

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING
OF THE OKLAHOMA HEALTH CARE AUTHORITY BOARD
Held at Oklahoma Health Care Authority
Oklahoma City, Oklahoma
March 13, 2008
1:00PM

Manner and Time of Notice of Meeting: A public notice was placed on the front door of the Oklahoma Health Care Authority on March 11, 2008.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman Roggow called the meeting to order at 1:01pm.

BOARD MEMBERS PRESENT: Member Armstrong, Member Miller,
Member Langenkamp, Governor
Anoatubby, Member McFall, and
Chairman Roggow

ABSENT: Vice-Chairman Hoffman

OTHERS PRESENT Bill Lance, Chickasaw Nation
Brent Wilborn, OPCA
Bryan Smith, Capitol News
Rich Edwards, OSF
Sharon Neuwald, DHS
Tom Dunning, DHS

**DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE
REGULARLY SCHEDULED BOARD MEETING HELD FEBRUARY 14, 2008**

The Board routinely reviews and approves a synopsis of all its meetings. The full-length recordings of the meetings of the Board are retained at the Board Offices and may be reviewed upon written request.

MOTION: Member McFall moved for approval of the February 14, 2008 board minutes as published. Governor Anoatubby seconded.

FOR THE MOTION: Member Armstrong, Member Miller,
Member Langenkamp, Governor
Anoatubby, Member McFall, and
Chairman Roggow

ABSENT: Vice-Chairman Hoffman

PRESENTATION OF THE ALL STAR EMPLOYEE FOR FEBRUARY 2008

Mike Fogarty, CEO

Mr. Fogarty introduced Gloria LaFitte. Ms. LaFitte, Associate Manager of Provider Enrollment presented Rick Bert as the All Star Employee for January. Ms. LaFitte stated that Mr. Bert was professional, has a wonderful attitude, and does a great job for provider enrollment. Mr. Bert expressed his thanks for such an honor. Mr. Bert stated that he has been with the agency 3 years and enjoys his work.

FINANCIAL UPDATE

Carrie Evans

Ms. Evans reported that revenues for OHCA through January, accounting for receivables, were **\$1,742,220,637** or **.6 % under** budget. Expenditures for OHCA, accounting for encumbrances, were **\$1,698,669,881** or **1.4% under** budget. The state dollar budget variance through January is **\$14,281,103 positive**. In addition to the SFY08 variance, the agency has **\$10,493,719** in prior year carryover. These funds are being held in reserve for the FY09 budget. The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	4.1
Administration	6.8
Revenues:	
Taxes and Fees	2.6
Drug Rebate	.6
Overpayments/Settlements	.2
Total FY 07 Variance	\$ 14.3

MEDICAID DIRECTOR'S UPDATE/OEPIC-INSURE OKLAHOMA UPDATE

Lynn Mitchell, M.D.

Dr. Mitchell reported the enrollment numbers show 603,033 members for the month of February. The trendline graph still shows an intersection of lines, and this month is now dipping below the previous fiscal years number for our members enrolled in SoonerCare. We believe that this is reflective mainly of the citizenship documentation issues. Dr. Mitchell stated that the demographics of that population has been reviewed, and are concerned with the SoonerCare numbers continuing to decrease, and what it means to the members that are having difficulty with their documentation that ultimately need healthcare and preventive care. She stated that we are seeing an inordinate number of these members in the SoonerPlan population, which is our family planning waiver, which reflects the population that is being served from the standpoint of the age demographics. Dr. Mitchell discussed the Fast Facts, and the Insure Oklahoma numbers which are over the 8,000 mark. OHCA has a over 6,000 in the ESI program, and 2,000 in the IP program for the month of March. Dr. Mitchell noted that the DUR meeting which occurred last night had a lot of activity, and spirited discussion when Dr. Nesser presented the top 10 drug list. Dr. Mitchell mentioned that there was a kick off of the Focus on Excellence Website with a more formal notice coming in the future. We are moving forward with spring training for providers whom have asked for training videos as a webcast. Hopefully, we will be able to put that together in the near future. Finally, we are looking at transitioning the current SoonerCare Choice Program into a more formal medical home project. For detailed information, see Item 4B of the packet.

LEGISLATIVE UPDATE

Nico Gomez

Mr. Gomez stated that the Oklahoma Legislature is tracking a total of 1,531 active legislative bills. OHCA is currently tracking 107 bills. They are broken down as follows: 3 OHCA Request; 26 Direct Impact; 10 Appropriations; 25 Indirect Bills; 11 Employee Interest; and 32 Carry Over bills. Mr. Gomez reported that the next deadlines are March 13 for 3rd Reading in House of Origin and April 3 for Senate measures out of Subcommittee. For detailed information, see Item 4C of the packet.

ITEM 5/PRESENTATION OF TARGETED CASE MANAGEMENT UPDATE ON FEDERAL DECISIONS

Traylor Rains, J.D., Senior Policy Specialist

Mr. Rains presented a PowerPoint presentation detailing the following: Case Management; Targeted Case Management; Target Groups Currently Served; Current Case Management Practice (OJA) and (OKDHS); Current Billing Practice; Current Case Management for Transitioning; Interim Final Rule; Major Impact to Case Management Practice; Other Effects; and Steps Taken. For detailed information, see PowerPoint Presentation handout.

Mr. Fogarty discussed 3 documents in the take home packet. 1) A Memorandum addressed to Washington Representatives from Andrea Maresca, Staff Person with NGA regarding several federal policies that have impact on Oklahoma. 2) Letter addressed to Congressman John Sullivan and all of Oklahoma's delegation asking the delegation to support Oklahoma in an attempt to get OHCA's waiver approval processed to implement the All Kids Act, and an increase for small business premium assistance programs. The waiver approval has been pending since last August and 3)A letter from Governor Henry to Secretary Leavitt also regarding waiver approval pending. For detailed information see handouts in packet.

ITEM 6/REPORTS TO THE BOARD BY THE BOARD COMMITTEES

Member Miller noted that the Finance Audit Committee did not meet. Member Langenkamp stated the Legislative Committee did meet and gained information related to the current tracking of bills and the OHCA request bills. Member Armstrong said that the Rules Committee did meet and discussed the rules under Item 7I, 7II, 7III, & 7IV.

ITEM 7/RECOMMENDATION REGARDING CONFLICTS OF INTEREST PANEL CONCERNING RECOMMENDATIONS OF THE DRUG UTILIZATION REVIEW BOARD

Howard Pallotta, Director of Legal Services

Mr. Pallotta stated that the Conflicts of Interest Panel did meet and found no conflicts with regard to Item 7.

ITEM 7A/CONSIDERATION AND VOTE UPON DECLARATION OF EMERGENCY RULE I-A

Cindy Roberts, Director of Program Integrity and Planning

Ms. Roberts presented the following rule for consideration of declaration of emergency:

I. Items subject to the Administrative Procedures Act (Emergency)

A. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICES

Subchapter 5. Individual Providers and Specialties

Part 79. Dentists

OAC 317:30-5-695. [AMENDED]

OAC 317:30-5-696. [AMENDED]

OAC 317:30-5-698. [AMENDED]

(Reference APA WF# 08-04)

FINDING OF EMERGENCY: The Agency finds that a compelling public interest exists which necessitates promulgation of emergency rules and requests emergency approval of rule revisions to require a clinical examination prior to any radiographs. Additional requirements include consideration of patient history, prior radiographs, caries risk assessment and dental and general health needs of the patient. Changes are necessary to avoid potential complications as a result of procedures performed on members who may be at risk due to previously undetected health problems.

MOTION:

Member Miller moved for approval of Emergency Rule 7(I-A) as presented. Member Langenkamp seconded.

FOR THE MOTION:

Member Armstrong, Member Miller, Member Langenkamp, Governor Anoatubby, Member McFall, and Chairman Roggow

ABSENT:

Vice-Chairman Hoffman

ITEM 7B/CONSIDERATION AND VOTE UPON DECLARATION OF SUBSTANTIVE RULE CHANGES FOR RULE I-A

Cindy Roberts, Director of Program Integrity and Planning

Ms. Roberts presented the following rule for consideration of substantive rule changes.

SUMMARY: Rules are revised to: (1) require a clinical examination preceding any radiographs, and consideration of patient history, prior radiographs, caries risk assessment and dental and general health needs of the patient; (2) add definitions for certain terminology; and (3) clarify that permanent restoration is not billable to the OHCA when performing pulpotomy or pulpal debridement on a permanent tooth. Additional changes add a provision stating panoramic films are allowable once in a three year period and clarify placement of a stainless steel crown includes all related follow up service for a two year period.

MOTION:

Member McFall moved for approval of rule 7(I-A) as presented. Member Langenkamp seconded.

FOR THE MOTION:

Member Armstrong, Member Miller, Member Langenkamp, Governor Anoatubby, Member McFall, and Chairman Roggow

ABSENT:

Vice-Chairman Hoffman

ITEM 7C/CONSIDERATION AND VOTE UPON PERMANENT RULES II-A; III A-G; AND IV A-K

Cindy Roberts, Director of Program Integrity and Planning

Ms. Roberts presented the following permanent rules for adoption.

II. Adoption of Permanent Rules as required by the Administrative Procedures Act.

The following rules HAVE previously been approved by the Board and have gubernatorial approval under Emergency rulemaking. These rules have been REVISED for Permanent Rulemaking.

A. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE RULEMAKING ACTION: PERMANENT RULEMAKING RULES:

Subchapter 5. Individual Providers and Specialties

Part 20. Lactation Consultants

OAC 317:30-5-230. through 317:30-5-235. [NEW]

(Reference APA WF # 07-42)

SUMMARY: Rules are revised to add coverage for outpatient lactation consultation services for pregnant and post partum SoonerCare members by International Board Certified Lactation Consultants (IBCLCs). Professional lactation services provide counseling or behavioral interventions to improve breastfeeding outcomes. Currently, access to lactation education and counseling is limited for SoonerCare members. Proposed rule revisions are a result of the Oklahoma State Department of Health and the Oklahoma Health Care Authority Perinatal Task Force. This revision to rules will allow IBCLCs who are certified by the International Board of Lactation Consultant Examiners (IBLCE) to contract directly with the OHCA and will increase access to lactation services for pregnant/postpartum SoonerCare members. A public hearing was held February 21, 2008. No comments were received before, during, or after the hearing.

MOTION:

Member Armstrong moved for approval of rule 7(II-A) as presented. Governor Anaotubby seconded.

FOR THE MOTION:

Member Armstrong, Member Miller, Member Langenkamp, Governor Anoatubby, Member McFall, and Chairman Roggow

ABSENT:

Vice-Chairman Hoffman

Ms. Roberts presented the following permanent rules for adoption.

III. Adoption of Permanent Rules as required by the Administrative Procedures Act.

The following rules HAVE previously been approved by the Board and have gubernatorial approval under Emergency rulemaking.

- A. Revising Soonercare eligibility rules to exempt the \$90 VA pension when calculating the member's share of the nursing facility vendor payment. **(Reference APA WF # 07-55)**
- B. Revising rules to limit subcontractor allowable charges for SoonerCare members in PRTF facilities to the Medicaid fee schedule. **(Reference APA WF# 07-59)**
- C. Revising Pharmacy rules to comply with Section 6002 of the Deficit Reduction Act of 2005 requiring the National Drug Code (NDC) to be collected on multiple source, physician administered drugs in order to secure drug rebates. **(Reference APA WF # 07-62)**
- D. Revising SoonerRide Non-Emergency Transportation rules to remove the exclusion of stretcher services. **(Reference APA WF # 07-63)**
- E. Revising rules to concur with recent changes to the ADvantage Home and Community Based Services Waiver document as approved by the Centers for Medicare and Medicaid Services. **(Reference APA WF # 07-49)**
- F. Revising rules to: (1) limit payment for lenses and frames to one pair of glasses per 12 month period unless medically necessary or glasses are lost or damaged beyond repair; and (2) allow physicians to separate the refractive service from the medical evaluation when billing ophthalmology services.. **(Reference APA WF # 07-26)**
- G. Revising rules to clarify that when multiple surgeries are performed at the same setting, the second and subsequent surgeries may be reimbursed at a discounted rate. **(Reference APA WF # 07-68)**

MOTION:

Member Langenkamp moved for approval of rules 7(III) A-G as presented. Member McFall seconded.

FOR THE MOTION:

Member Armstrong, Member Miller, Member Langenkamp, Governor Anoatubby, Member McFall, and Chairman Roggow

ABSENT:

Vice-Chairman Hoffman

Ms. Roberts presented the following permanent rules for adoption.

IV. Adoption of Permanent Rules as required by the Administrative Procedures Act.

The following rules HAVE NOT previously been reviewed by the Board.

- A. Rules for DDS services are revised to: (1) reflect current services in the Home and Community-Based Services (HCBS) Waivers; (2) reflect changes in prescreening requirements and home standards in the home profile process; (3) allow experienced designated DDS staff to complete certain architectural modification assessments; (4) specify dental services for members receiving services through HCBS Waivers; (5) clarify individual placement for job coaching services and

update requirements for employment services through HCBS Waivers; (6) update terminology; (7) eliminate obsolete provisions; and (8) correct scrivener's errors. **(Reference APA WF # 07-60 A & B)**

- B. Rules regarding eligibility for ADvantage services are revised to require the State to redetermine level of care annually for members participating in the ADvantage program. **(Reference APA WF # 07-66)**
- C. Rules regarding reimbursement for long term care facilities is revised to: (1) remove outdated information regarding payment to the nursing facility when the member is in the hospital; (2) add language to freeze the Quality of Care Fee at levels in effect July 1, 2004, and implement 5.5% as a maximum, as per federal law; (3) add language to include additional items needed in the Quality of Care Report in order to implement the Focus on Excellence Program; (4) update language to add the requirement regarding the filing of cost reports on the Secure Website and to change the due date from September 1st to October 31st; (5) define the cost report requirement for partial year reports; and (6) delete obsolete language. **(Reference APA WF # 07-67)**
- D. Rules are revised to end the existing reimbursement methodology for PACT services effective June 30, 2008. **(Reference APA WF # 07-71)**
- E. Rules are revised to update the agency's designated agent that reviews the length of stay and appropriateness of hospital admissions from the Oklahoma Foundation for Medical Quality (OFMQ) to the generic term, "Quality Improvement Organization (QIO)" since the agency no longer contracts with the OFMQ. **(Reference APA WF # 07-37)**
- F. Rules are revised to strike current outpatient behavioral health reimbursement language and replace it with language that refers to the State Plan. **(Reference APA WF # 07-56)**
- G. 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. Opportunities for Living Life (OLL) rules are also revised to remove inconsistencies regarding payment of durable medical equipment. **(Reference APA WF # 07-61)**
- H. Rules are revised to update current Indian health rules and add a section regarding inpatient medical care by IHS facilities. **(Reference APA WF # 07-64)**
- I. 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. **(Reference APA WF # 07-74)**
- J. 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. **(Reference APA WF #**

07-75)

- K.** Rules are revised to comply with federal mandate requiring the use of the prescriber's National Provider Identification number, remove specific drug names from policy and clean up outdated terminology. **(Reference APA WF # 07-76)**

MOTION: Member McFall moved for approval of rules 7(IV A-K) as presented. Member Langenkamp seconded.

FOR THE MOTION: Member Armstrong, Member Miller, Member Langenkamp, Governor Anoatubby, Member McFall, and Chairman Roggow

ABSENT: Vice-Chairman Hoffman

ITEM 8/RECOMMENDATION REGARDING CONFLICTS OF INTEREST PANEL CONCERNING RECOMMENDATIONS OF THE DRUG UTILIZATION REVIEW BOARD

Howard Pallotta, Director of Legal Services

Mr. Pallotta stated that the Conflicts of Interest Panel did meet and found no conflicts with regard to Item 8a and 8b.

ITEM 8a/CONSIDERATION AND VOTE TO AUTHORIZE EXPENDITURE OF FUNDS FOR MONEY FOLLOWS THE PERSON GRANT ADMINISTRATION SERVICES FOR OKLAHOMANS FOR INDEPENDENT LIVING

Beth VanHorn, Director of Legal Services

Ms. VanHorn presented the background, scope of work, contract period, and contract amount and procurement method. She made recommendation for the board approval to expend funds for administrative and start-up costs as discussed.

MOTION: Governor Anoatubby moved for approval of 8a as presented. Member McFall seconded.

FOR THE MOTION: Member Armstrong, Member Miller, Member Langenkamp, Governor Anoatubby, Member McFall, and Chairman Roggow

ABSENT: Vice-Chairman Hoffman

ITEM 8b/CONSIDERATION AND VOTE TO AUTHORIZE EXPENDITURE OF FUNDS FOR OHCA'S EXISTING CONTRACT WITH HARTZOG, CONGER, CASON AND NEVILLE

Beth VanHorn, Director of Legal Services

Ms. VanHorn presented the background, scope of work, contract period, and contract amount and procurement method. She made recommendation for the board approval to expend funds as discussed.

MOTION: Member McFall moved for approval of 8b as presented. Member Armstrong

seconded.

FOR THE MOTION:

Member Armstrong, Member Miller,
Member Langenkamp, Governor
Anoatubby, Member McFall, and
Chairman Roggow

ABSENT:

Vice-Chairman Hoffman

**ITEM 9/DISCUSSION ITEM - PROPOSED EXECUTIVE SESSION AS RECOMMENDED BY
THE DIRECTOR OF LEGAL SERVICES AND AUTHORIZED BY THE OPEN MEETINGS ACT,
25 OKLA. STATE. §307(B)(1),(4)&(7)**

Howard Pallotta, Director of Legal Services

Executive Session was waived.

NEW BUSINESS

None

ADJOURNMENT

MOTION:

As there was no further business,
Member McFall moved that the OHCA
Board adjourn. Member Langenkamp
seconded.

FOR THE MOTION:

Member Armstrong, Member Miller,
Member Langenkamp, Governor
Anoatubby, Member McFall, and
Chairman Roggow

ABSENT:

Vice-Chairman Hoffman