

**MEDICAL ADVISORY COMMITTEE MEETING**  
**Draft Minutes**  
**March 19, 2009**

**Members attending:** Ms. Bates, Ms. Bellah, Dr. Bourdeau, Ms. Case (by telephone), Dr. Crawford, Mr. Rick Snyder for Ms. Patti Davis, Jinneh Dyson for Ms. Forrest, Patti Holderman for Mr. Goforth, Ms. Mona Spivey for Dr. Grogg, Ms. Harrison, Ms. Jane Nelson for Ms. Holiman, Dr. Kasulis, Mr. Gerald Duehning for Mr. Machtolff, Dr. McNeill, Dr. Post, Dr. Rhoades, Dr. Simon, Mr. Larry Gross for Ms. Slatton-Hodges, Mr. Tallent, Ms. Rebecca Moore for Mr. Unruh, Dr. Yadon

**Members absent:** Ms. Sherry Davis, Dr. Ogle, Dr. Wells, Dr. Woodward, Dr. Wright

**Handouts:** February 2009 SoonerCare Program Report, Article: *Automation Improves Care Delivery*, Legislative Update, New Insure Oklahoma Small Business Owners brochure, Copy of e-mail to Rep. Dennis Johnson, Copy of Letter from Ellen Huffmaster

**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 two individuals for public comment: Bill Piatt and Ellen Huffmaster.

Dr. Crawford recognized Mr. Bill Piatt. Mr. Piatt informed the committee that Rule 3 (09-11) Audit Rule was written with specific input from himself and other providers (some of who were Behavioral Health providers) working directly with Mr. Gomez. He felt Mr. Gomez was very amenable to their recommendations and suggestions when putting this rule together. He would be happy to talk with anyone regarding the process and his contact with Mr. Gomez. Dr. Crawford thanked him for his comments.

Dr. Crawford recognized Ms. Ellen Huffmaster as the second public speaker. Ms. Huffmaster thanked the Committee for allowing her to speak. She expressed her concern over the proposed audit rule stating that if an independent audit was required then OHCA had the control of the outside auditors telling them what to look for, how to interpret the rules, how many records had to be audited, etc. She felt this was not an independent audit and the providers needed to be able to choose their own auditors. Ms. Huffmaster then began discussion of the previous audit performed on her mother's business in which OHCA had audit findings. Ms. Huffmaster stated that OHCA is in violation of the Code of Federal Regulations and in danger of possibly losing Federal matching funds. She said that providers settle "out of fear" even when the audit is incorrect and that if her mother's business was in the wrong the dollars would be paid back, but something was wrong with the system when the OHCA keeps dropping the recoupment amount and all but asks "how much does it take to make you go away?". After 10 minutes, Dr. Crawford asked her to bring her comments to a close.

After Ms. Huffmaster finished, Chairman Crawford recognized Mr. Chris Bergin, Deputy General Counsel for OHCA. Mr. Bergin wanted to clarify that Ms. Huffmaster was only to speak on the Audit Rule and not her mother's audit issues which she chose to do. The audit resolution is currently on-going.

**II. Approval of minutes of the January 15, 2009 Medical Advisory Committee Meeting**

Dr. McNeill recommended approval of the January 15, 2009 Minutes with noted change. Dr. Post seconded. Motion carried.

Change required: Item V. Change name in sentence three from Ms. Pasternik-Ikard to Ms. Jones.

**III. MAC Member Comments/Discussion – None**

**IV. Legislative Update: Nico Gomez, Deputy Chief Executive Officer**

Mr. Gomez reviewed the Legislative Update. Mr. Gomez also stated that Mr. Piatt had come to him as the representative of several providers in the community with regard to HB 1677, the audit issue. The result of this collaboration is Rule 3 (9-11). Mr. Gomez stated that he is available to discuss and answer questions regarding any aspect of the legislation.

**V. Financial Report: Carrie Evans, Chief Financial Officer**

Ms. Evans reviewed the Financial Report for the seven months ended January 31, 2009. For more detailed information see MAC information packet. A question from a public attendee was "*how much over budget was OHCA on the Overpayments/Settlements*". Dr. Crawford informed the meeting group that questions are taken only from the Committee members and asked if any of the committee wanted to ask that question. None did. Dr. Crawford did allow Ms. Evans to answer the question if she wished. Ms. Evans stated that the specific line in the Financials is the Medical Refunds item. Year to date OHCA is currently \$5.4 million over which is mostly due to the contract with HMS which performs third party liability functions contractually for OHCA.

**a. American Recovery and Reinvestment Act (ARRA)**

Ms. Evans updated the committee members on the status of the stimulus package. She stated that there was an increase of 7.3% in the FMAP, 1.2% hold harmless for FMAP back to FY'08 and an additional 6.2% moving forward. This money was drawn down for the quarter ending in December which is about \$56 million for OHCA and \$15 million for other agencies. We have requested these funds, they are in state possession but not distributed yet. We are expecting by September 30, 2011 that we will have to report exactly on how these dollars were spent and will be audited by the state auditor and OIG. As soon as March ends we will be calculating how much we are owed thru March and beginning April 1 will be adjusting the state share.

**VI. Program Operations & Benefits Update: Becky Pasternik-Ikard, Chief Medicaid Operating Officer**

Ms. Pasternik-Ikard reviewed the SoonerCare Programs report for February 2009. She also reviewed the SoonerCare Operations Report which covered Insure Oklahoma IP, Quality Assurance Provider Education, eNB-1 Success, and OHCA's participation in the 21<sup>st</sup> Annual Hispanic Health Initiative. Ms. Pasternik-Ikard also reviewed the Insure Oklahoma Fast Facts for March 2009 and a new Insure Oklahoma Small Business Owners brochure. For more detail see MAC information packet.

**VII. Provider Services Support Update: Paul Keenan MD**

Dr. Keenan reviewed the Provider Fast Facts for January 2009. He also reported that spring training would begin soon with 14 different classes in Ada, Enid, Oklahoma City and Tulsa. The Medical Home Transition has been smooth so far with 128 PCP offices meeting the 4 hour requirement for after hours and 280 out of 740 offices having electronic medical records. For more detail see MAC information packet.

- VIII. Covering the Uninsured Update: Cindy Roberts, Deputy Chief Executive Officer**  
Ms. Roberts reported that the ALL Kids waiver request to change the State Plan was submitted to CMS and the coverage of adults up to 200% FPL with an employer size of up to 99 for Insure Oklahoma begins April 1<sup>st</sup>.
- IX. Action Items: Traylor Rains, J.D., Policy Development Coordinator**  
Mr. Rains explained that the number (i.e. 09-01) at the beginning of each rule is the Administrative tracking number. If someone had questions regarding a specific rule, this would be the number to reference when talking with the Policy, Planning and Integrity Division.

### **OHCA Initiated**

- 1. 09-01 – MFM Ultrasound Limits** - Physician rules are revised to limit the number of ultrasounds performed by an active candidate or Board Certified diplomate in Maternal-Fetal Medicine (MFM) to a maximum of 6 follow-up ultrasounds and to require a prior authorization thereafter. Currently there is an inconsistency in the regular obstetrical care policy which does not state any limitation on the number of ultrasounds permitted without authorization if performed by a MFM while the high risk policy states a limit of 6 for the same provider type.
- 2. 09-09 – Anesthesiologist Assistants:** Rules are amended to include a new provider type – Anesthesiologist Assistant. New legislation was passed last session creating the Oklahoma Anesthesiologist Assistant Act. This Act allowed the Oklahoma Medical Licensing Board to promulgate rules to enforce the provisions of the Act which became effective 11/1/08. AA's will be allowed to perform anesthesiologist services under the direct supervision of a licensed anesthesiologist.
- 3. 09-11 – Audit Rule:** Program integrity audit/review rules are revised to give providers the option of requesting OHCA to perform a full-scope audit or utilize an extrapolation method to determine overpayments, if during a review a sample indicates an error rate greater than 10 percent of paid claims. If the full scope audit produces an error rate less than the initial error rate, OHCA will bear the cost of the audit. However, if it produces an error rate equal to or greater than that of the initial audit, the provider will bear the cost of the full scope audit. In either case however, the provider will be responsible for repayment of the identified overpayment resulting from the review method chosen.

**Discussion:** This rule was a request from the provider community. Ms. Ellen Huffmaster asked what the qualifications of OHCA's auditors are. Ms. Roberts replied that auditors are clinical RNs and CPAs with continuing education credits and coding training.

**Committee Recommendation:** If providers choose the full-scope audit route, providers should be able to choose the option of having the audit performed by OHCA or by an independent auditor. A list of auditors approved for use in these independent audits should be made available to providers.

MOTION: Dr. McNeill made the motion to approve with recommended changes.

Dr. Crawford asked for the members to be polled as to vote:

FOR THE MOTION: Members Bates, Bellah, Bourdeau, Case, Crawford, Rick Snyder for Patti Davis, Patty Holderman for Mr. Goforth, Mona Spivey for Dr. Grogg, Harrison, Jane Nelson for Ms. Holliman, Kasulis, Gerald Duehning for Mr. Machtolff, McNeill, Post, Rhoades, Simon, Larry Gross for Ms. Slatton-Hodges, Rebecca Moore for Mr. Unruh, and Yadon voted for the rule.

ABSTAINED: Jinneh Dyson for Member Forrest.

### **Federally Initiated**

4. **09-13 - Removal of 5 Year Bar for Pregnant Women and Children:** As part of the Children's Health Insurance Program Reauthorization Act of 2009, Section 214 permits states to waive certain restrictions which result in a five-year wait for coverage of necessary health services for children and pregnant women lawfully residing in the United States. SoonerCare rules are revised to remove this population from the five-year enrollment bar requirement.

Discussion: CHIPRA allows removal of the 5 year time frame, but this is an option not a mandate and there is a 75 – 25% match rate. These individuals, if pregnant, are currently covered under the Soon-To-Be-Sooners program.

5. **09-15 – Income/Resource Disregards for Certain Unemployment Benefits:** Oklahoma took the option of allowing an additional \$25.00 per week in unemployment compensation for unemployed Oklahomans, as allowed by the American Recovery and Reinvestment Act of 2009. The additional \$25.00 per week will be paid to unemployed Oklahomans for a limited time. The bill mandates that this additional compensation as well as the amount of any Emergency Unemployment Compensation (UEC) benefits shall not be considered when determining eligibility for Title XIX and Title XXI benefits. OHCA rules are revised to state that the \$25.00 of additional weekly unemployment compensation as well as UEC benefits will be disregarded when determining eligibility. The disregard shall be in effect through June 31, 2010 for the additional weekly benefit and May 31, 2010 for UEC.

Dr. McNeill made the motion to approve Rules 1, 2, 4, 5 as written.  
Ms. Harrison seconded.  
Motion passed.

**XVI. New Business - None**

**XVII. Adjourn**

Committee adjourned at 2:30 pm  
Next Meeting May 21st