

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL
MEETING
June 1, 2018

Members and Alternates Present

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

Bureau for Medical Services Employees Present

Ryan Sims, General Counsel, BMS
Tony Atkins, Deputy Commissioner, Finance, BMS
Jon Cain, Director, Integrated Systems Management
Fred Lewis, Director, Plan Management and Integrity
Margaret Brown, BMS

Department of Health and Human Resources Employees Present

Jon Cain, MIS
Aryn Collins, MIS

Interested Parties Present

John Law, Kanawha-Charleston Board of Health
Christy Donohue, The Health Plan
Barbara Good, The Health Plan
Jean Kranz, Highmark
Alyssa Meisner, WOWK Channel 13
Benita Whitman, Legal Aid of West Virginia
Phil Shimer, TSG

Welcome and Opening Remarks

- Commissioner Beane welcomed everyone to the meeting and reviewed what will be covered during the meeting. She introduced the new Director of Plan Management and Integrity Fred Lewis to the Committee. Lewis introduced himself and additional welcome remarks were followed by Chairmen Kelly.
- Chairmen Kelly presented the minutes from the December 1, 2017 meeting, the minutes were approved.

Commissioner's Update

- Commissioner Beane updated the Committee on the Substance Use Disorder (SUD) Waiver services that rolled out in mid-January, those three services were:
 - Screening, Brief Intervention and Referral to Treatment (SBIRT) type assessment.
 - Methadone coverage. There are currently nine methadone clinics in West Virginia, in the past Medicaid members were charged and had to pay in cash for services, now those services are covered under the Waiver. This is considered a major improvement for members.
 - The Naloxone Initiative which covers two items that were not previously covered. Medicaid has always covered Naloxone, but not necessarily, but not the Naloxone that is administered by Emergency Medical Services by ambulance. If an EMS ambulance has to come and administer Naloxone, there is now a billing code available. There is also a code for EMS workers when recovery information is provided to the Medicaid member, referring them to treatment and connecting them to the West Virginia Helpline.
 - Commissioner Beane stated that BMS is working diligently on SUD Waiver additional services that will roll out on July 1, 2018. Those new services are residential services go from an American Society of Addiction Medicine (ASAM) level 3.1 to 3.7 (number of hours of clinical treatment or staffing for different levels of care). Peer Recovery Support services is another service that will roll out in July, WV has always had different types of Peer Recovery Support services, but those have been mainly grant funded and wasn't a statewide service, it will now be a statewide service as of July 1, 2018. In order to receive certification, an individual will have to have post two years in

recovery, successfully pass the Peer Recovery Support Services' test and employed through a licensed behavioral health center.

- Commissioner Beane stated that the last meeting, the Committee voted on the Neonatal Abstinence Syndrome (NAS) State Plan Amendment (SPA). She announced that West Virginia will now another battling was excited to say that the SPA has been approved by the Centers for Medicare and Medicaid Services (CMS). West Virginia is the first in the nation to do this and the State is breaking a new ground. Lilly's Place is currently the only NAS Center in West Virginia. She stated that more centers are anticipated to open in other areas of the state and bordering states.
- Before introducing the policy update, Commissioner Beane stated that one of the policies (in anticipation for all SUD services rollout) is the clarification of the Lab Policy, which is currently under available for 30-day comment, so far, this policy has generated some media interest. BMS worked with Dr. Berry, an addiction specialist from WVU along with several other addiction specialists around the country and the State included BMS Medical Director Dr. James Becker on this policy. In the policy 24 presumptive lab tests and 12 definitive will be received. Commissioner Beane stated that there are articles out there and other state Medicaid agencies who have found that these services have been abused in the spike of the drug epidemic, this policy is to ensure that lab use is used appropriately. For example, if someone comes in and they are on the Suboxone program and they are getting the presumptive test, they admit that they just used a drug the day before, they don't have to have the definitive test as they already informed the lab of what is going on. What was discovered was that many definitive tests were performed, but no follow-up treatment was done, this defeats the purpose of drug testing and labs is to make sure it is connected to the member's treatment not just getting the lab done, this is why BMS was careful with this policy and making it available for public comment. Commissioner Beane informed the Committee that if they would like to submit a comment, now is the best time.
- Commissioner Beane announced that on July 18, 2018, members who are receiving an opioid prescription from a Non-Medicaid enrolled prescriber, will no longer be able to have them filled and Medicaid will no longer pay for those prescriptions. BMS has reached

out to those unenrolled providers as well as Medicaid members and fax blasts to all of the pharmacies.

- Commissioner Beane also gave an update on children under the foster care and how the drug epidemic is putting a lot of stress on the child welfare system. BMS is working with the Bureau for Children and Families (BCF) and the Bureau for Behavioral Health and Health Facilities (BBHFF) and looking at all of the children's services, what BBHFF has been able to do with the "Safe at Home" projects to see if those services can be transferred to a Medicaid service and to offer Home and Community-Based Services for those children.
- Commissioner Beane announced that West Virginia will receive a one year extension to work on the Electronic Visit Verification (EVV) system. A workgroup has been developed to work on this new system. EVV is a system that verifies that a direct-care worker is in the home during their work hours.
- Commissioner Beane announced that WVU is doing evaluations on the WV Health Homes program's pilot Diabetes Health Home which is currently not statewide. This is to ensure this Health Home is effective and outcomes are seen and will eventually become available statewide.
- There were no questions for the Commissioner's update.

Policy Updates

- BMS Deputy Commissioner of Operations Sarah Young announced that Penney Hall, Director of Special Projects, retired in February. She announced that BMS Health and Human Resource Specialist Margaret Brown will now be a part of the Committee and will replace Hall's place as the meeting organizer.
- Deputy Commissioner Young announced that BMS had list of policies out for public comment and that BMS has been working fiercely to get them out operationalized in the system and posted to the BMS website. She stated that it can be a very long process to get policies drafted and posted for comment.
- The SUD Waiver Phase One services began this year and Phase Two services were added to the SUD Waiver policy, which required a special posting prior to its effective date of July 1, 2018. The policy has been added to the SUD Waiver policy list and will remain as a draft until the effective date.

- Updates were made to Chapter 513 Intellectual/Developmental Disabilities (IDD) Waiver. (This policy was discussed in the previous MFSAC meeting).
- Chapter 700 West Virginia Clearance for Access Registry & Employment Screening (WV CARES), it became effective April 1, 2018. This policy was updated and was posted commented which does not end until June 17, 2018. Deputy Commissioner Young stated that it would be interesting for the group to discuss the process and the program.
- Chapter 527 Mountain Health Trust (Managed Care) policy became effective on April 1, 2018. It includes the big picture of managed care and oversight of the plans and expectations.
- Section 519.8 Evaluation of Management Services became effective on May 18, 2018.
- Chapter 518 Pharmacy Services was posted for public comment which recently ended. It will be finalized hopefully in the next month for final posting to the policy list.
- Chapter 529.2 Drug Screening was posted for 30-day comment which closed on June 1, 2018.
- Chapter 534 Dialysis Centers is a new policy that is currently posted for public comment. Services were being covered, however, there was no policy regarding this service coverage. Public comment ends on June 3, 2018.
- Chapter 503 Licensed Behavioral Health Center is available for public comment until June 29, 2018. It will replace and combine both Chapters 502 Behavioral Health Clinic and 503 Behavioral Health Rehabilitation.
- Amendments for the Aged and Disabled Waiver (ADW) and Traumatic Brain Injury Waivers (TBI) Waivers policies are still being worked on.

State Plan Amendment (SPA) Updates

- General Counsel Ryan Sims presented SPA-18001 and SPA-18002, Alternative Chronic Pain Management. These SPAs are being implemented as a result of Senate Bill 273 that was recently passed during the Legislative Session.
- The Centers for Medicare and Medicaid Services (CMS) has provided some preliminary feedback that there may be some problems in this provision, therefore, the plan is to submit it and will not make it

effective on June 7, 2018. Chairman Kelly stated the motion on SPA-001 and SPA-002. No discussion on the motion, the Committee passed the motion.

Finance Update

- Deputy Commissioner of Finance Tony Atkins gave a financial update beginning with an overview to give an expanse and reach of Medicaid.
- Medicaid covers one out of four adults under 65 years old, covers three out of five low-income individuals, one out of two children, three out of four nursing home residents and one out of two persons with disabilities.
- Two-thirds of adults and children enrolled in Medicaid are living in a household with an employed individual. The new proposed SPAs could make a difference in the future, but there is already a high participation in the workforce by members and their families.
- The impact of the Medicaid Expansion has resulted in the State spending a billion dollars total, 20 million in State dollars prior to the Expansion in 2013. Most of it can be attributed to the expanded population. This has made a huge economic impact to the State and its population. The numbers presented are projected for 2018-19.
- In a five-year span, enrollment has increased from over 335,000 to 527,000 with mostly adults enrolling in the Medicaid Expansion. For children, enrollment of 169,000 increased to 188,000, but majority were previously eligible under the West Virginia Children's Health Insurance Program (WV CHIP).
- From June 2013 to present, out of 335,000 members, 163,000 (49%) were enrolled in Traditional Fee-For-Service (FFS) category, the others were in Managed Care. As of March 2018, there was a big shift in enrollment 78% (410,000) of members are now in Managed Care and 22% left in the Traditional FFS category.
- The aged and disabled members constitute 22% of enrollment, children were 35% and adults were 43%. Although the aged and disabled have the lowest percentage, they count for 50% of spending, adults account for 35%, children only account for 15%.
- 2016 saw the highest peak of enrollment, in 2018 those numbers have decreased in the expansion adult enrollment. resulting in the State's Medicaid not meeting the proposed budget for 2018-19 because this same budget was used based on 2016 enrollment.

Enrollment with children has decreased as well. Individuals leaving the State also played a large role in decreased enrollment.

- Federal Medical Assistance Percentage (FMAP), which is the amount the federal government gives West Virginia, has also affected the budget. If the State is doing well economically, the amount either stays the same or decreases. The 2019 FMAP is based on 2014-2016 and the State was not doing well at that time, as a result, the FMAP is continuing to increase. In the past two years, West Virginia has seen a 2% FMAP increase.
- Compared to border states, Kentucky and West Virginia have similar FMAPs, but other border states have very low FMAPs.
- Commissioner Beane commented that West Virginia Medicaid was able to clear the ADW waitlist. The Intellectual Developmental Disabilities Waiver added 50 slots to decrease their waitlist. This program will be re-evaluated to see if more slots can be added.

Technology Update:

- Jon Cain, Director of Management Information Services (MIS), gave a technology update beginning with the Electronic Visit Verification (EVV) System.
- Cain stated that the department is in the early stages of looking for a solution that provides reliability and efficiencies to comply with the 21st Century CURES Act as well as meet the unique needs of West Virginia.
- Valuable feedback was gathered from providers during the provider workshops. Providers informed the department of what they are using in-house or whether they were waiting to see what capabilities the department can provide.
- There are several products on the market being reviewed to determine how to best meet stakeholder needs. Using technologies like tablets, iPhones, apps, etc. to check-in and check-out of a visitation is still being clarified by CMS to see what meets their compliance needs as well as the technology needs. One of those clarifications is ensuring that the location of where the service was provided is collected. Being completely reliant on Global Positioning System (GPS) is a clear challenge for West Virginia as rural state with limited connectivity. The department will continue to collaborate

with stakeholders to identify the best fit for meeting CMS requirements as well as West Virginian's.

- Asset Verification System (AVS) solution was procured February 2017.
- In order to comply with the Patient Protection and Affordable Care Act (ACA), the department is working diligently to operationalize the solution. ACA set in motion a significant transformation in the way that states determine eligibility for their Medicaid populations and enroll those populations into their Medicaid programs.
- Title VII, Section 7001(d) of P.L. 110-252 (Supplemental Appropriations Act of 2008) added a new section, Section 1940, to the Social Security Act (SSA). Section 1940 requires all states to implement an electronic system for verifying the assets of aged, blind, or disabled applicants for, and members of, Medicaid. This solution will also ensure compliance with state legislation, House Bill 4001, passed during last session requiring the Department of Health and Human Resources (DHHR) to perform asset verification services.

Closing Remarks:

Chairman Kelly asked if anyone had signed up for a public comment. There were no sign-ups and the meeting was adjourned.

Minutes submitted by:

Margaret Y. Brown
Bureau for Medical Services