

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL MEETING
November 4, 2016

Members and Alternates Present

Cindy Beane, Acting Commissioner, BMS
Pat Kelly, Nursing Home Representative
Carol Haugen, WV Hospital Association Alternate
Louise Reese, Primary Care Association Representative
Thom Stevens, WV Academy of Family Physicians Alternate
Larry Robertson, Hospice Representative
Dr. Carol Buffington, Dental Representative
Mark Drennan, WV Behavioral Health Association Representative
Dr. Mark Ayoubi, WV State Medical Association Representative
Gerry Stover, WV Academy of Family Physicians Alternate
Richard Stevens, Pharmacist Alternate

Bureau for Medical Services Employees Present

Ryan Sims, General Counsel
Tony Atkins, Deputy Commissioner, Finance, BMS
Penney Hall, Director, Special Projects, BMS
Anita Hayes, Assistant to the Commissioner, BMS
Ryan Romeo, Attorney III, BMS
Jon Cain, DHHR, Management Information Services

Interested Parties Present

Christy Donohue, The Health Plan
Perry Bryant, WVAHC
Roxanne Loughery, The Health Plan
Donna Sands, WV Family Health
David Rossana, WV Family Health, Highmark
Phil Shimer, TSG
Jennifer Britten, KEPRO
Jean Kranz, Lewin
John Law, KCHD

Welcome and Opening Remarks

Bureau for Medical Services Acting Commissioner Cindy Beane welcomed everyone to the meeting and turned the meeting over to Chairman Patrick Kelly

Minutes

There were four sets of minutes for membership consideration. Minutes from the April 6, 2016 special meeting were tabled at the June 3, 2016, meeting. The April 6 minutes were the first up for discussion. Mark Drennan proposed an amendment to the last bullet point on page one of the minutes to read: *“Commissioner Beane said there are no changes in the services being offered to these children and in fact some services will be enhanced*

such as targeted case management. She said the Bureau was making this change to make providers more accountable for the services they are providing to West Virginia children which is a focus of the Cabinet Secretary. It will also increase access for services for children. The goal is to encourage the providers to provide more services in a community-based setting. In addition, the Centers for Medicare and Medicaid Service has questioned West Virginia's bundled rates, while reviewing other parts of the State Plan and let us know most states do not have this model." Dr. Ayoubi moved to accept the minutes with the amendment. Mr. Drennan seconded. Motion passed.

The Council agreed to consider the minutes from June 3, August 12 and August 26, 2016, as a group. Richard Stevens moved to accept the minutes as presented. Dr. Ayoubi seconded. Motion passed.

Health Care Reform

Commissioner Beane reported the Bureau was preparing to submit an 1115 Substance Use Disorder Waiver to the Centers for Medicare and Medicaid Services (CMS). The Bureau conducted a 30-day public comment period which ended on October 20, 2016, and also conducted two public forums. Staff is in the process of reviewing the comments and making necessary changes to the application. Once that is completed the waiver will be submitted to CMS which will put it out for nation-wide comment, prior to approval. The waiver will allow Medicaid to cover services it traditionally has not covered such as inpatient facility treatment and Methadone treatment.

Commissioner Beane reported the Bureau is in the process of rolling Supplemental Security Income (SSI) members into managed care. People who are dually eligible for Medicare and Medicaid, waiver members and people in long-term care settings will not be put into managed care.

Finance Update

Deputy Commissioner of Finance, Tony Atkins presented the finance report.

- Mr. Atkins discussed the medical loss ratio and the risk corridor for the managed care organizations (MCOs).
- Mr. Atkins reviewed the State Fiscal Year (SFY) 2016 expenditures and revenues.
- Mr. Atkins reviewed enrollment statistical information by various member categories.

State Plan Amendments

General Counsel, Ryan Sims presented two state plan amendments (SPAs).

- SPA 16-007 expands the current Health Home which is targeted to people with bipolar disorder and who have or are at risk of having Hepatitis B or C statewide. Carol Haugen moved to approve SPA 16-007. Mr. Drennan seconded. Motion passed.
- SPA 16-008 is a new Health Homes SPA which targets Medicaid members with pre-diabetes, diabetes, obesity and are at risk for anxiety and/or depression. This

Health Home pilot area will be in a 14-county area: Boone, Cabell, Fayette, Kanawha, Logan, Lincoln, Mason, McDowell, Mercer, Mingo, Putnam, Raleigh, Wayne and Wyoming. Dr. Ayoubi moved to approve SPA 16-008. Ms. Haugen seconded. Motion passed.

Information Technology Update

Commissioner Beane reported that Medicare has moved to a two tier for processing claims but Medicaid has not moved to that process yet. When it does, claims will be automatically reprocessed.

Policy Update

Commissioner Beane reported that four chapters are out for public comment and two chapters have been finalized and are posted on the Bureau's website.

Public Comment

None

Meeting adjourned

Ms. Haugen moved to adjourn. Larry Robertson seconded the motion. The motion was passed.

Minutes submitted by:

Penney Hall
BMS, Special Projects Director