

**Special Meeting
Medical Services Fund Advisory Council
September 13, 2013**

Members/Alternates Present either in Person or Via Conference Call

Ron Stollings, Senate LOCCHRA Chair, via Conference Call
Mark B. Ayoubi, Physician Representative, via Conference Call
Mark Games, MH/BH Alternate, Conference call
Nancy Atkins, Commissioner, Bureau for Medical Services
Charles Covert, Hospital Representative
Marshall Long, Physician Representative
Thom Stevens, Physician Alternate
Theresa Frazer, BPH Representative
Mark Drennan, MH/BH Representative
Sara Jones, representing Chairman Perdue
Louise Reese, Primary Care or FQHC Representative

BMS Staff

Sarah Young, Assistant to the Commissioner
Cindy Beane, Deputy Commissioner
Tina Bailes, Deputy Commissioner
Ed Dolly, Deputy Commissioner
Alva Page, III, General Counsel
Susan Harman, Legal Counsel
Penney Hall, Communications Manager, BMS

Invited Speakers

Betty Scarberry, Bureau for Children and Families
Anita Hayes, Bureau for Children and Families

Interested Parties

Jeremiah Samples, Secretary's Office, Conference Call
Amanda Hiser, representing Ruth Ann Panepinto, Molina
John D. Law
Phil Shimer, TSG
Tadd Haynes, Unicare
Jane Cline, Spilman
Bob Whitler, CAMC
Todd White, Coventry
Benita Whitman, Self
Bruce Perrone
Sam Hickman, NASWWV
Nicole Becnel, Berry Dunn
Jill McDaniel, WVHA
Brandon Merritt, WVCPB
Donna Sand, HWV
Jennifer Britten, APS
Brian Cunningham, Lewin
Renate Pore, WVAHC

WELCOME AND OPENING REMARKS

Commissioner Nancy Atkins opened the meeting with a roll call, and thanked everyone for attending this special meeting. The Council will be looking at the State Plan Amendment (SPA) for applications only today, which are effective October 1, 2013. The Alternative Benefit Plan is not effective until January 1, 2014; therefore, this will be brought up at the October 11, 2013 meeting. Commissioner Atkins stated that the Proposed Benefits and Co-Pays are online.

The meeting was turned over to Charles Covert, Chairman of the Council, who in turn called on General Counsel Alva Page, III.

ELIGIBILITY APPLICATION SPA

Mr. Page commented on Medicaid Eligibility, Eligibility Process, S94, stating that we meet all the requirements of 42 CFR 435. We are using a single streamline application and we submitted attachments. He turned the presentation over to Anita Hayes from the Bureau for Children and Families. Ms. Hayes reviewed each paper application individually.

Application for Health Coverage and Help Paying Costs

- This new application is West Virginia's paper version of the Single Streamlined Application. We utilized the federal application and adapted it with West Virginia State contact information. It is the new application for anyone applying for health coverage, Medicaid, CHIP or the Market Place coverage. This also includes the Appendices.

Application for Health Coverage and Help Paying Costs (Short Form)

- This is the exact same application except it has been shortened to be used by a single individual. This also mimics the federal application with West Virginia contact information.

Application for Benefits

- This is our integrated application. You can use this to apply for all programs at the same time.

Appendices

- All of these applications will include the Appendices A, B and C. The Appendices are a requirement of the Affordable Care Act and they have to be included. They are part of the single streamline application, so we will ask those of every applicant. A lot of them have to do with Market Place coverage. We will still request that information and send it on to the Market Place.

Rights and Responsibilities

- We currently use these, and have been revised very slightly.

Supplement to Application for Health Coverage

- This new form is a supplement to our new single streamline application. Because the new single streamline application does not request all the information we need for every Medicaid coverage group, we will have to send them this supplement to gather additional information.

Commissioner Atkins stated that we are required to have a Single Streamlined Application (SSA). However, we have other populations that have not moved to MAGI, and that is what this is. Rather than all of them having to go back and fill out a Single Streamlined Application, we take what we have, ask

additional information if it is time for them to be redetermined or requalified or they are applying, so that we get all of the information we need.

Chairperson Covert called for a motion that SPA S94 be approved. A motion was made and seconded. All were in favor.

Commissioner Atkins stated that our next meeting is October 11, 2013. At that meeting, we will look at our bylaws, and hopefully will have the vacant positions on the Council filled. We are also going to look at the Alternative Benefit Plan SPA at that meeting.

Public Comments

Benita Whitman distributed a handout to the Council regarding the issue of co-pays. She requested people be thinking about the income of these groups of people.

The second concern is, there is the right to refuse use of Medicaid if co-pays are unpaid. This is an option the state has above 100 percent of poverty. Ms. Whitman asked if we are doing this or not doing this.

Commissioner Atkins stated that a provider cannot refuse care if it is below 100 percent, but they can if it is 100 percent above. In meetings we have had with a variety of providers, there are some other rules and regulations that impact that. We are looking at taking all of this into consideration.

Secondly Ms. Whitman had a question as to whether Autism ABA Therapy is covered. Deputy Commissioner Beane stated that it can be covered for children. Commissioner Atkins stated that the Medicaid Expansion Group is adults, age 19 to 64.

Thirdly, on the Application that the Council just adopted, on page 7 where it talks about the right to appeal, Ms. Whitman understands that the Medicaid person has a right to go to the Board of Review under the regular appeal process now; however, on this form, the only telephone number is for the Market Place. Ms. Whitman requests that a telephone number for the local office be added.

Commissioner Atkins stated that when we send out Rights and Responsibilities, we will have more information. Once you are determined ineligible, you will get a letter and the letter will have Rights and Responsibilities in the letter to you.

Commissioner Atkins directed Ms. Whitman to the Healthcare.gov website to obtain the information.

Meeting Adjourned

Minutes submitted by:

Pat Johnson, Secretary II
Bureau for Medical Services