



LEGISLATIVE PLATFORM

WEST VIRGINIA BEHAVIORAL HEALTHCARE PROVIDERS ASSOCIATION

Medicaid RBRVS Fee Schedule Increases:

It has been a number of years since the Resource Based Relative Value Scale and related Medicaid Codes and rates have been adjusted by State officials to reflect the current cost of conducting healthcare related business. The RBRVS fee schedules are regionally calculated based upon usual and customary costs, but in addition, each State has the latitude to set the standard modification factor multiplied across each of the individual Codes in a uniform fashion. The fee schedule is generally applied to Medicaid Codes or common medical procedures utilized by a number of healthcare related provider groups such as hospitals, physicians and licensed practitioners, most often as related to evaluation and the assessment of healthcare status. For instance two RBRVS Codes billed in behavioral healthcare settings on a frequent basis, among others, are Pharmacological Management (Code 90862) which is necessary to monitor complex psychiatric medications, and Comprehensive Diagnostic Evaluation (Code 90801) which is necessary to establish Medicaid medical necessity. Other West Virginia healthcare associations have begun to signal their interest in State officials once again revisiting the RBRVS fee schedule. We share their interest in an effort to keep pace with medical inflationary costs which continue to rise.

Federally Enacted Minimum Wage Increases, and An Annual Rate Review Process for Behavioral Health:

The U.S. Congress this year, for the first time in a number of years, enacted an increase in the Federal minimum wage. The first of three successive, \$.70 incremental wage increases became effective this summer. Two others are to follow. Behavioral healthcare providers, in most instances, do not participate in cost reporting activity or in cost based or cost related reimbursement systems which might automatically allow providers to offset the Federally-mandated increases. The Association anticipates approaching the Legislative Finance Committees to earmark the necessary funding to allow all provider groups without cost based and cost related reimbursement mechanisms in order to keep up with the federal mandate. Data is being developed to show our projected need.

Allowing Mental Hygiene Certifications by Physician Assistants:

During the 2007 Legislative Sixty Day Session, Bills were introduced which would allow physician assistants to conduct mental hygiene evaluations and certifications for those referred for probable cause hearings. This would be particularly useful in rural counties where few practitioners can be found and even fewer in the employ of local community based behavioral healthcare settings. House Bill 3160 and the companion Bill, Senate Bill 659, were introduced respectively by Delegate Walters and by Senators Prezioso and Hunter. The House version was listed on the Committee agenda on the final day in which a Bill could cross over from either Chamber to the other. However the committee ran out of time before the Bill could be taken up that day. The Association believes there is no opposition, noting the Bill upon introduction and throughout the committee process had the support of all who were familiar with it.

Oxycontin Settlement Dollars:

As a result of participation by West Virginia officials acting in concert with a number of other states' officials in achieving a settlement with Perdu-Pharma, we support the idea of devoting some part of the Oxycontin settlement dollars West Virginia is to receive as its portion of the settlement toward the application to addictions' treatment programs and services. We are in support of the Legislature devoting a portion of the settlement dollars to treatment services.

Methadone Rule (Senate Bill 447, 2007 Legislative Session)

The Association's Committee on Substance Abuse services will be offering its recommended position regarding Opioid Treatment Programs and the corresponding Rule which is to be enacted. It was necessary that a Rule be developed after a temporary moratorium was placed upon opening any additional methadone clinics in the State. The Association is on record as having supported a continuum of services and professional interventions related to the treatment of addictions with the use of medication-assisted interventions, including the existing methadone clinics, as part of the overall available continuum of services.

Traumatic Brain Injury:

The State's TBI Advisory Board will be working with the State DHHR officials to begin educating Legislators and the public regarding the need for more treatment and services related to TBI for West Virginians so affected. The Advisory Board will also most likely be looking to create a dedicated funding source. The DHHR Bureau for Behavioral Health has asked to Association membership to participate and to support this initiative.