

West Virginia Managed Care Program Features, as of 2014

Features	WV Mountain Health Trust	Physician Assured Access System
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Cabell, Wayne Counties
Federal operating authority	1915(b)	1915(b)
Program start date	9/1/1996	12/1/1996
Waiver expiration date (if applicable)	7/1/2016	7/1/2016
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults		
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Individuals receiving Limited Benefits		
Low-income adults eligible under ACA Section VIII		
Full Duals		
Partial Duals		
Children with Special Health Care Needs	Mandatory	Mandatory
Native American/Alaskan Natives	Exempt	Exempt
Foster Care and Adoption Assistance Children	Exempt	Exempt
Enrollment choice period	Other	N/A
Enrollment broker name (if applicable)	Automated Health Systems (no longer serving as broker in 2015)	
Notes on enrollment choice period	Enrollment choice period is between 30-45 days depending on date packets are mailed, but 30 day minimum.	
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)		
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)		
Partial hospitalization	X	
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	X
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services	X	X

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Personal care (state plan option)		
HCBS waiver services		
Private duty nursing	X	X
ICF-IDD		
Nursing facility services		
Hospice care		X
Non-Emergency Medical Transportation		
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	Yes
Accreditation required?	Yes	Yes
Accrediting organization	NCQA	NCQA
EQRO contractor name (if applicable)	Delmarva	
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Coventry Cares; The Health Plan; Unicare	Multiple primary care providers
Notes		
Program notes		