

OKLAHOMA HEALTH CARE AUTHORITY
BOARD MEETING
March 13, 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 February 14, 2008 Board Minutes

Items to be presented by Mike Fogarty, Chief Executive Officer

3. Presentation of All Star Employee of the Month for February 2008
4. Discussion Item - Chief Executive Officer's Report
 - a) Financial Update - Carrie Evans
 - b) Medicaid Director's Update/OEPIC-Insure Oklahoma Update - Lynn Mitchell, M.D.
 - c) Legislative Update - Nico Gomez
5. Target Case Management Update on Federal Decisions - Traylor Rains, J.D., Senior Policy Specialist

Item to be presented by Chairman Roggow

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

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 and B (see rules agenda)
 - B) Action Item - Consideration and Vote Upon Declaration of Substantive Rule Changes for Rule A and B (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 Money Follows the Person Grant Administration Services for Oklahomans for Independent Living
 - b) Consideration and Vote to authorize expenditure of funds for OHCA's existing contract with Hartzog, Conger, Cason and Neville

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

Evans et al v. Fogarty, et al	Sup.Ct. 07-980 CIV-01-0252 CIV-01-0557-HE
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	Sup. Ct. 100429
Moorehead v. State	CJ-07-1110-L
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 Children Dental Clinic of Oklahoma City v. OHCA	07 CV-338 CJ-2007-11145
Brian K. Lepley, D.O. v. OHCA	CJ-2007-9448
CNA Pro v. OHCA	Sup.Ct. 103254

10. Return to Regular Session

Item to be presented by Chairman Roggow

11. New Business
12. Adjournment

DATE OF NEXT MEETING

April 10th, 2008

Oklahoma Health Care Authority
Oklahoma City, OK

Rules Agenda

March 13, 2008

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

- A. Revising Dental rules to add definitions for certain terminology, clarify rules regarding payment for permanent restorations, and revise rules regarding payment for radiographs. (Reference APA WF # 08-04)

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 rules to add licensed nurses and dieticians who are also International Board Certified Lactation Consultants (IBCLCs) to individual providers and specialties who provide health care to SoonerCare members. (Reference APA WF # 07-42)

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)**

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% 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)**