REPORT OF THE
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

2000 COMMUNICATIONS REPORT

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 17

COMMONWEALTH OF VIRGINIA
RICHMOND
2001

COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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December 21, 2000

TO: The General Assembly of Virginia

FROM: Dennis G. Smith C. Mark Brankley for.

RE: 2000 Communications Report

Attached is the 2000 Department of Medical Assistance Communications Report. 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 $4,500 in staff hours in preparing this study. If you have any questions, about the study, please contact me at (804) 786-8099.

Communications Report

Pursuant to Chapter 965 of the 1999 Acts of Assembly

The Department of Medical Assistance Services

December 2000

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 2000, DMAS' total budget was over $2.8 billion, serving over 625,000 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 91 training sessions to over 3,653 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 196,230 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 111,245 calls were completed in 2000 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 2000 Communications Report highlights the communication activities of DMAS from November 1, 1999 to October 31, 2000, and in no way comprises 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:

The Developmental Disability (DD) Waiver Workgroup

The Workgroup was formed to work with DMAS on the development of the DD Waiver. 10 meetings were held over the course of twelve months.

DMAS met with affected constituents about waiting list issues. The meeting participants include CSBs, advocates, other interested parties, and consumers. Issues about the waiting list were reviewed by this group. The group agreed that the determination of who should be served first from the waiting list should be "needs based." The emergency criteria were reviewed and approved by this group.

Mental Retardation (MR) Task Force

This Task Force was established to examine implementation of the Medicaid MR waiver, including clarification of roles and responsibilities of agencies, methods to simplify administration, service definitions, and updating interagency agreements. The Task Force met on October 20, 2000. The Task Force is broken up into four subgroups that discuss waiver eligibility, payment issues, care delivery, and scope and services.

Family Access to Medical Insurance Security (FAMIS) Outreach Oversight Committee

The FAMIS legislation requires DMAS to maintain an Outreach Oversight Committee. The Committee meets quarterly to discuss strategies to improve outreach activities. The Committee is composed of representatives from: community-based organizations engaged in outreach activities; social services eligibility workers; the provider community; health plans and consumers. The Committee reviews recommendations regarding linking to local outreach activities, and methods of ensuring that the affected population can easily access information about FAMIS. The Committee is also to make recommendations regarding state-level outreach activities, the coordination of regional and local outreach activities, and procedures for streamlining and simplifying the application process, brochures, other printed materials, forms, and applicant correspondence.

The DMAS Board, in consultation with the Outreach Oversight Committee, will develop a comprehensive, statewide community-based outreach plan to enroll children into FAMIS and, if eligible, into Medicaid. The Outreach Plan will also include strategies for improving outreach and enrollment where enrollment is less than the statewide average and enrolling uninsured children of former Temporary Assistance to Needy Families (TANF) recipients. The first meeting the FAMIS Outreach Oversight Committee was held on September 29, 2000.

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 that provide a wide range of customer services which impact our 45,875 active providers and approximately 627,602 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***) that provides 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, 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 111,245 calls were completed each month during the last twelve months with a blockage rate of 1%. Average time per call was recorded at 1.9 minutes for an average of 211,957 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, Supervisor and 14 Program Representatives, answered over 196,000 telephone inquiries over the last twelve months. All completed calls were answered within 35 seconds on average. Wait time includes announcements and navigating to the proper query. Over the last year, DMAS' provider helpline staff has dramatically improved the response time to answer providers' questions.

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 32 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 incoming calls are received.
- Each representative requires access to approximately 40 different screens to access several hundred detail codes and dates.
- Average call time is 3.5 minutes per call with complex calls lasting an average of 15 minutes.
- Agent time utilization is 90% with each agent taking an average number of 70 calls per day.
- Number of representatives answering provider calls is twelve 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-line assistance when requested.

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 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 formats 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 November 1,1999 through October 31, 2000, DMAS' Training Unit and key program staff provided 91 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. The staff travels the southwestern regions and meets 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 included 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 November 1, 1999, to October 31, 2000, DMAS staff in the Roanoke office averaged 100 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. Twelve hospitals were visited between January and October 2000. 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 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 November 1, 1999, to October 31, 2000, a total of 1150 calls were received in the Roanoke office. Staff responded to the calls by scheduling a training visit or sending the requested documentation to the health care provider.

The Office of Communications and Legislative Affairs

The Office of Communications and Legislative Affairs was formed to better facilitate communications with the Department and citizens, providers, recipients, members of the General Assembly, and the media. From November 1, 1999 to October 31, 2000 the Office of Communications and Legislative Affairs processed 1475 Freedom of Information Act requests and 764 constituent letters. During the 2000 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 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 Site 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 Site has allowed DMAS to remain current with the trends of the provider and business community. The goal of the DMAS Web Site is to ensure that a large population can 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 Site.

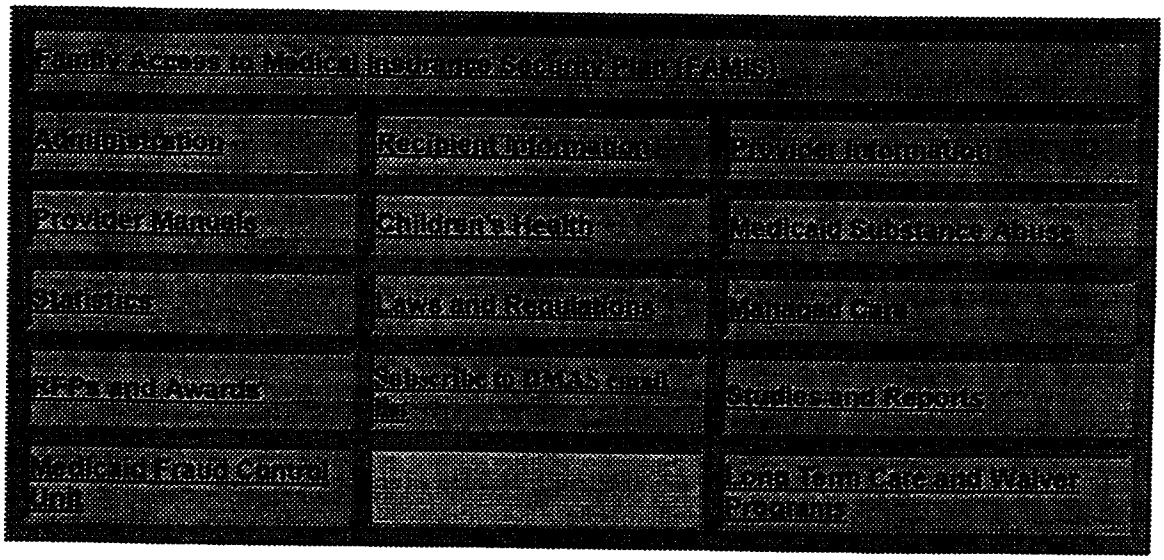
DMAS WEB PAGE (EXCERPT)

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

Virginia Department of Medical Assistance Services

General Information

804-786-7933



During the timeframe of this report, DMAS placed 24 provider manuals on its web site as listed below:

- Baby-Care
- Community Mental Health Rehabilitative Services
- Dental
- Durable Medical Equipment and Supplies
- Elderly Case Management
- EPSDT
- Freestanding Renal Dialysis Clinic
- Home Health
- Hospice
- Independent Laboratory
- Mental Health Clinic
- Nursing Home
- Nursing Home Preadmission Screening
- Pharmacy
- Physicians
- Podiatry
- Prosthetic Device
- Psychiatric Services
- Rehabilitation
- Renal Dialysis Clinic
- 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. The 30 DMAS provider 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. Twenty-four of the 30 manuals have been published on the Internet to date and the remainder is expected to be placed on the DMAS web site by the end of 2000. 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) 2000, the agency spent more than $350,000 to print manuals for providers and approximately $380,000 to distribute them. Once the Internet 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.

Brochures Describing the Program

DMAS has published several pamphlets and brochures that described services provided by the program. These pamphlets are:

- Babycare Brochure
- CMSIP Brochure
- EPSDT Brochure
- HCFA 1500 (Brochure)

- Hospital Video Viewers Guide
- MEDALLION Brochure
- State Plan for Medical Assistance Services
- Virginia Medicaid Handbook

These pamphlets are provided to providers and to the general public to discuss services available 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. For example, in March 1999, recipients were given a notice regarding the Earned Income Tax Credit.

DMAS Studies

Air Med-Evac Provider Rates

This report is pursuant to Item 319 of Appropriations Act that is to re-evaluate Medicaid reimbursement rates paid to air med-evac providers based on findings of JLARC.

Atypical Medications for the Seriously Mentally Ill

This report is pursuant to Item 319 of Appropriation Act. The report is to develop a plan in conjunction with the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) for the use of the most effective medications in treatment of seriously mentally ill patients who are Medicaid recipients. The plan also is to examine coverage of these medications in Medicaid managed care plans.

Availability of Pediatric Dental Services Report

This report is pursuant to Item 319 of Appropriations Act. The report contains current reporting requirements concerning DMAS' efforts to expand access to dental services.

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.

Education Incentives for Certified Nursing Facilities

This report is pursuant to HB 714. This report is to create and contract with a non-profit corporation to provide training and other services to certified nursing facilities at cost.

Family Access to Medical Insurance Security Act Report

This report is pursuant to HB 1489/SB 550 and provides quarterly update to Joint Commission on Health Care. This report has met the quarterly deadlines for this year.

Forecast Spending of Medicaid-Funded Services to Mentally Disabled Persons

This report is pursuant to Item 315 of Appropriations Act. This report is to use Medicaid expenditure forecast models to project expenditures for Medicaid-funded services to mentally disabled persons in conjunction with the Department of Planning and Budget (DPB) with assistance from the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS).

Medicaid Assistance Programs for Low-Income Medicare Beneficiaries

This report is pursuant to Item 319 of Appropriations Act. This study reports on a number of activities to facilitate the enrollment of low-income Medicare beneficiaries in the Medicaid program.

Medicaid Forecast Report

This report is pursuant to HB 889/SB 515 and Item 316 of Appropriations Act. This study requires DMAS to prepare and submit an estimate of Medicaid expenditures for the current year and the next two years.

Nursing Home Reimbursement Methodology

This report is pursuant to Item 319 of Appropriations Act. This requires DMAS to adopt revised payment system for nursing facility operating and capital costs in accordance with actions taken by the General Assembly.

Pilot Pharmacy Program Study

This report is pursuant to Item 319 of Appropriations Act. 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 2000.

Status Report on MMIS Development

This report is pursuant to Item 316 of Appropriations Act. This report is submitted quarterly with a written status report to OSHHR, DPB and DTP on development and implementation of the new MMIS system.

Supplemental Payment to Physicians

Report pursuant to Item 319 of Appropriation Act. Study, in cooperation with others, the feasibility of providing a general fund supplement for physician services provided through Medicaid Fee-For-Service and Managed Care plans to encourage community physicians to supervise residents, medical students, and nurse-midwifery students while providing obstetrical services.

Telemedicine Study

This study is pursuant to Item 319 of the 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 report was completed in September 2000.

Working Disabled Report

This report is pursuant to Item 319 of Appropriation Act. It requires DMAS to study in cooperation with DMHMRSAS, DRS, and others policy and administrative changes to the State Plan to support work-related activities for persons with mental and other developmental disabilities.

DMAS Contractors Providing Customer Services

First Health Services Corporation Provider Enrollment Unit

The Department has contracted with First Health Services 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 140 customer calls a day with less than 1% of all calls blocked.
- In FY2000 First Health Provider Enrollment Unit processed over 6,900 new provider applications.
- Including certification of current providers and making address and other miscellaneous changes the Unit updated 30,469 provider records in FY2000.
- There are currently 45,975 participating providers.

Benova

Benova provides enrollment broker services to educate Medicaid eligible individuals and individuals eligible for the Children's Medical Security Insurance Plan (CMSIP) about managed care options (MEDALLION, Medallion II or *Options*, when available). Benova assists these individuals in enrolling into managed care programs (Health Maintenance Organizations [HMOs] or Primary Care Providers [PCPs]). Benova coordinates information from four HMOs to develop plan comparison charts and brochures that are provided to Medicaid and CMSIP recipients.

Benova operates a call center unit five days a week, twelve hours a day (7 AM – 7 PM), with an average of twelve full time staff answering a toll-free telephone line (800-643-2273). They also employ four management staff and an Administrative Assistant. Benova averaged approximately 17,000 calls monthly in 1998, over 19,000 calls per month in 1999 and they continue to respond to an average of over 19,000 calls per month in 2000. Benova reports managed care activities to DMAS on the Medicaid and CMSIP programs weekly, monthly and annually.

Benova's Outreach Manager educates and trains community service agencies that work with Medicaid and CMSIP individuals. This individual also supports DMAS in outreach efforts and serves as a liaison between DMAS and outreach agencies.

WVMI

Since February 1997, WVMI has been the State of Virginia's preauthorization contractor the programs of: acute care hospital, dental and orthodontic services for those under 21 year olds, durable medical equipment, home health, hospice, inpatient and

outpatient psychiatric services, and inpatient and outpatient rehabilitation services. As of January 1, 1999, WVMI conducts utilization review of non-Medicaid residential services currently reimbursed through the Office of Comprehensive Services. In January 2000, WVMI began behavioral health preauthorization review of services rendered in residential treatment facilities and began preauthoriztion of treatment foster care case management. WVMI conducts admission and either continued stay or follow-up reviews for all these programs.

- WVMI averages between 12,000 and 13,000 reviews per month and employs 52 people including management and review professional personnel and clerical support staff.
- WVMI receives requests for review in three ways: telephonically, by fax, and on paper. The majority of reviews are received telephonically and the number of calls answered immediately varies from week to week, but usually falls within a 75% to 85% range. Voice mail is available to providers day and night and is responded to within 1 workday of receipt.
- WVMI has conducted annual hospital desk audits on each Medicaid enrolled hospital to ensure compliance with federal and state guidelines; however, this responsibility will cease at the end of the current contract year.
- WVMI has successfully negotiated a new 2-year contract with four 1-year renewable option years, which will begin on December 1, 2000. In this new contract WVMI will conduct annual audits of enrolled residential treatment facilities to ensure compliance with federal and state guidelines. All previously mentioned preauthorization review activities will continue uninterrupted by WVMI with the award of this contract.

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 consist 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. The Council met five times over twelve months. Additional meetings have been conducted with the staff of the Virginia Hospital and Healthcare Association.

Managed Care Advisory Committee

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 and program updates and changes. 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 was 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.

Provider Advisory Council

This Council was established in 1999. 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. The next meeting of the Council is November 30, 2000.

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, Tidewater and Richmond 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

November

November 1-Pharmacy Liaison Committee Meeting

November 2-Fraud and Abuse Conference

November 3-Technical Advisory Panel (TAP) Meeting

November 3-Virginia Association of Licensed Child-Placing Agencies

November 3-BUY-IN Training

November 4-Community Based Care Training-Private Duty Nursing and Personal Care

November 4- Managed Care Advisory Committee Meeting

November 4-Nursing Home Workgroup Meeting

November 9-Board of Medical Assistance Services

November 10-Tidewater Hospital Accounts Management Association Meeting

November 11-Third Party Payor Training-Health Care of the Virginias

November 16-HMO Workgroup Meeting

November 16-HMO Financial Workgroup Meeting

November 17-Association of Community Cancer Centers

November 17-Virginia Association of Non-Profit Homes for the Aging-Annual Meeting

November 17-Viginia Health Care Association Meeting

November 17-Hospice Training-Richmond

November 18-Hospice Training-Roanoke

November 22-Residential Treatment Financial Workgroup

November 22-Quality Incentive Task Force

November 30-Hospice Training-Chesapeake

December

December 1-Quarterly Case Managers Meeting

December 1-Special Needs Population Meeting

December 1-MEDALLION Orientation

December 1-Treatment Foster Care Residential Psychiatric Training-Virginia Beach

December 2-Congregate Care Meeting

December 3-American Association of Healthcare Administrative Managers-Virginia Chapter Conference

December 3-Treatment Foster Care Residential Psychiatric Training-DSS-Richmond

December 6-Diagnostic Related Groups (DRG) Orientation

December 6-UVA Hospital Financial Meeting

December 8-HMO Workgroup Meeting

December 8-Child Developmental Council Meeting

December 8-Danville Regional Hospital Insurance Seminar

December 8-Nursing Home Workgroup Meeting

December 9- Treatment Foster Care Residential Psychiatric Training-DSS Roanoke

December 9-Prenatal Council Meeting

December 9-Meeting with Virginia Hospital and Healthcare Association (VHHA)

December 10-Cancer Plan Advisory Committee

December 10-Medical College of Virginia Financial Meeting

December 13-DRG Orientation

December 14-HMO Financial Workgroup

December 15-DRG Orientation

December 16-DRG Orientation

December 16-HIV/HRSA Meeting-Richmond

December 16-Quarterly Meeting with Optimum Choice Health Plan

December 17- Treatment Foster Care Residential Psychiatric Training-Arlington

December 20-Quality Incentive Task Force

December 21-Provider Advisory Council Meeting

December 30-Health Insurance Premium Payment (HIPP) -Henry County DSS Eligibility Training

January

January 4-Pharmacy Liaison Committee

January 5-Children's Hospital Financial Meeting

January 7-Meeting with the Virginia Association of Health Plans to discuss FAMIS

January 7-Meeting with Medical Children Community Partnership

January 7-Dental Advisory Committee

January 7-Prenatal, Infant and Children (PIC) Meeting

January 10-Meeting with VHHA

January 10-Meeting with Virginia Manufacturers Association (VMA) to discuss FAMIS

January 10-Meeting with Virginia Retail Merchants Association (VRMA) to discuss FAMIS

January 10-Meeting with the Virginia Hospital and Healthcare Association (VHHA) to discuss FAMIS

January 11-Nursing Home Workgroup Meeting

January 12-HMO Workgroup Meeting

January 12-Meeting with advocates to discuss FAMIS

January 14-Virginia Hospital and Healthcare Association Meeting

January 14-Virginia Receivables Management Group (VRMG) Medicare and Medicaid Resource Team Meeting

January 24-Head Start Training

January 24-Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Training

January 24-Consumer Service Fund Panel Meeting

January 27-Nursing Home Workgroup Meeting

February

February 2-Emergency Room Workgroup

February 3-School Health Meeting

February 7-Virginia Association of Durable Medical Equipment Companies Conference

February 10-HIV Health Services Planning Council

February 10-Public Assistance Investigators of Virginia (PAIV) Meeting

February 11- Virginia Receivables Management Group (VRMG) Medicare and Medicaid Resource Team Meeting

February 11-Workgroup Meeting for Annual Statewide Department of Education School Training

February 11-Mary Immaculate Insurance Health Fair

February 21-Nursing Home Workgroup

February 24-Depaul Hospital Insurance Fair

February 24-Quarterly Meeting with Sentara Health Plan

February 25-Healthy Start Meeting

March

March 1-UVA Hospital Financial Workgroup

March 2-Department of Education-Special Education and Health Related Services Meeting

March 3- Department of Education-Special Education and Health Related Services Meeting

March 3-School Health Training

March 6-Meeting with DSS staff to discuss FAMIS

March 7-Department of Mental Health Mental Retardation and Substance Abuse Services (DMHMRSAS) Joint Workshop

March 9-Healthy Start Meeting

March 10- Virginia Receivables Management Group (VRMG) Medicare and Medicaid Resource Team Meeting

March 14-Quarterly Meeting with Southern Health-CareNet

March 14- Residential Psychiatric Services Treatment Foster Care Case Management and Preauthorization

March 14-Long Term Care Meeting

March 15-Residential Psychiatric Services Treatment Foster Care Case Management and Preauthorization

March 15-Quality Incentive Task Force

March 16-Tidewater Fraud and Abuse Task Force Meeting

March 16-HMO Workgroup Meeting

March 17-DD Waiver Workgroup

March 20-Community Based Care Training

March 20- Residential Psychiatric Services Treatment Foster Care Case Management and Preauthorization

March 20-Personel Care Meeting-Johnston Willis Hospital

March 21-Community Based Care Training-Richmond

March 22- Residential Psychiatric Services Treatment Foster Care Case Management and Preauthorization

March 23-Healthy Start Meeting

March 23-Nursing Home Workgroup Meeting

March 24-EPSDT Fundamentals and the Part C Exclusion Process

March 24-Quarterly Case Manager Meeting

March 24- Residential Psychiatric Services Treatment Foster Care Case Management and Preauthorization

March 24-Meeting with Hoffman-LaRouche

March 25-Healthy Start Meeting

March 27- Areas Adjacent to Central Virginia (AACVA) Orientation

March 28-Durable Medical Equipment (DME) Training-Johnson-Willis Hospital

March 29-DME Training-Fairfax-INOVA Hospital

March 29-HMO Financial Workgroup

March 29-Piedmont Regional Eligibility and Supervisors Meeting

March 29-Virginia Pressure Ulcer Task Force

March 31- **AHADD** Training

March 31-Meeting with Walkers' Cab Company

April

April 3-AACVA Orientation-Fredericksburg

April 3-Pharmacy Liaison Committee Meeting

April 4-Adult Care Resident (ACR) Visits

April 4-FAMIS Meeting with Commissioner of the Department of Social Services

April 5-Managing Managed Care Seminar

April 5-Quality Incentive Task Force Meeting

April 6-Meeting on Medicaid Fraud

April 6- AACVA Orientation-Cumberland

April 6-Central Regional Eligibility and Supervisors Meeting

April 6-DME Training Seminar-Virginia Beach

April 10- Comprehensive Services Act-State Management Treatment Foster Care/Residential Psychological Training

April 11- Comprehensive Services Act-State Management Treatment Foster Care/Residential Psychological Training

April 11-FAMIS meeting with Maximus Corporation

April 11-Meeting with Financial Services Subcommittee of League of Social Services to discuss FAMIS

April 12-AACVA Orientation

April 12-DME Training Seminar-Roanoke

April 12-Community Service Boards Statewide Meeting

April 12-Maximus Corporation FAMIS presentation

April 13-Meeting with DSS Robert Woods Johnson Staff to discuss FAMIS

April 13- Comprehensive Services Act-State Management Treatment Foster Care/Residential Psychological Training

April 13-Mary Immaculate Office Managers Insurance Networking Meeting

April 13-Long Term Care Meeting

April 14- Virginia Receivables Management Group (VRMG) Medicare and Medicaid Resource Team Meeting

April 14-Dental Advisory Committee Meeting

April 17-Virginia Health Care Association Conference Call

April 18-Virginia Health Care Association (VHCA) Conference

April 19-HMO Workgroup Meeting

April 19- PICs Meeting

April 19-FAMIS meeting with the Commissioner of the Department of Social Services

April 19-Healthy Start Meeting

April 20-Managed Care Advisory Committee Meeting

April 25-Hospital Payment Policy Workgroup Meeting

April 25-Meeting with VAHP to discuss FAMIS

April 26-Quality Incentive Task Force

April 26-Virginia Beach Symposium

April 27-Nursing Home Workgroup Meeting

April 27-Meeting with First Health Corporation

April 27-DD Waiver Workgroup Meeting

May

May 1-Meeting with Trigon Blue Cross/Blue Shield

May 1-Meeting with DSS staff to discuss FAMIS

May 4-FAMIS/Medicaid meeting with the Virginia Health Care Association (VHCA)

May 4-Meeting with Birch and Davis Corporation

May 4-Meeting with the Virginia Health Care Association

May 5-FAMIS meeting with the Commissioner of the Department of Social Services

May 9-Preadmission Screening Seminar

May 9-CDCI Meeting

May 10-HMO Workgroup Meeting

May 10- Virginia Health Care Association Conference Call

May 10-ACR Training

May 10-Consumer Directed Personal Attendant Services meeting

May 11-Healthy Start Meeting

May 12-American Association of Healthcare Administrative Management (AAHAM) Payor Update-Virginia Beach

May 16-Hospital Payment Policy Workgroup Meeting

May 16-VCU Supervisory Training

May 16-Trigon Quarterly Meeting

May 17- Alzheimer's/Dementia (A/D) Workgroup Meeting

May 18-Statewide Social Work Practice and Health Care Training

May 18-Individual and Family Developmental Disabilities Services Waiver Workgroup

May 19- Virginia Health Care Association Conference Call

May 21-Dental Advisory Committee Meeting

May 22-Long Term Care Meeting

March 23-Nursing Home Workgroup Meeting

May 23-Meeting with CEO of Qualchoice HMO to discuss FAMIS

May 24-Quality Incentive Task Force

May 25-Meeting with the Health Care Financing Administration (HCFA)

May 25-Healthy Start Meeting

May 25-FIMR-Fetal Infant Mortality Review Committee

May 30-Nursing Home Workgroup Meeting

May 31-Virginia Primary Care Association Physician Training

June

June 1-Information and Referral Center Directors-Dept. of Social Services

June 2-Meeting on Statewide Independent Living Council on Waivers

June 6-The A/D Waiver Workgroup

June 6-Meeting with providers of MR Waiver services

June 7-Preadmission Screening

June 8-ACR Training

June 8-Barr Laboratories

June 8-3rd Annual Case Management Conference

June 9-Virginia Health Quality Center meeting

June 9- Virginia Receivables Management Group (VRMG) Medicare and Medicaid Resource Team Meeting

June 13-MCV Meeting

June 13-Healthy Start Meeting

June 13-ACR Advisory Board Meeting

June 14-Pressure Ulcer Statewide Conference

June 14-HMO Workgroup Meeting

June 14- Meeting with HCFA

June 15-AIDS Waiver Focus Group

June 15-Meeting with MCV, VCU and Secretary of Finance

June 15-Medallion II Expansion Meeting

June 15-Quarterly Case Managers Meeting

June 16-Meeting with Community Service Boards

June 16-Meeting with First Health

June 20-CareNet Quarterly Meeting

June 21-Evans Home Meeting

June 21-Surry Medicaid Fraud Training Session

June 22-Commonwealth Pediatrics-DME Claims

June 24-Dental Advisory Committee Meeting

June 26-FAMIS meeting with the Commissioner of the Department of Social Services

June 26-28-HCFA Technology Conference

June 27-Preadmission Screening-Richmond

June 28-Nursing Home Training-Richmond

June 28-ACR Visit-Richmond

June 28-PICs Meeting

June 29-The A/D Waiver Workgroup

July

July 3-Family Planning Waiver Training

July 5-Meeting with Virginia Coalition for Children's Health SignUpNow Committee to discuss FAMIS

July 6-Nursing Home Work Group Meeting

July 6-Healthy Start Coalition Meeting

July 6- Department of Social Services Staff Orientation for AACVA

July 10-Drug Study Task Force

July 11- The Alzheimer's/Dementia (A/D) Waiver Workgroup

July 12-HMO Workgroup Meeting

July 12-Benefits Programs Organization of Virginia (BPRO) Subcommittee Meeting

July 13-Personal Care Training-Virginia Beach

July 14- Virginia Receivables Management Group (VRMG) Medicare and Medicaid Resource Team Meeting

July 17-Dental Advisory Committee Meeting

July17-18-Medicaid Long Term Care Waiver Consumer Training

July 19- Benefits Programs Organization of Virginia (BPRO) Subcommittee Meeting

July 20-Intensive In Home Services Training

July 20-Healthy Start Meeting

July 21- Department of Social Services Staff Orientation for AACVA

July 21-DSS Staff Orientation for AACVA-Fredericksburg

July 23-Dental Advisory Committee Meeting

July 26- The A/D Waiver Workgroup

July 26-Department of Social Services Staff Orientation for AACVA-Mecklenberg and Luneberg

July 26-Department of Social Services Staff Orientation for AACVA

July 30-Certified Fraud Examiners Conference

July 31-Meeting with Trigon Healthcare to discuss FAMIS

August

August 1-Pharmaceutical Study Group

August 2-Healthy Start Meeting

August 2-Preadmission Screening-Northern Virginia

August 4-Mental Retardation Council Database Introduction Meeting

August 6-Virginia Pharmacists Association Convention

August 7-Meeting with Sentara HealthCare to discuss FAMIS

August 9-HMO Workgroup Meeting

August 10- Public Assistance Investigators of Virginia Meeting

August 11- Virginia Receivables Management Group (VRMG) Medicare and Medicaid Resource Team Meeting

August 14-Healthy Start Meeting

August 14-ACR visit-Northern Virginia

August 15-Trigon Quarterly Meeting

August 20-AACVA Special Case Managers Meeting-South Hill

August 21-Meeting with Birch and Davis Corporation

August 21- Meeting with Carilion Health System and John Deere Health to discuss FAMIS

August 23-Healthy Start Meeting

August 23-Community Mental Health Meeting

August 23-Conference Call with HCFA

August 23-Meeting with Trigon Healthkeepers Plus

August 23-Managed Care Advisory Committee Meeting

August 24-Medicaid Fraud Training Session

August 24-Sentara Quarterly Meeting

August 28-30-National Association of Surveillance Officials (Annual Conference)

August 29-AACVA Special Case Managers Meeting-Fredericksburg

August 30- Nursing Home Work Group Meeting

August 30-Meeting with Qualchoice Health System to discuss FAMIS

August 31- Hospital Payment Policy Workgroup Meeting

September

September 1-Healthy Start Meeting

September 8-Healthy Start Forum-Roanoke

September 11-Healthy Start Meeting

September 11-Task Force on Drug Costs in Government Programs

September 11-Foster Treatment Care Provider Association meeting

September 13-Depaul Hospital Office Managers Insurance Networking Meeting

September 13-Tidewater Fraud and Abuse Task Force Meeting

September 13-Meeting with First Health Services

September 13-HMO Workgroup Meeting

September 18-Right Choices for Youth Conference

September 18-Conference Call with John Deere Health Plan to discuss FAMIS

September 19-Residential Psychiatric Meeting

September 20-Dental Meeting-Roanoke

September 21-Northern Virginia Fraud and Abuse Task Force Meeting

September 21-Meeting with Virginia Association of Personal Care Providers

September 22-Healthy Start Forum-Arlington

September 22-MR Waiver Meeting

September 26-Comprehensive Services Act Meeting

September 26-Dental Meeting-Chesapeake

September 27-Pharmaceutical Study Meeting

September 28-Healthy Start Meeting

September 28-Presentation at the Virginia Housing Conference

September 29-FAMIS Outreach Oversight Committee

September 29-Meeting with Primary Care Association

October

October 2- Benefits Programs Organization of Virginia (BPRO) Conference

October 2-Conference Call with United Healthcare to discuss FAMIS

October 3-Meeting on FAMIS with the Commissioner of the Department of Social Services

October 3-Pre-Natal, Infant and Children with Special Needs (PICS) Meeting

October 5-Virginia Association of Community Service Boards Conference

October 5-HMO Financial Workgroup

October 6-Healthy Start Conference-Norfolk

October 10-DD Waiver Provider Training

October 11-HMO Workgroup

October 11-Tour of First Health Facilities for Woodbine Rehabilitation and Healthcare Center

October 11-Consumer, Advocates, Providers Input Meeting

October 12-Conference Call with America's Promise on FAMIS

October 12-Meeting with Private Providers-Visits to Day Support and Residential Services

October 12-Employment Services Organization Advisory Committee

October 16-Meeting with INOVA Health System to discuss FAMIS

October 17- Residential Psychiatric Meeting

October 17- Meeting on FAMIS with Sonia Rivero, Commissioner of the Department of Social Services

October 18-Meeting with MR Waiver Interested Parties

October 19-Dental Meeting-Richmond

October 19-Healthy Start Meeting

October 24-Virginia Chartered Health Plan/Joint Commission on Accreditation of Healthcare Organizations

October 24-Virginians for Improving Access to Dental Care Meeting

October 26-Dental Meeting-Northern Virginia

October 26-Meeting with Private providers in Tidewater on MR Waiver Services

October 27-Healthy Start Conference-Richmond

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 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 to address provider specific billing and claims processing concerns.

The Group IN 2000 on January 14, February 11, March 10, April 14, June 9, July 14, and August 8.

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

Representatives from **Children's Hospital of the King's Daughters** met with DMAS staff on January 5, 2000 to discuss Emergency Room utilization and payment of claims.

- **HOSPITAL PAYMENT POLICY ADVISORY COUNCIL**

The **Hospital Payment Policy Advisory Council** met nine times in 2000 on April 25, May 16, and August 31. 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.

- **DePAUL HOSPITAL MANAGED CARE MEETING**

DMAS staff met with medical office staff, physicians and HMO representatives . 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.

These meetings with staff took place on February 24, 2000 and September 13, 2000.

- **EMERGENCY ROOM WORKGROUP**

DMAS met with Emergency Room Physicians on February 2, 2000 to gain a better understanding of the emergency room physician's responsibility pertaining to the Emergency Medical Treatment and Active Labor Act (EMTALA).

FUNDS

- **TECHNICAL ADVISORY PANEL (TAP)**

The **Technical Advisory Panel (TAP)-Indigent Healthcare Trust Fund** meeting was held on November 3, 1999 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, that requested a feasibility study of establishing a pilot pharmacy program for the indigent.

- **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 are a check off on the Virginia tax fund.

PHARMACIES

- **PHARMACY LIAISON COMMITTEE**

The **Pharmacy Liaison Committee (PLC)** met on November 1, 1999, and January 4, 2000 and April 3, 2000. 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 has met over fifteen times in the last twelve months. 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.

- **THE ALZHEIMER'S/DEMENTIA (A/D) WAIVER WORKGROUP**

DMAS Staff met with providers of long term to review information on other state programs, review preliminary market potential data, and to discuss the framework of the potential waiver. The meetings were held in 2000 on June 6, June 29, and July 26.

COMMITTEE WORKGROUPS AND ASSOCIATIONS

- **FETAL INFANT MORTALITY REVIEW COMMITTEE**

DMAS staff met with Committee members on May 25, 2000, 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 January 24, 2000. 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.

- **SPECIAL EDUCATION AND HEALTH RELATED SERVICES**

A meeting was held for 143 school division providers on March 2 and 3, 2000, 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. Providing network and resource sharing between the providers and departments was also a focus of the meeting.

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

The **Virginia Association of Durable Medical Companies Conference** was held February 7, 2000. Approximately fifty persons attended the meeting. The conference included exhibits and presentations from various groups and organizations.

- **HEALTHY START WORKGROUP**

DMAS staff met over fifteen times with staff from the Department of Health, City of Richmond public health department to plan and discuss the format and purpose of four Healthy Start conferences that were held throughout the State in the fall of 2000. The four conferences were held in 2000 on September 8, in Roanoke, September 26, in Arlington, October 6, in Norfolk, and October 26, in Richmond. The main purpose of these conferences was to build coalitions with localities to promote prenatal care.

MANAGED CARE

- **MANAGED CARE ADVISORY COMMITTEE**

The **Managed Care Advisory Committee** met on November 4, 1999, May 20, 2000 and August 23, 2000. 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. During the past year, members of MAC were asked to review marketing materials and revisions to the provider manual. Speakers included a local physician, the Virginia Association of Health Plans, and the Virginia Primary Care Association.

- **TRIGON HEALTHKEEPERS**

Quarterly Meetings took place between staff from **Trigon Healthkeepers** and DMAS staff. The meetings 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 these meetings 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 meetings provided an opportunity for Sentara to ask questions regarding Managed Care and CMSIP programs.

- **OPTIMUM CHOICE INCORPORATED HEALTH PLAN (OCI)**

Quarterly meetings took place between **OCI Health Plan** and DMAS. The purpose of the meetings was to provide OCI and opportunity to as questions of DMAS.

- **SOUTHERN HEALTH-CARE*N*ET**

Quarterly meetings took place between **Care*N*et** and DMAS. These meetings consisted of a question and answer session between Care*N*et staff and DMAS staff.

- **MANAGED CARE AND HIV WORKGROUP**

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

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 Project 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 June 14, 2000, DMAS staff met with the participating HMOs to review the contracts for Medallion II.

All HMO representatives asked for clarification and modifications to the contract

- **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 November 11, 1999, December 12, 1999, an in 2000 on January 12, March 3, April 19, May 5, June 16, July 12, August 8, September 13, and October 11, 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, Care*Net*, 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 March 29, 2000 and October 5, 2000.

PROVIDERS

DENTAL ADVISORY COMMITTEE

DMAS staff met with dentists and their association to discuss improvement of care by increasing the number of participating dentists. The main highlight of the Committee meetings were the discussion of a 10 percent across the board rate increase. The meeting were held in 2000 on January 7, April 24, May 21, June 24, and July 23.

TRAINING AND OUTREACH

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

Meetings were held throughout the state on January 24, 2000 and March 24, 2000 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 also included 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.

- **HEALTH FAIRS**

Numerous Health Fairs were held throughout the Commonwealth to promote wellness activities for parents and children. Attendees received information from various representatives of the Medicaid HMO's including Sentara, Chartered, CareNet, Trigon, OCI and DMAS staff.

- **DURABLE MEDICAL EQUIPMENT TRAINING SEMINAR**

In 2000, seminars were held on March 28, March 29, April 6, April 12, DMAS Staff met with over 100 people to address updates to the Durable Medical Equipment (DME) Manual. The main issues addressed include, Medicaid criteria for documentation of services, preauthorization requirements for DME requests and the utilization review and appeals process.

- **COMMUNITY BASED CARE TRAINING**

DMAS staff held community based training sessions on November 4, 1999 and March 20-21, 2000. DMAS staff reviewed and explained the requirements, policies and procedures, as well as, the procedures in submitting an HCFA 1500 form.

- **MARY IMMACULATE HEALTH INSURANCE FAIR**

DMAS staff presented information to medical office staff, regarding insurance company updates at a health insurance fair held April 13, 2000. The information was provided to educate medical office staff with the most recent updates and procedures for billing and reimbursement.

- **CASE MANAGERS MEETINGS**

DMAS staff held special meetings for case managers from the Medicaid HMOs. These meetings gave case managers the opportunity to understand the process of medical transition of Medicaid recipients to the HMO managed care environment, as well as, to establish and maintain a productive communication among Medicaid providers, case managers and the Medicaid contracted HMOs.

- **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. The workgroup met in 2000 on March 14, March 15, March 20, March 22, and March 24.