

**MINUTES  
MEDICAL SERVICES FUND ADVISORY COUNCIL  
MEETING  
October 23, 2018**

**Members and Alternates Present**

Patrick Kelly, Chair, Nursing Home Representative  
Cindy Beane, Commissioner, BMS Representative  
Sarah Young, Deputy Commissioner, BMS Alternate  
Carol Haugen, Hospital Representative  
Carol Buffington, Dental Representative  
Larry Robertson, Hospice Representative  
Marcie Vaughan, West Virginia Behavioral Healthcare Providers Association Representative  
Richard Stevens, Pharmacist, Alternate  
Debra Boyd, West Virginia Primary Care Association, Alternate

**Department of Health and Human Resources Employees Present**

Ryan Sims, BMS General Counsel  
Tony Atkins, BMS Deputy Commissioner, Finance  
Fred Lewis, BMS Deputy Commissioner, Plan Management and Integrity  
Dr. James Becker, BMS Medical Director  
Margaret Brown, BMS  
Becky Manning, BMS  
Richard Ernest Jr., BMS  
Tanya Cyrus, BMS  
Jon Cain, MIS

**Interested Parties Present**

John Law, Kanawha-Charleston Board of Health  
Barbara Good, The Health Plan  
Jean Kranz, Highmark  
Benita Whitman, Legal Aid of West Virginia  
Phil Shimer, TSG  
Cindy Franklin, LogistiCare  
Crystal Richardson, LogistiCare  
Tiara Woods, LogistiCare

**Public Comment Speakers**

Phil Shimer, TSG  
Richard Stevens, Pharmacist, Alternate

## **Welcome and Opening Remarks**

- Commissioner Beane welcomed everyone to the meeting and reviewed what will be covered during the meeting.
- Chairman Kelly presented the minutes from the June 1, 2018 meeting, the minutes were approved by the Committee.

## **Commissioner's Update**

- Commissioner Beane thanked Chairman Kelly for his term as the Medical Services Fund Advisory Council (MSFAC) Chairman and that his term will be ending. An election for a Chairperson will take place at the next meeting. It was announced that anyone interested may email the Commissioner.
- On July 1, 2018, all of the Substance Use Disorder (SUD) Waiver services were rolled out. Commissioner Beane provided the following on the current statistics of those services:
  - Adult Residential Treatment beds were a part of the additional services implemented in July. As of October 17, 2018, 248 treatment beds on board, 120 treatment beds under review for an Office of Health Facility Licensure & Certification (OHFLAC) that they are that they are providing an American Society of Addiction Medicine (ASAM) level of care.
  - Peer Recovery Support Services, 78 Peers are providing those services and the number of Peers is expected to grow.
  - In order to become a Peer Recover Support Specialist:
    - the applicant must be in recovery for at least two years.
    - A certification test must also be completed, which is available on the Bureau for Medical Services (BMS) website.
    - The applicant must be employed by a Licensed Behavioral Health Center (LBHC).
- Medication Assisted Treatment (MAT) has grown as methadone is now covered under the new services. A total of 1,812 Medicaid members are currently using MAT.
- There are 306 Suboxone prescribers throughout the State. 12,602 Medicaid members currently receive Suboxone.
- These member numbers are considered “good” since services just rolled out in July.
- Forums are being set up for the month of November because West Virginia Medicaid has applied for the 1915 (c) Serious Emotional Disturbances (SED) Waiver. This waiver is for children with significant mental health needs. West Virginia Medicaid is applying because children being removed from their homes and children in the foster care system continue to grow in the State. Placing support into the community will help the family unit, the

Commissioner hopes that with both the SUD and SED Waivers, family units can stay together and help prevent children from being removed from the home. The waiver is intended to provide community-based supports in non-congregate care environments.

- In the first steps of starting 1915 (c) waivers, public forums have been scheduled in November for the SED Waiver. Implementation of the SED Waiver set for October 2019.
- In 2015, strong adjustments were made to the Intellectual and Developmental Disabilities Waiver (IDDW) program which sparked protests and a lawsuit. The purpose of the changes in the Waiver was to get efficiencies in the program and increase more slots to decrease its waiting list. As a result, 100 slots will be added to the program, letters have been mailed to those families on the list notifying them about the new slots. In addition, 62 slots were added in July 2018.
- Because of the efficiencies in the program, direct-care rates increased as well.
- The Commissioner discussed the Emergency Transportation. Previously, legislation had passed for West Virginia Medicaid to do a State Plan Amendment (SPA) giving a supplemental increase to government owned ambulance providers. During that time, legislation passed to include ALL ambulance providers in the SPA although the Centers for Medicare and Medicaid Services (CMS) would reject the proposal. CMS did not approve the SPA. The budget has been able to grow so that Emergency Medical Services (EMS) providers are given an increase in supplements to those providers. The first SPA was withdrawn, and a new SPA has been created and will be presented during the meeting, the SPA is about how rates will increase.
- There were no questions for the Commissioner's update.

### **Policy Updates**

BMS Deputy Commissioner of Policy and Operations, Sarah Young, provided the following updates to the Committee:

- Chapter 504 Substance Use Disorder (SUD) services – Phase two services were added, and the manual was posted effective July 1, 2018.
- New policy, Chapter 503 Licensed Behavioral Health Center Services was posted effective July 15, 2018
- Updates were made to Chapter 518 Pharmacy Services and 518A Physician Administered Drugs, this was posted effective July 20, 2018
- New policy, Chapter 519.23 Applied Behavioral Analysis was posted on September 1, 2018 – will be making revisions and reposting

- Updates were made to Chapter 529 Laboratory Services was posted effective July 1, 2018
- Currently, there are no policies posted for 30-day public comment.
- All policies are being updated such as formatting and general updates.
- Fall Provider Workshops were conducted in eight statewide locations in September. The morning sessions included general Medicaid, West Virginia Children's Health Insurance Program (WV CHIP), and Managed Care Organization (MCO) updates. The afternoon sessions concentrated on the SUD Waiver services. There were around 800 attendees at the workshops.
- In the previous MSFAC meeting, it was announced that the next "special topics" guest would be West Virginia Clearance for Access Registry and Employment Screening (WV CARES) program, but that will be scheduled at a later date
- Since the last meeting, West Virginia Medicaid implemented a new Non-Emergency Medical Transportation (NEMT) Broker. With the Chairman's permission, Sarah introduced the new Broker, LogistiCare.

### **Special Topic**

NEMT Program Manager, Richard Ernest Jr. discussed the transition efforts that were made from the when the previous broker, MTM's contract concluded and LogistiCare's began. The official "go live" date for the new program took place September 1, 2018. Overall, it was a successful and smooth transition.

LogistiCare's West Virginia Operations General Manager, Cindy Franklin was introduced to the Committee.

- Franklin presented highlights about LogistiCare including their management structure of the West Virginia location.
- Additional information on company operations, training opportunities, statistics on ride requests were also presented.
- Since September 1, 2018, LogistiCare has received over 56,550 calls at their call center. Currently, LogistiCare has 119 providers, they expect this to increase as their goal is to have providers in every county.
- Commissioner Beane commended LogistiCare on their smooth transition and is appreciative of their hard efforts they have made.

### **Plan Management and Integrity Update**

- Deputy Commissioner of Plan Management and Integrity, Frederick Lewis announced the new addition of Tanya Cyrus and Karen Burgess to the Division of Plan Management and Integrity.
- Cyrus will serve as Chief Quality and Integrity Officer for the BMS Center for Quality and Integrity.

- Burgess is a Certified Professional Coder who will work with Cyrus in that unit.
- The Division has been working on Payment Error Rate Measurement (PERM) project. Efforts are being made to work on the perennial errors that were picked up in the PERM. New PERM cycles have begun, and samples have been taken. Auditors are now reviewing these samples.
- A large improvement is expected with PERM from the project this year.
- Unenrolled Prescriber Edits have been turned on permanently. This the second phase of the Unenrolled Prescriber Edits, during the summer, edits were turned on for unenrolled Opioid prescribers.
- A new partnership between the Office of Program Integrity (OPI) with CMS to develop modeling to identify fraud, waste, and abuse.
- Monthly meetings are being held with all West Virginia Medicaid MCOs, BMS MCO Unit as well as individual MCO meetings for updates, fraud reports, etc.
- Chairman Kelly asked how the Office of Inspector General (OIG) fits into fraud referrals. Lewis stated that is under the West Virginia Department of Health and Human Resources (DHHR) umbrella – separate from BMS – but they work very closely with BMS.
- On June 1, 2018, Pharmacy pricing algorithm was decreased.
- Prescription benefit was carved out from MCOs on July 1, 2017.
- The Safe and Effective Management of Pain (SEMP) program has been implemented. The program provides guidance for prescribers and promote values of safely and effectively managing pain for those who are suffering from it. It is designed to reduce the number of opioids prescribed to the number required to reduce pain and improve the members functionality. This program is an expansion of the Center for Disease Control (CDC) Opioid Prescribing Guidelines.
- One of BMS' pharmacist has been assigned to participate in the SUD program. The pharmacist will monitor members receiving methadone from methadone clinics. In addition, the Point of Sale system will interface with the Medical Claims system and stop prescriptions for members who try to fill prescriptions for drugs that have adverse interactions with methadone, such as opioids including buprenorphine and benzodiazepines. The pharmacist will report these denied claims to the methadone clinics, so members can be monitored more carefully and for the MCOs to promote care coordination.
- Annual review of the Preferred Drug List (PDL) will take place on October 24, 2018 at the Charleston Civic Center. This is an all-day meeting with Pharmaceutical Therapeutics (P&T) Committee and pharmaceutical representatives.

- West Virginia Medicaid will look at carving in Institutions for Mental Disease by the end of the year.
- Commissioner Beane clarified that there are only three private IMDs in the state, Highland-Clarksburg and Charleston, and River Park Hospital. She stated that the reason this was not a SPA wasn't brought before the Committee because it was part of the MCO Mega Rule.
- Commissioner Beane stated that Lewis has done a great job and clarified that there is a huge emphasis on the federal level of improving integrity and reporting. 90% of this improvement project is covered on a federal level, only 10% is covered by the state.

### **State Plan Amendment Update**

- General Counsel Ryan Sims presented SPA 18-005 to increase reimbursement rates for EMS. SPA 18-005 was approved.

### **Finance Update**

- Deputy Commissioner Tony Atkins introduced new BMS employee Becky Manning to the Committee. Manning will serve as the BMS Interim Chief Financial Officer (CFO). She replaces Stacy Haynes-Legg who previously served as CFO.
- SPA 18-005 will have a \$24 million impact on ambulance providers. \$18 million related to ground ambulance, six million dollars related to air ambulance. In-state dollars will translate to five million dollars.
- West Virginia is a high Federal Medical Assistance Percentages (FMAP) state, second in the nation next to Mississippi, which has the highest. The bulk of the money that the State received comes from the federal government.
- Regarding State funds, out of the \$966 million, in state fiscal year (SFY 2018) \$598 million came from general revenue appropriations, \$103 million designated from waiver services, \$125 million from the West Virginia Lottery, \$213 million from provider taxes. West Virginia is down around \$24 million of the revenue that is received from the State. There was a \$70 million drop from the “rainy day” funds.
- Regarding expenditures, the State spent \$3,855,000,000.00, the budget was \$4,265,000,000.00. In SFY 2017, \$4,000,000,000.00 was spent.
- Fee-for-Service expenditures dropped dramatically in SFY 2018, because of that population’s transition into the MCO capitation in SFY 2017.
- West Virginia Medicaid enrollment decreased by 16,000 since SFY 2017, the current average enrollment is 528,000.
- Over the past three years, the enrollment dropped a total of 30,000, mostly adults and children.

- The foster children Medicaid enrollment in July 2015 was 13,000, in July 2018 it was 18,000.

### **Technology Update:**

- Jon Cain, Interim Director of Management Information Services (MIS), gave a technology update on the Asset Verification System project. This project is currently piloted in two counties. A statewide rollout is anticipated.
- Accountability is the purpose of this system. If the vendor makes an error, they will be responsible for that error.
- Cain announced that Molina Medicaid Solutions is now DXC Communications. It is a subsidiary of Hewlett-Packard; this company is in 25 other states. The company is currently going through rebranding.

### **Public Comments:**

- Stevens stated that President Trump passed a law, Gag Clause, in which a pharmacy could not disclose to a recipient of a drug the cost of the drug. Company's prohibit cost to the pharmacy the cost of the drug, this new law will allow pharmacies to disclose the price of the drug to the patient. Stevens asked if this would have an impact on Medicaid recipients on a positive note. For example, a pharmacy may have had to charge a patient \$20 for a pharmacy prescription, but the patient only owed \$2.20. Stevens stated that this is cost savings for the consumer. Stevens encouraged everyone to request if there is a lower-cost alternative the next time they have a prescription filled.
- Phil Shimer commented on the passing of the Ambulance SPA 18-005. He thanked Commissioner Beane and Deputy Commissioner of Finance Atkins on supporting the SPA today. Shimer works with some of the largest EMS providers and stated they are really thankful for this SPA.

### **Closing Remarks:**

- Deputy Commissioner of Finance Atkins announced that Commissioner Beane was featured on the C-Span channel and did a wonderful job representing the State.
- DHHR Medical Director Dr. James Becker recommended that in future meetings, there should be an update regarding high-cost drugs being used in the system. For example, there is one therapy available that cost \$1 million, he encouraged that topics such as this should be added to the meeting agenda.
- Chairman Kelly concluded the MSFAC meeting.