

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

Members Present

Violet Burdette, Chairperson, Primary Care Representative
Dennis Lewis, R. Ph., Pharmacist Representative
Richard Stevens, Alternate, Dental/Pharmacy Representative
Mike Robbins, Alternate, Hospital Representative
Jesse Samples, Nursing Home Representative
Ralph Daniel Adkins, Consumer Representative
Mark B. Ayoubi, Physician Representative
Cathy Taylor, Ex-Officio, Bureau for Public Health
Sue Ellen Buster, Alternate, Bureau for Children and Families
John Russell, MH/BH Representative
Scott McClanahan, Aging Program Representative
Larry Robertson, Hospice Representative

Bureau for Medical Services or DHHR Staff Present

Shelley Baston, Deputy Commissioner, BMS
Nora Antlake, Legal
Leonard Kelley, Deputy Commissioner, Finance
Shannon Riley, Legislative Liaison
Pat Johnson, Recording Secretary

Unisys / WVMI Staff

Christy Thomas, Unisys
Ellen Charlebois, Unisys
Karen Keaton, WVMI

Interested Parties

Benita Whitman, Self
Barbara Good, WVSMA
Revat Poe, WVKFC

I. Welcome and Opening Remarks

Shelley Baston welcomed everyone to the meeting and extended Commissioner Morris' regrets that she was unable to attend the meeting as she is out of town.

II. Public Comment Period

Three individuals asked to speak: 1) Scott Miller, Mountain State Direct Action Center, 2) Benita Whitman, and 3) Perry Bryant, WVAHC

Mr. Miller discussed the following: 1) consumer representation on the MSFAC, 2) changing the verbiage "Medical Home" to "doctor" on the first page of the Medicaid Redesign packets, and also add how long the members have to call their doctor and sign an agreement, 3) concern regarding members choosing the Basic Plan over the Enhanced Plan, 4) Home Care Medical being closed.

Violet Burdette interjected that we need to limit the speakers to 5 minutes each.

Ms. Whitman requested the comment period be moved to later in the meeting.

Mr. Bryant discussed the following reports: 1) Milton Institute, which has determined the financial impact of seven chronic illnesses. 2) Center for Health Care Strategies, which looked at Medicaid populations' prevalence of chronic illnesses. He suggested having a chronic care management initiative among the Medicaid Elderly and Disabled populations. 3) Common Wealth Fund Report.

Mike Robbins requested for the next MSFAC meeting that representatives from Managed Care Organizations, Department of Health and WVMI address this issue; specifically, what they are currently doing in the way of Chronic Care Management Programs.

III. Approval of Previous Meeting Minutes

Dr. Ayoubi made a motion that the minutes of the July 13, 2007 meeting be approved as written. The motion was seconded. All were in favor.

IV. Unisys Update

Christy Thomas presented general Unisys updates.

- CMS extended the deadline for providers to start submitting NDC Codes for drugs to January 1, 2008; however, NDC codes may be submitted now. If they are billing for a drug that actually requires an NDC, they are getting a warning message on their remittance letting them know that in the future it will be required. The Hospital Association has been made aware of this.
- For members enrolled in Medicare HMO's, providers must bill these on paper and submit the EOB from the primary insurance on paper claims. If there are errors, they are being returned to providers. Unisys will keep providers aware via the monthly Association calls on timelines of electronic processing.
- Unisys is still capturing NPI's on a monthly basis.
- Some of the errors are: 1) providers are billing on old CMS-1500, the HCFA-1500, or the UB-92, but billing with new NPI billing instructions. 2) providers are submitting on new forms, but billing according to previous methodology by putting their Medicaid number where their NPI number should be. 3) Providers are submitting NPIs that are not on file in the system. Unisys will be verifying NPI numbers with providers. 4) Electronic claims are being voided when providers have more than one Medicaid number, and Unisys is unclear of who to pay. Providers are being notified as to what claims are being voided so these can be re-billed correctly.

V. State Plans

Nora Antlake presented the State Plans as follows:

- Rough draft of the PACE Plan, which is a program for all inclusive care for the elderly. Providing all issues get resolved, this should go to CMS by January 1, 2008. This will go out in Public Notice if anyone wants to comment.
- Inpatient Hospital Transfer Funding State Plan. As the Legislature appropriates new money each year, CMS requires a new plan each year indicating the dollar amounts transferred.

- Home Health Services Plan. There are two major changes: 1) program change. We will start prior authorizing the units after 60 as opposed to 124; and 2) payment methodology will change to Medicare's LupArale.
- Changes to the ICF/MR and the Nursing Facility state plan for assessing penalties for late cost reports filing. These state plans provide for consistency across cost based reimbursed providers.
- State plan submitted to change the name of the PDL and supplemental rebate vendor to GHS.

Richard Stevens made a motion to approve the State Plans. Motion was seconded. All were in favor.

VI. Timely Filing

As requested by the Council, Christy Thomas provided policy direction regarding timely filing. Medicaid requires claims to be billed within one year from the date of service. If the claim is received within that year, providers have an additional year if claim needs to be reversed and replaced.

One of the questions from the previous meeting was, "How can providers tell if Unisys has received their claim?" Ms. Thomas explained that every Friday afternoon Unisys publishes a report called Claims in Process, which providers can go to the web portal and download. This report shows what claims are in process, what claims are getting ready to be denied, what claims are getting ready to be paid, and if there is anything that will be reversed. Providers can tell when Unisys actually received the claim in their system by the claim number on the report. The first 2 digits of the claim number is the year Unisys receives the claim, the next three digits is the actual Julian date the claim is received. She also explained the wait pay and the wait deny. Also the AVRS System is being modified to give out the wait pay / wait deny status of claims, in addition to the finalized status.

VII. Financial Information

Leonard Kelley presented an update of financial information and distributed handouts to the members of the Council. For those in the meeting that did not receive a handout, it was stated that this information may be accessed on the BMS website and the Legislative website. Mr. Kelley also stated that a report is presented every month to the Legislature. After reviewing the information with the Council, discussion ensued.

VIII. Other

- Dennis Lewis brought to the Council's attention that in January 2008 a pricing methodology will change, pricing from AWP to AMP (average manufacturer price).

Richard Stevens clarified that this new pricing methodology is applicable to generic products only, and suggests that such a methodology being limited to generics is counter productive to saving costs. Mr. Stevens indicated that this is a result of the lobbying efforts of the brand name drug manufacturers in Washington.

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Mr. Stevens stated that there are three bills being introduced to change this methodology, two in the House and one in the Senate.

Discussion and questions ensued.

- Mr. Stevens brought up the subject of tamper resistant prescription forms. On September 29th, Congress passed a law delaying the implementation of tamper resistant prescription pads until April 1, 2008.
- Dr. Ayoubi shared concerns of bundling code 99213. This issue to be investigated.
- The meeting schedule for 2008 is as follows: January 11, 2008, April 11, 2008, July 11, 2008, and October 10, 2008.

IX. Next Meeting

The next meeting of the Medical Services Fund Advisory Council will be January 11, 2008, 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