

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL MEETING
JANUARY 11, 2013

Members and Alternates Present

Charles Covert, Hospital Representative, Chair
Carol Haugen, Hospital Alternate
Mark B. Ayoubi, Physician Representative
Marshall C. Long, Physician Representative, Vice Chair
Thom Stevens, Physician Alternate
Dennis R. Lewis, Pharmacist Representative
Richard Stevens, Pharmacist Alternate
Teresa Frazer, Bureau for Public Health Representative
J. Johns, Alternate for Ron Stollings, Senate LOCCHRA Chair
(Signature Illegible), Alternate for Don C. Perdue, House LOCHHRA Chair

BMS Employees

Nancy Atkins, Bureau for Medical Services
Susan Harman, Bureau for Medical Services, Legal
Alva Page, III, Bureau for Medical Services, Legal
Cindy Beane, Bureau for Medical Services
Tina Bailes, Bureau for Medical Services
Sarah Young, Bureau for Medical Services
Kim Fetty, Bureau for Medical Services

Interested Parties Present

Nancy S. Tonkin, WV Physical Therapy Association
Louise Reese, WVPCA
Julie Garner, med Immune
Benita Whitman, Self
Barbara Good, WVSMA
Todd White, Coventry
John Muraca, Coventry
Mickie Burrows, R.N., for Janie Hamilton, KVSS
Amy Sowards, WVHCA
Carla Cleek, WVDRS
Perry Bryant, WVAHC
Anita Hayes, BCF Policy Unit
Lorintha Miles, BCF Policy Unit
Helen Snyder, APS Healthcare

Welcome and Opening Remarks

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

Approval of Minutes

Charles Covert, Chair, stated that there were two sets of minutes to be approved.

The first set of minutes to be approved was the October 12, 2012 minutes. Dr. Ayoubi motioned that these minutes be approved as written, the motion was seconded, and all were in favor. The second set of minutes to be approved was the November 16, 2012 minutes. Dr. Ayoubi motioned that these minutes be approved as written, the motion was seconded. All were in favor.

Health Care Reform

Commissioner Atkins presented a brief update on Health Care Reform.

- Adult Quality Grant was awarded
- We are closer to submitting Health Homes State Plan Amendment to CMS.
- Continuing to work on re-enrollment of providers
- Continue to work on eligibility
- Continue to wait on the actuarial study, for Governor to make decision on expansion
- Working on MAGI (Modified Adjusted Gross Income) conversion

Richard Stevens expressed concern with electronic enrollment, and the fact that some providers don't have access to the internet.

Policy Update

Deputy Commissioner Cindy Beane presented a brief Policy Update.

- Three policy manuals went into effect January 1, 2013: Nursing Home Manual, Targeted Case Management Manual, and Changes to IDD Waiver Manual
- Changes will be made in TBI Waiver Application. We will be looking at the Eligibility Criteria.
- Starting a workgroup that will be working on changes on the FQHC Policy Manual to get it in accordance to the SPA that has been submitted
- Have a workgroup working on our Clinic and Rehab Policy Manual.

Financial Update

Deputy Commissioner Tina Bailes drew attention to information in the packets. While our November expenditures are 3% under our budget estimate, our YTD actuals are about \$63 million or 4.8% less than what we budgeted. We average a \$55 million dollar accounts payable balance every week and we will be monitoring that closely.

Our YTD expenditures are approximately \$1.3 billion, or approximately \$161 million over the same period last year. The largest percentage of that increase is attributable the UPL supplemental payments that we issued to acute care hospitals, that accounted for roughly \$93 million of that. The additional increase was related to \$10.2 million in our NH expenditure line, as well as an increase of almost \$47 million dollars in our home and community based waiver services. We have increased \$40.4 million in our ID Waiver alone.

The other information that is in the packet is the Medicaid monthly enrollment. We are seeing a trend of less than a 1% increase in our Medicaid monthly enrollment over the same time last year.

State Plan Amendments

Alva Page, III, presented three State Plan Amendments.

- 1) Improved Payments to Primary Care Providers. This is a mandatory SPA from CMS. This is for higher payment rates for evaluation of management services and also for three primary care medical specialties: family medicine, general internal medicine, and pediatrics. The codes are for preventive care.

There was a motion and second to approve this SPA. All were in favor.

Peggy King, Director of Pharmacy for BMS, presented the next two SPA's.

- 2) This State Plan will enhance the kinds of vaccines that would be approved for reimbursement by Medicaid if they are administered by pharmacists. The old state plan stated that pharmacists were limited to administering influenza and pneumonia vaccines. Since that SPA was written the State Legislature has enhanced that list of vaccines. In the future if the list would be expanded, then we would be covered to reimburse for those as well. We made it too specific in the beginning, so this is just a generalization of the language.

There was a motion and second to approve this SPA. All were in favor.

- 3) This SPA is to reflect a change that CMS made to the Part D coverage for dual eligible members who have both Medicare and Medicaid. When Part D came out, there were a list of excluded drugs that Medicare Part D would not cover, because they were covered by Medicaid general population and we also covered those products for the dual eligibles.
 - (j) Effective January 1, 2013, benzodiazepines were once excluded, but Part D will now cover those. We are excluding them from coverage for that population.
 - (i) Regarding barbiturates, there was a change in the policy for Part D to cover barbiturates if it is used for mental health condition, epilepsy, or cancer treatment. Because it is diagnostic driven, then we would pick the claim up should there be a situation that a barbiturate be used for another reason that we cover for everyone else.
 - (f) We made a technical change of this one. CMS recommended we take some language out. We had a list of examples of OTC products that we covered, but it was problematic because it listed Vitamins, and vitamins are no longer classified as drugs. We cover vitamins in another section of the State Plan, and claim them differently on our 64, so this is just a clean-up on letter "f".

There was a motion and second to approve this SPA. All were in favor.

Information Technology Update

Deputy Commissioner Ed Dolly gave an update on information technology.

- We continue to work on the testing phase of the Provider Re-Enrollment Project
- We will begin working on the agendas for the Provider Workshops, and maybe have a second series later in the fall. That will be posted on the website as it becomes available.

- Data Warehouse decision support system project is ongoing in the design and development phase. We have received the information from the data suppliers and beginning testing internal and reporting
- We have a tentative go-live for that data warehouse project in the third quarter 2013
- The MMIS re-procurement process is concluded. The contract was awarded to Molina Healthcare with an effective date of January 1, 2013, for a period of ten years with optional two one year renewals. We are beginning the planning phases for that implementation. Those meetings kick off next week.

APS Update

Helen Snyder stated that since our last meeting we have implemented additional areas in our Electronic Direct Data Entry System. We have implemented: private duty nursing, home health, hospice, speech and audiology, and dental and orthodontic. Outpatient Surgery goes live on January 21, 2013, Lab, Imaging, and Radiology is in February and DME goes live in early March. Regarding PT/OT we are anticipating updates to their environment based on upcoming changes to their manuals. All IDD Waiver changes have been implemented in our system, so the system is reflecting current. The CPT/HCPCS changes have been updated. We are testing currently with Molina to be sure claims will pay under new codes and when Prior Authorizations are obtained.

Molina Update

Dr. Ruth Ann Panepinto echoed Ed Dolly's report regarding the MMIS Re-procurement having been made. We have already started the process of implementation, and that will be a twenty month process.

Questions were posed to Deputy Commissioner Bailes regarding prescription drug expenditures.

It was also requested that update of State Plan Amendments be a standard report on the agenda.

Alva Page III stated that we had an emergency meeting in November for the FQHC SPA. That was submitted in December 2012, and that is pending. In the July meeting MSFAC voted on School Based Health Services SPA which we submitted around September 12, 2012, and CMS officially stopped the clock around December 5, 2012, so we have 90 days to respond to those questions, so we have until approximately March 5, 2013 to answer those questions. Tobacco Cessation SPA was just approved. Enhanced Payment Plan for the PEIA Transfers will be submitted next week to CMS for approval.

There was a discussion regarding how BMS communicates changes to providers and that anything we can do communication wise would help.

It was suggested adding the subject of communications to the agenda for the next meeting. We will discuss: 1) The ways BMS communicates information to providers, and 2) The providers need to come up with ways communication works best for them.

Public Comments

Perry Bryant stated that Tuesday, May 14, 2013 there would be a conference on the enrollment process. He would like us to pass along this invitation.

Benita Whitman asked if there was a SPA pending about moving the pharmacy piece of the TANF population to managed care. The answer is that managed care is covered under the 1915b waiver so there will not be a SPA. It is listed in our waiver application. It is pending right now and we are awaiting CMS' approval. In order to transition the benefit, there is a 30 day required notice to our members.

Meeting adjourned.

Minutes submitted by:

Pat Johnson, Secretary
Bureau for Medical Services