

## PERC Meeting Minutes

Date: February 24, 2010  
 Time: 11:00 am - 12:02 pm  
 12:28 pm - 1:56 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 2/24/2010                      Voting for 2010 PERC Chair</p> <p>Dr. Atwood announced his resignation. He thanked everyone and said he had enjoyed being on the committee.</p>	<p>Minutes Amended</p> <p>Pam Shaw MD was voted 2010 PERC Chair</p>
<p><b><u>Agency and Legislative Update: Dr. Margaret Smith</u></b></p>	<p>Dr. Smith announced Dr. Allison was confirmed by the Legislature as Executive Director of KHPA. Dr. Smith stated the focus of the Legislative session for KHPA, was again the budget. The budget is being debated and costs saving measures were addressed for Medicaid. Dr. Allison was asked to provide cost saving ideas to the legislature as there will be a deficit in FY2011 as well. A survey was placed on the website last week asking for ideas in cost saving. It appears that there were 125 attempts made to the website but most did not complete as the users did not include their name. 45 responses did include names and at this time the results have not yet been analyzed.</p> <p>Other subject are;</p> <ul style="list-style-type: none"> <li>• The state-wide smoking ban was also debated and may be up for vote this week.</li> <li>• Other health care related bills were being debated but are not KHPA sponsored.</li> </ul> <p>Dr. Smith announced that the HP call center did not close on February 1 and will remain open. KHPA negotiated to keep the call centers open. One of the changes implemented was a reduction in hours rather than closing the call center. Beginning February 15 the call center will be open from 8 a.m. to 5 p.m.</p> <p>The Clearinghouse is working diligently to get the application backlog under control. Applications for newborn or pregnant women are being expedited. Phone prompts were put into place to assist with expedited reviews and applications. There has been a marked increase in the number of</p>	

	<p>applications coming in however reductions in this contract are expected to continue for 2011 budget.</p> <p>Dr. Allison's initiative is to move KHPA to being a data driven agency. Data analytical interface (DAI) has been implemented and will be capable of reporting at the claim and provider level. This system will be a capable of generating reports which will be utilized to review programs and there will be the ability to do provider profiling. There is a vendor assisting with this process and sometime in the future they will visit PERC and present the various report outcomes.</p>	
<p><b><u>CAHPS Review:</u></b> <b><u>Janelle Keller RN</u></b></p>	<p>Janelle Keller reviewed the CAHPS survey results with the members. She stated there was a 32-35% response from the beneficiaries. The pamphlet was provided to everyone to review and the results include the ratings of personal doctors, ratings of specialists seen most often, ratings of health care; composite results regarding getting needed care, getting care quickly, provider communication and shared decision making.</p> <p>Janelle educated the members that the state pays for the survey and this is a Managed care requirement.</p> <p>KFMC (Kansas Foundation for Medical Care) mails out the surveys and analyzes the results for KHPA.</p>	<p>The PERC members asked for additional information and this was provided to them.</p>
<p><b><u>Return to General Session:</u></b> <b><u>Recommendations to KHPA</u></b></p>	<p>Provider A:</p> <ol style="list-style-type: none"> <li>1. Not be allowed to see children for either physical or mental health issues,</li> <li>2. Refer to Board of Healing Arts (BOHA) for fraud and quality of care concerns,</li> <li>3. Educate the provider on pain management guidelines</li> <li>4. Require the provider submit a plan for practice improvement,</li> <li>5. Complete a re-integration program to continue as a Kansas Medicaid provider.</li> </ol> <p>Provider B:</p> <ol style="list-style-type: none"> <li><del>1. Update the EMR; add dates on each encounter</del></li> <li><del>2. Update Medication List include why medication is recommended,</del></li> <li><del>3. The EMR issues place this provider at a disadvantage and legal risk,</del></li> <li>4. Thank the provider for participating in Medicaid program.</li> </ol>	<p>Corrective Action and BOHA referral sent.</p> <p>Provider B: PERC members were shown the actual hardcopies of the records received at HP which clearly showed EMR dates. It was determined that after review there appeared to be no problem with the EMR dates as they had just been grayed</p>

	<p>Provider C:</p> <ul style="list-style-type: none"> <li>• Referral to BOHA for quality of care issues.</li> <li>• Referral to BOHA for off-label use of Suboxone without appropriate assessment.</li> <li>• Referral to BOHA for billing fraud.</li> <li>• Referral to DUR for review of prescribing practices.</li> <li>• Re-review in 6 months.</li> </ul> <p>Provider D:</p> <ul style="list-style-type: none"> <li>• Update practice protocols to include for under 18 years of age.</li> <li>• Send a letter to congratulate her on the steps she is taking to improve her practice.</li> <li>• Monitor Lab protocols.</li> <li>• Re-review in 6 months after the CAP letter sent</li> </ul> <p>Provider E:</p> <ul style="list-style-type: none"> <li>• State provided update, no action needed.</li> </ul> <p>Provider F:</p> <ul style="list-style-type: none"> <li>• Provide education on EMR issues identified</li> <li>• Improve EMR transcription; the current system appears that the EMR does not make</li> </ul>	<p>out. Remove recommendations 1, 2 and 3.</p> <p>State review of committee recommendations for Providers C, D, F and G are in process.</p>
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	<p>sense</p> <ul style="list-style-type: none"> <li>• Provide Pain management education</li> <li>• Refer to SUR for possible upcoding or inappropriate coding.</li> </ul> <p>Provider G:</p> <ul style="list-style-type: none"> <li>• Provide pain management education</li> <li>• Organization of documentation needs to link the assessment to the problem and treatment</li> <li>• Educate on appropriate prescribing of antibiotics; viral vs. bacterial</li> <li>• Complex clients should not receive phone fill antibiotics</li> <li>• Physical exams should be documented for most patients; for example pain management clients</li> <li>• Express particular concern for management of clients with hypoxia and/or COPD; Provide COPD and Hypoxia education</li> </ul>	
<p><b><u>Next Meeting</u></b></p>	<p><b><i>The next meeting is scheduled for Wednesday April 28, 2010.</i></b> Please contact Susan Wood for agenda items and questions at (785) 368-6300. 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**

**Wednesday, February 24, 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**  
**Eric Atwood DO**

**KHPA:**

\*Debbie Huske, Senior Manager;  
Provider and Non-Institutional  
**Tamara Demmitt**  
**Provider/Consumer Relations**  
**Manager**  
**Margaret Smith, MD, Medical**  
**Director; KHPA**  
\*Wayne Wallace MD, Medical  
Consultant; KHPA

**Susan Wood RN, BSN, Program**  
**Manager; Managed Care**  
**Janelle Keller, RN BSN, Program**  
**Manager; Provider and Non-**  
**Institutional**  
\*Chris English, Senior Manager;  
Managed Care

**EDS:**

**Jan Provost, Quality Assurance**  
**Supervisor**

\* unbolded names indicate the person  
not in attendance