



West Virginia Medicaid Mountain Health Trust Annual Report

**State Fiscal Year 2011
(July 2010 – June 2011)**

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MOUNTAIN HEALTH TRUST PROGRAM OVERVIEW

Mountain Health Trust (MHT) is West Virginia's Medicaid managed care program, administered by the Bureau for Medical Services (BMS). The program aims to improve access to high-quality health care for Medicaid beneficiaries by emphasizing the effective organization, financing, and delivery of primary health care services. MHT currently serves low-income children and families, and children with special health care needs. BMS contracts with managed care organizations (MCO) and physicians to provide services and medical homes for each Medicaid member. The concept of the medical home is central to the MHT program. The medical home allows members to receive better quality care by having a continuous source of care that is coordinated and accessible to the member.

In the MHT program, eligible Medicaid beneficiaries living across the State of West Virginia may select an MCO, which is a health plan that coordinates services for members, and choose a primary care provider (PCP). For most beneficiaries, the types of providers who may act as PCPs include pediatricians, general and family practice physicians, internal medicine physicians, obstetricians/gynecologists, nurse practitioners, and certified nurse midwives. Each MCO has a defined network of providers, which is monitored by BMS to ensure that MHT beneficiaries have adequate access to PCPs and specialists. The standards used to determine adequate access require that the MCOs have a network that is equivalent to or better than beneficiary experience in fee-for-service (FFS) Medicaid.

In seven of the 55 counties, members may instead select a PCP from the Physician Assured Access System (PAAS), West Virginia's primary care case management program. Under PAAS, PCPs coordinate care for members. In return, they receive a monthly case management fee along with reimbursement for medical service provided on a fee-for-service basis.

"It has been wonderful for me and my family. I would not have been able to get by without it."

*MCO Member,
2011 Member Survey*

This report focuses primarily on the MCO program, which has established a multi-dimensional partnership between BMS, the federal government, the MCOs that participate in the program, members, and community provider medical homes. The program is patient-centered and provides personalized care. Goals of the MCO program include:

- Providing a medical home to every member,
- Increasing use of primary and preventive care,
- Improving compliance with prenatal care guidelines, immunization schedules, and well-child visits,
- Improving birth outcomes,
- Enhancing member satisfaction with the program, and
- Containing the escalating costs of Medicaid.

Along with the Mountain Health Trust program, BMS also administers Mountain Health Choices (MHC), which is a Medicaid redesign program. Implemented in March 2007, healthy beneficiaries who agree to take more responsibility for their health receive additional benefits, such as nutritional education and pulmonary rehabilitation, which are not otherwise covered by Medicaid. If members choose not to sign the agreement, they receive the Basic Benefit Package, a more limited package that covers all health care services mandated by federal and state law. MHC is described in more detail below.

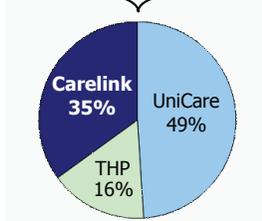
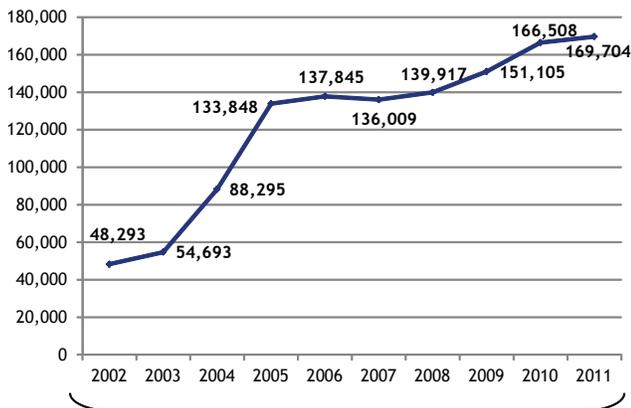
BMS actively monitors program outcomes to ensure that goals are met and to identify areas for improvement. For example, BMS tracks member satisfaction using the nationally-accepted Consumer Assessment of Healthcare Providers and Systems (CAHPS) health plan survey. Program outcomes such as member satisfaction are discussed in greater depth on the following pages.

ENROLLMENT IN MCOS IS GROWING

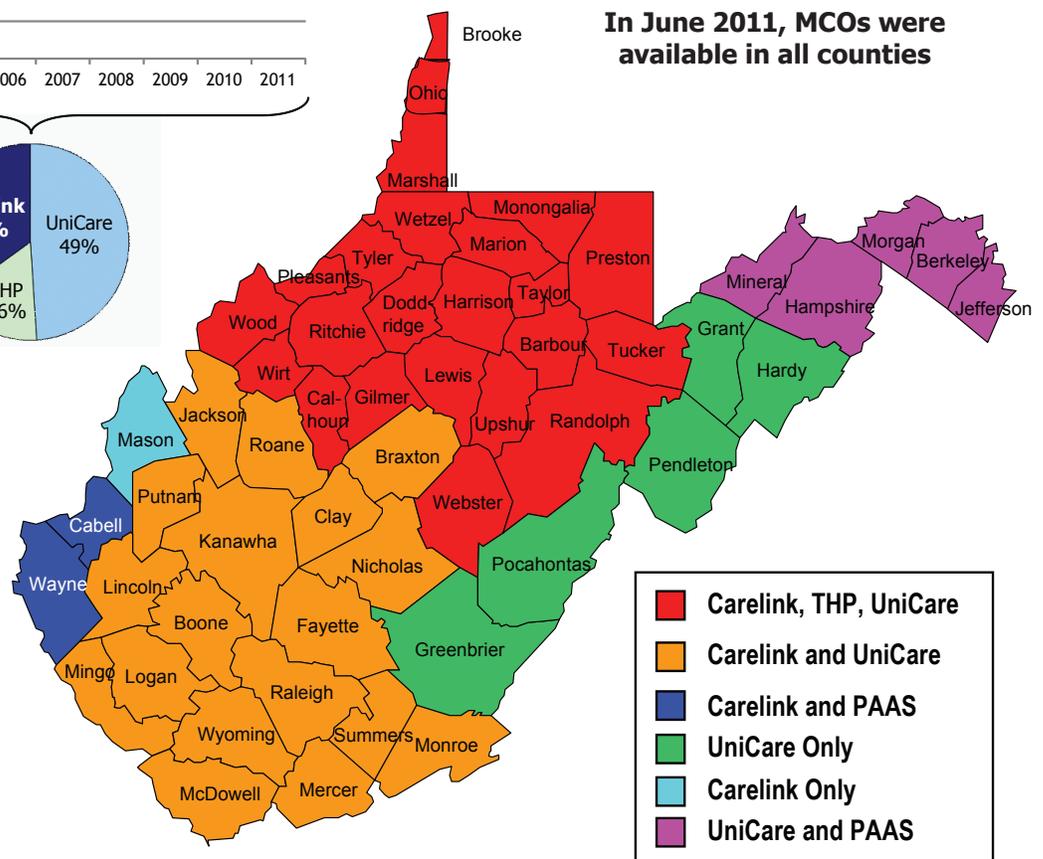
As of June 2011, members in 48 of West Virginia's 55 counties were required to enroll in a contracted MCO and members in the remaining seven counties were offered a choice between an MCO and PAAS.¹ Over 169,500 members were enrolled in MCOs at the end of SFY 2011, and another 7,567 were enrolled in the PAAS program. MCO enrollment has more than tripled since 2002.

BMS contracts with three MCOs to serve MHT and MHC members. Two MCOs, The Health Plan of the Upper Ohio Valley and Carelink Health Plans, have been under contract to BMS since the inception of the MCO program in 1996. The third MCO, UniCare of West Virginia, began enrolling members in November 2003. The MCOs have continued to expand their service areas and enroll new members in the program, and have expanded into every county in West Virginia. They are committed to expanding further to maximize member choice of MCOs.

More than 169,000 members were enrolled in MCOs in June 2011; approximately half of the members were enrolled with UniCare



¹ After the close of State Fiscal Year 2011, beneficiaries in Berkeley, Hampshire, Jefferson, Mineral, and Morgan counties were required to enroll in an MCO. In September 2011, beneficiaries in Greenbrier, Mason, and Pocahontas counties were given the additional choice of enrolling in Carelink. PAAS still remains a choice for beneficiaries in Cabell and Wayne counties.

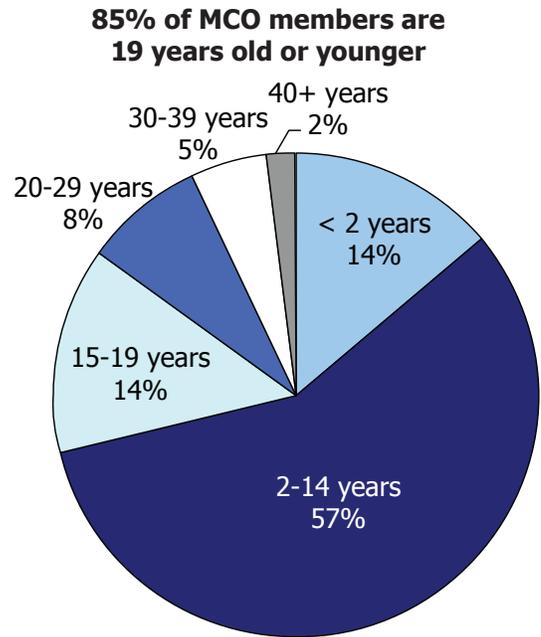


PROGRAM SERVICES

The majority of MCO members are children; 85 percent are 19 years old or younger. Because the MCOs serve a large number of children and adolescents, the program emphasizes screening and preventive care to keep them healthy. MCOs ensure that all services, both clinical and non-clinical, are accessible to members.

The MCOs Cover Most Medicaid Benefits

BMS is required to provide certain services to members in order to qualify for federal Medicaid matching funds (“mandatory services”). In addition, West Virginia has chosen to provide additional services (“optional services”) to provide broader care to members. The following services include both mandatory and optional Medicaid services that are covered by MCOs under the Mountain Health Trust and Mountain Health Choices programs:



- Ambulatory surgical center services
- Children with Special Health Care Needs services
- Clinic services
- Cardiac rehabilitation (children < 21)
- Diabetes education (children < 21)
- Durable medical equipment
- Emergency dental services (adults)
- Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)
- Family planning services and supplies
- Hearing services and supplies (children < 21)
- Home health care services
- Hospice
- Hospital services, inpatient
- Hospital services, outpatient
- Laboratory and x-ray services
- Nurse practitioner services
- Speech therapy
- Physical therapy
- Occupational therapy
- Physician services
- Prosthetic devices
- Pulmonary rehabilitation (children < 21)
- Rural health clinic services (including federally qualified health centers)
- Tobacco cessation programs (children < 21)
- Transportation, emergency services
- Vision services

Some services are not provided by MCOs, such as prescription drugs, behavioral health services, nursing homes, and children’s preventive dental services. These services are available through regular Medicaid (also known as fee-for-service).

Mountain Health Choices Offers a Choice of Two Benefit Packages

The MHC program offers children and adults two benefit packages, the Enhanced Benefit Package and the Basic Benefit Package. In order to receive the Enhanced Benefit Package, members must sign an agreement outlining their responsibilities and rights. For example, in the agreement, members agree to choose a medical home, follow medical advice, use hospital emergency rooms for emergencies only,

and attempt to stay healthy. The members who sign the agreement and enroll in the Enhanced Benefit Package under Mountain Health Choices receive the additional services outlined below:

- Cardiac rehabilitation (adults only)
- Chiropractic services (adults only)
- Diabetes education (adults only)
- Nutritional educational services
- Podiatry services
- Pulmonary rehabilitation (adults only)
- Tobacco cessation programs (adults only)
- Weight management

Members who do not choose to sign the agreement receive the Basic Benefit Package, a more limited benefit package that covers all health care services mandated by federal and state law.

Enrollment in the Enhanced Benefit Package has grown steadily since its introduction in 2007. As of June 2011, approximately 18 percent of eligible children and adults had signed up to receive the Enhanced Benefit Package.



DISEASE MANAGEMENT

All Medicaid MCOs have embraced disease management, developing programs that help members with diabetes, asthma, and other chronic illnesses live healthier lives. Each disease management program is designed specifically for the Medicaid population and encompasses health education, member outreach, case management, and physician clinical support.

MCOs work to identify members with chronic conditions and educate them about appropriate use of medications and methods of self-management.

The MCOs notify the PCPs of patients with chronic conditions to encourage PCP participation in care management. The programs also incorporate lifestyle influences by addressing the need to modify behavior. Following is an overview with the programs with specific examples of some of the MCO approaches.

Diabetes

All three MCOs offer diabetes disease management programs. Goals of these programs include improving glycemic control, optimizing functional capacity, and reducing risk factors. Interventions used in the diabetes disease management programs include recommended di-

abetes screening reminders, outreach phone calls, case management of high-risk members, and the provision of diabetes clinical tools. For example, Carelink offers telephonic disease management for members in which members are contacted by a health coach or a registered nurse for telephonic education. As part of the program, members receive free testing for diabetes-related health indicators and participate in a series of classes with Certified Diabetes Educators about managing their health. The test results are also sent

Know Your Blood Sugar Patterns

When you see the low and high trends on your blood sugar graphs, some important questions – such as the ones below – may come to mind. Your answers to them can help you better know how to keep your blood sugar in a normal range.

The Foods I Eat

Is my portion size correct? _____

What do I eat each day? _____

Do I choose low-fat, low-sugar, low-salt and high-fiber foods? _____

Physical Activity

Do I get enough physical activity? _____

Have I been very active? Or have I stopped any usual activities? _____

My Medicines

Do I take the dose the doctor ordered? _____

Do I take my medicines at the right times? _____

Do I store my insulin as it should be? Is my insulin out-of-date? _____

Do I take a new prescription or over-the-counter (OTC) medicine? _____

Does my doctor know about all the medicines I take? _____

Illness, Infection and Stress

Do I feel healthy? _____

Do I have an infection? _____

Do I have added stress? _____

Talk with Your Health Care Team

When you have questions about changes in your blood sugar level, talk with your diabetes care team. They include your doctor, diabetes educator, dietitian and/or pharmacist.

SOURCE: MayoClinic.com, www.mayoclinic.com

to the member's PCP for review for any needed treatment change. A Carelink pharmacist also reviews the member's medications and works with the member and primary care physician to develop an appropriate treatment plan. The Health Plan offers an adult educational program called "Journey for Control" that teaches self-management skills to assist members in better managing their diabetes. UniCare sends a diabetes calendar which includes education on the different diabetes screenings and tools to understand their blood sugar patterns.

Asthma

All three MCOs offer asthma disease management programs. The programs aim to reduce emergency department visits, decrease rescue medication usage, and improve members' asthma self-management skills. Carelink uses targeted member education and telephonic case and disease management to assist with asthma management. The Health Plan sends children in the asthma disease management program targeted mailings with a voucher for the member to see his or her PCP. After a PCP sees the member and sends a signed voucher to The Health Plan, an educational packet, a peak flow meter, and a spacer are sent to the member; outreach is also conducted to enroll the parent or child in a telephonic disease management program for asthma. UniCare offers health education classes to members and parents of members with asthma to provide education on different asthma triggers and peak flow meters.

Sample Asthma Coupon from The Health Plan's Disease Management Program

A S T H M A C O U P O N		Name: _____ DOB: _____
		Phone Number: _____
		Health Plan ID #: _____
		Date of Office Visit: _____
		Diagnosis/History of Asthma: YES or NO
		Physician Signature: _____
Print Physician Name: _____		
Return To: The Health Plan Quality Improvement Dept. 52160 National Road East St. Clairsville, OH 43950		

"I really do love and appreciate this program. Without it, I couldn't see a doctor or get medicines. Thank you!"

*MCO Member,
2011 Member Survey*

Cardiac-Related Chronic Conditions

All three MCOs offer disease management programs for cardiac-related chronic conditions; these programs are designed to slow disease progression and modify cardiovascular risk factors. Goals of the programs include reducing the frequency of hospitalization, improving quality of life, and reversing or stabilizing symptoms. The MCOs emphasize pharmacologic compliance, assessment, and provider and member communication to reduce the risks of future complications. Targeted educational mailings and telephonic intervention for high-risk members are a few of the strategies used by the MCOs to manage members with chronic heart failure. In addition, evidence-based guidelines are distributed regularly and are recommended for use by physicians to medically manage patients with chronic heart failure.

Chronic Obstructive Pulmonary Disease

Carelink and The Health Plan offer disease management programs for chronic obstructive pulmonary disease (COPD). The programs are designed to slow the progression or stabilize the symptoms of COPD, as well as reduce the frequency of hospitalization. Carelink provides ongoing, comprehensive care that increases the member's awareness of his or her condition and the value of treatment and self-management. The Health Plan educates members about the disease process, recognition of symptoms, and medication compliance. In addition, nurses make phone calls at periodic intervals determined by the severity of the member's symptoms. Enrolled members also receive (as needed): home scales, smoking cessation interventions, referrals for nutritional education, referrals for home oxygen/respiratory therapy, pulmonary rehabilitation, and immunizations.

HEALTH PLAN OUTREACH AND EDUCATION

MCOs Adopt Emergency Department Performance Improvement Projects

Inappropriate Emergency Department (ED) utilization diverts critical care resources from those that truly require them, creates barriers to continuity of care, and unnecessarily escalates health-care costs. By promoting medical homes and PCP relationships, BMS aims to reduce inappropriate ED utilization and its corresponding health care costs. To achieve these goals, BMS required the MHT MCOs to participate in an ED Utilization Collaborative, which ended in December 2010. However, the MCOs are still continuing these initiatives to target specific populations or geographic areas to and geographic areas with high ED utilization.

Carelink focuses on members aged 20 to 44 years, after identifying that this age group accounted for an inordinately high proportion of the total rate of ED visits by Carelink members. To educate members about appropriate ED usage, Carelink publishes articles in its member newsletter about how to know when going to the ED is the right decision. Carelink also reaches out to members with three or more ED visits in the prior six months to help connect them with a PCP or dentist (if the visits are related to dental problems). Finally, Carelink works with provider clinics to identify quality of care measures that could impact ED usage and is supporting clinics in seeking Patient-Centered Medical Home certification from the National Committee on Quality Assurance, indicating that the clinics provide consistent care coordination and preventive care.

The Health Plan concentrates on children with upper respiratory conditions (e.g., asthma) and adults with back pain. Often, children with upper respiratory conditions can be treated at home with over-the-counter remedies or by a primary care provider. The Health Plan conducts outreach, including phone calls and mailings, to the families of children up to five years old to instill knowledge about how to treat such conditions at home and encourage them to seek treatment from a PCP. For adults with back pain, The

Health Plan identifies these members upon their visit to the ED and assures that the members are directed to the appropriate service to alleviate their back pain. The Health Plan is also working with its Physician Advisory and Medical Director's Oversight Committees to promote the adoption of guidelines from the American College of Physicians and American Pain Society for the Treatment of Low Back Pain among the PCPs and ED facilities in its network. Based on its efforts, The Health Plan decreased the rate of ED visits among children up to five years of age with upper respiratory conditions by 18 percent in 2010.

UniCare targets members who have received ED services, but showed no evidence of having an outpatient PCP visit. UniCare has implemented two programs focused on decreasing inappropriate ED visits. Under the first program, when a member has more than one ED visit in a 12-month period, UniCare conducts outreach and notifies the member's provider. The second program is a pilot initiative with a local hospital, which notifies UniCare within 24 to 48 hours of a member visiting the ED so that UniCare can conduct outreach to the patient. UniCare is also launching a public awareness and health education campaign with selected provider practices in Mercer County. With this activity, UniCare aims to cement the medical home relationship between patients and their PCPs, which may lead to a reduction in inappropriate ED utilization.

MCOs Offer Extensive Health Education Programs

MCOs also offer a variety of educational and preventive programs, in addition to disease management. The goal of these programs is to educate members about various health topics and conditions and help them understand how to use the health care system. The health education and preventive programs encourage members to be proactive about their own health and the health of their families. Below are some examples of what the MCOs are doing to target specific health issues and conditions:

Preventive Care

Carelink's member newsletter, *The Bear Facts*, includes important information for members such as immunization reminders and the importance of screenings such as Pap tests and mammograms. Additionally, Carelink conducts monthly outreach events through participation in health fairs or read aloud events.

Carelink's EPSDT program notifies families when children are due for wellness visits or when they may have missed a wellness visit. The program also includes schedule notifications for vaccinations and lead screenings. Carelink also sends targeted reminders to members needing cervical and breast cancer screenings, as well as members who fall within Centers for Disease Control and Prevention recommendations for flu and pneumonia immunizations.

The Health Plan offers an array of preventive health interventions to help decrease the progression of illness and chronic disease. The Health Plan provides education to members and performs outreach through its website, community, and school-based promotion programs. Its initiatives include: offering personal health risk assessment for adult members; providing educational materials, monthly wellness information, interactive health tools, and preventive health guidelines by request from the website; and conducting student outreach on topics such as tobacco, drug and alcohol awareness, bullying, safety, first aid, sun safety, overall wellness/components of health, understanding test results, and diabetes prevention.

In addition, The Health Plan offers a staff of Health and Wellness representatives, who conduct outreach calls to members to complete medical assessments and educate members on the importance of the preventive health. The MCO's goal is to motivate members to obtain missing preventive services through direct contact.

UniCare has partnered with community-based organizations throughout the State to launch baby showers and expand outreach efforts. The objectives of the program are to bring maternal and child health education to high-risk Medicaid populations in West Virginia, and partner with

Sample EPSDT Notification for Carelink



The image shows a sample EPSDT notification letter. It features a header with a blue bar and a title. The letter is addressed to a parent and contains text about missed well child visits, contact information for primary care providers, and information about medical transportation. To the right of the text is a photograph of a doctor examining a young girl. At the bottom of the letter is a cartoon bear doctor logo and the Carelink logo. A blue footer bar contains the slogan 'Check-ups are important even if your child is not sick.' and copyright information.

Dear Parent,

Our records show that your child may have missed a well child visit.

Please contact your primary care provider (PCP) as soon as possible to make this appointment. You may call Member Services at 1.888.348.2922 if you need help finding a provider.

Call 1.888.348.2922 if you need a ride to the health care provider. Some members do not get Non-Emergency Medical Transportation (NEMT) as part of their benefits. Call Customer Service at 1.888.348.2922 to check or with any questions.

CARELINK
A Coventry Health Care Plan

Check-ups are important even if your child is not sick.

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key community-based organizations to expand outreach. In 2010 and 2011, seven community baby showers were held reaching approximately 600 new and expectant mothers. As part of this initiative, UniCare also “trains” other community-based organizations on holding similar events in other areas of the State.

In 2011, UniCare also began a pilot initiative to determine the effectiveness of incentivizing members with a gift card for compliance with breast cancer screenings and diabetic care management in an effort to improve health-related behaviors.

Nutrition, Physical Activity, and Weight

As part of Carelink's pediatric obesity program, Carelink members under the age of 21 receive an annual educational mailer regarding the importance of healthy eating and exercise. If a child is obese, he or she receives quarterly educational mailers regarding diet, exercise, snacking, and risk of obesity. Carelink also has a health education program that adult members who are at risk of having a preventable condition, such as obesity.

The Health Plan promotes the maintenance and achievement of a healthy lifestyle by engaging members in wellness and promotion activities such as education, physical activity, and health screenings. The Health Plan provides school- and employer-based health and wellness training modules.

UniCare is promoting weight management and physical activity via two programs: "Get Up and Get Moving!", and a collaboration with Weight Watchers of West Virginia. "Get Up and Get Moving!" focuses on empowering families with knowledge of proper nutrition and stresses the importance of physical activity. The program offers a workbook containing materials geared toward children ages six to 12, including a guide to healthy eating, tips on fun ways to exercise, and an exercise diary. The Weight Watchers program provides vouchers to eligible child and adult members ages 10 years and above to enroll

in Weight Watchers. UniCare performs outreach as needed.

Tobacco Cessation

The Health Plan offers two free tobacco cessation programs: "Freedom from Smoking," which is targeted at adults, and the "Not-On-Tobacco" program, which is for adolescents. The programs are provided by employees of The Health Plan who have been trained as American Lung Association facilitators.

UniCare has developed a tobacco cessation program called "The Last Cigarette" to help members stop smoking. Resources are available to members through this program, including a Quit Line for ongoing support and a Quit Kit. The Quit Kit includes coping skills for fighting the urge to smoke, strategies for success after a relapse, as well as other valuable tools.



COST SAVINGS

The MCO program provides quality care while generating cost savings for the state of West Virginia. The program has created savings by slowing growth in the use and cost of medical services found in traditional fee-for-service Medicaid. In addition to medical savings, there

are administrative efficiencies. In SFY 2011, the MCO program achieved savings of approximately \$6.49 million, or 1.9 percent, in combined federal and state combined funds, compared to costs of covering the same population through fee-for-service Medicaid.

SFY 2011 Estimated MHT Program Total Savings

	Fee-for-Service (FFS)*	MHT
Member Months	1,919,580	1,919,580
Average Number of Members Per Month	159,965	159,965
Medical/Capitation per Member per Month	\$175.20	\$172.61
Total Medical/Capitation Spending	\$336,310,570	\$331,340,463
State Administrative Costs	\$5,717,280	\$4,195,028
Total Spending	\$342,027,850	\$335,535,491
SFY 2011 Total Savings for MHT		\$6,492,351
Percent Savings over FFS		1.9%

*Fee-for-Service (FFS) refers to the estimated cost of serving the MHT program in a FFS rather than managed care setting.

QUALITY, ACCESS, AND TIMELINESS OF CARE

BMS is committed to assessing and improving the quality of services that the MCOs offer to members enrolled in the Mountain Health Trust program. BMS uses a three-pronged strategy for assessing and improving managed care, which consists of prospective, concurrent, and retrospective activities. This multi-faceted strategy enables BMS to quickly identify potential problems and work with the necessary parties to resolve them. For example, BMS reviews quarterly data from the MCOs to monitor indicators such as PCP and emergency room (ER) utilization, PCP-to-enrollee ratios, and experiences with member and provider services.

High Satisfaction Reported for Children

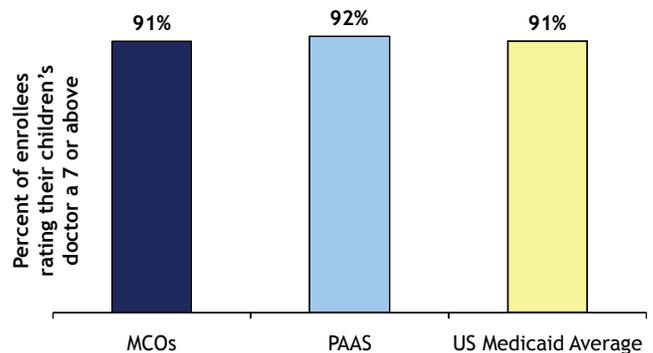
As part of the effort to monitor and improve quality, BMS sends a survey every two years to a sample of Medicaid recipients in West Virginia. The 2011 member survey, based on the nationally-accepted Consumer Assessment of Healthcare Providers and Systems (CAHPS) health plan survey, evaluated member experiences in both full-risk managed care and PAAS. Areas of focus included access to care, availability of needed services, and satisfaction with providers and health plans. Preliminary MCO survey results were compared to the PAAS experience as well as the national Medicaid averages for 2011.

As reported in previous years, parents of children enrolled in the managed care program are very satisfied with their child's MCO, doctors, and care. Over 90 percent of parents of children enrolled in MCOs and PAAS rated their MCO or health plan a seven or higher (using a zero to 10 scale, where zero is the "worst possible" and 10 is the "best possible").

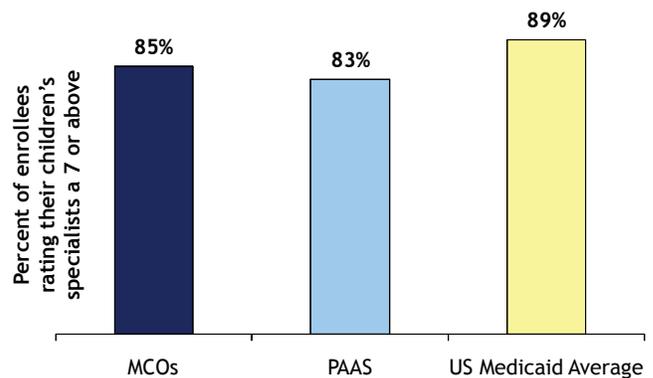
Another important element of health care is the ability to get the care that is needed. Ninety percent of parents of children enrolled in an MCO reported that it was "always" or "usually" easy for their child to get the care, tests or treatment he or she needed. This exceeds the national Medicaid average of 79 percent. For several other key indicators in the child survey, ratings for the MCOs were higher than for PAAS and the national Medicaid averages. West Virginia is a state

with many rural areas and the number of specialist available to all state residents is lower than the national average.

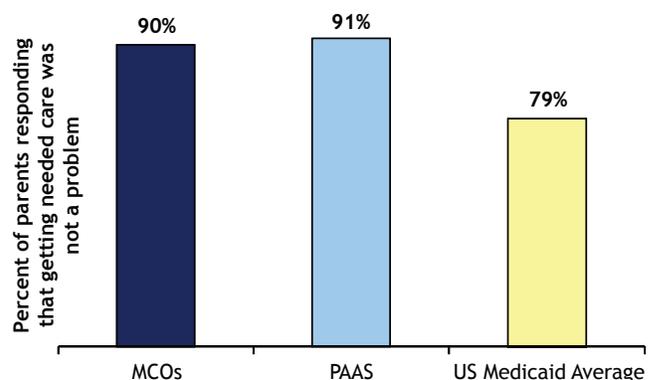
Parents were satisfied with their children's personal doctors in 2011



Parents were satisfied with their children's specialists in 2011



The MHT program exceeded the national Medicaid average for the percent of parents who indicated it was "usually" or "always" easy to get the care, tests, or treatment their child needed



High Satisfaction Reported for Adults

The majority of adults enrolled in the MCOs and PAAS program rated their personal doctors highly. Eighty-seven percent of adult survey respondents gave their personal doctor a rating of 7 or above (on a scale of 0-10).

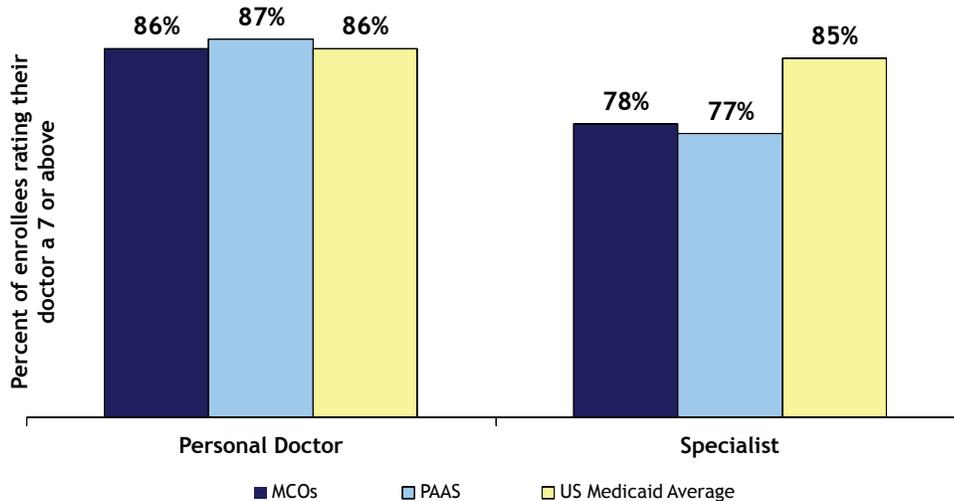
Adults also reported satisfaction with the customer service provided by the MCOs; 83 percent of adults in MCOs responded that they were treated with courtesy and respect by customer service staff and given the help and information that they needed.

For areas in which the survey results demonstrated need for improvement, BMS is working with the MCOs on strategies to better respond to members' needs and increase member satisfaction.

The next member survey will be mailed to a sample of members in the fall of 2013. BMS will continue to monitor the results of the survey to understand which areas of both MCO and PAAS programs can be improved.

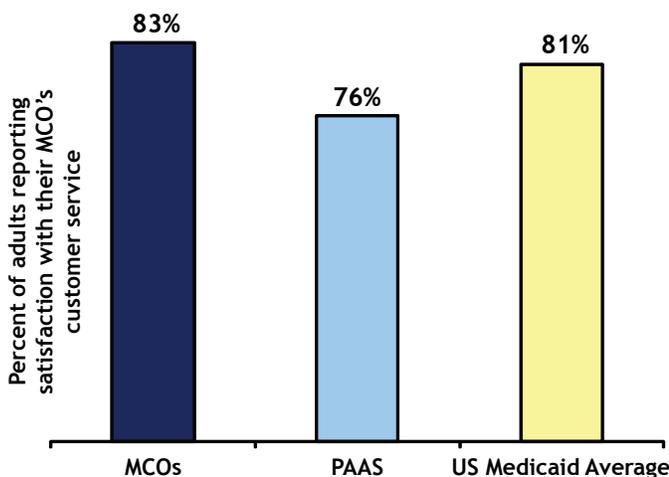
Members Continue to have High Levels of Access under the MHT Program

Adults were satisfied with their personal doctors & specialists in 2011



Per federal regulations, BMS contracts with an independent vendor to perform an External Quality Review of measures related to quality, access, and timeliness of care for members in MHT. The organization that performs the review, called the External Quality Review Organization (EQRO), ensures that MCOs are compliant with all applicable federal and state requirements and that they meet all of the MHT program

83% of adults in MCOs were satisfied with their MCO's customer service, exceeding the national Medicaid average



standards outlined in the State of West Virginia's contract with each MCO. The EQRO also reviews medical records and conducts onsite audits to ensure that MCO policies and procedures, such as those related to grievances and appeals systems and notifying enrollees of their rights, are properly administered.

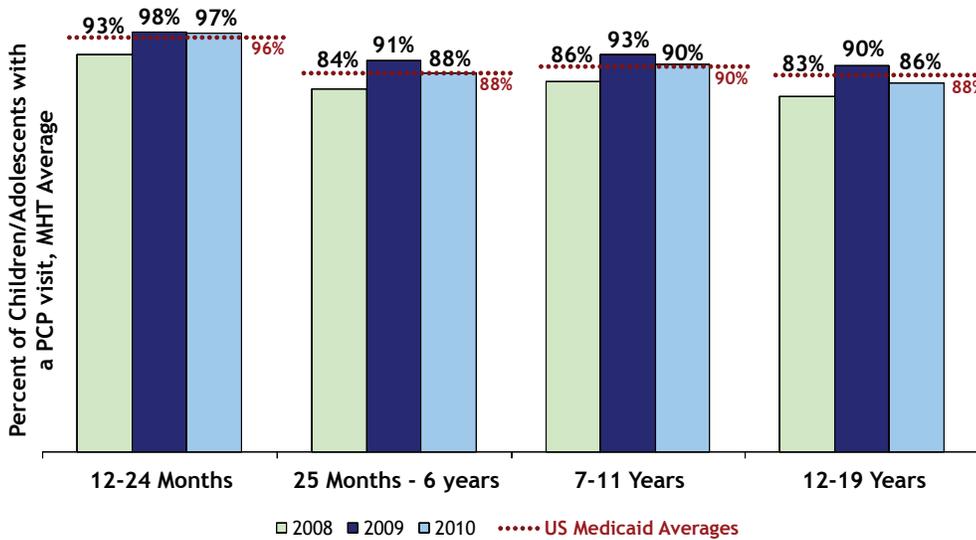
The EQRO uses the Healthcare Effectiveness Data and Information Set (HEDIS) to measure and validate MCO performance on quality, access, and timeliness of care indicators. HEDIS, administered by the National Committee for Quality Assurance (NCQA), is considered the gold standard for measuring performance and is used by over 90 percent of health plans. The EQRO uses the HEDIS results for the MCOs to create recommendations for improving the quality of care delivered to MHT beneficiaries.

Ensuring that beneficiaries have access to preventive services is an essential component of delivering high-quality care. Thus, increasing rates of preventive care has been an important focus for the MCOs. HEDIS results for Calendar Year (CY) 2010 demonstrated that the vast majority of MHT members visited their PCP at least once during the year, showing significant improvement from CY 2008. For all age groups, the MHT average across all three MCOs are near or exceeded the national Medicaid averages for the percentage of

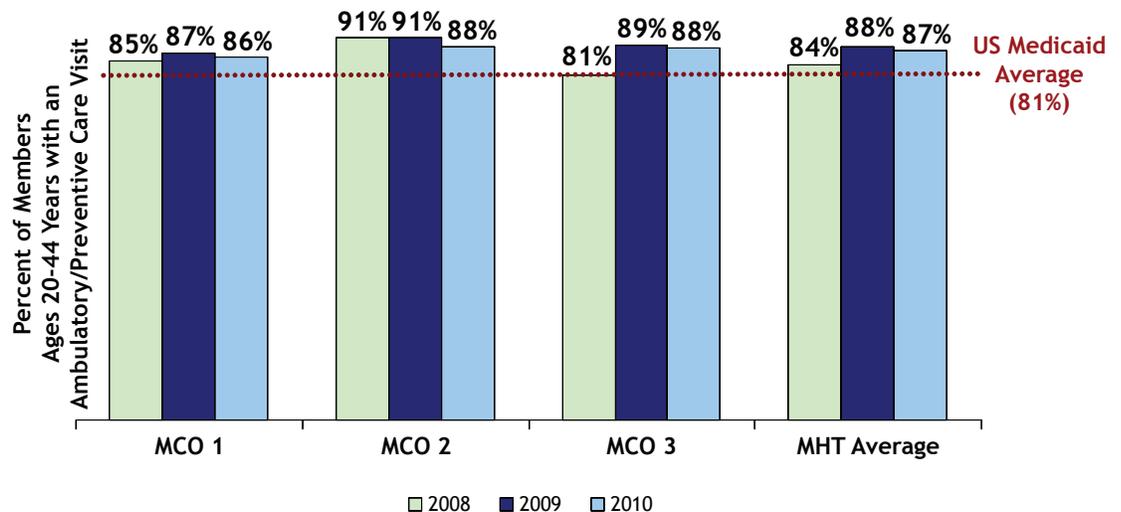
children and adolescents with a PCP visit in the measurement year.

BMS is committed to increasing access to preventive and ambulatory health services for adults in the MHT program. Adult members in the MHT program also have high rates of preventive care, exceeding national Medicaid averages. In 2010, the MHT average (87%) was over six percent higher than the national Medicaid average (81.2%).

For children and adolescents, the MHT average is near or exceeds the national Medicaid average for the number of members with a PCP visit



Each MCO exceeded the national Medicaid average for the percentage of adult members with an ambulatory or preventive care visit



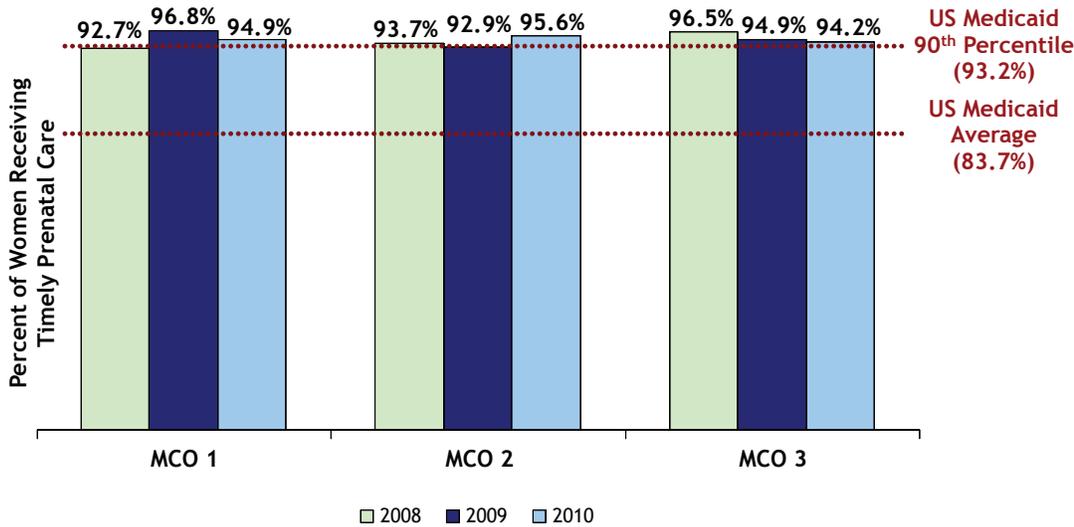
The MCOs performed consistently well in the percent of pregnant women receiving timely prenatal care. Rates for the number of women with timely prenatal care improved over the last several years. All three MCOs reported rates of women receiving a timely prenatal care visit ranging from 94 percent to 96 percent. Each MCO surpassed the national Medicaid average for women receiving timely prenatal care (83.7%), and exceeded the 90th percentile (93.2%) for Medicaid MCOs.

Administration of regular preventive screenings for children, known as Early and Periodic Screening, Diagnostic, and Treatment Services

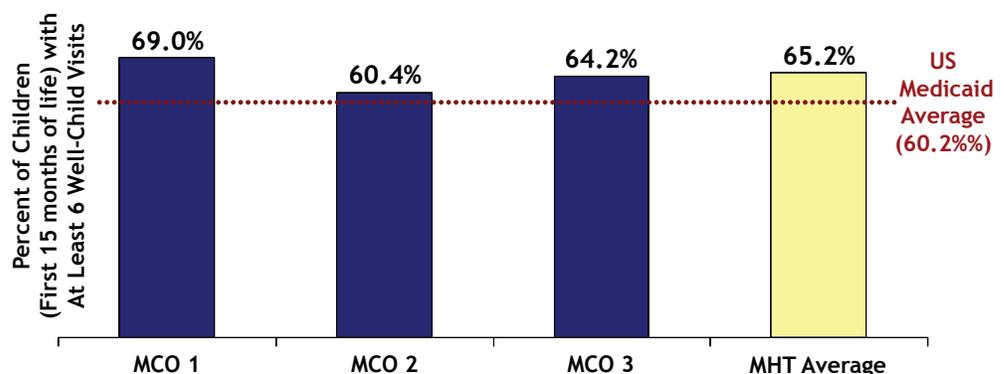
(EPSDT) in Medicaid, is an important part of any health program. MHT places particular emphasis on increasing the number of children who regularly receive these services. BMS is committed to increasing the number of members receiving well-child visits in order to find, diagnose, and treat health problems before they become lifelong issues or permanent disabilities.

The MCOs encourage children to complete well-child visits and receive EPSDT services. The MHT average is higher than the national Medicaid average for the percentage of members who received six or more visits during the first 15 months life.

The MHT Program performed better than the national Medicaid average and Medicaid 90th percentile for timeliness of prenatal care



Each MCO performed above the national Medicaid average for the number of children who had at least six well-child visits in the first 15 months of life

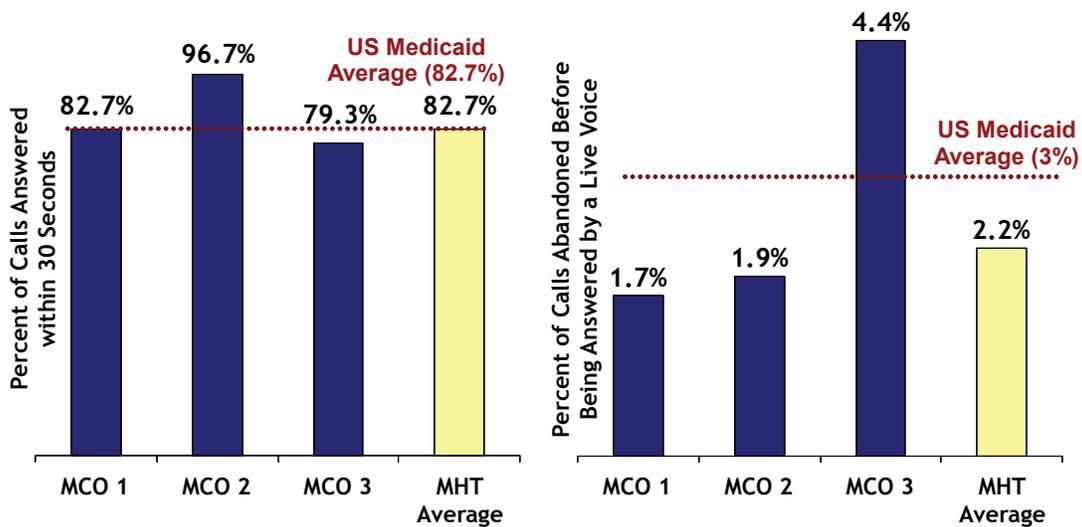


MCO Member Services Centers are Responsive to Members

In addition to access to medical care, members were also able to seek help through MCOs' member services centers. Member services representatives at each MCO answered member calls quickly; calls at all three MCOs were answered by a live voice within 30 seconds over 79 percent of the time.

Additionally, two MCOs had call abandonment rates – the percentage of calls received by MCO call centers that were abandoned by the caller before being answered by a live voice – that were more positive than the national Medicaid average of three percent.

MCO member services centers performed better than US Medicaid average



“My plan has been a blessing.”

*MCO Member,
2011 Member Survey*

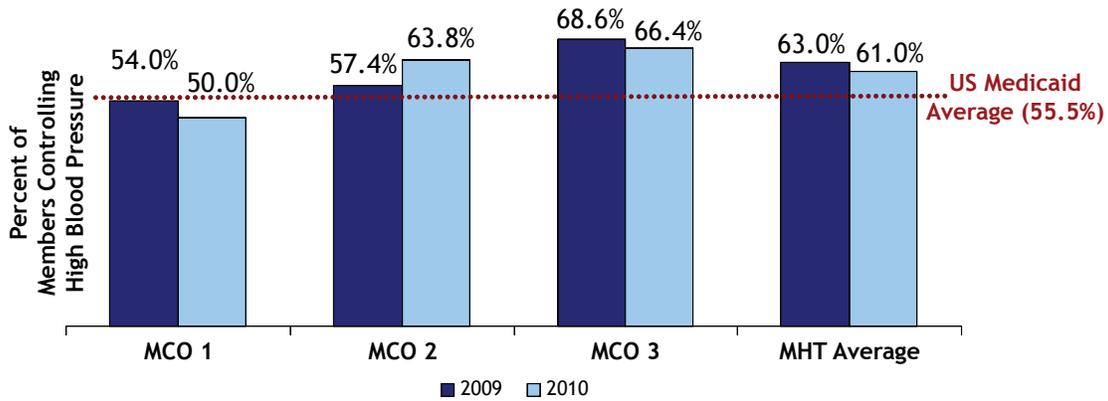


MCOs Deliver Quality Care

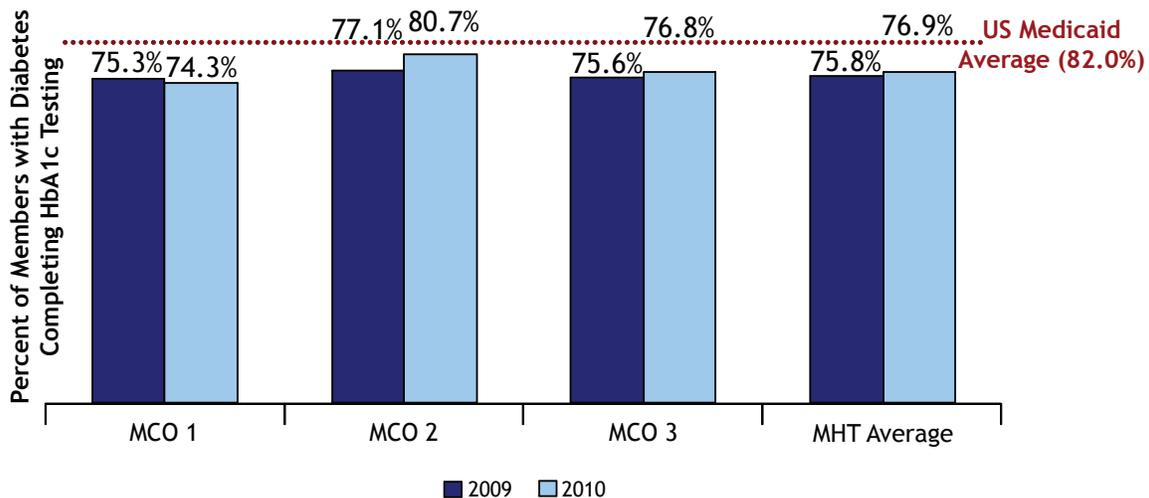
In CY 2010, which is the latest year data is available, the MCOs performed well on controlling high blood pressure for members over the age of 18. Two MCOs reported rates that exceeded the national Medicaid average.

The MCOs also encourage members with diabetes to monitor their hemoglobin A1c (HbA1c) to prevent further complications. The MCOs slightly improved their performance in the percent of adults with diabetes receiving an HbA1c test.

The MHT program performed better than the national average for controlling high blood pressure



Most MHT members with diabetes are actively managing their condition





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