### State: West Virginia

West Virginia will offer BASIC and an ENHANCED plan to members. The BASIC plan provides all state and federal mandatory services. The ENHANCED plan offers additional medical services to members. In order to access the Enhanced Plan, Medicaid members must voluntarily sign the Medicaid Member Agreement (see attachment 3) and a Health Improvement Plan. The member will sign the agreement at the Medical Home.

The following responsibilities will be tracked:

- 1. Screenings as directed by their health care provider.
- 2. Adherence to health improvement plan as directed by their health care provider.
- 3. Medication compliance.

### Successful compliance with these responsibilities will be monitored in partnership with the HMO/medical home.

Newly eligible individuals for the benchmark benefit will be initially enrolled in the BASIC plan. However, they will be provided a packet and the opportunity to choose a benefit plan, BASIC or ENHANCED. Upon their anniversary date individuals may choose a plan and if those in the Enhanced Plan do not choose to remain in the Enhanced Plan, they will be moved to the BASIC Plan.

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## West Virginia Medicaid Redesign Benefit Packages

## **CHILDREN**

Basic Plan	Enhanced Plan		
*Inpatient Services <ul> <li>Inpatient Hospital Care</li> </ul>	*Inpatient Services  Inpatient Hospital Care		
<ul> <li>Inpatient Hospital Rehabilitation</li> <li>Inpatient Hospital Psychiatric Services</li> </ul>	<ul> <li>Inpatient Hospital Rehabilitation</li> <li>Inpatient Hospital Psychiatric Services</li> </ul>		
Outpatient Services	Outpatient Services		
<ul> <li>Primary Care Office Visits</li> <li>Physician Office Visits</li> <li>*Specialty Care</li> <li>*Podiatry</li> <li>Diabetes Education/Nutritional Counseling</li> <li>Well Child Visits</li> </ul>	<ul> <li>Primary Care Office Visits</li> <li>Physician Office Visits</li> <li>*Specialty Care</li> <li>*Podiatry</li> <li>Diabetes Education/Nutritional Counseling</li> <li>Well Child Visits</li> </ul>		
Home Health (prior authorization after 60 units)***	Home Health (prior authorization after 60 units)***		
DME **	DME **		
Orthotics and Prosthetics **	Orthotics and Prosthetics **		
EPSDT	EPSDT		
Family Planning Services and Supplies	Family Planning Services and Supplies		
NEMT	NEMT		
*Hospice	*Hospice		
Ambulance	Ambulance		
Prescriptions	Prescriptions		
Vision Limited 1 frame/yr***	Vision *Contact Lenses Limited 1 frame/yr***		
Dental** * Orthodontics	Dental** *Orthodontics		
Hearing 1 hearing aid/5 yrs***	Hearing 1 hearing aid/ 5yrs***		
Tobacco Cessation	Tobacco Cessation		
* Skilled Nursing Care	* Skilled Nursing Care		

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\*Prior authorization for medical necessity only. \*\* Prior authorization for medical necessity, are subject to service limitations listed in BMS provider manuals at <u>www.wvdhhr.org/bms</u> \*\*\* Prior authorization based on medical necessity to exceed limits

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### Section 3.1-C Attachment 2 Page 3

West Virginia Medicaid Redesign Benefit Packages				
ADULTS				
Basic Plan	Enhanced Plan			
<ul> <li>*Inpatient Services</li> <li>Inpatient Hospital Care</li> <li>Inpatient Psychiatric Services</li> </ul>	<ul> <li>*Inpatient Services</li> <li>Inpatient Hospital Care</li> <li>Inpatient Psychiatric Services</li> </ul>			
Outpatient Services <ul> <li>*Diagnostic x-ray, laboratory services and testing</li> <li>*Occupational Therapy</li> <li>* Physical Therapy</li> <li>*Speech Therapy</li> <li>Dental Services (Emergent Treatment)</li> </ul>	Outpatient Services     *Diagnostic x-ray, laboratory services and testing     *Occupational Therapy     *Physical Therapy     *Speech Therapy     Dental Services (Emergent Treatment)     Weight Management     *Cardiac Rehabilitation     *Pulmonary Rehabilitation			
Physician/NP/MW Services RHC/FQHC Primary Care Office Visits Physician Office Visits *Specialty Care	<ul> <li>Physician/NP/MW Services</li> <li>RHC/FQHC         <ul> <li>Primary Care Office Visits</li> <li>Physician Office Visits</li> <li>*Specialty Care</li> <li>*Podiatry</li> <li>Diabetes education/nutritional counseling</li> </ul> </li> </ul>			
Home Health (prior authorization, after 60 units)***	Home Health (prior authorization after 60 units)***			
DME (limited \$1000 per year with prior authorization if exceeded) *** • Orthotics and Prosthetics**	DME **  • Orthotics and Prosthetics**			
*Nursing Home Services Family Planning Services and Supplies NEMT	*Nursing Home Services Family Planning Services and Supplies NEMT			
*Hospice	*Hospice			
Ambulance Prescriptions (limited to 4 per month) ***	Ambulance       Prescriptions       Chiropractic Services ***       Tobacco Cessation Program			
*Chemical Dependency/Mental Health Services	*Chemical Dependency/Mental Health Services Nutritional Education			

\*Prior authorization for medical necessity only

\*\* Prior authorization for medical necessity, subject to service limitations listed in BMS provider manuals at www.wvdhhr.org/bms \*\*\*Prior authorization based on medical necessity to exceed limits

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