

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

**Members Present**

Violet Burdette, Chairperson, Primary Care Representative  
Dennis Lewis, R. Ph., Pharmacist Representative  
Charles Smith, Dental Representative  
Richard Stevens, Alternate, Dental/Pharmacy Representative  
Charles Covert, Hospital Representative  
Mike Robbins, Alternate, Hospital Representative  
Jesse Samples, Nursing Home Representative  
John Mullins, Alternate, Nursing Home Representative  
Ralph Daniel Adkins, Consumer Representative  
Mark B. Ayoubi, Physician Representative  
Michael Kilkenny, 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  
Scott McClanahan, Aging Program Representative

**Bureau for Medical Services or DHHR Staff Present**

Marsha Morris, Commissioner, BMS  
Shelley Baston, Deputy Commissioner, BMS  
Nora Antlake, Legal  
Vicki Cunningham, Pharmacist  
Susan Johnson  
Jeff Neccuzzi, WV DHHR, Immunization  
John Law, DHHR  
Pat Johnson, Recording Secretary

**Unisys / WVMI Staff**

Ellen Charlebois, Unisys  
Amanda Hiser, Unisys  
John Marks, WVMI  
John Wiesendanger, WVMI

**Interested Parties**

Jeff Johnson, WV Senate  
Mary Huntley, CAMC  
Melissa Caron, Charleston Gazette  
LuAnn Summers, DRS  
Barbara Reynolds, Bureau of Senior Services  
Sara Jones, House of Delegates  
Dan Kurland, Covenant House  
Benita Whitman, Self  
Thom Stevens, Government Relations Specialist  
Dan Foster, Legislature

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### **I. Welcome and Opening Remarks**

Ms. Shelley Baston welcomed the Medical Services Fund Advisory Council, and advised them that as of this moment the next meeting of the Council, which will be held on October 12, 2007, would be held at Kanawha Valley Senior Services.

### **II. Introduction of New BMS Commissioner**

Ms. Baston introduced Marsha Morris, the new Commissioner for the Bureau for Medical Services. Commissioner Morris came to us from the Legislature, and has a background in nursing and law.

Commissioner Morris spoke briefly to the Council regarding her first five weeks on the job.

### **III. Introduction of New Council Member**

Ms. Baston introduced our new Consumer Representative, Mr. Daniel Adkins.

### **IV. Public Comment Period**

There were no requests to address the council.

### **V. Approval of Previous Meeting Minutes**

A motion was made and seconded to accept the April 13, 2007 minutes as presented. All were in favor.

### **VI. Unisys Update**

Ms. Ellen Charlebois provided the Unisys Update in Ms. Christy Thomas' absence.

- ▶ Provider Workshops were conducted in June 2007 and packets provided. There are 3500 providers remaining who need to submit their NPI to Unisys. They consist of medical and dental providers. The pharmacy group is in total compliance.
- ▶ If any issues occur with NPI, Unisys will assist the provider in correcting it. In the meantime, Unisys will be rescanning some of the old paper claims and reprocessing those as long as they have the Medicaid provider number on the claim.

Mr. Mike Robbins expressed concern regarding programming issues related to NDC/claims billing. He informed the group that hospitals would not be ready by July 1, 2007. Mr. Robbins requested an extension until the end of 2007. Ms. Charlebois stated that the instructions to date have been that until October 2007, a warn message will be generated to the providers that the actual denial won't occur until around the fourth quarter. Mr. Robbins, however, is not convinced that even by October 1, 2007, programming will have been accomplished. He suggested that compliance levels of providers be tracked between now and October 1, 2007.

- ▶ The group was reminded that Claim Check, the clinical auditing tool, went into effect on July 1, 2007.

Mr. Richard Stevens expressed concern regarding timely filing. He suggested that Unisys send providers some acknowledgement of receipt of paper claims.

Ms. Baston requested the issue be researched and discussed at the next meeting.

### **VII. Mountain Health Choices Update**

Ms. Vicki Cunningham updated the group on Mountain Health Choices. All members can still enroll in the Enhanced Plan.

CMS has not yet approved the statewide expansion plan.

Ms. Cunningham indicated that a marketing plan is being developed. A radio spot in the three pilot counties started on Monday, July 9, 2007.

#### **VIII. PACE Program**

Ms. Shelley Baston gave an overview of the PACE Program. PACE stands for Program for the All Inclusive Care for the Elderly. It is a unique, capitated managed care benefit for the elderly population that provides a full range of services including preventative, primary care, acute and long term care, physical therapy, occupational therapy, nutritional services, day programs, personal care and pharmacy, just to name a few. Those who are eligible for the program include individuals who are 55 years of age or older, are living in a PACE service area, are certified as eligible for nursing home care, and are able to live safely in the community at the point of enrollment. This allows the elderly to stay in familiar surroundings, to be autonomous, and to maintain their maximum level of physical, social and cognitive ability.

The package of benefits does not happen to follow the benefit packages of either the Medicare or Medicaid program. It integrates all of the services into the needs of the member. There are no benefit limitations, co-payments, or deductibles for those who choose to enroll into a PACE Program. The PACE organization must submit an application to CMS.

CMS notifies us of an approved application. It is a three way program in many instances, between the Medicare Program, the Medicaid Program, and CMS. So you have a blend of dual eligibles whereby Medicare and the Medicaid Programs combine capitation as a premium payment to the PACE Program, so that they can provide the benefits necessary for that member. There are also other ways that you can do this. Medicaid members alone can be a member of the PACE program, and there are different premium levels associated.

We are presently working with an organization to put together an application for a PACE program in four counties, which are Kanawha, Putnam, Fayette, and Raleigh. We are presently working on the application and the rates, and the PACE program also is working on the organizational issues that they must meet when a review is performed prior to the start of the program and enrollment of the first member.

Questions ensued.

Ms. Baston will send her presentation notes regarding the PACE Program to members and alternates.

#### **IX. Childhood Immunization Rates**

Mr. Jeff Neccuzi gave a presentation regarding Childhood Immunization Rates. The Vaccines for Children (VFC) Program is a Federal Entitlement Program, and is an extension of Medicaid and funded by CMS. This is a program to remove cost as a barrier to childhood immunization. Free vaccine is provided thru the VFC Program to practitioners throughout the State.

Vaccine is provided free of charge to practitioners who enroll in the program, for children who are either uninsured, enrolled in Medicaid, American Indian, Alaska native, or underinsured. In WV we have 386 provider sites enrolled in the program. That represents over 1400 practitioners that receive and administer free vaccines to eligible children.

Regarding the coverage rates in West Virginia, we are lagging a little behind the national average. We are generally at or below the national average, which is quite remarkable considering the obstacles we face in West Virginia. Some reasons we might be lagging, or some challenges that we have in West Virginia are:

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- ▶ Education / Socioeconomics
- ▶ Costs, both real and perceived
- ▶ Healthcare provider shortage areas
- ▶ Very few public transportation networks
- ▶ WV has a lower awareness level of immunization in predominantly rural health population
- ▶ WV Has fractured immunization records
- ▶ 1<sup>st</sup> Dollar Coverage Law in WV

Dr. Ayoubi addressed the material and administration issues of vaccines, and also discussed the possibility of physicians being able to purchase vaccines pricing through the WV Immunization Program.

Mr. Neccuzi informed the Council that the Governor had signed an order to remove the sales tax from vaccine purchases, effective June 30, 2007, which should help the providers. As far as the federal contract price, by which state health departments purchase vaccines, there is no way the State of WV can enter into a group purchasing arrangement with any physician or health care provider that charges for the vaccine, as the federal contract stipulates that you can only get this discounted price if you make no charge for the vaccine. However, the pharmaceutical advocate for the State is looking at ways where groups beyond the county health departments would have access to a group purchasing plan.

Fifteen states have a universal distribution system for vaccines, in which the State Government, using aid from the Federal Government, pools resources with other payers, Medicaid, CHIP, and private insurance, creating one pool for which to purchase vaccines. They are distributed to all providers of immunization, and they are provided to all children free of charge. They remove the barriers to immunization, and makes immunization much simpler for families and providers. However, all of the private payers must come together to do this. A few of the states that are doing this are North Carolina, Wyoming, and Rhode Island.

70% of the immunization in the State among 2 year olds occurs in the private sector, 30% in the local health department, thanks to this federal VFC Program. Before the VFC program, which began in October 1994, 60% of the children in West Virginia were getting their immunization at county health departments, instead of in their medical home.

When people are enrolled in mini-med plans, which do not cover vaccines, the vaccines would be covered at health departments, not through the VFC but through our limited state funding and 317 funding, which is a form of federal funding.

It was brought up as to whether anything can be done to remove the barrier of access for those under insured, requiring them to go to FQHCs or health departments. Mr. Neccuzi commented that this has been in place ever since the inception of the program in 1994, and why the under insured can only go to one type of VFC provider isn't clear. It has been in discussion in which the President, in his budget, would increase funding for the VFC program to make the under insured eligible in all the FQHC provider sites. However, that would have been done at the expense of the 317 fund. As this has not happened, there is still a two tiered system in the under insured group.

Regarding immunizations that are due after school entry, Mr. Neccuzi explained that the WV Immunization Program is working with the statewide immunization coalition which is called WV Immunization Network (WIN), and the coalition is providing funds for locals to match to conduct outreach and education on adolescent immunization. They are working with different groups to raise awareness of adolescent immunization and to raise immunization rates among adolescents.

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### **X. Charge of the Council**

Ms. Nora Antlake read the charge of the council from the state and federal laws and also from the by-laws of the Committee.

Ms. Shelley Baston stated that we had provided all of this information to the Council last fall; however, if anyone needs this information, we will be happy to provide this information to them. The by-laws are on the website at [www.wvdhhr.org/bms](http://www.wvdhhr.org/bms).

### **XI. Other**

It was suggested that in the future we have the financial report as a standing agenda item.

The methodology and reimbursement of pharmacies for generic drugs is going to change. There is a new federal upper limit. The implementation of this new methodology has been delayed until January 2008.

Congress has passed a law that starting October 1, 2007, tamper resistant prescription pads are to be used by all prescribers for Medicaid prescriptions. Guidance has not yet been issued by CMS.

Three members are up for reappointment to the Council. These are: Violet Burdette, Dennis Lewis, and Charles Covert. We will be contacting them for reappointment intentions.

### **XII. Next Meeting**

The next meeting of the Medical Services Fund Advisory Council will be October 12, 2007, at 1:30 p.m., at Kanawha Valley Senior Services.

There was a motion to adjourn. All were in favor.

Minutes respectfully submitted by,

Pat Johnson  
Secretary II  
Bureau for Medical Services