

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING
OF THE OKLAHOMA HEALTH CARE AUTHORITY BOARD
Held at OSU Tulsa Campus
Tulsa, Oklahoma
December 13, 2007
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 December 13 2007.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman Roggow called the meeting to order at 1:07pm.

BOARD MEMBERS PRESENT: Member Armstrong, Member Miller,
Member Langenkamp, Vice Chairman
Hoffman, Member McFall and Chairman
Roggow

ABSENT: Governor Anoatubby

OTHERS PRESENT Bill Lance, Chickasaw Nation
Becky Moore ON ACP
Representative Lucky Lemons
Senator Brian Crain
Dan Arthell, CSC-Tulsa
Representative John Wright

**DECLARATION OF EMERGENCY: DUE TO POWER OUTAGE LOCATION OF BOARD MEETING WAS
CHANGED FROM OSU/COLLEGE OF OSTEOPATHIC MEDICINE TO OSU/TULSA CAMPUS**

MOTION: Vice Chairman Hoffman moved for
approval of the Declaration of
Emergency due to power outage.
Member McFall seconded.

FOR THE MOTION: Member Armstrong, Member Miller,
Member Langenkamp, Vice Chairman
Hoffman, Member McFall and Chairman
Roggow

ABSENT: Governor Anoatubby

**DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE
REGULARLY SCHEDULED BOARD MEETING HELD OCTOBER 11, 2007**

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 Langenkamp moved for
approval of the November 8, 2007
board minutes as presented. Member
McFall seconded.

FOR THE MOTION:

Member Armstrong, Member Miller,
Member Langenkamp, Vice Chairman
Hoffman, and Member McFall

ABSTAIN:

Chairman Roggow

ABSENT:

Governor Anoatubby

Chairman Roggow recognized Representative Lucky Lamons of District 66. Representative Lemons discussed some of the several issues concerning his district. In his district there are 3 hospitals with the average personal income in of \$26,000 a year. He stated that there are 4 things that Oklahoma should do 1) make healthcare accessible; 2)make healthcare affordable; 3)make sure it is good quality care; 4)make sure the unhealthy citizens of Oklahoma take person responsibility for their health. Representative Lamons stated that for the 5th time he will introduce into legislation the Hospital Provider Fee. This is a request from the hospitals that would generate \$124 million as of last year and will bring into the state \$250 million. This year we are going to mandate that this money goes into Insure Oklahoma so that those 700,000 uninsured will be able to get insurance.

Chairman Roggow recognized Senator Brian Crain. Senator Crain stated that he was going to support the Provider Fee. Senator Crain stated that he has the privilege of serving on the appropriations sub-committee which funds the Health Care Authority. Senator Crain stated that he was informed yesterday the hole in the FMAP funding may increase from \$43 million to \$80 million. Senator Crain stated that there will be a performance review of the Health Care Authority budget coming up in the next few months and urges everyone involved with the OHCA budgetary process to be especially sure of numbers and be able to show where they are providing the benefits in the state of Oklahoma. He then spoke with regard to the OSU/OHCA/Ardent lawsuit encouraging the Health Care Authority's goal to have more doctors in the state of Oklahoma, be that through medical school, residency programs, or wherever the opportunity presents itself.

Chairman Roggow recognized Representative John Wright. Representative Wright stated that as Chairman of the House Administrative Rules Committee he would like to address the board adopting an emergency rule related to prenatal care. The administrative rules are clearly intended to be the mechanism by which executive entities carryout and enact legislative intent. The administrative rule process is not supposed to function as a legislature unto itself by creating and augmenting state policy but rather to be the means by which state policy is implemented. Representative Wright stated that it is his understanding that the prenatal rule is outside of federal approval apart from the state legislature embracing similar policy. Representative stated that it will be the effort of several legislators to examine whether or not that administrative rule is outside the scope under the authority of this board.

Chairman Roggow recognized Senator Bill Brown. He stated that he was new to the senate with the past year being his first and came today to learn more about what and how things are being done.

FINANCIAL UPDATE

Anne Garcia

Ms. Garcia stated that revenues for OHCA through October, accounting for receivables, were **\$1,037,737,655** or **.4 % under** budget. Expenditures for OHCA, accounting for encumbrances, were **\$985,806,958** or **1.2% under** budget. She stated that the state dollar budget variance through October is **\$7,828,274 positive**. Ms. Garcia commented that 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	1.9
Administration	1.6
Revenues:	
Taxes and Fees	2.1
Drug Rebate	1.7
Overpayments/Settlements	.5
Total FY 07 Variance	\$ 7.8

MEDICAID DIRECTOR'S UPDATE

Lynn Mitchell, M.D.

Dr. Mitchell reported that the enrollment numbers have finally leveled off after initiating the 12 month eligibility. Dr. Mitchell noted that over the last 8 months we have essentially remained flat with the members in the SoonerCare Program. Dr. Mitchell then discussed the numerous Fast Facts, the December numbers for ESI showing 4,392 members with 1,252 members in the IP Program for a total of 5,643. The first marketing effort for OEPIC/Insure Oklahoma Program was launched October 15th with an immediate increase in numbers. Dr. Mitchell stated that the DUR did not meet due to weather, but did note that the call volume numbers were up for pharmacy. Dr. Mitchell then discussed the 50 State Survey conducted by Vernon Smith of Health Management Associates, and in conjunction with the Kaiser Commission carries out this high level Medicaid survey. Dr. Mitchell then discussed the slides of that Medicaid Survey Report. She said the full report will be provided to Board Members. For detailed report, see Item 4B of the board packet.

REPORTS ON CITIZENSHIP DOCUMENTATION COMPLIANCE

Mike Fogarty, CEO

Mr. Fogarty reported on the new citizenship documentation requirements; who is being affected by these new rules (children and families); steps being taken to mitigate the problem; the number of SoonerCare members who lost their medical benefits due to citizenship documentation requirements; and the recent federal analyses (one by the Government Accountability Office (AGO) and one by the majority staff of the

Oversight Committee). For detailed report, see Item 4C of the board packet.

TEN YEARS LATER: REPORT ON COVERAGE OF CHILDREN AND PREGNANT WOMEN

Mike Fogarty, CEO

Mr. Fogarty gave an historical presentation of what has happened in 10 years since the implementation of Senate Bill 639 and how far the agency has come. He stated that in 1997 the Oklahoma Legislature passed SB 639 which raised eligibility limits for SoonerCare to 185 percent of the federal poverty level for children and pregnant women. Since 1997, Oklahoma has experienced a significant increase in the number of children served by SoonerCare. In 1997, 161,732 children were enrolled in SoonerCare. As of November 2007, that reached 416,796, which represents an increase of 158 percent. Also, the number of uninsured children in Oklahoma dropped from 18.9 percent in 1997 to 12.5 percent in 2007. Mr. Fogarty said that enrollment of pregnant women in SoonerCare also increased, from 14,311 in 1997 to 22,036 in 2007. In 2007, 32,000 births were covered by SoonerCare, as opposed to 19,000 in 1997. For detailed report, see Item 4D of the board packet.

REPORTS TO THE BOARD BY THE BOARD COMMITTEES

Member Miller stated that the Audit Finance Committee did not meet. Member Langenkamp reported that the Legislative Committee did not meet. Member Armstrong said that the Rules Committee did meet and reviewed changes to the rules to be presented today.

ITEM 6/RECOMMENDATION REGARDING CONFLICTS OF INTEREST PANEL REGARDING RATES

Howard Pallotta, Director of Legal Services

Mr. Pallotta stated that Conflicts of Interest Panel did meet and ask that Member Miller abstain on Item 6B.

ITEM 6A/CONSIDERATION AND VOTE UPON INCREASE IN CAPITATED PAYMENTS MADE TO PHYSICIANS IN THE SOONERCARE PROGRAM EFFECTIVE JANUARY 1, 2008

Lynn Mitchell, M.D.

Dr. Mitchell presented the capitation rates for the SoonerCare Program calendar year 2008. The 2008 capitation rates were developed by Mercer Consulting, are actuarially certified, and developed in compliance with the CMS requirements. These rates represent an overall increase of 25% and a blended composite of a non-enhanced rate of \$20.94. For detailed information see Item 6A of the board packet.

MOTION:

Member Langenkamp moved for approval of Item 6A as presented. Vice Chairman Hoffman seconded.

FOR THE MOTION:

Member Armstrong, Member Miller, Member Langenkamp, Vice Chairman Hoffman, Member McFall and Chairman Roggow

ABSENT:

Governor Anoatubby

ITEM 6B/CONSIDERATION AND VOTE UPON INCREASE IN RATES PAID TO PRIVATE BEHAVIORAL HEALTH PROVIDERS FOR BOTH CHILDREN AND ADULT SERVICES EFFECTIVE JANUARY 1, 2008

Lynn Mitchell, M.D.

Dr. Mitchell stated that the Oklahoma Health Care Authority currently pays outpatient behavioral health services to agency providers who bill on behalf of non-physician practitioners using a tiered reimbursement structure

There are two standardized code systems used to describe the specific items and services provided in the outpatient behavioral health service array: CPT codes and HCPCS codes. One of the goals of the Behavioral Health Collaborative is to move toward uniform rates across different funding streams. As an interim step to achieving this goal, the OHCA proposes to update the CPT codes to the Medicare rates effective 1/1/08 for private providers serving adults and children. The current rates and proposed rates are shown below:

CPT Code	Current Rates Private Adults	Proposed Rates 1/1/08 Private Adults	Current Rates Children	Proposed Rates 1/1/08 Children
90804	22.69	43.71	36.67	43.71
90806	43.11	63.95	55.29	63.95
90808	70.34	94.85	82.56	94.85
90810	23.83	46.66	39.59	46.66
90812	45.27	68.98	59.48	68.98
90814	73.86	99.64	86.36	99.64
90846	56.94	62.41	53.67	62.41
90847	56.94	76.56	65.50	76.56
90853	27.23	21.50	25.70	23.85

Dr. Mitchell said that OHCA will continue to review the definitions and codes for the other services included in the service array and recommend changes as warranted, in order to ensure the highest quality care.

Member Miller accepted the Legal Counsel's recommendation to abstain regarding Item 6B.

MOTION:

Member Langenkamp moved for approval Item 6B as presented. Member McFall seconded.

FOR THE MOTION:

Member Armstrong, Member Langenkamp, Vice Chairman Hoffman, Member McFall and Chairman Roggow

ABSTAIN:

Member Miller

ABSENT:

Governor Anoatubby

ITEM 7/RECOMMENDATION REGARDING CONFLICTS OF INTEREST PANEL REGARDING RULES

Howard Pallotta, Director of Legal Services

Mr. Pallotta stated that Conflicts of Interest Panel did meet and found no conflicts regarding the rules.

ITEM 7A/CONSIDERATION AND VOTE UPON DECLARATION OF EMERGENCY RULES A-F AS LISTED ON RULES AGENDA

Cindy Roberts, Director of Program Integrity and Planning

Ms. Roberts the following rules for consideration of declaration of emergency:

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

A. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties
Part 32. SoonerRide Non-Emergency Transportation
OAC 317:30-5-327.5. [AMENDED]
(Reference APA WF # 07-63)

FINDING OF EMERGENCY: The Agency finds that a compelling public interest exists which necessitates promulgation of emergency rules to add stretcher services as a covered benefit to the SoonerRide program. Existing rules exclude stretcher services under the current program. However, the agency has recently awarded a new contract which includes the broker to provide stretcher services to SoonerCare members. The rule change is needed to reflect the added benefit of stretcher services to the SoonerRide program. Without this change, current rules will not be consistent with current responsibilities of the SoonerRide broker.

B. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties
Part 1. Physicians
OAC 317:30-5-14. through 317:30-5-15. [AMENDED]
(Reference APA WF # 07-62)

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 comply with Section 6002 of Public Law 109-171, the Deficit Reduction Act of 2005. Beginning January 1, 2008, the National Drug Code (NDC) is required to be collected on multiple source, physician administered drugs in order to secure drug rebates. Without these revisions, federal financial participation will not be available for physician administered drugs when the NDC is not collected.

C. CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS AND CHILDREN-ELIGIBILITY

Subchapter 5. Eligibility and Countable Income
Part 5. Countable Income and Resources
OAC 317:35-5-42. [AMENDED]
(Reference APA WF # 07-55)

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 comply with federal regulations regarding the post-eligibility treatment of specific payments made by the Department of Veterans Affairs.

D. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties
Part 6. Inpatient Psychiatric Hospitals
OAC 317:30-5-96.8. [NEW]
(Reference APA WF # 07-59)

FINDING OF EMERGENCY: The Agency finds that a compelling public interest exists which necessitates promulgation of emergency rules and requests emergency approval of new rules which add language to policy that protects Psychiatric Residential Treatment Facilities (PRTFs) from having to pay billed charges when they must use other providers. PRTFs are paid a bundled per diem that includes physician, pharmacy and hospital services. The rate was established on the premise that these additional services, provided by a subcontractor, would be reimbursed according to the Medicaid fee schedule, not the billed amount which is often times much higher. If new rules are not issued, these facilities may be liable for charges for which they have not been adequately compensated. Revisions are needed to limit subcontractor allowable charges for SoonerCare members in PRTF facilities to the Medicaid fee schedule.

E. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties
Part 85. ADvantage Program Waiver Services
OAC 317:30-5-760. through 30-5-764.[AMENDED]
(Reference APA WF # 07-49)

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 facilitate consistency with the ADvantage Home and Community-Based Services Waiver which was approved by the Centers for Medicare and Medicaid effective July 1, 2007. The United States Supreme Court's decision in *Olmstead vs. L. C.* requires that Oklahoma provide service options to enable individuals with disabilities to live in the community rather than receiving services in an institution. These revisions will allow more individuals the opportunity and means to make that transition.

F. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties
Part 1. Physicians
OAC 317:30-5-10. [AMENDED]
Part 45. Optometrists
OAC 317:30-5-431. through 317:30-5-432. [AMENDED]
OAC 317:30-5-432.1. [NEW]
Part 47. Optical Companies
OAC 317:30-5-451. [AMENDED]
OAC 317:30-5-452. [REVOKED]
(Reference APA WF # 07-26)

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 limit payment for

lenses and frames to one pair of glasses per 12 month period and to allow physicians to separate the refractive service from the medical evaluation when billing ophthalmology services. Current OHCA policy does not address repairs or frequency of replacement for glasses. Rule revisions would save the agency the cost of supplying member(s) with multiple pairs of eyeglasses when not medically necessary as well as promote efficient use of state and federal dollars. In addition, proposed rule revisions would allow physicians performing ophthalmology services to bill based on current CPT guidelines and update policy to be consistent with Medicare and other third party payors. Current rules are inconsistent with CPT guidelines which have separated the refraction from the medical exam. Rule revisions are needed to clarify and update rules to comply with current coding guidelines.

MOTION: Member McFall moved for declaration of emergency exists for Rules A-F. Member Langenkamp seconded.

FOR THE MOTION: Member Armstrong, Member Miller, Member Langenkamp, Vice Chairman Hoffman, Member McFall and Chairman Roggow

ABSENT: Governor Anoatubby

ITEM 7B/CONSIDERATION AND VOTE UPON DECLARATION OF SUBSTANTIVE RULES A-F AS LISTED ON RULES AGENDA

Cindy Roberts, Director of Program Integrity and Planning

Ms. Roberts the following rules for approval as presented:

A. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties
Part 32. SoonerRide Non-Emergency Transportation
OAC 317:30-5-327.5. [AMENDED]
(Reference APA WF # 07-63)

SUMMARY: The purpose of this rule change is to allow stretcher services to be included as a covered benefit under the SoonerRide Program. Currently, stretcher services are excluded from the Program and provided to members through contracted ambulance providers. Generally, members are only permitted to use ambulance services in emergency situations. However, the agency has had to utilize this method because access to providers for stretcher service has been limited due to state regulations for stretcher transport. Recently, the agency issued and awarded a new Request for Proposal (RFP) for non-emergency transportation. Included in the broker responsibilities under the new RFP, the broker must now provide stretcher services based upon existing State regulations. Currently, the service is reimbursed to the ambulance provider based on an established rate per occurrence. The SoonerRide program is reimbursed based on a capitated rate for all services under the program. The added stretcher service is calculated into the base capitated rate. The added benefit will enable those members whose condition requires stretcher care to schedule and receive their non-emergency stretcher transportation through the SoonerRide program instead of through an ambulance company which generally transports in emergency situations.

B. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties

Part 1. Physicians

OAC 317:30-5-14. through 317:30-5-15. [AMENDED]

(Reference APA WF # 07-62)

SUMMARY: Agency rules are revised to comply with Section 6002 of Public Law 109-171, known as the Deficit Reduction Act of 2005 (DRA), regarding multiple source, physician administered drugs. The DRA requires the National Drug Code (NDC) to be collected on multiple source, physician administered drugs in order to secure drug rebates. Currently, these drugs are billed using only the Healthcare Common Procedure Coding System (HCPCS) code. Unlike the NDC, HCPCS codes do not specify which drug products are being dispensed and therefore drug rebates cannot be collected on these drugs. Revisions are needed to require providers to bill the appropriate NDC for physician administered drugs in addition to the Healthcare Common Procedure Coding System (HCPCS) code.

C. CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS AND CHILDREN-ELIGIBILITY

Subchapter 5. Eligibility and Countable Income

Part 5. Countable Income and Resources

OAC 317:35-5-42. [AMENDED]

(Reference APA WF # 07-55)

SUMMARY: SoonerCare eligibility rules for adults are revised to exempt the \$90 Veterans Affairs (VA) pension received by certain SoonerCare members who are residing in a nursing facility. Under Section 8003 of Public Law 1001-508, VA may reduce the pension of a veteran or their surviving spouse if the veteran does not have dependents, lives in a SoonerCare approved facility, and is a SoonerCare member. Current SoonerCare rules state that the \$90 pension is allowed as the individual's monthly maintenance standard; the standard for most SoonerCare nursing facility members is \$50 per month. OHCA has recently received clarification from CMS that the \$90 VA pension is to be excluded when determining the member's share of the nursing facility vendor payment; therefore, the member will be entitled to the \$90 reduced VA pension as well as the \$50 nursing facility maintenance standard. Rule revisions are needed to comply with federal regulations.

D. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties

Part 6. Inpatient Psychiatric Hospitals

OAC 317:30-5-96.8. [NEW]

SUMMARY: Agency rules are issued to add language to policy that protects Psychiatric Residential Treatment Facilities (PRTFs) from having to pay billed charges when they must use other providers. As of October 2005, PRTFs are paid a bundled per diem that includes, but is not limited to physician services, pharmacy and hospital services. If a child requires one of these services while living and receiving care at the facility, the PRTF is responsible for the payment of these additional services. The payment methodology on which the per diem is based was established on the premise that these additional services would be paid at the Medicaid allowable. These other providers or

"subcontractors" may currently charge the PRTF their billed rate rather than the Medicaid allowable which is often times much higher. New rules are needed to keep the PRTFs from being charged more for services they must provide than what they are being compensated for by the SoonerCare program for SoonerCare members. Rules are revised to limit subcontractor allowable charges for SoonerCare members in PRTF facilities to the Medicaid fee schedule.

E. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties
Part 85. Advantage Program Waiver Services
OAC 317:30-5-760. through 30-5-764.[AMENDED]
(Reference APA WF # 07-49)

SUMMARY: 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. Agency rules are amended to: (1) update the methodology for approval of a spouse or legal guardian to provide personal care services; (2) update the covered localities for the Consumer-Directed Personal Assistance Services and Supports (CD-PASS) program to allow for state wide expansion; (3) remove the requirement that the member receive State Plan or Advantage personal care for one year before being considered for the CD-PASS program; (4) expand on the requirement for Specialized Medical Equipment and supplies to require that providers of reoccurring services which are mailed verify that the member is still eligible and needs the supply; (5) eliminate Comprehensive Home Care (CHC) and CHC Personal Care; (6) update the nutritional requirement for Home Delivered Meals and add the requirement that the provider obtain a signature from the member or member's representative; (7) update the requirement and definitions for Financial Management Services for the CD-PASS program; (8) revise the service definition, scope and requirements for Institutional Transitions Services for the CD-PASS program; (9) revise the reimbursement methodology requirements for Advanced Supportive/Restorative Assistance to reflect current practices; and (10) revise the CD-PASS budget allocation requirement process.

F. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties
Part 1. Physicians
OAC 317:30-5-10. [AMENDED]
Part 45. Optometrists
OAC 317:30-5-431. through 317:30-5-432. [AMENDED]
OAC 317:30-5-432.1. [NEW]
Part 47. Optical Companies
OAC 317:30-5-451. [AMENDED]
OAC 317:30-5-452. [REVOKED]
(Reference APA WF # 07-26)

SUMMARY: Agency rules are revised to limit payment for lenses and frames to one pair of glasses per 12 month period and to allow physicians to separate the refractive service from the medical evaluation when billing ophthalmology services. There is no provision in the SoonerCare program for the coverage of glasses for adults; however, for children, payment is made for lenses and frames required to correct visual defects or to protect children with monocular vision.

Current policy does not address repairs or frequency of replacement. Based upon several recent audits, some providers have been dispensing multiple sets of glasses at each exam. Rule revisions would save the agency the cost of supplying member(s) with multiple pairs of eyeglasses when not medically necessary as well as encourage providers to repair frames rather than dispensing both new frames and lenses when only frames are broken. Proposed rule revisions would also allow physicians performing ophthalmology services to bill based on current CPT guidelines and update policy to be consistent with Medicare and other third party payors. Current OHCA policy requires providers to bill routine checkups and eye examinations for the purpose of prescribing, fitting, or changing eyeglasses and eye refractions using the CPT code for the Intermediate exam. This is inconsistent with current coding guidelines which have separated the refraction from the medical exam. Rule revisions are needed to clarify and update rules to comply with current CPT guidelines.

MOTION: Member McFall moved for approval of Rules A-F as presented. Member Langenkamp seconded.

FOR THE MOTION: Member Armstrong, Member Miller, Member Langenkamp, Vice Chairman Hoffman, Member McFall and Chairman Roggow

ABSENT: Governor Anoatubby

ITEM 8/RECOMMENDATION REGARDING CONFLICTS OF INTEREST PANEL CONCERNING RECOMMENDATIONS OF THE RATES AND STANDARDS COMMITTEE

Howard Pallotta, Director of Legal Services

Mr. Pallotta stated that the Conflict of Interest Panel met with regard to the rates and found no conflicts.

ITEM 8A1-8A12/CONSIDERATION AND VOTE UPON RATES

Cindy Roberts, Director of Program Integrity and Planning

Ms. Roberts reported that there were 2 public hearings that were well attended that addressed the following rates. Ms. Roberts noted that there was only one speaker at the public hearing that spoke in favor of Item A-9.

A) Action Items- Consideration and Vote Upon

- 1) Recommendation to adopt a new rate for a **Pervasive Level of Agency Companion (Employee) and (Contractor)** services

Chairman recognized Patrick Brendle, State Director of Oklahoma Mentor. Mr. Brendle stated many of these children are considered to be the toughest children to serve and we are proud of our record to place these children in loving and structured homes where they receive special services. Mr. Brendle stated that Oklahoma Mentor serves approximately 70% of these children in state custody. Mr. Brendle stated that the children enter this program as the result of a grand staffing process. These children are in state custody and require additional services and support beyond the regular agency companion

services. These children that go through the grand staffing process are often medically complex, abused, neglected, exploited by their biological families, abandoned, have dual diagnosis of mental illness and we have seen an increase in sexual conduct disorders. Oklahoma Mentor provides ongoing support to the families with children in this program. In addition, children are often transitioned into the adult program in order to continue their support as they develop over the years. Mr. Brendle stated that based on the new rate schedule, Oklahoma Mentor's rate will decrease from \$125.00 per day to \$121.75. Mr. Brendle stated that in ongoing meetings with DHS Oklahoma Mentor has proposed 2 rates (1)\$143.15 which would represent the current level of service and incorporate the new master's level clinician or (2) using our current delivery model a rate of \$135.45 to allow us to maintain a level of service that has been provided for the last decade to the citizens of Oklahoma. Mr. Brendle asked the board to modify the rate proposed today.

Chairman recognized Marie Moore with DDSD. Ms. Moore stated that DDSD had met with Mr. Brendle in November regarding the pervasive level. Ms. Moore stated that there are 31 providers currently providing agency companion. Mr. Fogarty stated that this rate if approved will go into effect January 1, 2008. He suggested that he would communicate to Director Hendricks/DHS of Mr. Brendle's concerns to see if some discussion could take place for these types of services.

MOTION:

Member Langenkamp moved for approval of Item 8A-1. Member Miller seconded.

FOR THE MOTION:

Member Armstrong, Member Miller, Member Langenkamp, Vice Chairman Hoffman, Member McFall and Chairman Roggow

ABSENT:

Governor Anoatubby

- 2) Recommendation to adopt a rate paid for **Respite** services equal to the services required by the level of care

MOTION:

Member McFall moved for approval of Item 8A-2. Member McFall seconded.

FOR THE MOTION:

Member Armstrong, Member Miller, Member Langenkamp, Vice Chairman Hoffman, Member McFall and Chairman Roggow

ABSENT:

Governor Anoatubby

- 3) Recommendation to adopt a per diem rate paid for **Community Living 7 to 12 Bed Home services** for adults.

MOTION:

Member Langenkamp moved for approval of Item 8A-3. Vice-Chairman Hoffman seconded.

FOR THE MOTION:

Member Armstrong, Member Miller,
Member Langenkamp, Vice Chairman
Hoffman, Member McFall and Chairman
Roggow

ABSENT:

Governor Anoatubby

- 4) Recommendation to change the reimbursement methodology for **Anesthesiology CPT Codes 00100 through 01966 and 01968 through 01999** from the current maximum flat fee per CPT code to a base plus time methodology.

MOTION:

Member McFall moved for approval of
Item 8A-4. Member Armstrong
seconded.

FOR THE MOTION:

Member Armstrong, Member Miller,
Member Langenkamp, Vice Chairman
Hoffman, Member McFall and Chairman
Roggow

ABSENT:

Governor Anoatubby

- 5) Recommendation to increase the Medicaid rate paid to **Specialized Acute Care ICF/MR Facilities 16 bed or less.**

MOTION:

Member Miller moved for approval of
Item 8A-5. Member McFall seconded.

FOR THE MOTION:

Member Armstrong, Member Miller,
Member Langenkamp, Vice Chairman
Hoffman, Member McFall and Chairman
Roggow

ABSENT:

Governor Anoatubby

- 6) Recommendation to change the reimbursement methodology from the current fee schedule for **Public Dental Clinics** to the average commercial rate. The adoption would increase OHCA payment for SoonerCare members for 25 services.

MOTION:

Member McFall moved for approval of
Item 8A-6. Vice-Chairman Hoffman
seconded.

FOR THE MOTION:

Member Armstrong, Member Miller,
Member Langenkamp, Vice Chairman
Hoffman, Member McFall and Chairman
Roggow

ABSENT:

Governor Anoatubby

- 7) Recommendation to provide a bonus payment to **Nursing Facilities Serving Adults and HIV-Infected Patients.** The bonus payment is provided to nursing homes that score above the median on ten (10)

quality measures.

MOTION: Vice-Chairman Hoffman moved for approval of Item 8A-7. Member McFall seconded.

FOR THE MOTION: Member Armstrong, Member Miller, Member Langenkamp, Vice Chairman Hoffman, Member McFall and Chairman Roggow

ABSENT: Governor Anoatubby

Member McFall asked that a report in 6 months be presented to the Board regarding the increase of nursing facilities performance participating in bonus payment.

8) Recommendation to increase the Medicaid rate paid to **Intermediate Care Facilities for the Mentally Retarded.**

MOTION: Member Armstrong moved for approval of Item 8A-8. Member Miller seconded.

FOR THE MOTION: Member Armstrong, Member Miller, Member Langenkamp, Vice Chairman Hoffman, Member McFall and Chairman Roggow

ABSENT: Governor Anoatubby

9) Recommendation to alter Diagnostics Related Groupings (DRG's) for **Acute Care Hospitals** and altering numeric threshold for other payments. The DRG grouping change will result in both increase and decrease of payments to hospitals. The alteration of numeric threshold will increase other payments to all Acute Care Hospitals.

MOTION: Member Langenkamp moved for approval of Item 8A-9. Vice-Chairman Hoffman seconded.

FOR THE MOTION: Member Armstrong, Member Miller, Member Langenkamp, Vice Chairman Hoffman, Member McFall and Chairman Roggow

ABSENT: Governor Anoatubby

10) Recommendation to increase the rate paid to **Psychiatric Residential Treatment Facilities (PRTF)** by applying a 2.7% inflator to all but Community Based Transitional PRTF (2.2%)

MOTION: Vice-Chairman Hoffman moved for approval of Item 8A-10. Member McFall seconded.

FOR THE MOTION:

Member Armstrong, Member Miller,
Member Langenkamp, Vice Chairman
Hoffman, Member McFall and Chairman
Roggow

ABSENT:

Governor Anoatubby

11. Recommendation to increase the rate paid to **Rehabilitation and Freestanding Psychiatric Hospitals and Long Term Care Hospitals** serving children by applying a 3.2% inflator to the rate

MOTION:

Member Armstrong moved for approval of Item 8A-11. Member McFall seconded.

FOR THE MOTION:

Member Armstrong, Member Miller,
Member Langenkamp, Vice Chairman
Hoffman, Member McFall and Chairman
Roggow

ABSENT:

Governor Anoatubby

12. Recommendation to adopt a rate for ADvantage Assisted Living Services

MOTION:

Member McFall moved for approval of Item 8A-12. Vice-Chairman Hoffman seconded.

FOR THE MOTION:

Member Armstrong, Member Miller,
Member Langenkamp, Vice Chairman
Hoffman, Member McFall and Chairman
Roggow

ABSENT:

Governor Anoatubby

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

MOTION:

Member Armstrong moved for an executive session. Member McFall seconded.

FOR THE MOTION:

Member Armstrong, Member Miller,
Member Langenkamp, Vice Chairman
Hoffman, Member McFall and Chairman
Roggow

ABSENT:

Governor Anoatubby

NEW BUSINESS

None

ADJOURNMENT

MOTION:

Member Langenkamp moved for an adjournment. Member McFall seconded.

FOR THE MOTION:

Member Armstrong, Member Miller, Member Langenkamp, Vice Chairman Hoffman, Member McFall and Chairman Roggow

ABSENT:

Governor Anoatubby