

## PERC Meeting Minutes

Date: October 22, 2008  
 Time: 10:00 am – 1:10 pm  
 Place: EDS

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>Review of minutes from the June 25, 2008.</p> <p>Introductions of members and guests.</p>	<p>Minutes approved.</p>
<p><b><u>DUR Report Status</u></b></p>	<p>There was some difficulty with the reports so the September 2008 meeting was cancelled. Reports did not meet scrutiny and the presentation did not occur. The data analysis was not mature enough and generated questions and the questions could not be answered. EDS is going to re-work the data and present in the future. As soon as the reports are available they will be provided.</p> <p>Jeff Pierce discussed the 2007 score card snap shot information. The 5 key childhood vaccinations were discussed. Brandan Kennedy verified the HIB vaccine should be included with DPT, OPV, MMR and varicella.</p>	

**Preparing for the 2008  
Legislative Session**

Dr. Margaret Smith gave a brief update on what KHPA is focusing for on the next in the next Legislative session. She stated that last year the focus was on health care reform and that 21 points were presented to the legislature. Most of the 21 points were not passed but approximately 9 of the 21 were passed in some form. Much of what was passed was passed in the form of a study without funding to be done in off-session and to presented to the legislature. Dr. Smith stated that the state budget was down and that along with the energy issues last year that it appeared to take away from the Health Reform Platform. KHPA was asked to develop for a premium assistance program for adults in the state and KHPA responded. The Premium Assistance was then not funded and thr tobacco tax was placed on the back burner. KHPA still continues to have health reform issues that they want to try to get passed.

Another goal of KHPA is to work on transforming Medicaid. This was asked by the board during their retreat in June 2008. Some of the issues that will be presented this year are a 1.)State wide smoking ban in public places. Medicaid spends approximately \$196,000.00 each year on smoking related illnesses. 2.) Increase of tobacco tax is also on the agenda to be presented again. 3.) KHPA is asking for expansion of Medicaid coverage for parent caretakers. KHPA feels strongly that the coverage for parents of children as caretakers needs to be increased at least to the federal poverty level which comes to about \$1400.00 a month for a family of three. 4.) Initiative that the board has backed is improve access to affordable health insurance for small businesses and encourage participation by young employees. 5.) Implementing statewide community health record based on Medicaid claims data in Sedgwick County. This is currently a pilot program since 2006. 6.) Improved payment for tobacco cessation in Medicaid. 7.) State employee health plan Increasing the Wellness Program and some initiatives supported from KDHE are expanding cancer screenings and coordinating school screenings.

Overall trends and expenditures are being looked at to assist in the presentation of expanding Medicaid.

There are 14 Program reviews KHPA is working on including reviews of the dental program, hospice program, hospital, pharmacy, contracts with the managed care organizations, Health Connect, eligibility, radiology, SOBRA and aged and disabled population. KHPA is looking at the expenditures over time for those programs and to see where there may still be problems with the beneficiaries receiving care; or problems with provider relations for payment and service from KHPA. KHPA is doing this by looking at patient populations and determining what diagnoses are being billed, the frequency of care and utilization and whether the data suggests if policy related or “sign of the times.” A Quality Program was also developed this year for Medicaid and that was expanded to the state employee health plan. KHPA is also looking at making changes to the transportation program. The previews will be released at a later date. These issues will drive policy direction for the next fiscal year.

<p><b><u>SURS</u></b></p>	<p>Tracy Wagner presented the process the SUR team uses in reviewing providers and beneficiaries to the members. She stated that SUR stands for Surveillance and Utilization review and is a Medicaid term for the units that do the reviews for Medicaid. The SUR team is also sometimes referred to as the Fraud and Abuse Unit. (FADS). The review the team does this for is fee for service area only. The team consists of Tracy, (the supervisor), 9 RN's for consumer reviews, 1 fraud investigator, 2 social workers and 1 RN for HCBS, 1 data analyst, 1 punitive Lock-In Coordinator and 1 Kan-Be Healthy RN. The Kansas SURS Unit has 117 combined years of experience or an average of 10.6 years of experience per review analyst. Tracy explained that the Attorney General's office for Medicaid Fraud and Abuse rely heavily on the Kansas SUR team to assist in case building by completing medical record review and providing testimony related to the findings. Tracy stated that the case selection happens on a quarterly basis and a set number of cases are chosen for review based on the DSS profiler reports, referrals from KHPA, EDS internal referrals or targeted queries. KHPA referrals are given the highest priority. All SUR analysts are expected to evaluate the need to re review a provider once a review has been completed. Usually providers who are re reviewed have significant findings related to overpayment dollars or practice patterns. The re reviews are scheduled six to eighteen months after an initial review is completed. Internal referrals come from the Quality Assurance grievance staff or SUR staff. The DSS profiler and targeted queries are utilized at a minimum quarterly to identify unusual billing practices in high risk programs. All providers identified for review are then researched in the DSS profiler for rankings and exceptions. The exceptions help the analyst focus on the scope of the review. Tracy explained that the analysts also use additional tools to assist them in their reviews such as internet publications regarding fraudulent schemes, educational information offered by CMS, HHS-OIG and the FBI. Providers under review are notified 3 times. The first when the records are requested, the second with the preliminary findings and the third for any recoupment notification. Providers have the 33 day appeal criteria. The providers have two options for appeal. They may file for Administrative reconsideration or they may file a formal Fair Hearing. 19% of the cases were appealed in calendar year 2006-2007.100% of the findings were upheld in appeal. In 2006 \$3,012,523.00 was identified in overpayments.</p>	
<p><b><u>Prospective Peer review: Closing the Loop</u></b></p>	<p>There was previous discussion on 6/25/08 regarding the decision to identify records for quality peer review through a method other than through the grievance process. The merit of random selection or random selection based on diagnosis codes. For example, identifying providers who submit claims using the diagnosis codes for CHF and then pull a random number for review. National Standards are out there for all disease process and they can be referenced. Jan explained that the grievance analysts refer internally to SUR and Tracy explained that SUR refers internally to Grievance for quality of care concerns.</p>	

<b><u>2009 PERC Schedule</u></b>	Jan will work with Susan on the 2009 schedule and this will be forwarded to the PERC Committee for review.	
<b><u>Next Meeting</u></b>	<b><i><u>The next meeting is scheduled for February 18, 2009.</u></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.	

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

**MEETING MINUTES ATTENDANCE**

**Wednesday, October 22, 2008**

**EDS/White Lakes Center, Topeka, KS**

**PERC Board:**

**Pamela Shaw, MD-Chair  
Jeff Pierce, RPH Pharm D  
Brandan Kennedy MD**

**Sallie Page-Goertz, ARNP  
Donna Sweet MD  
Eric Atwood DO**

**KHPA:**

**Brenda Kudar, KHPA  
Tamara Demmitt, KHPA  
Margaret Smith, MD, KHPA**

**Susan Wood RN, BSN, Managed  
Care  
Janelle Garrison, RN BSN, Managed  
Care**

**EDS:**

**Jan Provost, Quality Assurance  
Supervisor**