

**MINUTES**  
**MEDICAL SERVICES FUND ADVISORY COUNCIL MEETING**  
**August 21, 2015**

**Members and Alternates Present**

Cindy Beane, Acting Commissioner, BMS  
Dr. Rahul Gupta, Commissioner, BPH  
Sarah Young, Acting Deputy Commissioner, BMS Alternate  
Dr. Carol Buffington, Dental Representative  
Charles Covert, Chairman, Hospital Representative  
Tony Gregory for Carol Haugen, Hospital Alternate  
Ralph Daniel Adkins, Consumer Representative  
Dr. Mark B. Ayoubi, Physician Representative  
Thom Stevens, Physician Alternate  
Richard Stevens, Pharmacist Alternate  
Patrick Kelly, Nursing Home Representative  
Amy Sowards, Nursing Home Alternate  
Mark Drennan, BH Representative  
Louise Reese, Primary Care Association

**Bureau for Medical Services Employees Present**

Alva Page III, General Counsel, BMS  
Tony Atkins, Deputy Commissioner, Finance, BMS  
Dr. James Becker, Medical Director, BMS  
Penney Hall, Bureau for Medical Services  
Anita Hayes, Bureau for Medical Services  
Ed Dolly, DHHR, MIS  
Jon Cain, DHHR, MIS  
Anita Ferguson, Bureau for Medical Services  
Vicki Cunningham, Bureau for Medical Services

**Interested Parties Present**

Lori McGurty, APS Healthcare  
Brian Cunningham, Lewin  
Jean Kranz, Lewin  
Barbara Good, WVSMA  
Christy Donohue, THP  
Perry Bryant  
John D. Law, KCHD  
Phil Shimer, TSG  
Donna Sands, WVFH  
Benita Whitman, Legal Aid  
Mitchell Coon, CCWV  
Todd White, CCWV  
Mark DeMay, CCWV  
Richard Grooms, Scion Dental  
Tony Kazan, Molina  
Stephen Secrest, Molina  
Renee Chalfant, Molina

### **Public Comment Speaker**

Perry Bryant

Benita Whitman. Legal Aid

### **Welcome and Opening Remarks**

Acting Bureau for Medical Services Commissioner Cindy Beane welcomed everyone to the meeting. Acting Commissioner Beane expressed appreciation to Charles Covert on his service to the Medical Services Fund Advisory Council as the President and wished him the best of luck on his retirement.

### **Approval of Minutes**

Chairman Charles Covert called for a motion to accept the minutes from the May 1, 2015, meeting. The motion was made and seconded. The minutes were approved.

### **Member Terms & Election of Officers**

Penney Hall, BMS, presented a chart with the names and terms of Council members. There was one correction Dr. Mark Ayoubi represents the State Medical Association and not the WV Academy of Family Physicians. Ms. Hall went over the vacancies and reported BMS would be working on filling those vacancies.

With the retirement of Mr. Covert the position of Chairman needed to be filled. Mr. Thom Stevens nominated Mr. Pat Kelly to serve as chairman. Mr. Ralph Adkins seconded. The nomination was approved.

Mr. Covert turned the meeting over to the new Chairman Mr. Kelly.

### **Health Care Reform**

Acting Commissioner Beane presented the update on Health Care Reform.

- The number of expansion members continues to be around 165,000. Preliminary data looks like most of them are the working poor.
- Expansion members began being enrolled into managed care in July. All of them will be in a managed care organization (MCO) by September 2015. Many of them made their own choice of MCO. Approximately 75,000 will be auto assigned; approximately 25,000 will be assigned to a MCO based on other family member's enrollment.
- Behavioral health services were rolled into MCOs in July. One goal of the Bureau is to ensure members have access to care. Therefore, looking at expanding Telemedicine to more closely mirror the behavioral health telehealth service.
- Another goal is expanding the professionals who can do substance abuse counselling and allowing Federally Qualified Health Centers to this counseling as well.
- The non-emergency transportation broker system is doing well in its first year with 430,000 members served and more than 1.2 million trips provided in this first year of service.

- On July 27, 2015, the Centers for Medicare and Medicaid Services released a letter which allows states to apply for an 1115(b) demonstration waiver for substance abuse. West Virginia is going to put together a stakeholder group to help with the development of this waiver.
- Dr. James Becker reported that the early projections for the first 13 months of the West Virginia Health Home initiative are positive. There are about 1,000 members enrolled in initiative. He said it appears the health homes are doing really well in identifying people at risk for Hepatitis and are much closer in understanding the real time pharmacy data. He said they are relooking at the intake process since it is very complicated.
- Dr. Becker reported they are working on a health home for substance abuse in pregnancy. They will be seeking stakeholder input in the near future.
- Dr. Becker reported drug testing policy changes are being considered so that people are getting what they really need and looking at limitations.
- Mark Drennan said they might want to get the courts involved in this since they are the ones who order drug testing a lot of the time. Also, may want to look at the use of synthetic Marijuana since it does not show up in drug testing.

### **Policy Update**

Acting Deputy Commissioner Sarah Young presented the policy update.

- Policies are being updated due to ICD-10 implementation. Since May 1, 2015, 27 policies have been posted for 30-day comment and two are still open for comment until the first part of September.
- Five policies have become effective in the past three months.
- There are four presentations available on the BMS website for providers related to ICD-10.
- The Traumatic Brain Injury Waiver (TBI) was approved by CMS on July 22 with a July 1, 2015, effective date. The TBI Waiver policy manual is posted for a public comment period ending September 1. Major changes include:
  - Lowering the age limit from 22 to 3 and coordinating with the Birth to Three providers to transition eligible members into the program and
  - Including anoxia due to near drowning to the definition of a TBI.
- Training is being planned for the revised manual:
  - A WebX on September 17
  - 4 in person provider trainings and 4 in person member/stakeholder trainings to be conducted between September 22 and 30 in:
    - Petersburg
    - Weston
    - Beckley
    - South Charleston
- Continue to work with CMS on review of the Aged and Disabled Waiver and the I/DD Waiver.
- BMS has been posting on the website a list of providers in Phase 1 through 10 who have not completed revalidation and the status to indicate whether they have

not started, additional information is needed, or their application is currently in process. The list will be updated every two weeks through September 30.

- All providers who have not submitted a complete revalidation application by October 1, 2015 will be placed on pay-hold.
- Beginning December 1, 2015, providers who have not submitted a complete revalidation application will be terminated.
- A member asked whether providers could get Robo calls to remind them that revalidation must be completed.

### **Finance Update**

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

- In SFY 2015, the total medical costs were approximately \$3.7 billion of which \$2.8 billion was federal funds and \$.9 billion was state funds.
- Mr. Atkins showed charts which broke the costs out by major services category, the expansion population, and the sources of Medicaid funding.

Enrollment trends were reviewed highlighting the composition changes to adults and children due to the ACA expansion population.

### **State Plan Amendments**

BMS Legal Counsel, Alva Page III, presented two state plan amendments (SPA):

- Expanding presumptive eligibility determination to include FQHCs, rural health centers, behavioral health centers, and free clinics. Dr. Ayoubi moved to approve. Mr. Mark Drennan seconded the motion. Motion passed.
- Special payments to prospective payment system (PPS) hospitals. Mr. Page said there was a slight increase over last year. Mr. Thom Stevens moved to approve. Dr. Ayoubi seconded. Motion passed.
- Acting Commissioner Beane presented the targeted case management SPA. She said BMS had worked with a provider workgroup in the development of this SPA. The purpose of the SPA is to strengthen targeted case management for people with I/DD and chronic mental illness. Ms. Louise Reese moved to approve the SPA. Mr. Drennan seconded. Motion passed.

### **Information Technology**

Ed Dolly presented to the Council:

- CMS is doing an audit on the provider incentive program, so far everything looks good.
- CMS did an on-site visit to do the final design review of the new MMIS. Verbal feedback was that it passed their inspection. The new system is targeted to go live on January 4, 2016.
- ICD-10 testing results have been approved by CMS.

### **Other Business**

- None

### **Public Comment Period**

- Ms. Benita Whitman with Legal Aid asked what the actual expenditures were for home and community based services? She said she would like to see this number broken out of the financial report.
- Mr. Perry Bryant said that prescription drugs were a part of the Affordable Care Act negotiations and the reason there are no limitations put on them in the legislature is due to the Medicare Part D doughnut hole being decreased. He said reimbursement was too low especially for primary care providers. He suggested BMS support an increase in the tobacco tax in order to get more funding and not have to count on the rainy day fund.
- Mr. Richard Stevens said reimbursements for drugs were not keeping up with costs. He said in Ohio they have a medication therapy management contract and are seeing a \$6 return for every \$1 invested and an improvement in outcomes for patients. He said there is no transparency in the PBM costing for the MCOs. He asked that the contracts with the PBM's and MCOs be looked at.
- Dr. Carol Buffington asked to have a meeting with the Commissioner regarding adult dental care within the MCOs.. She also encouraged BMS stop the practice of letting members change plans monthly since this is causing the providers a lot of problems, especially when it comes to prior authorizing services.

Meeting adjourned

Minutes submitted by:

Penney A. Hall

Bureau for Medical Services