

OKLAHOMA HEALTH CARE AUTHORITY  
BOARD MEETING  
February 14, 2008 at 1:00 pm  
Oklahoma Health Care Authority  
4545 N. Lincoln Blvd, Suite 124  
Oklahoma City, OK

**TENTATIVE AGENDA**

**Items to be presented by Chairman Roggow**

1. Call To Order/Determination of quorum - Lyle Roggow, Chairman
2. Action Item - Approval of January 10, 2008 Board Minutes

**Items to be presented by Mike Fogarty, Chief Executive Officer**

3. Presentation of the EDS 2007 Service Excellence Cup  
Scott Mack/Account Executive, EDS and Jeff Heller/Vice-Chairman,  
EDS
4. Discussion Item - Chief Executive Officer's Report
  - a) Financial Update - Anne Garcia
  - b) Medicaid Director's Update/OEPIC-Insure Oklahoma Update - Lynn  
Mitchell, M.D.
  - c) Legislative Update - Nico Gomez

**Item to be presented by Chairman Roggow**

5. Discussion Item - Reports to the Board by Board Committees  
Audit/Finance Committee - Member Miller  
Legislative Committee - Member Langenkemp  
Rules Committee - Member Armstrong

**Item to be presented by Nancy Nesser, J.D., D.Ph., Pharmacy Director**

6. Action Item - Consideration and Vote Regarding Recommendations  
Made by the Drug Utilization Review Board Under 63 Oklahoma  
Statutes 5030.3.(6).
  - a) Recommendation Regarding Conflicts of Interest Panel  
Concerning Recommendations of the Drug Utilization Review  
Board - Howard Pallotta, Director of Legal Services
  - b) Consideration and Vote to add the drugs Lindane, Malathion,  
and Crotamiton to the Scope/Utilization-based prior  
authorization program under OAC 317: 30-5-77.2 (e).
  - c) Consideration and Vote to add the therapeutic category of  
topical antifungal products to the Product Based Prior  
Authorization Program under 63 Oklahoma Statutes 5030.5.

**Items to be presented by Cindy Roberts, Director of Program Integrity and Planning**

7. Recommendation Regarding Conflicts of Interest Panel Regarding Rules - Howard Pallotta, Director of Legal Services
- A) Action Item - Consideration and Vote upon Declaration of Emergency for Rule A (see rules agenda)
  - B) Action Item - Consideration and Vote Upon Declaration of Substantive Rule Changes for Rule A (see rules agenda)
  - C) Action Item - Consideration and Vote Upon Permanent Rules noted in the Rules Agenda (see rules agenda)

**Item to be presented by Beth VanHorn, Director of Legal Operations**

8. Recommendation Regarding Conflicts of Interest Panel Regarding Contracts, Howard Pallotta, Director of Legal Services
- a) Consideration and Vote to authorize expenditure of funds for an evaluation of the Managed Care 1115 Waiver
  - b) Consideration and Vote to authorize expenditure of funds for a collections contract with Beck & Associates

**Item to be presented by Chairman Roggow**

9. 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)

Status of Pending Suits and Claims

Oklahoma Chapter of American Academy of Pediatrics v. Fogarty,	01-CV-0187E
Evans et al v. Fogarty, et al (Tenth Circuit Cases)	
05-6130, 6106, 6110, 6112, 6122, 6358, 6359, 6361	
Woodlawn Manor v. OHCA	Sup.Ct.104353
Medlin v. OHCA	CJ-2006-03624
Lemmings v. OHCA	CJ-2006-1193
OFMQ v. DCS & OHCA	Sup.Ct. 104741
Pharmcare v. OHCA	Case No. 100429
Moorehead v. State	CJ-07-1110
Sean Boone, D.O. v. OHCA	CJ-2007-4468
New Directions Life Center, An Oklahoma Corp; and Dr. David Linden, an Individual v. OHCA	Case No. 05-9229
AHS Tulsa Regional Medical Center v. Fogarty	07 CV-338
Children Dental Clinic of Oklahoma City v. OHCA	CJ-2007-11145

**Item to be presented by Chairman Roggow**

10. New Business
11. Adjournment

**Next Board Meeting  
March 13, 2008  
Oklahoma City, Oklahoma**

**Rules Agenda  
February 14, 2008**

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

- A. Revising rules to allow SoonerCare providers to bill and receive partial payment for the lesser surgeries when multiple surgeries are performed at the same setting in an outpatient hospital facility or ambulatory surgical center. (Reference APA WF # 07-68)

**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. Revising Medical Suppliers rules to: (1) reorganize and be more user friendly by adding definitions and separating services; (2) include supplier accreditation, medical necessity, prescription, documentation, and prior authorization requirements; (3) address rental, purchase, repairs, maintenance, replacement, and delivery of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS); (4) allow SoonerCare members freedom of provider choice; and (5) provide guidelines for new billing and reimbursement requirements. (Reference APA WF # 07-22)
- B. Revising rules to permit additional reimbursement to providers treating a member who is confirmed to be medically/obstetrically "high risk" and allow additional ultrasounds and non stress tests needed beyond the basic benefit. (Reference APA WF # 07-38)

**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 Physicians rules to clarify terminology for cataract surgery and claims' processing with modifiers. (Reference APA WF # 07-08)
- B. Revising Long Term Care rules to remove the nursing facility payment methodology from rules and referencing the Medicaid State Plan. (Reference APA WF# 07-17)
- C. Revising rules to change the due date for the payment of the Quality of Care Fee from the 10<sup>th</sup> to the 15<sup>th</sup> of the month following the assessment. (Reference APA WF # 07-16)
- D. Revising PASRR rules to reflect the new required PASRR form and new submission deadline requirements. (Reference APA WF # 07-07A and 07-07B)

- E. Revising Residential Behavioral Management Services (RBMS) in Group Settings and Non-Secure Diagnostic and Evaluation Centers rules to: (1) allow Licensed Alcohol and Drug Counselors to provide RBMS services; (2) add trauma informed methodology as an option to staff training requirements; and, (3) update terminology as recommended by the Behavioral Health Collaborative. **(Reference APA WF # 07-10)**
- F. Revising Residential Behavioral Management Services (RBMS) in Foster Care Settings to: (1) allow Licensed Alcohol and Drug Counselors to provide RBMS services; (2) add trauma informed methodology as an option to staff training requirements; (3) update terminology as recommended by the Behavioral Health Collaborative; and, (4) add language to the inspection of care section to describe actions on contract deficiencies. **(Reference APA WF # 07-12)**
- G. Revising Adult Case Management Services rules regarding provider requirements to concur with recommendations of the Behavioral Health Collaborative. **(Reference APA WF # 07-13)**
- H. Revising Children's Case Management Services rules regarding provider requirements to concur with recommendations of the Behavioral Health Collaborative. **(Reference APA WF # 07-09)**
- I. Revising Outpatient Behavioral Health Services rules to: (1) streamline documentation; (2) broaden accessibility to providers; (3) develop consistency among state agencies that deal with mental health services; and, (4) eliminate coverage of Clubhouse services. **(Reference APA WF # 07-14)**
- J. Revising inpatient psychiatric hospital rules to establish criteria for newly defined levels of Psychiatric Residential Treatment Facilities. **(Reference APA WF # 07-11)**
- K. Revising and relocating Disease Management rules from Pharmacy specific to general coverage rules and to allow the expansion of Disease Management services to all provider types. **(Reference APA WF # 07-01)**
- L. Revising pharmacy rules to: (1) allow for coverage of certain over-the-counter products if the particular product is both cost-effective and clinically appropriate; (2) remove specific drug names from policy; and (3) clean up out-dated terminology. **(Reference APA WF # 07-06)**
- M. Revising rules to: (1) remove the prior authorization requirement for the initial evaluation of physical therapy services for children; and (2) issue provider specific rules for outpatient occupational therapy services. **(Reference APA WF # 07-23)**
- N. Revising Physician rules to clarify payment for venipuncture and catheterization services. **(Reference APA WF # 07-15)**

- O. Revising Dental rules to allow prior authorization information for periodontal scaling and root planing to be submitted after the services have been provided in certain situations. **(Reference APA WF # 07-18)**
- P. Revising O-EPIC Individual Plan (IP) rules to allow 12 months of SoonerCare eligibility to the newborn of an O-EPIC IP member. **(Reference APA WF # 07-19)**
- Q. Rules are being issued to establish guidelines for ICF/MR level of care medical eligibility determinations for TEFRA children. **(Reference APA WF # 07-21)**
- R. Revising eligibility rules for long term services to comply with provisions of the Deficit Reduction Act of 2005 which: (1) requires a change in the disclosure and treatment of annuities purchased on or after 2/8/06; (2) establishes an upper limit for the excluded value of a home; (3) requires that included in the definition of "assets" are funds used to purchase a promissory note, loan, or mortgage, unless certain circumstances exist; and (4) redefines "assets" to include the purchase of a life estate interest in another individual's home. **(Reference APA WF # 07-24)**
- S. Revising rules to remove the requirement for submission of a specific form for sterilization consent and allow providers to use any form that is federally approved or mandated for sterilization consent. **(Reference APA WF # 07-02)**
- T. DDS rules are revised to: (1) reflect current residential support options through the DDS Home and Home and Community-Based Services (HCBS) Waiver program as approved by the Centers for Medicare and Medicaid Services (CMS); and (2) provide a new residential support option known as community Transition services (CTS). **(Reference APA WF # 07-28)**
- U. Rules are revised to clarify reimbursement for therapy for adults in the inpatient and outpatient hospital settings. **(Reference APA WF # 07-30)**
- V. Rules are revised to require written prescription be printed on tamper-proof paper in order to qualify for FFP. **(Reference APA WF # 07-44)**
- W. Rules are revised to expand current O-EPIC Employer Sponsored Insurance (ESI) and Individual Plan (IP) maximum income standards from 185% of the Federal Poverty Level to 200%. **(Reference APA WF # 07-39)**
- X. Rules are revised to clarify that a member: (1) has the option to enroll in SoonerPlan only, even if they may be otherwise eligible for SoonerCare; and (2) may not receive family planning waiver benefits if he or she has had a sterilization procedure. **(Reference APA WF # 07-46)**
- Y. Revising rules to postpone until 2011 the requirement that suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) must be accredited by a

- Medicare-deemed accreditation organization for quality standards for DMEPOS suppliers in order to receive reimbursement from the SoonerCare program. **(Reference APA WF # 07-48)**
- Z. Revising SoonerCare application procedure rules to allow the acceptance of facsimile signatures on all SoonerCare applications. **(Reference APA WF # 07-25)**
- AA. Revising rules to add Licensed Genetic Counselors (LGCs) to individual providers and specialties who provide health care to SoonerCare members. **(Reference APA WF # 07-41)**
- BB. Revising rules to add Maternal and Infant Health Licensed Clinical Social Workers (MIHLCSWs) to individual providers and specialties who provide health care to SoonerCare members. **(Reference APA WF # 07-40)**
- CC. Revising rules to exclude certain pregnancy related services from the Insure Oklahoma/O-EPIC Individual Plan benefit package. Excluded are: (1) services of an International Board Certified Lactation Consultant (IBCLC), (2) services of a Maternal and Infant Health Licensed Clinical Social Worker (MIHLCSW), and (3) enhanced services for medically high risk pregnancies. **(Reference APA WF # 07-53)**
- DD. Revising rules to allow an exception for coverage of external breast prostheses. **(Reference APA WF # 07-47)**
- EE. Revising eligibility requirements to recognize children who reside in IHS, BIA, or Tribal controlled dormitories as residents of Oklahoma for SoonerCare eligibility purposes. **(Reference APA WF # 07-50)**
- FF. Revising rules to add pregnancy related benefits to improve health outcomes for children who are citizens at birth. **(Reference APA WF # 07-58)**
- GG. Revising rules to allow SoonerCare providers to bill and receive payment for an evaluation and management service and an amniocentesis on the same date of service. **(Reference APA WF # 07-51)**
- HH. Revising rules to implement Section 6021 of the Deficit Reduction Act regarding Long-Term Care Insurance Partnership programs. Rules regarding income and resource disregards are also amended to specifically address the following payments as allowable income or resource disregards when determining eligibility for SoonerCare services: (1) payments made to certain Vietnam veterans' children with spina bifida; (2) payments made to certain Korea service veterans' children with spina bifida; and (3) payments made to the children of women Vietnam veterans who suffer from certain birth defects. **(Reference APA WF # 07-57)**

II. Revising rules to eliminate the requirement that an Explanation of Medicare Benefits be attached to a cross-over claim before it can be processed. (**Reference APA WF # 07-65**)