

OKLAHOMA HEALTH CARE AUTHORITY
BOARD MEETING
December 13, 2007 at 1:00 pm
OSU/Tulsa Campus
700 N. Greenwood
Administration Hall, Second Floor
Executive Board Room
Tulsa, OK
AGENDA

Items to be presented by Chairman Roggow

1. Call To Order/Determination of quorum - Lyle Roggow, Chairman
2. Declaration of Emergency: Due to power outage location of Board meeting was changed from OSU/College of Osteopathic Medicine to OSU/Tulsa Campus
3. Action Item - Approval of November 8, 2007 Board Minutes

Items to be presented by Mike Fogarty, Chief Executive Officer

4. Discussion Item - Chief Executive Officer's Report
 - a) Financial Update - Anne Garcia
 - b) Medicaid Director's Update - Lynn Mitchell, M.D.
 - c) Report on Citizenship Documentation Compliance - Mike Fogarty
 - d) Ten Years Later: Report on Coverage of Children and Pregnant Women - Mike Fogarty

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 Lynn Mitchell, M.D.

Recommendation regarding Conflicts of Interest Panel regarding rates
Howard Pallotta, Director of Legal Services

6.
 - a) Consideration and Vote Upon increase in capitated payments made to Physicians in the SoonerCare Program effective January 1, 2008
 - b) Consideration and Vote Upon increase in rates paid to private Behavioral Health providers for both children and adult services effective January 1, 2008. Rates affected are CPT coding for Individual Therapy, Family Therapy and Group Therapy

Item 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 Rules A-F as listed on Rules Agenda
 - b) Action Item - Consideration and Vote Upon Declaration of Substantive Rules A-F as listed on Rules Agenda

Item to be presented by Cindy Roberts, Chairperson of Rates and Standards Committee

8. Recommendation Regarding Conflicts of Interest Panel Concerning Recommendations of the Rates and Standards Committee
Howard Pallotta, Director of Legal Services

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**
- 2) Recommendation to adopt a rate paid for **Respite services** equal to the services required by the level of care
- 3) Recommendation to adopt a per diem rate paid for **Community Living 7 to 12 Bed Home services** for adults.
- 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.
- 5) Recommendation to increase the Medicaid rate paid to **Specialized Acute Care ICF/MR Facilities 16 bed or less.**
- 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.
- 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.
- 8) Recommendation to increase the Medicaid rate paid to **Intermediate Care Facilities for the Mentally Retarded.**
- 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.
- 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%)**
- 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
- 12) Recommendation to adopt a rate for **ADvantage Assisted Living Services**

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

Item to be presented by Chairman Roggow

10. New Business
11. Adjournment

Next Meeting
January 10, 2008
Oklahoma Health Care Authority
4545 N. Lincoln Blvd, Suite 124
Oklahoma City, OK

Rules Agenda

December 13, 2007

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

- A. Revising SoonerRide Non-Emergency Transportation rules to remove the exclusion of stretcher services. **(APA WF # 07-63)**
- B. 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. **(APA WF # 07-62)**
- C. Revising SoonerCare eligibility rules to exempt the \$90 VA pension when calculating the member's share of the nursing facility vendor payment. **(APA WF # 07-55)**
- D. Revising rules to limit subcontractor allowable charges for SoonerCare members in PRTF facilities to the Medicaid fee schedule. **(APA WF # 07-59)**
- 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. **(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. **(APA WF # 07-26)**