

West Virginia Medicaid

Mountain Health Trust Annual Report

State Fiscal Year 2020

(July 2019 - June 2020)



Jim Justice
Governor of West Virginia

Bill J. Crouch
Cabinet Secretary, Department of Health and Human Resources

Cynthia Beane
Commissioner, Bureau for Medical Services



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1 PROGRAM OVERVIEW | Medicaid Basics

What is Medicaid?

Medicaid is the nation's public health insurance program for people with low income. Created in 1965 as a cash assistance program for low-income parents, children, and disabled individuals, Medicaid has evolved over time to cover more people and offer a broad array of healthcare services.

Who Does Medicaid Help?

Medicaid provides medical care to eligible U.S. citizens in their community or in an institutional setting, such as a nursing home, who otherwise may not be able to afford care. Federal law requires states to cover certain groups of individuals, such as low-income families, qualified pregnant women and children, and individuals receiving Supplemental Security Income (SSI). States also have the option to cover other groups of vulnerable individuals who otherwise may not be eligible under the Federal standards. West Virginia chooses to provide Medicaid assistance to numerous vulnerable individuals through optional, State-crafted "coverage groups."

Who Pays for Medicaid?

Medicaid is a federal and state government partnership that shares the cost of covering eligible individuals. The Centers for Medicare and Medicaid Services (CMS) establishes a Federal Medical Assistance Percentage (FMAP) rate each year for every state. This FMAP rate is based on a formula which considers the average per capita income for each state relative to the national income average.

States like West Virginia, with lower average incomes, receive larger reimbursement rates from the Federal government to help with Medicaid program costs. In Federal Fiscal Year 2020, West Virginia's starting FMAP rate was 74.97%. This means that the federal government reimbursed West Virginia approximately \$0.75 (75 cents) of every eligible dollar spent on Medicaid in 2020.

Want to Learn More?

Visit www.medicaid.gov or explore the resources page at the end of this report.

1

PROGRAM OVERVIEW | West Virginia Medicaid

West Virginia BMS Mission

The Bureau for Medical Services is committed to administering the Medicaid Program, while maintaining accountability for the use of resources, in a way that assures access to appropriate, medically necessary, and quality healthcare services for all members; provides these services in a user-friendly manner to providers and members alike; and focuses on the future by providing preventative care programs.



How Does West Virginia Provide Medicaid?

The West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) is the designated single state agency responsible for the administration of the State's Medicaid program. BMS is responsible for providing access to appropriate health care for Medicaid-eligible West Virginians.

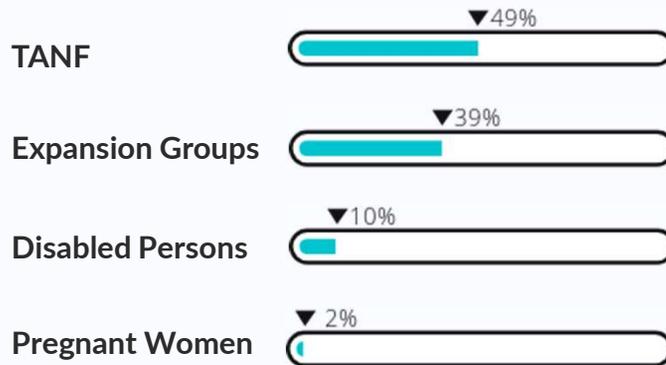
In 1996, the BMS Office of Medicaid Managed Care initiated a risk-based managed care program for certain groups of Medicaid recipients in West Virginia. Under this program, BMS contracts with Managed Care Organizations (MCOs) for the provision of medically necessary services provided by the State. While some services, like pharmacy, long-term care, and non-emergency transportation, are still provided on a fee-for-service basis, the managed care model serves the majority of West Virginia Medicaid recipients with a holistic approach to healthcare services.

Currently, BMS contracts with three MCOs and monitors their performance to ensure that the BMS mission is being fulfilled.

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PROGRAM OVERVIEW | West Virginia Medicaid Statistics

WV Population	1.79 Million
MHT Enrollment	408,835
Population Covered	22.8%



58%
Females

42%
Males



57%
Adults

43%
Children



Medicaid Spending in State Fiscal Year 2020 (SFY20)

\$4.19 Billion

Medical Assistance Payments	\$4.12 Billion
State & Local Administration	\$76 Million
State Dollars Spent	\$799 Million
Federal Assistance Dollars Spent	\$3.39 Billion

1

PROGRAM OVERVIEW | Responding to COVID-19

New World, New Challenges, & New Solutions

The spread of COVID-19 in SFY20 had a global impact and challenged our country's health systems in ways unheard of in modern times. Throughout the growing pandemic, BMS constantly monitored guidance from Federal authorities and incoming situation reports from the MCOs to adapt pre-COVID Medicaid policies, facilitate testing and treatment services, and meet the rapidly changing needs of West Virginia's Medicaid members.

A key component of early COVID-19 response was expanding Member access to telehealth services to facilitate socially distanced continuity of care. In SFY20, MHT members used telehealth services over 14,000 times, an increase of approximately 295% over the previous year.

In addition to services provided through increased telehealth access, MHT members also received over 5,000 services directly related to testing, diagnosing, ruling out, or treating COVID-19.

5,000+

COVID-19 services delivered to Mountain Health Trust members.

Confirmed COVID-19 diagnoses among the Mountain Health Trust population.

360+

\$4.5 Million

Medicaid dollars have been spent on COVID-19 related services.

Telehealth utilization increased 295% in SFY20, helping MHT members stay safely connected to their Doctors.

14K+

Supporting West Virginia's Health Delivery Systems

As you have learned, the MHT program purchases health care services for over 22% of West Virginia's population. These Medicaid purchases provide significant financing for hospitals, community health centers, physicians, nursing homes, and other health care related industries throughout West Virginia. Additionally, Federal regulations create both financial duties and flexible, supplemental payment programs to help states tailor support for their internal health delivery systems.

Disproportionate Share Hospital Payments

Federal regulations require states to make yearly Disproportionate Share Hospital (DSH) payments to qualifying hospitals that serve large numbers of Medicaid and uninsured individuals. These payments, which are partially federally funded, are calculated by law to cover the cost of Medicaid and uncompensated care. DSH payments not only help expand access to care for vulnerable individuals, but they also improve the financial stability of safety net hospitals across West Virginia.



For Federal Fiscal Year (FFY) 2020, West Virginia's total DSH allotment was **\$77.6 million**. Of this, **\$58.1 million** was federal funding.²

A 2019 Government Accountability Office report showed that in 2014, **10.3%** of the total WV Medicaid payments to hospitals, or **\$86.0 million**, consisted of DSH payments. Most of the \$86 million (\$47.8m) went to acute care hospitals.³

Supplemental Payments

Beyond federally required DSH payments, Medicaid also supports West Virginia health systems through supplemental payment programs that implement the State's Medicaid policies and accomplish its quality goals. In SFY20, BMS supplemental payments provided:

\$3.13M for Critical Access Hospitals

\$8.1M for Skilled Nursing Facilities

\$15.2M for Direct Medical Education

**\$1.6M for the Health Insurance
Premium Payment Program**

\$21.3M for School Based Services

(Not a complete list)

Directed Payment Programs

Created through the 2016 Medicaid managed care rule, Directed Payments allow a state to require MCOs to pay providers according to certain rates or methods established or "directed" by the state. These payment arrangements can include setting a minimum and maximum payment rate for specific types of health care providers, as well as value-based payment arrangements which seek to advance the state's quality strategy goals. States must submit proposed Directed Payment Programs to the Centers for Medicare and Medicaid before implementation. CMS reviews the proposals to ensure they are within federal guidelines and, if applicable, properly tied to advancing the State's quality strategy goals.

In SFY20, West Virginia provided \$317.5M through CMS approved Directed Payment Programs.

3 **MANAGED CARE PROGRAM | Introduction**

What is Mountain Health Trust?

Mountain Health Trust (MHT) is West Virginia’s Medicaid managed care program, administered by the Bureau for Medical Services (BMS). West Virginia Medicaid members may review the health plans and benefits offered by the contracted Managed Care Organizations (MCOs) and choose the MCO that best meets their needs.

BMS currently contracts with three managed care organizations to provide services to West Virginia Medicaid beneficiaries. Those MCOs are:

Aetna Better Health of West Virginia,
The Health Plan, and
UniCare Health Plan of West Virginia,

Once enrolled, members are asked to choose a primary care provider (PCP) who serves as the member’s medical home, their main source of care, and the facilitator of access to any specialty care.

MHT Program Goals

Provide a medical home to every member.

Increase the use of primary and preventative care.

Improve birth outcomes.

Improve compliance with immunization schedules and child well visits.

Improve access to high quality health care.

Improve member satisfaction with the program.

Contain the rising cost of Medicaid through appropriate use of services.

Improve population health through a person-centered system of care.

Visit www.medicaid.gov or explore the resources page at the end of this report.

3

MANAGED CARE PROGRAM | Covered Services

States are required to provide certain "mandatory services" to members to qualify for federal matching funds. However, WV BMS has chosen to also provide "optional services" to increase the range of overall services offered to members.

The following list provides examples of both mandatory and optional Medicaid services that are covered by MCOs under the MHT program. (This list is not exhaustive and is subject to change. Always verify coverage with your MCO/Health Plan prior to service.)

- Ambulatory surgical center services
- Behavioral health outpatient services
- Behavioral health rehabilitation (Children under 21 years)
- Psychiatric Residential Treatment Facility (PRTF)
- Cardiac rehabilitation
- Chiropractic services
- Clinic services
- Dental Services (Adult & Children)
- Drug Screening
- Early and Periodic Screening, Diagnoses, and Treatment (EPSDT)
- Family Planning Services & Supplies
- Children with Special Health Care Needs Services
- Home health care services
- Hospice care services
- Hospital services, inpatient
- Hospital services, inpatient – behavioral health, and substance use stays
- Hospital services, outpatient
- Inpatient psychiatric services for persons under 21 years
- Inpatient psychiatric services for persons age 21-64 years
- Inpatient rehabilitation
- Laboratory and x-ray services, non-hospital
- Nurse practitioner services
- Occupational therapy
- Physical therapy
- Physician services
- Podiatry services
- Private duty nursing (PDN)
- Prosthetic devices and durable medical equipment
- Psychological services
- Pulmonary rehabilitation
- Right from the Start services (RFTS)
- Rural health clinic services (including federally qualified health centers)
- Serious Emotional Disturbance Waiver Services
- Speech therapy
- Substance Use Disorder (SUD) services
- Tobacco cessation programs
- Transportation, emergency
- Vision services

SUD Services and West Virginia Medicaid

Helping individuals receive proper treatment and care related to Substance Use Disorder has and continues to be a priority for West Virginia Medicaid. In 2017, the Centers for Medicare and Medicaid approved WV's 1115 SUD waiver demonstration allowing BMS to cover a more comprehensive scope of medically necessary SUD treatments and services. In 2018, new SUD services became available, including Residential Adult Services (RAS), Peer Recovery Support Services (PRSS) and Medication-Assisted Treatment (MAT).

Coverage Under Managed Care

Traditionally, SUD services have been provided through a fee-for-service payment structure. However, through the 1115 Waiver, WV also provides SUD services through comprehensive managed care plans to managed care members. This allows BMS to make sure Medicaid members receive high-quality SUD care that is consistent with national standards, while also benefitting from access to MCO network providers, resources, and care coordination.

In SFY20, WV Medicaid provided SUD services through a comprehensive set of treatment options, including;

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Methadone Treatment & Administration (MAT)
- Naloxone Distribution & Administration
- Adult Residential Treatment
- Peer Recovery Support Services
- Withdrawal Management Services

In SFY20, WV Medicaid spent approximately \$38.1 million on providing SUD services to Medicaid recipients.



SFY20 Medicaid
Spend on SUD

\$38.1 Million



SUD Spending through
Managed Care

\$17.8 Million



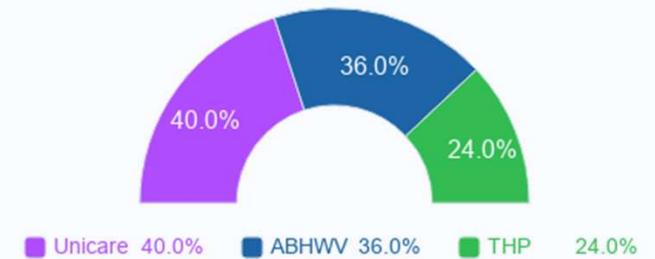
Percentage Spent
Through Managed Care

46.9%

Mountain Health Trust Membership

The MHT program serves West Virginians who meet federal guidelines relating to individual or family income, assets, and health care needs. Covered members include children and their parents or other caretaker relatives, adult Medicaid expansion members, pregnant women, and qualifying individuals receiving Supplemental Security Income. At the end of State Fiscal Year 2020, the total number of members enrolled was 408,835.

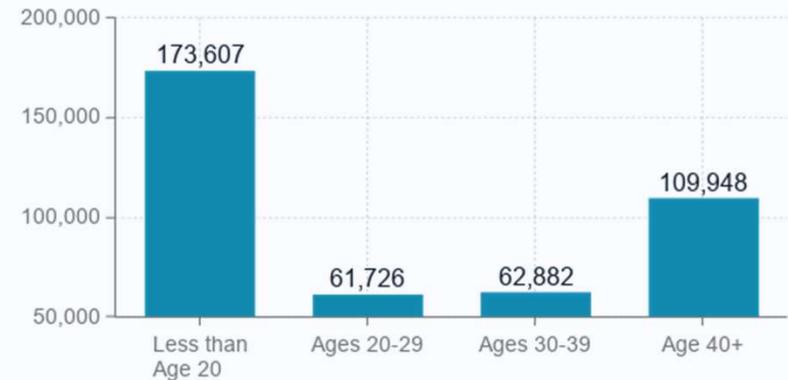
MHT Enrollment by MCO



MHT Enrollment 7-Year Trend



MHT Enrollment by Age Group



4

MCO PROFILE | Accreditation and Health Plan Ratings

Health plans earn NCQA accreditation through an independent review of the health plan's systems and processes which evaluates multiple dimensions of care, service, and efficiency. An NCQA Accreditation Survey involves on-site, and off-site evaluations conducted by a survey team of physicians and managed care experts. For more information on the NCQA accreditation process, visit <https://www.ncqa.org/programs/health-plans/health-plan-accreditation-hpa/>.

Health Plan Ratings are different than accreditation. The plan overall rating is the weighted average of a plan's Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measurement ratings. Plans also get bonus points for current accreditation. For more detailed information on plan ratings and a full report on each Health Plan (MCO), visit <https://healthinsuranceratings.ncqa.org/2019/search/Medicaid/WV>.



Managed Care Organization	NCQA Accredited	Overall Rating	Consumer Satisfaction	Prevention	Treatment
Aetna Better Health of West Virginia	Yes	4	4	3	3.5
The Health Plan	Yes	3	3.5	2	Insufficient Data
Unicare of West Virginia	Yes	4	4.5	3	3.5

"Due to COVID-19, NCQA will not release 2020-2021 Health Plan Ratings for any product line. These ratings are based upon 2019-2020 Health Plan Ratings."

*5-Point Scale (1 = lower performance - 5 = higher performance)

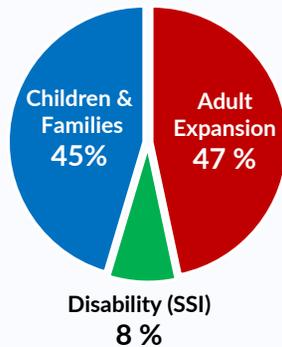
4 MCO PROFILE | UniCare of West Virginia

Membership

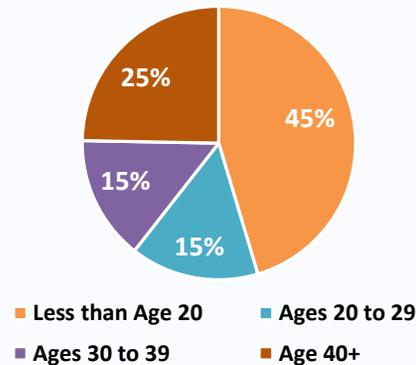
As of June 2020, UniCare of West Virginia had 161,638 total enrollees, representing 40% of the Mountain Health Trust population.

Enrollment Demographics

UniCare Enrollment by Eligibility Group
June 2020



UniCare Enrollment by Age Group
June 2020



Top Accomplishments



Expanded an existing paramedicine outreach initiative supporting members in hard-to-reach areas with financial and transportation limitations that create barriers to care. More than 600 members were enrolled in case management services in the two new expansion counties.



Developed new solutions and supported existing community programs to expand Medication Assisted Treatment for members. These efforts saw a related drop in claims for overdoses.



In response to COVID-19, Unicare and its foundation donated over \$160,000 in grants to community-based organizations to help support healthcare workers and first responders, increase access to food and shelter for the homeless, and supplement other vital community needs and resources.

Top Accomplishments



Collaborated with the Kanawha-Charleston Health Department, Kanawha County Schools, and other agencies to sponsor a one-day, multi-site flu vaccination clinic that provided over 900 vaccinations to students and adults.



Engaged ABHWV community development staff to deliver virtual-meeting technical assistance, providing community-based organizations responding to COVID-19 needs a safe and secure meeting platform.



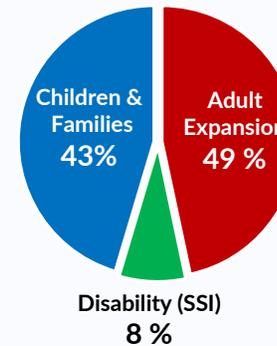
Provided weekly virtual meetings to support community-based organizations in their increased workload brought on by COVID-19. Meetings offered West Virginia's community servants sessions on relaxation, mindfulness, reflection, and interaction.

Membership

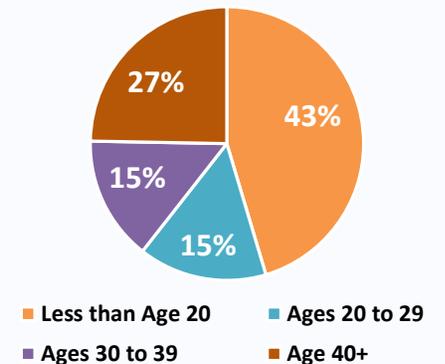
As of June 2020, Aetna Better Health of West Virginia had 147,721 total enrollees, representing 36% of the Mountain Health Trust population.

Enrollment Demographics

ABHWV Enrollment by Eligibility Group
June 2020



ABHWV Enrollment by Age Group
June 2020

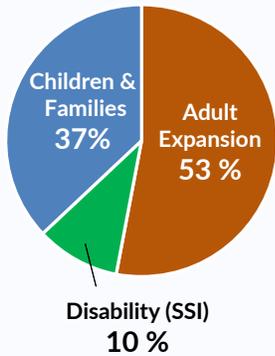


Membership

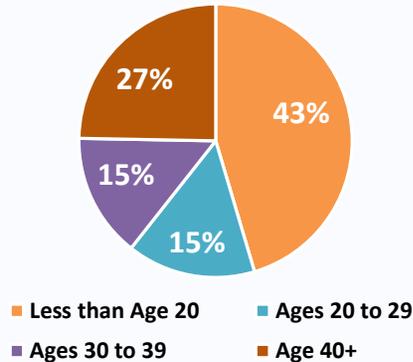
As of June 2020, The Health Plan had 98,804 total enrollees, representing 24% of the Mountain Health Trust population.

Enrollment Demographics

THP Enrollment by Eligibility Group
June 2020



THP Enrollment by Age Group
June 2020



Top Accomplishments



Implemented Phase-1 of a new care coordination platform providing members access to care plans, health information, and the ability to designate or invite people to join their care team.



Expanded access to telehealth services for members needing medical, behavioral health, and dermatology services.



Partnered with provider groups to improve care management services for members with specific medical needs. These partnerships created joint patient monitoring to help provide more tailored member services and reduce program costs.

Annual Technical Report

Core components of the BMS mission focus on ensuring the medical services purchased for Medicaid members are high quality, easily accessible when needed, and effective when provided.

Each year an independent review is conducted to see how well the West Virginia Medicaid program is functioning. During this process, known as an External Quality Review, an External Quality Review Organization (ERQO) examines the performance of West Virginia's Medicaid program to identify its strengths and any areas for improvement. The external review focuses on areas such as service quality, service accessibility, and whether services are provided by MCOs in a time-appropriate way.

When the ERQO is finished evaluating the state's Medicaid program each year, it publishes an Annual Technical Report (ATR) explaining its findings and describing how well the State has run the Medicaid program.

External Quality Review Conclusions

Qlarant's external evaluation found that all Mountain Health Trust managed care plans had the capability to produce accurate and complete encounter data regarding performance measurement validation. MHT managed care plans received an average rating of 99-100%, providing high confidence in plan performance calculations and reporting.

Separate review of systems performance or "compliance," scored plans between 94-100% compliant. Qlarant stated that stakeholders can have moderate to high confidence in plan compliance, especially noting that the entire Mountain Health Trust program average compliance review rating was 98%

To view the full Annual Technical Report visit:

https://dhhr.wv.gov/bms/Members/Managed%20Care/MCOreports/Documents/WV%202020%20ATR_508.pdf

HEDIS and CAHPS Survey Tools

Every year, West Virginia's managed care organizations are evaluated by industry assessment tools to assess overall quality and performance, ensure regulatory compliance, and monitor enrollee satisfaction with the care and services they receive. Two key quality assessment tools include:

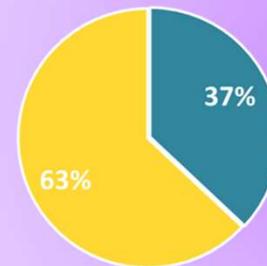
- The Healthcare Effectiveness Data and Information Set (HEDIS) is one of health care's most widely used performance improvement tools. HEDIS assesses more than 90 key measures across 6 domains of care.
- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an enrollee satisfaction survey required by the Centers for Medicare and Medicaid. The tool captures standardized information about enrollee experiences with their MCO. The enrollee-provided data this tool collects helps BMS identify MCO strengths and weaknesses, as well as areas for program improvement.

To learn more about the HEDIS and CAHPS assessment tools, visit the Endnote Guide.

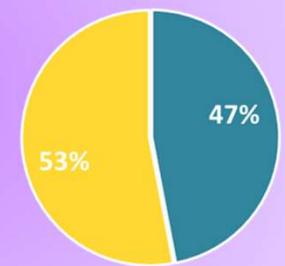
West Virginia Quality Assessment Scores

The SFY2020 Annual Technical Report showed that West Virginia's MCOs outperformed the national average benchmark scores on both the HEDIS and CAHPS assessments.

WV Average Performance - HEDIS



WV Average Performance - CAHPS



- Percent of Measures that Scored above the National Average
- Percent of Measures that Scored below the National Average

To view the full SFY2020 Annual Technical Report visit

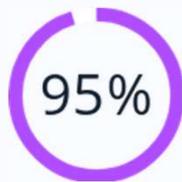
https://dhr.wv.gov/bms/Members/Managed%20Care/MCOreports/Documents/WV%202020%20ATR_508.pdf

Voluntary Data Reporting

One way that BMS focuses on quality is by voluntarily reporting certain core data from West Virginia's Medicaid program to the Centers for Medicare and Medicaid (CMS).

The information provided through this State-Federal collaboration helps develop nationally standardized data sets to support quality improvement activities.

In Federal Fiscal Year 2019, 45 states reported a median of 22.5 Adult Core Set measures to CMS. Of the 45 states, West Virginia ranked 5th highest in reporting, with 29 Adult Core Set measures reported.



Child Core Sets Reported



Adult Core Sets Reported

West Virginia is reporting even more measures than last year. These reports help to improve:

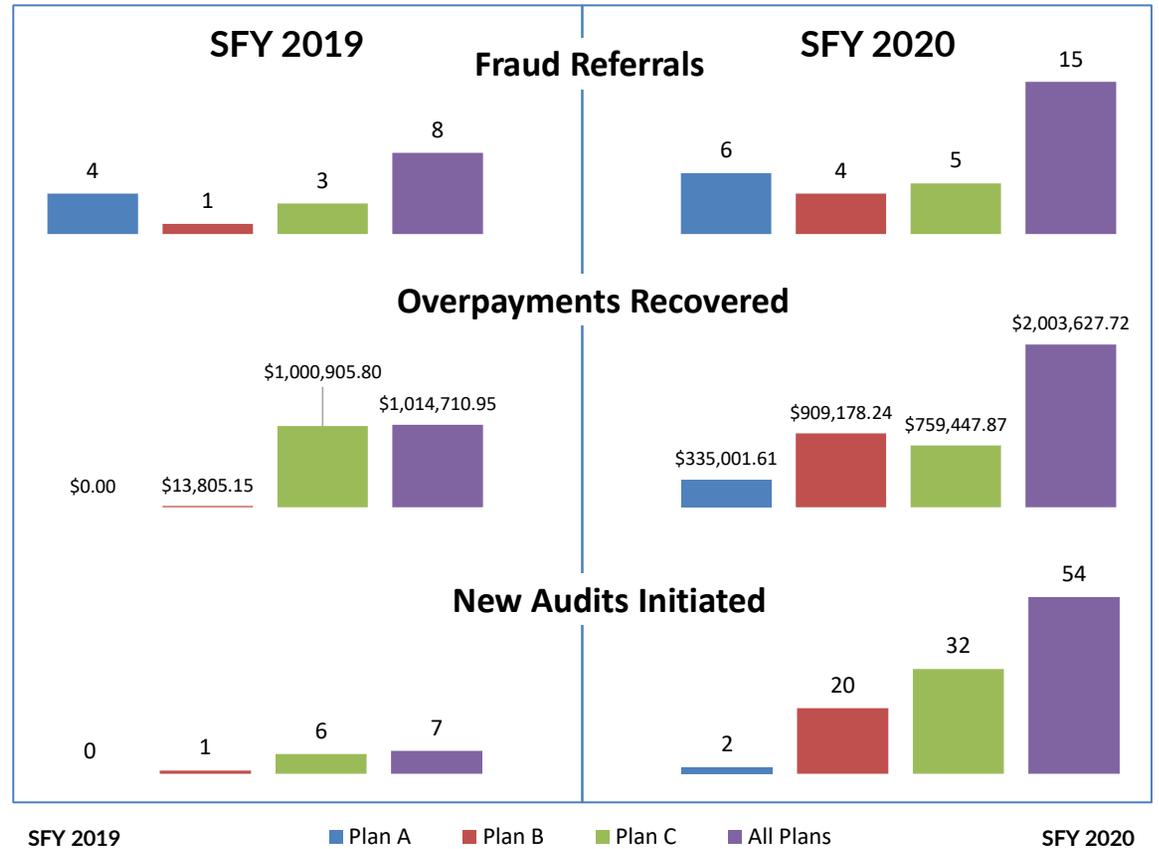
- **Flu Vaccinations for Adults**
- **Breast & Cervical Cancer Screenings**
- **Controlling High Blood Pressure**
- **Prenatal & Postpartum Care**
- **Follow-Up After Hospitalization & Emergency Department Visits**
- **Comprehensive Diabetes Care**
- **Understanding High Dose Opioid Use in Persons without Cancer**
- **...and many other forms of medical care and treatment!**

6

PROGRAM INTEGRITY | Making Medicaid Better

Over the course of SFY 2020 the Bureau for Medical Services observed significant Program Integrity improvements among participating Medicaid Managed Care Plans. During this period, the number of new Program Integrity audits initiated by MCO Special Investigation Units increased more than 7-fold.

During the same period, MCO Fraud referral submissions increased by 87.5% and Program Integrity Recoveries nearly doubled (97.46%) to over 2 million dollars across all plans. These increases demonstrate improved Program Integrity oversight of both the Managed Care Plans and their network providers.



7 ENDNOTE GUIDE | Explore, Discover, Learn!

1. <https://www.medicaid.gov/medicaid/financial-management/medicaid-disproportionate-share-hospital-dsh-payments/index.html>
2. <https://www.macpac.gov/wp-content/uploads/2020/03/March-2020-Report-to-Congress-on-Medicaid-and-CHIP.pdf>
3. <https://www.gao.gov/assets/710/700734.pdf>
4. [Medicaid.gov SUD Waiver Evaluation Design Report](#)
5. [https://dhhr.wv.gov/News/2020/Pages/DHHR-Receives-\\$3-Million-to-Expand-Opioid-Use-Disorder-Services-for-Pregnant-and-Postpartum-Women.aspx](https://dhhr.wv.gov/News/2020/Pages/DHHR-Receives-$3-Million-to-Expand-Opioid-Use-Disorder-Services-for-Pregnant-and-Postpartum-Women.aspx)
6. [CMS Quality of Care Adult Core Set Report](#)
7. <https://dhhr.wv.gov/bms/BMSPUB/Documents/Quarter12020ProviderNewsletterFinalJApproved.pdf>
8. <https://dhhr.wv.gov/bms/Members/Managed%20Care/MCOreports/Pages/default.aspx>

MEDICAID RESOURCES

Explore These Government Websites

West Virginia Bureau for Medical Services

<https://dhhr.wv.gov/bms>

West Virginia Department of Health & Human
Resources

<http://www.dhhr.wv.gov>

Centers for Medicare & Medicaid Services

<https://www.cms.gov>

Medicaid.gov

<https://medicaid.gov>

West Virginia DHHR Local Field Offices

<https://dhhr.wv.gov/bms/Pages/Field-Offices.aspx>

Need to Apply for Medicaid?

You can apply online through the Health Insurance Marketplace at www.healthcare.gov.

If you have questions, you can call the federal call center 24/7 at 1-800-318-2596 or TTY: 1-855-889-4325.

You may also apply at for Medicaid and other DHHR programs at www.wvpath.org.

To apply over the phone, call the Customer Service Center at 1-877-716- 1212.

For additional information on applying in person or by mailing in a paper application, please contact your local DHHR office. You can use the web-link to the left to find the local field office nearest to you.

CONTACT INFORMATION

Bureau for Medical Services

350 Capitol Street, Room 251

Charleston, WV 25301

Phone: (304) 558-1700

Contact BMS: <https://appengine.egov.com/apps/wv/dhhr/bms/contactus>**UniCare of West Virginia**

200 Association Drive, Suite 200

Charleston, WV 25311

www.unicare.com**Aetna Better Health of West Virginia**

500 Virginia Street East, Suite 400

Charleston, WV 25301

www.aetnabetterhealth.com/westvirginia**The Health Plan of West Virginia, Inc.**

1110 Main Street

Wheeling, WV 26003

www.healthplan.org