

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL MEETING
May 1, 2015

Members and Alternates Present

Cindy Beane, Acting Commissioner, BMS
Dr. Rahul Gupta, Commissioner, BPH
Dr. Carol Buffington, Dental Representative
Charles Covert, Chairman, Hospital Representative
Carol Haugen, Hospital Alternate
Thom Stevens, Physician Alternate
Dennis R. Lewis, Pharmacist Representative
Richard Stevens, Pharmacist Alternate
Larry Robertson, Hospice Representative
Patrick Kelly, Nursing Home Representative
Mark Drennan, BH Representative
Louise Reese, Primary Care Association
Cassie Long, Alternate for Ryan Ferns, Senate LOCHHRA
Sara Jones, Sara Renes, Charles Roskovensky Alternate for Joe Ellington, House LOCHHRA

Bureau for Medical Services Employees Present

Alva Page III, General Counsel, BMS
Tony Adkins, Deputy Commissioner, Finance, BMS
Penney Hall, Bureau for Medical Services
Anita Hayes, Bureau for Medical Services
Ed Dolly, DHHR, MIS

Interested Parties Present

Amanda Hiser, Molina
Brian Cunningham, Lewin
Barbara Good, WVSMA
Megan Roskovensky, PAR PPLC
Tony Gregory, WV Hospital Association
Christy Donohue, THP
Gary M. Smith, Mountain State Justice
Lydia Milnes, Mountain State Justice
Perry Bryant, WVRHC
John D. Law, KCAD
Helen Snyder, APS
Mitch Collins, Unicare
Phil Shimer, TSG
Fred Paoc, WVFH
Donna Said, WVFH
Tracy White, WVFH
Jerry White, WVFH

Public Comment Speaker

Perry Bryant, WVRHC

Welcome and Opening Remarks

Acting Bureau for Medical Services Commissioner Cindy Beane welcomed everyone to the meeting.

Approval of Minutes

Chairman Charles Covert called for a motion to accept the minutes from the October 10, 2014 meeting. Mr. Kelley moved the minutes be approved. Mr. T. Stevens seconded the motion. All were in favor. The minutes were approved.

Health Care Reform

Acting Commissioner Beane presented the update on Health Care Reform.

- An average of 150,000 expansion member are now Medicaid members
- Continuing efforts around Provider Enrollment/Revalidation, must be completed in the next four months
- Continuing to work on ICD-10 implementation, schedule for October 1, 2015, there was a reprieve last year, not looking for one this year
- The Centers for Medicare and Medicaid Services (CMS) have been on-site reviewing electronic health care records
- The Bureau published an Annual Report which was included in member packets
- Three 1915(c) Home and Community Based Waivers have been on the BMS website for 30 day comment
- Comments and the Bureaus responses are on the website for the Aged and Disabled Waiver and the Traumatic Brain Injury Waiver
- Comments and the Bureau's responses for the Intellectual Developmental Disabilities Waiver will be posted in the next few days
- There was record attendance at the Spring Provider Workshops, which included Molina, the managed care organizations, WVCHIP and other BMS contractors

Policy Update

Acting Commissioner Beane presented the policy update.

- Policies are looking a little different based on recommendations for CMS because of the implementation of ICD-10
- Policies will be placed on the BMS website for a 30 day public comment period although many of them have no changes
- The Health Home program which is now in six counties is going well, it is an integrated care model of behavioral and physical health
- BMS and the Department of Health and Human Resources are looking to submit a state plan amendment (SPA) to create a Health Home for addicted pregnant women and one for children who have gone through a trauma and are in foster care

Finance Update

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

- Mr. Atkins presented financial information in a different format than in the past, the Council agreed it was much easier to understand and would like to continue getting the report in this new format
- Mr. Atkins explained that MCO costs was up which was driven primarily by drugs, CHIP kids moving to Medicaid, and dental
- Mr. Atkins explained the State gets the drug rebates from the MCO's. The Federal Office of Inspector General found that Medicaid is getting an average rebate of 47%, whereas Medicare is only getting about 15%
- Mr. Drennan requested that at the next meeting to get a break out of the MCO's costs by service, if possible
- The total Medicaid costs increased approximately 19% due mainly to expansion

State Plan Amendments

BMS Legal Counsel, Alva Page III, presented two state plan amendments:

- Inpatient Hospital Services, this is the Hospital Provider Tax which is going from .62% to .72% Mr. T. Stevens moved to approve the SPA, Mr. Kelly second, motion passed
- 1915(b) Waiver Renewal Submittal contains three major items:
 - The Health Plan is adding two counties to its territory
 - Adding Behavioral Health as a managed care service
 - Adding the expansion population to managed care
- There was a request that the MCO cost saving numbers be presented at the next Council meeting.
- Mr. R. Stevens moved to approve the 1915(b) Waiver Renewal, Mr. Kelly seconded, motion passed with one nay vote by Mr. Drennan.

By Laws

BMS Legal Counsel, Alva Page III presented the recommended by law changes. There were two amendments to the by-laws made:

- On page 2, number 5 change Pharmacy to pharmacist
- On page 3, number 9 change wording to read "Three members who are licensed medical professions who provide services to Medicaid recipients in West Virginia, two of which are recommended by the WV Academy of Family Physicians.

Mr. T. Stevens moved the amendments, Mr. Robertson seconded, motion passed.

Mr. T. Stevens moved the by-laws be accepted as amended, Dr. Buffington seconded, motion passed.

Information Technology

Ed Dolly and Amanda Hiser presented to the Council:

- The most efficient way to check Medicaid eligibility is on the Molina web portal
- Concern was expressed that with dental work do not always know what they are going to do until the patient is checked thus checking to see if they eligible for that service is difficult
- Concern was expressed that many providers are not reenrolling with Medicaid because of the additional administrative burden
- Concern was expressed the once a year cards are putting an additional burden on provider staff
- Dr. Buffington said the MCO's were to be consistent with each other in regards to dental services but they are not. Acting Commissioner Beane said she would reconstitute the group that looked at dental through the MCO's.

Other Issues

Acting Commissioner Beane introduced Dr. Ralph Gupta as the new Commissioner for Public Health. She said Medicaid and Public Health is working closely together.

- There is an RFQ out for a RAC auditor

Public Comment Period

Perry Bryant talked about the impact of Medicaid expansion and that CAMC has saved approximately \$80 million from 2013 to 2014. He also said that he is glad that Medicaid is moving to look more like a private provided.

The next meeting of the MSFAC is August 21, 2014.

Meeting adjourned

Minutes submitted by:

Penney A. Hall

Bureau for Medical Services