

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL MEETING
July 12, 2013

Members and Alternates Present

Carol Haugen, Hospital Alternate
Ralph Daniel Adkins, Consumer Representative
Mark B. Ayoubi, Physician Representative
Marshall C. Long, Physician Representative, Vice Chair
Thom Stevens, Physician Alternate
Richard Stevens, Dental Alternate
Patrick D. Kelley, Nursing Home Representative
Larry Robertson, Hospice Representative
Teresa Frazer, Bureau for Public Health Representative
Sara Jones, Alternate for Don C. Perdue, House LOCHHRA Chair

Bureau for Medical Services Employees Present

Nancy Atkins, Commissioner
Sarah Young, Assistant to the Commissioner
Alva Page, III, General Counsel
Susan Harman, Legal Counsel
Cindy Beane, Deputy Commissioner, Policy
Tina Bailes, Deputy Commissioner, Finance
Brandy Pierce, Director, Managed Care Organizations
Penney Hall, Communications Manager
James Becker, Medical Director, BMS
Sarah Mills, BMS

Interested Parties Present

Karen L. Bowling, Cabinet Secretary, DHHR
Benita Whitman, Self
Barbara Good, WVSMA
Amy Sowards, WVHCA
Jennifer Britton, APS
Perry Bryant, WVAHC
Mark Drennan, WVBHPA
Karen Shablin, Optum
Sue Hage, BCF
John Law, Self
Mitch Collins, Magellan
Thomas Lucas, WVOIC
Megan Roskoveasky, Law office of Phil Reale
Dee Weston, Self
Ruth Ann Panepinto, Molina
Mickie Burrows, RN, KVSS
Perry Bryant, WVAITC

Welcome and Opening Remarks

Nancy Atkins, Commissioner, Bureau for Medical Services welcomed everyone to the meeting, and advised that the new Secretary of DHHR, Karen L. Bowling, is planning to attend. Commissioner Atkins then turned the meeting over to Vice Chairman Marshall Long.

Approval of Minutes

Vice Chairperson Marshall Long called for a motion to approve the April 26, 2013, minutes of the MSFAC.

- A motion was made and seconded to approve the minutes. All were in favor.

1115 Waiver

Vice Chairperson called for a motion suspending the MSFAC meeting in order to discuss the 1115 Waiver Application for the early implementation of MAGI. Commissioner Atkins explained that we have to do a public hearing on the 1115 Waiver for early adoption of MAGI, and we are using this as one of our public hearings. There was a motion and a second to suspend the MSFAC meeting. All were in favor. Chairperson Long called on Alva Page, III to describe the 1115 Waiver Application for early implementation of MAGI.

Alva Page, III stated that this is new to West Virginia, and what this allows is for eligibility simplification for the expansion population and the current population. It is for the modified adjusted gross income methodology. Mr. Page then reviewed this section by section.

Commissioner Atkins explained October 1, 2013 begins early enrollment for Medicaid. This 1115 waiver allows us to adopt the MAGI rules starting October 1, 2013. Otherwise, we will have to use FPL Rules and the MAGI rules running two sets at once. We are asking for a waiver to allow us to start with one set of rules, from October to December, it is just a three month waiver of the normal authority to be able to use the MAGI rules. It is out on public notice and on our web site. There will be another public hearing on Monday evening from 4:00 pm – 5:00 pm at the Schoenbaum Family Enrichment Center for people to come and comment. The reason we suspended the meeting is to allow us to take any public comments on this 1115 Waiver.

Chairperson Long called for public comments.

Dee Weston stated this sounds like a good thing, but was concerned about how this will get wrapped up in time for the mass changes that go into effect January 1st. Her main concern is what happens to people who renew their Medicaid between October and January. Commissioner Atkins stated that we think people will be fine, because we are going from 17 percent of the FPL to 138 percent, but the problem she is hearing Dee say is the way we determine by household verses the way we have done it by individuals. We have converted all the FPL to the MAGI. We are also looking at an eligibility simplification to extend out the redetermination dates. Even by using the early MAGI, we are not permitted to end eligibility of folks on the rolls.

Commissioner Atkins requested that she put her comment in writing so that we can respond to it when we submit the waiver.

Bonita Whitman asked if it could be written in the waiver that these groups would be protected. Commissioner Atkins stated that we would research this and cite it in response to the comments if needed.

- There was a motion and a second that we adopt the 1115 Waiver Application. All were in favor.

Introduction of New Cabinet Secretary

Commissioner Atkins introduced our new Cabinet Secretary Karen Bowling.

Secretary Karen Bowling stated that she wanted to be here to introduce herself to the group and to let them know that she would like to be involved in the work we are doing, and she wanted to thank the people who volunteer their time and energy as board members.

The MSFAC meeting is now reconvened

Health Care Reform

- Commissioner Nancy Atkins stated the rules we have been waiting on came out Friday, and we are trying to determine how many changes might have occurred from what we had in proposed rules in January and these rules.
- The feds are looking at our eligibility system today to get it ready for October 1, 2013.
- We are looking at branding the expansion population.
- We are looking at the concept of co-pays.
- We have included in your packets all of the state plans that the federal government have released to us. They are in draft form. We will need to have some emergency meetings when we populate these, and we need to decide before we end today how to proceed with these.
- We have looked for simplification of eligibility.
- We are working on an Adult Quality Measures grant.
- We are working on eligibility and eligibility policies and then programming into the eligibility system.
- Regarding Primary Care Physician Payment (BUMP) and Vaccines for Children SPA, late last night we got approval. Now that we have approval, the system is being programmed. Payment will be retro to January 1, 2013, and we will pay going forward.
- We continue to look at Provider Re-Enrollment.
- BMS is reviewing hospital presumptive eligibility.

Commissioner Atkins discussed the composition of this Council, and state that there are some vacancies on the council, and we will be sending out formal letters to fill those vacancies. The law has changed since the bylaws were written; therefore, we are going by the state statute, which states that we need to ask for three nominations for a particular vacancy.

Policy Update

Deputy Commissioner Cindy Beane addressed the Council regarding Policy Updates.

- 1000 letters were sent out to those providers who are physicians who are directly enrolled, these would be non-group physicians. The initial letters went out June 3rd. Since then we have had 135 providers use our web portal. Reminder letters were sent out on July 5th. Our goal is to have all of our providers re-enrolled by March 2015. We held 2 webinars this week and had instructional videos on Molina's website, and plan to hold a webinar every month to educate on how to be re-enrolled.
- During re-enrollment we had one complaint about the requirement of EFT. We have less than 300 providers that do not do EFT. EFT will be requirement by the ACA on January 1, 2014.
- CMS is holding firm that as of October 2014, everyone must be compliant with ICD-10. BMS has an internal workgroup working on mapping between our codes, and after that will be doing policy remediation. We are trying to do a tight timeframe on our end so we will have time to test with providers regarding ICD-10.
- Letter regarding FQHC update was mailed recently. We had a policy change with FQHC's. Before we had an arbitrary 10 visit limit for their behavioral health visits, but that has been lifted. However, FQHC's will be treated as any other provider with regards to needing authorizations for behavioral health services. We have asked our vendor to start training providers on how to access prior authorizations. That training started this month. We will no longer accept a behavioral health service without a prior authorization from an FQHC after October 1, 2013.
- 1915C Waivers. Many of our waivers are due to be renewed in 2015, and that is a long process. We have started our public forums for IDD Waiver last week.
- We have sent a provider survey to all of our members on IDD Waiver, in addition to all of our IDD Waiver providers.
- Personal Care Manual has had glitches and did not go up for 30 day comment. It should go up for 30 day comment next week.
- TBI Waiver policy was changed. We did an amendment with CMS, with regards to the eligibility criteria. This policy is on-line as of June 14th.
- Money Follows the Person Program. Works with LTC facilities and getting individuals who could be served in the community out of those facilities into a Money Follows the Person Program. This started with regards to taking referrals on February 1st, and to date we have 123 intakes that we have completed.

Communications

Penney Hall stated that she has been trying to target the Associations with getting the word out when we have policies and announcements that affect the membership. Also, she has been working on getting a facebook page as another way to communicate in an effective manner.

Finance Update

Deputy Commissioner Tina Bailes drew the Council's attention to the reports that are included in the packets. She stated she does not have the updated 5 or 6 year projections, as we are still working with the State DHHR Office as well as the State Budget Office.

Key highlights of the April report is the monthly expenditures for that month were trending below our budget estimate. Our YTD expenditures remain approximately 10.5%, or approximately \$237 million higher than the same period last year.

Looking at our May numbers, it looks like our program is going to come in at approximately a little over \$3 billion. That is about 1.5% under our budget estimate.

The hospital UPL payments accounted for about 58% of our growth this past State Fiscal Year 2013. Some other significant increases in our cost were related to the IDD Waiver Services and our managed care payments have also increased.

Our enrollment continues to maintain a steady decline, running about 1% less than this time last year. The children category has accounted for the largest decrease in our population, followed by the blind and disabled group. The only group that we are seeing an actual increase in is the adult population. We are roughly down about 2,300 members per month.

Discussion ensued about the Expansion of Medicaid Programs in the ACA and the shortage of roughly 30,000 primary care physicians nationwide.

Ms. Bailes stated that the pharmacy transition continues to go smoothly. With the Governor's announcement of a direction to enroll the expansion population into the managed care plans as well as the addition of the benefits of children's dental services, behavioral health and personal care. Right now we are working with Lewin in developing the network standards that will be used by the plans and working on the revisions to the rates, the contracts, and the standards.

State Plan Amendments

Alva Page, III reviewed the State Plan regarding Non-Emergency Transportation with the Council. He stated that some time ago CMS had informed BMS through a companion letter that BMS had to redo how we provide transportation. CMS gave us this preprint to provide transportation under Section 1902(a)(70), which is Broker Transportation. This cites the Federal Regulation 42CFR, 440.170, and the services provided Freedom of Choice and under Capitated Rate. It is a preprint, just check the box and submit it.

- There was a motion and a second to approve the State Plan Amendment. All were in favor.

Commissioner Atkins drew attention to the other SPA's in the packet that the members need to review. She stated that when we have these populated, we need to get together to review them as a group, and asked for the member's pleasure as to how we want to get together, by meeting or having conference call. The group asked they be put out on the website, be sent to members, and have phone conference available.

By request Alva Page, III, reviewed SPA's that have been approved.

Information Technology Update

Commissioner Atkins stated that we don't have an IT Update today, except to say that we continue to build an MMIS system, and our go live date is March or April of 2015, our Data Warehouse is still in the process of being built and will go live with that the fourth quarter of this year, 2013, and we are working on the eligibility system.

APS Update

Jennifer Britton gave the medical update. The FQHC/RHC that the Commissioner mentioned earlier, we have just completed the implementation of process for that and they are in what we call a soft go live as to July 1, 2013. We are in the process of training all of them, bringing them up on our software system, and providing technical assistance throughout the month of July. August is the hard go live, when they can get authorizations. The behavioral health authorizations they will be getting are through the private practitioner manuals, which are the psychiatrist and psychologist manuals.

Ms. Britton stated that APS does all three waivers in the state, for Aged and Disable, IDD, and TBI. Regarding the TBI Waiver, she would like to make the physicians and others aware, that if you are seeing a member that could potentially fit or benefit from this waiver, please contact APS and they will send someone out to access that individual.

Regarding the medical, she would like to thank the Associations that continue to work with APS. All the medical services have rolled out and are in production. They are doing individual webinars for individual provider groups that need help. APS would like to encourage everyone to go electronic.

Molina Update

Ruth Ann Panepinto stated that:

- Provider re-enrollment is going smoothly, but it is critical that providers do re-enroll.
- Molina is working with the State to make sure that they are positioned to meet the required deadline for ICD-10.
- The implementation of the new system is going well.
- Molina tends to gage their success on provider's feedback. Feel free to call Molina to resolve your issues.

Public Comments

Mark Drennan from WV Behavior Health Provider Association would like: 1) a copy of the 1915b Waiver on the CMS website and Managed Care Waiver, the approval letter from CMS, and the Managed Care Contract. Ms. Bailes indicated that this was on our website and that she will send Mr. Drennan a link to the website. 2) Mr. Drennan also asked when the Managed Care Rate Setting document for Behavioral Health will be available. Ms. Bailes said the first draft will be available for us in August. 3) Regarding the Hartley Workgroup, the court monitor submitted some questions, and Mr. Drennan would like to know if there was a time frame for getting questions answered. Commissioner Atkins asked if he would give us a copy of the questions. 4) Mr. Drennan would like us to reach out to other states while we try to implement Managed Care for Behavioral Health. 5) Mr. Drennan would like to have vacant slots filled before MSFAC Emergency Meetings take place.

Richard Stevens questioned whether the eligibility was increasing to 133% or 138% of the FPL. Commissioner Atkins stated it is 133% with a 5% disregard, so it is 138%. Mr. Stevens also questioned if the age for dental services has changed. It is now up to 21 years. Deputy Commissioner Beane said the expansion population starts at 19 years, but the dental services will continue up to 21 years. There is no change in dental services with regard to pediatric dental.

Mr. Stevens asked if Medicaid pays for interpreter services. Penney Hall stated that the Americans with Disabilities Act states that interpreter services in doctor's offices, legal offices, etc., are the responsibility of that practitioner.

Mr. Stevens asked if there was any reason for delays in providers becoming enrolled as a provider. Deputy Commissioner Beane said there was no reason unless the provider did not send in all the required information or we are waiting on a certification from Medicare.

Benita Whitman asked that the public could also conference in to the Emergency MSFAC meetings. Also, Ms. Whitman requested AD Waiver Programs Wait List be given to the Council. Ms. Whitman also questioned the \$17.7 million that was taken out of the Medicaid budget, what line items those were coming from. Deputy Commissioner Bailes stated it was General Revenue, Surplus Appropriation, and it affects every program we offer, with the exception of the waivers, which have dedicated line items in our budget, the remaining services that Medicaid reimburses for are funded through General Revenue, Provider Tax, and our Trust Fund Balances. Ms. Whitman also questioned whether the new Non-Emergency Medical Transportation system will this eliminate neighbors being able to transport. Deputy Commissioner Beane said the broker will work with friends and family, they will make sure the person has a driver's license, that the car is inspected, that they have insurance, and there will have to be a provider agreement from that broker.

Perry Bryant wanted to report the Enroll West Virginia conference went well, and that Commissioner Atkins was the highest rated presentation there. He stated they were really pleased with how the conference turned out. He distributed training schedule to the Council and asked that this be passed along.

Going back to the Emergency Medical Services Meeting, Commissioner Atkins stated we would post these State Plans on line, as they will have to go out for public notice by August 1, 2013, so they should be on line prior to the Emergency MSFAC conference call. We will have a 30 day Public Comment Period. Commissioner Atkins stated we may have the meeting and let the Council Members call in so as to avoid confusion.

Meeting adjourned.

Minutes submitted by:

Pat Johnson, Secretary
Bureau for Medical Services