

**MEDICAL ADVISORY COMMITTEE MEETING**  
**January 17, 2008**  
**Draft Minutes**

**Members attending:** Ms. Bellah, Dr. Crawford, Dr. Rhoades, Ms. Sherry Davis, Ms. Forrest, Mr. Goforth, Dr. Grogg, Ms. Patti Davis, Dr. McNeill, Dr. Murtaugh, Dr. Neuwald, Ms. Prophet, Dr. Post, Dr. Switzer for Dr. Simon, Ms. Rebecca Moore for Mr. Unruh, Ms. Slatton-Hodges for Ms. White, Dr. Woodward, Dr. Wright, Dr. Yadon

**Members absent:** Ms. Bates, Ms. Case, Ms. Holiman, Dr. Kasulis, Dr. Kerr, Mr. Machtolff, Dr. Owen, Dr. Walker

**Handouts:** Financial report summary page, Focus on Excellence PowerPoint copy, SCHIP Update PowerPoint copy, letters to executives (Leavitt, Smith, Weems) regarding SCHIP

### **I. Welcome, Roll Call, and Public Comment Instructions**

Dr. McNeill, Vice-Chairman welcomed committee members in the absence of the Chair, Dr. Crawford who would be late. Roll call established the presence of a quorum and public comment instructions were given. There were no individuals signed in for public comment.

### **II. Approval of minutes of the November 15, 2007 Medical Advisory Committee Meeting**

***Dr. Murtaugh made the motion to approve as written. Dr. Wright seconded the motion. Motion carried.***

### **III. Financial Report: Anne Garcia, Chief Financial Officer**

Ms. Garcia reviewed the Financial Report ending November 30, 2007. For more detailed information see the MAC information packet. Ms. Garcia stated that the Finance Division is working to determine the 14% increase related to "other practitioners" and will report at the March meeting.

### **IV. 2008 Legislative Session Outlook: Nico Gomez, Director of Communication Services**

Mr. Gomez gave an overview of the upcoming legislative session. There will be a tracking list for the March meeting.

- Budget Request (top priority) \$32.1 million new \$\$ for the state to appropriate; however, OHCA's budget to make up for FMAP change is \$33.5 million
- Requesting a bill to streamline notification/publication of rates
- Tort coverage for MD on staff/contract as related to agency administrative function
- Citizenship
- Prenatal care for undocumented mothers
- Long-term care and Medicaid liens
- Health and wellness program for agency staff
- New building
- Electronic Medical Records
- Provider Taxes
- Improving ICF/MR Rates

## **V. Program Operations & Benefits Update: Becky Pasternik-Ikard, Director of Program Operations**

Ms. Pasternik-Ikard reviewed the SoonerCare Programs detail page, the Insure Oklahoma Fast Facts and informed the committee members of the new Perinatal Dental Program Fast Facts which can be found on the OHCA website. She also reported that the enrollment numbers are beginning to level out. Dr. Crawford asked what the impact of HB 1804 has been. For December and January a total of 13,198 have lost eligibility and to-date 9,124 remain unenrolled in the program. She reported this is in relation to the Federal Deficit Reduction Act not necessarily HB 1804. Ms. Roberts addressed the levels of creditable documentation to prove citizenship and the various ways that OHCA is working to assure compliance with Federal statute.

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

Dr. Keenan reviewed the Provider Fast Facts for December 2007. For more detailed information see the MAC packet.

- Spring training will be in Tulsa, Oklahoma City, Durant, and Lawton
- As of April 1, 2008 claims submitted to OHCA must include the OHCA provider number and the provider's NPI number. Dr. Crawford asked what entity's these were without the NPI number. Melody Anthony stated that it was clinic related instead of individual provider.
- As of March 1, 2008 the Oklahoma-New Mexico Medicare will be replaced by a new entity, Trailblazer Health.com and Medicare providers must have a new electronic funds transfer form or they will receive paper checks.

## **VII. Focus on Excellence Update: Cassell Lawson, Director of Opportunities for Living Life**

Mr. Lawson reviewed the PowerPoint regarding Focus on Excellence.

Patti Davis asked for an update on all activities related to HB 2842. This will be added to the March agenda.

Dr. Wright asked what the actual scoring components were making up the surveys. Dr. Mitchell stated that this information will be provided to the MAC members.

## **VIII. SCHIP Update: Stephen Weiss, Sr. Policy Advisor of Federal/State Policy on Appropriations**

Mr. Weiss reviewed the PowerPoint handout. He stated that SCHIP bills were passed twice and vetoed twice. SB2499 passed with the President signing it on December 29<sup>th</sup>. Funding is through March, 2009. Oklahoma is considered a "shortfall" state. Estimated expenditures are \$124.4 million.

A copy of the New York Times article will be e-mailed to the committee members.

## **IX. Federal Regulatory Alert: Charles Brodt, OHCA Deputy Director**

Mr. Brodt reviewed the NASMD spreadsheet regarding regulatory changes. For more detailed information please see the MAC information packet.

## **X. Action Items: Cindy Roberts, Director of Program Integrity & Planning**

### **OHCA Initiated - Emergency**

1. Ambulatory Surgical Centers and Outpatient Hospitals - Rules are revised to clarify that when multiple surgeries are performed at the same setting, the second and subsequent surgeries may be reimbursed at a discounted rate.

***Ms. Patti Davis made the motion to approve as written. Dr. Grogg seconded the motion. Motion carried.***

### **OHCA Initiated - Permanent**

2. **Surgery Modifiers** - Rules are revised to remove the list of medical and surgical modifiers and refer providers to the Physicians' Current Procedural Terminology (CPT) book for guidance in billing surgery claims. Further, revisions are made to remove duplicative language found in the surgery sections that are also in other sections of policy which are more appropriate and fitting.

***Dr. Wright made the motion to approve as written. Dr. McNeil seconded the motion. Motion carried.***

3. **Opportunities for Living Life (OLL)** - Rules are revised to update OLL policy to make it consistent with policy found at OAC 317:30-5-211.16. The DME policy states prior authorization is not required for oxygen; however, the LTC policy still states that prior authorization is required.

***Ms Patti Davis made the motion to approve as written. Ms. Bellah seconded the motion. Motion carried.***

4. **Psychiatry Services** - Rules are revised to update terminology, clarify correct billing procedures for general physicians performing psychiatric services, and remove language requiring submission of documentation of training to the Oklahoma Health Care Authority.

Ms Patti Davis asked if section (c) should reflect the same clinicians throughout. Ms. Roberts indicated that it should and it would be corrected.

***Dr. McNeil made the motion to approve with change. Dr. Murtaugh seconded the motion. Motion carried.***

5. **Residential Behavioral Management Services (RBMS)** - Rules are revised to eliminate obsolete provisions and set out required qualifications for individual providers who render Individual Rehabilitative Treatment services for redevelopment therapy in a foster care setting.

***Dr. Neuwald made the motion to approve as written. Dr. Post seconded the motion. Motion carried.***

6. **Dental** - Rules are revised to: (1) add definitions for certain terminology, (2) clarify that permanent restoration is not billable to the OHCA when performing Pulpotomy or Pupal debridement on a permanent tooth, (3) clarify a clinical examination must precede any radiographs, and consider patient history, prior radiographs, caries risk assessment and both dental and general health needs of the patient, (4) clarify Panoramic films are allowable once in a three year period and (5) clarify placement of a stainless steel crown includes all related follow up service for a period of two years.

***Dr. Murtaugh made the motion to approve as written. Dr. Grogg seconded the motion.  
Motion carried.***

**7. Opportunities for Living Life** - Rules are revised to: (1) remove outdated section with allowed days and requirements for hospital leave that were replaced, (2) add language to mirror Section 2002, Title 56 of the Oklahoma Statutes freezing the Quality of Care Fee at levels in effect July 1, 2004 and implementing 5.5% as a maximum, as per federal law, (3) add language to include additional items needed in the QOC Report in order to implement the Focus on Excellence Program, (4) change language to add the requirement to file cost reports on the Secure Website and change the due date from September 1 to October 31 and (5) define the report requirement for partial year reports.

***Ms. Bellah made the motion to approve as written. Dr. Rhoades seconded the motion.  
Motion carried.***

**DHS Initiated - Permanent**

**8. ADvantage Program** - Waiver Services rules are revised to add Assisted Living services as a compensable service under the ADvantage Waiver program.

***Dr. McNeil made the motion to approve as written. Dr. Wright seconded the motion.  
Motion carried.***

**Federally Initiated - Permanent**

**9. Program Assertive Community Treatment (PACT) Services** - Rules revised to reflect that PACT services will not be a compensable service after June 30, 2008.

***Dr. Grogg made the motion to approve as written. Dr. Neuwald seconded the motion.  
Motion carried.***

**XI. Discussion - None**

**XII. New Business - None**

**XIII. Adjourn 2:30 p.m.**