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OFFICE WEST VIRGINIA
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Form #6

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED
BY THE WEST VIRGINIA LEGISLATURE**

AGENCY: Department of Health and Human Resources TITLE NUMBER: 69

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 3

TITLE OF RULE BEING AMENDED: Implementation of Omnibus Health Care Act Payment Provisions

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: _____

TITLE OF RULE BEING PROPOSED: _____

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) SB 341

SECTION 64-5-2, PASSED ON April 8, 2005

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON THE


FOLLOWING DATE: June 3, 2005


Authorized Signature

#3.20

Approval of Filing

I, Martha Yeager Walker, Secretary of the Department of Health and Human Resources, do approve and consent to the filing of the attached "Notice of Final Filing and Adoption of Legislative Rule Authorized By The West Virginia Legislature," being a proposed amendment to existing Legislative Rule 69CSR3, Implementation of Omnibus Health Care Act Payment Provisions, this 3rd day of June, 2005.

Signed: 
Martha Yeager Walker
Secretary, Department of
Health and Human Resources

Promulgation History

69CSR3

July 23, 2004 – Proposed Rule Filed

August 23, 2004 – Comment Period Ended (No Comments Received)

August 27, 2004 – Agency Approval of Proposed Rule and Filing with Legislative Rule-Making Review Committee

December 15, 2004 – Notice of Rule Modification of a Proposed Rule

April 8, 2005 – Legislature Authorized Promulgation of Rule in S.B. 341

April 10, 2005 – S.B. 341 Approved by Governor

June 3, 2005 – Final Filing and Adoption of Legislative Rule Authorized by the West Virginia Legislature

Effective Date

69CSR3

Effective date is June 3, 2005.

FILED

TITLE 69
LEGISLATIVE RULE
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SERIES 3
IMPLEMENTATION OF OMNIBUS HEALTH CARE ACT
PAYMENT PROVISIONS

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§69-3-1. General.

- 1.1. Scope. -- This legislative rule implements the provisions of the Omnibus Health Care Act, W. Va. Code §16-29D-1 et seq.
- 1.2. Authority. -- W. Va. Code §16-29D-7.
- 1.3. Filing Date. June 3, 2005
- 1.4. Effective Date. June 3, 2005

§69-3-2. Definitions.

- 2.1. The following words and phrases as used in these rules, unless a different meaning is clearly indicated by the context, shall have the meanings stated below.
- 2.2. The "Act" means the Omnibus Health Care Act which is codified at W. Va. Code §16-29D-1 et seq, as amended.
- 2.3. "Legitimate uncontested invoice" means a claim for payment for medical services delivered to a beneficiary of a department or division subject to the Act, received by that department or division in a manner prescribed and with all information, whether from the provider, beneficiary, or other third-party payor, stipulated by that department or division, and for which there is no action necessary for coordination of benefits, subrogation or other good cause to establish the legitimacy of the claim.
- 2.4. "Secretary" means the Secretary of the West Virginia Department of Health and Human Resources.

§69-3-3. Purpose.

- 3.1. The purpose of this rule is to summarize the methodology used by the actuary to develop an eightieth (80th) percentile maximum fee schedule using the PEIA 1988 claims data. The PEIA will use this schedule to implement certain provisions of the Act, namely W. Va. Code §16-29D-4, relating to PEIA preferred provider contracts with allopathic and osteopathic physicians and podiatrists, and other health care provider reimbursement. The PEIA will set the maximum rate of reimbursement under such preferred provider contracts initially at the eightieth (80th) percentile of the PEIA's 1988 claims data. The PEIA will also adopt the eightieth (80th) percentile maximum fee schedule for all health care providers which are reimbursed based on CPT-4 Code billings: Provided, that hospitals and other institutional providers shall not be reimbursed according to the eightieth (80th) percentile maximum fee schedule, but shall be paid through individual contracts as authorized in W. Va. Code §16-29D-4(e).

3.2. Adoption of the eightieth (80th) percentile schedule by the PEIA shall be accomplished through the preferred provider contracts or changes to the PEIA group benefit plan, and not through this rule. This rule is being promulgated to comply with W. Va. Code §16-29D-7, which directs the Secretary to promulgate rules to implement the Act, and provides that methodologies for determination of rates, payments and schedules are subject to legislative rule-making procedures (but that the actual rates, payments and schedules are not).

3.1. This rule also interprets the provisions of W. Va. Code §16-29D-3(i) relating to prompt payment to a health care provider on or after September 1, 1989, for the purchase of health care or health care services by the PEIA, the division of rehabilitation services and the workers' compensation commission.

§ 69-3-4 Prompt Payment.

4.1. The PEIA, the division of rehabilitation services and the workers' compensation commission shall cause to be issued, within sixty-five (65) days after actual receipt by the agency of a legitimate uncontested invoice, a state check in payment for health care or health care services delivered to the respective beneficiaries of such agencies on or after September 1, 1989.

4.1.1. If a state check is issued more than sixty-five (65) days after actual receipt by the agency of a legitimate uncontested invoice, the agency shall pay interest, at the current rate, as determined according to subsection 4.1.1.1., calculated from the sixty-sixth (66th) day after such invoice was actually received by the division or agency up to and including the date on which the state check is mailed to the vendor.

4.1.1.1. The current rate of interest will be determined by the state tax commissioner under the provisions of W. Va. Code §11-10-17(a).

4.1.1.2. Each division or agency shall record by electronic or other means the actual date of receipt on all invoices received, and, if different, the date on which each invoice is deemed to be legitimate and uncontested.