

MEDICAL ADVISORY COMMITTEE MEETING
Draft Minutes
September 18, 2008

Members attending: Ms. Bellah, Ms. Patti Davis, Ms. Sherry Davis, Ms. Jena Jackson for Ms. Forrest, Dana Heesley for Mr. Goforth, Dr. Grogg, Ms. Holiman, Dr. Kasulis, Mr. Duehning for Mr. Machtolff, Dr. McNeill, Dr. Neuwald for Mr. Hendrick, Dorothy Prophet for Dr. Ogle, Dr. Post, Dr. Rhoades for Dr. Crutcher, Ms. Slatton-Hodges for Ms. White, Becky Moore for Mr. Unruh, Dr. Wells, Derek Ralph for Dr. Woodward, Mr. Tallent.

Members absent: Ms. Bates, Ms. Case, Dr. Crawford, Dr. Kerr, Dr. Owen, Dr. Simon, Dr. Walker, Dr. Wright, Dr. Yadon.

I. Welcome, Roll Call, and Public Comment Instructions

Dr. McNeill welcomed the committee members and called the meeting to order. Roll call established the presence of a quorum and public comment instructions were given. There were no individuals signed in for public comment.

Dr. Mitchell announced that there would be a change in future agendas to include a place for comments from MAC members.

Mr. Bergin announced that all the members of the MAC had probably received 3-ring binders from someone who had an appeal pending and which were intended for the appeals committee which met immediately after this meeting.

II. Approval of minutes of the July 17, 2008 Medical Advisory Committee Meeting

Ms. Holiman made the motion to approve the minutes as written. Ms. Sherry Davis seconded. Motion carried.

III. Financial Report: Anne Garcia, Chief Financial Officer

Ms. Garcia reviewed the Financial Report for the year ended June 30, 2008. For more detailed information see MAC information packet.

IV. Program Operations & Benefits Update: Becky Pasternik-Ikard, Director of Program Operations

Ms. Pasternik-Ikard reviewed the SoonerCare Programs report for July 2008 and the Sooner Plan report ending March 31, 2008. For more detail see MAC information packet.

V. Provider Services Support Update: Melody Anthony standing in for Paul Keenan MD

Ms. Anthony reviewed the Provider Fast Facts for August 2008. She stated that next month they will be doing Fall training. The training would be on many issues and detail regarding transition to patient centered medical home. For more detail see MAC packet.

VI. Insure Oklahoma Update: Matthew Lucas, Director of Insure Oklahoma

Mr. Lucas handed out Insure Oklahoma promotional items to the members. He also reviewed the Insure Oklahoma Fast Facts. Mr. Tallent wondered how groups were trained for Insure Oklahoma. Mr. Lucas stated that he has a group that goes out to speak to groups for training and education. For more detail see MAC packet.

VII. PACE Program Update: Trevlyn Cross, Director, Indian Health Services

Ms. Cross stated that this program provided a home and community-based services for the elderly, ages 55 or older. It is based on nursing home level of care and is based out of Tahlequah. It started August 1 and they currently have 3 people enrolled in the program. The facility is licensed for 108. It is the 1st tribal owned rural PACE program in the state. It is a licensed adult day care center and clinic and its goal is to keep people in their home. They

come to the center 2-3 times a week and stay 2-3 hours. It is not limited to tribal members but is open to all; however, there is no cost to tribal members.

VIII. Action Items: Cindy Roberts, Deputy Chief Executive Officer

Federally Initiated

1. SoonerCare eligibility rules are revised to implement the Living Choice program created to promote community living for persons with disabilities or long-term illnesses. The Living Choice program is Oklahoma's Money Follows the Person demonstration project made possible by Section 6071 of Public Law 109-171, the Deficit Reduction Act of 2005.

Motion was made by Mr. Tallent to approve Rule 1 as written and Ms. Holiman seconded. Motion carried.

OHCA Initiated

2. Insure Oklahoma rules are revised to expand Individual Plan benefits to cover the following: (1) physical, occupational and speech therapy services for adults in an outpatient hospital setting; and (2) outpatient behavioral health services provided by an individual Licensed Behavioral Health Professional.

Patti Davis wondered about the network on page 3. Dr. McNeil stated that a list of people who provide treatment could be added to the list.

3. General Provision rules are revised to remove the complete Americans with Disabilities Act (ADA) and replace it with language that states OHCA will comply with all applicable sections of the ADA as some of the provisions do not apply to state government.
4. Psychologist rules are revised to allow reimbursement for services provided by student psychologists participating in an internship or fellowship in an accredited academic clinical psychology training program.
5. Inpatient behavioral health rules are revised to clarify individual plans of care must be reviewed every five to nine calendar days in acute settings and every 11 to 16 days in longer term treatment programs.
6. Rules are revised to add telemedicine as a service delivery option for certain providers in order to facilitate providing medical consultations, office visits and behavioral health services to members in rural areas, medically underserved areas, or geographic areas where there is a lack of local medical or psychiatric/mental health expertise.

Dr. Rhoades recommended that the State and County health departments be added to the list as an originating site. Ms. Holliman noted that it was stated that psychiatric nurses get reimbursed by medical code. This is not usually true. They get reimbursed by the psychiatric code. This should probably be changed. Dr. Mitchell said they would look into that and Ms. Roberts stated that it was probably an oversight on our part.

7. Rules regarding nutritional services are revised to permit two of the six hours allowed to be done in a group setting for pregnant members who are at risk or those who have been recently diagnosed with gestational diabetes.
8. Rules are revised to remove obsolete prior authorization contact information.

Motion was made by Dr. Grogg to approve rules 2 – 8 with changes. Ms. Slatton-Hodges seconded. Motion carried.

OKDHS Initiated

9. Medical Assistance for Adults and Children Eligibility rules are being revised to:
 - (a) remove an incorrect procedure that was added to ABD LTC resource policy effective August 2007;
 - (b) clarify how loans and transfers of property can possibly affect the member's eligibility for long term care;
 - (c) clarify Workers' Compensation Medicare Set Aside Arrangements are not considered resources;
 - (d) clarify transfer or disposal of capital resources, for ABD, are not applicable unless the individual enters a nursing home or receives waiver services; and
 - (e) remove incorrect language that references AFDC and spend down.
10. Rules regarding the payment of Medicare Part A claims for skilled nursing facility care are revised to limit the SoonerCare payment to the Medicaid rate minus the total of all other payments. ***(Please note this rule in this section only is OHCA initiated and not OKDHS initiated. All remaining rules in this section are OKDHS initiated)***
11. ADvantage Waiver Services rules are revised to add an additional exception to the cost cap provision.
12. OKDHS/Aging Unit has requested emergency revisions to the Personal Care services rules to shift service authorization and monitoring from the OKDHS nurses to provider nurses. Other revisions update form numbers, terminology, and procedures for OKDHS staff.

Ms. Roberts stated that the OKDHS had requested this rule to be removed and not considered at this meeting.

13. SoonerCare eligibility rules are revised to allow individuals to apply for nursing home care (or private ICF/MR) at the OKDHS human services center (HSC) of their choice.

Motion made by Dr. Neuwald to approve rules 9 – 11 and 13. Ms. Holiman seconded. Motion carried.

Dr. McNeil pointed out that the MAC packet also contained the minutes from the last two DUR meetings and the last Board Meeting.

IX. Discussion

Dr. Grogg briefly discussed the moving of the OSU residency program in Tulsa from the OSU Medical Center. He stated that 38,000 visits to the medical center will be impacted by this move. Dr. McNeil asked if Ardent was trying to fill the gap with something. Dr. Grogg stated that Ardent (which owns OSU Medical Center) is looking at ways to manage the population that will be impacted. They are looking at using a facility that is already there or perhaps building a new facility.

X. New Business - There was no new business.

XI. Dr. Grogg made the motion to adjourn at 2:00 p.m. Ms. Neuwald seconded. Motion carried.