insure Oklahoma as of March 1st. The increase in employer size will be phased in beginning with a proposed change to 99 beginning March 1, 2009.

VIII. Independent Evaluation of the Insure Oklahoma Program, Buffy Heater, Manager, Planning and Development

Ms. Heater reviewed highlights of the presentation handout included in the packet. For more detail see MAC information packet. When available, the final report will be on the website.

IX. Healthcare Effectiveness Data and Information Set (HEDIS) Report: Lise DeShea, Ph.D, Statistician, Quality Assurance

Dr. DeShea reviewed the HEDIS report. For more detail see MAC information packet.

X. Action Items: Traylor Rains, J.D., Senior Policy Specialist

Federally Initiated

1. Case Management

Summary of Changes

Inpatient Behavioral Health rules are revised to:

(1) Reclassify OKDHS and the Office of Juvenile Affairs (OJA) as Foster Care Agencies for purposes of delivering Residential Behavioral Management Services; (2) exclude employees and contractors of OJA and OKDHS as eligible providers for case management; (3) revoke the case management rules with respect to individuals over 21 which have been combined with the Under 21 rules to form an all inclusive rule for case management services and (4) revoke rules relating to TCM services provided by the Office of Juvenile Affairs and OKDHS which will no longer be compensable as of April 1, 2009. Changes are the result of agency compliance with Section 6052 of the Deficit Reduction Act.

OHCA Initiated

2. Outpatient Behavioral Health

Summary of Changes

Outpatient Behavioral Health rules are revised to:

(1) Remove references to billing & documentation details which will now be found in the Behavioral Health Provider Billing Manual in order to simplify the process for changing billing procedures and rates in the future; (2) add Multi-Systemic Therapy as a service

option which will be provided by the Office of Juvenile Affairs staff who will also certify the state share; and (3) update terminology.

3. Third Party Liability

Summary of Changes

Eligibility rules are revised to allow for collection of cash medical support payments by non-custodial parents in accordance with 43 Okla. Stat. 118F. Cash medical support may be ordered to be paid to the OHCA by the non-custodial parent if there is no access to health insurance at a reasonable cost or if the health insurance is determined not accessible to the child according to OKDHS rules. Reasonable is deemed to be 5% or less of the non-custodial parent's gross income.

4. Psychologist

Summary of Changes

Psychologist rules are revised to remove provider eligibility requirements from the coverage section as well as update terminology to bring rules in line with current OHCA practices.

5. Child Abuse

Summary of Changes

SoonerCare rules are revised to update sections of current policy which references an incorrect citation. Section 7103 of Title 10 of Oklahoma Statutes requires health care providers to report suspected abuse or neglect to the Oklahoma Department of Human Services. Section 7104 of Title 10 of Oklahoma Statutes requires health care providers to report criminally injurious conduct to the nearest law enforcement agency.

6. Living Choice

Summary of Changes

Living Choice program rules are revised regarding transition into the OKDHS/DDSD Community waiver for individuals with mental retardation. Current policy states that Living Choice program participants with mental retardation who transition into the community will receive a range of home and community based services for one year under the Living Choice program demonstration. Following the one year period, members will then transition into the OKDHS/DDSD Community waiver and continue receiving services in the community. Rule changes reflect that Living Choice participants with mental retardation will immediately be enrolled in the Community waiver on the first day they transition into the community. Living Choice participants will be exempt from the Community waiver waiting list.

7. Public Health Clean-up

This rule pulled from consideration, will be presented at a future meeting.

8. Wheeled Mobility

Summary of Changes

In accordance with the Consumer Protection for Wheeled Mobility Act, OHCA medical suppliers' rules are revised to require either a specialty evaluation performed by a licensed or certified health care professional or direct in-person involvement in the wheelchair selection process by an assistive technology professional (ATP) for all wheelchairs purchased by SoonerCare.

OKDHS Initiated

9. Developmental Disabilities Services

Summary of Changes

Developmental Disabilities Services rules are revised to provide clarification relating to: (1) service utilization, provisions, authorizations, limitations, and eligibility requirements; (2) provider requirements and related activities of targeted case management to meet federal requirements; (3) provider responsibilities and limitations in the agency companion program; (4) devices and services allowable through assistive technology; (5) criteria for performance of architectural modifications and the requirements and standards thereof; (6) physical plant expectations for services provided in center-based settings; and (7) amend policy to reflect appropriate terminology.

10. ADvantage Waiver Administration

Summary of Changes

Rules are revised to change the references from the Long Term Care Authority Administrative Agent to ADvantage Administration. The Oklahoma Department of Human Services has discontinued contracting with the Long Term Care Authority of Tulsa to perform the functions of the Administrative Agent for the ADvantage Program. Rules are amended to change the designation of "AA" as "Administrative Agent" provided by the Long Term Care Authority to instead designate "ADvantage Administration" administered by the Oklahoma Department of Human Services. Rules are also amended to remove all references to "Long Term Care Authority" and "LTCA" from the ADvantage, State plan Personal Care and related rules.

Ms. Holliman made the motion to approve rules 1-6 and 8-10. Ms. Harrison seconded. Motion carried.

XVI. New Business

None.

XVII. Adjourn

Committee adjourned at 2:40 p.m.