



STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

**MEDICAL ADVISORY COMMITTEE MEETING  
AGENDA**

**September 16, 2010**

**1:00 p.m. – Ponca Conference Room  
2401 NW 23<sup>rd</sup> St, Suite 1A  
Oklahoma City, OK 73107**

- I. Welcome, Roll Call, and Public Comment Instructions
- II. Approval of minutes of the July 15, 2010 Medical Advisory Committee Meeting
- III. MAC Member Comments/Discussion
- IV. Financial Report: Gloria Hudson-Hinkle, Director of General Accounting
- V. SoonerCare Operations Update: Marlene Asmussen, Director of Care Management, MAU and Health Management
  - A. SoonerCare Programs Report
  - B. Historic Average SoonerCare Enrollment
  - C. SoonerCare Fast Facts
  - D. Insure Oklahoma Summary Fast Facts
  - E. Provider Fast Facts
  - F. HEDIS Measures
- 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

VII. New Business

VIII. Adjourn

Next Meeting: Wednesday, November 17, 2010