## **West Virginia Managed Care Program Features, as of 2019**

| Features   | Mountain Health Trust |
|--|-----------------------|
| Program type   | Comprehensive MCO     |
| Statewide or region-specific?  | Statewide             |
| Federal operating authority  | 1915(b)               |
| Program start date   | 09/01/1996            |
| Waiver expiration date (if applicable)   | 06/30/2021            |
| If the program ended in 2019, indicate the end date  |                       |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory             |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory             |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory             |
| Populations enrolled: Non-Disabled<br>Children (excludes children in foster<br>care or receiving adoption assistance)                    | Mandatory             |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  |                       |
| Populations enrolled: Full Duals   |                       |
| Populations enrolled: Partial Duals  |                       |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory             |
| Populations enrolled: Native<br>American/Alaskan Natives   | Mandatory             |

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|---|---|
| Populations enrolled: Foster Care and Adoption Assistance Children      | Exempt  |
| Populations enrolled: Enrollment choice period                          | Other   |
| Populations enrolled: Enrollment broker name (if applicable)            | MAXIMUS, Inc.   |
| Populations enrolled: Notes on enrollment choice period                 | 45-60 days depending on date of receipt of enrollment packet. |
| Benefits covered: Inpatient hospital physical health                    | X   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X   |
| Benefits covered: Outpatient hospital physical health                   | X   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X   |
| Benefits covered: Partial hospitalization                               | x   |
| Benefits covered: Physician   | x   |
| Benefits covered: Nurse practitioner                                    | x   |
| Benefits covered: Rural health clinics and FQHCs                        | x   |
| Benefits covered: Clinic services                                       | x   |
| Benefits covered: Lab and x-ray   | x   |
| Benefits covered: Prescription drugs                                    |   |
| Benefits covered: Prosthetic devices                                    | х   |
| Benefits covered: EPSDT   | х   |
| Benefits covered: Case management                                       | x   |
| Benefits covered: SSA Section 1945-<br>authorized health home           |   |

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| Benefits covered: Health home care (services in home)  | х                     |
| Benefits covered: Family planning  | x                     |
| Benefits covered: Dental services (medical/surgical)   | x                     |
| Benefits covered: Dental (preventative or corrective)  | X                     |
| Benefits covered: Personal care (state plan option)  |                       |
| Benefits covered: HCBS waiver services   |                       |
| Benefits covered: Private duty nursing   | x                     |
| Benefits covered: ICF-IDD  |                       |
| Benefits covered: Nursing facility services  |                       |
| Benefits covered: Hospice care   | x                     |
| Benefits covered: Non-Emergency<br>Medical Transportation  |                       |
| Benefits covered: Institution for Mental<br>Disease inpatient treatment for people<br>ages 21-64 defined by 42 CFR<br>§438.6(e) as an 'in lieu of' benefit | x                     |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)   |                       |
| Quality assurance and improvement: HEDIS data required?  | Yes                   |
| Quality assurance and improvement: CAHPS data required?  | Yes                   |
| Quality assurance and improvement: Accreditation required?   | Yes                   |

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|--|---|
| Quality assurance and improvement:<br>Accrediting organization                                       | NCQA  |
| Quality assurance and improvement:<br>EQRO contractor name (if applicable)                           | Qlarant   |
| Performance incentives: Payment bonuses/differentials to reward plans                                |   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 |   |
| Performance incentives: Public reports comparing plan performance on key metrics                     |   |
| Performance incentives: Withholds tied to performance metrics  |   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   |
| Participating plans: Plans in Program  | Aetna Better Health of West Virginia;<br>UniCare; The Health Plan |
| Notes: Program notes   |   |