

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL MEETING
April 11, 2014

Members and Alternates Present

Cindy Beane, BMS Alternate
Charles Covert, Chairman, Hospital Representative
Carol Haugen, Hospital Alternate
Carol Buffington, Dental Representative
Marshall Long, Physician Representative
Thom Stevens, Physician Alternate
Dennis R. Lewis, Pharmacist Representative
Richard Stevens, Pharmacist Alternate
Patrick D. Kelley, Nursing Home Representative
Amy Sowards, Nursing Home Alternate
Mark Drennan, BH Representative
Chuck Thayer, Bureau for Public Health Alternate

Bureau for Medical Services Employees Present

Alva Page III, General Counsel
Tina Bailes, Deputy Commissioner, Finance
Penney Hall, Communications Manager
Julia Caton, Legal Secretary II, Bureau for Medical Services
Susan Harman, Legal Counsel, Bureau for Medical Services

Interested Parties Present

Drew Lewis, Dignity Hospice Home Health
Benita Whitman, Self
Jennifer Britton, APS Healthcare
Perry Bryant, WVAHC
Barbara Good, WVSMA
Brenda Nichols Harper, Unicare

Welcome and Opening Remarks

Deputy Commissioner Cindy Beane welcomed everyone to the meeting in Commissioner Atkins' absence, and thanked the Council for their willingness to have extra meetings to get us through the Health Care Reform. She then turned the meeting over to Chairman Covert for approval of the minutes.

Approval of Minutes

Chairman Charles Covert stated that there were three sets of minutes to be voted on at this meeting, October 25, 2013, November 8, 2013, and January 24, 2014. The meetings were voted on individually.

- A motion was made and seconded that we approve the October 25, 2013 minutes. All were in favor.
- A motion was made and seconded that we approve the November 8, 2013 minutes. All were in favor.
- A motion was made and seconded that we approve the January 24, 2014 minutes. All were in favor.

Chairman Covert stated that before the next meeting the current bylaws would be e-mailed to the members, as some changes are needed. The changes will be discussed at the next meeting, and hopefully will be approved at the October 2014 meeting.

Health Care Reform

Deputy Commissioner Beane gave the Health Care Reform update.

- As of 4/5/14 we had over 107,000 newly eligible members
- Alternative Benefit Plan – We are the first non-align state to get approved.
- Co-Pays – These were enacted in January 2014. We did see difference in pharmacy co-pays, and due to confusion, it was decided to keep our pharmacy co-pay benefit as it always was. This will go into effect 5/1/14. The rest of the co-pays will stay the same.
- ICD-10 has been delayed for a year at the federal level.
- Packets have a sample of the brochure for the upcoming workshops.
- Primary Care Bump – If physician has attested once they are not going to have to attest again.
- Re-Enrollment – We are in the process of re-enrollment. We have mailed out since June 2013 approximately 3,500 letters. For providers who have not re-enrolled, they will be notified that if they do not re-enroll, they will be put under pay hold. The goal is to have everyone re-enrolled by June 2015.

Policy Update

Deputy Commissioner Beane gave the Policy Update.

- New Hospice Policy – The new Hospice Policy is on our website, and will be effective May 1, 2014.
- AD Waiver Policy – This policy is out for a 30 day comment period, and is regarding a small change in time limit.
- Clinic and Rehab Behavioral Health Manual – This manual will be going up for comment period within the next couple of weeks.

Communication Update

Penney Hall discussed communication updates as follows:

- Hospital Based Presumptive Eligibility Program – This program has been successful. We were one of the first states to get it up and running. We have 35 approved hospitals that are doing presumptive eligibility determinations, with 3 more pending.
- Good News Stories – We are looking for good news stories about people who are getting help who have never had help before. This will be for our annual report and for our website.

Financial Update

Deputy Commissioner Tina Bailes gave the financial update. She called attention to the December Expenditure Report as well as the Eligibility Report. The Eligibility Report goes up to February.

December Expenditures

- YTD our expenditures are about 23 million more than last year
- 31 million (2 percent) under current period budget estimate
- Inpatient Hospital spend is up about 15 million
- Physician Service Lines are increasing approximately 6 million

- Primary Care Rate increase has resulted in, between the capitated line items and the actual physician services, about an additional almost 33 million more payments being made for those services to qualifying physicians
- Nursing Home expenditures have increased 6.4 million
- Net pharmacy spend, meaning our gross pharmacy expenditures, less our drug rebate collections, have decreased 28 million
- Managed care line item has increased approximately 63 million
- IDD Waiver seeing 7 million increase in expenditures

Eligibility Report

- Enrollment - Comparing February this year with February last year there is approximately almost a 37 percent increase, with the majority of that in the adult category. Of the 103,000 increase, 91,775 of those individuals were the expansion group.

State Plan Amendments

Alva Page stated that there are no state plan amendments. However, he does have an update on previous state plan amendments.

- The FQHC SPA was approved on March 4, 2014 on the 89th day.
- SPA numbers 14-001 through 14-007 were submitted on February 28, 2014, to get our Alternative Benefit Plan approved.
- Special Hospital Payments will be submitted next week.

Information Technology Update

No IT report was given as Deputy Commissioner Ed Dolly was unable to attend the meeting.

Public Comment

No one signed up for Public Comment.

The next meeting of the MSFAC will be July 11, 2014.

Meeting adjourned.

Minutes submitted by:

Pat Johnson, Secretary II
Bureau for Medical Services