

Summary of Medical Services Fund Advisory Council Meeting
October 13, 2006
1:30 p.m.
Kanawha Valley Senior Services

Members Present

Violet Burdette, Chairperson, Primary Care Representative
Mike Robbins, Alternate, Hospital Representative
Scott McClanahan, Aging Program Representative
Richard Stevens, Alternate, Pharmacist Representative
Gerry Stover, Alternate, Physician Representative
Dennis Lewis, Pharmacy Representative
Mark B. Ayoubi, M.D., Physician Representative
Larry Robertson, Hospice Representative
Ron Forren, Bureau for Public Health

Bureau for Medical Services Staff Present

Leonard Kelley
Sandra Joseph
Pat Miller
Pat Johnson
Ellen Cannon

Interested Parties

LuAnn Summers, WVDRS
Benita Whitman, Self
Fred Hinds, Unisys
Perry Bryant, WVAHC
Terri Bliziots, WVPCA
Christy Thomas, Unisys
Charlotte Pulliam, WVSOM, Inc.

I. Welcome and Opening Remarks

Leonard welcomed everyone to the meeting and informed them that Nancy and Shelley would not be in attendance as they were in Chicago.

Leonard said that CMS was here the last part of August looking at the MMIS for certification. In the exit conference they had a few recommendations, and a few non-critical findings; therefore, we are expecting a letter from CMS certifying the Unisys MMIS.

II. Approval of Minutes of the MSFAC Meeting of January 13, 2006

After reviewing the minutes of the July 14, 2006 meeting, Scott McClanahan made a motion to accept the minutes as written, Mike Robbins seconded the motion. All were in favor.

NEW BUSINESS

III. Unisys Update

Christy Thomas from Unisys presented the Unisys update by reviewing a Powerpoint presentation handout.

Included in the packet was:

Contact Information

This informational sheet gave the telephone numbers and times Unisys can be reached for Member Services, Provider Services, and Pharmacy Help Desk. It also gave the e-mail addresses and that AVRS access is available 24 hours a day, 7 days a week.

Provider Relations Department Updates and Changes:

- ▶ We have reduced pend file 29% in the month of September
- ▶ Unisys is starting monthly or bi-monthly mailings to providers to try to obtain their NPI's. Mailed one out in September and received almost 3,000 NPI's back. To date we have entered in 7,000 NPI's for the provider network. Fred added that we have 25,000 active providers and 7,000 have NPI's so we are not quite one third of the way through.
- ▶ One change Unisys has made over the past several months is that if you have more than one provider setting on one tax ID number, Unisys is requesting providers enroll as a group provider.
- ▶ Unisys took the Council's recommendations regarding Provider License Process. Prior to June Unisys was terminating the providers on the date of expiration on their License. Now the process is 60 days prior to the provider's license being expired, Unisys will send a letter. If Unisys does not receive updated license on the expiration date, you will be placed on pay hold. If we still have not received license 30 days after the expiration date, provider will be terminated and the termination date will go back to the actual expiration date.
- ▶ Effective July 1, 2006, started charging for duplicate remit requests for anything that is over 90 days old. It is a \$10.00 charge regardless of the size of the remit.
- ▶ Any providers that have expired CLIA license will be placed on pay hold, Unisys will request the updated license, and then the process will follow the same as the normal license process. 60 days prior, on the date of expiration you will be placed on pay hold, then 30 days after you will be terminated if updated CLIA license has not been received.
- ▶ The hospital call has been successful. Used to be every week, then every two weeks, now it is once a month with minimal issues.
- ▶ Unisys is looking at doing a workshop for the hospitals in November at Flatwoods. Unisys, WVMI, and the three HMO's will be represented.
- ▶ The behavioral health call used to be every Friday, now it is moved to twice a month. Less than five issues on that list as well.

Call Center Statistics

Christy indicated that the information she has provided is a snapshot of the call statistics in the Call Center. September's average speed to answer was 2:39. Christy indicated that Unisys is required to maintain a 3 minute average speed to answer within the call center; this has been accomplished for the past year.

Unisys Provider Relations Territory Map

Christy also presented a map of the State of West Virginia. She indicated that there were two field representatives, Angie Richards and Virginia Leffingwell, each of them being responsible for a different section of the State. If any provider needs a type of one-on-one training, Angie and Virginia are available to come to your site. They are also available to speak at association meetings as well.

IV. National Provider Identifier (NPI) and How Medicaid will be Handling

Fred Hinds stated that NPI has a May 2007 implementation date. There are some major challenges to address. These are:

- ▶ New CMS 1500 form
- ▶ New UB-04 which replaces the UB-92 form
- ▶ Dental form is due out January 2007
- ▶ Pharmacy doesn't support dual processing, in other words, using the Medicaid number and the NPI together like some of the paper forms do. So there has been talk of a hard cutover for pharmacy, just switching from the Medicaid number to NPI.
- ▶ Unisys has a provider education component, where they have to mail out information to the providers to keep them educated.
- ▶ Unisys has provider adaptation issues to deal with. Some of the providers will have to switch over their billing procedures. Anytime we need the providers to make changes, we have software vendors and clearing houses that have to make changes also.
- ▶ Unisys has revised billing instructions to accommodate the new forms.
- ▶ Prior authorization process needs to be reviewed.
- ▶ A thorough testing process

Unisys is currently sending out letters to providers that do not have an NPI in the system, asking that providers let Unisys know what their NPI is as soon as they receive it. 7,026 NPI's have been entered into the system. The X12 electronic transactions that are already in use already support NPI. The providers will have to include this in the file transmissions. Unisys does not need any kind of new electronic formats to accommodate NPI.

Unisys is working with the Bureau for Medical Services (BMS) on upgrading the current claims processing system, version 3.4, that fully utilizes the NPI in the system.

- ▶ Right now providers should be sending in their NPI's so Unisys can get them into the system. Unisys needs them in writing via mail/fax. Providers should also furnish their Medicaid number so that Unisys can know which two to link together. They can furnish this information to Unisys as follows:
 1. CMS / Fox System's letter with Medicaid number written on letter
 2. Providers can print out and mail/fax e-mail from CMS with Medicaid number written on printout.
 3. There is a letter that Unisys has sent to providers that has a spot where they can write their NPI number and return it back to Unisys.
 4. There is a fax or a letter from NPPEs, which is the National Plan and Provider Enumeration System, on which providers can write the NPI number and Medicaid number and send to Unisys.
- ▶ Providers should also watch for updates through BMS and Unisys. There will be a lot of material sent to providers over the next 6 to 7 months.
- ▶ For providers using the CMS-1500 forms, you will use up the old stock and when it comes time to reorder, purchase the new August of 2005 version of those forms. The transition period for the new CMS-1500 forms began October 1, 2006.

The strategy that Unisys is taking on with NPI is a cross-reference approach.

- ▶ Provider file will contain both the provider ID and the NPI
- ▶ NPI will be cross-walked to the internal provider ID
- ▶ This process is an extension of what already happens in the system
- ▶ Being used by most states

The testing strategy will be looked at from two different directions, from the Process Standpoint and from the Provider Trend.

There will be some atypical providers, such as personal care providers and non-emergency transportation providers, who are not providing medical services. Those providers do not have to get an NPI. They will either use their existing Medicaid ID or potentially a new locally assigned NPI. BMS and Unisys will work together to publish a list of atypical provider types, identifying providers who don't necessarily need to get NPI and make sure they have instructions.

The numbering format for the NPI is a 10 digit numeric number. The initial NPI's will begin with 1 and 2. The last digit is the check digit, which is a calculation of a formula for the first 9 numbers.

The CMS-1500 claim form was approved and is in a transition period. The www.nucc.org has examples of the forms. From 10/01/06 – 03/31/07 is the NUCC's transition period. They are recommending 04/01/07 exclusive use of the new form. Fred indicated that these are dates for NUCC. Unisys will review these dates with BMS and determine what our dates will be.

The UB-04 form was approved on release. Their transition period is 03/01/07 – 05/22/07, so they have a tighter transition period than the CMS-1500 form. 05/23/07 is exclusive use of UB-04 Version.

The dental form is expected in January 2007.

There is no change required for the Pharmacy form.

Regarding Pharmacy Claims:

- ▶ Bulk NPI enumeration by NCPDP
- ▶ Does not support dual use (NPI and Provider ID)
- ▶ Hard cut-over proposed in mid-May 2007
 - avoid early month and late month prescription rush
 - Plan provider and member notification
- ▶ Paper claims should use the existing provider ID until the hard cut-over

Richard Stevens asked for an explanation of “does not support dual use” and “hard cut-over”.

Fred explained that as of right now we are talking about having pharmacies submit with their Medicaid ID up to a certain point and then, in that same field, because there is only one provider ID field in the NCPDP 5.1, after that we would expect the NPI. So before the cut-over it would be Medicaid ID, after that would be NPI. There is no transition period for pharmacies.

There was some discussion regarding the hard cut-over, and Fred indicated this is something they would like to get worked out. Avoiding a hard cut-over is definitely preferred.

Regarding the Web Portal:

- ▶ The Web Portal will require a few changes to include NPI fields
- ▶ Portal already uses the X12 format that accommodates the NPI (mapping changes)
- ▶ Changes will be made to portal and the providers will be notified

Regarding Taxonomy Codes. The use of taxonomy codes has not yet been addressed by BMS and Unisys BUT they may be required as we progress farther. Those would be codes that are submitted in addition to the provider ID to tell Unisys which facility that provider is billing for.

Future Challenges are:

- ▶ Remittance Advice – Is the remittance advice going to continue to go to the Medicaid provider ID, or going forward do they go to the NPI
- ▶ Web Portal – It might change because of NPI, e.g. downloading remittance advice, downloading claims and process reports, and how all of that is addressed.
- ▶ AVRS (Voice Response) – Right now providers type in their Medicaid ID number, so those might need some changes to accommodate NPI.
- ▶ Internal Reporting – Right now the BMS reports all report on Medicaid provider ID.
- ▶ Prior Authorizations – We want to make sure the PA process is not adversely affected by NPI, and currently right now Long Term Care and all the WVMI auths and all the APS auths are all on provider ID's. So we have to thoroughly evaluate that process to make sure there is no negative effects.
- ▶ PAAS Program – Right now there is a referral ID on the claims from the PAAS provider.

Is that going to become the NPI now? We want to make sure the claims payment isn't negatively affected in PAAS Program.

Mike Robbins requested that a report be generated letting him know the hospitals that need to furnish Unisys with their NPI's, he would be glad to help the process along.

Fred said that a list of the providers who haven't sent in their NPI's could be generated, and Unisys could get that list to the Bureau for Medical Services to be distributed.

Violet Burdette asked how many atypical providers there are in 25,000. The answer was less than 5,000.

Violet indicated that at the last meeting someone asked a question about the "J" codes. As Peggy King was not able to attend this meeting, she sent a handout to be given to the Council. The handout said, "The Deficit Reduction Act of 2005 (DRA) requires that State Medicaid Programs invoice pharmaceutical manufactures [sic] for rebates due the state for physician administered drugs. In order for WV Medicaid to comply with the DRA requirements, all providers billing for drugs using HCPCS or CPT codes on the HCFA-1500 form or the UB-04 (or UB-92) must also supply the National Drug Code (NDC). The NDC code is required for proper rebate billing. The NDC is located on the drug container and consists of eleven (11) digits – XXXXX-XXXX-XX. System requirements are still being defined and more information will be supplied once the details are worked out."

Effective date will be January 1, 2007.

Violet asked if there were any questions. As the MSFAC does not meet until after the effective date, she is assuming that the council will be getting further direction from BMS as to how this needs to be implemented.

Pat Miller said we can accept both the J code and the NDC code now. What they are still developing is the policy around the requirement to make sure that it is billed and how that will work. We'll see that the information that you will need is provided once the policy is determined.

V. State Plans

Leonard Kelley said that we need to do more research on the topic ICF/MR Cost of Capitol, so that has not been submitted. However, there are several mandatory state plan changes that are required by the Deficient Reduction Act (DRA) related to Nursing Homes as far as asset transfer and other issues, which we have to make by the end of December. You should see Public Notices regarding these in October or November.

Violet Burdette asked for an update on Medicaid Redesign. Leonard indicated that he would prefer either Shelley Baston or Vicki Cunningham to give the update, and they were not able to attend the meeting today. There was then some discussion regarding Medicaid Redesign.

Violet also suggested since Shelley or Vicki were not available to answer the questions at the meeting today, that the council would be furnished a report to let them know where things are currently, and if there are design plans, what those plans include.

Leonard indicated that they were working on developing brochures and working on having sessions available for members and providers.

Violet asked that flyers be sent to Council members indicating dates of sessions.

Gerry Stover made a motion to ask for a special meeting of the council to get an update on the status of the Medicaid Redesign Plan. Motion was seconded. Violet called for discussion.

Mike suggested rather than have a separate meeting of this Council, the Bureau of Medical Services needs to make sure all of the providers represented on this council have an opportunity to attend one of these sessions.

Violet clarified that the intent of the motion would be met if there was a public meeting where members of this committee could attend. She asked if this was an acceptable alternative to the person involved in the motion. Also, she wanted to know if we can do this by requesting that Leonard ask Shannon or Shelley or whoever else is in charge of that to make sure this committee is aware of those meetings, and if this is not happening then look at the issue of the special meeting.

- ▶ There was a motion and 2nd made to have a special meeting of the council to get an update on the status of the Medicaid Redesign Plan. All were in favor.

It was specified that if a special meeting is called, that it be worthwhile meeting, and that we come prepared to discuss everything and not just show up with generalities.

Leonard said he would communicate back to Nancy that the Council would like to have a special meeting to discuss what the benefit plan is once we've put on the final touches.

If there is a particular item that someone wants emphasized, questions can be e-mailed to Pat Johnson.

VI. Update on Consumer Representative

Violet stated that it is unfortunate that this group does not currently have a Consumer Representative. She has not as of yet found anyone that is willing to serve on this committee, and clarified that this is one position where the State pays for travel expenses. Violet has asked the Primary Care Association to send out a notice to the members to see if anyone is interested in serving, and also she has spoken with someone from Rural Health.

If anyone knows of someone who might be interested in serving as Consumer Representative, they can give the information to either Violet Burdette or Pat Johnson.

VII. Next Meeting

The meetings normally are on the second Friday of each quarter, which is January, April, July, and October. The dates of the meetings will be: January 12, 2007, April 13, 2007, July 13, 2007, and October 12, 2007.

VIII. Other Business

Richard Stevens requested an item be put on the January 12, 2007 agenda. The item is: What procedure activity does Medicaid incorporate in making sure that a recipient is first of all a resident of the State of West Virginia, and qualifies for medical assistance. He indicated that this situation has existed for some time. He stated that they find people with out of state driver's licenses and minor's whose parents have financial resources, but have a medical card. Richard wants to know what is being done to assure that people who do get the card are deserving of a card.

- ▶ Leonard agreed that we would place Medicaid Eligibility Determination on the next agenda, and suggested someone from the Office of the Inspector General be at the next meeting to discuss what they do as far as Medicaid Fraud detection.

Richard suggested that where it can be accomplished, the agency should give some consideration of requiring providers to secure identification from persons, other than just their Medicaid card, either a West Virginia driver's license or a West Virginia identification card that has their picture on it.

Dr. Ayoubi stated that people not declaring who the father of their children are is an issue that needs to be addressed. He said in other states it is required that the father of the child be declared, and they look into the financial liability of the father.

Mike Robbins asked that a copy of the financial report be sent to the Council after it has been released to the legislature. Leonard indicated that it would be posted on the website.

Motion was made to adjourn.

Minutes Respectfully Submitted By:

Pat Johnson
Secretary