

Special Meeting of the MSFAC  
August 2, 2013, 1:30 pm  
350 Capitol Street, Charleston, WV

Commissioner Nancy Atkins welcomed everyone to the meeting and as some of the members and alternates conferenced in, Commissioner Atkins did a roll call. Chairperson Charles Covert is not in attendance today, therefore, Dr. Marshall Long is filling in as Co-Chair of the council.

**Roll Call:**

**Present:**

Cassie Long representing Senator Stollings  
Sara Jones, representing Chairman Perdue  
Louise Reese, Primary Care Association Representative  
Mark Drennan, MH/BH Representative  
Thom Stevens, Alternate for Physician Representative

**Conference Call:**

Teresa Frazer, BPH Commissioner's Representative  
Richard Stevens, Alternate for Pharmacy Representative  
Richard Stevens, Alternate for Dental Representative  
Marshall Long, Acting as Co-Chairperson, Physician Representative  
Amy Sowards, Alternate for Pat Kelly, Nursing Home Representative  
Senator Ron Stollings, Senate LOCCHRA Chair

**Absent:**

Daniel Adkins, Consumer Representative  
Dr. Ayoubi, Physician Representative  
Charles Covert, Hospital Representative  
Vacancy for aging Program Representative  
Larry Robertson, Hospice Representative  
Charles Smith, Dental Representative  
Dennis R. Lewis, Pharmacist Representative  
Don C. Perdue, House LOCCHRA Chair

**BMS Employees Present:**

Nancy Atkins, Commissioner  
Tina Bailes, Deputy Commissioner, Finance  
Ed Dolly, Deputy Commissioner, Operations Management  
Alva Page III, General Council  
Sarah Young, Assistant to the Commissioner  
Penney Hall, Communications Manager  
Emily McCoy, Director, MMIS Operations

**Interested Parties Present:**

Sue Hage, Bureau for Children and Families  
Monica Hamilton, Bureau for Children and Families  
Suzanne Howard, Bureau for Children and Families

Amanda Hiser, Molina  
Nicole Becnel, Berry Dunn  
Bill Richardson, Berry Dunn  
Barbara Good, WV SMA  
Mary Jane Pickins, Spilman  
Deborah Weston, LAWV  
Todd White, Aetna/Coventry  
Susan Harman, BDMP  
Tadd Haynes, Unicare  
B. J. Scarberry, Bureau for Children and Families  
Dawn Hawkins, Bureau for Children and Families  
Marsha Stowers, Bureau for Children and Families  
Jill McDaniel, WVHA  
John Law  
Phil Shimer, TSG

Commissioner Atkins stated that we have close to 20 state plan amendments (SPA) that are primarily about eligibility. A state plan had to be done for each eligibility category, changing them from federal poverty level to the MAGI. These were broken down into blocks entitled Administration, Mandatory Groups, Optional Groups, and Other category, and they are on our website today for public comment.

Dr. Long suggested voting on the entire packet once they have been presented. Senator Stollings voiced his concern about the members not having a chance to review the SPAs. Commissioner Atkins stated that they were presented at the last MSFAC, and she advised that we are on a very tight time frame, as they have to be in effect by October 1, 2013.

Dr. Long turned the meeting over to Alva Page, III, who presented one group of SPAs at a time.

#### **Administration**

Mr. Page called attention to A1 – A3. This is the designation and authority of the single state agency that administers the Medicaid Program. It provides for the code sections that are already in WV Law and federal code section as well. It talks about the Fair Hearings, and that the Medicaid Agency and the Exchange are going to do hearings. This is a straight legal authority for the Medicaid Agency to administer the program.

#### **Mandatory Group**

Mr. Page reviewed the following: S25, Parents and other Caretaker Relatives; S28, Pregnant Women; S30, Infants and children under Age 19; S32 Individuals Below 133% FPL; and S33, Former Foster Care Children.

There were no questions asked regarding S25, S28, and S32

Question regarding S30:

- There was a question regarding S30, and whether this would make a change in the dental services age limit for children. Commissioner Atkins explained that this would make no change in the age limit for dental services. The Federal Poverty Level (FPL) is what has changed, and this is how we determine who is eligible. Dental services are covered up to the age of 21.

Question regarding S33:

- S33 is a new provision for the ACA that covers foster children up to the age of 26. This has nothing to do with the dental age limit. Dental service is a State Plan Amendment and a Benefit Plan which is different from eligibility.
- There was a question regarding why the income standard percentage changed. It is now based on MAGI, which is a different calculation by household verses what we had in the past.
- There was a question regarding where percentage came from. Commissioner Atkins stated that it came from what we currently have, we converted MAGI conversion, and the new percentage is on the SPA. Ms. Bailes explained when they did the conversion on the eligibility standards and the FPL, the old standard they applied disregards to individuals which would decrease their income and allow them to be eligible. With MAGI there is no application of disregards. What CMS did is they calculated an equivalent amount, including those disregards, so it creates a minimum standard and a maximum standard, and the State chooses which standard it will do. Because of the Maintenance of Effort (MOE) provisions for the children, we have to always select the higher standard. For the adult categories, the MOE provisions expire on 12/31/13, so the State has the option to choose the higher, lesser, or something in between. That is where you are seeing those distinctions. Each of these plans are laid out as a minimum, maximum, and the one that you chose. Commissioner Atkins stated that we have to maintain MOE or we lose our match.

**Optional Group**

Mr. Page reviewed the following: S50 Individuals above 133% of the FPL; S51 Optional Parents and Caretakers; S52 Reasonable Classifications of Individuals; S53 Non IV-E Adoption Assistance; S54 Optional Target Low Income Children; S55 Tuberculosis; S57 Independent Foster Care Adolescents; and S59 Family Planning.

Commissioner Atkins clarified we will continue to cover Family Planning services, but we will not have an eligibility group just for Family Planning.

Mr. Page clarified that these SPAs are the eligibility groups and the administration of the plan, not the benefit packages.

- There was a question regarding the FPL of 133% and 138%, as to where the 138% factors into this. Deputy Commissioner Bailes explained the disregards.
- There was a question regarding why we do not cover tuberculosis. Commissioner Atkins stated that we do not have a specific coverage group, so we are not adding those.

**Other**

Mr. Page reviewed the following: S10 MAGI Income Methodology; S14 AFDC Income Standards; S88 Residency; and S89 Citizenship and Immigration Status.

There were no questions regarding S14 and S89

- Question regarding S10, the pregnant woman is counted as one person, and there is an option to count her as two instead of one. Commissioner Atkins stated that is the way we count it now.
- Question regarding S88, State Residency, does a person have to have evidence of residency in West Virginia to be eligible for Medicaid? Commissioner Atkins referred to Page 1 of the SPA. It was clarified that there are possibilities of a person not having a valid WV residence, or proof of a WV residence, but still is eligible for the card. If they have the Medicaid card, their eligibility should be checked to make sure they are eligible for Medicaid, and if they are, BMS would pay the claim.

The following questions ensued:

- Q. Will any of the proposed SPAs have an impact on Managed Care?
- A. The proposed SPAs do not have an impact on Managed Care. These are all for eligibility.
- Q. Will there be follow-up SPAs that will address Managed Care?
- A. The follow-up SPAs will address co-pays, alternative benefit, what the plan is going to be and the delivery system for that alternative benefit plan.
- Q. What is the timeline to get these out and approved?
- A. The follow-up SPAs have to be approved by January 1, 2014. However, the SPAs we are discussing today need to be approved by October 1, 2013.
- Q. Is it just tuberculosis services that BPH provides or would it be that a person with tuberculosis could not qualify for Medicaid at all?
- A. The purpose of that particular State Plan would be to say that if you have tuberculosis, it would make you eligible for Medicaid. We do not use this as criteria for being eligible for Medicaid, it does not change any of the services we pay for, it is just an eligibility state plan.

Chairperson Long called for a roll call vote on the entire bundle.

Teresa Frazer	Yes
Louise Reese	Yes
Amy Stowards	Yes
Richard Stevens	Yes
Marshall Long	Yes
Larry Robertson	Yes
Mark Drennan	Yes

Richard Stevens            Yes

The two legislative bodies are not voting but are present

- The vote was unanimous.

Commissioner Atkins stated that we will probably have another special meeting in the fall when we get the guidance and get this all together.

- Chairperson Marshall Long called for a motion to adjourn. All were in favor. Meeting Adjourned.

### **Public Comments**

- Richard Stevens stated that the letter that CMS sent to Commissioner Atkins, advising that CMS had approved the renewal of the WV Managed Care Organization contracts for SFY 2014, from July 1, 2013 to June 30, 2014, didn't come up at the July 12, 2013 MSFAC meeting. Mr. Stevens wanted to know if the contracts are available on the BMS website.

Deputy Commissioner Bailes stated that the contracts are on the website, however, the rate documents that were attached to the waiver were omitted, so we are working on getting the attachments. We are trying to put everything on the web. Ms. Bailes indicated that we have not discussed this in MSFAC in the past; however, we can do this if there are questions about the contracts. Mr. Stevens would like an opportunity to review the contracts, as he has an interest in what the capitation rate is and what is going to befall dentists in providing dental services to children, because a subcontractor that has been engaged to administer the dental benefit program. Ms. Bailes stated that in terms of the dental component, we still don't have the recommendations in terms of the cap rates of what those are going to be, as we are still working with Lewin. We don't have the dental add-on at this point.

Someone brought up that managed care companies are trying to establish contracts and trying to wrap that up within 30 days, but members are concerned about signing a contract when they don't know what they are signing. Commissioner Atkins stated that this was so noted.

Mr. Stevens questions whether a state plan amendment presented for the dental program. Commissioner Atkins clarified there will not be a SPA, that it is our 1915b Waiver, and we will be amending that. We will give Mr. Stevens that information. Also, Ms. Bailes will send Mr. Stevens the link to the 14 contract.

Someone asked if that Waiver has to come through the Medical Services Fund Advisory Council. Commissioner Atkins advised that it does not usually, but we could bring that information. It should be on the website.

- Renita Poore had a question regarding children and pregnant women who have been lawfully living in the country. Medicaid used to have to have a five year waiting period for them to become eligible for Medicaid. But in 2009, the CHIPRA Law gave states the option of eliminating

that five year waiting period for children and pregnant women who are lawfully in this country. Since then the majority of the states have adopted that option. Ms. Poore is asking whether WV has adopted this option. She is referring to S89. It was determined that West Virginia has not selected that option. Commissioner Atkins suggested she send this in as a comment.

- Dee Weston stated that after October 1, 2013 the income for pregnant women would be 150%, which is what we have now, and it will be according to MAGI. Won't that be a reduction? Commissioner Atkins stated we are not reducing eligibility for pregnant women.

Commissioner Atkins thanked everyone for attending the meeting. Meeting adjourned.

Minutes submitted by:

Pat Johnson, Secretary II  
Bureau for Medical Services