

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL MEETING
April 26, 2013

Members and Alternates Present

Charles Covert, Hospital Representative, Chair
Carol Haugen, Hospital Alternate
Ralph Daniel Adkins, Consumer Representative
Mark B. Ayoubi, Physician Representative
Marshall C. Long, Physician Representative, Vice Chair
Thom Stevens, Physician Alternate
Dennis R. Lewis, Pharmacist Representative
Richard Stevens, Dental Alternate
Patrick D. Kelley, Nursing Home Representative
Larry Robertson, Hospice Representative
Teresa Frazer, Bureau for Public Health Representative
Cassie Long, Alternate for Ron Stollings, Senate LOCHHRA Chair
Sara Jones, Alternate for Don C. Perdue, House LOCHHRA Chair

Bureau for Medical Services Employees Present

Nancy Atkins, Commissioner
Sarah Young, Assistant to the Commissioner
Alva Page, III, General Counsel
Susan Harman, Legal Counsel
Cindy Beane, Deputy Commissioner, Policy
Tina Bailes, Deputy Commissioner, Finance
Ed Dolly, Deputy Commissioner, Division of Operations Management
Brandy Pierce, Director, Managed Care Organizations
Penney Hall, Communications Manager

Interested Parties Present

Amanda Hiser, Molina
Benita Whitman, Self
Barbara Good, WVSMA
Amy Sowards, WVHCA
Nancy Tyler, WVPEL/Briova/WVMC Ag. Assoc
Jennifer Britton, APS
Heather Huffman, APS
Perry Bryant, WVAHC

Welcome and Opening Remarks

Nancy Atkins, Commissioner, Bureau for Medical Services welcomed everyone to the meeting.

Approval of Minutes

Charles Covert, Chair, asked if there was a motion to approve the minutes of the last MSFAC meeting. A motion was made and seconded to approve the minutes. All were in favor.

Substance Abuse - Neonatal Abstinence Syndrome and Worsening Spread of Hepatitis C

Commissioner Atkins stated that we were not able to get someone to speak regarding End of Life Care. She then introduced Dr. James Becker, who will speak on some initiatives we have been working on, the first one being substance abuse.

Dr. Becker stated that West Virginia is having problems with substance abuse. This is consuming a lot of health and social resources to take care of it. He then proceeded to inform the MSFAC of a couple of aspects of substance abuse which are really impacting us.

- 1) Neonatal Abstinence Syndrome: An initiative has been started to help identify a way to approach this problem.
- 2) Worsening Spread of Hepatitis C: WV has risen to the top in the country in terms of Hepatitis. We lead the country in Hepatitis B. We have a new epidemic in our state in Hepatitis C.

Looking down the road, if we don't address these particular issues, we are looking at a tremendous expansion in health care costs.

Health Care Reform

Commissioner Nancy Atkins reviewed some of the things that have changed since the January 2013 MSFAC meeting:

- CMS has accepted our eligibility verification plan. We have a call in two weeks for CMS to go over this line by line.
- Magi conversion plan has to be submitted to CMS by Tuesday.
- In WV, we will allow the Federal Market Place to determine eligibility for Medicaid and pass the information to us.
- We have started training for county workers.
- There is a conference coming up on May 14th in Flatwoods, where we will talk about how folks can help the consumer to learn about eligibility.
- CMS still has not finalized Single State Application. Work is still being done on what data elements are.

Policy Update

Deputy Commissioner Cindy Beane presented a brief Policy Update.

- Posted the new chapter for the Hospice Manual on April 22, 2013. It is up for 30 day comment period.
- PRTF Manual is going into effect May 1, 2013.
- We have held the PT/OT Manual back. We were doing testing as there is a change in the PA requirements. We anticipate that will go out within the next couple weeks with a prospective date of implementation.
- Anticipate Personal Care Manual going out for comment within the next month or so.
- Ambulatory Surgical Center Services billing will be required to be submitted on the CMS-1500 effective June 1, 2013
- Working on implementation of ICD-10. CMS is holding us firm for October 2014 implementation.

- We plan to put some communication on our website by May 1, 2013 regarding Primary Care Bump. We are not going to be able to go ahead and do those payments until the State Plan gets approved. Once State Plan is approved, we will be going back to January and be able to adjust those claims and move forward.
- We are testing our re-enrollment system. This will be rolled out in phases. We are mandated to have all providers reenrolled by the end of 2015.

At the last meeting of the MSFAC, there was concern about how we can better communicate with providers. Therefore, Deputy Commissioner Beane introduced Penney Hall, our new Communications Director with the Bureau for Medical Services. Ms. Hall brings to us a wealth of experience. She was the former state ADA Coordinator, and has been working with the Bureau in the capacity of AD Waiver Manager and Personal Care Manager. Previously, she was the Communications Director for the Division of Rehabilitation Services.

Ms. Hall drew attention to the Provider Communications Plan, which was included in the packets. She stated that whenever we are developing any new endeavors, a communications plan like this will be developed. Some of our current ways we communicate with the provider network is through Molina Web Portal, the Quarterly Newsletter, and the Banner Pages on the Remittance Vouchers. All policy manual changes go up on our website. As policy manual changes are put up for comment periods, we will notify the Provider Associations. Also, we will talk to the Associations about putting articles in any publications they distribute. Ms. Hall stated that if the providers had any suggestions, to let her know.

Financial Update

Deputy Commissioner Tina Bailes stated we have additional reports at the request of Dr. Long. She has included the Managed Care Update and the Year's Projections. She stated we are still working on our current budget. In terms of the Managed Care Update, the most important thing is that effective April 1, 2013 the pharmacy benefit was transitioned from the current to the TANF based population.

Ms. Bailes then reviewed February report with the Council. She stated that with the current year to date we are approximately 3.2% under our budget estimate. Compared to what we were at the same time last year, we are about 12% higher, due to the hospital payments for the TPL Program and the backlog in getting the SPA approved. When that component is removed, we are running about 4% as our medical trend overall. The areas we are seeing largest growth in the budget is under the IDD Waiver line items. We are about 40 million above where we were. In Managed Care we were running about \$20 million over, but \$12 million of that is related to maternity care payments.

Ms. Bailes drew attention to the six year project. Dr. Long had requested this information be provided. This is the same information that was presented to Council in October. It has not been updated because in the current budget that was just passed there is SFY 13 appropriate supplemental appropriations that will be put into this and it will roll over into next year. Excluding all of those things, it looks like we are going to come in with \$54 million surplus that we can carry over into next year. That will be added to, because there was \$1.8 million added into our main funding and an additional \$34 million and some change through those supplementals, and then there is another supplemental for \$67 million sitting out there that we are waiting to see how that will work out. Those numbers will be updated, and we will be updating this worksheet.

Ms. Bailes drew attention to the report on enrollment numbers. We are looking at less than a 1% decline in our enrollment. We are seeing a little increase in the aged population, overall it is .8%. There are no major swings in enrollment.

State Plan Amendments

Alva Page, III gave the history on the State Plan Amendment (SPA) Hospital Provider Tax. The Council had previously approved SPA 1104, the initial SPA for this tax, which was Senate Bill 492 that the legislature passed. The legislature this year passed Senate Bill 195 to extend this for one more year, as it was to sunset on June 30, 2013.

Alva Page, III indicated that he had highlighted the changes on this SPA. Most of the changes on this SPA consist of the dates and the tax rate changed from .88 to .45 percent. Some of the cost report dates are changing.

A motion was made and seconded to approve this SPA. All were in favor.

The Council previously had asked that they be provided an update on State Plan Amendments. Mr. Page drew attention to the update in the packet as to the status of previous SPAs. This is for calendar years 2011, 2012 and 2013.

Information Technology Update

Ed Dolly presented the Information Technology Update.

- Mr. Dolly stated that Deputy Commissioner Beane had already touched on the Re-enrollment Project
- ICD-10 – Unlike last year, the Bureau, working with Molina, completed a project to do compliance for 5010, to take 5010 transactions from 4010 to 5010. During that project the Commissioner was able to speak with CMS to allow the Bureau to take 4010 transactions and 5010 transactions for a period of a year after that started. We will not be able to do that with ICD-10. When October 1, 2014 comes, the Bureau will only be able to accept ICD-10 codes. Commissioner Atkins defined ICD-10 as a way to code. Currently ICD-9 has 17,000 codes and ICD-10 has 70,000 codes. The Bureau is beginning code mapping and strategy around what was an ICD-9 code and what would be an ICD-10. This will be on our web page and on Molina's portal. We will be happy to bring it back to the MSFAC and report on the progress of this project going forward.
- The MMIS Reprourement Project – We have begun our design sessions and requirements validation. Those meetings are continuing. We are anticipating between a 20 and 26 month implementation.
- Data Warehouse – We are cautiously optimistic that we will still be live the third quarter of this year.
- We are working on redoing the State Health Information Technology (HIT) Plan. We have been formulating a tool that we are going to get out to some of the participants of the HIT collaborative, and Deputy Commissioner Dolly will bring this list to the next meeting.
- We are working in concert with DHHR and Health Care Authority for them to update the State Health Plan. We want to make sure that the HIT Plan is complimentary of the overall State Health Plan. Deputy Commissioner Dolly will bring to the next MSFAC meeting the survey tool

that we will be using to get out to agencies to talk about what are the possible HIT activities that are going on in the hospitals, FQHC, and local health departments.

APS Update

Jennifer Britton stated that we are in the final stages of rolling out the last couple of services and will continue to offer technical assistance training.

Molina Update

Amanda Hiser filled in for Dr. Panepinto in presenting the Molina Update. She stated that the Provider Workshops were very successful, and she has had a lot of positive feedback.

The web portal is being upgraded in August, and the web portal address is www.wvmmis.com. There will be three training sessions held. It has a lot of functionality, you can find status of PA, you can add attachments to claims, you can check to see if a code is covered for a member, etc.

Public Comments

Perry Bryant, WVAHC, would like the Commissioner to explain what Governor Tomlin is going to do with Medicaid Expansion.

Mr. Bryant stated that in the January meeting he had invited everyone to the May 14, 2013 conference; however, he has to withdrawal that invitation. Registration has been closed, as they have reached the maximum limit. The Citizen Guide to Enrollment will be released at the conference, and he would like to share that with the Council. They are also interested in working with pharmacists and private physicians so we can understand the basics of the enrollment process. There is nothing we can do more effective to improve the quality of people's lives than to enroll 150,000 uninsured people in WV in either Medicaid or the qualified health plans beginning on October 1, 2013.

Chairperson Charles Covert indicated that the reason Commissioner Atkins didn't discuss Medicaid Expansion is that there is no answer yet.

The next meeting of the MSFAC will be July 12, 2013.

Meeting adjourned.

Minutes submitted by:

Pat Johnson, Secretary
Bureau for Medical Services