

# **2021 MANAGED CARE ANNUAL HOUSE BILL 4217 REPORT**

## **WV Medicaid Program**

**West Virginia Bureau for Medical Services (BMS)**



*April 1, 2022*

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## Executive Summary

The Bureau for Medical Services (BMS) administers the State of West Virginia's Medicaid managed care programs, Mountain Health Trust (MHT) and Mountain Health Promise (MHP). Both MHT and MHP programs aim to improve member access to high-quality care and lower healthcare costs through enhanced coordination of care. In Calendar Year (CY) 2021, BMS contracted with three total managed care organizations (MCOs) that served approximately 548,300 members.

One of the three MCOs, Aetna Better Health of West Virginia, is the sole contractor for the MHP program.

This annual report is required by West Virginia (WV) House Bill (HB) 4217. The report addresses each subsection of the bill in the order presented in the legislation. Due to the impact of the COVID-19 pandemic on CY 2021, there were several limitations on reporting outcomes and alterations from the previous HB 4217 Report.

## WV Managed Care Organizations and Geographic Service Areas

West Virginia contracted with the following three MCOs in CY 2021:

1. Aetna Better Health of West Virginia (ABHWV)
2. The Health Plan (THP)
3. UniCare (UC)

Every MCO's geographic service area included all of West Virginia's 55 counties.

## Managed Care Organization Provider Networks

Each MCO has a defined network of providers for MHT members. ABHWV indicated that their plan leverages the same provider network for both MHP and MHT programs.

BMS uses the access and capacity network requirements outlined in the MCO contracts to evaluate MCO provider networks. In addition to an annual provider network adequacy report, BMS monitors each MCO both weekly and monthly throughout the contracting period. By requiring MCO reports and evaluating based on contract standards, BMS ensures that MHT and MHP members have adequate access to every provider type.

WV MCOs contract with over 100 different provider specialties. Table 1 shows the total number of providers for each MCO.

**Table 1. Total Number of Providers Contracted by MCO**

MCO	Number of Providers Contracted
ABHWV	17,064
THP	20,357
UC	41,287

Additional information about each provider type and specialty can be found in each MCO's provider directory below:

1. Aetna Better Health of WV: [Find a Provider](#)
2. The Health Plan: [Provider Search](#)
3. UniCare: [Find a Doctor](#)

## Providers by Provider Type

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Table 2 shows the number of providers by provider type for each MCO.

**Table 2. Total Number of Providers Contracted by Provider Type and MCO**

Provider Type	ABHWV	THP	UC
Behavioral Health	1,834	2,842	2,388
Dental	1,176	1,210	1,062
Medical	13,583	16,077	37,569
Other	471	228	268
<i>Total</i>	<i>17,064</i>	<i>20,357</i>	<i>41,287</i>

## Providers by Specialty and Geographic Area

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Provider counts by specialty and geographic area are available in Appendix A.

## Managed Care Enrollment

There were approximately 494,291 members in the MHT program and 27,660 in the MHP program as of December 31, 2021.

### Enrollment by MCO

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Table 3 displays the total number of enrollees by MCO and average monthly enrollment for MHT and MHP.

**Table 3. Member Enrollment by MCO**

Program	MCO	Total 2021 Enrollment (as of December 31, 2021)	Average Monthly Enrollment
MHT	ABHWV	174,629	169,445
MHT	THP	124,828	119,438
MHT	UC	194,834	189,289
<i>MHT Total</i>		494,291	478,172
MHP	ABHWV	27,660	25,756
<i>Total</i>		521,951	503,928

### Enrollment by Eligibility Group

Table 4 shows the total number of enrollees as of December 31, 2021 by Medicaid eligibility group. Table 5 displays average monthly enrollment by eligibility group.

**Table 4. Total Member Enrollment by Medicaid Eligibility Group**

Eligibility Group	MHT	MHT	MHT	MHP
	ABHWV	THP	UC	ABHWV
Temporary Assistance for Needy Families (TANF)	85,450	56,058	101,122	27,003
Expansion	73,679	55,674	75,808	0
Supplemental Security Income (SSI)	13,114	11,235	15,019	19
Pregnant Women	2,041	1,495	2,534	0
Children with Special Health Care Needs (CSHCN)	345	366	351	638
<i>Total</i>	<i>174,629</i>	<i>124,828</i>	<i>194,834</i>	<i>27,660</i>

**Table 5. Average Monthly Member Enrollment by Medicaid Eligibility Group**

Eligibility Group	MHT	MHT	MHT	MHP
	ABHWV	THP	UC	ABHWV
TANF	83,856	54,123	98,945	25,139
Expansion	69,748	52,060	72,042	0
SSI	13,398	11,414	15,380	12
Pregnant Women	2,126	1,503	2,603	0
CSHCN	317	337	320	604
<i>Total</i>	<i>169,445</i>	<i>119,438</i>	<i>189,289</i>	<i>25,756</i>

### Claims by Provider Type and Timeliness of Payment

Tables 6-9 summarize the timeliness of provider payments. They include the average number of days to claim adjudication and clean claim payments for each MCO by quarter and provider type. They also include percentage of clean claims paid each provider type within thirty calendar days.

**Table 6. ABHWV MHT Claim Adjudication and Timeliness of Payment**

CY 2021 Quarter	ABHWV (MHT) Provider Type	Average Claim Adjudication Time	Average Clean Claim Payment Time	Percentage of Clean Claims Paid Within 30 Days
2021Q1	Medical	10	9	98.65%
	Behavioral Health (BH)	9	9	98.79%
	Dental	10	10	99.97%

CY 2021 Quarter	ABHWV (MHT) Provider Type	Average Claim Adjudication Time	Average Clean Claim Payment Time	Percentage of Clean Claims Paid Within 30 Days
2021Q2	Medical	10	9	97.67%
	BH	9	9	97.57%
	Dental	12	12	99.97%
2021Q3	Medical	10	10	97.81%
	BH	9	9	98.84%
	Dental	9	9	99.89%
2021Q4	Medical	10	9	98.32%
	BH	9	9	98.73%
	Dental	9	9	99.99%

**Table 7. THP MHT Claim Adjudication and Timeliness of Payment**

CY 2021 Quarter	THP Provider Type	Average Claim Adjudication Time	Average Clean Claim Payment Time	Percentage of Clean Claims Paid Within 30 Days
2021Q1	Medical	5	5	99.58%
	BH	6	6	99.65%
	Dental	7	7	99.92%
2021Q2	Medical	5	5	99.96%
	BH	6	6	99.99%
	Dental	5	6	100.00%
2021Q3	Medical	5	4	99.90%
	BH	6	6	99.99%
	Dental	5	5	99.99%

CY 2021 Quarter	THP Provider Type	Average Claim Adjudication Time	Average Clean Claim Payment Time	Percentage of Clean Claims Paid Within 30 Days
2021Q4	Medical	8	7	99.90%
	BH	8	8	99.97%
	Dental	5	5	100.00%

**Table 8. UC MHT Claim Adjudication and Timeliness of Payment**

CY 2021 Quarter	UC Provider Type	Average Claim Adjudication Time	Average Clean Claim Payment Time	Percentage of Clean Claims Paid Within 30 Days
2021Q1	Medical	2	2	99.87%
	BH	2	2	99.93%
	Dental	10	10	100.00%
2021Q2	Medical	3	3	99.25%
	BH	3	3	99.15%
	Dental	11	11	100.00%
2021Q3	Medical	2	2	99.70%
	BH	2	2	99.15%
	Dental	8	8	100.00%
2021Q4	Medical	2	2	99.93%
	BH	3	3	99.96%
	Dental	8	8	100.00%



**Table 9. ABHWV MHP Claim Adjudication and Timeliness of Payment**

CY 2021 Quarter	ABHWV (MHP) Provider Type	Average Claim Adjudication Time	Average Clean Claim Payment Time	Percentage of Clean Claims Paid Within 30 Days
2021Q1	Medical	10	10	99.83%
	BH	9	9	99.90%
	Dental	10	10	99.99%
2021Q2	Medical	10	10	99.87%
	BH	9	9	99.95%
	Dental	10	9	100.00%
2021Q3	Medical	10	10	99.67%
	BH	9	9	99.81%
	Dental	9	9	100.00%
2021Q4	Medical	9	9	99.84%
	BH	10	10	99.80%
	Dental	9	9	100.00%

## Denied and Pended Claims

Tables 10-13 show the number of denied and pended claims for each MCO by CY 2021 quarter.

**Table 10. ABHWV MHT Denied and Pended Claims in CY 2021**

ABHWV (MHT) Claim Outcomes	2021Q1	2021Q2	2021Q3	2021Q4
Total Claims Pended	58,286	62,335	68,166	73,517
Total Claims Denied	113,059	105,810	116,332	115,293

**Table 11. THP MHT Denied and Pended Claims in CY 2021**

THP Claim Outcomes	2021Q1	2021Q2	2021Q3	2021Q4
Total Claims Pended	528	776	4,050	25,469
Total Claims Denied	64,417	63,446	62,173	59,739

**Table 12. UC MHT Denied and Pended Claims in CY 2021**

UC Claim Outcomes	2021Q1	2021Q2	2021Q3	2021Q4
Total Claims Pended	11,263	1	22	48
Total Claims Denied	143,226	123,222	118,496	168,612

**Table 13. ABHWV MHP Denied and Pended Claims in CY 2021**

ABHWV (MHP) Claim Outcomes	2021Q1	2021Q2	2021Q3	2021Q4
Total Claims Pended	27,582	14,092	19,273	18,689
Total Claims Denied	10,452	9,171	11,396	12,603

## Claims Paid to Non-Network Providers

Tables 14-15 are a summary of non-network provider payments.

**Table 14. MHT Non-Network Provider Payments by Provider Type and MCO**

Claim Type	ABHWV (MHT)		THP		UC	
	Total Number of Claims	Total Paid (\$)	Total Number of Claims	Total Paid (\$)	Total Number of Claims	Total Paid (\$)
Medical	158,419	\$26,420,277	13,027	\$9,131,647	203,529	\$29,152,927
BH	5,369	\$1,399,186	116	\$43,433	73,454	\$5,455,585
Dental	83	\$44,448	0	\$0	211,475	\$51,125,672

**Table 15. MHP Non-Network Provider Payments by Provider Type and MCO**

Claim Type	ABHWV (MHP)	
	Total Number of Claims	Total Paid (\$)
Medical	14,384	\$1,808,511
BH	2,574	\$3,289,593
Dental	1	\$88

### Self-Selection vs. Auto-Enrollment

Table 16 shows the number of members who choose their MCO compared to the number that auto-enrolled into each MCO. It also shows the percentage of total MCO members who self-selected or auto-enrolled.

**Table 16. Number of Members Using Self-Selection vs. Auto-Enrollment by MCO**

Program	MCO	Number (Percentage) of Members Who Self-Selected	Number (Percentage) of Members Who Auto-Enrolled
MHT	ABHWV	123,227 (70.57%)	51,401 (29.43%)
MHT	THP	76,272 (61.10%)	48,556 (38.90%)
MHT	UC	144,110 (73.97%)	50,724 (26.03%)
<i>MHT Total</i>		343,609 (69.52%)	150,681 (30.48%)
MHP	ABHWV	613 (2.22%)	27,048 (97.78%)
<i>Total</i>		344,222 (65.95%)	177,729 (34.05%)

### Per-Member, Per-Month (PMPM) Payments and Total Capitation

The average PMPM payment amount and total number of payments for each MCO are summarized in Table 17.

**Table 17. Capitation and PMPM Payments by MCO**

Program	MCO	Total Capitation	Total Member Months	Average PMPM
MHT	ABHWV	\$686,614,121.00	1,968,289	\$348.84
MHT	THP	\$502,415,040.00	1,375,745	\$365.19
MHT	UC	\$727,125,842.11	2,186,753	\$332.51
MHP	ABHWV	\$172,642,901.00	305,776	\$564.61

## Health Outcome Comparison

See Appendix B for a comparison of nationally recognized health outcomes by MCO. Health outcomes are reported using HEDIS measures, which are delayed by several months. Therefore, the most recent measures in Appendix B reflect Measurement Year 2020.

## Member and Provider Satisfaction Surveys

See Appendix C for the CAHPS member satisfaction survey results by MCO.

Due to the COVID-19 pandemic, the provider satisfaction survey requirement for the MCOs was waived in CY 2020. The CY 2021 provider survey will be administered between March and June 2022. The results will be available in later 2022.

## Annual Audited Financial Statements

See Appendix D for the annual audited financial statements for each MCO.

## Sanctions

In 2021, there were no financial sanctions and Corrective Action Plans (CAPs) issued against the three MCOs.

## Member Grievances and Appeals

The number of members that filed a grievance or appeal, separated by MCO, are listed in Tables 18-21. The tables include the number and percentages of appeals either reversed or resolved in favor of the member.

**Table 18. ABHWV MHT Grievances and Appeals Outcomes**

ABHWV (MHT) Outcome	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Number of Grievances and Appeals	61	67	106	103
Number Resolved in Favor of the Member	22	24	26	17
<i>% Resolved in Favor of the Member</i>	36.1%	35.8%	24.5%	16.5%

**Table 19. THP MHT Grievances and Appeals Outcomes**

THP Outcome	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Number of Grievances and Appeals	5	15	39	0
Number Resolved in Favor of the Member	3	5	25	0
<i>% Resolved in Favor of the Member</i>	60.0%	33.3%	64.1%	0.0%

**Table 20. UC MHT Grievances and Appeals Outcomes**

UC Outcome	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Number of Grievances and Appeals	289	416	393	341
Number Resolved in Favor of the Member	27	52	54	42
<i>% Resolved in Favor of the Member</i>	9.3%	12.5%	13.7%	12.3%

**Table 21. ABHWV MHP Grievances and Appeals Outcomes**

ABHWV (MHP) Outcome	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Number of Grievances and Appeals	5	12	10	9
Number Resolved in Favor of the Member	0	5	1	0
<i>% Resolved in Favor of the Member</i>	0.0%	41.7%	10.0%	0.0%

## Outpatient Emergency Services and Urgent Care

Tables 22-25 include the number of members, by MCO, who received unduplicated emergency room and urgent care services.

**Table 22. ABHWV MHT Outpatient Emergency Services and Urgent Care**

AHBWV (MHT) Service Type	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Members Receiving Emergency Room Services	14,868	19,011	20,076	17,912
Members Receiving Urgent Care Services	12,872	15,018	17,386	16,004

**Table 23. THP MHT Outpatient Emergency Services and Urgent Care**

THP Service Type	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Members Receiving Emergency Room Services	45,205	56,302	58,907	51,436
Members Receiving Urgent Care Services	9,449	11,656	13,214	12,481

**Table 24. UC MHT Outpatient Emergency Services and Urgent Care**

UC Service Type	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Members Receiving Emergency Room Services	1,621	2,033	2,118	1,935
Members Receiving Urgent Care Services	20,802	22,174	25,174	24,144

**Table 25. ABHWV MHP Outpatient Emergency Services and Urgent Care**

AHBWV (MHP) Service Type	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Members Receiving Emergency Room Services	1,462	2,113	2,419	2,346
Members Receiving Urgent Care Services	1,767	2,310	2,794	2,607

## Inpatient Medicaid Days

Table 26 gives the number of inpatient days by MCO and CY 2021 quarter.

**Table 26. Number of Inpatient Medicaid Days by MCO and CY 2021 Quarter**

Program	MCO	2021 Q1	2021 Q2	2021 Q3	2021 Q4
MHT	ABHWV	22,193	23,543	24,348	19,880
MHT	THP	16,504	21,151	19,401	13,911
MHT	UC	22,393	24,813	24,725	24,096
MHP	ABHWV	12,098	11,479	11,584	10,458

## Pharmacy Benefits

Pharmacy benefits are not administered under managed care.

## Service Authorizations

Table 27 lists the number of CY 2021 service authorizations by MCO.

**Table 27. Number of CY 2021 Service Authorizations by MCO and Provider Type**

Provider Type	MHT	MHT	MHT	MHP
	ABHWV	THP	UC	ABHWV
Medical	64,661	13,284	44,626	3,889
BH	17,859	26,847	6,568	7,035
Dental	28,046	10,197	16,559	6,850
<i>Total</i>	<i>110,566</i>	<i>50,328</i>	<i>67,753</i>	<i>17,774</i>

## Plan Quality Rating

National Committee for Quality Assurance (NCQA) changed the methodology for reporting health plan accreditation. Since September 2020, health plans renewing accreditation may only achieve a status of denied, provisional, or accredited. As of March 2022 all three MCOs have achieved the status level of “Accredited.”

Health plan accreditation uses the Health Plan Ratings based on Consumer Assessment of Health Plan Providers and Systems (CAHPS®) survey and the Healthcare Effectiveness and Data Information Set (HEDIS®) measure reporting. For additional information on MCO HEDIS/CAHPS performance, please see Appendices B and C.

Additional information on NCQA’s Health Insurance Plan Ratings is located on the NCQA website at <https://reportcards.ncqa.org/>.

## Medical Loss Ratio and Administrative Costs

The Medical Loss Ratio (MLR) is the percent of premium an insurer spends on medical claims and quality improvement expenses (defined as medical and hospital costs divided by premium received) rather than administrative costs. Table 28 below shows data reported by the MCOs on the percentages of premium spent on medical costs, as well as the administrative costs of each MCO, defined as the general administrative expenses and claim adjustment expenses.

The State is in the process of validating this data and the final MLR may change for calendar year 2021. The amount of money refunded to the State if the MCO does not meet MLR requirements will not be available until June 30<sup>th</sup>. As a result, this data is pending.

**Table 28. Medical Loss Ratio, Administrative Costs, and State Refunds**

Program	MCO	MLR	Administrative Costs	State Refunds
MHT	ABHWV	85.5%	\$69,100,133.00	Pending
MHT	THP	83.6%	\$35,452,807.00	Pending
MHT	UC	80.1%	\$41,845,855.57	Pending
MHP	ABHWV	83.7%	\$14,985,872.98	Pending

## Fee-for-Service Medicaid

The current and previous fee-for-service (FFS) spends by service line can be obtained from the Legislative Oversight Commission on Health and Human Resource Accountability upon request.

## Annual Cost Information – Managed Care

### Aggregate Dollars Expended

Table 29 shows the total aggregate dollars expended by each MCO for the last five fiscal years.

**Table 29. Total Aggregate Dollars Expended by MCO from CY 2017-2021**

Program	MCO	Total Aggregate Dollars Expended				
		CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
MHT	ABHWV	\$447,026,283	\$494,534,564	\$500,341,148	\$662,801,214	\$714,154,062
MHT	THP	\$308,742,860	\$275,065,829	\$313,436,553	\$352,319,497	\$404,373,850
MHT	UC	\$472,409,127	\$384,943,620	\$435,370,545	\$502,502,394	\$582,736,242
MHP	ABHWV	N/A	N/A	N/A	\$111,226,531	\$115,173,013



## Annual Rate of Cost Inflation

The annual rate of cost inflation for the last five fiscal years for each MCO can be found in Table 30.

**Table 30. Annual Rate of Cost Inflation by MCO from CY 2017-2021**

		Annual Rate of Cost Inflation				
Program	MCO	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
MHT	ABHWV	3.40%	10.63%	1.17%	32.47%	7.75%
MHT	THP	-4.44%	-8.46%	6.86%	-2.55%	-0.40%
MHT	UC	N/A	1.08%	4.40%	2.73%	2.73%
MHP	ABHWV	N/A	N/A	N/A	N/A	3.43%

## Appendix A: Provider Network by Specialty, County, and MCO

[https://dhhr.wv.gov/bms/Members/Managed%20Care/MCOreports/Documents/Copy%20of%20Appendix%20A\\_%202020%20Provider%20Network.pdf](https://dhhr.wv.gov/bms/Members/Managed%20Care/MCOreports/Documents/Copy%20of%20Appendix%20A_%202020%20Provider%20Network.pdf)

## Appendix B: WV HEDIS Measures

<https://dhhr.wv.gov/bms/Members/Managed%20Care/Documents/Reports/Annual%20Reports/Appendix%20B%20-%20HEDIS%20Measures%20%28Measurement%20Year%202020%29.pdf>

## Appendix C: WV CAHPS Results

[Copy of Appendix C\\_2018-2020 WV CAHPS Results.pdf](#)

## Appendix D: MCO Audited Financial Statements

[11810 UNICARE Health Plan of West Virginia, Inc. PrintBooks Statement \(wv.gov\)](#)