

MINUTES  
MEDICAL SERVICES FUND ADVISORY COUNCIL MEETING  
January 24, 2014

**Members and Alternates Present**

Nancy V. Atkins, Bureau for Medical Services  
Charles Covert, Chairman, Hospital Representative  
Thom Stevens, Physician Alternate  
Carol Buffington, Dental Representative  
Kimberly Lough, Dental Alternate  
Dennis R. Lewis, Pharmacist Representative  
Richard Stevens, Pharmacist Alternate  
Patrick D. Kelley, Nursing Home Representative  
Amy Sowards, Nursing Home Alternate  
M. B. Ayoubi, Physician Representative  
Larry E. Robertson, Hospice Representative  
Mark Drennan, BH Representative  
Louise Reese, Primary Care Representative  
Letitia Tierney, Bureau for Public Health  
Cassie Long, Alternate for Ron Stollings, Senate LOCCHRA Chair

**Bureau for Medical Services Employees Present**

Alva Page III, General Counsel  
Tina Bailes, Deputy Commissioner, Finance  
Cindy Beane, Deputy Commissioner, Policy  
Penney Hall, Communications Manager  
Emily McCoy, Director, MMIS Operations  
Julia Caton, Legal Secretary II, Bureau for Medical Services

**Interested Parties Present**

Chris Clark, GOHELP  
John D. Law, KCHD  
Phil Shimer, TSG  
Drew Lewis, Dignity Hospice Home Health  
Tammy Stewart, WVFH  
Benita Whitman, Self  
Monica Hamlington, BCF  
Jennifer Brittin, APS Healthcare  
Amanda Hiser, Molina

**Welcome and Opening Remarks**

Nancy Atkins, Commissioner, Bureau for Medical Services welcomed everyone to the meeting and introduced two new members, Dr. Carol Buffington, the new Dental Representative and Dr. Kimberly Lough, who is our new Dental Alternate. She stated that we will reorganize the agenda just a little today, as Dr. Becker has another commitment and needs to present first. She then turned the meeting over to Chairperson Charles Covert.

### **Approval of Minutes**

Chairperson Covert stated that the minutes from the previous meeting were inadvertently left out of the packet, so we will vote on them at the next meeting.

### **State Plan Amendment on Health Homes**

Commissioner Atkins introduced the SPA on Health Homes, and state that we have been working on the SPA for over two years. We are getting ready to submit it with a start date of July 1, 2014. She then turned the meeting over to Dr. Becker.

Dr. James Becker drew attention to two documents in the packet: 1) the actual Health Home SPA; and 2) power point slides entitled State Plan Amendment, Health Homes for Chronic Conditions. Our first Health Homes SPA is focused around the bipolar populations with a risk of or infected by chronic viral hepatitis. The Health Homes SPA rolls out in the counties of Kanawha, Putnam, Cabell, Mercer, Raleigh and Wayne counties. It is anticipated that from 6,000 – 8,000 Medicaid members will initially be able to participate in this State Plan Amendment.

Dr. Becker presented the following topics:

- What is a Health Home?
- Health Homes SPA
- Health Home Expectations
- Health Home Services
- Comprehensive Care Management
- Comprehensive Transitional Care
- Health Promotion
- Individual and Family Support Services
- Provider Qualifications
- Member Enrollment
- Health Home Measures
- Enhanced Federal Match
- Payment Approach
- Outcomes

Numerous questions ensued.

- There was a motion made and seconded to adopt the Health Homes State Plan Amendment. All were in favor.

### **Health Care Reform**

Commissioner Atkins introduced Dr. Letitia Tierney, who is the new Commissioner of the Bureau for Public Health, then proceeded to give a brief overview of Health Care Reform.

- As of Monday, 76,840 people sign up in Medicaid Expansion
- 38% of the individuals who have enrolled are females, between the ages of 19 – 50 years
- 35% of the individuals who have enrolled are males, so 27% are over the age of 50

- There are still significant issues with the Federal Market Place (FFM), as we still are not able to accept any account transfers or transactions from them. We are getting a flat file (spreadsheet) every week on those who have applied at FFM, so we are going through that file and reaching out to those folks to tell them to apply. There are about 14,000 people in the FFM that can still come in, and our contingency plan has been to reach out to those folks.
- The people who come in and are not eligible for Medicaid are sent back to FFM so they can sign up for insurance, so they can get a subsidy or premium assistance.
- Regarding national calls, they know there are problems, but have not fixed our 9 defects yet.
- Hospital based presumptive eligibility. If someone goes into the hospital and has no coverage, there is a process to get coverage for them.
- About 411,000 people were covered in 2013. Of those, about 14% were adults, 28% were Aged, Blind and Disabled, 8% were aged, and about 50% were children.

### **Policy Update**

Deputy Commissioner Cindy Beane discussed the following:

- Member Education. A letter was sent to the members regarding their co-pays
- Provider Education. Two webinars were held between BMS and Molina regarding FQHC's and large physician groups. If a particular provider group would like a specific webinar just focused towards them, let Deputy Commissioner Beane know.
- Alternative Benefit Plan. A comparison chart is on our website. The expansion members have this plan. Four states have got their Alternative Benefit Plan approved. We are very close to getting this approved. This will revert back to January 1, 2014 start date.
- As the State Plan gets approved, some policy updates will be done to our manuals.
- We are also working with the FQHC state plan that is soon to be approved, and we will have to do some policy updates there as well.

### **Communication Update**

Penney Hall discussed communication updates as follows:

- ICD-10 Readiness Survey was sent out to determine where providers are standing in getting ready for the ICD-10 implementation on October 1, 2014. The responses will be shared on the Molina website.
- Ms. Hall brought Medicaid brochures to this meeting to share with anyone who would like them.
- There was an article in the NY Times regarding Medicaid Expansion in West Virginia.

Ms. Hall has been heading up the team for Hospital Based Presumptive Eligibility. This will go live on January 10, 2014.

### **Finance Update**

Deputy Commissioner Tina Bailes presented the financial update as follows:

- Reviewed November monthly report
  - Current YTD expenditures total \$1.28 billion. We are spending approximately \$30 million more this year as compared to last year.
  - Currently physician payments have increased about \$7.3 million. With new Primary Care Enhanced Payments under Medicaid fee-for-service, we have spent \$14.5 million in additional funding to those primary care services through fee-for-service.
  - Seeing decreases in Pharmacy line item.
  - Seeing increase in Managed Care line item.
  
- Monthly Eligibility
  - Enrollment for November, we saw an increase in excess of 15,000 individuals or 4.6% growth over the same period last year.
  - Children enrollment increased the largest in that group with 7,282 additional children being enrolled
  - Adult enrollment increased almost 5,800
  - The Blind and Disabled group increased by 1,700
  - Enrollment for our New Adult Expansion Group is not shown on this report.
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- Funding
  - The presentation of the Governor for post budget included \$109 million in supplemental funding for this fiscal year for the Medicaid Program
  - Last year there was \$67 million in supplemental funding appropriated, but because of a technical flaw it was not made available to our program. So of that \$109 million, this includes the \$67 million.
  - \$50 million in Lottery Surplus Funds was appropriated last year, of which we did not received \$21 million, so that \$109 includes that amount as well.
  - Through Executive Order \$17.7 million of Medicaid's surplus from last year was used to balance the budget, so the remaining of that \$109 million will fully fund us for this year if that is approved.
  - In the supplemental section of the budget bill, the Governor's proposed budget includes \$3 million additional funds for Medicaid for our eligibility systems related to the ACA build out.
  - For next year, they prefunded our next years expected deficit by including the monies in the 2014 appropriation, but when those roll into 2015 they have provided \$87 million in additional funds for the Medicaid program. In essence those monies will roll into next year's budget so we will be funded as well.

### **Information Technology Update**

Emily McCoy gave the IT Update, filling in for Ed Dolly.

- Working with ACA Initiatives.
  - We are in the design and analysis phase of the New Medicaid system for claims processing.
  - Data Warehouse, we are hoping to be in pilot by the end of this month.

State Plan Amendments

Alva Page III gave the State Plan Amendment Update:

- FMAP SPA was submitted on 12/19/2013, which allowed us to get our upfront funding.

Mr. Page clarified what happens when we submit a SPA to CMS. CMS has 90 days from the date of submission to approve or disapprove, or within that 90 days they can “stop the clock”, and they can request additional information, and the clock doesn’t start ticking again until we respond to those questions.

Discussion ensued.

**Public Comment**

Benita Whitman had a question about quality initiatives regarding NEMT.

Commissioner Atkins stated that she could not speak to this as we are in the process of putting out an RFP. The RFP will be revised and then go back to Purchasing and then will be put out publically for folks to bid.

The meeting was adjourned.

Minutes submitted by:

Pat Johnson, Secretary II  
Bureau for Medical Services