

MINUTES
MEDICAL SERVICES FUND ADVISORY COUNCIL
(MSFAC)
TC Energy Conference Room
March 28, 2025

Members and Alternates Present or Online

Cynthia Beane, Commissioner, BMS

Sarah Young, Deputy Commissioner of Policy and Operations, BMS
(alternate)

Debra Boyd, WV Primary Care Association (alternate/online))

Richard Bradford, Consumer Representative

Tracy Hendershot, MD, WV Academy of Family Physicians Representative
(online)

Lisa Costello, MD, WV Academy of Family Physicians Representative
(online)

Martin Wright, WV Healthcare Association (alternate)

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

Hyla Harvey, MD

Interested Parties Present or Online:

Phil Shimer, TSG Strategies

Benita Whitman, Legal Aid

Erin Beck, Mountain State Spotlight

Welcome and Opening Remarks:

- Commissioner Beane presented the September 27, 2024, Meeting Minutes
- Minutes were approved.

Commissioner's Update:

- Bureau for Medical Services (BMS) Commissioner Cindy Beane provided the following Legislation and West Virginia Medicaid program updates.
- Commissioner Beane stated that Medicaid has been the topic of discussions on both state and federal levels regarding possible changes and future cuts to the programs.
- Possibilities range from work requirements to per capita caps, block grants and change to the Federal Medical Assistance Percent (FMAP) for West Virginia's expansion population. In addition, discussions around provider taxes and how Medicaid funds their administration and advanced planning documents.
- Beane reminded everyone that the Medicaid budget has not been very plush as West Virginia Medicaid spends the money they are given to its providers and services; 30 percent of West Virginians are served by West Virginia Medicaid program. Beane further stated that any federal level cuts would be devastating to the program at the State level.
- Beane announced that Legislation introduced the "Trigger Law" Bill (House Bill 3518) yesterday. Currently, the way the Bill is written, if there is any change to the FMAP or the expansion population, the State would no longer cover the expansion population which is comprised of 165,000 of West Virginia's population which is significant for the State.
- Beane announced that she testified yesterday that any change to the expansion would be devastating to individuals that use it for their health care, to West Virginia Medicaid's provider community who would see their rural hospitals closing and will also hurt the behavioral health provider community because many individuals, who suffer from substance use disorder and receiving treatments, in recovery and follow-up, are in the expansion population.
- Beane feels that there is a misnomer around the expansion population and are considered the "working poor" who are individuals making \$20,000 or less and the minimum wage population, qualifies for the expansion, 63 percent of the expansion population are employed, individuals who are not employed are mostly made up of mothers who are at home taking care of their children.

- Beane state that the main concern with the Bill is that any change such as decreasing the federal match would still result in West Virginia Medicaid getting rid of the expansion population. Although Beane provided a testimony, the Bill has moved forward to the West Virginia House of Representatives.
- Commissioner Beane addressed questions and concerns regarding potential Medicaid cuts.

Policy and Operations Update:

- Deputy Commissioner of Policy and Operations, Sarah Young, provided the following up updates.
- The member enrollment continues to decrease. In September, the enrollment was around 510,000. As of March 1, 2025, the enrollment is now 503,000. There continues to be a high coverage rate for children which makes West Virginia one of the top 10 highest rates in the nation.
- Additional outreach regarding the public health unwinding renewals is still in progress with phone calls and emails to members.
- Unwinding renewal audits were performed and completed in December. The Centers for Medicare and Medicaid Services (CMS) found no issues with any of West Virginia Medicaid's cases.
- The following policies have been updated:
 - *Chapter 400, Member Eligibility* was updated based on the approved State Plan Amendment where additional entities were added that may conduct presumptive eligibility determinations. Pharmacists, pharmacy technicians employed by enrolled pharmacies, the Affordable Care Act (ACA) navigators, and the HELP4WV Helpline staff.
 - *Chapter 514, Nursing Facility Services* was also updated to reflect the change in the payment model.
 - *Chapter 519, Practitioner Service's Policy 519.15, Reproductive Health Services* billing was updated to differentiate between which sterilizations received 30-day notice, and which did not to claim the federal match for those that did meet the deadline.
 - *Chapter 519, Practitioner Service's Policy 519.17* Medicare flexibilities ended in December 2024, additional codes were added in January 2025.
 - *Chapter 519, Practitioner Service's Policy 519.18, Tobacco Cessation Services'* prior authorization requirement was

removed for Nicotine replacement therapy, but prior authorization is still required if therapy extends beyond the 12-week period.

- Additional policy manuals were updated to reflect new Department logos and hyperlinks.
- Effective May 1, 2025, prior authorizations are no longer required for dental services except for oral surgeries and orthodontia.
- Young announced that the Spring 2025 Virtual Provider Workshops will take place on April 15 through April 24, 2025.

State Plan Amendment (SPA) Update:

- Riley J. Romeo presented the following SPAs to council members:
 - SPA 25-0001, Mandatory Coverage for Eligible Juveniles who are Inmates of a Public Institution and Targeted Case Management Services for Eligible Juveniles was presented, SPA was approved by the Council. All in favor, no one opposed.
 - SPA 25-0002, Pharmacy Coverage was presented, SPA was approved by the Council. All are in favor, no one opposed.

Finance Update:

- Interim Deputy Commissioner of Finance, Mandy Carpenter, provided the following finance update:
 - The overall West Virginia Medicaid enrollment average continues to decline.
 - The most recent added MCO's (Highmark Health Options of West Virginia) enrollment is slowly increasing.
 - Compared to the state fiscal year (SFY) 2025. During the SFY 2024, managed care expenditures are down due to the decline in enrollment and the 2025 rates have not been disbursed as the CMS has not yet approved the rates.
 - Long-term care expenditures have experienced a slight increase was an increase in key expenditures with hospital utilizations, long-term care, rates were higher than projected.
 - West Virginia Medicaid collections were higher than disbursements.
 - The year-to-date spending is on target with the West Virginia Medicaid budget.

- There was no change in the six-year projections since the previous update. New budget assumptions will be submitted in Spring 2025.
- There was no change in the FMAP trend chart. The 2026 FMAP will reach 74.125 percent, which is an increase and reflects that West Virginia's economy is not performing well.
- Carpenter clarified that West Virginia Medicaid is not overspending, and Commissioner Beane is very fiscally responsible regarding its programs and services.
- Carpenter addressed questions from the Council.

Public Comment:

- Commissioner Beane and Deputy Commissioner Young addressed questions from interested party member, Benita Whitman, Legal Aid.
- There were no public comments. The meeting was adjourned.

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