


STATE OF WEST VIRGINIA

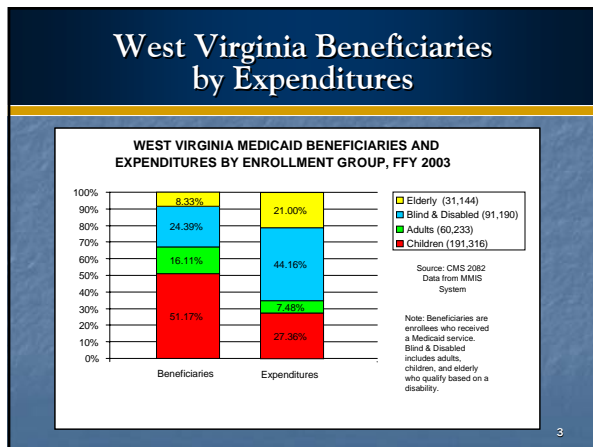
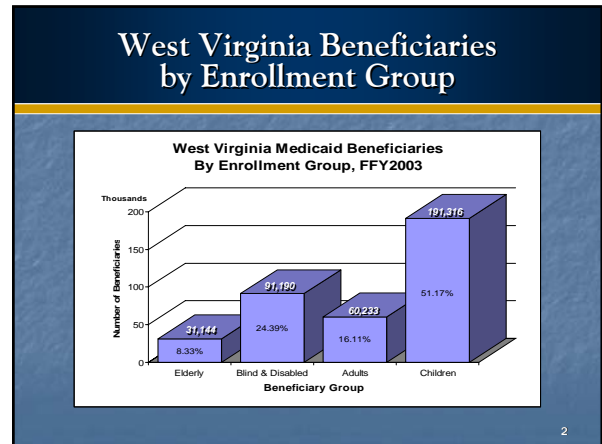
Medicaid Redesign

Presented by Nancy Atkins, MSN, RNC, NP

Joe Manchin III, Governor February 23, 2006



West Virginia Department of Health and Human Resources



Recent History of West Virginia Medicaid

| Year | Total Expenditures |
|---------|--------------------|
| FY 2001 | \$1.48B |
| FY 2002 | \$1.59B |
| FY 2003 | \$1.76B |
| FY 2004 | \$1.94B |

Annual growth of 7-9% each year.

- ## Recent History of West Virginia Medicaid Continued
- West Virginia has not expanded eligibility
 - Rolls have grown by 37,365 or 12% since 2001
 - Cost-containment achieved by cutting reimbursement

- ## Mission of WV Bureau for Medical Services
- To support an enhanced quality of life for Medicaid beneficiaries by facilitating access to appropriate, high quality, cost effective service
 - To provide these services in a user friendly manner to both consumers and providers
 - To use the states purchasing power to foster excellence in health care quality, efficiency and service;
 - To work collaboratively with other partners in the health care community to promote comprehensive health care
 - And to focus on the future by promoting preventative care and health awareness education.

Goals of West Virginia Medicaid Redesign

- 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

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Hallmarks of Redesign

- Prevention
- Personal Responsibility
- Care Management
- Establishment of a Medical Home

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Development of the West Virginia Medicaid Redesign

- Steering Committee and Workgroup included staff, providers, advocates and consumers
- Met publicly
- Will use market analysis for some components
- Public forums on the final application

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Streamlining Administration

- Reduce 29 eligibility categories to 4
- All mandatory coverage groups and previously eligible individuals continue to be covered

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Eligibility

- Simplification of coverage group categories
 - Children
 - Adults 65 and over
 - Adults with Children
 - Special Needs Groups
- No expansion groups are proposed

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Flexible Benefits

- Ensure that participants receive the right care, at the right place, at the right time by the right provider through care coordination
- Use evidence-based medicine to manage services by duration, scope and severity

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Electronic Health Information

- Electronic medical records

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Member Agreements

- Outlines member rights and responsibilities.
- An educational tool.
- Attached addendums will identify check-ups and exams which are appropriate for the member's age and diagnosis.
- Refusal to sign an agreement excludes member from the benefits of the Healthy Rewards Account.

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Healthy Rewards

- A method of providing incentives and disincentives for member behavior.
- Pilot project to be expanded to all WV Medicaid members who are able to partner in their personal health decisions.
- Intended to foster and reward healthy choices among WV Medicaid members.
- Fixed amount of credits per quarter per member are deposited in the account
- Used to cover medical and pharmaceutical co-pays
- Higher co-pays for inappropriate use of ER
- Bonus credits added for meeting health goals
- Can use credits remaining at the end of the year to purchase non-covered services

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Long Term Care and Care Management

- Single point of entry with a needs assessment
- Placement in most integrated setting
- Resource Management Contract

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Quality Outcomes and Measurements

- Access
- Service Utilization
- Effectiveness of Care
- Patient Experience
- Safety
- Administrative

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Contacts

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