

**MINUTES**  
**MEDICAL SERVICES FUND ADVISORY COUNCIL**  
**(MSFAC)**  
**TC Energy (formerly Columbia Gas) Conference Room**  
**March 24, 2023**

**Members and Alternates Present**

Cindy Beane, Commissioner, Bureau for Medical Services (BMS) Representative  
Sherri Ferrell, WV Primary Care Association, MSFAC Chairperson  
Debra Boyd, WV Primary Care Association, Representative (alternate)  
Richard Bradford, Consumer Representative  
Dr. Tracy Hendershot, WV Academy of Family Physicians Representative  
Dr. Lisa Costello, WV State Medical Association Representative  
Jessica Hall, Hospice Council of West Virginia Representative  
Christopher Rawlings, Hospice Council of West Virginia Representative (alternate)  
Todd Jones, WV Healthcare Association Representative  
Martin Wright, WV Healthcare Association Representative (alternate)  
Hallie Mason, Dental Representative  
Mark Drennan, WV Behavioral Health Provider Association Representative

**Bureau for Medical Services Employees Present**

Riley J. Romeo  
Margaret Brown  
Dr. Hyla Harvey  
Mandy Carpenter  
Jennifer Myers

**Interested Parties Present**

Dr. Nancy Lohuis, WV Academy of Family Physicians  
Christy Donohue, The Health Plan  
Phil Shimer, TSG

**Welcome and Opening Remarks and Commissioner's Update:**

- Sherri Ferrell announced and congratulated Commissioner Beane's appointment as Chair for the National Association of Medicaid Directors.

- Commissioner Beane welcomed the new MSFAC consumer member, Richard Bradford.
- Beane announced that Mandy Carpenter is the Interim Deputy Commissioner of Finance.
- MSFAC Council Chair, Sherri Ferrell, introduced Meeting Minutes
- Sherri Ferrell presented the MSFAC December 2, 2022, Meeting Minutes, Minutes were approved.
- Beane announced the conclusion of the Legislative Session. Beane highlighted Bills presented that will directly affect West Virginia Medicaid. Due to the DHHR Split Bill passing, the Bureau for Medical Services (BMS) will now be under the newly named Department of Human Services (DoHS). Other Bureaus that will fall under the DoHS will be the Bureau for Behavioral Health, the Bureau for Social Services, the Bureau for Child Support Enforcement, and the Bureau for Family Assistance.
- Beane stated that she doesn't foresee the split affecting the services and operations of the BMS and will continue to work with their partners such the Office of the Inspector General (OIG) and Public Health
- Beane stated that the Prior Authorization Bill passed and observing where it will end. The Bill took information from the previous Prior Authorization Bills and made it larger. The Bill will involve Gold Standards, portals, and will affect fee-for-service (FFS) Medicaid and managed care providers. The Bill will recognize providers performing to high standards maintaining the Gold Standard. Providers who hold Gold Standard status will not have to go through prior authorizations.
- Beane stated that they are watching out for another Bill that was passed that cuts out the Request for Proposal (RFP) being cut from the Managed Care requirement. The previous Bill required four managed care organizations (MCOs) instead of three. The Bill will allow an open application process.
- Beane paused to take questions regarding the Legislation Session and Bills.
- Riley J. Romeo updated Beane on two Bills that were in limbo until the day of this meeting. The Governor signed the Prior Authorization and Healthcare Provider Tax Bills but has not signed 476 which is the MCO Bill.
- Mark Drennan requested Beane to explain Bil 476 further, Beane discussed detailed information about Bill 476.

- Beane announced that the Public Health Emergency (PHE) is officially ending. Policies that will be ending will be posted to the BMS website that will be located in one area of the site. Flexibilities around Telehealth will continue.
- Beane announced that any providers that are providing COVID-19 testing to uninsured, coverage will end on May 11, 2023. If providers are going to submit claims to the BMS, must do so by August 11, 2023. Many flexibilities are being kept; those are: 90-day supply for Pharmacy, vaccine distribution, partnerships with local health departments to do presumptive eligibility terminations, initial and annual trainings that the BMS requires, to do electronically or telephonically. Moreover, some home and community-based services will be allowed to carry them over six months after the PHE ending date. Beane stated all of those services will be posted to the BMS website.
- Beane addressed additional questions from Council members regarding the conclusion of the PHE.

### **Special Topic:**

- Beane introduced the Special Topic: Dr. Nancy Lohuis who is the Medical Director for Primary Care in Princeton, West Virginia.
- Dr. Lohuis presented evidence through a PowerPoint presentation that dietitians should be allowed Telehealth options and how the evidence presented will reduce diabetes in the State.

### **Policy and Operations Update:**

- Beane presented the following policy and operations updated:
  - *Chapter 531, Psychiatric Residential Treatment Facilities* for adolescents went into effect January 1, 2023.
- Spring Provider Workshops will take place from April 18 through April 27, 2023.
- West Virginia Medicaid and all agencies are all preparing for the PHE unwind. Medicaid members were not disenrolled during the PHE. Enrollment during PHE reached over 650,000. Annual information was mailed to members. 200,000 members have not returned their updated information.
- A heavy communication effort has been in effect to inform members of the PHE unwind. Members will also receive robocalls from vendors to update their information. Also, MCOs are also helping tremendously to inform members of the PHE unwind.

- Beane addressed questions regarding the PHE unwind.

### **Managed Care, Program Integrity and Pharmacy Services Update:**

- Beane presented the Managed Care, Program Integrity, and Pharmacy Services Update:
- If Senate Bill 476 passes, the Office of Managed Care will do what they need to do to comply.
- A new staff Director, Matt Brannon, has been appointed to the Office of Quality Management.
- “Blackout” period has begun for Prior Authorization management. The current vendor is Kepro, bids are currently being evaluated.
- Office of Program Integrity that comments were received on Chapter 800, Program Integrity. The comments submitted will be addressed, and changes will be based on those comments received on the Policy Manual.

### **State Plan Amendment (SPA) Update:**

- BMS General Counsel, Riley J. Romeo presented the following State Plan Amendments (SPA):
  - SPA 23-0005, Personal Care, was passed.
  - SPA 23-0008 Medicaid Eligibility (regarding those who are aged out in foster care), was passed
  - SPA 23-0009, Over-the-Counter Pharmacy Coverage, was passed.

### **Finance Update:**

- Interim Deputy Commissioner of Finance, Mandy Carpenter provided finance update:
  - Carpenter announced and discussed in detail general information on a large provider rates project. Home and community-based services rates will be the first subject of the project.
  - Carpenter and Beane addressed questions regarding the project.
  - Carpenter presented an overview of Medicaid enrollment and how the PHE affected the enrollment. In addition, an overview of revenue, expenditures and Federal Medical assistance

Percentage (FMAP) were presented. Carpenter attributes all increases to the PHE.

**Public Comment:**

- There were no public comments. Meeting was adjourned.

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