

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL
MEETING
December 1, 2017

Members and Alternates Present

Patrick Kelly, Chair, Nursing Home Representative
Cindy Beane, Commissioner, BMS
Sarah Young, Deputy Commissioner, Operations, BMS
Carol Haugen, Hospital Representative
Carol Buffington, Dental Representative
Barbara Good, West Virginia State Medical Association Alternate
Tracy Hendershot, West Virginia Academy of Family Physicians
Chris Zinn, Hospice Representative Alternate
Marcie Vaughan, West Virginia Behavioral Healthcare Providers
Association Representative
Mark Drennan, West Virginia Behavioral Healthcare Providers Association
Alternate
Louise Reese, West Virginia Primary Care Association, Representative
Chris Dewitte, LOCHHRA Alternate
Jeff Johnson, LOCHHRA Alternate

Bureau for Medical Services Employees Present

Ryan Sims, General Counsel, BMS
Tony Atkins, Deputy Commissioner, Finance, BMS
Jon Cain, Director, Integrated Systems Management
Joy Dalton, BMS
Margaret Brown, BMS
Kim Fetty, BMS

Interested Parties Present

John Law, Kanawha-Charleston Board of Health
Phil Shimer, TSG Consulting
Benita Whitman, Legal Aid of West Virginia
Hallie Mason, Charleston Area Medical Center (CAMC)
Steve Tuck, Children's Home Society

Welcome and Opening Remarks

- Chairman Patrick Kelly began the meeting by presenting minutes from the Medical Services Fund Advisory Council (MSFAC) meeting on September 15, 2017. Committee members reviewed and approved the meeting minutes.

Commissioner's Update

- Commissioner Beane announced that the Substance Use Disorder (SUD) Waiver was approved. She also stated that this was the first 1115 approval for West Virginia and was also the first approval through the new Trump administration. Two more states were approved as well.
- Commissioner Beane expressed that she is very excited about the Waiver because there will be services starting in January 2018. She announced the following services will be offered:
 - Coverage for Methadone, which previously was not covered by West Virginia Medicaid (although our bordering states do). Commissioner Beane stated that Medicaid members, who have been going to Methadone clinics to receive treatment and have had to pay in cash out of pocket, have contacted BMS, especially grandmothers and parents, thanking the Bureau stating that they can make a car payment now that they don't have to pay for their grandson's or loved one's treatment and how much the treatments have been helping their loved ones. Commissioner Beane stated it was very heartwarming to hear how what Medicaid is doing will have an instant impact on the state.
 - Medicaid will require Screening, Brief Intervention and Referral to Treatment (SBIRT) type assessment. It includes a three-question survey asking if the member drinks? Do drugs? etc., this will go into certain assessment codes that will also be required.
 - The Naloxone Initiative will be starting in January as well. The initiative is where EMTs, who are considered the frontline, will be able to get paid for Naloxone service, and there will be a code for EMTs where they can call the 1-800 Helpline (1-844-Help4WV) immediately to refer a person to talk about treatment or to get them to treatment or at least leave information for that person.

- Medicaid has had initial trainings for EMT professionals. West Virginia Medicaid has always paid for ambulance transport but since it's not a provider group, Medicaid has not communicated often at times as other Bureaus such as Public Health (BPH) who regulates them. Commissioner Beane stated that trainings took place in Flatwoods, West Virginia and EMS was very excited to meet with Medicaid. They expressed concerns on how many times to perform Naloxone treatment. They expressed it's not the addict that is the problem, the effects of child neglect being placed in foster care system is the issue and hopefully the initiative will get more into treatment and curbing costs and other areas of the epidemic.
- Commissioner Beane expressed gratitude to Behavioral Health providers who came together to recognize this important initiative.
- Commissioner Beane was relieved and excited that the SUD Waiver was approved
- Commissioner Beane announced plans for next year regarding West Virginia Medicaid. First getting the SUD Waiver up and running smoothly. Other 1115 Waiver options will be looked at such as incentives for tobacco cessation for members as well as establishing incentives and getting able-bodied people back to work. This will involve public input and forums therefore, West Virginia Medicaid will do a road show and will ask for public input and seek possible designs for 1115 Waiver.
- Electronic Verification System (EVV) will implemented and will ensure providers that the in-home worker is at the job. Some states have performed it and will erase fraud, waste and abuse.
- Commissioner Beane welcomed new Behavioral Health Representative Marcie Vaughn to the Committee. She will replace Behavioral Health Representative Mark Drennen.
- There were no questions for the Commissioner's update.

Policy Updates

- BMS Deputy Commissioner of Operations Sarah Young announced that BMS is currently working on Chapter 540 that will support the Neonatal Abstinence Syndrome (NAS) Centers and hopefully the policy will coincide with approval of the State Plan Amendment

(SPA). General Counsel Ryan Sims stated the SPA is currently with the Centers for Medicare and Medicaid Services (CMS).

- BMS is developing a Chapter which will be 700 that will cover West Virginia Clearance for Access: Registry and Employment Screening (WV CARES) policy and the requirements, they will be removed and moved into one place so that if anything changes it will be there in one Chapter.
- Chapter 513 Intellectual/Developmental Disabilities (IDD) Waiver comment period will be extended longer than 30 days to make sure BMS will get all of the comments and will give BMS a chance to adequately address all of the comments.
- Chapter 504 has been posted for 30-day comment. The Chapter supports the initiatives under the SUD Waiver. Another Chapter that covers Naloxone has been posted for comment as well.
- Appendix A 506 Covered Services where some diabetic testing supplies will move from a Durable Medical Equipment (DME) benefit to a Pharmacy benefit. West Virginia Medicaid will be able to collect rebates on those and save money so that more services can be provided. This will not impact members on receiving those services, it is a different delivery method and will provide more services in the future.
- Chapter 517 Personal Care was posted for 30-day comment. It will help modernize billing and implementation dates will be looked into and set when EVV system is available and functioning.
- MSFAC Representative Mark Drennen had a question regarding WV CARES. He commented that it has been a big success. He stated it does more than just criminal background and has heard it will be a catch-all check. He asks if it will also check for neglect and abuse for providers? Deputy Commissioner Young responded that that mission began with BMS but has since it has moved under the Office of Health Facility Licensure and Certification (OHFLAC) and is not familiar with those checks, but believes it was the original intent was to have the background checks as a one-stop for all checks. She will get an update on when these additional checks will begin. Patrick Kelly added that these additional checks are performed in nursing home facilities. MFSAC member Mark Drennen asked a question regarding Chapter 513 asked what the new deadline will be? Sarah Young stated it will be extended an additional two weeks and the new date will be on the BMS website.

- Sarah Young introduced new Director of Policy Joy Dalton.
- Dalton presented the following information regarding upcoming changes to the status of provider enrollment:
- Providers must now be screened through Molina Screening Systems, anyone who is currently seeing fee-for-service (FFS) or Managed Care Organization (MCO) members, have to be screened through the MCO screening through Molina. MCOs currently run their own screening and their own credentialing. The screening portion only will be performed through Molina's screening system. The deadline is December 31, 2017, if MCOs have not had a screening by the deadline, the contracts that are currently par will be nonpar.
- Dalton stated that weekly meetings have taken place with MCOs to ensure that they are aware of the new requirement. Additional communication and outreach has been performed through provider workshops, portals and personal outreach.
- As of January 1, 2018, all new providers that come into the system whether out of state or a new graduate, they will have to enroll with Molina prior to enrolling with the MCO.
- Revalidation will be required every five years beginning May 2018.
- MCO application enrollment must be complete in 120 days instead of 60 days.
- New provider types have been developed and added.

Technology Update

- Integrated Systems Management Director Jon Cain gave an update on the new Electronic Visit Verification (EVV) System. He stated the overall goal is to achieve customer satisfaction and to provide assistance to all clients and stakeholders.
- EVV is facing challenges in rural areas because of the lack of connection to support the system
- Tablets may be utilized in the future to facilitate a connection but it is still unknown as to how it will be facilitated but it is in development.
- The Asset Verification System (AVS) will help improve determining a Medicaid member's assets and eligibility. The system's long-term goal is to integrate the system and improve integrity of eligibility in the future.
- Implementation of all systems will take place over a 29-month period.
- Cain announced the Master Data Management strategy which will identify the member/client that has come into the system at some

given time. They will be follow them through their life of the department and they will see if they can change. This will allow the Department of Health and Human Resources (DHHR) to have one master and provider client index.

Finance Update

- Deputy Commissioner of Finance Tony Atkins gave a financial update.
- The first three months of the state fiscal year, July to September, shows the Expansion F map is at 95% it will stay that way until January 1, 2018 and will drop to 94%. It was 100% up until January 1, 2017. The regular federal share changed October 1, 2017, it increased from 71.8% to 73.24%, which means on a billion dollars worth of spend, the State does not have to come up with \$14.4 million worth of spend. Although it is good news, the bad news is the percentage is driven by our State's economy, it is an indicator that the health or our State's economy has declined.
- The first three months appears to be in decent shape but will have to observe how it will hold up after those three months.
- Expenditure numbers have been affected, but will not show results until later, will be affected by the following:
 - Supplemental Security Income (SSI) members were transitioned into Fee-for-Service (FFS) and those costs are now included in Managed Care payments.
 - Pharmacy costs are now included in July through September 2017 numbers due to Pharmacy benefit carve out.
 - Directed payments, supplemental payments made to hospitals for (FFS) were transitioned to Managed Care. These payments have not been made until CMS approves the methodology that have been submitted to make those payments. MSFAC Hospital Representative Carol Haugen states that they have been working diligently but CMS is moving slowly on approval.
 - Variances will be known as we move forward throughout the year.
- Medicaid Expansion enrollment has gradually decreased by 16,000 due to the following:
 - Members gaining employment or employment with more pay or have left the state to seek employment.

- Members 65 or older are now removed from the system automatically and moved to Medicare.
- Children's enrollment has decreased slightly due to similar reasons as Medicaid Expansion enrollment decrease, also this population has been moved to West Virginia Children's Health Insurance Program (WV CHIP)
- Enrollment in foster care has increased drastically within 14 months. It has increased by 2200 children.

Meeting adjourned early due to a routine shooter drill conducted by CAMC Cancer Center.

Minutes submitted by:

Margaret Y. Brown
Bureau for Medical Services