

Table of Contents

State/Territory Name: West Virginia

State Plan Amendment (SPA) #: 24-0011-M

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page

WV - Submission Package - WV2024MS0003O - (WV-24-0011-M) - Health Homes

[Summary](#) [Reviewable Units](#) [Versions](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

October 08, 2024

Cynthia Beane
Commissioner
WV Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301

Re: Approval of State Plan Amendment WV-24-0011-M Statewide Bipolar and at risk of Hep B & C

Dear Cynthia Beane,

On September 23, 2024, the Centers for Medicare and Medicaid Services (CMS) received West Virginia State Plan Amendment (SPA) WV-24-0011-M for Statewide Bipolar and at risk of Hep B & C to comply with mandatory reporting of the Health Home Core Set measures.

We approve West Virginia State Plan Amendment (SPA) WV-24-0011-M with an effective date(s) of July 01, 2024.

If you have any questions regarding this amendment, please contact Nicole Guess at nicole.guess@cms.hhs.gov.

Sincerely,
James G. Scott, Director
Division of Program Operations
Center for Medicaid & CHIP Services

WV - Submission Package - WV2024MS0003O - (WV-24-0011-M) - Health Homes

- Summary
- Reviewable Units
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- Approval Letter
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- News
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Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WV2024MS0003O | WV-24-0011-M | Statewide Bipolar and at risk of Hep B & C

CMS-10434 OMB 0938-1188

Package Header

| | | | |
|-------------------|---------------|-------------------------|--------------|
| Package ID | WV2024MS0003O | SPA ID | WV-24-0011-M |
| Submission Type | Official | Initial Submission Date | 9/23/2024 |
| Approval Date | 10/08/2024 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

State Information

| | | | |
|-----------------------|---------------|-----------------------|--------------------------------|
| State/Territory Name: | West Virginia | Medicaid Agency Name: | WV Bureau for Medical Services |
|-----------------------|---------------|-----------------------|--------------------------------|

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WV2024MS00030 | WV-24-0011-M | Statewide Bipolar and at risk of Hep B & C

Package Header

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SPA ID and Effective Date

SPA ID WV-24-0011-M

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|---|-------------------------|-------------------|
| Health Homes Monitoring, Quality Measurement and Evaluation | 7/1/2024 | WV-16-0007 |

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WV2024MS0003O | WV-24-0011-M | Statewide Bipolar and at risk of Hep B & C

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Executive Summary

Summary Description Including Goals and Objectives To update assurances in accordance with all requirements in 42 CFR §§ 437.10 and 437.15.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First | 2024 | \$0 |
| Second | 2025 | \$0 |

Federal Statute / Regulation Citation

42 CFR §§ 437.10 and 437.15

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created | |
|--------------------|--------------|--|
| No items available | | |

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WV2024MS00030 | WV-24-0011-M | Statewide Bipolar and at risk of Hep B & C

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Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response(see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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WV - Submission Package - WV2024MS0003O - (WV-24-0011-M) - Health Homes

Summary Reviewable Units Versions Analyst Notes Approval Letter Transaction Logs News Related Actions

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | WV2024MS0003O | WV-24-0011-M | Statewide Bipolar and at risk of Hep B & C

CMS-10434 OMB 0938-1188

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| Superseded SPA ID | WV-16-0007 | | |
| | User-Entered | | |

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

Data Source: MMIS

Measurement Specifications: Compare total cost of care for health home members to costs of care for similar cohorts not enrolled with a HH. Calculations will exclude claims for high cost outliers more than three standard deviations from the mean annual cost and will include incremental HH reimbursement. HH member costs will also be compared pre- and post- HH implementation.

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

- West Virginia currently has several HIT initiatives in place and underway that will support the provision of health home services and improvement of care coordination across the care continuum.
- The state is in the process of implementing a statewide health information exchange that will facilitate the sharing of information across various care delivery settings. All health home providers will be expected to participate in the HIE as it is implemented across the state. The HIE will be used to capture meaningful use measures and several of these are incorporated into the information that will be used to monitor and evaluate health home services. Until the HIE is fully in place in the state, each health home provider will also be expected to use their EHR to generate a Continuity of Care Document (CCD) that can be shared with other providers in order to facilitate transitions in care and care coordination across care settings.
 - A pharmacy data warehouse is in place that will provide for monitoring of patient adherence to prescribed drug regimens as well as appropriate use of pharmaceutical agents.
 - A data warehouse/decision support system has been implemented to capture MMIS claims data as well clinical data that will flows through the HIE. This data warehouse will be the primary source of evaluation information for the health homes initiative.
 - A web-based vendor system will be used for documentation of medically necessary services and authorization information.
 - Information on hepatitis will be shared with the West Virginia Bureau for Public Health: the Office of Epidemiology and Prevention Services maintains a data base of information regarding incidence of hepatitis in the State.

Health Homes Monitoring, Quality Measurement and Evaluation

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Quality Measurement and Evaluation

- ☒ The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- ☒ The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- ☒ The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- ☒ The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

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