

**OKLAHOMA HEALTH CARE AUTHORITY
MEDICAL ADVISORY COMMITTEE MEETING
September 20, 2007
1:00 p.m. – OHCA Board Room
4545 N. Lincoln Blvd., Suite 124
Oklahoma City, OK 73105**

TENTATIVE AGENDA

- I. Welcome, Roll Call, and Public Comment Instructions
- II. Approval of minutes of the July 19, 2007 Medical Advisory Committee Meeting
- III. Preliminary SFY09 Budget Request Discussion: Juarez McCann, Chief Budget Officer, Budget & Fiscal Planning
- IV. Program Operations & Benefits Update: Becky Pasternik-Ikard, Director of Program Operations
- V. Provider Services Support Update: Melody Anthony, Director of Provider Services
- VI. OHCA Board Retreat Summary: Cindy Roberts, Director of Program Integrity & Planning
- VII. Action Items: Cindy Roberts, Director of Program Integrity & Planning

FEDERAL MANDATE

1. **LTC Partnership**-Rules are revised to disregard resources for individuals with an Oklahoma Long-Term Care Partnership Program approved policy. Rules are also revised to disregard payments made to certain children of veterans.

OHCA INITIATED MODIFICATIONS

2. **Indian Boarding Schools**-Rules are revised to recognize children who reside in Indian Boarding Schools as residents of Oklahoma.

3. **O-EPIC IP**-Rules are revised to exclude the services of a Lactation Consultant, a Maternal and Infant Health Licensed Clinical Social Worker, and enhanced services for medically high risk pregnancies as found in 317:30-5-22.1 as covered benefits in O-EPIC IP.

4. **Breast Prosthesis**-Rules are revised to allow an exception for coverage of external breast prosthesis in instances where a woman with breast cancer received reconstruction following a mastectomy, but the breast implant fails or ruptures and circumstances are such that implant replacement is not recommended and/or desired by the member.

5. **Utilization Review**-Rules are revised to update OHCA'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 OHCA no longer contracts with the OFMQ. Also changes are made to remove an invalid billing and inquiries reference and replace it with current references.

6. **Amniocentesis, Evaluation and Management**-Rules are revised to allow an evaluation and management (E&M) service to be billed on the same day an amniocentesis is performed.

7. **Observation**-Rules are revised to clarify that Observation is a patient status rather than a place and that it is appropriate when there is a lack of diagnostic certainty and when extensive therapy has a reasonable possibility of abating the member's presenting condition. Changes are also being made to allow hospitals to re-bill Observation services if an admission does not meet inpatient criteria but does meet observation criteria.

DHS INITIATED MODIFICATION

8. **ADvantage Program Waiver Services**-Rules are revised 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. Rule revisions include: (1) changing the covered localities for the CD-PASS program to allow for state wide expansion; (2) removing the requirement that the member receive State Plan or ADvantage personal care for one year before being considered for the CD-PASS program; (3) eliminating Comprehensive Home Care and CHC Personal Care; (4) updating the nutritional requirement for Home Delivered Meals and adding the requirement that the provider obtain a signature from the member or member's representative; and (5) revising the service definition, scope, and requirements for Institutional Transitions Services to reflect newly negotiated terms in the Waiver.

VIII. Discussion

IX. New Business

X. Adjourn