State West Virginia

Citation
42 CFR 434.20

HEALTH MAINTENANCE ORGANIZATION

Section 33-25A-2 of the West Virginia Code defines a "Health Maintenance Organization" as:

A public or private organization which provides, or otherwise makes available to enrollees, health care services, including at a minimum basic health care services which:

(a) Receives premiums for the provision of basic health care services to enrollees on a prepaid per capita or prepaid aggregate fixed sum basis, excluding copaymnets;

(b) Provides physicians' services primarily (i) directly through physicians who are either employees or partners of the organization, or (ii) through arrangements with individual physicians or one or more groups of physicians organized on a group practice or individual practice arrangement, or (iii) through some combination of paragraphs (i) and (ii) of this subdivision;

(c) Assures the availability, accessibility and quality, including effective utilization, of the health care services which it provides or makes available through clearly identifiable focal points of legal and administrative responsibility; and

(d) Offers services through an organized delivery system, in which a primary care physician is designated for each subscriber upon enrollment. The primary care physician is responsible for coordinating the health care of the subscriber and is responsible for referring the subscriber to other providers when necessary: Provided, That when dental care is provided by the health maintenance organization the dentist selected by the subscriber from the list provided by the health maintenance organization shall coordinate the covered dental care of the subscriber, as approved by the primary care physician or the health maintenance organization.

The Medicaid Agency requires any Health Maintenance Organization which it enters into contract with to:

(a) Make the services it provides to its Medicaid enrollees as accessible to them (in terms of timeliness, amount, duration, and scope) as those services are to Medicaid recipients who are not enrolled within the area served by the HMO.

(b) Make provision, satisfactory to the Medicaid agency and the Department of Insurance, against the risk of insolvency, and assure that Medicaid enrollees will not be liable for the HMO's debt if it does become insolvent.