MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL MEETING
January 29, 2016

Members and Alternates Present
Patrick Kelly, Chair, Nursing Home Representative
Cindy Beane, Acting Commissioner, BMS
Anne Williams, Deputy Commissioner, Bureau for Public Health Alternate
Sarah Young, Acting Deputy Commissioner, BMS Alternate
Carol Haugen, Hospital Representative
Angie Evans White, Consumer Representative
Dr. Carol Buffington, Dental Representative
Dr. Mark B. Ayoubi, WV State Medical Association Representative
Barbara Good, WV State Medical Association Alternate
Thom Stevens, WV Academy of Family Physicians Alternate
Dr. Tracy Hendershot, WV Academy of Family Physicians Representative
Dennis Lewis, Pharmacist Representative
Richard Stevens, Pharmacist Alternate
Larry Robertson, Hospice Representative
Mark Drennan, BH Representative
Louise Reese, Primary Care Association

Bureau for Medical Services Employees Present
Ryan Sims, General Counsel, BMS
Tony Atkins, Deputy Commissioner, Finance, BMS
Penney Hall, Bureau for Medical Services
Anita Hayes, Bureau for Medical Services
Vicki Cunningham, Pharmacy Director, BMS
Ed Dolly, DHHR, Chief Information Officer and Director of the Office of Management Information Services

Interested Parties Present
Christy Donohue, The Health Plan
Perry Bryant
John D. Law, KCHD
Phil Shimer, TSG
Benita Whitman, Legal Aid
Jennifer Britton, APS HealthCare
Andy Malinoski, Frontier Communications
Ken Fincolson, Frontier Communications
Mike Flynn, Frontier Communications

Public Comment Speaker
Perry Bryant
Benita Whitman. Legal Aid
Andy Malinoski, Frontier Communications

Welcome and Opening Remarks

Acting Bureau for Medical Services Commissioner Cindy Beane welcomed everyone to the meeting.

Approval of Minutes

Chairman Pat Kelly called for a motion to accept the minutes from the August 21 meeting and the November 30, 2015 meetings. The motion was made and seconded. The minutes were approved.

Health Care Reform

Acting Commissioner Beane presented the update on Health Care Reform.

- The ICD 10 implementation was seamless with just a few issues which were resolved quickly.
- The new Medicaid Management Information System (MMIS), which pays claims, tracks members and provides the Bureau with numerous reports, implementation on January 19 was seamlessly.
- The three Home and Community Based Waivers (Intellectual/Developmental Disabilities, Aged and Disabled and Traumatic Brain Injury) were approved by the Centers for Medicare and Medicaid Services (CMS) since the last regular meeting of the Council. The policy manuals were approved and implemented.

Policy Update

Acting Deputy Commissioner Sarah Young presented the policy update.

- Since the August meeting, 15 policies were updated. Most of these updates were needed for ICD-10. There are still about 10 policies in the process of being updated.
- CMS has extended the provider reenrollment/revalidation for all states. BMS is still sticking very closely to its original plan but the extension does provide some breathing room.
- BMS is working with local health departments so they can bill for services they provide to Medicaid members. Since most people now have insurance, grants for uncompensated care local health departments have depended on to operate are decreasing and they need a way to make up the difference.

Denial of prescriptions for non-enrolled ordering/referring prescribers

BMS Pharmacy Director, Vicki Cunningham informed members that starting March 4, prescriptions not written by Medicaid providers will not be paid for by Medicaid. This change is mandated by CMS. She talked about the steps being taken to educate health care providers and pharmacists about this change.

A Council member requested that a list of non-enrolled prescribers be posted to the website so they could check to ensure that all of the people in their association/groups were enrolled. Ms. Cunningham said this would be done.

Finance Update

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

- From December 2013 to December 2015, enrollment in Medicaid increased by about 185,000. Children enrolled went up by about 13,000 and adults went up by about 186,000. The number of people over 65 went down about 1,000. The number of people with disabilities went down by 15,000, the most in the two year period.
- During the same time period, costs increased by about $700 million, most of which was federal dollars since the federal government is currently paying 100% of the costs for the expansion population.
- Mr. Atkins showed charts which showed the percentage of each category group and the expenditures for that group.
- Mr. Atkins also presented a financial summary of the current fiscal year.
- Mr. Atkins said in January 2017 the match rate for the expansion population goes down to 95%; in January 2018 the match rate will be 94%; and in January 2020 the match rate will be 90%.

Acting Commissioner Beane told members that BMS plans to move the SSI population into managed care in State Fiscal Year 2017. There are currently about 168,000 Medicaid members enrolled in one of the four managed care plans.

Acting Commissioner Beane introduced Ryan Sims as the new General Counsel for BMS. Mr. Sims told the Council a little about his background.

State Plan Amendments

- There were no State Plan Amendments to present.

Information Technology

DHHR Chief Information Officer and Director of the Office of Management Information Services, Ed Dolly, presented information about the new MMIS. He said when CMS was in town in December they had found no critical defects in the system which was the first time ever for any state. He also said the new system has to run at least six months before it can be certified and federal funds for its operation can be drawn down. In the meantime, state funds are being used.

Other Business

Acting Commissioner Beane reported there would be a bill introduced which would eliminate the current 5% severance tax for behavioral health care providers. The tax is in the wrong part of the code and has to be eliminated. DHHR and BMS are proposing the tax be put into the correct part of the code. The loss to the state is between 15 and 16 million dollars a year. If the tax is not put in another part of the code, DHHR and BMS will have to look at the services and programs to make up the difference.

Public Comment Period

- Mr. Andy Malinosk from Frontier Communications talked about his company's efforts to mitigate the risk and reduce the cost of providing telehealth/telemedicine. He talked about the benefits which could be derived from telehealth/telemedicine in rural communities.
- Ms. Benita Whitman with Legal Aid asked if the Council could get a State Plan Amendment update at every meeting. Also, she asked where waiver reports to the legislature could be found.
- Mr. Perry Bryant said the Governor had proposed a 45 cent increase on the tax per pack of cigarettes. He said he hopes the legislature increases this amount. He said since 50% of Medicaid participants smokes this is the time to convince them to quit. He encouraged BMS to get with doctors and nurses to encourage them to educate their patients on the risks of smoking and helping them quit smoking.

Meeting adjourned
Minutes submitted by:

Penney A. Hall
Bureau for Medical Services