

MEDICAL ADVISORY COMMITTEE MEETING
Draft Meeting Minutes
September 16, 2010

Members attending: Dr. Bourdeau, Dr. Cavallaro, Dr. Crawford, Ms. Patti Davis, Ms. Sherry Davis, Patty Holderman for Mr. Goforth, Dr. Grogg, Ms. Harrison, Ms. Holliman, Mr. Gerald Duehning for Mr. Machtloff, Dr. McNeill, Dr. Post, Dr. Rhoades for Dr. Kline, Dr. Rhynes, Mr. Roye, Dr. Strom-Aulgur, Dr. Wells, Dr. Woodward

Members absent: Ms. Bates, Ms. Bellah, Ms. Case, Dr. Kasulis, Dr. Ogle, Dr. Simon, Ms. Slatton-Hodges, Mr. Tallent, Mr. Unruh, 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. There were no requests for public comment.

II. Approval of minutes of the July 15, 2010 Medical Advisory Committee Meeting

Dr. Cavallaro made the motion to approve the minutes as presented. Ms. Harrison seconded. Motion carried.

III. MAC Member Comments/Discussion

Dr. Wells brought a question to the committee from a dentist in Muskogee. The question was regarding the new online enrollment and what the wait time was for eligibility determination. Mr. John Calabro, Director of Information Services, responded stating that the eligibility determination is real time meaning that the individual was eligible for services immediately. Dr. Wells then asked what would happen if the individual inadvertently entered information incorrectly and it was determined that the individual was not actually eligible? Dr. Keenan stated that the services were rendered in good faith and would be covered; however, providers should verify eligibility prior to providing future services.

Dr. Wells then asked if there was ever a situation where a foster child would not be eligible for SoonerCare. He continued on stating that he has such a situation and has been attempting to resolve the issue since 2008. Ms. Cindy Robert, Deputy CEO, responded stating that the agency would always assist in the resolution and he should provide the particulars to staff and OHCA would be willing to work with Ms. Harrison from DHS or whomever to resolve the issue.

Dr. Jason Rhynes then brought to the attention of the Committee that the Optometric Association asked him to bring the issue of the exclusion of the Optometrists and other providers from the ARRA. He also stated that the State of Wisconsin had successfully addressed that issue with the Federal Government and got those providers excluded included. Dr. Keenan to talk with Dr. Rhynes to discuss the issue and research what Wisconsin did to see if it could be adopted in Oklahoma.

IV. Financial Report: Gloria Hudson-Hinkle, Director of General Account

Ms. Hudson-Hinkle reviewed the Financial Report for the fiscal year ended June 30, 2010, for more detailed information see MAC information packet. There were no questions from members.

V. SoonerCare Operations Update: Marlene Asmussen, R.N., CCM, Director of Care Management and Medical Authorization Services

Ms. Asmussen reviewed the SoonerCare and Insure Oklahoma enrollment numbers for the month ending in July 2010. She reported that for the first time children who meet the 186% - 200% of the Federal Poverty Limit were now able to be enrolled in Insure Oklahoma effective September 1st.

Also being reported is the enrollment of 3 members into the medically fragile waiver as of August 2nd. The medically fragile are usually those individuals who are medical technology dependent.

Implementation of the first Health Access Network (HAN) began at OU Tulsa. This HAN will assist approximately 25,000 Choice members with a varied assortment of medical and behavioral services (this needs to be expanded, listen to recording).

On September 7, 2010 Online Enrollment was turned on with great success. There have been 500-700 enrollments/re-certifications per day. The community partners, state agencies and others _____? _____. WWW.MySoonerCare.org to re-certify?

Ms. Asmussen closed her segment by informing the committee that a new group was being added automatically to those who received active case management. Those who have a clotting and / or bleeding disorder will now automatically receive this service. There were no questions from Committee members.

Dr. Keenan brought the Committee's attention to the HEDIS measures and the success which OHCA has had in increasing the numbers to the good. For more detail see MAC information packet.

VI Action Items: Traylor Rains Policy Development Coordinator

OHCA Initiated

10-44 Pharmacy Provider Audit Appeals - OHCA provider audit rules are revised to update pharmacy provider appeals rules in order to bring them in line with current practice. Current pharmacy provider appeals rules refer to processes that no longer take place.

Budget Impact – Budget Neutral

10-48 Pharmacy Revisions - Pharmacy rules are revised to reflect the change in pricing methodology for injectable drugs that are submitted through the pharmacy system. Policy revisions are needed to clarify payment methodology and reduce expenditures. This change ensures compliance with the Oklahoma Constitution, Article X, Section 23 which prohibits a state agency from spending more money than is allocated. As a result, when dispensed through a pharmacy, the provider will be reimbursed at a rate which is equivalent to the Medicare rate plus the standard dispensing fee. Additional revisions include the coverage of non-prescription EPSDT products offered through the pharmacy point of sale system and the exemption of I/T/U facilities from prior authorization requirements for brand name drugs.

Budget Impact – Estimated annual savings of \$2,600,000; State share of \$924,820.

10-50 Radiology Rules – Radiology rules are revised to update coverage guidelines to include positron emission tomography (PET) and computed tomography (CT/CTA).

Budget Impact – Budget neutral.

10-52 Fixed Wing Air Ambulance - Rules are revised to clarify requirements for fixed wing air ambulance services. The action is to remove the prior authorization requirement in order to align with current OHCA claims process that requires an authorization of medical necessity.

Budget Impact - Budget Neutral

Federally Initiated

10-01 Afghani and Iraqi Special Immigrants Eligibility - Eligibility rules are revised to comply with new Federal law that eliminates the five-year bar on SoonerCare services for Afghani and Iraqi special immigrants. These special immigrants will now be eligible for SoonerCare services past the previous eight month eligibility period and will no longer be subject to the five-year bar on services that is applied to other immigrants.

Budget Impact – Minimal impact; Total costs for this population in FY 2010 was \$2,397.00.

10-43 Living Choice - Rules are revised to include new eligibility criteria for individuals transitioning from an institution to a home and community based setting through the Living Choice Demonstration program. Current rules require individuals to be institutionalized for a minimum of 6 months and be SoonerCare eligible for at least 30 days. Section 2403 of the Patient Protection and Affordable Care Act reduces the institutional stay requirement to a minimum of 90 consecutive days. Additionally, CMS has provided new guidance regarding the length of time required for Medicaid eligibility and has revised the eligibility time frame from 30 days to 1 day.

Budget Impact - Budget neutral

10-49 Oklahoma Electronic Health Records Incentive Payment Program -

OHCA policy is revised to create rules for the new Oklahoma Electronic Health Records Incentive Payment Program, which will begin January 2011 and is authorized by the American Recovery and Reinvestment Act of 2009. The rules provide a basic governing structure for the program, including the delineation of eligible providers and eligible hospitals, patient volume requirements, and incentive payment processes. Appeals rules are also revised to include the EHR program in the agency's appeals process.

Budget Impact - \$170,000 State Share

Dr. Rhynes asked what would happen if the EHR rule was approved / not approved. Both Dr. Keenan and Mr. Calabro stated that this is just necessary to continue to move forward. It does not keep the agency from making any changes that may come up in the future (as in adding those providers who have been excluded). Ms. Roberts also stated that an approval did not mean changes could not be made; it just gave authorization for the agency to continue to develop the program. She asked if this addressed his concerns, which it did.

Dr. Grogg made the motion to approve Rules 10-44, 10-48, 10-50, 10-52, 10-01, 10-43, and 10-49 as submitted. Ms. Harrison seconded. Motion Carried.

Add Dr. Keenan's discussion of the notification of providers regarding rate changes / fee schedule changes.

X. **New Business** - None

XI. **Adjourn** – 1:50 p.m.