

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL
(MSFAC)
TC Energy Conference Room
September 27, 2024

Members and Alternates Present or Online

Cynthia Beane, Commissioner, BMS
Sherri Ferrell, WV Primary Care Association, Council Chair
Sarah Young, Deputy Commissioner, BMS (alternate)
Debra Boyd, WV Primary Care Association (alternate)
Tracy Hendershot, MD, WV Academy of Family Physicians Representative (Online)
Gerry Stover, WV Academy of Family Physicians Representative (Online)
Matt Walker, WV Academy of Family Physicians (alternate) (Online)
Hallie Mason, WV Dental Association (Online)
Todd Jones, WV Healthcare Association Representative
Martin Wright, WV Healthcare Association (alternate)
Jessica Hall, Hospice Council of West Virginia (Online)
Brad Story, WV Behavioral Health Provider Association Representative

Bureau for Medical Services Employees (BMS) Present

Margaret Brown
Riley J. Romeo
Jennifer Myers
Regina McCormick
Mandy Carpenter
Shari Heinaman (Online)

West Virginia State Government Employees Present or Online

Cindy Dellinger, General Counsel, WV Senate
Jeremiah Samples, WV Legislature
Evan Worrell, WV House of Delegates

Interested Parties Present or Online:

Bill Wright, Radiology Inc. (Online)
Phil Shimer, TSG Strategies
Katie Lightner, Highmark Health Options (Online)
Christy Donohue, The Health Plan

Welcome and Opening Remarks:

- Council Chair, Sherri Ferrell, began the meeting requesting all MSFAC members, who attended in person and online, to introduce themselves and their organization.
- Council Chair Ferrell presented the June 28, 2024, Meeting Minutes.
- Minutes were approved.

Commissioner's Update:

- Bureau for Medical Services (BMS) Commissioner Cindy Beane provided the following updates for the West Virginia Medicaid program.
- Commissioner Beane announced the following new programs that will begin on October 1, 2024:
 - Certified Community Behavioral Health Clinics (CCBHC). Six individual comprehensive centers have already applied to be a CCBHC. Two have gone through the certification process. The goal is to have all six centers certified. Beane stated that in the future, the program will have cost-savings results as it will eliminate individuals from over utilizing hospital services and will receive preventative care in behavioral health.
 - Nursing Home Rate Adjustments and Quality Measures.
 - Rate Increases for Home and Community-Based Programs. There will be a 15 percent increase for all Waiver programs. The increase should improve the Direct-Care workforce.
- On May 24, 2024, the BMS Office of Pharmacy's Drug Utilization Review (DUR) Board met to discuss the drug Spravato, which is Esketamine. It was identified that a couple of providers were starting small clinics around the State using nurse practitioners to prescribe the drug. The drug is viewed as very dangerous and is used to treat depression. The DUR decided to tighten the criteria by not allowing nurse practitioners to prescribe, only doctors may prescribe the drug. The drug is considered potent, and the patient must be observed for two hours after taking the drug. The Board felt that prescription abuse was occurring and did not want it to increase and become out of control which resulted in the decision to only allow doctors to prescribe the drug. Commissioner Beane opened up discussions and questions on the decision with the Committee.
- Commissioner Beane stated that the Criteria will remain in effect.

- The Centers for Medicare and Medicaid Services (CMS) announced new guidelines and rules for Early Periodic Screening, Diagnostic, and Treatment (E.P.S.D.T). The rules for managed care and access consist of 900 pages.
- The CMS also distributed new rules for the Medical Services Fund Advisory Committee (MSFAC) and how it functions.
- Commissioner Beane presented the new rules regarding the MSFAC through a PowerPoint presentation. Commissioner Beane addressed questions and concerns regarding the new rules and guidelines.

Policy and Operations Update:

- Deputy Commissioner of Policy and Operations, Sarah Young, provided the following updates.
- Member enrollment has slowly decreased. In June the enrollment was 513,800. The current enrollment is now 510,898.
- Additional outreach regarding the public health unwinding renewals is still in progress with phone calls and emails to members.
- In May an unwinding audit was performed, there were 60 cases, 30 procedural and 30 non-procedural denials that were part of the audit.
- There was also a notice of the Office of Civil Rights audit seeking termination of renewals based on race, ethnicity, disability, and other factors.
- The following policies have been updated:
 - *Chapter 518, Pharmacy Services* was updated July 1, 2024. Medical residence must have a valid educational permit on record or prescriptions will be denied.
 - *Chapter 514, Nursing Facility Services*
 - *The Chapter 503, Licensed Behavioral Health Centers' Certified Community Behavioral Health Centers (CCBHC) Appendices 503I, 503I.1, 503I.2* has been posted to the BMS website with an effective date of October 1, 2024. Site applications are still in review and BMS staff will be conducting visits at the enrolled sites.
 - *Chapter 501, Aged and Disabled Waiver* is currently available for public comment.
 - Fall 2024 Provider Workshops will take place in October. Workshop presenters, times and dates were provided.
 - Deputy Commissioner of Policy and Operations Young addressed questions from meeting attendees.

Plan Management Update:

- Commissioner Beane presented five main areas of the new CMS Managed Care Access Rules Guidelines, through a PowerPoint presentation, that would affect the Council directly.
 - Rate restructuring and transparency
 - State-directed payments
 - New Medicaid/Managed Care Quality Rating System
 - Home and Community-Based Services (HCBS) Payment Adequacy
 - HCBS Quality Measure Set
- Commissioner Beane addressed questions and concerns regarding the information presented.

State Plan Amendment (SPA) Update:

- Riley J. Romeo stated there were no SPAs to present, but announced that in next quarter, there will be a policy and a SPA as the CMS issued a State Health Officer Official Letter in July titled “Provisions of Medicaid and Children’s Health Insurance Program (CHIP) Services.” The CMS will require states to provide targeted case management to incarcerated youth. The compliance date is expected in January 2025.

Finance Update:

- Interim Deputy Commissioner of Finance, Mandy Carpenter, provided the following finance update:
 - Regarding enrollment and eligibility, in the state fiscal year (SFY) 2024, West Virginia Medicaid averaged an 82 percent managed care organization (MCO) membership, 18 percent in fee-for-service (FFS). The enrollment average continues to decline.
 - There was an increase in expenditures with hospital utilizations, long-term care, rates were higher than projected.
 - HCBS spending decreased due to the ending of the American Rescue Plan Act (ARPA) rate increases.
 - Prescription drugs spending increased due to higher utilization.
 - Managed care decreased due to a decline in enrollment.
 - Premium subsidies increased at a minimum due to Part A and B rate increases.

- SFY 2024 spending closed out at little over \$5 billion, the spending was within 3 percent of the spending budget. The SFY 2025 spending budget is \$5.291billion.
- The new rate methodology for nursing facilities will be effective November 1, 2024.
- The HCBS Waiver rate increases are effective October 1, 2024. Waiver Amendments have been submitted.
- The CCBHC rates are effective October 1, 2024.
- The rate setting trends continue to transition from the Office of Shared Administration back to the BMS.
- The federally qualified health centers (FQHC) workgroup has been developed, and it is projected the FQHC SPA and provider manual completed by the end of the year.
- The Finance Unit is working with the Directed-Payment Program workgroup to work through SFY 2025 and Final Rule items.
- Myers and Stauffer have begun Phase One of the ARPA Agreed Upon Procedures. The HCBS Provider Reviews should Calendar Year (CY) 24. Phase One of the Behavioral Health Provider Reviews should be completed by March 2025.

Public Comment:

- There were no public comments. Meeting was adjourned.

Minutes submitted by:
Margaret Y. Brown
Bureau for Medical Services