

MEDICAL ADVISORY COMMITTEE MEETING
Draft Meeting Minutes
January 21, 2010

Members attending: Ms. Bellah, Dr. Bourdeau, Ms. Case, Dr. Cavallaro, Dr. Crawford, Ms. Lynn White for Ms. Patti Davis, Mr. Goforth, Dr. Grogg, Ms. Harrison, Ms. Holliman, Dr. Kimberly Fox for Dr. Kasulis, Mr. Gerald Duehning for Mr. Machtolff, Dr. McNeill, Dr. Ogle, Dr. Post, Dr. Edd Rhoades for Dr. Cline, Dr. Rhynes, Ms. Slatton-Hodges for Commissioner White, Dr. Simon, Mr. Tallent, Dr. Wells, Dr. Woodward, Dr. Wright

Members absent: Ms. Bates, Ms. Sherry Davis, Dr. Strom-Aulgur, Mr. Unruh

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. Dr. Crawford asked the clinicians to stay for the sub-committee.

II. Approval of minutes of the September 17, 2009 Medical Advisory Committee Meeting

Dr. Cavallaro made the motion to approve the minutes with noted corrections. Dr. Post seconded the motion. Motion passed unanimously.

III. MAC Member Comments/Discussion

Dr. Paul Wright asked why there were no generic, long-acting pain medications on tier one. He felt that this might steer providers from prescribing the appropriate medication. Dr. Mitchell will discuss this question with Dr. Nesser, Director of Pharmacy, who will take it to the next DUR meeting. Dr. Mitchell will bring the response to an upcoming MAC meeting

Dr. Wavel Wells stated that the Oklahoma Dental Association had a meeting to discuss the change in reimbursement of resin to amalgam rate voted on at the December board meeting. He stated that this recommendation was not well received and a letter was drafted and sent to Mr. Fogarty's attention regarding this issue. Dr. Mitchell acknowledged that the letter has been received. She also expressed her appreciation for Dr. Wells' work with OHCA on the budget issues.

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

Dr. Keenan reviewed the Provider FastFacts for December 2009. He stated that he researched the decrease in individual providers and found that even though individual providers had decreased the number of clinics increased. For more detail see MAC information packet.

Next the topic of the ACIP recommendation for Gardasil, an HPV vaccine, for boys was discussed. This is a "permissive" recommendation for ages 9-18 which means that those who want it can get it, but it is not recommended as a routine vaccination. The VFC program will provide it and OHCA will cover the cost of administration, but only for the ACIP recommended age group of 9-18. Dr. Crawford asked if OHCA would continue to pay the administration cost if the individual "aged out"? Dr. Mitchell explained that OHCA would work with the provider if the series of vaccinations had begun before aging out.

Dr. Keenan clarified the OHCA policy on consultation codes. He stated that currently OHCA will continue to pay for these codes, but that they would be reviewed at the usual code review in the summer and changes would be made at that time. Currently Medicare

does not pay consultation codes. The standard rules apply that if billing Medicare for consultation codes and it is denied then it can be submitted to Medicaid. However, Medicare cannot be billed the E & M codes and then Medicaid the consultation codes; that would be double billing.

Dr. Keenan gave kudos to Dr. Bragg, Dental Services Director, and Indian Health Services who worked with dental hygienists and the Carnegie Indian Health Services to provide services to 600 students. He stated that it was discovered that 10% of the students required further services, 40 of which have already been taken care of with another 20 to received future services.

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

Ms. Pasternik-Ikard reviewed the Insure Oklahoma FastFacts, the SoonerCare Programs Update for December 2009 and the SoonerCare Program Operations Comparison Report for SFY 2008 – 2009. For more detailed information see report included in MAC information packet.

Ms. Bellah asked what the targeted implementation date was for the coverage of dependent children from 185 up to and including 300 percent of FPL in the Insure Oklahoma Program which was approved in December. Ms. Pasternik-Ikard stated that the program is targeted to begin with children at 200% of SPL whose parents are already being served in Insure Oklahoma.

VI. Legislative Update, Nico Gomez, Deputy Chief Executive Officer

Mr. Gomez reviewed the Legislative Update document provided at the meeting. He stated he would have a more refined list in March. He stated that session begins February 1st. Finding a dedicated income source for Insure Oklahoma is his main task/goal for this legislative session.

VII. Federal Guidelines on Copayments, Tywanda Cox, Director of Health Policy

Ms. Cox reviewed the Flexibility with Member Cost Sharing document. For more detailed information see MAC Information packet.

VIII. Financial Report: Carrie Evans, Chief Financial Officer

Ms. Evans reviewed the Financial Report for the five months ended November 30, 2009. For more detailed information see MAC information packet.

Dr. McNeill asked if Insure Oklahoma was a profitable program. Mr. Fogarty explained that there are 2 forms of Insure Oklahoma, an employer sponsored program and an individual program. Two-thirds of the enrollees are in employer sponsored, commercial plans with standard comprehensive coverage. One-third of the enrollees are in the individual plan which has no medical underwriter and which OHCA administers. Mr. Fogarty explained that he looks at the premium cost for the commercial (approx. \$400 per month total premium subsidies) and compares it to out of pocket claims paid cost in IP and he feels Insure Oklahoma would be profitable.

IX. Budget Discussion, Mike Fogarty, Chief Executive Officer

Mr. Fogarty thanked the MAC members for their attendance and willingness to tackle the “hard” stuff. He then gave a brief history of the recent agency budget reductions and reviewed the handout showing the board approved budget cuts.

XI. Action Items: Traylor Rains, Policy Development Coordinator

OHCA Initiated

09-20 Eligibility Rules – Medical Assistance for Adults and Children-Eligibility rules are revised to provide clarification to employees of the Oklahoma Department of Human Services and the Oklahoma Health Care Authority when determining an individual's eligibility for Medicaid. The proposed revisions will: (1) incorporate current procedures and terminology; (2) remove obsolete language; and (3) update incorrect policy citations and form references. Revisions are needed to provide consistency and clarity within agency rules.

Budget Impact – Budget neutral

09-64 Targeted Case Management (TCM) Revisions – TCM rules are revised to combine adult & children outpatient BH TCM rules into one streamlined set. Revisions also include broadening TCM to all BA/BS level degrees to increase access across the state. Revisions were also made to provide more consistency with DMHSAS policy.

Budget Impact – Estimated cost savings of \$65,280.

09-68 Licensed Alcohol and Drug Counselors (LADCs) as Licensed Behavioral Health Professionals (LBHPs) – Children's inpatient psychiatric treatment rules are being revised to add LADCs as LBHPs. This addition would expand the type of licensure their staff can hold in order to provide the services required, as well as allow greater access to care for SoonerCare children that receive inpatient psychiatric treatment services.

Budget Impact – Budget Neutral

09-77 Hospital Acquired Conditions – Agency rules are created to establish policy for hospital acquired conditions. Rules will set policy to no longer reimburse the extra cost of treating certain categories of conditions that occur while a member is in the hospital. For discharges, hospitals will not receive additional payment for cases in which one of the selected conditions was not present on admission. Payment will be made as though the secondary diagnosis was not present. The selected conditions that OHCA will recognize are those conditions identified as non-payable by Medicare. Rules will also include the avoidance of SoonerCare to act as a secondary payer for Medicare non-payment of the recognized hospital acquired conditions.

Budget Impact – Estimated budget savings not quantifiable by OHCA at this time.

Dr. McNeill expressed his disagreement with conditions A.6, 7, 9, and 10 of the rule. He stated that these conditions can happen even after the best of care. Dr. Wright agreed as did Dr. Crawford. Dr. McNeill also asked the representative from the Oklahoma Hospital Association if they agreed with this decision. Ms. Lynn White, OHA, stated that they don't necessarily agree with it, but since it is going to happen anyway, they prefer the rules to be the same for Medicaid as Medicare's. Dr. Ogle commented that this could lead to poorer outcomes instead of better. Ms. Harrison asked if SoonerCare members would bear the cost of a non-covered condition. Dr. Crawford explained that SoonerCare Members cannot be billed for these charges/services. Dr. Mitchell stated that OHCA had not planned to implement all of the Hospital Acquired Conditions at the same time, but after strong encouragement from CMS, decided to go ahead with it.

09-78 Licensed Behavioral Health Professionals (LBHP) – Rules are being revised to allow for direct contracting by licensed master's level behavioral health professionals. By allowing contracting with these providers it will increase specialist access, decrease use of ER and inpatient psych, and increase crisis intervention. The allowance of the direct contracting will also divert RTC usage due to LBHPs being more accessible.

Budget Impact – SFY 2011 Cost Savings \$156,144; SFY 2012 Cost Savings \$5,111,520 (RTC diversion)

Dr. Bourdeau expressed the concern of the Oklahoma Psychologist Association regarding the implementation of this rule. She stated that the Association didn't have a problem with increasing the access, but that they felt they didn't have enough time to comment and get clarification. After further discussion, Mr. Duehning made the motion to approve and Ms. Holliman seconded. However, Dr. Post made a motion to table the rule and reconsider at the meeting in March, in order to give the Psychologists time to comment. Dr. Crawford asked that the committee be polled.

Members for the Motion to Table Until March: Ms. Bellah, Dr. Bourdeau, Ms. Case, Dr. Cavallaro, Dr. Crawford, Mr. Goforth, Dr. Grogg, Ms. Harrison, Ms. Holliman, Dr. Kimberly Fox for Dr. Kasulis, Mr. Gerald Duehning for Mr. Machtloff, Dr. McNeill, Dr. Ogle, Dr. Post, Dr. Rhoades for Dr. Cline, Dr. Rhynes, Dr. Simon, Dr. Wells, Dr. Woodward, Dr. Wright

Members against the motion: Ms. Lynn White for Ms. Patti Davis, Ms. Slatton-Hodges for Commissioner White, Mr. Tallent

10-02 Therapeutic Foster Care (TFC) revisions – Outpatient behavioral health rules are revised to change the reimbursement methodology for services provided in Therapeutic Foster Care settings from an all inclusive per diem payment to fee-for-service. The requirement of "unbundling" per diem rates has been an ongoing trend for CMS and this change more closely aligns our reimbursements with CMS preferences and requirements.

Budget Impact – The estimated cost to OHCA for the remainder of SFY10 is \$456,372. However, the Agency expects to realize a savings beginning next fiscal year by diverting members from more costly inpatient stays by giving them access to community based alternatives.

10-03 Federally Qualified Health Centers (FQHC) Reimbursement Clarification – Revisions are made to the Agency's FQHC rules to provide further clarification as to which services and service providers trigger payment of the Prospective Payment System (PPS) rate.

Budget Impact – Budget Neutral

OKDHS/DDSD Initiated

09-72 DDSD Rule Clean-up – The purpose of this rule is to revise Developmental Disabilities Services policy, for permanent rule making to (1) clarify levels of support, outside employment guidelines and termination guidelines for Agency Companion Services (2) specify review/approval process for Habilitation Training Services (HTS) and clarify proper utilization of HTS (3) clarify the termination process of foster care providers, (4) clarify the process for provision of nutrition services (5) clarify requirements for installation of architectural modifications (6) clarify services and provider requirements relative to specialized medical equipment (7) clarify responsibilities of Adult Day Services and Daily Living Supports providers (8) clarify member eligibility for residence in a group home (9) clarify the process for documenting the need for an enhanced rate in an employment setting (10) revise policy to limit state dollar reimbursement for absence of a member receiving waiver services to not exceed 10% of the authorized units for employment services.

Additionally Chapter 30 rules are revised for permanent rule making to (1) clarify provider eligibility requirements for Home and Community Based services providers (2) clarify the provision of Home and Community Based Dental Services (3) specify that physical and

occupational therapists and physical therapy assistants must have non-restricted licenses and clarify the provision of Habilitation Training Services.

Budget Impact – Budget neutral

Chairman Crawford decided that Rule 09-78 was to be voted on individually (see rule for motion and vote), all other rules to be voted en bloc.

Mr. Duehning made the motion to approve all other rules. Dr. Grogg seconded. Motion passed.

X. New Business - None

XI. Adjourn – 3:20 p.m.

DRAFT