

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL MEETING
June 3, 2016

Members and Alternates Present

Patrick Kelly, Chair, Nursing Home Representative
Cindy Beane, Acting Commissioner, BMS Representative
Sarah Young, Acting Deputy Commissioner, BMS Alternate
Tony Gregory, Hospital Association Alternate
Dr. Carol Buffington, Dental Representative
Dr. Mark B. Ayoubi, WV State Medical Association Representative
Barbara Good, WV State Medical Association Alternate
Jerry Stover, WV Academy of Family Physicians Alternate
Richard Stevens, Pharmacist Alternate
Mark Drennan, BH Representative
Louise Reese, Primary Care Association Representative

Department of Health and Human Resources Employees Present

Dr. James Becker, Medical Director, BMS
Ryan Sims, General Counsel, BMS
Riley Romeo, Attorney, BMS
Tony Atkins, Deputy Commissioner, Finance, BMS
Penney Hall, Bureau for Medical Services
Anita Hayes, Bureau for Medical Services
Ed Dolly, DHHR, Chief Information Officer and Director of the Office of Management Information Services

Interested Parties Present

Jean Krantz, Lewin
Mark Allen, Burlington United Methodist, Family Services
Robert Coffield, Flaherty Sensabuagh & Bonasso, PLLC
Charles Johnson, Frost Brown Todd Attorneys, LLC
John D. Law, KCHD
Benita Whitman, Legal Aid
Jennifer Britton, APS HealthCare
Steve Tuck, Children's Home Society of West Virginia

Public Comment Speaker

Steve Tuck, Children's Home Society of West Virginia
Robert Coffield, Flaherty Sensabuagh & Bonasso, PLLC
Charles Johnson, Frost Brown Todd Attorneys, LLC
Benita Whitman. Legal Aid

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 January 29, 2016, meeting. Richard Stevens moved to approve the minutes as presented; Dr. Carol Buffington second the motion. Motion passed. Minutes from April 6, 2016, Special Meeting Mr. Stevens moved to approve the minutes as presented; Dr. Buffington second. Mark Drennan said he thought there were some errors in the minutes. The motion to approve the minutes was tabled until the next regular meeting of the Council.

Health Care Reform

Acting Commissioner Beane announced there were two new Centers for Medicare and Medicaid Services (CMS) rules which had become final since the last Council meeting:

- Access to Care – The Bureau must submit an Access Monitoring Review Plan to CMS by October 1, 2016. Berry Dunn is assisting the Bureau in meeting this deadline. The plan must include the extent to which beneficiary needs are fully met, the availability of care through enrolled providers, and changes in beneficiary service utilization. Acting Commission Beane said a survey will be sent to providers in the near future. Once the plan is drafted it must be posted for a 30 day public comment period.
- Managed Care – which aligns key rules with those of other health insurance coverage programs, modernizes how states purchase managed care for beneficiaries, and strengthens the consumer experience and key consumer protections. Some of the rule is effective immediately, while other parts are effective in the future.

With leave of the Council, Acting Commissioner asked Dr. James Becker, Medical Director for the Bureau to give an update on the Health Homes Project. Dr. Becker reported that approximately 1,200 people participated in Health Homes during the first year. He said the behavioral health providers attracted most of the members. Approximately 220 individuals participated for the whole 12 months. He reported the Health Homes led to a small savings the first year. The Bureau is in the process of developing a white paper on the Health Homes project. Also, the Bureau learned some important lessons with the first Health Homes which have resulted in some changes to make it easier for providers to get individuals enrolled and started in the program.

With leave of the Council, Acting Commissioner asked Penney Hall, Special Projects Director for the Bureau to present the SFY 2015 Annual Report to the Council. Ms. Hall presented various points of interest in the annual report including the Medicaid expansion number in SFY 2015, home and community based services information, the savings realized by having a non-emergency transportation broker, the managed care program, and general financial information.

Policy Update

Acting Deputy Commissioner Sarah Young presented the policy update.

- Since the Council meeting January three policies updates have been approved. There are still about 10 policies in the process of being updated.
- She also announced that Chapter 517 – Personal Care Services is currently posted for 30 day public comment until June 22, 2016.

Finance Update

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

- Mr. Atkins reviewed the growth in medical claims accounts payable related to state government cash flow deficits.
- Mr. Atkins reviewed the SFY 2016 expenditures and revenues thru March 2016.
- Mr. Atkins reviewed enrollment statistical information by various member categories.

Acting Commissioner Beane told members that BMS plans to move the SSI population into managed care in State Fiscal Year 2017.

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

General Counsel, Ryan Sims presented a chart of state plan amendments (SPAs) which showed their status. There were no new SPAs to present. Mr. Drennan asked when the Child Residential Services SPA was going to be submitted to CMS. Acting Commission Beane replied that it is going through the internal DHHR process. There was additional discussion around this SPA. Mr. Drennan commented that the Department of Health and Human Resources should reconsider this SPA.

Managed Care Update

Acting Commission Beane reported the Waiver was posted on the BMS website for review and was in the members packets. She said the most notable changes to the waiver were moving the SSI population into managed care during the next fiscal year and eliminating the Physician Assured Access System (PAAS) on July 1, 2016. She could not answer questions regarding the managed care RFQ, because of purchasing regulations. She said hopefully the Bureau can reward contracts by July 1, 2016.

A Council member said his office was experiencing issues that when a member changed managed care organizations after the 15th of the month that they went back to the fee-for-service payment methodology until the beginning of the new month. He also asked if there was a way for the member to keep their primary care provider even though he/she changed MCOs, if the provider is also a member of the new MCO. He said that when a member goes to the new MCO they are assigned a new primary care provider. Ed Dolly and Acting Commissioner Beane said they would check into these issues and have them addressed.

Information Technology

DHHR Chief Information Officer and Director of the Office of Management Information Services, Ed Dolly, said CMS will be doing the certification review of the new Medicaid Management Information System (MMIS) August. He said he would share the dashboards with Council meetings at the next regular. He also told members that the new MMIS contract has penalties and incentives built into it and he would also share that information with the Council at the next meeting. Mr. Dolly reported that the Bureau is in the process of doing meaningful use audits.

Other Business

There was no other business to be brought before the Council.

Public Comment Period

- Steve Tuck, with the Children's Home Society of West Virginia, asked that DHHR reconsider submitting the Children's Residential Services SPA and look more toward the placing these services under managed care.
- Robert Coffield, with Flaherty Sensabaugh & Bonasso, PLLC, stated he was representing several residential treatment providers and requested BMS to seriously consider the comments which were submitted regarding the SPA and to delay the submission until questions and policy manuals can be updated.
- Charles Johnson, with Frost, Brown, Todd Attorneys, LLC, stated he also represented several residential treatment providers and asked that the SPA submission be reconsidered or delayed until a cost study is conducted by the Bureau and manual changes are made. He said there needs to be more time for the rollout, notices and meetings with providers.
- Ms. Benita Whitman with Legal Aid asked if the Managed Care Waiver could be changed so the SSI population will be placed in the most appropriate MCO according to their needs, such as drugs and providers, as opposed to being auto enrolled in a MCO.

Dr. Mark B. Ayoubi moved the meeting be adjourned. Mr. Drennan seconded the motion.

Meeting adjourned

Minutes submitted by:

Penney A. Hall

Bureau for Medical Services