

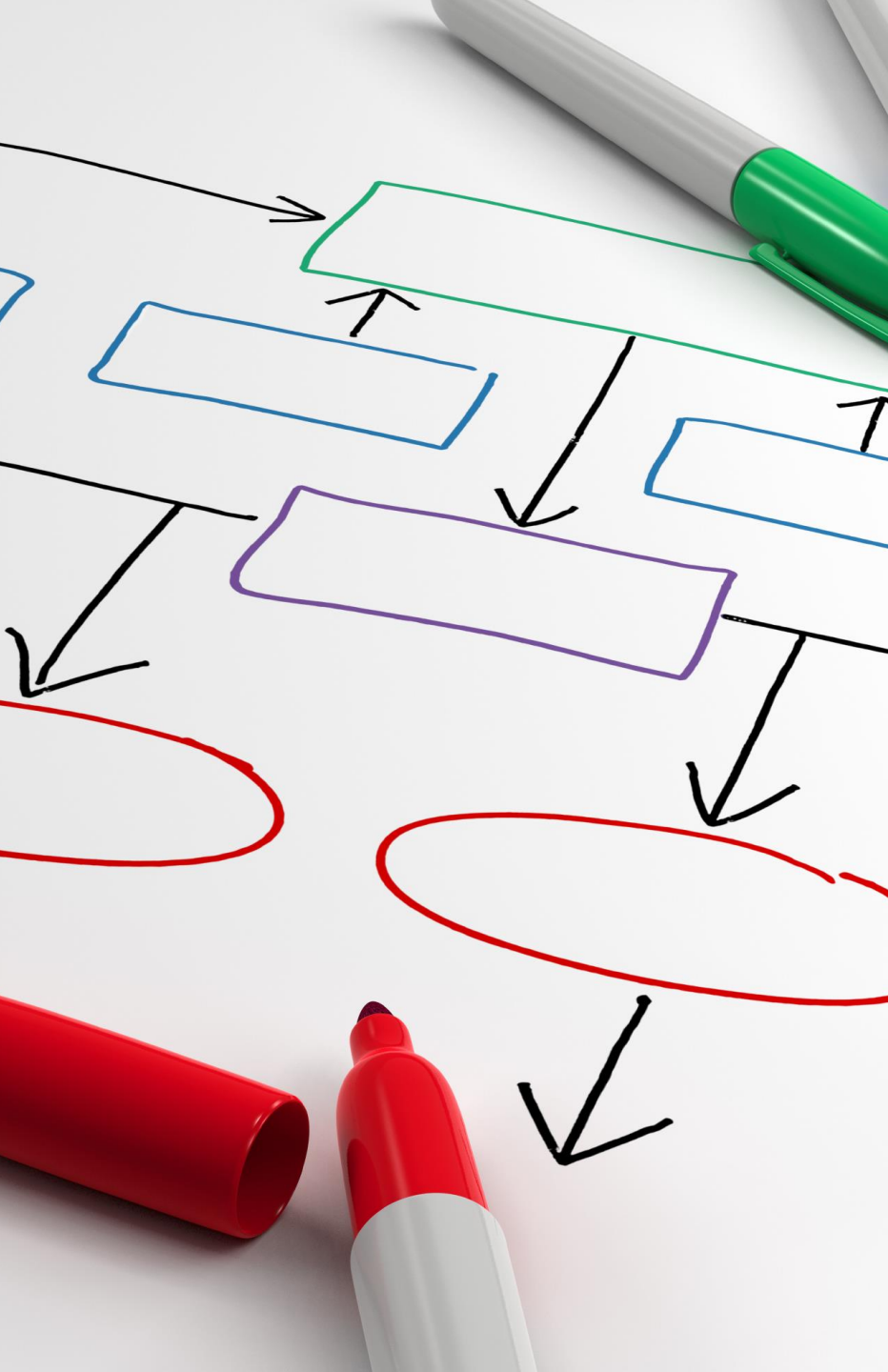
# West Virginia Case Studies

Access Monitoring Plan  
Substance Use Disorders Waiver  
Long-Term Support Services



# The West Virginia Medicaid Landscape

- Serves more than 560,000 West Virginians (~30% of total population)
- Total Medicaid Costs exceeded \$4 Billion in State Fiscal Year (SFY) 2015
- SFY 2015 Medicaid budget comprises approximately 29% of State's budget
- Maintains both Fee-For-Service and Managed Care Healthcare Delivery Systems
- Participated in Medicaid expansion as a part of the Affordable Care Act



## Access Monitoring Plan



## Strategy & Approach

**OBJECTIVE:** Develop an Access Monitoring Review Plan that identifies data and incorporates beneficiary feedback to the extent that is necessary for West Virginia to monitor access to care, implement improvement strategies, and comply with CMS requirements



## Strategy & Approach

**ANALYZE** access monitoring data across specific Medicaid fee-for-service (FFS) service categories

**DEVELOP** a strategy to monitor access to care (ATC)

- Identify access monitoring baselines, assumptions, and trends
- Develop a schedule of reports to be distributed on a monthly, quarterly, and yearly basis
- Create vehicles for ongoing data collection (mailings, phone, email, etc.)



# FOCUS

## Strategy & Approach

IDENTIFY focus areas to measure access to care:

- Provider and member enrollment
- Utilization of services
- Requests for assistance
- Perceptions of ATC
- Medicaid, Medicare and other payer rates

# Data Analysis

- Member and provider enrollment increases/decreases
- Members per provider counts across the West Virginia Medicaid network
- Member utilization rates
- Geographic representations of member and provider locations
- Average distance travelled per member
- Average distance of available service provider
- Rate comparisons across Medicare and other private payers
- Managed care rates compared to FFS
- Medicare rates compared to managed care and FFS



## Results

### NEXT STEPS:

- Gather and integrate feedback from the stakeholder community
- Finalize additional analysis
- Submit Access Monitoring Plan to CMS
- Commence monitoring of ATC
- Identify potential areas for improvement
- Identify areas for expanding ATC monitoring





# Substance Use Disorders Waiver



# Strategy & Approach

## STATEMENT OF NEED

- West Virginia #1 in the nation for overdose deaths, increased 65% in six years
- Prevalence of SUDs has broader impact on overall economic health of the state (e.g., lower per capita income, higher unemployment rate)
- Some targeted attempts by State to address the crisis (e.g., shutting down “pill mills”) and Governor has made commitment to address larger issues
- Hope for waiver to enable West Virginia to take a systemic approach to addressing behavioral health issues across State



# Strategy & Approach

## INTRODUCTION

- Comprehensive set of substance use disorders (SUD) treatment and care coordination services available across Medicaid population with hope of achieving system-wide change
- Expectation to serve ~85% of Medicaid population through managed care delivery system by end of FY2017
- Medicaid managed care plans to receive a financial incentive in form of adjusted capitation rates and quality incentives for facilitating this effort



## Data Analysis

- Analysis of prevention and treatment services and service delivery
- Confirm changes made to behavior health services and MCO reimbursement (through 1115 Medicaid Waiver) will be cost neutral for West Virginia Medicaid program
- Understand historical costs— Services spend to treat SUD and Neonatal Abstinence Syndrome (NAS) to calculate cost neutrality

# Data Analysis

## QUALITY MEASURES:

- SUD measures reported by MCOs
- Initiation and Engagement
- SUD Treatment Provided/Offered at Hospital Discharge
- Follow-up after emergency department (ED) discharge
- Assess the impact of providing SUD services on:
  - Readmission rates to the same level of care or higher
  - ED utilization
  - Inpatient hospital utilization
- Framework for evaluating successful care transitions between SUD levels of care, as well as linkages with primary care upon discharge



## Long-Term Support Services



## Strategy & Approach

DHHR considering policy options and reforms to reduce Long-Term Services and Supports (LTSS) spending and make quality LTSS accessible to West Virginians

PHASE 1 of LTSS Reform Initiative Planning Project focused on:

- Analyzing the current LTSS environment
- Making future environment forecasts
- Researching potential LTSS reform options to improve quality and contain costs



## Strategy & Approach

Analysis of utilization and paid claims data looking at certain procedure codes and different demographics from Truven data warehouse used to assess the feasibility of potential changes to program

Supported by data analysis:

- For PACE (Program of All-inclusive Care for the Elderly), the costs appear to outweigh the benefits to support LTSS
- The Community First Choice (CFC) State Plan option appears to show promise in cost savings.



# Data Analysis

Data sources used to produce the estimates and models in LTSS report:

Data Source	Data Provided
Truven Advantage Suite Decision Support System	<ul style="list-style-type: none"><li>• Medicaid enrollment counts</li><li>• Utilization of Medicaid-covered services</li><li>• Average Medicaid payments per member for long-term care services</li></ul>
United States Census 2010	<ul style="list-style-type: none"><li>• Historical state-level population counts by age group</li><li>• Projections of elderly and non-elderly populations at the state level</li></ul>
Centers for Disease Control, Long-Term Care Services in the United States: 2013 Overview	Per capita use of adult daycare, nursing home, residential care, home health care, and hospice services for populations age 65 and older
West Virginia: 2014 State Long-Term Services and Supports Scorecard Results, The Commonwealth Fund	<ul style="list-style-type: none"><li>• Count of low-care needs nursing home residents</li><li>• Home health care and personal care aides per 1,000 for populations age 65+</li><li>• Comparison to national benchmarks</li></ul>



## Results

- If current service utilization and spending continues, West Virginia LTSS expenditures trending to increase by 21%
- WV 65 and over population projected to continue to increase at faster rate than total population
- Nationally, number of Medicaid nursing home residents decreasing slightly
- If nursing home utilization rates continue to increase at same pace as they have from 2010 and 2015, demand for nursing home beds likely to exceed current inventory of nursing home beds by 2020
- Among 65 and over population, nursing home costs growing at a faster rate than the growth in the nursing home population



## Questions to Consider

- What are the key drivers behind the significant growth in the <65 nursing home population?
- What are the characteristics of informal caregivers and the population they care for?
- Are informal caregivers likely to join the formal workforce over the next ten years, which may shift more people toward formal LTSS?
- What other factors might drive more people into formal services in the future?
- Important to consider questions that arose based on this analysis as part of larger LTSS reform planning efforts



# Results

## Community First Choice (CFC)

### Risks:

- Enrollment
- Financial
- Covered services
- Political
- Programmatic

### Potential benefits:

- No identified barriers to implementation
- CFC supplemental and would likely not replace existing state Medicaid programs
- Estimate ~11,000 people eligible and likely to enroll in CFC in West Virginia
- Potential savings of ~\$15 million per year in State dollars



## Results

### Community First Choice (CFC)

If West Virginia intends to continue to pursue CFC, more in-depth analyses required:

- Legal and regulatory analysis to determine need for legislative action to implement CFC
- Actuarial analysis to refine estimated financial impacts presented in report, including eligible populations that are not currently receiving services
- Determine if there are means to fund the planning and implementation, such as through existing State Innovation Model grant dollars and the MITA State Self-Assessment

# Other West Virginia Medicaid Innovation Initiatives

- State Innovation Models
- Medicaid Emergency Psychiatric Demonstration
- Health Care Innovation Awards
- Federal Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration
- Transforming Clinical Practices Initiative