

**Summary of Medical Services Fund Advisory Council Meeting
October 10, 2008 - 1:30 p.m.
Kanawha Valley Senior Services**

Members Present:

Violet Burdette, Chairperson, Primary Care Representative
Dennis Lewis, R.Ph. Pharmacist Representative
Mike Robbins, Member, Hospital Representative
Richard Stevens, Alternate, Pharmacist Representative
John Russell, Member, MH/BH Representative
Scott McClanahan, Member, Aging Program Representative
Michael KilKenny, M.D., Member, Physician Representative
Cathy Taylor, representing Joyce Spiroff, Alternate, Public Health Representative
Charlie Young, Ex-Officio, Bureau for Children and Families
Ralph Daniel Adkins, Member, Consumer Representative
Linda Miniak, Alternate, Consumer Representative

Bureau for Medical Services or DHHR Staff Present:

Shelley Baston, Deputy Commissioner, BMS
Nora Antlake, Attorney, BMS
Jeanne Cress, BMS
James Becker, BMS
Alva Page III, Attorney, BMS
Tina Bailes, Chief Financial Officer, BMS
Pat Johnson, Registration
Frances Secoy, Recording Secretary

Unisys / WVMI Staff/ Unicare/The Health Plan:

Christy Thomas, Unisys
Katrina Layman, Unisys
Melinda Ruby, Unisys
John Marks, WVMI

Interested Parties:

BW Arden, Interested Party
Carla B. Cleek, Division of Rehab
Perry Bryant, WVAHC
Amy Tolliver, WV State Medical Association
Benita Whitman, Interested Party

I. Welcome and Opening Remarks

Shelley Baston welcomed everyone to the meeting and introduced the new administrative assistant, Frances Secoy, who will be replacing Pat Johnson who had accepted another position within BMS. Shelley also introduced BMS legal counsel Alva Page III and medical director Dr. James Becker.

II. Public Comment Period

There were no public comments.

III. Approval of Previous Meeting Minutes

A motion was made by Mike Robbins and seconded by Richard Stevens to approve the July 11, 2008 minutes as written. A motion was also made by Mike Robbins and seconded by Richard Stevens to approve the minutes of the August 29, 2008 minutes as written. Violet Burdette commented on the use of the term "emergency meeting"; when it is appropriate to address state plan amendments that need to be reported to the group, it was suggested the term "interim" be used.

IV. Unisys Update

Christy Thomas introduced two new members of their management team: Melinda Ruby, Account Manager and Katrina Layman, Provider Relations Manager. Ms. Thomas provided a reminder for providers and hospitals to update their license information to Unisys. Ms. Thomas reviewed with the group the policy that those who have not updated their license information on the date of expiration will be placed on a "pay hold" and no money will be released. Providers who have not updated their license after thirty days will be terminated. Richard Stevens made a comment on the need for the availability of technology to check claim information in "real time". Ms. Thomas said that she would check on that technology.

V. Financial Report

Tina Bailes reported on a 4.57% increase of medical expenditures (\$103 million) for the quarter ending June 2008. The largest area for that increase was prescription drugs with a net increase of \$21 million after rebates were deducted. Nursing home expenditures increased \$18.7 million, MRDD Waiver services increased \$17.8 million, managed care payments increased \$15 million and Aged/Disabled program increased \$9.2 million. While it was reported that there is a surplus of \$35 million in the Medicaid account and a trust fund balance of \$85 million, Mike Robbins and Violet Burdette discussed that these are not real numbers as long as there are outstanding expenditures that have not been settled and the possibility of provider overpayment. Richard Stevens suggested that Peggy King or Vicki Cunningham be put on the agenda to discuss the impact of Medicaid Part D.

VI. Medicaid Integrity Program

Jeanne Cress provided an extensive review of the Federal Medicaid Integrity Program (MIP). Statutory requirements have been placed on the MIP to create a 5 year comprehensive plan (we are currently in year three) and an annual report to Congress of their efforts to meet their annual goals. Contracts for claims review and audits have been issued to identify overpayments and to provide education to state Medicaid integrity programs, and to provide assistance to the states. Mike Robbins expressed that he would like the opportunity to meet the Federal contractor who will be running the program in West Virginia. Violet Burdette expressed a need to make sure providers receive requests if there are going to be penalties to the providers. Ms. Cress will follow up to determine how this is done.

VII. PERM

Jeanne Cress provided information on the Payment Error Rate Measurement (PERM), CMS's response to the "Improper Payments Information Act of 2002" in which all programs that receive federal money were asked to calculate what their improper payments could be. In this program, the country is divided into three groups, 17 states each. Reviews will be conducted over a three year period, calculating a state specific error rate and then rolling that together to calculate the national error rate. West Virginia's reviews were conducted in 2007, consisting of both data processing and medical reviews. The final report was expected September 30th but has not been received. Through feedback we have found that hand processed claims and claims that are processed directly through Unisys were not paid at the same amount. Because of a fifth digit behind the decimal point; the error was pennies. On the medical review side we had two errors that were related to documentation that did not support the service that was provided. There are six providers who did not respond to the request from CMS to submit the documents, which was counted as an error. Violet Burdette asked if there was any action against those provided who did not respond. Ms. Cress responded that we will be taking those monies back once we receive the final report.

Other Issues:

Acute Care Hospital PPS Update

Nora Antlake reported that the state plan is still under review and is not yet complete.

Targeted Care Management State Plan Update

Nora Antlake reported that CMS stopped the clock on all TCM plans and that she expected to request a waiver to the timeline which will allow for an additional 90 days to respond. Nora expressed the need to have plans that are approvable.

Disaster Preparedness

Violet Burdette reported on the interest in having medical professionals licensed to respond in the event of a disaster. A retired Greenbrier clinic physician is hoping to propose legislation this year to have medical professionals immune from civil liability. A letter of support has been suggested from the associations represented by this group. Those interested should contact Violet Burdette. Amy Tolliver advised the group that a commission on uniform state laws has prepared legislation on this topic. Cathy Taylor recommended that the group contact Cathy Slemp.

Election of Chairperson for 2009

Richard Stevens nominated Mike Robbins for chairperson, seconded by Dennis Lewis. Richard Stevens nominated Charlie Covert as Vice-Chair, seconded by Mike Robbins. All were in favor.

VIII. Schedule of 2009 Meetings

The schedule for 2009 is as follows: January 9, April 10, July 10 and October 9, 2009.

Next Meeting

The next meeting of the Medical Services Fund Advisory Council will be held on January 9, 2009, at 1:30 p.m., at Kanawha Valley Senior Services.

Meeting adjourned at 2:15PM.

Minutes submitted by:

Frances Secoy
Bureau for Medical Service