

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL
VIRTUAL MEETING
February 28, 2022

Members and Alternates Present

Carol Haugen, MSFAC Chair, Hospital Association Representative
Cindy Beane, Commissioner, BMS Representative
Sarah Young, BMS Representative (alternate)
Carol Buffington, Dental Representative
Lisa Costello, WV State Medical Association Representative
Sherri Ferrell, WV Primary Care Association Representative
Debra Boyd, WV Primary Care Association Representative (alternate)
Gerri Stover, WV Academy of Family Physicians Representative
Tracy Hendershot, WV Academy of Family Physicians Representative
Matthew Christiansen, WV Academy of Family Physicians Representative
Chris Zinn, Hospice Council of West Virginia Representative
Christopher Rawlings, Hospice Council of West Virginia Representative
(alternate)
Mark Drennan, WV Behavioral Healthcare Providers Association (alternate)
Marty Wright, WV Healthcare Association Representative
Todd Jones, WV Healthcare Association Representative
Hallie Mason, Pharmacist Representative

Bureau for Medical Services Employees Present

Riley J. Romeo
Fred Lewis
Margaret Brown
Becky Manning
Dr. James Becker
Jennifer Myers
Carrie Mallory
Stacy Hanshaw
Alice Niday
Garland Holley
Virginia Evans
Amy Sutton
Leon Smith

Interested Parties Present

Benita Whitman, Legal Aid

Christy Donohue, The Health Plan

Jeff Wiseman, The Health Plan

Jason Landers, The Health Plan

Todd White, Aetna Better Health of WV

Robby Queen, Alzheimer's Association of WV

Welcome and Opening Remarks and Commissioner's Update:

- Commissioner Beane welcomed all meeting attendees
- MSFAC Council Chair Carol Haugen presented the Meeting Minutes from the previous meeting on January 29, 2022. The Council members approved Meeting Minutes.
- Commissioner Beane provided a Legislative Bill update that will have an effect on West Virginia Medicaid, Commissioner Beane discussed the following Bills that are being introduced to Legislature during the Legislative Session:
 - Bill moves the West Virginia Children's Health Insurance Program (WVCHIP) under the Bureau for Medical Services (BMS). WVCHIP will keep their own Advisory Council. The purpose is to streamline services with CHIP in which they are already utilizing the BMS Managed Care program, and also contract with the same managed care organizations that BMS also holds contracts with in West Virginia Medicaid. Commissioner Beane further stated that West Virginia is one of the only states who separated CHIP from the Medicaid program. This will allow West Virginia to be aligned with other state CHIP programs.
 - The MCO Tax Bill is not a new tax but resets and deletes the sunset date for the MCO tax.
 - The Outcome Measure Bill will put into statute to measure Behavioral Health outcomes and Substance Use Disorders (SUD) residential.
 - The Bill regarding Certified Community Behavioral Health Centers (CCBHs) will now receive the same perspective payment system (PPS) rate as Federal Qualified Health Centers (FQHCs). Behavioral health and crisis services will also be enhanced under the Bill.
- The last Bill that is being presented calls for separation of the Department of Health and Human Resources' (DHHR).

Commissioner Beane assured that West Virginia Medicaid will function as it always has functioned. It will continue to work with the other DHHR Bureaus. If the Bill passes, West Virginia Medicaid will still have licensure partnerships with the Office of Health Facility Licensure & Certification.

- Commissioner Beane continued the update with discussion on the COVID-19 public health emergency and dealing with the decrease and increase of cases and how difficult it can be for providers and West Virginia Medicaid staff to deal with during the pandemic. As a result, new policies have been developed along with a COVID-19 Banner page on the BMS website. There are now discussions on the wind down of the COVID-19 public health emergency and what Medicaid will do as they enter the post pandemic stage.
- During the pandemic, West Virginia Medicaid has received 6.2 Federal Medical Assistance Percentage (FMAP) which equates \$50 million per quarter. The money received for the pandemic provided additional payments to several provider groups such as hospitals, physician groups, nursing homes and home and community-based and ambulance services.
- Additional money also went to funding for Medicaid members. Anyone who was on Medicaid when the COVID-19 pandemic began, remained on Medicaid even if they no longer qualified. As a result, Medicaid membership has increased.
- Currently, 100,000 will not qualify for Medicaid post pandemic.
- The Centers for Medicare and Medicaid Services (CMS) will give 60 day notice prior to the end PHE declaration. CMS does not want all of the ineligible members services to end all at once, members will be rolled off in 1/12s of the members would roll off every month.
- Deputy Commissioner of Operations, Sarah Young, oversees a subgroup that includes the BMS Eligibility Unit who will execute the plan by ensuring that members receive notices to make ineligible members aware of their services ending.
- It is anticipated that the PHE will last one more quarter and will end.
- Telephonic telehealth may not be allowed on federal level, if CMS allows it to be, West Virginia Medicaid will continue Telephonic telehealth on a federal level.
- BMS is not stopping flexibility with Telehealth it will remain.

- For memos and flexibilities, Commissioner Beane stated the BMS website COVID banner contains all of the memos to clear up any confusion on Telehealth Services.
- Commissioner Beane reassured Telehealth Services is not going away including Interstate Telehealth Services.
- Commissioner Beane discussed future goals of West Virginia Medicaid such as strengthening Home and Community-Based Services (HCBS). The American Rescue Plan allowed HCBS to add unique programs and incentives such as hiring bonuses to reduce retention. In addition, allows BMS to partner with other DHHR Bureaus to enhance HCBS children's services. Another priority is to switch payment to encouraging value-based payments, not just with physical but also with behavioral healthcare.
- MSFAC member Gerry Stover asked of the 100,000 population, who will not be eligible for Medicaid, what is the profile of that population are they working in the fast food industry, State government, etc.?
- Deputy Commissioner of Operations, Sarah Young, stated that members are from a variety of backgrounds, but they are people who failed to respond and did not complete an evaluation, or has lost contact with DHHR or have a higher income. No one will be cut off until the DHHR has contact with the member first.
- Once the PHE ends, they will get another chance to renew and will be contacted again.

Policy and Operations Update:

- Young announced wind down efforts to inform Medicaid members that PHE is coming to an end:
 - DHHR is executing a campaign through the DHHR Social Media platform, BMS website, posters for all DHHR County or Provider offices. She welcomed additional suggestions from meeting participants.
 - There will be three stages of the campaign, currently the first has begun.
- Young announced utilization of Adult Dental benefits (\$1,000 per calendar year) Over 1,086 members have used benefit, no one is going over the limit.
- Sarah provided a reminder of the three BMS website COVID-19 banners and the information each banner contains.
- The following policy manuals were updated:

- Chapter 501, Aged and Disabled Waiver, effective April 2021
- Chapter 512, Traumatic Brain Injury Waiver, effective April 2021
- Chapter 513, Intellectual/Developmental Disabilities Waiver, effective April 2021
- Chapter 502, Children with Serious Emotional Disorders Waiver, effective April 2021
- Chapter 518, Pharmacy Services, effective July 2021

Managed Care, Program Integrity and Pharmacy Services Update:

- Deputy Commissioner of Plan Management and Integrity provided the following procurement updates for Managed Care:
 - Myer and Stauffer is the new Consulting Actuary, Guidehouse was the previous actuary.
 - Guidehouse Consulting is currently completing their work for 2022 mid-year rates.
 - Myers and Stauffer are currently working on 2023 rates.
- A Request for Proposal (RFP) for the Mountain Health Promise Program and moving forward with the re-procurement
- Mountain Health Trust re-procurement will follow Mountain Health Promise's completion of its re-procurement.
- Regarding Managed Care and Quality, prospects are being reviewed for the External Quality Review Organizations (EQRO) contract.
- Pharmacy Services' Retrospective Drug Utilization Review (DUR), Preferred Drug List (PDL) and State Maximum Allowance Cost (SMAC) contracts are going into their "blackout" stages.
- HMS is the new Office of Program Integrity's (OPI) and Third-Party Liability (TPL) Recovery Audit Contractor (RAC).
- MSFAC Chair, Carol Haugen asked Lewis to expand what duties HMS will be performing on and if it is on the managed care population. Lewis stated that HMS will performing on provider payments and a variety of provider audits, making recoveries and bolstering program integrity for the Medicaid program. Haugen also asked if the Payment Error Rate Measurement (PERM) are under Lewis' review, Lewis responded that OPI helps with the coordination of PERM auditing.

- MSFAC member Hallie Mason asked Lewis to define the PDL and SMAC, Lewis provided descriptions.

State Plan Amendment Update:

- BMS General Counsel, Riley J. Romeo, presented the following eight SPAs:
 - 22-0001 – Transportation
 - 22-0002 – Qualifying Clinical Trials
 - 22-0003 – Drug Free Moms and Babies (DFMB)
 - 22-0004 – Durable Medical Equipment (DME)
 - 22-0005 – Recovery Audit Contractor (RAC)
 - 22-0006 – Home and Community-Based Services (HCBS)
 - 22-0007 – Postpartum Extension
 - 22-0008 – Health Insurance Premium Payment (HIPP)

All SPAs were voted on and passed.

Finance Update:

- Deputy Commissioner of Finance, Becky Manning provided the finance update:
 - Regarding source of funds, West Virginia Medicaid is still under the 6.2 FMAP for PHE since 2020.
 - Traditional FMAP decreased from 74.99 to 74.68, effective October 1, 2021.
 - The Cares Act also provided additional funds.
 - Manning provided a review of cash receipts.
 - Expenditures are starting to rebound in 2022 when compared to 2021.
 - Enrollment has increased, this may be due to Medicaid's inability to unenroll members during the PHE. Membership is currently over 600,000.
- Mark Drennan stated that in pre-managed care, pie charts were provided for expenditures and where those expenditures go and if it is possible for Manning to provide managed care and fee-for-services (FFS) charts. Commissioner Beane stated pie charts will be included in the next MSFAC meeting.
- MSFAC member Gerry Stover asked if there is any federal benchmark data on how West Virginia on certain categories

compared to other states. Commissioner Beane stated that the agency Keiser is an excellent resource for the information Stover requested because they gather information, perform surveys and provide tools on comparisons from state to state and is available online.

- MSFAC member Tracy Hendershot requested a summary on how Manning would gather a decline in the 100,00 Medicaid population and the current budget and the lost of the 6.2 FMAP for PHE. Manning state that the 6.2 FMAP is uncertain but the budget is looked at with the 6.2 FMAP, thereafter, actuaries will review membership and trend those members off over a period of time because some members who are slated to lose membership may not all lose memberships.

Other Business:

- West Virginia Medicaid Director, Dr. James Becker gave an overview of the current state of the medical industry. Substance Use Disorder (SUD) is a large issue.
- West Virginia Medicaid covers a number of SUD treatments. Pharmacy benefits are carved out and remain in traditional Medicaid.
- Under the Medicaid 1115 Waiver, Pharmacy Services are now able to cover Methadone.
- In the last six months, Sublocade was added to benefit coverage. Currently, the drug is being tracked for utilization to measure its impact on SUD members.
- Becker stated that telehealth has played an important role during PHE and the telehealth policy is currently being updated.
- Dr. Becker addressed questions from participants.

Public Comment:

- There were no public comments. Meeting was adjourned.

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