

## PERC Meeting Minutes

Date: December 14, 2010  
 Time: 10:00 am – 12:10 pm  
 12:10 pm - 1:04 pm  
 Place: HP Enterprises

Attending :  
 Refer to face sheet listing

**Distribution List: PERC Board, KHPA and EDS**

Topic	DISCUSSION	DECISION AND/OR ACTION
<p><b><u>Review of Minutes &amp; Introductions</u></b></p>	<p>Introductions</p> <p>Review of minutes from 4/28/2010</p>	<p>Minutes approved.</p>
<p><b><u>Agency Update</u></b></p> <ul style="list-style-type: none"> <li>• <b><u>KHPA Reorganization</u></b></li> <li>• <b><u>Clearinghouse Application processing</u></b></li> <li>• <b><u>Budget process</u></b></li> </ul>	<p><b>Agency Update</b>-It was announced that the administration is about to change in January, with the election of a new Governor. KHPA is an independent agency and it is structured through statute. There is not going to be any immediate change made by the new administration to leadership at KHPA at this time. Other agencies will have change and Governor-elect Brownback is making changes by appointing new Cabinet secretaries. The Governor-elect has not yet appointed secretary for the Department of Aging, KDHE and Department of Corrections. As far as the structure of KHPA it is anticipated it will become a cabinet level agency but that is not definite. KHPA is governed by a Board of Directors (independent) and the agency currently reports to an oversight committee. It is anticipated that a change to the agency's structure would be done by a Governor's Executive Order, which would become effective in July 2011.</p> <p><b>Clearinghouse Update</b>-The Clearinghouse for eligibility is still backlogged. KHPA received a CHIPRA grant from the federal Centers for Medicare and Medicaid Services (CMS) in the amount of 1.2 million, related to eligibility outreach efforts. This additional award money allowed KHPA to hire temporary employees to work on decreasing the backlog in a timely fashion. KHPA was cited by CMS for the number of applications that had not been completed within 45 days as required. CMS asked for a Corrective Action Plan and requested all cases over 45 days are cleared out by the end of March or early April 2011.</p> <p>KHPA also received HRSA Grant totally over \$40 million over a five-year period to</p>	

	<p>update the eligibility system. KHPA is at year 2 now in implementation.</p> <p>The agency was also awarded a Recovery Audit Contract (RAC) to review services billed and initiate recoupments for overpayments from Medicaid providers. This was legislatively mandated and is also federally mandated with the passage of the Affordable Care Act (ACA).</p> <p><b>Budget</b>-It was announced that none of the agency's FY 2012 budget proposals had been accepted by the State Division of Budget and now the agency will wait on the new administration for budget and policy direction. During budget discussions held by legislative committees, the agency was asked to provide additional information related to the Medicaid Pharmacy Program. Examples of those legislative requests related to decreasing the number of brand-name drugs prescribed to Medicaid beneficiaries from 5 to 4 and requested changes in Supplemental Drug Rebate process. Additionally, the budget request for funding of the proposed premium increase for SCHIP/HealthWave to \$40 per month, as mandated by the 2010 Legislature, was not approved.</p>	
<p><b><u>Policy Update</u></b></p>	<p>HCPC Update is annual process every year. CMS sends tape with all new codes and KHPA determines who can bill, if covered and what benefits apply. KHPA Policy staff met with HP and made determinations on all codes. Changes effective January 1, 2011. Bulletins will be going out. Tried to mirror current coverage of related codes. Some discrepancies were discovered with some genotype lab codes and KHPA is in the process of cleaning this up.</p> <p>On October 1, 2010 the National Correct Coding Initiative, (NCCI) Medically unnecessary edits (MUE) were put into place and this was mandated in all states. There were only 2 states that implemented this on the correct due date and Kansas was one of the 2 states. These are medically unnecessary services compared to the Standards of Care. Medicare has limitations on codes for certain quantities. If the code is billed exceeding the quantity then the detail is not cut back to the allowed quantity but denied in its entirety. An Example of this situation is immunizations billing for vaccines exceeding 4. Medicare has a limit on procedure code 90472. KHPA can make changes as needed and make an override until March 31, 2011.</p>	

	<p>As of April 1, 2011 KHPA must have an Advanced Planning Document into CMS indicating the edits that KHPA needs to override.</p> <p>KHPA is going to change its global surgery dates. Currently the range is 21-42 days. KHPA is changing it to 10-90 as content of service. KHPA is going to match up with current Medicare guidelines. There is no effective date for this change yet. KHPA will mirror Medicare's Global surgery dates.</p> <p>KHPA now covers smoking cessation for pregnant women only. This was a mandate from the legislature for procedure codes S9453 and S9075 with diagnosis 649.0 tobacco use disorder. This went into effect October 1, 2010.</p>	
<p><b><u>Presentation on Data Analytic Interface (DAI)</u></b></p>	<p>Ross Merritt with Thomson-Reuters gave a demonstration of the Data Analytic Interface (DAI). He indicated that national quality measures have been put into place for the decision support center for KHPA. The Database maintains all claims for statistical purposes. He explained the structures of the measures in the database and how they are measured.</p> <p>The DAI demonstration included a review of the following components of Medicaid data measurements:</p> <ul style="list-style-type: none"> <li>• Quality measures – utilizing evidenced-based guidelines and outcomes based measures. <ul style="list-style-type: none"> <li>○ Measures used are from National Quality Foundation (NQF) and HEDIS (Health Effectiveness Data and Information System) measures</li> <li>○ Event measures, Disease specified measures, General population measures</li> </ul> </li> <li>• Structure of database and measures currently being used and the differences/similarities with HEDIS measures</li> <li>• Review sample of measures currently used – for example, disease/condition measure such as asthma, behavioral health, heart failure, vaccines, etc.</li> <li>• Gaps in care measures – analysis used by case managers to monitor unmet needs for patients</li> <li>• Patient health record – separate component within DAI that shows recent tests and preventive service measures</li> </ul> <p>Committee members discussed the various uses of this information and how it can</p>	

	<p>guide policy discussions, be used to evaluate quality care and health outcomes for Kansans, and provide a basis for health education for consumers. The DAI analysis can be used for physician performance measures, or to compare services provided to Medicaid populations vs. private practice patients, as well as a host of other analyses.</p>	
<p><b><u>Next Meeting</u></b></p>	<p><b><i>The next meeting is scheduled for Tuesday March 22, 2011.</i></b> Please contact Dr. Margaret Smith for agenda items and questions at (785) 296-4753. Contact Jan Provost at (785) 274-4213 if you have any questions regarding these minutes.</p>	

**PEER EDUCATION AND RESOURCE COUNCIL (PERC)**

**MEETING MINUTES ATTENDANCE**

**Tuesday December 14, 2010**

**HP Enterprises/Forbes Field, Topeka, KS**

**PERC Board:**

Pamela Shaw, MD-Chair

**Jeff Pierce, Pharm D**

**Brandan Kennedy MD**

**Susan Laudert MD**

**Sallie Page-Goertz, ARNP**

**Donna Sweet MD**

**KHPA:**

\*Debbie Huske, Senior Manager;

Provider and Non-Institutional

Tamara Demmitt Provider/Consumer

Relations Manager

**Margaret Smith, MD, Medical**

**Director; KHPA**

**Thomson-Reuters**

**Ross Merritt**

**HP Enterprises:**

**Jan Provost, Quality Assurance**

**Supervisor**

\* unbolded names indicate the person  
not in attendance