WEST VIRGINIA MEDICAID MOUNTAIN HEALTH PROMISE

ANNUAL REPORT

State Fiscal Year 2025
(July 2024-June 2025)

September 30, 2025

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES

Bureau for Medical Services

Cynthia Beane, MSW, LCSW
Commissioner,
Bureau for Medical Services

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A Message from the Commissioner

Cynthia Beane, Commissioner of the Bureau for Medical Services

I am pleased to present the West Virginia Department of Human Services (DoHS), Bureau for Medical Services (BMS) State Fiscal Year (SFY) 2025 Annual Report. This report provides an overview of BMS's accomplishments in serving our Mountain Health Promise (MHP) population.

MHP provides managed care services to children in foster care and adoptive care, as well as former foster youth up to age 26. By administering this program, BMS ensures that 27,643 children in this vulnerable population have their health care needs met. During SFY25, BMS continued to utilize the MHP program to deliver needed supports and services to these populations.

Aetna Better Health of West Virginia (ABHWV) is the single managed care organization (MCO) responsible for administration of MHP. Providing MHP services under one MCO allows for specialized services tailored to the unique needs of the MHP population. ABHWV's provision of services emphasizes key strategies, such as addressing adverse childhood experiences, delivering trauma-informed care, and ensuring seamless transition out of foster care for youth. ABHWV continues to make strides toward quality improvement and addressing the needs of its population.

The Annual Report demonstrates that ABHWV and BMS are focused on improving performance measure outcomes and the MHP program is performing better than the national average in several areas. Also discussed are new projects aimed at supporting children and families, including the Promise Project, a program started in SFY25 that is designed to ensure each child receives individualized care tailored to their unique needs and strengths.

I encourage you to review this report in its entirety to see how BMS has used MHP to provide the best quality care for West Virginians throughout SFY25.

Agency Overview

Department of Human Services

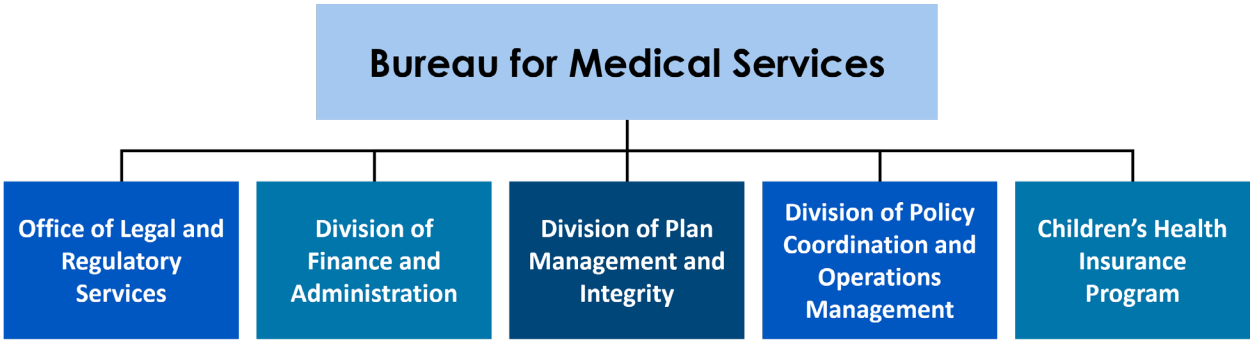
The West Virginia Department of Human Services (DoHS) promotes a thriving and healthy West Virginia through providing access to critical health care, essential social services and benefits, and trusted information, with a special emphasis on vulnerable populations. DoHS's mission is to promote and provide health and human services to the people of West Virginia to improve their quality of life and health outcomes. DoHS comprises the following areas:

- Bureau for Social Services (BSS).
- Bureau for Medical Services (BMS).
- Bureau for Child Support Enforcement (BCSE).
- Bureau for Family Assistance (BFA).
- Bureau for Behavioral Health (BBH).
- Office of Drug Control Policy (ODCP).
- Boards and Commissions.

Bureau for Medical Services

BMS is the designated single state agency responsible for the administration of the State's Medicaid program and for providing access to appropriate health care for eligible West Virginians. BMS establishes and administers overall strategic direction and priorities for the Medicaid program. BMS is organized into various divisions and sections, each of which works together to achieve the effective and efficient administration and support of the overall Medicaid program. The four BMS divisions are identified in *Figure 1*. The Division of Plan Management and Integrity encompasses the Office of Managed Care, which monitors and oversees the MHP program.

Figure 1: BMS Organizational Structure

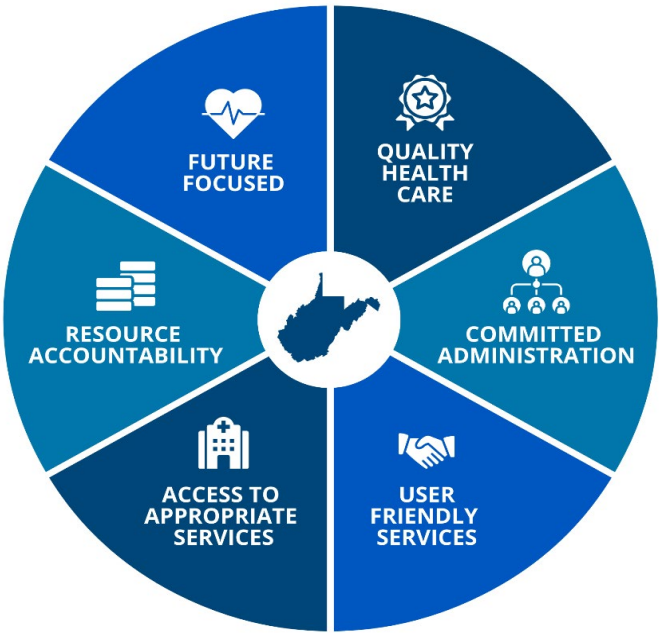


BMS Mission

BMS is committed to administering the Medicaid program, while maintaining accountability for the use of resources in a way that ensures access to appropriate, medically necessary, and quality

health care services for all members — providing these services in a user-friendly manner to providers and members alike and focusing on the future by providing preventive care programs. See *Figure 2* for a visual depiction of the West Virginia BMS Mission.

Figure 2: West Virginia BMS Mission



Program Oversight

The BMS Medical Services Fund Advisory Council (MSFAC) meets quarterly to provide BMS with input on the Medicaid Services Fund, disbursements from the fund, and the provision of health and medical services. The MSFAC includes providers, members, legislators, and agency staff who advise BMS on a range of issues, including quality activities and program administration. These MSFAC meetings provide the State with a high level of oversight of program administration issues and promote continuous improvement in all aspects of the Medicaid program (e.g., enrollment, health care delivery, external monitoring, etc.).

Program Overview

What is Medicaid?

Medicaid is an important safety net in the health care system, providing publicly funded health insurance coverage to millions of low-income Americans. The program was signed into law in 1965 and authorized under Title XIX of the Social Security Act (SSA). It began as a cash assistance program for parents and children with low income and people with disabilities. Medicaid has evolved over time to cover more people and offer a broad array of health care services.

Who Does Medicaid Help?

Medicaid provides medical care to eligible U.S. citizens in their communities or in institutional settings, such as nursing homes, who otherwise may not be able to afford care. Federal law requires states to cover certain groups of individuals, such as families with low income, qualified pregnant women and children, and individuals receiving Supplemental Security Income (SSI). States also have the option to cover other groups of individuals who otherwise may not be eligible under the federal standards. Medicaid provides a comprehensive set of services, including basic medical care and preventive treatment, as well as ancillary services like transportation and long-term care support. West Virginia expanded coverage to low-income adults under the Affordable Care Act Medicaid expansion option and integrated these members into the MHT delivery system.

How is Medicaid Funded?

Medicaid is funded by a federal and state government partnership that shares the cost of covering eligible individuals. The Centers for Medicare & Medicaid Services (CMS) establishes a Federal Medical Assistance Percentage (FMAP) rate each year for every state. This FMAP varies across states and provides reimbursement to states based on the average per capita income for each state relative to the national income average.

States like West Virginia with lower average incomes[1] receive higher reimbursement rates from the federal government to support Medicaid program costs. This means that the federal government carries a larger share of the financial burden of West Virginia's Medicaid program. In federal fiscal year (FFY) 2025, West Virginia's starting FMAP rate was 73.84%. This means the

[1] United States Census Bureau. West Virginia.

federal government reimbursed West Virginia approximately $0.74 of every eligible dollar spent on Medicaid. Please visit this link to learn more about FMAP.

Mountain Health Promise

Program Overview

MHP is a specialized managed care program that BMS implemented in March 2020 under Section 1915(b) waiver authority of the SSA of 1981.[2] This section provides states the flexibility to modify their Medicaid program delivery system, including implementation of managed care.

The MHP program provides comprehensive physical and behavioral health services, children's residential care services, and socially necessary services administration. While certain services, such as pharmacy, LTC, and non-emergency transportation, are still provided on a fee-for-service (FFS) basis, the MHP program provides a holistic approach to health care services.

At the end of FFY25, the MHP program served approximately 27,643 children and youth in the following populations:[3]

- Children and youth in foster care or the adoption assistance program, which includes kinship care and legal guardianship.
- Children age 3-21 who are concurrently enrolled in the West Virginia Children with Serious Emotional Disorders 1915(c) Waiver (CSEDW), which provides an array of home and community-based services (HCBS) that enable children to remain in their home and community.

Throughout SFY20 to present, BMS contracts with one MCO, ABHWV, to serve members of the MHP program. Through MHP, ABHWV provides medical, dental, behavioral health, and residential services, as well as certain socially necessary services. Visit the ABHWV website to view a list of covered services under the MHP program. Medicaid members that qualify for the MHP program are automatically enrolled into the program.

Providing MHP services under a single MCO allows for the provision of specialized services, tailored to the unique needs of this population. ABHWV's provision of services takes into account the complex needs of children in the foster care system by emphasizing trauma-informed care, consideration for adverse childhood experiences, and specialized procedures to ensure the smoothest possible transition out of foster care into adulthood.

MHP Foster Care Population

Foster care is a comprehensive, complex array of services for children and youth who, for any number of reasons, cannot live with their families. It is part of the larger child welfare system designed to support and nurture the healthy development of children and their families.[4] The BSS oversees the administration of West Virginia's foster care program. Foster care is intended to be a partnership of all parties involved, including DoHS, families, children, foster parents,

[2] Social Security Administration. Provisions Respecting Inapplicability and Waiver of Certain Requirements of This Title, SSA of 1981, Sec. 1915. [42 U.S.C. 1396n].
[3] West Virginia Census and MHP encounter data through July 1, 2025, as of August 2025.
[4] West Virginia DoHS. Foster Care Policy. May 2022.

courts, private agencies, and other entities, including MCOs such as ABHWV. There are three primary purposes for foster care:[5]

- To reunite the child in foster care with their family by providing interventions aimed at reunification whenever possible and when the safety of the child can be assured.
- To provide a permanent substitute living arrangement for the child in foster care when reunification is not possible. Such an arrangement may include adoption, placement with relatives, legal guardianship, or another court-sanctioned permanent living arrangement.
- To aid a child over the age of 14 with attaining independent living skills necessary to become a successful adult.

Entering foster care is a traumatic event for any child, no matter what circumstances led to the removal from their caregivers, and many children in the foster care system have experienced ACEs that make them susceptible to future mental and physical health conditions.[6] Providing Medicaid services to this population through the MHP program is essential to bridge potential gaps created by these experiences.

All children entering or re-entering foster care must have:

- A comprehensive early and periodic screening, diagnostic, and treatment (EPSDT) exam within 30 calendar days of placement in foster care.
- A follow-up visit within 90 calendar days of placement in foster care, as needed.

Once the child is enrolled in the MHP program, ABHWV is responsible for working with the assigned BSS Child Protective Services (CPS) worker to ensure these important health assessments, exams, and follow-up visits are performed in a timely manner.

Adoption Assistance

Adoption assistance subsidies are provided by the State to encourage adoption of children with circumstances that may inhibit their adoption:[7]

- They have a physical or mental disability.
- They have emotional disturbances.
- They are children age 8 or older.
- They are a part of a sibling group.
- They are a member of a racial or ethnic minority.

Legal Guardianship

A legal guardianship is a judicially created and legally binding relationship between a child and caretaker, which includes the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the child, custody of the

[5] Ibid.
[6] American Academy of Pediatrics. Adverse Childhood Experiences and Foster Care Placement Stability. Kiley W. Liming, PhD; Becci Akin, PhD; Jody Brook, PhD. 2021.
[7] West Virginia Legislature. Chapter 49. Child Welfare, §49-4-112. Subsidized adoption and legal guardianship; conditions.

child, and decision-making.[8] Under legal guardianship arrangements, the State can provide assistance payments to grandparents and other kin/relatives.

Kinship Care

Kinship care is a form of legal guardianship in which the designated guardian is, "any person related to the child by blood or marriage including cousins and in-laws. This includes persons who the child considers a relative, such as a godparent or significant others whom the child claims as kin."[9]

Children with Serious Emotional Disorder Waiver

The CSEDW is an HCBS waiver program authorized in the 1915(c) SSA. The 1915(c) waiver permits states to provide HCBS to support participants 3-21 years of age who reside in and out of state to support children and adolescents residing in their homes and communities to decrease the use of psychiatric residential treatment facilities.[10]

Members eligible for the CSEDW are automatically enrolled in MHP. ABHWV provides services under the CSEDW. ABHWV is responsible for coordinating physical, behavioral health, dental, and socially necessary services for each enrolled member. Members have a primary care provider (PCP) that acts as their medical home. The medical home promotes high quality, patient-centered care by providing a continuous source of care that is coordinated and accessible to the member.

MHP Program Support

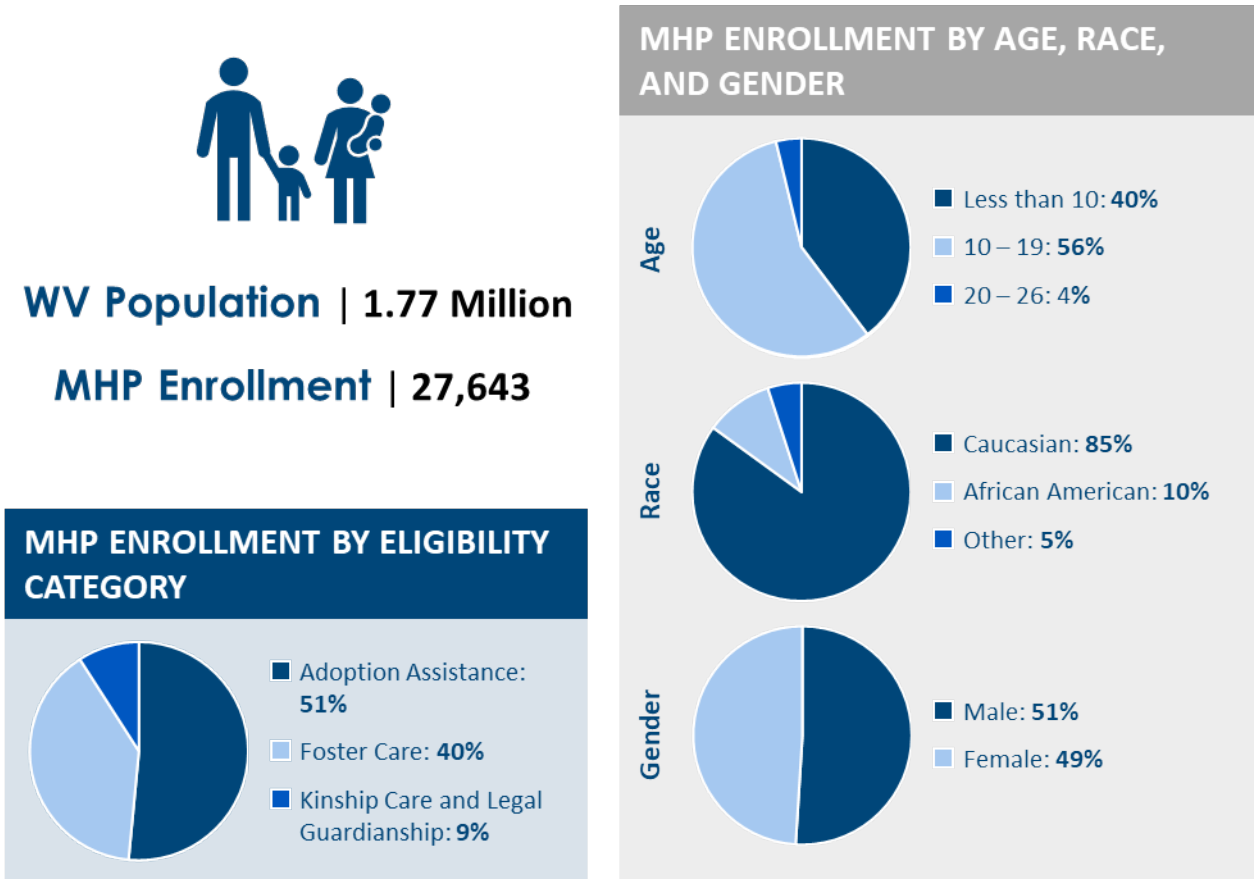
Additional support is provided to the MHP population through collaboration with DoHS's BSS, and the Bureau for Public Health (BPH). BPH and BSS are key partners in providing health care services; promoting the safety, permanency, and well-being of children and vulnerable adults; and supporting individuals with succeeding and strengthening their families.

MHP Enrollment and Demographic Information

At the end of FFY25, ABHWV had 27,643 members enrolled in the MHP program.[11] *Figure 3* represents MHP enrollment by eligibility category. *Figure 3* also provides a breakdown of MHP program membership by age, race, and gender.

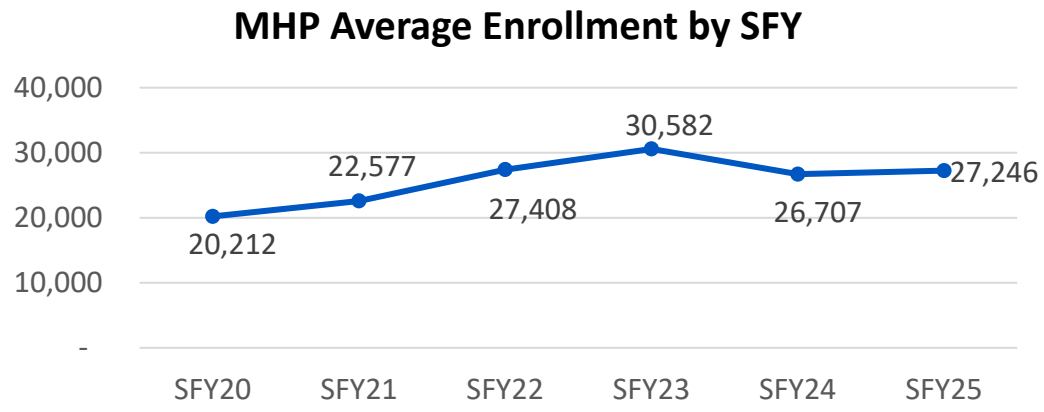
[8] West Virginia DoHS. Legal Guardianship Policy. January 2021.
[9] Ibid.
[10] West Virginia DoHS. Care at Home for Children with Serious Emotional Disorders.
[11] West Virginia DoHS. West Virginia Medicaid Managed Care and Fee for Service Monthly Report. July 2025.

Figure 3: MHP Enrollment by Eligibility Category[12]



The public health emergency (PHE) resulting from COVID-19 had a significant impact on Medicaid enrollment in recent years. CMS suspended Medicaid disenrollment and ensured eligible members remained covered during the PHE. This ended with the PHE expiration in May 2023. *Figure 4*[13] shows the steady increase in the number of individuals enrolled in the program from SFY20-SFY22 with declines in average enrollment in SFY23-SFY24. Enrollment has slightly increased in SFY25.

Figure 4: MHP Average Enrollment by SFY



[12] West Virginia Census and MHT encounter data through July 1, 2025, as of August 2025.
[13] Ibid.

Program Expenditures

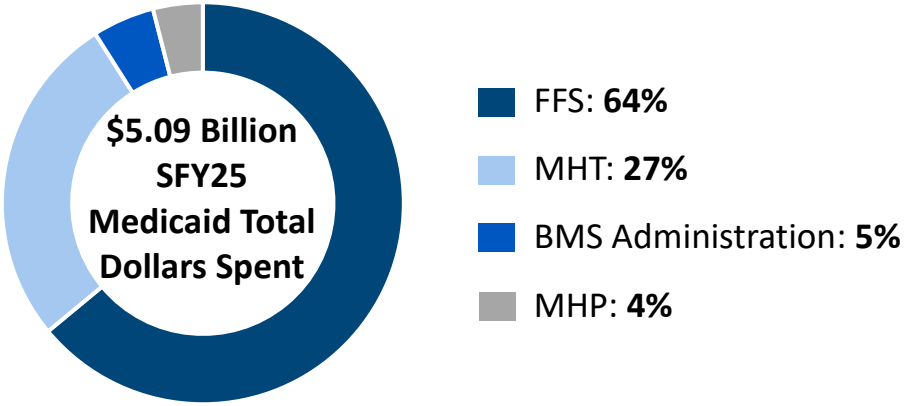
The data presented in *Figure 5* reflects the total SFY25 expenditures for the Medicaid programs. The figures below present the percentage of total expenditures sourced from the federal and state spend for SFY25. Medicaid members in West Virginia receive care through one of two delivery methods — Medicaid managed care and FFS. Medicaid managed care is divided into MHP and Mountain Health Trust (MHT), which serves the Medicaid and West Virginia Children's Health Insurance Program population in the state. The MHP SFY25 expenditures represent approximately 4% of the total federal and state spend.

Figure 5: SFY25 Medicaid Spending by Program

Spending

$192 Million Total MHP Expenditures in SFY25*	MHP accounts for **4% of total SFY25 Medicaid Spending**
74% federal dollars	26% state dollars
Total Federal Spend $141.9 million	**Total State Spend** $50.1 million

*Includes $45.9 million total funds for the Children with Serious Emotional Disorder Waiver.



Data based on CMS-64 reporting for SFY25.

MHP Programs and Initiatives

In providing MHP services to children, ABHWV utilizes a variety of tools and strategies that take into account the complex needs of its members, streamlining service provision and improving quality outcomes.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are defined as stressful or traumatic events, including abuse and neglect. They may also include household dysfunction, such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.

ACEs are common among children in the foster care system, with national studies showing 48.3% of foster children reporting 4-plus ACEs.[14] ACE assessments are completed during initial enrollments into supportive and intensive levels of case management and are used to navigate care planning. During SFY25, ABHWV partnered with the ACEs Coalition of West Virginia on the following accomplishments under their strategic plan:

- Increased the capacity of the Coalition website to make ACE educational resources more streamlined and accessible and to promote and track training.
- Developed an age-appropriate ACE training specifically for adolescents.
- Assessed the level of ACEs awareness across professions and utilized Preventing ACEs assessment results to guide the provision of training where it is needed most.
- Hosted an ACEs conference in West Virginia that targeted 150-plus participants representing diverse professions.
- Expanded from a goal of 20 trainers to 146 ACEs trainers (including 12 Master Trainers), dramatically increasing the State's capacity to deliver trauma-informed education across communities.

Trauma-Informed Care

The population served by MHP is uniquely likely to require trauma-informed care (TIC) due to the difficulties of separation from family and other potential traumas faced in childhood (e.g., ACEs). TIC is defined as an approach to care that seeks to:

- Realize the widespread impact of trauma and understand paths for recovery.
- Recognize the signs and symptoms of trauma in patients, families, and staff.
- Integrate knowledge about trauma into policies, procedures, and practices.
- Actively avoid re-traumatization.

[14] Centers for Disease Control and Prevention. National Health Statistics Reports, Adverse Family Experiences Among Children in Nonparental Care. Matthew D. Bramlett, Ph.D., Laura F. Radel, M.P.P. May 7, 2014.

As the sole provider of MHP services, ABHWV emphasizes TIC practices through training and programming for providers and members.

- A number of ABHWV staff are trained to deliver TIC training to providers and foster parents. Several provider groups and all network personal care providers have received TIC training from ABHWV staff.
- The ABHWV provider-facing website contains 16 virtual training sessions on TIC for providers to take at their leisure. Providers can also request additional training through the Provider Relations department.
- All ABHWV-developed trainings are through a trauma-informed lens.

Child and Adolescent Needs and Strengths

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision-making, including level of care and service planning, to facilitate quality improvement initiatives and to allow for the monitoring of outcomes of services.[15] CANS allows ABHWV to assess a child's needs, evaluate any gaps in care, and build individualized supports for the child.

MHP Technology

In order to streamline communications and resource availability to members and stakeholders, ABHWV utilizes innovative technology platforms. FamilyCare Central (FCC) is ABHWV's online communication portal built for DoHS staff and adoptive families. Features and functions of the application include, but are not limited to:

- Information on member medical identification (ID) card, care manager contact information, active and past medications, claims status, appointments, and immunizations.
- Community resources local to member's residence.
- Personalized value-added benefit chart.
- Appeals and grievances status and procedures.
- Admission, discharge, and transfer information.
- Secure portal for members to send messages to the care manager.

FCC has over 600 registered users including DoHS staff, the West Virginia Foster Care Ombudsman (FCO), and adoption agency representatives. Information about FCC is provided in the post-adoption packet for adoptive families. FCC training is also a mandatory training for all DoHS case workers and managers, ensuring all staff involved in a child's care have access to comprehensive information regarding their health status, needs, and resources.

[15] The John Praed Foundation. The Child and Adolescent Needs and Strengths (CANS).

Aging Out Services

The transition out of foster care can be a challenging time for young adults, with high risk of housing instability and future mental and physical health challenges.[16] Studies have shown that 31%-46% of former foster care youth had been homeless at least once by age 26.[17] Providing supports to ease this transition is an essential service to set former foster care youth up for success in their adult lives.

Foster Care

ABHWV care management staff use specialized tools when working with members aging out of the foster care system. Charting the LifeCourse is a person-centered planning framework that helps develop a vision for a full and meaningful life, incorporating the services and supports needed to get there. This framework creates and documents an individual plan with objectives that promote self-efficacy and personal satisfaction.

ABHWV care managers provide support and care coordination through transitions by making referrals to community-based supports.

CSEDW

Starting at age 15, ABHWV's CSEDW team works with children to provide supports with the transition to adulthood. Transition support activities include:

- Assisting with Free Application for Federal Student Aid completion.
- Assisting with sign-up for standardized testing for higher education.
- Assisting with opening a bank account.
- Assisting with money management and budgeting.
- Education about completing taxes.
- Assisting with trade school information and sign-up.
- Assisting with social skills and secondary education efforts.

ABHWV assists youth with obtaining and maintaining employment, offering services for job placement and development, skills training, and career planning and management. ABHWV also covers select non-recurring expenses to facilitate independent living, including:

- Security deposit payment to obtain a lease on an apartment or home.
- Household furnishings and moving expenses.
- Setup fees for deposits for utility services including phone, electricity, heating and water services.
- Services necessary for the individual's health and safety, such as one-time cleaning prior to occupancy and pest eradication.

[16] The Annie E. Casey Foundation. What Happens to Youth Aging Out of Foster Care? February 25, 2025.
[17] National Library of Medicine. Homelessness During the Transition From Foster Care to Adulthood. Amy Dworsky, Laura Napolitano, Mark Courtney. December 2013.

- Payment for linens, furniture, window coverings, bed/bath linens, etc.

Providing these supports is a key strategy used by ABHWV to set children up for successful futures and ensure a smooth transition.

Early and Periodic Screening, Diagnostic, and Treatment Benefit

ABHWV is charged with ensuring MHP member access to critical and comprehensive health care services. Over the past SFY, BMS worked with ABHWV to enhance and streamline required reporting for the EPSDT benefit. States are obligated to deliver all Medicaid services specified in Section 1905(a) that are suitable and medically required to address and improve health conditions.

According to federal regulations, EPSDT offers a full range of preventive health care services for children under 21 who are covered by Medicaid. EPSDT services encompass:[18]

- **Early:** Assessing and identifying problems early. For example, a pediatrician conducts a yearly physical to monitor a child's growth and development.
- **Periodic:** Checking children's health at periodic, age-appropriate intervals. For example, a child visits their dentist every six months to monitor their growth.
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems.
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified. For example, if a provider notices that a child might have some vision impairment, EPSDT would allow the provider to perform diagnostic testing to determine the root cause.
- **Treatment:** Control, correct, or reduce health problems found. For example, if a child is determined to have hearing loss, EPSDT will pay for the child's hearing aid.

Two key EPSDT metrics that CMS, BMS, and the MCOs monitor are the screening ratio and the participation ratio.

- The screening ratio reflects the extent to which members received the recommended number of well-child screenings during the year. The screening ratio is calculated by dividing the number of screenings performed by the number of screenings expected.
- The participation ratio is calculated by dividing the number of members who received a screening or medical examination by the number of members who should have received the screening or medical examination.
- Both ratios are important to determine the overall number of screenings performed by each MCO and to determine the percentage of children receiving the recommended/ required screenings.

Table 1 compares the MHP program's screening and participation ratio metrics to the national average. BMS and ABHWV actively monitor program activities and performance metrics to create strategies and initiatives to promote the EPSDT benefit and improve health outcomes.

[18] Medicaid.gov. Early and Periodic Screening, Diagnostic, and Treatment.

Table 1: MHP EPSDT Metrics

Metric	ABHWV%[19]	National Average[20]
Screening Ratio	75%	62%
Participation Ratio	62%	51%

As shown in *Table 1*, the MHP program is performing better than the national average for screening and participation ratios. MHP has also improved in both ratios from SFY24; however, ABHWV has identified several barriers to improving EPSDT rates:

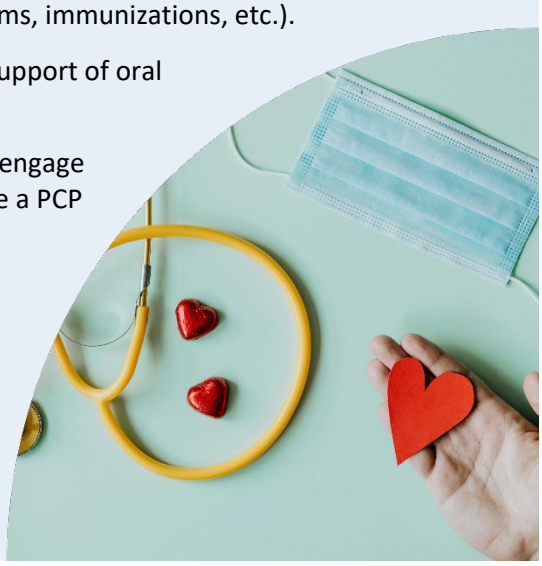
- Transportation and access in rural areas.
- Parents are less likely to take a child out of school for a well-child visit.
- Engaging adolescents in preventive care becomes increasingly difficult as they age.

Despite the above challenges, the MHP program is actively developing targeted strategies, outreach initiatives, and community partnerships to enhance EPSDT screening and participation rates.

Measure of Success: ABHWV Accomplishments

In SFY25, ABHWV invested in numerous community initiatives to improve MHP member health, focusing on social determinants of health (SDOH) and EPSDT outreach. Achievements include the following:

- Provided opportunities for members to receive upcoming or overdue preventive and age-appropriate health measures (well-child exams, immunizations, etc.).
- Implemented a new outreach text campaign in support of oral evaluation and dental services quality measures.
- Established live member outreach campaigns to engage parents/caregivers of members who did not have a PCP visit in previous year.
- Collaborated with the Marshall Health Community Health Worker Program to address the needs of members with chronic conditions and address SDOH, including food assistance, transportation access, financial assistance, and other non-clinical barriers to wellness.



[19] MCO-reported data for FFY 2024 (October 1, 2023 through September 30, 2024).
[20] Data is CMS calculated by MCO reporting for FFY23 (October 1, 2022 through September 30, 2023).

The Promise Project

In SFY25, DoHS and ABHWV announced The Promise Project, a collaboration to support children and families by ensuring each child receives individualized care tailored to their unique needs and strengths. By focusing on the whole child, the project aims to place youth in the right environment for the appropriate duration, facilitating smoother transitions back to their families and loved ones.

Key components of The Promise Project include:

- **Putting Faces to Cases:** DoHS collaborates with ABHWV to conduct comprehensive assessments of each child's clinical needs. By identifying strengths and needs, the team ensures children receive the right level of care in the most suitable environment.
- **Provider and Child Placing Agency Meetings:** Regular meetings are held to discuss the needs of children who require a lower level of care but cannot yet return to their families. These sessions include detailed presentations of each child's history, preferences, and abilities with input from the DoHS worker, ABHWV case manager, and other involved parties. Youth are encouraged to express their interests and desires through letters to the group.
- **Placement Intervention Team:** This team, comprising employees from DoHS' BSS, ABHWV, and the West Virginia Integrated Continuum of Care Coalition, meets weekly to address the needs of children without placement and those requiring new placements. The team reviews efforts, makes recommendations, and ensures follow-up to facilitate appropriate transitions.

Foster Care Ombudsman

The FCO is a unit within the Office of Inspector General that advocates for the rights of foster children and foster/kinship parents, investigates and resolves complaints, and makes recommendations for child welfare reform. During the 2019 and 2020 legislative sessions, House Bills 2010 and 4094 relating to foster care, enabled an independent FCO. The Ombudsman is required to have experience as a former foster parent or in the area of child welfare. The FCO published an initial report for the MHP program in March 2021 focusing primarily on unit development and initial impressions. Sequential reports provided on a quarterly basis aggregate to annual reports in conformance with applicable legislation. To learn more about the FCO reports, click here.

Quality Assurance

The BMS Office of Quality Management (OQM) is responsible for monitoring and overseeing continuous improvement of MHP. The OQM leads collaboration with internal and external stakeholders to develop quality initiatives and seek input to ensure delivery of evidence-based, high-quality health care services.

Access to high-quality health care is an essential element in fostering healthy and prosperous communities and families.[21] BMS is committed to a strong quality and performance improvement approach that ensures the MHP program will continue to deliver quality, accessible care to members while simultaneously driving improvement in key areas.

External Quality Review

Annual Technical Report

A core component of the BMS mission is to guarantee services provided for Medicaid members are not only effective but also readily available and delivered efficiently. The Annual Technical Report (ATR) published by BMS evaluates key activities including quality access to care, and timeliness of services. The ATR serves as a valuable tool for understanding the program's performance and identifying areas for improvement.

Want to Know More?

Click here to view the 2024 ATR.

To achieve these objectives, BMS relies on its contracted external quality review organization (EQRO) vendor, Qlarant Quality Solutions (Qlarant), to conduct a comprehensive independent evaluation to assess the compliance of West Virginia's Medicaid program. During the process, Qlarant examines the performance of the program, assessing its strengths and identifying any areas for improvement. The external review focuses on areas, such as service quality, service accessibility, and timeliness of care.

When the EQRO completes its evaluation, BMS demonstrates its commitment to transparency and accountability by publishing the ATR. The report is a public document outlining the findings of the review and detailing how well the State has managed the Medicaid program and ABHWV. This report serves as a valuable tool for guiding future program development and ensuring continued high-quality health care access for West Virginia's Medicaid members.

External Quality Review Conclusions

Qlarant's evaluation found that West Virginia's MHP program continues to make progress toward improving the quality of and access to health care services for its Medicaid members.

Qlarant also noted that ABHWV demonstrated its commitment to quality and quickly responded to recommendations or requests for corrective actions. Performance continues to trend in a positive direction and provides evidence of improved quality, accessibility, and timeliness. Qlarant observed that ABHWV was methodical in its approach in reaching Performance

[21] West Virginia Executive. Hurdles to Health, The State of Health Care in West Virginia. Olivia Miller. February 22, 2023.

Improvement Project (PIP) and quality improvement goals. The MHP program initiated a new Lead Screening in Children (LSC) PIP and reported improvement in another state-mandated PIP, Care for Adolescents. ABHWV conducted barrier analyses and implemented member, provider, and MCO interventions to achieve their goals. The interventions included member incentives, provider incentives, children's wellness clubs, targeted outreach, educational workshops, and no-cost transportation services. These interventions addressed root causes or barriers to improvements and led to improvements in processes and health outcomes.

For the self-selected measure Reducing Out-of-State Placement for Children in Foster Care, ABHWV introduced several key interventions including creating a youth priority list, coordinating efforts within the West Virginia System of Care, and increasing provider capacity for youth with severe emotional disorders. ABHWV will continue to create interventions, goals, and objectives to improve the health services and outcomes for MHP members.

MCO Quality Performance Profile

Accreditation

Health plans (or MCOs) earn National Committee for Quality Assurance (NCQA) accreditation through an independent review of the health plan's systems and processes, which evaluates multiple dimensions of care, service, and efficiency. An NCQA accreditation survey involves on-site and off-site evaluations conducted by a survey team of physicians and managed care experts. NCQA health plan accreditation standards are used to perform gap analysis and determine areas of improvement.

Want to Know More?

For more information on the NCQA accreditation process and detailed information on MCO ratings, visit here.

Health plan ratings differ from accreditation. A health plan's overall rating is the weighted average of the plan's Healthcare Effectiveness Data and Information Set (HEDIS®)[22] and Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[23] measurement ratings. Plans also earn bonus points for current accreditation. The overall rating is based on a five-point scale (1=lowest performance/5=highest performance). MCOs achieve certain distinctions through NCQA, including the health equity accreditation. See *Table 2* for ABHWV accreditation, rating, and distinction.

Table 2: MCO Accreditation

MCO	NCQA Accredited	Overall Rating[24]	Additional Program
ABHWV	Yes	3.5	Health Equity Accreditation

[22] HEDIS. HEDIS is a registered trademark of the NCQA.

[23] CAHPS® assesses health care quality by asking patients to report their experiences with care rendered by health plan providers.

[24] 5-point scale (1=lowest performance/5=highest performance).

Health Outcomes

HEDIS® Measures

HEDIS® is a comprehensive set of standardized performance measures designed by NCQA to assess the effectiveness of various health plans and provide consumers with the information they need to compare health plan performance. Qlarant conducted external quality review (EQR) activities in West Virginia throughout 2024 and evaluated MCO compliance for measurement years (MY) 2023 and 2024. This inclusion allows for a comparative analysis of each MCO's performance over time, highlighting trends and areas for improvement. It is important to note that some HEDIS® measure specifications are updated or retired and new measures are introduced over time to better align with health data standards and support new models of care delivery. This may influence the interpretation of certain year-over-year trends.

Table 3 highlights MHP State-mandated and ABHWV selected PIP measures available for MY23. The PIPs are effective tools for identifying barriers and implementing targeted interventions for the MHP program. The table compares the ABHWV MHP results to the NCQA quality compass national benchmark. In MY23, the State implemented a number of new PIP and HEDIS measures to further analyze the MHP program.

Table 3: MHP State and ABHWV PIP Measures[25]

Performance Measures	MY 2023 (ATR 2024)	Comparison to National Benchmark[26]
(WCV) Child and Adolescent Well-Care Visits (12-17 Years)^	62.30%	♦♦♦
(WCV) Child and Adolescent Well-Care Visits (18-21 Years)^ ++	36.24%	♦♦
(IMA) Immunizations for Adolescents – Combination 2^+	29.44%	♦
(W30) Well-Child Visits in the First 30 Months of Life: 15-30 Months^++	80.65%	NC
(LSC) Lead Screening in Children^++	67.88%	NC
(W30) Well-Child Visits in the First 30 Months of Life: 0-15 Months^++	60.31%	NC
Out-of-State Placements in Foster Care^^ *(lower rate is better)*	7.45%	NC

^ State-mandated PIP measure.
^^ MCO-selected PIP measure.
+ The IMA – Combination 2 measure has a different baseline year compared to the other measures.
++ These include measure results for the baseline year. An assessment of improvement will be available in the next annual report.
NC=Not Calculated; indicates an average rate and/or comparison to benchmarks could not be calculated due to unreported data and/or no benchmark available.
♦♦♦ MCO rate is equal to or exceeds the NCQA Quality Compass 75th percentile but does not meet the 90th percentile.
♦♦ MCO rate is equal to or exceeds the NCQA Quality Compass National Average, but does not meet the 75th percentile.
♦ MCO rate is below the NCQA Quality Compass National Average.

[25] Table legend adapted from WV 2024 ATR.
[26] Ibid.

Findings from the 2024 ATR demonstrate that ABHWV and BMS are focused on improving performance measure outcomes and the MHP program is performing better than the national average in several areas. With the implementation of new PIP measures, ABHWV conducted interventions including creating a children's wellness club to encourage children to participate in wellness activities and promoting their no-cost transportation services for members.

BMS continues to monitor MCO reporting to ensure quality services and improvements are continuously addressed and adapted based on emerging needs and data insights. The MHP program has seen improvements in several program measures in the last SFY; however, there are identified areas for improvement. *Table 4* includes additional performance measures of interest for the MHP program.

Table 4: Additional MHP Performance Measures

Performance Measures	MY 2023 (ATR 2024)*	Comparison to National Benchmark[27]
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Percentile (Total)	92.94%	♦♦♦♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use – 30-Day Follow-Up (Total)	49.46%	♦♦♦♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use – 30-Day Follow-Up (13-17)	43.28%	♦♦♦♦
(WCV) Child and Adolescent Well-Care Visits (3-11 Years)	67.35%	♦♦♦
(WCV) Child and Adolescent Well-Care Visits (Total)	59.68%	♦♦♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness – 30-Day Follow-Up (Total)	58.05%	♦♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition (Total)	76.40%	♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity (Total)	75.43%	♦♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness – 30-Day Follow-Up (6-17 Years)	71.50%	♦♦
(IMA) Immunizations for Adolescents – HPV	30.41%	♦

* ABHWV's HEDIS measure results combine performance in both the MHT and MHP programs per NCQA reporting requirements.

♦♦♦♦ MCO rate is equal to or exceeds the NCQA Quality Compass 90th percentile.

♦♦♦ MCO rate is equal to or exceeds the NCQA Quality Compass 75th percentile, but does not meet the 90th percentile.

♦♦ MCO rate is equal to or exceeds the NCQA Quality Compass National Average, but does not meet the 75th percentile.

♦ MCO rate is below the NCQA Quality Compass National Average.

[27] Ibid.

Measure of Success: Quality Improvement

In SFY25, ABHWV shared the following quality improvement activities for the MHP program:

- Expanded HEDIS® supplemental data feeds with health care providers and health information exchanges to ingest member-level clinical data for documentation of care gap closure and to support care coordination.
- Continued enhancement of Healthy Rewards incentive program and value-added benefit offerings for members who achieve timely and recommended preventive care and care related to chronic disease management.

Child Welfare Dashboard

DoHS maintains a Child Welfare Dashboard that tracks out-of-home placement for children and youth in West Virginia. The goal of the MHP program is to prioritize in-state placements for residential care services whenever possible. This dashboard is another way of tracking key performance indicators related to child welfare placements. To view the Child Welfare Dashboard, visit the DoHS site.

Additional Resources

West Virginia Medicaid Resources

- DoHS Bureau for Medical Services
- West Virginia Department of Human Services
- Mountain Health Promise
- Centers for Medicare & Medicaid Services
- Medicaid.gov
- Your Guide to Medicaid
- 2024-2027 Managed Care Quality Strategy

Federal Medicaid Funding

- Financial Management of Medicaid Services

West Virginia EQR Results

- 2024 Annual Technical Report
- NCQA Accreditation Process
- NCQA's Health Plan Report Card for West Virginia
- West Virginia DoHS Overview of all Medicaid Reports

Contact Information

Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301
Phone: (304) 558-1700
https://wv.accessgov.com/bms/Forms/Page/contactbms/contact-bms/

Aetna Better Health of West Virginia, Inc.
500 Virginia Street East, Suite 400
Charleston, WV 25301
www.aetnabetterhealth.com/westvirginia

Appendix

Acronyms List

Acronym	Definition
ABHWV	Aetna Better Health of West Virginia
ACE	Adverse childhood experience
ATR	Annual Technical Report
BMS	Bureau for Medical Services
BSS	Bureau for Social Services
CANS	Child and Adolescent Needs and Strengths
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
CPS	Child Protective Services
CSED/CSEDW	Children with Serious Emotional Disorder/Children with Serious Emotional Disorder Waiver
CY	Calendar year
DoHS	Department of Human Services
EPSDT	Early and periodic screening, diagnostic, and treatment
EQR/EQRO	External quality review/external quality review organization
FCC	FamilyCare Central
FCO	Foster Care Ombudsman
FFS	Fee-for-service
FFY	Federal fiscal year
FMAP	Federal Medical Assistance Percentage
FUA	Follow-Up After Emergency Department Visit for Substance Use
FUM	Follow-Up After Emergency Department Visit for Mental Illness
HCBS	Home and Community-Based Services
HEDIS	Healthcare Effectiveness Data and Information Set
IMA	Immunizations for adolescents
LSC	Lead Screening in Children
LTC	Long-term care
MCO	Managed care organization
MHP	Mountain Health Promise Program
MHT	Mountain Health Trust Program

Acronym	Definition
MSFAC	Medical Services Fund Advisory Council
MY	Measurement year
NCQA	National Committee for Quality Assurance
OQM	Office of Quality Management
PHE	Public health emergency
PIP	Performance Improvement Project
SDOH	Social determinants of health
SFY	State fiscal year
SSA	Social Security Act
TIC	Trauma-Informed Care
W30	Well-care visits in the first 30 months of life
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
WCV	Well-care visit