

MEDICAL ADVISORY COMMITTEE MEETING
Draft Meeting Minutes
May 21, 2009

Members attending: Dr. Bourdeau, Jill Arneson for Mr. Goforth, Dr. Grogg, Dena Thayer for Ms. Harrison, Ms. Holliman, Gerald Duehning for Mr. Machtolff, Dr. McNeill, Dr. Ogle, Dr. Post, Dr. Rhoades, Dr. Simon, Ms. Slatton-Hodges, Dr. Woodward, Dr. Wright, Dr. Yadon

Members absent: Ms. Bates, Ms. Bellah, Ms. Case, Dr. Crawford, Ms. Patti Davis, Ms. Sherry Davis, Dr. Kasulis, Mr. Tallent, Mr. Unruh, Dr. Wells

I. Welcome, Roll Call, and Public Comment Instructions

Dr. McNeill, Vice-Chair, 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.

Dr. Yadon explained that this was his last meeting and introduced his replacement, Dr. Jason Rhynes.

II. Approval of minutes of the March 19, 2009 Medical Advisory Committee Meeting

Dr. Simon made the motion to approve the minutes as written. Ms. Holiman seconded the motion. Motion passed.

III. MAC Member Comments/Discussion

Dr. Simon stated that his office requested training from OHCA. Provider representatives came to his office and spent the day working with his office staff. He thanked OHCA and recommended to the Committee that everyone should utilize this training.

Dr. Simon requested a list of the MAC members and who they represent.

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

Mr. Gomez reviewed OHCA request bills.

HB1910 / SB757 created the Health Information Exchange Advisory Board
SB673 Confidentiality of Peer Review Documentation will continue to be worked on and submitted again next session.

In response to a question about the stimulus, Mr. Gomez reported that it is over 9 quarters. Due to the SFY'09 growth in the program, the program budget was stressed and an additional \$30 million was needed. This money was approved as stimulus funds and is on the Governor's desk for his approval. SB216 is the general appropriation bill and SB131 lines out how the stimulus funds are to be spent.

V. Financial Report: Carrie Evans, Chief Financial Officer

Ms. Evans reviewed the Financial Report for the nine months ended March 31, 2009. For more detailed information see MAC information packet. Dr. Ogle asked the status of Medical Home and how it is doing. Ms. Evans stated that the preliminary numbers indicate savings but this does not account for claim lag. Dr. Ogles stated that Enid is showing a 20% increase in emergency room traffic. Dr. Mitchell stated this would be reviewed and brought back as an agenda item at a subsequent meeting.

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

Ms. Pasternik-Ikard reported that enrollment continues to increase and reviewed the reports on the following programs: SoonerCare, Oklahoma Cares, Patient-Centered Medical Home, High-Risk OB, and Health Management Practice Facilitation. For more detail see the MAC information packet.

With the implementation of Medical Home the auto-assignment has been discontinued and members are required to pick a PCP at the time of enrollment.

There are about 5,000 individuals who did not choose, but have been to see a PCP. Member Services and Provider Services have been manually aligning the individuals with these PCPs if at all possible. She reported that there has been an increase in call volume since the Insure Tulsa marketing campaign was initiated. OHCA continues to collaborate with the Oklahoma State Department of Health (OSDH) on the Breast and Cervical Cancer program through OSDH's *Take Charge* program.

VII. Provider Services Support Update: Paul Keenan, MD, Chief Medical Officer

Dr. Keenan reviewed the Provider FastFacts for March 2009. For more detail see MAC information packet. He also reported that over 1,000 individuals attended the Spring Provider training which had sessions on Insure Oklahoma, Wheeled Mobility, EPSDT, Batch Claim Processing, and other topics. He also reported that the on-line provider enrollment is on target for July 1st and an independent audit of the Health Management Program is underway. This report will be used as a guide to determine future modifications to the program.

VIII. Impact of a State Medicaid 'Lock-In' Program Upon Member Use of Health Care System Resources: Shellie Keast, Pharm.D., M.S., OU College of Pharmacy

Dr. Keast reviewed the PowerPoint slides included in the packet. After review, several Committee members had questions regarding the program. Dr. Neeraj Patel who works at OUHSC, College of Pharmacy answered questions. He informed the Committee members that the lock-in is for 2 years and then reviewed. Once a member is unlocked then that member is monitored for an additional 3-6 months. The Committee members asked for a copy of the lock-in form. The Committee also recommended that a provider letter be sent to remind providers this program is available.

IX. Action Items: LeKenya Samilton, Sr. Policy Specialist

OHCA Initiated

1. **09-16 Addition of Services for Native Americans** – Indian Health Rules are revised to add Indian Health Service Facilities, Tribally Operated Facilities and Urban Indian Clinics (I/T/U's) as distant site providers for telemedicine, allowing segments of the Native American population in rural areas access to specialty healthcare services. Revisions also add public health nursing as an allowable service for qualifying individuals in the Native American population on a statewide basis.
2. **09-22 Census Income Disregard** – Agency eligibility rules are revised to disregard the earned income from temporary census employment. Every ten years, the Census Bureau conducts the decennial census. For the 2010 Census, the Census Bureau expects to hire more than 900,000 employees over the course of the census. Most of these employees are enumerators that conduct fieldwork who are hired locally and who only work for a brief period of time. States are given the option by CMS to disregard this temporary income, which Oklahoma has done for the last several decennial censuses. This disregard has been added to our state plan and rules must be revised to agree with the plan.
3. **09-23 Insure Oklahoma IP Agent Enrollment Fee** - Insure Oklahoma/O-EPIC rules are revised to allow insurance agents who meet eligibility guidelines to contract with OHCA. Once contracted, these insurance agents will be eligible to receive reimbursement for enrollment services under the Individual Plan (IP) program. Reimbursement will be established by rates that are determined and set by OHCA for completed and certified IP applications that result in actual member enrollment.

Discussion: There is no rate currently set, but it is expected to be approximately \$25 per application when it is. Agents taking the employer-based application receive their regular commission from the private insurers, but IP has no reimbursement and so the agents requested this. This would be eligible for a 50/50 match State and Federal.

4. **09-24 Chapter 2 Cleanup** – Agency rules are revised to include language regarding member and provider appeals processes, specifically concerning the time frames allowed for responses to appeals from the Oklahoma Health Care Authority and the Administrative Law Judge. Additionally, the rule revisions clarify the process for administrative sanction appeals and the process for provider suspension or termination.
5. **09-26 DME Oxygen Cleanup** – DME rules are revised to revoke an outdated DME policy related to oxygen and oxygen equipment and the requirements for prior authorization. Current DME rules already clarify that no prior authorization

is required for oxygen and oxygen equipment. Revoking this rule will alleviate confusion and make rules consistent.

Discussion: Dr. Post recommended prior authorization for oxygen.

6. **09-27 Bariatric Surgery Clarification** - Insure Oklahoma/O-EPIC rules are revised to clarify the intent of non-covered benefits related to weight loss intervention and treatment including bariatric surgical procedures, other weight loss surgeries and procedures, drugs primarily used for weight loss, and nutrition services prescribed only for the intent of weight loss under the Individual Plan (IP) program. These benefits have never been covered under IP program; this simply provides the clarification.

OKDHS DDSD Initiated

7. **09-21 Agency Companion Services provider responsibilities** – DDSD rules are revised to change incorrect references in policy regarding incident reporting and quality assurance for Agency Companion Services for the developmentally disabled. The current references direct the reader to sections that do not exist. Additionally, “service recipient” is changed to “member” throughout this section.

Motion made by Dr. Ogle to approve rules 1-7 as written. Dr. Simon seconded. Motion passed.

- IX. New Business - **None**
- X. Adjourn – **2:20 p.m.**