Special Meeting Minutes Medical Services Fund Advisory Council November 8, 2013

Members / Alternates Present:

Nancy Atkins, Bureau for Medical Services
Charles Covert, Chair, Hospital Representative
Thom Stevens, Alternate, Physician Representative
Patrick Kelley, Nursing Home Representative
Mark Drennan, BH Representative
Teresa Frazer, Alternate, Bureau for Public Health
Louise Reese, Primary Care Representative
Richard Stevens, Alternate, Dental/Pharmacist Representative
Cassie Long, Alternate for Ron Stollings, State LOCCHRA Chair
Sara Jones, Alternate for Don C. Perdue, House LOCHHRA Chair

Members / Alternates on Conference Call:

Marshall Long, Vice Chair, Physician Representative Carol Haugen, Hospital Alternate Charles Smith, Dental Representative

Bureau for Medical Services Employees Present:

Sarah Young, Assistant to the Commissioner Alva Page III, General Council Cindy Beane, Deputy Commissioner, Policy Ed Dolly, Deputy Commissioner, Operations Management

Interested Parties:

Amanda Hiser, Molina
Perry Bryant, WVAHC
Nicole Becnel, Berry Dunn
Jennifer Britton, APS
Megan Roskovensky, Law office of Phil Reale
Phil Shimer, TSG
M.J. Pickens, Spilman/HMO Association
Todd White, Aetna
Julie Monnig, Unicare
John Law, Rainmaker

Commissioner Nancy Atkins welcomed everyone to the meeting, and stated that there was only one item on the agenda, which is the state plan amendment on co-pays. The council had discussed this SPA two weeks ago, and had requested an additional two weeks to take a look at it and see what their constituencies thought.

Commissioner Atkins stated that this has been researched, and we have found, based on eligibility categories and the diagnoses the members have, that 70 percent of the members will not be eligible for co-pays. Also, one of the co-pays is around non-preferred drugs. Ninety-seven percent of the time

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members are using our preferred drug list, so only three percent of the members will have pharmacy copay.

Commissioner Atkins turned the meeting over to Chairman Covert.

Mr. Covert stated that at the last meeting we had asked for two weeks so that everyone could talk to their constituencies, and he asked if anyone had anything to add, or if anyone had any questions.

- There was a question as to whether E & M codes would qualify for co-pays. The answer is yes, there is a limited list of those E & M codes that would qualify for co-pays and they are not behavioral health in nature.
- There was also a question regarding dental services and how patients will be classified as to whether they pay a co-pay or not pay a co-pay. The answer is that there is no co-pay on dental.

Dr. Marshall Long moved to adopt the State Plan Amendment proposed by BMS and the Governor, and recommend that BMS explore a co-payment card to ease payment to providers by patients. Motion was seconded. All were in favor.

There were two unrelated questions:

- 1) There was also a question about an article that was in the newspaper regarding NEMT, as to whether there is some documentation about the CMS requirement that we go to a vendor based use of NEMT. Deputy Commissioner Beane stated she can share that with the requestor.
- 2) Louise Reese had question on implementation. Currently Medicaid uses Medicare cost report to settle with the health centers. We are going to PPS so we will not have the cost report going forward. When the health centers settle on the Medicare, and they have a bad debt, they are allowed to settle the bad debt through the cost report. As we figure out what that PPS rate is for the health centers going forward, is there a way that we can look at some mechanism to recover some of the bad debt that will occur because of the fact that many of our clients will not pay the co-pay.

Commissioner Atkins stated that at this point the approval by the council allows us to submit this to CMS. We have to have approval from CMS for the SPA, then we can have conversations about how we are going to operationalize all of this.

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Minutes submitted by:

Pat Johnson, Secretary II Bureau for Medical Services