Managed Care in West Virginia

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, more than half of West Virginia's Medicaid beneficiaries were enrolled in one of three managed care programs. The state first introduced managed care when it implemented a primary care case management program (PCCM) in 1992 and introduced risk-based capitated managed care in 1996, with the **Mountain Health Trust (MHT)** program, which was expanded nearly all counties in the state in 2006. As of 2011, MHT was mandatory for poverty-level pregnant women and children with special needs, and voluntary for low-income adults and children. Through managed care organizations, it covered acute, primary, and specialty services; behavioral health, long term care, children's dental care, and non-emergency medical transportation services are carved out and provided on a fee-for-service basis. In seven of the state's 55 counties, Medicaid beneficiaries are covered through **Physician Assured Access System (PAAS)**, a PCCM program that available in areas in which other managed care delivery systems are not offered. PAAS is voluntary for low-income adults and children and mandatory for adults and children with disabilities, and children in foster care. Low-income adults and children without disabilities may also participate in **Mountain Health Choices**, a MCO program introduced in 2007, which covers enhanced benefits not otherwise covered by Medicaid, such as nutritional education and cardiac rehabilitation, for beneficiaries who agree to comply with specific care requirements, such as getting certain screenings and attending health improvement classes. Mountain Health Choices beneficiaries who choose not to enroll in the enhanced package receive a more limited package of primary, acute, and specialty care benefits.

In 2012, the state expanded the range of services covered by MCOs to include pharmacy services. It also began to enroll individuals with disabilities (excluding dual eligibles, those in residential settings, and those enrolled in the HCBS waiver programs) into managed care.

In 2014, West Virginia submitted and CMS approved the West Virginia Family Health Mountain Health Trust 1915(b) Waiver Amendment. This waiver amendment is to allow an additional MCO, West Virginia Family Health (WVFH), to participate in the MHT program. The planned operational start date for WVFH is September 1, 2014, for 53 of 55 counties in the state.

Participating Plans, Plan Selection, and Rate Setting

Currently, the state contracts with three **national health plans** to provide services to beneficiaries in its MCO programs, two of which are **for-profit** (Coventry Health Care of West Virginia and Unicare), and one of which is **not-for-profit** (Health Plan of the Upper Ohio Valley). The state uses an open cooperative procurement process (in which any qualifying contractor may participate) and sets rates through an administrative process using actuarial analyses that accounts for differences in cost based on age, sex, eligibility category, and geography. The state is scheduled to begin providing services through West Virginia Family Health beginning in September 2014.

Quality and Performance Incentives

The state requires plans to maintain accreditation by the National Committee for Quality Assurance and to submit data on HEDIS, CAHPS, and other performance measures, including all CMS-recommended core measures for adults and children. MCOs are also required to create policies for ongoing quality assessment and performance improvement projects, maintaining at least three projects at a time. MCOs can participate in a performance incentive program in which the state pays them up to 1.5 percent of the total annual capitation for improving scores on select quality measures from year to year.

Table: Managed Care Program Features, as of August 2014

Program Name	Physician Assured Access System (PAAS)	Mountain Health Trust	Mountain Health Choices
Program Type	PCCM	MCO	MCO
Program Start Date	April 1996		March 2007
Statutory Authorities	1915(b)		1937
Geographic Reach of Program	Select counties	Statewide	Statewide
Populations Enrolled *(Exceptions may apply for certain individuals in each group)*			
Aged			
Disabled Children & Adults	X	X	
Children	X	X	X
Low-Income Adults	X	X	X
Medicare-Medicaid Eligibles ("duals")			
Foster Care Children	X		
American Indians/Alaska Natives			
Mandatory or Voluntary enrollment?	Varies	Varies	Varies
Medicaid Services Covered in Capitation *(Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.)*			
Inpatient hospital		X	X
Primary Care and Outpatient services	X	X	X
Pharmacy		X*	X*
Institutional LTC			
Personal care/HCBS		X	X
Inpatient Behavioral Health Services			
Outpatient Behavioral Health Services			
Dental		X	X
Transportation			
Participating Plans or Organizations	1. Physician Assured Access System – participating providers	1. Carelink Health Plan 2. Health Plan of the Upper Ohio Valley 3. Unicare Health Plan of WV	1. Carelink Health Plan 2. Health Plan of the Upper Ohio Valley 3. Unicare Health Plan of WV
Uses HEDIS Measures or Similar	X	X	X
Uses CAHPS Measures or Similar	X	X	X

Program Name	Physician Assured Access System (PAAS)	Mountain Health Trust	Mountain Health Choices
State requires MCOs to submit HEDIS or CAHPS data to NCQA	NA	X	X
State Requires MCO Accreditation	NA	X	X
External Quality Review Organization	Delmarva Foundation for Medical Care		
State Publicly Releases Quality Reports	Yes		

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.

Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.

National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

* According to the state, pharmacy benefits are covered as part of the Adult and Children Medicaid redesign benefit packages covered by Mountain Health Choices and Mountain Health Trust. See https://www.mountainhealthtrust.com/membermaterials.aspx and http://www.dhhr.wv.gov/bms/mhc/Pages/default.aspx.