

**Summary of Medical Services Fund Advisory Council Meeting  
April 10, 2009 - 1:30 p.m.  
Kanawha Valley Senior Services**

**Members Present:**

Mark B. Ayoubi, MD, Physician Representative  
Charles Covert, Member, Hospital Representative  
Michael KilKenny, M.D., Member, Physician Representative  
Dennis Lewis, Member, Pharmacy Representative  
Linda Maniak, Alternate, Consumer Representative  
Scott McClanahan, Member, Aging Program Representative  
Mike Robbins, Member, Hospital Representative  
Larry Robertson, Member, Hospice Representative  
John Russell, Member, MH/BH Representative  
Jessee Samples, Member, Nursing Home Representative  
Charles Smith, Member, Dental Representative  
Cathy Taylor, representing Joyce Spiroff, Alternate, Public Health Representative  
Richard Stevens, Alternate, Dental Representative  
Charles Young, Ex-Officio, Bureau for Children and Families

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

Tina Bailes, Chief Financial Officer, BMS  
Shelley Baston, Deputy Commissioner, BMS  
Vicki Cunningham, BMS  
Stacie Haynes-Legg, BMS  
Marsha K. Morris, Commissioner, BMS  
Alva Page, III, Legal Counsel, BMS  
Frances Secoy, Recording Secretary

**Unisys / WVMI Staff/ Unicare/The Health Plan:**

Christy Thomas, Unisys

**Interested Parties:**

Perry Bryant, WVAHC  
John Marks, WVMI  
Benita Whitman, Interested Party

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

Commissioner Marsha Morris welcomed everyone to the meeting and reported that the Legislative session would soon be over and she hopes to have updates at the next meeting. Ms. Morris turned the meeting over to Chairperson, Mike Robbins.

## **II. Public Comment Period**

Perry Bryant addressed the group on current legislation. Mr. Bryant reported that Medicaid has been exempt from the Administrative Procedures Act for many years, and other than this advisory council, there are no public participation requirements when changes to Medicaid are made. The House has adopted an amendment that would notify the Secretary of State's office and allow a 30 day comment period when amendments to the State Plan are submitted. With this, West Virginia will join 49 other states (and the District of Columbia) that give their citizens notice and the right to comment on changes. The Bill has other aspects that include adding Delegate Don Perdue and Senator Roman Prezioso, or their designees, to the advisory council. There are also amendments that would allow a place on the website to register email addresses in order to receive notices of advisory council meetings, agendas and attachments. Mr. Bryant thanked Commissioner Morris for her leadership on these issues. Mr. Robbins advised the group that State Plan amendments are posted in the State Register, allowing for written public comments within a 30 day period. The BMS website also provides access to Council minutes and other documents currently.

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

A motion was made by Richard Stevens and seconded by Linda Maniak to approve the January 9, 2009 minutes as presented.

## **IV. Unisys Update**

Christy Thomas reported that Sagan Moodley is acting as Unisys Interim Manager. Unisys will be recruiting a permanent account manager for the West Virginia site. Ms. Thomas also reported that Unisys will be participating in several conferences within the next quarter, including the Academy of Family Physicians, HFMA in Flatwoods and the Oncology Society in May. Unisys is also working with the Medical Association Conference scheduled for May 14<sup>th</sup>. A dental outreach program is being launched encouraging providers to submit their claims electronically. Currently 40% of dental providers submit their claims electronically. Mr. Robbins inquired as to the status of the current contract with Unisys, to which Commissioner Morris related that the third optional year contract was signed on April 3, 2009 with one year remaining.

## **V. Financial Report**

Tina Bailes reported on the expenditures for January 2009, which were approximately 3.5% under the current budget estimate. In comparison to the same period last year,

there was an increase of 12.5%, distributed through several categories. Ms. Bailes reported that over 2009 we will have an approximate 5.5% increase over last year, based on the current and available figures-to-date. Richard Stevens asked for clarification on whether the federally qualified health center expenditures are fee-for-service reimbursement. Ms. Bailes explained that they are cost-based; they submit a cost report to determine allowable costs, and any costs are settled at the end of the period.

## **VI. Eligibility Update**

Tina Bailes reviewed the report of Medicaid eligible members by category (adult, aged, blind/disabled and child), expenses by category from 2006-2008. Ms. Bailes reported that member eligibility has remained somewhat constant with a slight decrease in 2007 and an increase in 2008. Expenditures decreased from 2006-2007, but increased in 2008, which is attributed to the implementation of the Medicare Part D benefit in 2006-2007. Ms. Bailes reported that the number of children listed (up to the age twenty-one (21) and including children in foster care) indicates the number of children eligible to receive benefits, but not necessarily receiving a service. Mr. Robbins asked that an enrollment report be provided at the next meeting, including month-to-month eligibility.

## **VII. State Plan Amendment Update**

Alva Page, III, spoke on the changes to the prospective payment system (PPS) hospitals relating to the increased amount paid to urban and rural hospitals. The last page is updated to include the increased Federal Medical Assistance Percentage (FMAP). A motion was made by Dr. Mark Ayoubi and seconded by Dr. Charles Smith to accept the State Plan amendment. Mr. Page also reported on the State Plan amendment requiring third-parties to provide the State with coverage, eligibility and claims data. Many times members may have other insurance coverage. This amendment ensures that Medicaid is the payor of last resort. Mr. Page also reported that Senate Bill 632 requires third-parties to provide Medicaid with all claim information. Dr. Ayoubi asked for a clarification on how the State Plan amendment changes current regulations (i.e., acknowledgment of third-party insurance). Mr. Page discussed that the current changes make compliance mandatory. Ms. Morris discussed that with the statutory mandates, Medicaid could initiate legal action to ensure production of needed information. There was considerable discussion on the impact to providers when they do not receive appropriate information on third-party insurers and the ability to access claims information from Unisys. Ms. Morris will research any legal or regulatory restrictions to providing this to providers. A motion was made by Dr. Ayoubi and seconded by Jesse Samples to accept the State Plan Amendment as presented.

### **Other Issues:**

Vicki Cunningham provided a Pharmacy update on the enhanced medication management grant received through the Medicaid Transformation. On November 18, 2008, the Medicaid Pharmacy Program implemented a prior authorization system for

pharmacy claims that reduces routine calls to RDTP. Ms. Cunningham also reported on the clinical web portal which contains both medical and pharmacy information. They are currently performing administrative tests to ensure that all privacy requirements are being met. Medicaid prescribers and pharmacists will be able to enroll and access the portal with their patients' Medicaid identification number, name and date of birth. This will allow access to both their medical and medication history, including hospitalizations and emergency room utilization. Procedures and lab tests will be included to avoid duplication. Part of the web portal will contain the option to submit electronic prior authorizations. The final aspect of the portal will be E-prescribing which will allow for the submission of prescriptions online through Surescript-Rxhub. Patient information will be available to providers to avoid duplication of therapy and formulary compliance. It is anticipated that this software along with a hand-held device will be made available to providers at no cost. Education will also be made available including CME credits at no charge. In response to a request by Mr. Robbins, Ms. Cunningham informed the group that the original grant amount was \$4.2 million and a demonstration would be available to the group in the Fall.

### **Next Meeting**

The next meeting of the Medical Services Fund Advisory Council will be held on Friday, July 10, 2009, at 1:30 p.m., at Kanawha Valley Senior Services.

Meeting adjourned at 2:30 PM.

Minutes submitted by:

Frances Secoy  
Bureau for Medical Service