

**Summary of Medical Services Fund Advisory Council Meeting
April 11, 2008 - 1:30 p.m.
Kanawha Valley Senior Services**

Members Present

Violet Burdette, Chairperson, Primary Care Representative
Mike Robbins, Alternate, Hospital Representative
Ralph Daniel Adkins, Consumer Representative
Mark B. Ayoubi, Physician Representative
Larry Robertson, Hospice Representative
Gerry Stover, Alternate, Physician Representative
Charlie Young, Ex-Officio, Bureau for Children and Families
John Mullins, Nursing Home Representative
Leon Harrison, CFO, KVSS, sitting in for Scott McClanahan, Aging Program Representative
Joyce Spiroff, Alternate, Public Health Representative

Bureau for Medical Services or DHHR Staff Present

Marsha Morris, Commissioner, BMS
Shelley Baston, Deputy Commissioner, BMS
Pat Miller, MMIS Director, BMS
Nora Antlake, Attorney, BMS
Tina Bailes, Chief Financial Officer, BMS
Pat Johnson, Recording Secretary
John Law, DHHR

Unisys / WVMI Staff/ Unicare/ The Health Plan

Christy Thomas, Unisys
John Marks, WVMI
Mitch Collins, Unicare
Martha Richardson, The Health Plan
Jennifer Johnson, The Health Plan
Jennifer Ault, The Health Plan

Interested Parties

Carla B. Cleek, Division of Rehab
Perry Bryant, WVAHC
Barbara Good, WVSMA
Eric Eyre, Charleston Gazette
Lynn Svonavec, LA WV
Eric Eyre, Charleston Gazette

I. Welcome and Opening Remarks

Shelley Baston welcomed everyone to the meeting. She informed all parties that an informal survey of the Council members was performed to determine whether the Public Comment Period would be at the beginning or end of the meeting. The majority of members voted for Public comment at the beginning of the meeting.

II. Public Comment Period

Perry Bryant from West Virginian's for Affordable Health Care (WVAHC) distributed documents to the council regarding Regional Quality Improvement Initiative, i.e. multi payer chronic care initiatives. There have been some ongoing discussions regarding the possibility of establishing something like this in West Virginia.

III. Approval of Previous Meeting Minutes

A motion was made and seconded to approve the minutes of the January 11, 2008 minutes as written. All were in favor.

IV. Unisys Update

Christy Thomas stated that Unisys has currently collected 25,538 NPI's; however, there are still 1,500 providers that have not submitted their NPI's. Providers will have to bill their NPI as of May 23, 2008.

The Hospital Association/Unisys calls ended on April 9, 2008.

V. Managed Care Quality Strategy

Shelley Baston stated that each year CMS requires BMS to develop and maintain a quality strategy for our managed care programs. The strategy was sent to all members prior to the meeting.

Mike Robbins made a clarification request for the Grievance System. Also, before Mr. Robbins can approve the draft, he would like to see the attachments that are referenced throughout the document. Ms. Baston will make these available for the members to view upon request. She also stated that due to volume, those could also be reviewed at the Bureau for Medical Services' office.

Mike Robbins made motion to approve Managed Care Quality Strategy Report with one minor change. Motion was seconded. No discussion. All were in favor.

VI. Financial Report

Tina Bailes presented the February monthly financial report. Services attributable to increases were: nursing facility services, physician services, and prescription drugs.

VII. HMO Chronic Care Management Programs

Both Unicare and The Health Plan attended the meeting and presented their chronic care initiatives/programs.

Mitch Collins, Regional Director, Unicare Health Plan of WV, presented Unicare's Health Services Programs to the Council.

Martha Richardson, Manager, The Health Plan, also gave a presentation on the Health Plan's Disease Management and Health Promotion Programs.

VIII. State Plans: Laboratory, ER Visit Co-pay Withdrawal, SSDC Pool

Nora Antlake presented three state plans to be changed and/or submitted.

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- 1) Laboratory: The new language states, "Payment shall be the lesser of 90% of the Medicare established fee or the provider's usual and customary fee." The previous state plan reimbursed at 80% of the Medicare established fee schedule.
- 2) ER Visit Co-pay: The emergency room, non-emergency co-pay is being withdrawn.
- 3) SSDC Pool: Nora stated that we will get a state plan amendment out in April, May or June, to join the Sovereign States' Drug Consortium Pool. We will try to get into this pool in June or July.
 - Mike Robbins made a motion to accept the state plan amendment for laboratory services. Motion was seconded. All were in favor.
 - Mike Robbins made a motion to accept the withdrawal of co-pay for non-emergent use of emergency room. Motion was seconded. All were in favor.
 - Mike Robbins made a motion to accept the supplemental rebate pool (SSDC pool). Motion was seconded. All were in favor.

IX. Medicaid Card / Plastic ID Card

Pat Miller advised that Rapids has developed a contingency plan in the case of mechanical failure; there would be alternate methods for the medical cards to be printed and issued. Demonstrations of swipe card readers have been provided. Also BMS has surveyed other states that have plastic ID cards to identify issues encountered. This information will be compiled and will be available at a subsequent MSFAC meeting.

X. Next Meeting

The next meeting of the Medical Services Fund Advisory Council will be held on July 11, 2008, at 1:30 p.m., at Kanawha Valley Senior Services.

Meeting adjourned.

Minutes submitted by:

Pat Johnson
Secretary II
Bureau for Medical Services