REPORT OF THE
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

COMMUNICATIONS REPORT

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 34

COMMONWEALTH OF VIRGINIA
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COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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TO: The General Assembly of Virginia

Pursuant to Chapter 965 of the 1999 Acts of Assembly, "the Director of the Department of Medical Assistance Services (DMAS) shall report to the Governor and members of the General Assembly the activities of facilitating communication between the Department and providers and recipients of health care services."

The Communications Report highlights communications activities of the Department with providers, healthcare associations, and recipients.

The Department incurred $4,624 in staff hours in preparing this study. If you have any questions, about the study, please contact me at (804) 786-8099.

Respectfully Submitted,

Dennis G. Smith

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Executive Summary

Pursuant to Chapter 965 of the 1999 Acts of Assembly, "the Director of the Department of Medical Assistance Services (DMAS) shall report to the Governor and members of the General Assembly the activities of facilitating communication between the Department and providers and recipients of health care services."

The Virginia Medicaid Program is a joint federal-state program that provides medical care for certain groups of low-income individuals who are aged, blind or disabled; members of families with children; and pregnant women. As such, it is an extremely complex program and during recent years has been one of the five largest programs within state government. DMAS is heavily dependent upon the relationships it has established with providers of health care services. Currently, 45,823 providers are enrolled into the program to provide services to Medicaid recipients.

In Fiscal Year 1999, DMAS' total budget was over $2.5 billion, serving over 630,000 Medicaid enrollees. Approximately 50 percent of DMAS' funding comes from the State General Fund, while DMAS receives the remaining amount from the federal government.

Outreach to providers has been a top priority for DMAS. This year alone, DMAS has provided over 77 training sessions to over 3,500 Medicaid providers ranging from the Children's Medical Security Insurance Plan training to teaching providers about the intricacies of the Medallion II program. In addition, the Department is working on putting an interactive training program on the DMAS web site.

On a daily basis, DMAS is in constant contact with providers to help answer questions to guide them through the Medicaid system. Over the last ten months, DMAS' *Telephone Call Center* has received and answered over 190,000 requests and questions from providers within the Medicaid system, an average of 19,000 calls a month on our provider helpline. In addition, an average of 101,241 calls were completed in 1999 through DMAS' Virginia Medicaid Automated Voice Response System provided for Medicaid providers.

DMAS has been reaching out to all of the providers within the Medicaid system to understand their concerns and to listen to their suggestions. DMAS has established both formal and informal workgroups to receive input from providers, recipients, and community groups. Additionally, DMAS has begun the process of placing all provider manuals on the Internet. By using the Internet, providers, researchers and the general public can instantly obtain the manual they select.

The 1999 Communications Report highlights the communication activities of DMAS from January 1, 1999, to October 31, 1999, and in no way comprising all of the communication, training, and meeting activities within this timeframe.

The Establishment of New Agency Workgroups

DMAS welcomes comments and suggestions from all groups affected by the Medicaid system. Along with the workgroups and advisory committees already established, DMAS created new workgroups to help facilitate better communication including the Civil Money Penalty Workgroup, Disability Workgroup, the Nursing Facility Payment System Workgroup and the Provider Advisory Council.

Below are a listing of the newly created groups and the purpose of each:

Civil Money Penalty Workgroup - The Civil Money Penalty Workgroup is composed of state, provider and community leaders who are committed to taking a proactive stance in assuring nursing facility residents have access to quality care. While this workgroup was formed in October 1998, most of their work took place over the course of this report. This group met five times over the past ten months. The mission of this group is to promote care excellence and quality of life in long term care in Virginia utilizing public/private partnerships, ensuring that all constituent interests and insights are continuously involved.

Disability Workgroup - On May 10, 1999, DMAS convened a workgroup composed of representatives from various state agencies, consumers, families, advocates, and public and private providers to assist DMAS with the development of the Individual and Family Developmental Disabilities Support Waiver. This workgroup met five times over the course of the year.

Nursing Facility Payment System Workgroup - This workgroup was formed to act as an advisory group to the Director of DMAS in devising a new payment system for nursing home facilities. The workgroup was also created to facilitate communication between the various departments, health care organizations and nursing facilities and to understand the needs of the nursing home industry. This Workgroup is made up of nursing home executives and its association. This workgroup met seven times over the last ten months.

Provider Advisory Council - DMAS created this council in an effort to improve communications between DMAS and providers. The purpose of this Council is to ensure that DMAS is adequately providing information to healthcare providers participating in the Medicaid program and other healthcare programs that serve the indigent population. This council is made up of physicians, nurses, hospitals, home health representatives and Health Maintenance Organizations serving the Medicaid population.

DMAS Customer Services

In addition to the newly established workgroups, DMAS provides customer services through a variety of program sources and areas. Providers can access toll-free information using a touch tone phone from an automated voice response system. A traditional Help Desk function is provided to both providers and recipients by the HELPLINE. Valuable information is now accessible on the Department's WEB PAGE. Specific program operating areas maintain toll-free telephone access to enable expert staff to assist its customers. In addition, provider training programs are conducted statewide by Department staff to assist providers in understanding the program policies and procedures contained in 30 provider manuals.

The Department has contracted several key functions to improve customer service. These areas include WVMI for the pre-authorization of covered Medicaid and CMSIP hospital stays, BENOVA for managed care assignments, and First Health Services Provider Enrollment Unit for the enrollment and certification of participating providers.

Customer services are enhanced by liaison committees with providers, their associations, and interested parties in developing new initiatives for potential development, obtaining feedback on current policy and procedures, and facilitating communications regarding operational issues to meet the needs of our customer community.

The following is a brief overview of the key systems the Department has in place which provide a wide range of customer services which impact our 45,823 active providers and approximately 630,000 Medicaid enrollees.

Automated Voice Response System

Participating Medicaid and CMSIP providers have access to the added features of the Virginia Medicaid Automated Voice Response System (***AVRS***) with more information than previously available on the Recipient Eligibility Verification System (REVS).

- By calling (800) 884-9730, (804) 965-9732 or (804) 965-9733 providers can obtain check dates and amounts from the most recent three remittances. The check information is presented by invoice type. After keying the recipient identification number and from and through date(s) of service the ***AVRS*** will provide the status of each claim up to and including five claims. The ***AVRS*** will prompt the caller if additional claims are found to continue or return to the main menu. The recipient eligibility information previously available on REVS is still available to the caller on the ***AVRS***. An operator is available while using the REVS selection by keying "0" at any of the prompts.

- An average of 101,241 calls were completed each month in 1999 with a blockage rate of 0%. Average time per call was recorded at 1.7 minutes for an average of 173,378 minutes of service a month.

Telephone Call Center

Providers needing assistance for complex billing and policy clarification issues can call the toll free Provider HELPLINE at (800) 552-8627 from anywhere within the state or 786-6273 in the Richmond area. The Telephone Center, consisting of the Call Center Manager and 11 Program Representatives, answer over 190,000 telephone inquiries over the last ten months. Over the last year, DMAS' provider helpline staff has dramatically improved the response time to answer providers' questions. In October 1998, only 58 percent of provider calls were answered in less than two minutes. In contrast, in October 1999, 91 percent of provider calls received by the helpline staff were answered in less than two minutes.

The Telephone Center operates within an Automatic Call System environment to address the type, complexity and volume of calls received by DMAS. Also, a new fax number has been added for provider inquiries. The fax number is (804) 786-6229.

- The Telephone Center staff answers provider questions regarding Medicaid, CMSIP and State/Local Hospitalization Program Policies using 27 program manuals.
- Staff resolve claims/billing problems on-line or take critical information regarding claims/billing issues for later response to providers
- On average each day 1,000 to 1,200 incoming calls are received.
- Each representative requires access to approximately 30 different screens to access several hundred detail codes and dates.
- Average call time is 3.5 minutes per call with complex calls lasting 15 minutes.
- Agent time utilization is 90% with each agent taking an average number of 65 calls per day.
- Number of representatives answering provider calls is nine with two additional representatives answering recipient calls to resolve problems with clients being billed.
- Staff compiles issues, claims/billing problems, and provider complaints to give feedback to appropriate DMAS staff for corrective action and policy consideration.
- Staff performs provider training and on-site assistance when requested.
- Providers may call DMAS using a special toll free telephone number for those providers who would be calling long distance.

Provider Training

The Training Unit within the Division of Program Operations carries out statewide training for Medicaid enrolled providers, recipients and advocacy groups on changes to DMAS program policies and procedures, the expansion of DMAS' managed care initiatives and other agency priorities.

- The Training Unit consists of three Training and Development Coordinator Senior staff persons, a Medical Assistance Program Representative, who provides administrative support, and other staff persons within the MEDALLION unit as needed.
- The Training Unit carries out research, interviews with relevant DMAS staff, employs key agency-wide personnel, develops audio-visual training presentations and presents information to providers and recipients to inform them of coming changes in Medicaid programs. The Training Unit works closely with all DMAS Divisions to provide a unified, correct and up-to-date message to the agency's various constituencies.

DMAS styles all provider training to address the specific needs of the provider community. The DMAS' Training Unit's goal is to improve the audiences' proficiency regarding a particular skill set. The Training Unit recently developed an ongoing assessment process to ensure that Medicaid provider's training needs were being met. This process resulted in the scheduling of more training sessions throughout the Commonwealth that address specific issues of interest such as long term care and Medicaid billing procedures.

During the time period of January 1, 1999, through October 31, 1999, DMAS' Training Unit provided 77 training seminars across the Commonwealth to Medicaid providers, local departments of social services and health departments, Community Services Boards and many other health care provider groups.

DMAS Training staff located in the DMAS Roanoke office have focused on improving and maintaining solid provider relationships across the southwestern region of the Commonwealth. DMAS staff in the Roanoke office travel the southwestern regions and meet with providers to address topics such as managed care as well as other provider-related issues. Staff also performs outreach functions to the provider community. Seminars and in-service training are conducted to educate DMAS providers and may include issues pertaining to Medicaid billing practices and Medicaid covered services. Other topics of recent training sessions include managed-care expansion, CMSIP, EPSDT, DRGs and BabyCare.

The Training Unit in the Roanoke office frequently travels to providers' offices to offer assistance and answer questions. From January 1, 1999, to October 31, 1999, DMAS staff in the Roanoke office averaged 18 on-site provider visits per month. This amounts to a provider training session or meeting for nearly every business day in the month. DMAS Training staff travel to the provider offices of various types of health care providers including specialists, primary care physicians, dentists and transportation providers. Training Unit staff also travel to hospitals in the region to address providers questions on emergency room (ER) issues. Twenty-one hospitals were visited between January and October 1999. Discussion topics may include issues regarding quality of care and methods of decreasing inappropriate ER visits by Medicaid recipients. A typical provider visit involves review of billing questions, new staff orientation to Medallion II and to Medicaid and answering questions about referrals.

The Roanoke office receives an average of thirty-five calls per week that require action and requests for documentation. From January 1, 1999, to October 31, 1999, a total of 1377 calls were received in the Roanoke office. All calls were responded to in that either a training visit was scheduled or requested documentation was sent to a health care provider.

The Office of Communications and Legislative Affairs

The Office of Communications and Legislative Affairs was formed to help better facilitate communications with the Department and citizens, providers, recipients, members of the General Assembly, and the media. During the first 10 months of 1999, the Office of Communications and Legislative Affairs processed 959 Freedom of Information Act requests and 691 constituent letters. During the 1999 General Assembly Session, the Office tracked over 200 legislative proposals and studies affecting the Department. Throughout the year, the office coordinates all Board of Medical Assistance Services meetings along with the meetings of the newly formed Provider Advisory Council. The office is available to assist individuals find the resources they need or to answer questions related to the Department of Medical Assistance Services.

Client Medical Management

Client Medical Management (CMM) is a case management and utilization control program for recipients who overuse Medicaid services, such as physician services, prescription drug services, transportation, and emergency room services.

- The unit receives referrals from all sources (such as providers and the Department of Social Services) regarding recipients suspected of abusing Medicaid.
- A special toll free number (888-323-0589) is available to providers and recipients to contact the Unit to exchange referrals or seek assistance.

Insurance Unit

The Insurance Unit is responsible for the Health Insurance Premium Payment Program (HIPP), Medicare Buy-In for Medicaid Recipients, and the HIV Assistance Program.

- The HIPP program reimburses eligible Medicaid recipients for the cost of their health insurance. Medicaid applicants who are employed are required to provide information regarding available employer based health insurance
- A special toll free line (800-432-5924) is available for recipients and employers to contact the Unit staff for assistance.

DMAS WEB PAGE

The DMAS Web Page was unveiled March 1996, to ensure that providers could interact with the Department via the World Wide Web. DMAS recognizes the importance of ensuring that information is available to the provider community through the Internet. The DMAS Web Page has allowed DMAS to remain current with the trends of the provider and business community. The goal of the DMAS Web Page is to ensure that a large population could access and locate information about Virginia Medicaid. The DMAS Web Page not only allows providers to access information but also allows for instantaneous access of new and updated information pertaining to Medicaid policies and procedures.

DMAS believes that the opportunities for the Internet are significant. New ideas are being explored to utilize the Internet so that DMAS can quickly and effectively communicate with the provider community. Currently, DMAS meetings, Provider Manuals and DMAS regulations are available to the provider community via the DMAS Web Page.

DMAS WEB PAGE (EXCERPT)

http://www.cns.state.va.us/dmas/

Home | CMSIP | Statistics | Managed Care | Meetings | Handbook

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Welcome to the Virginia Department of Medical Assistance Services' (DMAS) home page. DMAS administers the Medicaid program; the Indigent Health Care Trust Fund; the State and Local Hospital Program; the Involuntary Commitment Program; Regular Assisted Living Payments for Residents of Adult Homes; Health Premium Assistance Program for HIV-Positive Individuals and the Virginia Children's Medical Security Insurance Plan (CMSIP).

Table of Contents

Click Here	Pages or links to other pages	Summary of the page.
	Department of Medical Assistance Services Overview, History and Programs	A history and description of the Department of Medical Assistance Services.
	Information for Virginia Medicaid Recipients	Recipient Handbook and other recipient information.
	Information for Virginia Medicaid Providers	
	Medicaid Provider Manuals (in PDF. format)	This page is under development. It contains a partial listing of manuals. New manuals are being added on regular basis.

	State Children's Health Insurance Program	Links to the Children's Medical Security Insurance Plan Handbook, recipient application, , information needs, program data, copies of the State Plan, June 15, 1998 presentation, state application and program data. Some in PDF format.
	Position Vacancies	Current employment opportunities at DMAS
	DMAS Public Meetings	DMAS Board, Pharmacy, HMOand other meetings
	Managed Care Programs	Information about MEDALLION, MEDALLION II and Options programs
	Residential Psychiatric Treatment and Treatment Foster Care	CSA/ Medicaid Community Bulletin
	Business Opportunities with DMAS	RFPs, awards and announcements, etc.
	YEAR 2000 READINESS DISCLOSURE STATEMENT	Copy of the Y2K presentation to HCFA made on August 5, 1999 and other Y2K statements

During the timeframe of this report, DMAS placed 14 provider manuals on its web page as listed below:

- Assisted Living Services
- Baby Care
- Dental
- Freestanding Renal Dialysis Clinic
- Home Health
- Hospice
- Independent Laboratory
- Pharmacy
- Podiatry
- Prosthetic Device
- School Division
- SLH
- Transportation
- Vision Services

The provider manuals are important to Medicaid providers as they provide policies and the procedures the providers must follow in furnishing medical services to Medicaid recipients. These 30 manuals describe the conditions of Medicaid eligibility, the services each type of provider is authorized to provide, the limitations on services, the need to obtain prior authorizations, detailed billing instructions and other information that is necessary to provide and bill for services. The system that has been used to develop, print and distribute provider manuals in the past has been costly and not always timely. In addition, the lack of timely and up-to-date instructions has been a recurring source of complaints from the provider community.

In an effort to improve this situation, DMAS has begun the process of converting all manuals to Portable Document Format (PDF) and placing them on the Internet. Fourteen of the 30 manuals have been published on the Internet to date and the rest are expected to be placed on the DMAS web site by the end of 1999. By using the Internet, providers, researchers and the general public can instantly obtain the current manual (or individual chapters as desired) at no cost for printing and distribution. The manual can also be searched electronically for relevant sections or issues.

During Fiscal Year (FY) 1999, the agency spent more than $75,000 to print manuals for providers and approximately $100,000 to distribute them. Once the system is fully implemented, it is expected that these costs will be significantly reduced. More importantly, the timeliness and speed in releasing manual updates will greatly improve the administration of the Medicaid program and the agency's relations with its business partners.

Publications

The Statistical Record of the Virginia Medicaid Program and other Indigent Health Care Programs

The Statistical Record of the Virginia Medicaid and Other Indigent Health Care Programs gives an overview of the Virginia Medicaid program and delineates the financing, services provided and population served through the programs administered by the Department. Covered services, individuals served, enrolled providers, units of services and claims are all described within this publication. This publication gives a vast amount of detail regarding the overall administration of the program.

DMAS Provider Manuals

The policies that those providers must follow in furnishing medical services to Medicaid recipients and the procedures they must use to claim reimbursement from DMAS are set forth in 30 unique provider manuals. These manuals describe the conditions of Medicaid eligibility, the services each type of provider is authorized to provide, the limitations on services, the need to obtain prior authorizations, detailed billing instructions and other information that is necessary to provide and bill for services. Changes made to these policies have traditionally been made via Medicaid Memos. Medicaid Memos have served as supplements to the Medicaid provider manuals. The initiative to update all of the provider manuals has included the incorporation of all applicable Medicaid Memos. These Manuals are being placed on the DMAS Web Page as they are updated. New manuals are being added on a regular basis.

Medicaid Eligibility, A Global View

This publication describes the population eligible for Medicaid and discusses category requirements for Virginia Medicaid. Medicaid eligible groups are broken down by class and category. Category requirements, general eligibility requirements, and resource and income eligibility standards are also outlined in this publication.

The Department of Medical Assistance Services CMSIP Handbook

The DMAS CMSIP Handbook describes the Virginia Children's Medical Security Insurance Plan (CMSIP). This Handbook summarizes issues such as covered services, the application process, eligibility determinations and enrollment. This Handbook gives a basic thumbnail sketch of CMSIP.

The CMSIP Quarterly Report

The 1998 Appropriations Act requires DMAS to report to the General Assembly committees quarterly on the status of the CMSIP program and the number of children enrolled in each component of the Program. This has been completed quarterly.

Brochures Describing the Program

DMAS has published several pamphlets and brochures that described services provided by the program. These pamphlets focus on long term care services in Virginia. These pamphlets are:

- Introduction State-Funded Long Term Care Services In Virginia
- Adult Care Residences
- Consumer-Directed Personal Attendant Services Waiver
- Mental Retardation Waiver
- Program of All-Inclusive Care for the Elderly (PACE)
- Elderly and Disabled Waiver
- Nursing Facility Services
- AIDS Waiver Services
- Technology Assisted Waiver

These pamphlets are provided to long term care providers and to the general public to discuss services available in the long term care continuum in Virginia. These pamphlets answer specific questions about what services are provided and what requirements must be met in order to qualify for these services. Contact information is also included.

Medicaid Recipient Handbook

The Medicaid Recipient Handbook provides recipients with comprehensive information about Medicaid eligibility, covered services and limitations and related information to enhance access to needed medical care.

Provider Remittance Advice Messages

The Department has the capability of sending important messages to providers on the Provider Remittance Advice. Messages include changes in policy or procedure or other information that needs to be quickly disseminated.

Medicaid Recipient Identification Card Messages

The Medicaid Recipient Identification Card also provides an opportunity to communicate ad hoc messages to our recipients. In March 1999, recipients were given a notice regarding the Earned Income Tax Credit.

DMAS Studies

DMAS Cognitive Fee Study

The report is pursuant to Item 322 #4b of the 1997 Appropriations Act. This report provides information regarding the adequacy of current Medicaid reimbursement rates as they relate to cognitive services provided by pharmacists. This report was completed in September 1999.

DMAS Dental Report

This report is pursuant to the1999 Appropriations Act, Items R and Z. The report contains current reporting requirements concerning DMAS' efforts to expand access to dental services. This report was completed September 1999.

Individual and Family Developmental Disabilities Support Waiver Study

This study is pursuant to the 1999 Appropriations Act. The study instructed DMAS to discuss ideas for developing an Individual and Family Disabilities Support Waiver. This was completed October 1999.

MR Waiver Study

This study is pursuant to the 1998 General Assembly, House Item 341 in the Appropriations Act. The purpose of this report was to study the current Medicaid waiver for mental retardation services; examine ways to maximize service efficiencies and greater cost containment; and review the array of services under the waiver. This report was completed April 1999.

Pilot Pharmacy Program

This study is pursuant to HJR 675 (1999). The Technical Advisory Panel of the Indigent Health Care Trust Fund was requested to examine the feasibility of establishing a pilot pharmacy program for the indigent as a means of improving access to prescription medication to the indigent and uninsured. It was completed September 1999.

Telemedicine Study

This study is pursuant to the 1999 Appropriations Act. It required DMAS to evaluate the status of its current reimbursement policy for telemedicine and identify any additional services that may be appropriately covered. This was completed October 1999.

Therapeutic Interchange

This study is pursuant to HJR 140 and SJR 106 (1997). The study requires DMAS to examine the therapeutic interchange of drugs and study the practice of chemically dissimilar drugs in Virginia. The study was completed August 1999.

DMAS Contractors Providing Customer Services

First Health Services Corporation Provider Enrollment Unit

The Department has contracted with First Health to provide enrollment services to providers participating in Medicaid and its other programs. First Health provides a toll free HELPLINE (888-829-5373) and a local number (270-5105) for providers to access its call center.

- The First Health call center averages 100 customer calls a day with less than 1% of all calls blocked.
- In FY99 First Health Provider Enrollment Unit has processed over 5,097 new provider applications.
- Including certification of current providers and making address and other miscellaneous changes the Unit has updated 26,973 provider records in FY'99.
- There are currently 45,823 participating providers.

Benova

Benova provides enrollment broker services to educate Medicaid eligible individuals about managed care options (MEDALLION, Options, or Medallion II) and assists Medicaid eligible individuals in enrolling into managed care plans (Health Maintenance Organizations [HMOs] or Primary Care Providers [PCPs]).

- Benova coordinates information from five HMOs, using this information to develop plan comparisons, charts and brochures that are provided to Medicaid recipients. The Children's Medical Security Insurance Plan (CMSIP) is also coordinated through Benova.
- Benova operates a telephone unit five days a week, twelve hours a day (7 AM – 7 PM) with an average of nine full time staff and four part-time staff answering a toll-free telephone line (800-643-2273), as well as four management staff.
- In 1998, Benova averaged approximately 17,000 calls monthly. In 1999, Benova averaged over 19,000 calls per month. Benova reports on CMSIP and all managed care options on a weekly, monthly and annual basis.
- Benova has one outreach worker that conducts, educates and trains community service agencies that work with Medicaid and CMSIP individuals. This worker also supports DMAS in outreach efforts and acts as a liaison between DMAS and outreach agencies.

WVMI

Since February 1997, WVMI has been the State of Virginia's preauthorization contractor for the programs of: acute care hospital, dental, durable medical equipment, home health, hospice, inpatient and outpatient psychiatric services, and inpatient and

outpatient rehabilitation services. WVMI conducts both admission and either concurrent or follow-up reviews for all programs.

- WVMI processes between 2,500-4,000 reviews each week and currently employs 45 personnel with a combination of professional and clerical backgrounds.
- WVMI receives these reviews in three ways: telephonically, by fax, and in writing. The majority of reviews are received via telephone and the number of calls answered immediately varies from week to week in a range of 77%-94%.
- WVMI also conducts annual hospital desk audits on each hospital to ensure compliance with federal and state guidelines.
- As of January 1, 1999, WVMI conducts Utilization Management for Residential Services currently reimbursed through the Office of Comprehensive Services. For this project they employ five personnel.

DMAS Provider and Special Committees

The Department has numerous boards and advisory committees to ensure that health care issues pertaining to Medicaid are adequately addressed and that Medicaid rules and regulations follow specified mandates. These boards and committees are also forums that allow providers to raise concerns and receive clarification.

Below is a list of the boards and advisory committees that have been established by the Department on a volunteer basis or have been created by law:

Board of Medical Assistance Services

The Board is mandated by § 32.1-324 of the Code of Virginia. Members are appointed by the Governor and are made up of providers and other interested citizens. The Board consists of eleven residents of the Commonwealth; five are health care providers. The Board ensures that the categorically and medically needy citizens of the Commonwealth have financial access to a cost effective, comprehensive health care delivery system.

Data Use Committee

This Committee was created to ensure data is used in a secure manner. This is pursuant to § 1902(a)(7) of the Social Security Act, 42 CFR §431.300 and 12VAC30-20-90. These regulations state that administration of the program include establishing eligibility, determining the amount of medical assistance, providing services for recipients and conducting or assisting an investigation, prosecution or civil or criminal proceeding. The Director of DMAS created this Committee so that agency information is released efficiently, effectively and in a confidential manner. This Committee also ensures recipient confidentiality is maintained. This Committee follows all rules as set forth by the Health Care Financing Administration (HCFA) regarding the release of data. This Committee is in charge of providing data for requested surveys and studies and completion of interagency agreements. This Committee also ensures that the State security plan is in place.

Dental Advisory Committee

The Department of Medical Assistance Services (DMAS) formed a Dental Advisory Committee in the Spring of 1998, and, in establishing the committee, input was received from various dental associations and groups, such as the Virginia Orthodontic Society, the Virginia Pediatric Dental Association, the Virginia Dental Association, VCU School of Dentistry, and the Virginia Department of Health.

- The meetings are attended by committee members, other invited guests from the dental community, representatives from VDA, the Virginia Dental Society, the Williamson Institute, and DMAS personnel from the Program Operations, Policy, and Financial Divisions.

- Issues being discussed during the meetings involve inadequate dental rates, cumbersome claims filing and processing procedures, and the decision by the Department to contract dental services to Health Maintenance Organizations (HMOs).

Drug Utilization Review (DUR) Board

The DUR Board, its composition and its responsibilities are governed by Section 1927 (g) of the Social Security Act, 12VAC30-10-650 and the by-laws of the Board. The Board consists of 13 members (at least five physicians, but no more than six; at least five pharmacists; at least one nurse practitioner, but no more than two).

- The Board sets criteria for the operation of both the prospective and retrospective DUR programs.
- DMAS is required to make a report to the Health Care Financing Administration (HCFA) annually in June regarding DUR activities.

Hospital Payment Policy Advisory Council

This council was created to facilitate communication between the hospital community and DMAS and negotiate a new payment system. This workgroup is made up of hospitals and its association. This council met three times over the last ten months. Additional meetings have been conducted with the staff of the Virginia Hospital and Healthcare Association.

Managed Care Advisory Council

This Committee is mandated by 42 CFR Section 431.12. Committee members are made up of physicians, providers, recipients and VHHA. Main Secretariats of the Department of Health and Human Resources are also invited to all Committee meetings. (DSS, Health and Aging)

Managed Care Workgroup

This workgroup is compiled of the Medicaid/HMO contractors for DMAS. The Group has meetings scheduled monthly to address issues within the industry. DMAS provides training sessions for new Medicaid regulations. The Workgroup promotes a very good working relationship between the Medicaid/HMO contractors and DMAS. DMAS also meets with individual contractors quarterly to address individual concerns.

Medicaid Hospital Payment Policy Advisory Council

The Medicaid Hospital Payment Policy Advisory Council is mandated by state regulation. Members advise the Director on the new prospective payment system for hospitals. This Council is established to ensure the ongoing relevance and fairness of the prospective payment system for hospital services. The Council consists of four providers, two DMAS staff members, one member from the Joint Commission on Health Care and one member from the Department of Planning and Budget.

Medicaid Prior Authorization Advisory Committee

The Prior Authorization Committee was established in 1993 in the Virginia Code Sections 32.1-331.12 through 32.1-331.17. The Advisory Committee is composed of 11 members (five physicians, four pharmacists, one consumer of mental health services and one Medicaid recipient).

- The Committee makes recommendations to the Board of Medical Assistance Services regarding drugs or categories of drugs to be subject to prior authorization and prior authorization requirements for prescription drug coverage under the state plan.
- The Committee is required to report annually to the Joint Commission on Health Care regarding its recommendations.

Pharmacy Liaison Committee (PLC)

The PLC was established by the 1996 Budget Bill and has been authorized in the 1998 Budget Bill. It is composed of five members representing different pharmacy interests.

- The PLC advises the Department on the implementation of cost savings initiatives and other pharmacy related issues.
- DMAS is required to make an annual report to the General Assembly.

Quarterly Case Managers Group

The DMAS Quarterly Case Managers meetings started in 1995 when DMAS instituted managed care in the tidewater region. The meetings serve as a forum for HMO Case Managers, Community Services Boards, Hospitals, and other state agencies to come together and discuss various topics of interests in providing quality health care. The meetings include advocacy groups, health care providers, hospital discharge planners, early intervention providers, dialysis providers and DMAS staff. DMAS staff answers questions pertaining to special needs, transition of care and covered services. The meetings are informational and address various issues of interest to all that attend. The meetings are usually held in the Hampton Roads and Tidewater areas.

The Technical Advisory Panel of the Virginia Indigent Health Care Trust Fund (TAP)

The Virginia Indigent Health Care Trust Fund was created July 1, 1989, as a public/private partnership involving the state government and private acute care hospitals in the state in an effort to equalize the burden of charity care among the hospitals.

- During 1990 the Technical Advisory Panel (TAP) developed the policies and procedures for operating the Fund.
- The TAP originally consisted of members of the Board of Medical Assistance Services, representatives of the hospital industry, and the small business community.

- Effective March 15, 1993, the Code of Virginia governing the Trust Fund was amended to accomplish two objectives. One amendment expanded the composition of the TAP to include insurance and medical representation.
- The second amendment permits hospitals receiving Trust Fund payments to revert all or a portion of their Trust Fund payments to DMAS to be used in establishing alternative health care insurance systems for the uninsured.
- A 1994 amendment permitted hospitals and other entities to make voluntary contributions to the Trust Fund and a 1995 amendment permitted local governments to also make voluntary contributions to the Trust Fund to be used in establishing alternative health care insurance systems.

Calendar of Events

January 1999

January 5-Board of Audiology and Speech-Language Pathology Advisory Committee on Support Personnel

January 5- Board of Medical Assistance Services Meeting, open meeting, conduct Business of the Department

January 8-Virginia Receivables Management Group

January 12-Personal Care, Elderly and Disabled, AIDS, and Technical Assisted Waiver

January 12-HMO Workgroup

January 21-Meeting with the Virginia Hospital and Healthcare Association

January 26- Meeting with Chesapeake Medical Group

January 27-Mary Immaculate Hospital Insurance Health Fair

February 1999

February 2-Virginia Association of Durable Medical Equipment Companies 1999 Conference

February 4-Managed Care and HIV/AIDS Workshop

February 10-HMO Workgroup

February 10-Meeting with Virginia Health Care Association and the OSHHR

February 12- Trigon Healthkeepers Quarterly Meeting

February 17-Richmond Infant Council

February 18-Virginia Chartered Health Plan Quarterly Meeting

February 18-Columbia Dominion Hospital Billers

February 25-Case Managers Meeting

March 1999

March 1-Children's Medical Security Insurance Plan (CMSIP) Application Training

March 2- Board of Medical Assistance Services Meeting, open meeting, conduct business of the Department

March 4-Meeting with Dr. Paul Rein, Anesthesiologist

March 4-Regional Prenatal Council Meeting

March 4-Woodville Elementary School Health Fair

March 5-Meeting with Children's Hospital of the King's Daughters

March 9-Meeting with the Civil Money Penalty Workgroup

March 9-Meeting with OSHHR and Provider Advocacy Groups including the Virginia Association of Community Services Boards, VHHA, VHCA, ARC, the Virginia Association of Home Care, the Dental Association, Virginia Association of Health Maintenance Organizations, Virginia Durable Medical Equipment Association, MCV Hospitals, Virginia Association of Area Agencies on Aging and various other representatives regarding communication with various groups and the Department

March 12-Virginia Receivables Management Group

March 12- Children's Medical Security Insurance Plan (CMSIP) Application Training

March 12-Disease State Management Focus Group

March 15-Pharmacy Liaison Committee

March 16-Richmond Public Schools Health Fair

March 16-25-Virginia Magistrates Conference

March 17-HMO Workgroup

March 17-Meeting with Virginia Adult Day Services

March 18-Meeting with School of Nursing representative regarding school based health

March 18-DePaul and Maryview Health Fair

March 19-Virginia Beach Community Services Board Meeting

March 22-Hospital Payment Policy Advisory Council

March 23-Central Virginia and AIDS Resource and Consultation

March 23-Meeting with School of Nursing representative regarding school based health

March 24-Optimum Choice Health Plan Quarterly Meeting

March 25-Headstart Conference/Fredericksburg

March 26-Virginia Council of Nurse Practitioners Meeting/Williamsburg

March 26-Hearing Impairment Workgroup Meeting

March 29-Medallion II and You Presentation

March 29-Medallion II Meeting with HMOs, Community Services Boards and healthcare providers regarding Medallion II

March 30- Board of Medical Assistance Services Legislative Subcommittee Meeting

March 30-Case Managers Meeting/Williamsburg

March 31- Children's Medical Security Insurance Plan (CMSIP) Application Training

April 1999

April 7-Statewide Adolescent Health Task Force

April 11-Meeting with Virginia Hospital and Healthcare Association

April 12-Nursing Facility Payment System Workgroup

April 13-Meeting with Virginia Association of Nonprofit Homes for the Aging

April14-HMO Workgroup Meeting

April 14-Meeting with Sentara Nursing Home

April 14-Medallion Provider Training/Martha Jefferson Hospital

April 14-HMO Workgroup

April 15-Meeting with Hospital Payment Policy Advisory Council

April 15-Hospital Payment Policy Advisory Council

April 16-Sentara Family Care Quarterly Meeting

April 20-American College of Nurse-Midwives, Virginia Chapter Meeting

April 20- Board of Audiology and Speech-Language Pathology Advisory Committee on Support Personnel

April 23-Meeting with the Virginia Association of Community Services Boards

April 21-Virginia Beach 1999 Insurance Symposium

April 26-Travel to Roanoke, meet with various nursing facilities in the region and Carilion Healthcare Corporation

April 27-Roanoke, meeting with the Virginia Association for Home Care

April 27-Personal Care New Provider Training

April 28-29-Disease State Management Continuing Education Program

April 30-Virginia Association of Reimbursement Officers

May 1999

May 4-Hospital Payment Policy Advisory Council

May 4-Meeting with the Virginia Hospital and Healthcare Association

May 6-Travel to Virginia Beach, meet with Sentara officials

May 10-Meeting with Virginia Hospital and Healthcare Association, the Joint Commission on Healthcare and DMAS regarding the Children's Medical Security Insurance Plan

May 11-Children's Hospital of the King's Daughters

May 11-DMAS/DOE Special Education and Health Related Services/CMSIP Training

May 12-DMAS/DOE School Health Services and EPSDT Training

May 12-HMO Workgroup Meeting

May 12-Meeting with Virginia Hospital and Healthcare Association and Virginia Association of Nonprofit Homes for the Aging

May 17-Meeting with Virginia Hospital and Healthcare Association, Virginia Health Care Association, and Virginia Association of Nonprofit Homes for the Aging regarding nursing facility rate increase

May 18-Meeting with MCV and Department of Planning and Budget regarding Indigent Health Care

May 19-HMO Financial Workgroup

May 19-Depaul Hospital Managed Care Insurance Networking Meeting

May 19-Nursing Facility Payment System Workgroup

May 19-Managed Care –Medallion II Contract Review Meeting

May 20-Managed Care Advisory Committee

May19- 21-Virginia Chapter of American Association Healthcare Administration Conference

May 24-Headstart Meeting

May 25-Virginia Insurance Counselor Associate Program (VICAP) Training/Culpepper

May 25-Cost Settlement and Audit/Chat for Two

May 25-Insurance Networking Meeting

May 26- Depaul Hospital Managed Care Insurance Networking Meeting

May 27-Fetal Infant Mortality Review Committee

May 27-Meeting in Northern Virginia Northern Virginia Access to Health Care Consortium regarding CMSIP

June 1999

June 4-Project Immunize Virginia Training

June 7-Pharmacy Liaison Committee

June 7- Children's Medical Security Insurance Plan (CMSIP) Application Training

June 7-Pharmacy Liaison Committee

June 9-Meeting with Virginia Hospital and Healthcare Association

June 10- Virginia Insurance Counselor Associate Program (VICAP) Training/Lynchburg

June 14-Health Insurance Demonstration Project

June 15- Virginia Insurance Counselor Associate Program (VICAP) Training

June 16-Middle Peninsula Community Services Board Managed Care Training

June 16-Meeting with Secretary Tillett, Department of Planning and Budget, the Virginia Hospital and Healthcare Association and the Office of the Secretary of Health and Human Resources

June 17-Nursing Facility Payment System Workgroup

June 18-Networking for the Future

June 19-American Pediatric Consultants CMSIP Training

June 21-Uninsured Medical Catastrophe Fund Meeting

June 21-Community Services Board Training/Lynchburg

June 22-Southern Health/Carenet Quarterly Meeting

June 22-Meeting with Funeral Directors' Association

June 23-EPSDT, Baby Care, Medallion Provider Training/Abingdon

June 24-Technical Advisory Panel

June 24-Henrico Doctors Hospital Managed Care Expansion Training

June 24-Meeting with the Technical Advisory Panel (TAP)

June 25- Virginia Insurance Counselor Associate Program (VICAP) Training

June 28- EPSDT, Baby Care, Medallion Provider Training/Roanoke

June 29-Case Managers Meeting

June 30-Roundtable Meeting with Virginia Funeral Directors Association

July 1999

July 1-Meeting with Medical Society of Virginia

July2-Meeting with Virginia Association of Health Maintenance Organizations on health plans

July 8-Part C (Special Needs Population) Meeting

July 13-Meeting with HMO Workgroup

July 14-Meeting with Virginia Association of Community Services Boards

July 14- EPSDT, Baby Care, Medallion Provider Training/Fredericksburg

July 14-Mary Washington Hospital Foundation/ Fredericksburg

July 15-Nursing Facility Payment System Workgroup

July 20- Part C (Special Needs Population) Meeting

July 21-Virginia Association of Durable Medical Equipment Conference

July 21-Meeting with providers in Tidewater and Sentara Nursing Home

July 22-Fetal Infant Mortality Review Committee

July 23-Regional Community Planning and Management Team Meeting

July 26-Consumer Service Fund Panel Meeting

July 28- EPSDT, Baby Care, Medallion Provider Training/Weyers Cave

July 30-Uninsured Medical Catastrophe Fund Meeting

August 1999

August 6-Virginia Oncology Training

August 9-Managed Care Advisory Meeting

August 10-Community Based Care New Provider Training

August 10-Pharmacy Liaison Committee

August 10-Provider Advisory Council

August 10-Meeting with the Provider Advisory Council (PAC) with various provider representatives regarding provider communications

August 11-HMO Workgroup

August 16- EPSDT, Baby Care, Medallion Provider Training/Williamsburg

August 16-Uninsured Medical Catastrophe Fund Meeting

August 17- EPSDT, Baby Care, Medallion Provider Training/Fairfax

August 18-Nursing Facility Payment System Workgroup

August 18-Trigon Healthkeepers Quarterly Meeting

August 19-Virginia Chartered Health Plan Quarterly Meeting

August 24-Willis E. Hayes, MCV Clinic Training

August 25- EPSDT, Baby Care, Medallion Provider Training/Lynchburg

August 26-Case Managers Meeting

August 26-Meeting with Virginia Hospital and Healthcare Association

August 30-Meeting with University of Virginia doctors regarding the Client Medical Management Program

August 30-Meeting with Virginia Association of Home Care regarding personal care

August 30-Sentara Family Care Quarterly Meeting

August 31-Training on Documentation Requirements for Specialized Wheelchairs and Wheelchair Seating.

September 1999

September 1-HMO Workgroup

September 3-Meeting with National Association for Chain Drug Stores

September 7-Nursing Facility Payment System Workgroup

September 13-Meeting with University of Virginia Health Sciences Center regarding Medicaid Managed care

September 14-Board of Medical Assistance Services meeting in Charlottesville at the UVA

September 15-Southern Health/Carenet Quarterly Meeting

September 19-Women, Infants, and Children's (WIC) Class

September 20-Peninsula Institute for Community Health-FFS, Medallion and EPSDT Workshop

September 21-Medallion II, Exception for Part C Recipients-James City Community Center

September-21-Third Party Payer Seminar

September 22-Medallion II Orientation-King William Social Services

September 22-Optimum Choice Health Plan Quarterly Meeting

September 23-Richmond Perinatal Coordinators Conference/Fetal Infant Mortality

September 23-Meeting with National Association for Chain Drug Stores

September 28-Treatment for Foster Care and Residential Treatment Workgroup

October 1999

October-1-Case Managers Meeting

October 4-Meeting and tour of MCV

October 5-Post Medallion II Managed Care Expansion and CMSIP Community Meeting

October 6-MR Waivers Issues Update/Hampton

October 6- MR Waivers Issues Update/Wytheville

October 7-Baby Care Provider Orientation Training

October 7-Nursing Facility Payment System Workgroup

October 7-National Association of Social Workers Conference

October 8-Cancer Prevention and Control Workgroup

October 12- MR Waivers Issues Update/Fairfax

October 13- MR Waivers Issues Update/Richmond

October 13-HMO Financial Workgroup

October 14- Baby Care Provider Orientation Training

October 15-Chesapeake Medical Officer's Management Association

October 15- MR Waivers Issues Update/Lynchburg

October 15- Baby Care Provider Orientation Training

October 17-Virginia Association of Local Human Services Fall Conference

October 18- Baby Care Provider Orientation Training

October 19-Buy-In Training/Lynchburg

October 20- Buy-In Training/Roanoke Morning Session

October 20- Buy-In Training/Roanoke Afternoon Session

October 20-Managed Care/CMSIP Meeting

October 21- Baby Care Provider Orientation Training

October 21-Medical Facilities of America Meeting

October 21-Meeting with Chamber of Commerce regarding small business insurance

October 22-American Academy of Pediatrics Meeting

October 22-Virginia Nurses Association Meeting

October 28-Community Services Boards/Reimbursement Issues Workshop

October 28-Fetal Infant Mortality Review Committee

October 28-Virginia Hospital and Healthcare Association 1999 annual meeting, presenter

HIGHLIGHTS OF DEPARTMENT MEETINGS

HOSPITALS

- **VIRGINIA RECEIVABLES MANAGEMENT GROUP (VRMG) MEDICAID RESOURCE TEAM**

Virginia Receivables Management Group (VRMG) Medicaid Resource Team held meetings in the offices of the Virginia Hospital and Healthcare Association. Attendees to the meeting on January 8, 1999, included DMAS staff and persons from Danville Regional Hospital, UVA Health System, Martha Jefferson Hospital, Virginia Beach General Hospital, and Obici Hospital. The focus of this meeting was to discuss concerns regarding Medallion and First Health Processing.

The next meeting of the VRMG Medicaid Resource Team was held on March 12, 1999. DMAS staff attended along with persons from Danville Regional Hospital, UVA Health System, Martha Jefferson Hospital, Virginia Beach General Hospital, and Obici Hospital. The focus of this meeting was to address provider specific billing and claims processing concerns.

The next meeting was on May 12, 1999, to discuss the eligibility review process. DMAS staff attended along with numerous hospital staff.

- **CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS**

Representatives from **Children's Hospital of the King's Daughters** met with DMAS staff on May 11, 1999 to discuss Emergency Room utilization and payment of claims.

- **NETWORKING FOR THE FUTURE**

A meeting entitled "**Networking For the Future**" featuring DMAS and West Virginia Medical Institute along with DMAS was held with physicians and hospitals from the southwestern part of Virginia on June 18, 1999. The focus of this meeting was to provide information on the prior authorization process and how Interqual criteria is applied. This included a question and answer session to allow the group to address these issues.

- **HOSPITAL PAYMENT POLICY ADVISORY COUNCIL**

The **Hospital Payment Policy Advisory Council** met on March 22, 1999, April 15, 1999 and May 4, 1999. DMAS staff along with staff from the Virginia Hospital and Healthcare Association, Joint Commission on Healthcare, Department of Planning and Budget, Children's Hospital of the King's Daughters, INOVA Health System, and Carilion Health System were in attendance.

The purpose of this Council is to provide for the free exchange of ideas between DMAS and hospitals and to ensure that DMAS provides the best information possible to the hospitals. The main focus of these meetings was discussion of the new DRG reimbursement methodology and review of claims and cost analysis.

- **COLUMBIA DOMINION HOSPITAL BILLERS**

Columbia Dominion Hospital Billing Staff met with DMAS staff on February 18, 1999. The purpose of this meeting was to assist the billers of Columbia Dominion Hospital with specific billing claims challenges. Columbia Dominion staff requested assistance from DMAS in resolving claims issues regarding use of the UB-92 and HCFA 1500 forms.

- **DePAUL HOSPITAL AND MARYVIEW HOSPITAL MANAGED CARE MEETING**

DMAS staff met with 62 medical office staff, physicians and HMO representatives on March 18, 1999. The purpose of this meeting was to provide updates regarding insurance coverage and changes in billing and claims forms. This is part of the ongoing effort by DMAS to provide training and information to providers and to answer any questions and address any concerns that they have regarding Medicaid procedures.

The next meeting regarding this was held on May 19, 1999, and was attended by approximately 35 persons. The focus of this meeting was to provide updated information from HMO representatives. The attendees received a handbook from DMAS that reviewed the Medicaid Managed Care program in Virginia. The history of development of the program was discussed, as well as, the guidelines by which the Medicaid Managed Care program operates.

A similar meeting was held on May 26, 1999 for eight DePaul Hospital staff members. This included the same information, as well as, updates for HMO representatives.

- **MARY WASHINGTON HOSPITAL FOUNDATION FREDERICKSBURG OFFICE MANAGERS ASSOCIATION**

An open forum for dialog with local area providers pertaining to Medicaid, Medallion and CMSIP was held on July 14, 1999. The meeting was attended by 34 people, including representatives of Mary Washington Hospital Foundation, Medicorp, Physicians, Office Managers and DMAS staff. The purpose of the meeting was for DMAS to answer questions and concerns from Fredericksburg area providers.

Attendees discussed EPSDT, including reimbursement for preventive medicine and Immunization compliance rates. CMSIP/Medallion Provider participation and eligibility determination and application process were also reviewed.

- **HENRICO DOCTOR'S HOSPITAL**

DMAS staff met with seven members of Henrico Doctors' Obstetric Unit to discuss issues regarding the Managed Care Expansion.

FUNDS

- **INDIGENT HEALTHCARE TRUST FUND**

On June 9, 1999, the Virginia Hospital and Healthcare Association met with DMAS to review the DMAS drafted revisions to the Program Guide to be presented to the Technical Advisory Panel (TAP).

Discussion was held about HJR 675, which requested a feasibility study of establishing a pilot pharmacy program for the indigent.

- **TECHNICAL ADVISORY PANEL (TAP)**

The **Technical Advisory Panel (TAP)-Indigent Healthcare Trust Fund** meetings were held on June 24, 1999 and August 20, 1999 by DMAS staff to help inform the members about the activities and changes at DMAS.

The purpose of this panel is to create an open discussion and communication between hospitals, pharmacies groups and businesses. TheVirginia Indigent Health Care Trust Fund is a public/private partnership involving the state government and the acute care hospitals in the state. It was created in 1989 to reimburse hospitals for part of the cost of charity inpatient and outpatient medical care provided by certain hospitals.

The panel also reviewed and sent to the General Assembly the report on HJR 675, which requested a feasibility study of establishing a pilot pharmacy program for the indigent.

- **UNINSURED MEDICAL CATASTROPHE FUND**

A meeting was held on June 21, 1999, July 30, 1999, and August 16, 1999, with DMAS staff along with members of the General Assembly and other interested persons to discuss HB 2047 that creates the Virginia Uninsured Medical Catastrophe Fund.

The **Uninsured Medical Catastrophe Fund** was created to help individuals that have no resources available to obtain life saving medical treatment. Voluntary contributions would be a check off on the Virginia tax fund.

- **CONSUMER SERVICE FUND PANEL MEETING**

The review panel for the **Consumer Service Fund (CSF)** meets quarterly to review applications for CSF assistance. The panel is comprised of representatives from various state agencies including Department of Rehabilitative Services (DRS), Department for

the Deaf and Hard of Hearing, Department for the Visually Handicapped, Department of Medical Assistance Services and two consumers including a wheelchair bound individual and a visually handicapped individual.

The panel reviews applications for assistance from the CSF.

PHARMACIES

- **PHARMACY LIAISON COMMITTEE**

The **Pharmacy Liaison Committee (PLC)** met on March 15, 1999, and June 7, 1999. DMAS staff attended along with staff from PHARMA, Virginia Pharmacy Association, Long-Term Care Association and the Virginia Community Pharmacies Association.

The PLC was established by the 1996 Budget Bill. The PLC advises the Department on the implementation of cost savings initiatives and other pharmacy related issues.

LONG TERM HEALTH CARE

- **NURSING FACILITY PAYMENT SYSTEM WORKGROUP**

The **Nursing Facility Payment System Workgroup** was formed to act as an advisory group to the Director of the Department of Medical Assistance Services in devising a new payment system for nursing home facilities. The workgroup was also created to facilitate communication between the various departments, health care organizations and nursing facilities to understand the needs and problems within the nursing home industry.

This Committee met on April 29, 1999; June 17, 1999; July 15, 1999; August 18, 1999; and September 7, 1999. DMAS staff along with the following groups attended the meetings: the Virginia Hospital and Health Care Association, the Virginia Health Care Association, Sentara Life Care Corporation, Genesis Health Ventures, Medical Facilities of America, Riverside Convalescent Centers, Warrenton Overlook Health and Rehabilitation, Beth Shalom of Eastern Virginia, the Virginia Association of Not-for-Profit Homes for Adults, BDO Seidman, Joint Legislative Audit and Review Commission, and the Center for Health Policy Studies.

COMMITTEE WORKGROUPS AND ASSOCIATIONS

- **VIRGINIA BRAIN INJURY COUNCIL**

The **Virginia Brain Injury Council** is a statewide, interagency advisory Council comprised of consumers, healthcare professionals, and state agency representatives. The purpose of the Council is to promote the development and coordination of a comprehensive delivery system that provides a full continuum of services for persons with brain injury, both traumatic and non-traumatic.

The quarterly meetings are attended by consumers and representatives from the following agencies: Woodrow Wilson Rehabilitation Center Brain Injury Services, Virginia Brain Injury Survivors Council, Brain Injury Services, Inc., Virginia Department of Rehabilitation Services (DRS), Virginia Department of Mental Health/Mental Retardation/Substance Abuse, Center for Neurorehabilitation Services, Virginia Department of Medical Assistance Services (DMAS), Department for Rights of Virginians with Disabilities, Brain Injury Association of Virginia, and Center for Neurorehabilitation Services. Brain injury survivors and family members also attend the meetings.

- **HEARING IMPAIRMENT WORKGROUP MEETING**

A meeting was held on March 26, 1999, to discuss how to implement the new hearing impairment screening requirement in the state. Attendees included DMAS staff, staff from Virginia Department of Health, representatives from the Department of Education, speech therapists, and a representative from the Hospital Association.

- **RICHMOND INFANT COUNCIL MEETING**

On February 17, 1999, a meeting of the **Richmond Infant Council** was held to provide an overview of CMSIP and CVA Medallion II expansion. The meeting was attended by 20 Richmond Infant Council Service Coordinators and DMAS Staff.

- **REGIONAL PERINATAL COUNCIL MEETING**

DMAS staff met with approximately 50 members of the Perinatal Council on March 4, 1999 at Mary Washington Hospital. The purpose of this meeting was to provide information on the Central Virginia managed care expansion and the Children's Medical Security Insurance Plan (CMSIP).

- **FETAL INFANT MORTALITY REVIEW COMMITTEE**

DMAS staff met with 12 Committee members on July 22, 1999, to review clinical case studies with designated health care professionals in regards to fetal infant mortality in the tri-cities region. Their purpose was to examine possible contributing factors within health care delivery systems, which may affect infant mortality and to identify solutions to manage these issues.

- **VIRGINIA HEADSTART ASSOCIATION**

Approximately 80 Headstart Association Members attended a meeting on March 25, 1999. DMAS staff provided information to the Headstart Association on Children's Medical Security Insurance Plan (CMSIP), Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and Health Insurance Premium Payment (HIPP) Program.

The information included a brief description and history of CMSIP with an explanation of the shared roles of DMAS and DSS in implementing the program. An update on the status of implementation of the program was also reviewed. A description of covered services, denied services and exceptions was included in the handout and presentation. Eligibility factors were also discussed along with procedures that must be followed for determination of eligibility and the appeals process.

- **STATEWIDE ADOLESCENT HEALTH TASK FORCE**

A meeting was held on April 7, 1999 for Adolescent Health Advocates throughout the state of Virginia to discuss the upcoming "Adolescent Health for Success" Conference in Virginia Beach (held May 17-18, 1999). DMAS staff presented at the meeting.

The group discussed adolescent health risk trends and innovative ways for behavior change interventions. The group also discussed the agenda for the conference held in May.

- **PENINSULA INSTITUTE FOR COMMUNITY HEALTH-FFS, MEDALLION II AND EPSDT WORKSHOP**

This meeting took place on September 20, 1999. The purpose of this meeting was to resolve operational issues between providing services in School Based Clinic settings and the FQHC. Discuss roles, responsibilities and limitations of extended providers, (i.e. Nurse Practitioners, Physician Assistants, Health Departments and School Based Clinics).

- **VIRGINIA ASSOCIATION OF REIMBURSEMENT OFFICERS**

On April 30, 1999, a meeting was held between DMAS and the Virginia Association of Reimbursement Officers.

- **VIRGINIA MAGISTRATES CONFERENCE**

Between 200-250 Magistrates throughout Virginia attended a conference held at Virginia Beach, Virginia on March 16, and March 23, 1999. DMAS staff presented information to the Magistrates regarding proper procedures for billing and obtaining emergency services when provided to subjects of the involuntary temporary detention process.

- **BABY CARE PROVIDER ORIENTATION TRAINING**

DMAS conducted five training sessions on this issue on October 7 in Wytheville, October 13 in Charlottesville, October 15 in Tidewater, October 18 in Fairfax and October 20 in Chesterfield. Over 120 people attended these training sessions.

- **SPECIAL EDUCATION AND HEALTH RELATED SERVICES**

A meeting was held for 143 school division providers on May 11, 1999, and for 67 school division providers on May 12, 1999, in combination with the Department of Education and DMAS.

The purpose of this meeting was for DMAS to provide training to the DOE in covered services, billing procedures and reimbursement. Also providing network and resource sharing between the providers and departments was a focus of the meeting.

- **VIRGINIA INSURANCE COUNSELOR ASSOCIATE PROGRAM TRAINING SPONSORED BY VIRGINIA DEPARTMENT FOR THE AGING**

Meetings were held May 25, June 15, and June 25, 1999, for the purpose of training insurance counselor volunteers on the basics of Medicaid eligibility, long term care waiver programs and Qualified Medicare Beneficiary Program. The Department of Social Services and Department of Medical Assistance Services worked closely together to provide useful information to the counselors. Approximately 60 to 65 insurance counselor volunteers attended one of the three seminars.

There were presentations on the many facets of Medicare: including Medicare Part B and Medicare Part A by a local representative of the Social Security Administration. The State Corporation Commission gave information on Medicare Supplements, long-term care and other insurance coverage. An Outreach Coordinator with the Virginia Health Quality Council presented a segment on patient rights.

- **VIRGINIA ASSOCIATION OF DURABLE MEDICAL COMPANIES 1999 VADMEC SUMMER CONVENTION AND EXHIBIT SHOW**

Seminars for the **Virginia Association of Durable Medical Companies** was held February 2, 1999, as well as, a two-day conference at Virginia Beach on July 21-23, 1999. Approximately fifty persons attended each meeting. The conference included exhibits and presentations from various groups and organizations. The presentations included information on electronic billing, lobbying, Y2K Compliance, new ideas for treatment, Managed Care – JCAHO & ORYX, compliance programs and Medicaid.

MANAGED CARE

- **MEDALLION II, EXCEPTION FOR PART C RECIPIENTS-JAMES CITY COMMUNITY CENTER**

This meeting took place on September 21, 1999. DMAS staff was present along with the Department of Mental Health, Mental Retardation and Substance Abuse Services, case managers representing Virginia Chartered Health Plan, Sentara Family Care, Health Keepers Plus, Southern Health CareNet, Peninsula Health Care, OCI Health Plan, and

Early Intervention (EI) Service Coordinators, Council Coordinators, Social Workers, Case Management Supervisors, and Outreach Coordinators representing Part C providers.

Topics presented during the Medallion II, Exception for Part C Recipients training included: EPSDT, Medallion II Scope of Services, Primary Care Physician/Medical Home, and the Exception Process. Participants were updated on the emphasis that DMAS has placed during PCP training on using the Denver II Developmental Screen and the American Academy of Pediatrics Developmental Guidelines. Also, participants were informed about training provided to Primary care providers to refer Children under age three with developmental or suspected developmental delay to the "Virginia Babies Can't Wait" program.

- **MEDALLION II ORIENTATION-KING WILLIAM COUNTY SOCIAL SERVICES**

This meeting took place on September 22, 1999. The purpose of this meeting was to orient local DSS Eligibility Workers about Medallion II scope of services, eligibility, exemptions, enrollment, and recipient informing.

DMAS staff was in attendance along with staff from the Department of Social Services.

- **POST MEDALLION II MANAGED CARE EXPANSION AND CMSIP COMMUNITY MEETING**

On October 5, 1999, DMAS staff met local and private providers on the following issues: Goals of Medallion II, Accreditation Requirements, Contracting Guidelines, Credentialing, Recipient Enrollment Process, Eligibility Verification, HMO Scope of Services, and Pre-approval and Authorization.

Each Element listed above was thoroughly explained. The providers who attended appeared to be comfortable and knowledgeable concerning contracting with HMOs, credentialing, preauthorization and reimbursement.

- **VIRGINIA BEACH INSURANCE SYMPOSIUM**

Approximately 250–300 members of the **Virginia Beach Insurance Symposium** met at the Virginia Beach Pavilion on April 21, 1999. DMAS provided information to the private provider community about the most recent updates of Virginia Medicaid and the Department's HMO partners. Network and research sharing between the participants were the major accomplishments of the meeting.

- **MANAGED CARE ADVISORY COMMITTEE**

The **Managed Care Advisory Committee** met on May 20, 1999, and August 9, 1999. The purpose of this Committee is to improve communication between DMAS and the healthcare community.

This Committee, a combination of two other advisory groups, was formed to represent all of the Managed Care programs. HCFA recently mandated that a Managed Care Advisory committee (MAC) be established in each State. Members of MAC were asked to review marketing materials and revisions to the provider manual.

- **HEALTHKEEPERS**

Quarterly Meetings took place between staff from **Healthkeepers** and DMAS staff. The meeting enabled Healthkeepers to ask questions regarding their administration of the Medicaid Managed Care program.

- **VIRGINIA CHARTERED HEALTH PLAN**

Quarterly meetings took place between **Virginia Chartered Health Plan (VCHP)** and DMAS staff. The purpose of this meeting was to build a good relationship with DMAS and answer any questions regarding coverage and procedures.

- **SENTARA FAMILY CARE**

Quarterly meetings took place between **Sentara Family Care** and DMAS. These meeting provided an opportunity for Sentara to ask questions regarding Managed Care and CMSIP programs.

- **OPTIMUM CHOICE INCORPORATED HEALTH PLAN**

Quarterly meetings took place between **OCI Health Plan** and DMAS was held on March 24, 1999. The purpose of the meeting was to provide OCI and opportunity to as questions of DMAS.

- **SOUTHERN HEALTH-CARENET**

Quarterly meetings took place between **CareNet** and DMAS on June 22, 1999. The meeting consisted of a question and answer session between CareNet staff and DMAS staff.

- **MANAGED CARE AND HIV WORKGROUP**

DMAS staff presented information to the **Managed Care and HIV Workgroup** on February 4, 1999.

Topics presented to the group included Managed Care in Virginia and background on HRSA Technical Assistance Project. The topics needed to be included in the Technical Assistance Workshop were decided by the workgroup. An overview of the Ryan White Care Act and a review of Provider Needs Assessment were also presented.

- **MANAGED CARE-MMII CONTRACT REVIEW MEETING**

On May 19, 1999, DMAS staff met with the participating HMOs to review the contracts for Medallion II.

The purpose of the meeting was to review the Medallion II 1999 contract. All HMO representatives present asked for clarification and modifications. The group reviewed the contract page by page.

- **MANAGED CARE-VACCINE PROGRAM**

DMAS staff attended the American Academy of Pediatrics Practice Managers Networking Session. The focus of the seminar was a vaccine update for the Medicaid Managed Care programs.

- **HMO WORKGROUP**

DMAS staff hosted meetings January 12, 1999, February 10, 1999, March 17, 1999, April 14, 1999, May 12, 1999, July 13 1999, and September 1, 1999 to provide opportunities for the exchange of ideas and mutual problem solving between DMAS employees, DMAS contractors and contracted HMOs.

Project Directors for all HMOs including Optimum Choice, Virginia Chartered Health Plan, Peninsula Health Care, Priority Health Care, Healthkeepers, CareNet, Sentara Family Care and Southern Health attended the meeting. Representatives from Virginia Association of Health Plans, Virginia Health Management Organization Association (VHMOA), Birch and Davis Health Management and Benova also attended.

- **HMO FINANCIAL WORKGROUP**

A Subcommittee of the HMO Workgroup was formed to review capitation rates and discuss issues regarding rate increases in the HMOs' contracts. The **HMO Financial Workgroup** included representatives from DMAS and contracted HMOs. The workgroup met on May 19, 1999, July 13, 1999 and October 13, 1999.

CHILDREN'S MEDICAL SECURITY INSURANCE PLAN

- **MANAGED CARE-CMSIP**

DMAS staff spoke and presented on DMAS Provider Relations Role and Activities at the Fairfax County Child Health Insurance Coordinating Committee Meeting. This meeting was held on October 20, 1999, and focused on constructive discussion concerning the development of partnerships to assure sufficient access for CMSIP and Medicaid patients.

- **CMSIP APPLICATION TRAINING**

On March 12, 1999 DMAS staff met with MCV, Chartered Health Plan, Southern Health, Optimum Choice and Healthkeepers to train outreach coordinators on the correct way to complete the two-page application, verifications needed to process the application, processing time-frames, and answering questions about CMSIP.

- **CMSIP APPLICATION TRAINING**

On March 1, 1999, DMAS staff met with Sentara and Healthkeepers to train outreach coordinators on the correct way to complete the two-page application, verifications needed to process the application, processing time-frames, and answering questions about CMSIP.

- **CMSIP APPLICATION TRAINING**

On June 7, 1999, DMAS staff met with Health keepers and Peninsula Healthcare to train outreach coordinators on the correct way to complete the two-page application, verifications needed to process the application, processing time-frames, answering questions about CMSIP.

- **CMSIP PRESENTATION**

On March 31, 1999, DMAS staff provided information about the CMSIP program and the application process to CHAPO business office managers.

- **CMSIP CONTRACT REVIEW MEETING**

On May 24, 1999 DMAS staff held a CMSIP contract review meeting with the participating HMOs.

PROVIDER

- **AMERICAN COLLEGE OF NURSE-MIDWIVES VIRGINIA CHAPTER**

On April 20, 1999, a meeting was held regarding Virginia-Certified Nurse-Midwives (CNM) to discuss the procedure codes that are accepted by DMAS from CNM providers. The purpose of the meeting was to assist Certified Nurse Midwives in obtaining reimbursement for services and clarifying proper billing codes that must be used in filing claims.

- **MEDALLION PROVIDER TRAINING MARTHA JEFFERSON HOSPITAL**

DMAS Medallion provider training for physician staff affiliated with Martha Jefferson Hospital in Charlottesville was held April 14, 1999. Approximately 25 staff persons

from physicians' offices owned or managed by Martha Jefferson Hospital attended this seminar.

- **PERSONAL CARE, ELDERLY AND DISABLED, AIDS TECHNOLOGY ASSISTED WAIVER TRAINING**

Seminars were held on January 12, and April 27, 1999 for approximately 53 providers of personal care for the elderly, disabled and AIDS patients.

The purpose of the seminars was to provide updates and training on covered services and necessary forms used for reimbursements for services.

- **VIRGINIA COUNCIL OF NURSE PRACTITIONERS**

Approximately 400 members of the **Virginia Council of Nurse Practitioners** met on March 26, 1999, at the Kingsmill Marriott in Williamsburg. DMAS presented at this meeting.

The purpose of the meeting was networking and resource sharing regarding insurance issues. The group also discussed a follow-up of the status of the Nurse Practitioner's manual.

- **BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY ADVISORY COMMITTEE ON SUPPORT PERSONNEL**

The Board of Audiology and Speech-Language Pathology met on January 5, 1999, to discuss federal regulations governing the use of physical therapy and occupational therapy assistants in schools and rehabilitation settings. DMAS staff informed the Board about Virginia Medicaid reimbursement issues associated with those professionals.

A follow-up meeting was held on April 20, 1999, to formulate a workplan to study the need to regulate speech-language pathology assistants in Virginia.

- **VIRGINIA ONCOLOGY ASSOCIATES (VOA)**

Members of the **Virginia Oncology Associates** met with members of DMAS on August 6, 1999. The purpose of the meeting was to discuss Medicaid billing and address any problems of concerns of VOA regarding billing, Medicaid policies and procedures.

A handout entitled "Medicaid 101 – The Basics" was presented to the group. This presentation and handout included an overview of the Medicaid Program; provider participation; recipient eligibility; policies and procedures regarding Medicaid Managed Care.

- **AMERICAN PEDIATRIC CONSULTANTS**

DMAS staff held a teleconference training session on CMSIP for four members of the American Pediatric Consultants on June 19, 1999. Participants of the teleconference agreed that the session was informative and convenient for them. It enabled them to receive the necessary information with minimal disruption and cost.

INSURANCE

- **VIRGINIA INSURANCE COUNSELING AND ASSISTANCE PROGRAM COUNSELOR TRAINING**

A meeting was held June 25, 1999, for 35 volunteers. Representatives from Virginia Health Quality Council, The State Corporation Commission, Social Security and DMAS were present to educate counselors on correct procedures in handling eligibility and claims.

COMMUNITY SERVICES BOARDS

- **COST SETTLEMENT AND AUDIT CSA CHAT ROOM FOR TWO**

The State Management Team, Virginia Coalition of Private Provider Associations (VCOPPA), United Methodist Family Services, Office of Comprehensive Services sponsored an event "CSA CHAT ROOM FOR TWO" May 25, 1999. DMAS staff attended the meeting.

- **VIRGINIA BEACH COMMUNITY SERVICES BOARD**

On March 19, 1999, a meeting between DMAS and the Virginia Beach Community Services Board was held to discuss Virginia Beach Transportation issues regarding billing. DMAS staff met with Virginia Beach CSA staff members. This meeting resulted from a routine transportation billing review conducted by FMAS (DMAS Utilization Review Subcontractor) corporation.

- **MIDDLE PENINSULA COMMUNITY SERVICES BOARD**

On June 16, 1999, a meeting between DMAS and the Middle Peninsula Community Services Board was held to review the Central Virginia Managed Care Expansion. Presenters at the meeting included DMAS staff and a caseworker from the Department of Social Services. The meeting was attended by approximately 15 Community Services Board staff members.

- **LYNCHBURG COMMUNITY SERVICES BOARD**

On June 21, 1999, a meeting between DMAS and the Lynchburg Community Services Board was held to discuss Medicaid Waivers. DMAS staff presented information to 15 staff persons from the Community Services Board.

Following DMAS' presentation, the participants had a better understanding of the Medicaid waivers and the criteria for each.

- **MR WAIVER ISSUES UPDATE**

The Department held four meetings on October 6, 1999, October 12, 1999, and October 13, 1999 to discuss with the Community Services Boards the transitioning of the Elderly and Disabled Waiver clients to the Mental Retardation Waivers.

These meetings helped the providers understand the transitioning of these people from one waiver to another.

- **STATEWIDE COMMUNITY SERVICES BOARD REIMBURSEMENT WORKSHOP**

On October 28, 1999, DMAS held a workshop for CSB reimbursement staff and Department of Mental Health, Mental Retardation and Substance Abuse Services staff to provide information to them about CMSIP, Medicaid eligibility and patient pay for long term care patients.

TRAINING AND OUTREACH

- **EARLY & PERIODIC SCREENING DIAGNOSIS AND TRAINING BABY CARE AND MEDALLION PROVIDER TRAINING**

Meetings were held throughout the state on June 23, 1999, June 24, 1999, July 14, 1999 and July 28, 1999 to educated Primary Care Physicians on the new Provider Agreement and their roles and responsibilities regarding Early and Periodic Screening, Diagnosis and Treatment (EPSDT). The focus of the meeting was also Baby*Care*, Infant and Pregnant Women's Health Risk Assessment.

Over 300 individuals attended the various meetings, including representatives from Medallion primary care provider practices, local health departments, school-based clinics and head start organizations. The meetings facilitated an environment to promote collaboration between medical providers and public health services.

- **AMERICAN ASSOCIATION OF HEALTHCARE ADMINISTRATION MANAGEMENTVIRGINIA CHAPTER HEALTHCARE CONFERENCE**

A three-day seminar was held May 19-21, 1999 in Virginia Beach for private practices, hospitals, healthcare providers, HMOs and various government agencies to receive updates and training regarding billing procedures and regulations for Medicare Parts A & B, Medicaid and various insurance providers.

DMAS staff instructed attendees about the Automated Voice Response System (AVRS) that enables providers to track HMO eligibility and check status of claims. A handbook containing much information including DMAS telephone numbers and mailing addresses was given to attendees to provide more efficient access to all areas. This included information and links to other pages that are of unique interest to the Virginia Medicaid Service Provider Community. The handbook also included a table of contents of all manuals and the date published on the Internet. Updates on Y2K compliance were shared with the attendees. Also updates on the DMAS homepage including provider manuals, prosthetic device, State and Local Hospitalization and Transportation, Hospice and Pharmacy were shared. These updates are provided on the homepage on a continuous basis.

- **HEALTH FAIRS**

Numerous Health Fairs were held throughout the Commonwealth to promote wellness activities for parents and children. Enrollment for Central Virginia Medallion II Expansion and CMSIP were the major purpose in the Department of Medical Assistance Services involvement with the Health Fairs. Attendees received information from various representatives of the Medicaid HMO's including Sentara, Chartered, CareNet, Trigon, OCI and DMAS staff.

- **MARY IMMACULATE HEALTH INSURANCE FAIR**

DMAS staff presented information to 61 medical office staff, regarding insurance company updates at a health insurance fair held January 27, 1999. The information was provided to educate medical office with the most recent updates and procedures for billing and reimbursement.

- **CENTRAL VIRGINIA AND AIDS RESOURCE AND CONSULTATION CENTER**

Approximately 50 AIDS case managers from community-based organizations funded by the Ryan White Act met with individuals from DMAS and HIV/AIDS Bureau – HRSA and Benova on March 23, 1999. The focus of this meeting was for network and resource sharing for the AIDS case Managers and creating a better understanding of managed care programs related to AIDS patients. Information presented included CVA Medallion II Expansion; background of managed care, Brokers Role of enrolling Medicaid Clients into Medallion II and a resource tool "Passport to Managed Care."

- **COMMUNITY BASED CARE NEW PROVIDER TRAINING**

DMAS staff held a meeting on August 10, 1999 to provide the new providers of Community Based Care a basic overview of personal care, elderly case management, private duty nursing, AIDS case management services and billing within Community Based Care.

- **PROJECT IMMUNIZE VIRGINIA**

Immunization strategies for Virginia Communities including a brief overview of the Vaccines For Children program for Medicaid, Medallion, Medallion II and CMSIP were discussed at a meeting held June 4, 1999. Approximately 75 persons attended, including DMAS staff.

Clarification of procedures for Medicaid/CMSIP billing codes for Immunization Providers was reviewed. This information included a chart distinguishing each population group, codes and guidelines used for reimbursement. The chart included VFC and EPSDT immunization schedule procedure codes separated by type of vaccination, CPT Code/Medicaid Fee, VFC Codes for ages 0-18 and CPT Codes for ages 19-20. Also included were the types of services covered and a "HELPLINE" number for providers.

- **VIRGINIA STATE UNIFORM BILLING COMMITTEE**

Monthly meetings of the Virginia State Uniform Billing Committee were held in the offices of the Virginia Hospital and Health Care Association (VHHA) to prepare and update the National Uniformed Billing-92 standards for Virginia. DMAS staff were represented at the meeting along with representatives of Virginia Receivables Management Group, various healthcare organizations and insurance groups including Medicare, Virginia Hospital and Health Care Association (VHHCA), Social Security Insurance, VHSSC, UVA Health System, Virginia Beach General, McBee Associates, Richmond Ear & Eye, Valley Health System, National Data Corporation, Trigon, Carilion and First Health.

- **CASE MANAGERS MEETINGS**

DMAS staff held a special meeting for case managers from Medicaid HMOs on February 25, 1999, June 25, 1999, August 26, 1999 and October 1, 1999. These meetings gave case managers the opportunity to continue the process of medical transition of Medicaid recipients to the HMO managed care environment, as well as, help to establish and maintain a productive communication among Medicaid providers, case managers and the Medicaid contracted HMOs.

- **DISEASE STATE MANAGEMENT FOCUS GROUP**

A Focus Group was formed to obtain feedback about the design of the DMAS Disease Management Program. A meeting was held on March 12, 1999, to review and modify the design of the Disease Management Program.

- **DISEASE MANAGEMENT CONTINUING EDUCATION PROGRAM**

A meeting was held in the evenings on April 28-29, 1999, to educate pharmacists and physicians about the DMAS Disease Management Program.

Information was presented via satellite regarding targeted diseases and the operational aspects of the Disease Management Program in Virginia. Eighteen localities and over 300 people participated in the meeting. The eighteen localities included were: Alberta, Annandale, Charlottesville, Chester, Emporia, Fredericksburg, Front Royal, Harrisonburg, Lynchburg, Martinsville, Norfolk, Painter, Richlands, Richmond, Roanoke, Wise and Wytheville.

- **TREATMENT FOSTER CARE AND RESIDENTIAL TREATMENT WORKGROUP**

DMAS staff met with members of the Residential Treatment and Treatment Foster Care workgroups to discuss the reimbursement and medical necessity criteria September 28, 1999.

- **VIRGINIA FUNERAL DIRECTORS ANNUAL CONFERENCE**

DMAS staff attended this conference on June 30, 1999 and presented training on Medicaid eligibility requirements regarding exemption of resources set aside to pay for funeral expenses. The information given is designed to reduce confusion among funeral directors about Medicaid requirements.

- **REGIONAL COMMUNITY PLANNING AND MANAGEMENT TEAM MEETING**

DMAS staff met with representatives of Community Planning and Management Teams from Central Virginia on July 23, 1999, to discuss the Children's Medical Security Insurance Plan and the status of implementation of Medicaid coverage of Treatment Foster Care Case Management and Residential Treatment.

This meeting helped encourage the agencies to assist in outreach for CMSIP and collaborating with local officials on implementation of new Medicaid services.

- **VIRGINIA ASSOCIATION OF LOCAL HUMAN SERVICES OFFICIALS FALL CONFERENCE**

DMAS staff met with county and city officials to discuss the implementation of Medicaid coverage of treatment foster care case management and residential treatment for children in Comprehensive Services Act on October 17, 1999.

This meeting helps keep important local officials up to date with important information about this collaborative state and local project and also provided a status report of the implementation of Medicaid covered services and answered questions regarding funding and reporting on these new services.

- **NATIONAL ASSOCIATION OF SOCIAL WORKERS**

On October 7, 1999, DMAS staff provided information on CMSIP and Medicaid to attendees of this conference.

- **CHESAPEAKE MEDICAL OFFICE MANAGERS ASSOCIATION**

This conference gave DMAS the opportunity to hear from office managers and office staff about the concerns and questions they had within the Medicaid managed care system. The Conference was held on October 15, 1999.

Many of the questions related to payment of claims, and the timely response to claims questions. Customer service was prominent in the discussion, as well as interest in electronic claims filing.

- **TRAINING ON DOCUMENTATION REQUIREMENTS FOR SPECIALIZED WHEELCHAIRS AND WHEELCHAIR SEATING**

On August 31, 1999 DMAS staff held a training session with rehabilitation equipment professionals staff to provide information on specialized wheelchair documentation requirements. This training session was important because it helped the provider understand the Medicaid criteria for specialized wheelchairs.