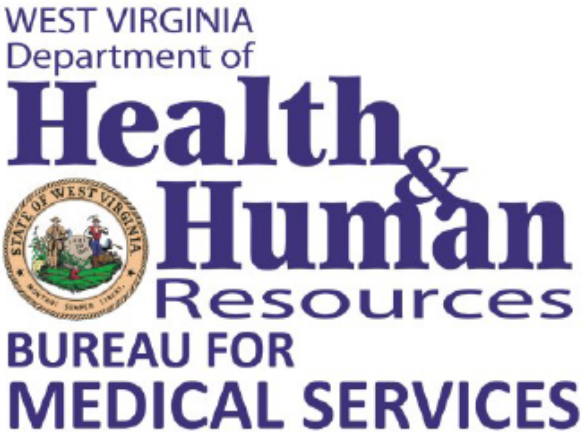
State of West Virginia
Department of Health and Human Resources
Bureau for Medical Services



Access Monitoring Review Plan

September 22, 2016

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1. Overview

The purpose of this section is to provide a brief overview of West Virginia's Medicaid program, as well as enrollment statistics specific to providers and beneficiaries. This section will also include information specific to the State's Medicaid service delivery model.

To highlight the inception of the Access Monitoring Review Plan, this section will include a brief summary of 42 Code of Federal Regulations (CFR) 447.203 as well as the State's commitment to fulfill the regulation.

On November 2, 2015, CMS issued *42 CFR Part 447.203 Medicaid Program; Methods for Assuring Access to Covered Medicaid Services (Final Rule)*. This final rule requires states to develop an Access Monitoring Review Plan (Plan) that includes an analysis of access to covered services under the Medicaid Fee-for-Service (FFS) program. As required by CMS within the Final Rule, certain Medicaid categories of services covered under the FFS programs would be continuously monitored in support of assuring beneficiary access to covered care and services.

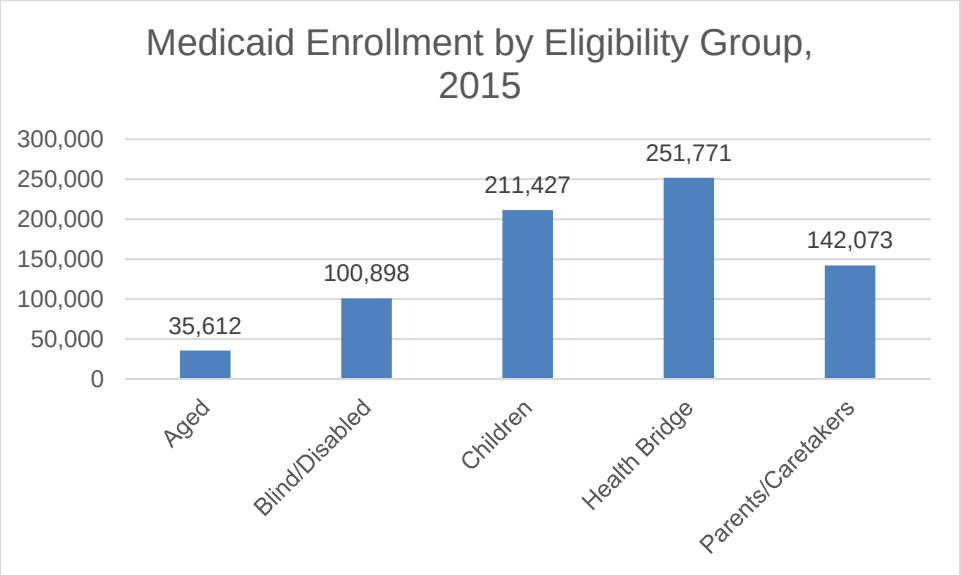
The West Virginia Department of Health and Human Resources (DHHR) Bureau for Medical Services (BMS) is the designated agency responsible for the administration of the State's Medicaid program. BMS provides access to healthcare for Medicaid-eligible individuals in accordance with Section 1902(a)(30)(A) of the Social Security Act.

Part of the mission of the West Virginia Medicaid program is to provide access to appropriate healthcare for Medicaid-eligible individuals. In its administration of the program, BMS strives to assure access to appropriate, medically necessary, and quality healthcare services for all members while maintaining accountability for the use of resources.

As of 2015, according to the Census Bureau, West Virginia had a population of approximately 1.84 million citizens. During the 2015 state fiscal year (SFY) time, approximately 638,000 West Virginians were enrolled in FFS or managed care , with an average of 523,000 West Virginians enrolled in each month of SFY 2015, or approximately 28% of the State's population. VirginiaThis number does not include member participation in the West Virginia Children's Health Insurance Program (WVCHIP).

West Virginia Medicaid provides coverage to pregnant women; children; very low-income families; individuals who are aged, blind, and/or disabled; medically needy populations; and the Health Bridge (expansion) population, inclusive of individuals between the ages of 19 and 64 who have incomes at or below 138% of the Federal Poverty Level (FPL). **Figure 1.1 Medicaid Enrollment by Eligibility Group** shows the number of people enrolled in Medicaid (including FFS Medicaid and managed care) for calendar year 2015.

Figure 1.1 Medicaid Enrollment by Eligibility Group*



*The total number of Medicaid members reflected in the above figure includes members who appear within one or more eligibility groups (i.e. One member may be a child who is also blind and disabled; yet they are counted in both eligibility groups.).

In addition to a FFS healthcare delivery system, West Virginia Medicaid maintains a managed care healthcare delivery system known as West Virginia Mountain Health Trust (WVMHT). As seen in the table below, over the course of the 2013-2015 calendar year enrollment in WVMHT experienced an increase of much greater magnitude than the traditional FFS Medicaid program from 2014 to 2015. This increase was in large part due to the State's efforts to transition the Medicaid expansion population, also known as the HealthBridge population, from the FFS healthcare delivery model to WVMHT (Managed Care).

Table 1.1 Member Enrollment by Healthcare Delivery Model

Member Enrollment by Program, 2013-2015			
Healthcare Delivery Model	**2013**	**2014**	**2015**
Medicaid FFS	273,445	447,884	478,703
WV Mountain Health Trust	235,557	264,501	436,942
Aggregate*	**421,342**	**606,374**	**643,845**
**Given members may have been enrolled in both the FFS and managed care programs during a given year, the aggregate of the enrollment of the two programs is less than the sum of the total number of participants enrolled. .*			

As a participant in the Affordable Care Act's (ACA) Medicaid Expansion, the number of West Virginians receiving health insurance through Medicaid has increased more in West Virginia than in any other state. In calendar year 2015, nearly 240,000 West Virginians obtained care as part of the ACA Medicaid Expansion, which includes members previously enrolled under a different eligibility reason. Although there has been an increase in Medicaid enrollment, West

Virginia has seen the per-person costs decrease, in part due to implementation of managed care programs and other reforms that the State has put into place.

Given the importance of ensuring that members have adequate access to services, BMS, in compliance with the Final Rule, will utilize the processes outlined within this Access Review Plan to monitor Access to Care (ATC) across the ATC service categories on a regular basis as defined in **Section 5.0 Approach to Monitoring ATC**.

2. Purpose of Access Monitoring Plan

This section highlights the purpose of the State of West Virginia's Access Monitoring Plan. It will also provide an overview of the Plan, its intended audience, and details specific to how the plan will be maintained and updated.

The purpose of the West Virginia Access Monitoring Plan (Plan) is to identify a data-driven approach to monitoring ATC across a subset of Medicaid FFS service categories to assist in determining access sufficiency and remediating any identified deficiencies.

The following subset of Medicaid service categories provided under a FFS arrangement are analyzed for the purposes of this Plan:

- Primary Care Services
- Physician Specialist Services
- Behavioral Health Services
- Home Health Services

Although the Final Rule identifies prenatal and postnatal obstetric services as an ATC service category, West Virginia did not include this service category in their analysis as it is supported by the State's managed care healthcare delivery system, WVMHT.

Additionally, while the option to select additional service categories was provided by the Final Rule, the State elected to not include any additional service categories.

The Access Monitoring Plan defines an ongoing access monitoring analysis that describes data sources, methodologies, baselines, assumptions, trends, and factors specific to reviewing West Virginia Medicaid ATC. This information will be used to assist in monitoring the sufficiency of ATC. For more information on the State's overall access monitoring analysis, please refer to **Section 4.0 Data Findings and Analysis**.

Across the above service categories, the Plan identifies data elements specific to:

1. The extent to which beneficiary needs are fully met
2. The availability of care through enrolled providers
3. Changes in beneficiary service utilization
4. Aggregate comparisons between Medicaid rates and rates paid by other public and private payers

West Virginia will update this Plan every three years based on feedback from members and providers, as well as current and future changes to the State's Medicaid Environment. This Plan may also be included in the submission of any applicable State Plan Amendment to CMS.

3. Executive Summary

The purpose of this section is to provide a brief summary of the State of West Virginia's Access Monitoring Plan, methodology, analysis, and findings.

In support of the CMS issued 42 CFR Part 447.203 Medicaid Program; Methods for Assuring Access to Covered Medicaid Services (Final Rule), the State of West Virginia developed an Access Monitoring Plan that includes a data-driven approach to monitoring and reviewing ATC across the following Medicaid FFS service categories:

- Primary Care Services
- Physician Specialist Services
- Behavioral Health Services
- Home Health Services

The data-driven approach and findings contained herein will be updated triennially; however, the approach to monitoring ATC, will be implemented during the interim in accordance with the approach defined within **Section 5 Approach to Monitoring ATC**.

Analysis of ATC across the aforementioned service categories within the 2013 – 2015 calendar years has identified the following:

- The number of members enrolled in West Virginia Medicaid on an annual basis across both the FFS and Managed Care delivery models increased by approximately 223,000 members, or 35%.
- The number of providers enrolled in West Virginia Medicaid ATC services categories increased by 24 providers, or 0.19%.
- The number of FFS members enrolled per provider enrolled increased from 34.5 members per provider in 2013 to 57 members per provider in 2015, an approximately 65% change.
- Member utilization rates across all age categories declined during the 2013 – 2015 calendar years, most notably across the ACA expansion population ages 18–64.
- In 2013, approximately 10.6 million claims were submitted by ATC-specific service category providers, while in 2015, 12.9 million claims were submitted, an approximate 22% increase. Although this is an approximate 22% increase, it is nearly 1.2 million less than what was submitted in 2014 for services analyzed in support of the Final Rule.
- Although 13% higher than the National average of 66%, West Virginia Medicaid rates are 21% lower than those offered for Medicare patients.

Analysis of members' ATC within each of the individual aforementioned service categories has identified the following:

- Enrollment across the primary care services categories expanded by approximately 3.7% during the 2013 – 2015 timeframe, in large part due to the rate increase supplied to primary care service providers in accordance with the ACA.

- Physician specialist services experienced the largest decline in enrollment over the 2013 – 2015 calendar years (approximately 300 providers), in large part due to the State's transition of members from FFS to WVMHT, the States managed care efforts; however, this may also be attributed to the State's provider revalidation effort.
- There were approximately 924 members per provider within the State's behavioral health services category during the 2013 calendar year, whereas, at the close of the 2015, this number was up approximately 70% to 1,570 members per behavioral health services provider.
- Although access to behavioral health services and/or home health services is supported via the State's grade "A" telemedicine initiative, other provider types/specialties, and by providers enrolled in other areas of the State, there are fifteen counties in West Virginia without enrolled behavioral health services providers and 22 counties in the State without enrolled home health providers.

Findings indicate that, although no immediate access deficiency has been determined, the State will continue monitoring services identified herein, consider these findings, and expand upon the State's approach to monitoring ATC in areas defined throughout the Plan.

In support of the Final Rule, West Virginia published their Access Monitoring Plan for public comment beginning August 17, 2016 through the end of the day July 13, 2016. Comments were subsequently reviewed and incorporated into the finalized Access Monitoring Plan. Notice for the Access Monitoring Plan's public comment period distributed via the State's website, local newspapers, and county offices can be found in **Appendix G: Notice Regarding the Public Comment Period for the West Virginia Access Monitoring Review Plan**; while associated public comments and their responses can be found in **Appendix H: Comments and Reponses from Public Comment Period**.

For more information on the State's data analysis and findings, please refer to **Section 4 Data Findings and Analysis**, and, for more information on the State's approach to monitoring ATC, please refer to **Section 5 Approach to Monitoring ATC**.

4. Data Findings and Analysis

The purpose of this section is to describe West Virginia Medicaid Provider and Beneficiary data as well as the associated analysis of the data specific to West Virginia ATC. The data will focus on the following services ("ATC Service Categories"):

- Primary Care Services
- Physician Specialists
- Behavioral Health Services
- Home Health Services

This section will also provide an analysis of the above services as they relate to the following data elements to inform the overall approach to monitoring ATC:

- Provider Enrollment
- Provider Types and Specialties
- Beneficiary Eligibility, Gender, and Age Characteristics
- Beneficiary Requests for Assistance
- Beneficiary Perceptions of ATC
- Beneficiary Utilization of Services
- Medicaid, Medicare, and Other Payer Rates

As a part of the Final Rule, states are required to document ATC measures by which Medicaid FFS service categories can be continuously monitored. The Final Rule also requires states to review data and trends to evaluate ATC for covered services, and to supply processes to obtain public input on the adequacy of access to covered services in the Medicaid FFS program.

The Final Rule also requires that the Access Monitoring Plan (Plan) detail an access monitoring analysis that includes:

> *"…data sources, methodologies, baselines, assumptions, trends and factors, and thresholds that analyze and inform determinations of the sufficiency of access to care which may vary by geographic location within the state and will be used to inform state policies affecting access to Medicaid services such as provider payment rates, as well as the items specific in this section. The Access Monitoring Plan must specify data elements that will support the state's analysis of whether beneficiaries have sufficient access to care. The plan and monitoring analysis will consider:*
>
> - *The extent to which beneficiary needs are fully met;*
> - *The availability of care through enrolled providers to beneficiaries in each geographic area, by provider type and site of service;*
> - *Changes in beneficiary utilization of covered services in each geographic area*

- *The characteristics of the beneficiary population (including considerations for care, service and payment variations for pediatric and adult populations and for individuals with disabilities); and*
- *Actual or estimated levels of provider payment available from other payers, including other public and private payers, by provider type and site of service"*

The following subsections detail the State of West Virginia's data collection methodology, analysis, and findings across each of the respective FFS Medicaid ATC service categories. As the State continues monitoring access to covered FFS Medicaid services, the following methodology, analysis, and findings are subject to change.

4.1 Methodology

To support the State of West Virginia's Medicaid FFS ATC measures, baselines, and trends, the State requested three years of Medicaid FFS data across the aforementioned ATC specific service categories from their MMIS fiscal agent. The request included, but was not limited to:

- Characteristics of the Medicaid Member Population (age, sex, geographical location, enrolled service category, etc.)
- Member Utilization of Services by Service Category
- Requests for Assistance in Locating Services
- Available Services by Geographic Location
- FFS and Capitation Expenditures
- Fee Schedules

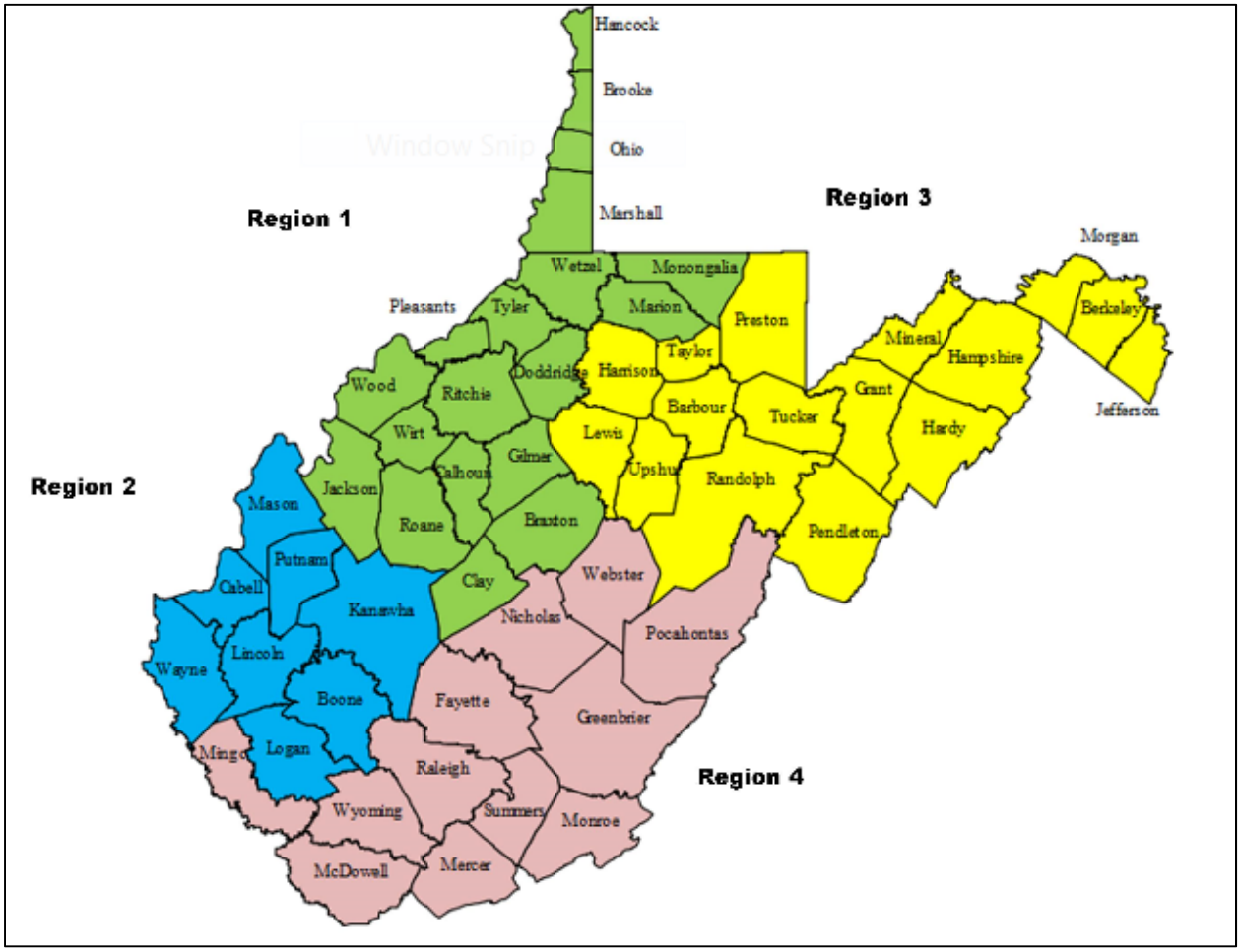
Additionally, the State requested assistance from their data warehouse vendor in developing a geographical representation of member and provider locations for the ATC-specific service categories. This analysis is still under development and was not included in this version of the Access Monitoring Plan.

The county-level analysis herein shows that, in many cases, a county is completely devoid of providers that fall into a given ATC Service Category (notably Behavioral Health and Social Services and Home Health Services). While it is indicative of the density of providers in a given area, that a county does not have a given type of provider does not automatically mean that that county's residents do not have access to needed care. As noted above, further exploration of the impact of the geographical distribution of members and providers is being conducted by the State and will be included in a future version of the Plan.

Additionally, although the State planned to conduct a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey independently of the effort to develop this Plan, the approval to release a request for quotations (RFQ) to candidate vendors to procure assistance in the development and delivery of the survey has not been finalized. As such, the State has developed surveys (Appendices C and D) to be regularly available to the provider and member communities to assist in the qualification and quantification of perceptions of ATC. These surveys will be new to the provider and member community, and will be enacted upon CMS approval of the Access Monitoring Plan.

In addition to the surveys within Appendices C and D, the State is also engaged in monitoring factors that may affect perceptions of ATC, such as the relative presence of enrolled providers to eligible members in a given geographical area (i.e., a county). For the purposes of summarizing our findings as they relate to perceptions of ATC, West Virginia counties were divided into four regions, as reflected in **Figure 4.1 Geographic Representation of Counties in West Virginia by Region** below.

Figure 4.1 Geographic Representation of Counties in West Virginia by Region



The above regional divisions may be referenced throughout the following sections.

Lastly, in an effort to compare the Medicaid rates of West Virginia against those of Medicare and other private payers, the State gathered Medicare rates from www.cms.gov and compared those rates to fee schedules provided as a part of the request from the State MMIS fiscal agent.

The following subsections highlight the State of West Virginia's ATC analysis initially representative of all service categories, and then broken down individually by each of the following service categories:

- Primary Care Services
- Physician Specialists

- Behavioral Health Services
- Home Health Services

Across each of the above services, visual aids and/or narrative descriptions have been added within each of the following sections to supplement the following data measures:

- Provider Enrollment
- Provider Types and Specialties
- Beneficiary Eligibility, Gender, and Age Characteristics
- Beneficiary Requests for Assistance
- Beneficiary Perceptions of ATC
- Beneficiary Utilization of Services
- Medicaid, Medicare, and Other Payer Rates

4.1.1 Data Parameters and Related Assumptions

The following data parameters were used in accordance with the State's request for data identified and were analyzed in the Access Monitoring Plan:

- Data contained within the Access Monitoring Plan is representative of the following service categories, all of which are further defined by their related provider types and specialties, as identified in Appendix A:
    - Primary Care Services
    - Physician Specialists
    - Behavioral Health Services
    - Home Health Services
- The data within the Access Monitoring Plan is specific to the West Virginia Medicaid FFS healthcare delivery system, and contains limited Managed Care findings outside of those represented in **Section 1.0 Overview** and **Section 4.2.6 Medicaid, Medicare, and Other Payer Rates**.
- Unless otherwise specified, findings and analysis within the Access Monitoring Plan are representative of calendar years 2013, 2014, and 2015.
- WVCHIP data was not included as a part of the Access Monitoring Plan.
- The provider enrollment data within the Access Monitoring Plan is representative of both rendering and group providers.

Consideration for margin of error should be made by readers to the State, fiscal agent, and data warehouse vendor in response to the Access Monitoring Plan's related data, findings, and analyses.

4.2 Findings Across All Service Categories

The following represents the State of West Virginia's ATC findings inclusive of the aforementioned service categories (primary care services, physician services, behavioral health services, and home health services).

Although the Final Rule identifies prenatal and postnatal obstetric services (inclusive of labor and delivery) as an ATC-specific service category, West Virginia did not include this service

category in their analysis as it is supported by the State's managed care healthcare delivery system, WVMHT.

4.2.1 Provider Enrollment

From calendar years 2013 through 2015, the State of West Virginia experienced a 0.19% increase in provider enrollment across the ATC categories of services. Of the category of services that experienced an increase, primary care services experienced the largest increase at approximately 4%, with an addition of approximately 250 providers from 2013.

The increase in provider enrollment across ATC-specific services may be attributed to the following reasons:

- Beginning in 2013, the State of West Virginia kicked off their Provider Revalidation effort
- Increased support for the ACA Medicaid Expansion beneficiary population
- Increased support for physicians providing primary care services to Medicaid beneficiaries under the ACA

Over the same three years, the State experienced a decrease in provider enrollment across physician specialist services and behavioral health and social services. The largest of these decreases was within the physician specialist services service category, which experienced a loss in enrollment of approximately 300 providers, or nearly 3.5% of the physician specialist service–related providers.

For a more detailed analysis of provider enrollment findings specific to ATC service categories, please refer to **Table 4.1 Number of Enrolled Providers by Service Area, 2013 – 2015**

Table 4.1 Number of Enrolled Providers by Service Area, 2013 – 2015

Number of Enrolled Providers by Services				
Services	**2013**	**2014**	**2015**	**% Change**
Primary Care Services	6,694	6,938	6,943	3.72%
Physician Specialist Services	8,313	8,423	8,020	-3.52%
Behavioral Health Services	519	514	490	-5.59%
Home Health Services	65	64	64	-1.54%
Aggregate	**12,529**	**12,816**	**12,553**	**0.19%**

Geographically, of the 55 counties in West Virginia, 34 counties experienced an increase in the number of enrolled providers across the ATC service categories, and 17 of the remaining 55 counties experienced a decrease in provider enrollment. Of the five neighboring states (Kentucky Commonwealth, Maryland Commonwealth, Ohio, Pennsylvania Commonwealth, and Virginia), three experienced an increase in West Virginia Medicaid provider enrollment. Pennsylvania Commonwealth and Kentucky Commonwealth saw provider enrollment numbers decrease from 2013 – 2015 across the five ATC services.

Table 4.2 Percentage of Increased/Decreased Provider Enrollment by County, 2013 – 2015 illustrates a percentage of increased and decreased provider enrollment by county and/or state, as well as highlights the total number of providers enrolled across ATC service categories by county and/or state. This table also takes into account the percentage of increase or decrease in provider enrollment between the 2013 and 2015 calendar years.

Table 4.2 Percentage of Increased/Decreased Provider Enrollment by County, 2013 – 2015

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Pleasants	8	7	6	-25.00%
Ritchie	13	12	10	-23.08%
Pennsylvania Commonwealth	1,722	1,704	1,369	-20.50%
Wetzel	45	42	38	-15.56%
Mingo	47	43	40	-14.89%
Wirt	7	7	6	-14.29%
Hampshire	29	27	25	-13.79%
Other States*	575	585	496	-13.74%
Wyoming	26	24	23	-11.54%
Lincoln	34	34	31	-8.82%
Marshall	60	55	56	-6.67%
Kentucky Commonwealth	607	606	569	-6.26%
Logan	114	111	107	-6.14%
Greenbrier	149	146	140	-6.04%
Brooke	53	53	50	-5.66%
Nicholas	71	69	67	-5.63%
Clay	22	22	21	-4.55%
Mercer	270	281	259	-4.07%
Randolph	114	108	110	-3.51%
Marion	156	152	154	-1.28%
Pendleton	12	12	12	0.00%
Tucker	11	12	11	0.00%
Tyler	19	20	19	0.00%
Wayne	39	40	39	0.00%
State of Ohio	1,641	1,672	1,649	0.49%

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Wood	390	397	392	0.51%
Upshur	64	65	65	1.56%
Maryland Commonwealth	357	361	369	3.36%
Pocahontas	24	23	25	4.17%
Harrison	275	285	287	4.36%
Fayette	116	119	122	5.17%
Ohio	318	324	335	5.35%
Preston	50	47	53	6.00%
Kanawha	1,057	1,106	1,124	6.34%
Roane	31	33	33	6.45%
State of Virginia	1,293	1,328	1,377	6.50%
Mineral	45	49	48	6.67%
McDowell	27	29	29	7.41%
Putnam	93	89	101	8.60%
Hancock	90	94	98	8.89%
Cabell	672	719	733	9.08%
Barbour	22	23	24	9.09%
Raleigh	313	334	342	9.27%
Hardy	21	23	23	9.52%
Calhoun	10	10	11	10.00%
Berkeley	215	228	243	13.02%
Morgan	23	21	26	13.04%
Jackson	53	56	60	13.21%
Boone	29	31	33	13.79%
Monongalia	777	826	896	15.32%
Lewis	51	56	59	15.69%
Doddridge	6	6	7	16.67%
Taylor	28	26	33	17.86%
Mason	52	58	63	21.15%
Jefferson	80	92	97	21.25%

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Summers	14	16	17	21.43%
Braxton	25	29	32	28.00%
Monroe	15	16	20	33.33%
Webster	15	16	20	33.33%
Grant	28	31	39	39.29%
Gilmer	6	6	10	66.67%
Grand Total	**12,529**	**12,816**	**12,553**	**0.19%**
Total Averages	**205**	**210**	**206**	**0.19%**
**Represents States other than West Virginia and its border States*				

Findings indicate that provider enrollment increased during the 2013 – 2015 calendar years across well over half of West Virginia counties. A county-level analysis, in conjunction with a detailed analysis of provider enrollment by specialty and provider type, also indicates an upward trend in provider enrollment. However, the State will study the decrease in enrollment experienced by approximately 30% of counties/states as part of their ongoing access monitoring effort.

During the 2013 – 2015 calendar years, West Virginia experienced an increase of 0.19% in the enrollment of providers with provider types and specialties specific to applicable ATC service categories. Although the State experienced an overall increase in the number of enrolled providers with specific provider types and specialties, the State also experienced a decrease in enrollment greater than 20% for providers enrolled in the optician and mental hospital less than 21 provider types.

Refer to **Table 4.3** for the number of enrolled providers across ATC-specific provider types.

Table 4.3 Number of Enrollment Providers by ATC-Specific Provider Type

Number of Enrolled Providers by ATC Specific Provider Type				
Provider Type	**2013**	**2014**	**2015**	**% Change**
Optician	44	44	32	-27.27%
Mental Hospital Under 21	36	34	28	-22.22%
Therapist	18	18	15	-16.67%
Psychologist	303	297	282	-6.93%
Physician	9,891	10,012	9,515	-3.80%
Dental	594	581	580	-2.36%
Rural Health Clinic	56	55	55	-1.79%

Number of Enrolled Providers by ATC Specific Provider Type				
Provider Type	**2013**	**2014**	**2015**	**% Change**
Home Health Agency	65	64	64	-1.54%
Optometerist	214	210	212	-0.93%
Mental Health Clinic BHHF	1	1	1	0.00%
Podiatrist	100	96	101	1.00%
Mental Health Rehabilitation	77	77	78	1.30%
Respite and Habitation	55	57	56	1.82%
Mental Health Clinic	29	30	30	3.45%
Chiropractor	144	145	153	6.25%
Audiologist	60	66	66	10.00%
FQHC	163	178	190	16.56%
Nurse Practitioner	656	813	1,024	56.10%
Phys Assist or Social Wrker	20	21	54	170.00%
Group Provider	3	17	17	466.67%
Grand Total	**12,529**	**12,816**	**12,553**	**0.19%**
Total Average	**626.45**	**640.80**	**627.65**	**0.19%**

4.2.2 Beneficiary Eligibility, Gender, and Age Characteristics

West Virginia experienced a 75% increase in FFS Medicaid members eligible for services within the ATC-specific service categories. Although enrollment across all age categories rose between the periods from 2013 – 2015, the largest increase in enrollment was specific to enrollees ages 18–44.

The following table highlights the total aggregated number of Medicaid members enrolled by sex and age. Note that each entry represents an annual total and is not representative of the number of members enrolled at any given point in time.

Table 4.4 Total FFS Medicaid Enrollment by Sex and Age

Total FFS Medicaid Enrollment 2013 – 2015					
Sex	**Age**	**2013**	**2014**	**2015**	**% Change**
F	0–3	11,033	10,664	11,864	7.53%
F	4–17	31,822	33,856	34,549	8.57%
F	18–44	53,050	112,853	120,034	126.27%
F	45–64	38,576	66,836	70,523	82.82%
F	65+	24,405	24,996	25,775	5.61%
M	0–3	11,628	11,359	12,659	8.87%

Total FFS Medicaid Enrollment 2013 – 2015					
Sex	**Age**	**2013**	**2014**	**2015**	**% Change**
M	4–17	35,507	37,907	38,221	7.64%
M	18–44	32,551	92,115	103,166	216.94%
M	45–64	30,957	55,546	59,809	93.20%
M	65+	10,975	11,630	13,483	22.85%
Total		**273,445**	**447,884**	**478,703***	**75.06%**
*The totals reflected for each age group are not aggregated; however, the total number of members reflected for 2015 is representative of the total number of medicaid enrollees for 2015.					

As expected, West Virginia saw an increase in the number of members enrolled in FFS Medicaid across each county in West Virginia between the calendar years 2013–2015. The increase in the 18–64 age category across all the counties is largely attributed to the State's decision to expand their Medicaid population in 2013 in line with the ACA.

For detailed statistics on Medicaid member enrollment by county from 2013–2015, please refer to **Table 4.5 Total Medicaid Enrollment by County**.

Table 4.5 Total FFS Medicaid Enrollment by County

Total FFS Medicaid Enrollment by County				
County	**2013**	**2014**	**2015**	**% Change**
Jefferson	4,372	8,617	9,366	114.23%
Monongalia	6,731	12,685	13,724	103.89%
Pocahontas	1,149	2,159	2,329	102.70%
Pendleton	889	1,659	1,755	97.41%
Tyler	1,040	1,890	2,053	97.40%
Morgan	1,910	3,629	3,765	97.12%
Upshur	3,367	5,911	6,613	96.41%
Berkeley	11,898	21,408	23,250	95.41%
Doddridge	954	1,601	1,856	94.55%
Tucker	818	1,494	1,572	92.18%
Hancock	3,621	6,271	6,909	90.80%
Hardy	1,919	3,399	3,635	89.42%
Grant	1,499	2,737	2,822	88.26%
Kanawha	26,399	44,801	49,286	86.70%

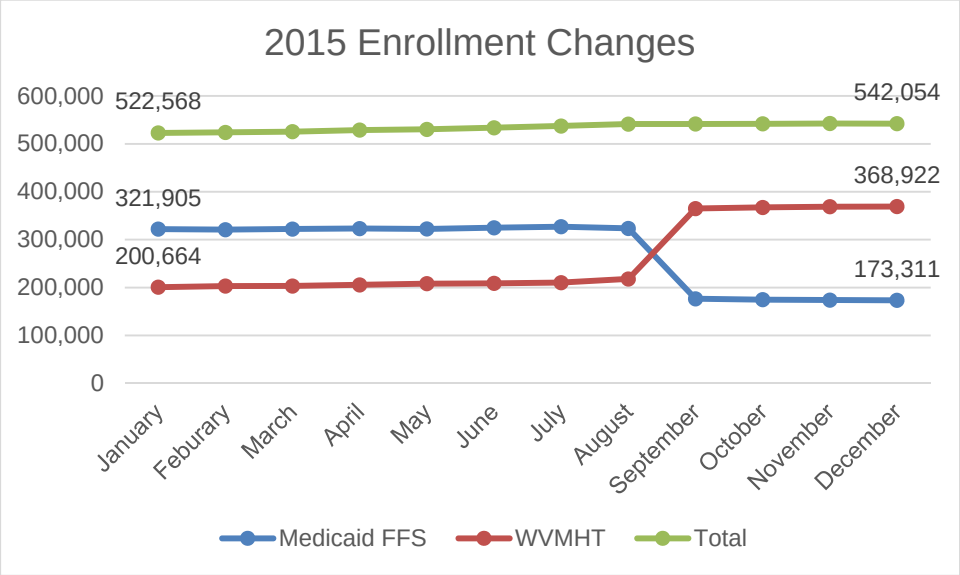
Total FFS Medicaid Enrollment by County				
County	**2013**	**2014**	**2015**	**% Change**
Marshall	3,797	6,447	7,018	84.83%
Preston	4,064	7,063	7,482	84.10%
Hampshire	3,047	5,238	5,606	83.98%
Barbour	2,501	4,179	4,593	83.65%
Putnam	5,272	8,911	9,659	83.21%
Lewis	2,669	4,438	4,867	82.35%
Gilmer	975	1,631	1,774	81.95%
Raleigh	12,402	20,880	22,542	81.76%
Pleasants	893	1,418	1,611	80.40%
Ohio	5,282	9,166	9,516	80.16%
Harrison	8,892	14,667	15,959	79.48%
Cabell	15,418	25,398	27,655	79.37%
Nicholas	4,533	7,597	8,099	78.67%
Jackson	3,983	6,564	7,078	77.71%
Monroe	1,716	3,059	3,049	77.68%
Braxton	2,482	4,006	4,393	76.99%
Taylor	2,235	3,688	3,947	76.60%
Clay	2,081	3,476	3,667	76.21%
Wetzel	2,525	4,221	4,448	76.16%
Marion	7,485	12,058	13,176	76.03%
Logan	7,472	11,978	13,127	75.68%
Mineral	3,166	5,387	5,529	74.64%
Brooke	2,549	4,180	4,448	74.50%
Boone	4,669	7,153	8,130	74.13%
Randolph	4,578	7,380	7,917	72.94%
Greenbrier	5,583	9,171	9,585	71.68%
Wirt	1,003	1,590	1,708	70.29%
Wood	13,133	20,598	22,285	69.69%
Roane	2,843	4,513	4,771	67.82%
Mercer	12,404	19,683	20,813	67.79%

Total FFS Medicaid Enrollment by County				
County	**2013**	**2014**	**2015**	**% Change**
Wyoming	4,589	7,377	7,681	67.38%
Calhoun	1,471	2,300	2,462	67.37%
Lincoln	4,816	7,418	7,894	63.91%
Fayette	8,746	13,440	14,179	62.12%
Wayne	7,532	11,619	12,186	61.79%
Ritchie	1,549	2,372	2,505	61.72%
Mingo	6,765	10,262	10,931	61.58%
Summers	2,439	3,737	3,905	60.11%
Mason	4,338	6,481	6,929	59.73%
Webster	2,270	3,400	3,543	56.08%
McDowell	6,368	9,055	9,327	46.47%
Other*	6,344	6,424	7,400	16.65%
Grand Total	**273,445**	**447,884**	**478,703**	**75.06%**
*Represents those members who do not have the county field of their member enrollment record populated.				

In addition to West Virginia experiencing an overall increase in Medicaid enrollment, largely due to the addition of the Medicaid expansion population, the State Medicaid FFS population decreased due to the transition of the Health Bridge population's services from the State's FFS healthcare delivery model to the Managed Care Organizations (MCO) healthcare delivery model.

Please refer to **Table 1.1 Member Enrollment** by for more information on the number of Medicaid members who have transitioned from FFS to WVMHT.

Figure 4.2: 2015 Enrollment Changes



To further illustrate Medicaid FFS members' eligibility across the State during the calendar years of 2013 – 2015, please refer to the breakdown of members by their respective eligibility categories in **Table 4.6.**

Table 4.6 FFS Enrollees by Member Eligibility Category

FFS Member Eligibility Category, 2013 – 2015				
Eligibility Category	**2013**	**2014**	**2015**	**% Change**
Modified Adjusted Gross Income (MAGI) Adult	3	200,386	233,455	7,781,733.33%
Extended Medicaid	4	658	1,464	36,500.00%
Childrens Medicaid	7,451	62,447	69,403	831.46%
Parents/Caretakers	10,153	40,441	40,041	294.38%
Ineligible/Illegal Alien	69	252	92	33.33%
Foster Children	13,421	14,365	16,111	20.04%
QMB	22,315	23,540	24,373	9.22%
Nursing Home	9,894	9,929	10,516	6.29%
Supplemental Security Income (SSI)	122,704	116,182	104,294	-15.00%
Breast and Cervical Cancer Program	741	612	466	-37.11%
Medicaid Buy-In	2,154	1,622	1,029	-52.23%
Aid to Families with Dependent Children (AFDC)	93,306	16,721	6,117	-93.44%
Former Foster Children	0	66	124	N/A*

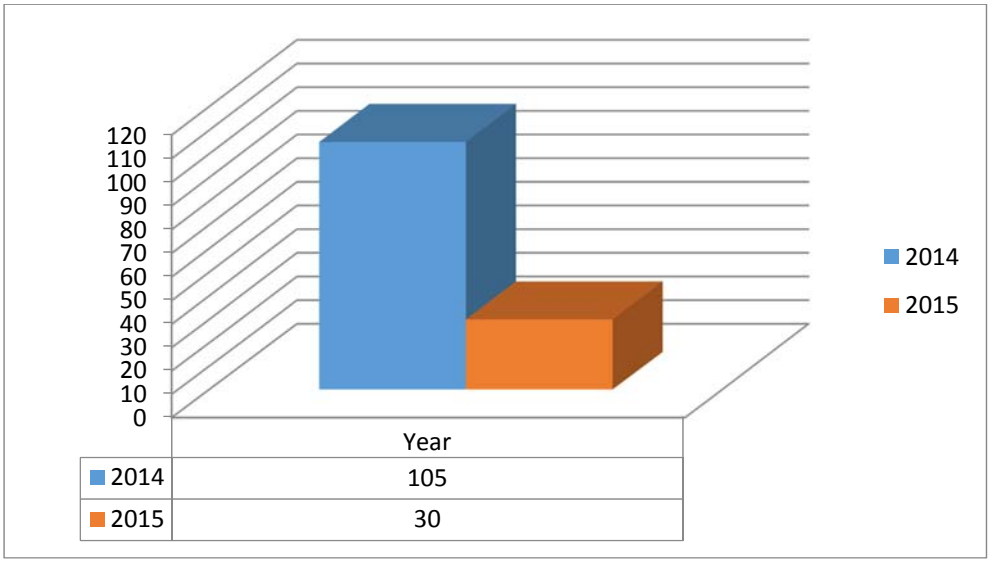
FFS Member Eligibility Category, 2013 – 2015				
Eligibility Category	**2013**	**2014**	**2015**	**% Change**
Hospital-Based Presumptive Eligibility	0	3,218	3,067	N/A*
Aggregate	**273,445**	**447,884**	**478,703**	**75.06%**
Note: The total of each column may not equal the aggregate due to members with multiple eligibilities. **There were no members with this form of eligibility in 2013; therefore, the percentage increase cannot be calculated.*				

4.2.3 Beneficiary Requests for Assistance

West Virginia's MMIS fiscal agent receives and responds to calls from West Virginia Medicaid members regarding a variety of questions and/or concerns, ranging from eligibility to Medicaid ID card assistance. In addition to these questions, the fiscal agent is available to respond to requests for location information for Medicaid providers within the West Virginia Medicaid network.

As depicted in **Figure 4.3 Requests for Assistance Locating a Primary Care Provider**, the MMIS fiscal agent received approximately 105 requests for assistance in locating a primary care provider during the 2014 calendar year, while during 2015, this request dropped by over 70%.

Figure 4.3 Requests for Assistance Locating a Primary Care Provider



The State believes the decrease in call volume may be attributed to an increased presence by Medicaid provider field representatives and field offices across the State, as well as the transition of members from the Medicaid FFS program over to the State's managed care program, WVMHT.

In addition to the above analysis, the State plans to make available the surveys depicted in **Appendix C: Access Monitoring Survey – Members** and **Appendix D: Access Monitoring Survey – Providers.**

4.2.4 Beneficiary Perceptions of ATC

In the absence of FFS CAHPS data to evaluate beneficiaries' perceptions of the availability of health care, the State utilized both member and provider counts across West Virginia to identify a Medicaid member per provider count across West Virginia counties during the 2013 – 2015 calendar years. This count represents the total number of eligible Medicaid members per enrolled providers in a given West Virginian county, and will be used to help the State conclude potential beneficiary perceptions on ATC. This analysis did not incorporate neighboring States.

Findings indicate that nearly all West Virginia counties experienced an increased number of Medicaid enrollees per Medicaid provider. This was anticipated, since there was over a 75% increase in the FFS enrollee population. The largest increase was in Pendleton County, where Medicaid enrollees per Medicaid provider counts rose by more than 120%.

For more information on eligible Medicaid members per provider in counties across all service categories during the 2013 – 2015 calendar years, please refer to **Table 4.7 Medicaid Members per Provider (All ATC Categories), 2013 – 2015.**

Table 4.7 Medicaid Members per Provider (All ATC Categories), 2013 – 2015

Medicaid Members per Provider (All Categories), 2013 –2015				
County	**2013**	**2014**	**2015**	**% Change**
Pendleton	46.8	97.6	103.2	120.6%
Pocahontas	38.3	83.0	83.2	117.2%
Pleasants	68.7	128.9	146.5	113.2%
Ritchie	86.1	148.3	178.9	107.9%
Barbour	80.7	139.3	164.0	103.3%
Hampshire	95.2	169.0	193.3	103.0%
Upshur	41.1	70.4	81.6	98.8%
Marshall	48.1	84.8	93.6	94.7%
Wirt	125.4	198.8	244.0	94.6%
Doddridge	119.3	200.1	232.0	94.5%
Wyoming	117.7	210.8	225.9	92.0%
Brooke	35.4	58.1	66.4	87.5%
Nicholas	53.3	90.4	98.8	85.2%
Logan	52.3	83.8	96.5	84.7%
Morgan	70.7	145.2	129.8	83.5%
Wetzel	47.6	86.1	87.2	83.1%
Hardy	68.5	113.3	125.3	82.9%
Jefferson	43.3	73.6	78.7	81.8%

Medicaid Members per Provider (All Categories), 2013 –2015				
County	**2013**	**2014**	**2015**	**% Change**
Monongalia	7.2	12.7	12.9	79.6%
Tucker	58.4	99.6	104.8	79.4%
Putnam	34.5	59.8	61.5	78.5%
Mercer	39.4	60.2	70.1	78.0%
Marion	37.1	60.0	65.9	77.8%
Lincoln	114.7	176.6	202.4	76.5%
Greenbrier	28.9	47.3	51.0	76.2%
Clay	90.5	158.0	159.4	76.2%
Hancock	30.2	49.0	53.1	76.1%
Randolph	31.4	52.3	55.0	75.3%
Harrison	24.5	39.9	42.9	75.1%
Kanawha	20.0	32.1	34.8	74.2%
Mingo	116.6	173.9	202.4	73.6%
Tyler	49.5	85.9	85.5	72.7%
Mineral	58.6	101.6	100.5	71.5%
Berkeley	48.0	84.3	81.9	70.6%
Ohio	13.7	23.4	23.3	69.6%
Monroe	85.8	161.0	145.2	69.2%
Calhoun	98.1	176.9	164.1	67.4%
Wood	27.3	41.8	45.3	65.9%
Cabell	18.8	29.2	31.1	65.6%
Jackson	55.3	88.7	89.6	62.0%
Lewis	43.0	68.3	69.5	61.5%
Raleigh	30.8	47.9	49.7	61.3%
Preston	65.5	112.1	105.4	60.8%
Roane	76.8	112.8	122.3	59.2%
Wayne	147.7	223.4	234.3	58.7%
Taylor	69.8	127.2	109.6	57.0%
Boone	119.7	174.5	184.8	54.3%
Fayette	66.8	95.3	99.9	49.6%

Medicaid Members per Provider (All Categories), 2013 –2015				
County	**2013**	**2014**	**2015**	**% Change**
Mason	62.0	91.3	92.4	49.1%
Braxton	73.0	102.7	104.6	43.3%
McDowell	159.2	220.9	222.1	39.5%
Grant	37.5	66.8	50.4	34.5%
Summers	135.5	186.9	177.5	31.0%
Gilmer	121.9	203.9	147.8	21.3%
Webster	119.5	147.8	131.2	9.8%
Average	**34.5**	**54.6**	**57.0**	**65.1%**

In West Virginia border counties, a large proportion of claims are submitted by out-of-state enrolled providers. Mingo County is the clearest example of this, with over 40% of the claims for members residing in Mingo County being made by an out-of-state provider. On the opposite side of the State, in Taylor County, under 3% of claims are filed by out-of-state providers. Please refer to **Table 4.8** for details on the percentage of claims filed out-of-state for members in each county.

Table 4.8 Percentage of Claims Filed Out-Of-State, 2015

	Percentage of Claims Filed Out-Of-State, 2015			
WV County	**% Out-Of-State**		**WV County**	**% Out-of-State**
Mingo	40.92%		Clay	4.90%
Monroe	31.11%		Cabell	4.85%
Morgan	26.74%		Boone	4.84%
Mineral	26.61%		Raleigh	4.81%
Hampshire	25.69%		Jackson	4.36%
Wayne	20.54%		Kanawha	4.34%
Hancock	18.85%		Fayette	4.31%
Mason	17.33%		Summers	4.19%
Hardy	16.42%		Webster	4.16%
Mercer	15.66%		Lewis	4.14%
Pendleton	15.10%		Wyoming	4.02%
McDowell	14.18%		Lincoln	3.97%
Grant	13.08%		Nicholas	3.91%
Pleasants	12.96%		Tyler	3.88%
Brooke	11.99%		Randolph	3.88%
Tucker	11.89%		Marion	3.65%
Jefferson	10.21%		Monongalia	3.63%
Wood	9.87%		Putnam	3.62%
Berkeley	9.66%		Wetzel	3.33%

Preston	9.07%		Barbour	3.20%
Ritchie	6.86%		Doddridge	3.16%
Wirt	6.21%		Harrison	3.13%
Pocahontas	6.06%		Gilmer	3.13%
Greenbrier	5.99%		Calhoun	3.07%
Logan	5.46%		Roane	2.93%
Marshall	5.41%		Braxton	2.74%
Upshur	4.98%		Taylor	2.64%
			Total	**8.82%**

Given the large proportion of out-of-state providers serving West Virginia Medicaid beneficiaries, it is important for the State to maintain a positive working relationship with out-of-state providers in order to preserve access to care.

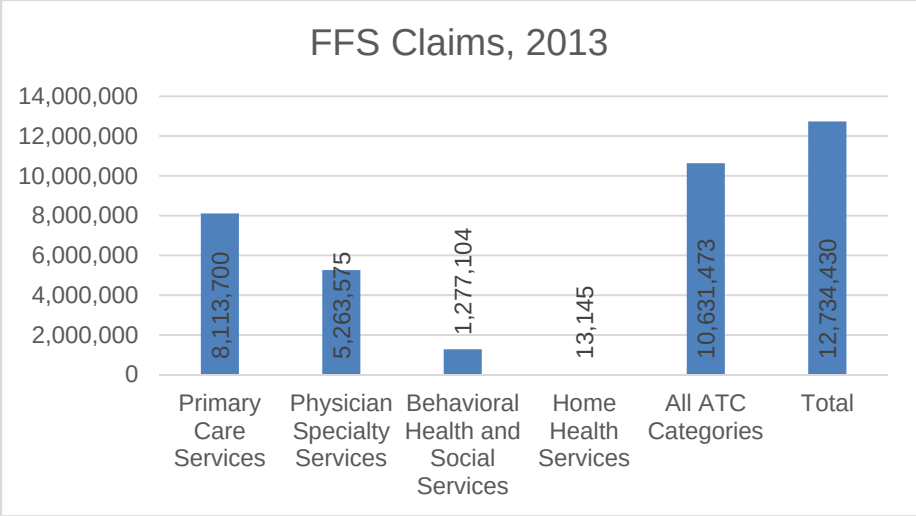
4.2.5 Beneficiary Utilization of Services

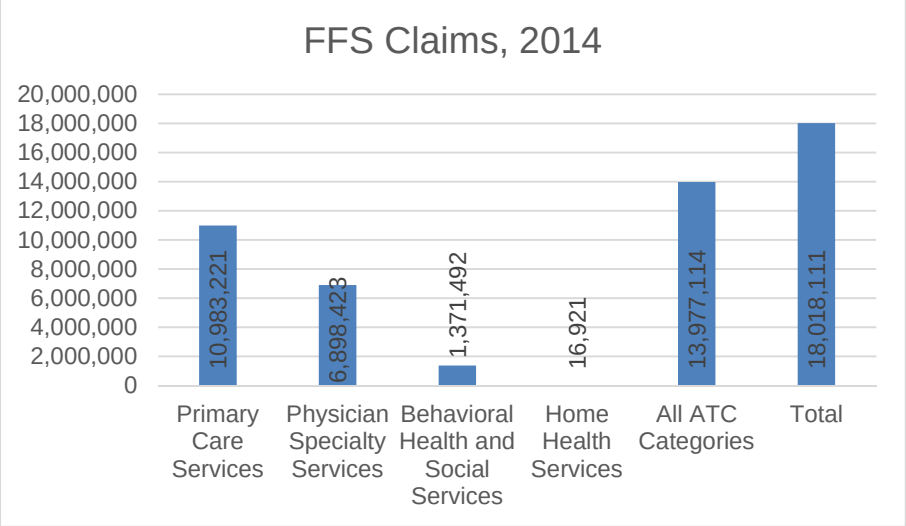
To quantify utilization of services by West Virginian members across ATC categories, member claim counts were examined across age and service categories.

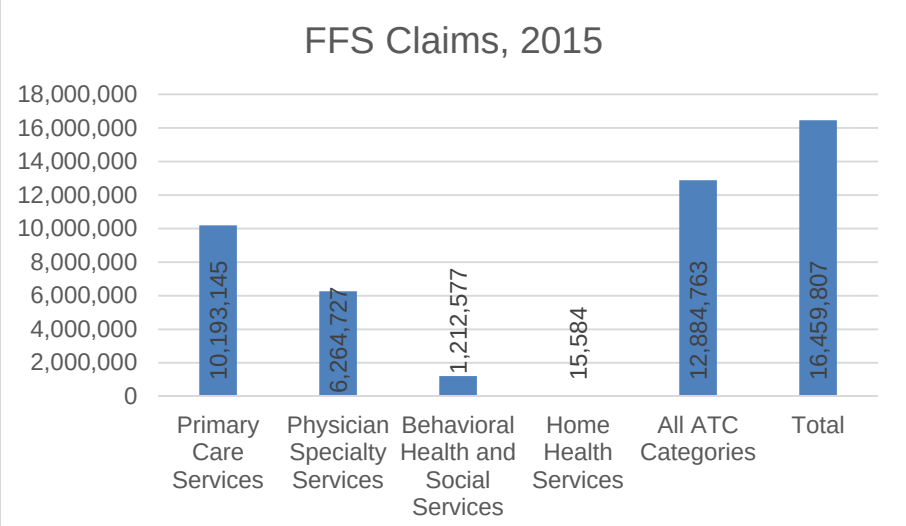
Data represented in this section and related **Section 4.0 Data Findings and Analysis** subsections does not include those members utilizing services within the Physician Assured Access System (PAAS) and premium assistance programs.

Figure 4.4 Service Utilization Across Service Categories (2013 – 2015) below depicts the breakdown of service utilization across service categories for finalized claims in 2013, 2014, and 2015. Not included in the charts are claims for other services, which made up over two thirdsof all claims in all three years. Utilization of primary care services and specialist services (which includes dental services) appears to have increased proportionally from 2013 to 2015. Given the timeframe at which this occurred, and the concurrent increase of the MAGI Adult or HealthBridge population, as can be seen in **4.2.2 Beneficiary Eligibility, Gender, and Age Characteristics**, the State believes this was likely due to the expansion of the State's Medicaid population in line with the ACA.

Figure 4.4 Service Utilization Across Service Categories (2013 – 2015)



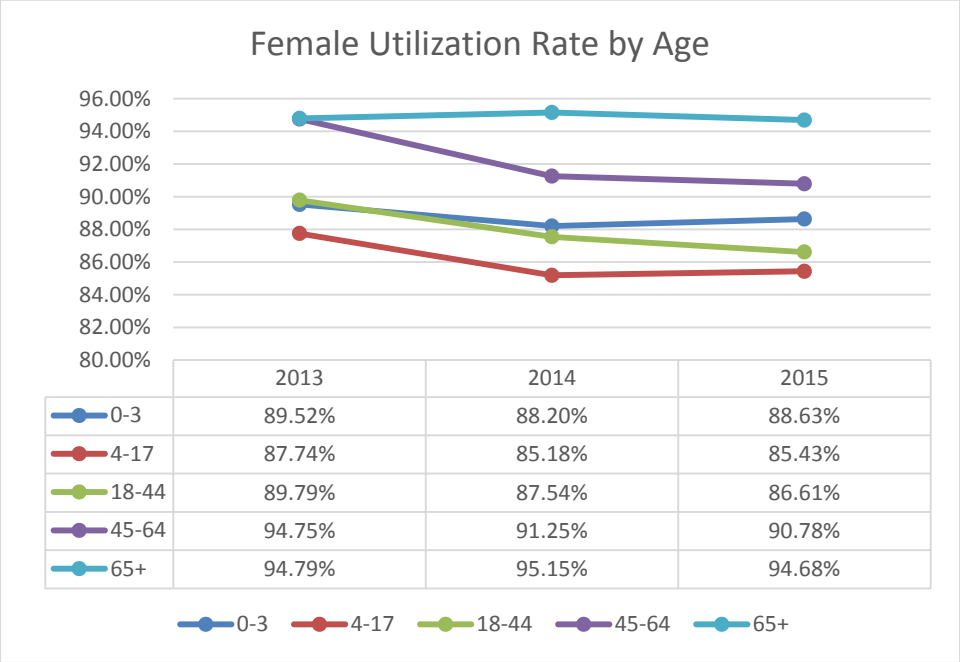




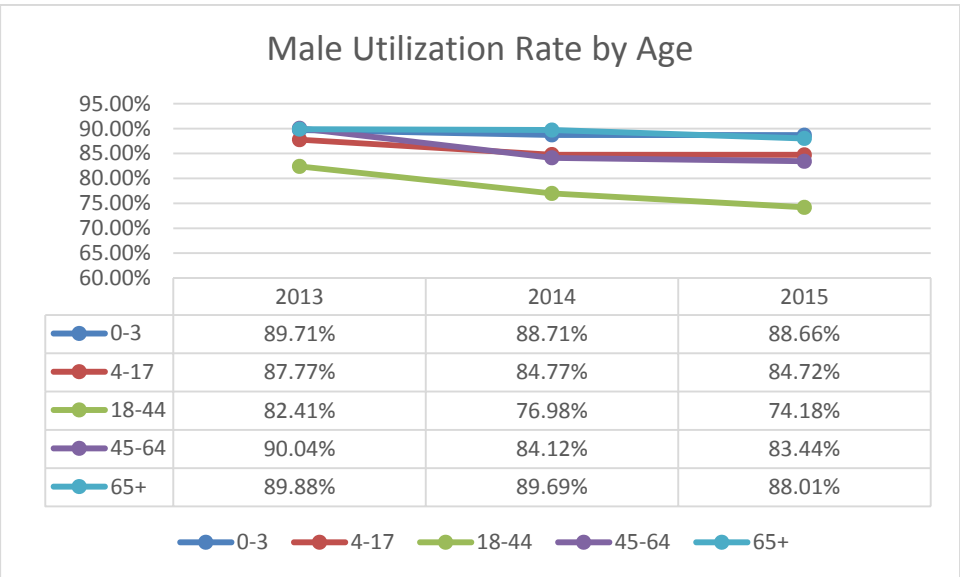
Throughout the 2013 – 2015 time period, the State also experienced an average decline in the rate of members' utilization of ATC services across all age categories. Although the decline was experienced across all age categories except for women 65 and over, it was most visible among men and women ages 18–64.

The following figures offer more information on female and male utilization rates by age category across ATC service categories:

Figure 4.5 Female and Male Utilization Rates by Age Category



	2013	2014	2015
0-3	89.52%	88.20%	88.63%
4-17	87.74%	85.18%	85.43%
18-44	89.79%	87.54%	86.61%
45-64	94.75%	91.25%	90.78%
65+	94.79%	95.15%	94.68%



	2013	2014	2015
0-3	89.71%	88.71%	88.66%
4-17	87.77%	84.77%	84.72%
18-44	82.41%	76.98%	74.18%
45-64	90.04%	84.12%	83.44%
65+	89.88%	89.69%	88.01%

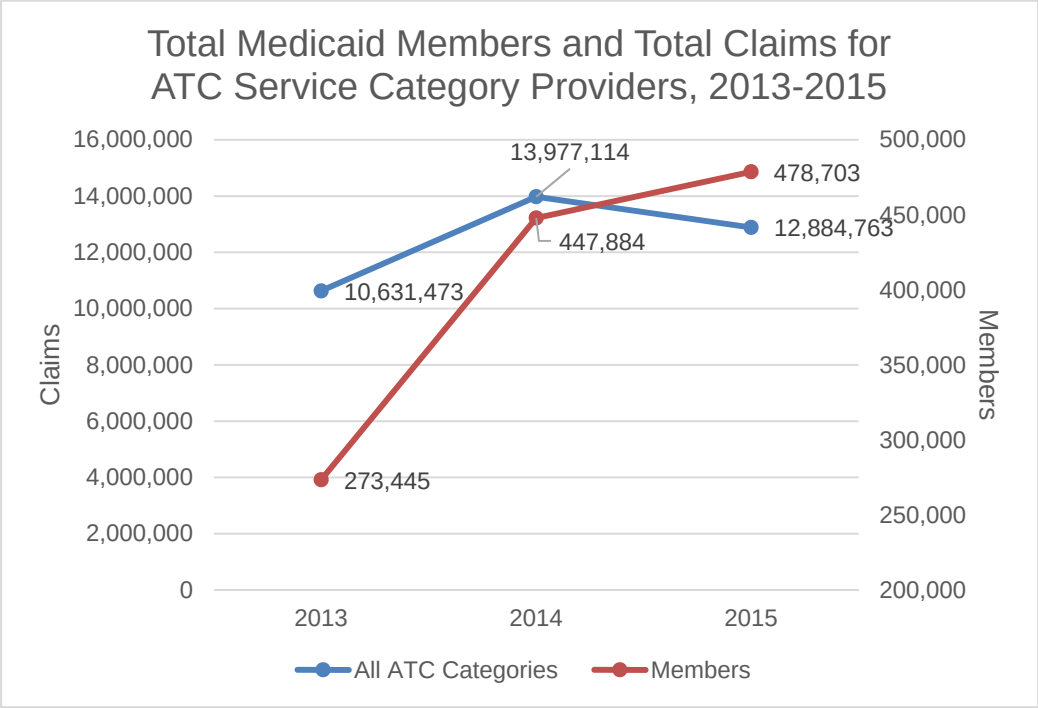
The decline in per-member service utilization may be partially explained by the increase in enrollees across the 18–64 age range as a result of ACA Medicaid expansion. This was also a

similar finding in **4.2.1 Provider Enrollment**, where enrollment for men ages 18–64 increased by over 217% between 2013 and 2015. Given the expanded 18–64 year old population, as well as the expansion that occurred within the MAGI adult category, the State believes the decline was a result of the addition of relatively healthy people who tend to utilize services less frequently.

Utilization, as measured by total finalized claims for ATC service category providers, increased sharply from 2013 to 2014, but then declined from 2014 to 2015. The State believes this significant increase can be attributed to the ACA's rate increase for primary care providers. The majority of the decrease can be attributed to the population of members who switched to a managed care delivery model in mid-2015, reducing the claims produced for the rest of the year.

Please refer to **Figure 4.6 Total Medicaid Members and Total Claims for ATC Service Category Providers** for more information.

Figure 4.6 Total Medicaid Members and Total Claims for ATC Service Category Providers



4.2.6 Medicaid, Medicare, and Other Payer Rates

In support of comparison of Medicaid, Medicare, and other payer rates, West Virginia has provided observations of three elements of West Virginia's healthcare system: Capitation, Medicare, and FFS.

Capitation pertains to the population-based method of funding Medicaid services where compensation is calculated, in advance, based on a specific, defined population on a per patient basis, regardless of health status.

Medicare pertains to a population of individuals over the age of 65, youth with disabilities, and people with end-stage renal disease.

FFS Medicaid, on the other hand, allows physicians to be compensated based on an established rate for each individual service provided to a given patient.

A high-level summary of capitated Medicaid rates, and Medicare-to-Medicaid fees, has been provided in **Table 4.9** and **Table 4.10** below.

Table 4.9 West Virginia Medicaid Capitation Rates (Roll-up of All 55 Counties by Age and Gender)

West Virginia Medicaid Capitation Rates September 2015 – May 2016 (Roll-up of All 55 Counties by Age and Gender)											
Avg Delivery	Avg < 1 yr	Avg 1 yr	Avg 2-14	Avg 15-19 M	Avg 15-19 F	Avg 20-29 M	Avg 20-29 F	Avg 30-39 M	Avg 30-39 F	Avg 40+	Sum of all Averages
$4,555	$906	$340	$334	$399	$527	$265	$338	$306	$338	$402	$8,710

Table 4.9, as shown above, provides Medicaid capitation rates, averaged across all 55 West Virginia counties, for a broad spectrum of age groups that are, in part, differentiated by gender.

To that end, the above data table illustrates, for example, that West Virginia service providers participating in the West Virginia capitation program are paid, on average, $399 for a 15–19 year old male and $527 for a female within the same age group.

Regarding Medicare-to-Medicaid fees, as reported by the Urban Institute, an economic and social policy research organization located in Washington, DC, “The Medicaid-to-Medicare fee index measures Medicaid physician fees relative to Medicare fees. The Medicaid data is based on surveys sent by the Urban Institute to the 49 states and the District of Columbia that have a FFS component in their Medicaid programs (only Tennessee does not). These fees represent only those payments made under FFS Medicaid. The Medicare-to-Medicaid fee index is computed by taking the ratio of the Medicaid fee for each service in each state to the Medicare fee for the same services. Medicare fees are calculated using the 2014 relative value units (RVU), geographic adjusters, and conversion factor.”

Table 4.10 Medicaid-to-Medicare Fee Index – 2014

Medicaid-to-Medicare Fee Index – 2014			
Location	All Services	Primary Care	Other Services
United States	0.66	0.59	0.74
West Virginia	0.79	0.74	0.74

Table 4.10, as shown above, provides a high-level perspective, illustrating Medicaid physician fees relative to Medicare fees for West Virginia and the United States as a whole. Numbers greater than 1 show that Medicare fees are lower than Medicaid fees within that category, and,

correspondingly, numbers less than 1 show that Medicare fees are higher than Medicaid fees. It also shows that West Virginia's Medicaid rates are higher, on average, than the national Medicaid payment average.

For example, West Virginia's "All Services" category has a fee index of .79, meaning that West Virginia's Medicaid fees are 79% of the Medicare fees, or, alternatively stated, Medicare Fees are 21% higher than West Virginia Medicaid fees. Nationally, the Medicaid rate is 66%, which means West Virginia's 79% is 13% higher than the national average.

As West Virginia continues ATC data collection and analysis, further permutations showing more detailed perspectives of West Virginia's Top 10 utilized Current Procedural Terminology (CPT) codes, and their associated fees (averaged across all facilities), for 2013, 2014, and 2015 may also be incorporated into the State's approach to monitoring access to FFS categories specific to this ATC analysis.

4.3 Primary Care Services

Primary care services for the State consist of nurse practitioners, FQHCs, general and family practice, emergency medicine, internal medicine, pediatricians, rural health clinics, adult nurse practitioners, physician assistants, physicians, and multi-provider type/specialty groups. The following sections describe overall ATC data measures and findings across the primary care services category.

4.3.1 Provider Enrollment

Across the 2013 – 2015 calendar years, West Virginia experienced an overall 3.72% increase in provider enrollment across primary care services. Findings indicate that primary care services are present for members to access in their respective counties.

For a more detailed analysis on primary care services across counties in West Virginia during calendar years 2013 – 2015, please refer to **Table 4.11 Number of Enrolled Provider by County for Primary Care Services**.

Table 4.11 Number of Enrolled Provider by County for Primary Care Services

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Other States**	250	252	193	-23.20%
Ritchie	10	9	8	-20.00%
Pennsylvania Commonwealth	714	697	575	-19.47%
Wyoming	16	13	13	-18.75%
Wetzel	29	25	24	-17.24%
Pleasants	6	6	5	-16.67%
Mingo	32	31	28	-12.50%
Greenbrier	94	90	85	-9.57%

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Hancock	61	57	57	-6.56%
Logan	78	76	73	-6.41%
Kentucky Commonwealth	308	302	289	-6.17%
Hampshire	17	16	16	-5.88%
Clay	19	18	18	-5.26%
Lincoln	29	30	28	-3.45%
Marshall	36	33	35	-2.78%
Maryland Commonwealth	226	231	222	-1.77%
Mercer	147	158	145	-1.36%
Brooke	30	30	30	0.00%
Pendleton	11	11	11	0.00%
Wirt	6	6	6	0.00%
Randolph	65	63	66	1.54%
Nicholas	43	43	44	2.33%
Wood	225	239	232	3.11%
Fayette	85	87	88	3.53%
Pocahontas	22	22	23	4.55%
Wayne	21	23	22	4.76%
Hardy	18	19	19	5.56%
Tyler	16	16	17	6.25%
Upshur	44	44	47	6.82%
State of Ohio	911	954	974	6.92%
Mineral	27	29	29	7.41%
Marion	79	82	85	7.59%
State of Virginia	660	692	713	8.03%
Kanawha	579	612	627	8.29%
McDowell	24	26	26	8.33%
Morgan	21	19	23	9.52%
Harrison	141	147	155	9.93%
Calhoun	10	10	11	10.00%

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Preston	39	37	43	10.26%
Barbour	18	19	20	11.11%
Putnam	68	66	76	11.76%
Cabell	349	380	394	12.89%
Monroe	15	15	17	13.33%
Raleigh	172	190	196	13.95%
Roane	21	23	24	14.29%
Tucker	7	7	8	14.29%
Ohio	148	162	171	15.54%
Berkeley	107	117	124	15.89%
Doddridge	5	5	6	20.00%
Boone	24	26	29	20.83%
Taylor	24	22	29	20.83%
Monongalia	375	406	459	22.40%
Summers	13	15	16	23.08%
Lewis	24	28	30	25.00%
Jackson	34	38	43	26.47%
Jefferson	57	69	75	31.58%
Mason	30	33	40	33.33%
Braxton	20	24	27	35.00%
Webster	14	16	20	42.86%
Grant	15	17	25	66.67%
Gilmer	5	5	9	80.00%
Grand Total	**6,694**	**6,938**	**6,943**	**3.72%**
Total Averages	**110**	**112**	**112**	**3.72%**

***Cannot calculate increase due to no providers in 2013.*

***Represents States other than West Virginia and its border States*

As displayed in **Table 4.12 Number of Enrolled Primary Care Providers by Provider Type,** during the 2013 – 2015 calendar years, West Virginia experienced an increase in primary care services providers of over 3.72%. Through 2014, there was a push to increase primary care services provider enrollment, and the extent of the program's success is reflected in the

increases shown in **Table 4.10 Number of Enrolled Primary Care Providers by County**. As shown below, the majority of that increase came from provider groups, nurse practitioners, and physician assistants. In fact, providers enrolled as physicians decreased slightly from 2013 – 2015.

For more information on the increase in provider types across Primary Care Services, please refer to **Table 4.12 Number of Enrolled Primary Care Providers by Provider Type,** which includes the number of enrolled Primary Care Service providers by their corresponding provider type.

Table 4.12 Number of Enrolled Primary Care Providers by Provider Type

Primary Care Services: Number of Enrolled Providers by Provider Type				
Provider Type	**2013**	**2014**	**2015**	**% Change**
Dental	526	515	509	-3.2%
FQHC	163	178	190	16.6%
Group Provider*	2	16	15	650.0%
Nurse Practitioner	656	813	1,024	56.1%
Physician Assistant	20	21	54	170.0%
Physician	5,271	5,340	5,096	-3.3%
Rural Health Clinic	56	55	55	-1.8%
Grand Total	**6,694**	**6,938**	**6,943**	**3.7%**
Total Average	**956.3**	**991.1**	**991.9**	**3.7%**
***Represents specialty types inclusive of dental, physician, nurse, and multi-specialty groups specialty types.				

As can be seen in the table above, many provider types apart from physicians supply primary care services in West Virginia. As a rural state, many West Virginians rely heavily on rural health clinics (RHC) and as such, RHCs especially in possibly underserved areas will be closely monitored.

4.3.2 Beneficiary Perceptions of ATC

As depicted in **Table 4.13** below, the number of enrolled members per enrolled primary services provider increased markedly from 2013 – 2015. Much of the increase appears to have come from 2013 – 2014, when Medicaid expansion was implemented. Despite the enrollment of additional primary care providers as described above, the number of enrolled members per enrolled primary care services provider increased by as much as 122% at the county level. Such increases of members per provider could result in fewer providers taking new Medicaid patients. Through monthly, quarterly, and yearly MMIS reporting and the provider and member

surveys to be enacted upon CMS approval of the Access Monitoring Plan, the BMS will continue to monitor the availability of primary care providers to Medicaid enrollees.

For more information on the State's ongoing access monitoring methodology, please refer to **Section 5.1 Ongoing Monitoring of ATC**, and for more information on the State's provider and member surveys, please refer to **Appendix C: Access Monitoring Survey – Members** and **Appendix D: Access Monitoring Survey – Providers.**

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Table 4.13 Medicaid Members per Primary Care Services Provider, 2013 – 2015

Medicaid Members per Primary Care Services Provider, 2013 – 2015				
County	**2013**	**2014**	**2015**	**% Change**
Pendleton	49.4	103.7	109.7	122.1%
Pleasants	74.4	141.8	161.1	116.5%
Pocahontas	39.6	83.0	83.2	109.9%
Barbour	89.3	154.8	183.7	105.7%
Ritchie	103.3	182.5	208.8	102.1%
Hampshire	112.9	194.0	224.2	98.7%
Upshur	44.9	75.8	88.2	96.4%
Doddridge	136.3	228.7	265.1	94.5%
Wyoming	153.0	283.7	295.4	93.1%
Marshall	56.7	96.2	108.0	90.5%
Hardy	76.8	130.7	145.4	89.4%
Brooke	37.5	61.5	70.6	88.3%
Wetzel	52.6	103.0	98.8	87.9%
Morgan	70.7	145.2	129.8	83.5%
Logan	58.4	93.6	106.7	82.8%
Marion	41.8	70.5	76.2	82.1%
Greenbrier	31.9	52.1	57.1	78.8%
Nicholas	62.1	104.1	110.9	78.7%
Mercer	43.8	66.9	78.2	78.5%
Monongalia	7.5	13.2	13.3	78.0%
Monroe	85.8	169.9	152.5	77.7%
Tucker	68.2	114.9	120.9	77.4%
Putnam	36.9	63.7	65.3	77.0%

Medicaid Members per Primary Care Services Provider, 2013 – 2015				
County	**2013**	**2014**	**2015**	**% Change**
Lincoln	117.5	180.9	207.7	76.9%
Hancock	32.9	53.6	58.1	76.4%
Jefferson	47.0	77.6	82.9	76.3%
Clay	94.6	165.5	166.7	76.2%
Harrison	28.0	45.4	49.1	75.6%
Mineral	73.6	131.4	128.6	74.6%
Kanawha	21.6	34.4	37.1	72.0%
Randolph	36.3	61.0	62.3	71.6%
Mingo	125.3	183.3	214.3	71.1%
Wirt	143.3	227.1	244.0	70.3%
Ohio	15.2	25.7	25.5	68.1%
Lewis	46.8	76.5	78.5	67.6%
Berkeley	55.3	96.0	92.6	67.4%
Calhoun	105.1	191.7	175.9	67.4%
Cabell	20.2	31.4	33.4	65.3%
Tyler	52.0	90.0	85.5	64.5%
Wood	31.0	46.0	50.5	62.8%
Jackson	65.3	102.6	105.6	61.8%
Preston	71.3	121.8	113.4	59.0%
Raleigh	34.3	52.6	54.4	58.9%
Taylor	77.1	141.8	119.6	55.2%
Boone	126.2	183.4	193.6	53.4%
Wayne	198.2	283.4	297.2	50.0%
Fayette	71.1	103.4	106.6	49.9%
Mason	63.8	93.9	94.9	48.8%
Roane	91.7	128.9	136.3	48.6%
Summers	135.5	186.9	186.0	37.2%
Braxton	82.7	114.5	112.6	36.1%
McDowell	167.6	226.4	227.5	35.7%
Gilmer	121.9	203.9	161.3	32.3%

Medicaid Members per Primary Care Services Provider, 2013 – 2015				
County	**2013**	**2014**	**2015**	**% Change**
Grant	44.1	78.2	56.4	28.0%
Webster	119.5	154.5	131.2	9.8%
Average	**37.9**	**59.6**	**62.0**	**63.6%**

The Health Resources and Services Administration (HRSA) defines a Health Professional Shortage Area (HPSA) for a given population group as an area in which the ratio of the served population to primary care providers is at least 3,000:1. All counties have ratios of members to primary care providers of well under 3,000:1, as shown above; however, in general, providers do not only see Medicaid patients—they perform services for a variety of patients, including Medicaid enrollees, Medicare enrollees, and individuals covered under a private insurance plan. Based on the overall ratio of members to enrolled primary care providers for the State (62.0), the State as whole would qualify as an HPSA if Medicaid enrollees constituted, on average, less than 2% of an enrolled provider's patient roster. That percentage varies from 9.9% in Wayne County to 0.4% in Monongalia County.

Given that FFS Medicaid enrollees made up 26.08% of West Virginia's population in 2015, the availability of physicians for Medicaid patients should be sufficient to avoid exceeding the HPSA threshold. This does not preclude more limited areas of the State from being classified as HPSAs. Indeed, the Kaiser Family Foundation lists 105 total primary service care HPSA designations, requiring 26 additional primary care providers to alleviate concerns. In relation to the rest of the country, West Virginia ranks fifth in terms of percentage of overall need met. However, especially in areas like Wyoming County, BMS will continue to survey and examine the ratio of enrolled providers to members' data to gather information about provider and member experiences and perceptions.

4.3.3 Beneficiary Utilization of Services

As measured by claims per member, **Figure 4.7 Total Medicaid Members and Claims by Primary Care Service Providers** below depicts the demand for primary care services in counties across West Virginia. The top 10 counties, as well as the statewide average, are displayed in **Table 4.14**. These counties display a higher than statewide average utilization rate of primary care services, a difference that may be attributable to county demographics as they relate to population and/or age. Based on the high rate of utilization in these counties, BMS will continue to monitor the availability of primary care services in these counties.

Figure 4.7 Total Medicaid Members and Claims by Primary Care Service Providers

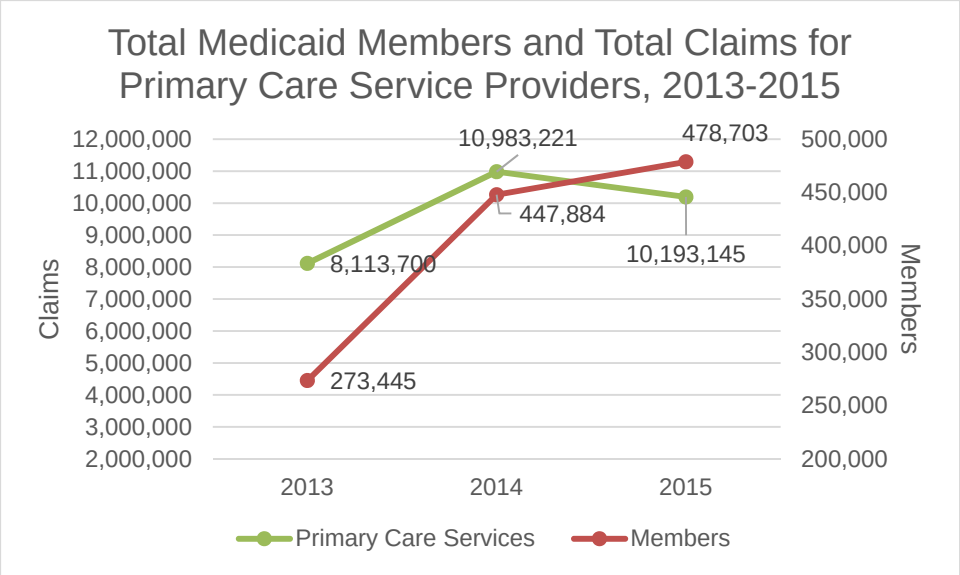


Table 4.14 Primary Care Services Claims per Member (Top 10 Counties)

Primary Care Services Claims per Member (Top 10 Counties)				
Top 10 County	**2013**	**2014**	**2015**	**% Change**
McDowell	41.14	36.00	33.11	-19.5%
Mingo	42.86	37.39	32.32	-24.6%
Wyoming	42.98	36.16	30.89	-28.1%
Logan	40.27	34.49	29.28	-27.3%
Webster	36.67	31.37	28.43	-22.5%
Summers	37.64	29.77	26.95	-28.4%
Lincoln	33.85	30.12	26.00	-23.2%
Barbour	36.45	30.29	25.99	-28.7%
Wayne	33.06	27.51	24.80	-25.0%
Clay	35.77	27.33	24.55	-31.3%
Average of Top 10 Counties	**38.07**	**32.04**	**28.23**	**-25.9%**
Average of All Counties	**29.57**	**24.56**	**21.28**	**-28.0%**

4.4 Physician Specialist Services

4.4.1 Provider Enrollment

Table 4.15 describes the overall number of enrolled providers across West Virginia's Medicaid physician specialist services program throughout the calendar years 2013 – 2015. As represented in the below table, provider enrollment in the Physician Specialist Services program

decreased during the 2013 – 2015 calendar years by approximately 300 providers; the majority of which are podiatrists and optometrists.

Table 4.15 Provider Enrollment Across Physician Specialist Services by County

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Pleasants	3	2	2	-33.33%
Wirt	3	3	2	-33.33%
Mingo	21	16	15	-28.57%
Lincoln	12	11	9	-25.00%
Pocahontas	8	6	6	-25.00%
Ritchie	5	5	4	-20.00%
Summers	5	5	4	-20.00%
Pennsylvania Commonwealth	1,393	1,384	1,115	-19.96%
Nicholas	34	32	29	-14.71%
Hampshire	7	7	6	-14.29%
Other States**	456	460	400	-12.28%
Jackson	25	23	22	-12.00%
Brooke	26	27	23	-11.54%
Boone	10	11	9	-10.00%
Morgan	10	9	9	-10.00%
Wetzel	20	20	18	-10.00%
Mercer	155	154	140	-9.68%
Upshur	32	31	29	-9.38%
Kentucky Commonwealth	424	428	385	-9.20%
Marion	98	91	89	-9.18%
Roane	11	10	10	-9.09%
Marshall	34	33	31	-8.82%
Greenbrier	92	88	85	-7.61%
Logan	55	54	51	-7.27%
State of Ohio	1,210	1,207	1,138	-5.95%
Randolph	54	51	51	-5.56%
Harrison	171	174	166	-2.92%
Calhoun	1	1	1	0.00%

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Clay	2	3	2	0.00%
McDowell	6	6	6	0.00%
Ohio	197	192	197	0.00%
Taylor	12	12	12	0.00%
Tucker	3	3	3	0.00%
Tyler	6	6	6	0.00%
Webster	5	5	5	0.00%
Wyoming	7	7	7	0.00%
Wood	242	251	245	1.24%
Mason	33	34	34	3.03%
Raleigh	185	188	191	3.24%
Maryland Commonwealth	215	210	223	3.72%
Fayette	62	65	65	4.84%
Kanawha	671	703	704	4.92%
State of Virginia	920	941	970	5.43%
Preston	18	18	19	5.56%
Cabell	467	499	493	5.57%
Mineral	16	19	17	6.25%
Monongalia	511	528	544	6.46%
Barbour	12	12	13	8.33%
Berkeley	144	147	156	8.33%
Braxton	9	11	10	11.11%
Wayne	15	17	17	13.33%
Hardy	6	9	7	16.67%
Putnam	41	42	49	19.51%
Lewis	32	36	39	21.88%
Jefferson	39	44	48	23.08%
Monroe	6	6	8	33.33%
Grant	12	12	17	41.67%
Hancock	40	49	57	42.50%

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Doddridge	2	2	3	50.00%
Pendleton	2	2	3	50.00%
Gilmer	0	0	0	0.00%
Grand Total	**8,313**	**8,422**	**8,019**	**-3.52%**
Total Averages	**139**	**138**	**131**	**-3.52%**
***Cannot calculate increase due to no providers in 2013.* ***Represents States other than West Virginia and its border States*				

Members in all counties during the years 2013 – 2015 had access to providers enrolled in the physician specialist services category of service in their respective counties, with the exception of Wirt County. Despite access to services across nearly all West Virginian counties, the State experienced an overall decrease in specialist services of 3.52% across the State from 2013. BMS will continue to monitor the overall decrease in physician specialist services to help ensure potential ATC deficiencies are mitigated.

For a more detailed analysis on provider enrollment across the physician specialist services category in the State of West Virginia, refer to **Table 4.16 Enrolled Physician Specialist Services by Provider Type** below.

Table 4.16 Enrolled Physician Specialist Services by Provider Type

Physician Specialist Services: Number of Enrolled Providers by Provider Type				
Provider Type	**2013**	**2014**	**2015**	**% Change**
Podiatrist	44	44	32	-27.27%
Optometerist	7,649	7,757	7,347	-3.95%
Chiropractor	214	210	212	-0.93%
Audiologist	100	96	100	0.00%
Physician	100	96	101	1.00%
Optician	144	145	153	6.25%
Group Provider*	60	66	66	10.00%
Dental	2	9	9	350.00%
Grand Total	**8,313**	**8,423**	**8,020**	**-3.5%**
Total Average	**1,039.1**	**1,052.9**	**1,002.5**	**-3.5%**
**Represents provider groups inclusive of the audiology, anesthesia, and optometry groups.*				

4.4.2 Beneficiary Perceptions of ATC

As depicted in **Table 4.17 Medicaid Members per Physician Specialty Services Provider** below, the number of enrolled members per enrolled physician specialty services provider increased markedly from 2013 – 2015. As previously seen in the increase of MAGI adult-eligible members, much of the increase in member participation in Medicaid services may be attributed to the ACA Medicaid Expansion, while additional contributing factors may include, but not be limited to, West Virginia's provider revalidation effort.

Table 4.17 Medicaid Members per Physician Specialty Services Provider, 2013 – 2015

Medicaid Members per Physician Specialty Services Provider, 2013 – 2015				
County	**2013**	**2014**	**2015**	**% Change**
Barbour	113.7	219.9	255.2	124.5%
Tucker	102.3	166.0	224.6	119.6%
Upshur	61.2	103.7	124.8	103.8%
Pocahontas	88.4	166.1	179.2	102.7%
Mineral	85.6	168.3	172.8	101.9%
Mingo	161.1	250.3	312.3	93.9%
Monroe	143.0	278.1	277.2	93.8%
Marshall	62.2	102.3	118.9	91.1%
Brooke	47.2	78.9	89.0	88.5%
Randolph	41.6	72.4	76.1	82.9%
Monongalia	8.6	15.4	15.6	82.6%
Gilmer	243.8	407.8	443.5	81.9%
Wyoming	183.6	307.4	334.0	81.9%
Wetzel	63.1	108.2	114.1	80.7%
Pleasants	111.6	202.6	201.4	80.4%
Lewis	52.3	82.2	93.6	78.8%
Nicholas	82.4	138.1	147.3	78.7%
Mercer	55.1	83.8	98.2	78.1%
Berkeley	62.6	110.4	111.2	77.6%
Harrison	31.5	50.2	55.6	76.3%
Logan	73.3	113.0	127.4	74.0%
Marion	48.3	77.8	83.9	73.8%
Jackson	83.0	128.7	141.6	70.6%
Wirt	250.8	397.5	427.0	70.3%

Medicaid Members per Physician Specialty Services Provider, 2013 – 2015				
County	**2013**	**2014**	**2015**	**% Change**
Greenbrier	36.7	59.9	62.2	69.5%
Roane	149.6	214.9	251.1	67.8%
Kanawha	25.2	40.3	42.3	67.8%
Calhoun	245.2	383.3	410.3	67.4%
Taylor	124.2	216.9	207.7	67.3%
Doddridge	159.0	266.8	265.1	66.8%
Ohio	17.7	30.5	29.5	66.2%
Cabell	21.7	34.6	36.1	66.0%
Wood	32.5	48.8	53.3	64.0%
Jefferson	67.3	103.8	110.2	63.8%
Morgan	100.5	172.8	163.7	62.8%
Ritchie	140.8	197.7	227.7	61.7%
Putnam	50.2	81.0	81.2	61.7%
Raleigh	41.6	64.0	66.7	60.3%
Summers	174.2	311.4	278.9	60.1%
Hancock	43.6	66.0	69.8	60.0%
Hardy	127.9	178.9	201.9	57.9%
Boone	166.8	275.1	262.3	57.3%
Braxton	112.8	160.2	175.7	55.8%
Mason	72.3	108.0	111.8	54.6%
Pendleton	127.0	184.3	195.0	53.5%
Hampshire	203.1	261.9	311.4	53.3%
Wayne	215.2	314.0	320.7	49.0%
Grant	55.5	105.3	80.6	45.2%
Tyler	80.0	145.4	114.1	42.6%
Fayette	94.0	135.8	132.5	40.9%
Lincoln	229.3	296.7	315.8	37.7%
Webster	162.1	200.0	221.4	36.6%
Preston	116.1	172.3	146.7	26.3%
Clay	416.2	496.6	523.9	25.9%

Medicaid Members per Physician Specialty Services Provider, 2013 – 2015				
County	**2013**	**2014**	**2015**	**% Change**
Grand Total	**45.1**	**70.9**	**73.5**	**62.7%**

Findings indicate members per physician specialty services provider increased by as much as 125% at the county level (Barbour County). Other counties experienced increases in the ratio of over 100%. This is a dual function of a decrease in the number of enrolled physician specialty services providers in many of those counties and an increase in the Medicaid-eligible population. Such increases of members per provider could result in fewer providers taking new Medicaid patients and could result in members having to travel considerable distances to obtain care.

The availability of enrolled providers in close proximity to members may impact members' perceptions of the accessibility of providers. Through regular monthly, quarterly, and yearly MMIS reporting and the provider and member surveys to be enacted upon CMS approval of the Access Monitoring Plan, BMS will continue to monitor the availability of physician specialty services to Medicaid enrollees.

For more information on the State's ongoing access monitoring methodology, please refer to **Section 5.1 Ongoing Monitoring of ATC**, and for more information on the State's provider and member surveys, please refer to **Appendix C: Access Monitoring Survey – Members** and **Appendix D: Access Monitoring Survey – Providers.**

4.4.3 Beneficiary Utilization of Services

As measured by claims per member, **Table 4.18 Physicians Specialty Service Claims per Member (Top 10 Counties)** depicts the demand for physician specialist services in counties in West Virginia as a claim utilization per member ratio across the top 10 utilizing West Virginia counties.

Table 4.18 Physicians Specialty Service Claims per Member (Top 10 Counties)

Physician Specialty Services Claims per Member (Top 10 Counties)				
County	**2013**	**2014**	**2015**	**% Change**
Monroe	23.62	17.26	14.83	-37.2%
Raleigh	24.27	18.85	15.81	-34.8%
Mingo	25.42	20.41	16.89	-33.6%
Greenbrier	25.44	20.67	16.91	-33.5%
Wyoming	26.58	21.39	18.14	-31.7%
Fayette	22.71	18.30	15.55	-31.5%
McDowell	22.88	18.77	16.41	-28.3%
Cabell	22.06	18.67	16.20	-26.6%
Lincoln	20.59	18.12	16.03	-22.2%

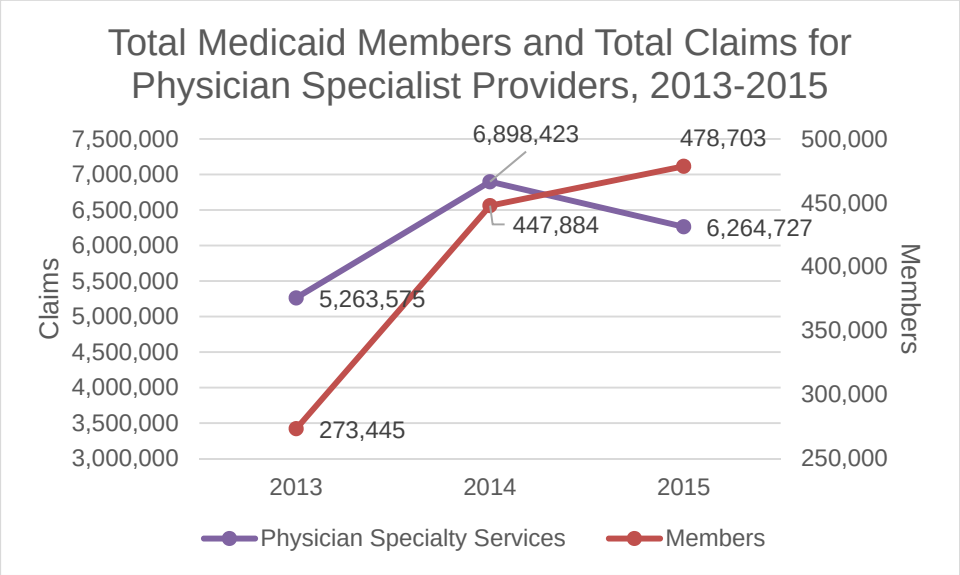
Wayne	22.15	19.35	17.55	-20.8%
Average of Top 10 Counties	**23.57**	**19.39**	**16.61**	**-29.2%**
Average of All Counties	**18.29**	**14.55**	**12.24**	**-33.1%**

Findings indicate the counties shown in **Table 4.18 Physicians Specialty Service Claims per Member (Top 10 Counties)** experienced a higher than average utilization rate of physician specialty services when compared to that of the average across all counties in the State. Based on the relatively high rate of utilization in these counties, moving forward, BMS will closely monitor the availability of physician specialty services in these counties.

Additionally**, Figure 4.8 Total Physician Specialist Members and Total Number of Finalized Claims** reflects the total member and finalized claim counts for physician specialist service providers during the 2013 – 2015 calendar years. Overall findings indicate utilization across members was highest during the 2014 calendar year, with approximately 6.9 physician specialist claims submitted in a program that serves more than 450,000 Medicaid members.

Please refer to **Figure 4.8** for more information.

Figure 4.8 Total Physician Specialist Members and Total Number of Claims



4.5 Behavioral Health Services

The West Virginia Medicaid program offers a comprehensive scope of medically necessary behavioral health services to diagnose and treat eligible members. Covered and authorized services must be rendered by enrolled providers within the scope of their license and in accordance with all state and federal regulations. Priority to these services has been given to children in the foster care system.

As of July 1, 2015, West Virginia Medicaid behavioral health services were transitioned from the State's FFS program to the State's WVMHT program. Individuals who are eligible for behavioral health services will continue to receive care initially via the State's FFS program; however, once

they have selected their preferred MCO, their FFS enrollment will be terminated and their enrollment transitioned to the preferred MCO. For this reason, behavioral health services remained a part of the State's access monitoring analysis.

4.5.1 Provider Enrollment

Table 4.9 describes the overall number of enrolled behavioral health services providers across the State of West Virginia throughout the calendar years 2013 – 2015. As represented in the below table, provider enrollment in the behavioral health services program decreased during the 2013 – 2015 calendar years by approximately 6% or 29providers.

Table 4.9 Number of Enrolled Providers within the Behavioral Health Services Program

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Kentucky Commonwealth	1	0	0	-100.00%
Marshall	2	0	0	-100.00%
Tyler	1	2	0	-100.00%
Webster	1	0	0	-100.00%
Pennsylvania Commonwealth	12	9	5	-58.33%
Maryland Commonwealth	2	2	1	-50.00%
Tucker	2	3	1	-50.00%
Preston	4	3	2	-50.00%
Fayette	3	1	2	-33.33%
Randolph	12	10	8	-33.33%
Lincoln	4	4	3	-25.00%
Wetzel	4	5	3	-25.00%
Other States**	13	13	10	-23.08%
State of Ohio	11	11	9	-18.18%
Hampshire	7	7	6	-14.29%
Lewis	7	7	6	-14.29%
State of Virginia	7	6	6	-14.29%
Wyoming	7	7	6	-14.29%
Greenbrier	8	8	7	-12.50%
Putnam	8	6	7	-12.50%
Wayne	9	9	8	-11.11%
Kanawha	71	72	65	-8.45%
Wood	26	24	24	-7.69%

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Mercer	18	18	17	-5.56%
Barbour	1	1	1	0.00%
Braxton	1	1	1	0.00%
Gilmer	1	1	1	0.00%
Hardy	1	1	1	0.00%
McDowell	1	1	1	0.00%
Ritchie	1	1	1	0.00%
Summers	1	1	1	0.00%
Taylor	1	1	1	0.00%
Roane	2	2	2	0.00%
Clay	3	4	3	0.00%
Jackson	3	3	3	0.00%
Brooke	4	3	4	0.00%
Grant	4	5	4	0.00%
Logan	6	6	6	0.00%
Hancock	7	8	7	0.00%
Jefferson	7	6	7	0.00%
Nicholas	9	9	9	0.00%
Raleigh	24	25	24	0.00%
Harrison	29	29	29	0.00%
Ohio	31	30	31	0.00%
Cabell	46	43	46	0.00%
Boone	0	0	0	0.00%
Calhoun	0	0	0	0.00%
Doddridge	0	0	0	0.00%
Pendleton	0	0	0	0.00%
Pleasants	0	0	0	0.00%
Unknown	0	0	0	0.00%
Wirt	0	0	0	0.00%
Monongalia	42	41	44	4.76%

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Mineral	11	12	12	9.09%
Berkeley	19	24	21	10.53%
Mingo	4	4	5	25.00%
Upshur	4	6	5	25.00%
Marion	15	17	19	26.67%
Morgan	1	1	2	100.00%
Mason	No Providers	1	1	N/A*
Monroe	No Providers	No Providers	1	N/A*
Pocahontas	No Providers	No Providers	1	N/A*
Grand Total	**519**	**514**	**490**	**-5.59%**
Total Average	**8**	**9**	**8**	**-5.59%**

***Cannot calculate increase due to no providers in 2013.*

***Represents States other than West Virginia and its border States*

The State identified a decrease (5.59%) across provider types for Behavioral Health and Social Services. However, the State experienced a much more pronounced increase in some areas, most notably social workers, whose enrollment increased by 233% from 2013 – 2015. This was offset somewhat by a decrease in the number of psychologists statewide enrolled to provide services to Medicaid beneficiaries. Enrolled psychologists decreased by 6.9%, or 21, from 2013 – 2015.

Please refer to **Table 4.19 Enrolled Behavioral Health and Social Services Providers by Provider** for more information on the number of enrolled providers by provider type across the behavioral health and social services program.

Table 4.19 Enrolled Behavioral Health and Social Services Providers by Provider Type

Behavioral Health Services: Number of Enrolled Providers by Provider Type				
Provider Type	**2013**	**2014**	**2015**	**% Change**
Mental Health Clinic	29	30	30	3.4%
Mental Health Clinic BHHF	1	1	1	0.0%
Mental Health Rehabilitation	77	77	78	1.3%
Mental Hospital Under 21	36	34	28	-22.2%
Psychologist	303	297	282	-6.9%
Respite and Habitation	55	57	56	1.8%
Therapist	18	18	15	-16.7%

Behavioral Health Services: Number of Enrolled Providers by Provider Type				
Provider Type	**2013**	**2014**	**2015**	**% Change**
Grand Total	**519**	**514**	**490**	**-5.6%**
Total Average	**1,009**	**998**	**950**	**-5.8%**

4.5.2 Beneficiary Perceptions of ATC

Given the small number of enrolled behavioral health and social services providers, any change in the number of enrolled providers in a given geographical area has a marked effect on the area's ratio of enrolled members to providers.

Similar to prior sections, this count represents the total number of eligible Medicaid members per enrolled providers in a given West Virginian county across the behavioral health and social services program.

For more information on eligible members per enrolled provider in West Virginia's behavioral health and social services program, please refer to **Table 4.20.**

Table 4.20 Medicaid Members per Behavioral Health and Social Services Provider, 2013 – 2015

Medicaid Members per Behavioral Health and Social Services Provider, 2013 – 2015				
County	**2013**	**2014**	**2015**	**% Change**
Boone	No Providers	No Providers	No Providers	0.0%
Calhoun	No Providers	No Providers	No Providers	0.0%
Fayette	No Providers	No Providers	No Providers	0.0%
Gilmer	No Providers	No Providers	No Providers	0.0%
Mason	No Providers	No Providers	No Providers	0.0%
Monroe	No Providers	No Providers	No Providers	0.0%
Morgan	No Providers	No Providers	No Providers	0.0%
Pendleton	No Providers	No Providers	No Providers	0.0%
Pleasants	No Providers	No Providers	No Providers	0.0%
Pocahontas	No Providers	No Providers	No Providers	0.0%
Roane	No Providers	No Providers	No Providers	0.0%
Taylor	No Providers	No Providers	No Providers	0.0%
Tyler	No Providers	No Providers	No Providers	0.0%
Webster	No Providers	No Providers	No Providers	0.0%
Wirt	No Providers	No Providers	No Providers	0.0%
Summers	No Providers	No Providers	3,905.00	N/A*

Medicaid Members per Behavioral Health and Social Services Provider, 2013 – 2015				
County	**2013**	**2014**	**2015**	**% Change**
Marshall	3,797.00	No Providers	No Providers	N/A*
Doddridge	954.00	1,601.00	No Providers	N/A*
Ritchie	1,549.00	2,372.00	1,252.50	-19.1%
Putnam	1,757.30	2,227.80	1,931.80	9.9%
Marion	1,069.30	1,004.80	1,197.80	12.0%
Berkeley	1,189.80	1,646.80	1,453.10	22.1%
Lewis	889.70	1,109.50	1,216.80	36.8%
Cabell	670.30	976.80	921.80	37.5%
McDowell	6,368.00	9,055.00	9,327.00	46.5%
Logan	1,245.30	1,711.10	1,875.30	50.6%
Harrison	444.60	733.40	693.90	56.1%
Mingo	2,255.00	3,420.70	3,643.70	61.6%
Wayne	1,076.00	1,659.90	1,740.90	61.8%
Lincoln	4,816.00	7,418.00	7,894.00	63.9%
Wyoming	917.80	1,475.40	1,536.20	67.4%
Jefferson	1,093.00	2,154.30	1,873.20	71.4%
Greenbrier	930.50	1,310.10	1,597.50	71.7%
Ohio	229.70	381.90	396.50	72.7%
Brooke	2,549.00	4,180.00	4,448.00	74.5%
Mineral	395.80	598.60	691.10	74.6%
Clay	2,081.00	3,476.00	3,667.00	76.2%
Wetzel	1,262.50	1,407.00	2,224.00	76.2%
Braxton	2,482.00	4,006.00	4,393.00	77.0%
Jackson	1,991.50	3,282.00	3,539.00	77.7%
Nicholas	906.60	1,519.40	1,619.80	78.7%
Mercer	826.90	1,312.20	1,486.60	79.8%
Barbour	2,501.00	4,179.00	4,593.00	83.6%
Hampshire	761.80	1,309.50	1,401.50	84.0%
Grant	374.80	684.30	705.50	88.3%

Medicaid Members per Behavioral Health and Social Services Provider, 2013 – 2015				
County	**2013**	**2014**	**2015**	**% Change**
Hardy	1,919.00	3,399.00	3,635.00	89.4%
Hancock	724.20	1,254.20	1,381.80	90.8%
Tucker	818.00	1,494.00	1,572.00	92.2%
Raleigh	729.50	1,228.20	1,408.90	93.1%
Kanawha	613.90	953.20	1,202.10	95.8%
Upshur	1,683.50	2,955.50	3,306.50	96.4%
Wood	772.50	1,287.40	1,591.80	106.0%
Randolph	457.80	922.50	1,131.00	147.1%
Monongalia	232.10	528.50	596.70	157.1%
Preston	2,032.00	3,531.50	7,482.00	268.2%
Grand Total	**923.8**	**1449.5**	**1569.5**	**69.9%**
**Percentage increase from zero cannot be calculated.*				

As seen above, several counties have no behavioral health and social services providers. The lack of providers in given counties may help to explain the low rates of utilization of behavioral health and social services providers in counties with no such providers; however, it also may inform Medicaid members' perceptions on the availability of said providers within the State. Although behavioral health services may be provided by other provider types, the State will closely monitor this service category in support of sufficient ATC.

The State has previously recognized a shortage of behavioral health and social services providers Statewide and in specific counties, and the State believes they have assisted in the mitigation of this by migrating behavioral health services from the FFS delivery model to WVMHT. With the transition of these services from FFS to WVMHT occurring on July 1, 2015, the State continues to monitor overall per member per provider counts.

The State will also continue to utilize it's successful telemedicine initiative to supply services to members in need of behavioral health services. In 2015 and 2016, the State's telemedicine initiative received an "A" ranking from the American Telemedicine Association. Additionally, the State continues to encourage providers under codes and policy within Chapter 503 of the DHHR BMS Provider Manual to supply services to members eligible for behavioral and mental health services across the State regardless of their location. The State also encourages individuals who are not eligible for Medicaid to seek behavioral and mental health services through the Charity Care funding made available via the State's Bureau of Behavioral Health and Health Facilities (BHHF).

Through the use of monthly, quarterly, and yearly MMIS reporting and ongoing surveys to the member and provider communities to be enacted upon CMS approval of the Access Monitoring Plan, BMS will continue to monitor beneficiaries' access to behavioral health services.

For more information on the State's ongoing access monitoring methodology, please refer to **Section 5.1 Ongoing Monitoring of ATC**, and for more information on the State's provider and member surveys, please refer to **Appendix C: Access Monitoring Survey – Members** and **Appendix D: Access Monitoring Survey - Providers**.

4.5.3 Beneficiary Utilization of Services

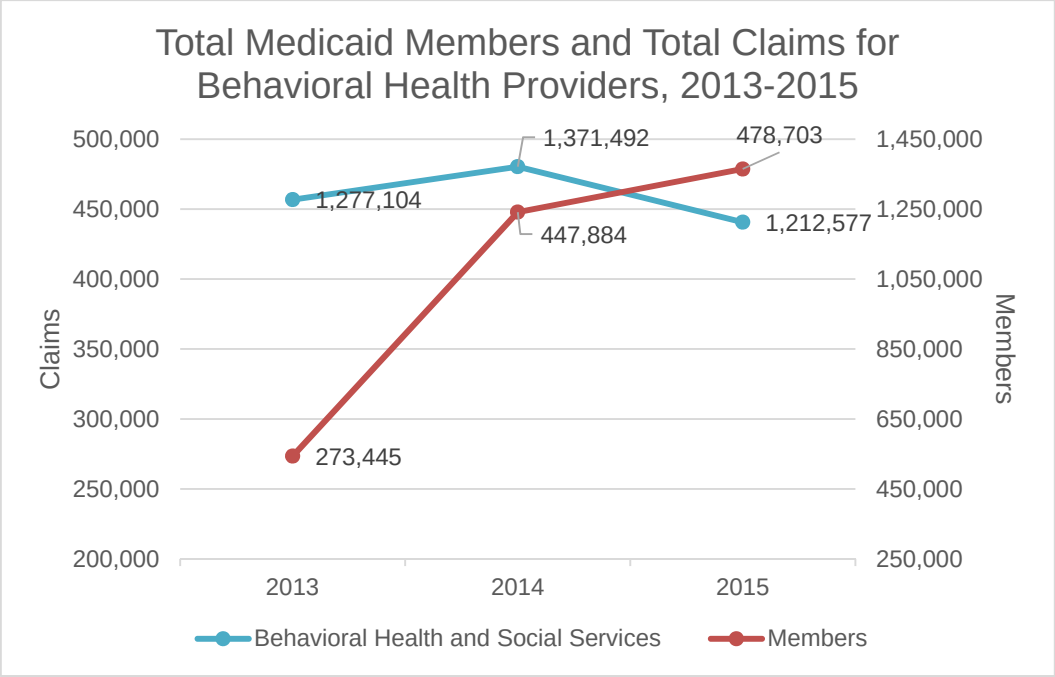
As measured by claims per member, the table below depicts the demand for behavioral health and social services in counties in West Virginia as a claim utilization per member ratio across the top 10 utilizing West Virginia counties.

Table 4.21 Behavioral Health Services Claims per Member (Top 10 Counties)

Behavioral Health Services Claims per Member (Top 10 Counties)				
County	**2013**	**2014**	**2015**	**% Change**
Marshall	17.39	9.67	7.92	-54.4%
Ohio	18.94	10.73	8.74	-53.9%
Wetzel	16.75	10.30	8.34	-50.2%
Pleasants	6.23	4.11	3.20	-48.7%
Berkeley	6.50	3.88	3.36	-48.3%
Cabell	6.91	4.70	3.61	-47.8%
Grant	9.37	5.33	5.04	-46.2%
Morgan	5.15	3.20	3.14	-39.1%
Randolph	4.07	3.21	3.20	-21.5%
Harrison	4.28	3.53	4.15	-3.1%
Average of Top 10 Counties	**9.56**	**5.87**	**5.07**	**-41.3%**
Average of All Counties	**4.48**	**2.83**	**2.31**	**-48.5%**

Findings indicate that Medicaid beneficiaries across the top 10 utilizing counties utilized behavioral health and social services at rates of up to four times State averages. However, as can be seen in **Figure 4.10 Behavioral Health Providers – Total Medicaid Members and Claims**, there was a drop in claims for behavioral health service providers from 2014 – 2015, with the total number of finalized claims being fewer in 2015 than in 2013 prior to the expansion.

Figure 4.10 Behavioral Health Providers – Total Medicaid Members and Claims



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These findings fall in line with that of the member per provider counts within the behavioral health and social services category; counties with more behavioral health and social services providers saw higher utilization of those services across the 2013 – 2015 calendar year span. This further indicates the need for additional providers to support behavioral health and social services program.

Although the findings indicate claim utilization rates nearly three to four times that of the State average, findings indicate the top utilizing county, Ohio County, had a ratio of 396:1 behavioral health providers to members in 2015, well below the State's average of 1,570:1. The accessibility of providers in Ohio County may be a contributing factor to the member's ability to locate and utilize behavioral health and social services in that locality.

Although there are many counties that do not have behavioral health service providers enrolled within them, all counties are served by behavioral health service providers. Behavioral health service providers are obligated by the State to provide care to patients in all counties. The below table shows the number of enrolled members as well as the percentage of enrolled Medicaid members utilizing behavioral health services in each county. Behavioral health services transitioned to a managed care delivery model in July 2015, which may have led in part to the reduction of the number of members utilizing behavioral health services in calendar year 2015 in a fee-for-service setting.

Table 4.22: Number of Members Utilizing Behavioral Health and Social Services, 2013-2015

Number of Members Utilizing Behavioral Health and Social Services, 2013-2015						
	2013		2014		2015	
County	Members Utilizing Services	Percent Utilizing Services	Members Utilizing Services	Percent Utilizing Services	Members Utilizing Services	Percent Utilizing Services
Greenbrier	1,348	24.14%	1,855	20.23%	1,770	18.47%
Pocahontas	315	27.42%	434	20.10%	416	17.86%
Cabell	3,656	23.71%	4,808	18.93%	4,520	16.34%
Monroe	403	23.48%	475	15.53%	457	14.99%
Ohio	1,176	22.26%	1,493	16.29%	1,366	14.35%
Webster	444	19.56%	496	14.59%	493	13.91%
Summers	556	22.80%	610	16.32%	537	13.75%
Hancock	718	19.83%	983	15.68%	945	13.68%
Nicholas	891	19.66%	1,151	15.15%	1,086	13.41%
Wayne	1,356	18.00%	1,663	14.31%	1,610	13.21%
Mercer	2,442	19.69%	3,073	15.61%	2,687	12.91%
Lincoln	854	17.73%	1,133	15.27%	1,000	12.67%
Wetzel	499	19.76%	595	14.10%	558	12.54%
Randolph	870	19.00%	1,025	13.89%	988	12.48%
Pleasants	162	18.14%	191	13.47%	199	12.35%
Grant	287	19.15%	374	13.66%	347	12.30%
Upshur	630	18.71%	878	14.85%	804	12.16%
Kanawha	5,037	19.08%	6,583	14.69%	5,895	11.96%
Wood	2,464	18.76%	2,768	13.44%	2,648	11.88%
Putnam	924	17.53%	1,265	14.20%	1,113	11.52%
Barbour	496	19.83%	529	12.66%	519	11.30%
Boone	772	16.53%	1,010	14.12%	916	11.27%
Jackson	654	16.42%	827	12.60%	797	11.26%
Brooke	445	17.46%	575	13.76%	491	11.04%
Taylor	352	15.75%	492	13.34%	431	10.92%
Harrison	1,442	16.22%	1,871	12.76%	1,734	10.87%
Lewis	373	13.98%	534	12.03%	526	10.81%
Clay	269	12.93%	379	10.90%	396	10.80%

Number of Members Utilizing Behavioral Health and Social Services, 2013-2015						
	2013		2014		2015	
County	Members Utilizing Services	Percent Utilizing Services	Members Utilizing Services	Percent Utilizing Services	Members Utilizing Services	Percent Utilizing Services
Raleigh	2,668	21.51%	2,765	13.24%	2,409	10.69%
Hardy	338	17.61%	423	12.44%	385	10.59%
Mason	724	16.69%	808	12.47%	731	10.55%
Hampshire	455	14.93%	603	11.51%	591	10.54%
Braxton	371	14.95%	496	12.38%	457	10.40%
Morgan	263	13.77%	428	11.79%	391	10.39%
Marshall	636	16.75%	796	12.35%	726	10.34%
Preston	663	16.31%	835	11.82%	767	10.25%
Marion	1,031	13.77%	1,344	11.15%	1,344	10.20%
Logan	1,097	14.68%	1,475	12.31%	1,328	10.12%
Gilmer	142	14.56%	195	11.96%	178	10.03%
Mineral	477	15.07%	589	10.93%	550	9.95%
Calhoun	149	10.13%	189	8.22%	244	9.91%
Wirt	130	12.96%	166	10.44%	169	9.89%
Mingo	966	14.28%	1,219	11.88%	1,074	9.83%
Monongalia	1,055	15.67%	1,405	11.08%	1,334	9.72%
Tyler	163	15.67%	234	12.38%	195	9.50%
Berkeley	1,380	11.60%	2,220	10.37%	2,207	9.49%
Ritchie	196	12.65%	202	8.52%	217	8.66%
Fayette	1,478	16.90%	1,543	11.48%	1,225	8.64%
McDowell	832	13.07%	900	9.94%	783	8.39%
Pendleton	88	9.90%	132	7.96%	146	8.32%
Wyoming	492	10.72%	652	8.84%	611	7.95%
Jefferson	463	10.59%	742	8.61%	743	7.93%
Roane	244	8.58%	353	7.82%	372	7.80%
Tucker	96	11.74%	115	7.70%	108	6.87%
Doddridge	141	14.78%	140	8.74%	121	6.52%
Aggregate	**46,573**	**17.03%**	**59,039**	**13.18%**	**53,442**	**11.16%**

4.6 Home Health Services

A West Virginia Medicaid enrolled home health agency provides medically necessary and appropriate services, such as skilled nursing (SN), home health aide (HHA), physical therapy (PT), speech therapy (ST), occupational therapy (OT), certain medically necessary supplies, other therapeutic services, and nutritional services. Those eligible for home healthcare are individuals that must need a skilled level of care on an intermittent basis, physical therapy, speech-language pathology services, or have a continued need for occupational therapy. There are no age restrictions for members who are eligible to receive home health services.

4.6.1 Provider Enrollment

Overall enrollment in the State of West Virginia's home health services service category has remained relatively stable throughout the 2013 – 2015 calendar years.

For the detailed number of enrolled providers across West Virginia counties for calendar years 2013 – 2015, please refer to **Table 4.23.**

Table 4.23 Number of Enrolled Home Health Services Providers

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Upshur	1	1		-100.00%
State of Ohio	3	1	2	-33.33%
Cabell	5	5	5	0.00%
Kanawha	4	4	4	0.00%
Monongalia	4	4	4	0.00%
Mercer	3	3	3	0.00%
Ohio	3	3	3	0.00%
Raleigh	3	3	3	0.00%
Wood	3	3	3	0.00%
Greenbrier	2	2	2	0.00%
Harrison	2	2	2	0.00%
Jackson	2	2	2	0.00%
Logan	2	2	2	0.00%
Marion	2	3	2	0.00%
Marshall	2	2	2	0.00%
Barbour	1	1	1	0.00%
Berkeley	1	1	1	0.00%
Boone	1	1	1	0.00%

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Braxton	1	1	1	0.00%
Brooke	1	1	1	0.00%
Doddridge	1	1	1	0.00%
Fayette	1	1	1	0.00%
Grant	1	1	1	0.00%
Hancock	1	1	1	0.00%
Jefferson	1	1	1	0.00%
Kentucky Commonwealth	1	1	1	0.00%
Lewis	1	1	1	0.00%
Mason	1	1	1	0.00%
Mineral	1	1	1	0.00%
Nicholas	1	1	1	0.00%
Other States**	1	1	1	0.00%
Pennsylvania Commonwealth	1	1	1	0.00%
Pendleton	1	1	1	0.00%
Preston	1	1	1	0.00%
Randolph	1	1	1	0.00%
Roane	1	1	1	0.00%
Taylor	1	1	1	0.00%
Wayne	1	1	1	0.00%
Wetzel	1	1	1	0.00%
Calhoun	No Providers	No Providers	No Providers	0.00%
Clay	No Providers	No Providers	No Providers	0.00%
Gilmer	No Providers	No Providers	No Providers	0.00%
Hampshire	No Providers	No Providers	No Providers	0.00%
Hardy	No Providers	No Providers	No Providers	0.00%
Lincoln	No Providers	No Providers	No Providers	0.00%
Maryland Commonwealth	No Providers	No Providers	No Providers	0.00%
McDowell	No Providers	No Providers	No Providers	0.00%
Mingo	No Providers	No Providers	No Providers	0.00%

Number of Enrolled Providers by County/Commonwealth/State				
County/State/Commonwealth	**2013**	**2014**	**2015**	**% Change**
Monroe	No Providers	No Providers	No Providers	0.00%
Morgan	No Providers	No Providers	No Providers	0.00%
Pleasants	No Providers	No Providers	No Providers	0.00%
Pocahontas	No Providers	No Providers	No Providers	0.00%
Ritchie	No Providers	No Providers	No Providers	0.00%
Summers	No Providers	No Providers	No Providers	0.00%
Tucker	No Providers	No Providers	No Providers	0.00%
Tyler	No Providers	No Providers	No Providers	0.00%
Virginia Commonwealth	No Providers	No Providers	No Providers	0.00%
Webster	No Providers	No Providers	No Providers	0.00%
Wirt	No Providers	No Providers	No Providers	0.00%
Wyoming	No Providers	No Providers	No Providers	0.00%
Putnam	No Providers	No Providers	1	N/A*
Grand Total	**65**	**64**	**64**	**-1.54%**
Total Average	**1.05**	**1.03**	**1.05**	**-1.54%**

***Cannot calculate increase due to no providers in 2013.*

***Represents States other than West Virginia and its border States*

Similarly to above, **Table 4.24** below highlights the provider type specific to the home health service category.

Table 4.24 Number of Enrolled Home Health Services Providers by Provider Type

Home Health Services: Number of Enrolled Providers by Provider Type				
Provider Type	**2013**	**2014**	**2015**	**% Change**
HOME HEALTH AGENCY	65	64	64	1.54%
Total Average	**65**	**64**	**64**	**1.54%**

4.6.2 Beneficiary Perceptions of ATC

Given the small number of enrolled home health service providers, any change in the number of enrolled providers in a given geographical area has a marked effect on the area's ratio of enrolled members to providers.

Similar to prior sections, the counts in **Table 4.25** represents the total number of eligible Medicaid members per enrolled home health provider in a given West Virginian county across the home health program.

For more information on eligible members per enrolled provider in West Virginia's home health program, please refer to **Table 4.25**.

Table 4.25 Medicaid Members per Home Health Services Provider, 2013 – 2015

Medicaid Members per Home Health Services Provider, 2013 – 2015				
County	**2013**	**2014**	**2015**	**% Change**
Calhoun	No Providers	No Providers	No Providers	0.0%
Clay	No Providers	No Providers	No Providers	0.0%
Gilmer	No Providers	No Providers	No Providers	0.0%
Hampshire	No Providers	No Providers	No Providers	0.0%
Hardy	No Providers	No Providers	No Providers	0.0%
Lincoln	No Providers	No Providers	No Providers	0.0%
McDowell	No Providers	No Providers	No Providers	0.0%
Mingo	No Providers	No Providers	No Providers	0.0%
Monroe	No Providers	No Providers	No Providers	0.0%
Morgan	No Providers	No Providers	No Providers	0.0%
Pleasants	No Providers	No Providers	No Providers	0.0%
Pocahontas	No Providers	No Providers	No Providers	0.0%
Ritchie	No Providers	No Providers	No Providers	0.0%
Summers	No Providers	No Providers	No Providers	0.0%
Tucker	No Providers	No Providers	No Providers	0.0%
Tyler	No Providers	No Providers	No Providers	0.0%
Webster	No Providers	No Providers	No Providers	0.0%
Wirt	No Providers	No Providers	No Providers	0.0%
Wyoming	No Providers	No Providers	No Providers	0.0%
Mason	2,480.40	6,960.00	5,635.50	59.7%
Wayne	7,532.00	11,619.00	12,186.00	61.8%
Fayette	4,373.00	6,720.00	7,089.50	62.1%
Roane	2,843.00	4,513.00	4,771.00	67.8%
Mercer	4,134.70	6,561.00	6,937.70	67.8%
Wood	4,377.70	6,866.00	7,428.30	69.7%

Medicaid Members per Home Health Services Provider, 2013 – 2015				
County	**2013**	**2014**	**2015**	**% Change**
Greenbrier	2,791.50	4,585.50	4,792.50	71.7%
Randolph	4,578.00	7,380.00	7,917.00	72.9%
Boone	4,669.00	7,153.00	8,130.00	74.1%
Brooke	2,549.00	4,180.00	4,448.00	74.5%
Mineral	3,166.00	5,387.00	5,529.00	74.6%
Logan	3,736.00	5,989.00	6,563.50	75.7%
Marion	3,742.50	4,019.30	6,588.00	76.0%
Wetzel	2,525.00	4,221.00	4,448.00	76.2%
Taylor	2,235.00	3,688.00	3,947.00	76.6%
Braxton	2,482.00	4,006.00	4,393.00	77.0%
Jackson	1,991.50	3,282.00	3,539.00	77.7%
Nicholas	4,533.00	7,597.00	8,099.00	78.7%
Harrison	4,446.00	7,333.50	7,979.50	79.5%
Ohio	1,760.70	3,055.30	3,172.00	80.2%
Lewis	2,669.00	4,438.00	4,867.00	82.4%
Barbour	2,501.00	4,179.00	4,593.00	83.6%
Preston	4,064.00	7,063.00	7,482.00	84.1%
Marshall	1,898.50	3,223.50	3,509.00	84.8%
Kanawha	6,599.80	11,200.30	12,321.50	86.7%
Grant	1,499.00	2,737.00	2,822.00	88.3%
Hancock	3,621.00	6,271.00	6,909.00	90.8%
Doddridge	954.00	1,601.00	1,856.00	94.5%
Berkeley	11,898.00	21,408.00	23,250.00	95.4%
Pendleton	889.00	1,659.00	1,755.00	97.4%
Monongalia	1,682.80	3,171.30	3,431.00	103.9%
Cabell	2,202.60	3,174.80	4,609.20	109.3%
Jefferson	4,372.00	8,617.00	9,366.00	114.2%
Raleigh	2,480.40	6,960.00	5,635.50	127.2%
Putnam	No Providers	No Providers	9,659.00	N/A*
Upshur	3,367.00	5,911.00	No Providers	N/A*

Medicaid Members per Home Health Services Provider, 2013 – 2015				
County	**2013**	**2014**	**2015**	**% Change**
Grand Total	**4,272.58**	**6,998.19**	**7,721.02**	**80.7%**
**Percentage increase from zero cannot be calculated.*				

The table above depicts, in some cases, extreme ratios of members to providers. As an example, Raleigh County shows a nearly 130% increase in its ratio of members to providers, though this was due to the disenrollment of one provider between 2013 – 2014. The small numbers of providers in this ATC Service Category lead in some cases to very high ratios of members to providers.

As seen in the prior sections, the State experienced a net of one additional home health agency enrolled as a Medicaid provider between the years of 2013 – 2014, bringing the total number of such agencies to 65. As demonstrated in **Table 4.25**, far more members are eligible for said home health services than there are available providers. Statewide, the ratio of members to home health service providers increased by 80% from 2013 – 2015.

This finding is considered a deficiency in the State Medicaid program and may be attributed to the program's current status and/or maturity level. Regardless, the State plans to examine the home health services program to further explore potential avenues for increasing provider enrollment and/or the availability of home health services to the citizens of West Virginia.

4.6.3 Beneficiary Utilization of Services

As measured by claims per member, **Table 4.26** below depicts the demand for home health services in counties in West Virginia as a claim utilization per member ratio across the top ten utilized West Virginia counties.

For more information on beneficiary utilization of services across the home health services program, please refer to **Table 4.26**.

Table 4.26 Home Health Services Claims per Member (Top 10 Counties)

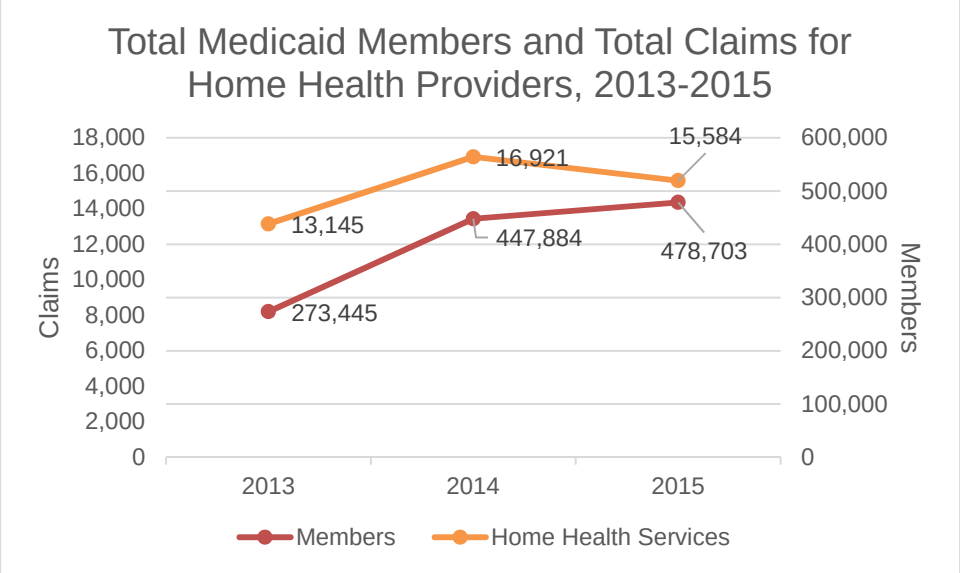
Home Health Services Claims per Member (Top 10 Counties)				
County	**2013**	**2014**	**2015**	**% Change**
Tucker	0.13	0.11	0.06	-55.1%
Webster	0.10	0.09	0.07	-32.4%
Randolph	0.16	0.16	0.12	-25.8%
Summers	0.06	0.04	0.04	-23.9%
Fayette	0.06	0.05	0.05	-23.0%
McDowell	0.08	0.07	0.06	-21.7%
Wirt	0.06	0.03	0.05	-20.0%
Barbour	0.10	0.10	0.09	-9.5%

Logan	0.05	0.05	0.05	8.3%
Upshur	0.04	0.07	0.05	48.5%
Average of Top 10 Counties	**0.08**	**0.08**	**0.06**	**-15.5%**
Average of All Counties	**0.05**	**0.04**	**0.03**	**-30.5%**

Findings indicate that home health services are the least-utilized service in terms of claims per member out of the five ATC service categories, with the statewide average being approximately 0.03 claims per member in 2015.

Please refer to **Figure 4.11 Total Medicaid Members and Total Claims for Home Health Service Providers, 2013 – 2015** for more information.

Figure 4.11 Total Medicaid Members and Total Claims for Home Health Service Providers, 2013 – 2015



Definitionally, home health care providers do not provide care in a facility setting. Thus, simply examining the availability of providers in a given area such as a county presents a distorted picture. Below is a table showing the number and percentage of enrolled Medicaid members in each county utilizing home health services. The general trend shows many more members utilizing home health services in 2014 than in 2013, but slightly fewer in 2015 than 2014.

Table 4.27 Number of Members Utilizing Home Health Services, 2013-2015

Number of Members Utilizing Home Health Services, 2013-2015						
	2013		2014		2015	
County	Members Utilizing Services	Percent Utilizing Services	Members Utilizing Services	Percent Utilizing Services	Members Utilizing Services	Percent Utilizing Services
Barbour	39	1.56%	53	1.27%	54	1.18%
Brooke	32	1.26%	47	1.12%	51	1.15%
Summers	28	1.15%	36	0.96%	41	1.05%
Taylor	27	1.21%	36	0.98%	40	1.01%
Logan	93	1.24%	128	1.07%	125	0.95%
Mingo	96	1.42%	97	0.95%	104	0.95%
Raleigh	188	1.52%	217	1.04%	210	0.93%
Hancock	55	1.52%	70	1.12%	62	0.90%
McDowell	69	1.08%	92	1.02%	84	0.90%
Preston	48	1.18%	65	0.92%	67	0.90%
Fayette	127	1.45%	147	1.09%	126	0.89%
Wirt	14	1.40%	15	0.94%	15	0.88%
Greenbrier	70	1.25%	81	0.88%	83	0.87%
Wayne	95	1.26%	104	0.90%	106	0.87%
Cabell	193	1.25%	204	0.80%	236	0.85%
Gilmer	6	0.62%	8	0.49%	15	0.85%
Mason	70	1.61%	64	0.99%	58	0.84%
Harrison	93	1.05%	122	0.83%	129	0.81%
Wetzel	33	1.31%	37	0.88%	36	0.81%
Wyoming	67	1.46%	68	0.92%	62	0.81%
Ritchie	19	1.23%	24	1.01%	20	0.80%
Randolph	56	1.22%	76	1.03%	62	0.78%
Boone	58	1.24%	67	0.94%	63	0.77%
Hampshire	22	0.72%	39	0.74%	43	0.77%
Marshall	38	1.00%	60	0.93%	54	0.77%
Pocahontas	9	0.78%	16	0.74%	18	0.77%
Clay	16	0.77%	16	0.46%	28	0.76%
Lewis	29	1.09%	35	0.79%	37	0.76%

Number of Members Utilizing Home Health Services, 2013-2015						
	2013		2014		2015	
County	Members Utilizing Services	Percent Utilizing Services	Members Utilizing Services	Percent Utilizing Services	Members Utilizing Services	Percent Utilizing Services
Monroe	18	1.05%	20	0.65%	22	0.72%
Upshur	31	0.92%	53	0.90%	47	0.71%
Lincoln	52	1.08%	79	1.06%	55	0.70%
Ohio	50	0.95%	73	0.80%	66	0.69%
Roane	30	1.06%	29	0.64%	32	0.67%
Kanawha	312	1.18%	305	0.68%	325	0.66%
Calhoun	11	0.75%	19	0.83%	16	0.65%
Doddridge	6	0.63%	10	0.62%	12	0.65%
Mercer	113	0.91%	166	0.84%	135	0.65%
Braxton	21	0.85%	19	0.47%	28	0.64%
Wood	144	1.10%	157	0.76%	142	0.64%
Jackson	43	1.08%	58	0.88%	44	0.62%
Morgan	15	0.79%	24	0.66%	23	0.61%
Jefferson	35	0.80%	45	0.52%	55	0.59%
Berkeley	98	0.82%	131	0.61%	135	0.58%
Nicholas	52	1.15%	59	0.78%	47	0.58%
Tyler	16	1.54%	18	0.95%	12	0.58%
Tucker	12	1.47%	12	0.80%	9	0.57%
Pleasants	4	0.45%	6	0.42%	9	0.56%
Marion	66	0.88%	82	0.68%	69	0.52%
Mineral	28	0.88%	33	0.61%	27	0.49%
Putnam	53	1.01%	49	0.55%	46	0.48%
Webster	30	1.32%	27	0.79%	17	0.48%
Monongalia	64	0.95%	82	0.65%	65	0.47%
Hardy	7	0.36%	19	0.56%	15	0.41%
Pendleton	5	0.56%	9	0.54%	7	0.40%
Grant	8	0.53%	17	0.62%	9	0.32%
Aggregate	**3,014**	**1.10%**	**3,625**	**0.81%**	**3,455**	**0.72%**

5. Approach to Monitoring ATC

The purpose of this section is to describe West Virginia's approach to monitoring ATC. This section will utilize the data compiled from various Medicaid enterprise stakeholders to highlight West Virginia specific ATC baselines, thresholds, assumptions, and trends. This information will be used to monitor West Virginia ATC to ensure the following data elements are assessed on a reoccurring basis:

1. The extent to which beneficiary needs are fully met
2. The availability of care through enrolled providers
3. Changes in beneficiary service utilization
4. Comparisons between Medicaid rates and rates paid by other public and private payers

This section will also describe the State's approach to continuous ATC monitoring, as well as details on the State's plan to conduct ATC assessments in support of State Plan Amendments (SPA).

The Final Rule requires that states establish procedures in their access monitoring review plan to monitor ATC on an ongoing basis after the implementation of service rate reductions or payment restricting. The Final Rule also requires States to implement processes to demonstrate ATC is sufficient as of the effective dates identified within State Plan Amendments. As a part of these monitoring efforts, the associated procedures must be in place for a period of at least three years after the effective date of the State Plan Amendment.

The Final Rule also requires states to establish ongoing mechanisms for beneficiary and provider feedback on ATC. Potential mechanisms may include but are not limited to hotlines, surveys, ombudsman, review of grievance and appeals data, or other equivalent mechanism to support collection of ongoing provider and beneficiary feedback. After establishing and collecting input from both the provider and member communities, states must also maintain a record of the data and how input was responded to.

The following section details the State's ATC monitoring procedures, as well as plans to monitor ATC before, during, and after State Plan Amendments (SPA).

5.1 Ongoing Monitoring of ATC

Monitoring of ATC across the following service categories will be supported by data provided to BMS by West Virginia's MMIS fiscal agent and data warehouse vendor in the form of monthly, quarterly, and yearly reports.

- Primary Care Services
- Physician Specialist Services
- Behavioral Health Services
- Home Health Services

In addition to data collection via reports, providers and members will be able to send ATC feedback, comments, and or concerns to the State via an online survey, email address, and/or mailing.

In accordance with the Final Rule, this plan and the associated data elements will be updated and submitted to CMS for their review and approval every three years. Additionally, the following reports and associated analyses will be compiled on a reoccurring basis and submitted to BMS senior leadership for their review and consideration in drafting of related SPAs.

Table 5.1 Ongoing ATC Measures identifies ATC measures and frequency at which related data elements will be requested from the MMIS fiscal agent and data warehouse vendor to support the State of West Virginia's overall access monitoring efforts.

Table 5.1 Ongoing ATC Measures

Measure	Frequency of Data Collection	Vehicle (Report, Survey, etc.)
Provider Enrollment	Monthly	Report
Provider Types and Specialties	Monthly	Report
Beneficiary Eligibility, Gender, and Age Characteristics	Quarterly	Report
Beneficiary Requests for Assistance	Monthly	Report and Survey
Beneficiary Perceptions of ATC	Monthly	Report and Survey
Beneficiary Utilization of Services	Quarterly	Report
Medicaid, Medicare, and Other Payer Rates	Yearly	Report and Data Collection
Mailings, Email, Surveys, and Phone	Ongoing	Refer to **Table 5.2**

Provider Enrollment and Provider Type and Specialties: The State's MMIS fiscal agent will generate and distribute a provider enrollment report on a monthly basis that highlights the total number of providers within the West Virginia Medicaid network that comprise the ATC service categories.

Beneficiary Eligibility, Gender, and Age Characteristics: On a quarterly basis, the State's MMIS fiscal agent will provide BMS a report that highlights Medicaid member eligibility, age, and gender characteristics similar to those depicted in **4.2.2 Beneficiary Eligibility, Gender, and Age Characteristics**.

Beneficiary Requests for Assistance: On a monthly basis, the State will utilize two reports for the purposes of examining beneficiary requests for assistance. The first will be provided by the State's MMIS fiscal agent and will contain incoming call metrics from the MMIS call center where Medicaid members made requests for information on West Virginia Medicaid in-network providers. The second report will contain the findings that stem from the Access Monitoring survey for members depicted in **Appendix C: Access Monitoring Survey – Members**.

Beneficiary Perceptions of ATC: The State plans to utilize enrolled Medicaid provider and member data to create a report that speaks to the ratio of enrolled providers and members across the ATC service categories similar to the findings depicted in **4.2.4 Beneficiary Perceptions of ATC**. Additionally, the State plans to utilize on an ongoing basis, the surveys depicted in **Appendix C: Access Monitoring Survey – Members** and **Appendix D: Access Monitoring Survey – Providers.**

The State has also solicited assistance from their data warehouse vendor in obtaining reports that provide geographical representations of provider service locations and member's physical addresses. This visual aid will be supplied on a quarterly basis.

Beneficiary Utilization of Services: On a monthly basis, the State's MMIS fiscal agent will work with the State to supply a report that highlights member claim counts across the, broken down by town, city, and/or county, across each of the ATC service categories.

Medicaid, Medicare, and Other Payer Rates: On a yearly basis, the State will request that the MMIS fiscal agent provide rates across the ATC service categories for the top 10 billed CPT and HCPCS codes. These rates will then be compared to the rates of commercial payers to provide insight into the impact State Medicaid rates and corresponding reimbursements have on Medicaid provider's and member's ATC.

To supplement the above access monitoring efforts, West Virginia also maintains grievance and appeals data for members and providers which may be used to inform the State's overall access monitoring.

In addition to the above approach to Access Monitoring, providers and members are invited to send ATC concerns and/or feedback to BMS via postal mail, email, survey, and/or telephone as described below:

Table 5.2 Contact Information for Public Comment Period

Feedback Method	Contact Information
Mail:	WVDHHR Bureau for Medical Services ATTN: Access to Care 350 Capitol Street Charleston, WV 25301
Email:	MedicaidATC@wv.gov
Provider and Member ATC Survey:	Once the Access Monitoring Plan has been approved by CMS, the provider and member surveys depicted in Appendices C and D will be made available at https://www.dhhr.wv.gov/bms.
Phone:	304-558-1700

6. ATC Deficiencies

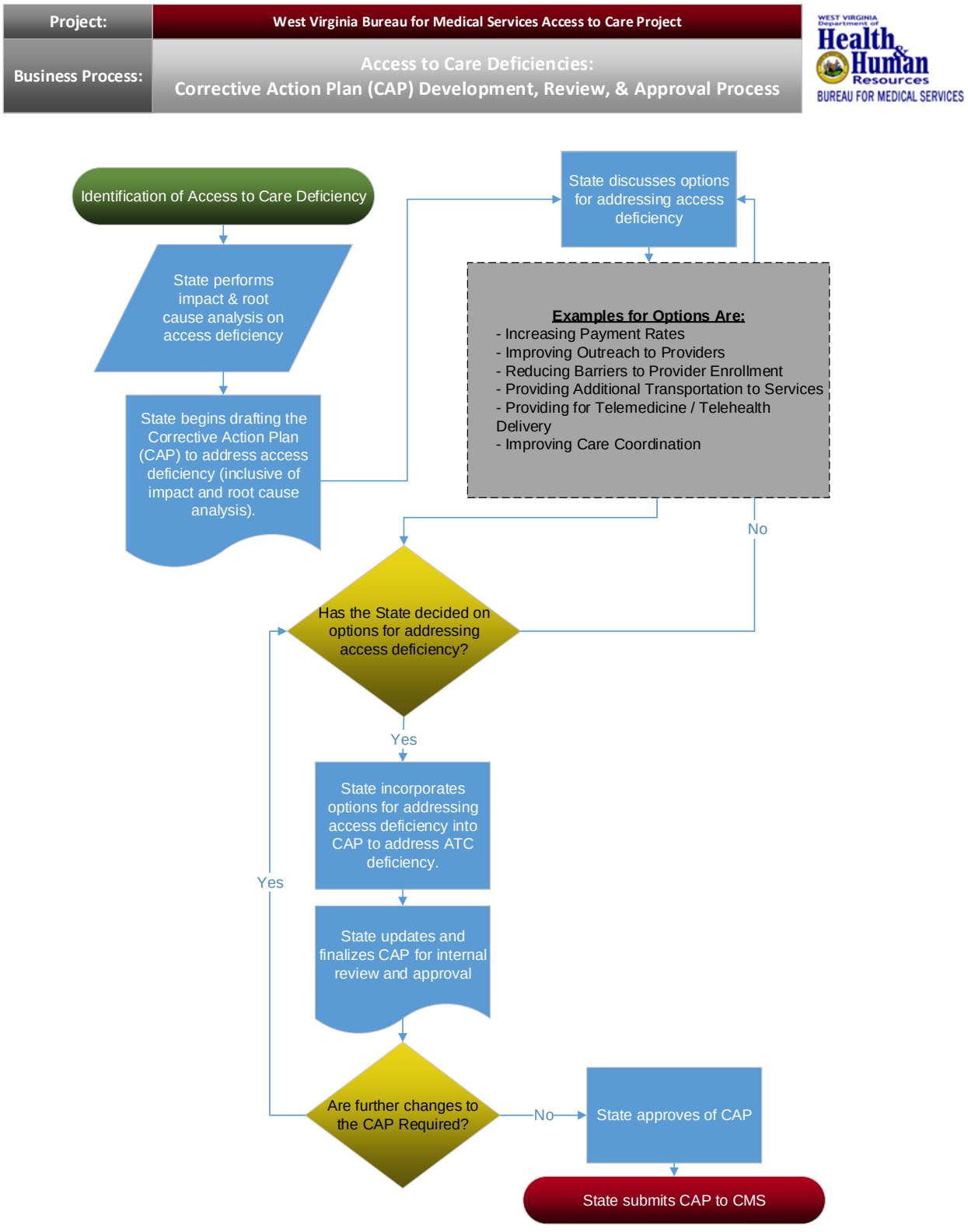
This section will provide details specific to any access to care deficiencies, as well as information specific to the monitoring, identification, and mitigation of any identified deficiencies. This section will also highlight the State's Corrective Action Plan (CAP) development, review, and approval process.

As a part of the West Virginia's Medicaid FFS access monitoring efforts, the Final Rule requires the State to submit a CAP to CMS within 90 days of discovery and identification of an access deficiency. The submitted action plan must contain specific steps and timelines to address issues, and aim to remediate the access deficiency within 12 months. Remediation efforts may include but are not limited to increasing payment rates; improving outreach to providers, reducing barriers to provider enrollment; providing additional transportation to services; or improving care coordination. The rule also requires that access improvements are measurable and sustainable.

The State of West Virginia also understands that CMS may take a compliance action to assist in remedy of an access deficiency.

Figure 6.1 Access Corrective Action Plan Development, Review, and Approval Process on the following page provides a visual representation of the State of West Virginia's ATC deficiency remediation methodology.

Figure 6.1 Access Corrective Action Plan Development, Review, and Approval Process



As ATC evidence for the aforementioned Medicaid services continues to be gathered and reviewed, BMS will be the entity responsible for the identification of access deficiencies. Once the deficiency has been identified, BMS will work with a variety of stakeholders to perform an impact and root cause analysis of said access deficiency.

After the State has performed an impact and root cause analysis, the State will begin drafting the CAP.

Although BMS will be the entity developing and approving the CAP prior to it being submitted to CMS, the following stakeholders will also be encouraged to participate in the development, review, and approval of the State of West Virginia's Access Deficiency Corrective Action Plan(s).

- Department of Health and Human Resources
- Medical Services Fund Advisory Council
- State Project Management Organization

The CAP, once approved by CMS, will be stored on the State of West Virginia's BMS website, and the associated process to address the access deficiency will be implemented.

For more information on the CAP, please refer to **Appendix F: Corrective Action Plan Template** to view West Virginia's CAP Template.

7. Acronyms/Abbreviations

This section will highlight acronyms and abbreviations used throughout this plan. It will also include detailed descriptions and definitions for each of the identified acronyms and abbreviations.

The following table represents acronyms and abbreviations used throughout the Access Monitoring Plan.

Table 7.1 Acronyms and Abbreviations

Acronym/Abbreviation	Definition
ACA	Affordable Care Act
ADL	Activities of Daily Living
AFDC	Aid to Families with Dependent Children
ATC	Access to Care
ATC Service Categories	The four service categories of focus for ATC monitoring. The categories are: • Primary Care Services • Physician Specialists • Behavioral Health Services • Home Health Services Although the Final Rule identifies prenatal and postnatal obstetric services (including labor and delivery) as an ATC service category, West Virginia did not include this service category in their analysis as it is supported by the State's managed care healthcare delivery system, WVMHT.
BAT	Behavioral Analyst Technician
BCaBA	Board Certified assistant Behavior Analyst
BCBA	Board Certified Behavior Analyst
BHHF	Behavioral Health and Health Facilities
BMS	Bureau for Medical Services
CAH	Critical Access Hospital
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CAP	Corrective Action Plan
CFR	Code of Federal Regulations
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
CORC	Comprehensive Outpatient Rehabilitation Center

Acronym/Abbreviation	Definition
FFS	Fee-For-Service
Final Rule	42 CFR Part 447 Medicaid Program; Methods for Assuring Access to Covered Medicaid Services; Final Rule
FQHC	Federally Qualified Health Center
HHA	Home Health Aid
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IADL	Instrumental Activities of Daily Living
I/DD	Intellectual/ Developmental Disability
IDTF	Independent Diagnostic Testing Facility
LPC	Licensed Professional Counselor
LTAC	Long Term Acute Care
MCO	Managed Care Organizations
MMIS	Medicaid Management Information System
OT	Occupational Therapy
PAAS	Physician Assured Access System
Plan	West Virginia Access Monitoring Plan
PT	Physical Therapy
RBT	Registered Behavior Technician
RFQ	Request for Quotations
RVU	Relative Value Units
SN	Skilled Nursing
SPA	State Plan Amendments
ST	Speech Therapy
SUD	Substance Use Disorder
TBI	Traumatic Brain Injury
WVDHHR	West Virginia Department of Health and Human Resources
WVMHT	West Virginia Mountain Health Trust

8. Conclusion

This section will summarize the State of West Virginia's Access Monitoring Review Plan and will focus on highlighting any identified deficiencies and their associated corrective action plans. This section will also describe next steps as they relate to the access monitoring review plan, as well as its implementation.

In accordance with the ACA, during 2013 – 2015 calendar years, the West Virginia Medicaid community expanded greatly. The State saw a 75% increase in FFS member enrollment during the 2013 – 2015 calendar years. Given that Medicaid expansion under the ACA went into effect on January 1, 2014, a large increase in member enrollment was to be expected in the expansion population. Indeed, the MAGI adult population, a large part of the expansion, added over 230,000 members between these years; however, children's Medicaid also expanded greatly over the three-year time span, from 7,451 to 69,403, an increase of over 830%.

For more information on enrollment, please see **Section 3.2.2 Beneficiary Eligibility, Gender, and Age Characteristics.**

While Medicaid membership increased at a high rate, due mostly to the ACA expansion, the Medicaid provider population supplying the ATC Service Categories studied in this plan increased by 24 providers, or 0.2%. Alongsidethis increase in enrollment, physician specialists providers had a net decline from 8,313 to 8,020 enrolled providers statewide in the three-year span. Despite the decline in this ATC specific service category, primary care service providers saw a significant net increase of enrollment between the 2013 – 2015 calendar years, adding 249 providers to Medicaid enrollment for a 3.72% increase. The State believes this increase is due in large part to the ACA's support of a rate increase for primary care service providers. In total, from 2013 – 2015 Medicaid provider enrollment for the ATC Service Categories increased by 24 from 12,529 to 12,553, or a 0.19% increase. Further information on provider enrollment can be found in **Section 3.2.1 Provider Enrollment**.

As shown by the Kaiser Family Foundation's analysis of HPSAs in West Virginia and nationwide,[1] a general lack of primary care providers is not as significant a problem in West Virginia as it is in many other states. This suggests that the barriers to ATC are concentrated in more specialized services, an idea that is supported by the low provider enrollment numbers in behavioral health services and home health services, as well as lower utilization rates among counties without such services.

For FFS Medicaid, West Virginia consistently reimburses providers at a higher per-service rate than the United States; however, its reimbursement rates are generally lower than those offered for Medicare patients, as shown in **Section 3.2.6 Medicaid, Medicare, and Other Payer Rates**. Across all services for Medicaid patients, providers receive a reimbursement that is on average 79% less than what they would receive for Medicare patients, which may lead providers to prioritize Medicare patients and those with private health insurance. This must be

[1] http://kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/

closely monitored for more specialized services, notably behavioral health services, to ensure that the limited number of providers who render such services are both numerous enough and properly incentivized to provide services to the Medicaid population.

Similarly, home health providers (**Section 3.6)** are notably absent in 19 West Virginia counties; however, by definition, Medicaid beneficiaries are not required to travel to home health providers to receive Medicaid services. The services supplied by this provider type and received by these beneficiaries will be closely monitored as a function of West Virginia's ongoing access monitoring.

Behavioral health and social services are unavailable in many areas in the State, with seven counties as of the close of 2015 not having any enrolled behavioral health and social services providers, and several others having extremely limited availability. Given the high utilization of such services (1.4 million claims in 2015), the relative unavailability of behavioral health and social services providers may present a significant obstacle to ATC in West Virginia. However, the State recognizes that the lack of a given provider or providers in a given county does not constitute an ATC deficiency, as said services may be provided by providers within a nearby county, State, and/or commonwealth. As discussed in **Section 3.1 Methodology**, the State is also planning to analyze the geographical distribution of members and providers further to gain a clearer understanding of Medicaid beneficiaries' access to behavioral health and social services.

Although overall findings suggest provider enrollment across nearly 65% of the State is increasing, further analysis suggests additional healthcare coverage may be needed in the behavioral health and social services and home health services, as represented throughout **Section 4.0 Data Findings and Analysis**. While new members appear to not be utilizing Medicaid as much as others, the behavioral health services and home health services coverage needs have increased. This presents an ATC risk that in part was addressed by the migration of the behavioral health services population over to the WVMHT program; however, close monitoring across both service categories will continue to be required as the State implements the Plan.

As mandated by the Final Rule, this Plan will be updated on a triennially basis. The Plan will continue to be executed in the intervening time period. As discussed in **Section 4.1 Ongoing Monitoring of ATC**, the State will gather information on a monthly, quarterly, and annual basis to maintain an understanding of ATC in the State and any issues that may arise or persist. As part of this Plan, the State has developed ATC feedback mechanisms for the Medicaid community available on an ongoing basis online, and via phone, mailing, and/or email. Using the information similar to that presented herein the Plan, and supplemented with information from surveys, mailings, phone calls, and emails from the Medicaid stakeholder community, the State will conduct ongoing analyses of ATC in the State and, if determined to be necessary, create and implement a CAP within 90 days as mandated by the Final Rule. The implementation of the CAP will then be monitored and success determined by an ongoing analysis of ATC.

Appendix A: ATC Provider Type and Specialty List

The following table identifies provider types, specialties, and the related Medicaid service categories that were of focus for the Access Monitoring Review Plan. It's important to note that as feedback on the Plan is compiled, the below list is subject to change.

Provider Type	BMS Long Description	Specialty Number	Specialty Description	Applicable Service Category
05	Mental Hospital less than 21	B0	Psych under 21	Behavior Health and Social Services
05	Mental Hospital less than 21	B2	Psych Residential Treatment Facility	Behavior Health and Social Services
35	I/DD Waiver	H6	I/DD Waiver	Behavior Health and Social Services
52	Mental Health Clinic	C6	Behavioral Health Clinic	Behavior Health and Social Services
92	Psychologist	W8	Psychology	Behavior Health and Social Services
92	Psychologist	W9	School Psychologist	Behavior Health and Social Services
93	Mental Health Rehabilitation	W1	Child Group Residential	Behavior Health and Social Services
93	Mental Health Rehabilitation	W0	Rehabilitation	Behavior Health and Social Services
94	TBI Provider	Q7	TBI Personal Attendant	Behavior Health and Social Services
94	TBI Provider	Q8	TBI Case Management Agency	Behavior Health and Social Services
92	Psychologist	N7	Neuropsychologist	Behavior Health and Social Services
76	Behavior Health and Social Services	CP	Licensed Professional Counselor (LPC)	Behavior Health and Social Services
76	Behavior Health and Social Services	CH	Board Certified Behavior Analyst (BCBA)	Behavior Health and Social Services
76	Behavior Health and Social Services	CI	Board Certified assistant Behavior Analyst (BCaBA)	Behavior Health and Social Services
76	Behavior Health and Social Services	CT	Behavioral Analyst Technician (BAT)	Behavior Health and Social Services

Provider Type	BMS Long Description	Specialty Number	Specialty Description	Applicable Service Category
76	Behavior Health and Social Services	CR	Registered Behavior Technician (RBT)	Behavior Health and Social Services
76	Behavior Health and Social Services	CU	Nationally Certified Addiction (SUD) Counselor	Behavior Health and Social Services
58	Home Health Agency	F7	Home Health Agency	Home Health Services
02	Group Provider	E6	Vision Group	Physician Specialist Services
02	Group Provider	EF	Podiatry Group	Physician Specialist Services
02	Group Provider	EB	Chiropractic Group	Physician Specialist Services
02	Group Provider	ED	Physical Therapy Group	Physician Specialist Services
02	Group Provider	EG	Psychological Group	Physician Specialist Services
18	Physician	C9	Hospitalist	Physician Specialist Services
18	Physician	A7	Bariatric Procedures	Physician Specialist Services
18	Physician	G2	Hearing Aids	Physician Specialist Services
18	Physician	GE	Gerontology	Physician Specialist Services
18	Physician	K1	Laboratory	Physician Specialist Services
18	Physician	K6	Critical Care	Physician Specialist Services
18	Physician	K9	Genetics	Physician Specialist Services
18	Physician	L0	Anesthesiology	Physician Specialist Services
18	Physician	L2	Infectious Disease	Physician Specialist Services
18	Physician	L3	Neonatology	Physician Specialist Services

Provider Type	BMS Long Description	Specialty Number	Specialty Description	Applicable Service Category
18	Physician	L4	Neurophysiology	Physician Specialist Services
18	Physician	L5	Colorectal	Physician Specialist Services
18	Physician	L6	Proctology	Physician Specialist Services
18	Physician	L8	Sports Medicine	Physician Specialist Services
18	Physician	L9	Oncology	Physician Specialist Services
18	Physician	M0	Dermatology	Physician Specialist Services
18	Physician	M1	Allergy	Physician Specialist Services
18	Physician	M2	Pediatric Cardiology	Physician Specialist Services
18	Physician	M5	Hematology	Physician Specialist Services
18	Physician	M6	Cardiology	Physician Specialist Services
18	Physician	M7	Endocrinology	Physician Specialist Services
18	Physician	M8	Nephrology	Physician Specialist Services
18	Physician	M9	Gastroenterology	Physician Specialist Services
18	Physician	N0	Neurosurgery	Physician Specialist Services
18	Physician	N1	Neurology	Physician Specialist Services
18	Physician	N2	Radiation Oncology	Physician Specialist Services
18	Physician	N3	Rheumatology	Physician Specialist Services
18	Physician	N4	Vascular Surgery	Physician Specialist Services

Provider Type	BMS Long Description	Specialty Number	Specialty Description	Applicable Service Category
18	Physician	N6	Immunology	Physician Specialist Services
18	Physician	P0	Ophthalmology	Physician Specialist Services
18	Physician	P5	Orthopedics	Physician Specialist Services
18	Physician	Q0	Otolaryngology	Physician Specialist Services
18	Physician	Q1	Otorhinolaryngology	Physician Specialist Services
18	Physician	Q2	Rhinology	Physician Specialist Services
18	Physician	Q3	Otology	Physician Specialist Services
18	Physician	Q5	Pathology	Physician Specialist Services
18	Physician	Q6	Nuclear Medicine	Physician Specialist Services
18	Physician	R1	Physiatry	Physician Specialist Services
18	Physician	R2	Plastic Surgery	Physician Specialist Services
18	Physician	R3	Geriatrics	Physician Specialist Services
18	Physician	R4	Pulmonary	Physician Specialist Services
18	Physician	R5	Psychiatry	Physician Specialist Services
18	Physician	R6	Radiology	Physician Specialist Services
18	Physician	R7	General Surgery	Physician Specialist Services
18	Physician	R8	Thoracic Surgery	Physician Specialist Services
18	Physician	R9	Cardio Surgery	Physician Specialist Services

Provider Type	BMS Long Description	Specialty Number	Specialty Description	Applicable Service Category
18	Physician	S0	Urology	Physician Specialist Services
21	Podiatrist	P2	Podiatric Surgery	Physician Specialist Services
21	Podiatrist	P6	Podiatry	Physician Specialist Services
22	Chiropractor	S1	Chiropractic	Physician Specialist Services
31	Optometrist	H9	Optometrist	Physician Specialist Services
32	Optician	V1	Vision Center	Physician Specialist Services
34	Audiologist	W5	Audiology	Physician Specialist Services
40	Dental	S7	Orthodontist	Physician Specialist Services
40	Dental	T0	Oral and Maxillofacial Surgeon	Physician Specialist Services
40	Dental	T1	Periodontist	Physician Specialist Services
40	Dental	T3	Endodontist	Physician Specialist Services
40	Dental	L1	Prosthodontist	Physician Specialist Services
40	Dental	T4	Other Dentist	Physician Specialist Services
40	Dental	D0 NOTE: Never exists on own	Dental Anesthesia	Physician Specialist Services
18	Physician	IR	Interventional Radiology	Physician Specialist Services
18	Physician	IC	Interventional Cardiology	Physician Specialist Services
18	Physician	CE	Cardiac Electrophysiology	Physician Specialist Services

Provider Type	BMS Long Description	Specialty Number	Specialty Description	Applicable Service Category
18	Physician	A6	Pain Management	Physician Specialist Services
18	Physician	PR	Resident	Physician Specialist Services
02	Group Provider	EA	Audiology Group	Physician Specialist Services
02	Group Provider	EJ	Anesthesia Group	Physician Specialist Services
02	Group Provider	EK	Optometry Group	Physician Specialist Services
02	Group Provider	E7	Dental Group	Primary Care Services
40	Dental	S5	General Dentist	Primary Care Services
40	Dental	T2	Pediatric Dentist	Primary Care Services
02	Group Provider	E1	Physician Group	Primary Care Services
02	Group Provider	E3	Nurse Practitioner	Primary Care Services
09	FQHC	F2	FQHC	Primary Care Services
18	Physician	K5	General Practice	Primary Care Services
18	Physician	K7	Family Practice	Primary Care Services
18	Physician	M3	Emergency Medicine	Primary Care Services
18	Physician	M4	Internal Medicine	Primary Care Services
18	Physician	R0	Pediatrics	Primary Care Services
53	Rural Health Clinic	S3	Rural Health Clinic	Primary Care Services
71	Nurse Practitioner	AD	Adult Nurse Practitioner	Primary Care Services
71	Nurse Practitioner	R0	Pediatrics	Primary Care Services
71	Nurse Practitioner	K7	Family Practice	Primary Care Services
995	Nonphysician Practitioner	H0	Physician Assistant	Primary Care Services
02	Group Provider	E1	Physician Group	Primary Care Services
02	Group Provider	A8	Multi-Specialty Group	Primary Care Services
01	Hospital	A0	Acute Care	N/A
01	Hospital	R6	Radiology (Will not exist on its own)	N/A

Provider Type	BMS Long Description	Specialty Number	Specialty Description	Applicable Service Category
01	Hospital	K1	Laboratory	N/A
01	Hospital	J6	Outpatient Rehab (CORF)	N/A
01	Hospital	A5	Critical Access Hospital	N/A
01	Hospital	J5	Outpatient Hospital/Partial Hospitalization	N/A
01	Hospital	LA	LTAC	N/A
01	Hospital	A3	Rehabilitation	N/A
02	Group Provider	E2	CAH Group	N/A
02	Group Provider	E4	Education School Group	N/A
02	Group Provider	EH	IDTF Group	N/A
02	Group Provider	E9	PAAS Provider Group	N/A
04	Renal Center	F4	Dialysis	N/A
06	Hospice	D5	Hospice	N/A
06	Hospice	B9	Hospice Nursing Home Provider	N/A
10	Long Term Care	B6	ICF/IID	N/A
10	Long Term Care	B5	Nursing Facility	N/A
10	Long Term Care	B4	Skilled Nursing Facility	N/A
26	CRNA	L0	Anesthesiology	N/A
28	Homemaker Agency	H7	Homemaker	N/A
29	Personal Care Provider	C5	Personal Care Agency	N/A
47	Case Management Agency	H4	Case Management Agency	N/A
48	School Based Services	F0	Education Special Ed Project	N/A
49	Right From the Start	RF	Right From the Start	N/A
62	Durable Medical Equipment	X0	Medicare Crossover Only	N/A
62	Durable Medical Equipment	G0	Orthotist	N/A

Provider Type	BMS Long Description	Specialty Number	Specialty Description	Applicable Service Category
62	Durable Medical Equipment	G5	Orthotic Fitter	N/A
62	Durable Medical Equipment	G4	Augmentative Communication Device	N/A
62	Durable Medical Equipment	PE	Pedorthics	N/A
62	Durable Medical Equipment	RE	Respiratory/Oxygen	N/A
62	Durable Medical Equipment	G3	Supplies	N/A
62	Durable Medical Equipment	G1	DME	N/A
63	Durable Medical Equipment- Prostheses	G8	Ocularist	N/A
63	Durable Medical Equipment- Prostheses	G9	Prosthetic	N/A
63	Durable Medical Equipment- Prostheses	G7	Mastectomy Fitter	N/A
67	Independent Lab	K1	Laboratory	N/A
68	Independent Radiology	R6	Radiology	N/A
69	Ambulatory Surgical Center	S2	Ambulatory Surgical Center	N/A
71	Nurse Practitioner	GE	Gerontology	N/A
71	Nurse Practitioner	R5	Psychiatric	N/A
73	Physical Therapist	WA	Physical Therapy	N/A
74	Speech Therapist	V5	Speech Therapy	N/A
74	Speech Therapist	V6	School Speech Therapy	N/A
75	Occupational Therapist	W3	Occupational Therapy	N/A
80	Transportation	U1	Air Ambulance	N/A
80	Transportation	U0	Ambulance	N/A
80	Transportation	U2	Non-Emergency	n/a
97	Private Duty Nurse Agency	W6	Agency	N/A

Provider Type	BMS Long Description	Specialty Number	Specialty Description	Applicable Service Category
97	Private Duty Nurse	W7	School Based	N/A
98	Certified Diabetes Educators	C8	Diabetes Management	N/A
995	Nonphysician Practitioner	H2	Clinical Social Worker	N/A
51	Health Departments	H8	Health Department	N/A
54	Pain Management Clinic	A6	Pain Management	N/A
02	Group Provider	EL	Speech Therapy Group	N/A
02	Group Provider	EM	Occupational Therapy Group	N/A
995	Nonphysician Practitioner	LC	Licensed Certified Social Worker (LCSW)	N/A
995	Nonphysician Practitioner	LS	Licensed Independent Clinical Social Worker (LICSW)	N/A
02	Group Provider	E5	Nurse Midwife Group	N/A
08	Birthing Center	B3	Birthing Center	N/A
18	Physician	N5	OBGYN	N/A
71	Nurse Practitioner	W4	Nurse Midwife	N/A
71	Nurse Practitioner	WO	Nurse Practitioner Women's Health	N/A

Appendix B: Access Monitoring Plan Coming Soon Notification

To provide advanced notice of the Access Monitoring Plan's distribution for public comment, the below notification was published on the State of West Virginia BMS website on June 6, 2016, and on the West Virginia MMIS Portal on June 13, 2016.

The Draft Access Monitoring Review Plan is coming soon!

In an effort to monitor Medicaid members' access to services, and in accordance with 42 CFR 447.203, the West Virginia Bureau for Medical Services (BMS) will be developing an Access Monitoring Plan. The Plan will outline the processes used to monitor Medicaid members' ATC in West Virginia.

The Plan will measure ATC by analyzing administrative claims utilization data, rate comparison data analysis, and health quality survey data.

The following service categories subject to this analysis as described in 42 CFR 447.203 are listed below:

- *Primary Care Services*
- *Physician Specialist Services*
- *Behavioral Health Services*
- *Prenatal and Postnatal Obstetric Services (including labor and delivery)*
- Home Health Services

The draft Plan will be posted on the West Virginia Bureau for Medical Services website for a 30 day public comment period prior to submission to the Centers for Medicare and Medicaid Services (CMS).

State Medicaid stakeholders, inclusive of providers and members, are encouraged to provide comments and feedback. Public comments may be incorporated throughout the final version of the Plan and may influence ATC recommendations going forward.

In the final Plan, BMS will make a determination regarding the sufficiency of ATC for Medicaid members in West Virginia and, if necessary, provide recommendations for improvement of any identified access deficiencies. These recommendations will be informed and supported by public input, health quality survey data, payment rate comparison, and administrative claim utilization analysis.

Appendix C: Access Monitoring Survey – Members

The following survey will be made available on the BMS website (http://www.dhhr.wv.gov/bms) for the purposes of collecting Medicaid member feedback on potential ATC deficiencies.

ATC Monitoring Survey - Members

Please take a few minutes to fill out this survey regarding access to Medicaid services. Your input is greatly appreciated, and thank you for your participation.

Demographic Information

1. What is your sex?

- ☐ Male
- ☐ Female

2. What is your age?

- ☐ Under 18
- ☐ 19-25
- ☐ 26-35
- ☐ 36-50
- ☐ 51-65

3. What county do you live in? (Select all that apply)

_____

Access Information

4. Where do you go when you need to see a medical professional about a non-emergency health problem or illness?

- ☐ Regular Physician / Family Doctor
- ☐ Emergency Room
- ☐ Urgent Care Clinic
- ☐ Community Health Clinic
- ☐ Other (please specify):

_____

5. How easy is it for you to get to the healthcare provider location? **(Checkbox)**

(Scale of 1 (Easy) to 5 (Difficult)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Easy Difficult

6. In the past 12 months, when you contacted your healthcare provider's office to get an appointment, how often did you get an appointment as soon as you needed it? **(Checkbox)**

- ☐ Does Not Apply
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

7. In the past 12 months, when you contacted your healthcare provider's office during regular office hours, how often did you get an answer to your medical question that same day? **(Checkbox)**

- ☐ Does Not Apply
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

8. If you have needed healthcare services in the past 12 months, how often have healthcare providers been able to address your issues and/or concerns? **(Checkbox)**

- ☐ Does Not Apply
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

9. In the past 12 months, when you had to visit a provider, have you been able to find: **(Check all that apply)**

- ☐ Adequate transportation
- ☐ Childcare coverage
- ☐ Work coverage
- ☐ Flexible appointments
- ☐ Your preferred provider
- ☐ Other (please specify):

_____

10. In the past 12 months, have you faced any language difficulties/barriers when trying to get healthcare? **(Checkbox)**

☐ Yes ☐ No

11. What is the biggest obstacle(s) you have faced regarding access to healthcare? **(Write text)**

12. Please provide any additional comments or concerns: **(Write text)**

Contact Information:

Providing the following information is optional.

First Name _____ Last Name _____

Address _____ City _____ State _____

Zip Code _____ Email _____ Phone _____

Thank you for taking the time to complete our survey. Your input is greatly appreciated.

Appendix D: Access Monitoring Survey – Providers

The following survey will be made available on the BMS website (http://www.dhhr.wv.gov/bms) for the purposes of collecting Medicaid provider feedback on potential ATC deficiencies.

ATC Monitoring Survey - Providers

Please take a few minutes to fill out this survey regarding access to Medicaid services. Your feedback is greatly appreciated, and thank you for your participation.

Access Information

1. What is your enrolled provider type? (List All That Apply)

_____

2. What is your enrolled provider specialty? (List All That Apply)

_____

3. What county(ies) and/or States do you provide Medicaid services in?

4. Do you provide West Virginia Medicaid Home Health Services? **(Checkbox)**

☐ Yes ☐ No

If yes, please specify the corresponding Home Health Service(s):

_____

_____

5. In the past 12 months, how often have you had to refer patients to another healthcare provider due to overbooked schedule? **(Checkbox)**

☐ Does Not Apply
☐ Never
☐ Sometimes
☐ Usually
☐ Always

6. In the past 12 months, how often you had patients contact another healthcare provider due to a misunderstanding of services provided at your location (that you know of)? **(Checkbox)**

☐ Does Not Apply
☐ Never
☐ Sometimes
☐ Usually
☐ Always

7. In the past 12 months, when patients visited your location, have you heard concerns or complaints about: **(Check all that apply)**

☐ Adequate transportation
☐ Childcare coverage
☐ Work coverage
☐ Flexible appointments
☐ Selecting a preferred provider
☐ Other (please specify):

_____

8. Does your location have staff/healthcare providers who can speak multiple languages? **(Checkbox)**

☐ Yes ☐ No

If yes, please specify the language(s) spoken:

_____

9. In the past 12 months, have patients visiting your location experienced any language difficulties/barriers? **(Checkbox)**

☐ Yes ☐ No

If yes, please specify:

_____

10. Are you currently accepting, or willing to accept new Medicaid patients?

☐ Does Not Apply
☐ Yes
☐ No
☐ Maybe

11. What do you feel is the biggest obstacle(s) your patients have faced regarding access to healthcare?

12. Please provide any additional comments or concerns in relation to ATC that your clients may have expressed: **(Write text)**

Contact Information:

Providing the following information is optional.

First Name | Last Name | NPI Number

Address | City | County

State | Zip Code | Email | Phone

Thank you for taking the time to complete our survey! Your input is greatly appreciated.

Appendix E: Access Monitoring Plan Survey

The following survey is available on the BMS website (http://www.dhhr.wv.gov/bms) for the purposes of collecting public feedback on the Access Monitoring Plan.

ATC Monitoring Plan Survey

Please take a few minutes to fill out this survey regarding the ATC Monitoring Plan. Your feedback is greatly appreciated. Thank you for your participation.

Plan Feedback

1. Please rate the extent to which you agree with the layout of the Plan.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Disagree		Neutral		Agree

2. If you have specific comments on the layout of the Plan, please provide them here.

3. Please rate the extent to which you agree with the data measures used to measure ATC in the Plan as it relates to your provider type/specialty.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ N/A*
Disagree		Neutral		Agree	

4. If you have specific comments on the data measures used to measure in the Plan, please provide them here.

5. Please rate the extent to which you agree with the analytic methods used to measure ATC in the Plan as it relates to your provider type/specialty.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ N/A*
Disagree		Neutral		Agree	

6. If you have specific comments concerning the analytic methods used to measure ATC in the Plan, please provide them here:

Additional Feedback

Demographic Information

1. What is your affiliation?

☐ Provider
☐ Hospital
☐ Agency
☐ Medicaid Member
☐ Group
☐ Stakeholder/Other (please specify) _____

2. What is your primary service interest?

☐ Behavioral Health
☐ Home Health
☐ Dentist
☐ Other (please specify) _____
☐ Obstetrics
☐ Primary Care
☐ Physician
☐ Specialty Care
☐ Any/all listed

Please list any additional comments or concerns.

Contact Information

Providing the following information is optional.

First Name	Last Name	NPI	
Address	City	County	
State	Zip Code	Email	Phone

Thank you for taking the time to complete our survey. Your input is greatly appreciated.

Appendix F: Corrective Action Plan Template

The following pages highlight the corrective action template to be used upon identification of access deficiencies.

West Virginia Access to Care (ATC)
Access Monitoring Plan
Corrective Action Plan

Date of Publication: XX/XX/XXXX

Document Version: Template

1.0 Introduction

The introduction section will speak to *42 CFR Part 447 Medicaid Program; Methods for Assuring Access to Covered Medicaid Services; Final Rule* as well as the purpose of the Corrective Action Plan (CAP).

1.1 Description of Problem, Root Cause, and Impact

The section will provide information that speaks to the State's overall access monitoring efforts as well as the related access deficiency. This section will contain background information on the State's overall access monitoring efforts and related deficiency; inclusive of a description of the access to deficiency, how it was identified, the root cause, and the related impact.

2.0 Corrective Action Plan Implementation

This section will provide a high level approach to implementation of the access deficiency's corrective action plan. It will be inclusive of the CAP's objective and approach to remediation, and will include a section specific to the documentation of any related risk, issue, or item for escalation.

2.1 Objective

This section will describe the CAP's objective and will provide a high level approach to implementation of the access deficiency's corrective action plan.

2.2 Approach

This section will supply details on the State's overall approach to mitigation of the identified access deficiency, as well as a description of the responsible stakeholders. This section will also speak to how the access deficiency will be monitoring following the implementation of related mitigation tactics.

2.3 Risks, Issues, and Escalation

This section will speak to potential risks, issues, and/or escalation items related to the implementation of the corrective action plan. These items will also be considered throughout the implementation of the related corrective action.

3.0 Summary of Corrective Action Plan

This section will provide a summary of the CAP, related findings, and appropriate next steps. It will reiterate the parties responsible for implementation of corrective processes, and speak to how said processes will be monitored.

Appendix G: Notice Regarding the Public Comment Period for the West Virginia Access Monitoring Review Plan

In accordance with 42 Code of Federal Regulations (CFR) Part 477, the DHHR, BMS provides notice of the Draft Access Monitoring Plan (Plan) being made available for public comment effective July 13, 2016, for a period no less than 30 days. After the public comment period has closed and comments are reviewed, the Plan will be updated and associated comments incorporated into the final version for submission to the Centers for Medicare and Medicaid Services (CMS).

The Draft Plan is available for public viewing and comment at the below location: http://www.dhhr.wv.gov/bms/Public%20Notices/Pages/default.aspx.

Comments regarding the Plan can be submitted in one of the ways listed below:

Feedback Method	Contact Information
Mail:	West Virginia Department of Health and Human Resources, Bureau for Medical Services ATTN: Access to Care 350 Capitol Street, Room 251 Charleston, WV 25301 **Note:** Mailings must be postmarked no later than August 16, 2016.
Email:	MedicaidATC@wv.gov **Note:** Comments delivered via email must be received no later than 5:00pm August 17, 2016.
Provider and Member Access Monitoring Plan Survey:	Reviewers are encouraged to participate in a Provider and Member Access Monitoring Plan feedback survey located at the following location: http://www.dhhr.wv.gov/bms **Note:** Comments must be received by August 17, 2016.
Phone:	(304) 558-1700

Appendix H: Comments and Reponses from Public Comment Period

The Access Monitoring Plan's public comment period opened on July 13, 2016, and closed on August 17, 2016. The State received feedback from approximately twenty individuals. Table 1.1 summarizes the number of respondents who participated in the Plan's public comment period.

Table 3.0.1 Number of Respondents to the Plan

Media	# of Respondents
Mail	1
Email	17
Phone	0
Survey	2

The following summarizes the comments received as well as their responses. Comments may have been consolidated and/or edited for brevity and cohesion.

Comment #1: One respondent claimed the Plan inaccurately conveys that zero providers enrolled to supply behavioral health services in Boone County.

Response: The data represented within the Plan is representative of each provider's enrolled service locations. Questions regarding enrollment statistics should be directed to the State's Provider Enrollment Department at (888) 483-0793.

Note: This comment and response applies to one respondent.

Comment #2: Several commenters discussed potential disparities between in-state and out-of-state West Virginia Medicaid rates. Commenters also stressed the importance of recognizing that out-of-state providers can perform a significant share of services for some parts of the State.

Response: The State is currently in communications with these respondents to discuss potential rate disparities, as well as possible paths forward. Although rates for both in-state and out-of-state providers do not differ, some in-state providers receive supplemental payments based on their tax payments to the State of West Virginia. Additionally, the State has updated the Plan to include supplemental data specific to the West Virginia Medicaid out-of-state network.

Note: This comment and response applies to feedback received from approximately fifteen respondents concerning two service locations; one in West Virginia and one in Kentucky.

Comment #3: The State needs improved access to the care frequently available only within rural health clinics (RHC) in order to improve the quality of life indicators connected to its rural residents. Given the significance that RHC "medical homes" play in their rural communities, that small segment of the primary care provider community warrants attention as an ATC plan and monitoring program is developed. Our [The Commenter's] recommendation is that an area as specific as access to hospital-based RHC services should be a component (or sub-component) of the access monitoring efforts being developed through the solicitation of public

input by the BMS. Hospital-based RHCs and their parent hospitals operate on tight margins. Changes in reimbursement, by either state or federal funding authorities, even small ones, can detrimentally impact operating margins.

Response: RHCs are included as a measure of access to primary care services as described by the plan. As a critical provider of primary care services to many West Virginia communities, the State recognizes the importance of RHCs. For more information about to the provider and service types included in the State's Plan, the State suggests referencing Appendix A of the Plan.

Note: This comment and response applies to one respondent.