

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL
MEETING
October 4, 2019

Members and Alternates Present

Carol Haugen, MSFAC Chair, Hospital Association Representative
Cindy Beane, Commissioner, BMS
Sarah Young, BMS (alternate)
Carol Buffington, Dental Representative
Chris Zinn, Hospice (alternate)
Mark Drennan, WV Behavioral Healthcare Providers Association (alternate)
Marty Wright, WV Healthcare Association Representative
Amy Sowards, WV Healthcare Association (alternate)
Richard Stevens, Pharmacist (alternate)

Bureau for Medical Services Employees Present

Riley J. Romeo
Tony Atkins
Fred Lewis
Margaret Brown
Brandon Lewis
Tanya Cyrus
Becky Manning

Interested Parties Present

Benita Whitman, Legal Aid
Barbara Good, The Health Plan
Hallie Mason, Charleston Area Medical Center
Phil Shimer, TSG Consulting LLC
Ylan Nguyen, AmeriHealth Caritas
Poornima Singh, AmeriHealth Caritas
Todd Jones, AMFM
Marco Schaaf, WVU

Welcome and Opening Remarks

- Commissioner Beane welcomed all meeting attendees and announced that there are no State Plan Amendments to be voted on during the meeting.

- She announced that MSFAC member and Hospital representative, Carol Haugen, gladly accepted the nomination as the Council Chair. This is the first meeting that newly elected Chairman, Carol Haugen.
- Haugen opened the meeting and introduced the first item on the agenda, approval of the April 19, 2019 meeting minutes, the minutes were approved.
- Haugen introduced the Commissioner's Update.

Commissioner's Update

- Commissioner Beane announced the Specialized Managed Care Plan for Children and Youth will go into effect January 1, 2020, it is still on and track and in the late stages of the purchasing process. The Commissioner hopes to announce the winning vendor for the procurement in the next two weeks.
- There were three different Managed Care Organizations (MCOs) who bid on the procurement. The announcement of the vendor will be available on the Bureau for Medical Services (BMS) website.
- Beane stated that in the April 19, 2020 MSFAC meeting, Jennifer Eva presented on the Children with Serious Emotional Disorder Waiver (CSEDW) and currently BMS is awaiting approval on the Waiver. The Waiver will be implemented on January 1, 2020.
- The participants in the CSED Waiver will also be enrolled in the Specialized Managed Care Plan for Children and Youth. The plan will focus on the most vulnerable youth population.
- Statewide training is currently being provided for providers, CSED Waiver Program Director, Jennifer Eva is currently traveling throughout the state to provide information for the Waiver so that families will be aware of the services that will be provided through the Waiver and how to apply for the services.
- Beane stated that WV Family Health MCO plan left the market. She was pleased to announce that the 63,000 members under that plan were successfully transitioned to the other three MCO plans, no services for those members were disrupted during the transition.
- Beane stated that one of the MCOs, The Health Plan, received media attention regarding Charleston Area Medical Center's (CAMC) plan to end their contract with The Health Plan. Beane was pleased to announce that The Health Plan and CAMC have come to an agreement to continue their contract with The Health Plan through July 1, 2020.

- Beane announced that all of the Substance Use Disorder (SUD) Waiver services have been transitioned smoothly into West Virginia Medicaid's managed care environment, effective July 1, 2019. The BMS is still working with providers and MCOs with residential services, but overall participants are receiving their care.
- Beane announced a change in the Hepatitis C policy, the change results from the epidemic occurring in West Virginia. Some restrictions on the Hepatitis C drugs have been loosened to help fight the epidemic. Beane introduced West Virginia Medicaid's Medical Director, Dr. James Becker, to provide additional information regarding the change in the policy.

Special Topic

- Dr. James Becker, the BMS Medical Director, presented information on the history of Hepatitis C and the rising cases of it.
- Becker provided background information about the way doctors approached Hepatitis C in his early years of practicing medicine. Doctors were not aware of the long-term consequences; however, doctors became aware of the long-term consequences of Hepatitis C that resulted in finding a cure.
- Becker also discussed the high cost of medication to cure the disease and how Medicaid would take an economic hit. In 2013, several drugs became available, one medication was at a cost of a \$1,000 per tablet. A patient would require 90 tablets to cure them, the positive news regarding the drugs was that they were effective medications.
- Because of the high costs of medication, criteria were established in which treatment was based on a fibrosis score. Patients who had a severe case and were in most need of treatment were provided with the medication only due to the high cost. Patients who suffered the worst liver damage were treated.
- The WV Health Department wanted Medicaid to make the medication more available to patients. Becker announced that the Drug Utilization Review (DUR) Board met and on October 1, 2019, the criteria that required a certain fibrosis score level was removed, however, patients still had to test positive for a chronic case of Hepatitis C.
- In order for Hepatitis C to be considered chronic, it has been in place for six months and continues after the initial diagnosis.

- Since 2013, the medication's price has been reduced from \$90,000 over a course of treatment to \$20,000, this is attributed to other competitive medications being available in the market.

Policy Update

- Deputy Commissioner of Policy and Operations, Sarah Young, provided an update on all policies that are effective since the last MSFAC meeting.
 - Chapter 524, Transportation Services was updated.
 - Chapter 534, Dialysis Center Services (New Chapter)
 - New Chapter 540, Neonatal Abstinence Syndrome (NAS) Center Services (New Chapter)
 - Chapter 504, Substance Use Disorder (SUD) Waiver was revised effective July 1, 2019. Services were moved to the MCO environment.
 - Chapter 535, School-Based Health Services were revised.
 - Chapter 519.23, Applied Behavior Analysis (ABA) was revised.
 - Chapter 519.19, Women's Health Services, was revised.
 - There were currently no policies available for public comment at the time.
 - Young announced that a revised copy of Chapter 522, Federally Qualified Health Clinics/Rural Health Clinics (FQHCRHC), has been submitted to the Primary Care Association for comment prior to its post for public comment.
 - The Children with Serious Emotional Disorder (SED) Waiver policy will be posted for public comment in the near future.
 - Young announced the conclusion of the Fall Provider Workshops and its new location in Bridgeport, West Virginia. This location was chosen in place of the Morgantown location as facilities to hold the Workshops are only available during the Spring Provider Workshops.
 - Young provided information on the Workshop attendance numbers as well as what information is provided during the Workshops. She stated that the Spring Workshops will focus on information regarding the SED Waiver during the afternoon sessions.
 - Spring Provider Workshop dates were also announced.

Operations Update:

- Deputy Commissioner of Policy and Operations, Sarah Young, provided an update on projects and initiatives since the last MSFAC meeting.

- The Electronic Visit Verification (EVV) procurement. BMS applied for a “good faith extension,” the request was approved in August 2019. All states were required to implement an EVV solution by January 1, 2020, the extension extends the Federal Medicaid Assistant Percentage (FMAP) penalties until January 1, 2021. This extension will give extra time for provider education.
- The EVV Request for Proposal (RFP) is currently with the Department of Administration and its pending release. It is projected to be out for bid in a month, but it is uncertain.
- Presumptive Eligibility (PE) now have providers, hospitals, FQHCs, free clinics and behavioral health providers may also serve as PE providers.
- Community senior centers are now able to assist individuals apply for Medicaid through the new inROADS portal, which is now PATH (People’s Access to Health).
- Young announced that issues with provider enrollment is currently being researched for improvement with DXC Technology.

State Plan Amendment (SPA) Update:

- Commissioner Beane introduced new General Counsel, Riley J. Romeo, this position was previously held by Ryan Sims.
- There were no new SPAs to present at this meeting.
- General Counsel Romeo reviewed the SPAs that were previously presented in the previous MSFAC meeting.
 - SPA 19-001, FQHC, the Centers for Medicare and Medicaid Services (CMS) is reviewing changes and waiting on final approval.
 - SPA 19-002, Physical Therapy was approved (CMS)
 - SPA 19-003, Occupational Therapy was submitted and waiting for approval by CMS
 - SPA 19-004, Medicaid State Plan Eligibility for Pregnant Women was approved by CMS

Finance Update:

- Deputy Commissioner of Finance, Tony Atkins, presented information on the most recent state fiscal year 19 (SFY19).
- Atkins presented the Source of Funds Summary. Total funds for SFY 19 was over \$4 billion, \$929 million in state dollars.
- Overall match rate from a federal level was 77 percent.
- Current regular FMAP rate is 74.44 percent.

- Atkins presented expenditures. In SFY 19, \$4,43,000,000 was spent. Less was spent in SFY 19 compared to SFY 18.
- Atkins presented enrollment. Average enrollment was 510,000, which was 18,000 less than SFY 18.
- The 18,000 decrease all occurred in managed care.

Public Comment:

- There were no public comments. Meeting was adjourned.

Minutes submitted by:
Margaret Y. Brown
Bureau for Medical Services