
James “Tiger” Morton Catastrophic Illness Commission



2018 Annual Report

Pursuant to West Virginia Code § 16-5Q-2 (b)



James “Tiger” Morton Catastrophic Illness Commission

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James "Tiger" Morton

Since 2000, the James "Tiger" Morton Catastrophic Illness Commission (Commission) has provided lifesaving interventions to more than 1,396 citizens of West Virginia. The Commission is a last resort for those in dire need of medical assistance where the risk of death is imminent and no other resources exist. The volunteer Commissioners are appointed by the Governor. By having a doctor, lawyer, social worker, nurse and two citizens at large, the state receives their expertise at no cost to determine who is eligible for assistance.

The Commission makes direct payment to providers through the West Virginia Medicaid program for individuals who are not eligible for Medicaid benefits, yet cannot afford to pay for various costs associated with catastrophic illnesses. Many West Virginians live just above the federal poverty level. They cannot afford insurance, yet are not eligible for state assistance benefits.

The Executive Director consults with Medicaid and hospital charity care programs to determine if applicants are eligible for those programs first. Before receiving assistance from the Commission, an eligible applicant must apply for and be denied coverage by Medicaid and attempt to obtain insurance coverage through the Marketplace Exchange program of the Affordable Care Act.

Assistance includes lifesaving medical treatments and associated non-medical expenses, such as travel for medical treatment and related costs. Assistance is capped at \$200,000 in lifesaving medical services and \$5,000 in related non-medical transportation costs. Examples of covered expenses are:

- ⇒ Proven and accepted medical procedures, such as surgery, organ transplants and chemotherapy;
- ⇒ Medication that prevents rejection after a transplant and/or recurrence of a life threatening illness; or
- ⇒ Lodging costs and transportation assistance to medical facilities for patients to receive the procedures and treatments or for related doctor appointments.

Along with direct financial assistance, the Commission assisted 166 individuals in 2018 including referrals to other programs. Some of these programs include the American Cancer Society, hospital financial counselors, regional community action agencies, local cancer assistance programs, Angels Flights, and online prescription drug discounts and medical co-payment assistance. By working with these partners and their available resources, the Commission is able to use more funds for its client assistance services.

A key objective is to leverage scarce resources for maximum gain. An example of leveraging can be seen in historical data which reveals that for every dollar billed to the Commission for providing lifesaving care of a West Virginia resident, the Commission pays only 20 - 25 cents. Not only does the Commission save lives, but it saves money.

Examples of assistance in 2018:

- ◆ 58 year-old male with with liver cirrhosis from Hepatitis C needed a transplant, received secondary insurance coverage and travel assistance
- ◆ 64 year-old male with pancreatic cancer received travel assistance to treatments
- ◆ 63 year-old female with ovarian cancer received medical treatment assistance
- ◆ 51 year-old female with lung cancer received transportation to chemotherapy treatments
- ◆ 61 year-old female with non small cell carcinoma received treatment until Medicare begins
- ◆ 48 year-old female with breast, bone and liver cancer received treatment
- ◆ 55 year-old male with with colon and liver cancer received travel assistance every other week for treatments
- ◆ 58 year-old female with throat and mouth cancer received medical and travel assistance
- ◆ 45 year-old male with double lung cancer needing a transplant received travel assistance

The Commission's medical services claims are paid via Molina at the current Medicaid rates, which greatly reduces the amount actually paid for a given medical procedure. Providers have one year to process claims, and two years for modifications. In FY2018, the Commission received approximately \$677,365 in medical claims (already \$1,004,491 in the first five months of FY2019). Molina paid approximately \$176,638 to providers in FY2018 (an increase of 328% over FY2017). The payment amounts do not include outstanding claims returned for corrections.

Approximately \$32,253 was disbursed in FY2018 for lodging, meals and other related transportation costs via a client assistance state bank card, the West Virginia Department of Health and Human Resources (DHHR) Finance, and a grant account established through the United Way of Central West Virginia.

General revenue funds of \$101,005.00 were allocated to the Commission for FY2018 by the West Virginia Legislature (\$100,897.00 for FY2019.) The Commission recommends the Legislature provide an allocation of \$200,000 for FY 2020 based on increased need and staff time.

As a 170(c)(1) government entity for a public purpose, the Commission can accept tax-deductible contributions, gifts, property and grants from both private and corporate donors. Fundraising efforts are being pursued with grant submissions. Educational presentations and printed materials were provided to various organizations during conferences and other outreach opportunities to increase awareness about the services the Commission provides to West Virginians with catastrophic illnesses.

Since October 1, 2015, in an effort to assist with the reduction of costs and streamlining of efforts within DHHR, the Executive Director of the Commission also assumed the duties of the Interim Executive Director of the West Virginia Women's Commission. Salaries are now being shared by both Commissions. The Commission will continue to consider additional measures to further reduce costs. With the uncertain future of the Affordable Care Act, the importance of this Commission's work is more vital than ever.

The chart below identifies by county the West Virginians who received both in-kind assistance and financial assistance from the Commission in 2018. The numbers do not include people the Commission continues to assist from previous years or applications taken in December 2018. The total number is an increase of 22% from last year. Applications taken during December could add 14 more clients (average per month), totaling 180 for 2018, a forecasted increase of 32% for the year).

County	Number	County	Number	County	Number
Barbour	1	Logan	4	Raleigh	12
Berkeley	4	Marion	4	Randolph	3
Boone	1	Marshall	1	Ritchie	1
Braxton	1	Mason	4	Roane	1
Cabell	9	McDowell	1	Summers	2
Clay	2	Mercer	7	Upshur	1
Fayette	9	Mingo	1	Wayne	2
Grant	3	Monongalia	9	Wetzel	2
Greenbrier	5	Monroe	1	Wirt	1
Hancock	1	Morgan	2	Wood	5
Hardy	4	Nicholas	3	Wyoming	3
Harrison	2	Ohio	1	Unknown	7
Jackson	4	Pendleton	2		
Kanawha	19	Pocahontas	3		
Lewis	3	Preston	3		
Lincoln	3	Putnam	9	TOTAL	166

James “Tiger” Morton Catastrophic Illness Commission Members

- Jacques Williams, Attorney, Chair, Monongalia County
- Dr. Victoria Shuman, Physician, Greenbrier County
- Sandra Cotton, Registered Nurse, Monongalia County
- Frances Roberts-Buchanan, Social Worker, Cabell County
- John Davidson, Member-at-Large, Kanawha County
- Patricia Davis, Member-at-Large, Hampshire County

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- Nancy J. Sullivan, Assistant to DHHR Cabinet Secretary and Staff Liaison to the Commission
- Julie C. Palas, Executive Director
- Dee M. Watters, Administrative Assistant