

**Summary of Medical Services Fund Advisory Council Meeting
April 13, 2007 - 1:30 p.m.
Kanawha Valley Senior Services**

Members Present

Violet Burdette, Chairperson, Primary Care Representative
Tony Gregory, Substitute Alternate, Hospital 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
Sue Ellen Buster, Alternate, Bureau for Children and Families
John Russell, MH/BH Representative
Richard Stevens, Alternate, Dental/Pharmacy Representative
Jesse Samples, Nursing Home Representative
Scott McClanahan, Aging Program Representative
Larry Robertson, Hospice Representative

Bureau for Medical Services or DHHR Staff Present

Shelley Baston, Deputy Commissioner, BMS
Shannon Riley, Legislative Liaison
Nora Antlake, Legal
Vicki Cunningham, Pharmacist
Pat Miller, MMIS Director
Cindy Beane, Program Manager
David Bishop, MFCU
Pat Johnson, Recording Secretary

Unisys / WVMI Staff

Christy Thomas, Provider Relations Manager, Unisys
Fred Hinds, Deputy Project Director, Unisys
Karen Keaton, WVMI

Interested Parties

Nona Post
Angel Ellis
Brian Holstine, Bureau of Senior Services
James Ruckle
Josh Miller
Kate Long, Charleston Gazette & WV Public Broadcasting
Scott Miller, MSDAC
Perry Bryant, WVAHC
Jonnie George, Central WV Aging
Nancy Tyler, House of Delegates
Eric Frye, Charleston Gazette
Karen Davis
Chyde Davis
Katherine McCormick
Linda Marick, Advocate
Tabitha Cline
Nancy Atkins

I. Welcome and Opening Remarks

Shelley Baston welcomed everyone to the Medical Services Fund Advisory Council. Violet Burdette stated that we are pleased with the increased interest in the Council, and that we are changing the process in order to allow those who are not members to be able to address the council. There will be separate sign-in sheets for: 1) members/alternates; 2) those who wish to speak, and 3) interested parties/BMS employees. She indicated that those who wish to speak have approximately 3 minutes to make their comments. Any questions will be held until the end of the meeting.

II. Public Comment Period

The following individuals took the floor:

Scott Miller, Mountain State Direct Action Center: Mr. Miller stated that his organization works for the civil rights of people with disabilities. He stated his concerns that consumer involvement was lacking on the Council. He requested that the people he submitted be placed on the Council

Perry Bryant, Executive Director, West Virginian's for Affordable Health Care: Mr. Bryant indicated he has followed the state plan amendments and their implementation and is wondering what the intellectual foundation is for denying services to people who have inappropriate behavior. He indicated that he has found nothing regarding denying services to non-compliant patients. He also indicated that medical expenses may increase, not decrease, by capping prescription drugs.

III. Approval of Previous Minutes

There was a motion and second that the January 12, 2007 minutes be approved as written. All were in favor.

IV. Election of Chair

Richard Stevens volunteered to act as Chair in order to conduct the nominations for Chair and Vice-Chair. There was a motion and second to nominate Violet Burdette as Chairperson for the Council. There were no other nominations. The Chair entertained a motion to elect Violet by acclamation. There were several motions and seconds. All were in favor.

Floor was opened to nominations for Vice-Chair. Charles Covert was nominated. The Chair then entertained a motion to elect Charles Covert by acclamation. Jesse Samples made motion and Gerry Stover seconded motion. All were in favor.

V. Unisys Update

Christy Thomas, Provider Relations Manager, Unisys gave the Council an update on Unisys.

- ▶ Unisys completed NPI training with providers throughout the state. They also provided new billing instructions for the new CMS 1500, the UB 04, and the new dental forms. New billing instructions are effective 4/1/07.
- ▶ Unisys has obtained 19,800 NPI's from the provider community, of which we have approximately 25,000 providers.
- ▶ Unisys sent out 5,000 letters on April 12, 2007 to providers who have not submitted their NPI requesting their NPI.

- ▶ Unisys will be validating the NPI's by sending a letter to providers. A response is requested if incorrect.
- ▶ Providers who have chosen to receive one NPI to many Medicaid numbers will also receive a letter indicating appropriate codes they will need to bill.
- ▶ CMS extended the May 23, 2007 deadline. Throughout the next year Unisys will be contacting those providers who are still submitting their Medicaid number as to why they haven't started submitting their NPI's and if there is anything Unisys can do to help them, so hopefully as of May 23, 2008 we will have 100% completion of the NPI process.
- ▶ Statistics have been within Unisys contractual obligation for the Call Center, under 3 minutes for the first quarter of 2007.
- ▶ Turnaround time for enrolling new providers is within contractual obligation.
- ▶ Provider Training Workshops with PEIA will begin June 2007. Related information may be obtained from the Unisys website. PEIA will be sending out invitations or registration forms sometime in May 2007.
- ▶ Unisys will be implementing a new auditing tool as of July 1, 2007. Clinical Auditing Solution is bundling/unbundling software that most commercial insurances use. (Some refer to this as Claim Check.)

Vicki Cunningham clarified that for pharmacy claims, the prescriber can still submit their NPI or their DEA number, it all links back to the Medicaid ID numbers. No claim will be rejected because of a prescriber's number. It is just the pharmacy provider who has to have the NPI.

Gerry Stover indicated that they may be able to get continuing medical education hours for physicians, if in the future Christy will contact him when we are doing a workshop and give him a syllabus. Gerry also volunteered his services to provide primary care physicians with information from BMS or Unisys.

Gerry stated that he would like to look at the number of paper claims versus electronic claims primary care physicians are doing.

Christy indicated that Unisys had terminated around 100 dentists for failure to send in an updated license. Richard Stevens offered to clean the list up for Christy, as some of these dentists have retired or are deceased.

VI. State Plans

Nora Antlake presented two state plans as follows:

Employee Education about False Claims Act

This is a federally mandated plan as a result of the Deficit Reduction Act, and applies to any provider who receives \$5 million or more in Medicaid payments per year. The role of the State Medicaid Agency is compliance and enforcement. Providers must educate their employees about false claims, fraud and abuse, whistle blower, etc. If they don't, sanctions may ensue.

This will be started within three months of the approval of the State Plan. The Plan just went to CMS at the end of March.

Educational requirements also apply to agents / subcontractors of the provider.

- ▶ Gerry Stover made a motion to approve the state plan regarding Employee Education about False Claims Act. Charlie Young seconded the motion. All in favor.
- ▶ Gerry Stover asked to revise his motion to request information related to compliance be provided. The motion was seconded. All were in favor.

Nora directed the group's attention to Attachment 4.42A, where it states provider policies need to include: explanation of the false claims act; the providers' policies and procedures for detecting and preventing waste, fraud and abuse; the rights of employees to be protected as whistle blowers; and telephone numbers and/or addresses for reporting fraud and abuse. This direction should suffice for providers.

Hospital Transfer Payments

This state plan amendment has been in effect for many years. This is a special supplemental payment to hospitals appropriated by the legislature. It goes to the PPS hospitals and to the safety net hospitals. We have to update this plan annually as the appropriations change.

Tony Gregory, substitute alternate for Mike Robbins on behalf of the Hospital Association, stated that Mike wanted to alert BMS that in terms of the transfer payments, any future state plan amendments should be reflective of the new funding that was provided by the legislature during 2007 session, and approved by Governor Manchin. There was some changes in a couple of line items as they relate to this particular program, one being the tertiary teaching hospitals, an increase of about 1.5 and also an increase of 300,000 to the actual PEIA transfer line item. Mike wanted this brought to BMS' attention.

- ▶ Richard Stevens made a motion to approve the State Plan Amendment regarding Hospital Transfer Payments. Gerry Stover seconded the motion. All were in favor.

VII. Personal Options Program

Cynthia Beane stated that this is the new service delivery option in the Aged & Disabled Home & Community Based Waiver Program called the Personal Options Program. She provided information and overview of the Program to include:

- ▶ Personal Options
- ▶ Cash and Counseling
- ▶ Personal Options Design
- ▶ Services Included
- ▶ Participant-Directed Goods and Services
- ▶ Financial Management Services
- ▶ Resource Consultant Services
- ▶ Consumer Directed Module (CDM)

Cindy also related that outreach education is being provided. The effective date of the

Program is May 1, 2007. The Personal Options Advisory Council meeting is scheduled for June 19, 2007.

Contact Information:

- ▶ Brian Holstine, Bureau of Senior Services, 1900 Kanawha Blvd., East, Charleston, West Virginia 25305, Phone: 304-558-3317, e-mail: bholstine@boss.state.wv.us
- ▶ Cindy Beane, Bureau for Medical Services, 350 Capitol Street, Room 251, Charleston, West Virginia 25301-3707, Phone: 304-558-1700, e-mail: cynthiabeane@wvdhhr.org

Gerry Stover requested information on how the PACE Program interacts with Personal Options Program. Cynthia said that the PACE Program is totally separate and is in development. It is a community based program and it will offer a service menu of some of the services that you can receive in the Aged & Disabled Waiver, but it also offers some services that you currently cannot receive in the Aged & Disabled Waiver.

Gerry Stover requested more information on the PACE Program.

VIII. Medicaid Fraud

David Bishop, Director, Medicaid Fraud, provided an overview of the Medicaid Fraud Unit as a result of a request from the Council. He stated that Medicaid Fraud had 75% federal funding, with a budget of around \$1 million per year. \$250,000 comes from the State. The Fraud Unit averaged recoveries of approximately \$2.5 million over the last five years. He stated their emphasis is in convictions first, but they have been doing well in recoveries also.

He elaborated on the types of fraud that include provider fraud and abuse and neglect. Recipient fraud is performed by the Office of Inspector General.

Mr. Bishop requested information on potential cases. These referrals could be provided to the Fraud Unit, telephone number (304) 558-1858. For Recipient Fraud the telephone number is (304) 558-1970.

IX. Medicaid Redesign

Shelley Baston gave a brief update on Medicaid Redesign, by stating that so far it is going very well. Of the members who are choosing the Basic versus Enhanced Plan, 92% of the members who have responded have chosen the Enhanced Plan, only two members have chosen the Basic Plan.

As of the end of March, in the three counties and surrounding counties, we have educated 317 medical providers, 69 pharmacies, and 59 DHHR sites. Shelley clarified that there are not 59 DHHR sites, but that they are repeatedly going back to those sites and educating those workers, so they can also assist members.

Shelley stated that we are getting more requests than we ever expected in other eligibility categories wanting choice as well.

The website address is www.wvdhhr.org/bms Then click on Mountain Health Choices. The expansion map is there, along with all the documents that any provider's office

would have need of can be downloaded from there, and there is also a section for frequently asked questions.

Violet Burdette stated that providers who are not in these three county areas that want to be in the medical home program now can enroll. Shelley clarified that BMS want to expand into additional counties and is asking that providers have the ability to move forward on an electronic medical record, have an ability to care manage the population, and be able to have and design some of the enhanced services in the Enhanced Plan, such as Diabetes Education and Weight Management Programs

There was a question as to whether the education of providers has spread to counties other than Lincoln, Clay and Upshur, as Medicaid members sometimes go outside of these three counties to get health care. Shelley confirmed that education of providers had spread to other counties.

Richard Stevens was provided clarification that members are limited to four prescriptions on the Basic Plan. The exceptions for children are: insulin, diabetes supplies, drugs for seizures, and selected antibiotics that you would use first line. For adults the exceptions that don't count toward the four prescriptions are: insulin, diabetes supplies, and mental health drugs.

Regarding missed appointments, BMS was asked to be cognizant of the fact that health literacy impacts appointments.

X. Other Items

Vaccine Issue:

It was requested that the Vaccine for Children Program discuss how the State is working towards improving childhood immunization rates.

Primary Care Physician Shortage:

Gerry Stover was looking at the West Virginia Health Professional Shortage Area Map, and 47 of our 55 counties are still medically underserved. Gerry will be working with Christy Thomas at Unisys, to put together some information and may have something to present to the Council at the next meeting.

Community Care North Carolina Model:

Gerry Stover stated that they have been discussing from the Academy the aspect of the Community Care North Carolina Model. What BMS has put in place with Medicaid Redesign has a lot of the elements, but this can be improved. Gerry indicated that he has a consultant that is coming from the American Academy who did an analysis of the North Carolina model. The Council members are invited for an April 27, 2007 meeting.

Richard Stevens requested information on Medicaid Children's utilization of dental services.

Summary of Medical Services Fund Advisory Council Meeting

April 13, 2007

Page 7

XI. Next Meeting

The next meeting of the Medical Services Fund Advisory Council will be July 13, 2007, 1:30 p.m., at Kanawha Valley Senior Services.

(Addendum: There has been a change in venue. The July 13, 2007 meeting will be held at the Bureau of Senior Services located at the Charleston Town Center.)

Questions from the floor were accepted.

Minutes respectfully submitted by,

Pat Johnson
Secretary II
Bureau for Medical Services