

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL MEETING
September 15, 2017

Members and Alternates Present

Patrick Kelly, Chair, Nursing Home Representative
Cindy Beane, Commissioner, BMS
Sarah Young, Deputy Commissioner, BMS Alternate
Carol Haugen, Hospital Representative
Carol Buffington, Dental Representative
Barbara Good, West Virginia State Medical Association Alternate
Gerry Stover, West Virginian Academy of Family Physicians Alternate
Richard Stevens, Pharmacist Alternate
Larry E. Robertson, Hospice Representative
Jeff Johnson, Legislative Oversight Commission on Health and Human Resources
Accountability (LOCHHRA) Alternate

DHHR Employees Present

Ryan Sims, General Counsel, BMS
Tony Atkins, Deputy Commissioner, Finance, BMS
Tanya Cyrus, DHHR, MMIS Operations Director
Vicki Cunningham, BMS
Margaret Brown, BMS
Kim Fetty, BMS

Interested Parties Present

John Law, Kanawha-Charleston Board of Health
Tom Tuttle
Phil Shimer, TSG Consulting
Christy Donohue, The Health Plan
Renate Pore, West Virginians for Affordable Health Care
Jennifer Britton, KEPRO

Welcome and Opening Remarks

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

Chairman Patrick Kelly presented minutes from the Medical Services Fund Advisory Council (MSFAC) meeting on March 31, 2017. Members of the Committee reviewed and approved the meeting minutes.

Chairman Patrick Kelly presented minutes from the MSFAC meeting on July 14, 2017. Members reviewed and approved the meeting minutes.

Commissioner's Update

Commissioner Beane presented an update regarding Health Care Reform, the Graham Cassidy Bill. The bill, which is a revised version of a bill that will eliminate or overhaul major sections of the health care reform law, was discussed with attendees,

Commissioner Beane announced that Child Residential Services Policy was removed from public comment due to legal issues. She stated the purpose of the policy was to have more accountability and to see what services the child is receiving. Staff training is scheduled throughout the state.

Commissioner Beane gave an update on the Substance Abuse Disorder Waiver stating its approval is still eminent. In response to the update, BMS Deputy Commissioner of Finance Tony Atkins announced that the Huntington, West Virginia documentary "Heroin(e)" is available on Netflix. The documentary deals with the drug epidemic in the city.

Topic of Interest

Commissioner Beane introduced BMS Pharmacy Director Vicki Cunningham. Cunningham presented information about the recent MCO Pharmacy benefit transition back to fee-for-service and the State Plan Amendment (SPA) related to Covered Outpatient Drug which was recently approved by the Centers for Medicare and Medicaid Services (CMS).

Policy Updates

BMS Deputy Commissioner of Operations Sarah Young announced that Fall Provider Workshops will begin the following week and almost 1,000 providers are registered to attend. She also announced presenters who will be at the workshops.

It was announced that an update to Chapter 538 – School Based Health Services has been posted since the last meeting and a new Chapter 527, the Managed Care Program Mountain Health Trust is available for public comment.

Young also gave an update on the MCO provider enrollment project that began in July. The MCOs have sent letters to all of their network providers who are not already enrolled with WV Medicaid that explains they must enroll by December 31, 2017. MCO providers who are already enrolled with WV Medicaid do not need to do anything at this point.

State Plan Amendment (SPA) Updates

BMS General Council Ryan Sims presented five State Plan Amendments (SPAs).

SPA 17-002 - Recovery Audit Contractor exemption process that was presented and approved.

SPA 17-003 - Enhanced Payments for Ambulance Services was presented and approved.

SPA 17-004 - Bundled Rate Reimbursement Methodology for Abstinence Syndrome Center Services was presented and approved.

SPA 17-005 - Enhanced Payments to certain prospective payment system hospitals was presented as well as SPA 17-006 - Inpatient Hospital Services, Updating of Payment for Transfer Cases. This SPA contained blank pages because a lot of language has been eliminated due to changes to the previous payment process. The new payment methodology will be directed payment to Managed Care Organizations (MCOs). Hospital representative Carol Haugen stated that have worked extensively with the state to devise a directed program through the MCOs that meets with federal rules that were published in June 2016 and tweaked in January 2017. She further stated that the department has worked with the CMS to continue to support hospitals through these payments and the MCOs have been very cooperative, she thanked the state as well. Both SPAs were approved.

Technology Update

Medicaid Management Information Systems (MMIS) Director Tanya Cyrus reminded members about the Social Security Number Removal Initiative, the Medicare Beneficiary Identifier (MBI) will be alphanumeric and will not contain any embedded intelligence. MBI Generator will be activated in January 2018. Newly eligible and enrolling individuals will receive a new MBI as their identifier. From April 2018 to April 2019, currently enrolled beneficiaries, deceased or archived, will be generated on a phased-in basis. Deceased and archived are included for data tracking purposes.

They are looking at efficiencies in acquiring data file transfers for provider enrollment. They are working with Medicaid and WV Children's Health Insurance Program (CHIP) on streamlining the provider enrolment process and automating as many of the functions at Molina as possible, so that the burden and timeframe for enrolling practitioners will lessen.

Molina continues to coordinate the Fingerprint Criminal-Based Background Check (FCBC) process with WVCARES. If another state has performed an FCBC on a provider and they are not willing to share the pass/fail result, then the provider will have to go through the process again in West Virginia. Other states are not required to share the information.

Chairman Kelly commented that access can be challenging and whether it could be the county sheriff or the county Medicaid office, it would be great and would be helpful if there was a place to do the prints that was open all of the time. He also commented on the requirement for 'reprints' since the fingerprints do not change.

Finance Update

BMS Deputy Commissioner of Finance Tony Atkins reviewed sources of funds comparing fiscal year (FY) 16 compared to FY 17. Due to the \$55 million increase in the “rainy day” fund and \$26 million in general appropriations, \$91 million additional state funds were received that came in FY 17. Atkins reviewed medical expenditures and member enrollment and stated it has been stabilized with no huge fluctuations.

Other Business

There was no other business to bring before the Council.

Public Comment

Meeting attendee stated that it was refreshing to hear Deputy Commissioner Atkins report that West Virginia paid the \$200 million to the MCOs and considering that he received a bulletin yesterday that as bad as things might seem here in West Virginia that he wouldn't want to be in the state of Illinois as they owe MCOs over \$3 billion dollars. A federal judge has made an ordered that they pay two thirds of that to MCOs by June 30, 2018. Illinois went from 15 MCOs to five.

Meeting adjourned

Minutes submitted by:

Margaret Y. Brown
Bureau for Medical Services