



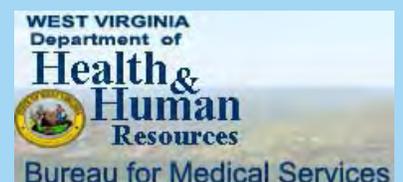
West Virginia Medicaid Mountain Health Trust Annual Report

State Fiscal Year 2013
(July 2012 – June 2013)

Earl Ray Tomblin
Governor

Karen L. Bowling
Secretary, Department of Health and Human Resources

Nancy V. Atkins, RN, MSN, NP-BC
Commissioner, Bureau for Medical Services



MOUNTAIN HEALTH TRUST PROGRAM OVERVIEW

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

In the MHT program, eligible Medicaid beneficiaries living across West Virginia may select an MCO, which is a health plan that coordinates services for members, and are asked to choose a primary care provider (PCP). For most beneficiaries, the PCP serves as the main source of care and as a facilitator for accessing specialty care. The types of providers who may act as PCPs include pediatricians, general and family practice physicians, internal medicine physicians, obstetricians/gynecologists, nurse practitioners, and certified nurse midwives. Each MCO has a defined network of providers that is monitored by BMS to ensure that MHT beneficiaries have adequate access to PCPs and specialists.

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

This report focuses primarily on the MCO program, which has established a multi-dimensional partnership between BMS, the federal government, members, providers, and the MCOs that participate in the program. The program ensures all beneficiaries receive personalized, patient-centered care. Goals of the MCO program include:

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

BMS actively monitors program outcomes to ensure that the goals are met and to identify areas for improvement. BMS tracks member satisfaction by requiring monthly and quarterly reporting from the MCOs on key metrics as well as the use of nationally-recognized monitoring methods such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) health plan survey. Program outcomes such as member satisfaction are discussed in greater depth below.

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

MHT Medicaid member

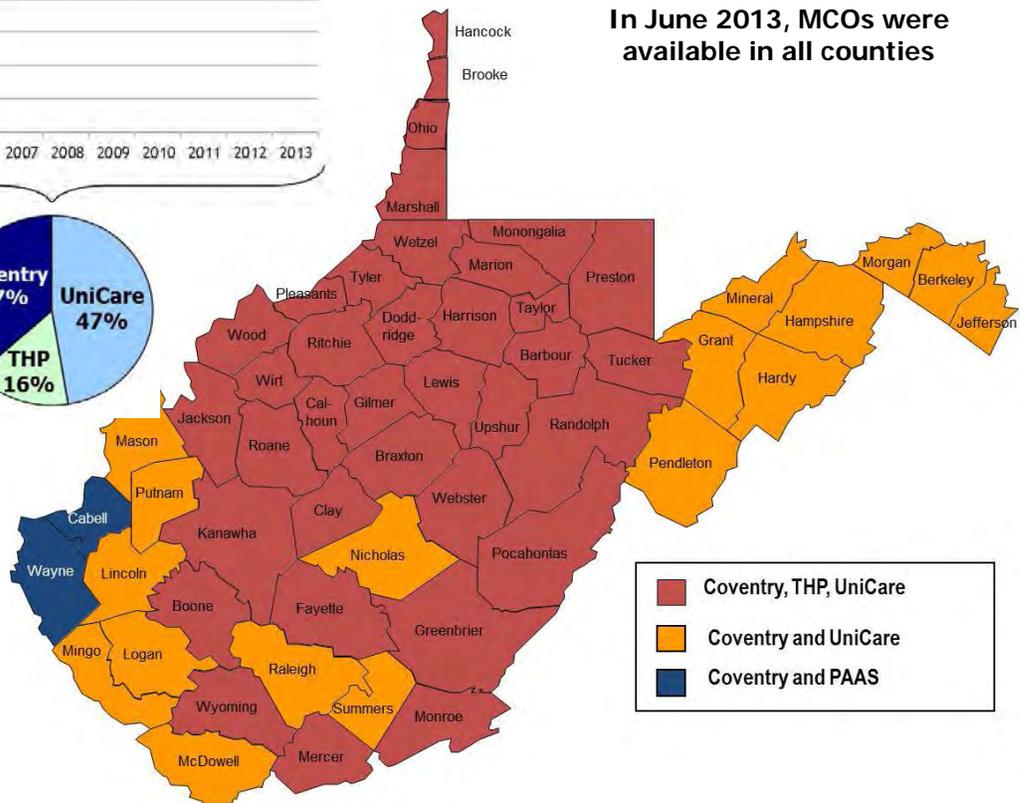
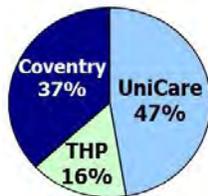
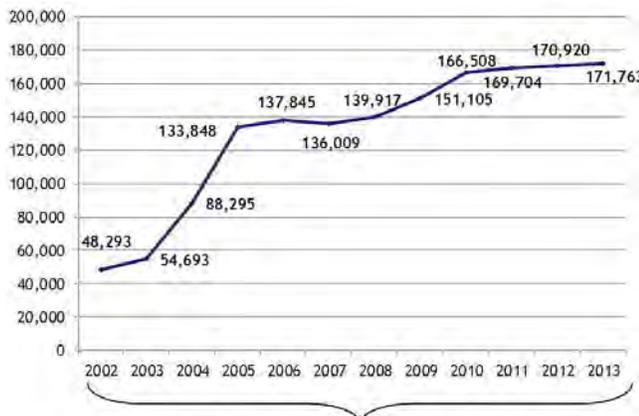
ENROLLMENT IN MCOS IS GROWING

As of June 2013, Medicaid beneficiaries in 53 of West Virginia's 55 counties were required to enroll in a contracted MCO and beneficiaries in the remaining two counties were offered a choice between an MCO and PAAS. 171,763 Medicaid members were enrolled in MCOs at the end of State Fiscal Year (SFY) 2013, and approximately 9,000 additional members were enrolled in the PAAS program. MCO enrollment has more than tripled since 2002.

BMS contracts with three MCOs to serve MHT members. Two MCOs, The Health Plan of the

Upper Ohio Valley (THP) and Coventry Health Care of West Virginia (Coventry), have been under contract since the inception of the MCO program in 1996. The third MCO, UniCare of West Virginia, began enrolling members in November 2003. In SFY 2013, beneficiaries residing in Grant, Hardy and Pendleton counties were given a choice of enrolling with Coventry in addition to the existing UniCare plan. Beneficiaries in Boone, Braxton, Clay, Fayette, Greenbriar, Jackson, Kanawha, Mercer, Monroe, Roane, Pocahontas and Wyoming counties had THP added as an option. The MCOs have continued to expand their service areas and enroll new members in the program, and are present in every county in West Virginia. They are committed to expanding further to maximize member choice of MCOs. THP is working with BMS to expand into Berkeley, Cabell, Grant, Hampshire, Hardy, Jefferson, Lincoln, Logan, Mason, Mineral, Mingo, Morgan, McDowell, Nicholas, Pendleton, Putnam, Raleigh, Summers and Wayne counties.

More than 171,763 members were enrolled in MCOs in June 2013; approximately half of the members were enrolled with UniCare



PROGRAM SERVICES

The majority of MCO members are children; 83 percent are 19 years old or younger. Because the MCOs serve a large number of children and adolescents, the program emphasizes screening and preventive care to keep them healthy. MCOs ensure that all services, both clinical and non-clinical, are accessible to members.

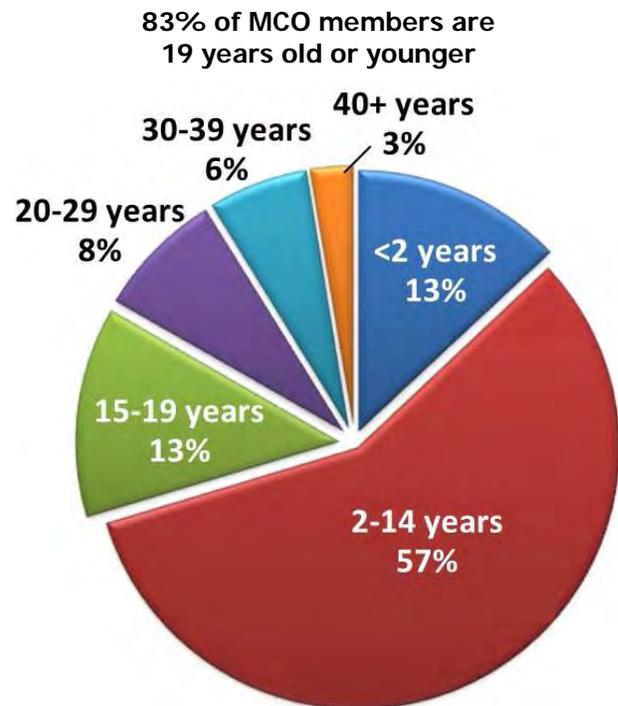
What Services are Covered by the MCO Program?

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

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

Some services are not provided by MCOs, such as behavioral health services, nursing homes, and non-emergency transportation. These services are available through regular Medicaid (also known as fee-for-service). Pharmacy services began being covered by the MCOs in April, 2013.

Children’s preventative dental and orthodontic services were provided through fee-for service for SFY 2013, but will be covered by the MCOs beginning on January 1, 2014.



Mountain Health Choices (MHC)

Along with the Mountain Health Trust program, BMS also administered Mountain Health Choices (MHC), which was a Medicaid redesign program aimed at encouraging personal responsibility for members with the lowest health risks. Implemented in March 2007, the MHC program offers children and adults two benefit packages, the Enhanced Benefit Package and the Basic Benefit Package. In order to receive the Enhanced Benefit Package, members must sign an agreement outlining their responsibilities and rights. For example, in the agreement, members agree to choose a medical home, follow medical advice, use hospital emergency rooms for emergencies only, and attempt to stay healthy. The members who sign the agreement and enroll in the Enhanced Benefit Package under MHC receive the additional services outlined below:

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

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

As a result of program restructuring around the Affordable Care Act Medicaid expansion, the MHC program will be discontinued as of January 1, 2014. Medicaid members enrolled in MHC will transition to the MHT Traditional Benefits Package.



CARE MANAGEMENT

All Medicaid MCOs have embraced care management, developing programs that help members with diabetes, asthma, and other complicated conditions to lead healthier lives. Each of the conditions identified by the MCOs is prevalent in West Virginia (diabetes, cardiac and pulmonary conditions) or is of particular risk to Medicaid beneficiaries (asthma and prenatal care). Each disease management program is designed specifically for the Medicaid population and encompasses health education, member outreach, case management, and physician clinical support. MCOs work to identify members with chronic or high-risk conditions, and educate them about appropriate use of medications and methods of self-management. The MCOs notify the PCPs of patients with chronic conditions to encourage PCP participation in care management. Where applicable, the programs also incorporate lifestyle influences.

Coventry has an enhanced case management program, Complex Case Management (CCM) that offers special assistance to members with serious, long term medical needs and promotes quality of care to reduce the likelihood of extended, more costly health care. The CCM program provides a method for ensuring that health care for specific, eligible members is improved while medical costs are managed to the appropriate level. The CCM program focuses on the continuum of care, addresses the health care needs of a limited number of members, and stresses medically appropriate

care and member involvement in the health care process.

UniCare’s Condition Care program involves a multidisciplinary care team, including nurse coaches, dietitians, pharmacists, social workers, health educators, and other health professionals, that offers disease management services with a holistic, individualized approach based on evidence-based clinical practice guidelines.

THP has a care management program that is diagnosis driven and staffed by nurses. The program takes a holistic approach to management where members are identified and managed based on the presence of chronic conditions and does not delineate management by the types of conditions present. The level of management is determined based on the severity of the member’s condition and includes face-to-face interactions when members need or want it

The following is an overview of the programs with specific examples of some of the MCO approaches.

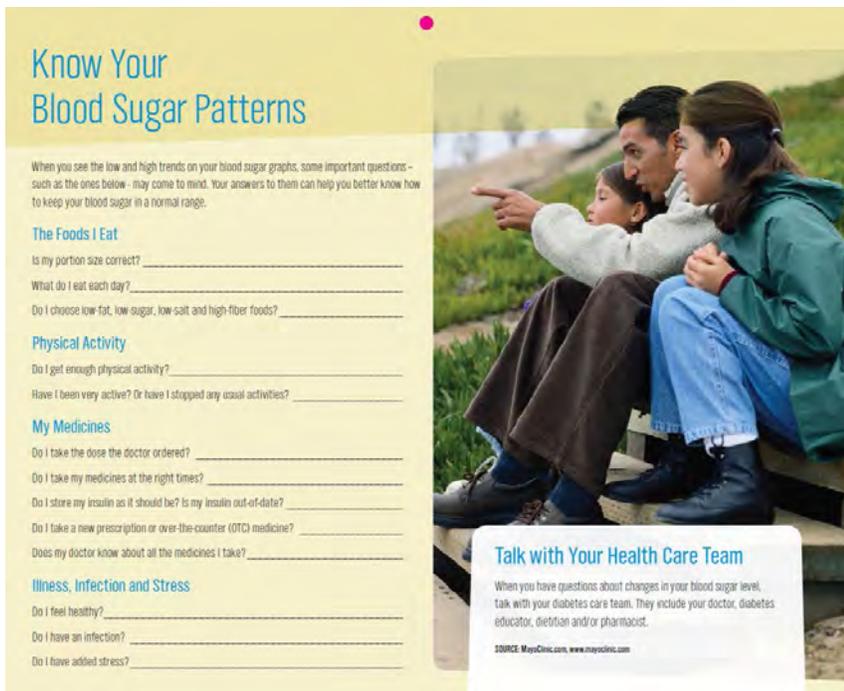
Diabetes

All three MCOs offer care management to diabetic members. Goals of these programs include improving glycemic control, optimizing functional capacity, and reducing risk factors. In addition, the MCOs use a number of intervention strategies to specifically target the needs of diabetics. These strategies include distributing diabetes screening reminders, outreach phone calls, case manage-

West Virginia Health Statistics in 2011

Health Condition	Percent of West Virginia's Population*	Percent of National Population*	West Virginia's National Ranking
Heart Attack (or Myocardial Infarction)	6.2% (95% CI: 5.5-6.9)	4.3% (95% CI: 4.2-4.4)	2nd Highest
Angina or Coronary Heart Disease	6.7% (95% CI: 6.0-7.4)	4.3% (95% CI: 4.2-4.4)	2nd Highest
Tobacco Usage	28.6% (95% CI: 27.0-30.2)	20.1% (95% CI: 19.8-20.3)	2nd Highest
Obesity	32.4% (95% CI: 30.8-34.0)	27.4% (95% CI: 27.1-27.7)	3rd Highest
Diabetes	12% (95% CI: 11.1-13.0)	9.8% (95% CI: 9.7-10.0)	4th Highest

West Virginia Bureau for Public Health, Health Statistics Center as part of the national Behavioral Risk Factor Surveillance System.
*The percentages and numbers of persons estimated to be at risk are subject to sampling error.



ment of high-risk members, and the provision of diabetes clinical tools. For example, Coventry offers telephonic disease management in which members are contacted by a health coach or a registered nurse for telephonic education. As part of the program, members receive free testing for diabetes-related health indicators and participate in a series of classes with Certified Diabetes Educators about managing their health. The test results are also sent to the member’s PCP for review for any needed treatment change. A Coventry pharmacist also reviews the member’s medications and works with the member and primary care physician to develop an appropriate treatment plan. THP offers an adult educational program called “Journey for Control” that teaches self-management skills to assist members in better managing their diabetes. In addition, THP partnered with Med Express urgent care centers to provide alternative sources of care for members with diabetes. UniCare sends a diabetes calendar, which includes education on the different diabetes screenings and tools to understand their blood sugar patterns, and conducts outreach phone calls to offer home test kits to members who are non-compliant. According to 2013 Healthcare Effectiveness Data and Information Set (HEDIS), as described in the Quality, Access, and Timeliness of Care section of the report, two of the health plans have increased the percent-

age of members with diabetes who have their diabetes under control since 2011. In 2013, CoventryCares and THP continued to increase the percentage of members with diabetes who have their diabetes under control since 2011. All MCOs are required to participate in a diabetes collaborative project to increase the number of members whose diabetes is controlled.

Asthma

Chronic lower respiratory diseases, such as asthma, are more common among low-income individuals, according to the 2011 Behavioral Health Risk Survey conducted by the West Virginia Bureau for Public Health, Health Statistics Center. To improve the health of Medicaid beneficia-

ries, all three MCOs offer disease management to members with asthma. The MCOs aim to reduce emergency department visits, decrease rescue medication usage, and improve members’ asthma self-management skills. Coventry uses an Asthma Condition Management Program that capitalizes on the provider-patient relationship. Targeted providers are given an asthma tool kit with education modules to assist them with enhancing the member’s understanding of their disease and ways in which to mitigate the symptoms associated with the disease. The member is given an asthma action plan to help them deal with times of disease exacerbation and have an opportunity for a monetary incentive for completing the training program. Members with asthma are also provided disease management through targeted educational mailings and telephonic case management.

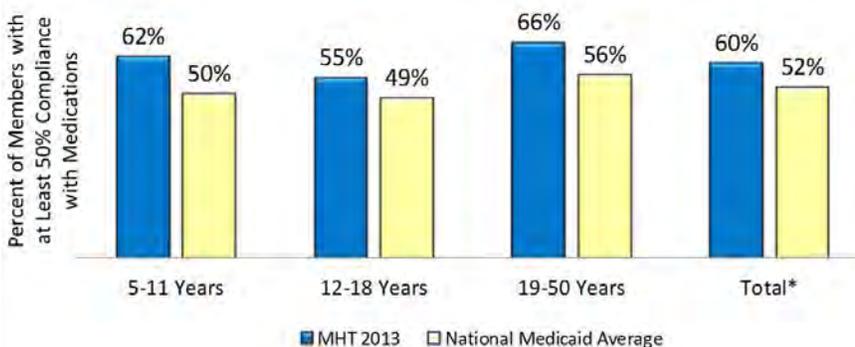
THP sends targeted mailings to adults and children that have been identified as having asthma. The mailings include a voucher and an asthma action plan for members to take to their physician, and educational materials. Upon THP’s receipt of the voucher, a telephonic assessment and education is done with the member or parent/guardian. The member is sent a peak flow meter, spacer, and additional educational materials. Approximately one to two weeks after the assessment has been

Sample Asthma Coupon from THP's Disease Management Program

completed, a follow up phone call is made to the member to verify receipt of the mailing, provide an opportunity for questions, reinforce education, and encourage an appointment with their physician. Members are encouraged to take their peak flow, spacer, and action plan to the next appointment. Any members identified with asthma through THP outreach phone calls or review process, are forwarded to the Quality Improvement Department for asthma intervention.

UniCare offers health education classes to members and parents of members with asthma to provide education on different asthma triggers and peak flow meters. The MCOs began integrating fee-for-service pharmacy data to begin reporting the percentage of asthmatic members being appropriately prescribed medication to manage the condition. In 2013, the MCOs exceeded the national benchmark for the total number of asthmatic members using appropriate medications with the highest levels of compliance among children ages 5-11.

The MHT program exceeded the national Medicaid averages for the percent of members comply with asthma medications 50% of the time



*The total numbers also includes members who are 51-64 years of age, but specific information on this age group is not available for the 2013 measurement year.

Prenatal Care

With 9.6 percent of babies being born with a low birth weight in 2013² and Medicaid funding more than half of all births in the state,³ prenatal care is a primary concern for the Medicaid program. Due to a number of factors, low birth weight is more common among Medicaid beneficiaries, and has meaningful implications for the long term health of the child. The best way to reduce these occurrences is through improved prenatal care. All three MCOs offer prenatal care management to improve pregnancy outcomes and reduce the costs associated with pregnancy complications.

Coventry strives to improve birth outcomes through member education, facilitating care coordination, addressing substance abuse issues by working with providers and community resources, and promoting prevention. Members identified as high risk are enrolled in our condition management program for High Risk Obstetrics. This program focuses on application of “best practices” such as the promotion of 17 alpha-hydroxyporogesterone (17P) to assist in the prevention of pre-term labor. In 2014, the program will be enhanced with a targeted focus on interventions in the management of Mothers with Substance Abuse and Neonatal Abstinence Syndrome.

THP focuses on educating pregnant women on proactive and healthy lifestyle measures, involving critical providers, and monitoring high-risk pregnancies to facilitate more timely interventions. UniCare’s Future Moms program provides care

management for pregnancy, birth, postpartum and infancy. All members enrolled in the prenatal program receive an educational book that includes information on pregnancy related topics, breastfeeding and postpartum care. Members identified as moderate to high risk receive case management services, including a risk assessment, collaborative goal setting, and telephonic care coordination from pregnancy through postpartum.

Future Moms nurse coaches collaborate with the member's obstetrician/gynecologist(s) and/or primary care provider, as well as any other service providers (e.g., durable medical equipment or home care vendors) to help meet the goals of the prenatal program. The nurse coach may also refer an enrolled member to local prenatal education classes.

UniCare provides 24/7 access to Nurse Advice and Breastfeeding Advice lines to offer member support and education. In addition, outreach specialists conduct community education events aimed at pregnant women and new mothers and encourage participation in the national Text 4 Baby program.

All three plans exceeded the national benchmark of 82.7 percent of pregnant members receiving timely prenatal care by at least 10 percentage points.

Cardiac-Related Chronic Conditions

All three MCOs offer disease management programs that work with members that have cardiac-related chronic conditions; these programs are designed to slow disease progression and modify cardiovascular risk factors. Goals of the programs include reducing the frequency of hospitalization, improving quality of life, and reversing or stabilizing symptoms. The MCOs emphasize pharmacologic compliance, needs assessment, and provider and member communication to reduce the risks of future complications. To enhance the normal care management efforts, the MCOs use targeted educational mailings and telephonic intervention for high-risk members. In addition, evidence-based guidelines are distributed regularly and are recommended for use by physicians to medically manage patients with chronic heart failure. In 2013, the three MCO's HEDIS scores for the percent of members with high blood pressure who had their blood pressure controlled decreased a significant factor in reducing the likelihood of a cardiac-related event. BMS is working to identify best practices across the plans to promote improvements among all the plans in 2014.

Chronic Obstructive Pulmonary Disease

All three MCOs offer disease management programs for members with chronic obstructive pulmonary disease (COPD). The programs are designed to slow the progression or stabilize the symptoms of COPD, as well as reduce the frequency of hospitalization. In addition to normal management services, Coventry provides ongoing, comprehensive care that increases the member's awareness of his or her condition and the value of treatment and self-management. THP educates members about the disease process, recognition of symptoms, and medication compliance. In addition, nurses make phone calls at periodic intervals determined by the severity of the member's symptoms. Enrolled members also receive (as needed): home scales, smoking cessation interventions, referrals for nutritional education, referrals for home oxygen/respiratory therapy, pulmonary rehabilitation, and immunizations. The MCOs demonstrated a weighted average of 38.5 percent and 53.8 percent of members receiving system corticosteroids and a bronchodilator respectively, which are pharmacy-related therapy for managing COPD episodes in 2013. This is the first year that the MHT program has included this measure so no comparison to prior years' performance is available.

² This number is from the America's Health Rankings Report for 2013 published by the United Health Foundation. This statistic can be found at <http://www.americashealthrankings.org/WV>.

³ This statistic is from the Kaiser Family Foundation's State Health Facts website. This statistic can be found at <http://www.statehealthfacts.org/>.



HEALTH PLAN OUTREACH AND EDUCATION

MCOs Offer Extensive Health Education Programs

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

Preventive Care

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

Coventry's EPSDT program notifies families when children are due for wellness visits or when they may have missed a wellness visit. The program also includes schedule notifications for vaccinations and lead screenings. Coventry also sends targeted reminders to members needing cervical and breast cancer screenings, as well as members who fall within Centers for Disease Control and Prevention recommendations for flu and pneumonia immunizations. In addition, Coventry outreach department has begun combining the outreach planning and scheduling with the quality scores of their program. HEDIS results for several key indicators are calculated by geographical region. Outreach events such as community baby showers, health fairs, health presentations in schools, etc. are scheduled and materials included are driven by the quality scores determined through the HEDIS results. As this approach moves forward into 2014, additional tools and events will be used to disseminate health information specific to the region it most applies.

THP offers an array of preventive health interventions to help decrease the progression of illness and chronic disease. THP provides education to members and performs outreach through its website, community, and school-based promotion programs. Its initiatives include: offering personal health risk assessments for adult members; providing educational materials, monthly wellness information, interactive health tools, and preventive health guidelines by request from the website; and conducting student outreach on topics such as tobacco use, drug and alcohol awareness, bullying, safety, first aid, sun safety, overall wellness/components of health, understanding test results, healthy choices, and diabetes prevention. Adult members are also invited to attend any of several community flu clinics and a monthly health fair at THP's office.

In addition, THP employs health and wellness representatives, who conduct outreach calls to members to complete medical assessments and educate members on the importance of preventive health. The MCO's goal is to use direct contact to motivate members to obtain missing preventive services. Primary care physicians are sent a copy of items discussed so that they can follow up with members.

UniCare uses a strategy of mailings and direct outreach (e.g., plan representatives calling members) to inform members about a variety of preventive health measures including lead screening, childhood immunizations, and cervical and breast cancer screenings. To improve prenatal

Member Outreach Can Save Lives

A MCO representative called a female member to discuss preventative health. The member later told the representative that without the call, she would not have had a mammogram screening and discovered an irregularity. She thanked the representative for saving her life.

care, UniCare has partnered with community-based organizations throughout the state to launch baby showers and expand outreach efforts. The objectives of the program are to bring maternal and child health education to high-risk Medicaid populations in West Virginia and partner with key community-based organizations to expand outreach. UniCare offers a range of health education services in a variety of formats to meet the needs of members throughout the state including referral to Weight Watchers, Text 4 Baby, and tobacco quit lines. Outreach specialists conduct bi-weekly *Tuesday is for Toddlers* events at the Meadowbrook Mall in Harrison County. Through a program of presentations, crafts and games, parents and children attending this community event receive health education on topics relevant to child health: e.g., physical activity, nutrition, oral health, and weight control.

In SFY 2013, UniCare also extended its incentive program for compliance with breast cancer screenings and diabetic care management to include member incentives for postpartum and well infant visits in an effort to improve health-related behaviors.

Nutrition, Physical Activity, and Weight

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

THP promotes the maintenance and achievement of a healthy lifestyle by engaging members in wellness and promotion activities such as education, physical activity, and health screenings. THP provides school- and employer-based health and wellness training modules. On-site clinics and wellness activities are also held at schools. THP also developed a healthy snack program focusing on healthy choices and encouraged physical activity through the use of a nationally recognized jump rope team.

Sample Newborn Education Material from Unicare



Bringing your baby home checklist

Are you ready to bring your baby home?
Use this checklist to help you prepare:

- Car seat (rear-facing infant seat)
- Your baby’s primary care provider or pediatrician:
 - Name of provider: _____
 - Office phone number: _____
 - After-hours phone number: _____
- Insurance (private or Medicaid): _____
- Women, Infants and Children (WIC): _____
- Early Childhood Intervention (ECI): _____
- Child care provider: _____
Phone number: _____

Discharge plans

1. Medication your baby goes home with:

2. Equipment your baby goes home with:

3. A copy of your baby’s hospital shot record: _____



Tobacco Cessation

THP offers two free tobacco cessation programs: “Freedom from Smoking” and “Not-On-Tobacco” which are targeted to adults and adolescents, respectively. The programs are provided by employees of THP who have been trained as American Lung Association facilitators.

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

MCOs Adopt Emergency Department Performance Improvement Projects

In addition to the MCOs' established outreach and education, the plans are expected to develop initiatives to achieve improvements in areas that have been identified as critical by BMS. During 2013, all three plans continued initiatives to reduce inappropriate emergency department utilization and participated in a collaborative to improve the number of diabetic members who have controlled hemoglobin levels.

Inappropriate Emergency Department (ED) utilization diverts critical care resources from those who truly require them, creates barriers to continuity of care, and unnecessarily escalates health-care costs. By promoting medical homes and PCP relationships, BMS aims to reduce inappropriate ED utilization and its corresponding health care costs. BMS required the MHT MCOs to target specific populations or geographic areas with high ED utilization. BMS has tasked the state's External Quality Review Organization (EQRO), Delmarva Foundation, with coordinating a collaborative where the MCOs will work collectively with BMS and Delmarva to determine best practices for decreasing unnecessary ED utilization and work to implement the identified practices across the MCOs. In addition, all three MCOs have initiatives to decrease unnecessary ED utilization. All three plans have seen reductions in ED utilization over the last year.

As mentioned, diabetes is a primary concern for the health of the state and the Medicaid population, in particular. BMS has identified a need for targeted efforts in this area and, in response, asked the EQRO to also coordinate an effort with the MCOs to reduce the number of diabetic members who have uncontrolled hemoglobin levels. This collaborative was started this year and baseline measurements will be available in 2014 for the associated measures. As such, no results on the success of the program are available.

In 2013 Coventry also implemented internal programs to improve the number of adolescent attending well-care visits. This year will serve as the baseline measurement and Coventry aims to increase the rate of visits by 5 percent over the coming year.

THP also concentrates on childhood obesity. The MCO works with providers to encourage the accurate reporting of Body Mass Index (BMI) to ensure that children who are obese can be identified and targeted for nutritional and physical activity counseling. Since the start of the program in 2008, THP has seen significant improvements in the percentage of members with evidence of BMI documentation and nutritional and physical activity counseling.

UniCare is working to improve the percentage of children who receive their immunizations by their second birthday. The baseline measurement for this study was taken last year and the first year of re-measurement to show progress will be available in 2014.

The MCOs conduct additional efforts to reduce improper ED utilization beyond case management efforts:

- **Coventry has a special agreement with a large primary care provider group that tracks ER usage by the group's membership and offers financial incentives to providers to reduce ED usage by offering additional office hours and out-of-office coverage, improved coordination of care, and additional health information to members.**
- **UniCare conducts educational outreach via automated calls to members with two or more Emergency Department visits within six months for non-emergent situations on appropriate use of various levels of care. Members have the option to be transferred to a live agent within our Disease Management program to address barriers.**

COST SAVINGS

The MCO program provides quality care while generating cost savings for West Virginia. The program has created savings by slowing growth in the use and cost of medical services found in traditional fee-for-service (FFS) Medicaid. In addition to medical savings, there are administrative efficiencies. In SFY 2013, the MCO

program achieved savings of approximately \$14.7 million, or 3.7 percent, in combined federal and state funds, compared to the costs of covering the same population through FFS. This includes the addition of the pharmacy benefit to managed care effective April 1, 2013.

SFY 2013 Estimated MHT Program Total Savings

	Fee-for-Service (FFS)*	MHT
Member Months	2,055,0865	2,055,0865
Average Number of Members Per Month	171,322	171,322
Medical/Capitation per Member per Month	\$196.11	\$190.40
Total Medical/Capitation Spending	\$403,173,190	\$391,430,281
State Administrative Costs	\$6,853,944	\$3,871,472
Total Spending	\$410,027,134	\$395,301,753
SFY 2013 Total Savings for MHT		\$14,725,381
Percent Savings over FFS		3.7%

*FFS refers to the estimated cost of serving the MHT program in a FFS rather than managed care setting.



QUALITY, ACCESS, AND TIMELINESS OF CARE

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

As part of the effort to monitor and improve quality, BMS requires the MCOs to send a survey annually to a sample of Medicaid recipients in West Virginia. Over 2013, BMS reviewed the results of the 2012 member survey, based on the nationally-accepted Consumer Assessment of Healthcare Providers and Systems (CAHPS) health plan survey. Areas of focus included access to care, availability of needed services, communication with providers and the health plans, and satisfaction with providers and health plans. The MCO survey results were compared to the national Medicaid averages for 2013.

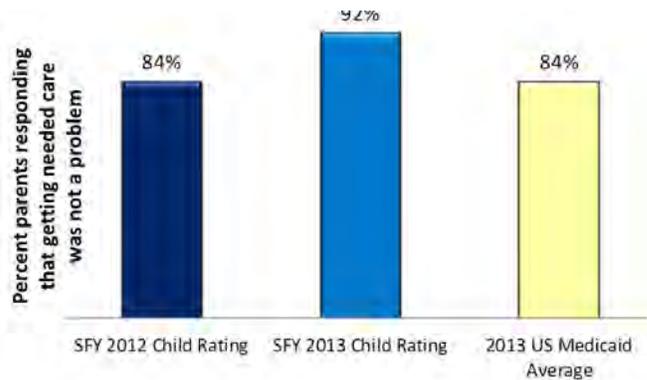
High Satisfaction Reported for Children

As reported in previous years, parents of children enrolled in the managed care program are very satisfied with their child's MCO, doctors, and care. Over 86 percent of parents of children enrolled in MCOs gave their MCO or health plan an overall rating of seven or higher (using a zero to 10 scale, where zero is the "worst possible" and 10 is the "best possible"). In addition to their satisfaction with their programs overall, parents reported high satisfaction in a number of areas.

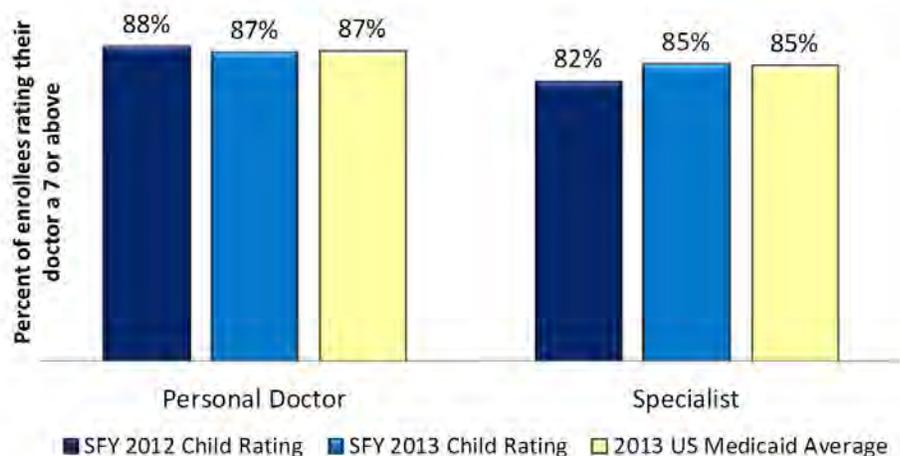
A vital element of health care is the ability of members to access care when needed. Ninety-two percent of parents of children enrolled in an MCO reported that it was "always" or "usually" easy for their child to get the care, tests, or treatment he or she needed. This is up from eighty-four percent from last year and exceeds the national Medicaid average of 84 percent.

For several other key indicators in the child survey, including access to and communication with a member's personal doctor, ratings for the MCOs met or exceeded the national Medicaid averages.

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



Parents were satisfied with their children's personal doctor & specialists



High Satisfaction Reported for Adults

Similar to parents of enrolled children, the majority of adults in the MCOs and PAAS program were satisfied with their MCO, doctors, and care overall. Enrolled adults rated their personal doctors highly with 78 percent of adult survey respondents gave their personal doctor a rating of 7 or above (on a scale of 0-10). This is an improvement from the previous year and is close to the national Medicaid average. Access to specialists is expected to be slightly lower considering that West Virginia is a state with many rural areas and that the number of specialist available to all state residents is limited.

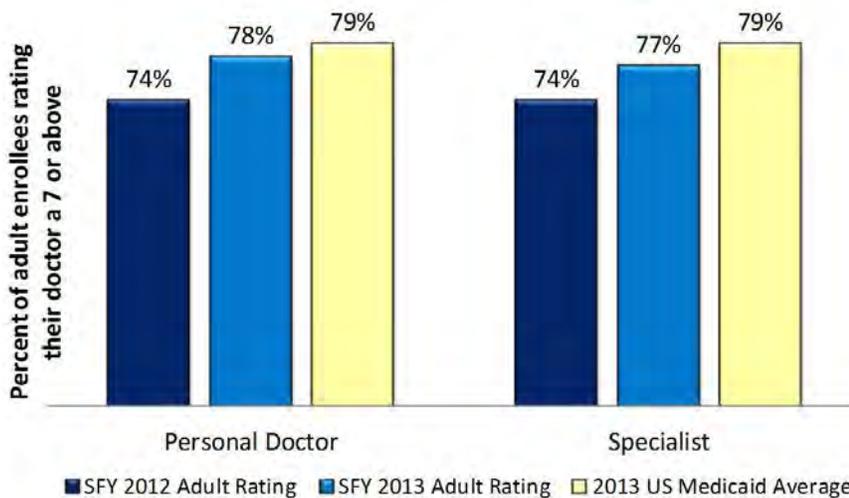
Adults also reported satisfaction with their ability to both receive care when needed and receive timely care. Eighty-two percent of adults in MCOs responded that they were “usually” or “always” able to get the appointments and services needed, and 84 percent responded that they were able to get care as soon as it was needed. Both of these measures are above the national Medicaid average.

For areas in which the survey results demonstrated need for improvement, BMS is requiring the MCOs to implement action plans for improvement including actions such as additional outreach to members and training for staff. The improvements focus on areas such as retention of specialists in the MCOs’ networks and working with providers

to improve the amount of shared decision making occurring between members and providers. The plans are required to report on the success of these initiatives quarterly.

The next member survey will be mailed to a sample of members in the fall of 2014. BMS will continue to monitor the results of the survey to understand which areas of both MCO and PAAS programs can be improved.

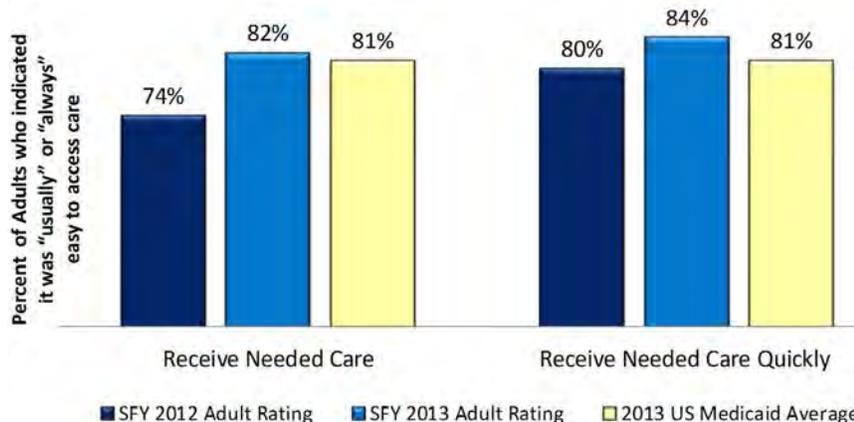
Adults were satisfied with their personal doctors & specialists



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

BMS contracts with an independent vendor to perform an External Quality Review of measures related to quality, access, and timeliness of care for members in MHT. The organization that performs the review, the EQRO, ensures that MCOs are compliant with all applicable federal and state requirements and that they meet all of the MHT program standards outlined in the State of West Virginia’s contract with each MCO. The EQRO also reviews medical records and

Adults in MCOs were satisfied with both the access to and timeliness of needed care in 2012

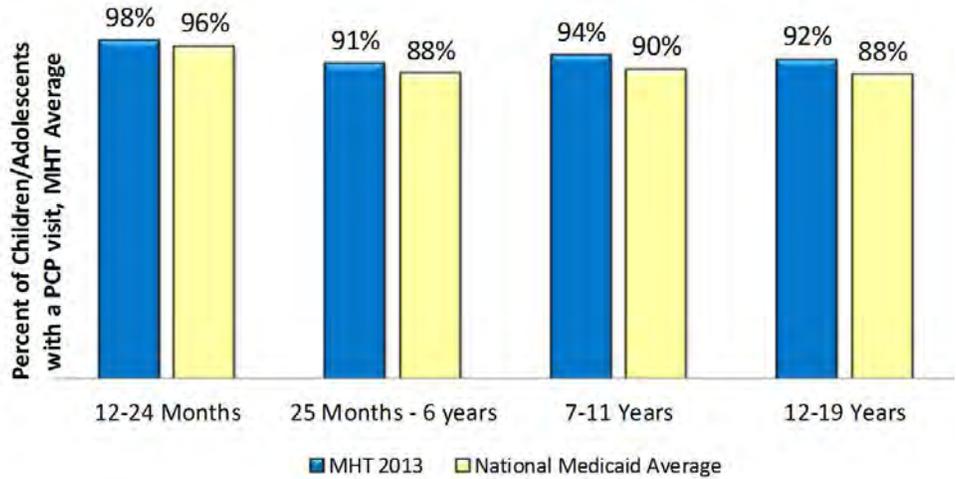


conducts onsite audits to ensure that MCO policies and procedures, such as those related to grievances and appeals systems and notifying enrollees of their rights, are properly administered.

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

Ensuring that beneficiaries have access to preventive services is an essential component of delivering high-quality care. Thus, increasing rates of preventive care has been an important focus for the MCOs. HEDIS results for Calendar Year (CY) 2012, which is the latest year data is available, demonstrated that the vast majority of MHT members

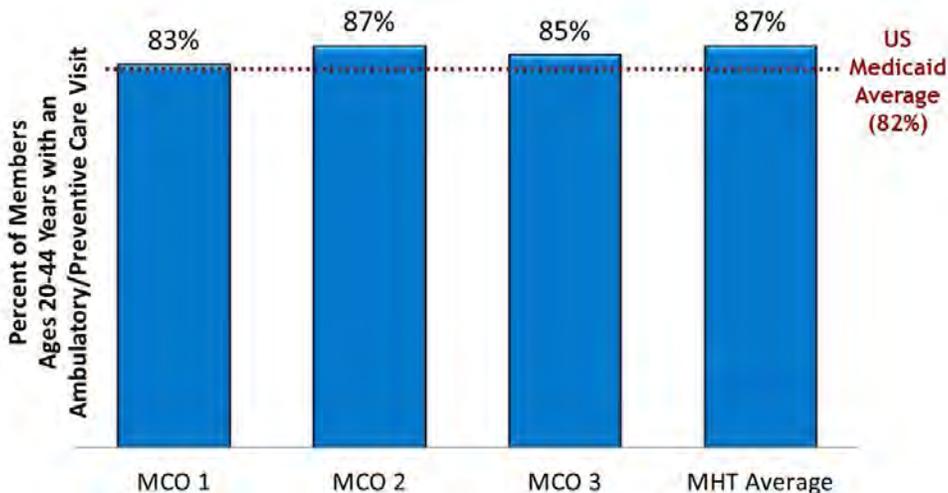
For children and adolescents, the MHT average exceeds the national Medicaid average for the number of members with a PCP visit



visited their PCP at least once during the year. For all age groups, the MHT average across all three MCOs exceeded the national Medicaid averages for the percentage of children and adolescents with a PCP visit in the measurement year.

BMS is committed to increasing access to preventive and ambulatory health services for adults in the MHT program. Adult members in the MHT program also have high rates of preventive care, exceeding national Medicaid averages. In CY 2012, the MHT average (87%) was over five percent higher than the national Medicaid average (82%).

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



MCOs Deliver Quality Care

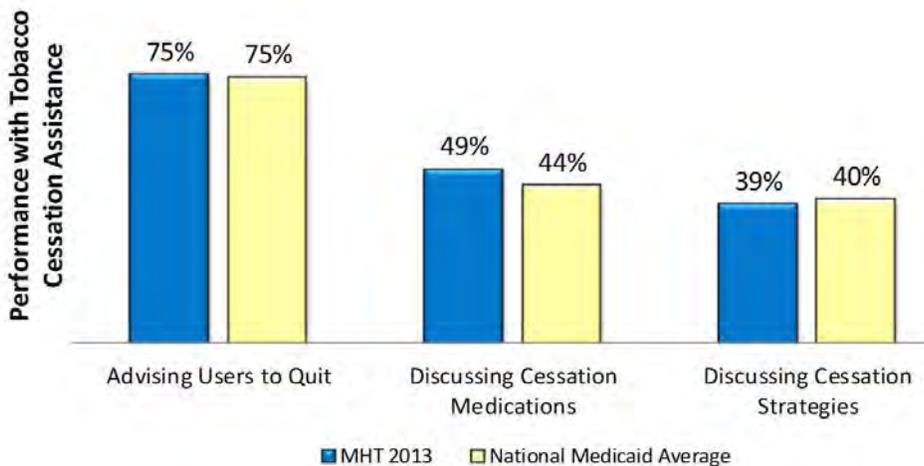
In CY 2012, the MCOs performed well in providing advice and medical cessation options to smokers and other tobacco users. Ratings for these measures were both above the national Medicaid average. However, the MCOs' performance on discussing cessation strategies with members was slightly lower than the national Medicaid average and may present an opportunity for improvement.

The MCOs performed consistently well in the percent of pregnant women receiving timely prenatal

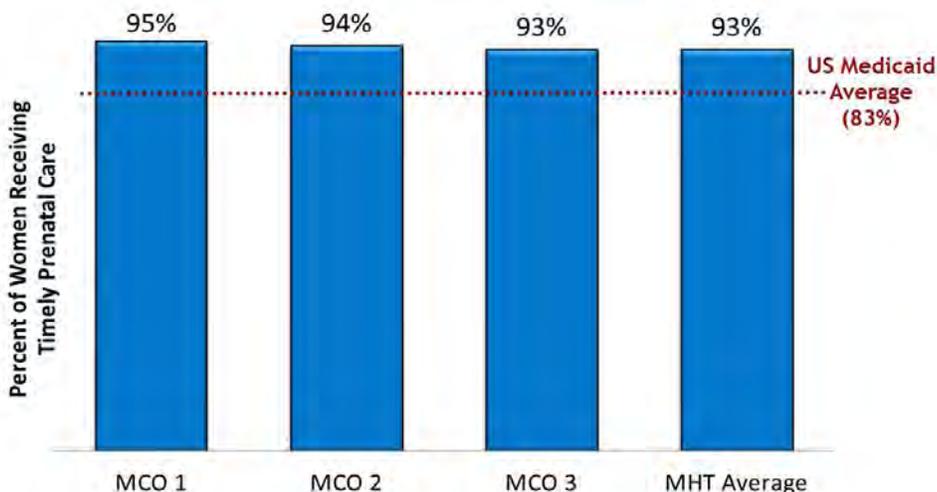
care. Rates for the number of women with timely prenatal care improved over the last several years. All three MCOs reported rates of women receiving a timely prenatal care visit ranging from 93 percent to 95 percent. Each MCO surpassed the national Medicaid average for women receiving timely prenatal care (82.7%) and exceeded the 90th percentile (93.3%) for Medicaid MCOs.

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

The MHT program performed better than the national average for offering assistance with Smoking and Tobacco Use Cessation for Advising Users to Quit and Discussing Cessation Medications



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

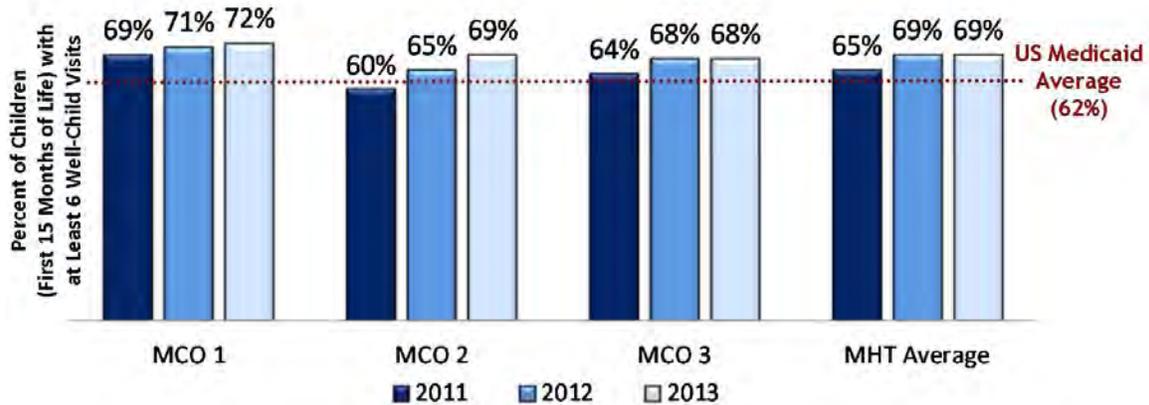


“I would refer everyone to Mountain Health Trust... I trust them and they are willing to go the extra mile to get things done. Thank you.”

MHT Medicaid Member

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

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



MCO Member Services Centers are Responsive to Members

In addition to access to medical care, members were also able to seek help through MCOs’ member services centers. This was an area of focus for the MCOs in 2013. The plans worked to improve performance through:

- Updating member packet and call script information
- Conducting satisfaction surveys at the end of member calls
- Instituting additional training for customer service staff

The MCOs improved considerably on this measure since the previous measurement year to exceed the national Medicaid benchmark for the measure.

In addition, BMS implemented a financial and member auto assignment performance incentive in SFY 2013 to drive increases in three measures that reflect key program priorities and where the combined plan performance was identified as in need of improvement:

- Well child visits for children ages three to six years
- Childhood immunizations
- Postpartum care for pregnant women

Coventry showed improvement in two of the measures, well child visits and childhood immunizations, and THP showed improvement across all three measures. UniCare showed a slight improvement in postpartum care, but the improvement was not great enough to warrant a financial incentive. As a result, Coventry and THP will both receive financial incentives and greater portions of the auto-assignment for their improvements.

What is Ahead for the MHT Program

In SFY 2013, the MHT program saw significant growth and improvement. BMS plans to continue these efforts in SFY 2014. Two MCOs have plans to expand into additional counties and a transition of the children's dental benefit to the MCOs is underway.

BMS received an Adult Quality Measures grant in SFY 2013 which provides the opportunity to build a robust and sustainable framework to standardize the collection, reporting and monitoring of quality measures in various settings for adult Medicaid members. The project is forward looking and continues to integrate managed care and fee for service data in an effort to create a cohesive quality structure.

As always, BMS is continuing to explore ways to improve its own monitoring activities. Efforts such as expanding reporting requirements for MCOs to ensure the quality of claims data and requiring each MCO to develop action plans on areas for improvement identified from the CAHPS survey promote continuous improvement in the Mountain Health Trust program. BMS is also looking for ways to increase coordination with other State bureaus to identify and combat fraud, waste, and abuse in the Medicaid program.

Through these activities, BMS is committed to improving the quality of care received by all Medicaid members.





West Virginia Bureau for Medical Services
350 Capitol Street
Charleston, WV 25301
(304) 558-1700
<http://www.dhhr.wv.gov/bms>