

**Summary of Medical Services Fund Advisory Council Meeting
January 12, 2007
1:30 p.m.
Kanawha Valley Senior Services**

Members Present

Violet Burdette, Chairperson, Primary Care Representative
Charles Covert, Hospital Representative
Mike Robbins, Alternate, Hospital Representative
Stephani Vealey, Alternate, Aging Program Representative
Mark B. Ayoubi, Physician Representative
Gerry Stover, Alternate, Physician Representative
Ron Forren, Ex-Officio, Bureau for Public Health
Charlie Young, Ex-Officio, Bureau for Children and Families
John Russell, MH/BH Representative
Charles Smith, Dental Representative
Dennis Lewis, Pharmacist Representative

Bureau for Medical Services Staff Present

Nancy Atkins, Commissioner, BMS
Shelley Baston, Deputy Commissioner, BMS
Shannon Riley, Legislative Liaison
Nora Antlake, Legal
Vicki Cunningham, Pharmacist
Pat Johnson, Recording Secretary

Interested Parties

Christy Thomas, Provider Relations Manager, Unisys
Fred Hinds, Deputy Project Director, Unisys
Sue Ellen Buster, Bureau for Children & Families
Terry H. Cunningham, Presbytery of WV
John Marks, WVMI
Dan Kurland, Covenant House
Earl Carter, VFW
M. Blzrates, WVPCA
John D. Law, DHHR
Don Perdue, WV House of Delegates
LuAnn Summers, Division of Rehab Services
Carol Warren, Second Conference of WV & WV Council of Churches
Benita Whitman, Self
Kate Long, Charleston Gazette & WV Public Broadcasting
Scott Miller, Mountain State Direct Action Center

I. Welcome and Opening Remarks

Nancy Atkins welcomed everyone to the meeting and introductions were made. Nancy

commented that we now have our claims system certified, which allows us to get our match rate.

II. Approval of Previous Minutes

Gerry Stover made a motion to accept the October 13, 2006 minutes as written. The motion was seconded by Mike Robbins. All were in favor.

III. Medicaid Redesign

Vicki Cunningham presented Mountain Health Choices, West Virginia's new Medicaid Program. She discussed enrollment and information members would receive.

This phase of Redesign only applies to the AFDC related population, to children, and adults with children who are basically healthy children, members who are part of Medicaid because of economic need. We will be rolling this out in three counties, which are Clay, Upshur, and Lincoln. We will be starting small, fixing anything that may need to be fixed, and then rolling it out statewide.

Members will receive a letter sixty days before their re-determination date telling them they are eligible for Mountain Health Choices. Members will have a choice in benefit plans. They may receive either the Basic Benefit Plan or the Enhanced Benefit Plan.

If the member has signed the Member Agreement, they will be assigned to the Enhanced Plan until their next re-determination date. The physician is not responsible in any way for monitoring compliance with the agreement. All the physician is asked to do is to work with the member to determine what is the best plan for them that year, after that the monitoring of compliance is up to us.

Enrollment in the basic plan begins March 1, 2007.

IV. Unisys Update

Christy Thomas, Provider Relations Manager from Unisys, provided a Unisys update.

Regarding call stats for 2006, Unisys exceeded their contractual obligation as follows:

For 2006 Unisys EDI Provider Relations and Eligibility Call Center answered the call in an average of 1 minute and 39 seconds. The Member Call Center answered the phone within 1 minute and 37 seconds. Provider Enrollment was 10 seconds. Pharmacy was 1 minute and 16 seconds.

Christy stated that they took Mike Robbins' advice on outreaching to the hospitals. The field representatives are making visits with all the 55 hospitals throughout the state. Unisys is working toward quarterly visits.

Behavioral Health call continues to be conducted twice per month with only four remaining

issues. It will continue until NPI is implemented, and then it will be decreased to once a month.

The hospital call continues monthly, with approximately 3 or 4 issues.

Fred Hinds, Deputy Project Director for Unisys, provided information on National Provider Identifiers (NPI). Fred stated that:

- ▶ Unisys has entered 15,360 NPI's into the system. That's up from 7,000 from the last meeting of the MSFAC
- ▶ We are at an estimated 60% of our providers with an NPI in our system
- ▶ 54% of our pharmacies
- ▶ We continue to send out letters to providers.
- ▶ The next mailing is going out Monday, January 15, 2007
- ▶ We have finalized the list of atypical providers with Bureau for Medical Services (BMS), a list of providers who will not require an NPI. Our Provider Enrollment group does have that list to help any providers who may have a question as to whether you are on that list or not.
- ▶ Unisys continues to work with BMS on a daily basis on the requirements and planning for the NPI roll-out
- ▶ Provider training sessions will be conducted this spring
- ▶ Pharmacy is not going to have a hard cut-over as previously mentioned
- ▶ The new 88 dental form has been approved, so all three forms, the 1500, the UB and the dental are now approved with the new formats
- ▶ Provider Enrollment will begin a clean up process and the NPI's will have to contact a few providers to clean up some of their National Provider Identifiers
- ▶ We are also working on a taxonomy code list for the providers to use in their billing
- ▶ Right now the provider should really be focusing on getting their NPI and submitting that to Medicaid on the appropriate forms and also watch for updates from BMS and Unisys
- ▶ The existing stock of 1500 forms is expiring, so the provider should continue to use those while we will accept them. You can just print them and send them in to us as standard practice right now.
- ▶ Continue to bill with their Medicaid ID's until notified otherwise. One of the questions we are getting is, "When do I start billing with my NPI?" Unisys will have those instructions out this spring.

V. State Plans: Transfer of Assets and Home Equity

Nora Antlake presented two draft State Plans required by the DRA. Both of these plans pertain to Long Term Care only.

The State Plan regarding Home Equity will deny reimbursement for long term care to individuals who do not have a spouse, child under age 21, or disabled adult living in the home and equity in the home exceeds \$500,000. There exists an undue hardship provision that may waive this provision. Nora has not submitted this as of yet. She will try to get this submitted this quarter.

- ▶ Mike Robbins made motion to accept the State Plan Amendment.
- ▶ Dr Ayoubi seconded the motion.

- ▶ All were in favor.

The second plan dealt with the Transfer of Assets, which extends the look-back period from three years to five years.

Discussion ensued.

- ▶ Mike Robbins made the motion to accept the State Plan Amendment.
- ▶ Dr. Ayoubi seconded the motion.
- ▶ All were in favor.

VI. Medicaid Eligibility Determination

Sue Ellen Buster gave the Council an overview of Medicaid eligibility as requested from the previous meeting.

1. APPLICATIONS

Applications for Medicaid can be filed in one of three ways:

- (1) by coming into the office and completing an interactive interview with the worker
- (2) by mail-in applications, such as for children coverage groups
- (3) by going on-line now to the inroads process on our website and make an application for a lot of the benefits for which we do eligibility determinations

The application processing time frame is basically 30 days. There are some exceptions:

- children's coverage groups, we have to make a determination within 10 days of application or re-determination for children's coverage groups.
- the disability determination process and the long term care process may be longer.
- For those denied, we provide the option for a hearing within 13 days of the action.

2. CITIZENSHIP AND IDENTITY REQUIREMENTS

We now have citizenship and identity requirements. In July 2006, we implemented the new citizenship identity requirements as a result of the DRA. All applicants and recipients have to identify citizenship and identity once in their lifetime when they are up for re-determination or they come in for an application. Medicare recipients, SSI recipients, foster care, and adoption cases are exempted.

Members will be given a 45 day reasonable opportunity period to provide the appropriate documentation. If they are having difficulty because they have to get information from other states, or they are having difficulty identifying some documentation, the worker can extend that period to 90 days. Workers are supposed to try to help them in any way they can to obtain the documentation.

Acceptable documentation for citizenship identity includes a U.S. passport or certificate

of citizenship, as a birth certificate, and a second item such as a picture ID to verify your identity.

There are also child support requirements for adults for eligibility. Adults who receive Medicaid must accept a referral to the Child Support Program if they are the only parent in the home. They must cooperate with Child Support and identify the parent, they must help try to obtain court orders so that their children receive support and any medical coverage that the judge may put in a court order. If they refuse to participate, then the adults are not eligible for Medicaid. This includes parents who are under the age of 18 years, whether they are emancipated or not emancipated.

Upon eligibility determination, other states are checked to make sure the person is not receiving benefits from them as well.

Discussion ensued.

Earl Carter, an interested party and a disabled veteran, addressed the committee regarding In-Home Care, referencing a Charleston Newspaper article. He stated that it was a lot better to have people live in their homes and have someone come in and pay them \$200 or \$300 a week to take care of senior citizens, than to put them in a nursing home.

For the April 2007 meeting, Mike Robbins made a request that the Fraud Control Unit do a presentation to educate the Council regarding Medicaid Eligibility Determination and how they investigate and pursue these kinds of questions, and what kind of education or information they give to providers, whatever may be required under the deficit reduction act.

Violet Burdette stated that the Lewin Group, which is a recognized Social Study Group, is working with the federal government to review the concept of medical homes. They had discussions with the Primary Care Association, Community Health Centers, and Medicaid. They recognize medical homes should improve patient health outcomes.

VII. New Business

1) Gerry Stover provided information from the Chronic Disease Report that the Council for State Government issued. According to this report, West Virginia has the highest percentage of diabetics, over 11 percent. According to the United Health Foundation, West Virginia dropped two points in the ranking, from 41 in overall health to 43 in the country. Our challenges were high prevalence smoking, obesity, mental and physical health. The other striking thing in this report was immunizations. We dropped from 86 percent in childhood immunizations to 74 percent. That statistic has caused Gerry Stover's group, the EVP-WVAFP, to engage the Bureau for Public Health.

Gerry provided a handout to the MSFAC regarding the value of the medical home. He stated that the 8 bullet points in the handout came from several articles that have recently come out from Dr. Barbara Starfield, from Johns Hopkins. He wanted to

discuss number 8, which states:

When people have access to family physicians/primary care: More preventive services are delivered; Intervention occurs *before* health issues develop into more serious problems and costly conditions, and Emergency room utilization rates decline.

Gerry stated that the medical home is not a unique concept to family physicians, pediatricians, and general internal medicine people. Gerry's biggest concern is that we need more primary care physicians in West Virginia.

VIII. Next Meeting

The next meeting is scheduled for 1:30 p.m. on April 13, 2007, at Kanawha Valley Senior Services.

Minutes Respectfully Submitted by:

Pat Johnson
Secretary