Summary of West Virginia's Medicaid Reform

Component	Description
Reform Authority	• State Plan Amendment (SPA)
Reform Name	• NA
Time Frame	• Approved by CMS on May 3, 2006 • Implementation: November, 2006 • Initially, the SPA will be implemented in three counties (Clay, Upshur, and Lincoln) and will be implemented statewide over four years.
Goals	• Streamline administration • Tailor benefits to population needs • Coordinate care, especially for members with chronic conditions • Provide members with the opportunity and incentives to maintain and improve their health
Main Program Elements	• Simplify Eligibility Categories • Basic and Enhanced Benefit Packages • Member Agreements • Healthy Rewards Accounts
Quick Summary	• Reduces 29 eligibility categories to 4 (children, adults 65 and over, adults with children, special needs groups) • Offer enrollees a choice between a Basic Medicaid benefit package or an Enhanced Medicaid package for those who sign member agreements indicating that they will comply with all prescribed mental treatments and wellness behaviors. • The Basic Medicaid Plan decreases some of benefits currently offered under the Medicaid State Plan. The enhanced plan provides current Medicaid benefits with some additional services. • Uses medical homes (PCPs) to provide enrollees with health care and care management services. Medical homes maintain centralized comprehensive records. • Healthy Rewards Accounts that provide enrollees with incentives to make healthy decisions and use health care services appropriately. Allot enrollees credits quarterly that they can use for co-pays and non-covered services. • Uses electronic health information to gather health information on enrollees needed to provide quality health outcomes. • Will use four indicators to monitor enrollees' compliance with the member agreement: receiving recommended screenings, adherence to health improvement programs, attending scheduled appointments, and taking medication as directed. Enrollees who fail to comply will be moved to the Basic package.
Populations Covered	• Healthy children and parents on Medicaid. • When implemented statewide, program will apply to about 180,000 children and 60,000 adults (about half the States' Medicaid population).

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Enrollment	• Enrollment will occur when individuals sign member agreements during their Medicaid enrollment or re-determination processes. •
Service Providers	• Enhanced benefit package will be furnished through either a primary care case management system (fee-for-service basis) or a managed care entity.
Benefit Packages	<u>Children – Basic Plan</u> • Will have fewer benefits than current Medicaid plan. • Limited to four prescriptions per month; new limits on dental, hearing, vision. No coverage of skilled nursing, orthotics, prosthetics, tobacco cessation programs, nutrition education, diabetes care, or chemical dependency and mental health services. <u>Children – Enhanced Plan</u> • No limits on dental, hearing, vision services; prescription drugs; or medically necessary transportation. • Includes skilled nursing care, orthotics/prosthetics, tobacco cessation, nutritional education, diabetes care, chemical dependency/mental health services <u>Adults – Basic Plan</u> • Will have fewer benefits than current Medicaid plan. • Limits on home health, DME, non-emergency transportation, and 4 prescriptions per month. Emergency dental services, diabetes care, physical and occupational therapy, and mental health services are not covered. <u>Adults – Enhanced Plan</u> • No limits on medically necessary prescription drugs, home health, DME, or transportation. • Also includes Cardiac Rehabilitation, Chiropractic Services, Emergency Dental Services, Tobacco Cessation, Chemical Dependency/Mental Health Services, Diabetes Care, Nutritional Education.
Cost Sharing	• Higher co-pays for non-emergency use of the emergency room. Other measures may be taken, but details are still being worked out.