

Network Adequacy and Access Assurances (NAAAR) Report for West Virginia: SFY 2025 Mountain Health Trust & Mountain Health Promise Programs

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
SFY 2025 Mountain Health Trust & Mountain Health Promise Programs	MCO	07/01/2024	06/30/2025	03/02/2026	Sydney Brown	Submitted

Section I. State and program information

A. State information and reporting scenario

Who should CMS contact with questions regarding information reported in the NAAAR? Follow-on communications related to this report will be made to the primary contact.

Use this section to report your contact information, date of report submission, and reporting scenario.

Number	Indicator	Response
IA.1	Contact name First and last name of the contact person.	Susan Deel
IA.2	Contact email address Enter email address. Department or program-wide email addresses are permitted.	susan.h.deel@wv.gov
IA.3	State or territory Auto-populates from your account profile.	West Virginia
IA.4	Date of report submission CMS receives this date upon submission of this report.	03/06/2026
IA.5	Reporting scenario Enter the scenario under which the state is submitting this form to CMS. Under 42 C.F.R. § 438.207(c) - (d), the state must submit an assurance of compliance after reviewing documentation submitted by a plan under the following three scenarios:Scenario 1: At the time the plan enters into a contract with the state;Scenario 2: On an annual basis;Scenario 3: Any time there has been a significant change (as defined by the state) in the plan's operations that would affect its adequacy of capacity and services, including (1) changes in the plan's services, benefits, geographic service area, composition of or payments to its provider network, or (2) enrollment of a new population in the plan.States should complete one (1) form with information for applicable managed care plans and programs. For example, if the state submits this form under scenario 1 above, the state should submit this form only for the managed care plan (and the applicable managed care program) that entered into a new contract with the state. The state should not report on any other plans or programs under this scenario. As another	Scenario 2: Annual report

example, if the state submits this form under scenario 2, the state should submit this form for all managed care plans and managed care programs.

B. Add plans

Enter the name of each plan that participates in the program for which the state is reporting data. If the state is submitting this form because it's entering into a contract with a plan or because there's a significant change in a plan's operations, include only the name of the applicable plan.

Plan names should match the plan names used in your Managed Care Plan Annual Report (MCPAR) for this program for the same reporting period.

Indicator	Response
Plan name	The Health Plan of West Virginia
	Aetna Better Health of West Virginia
	Wellpoint of West Virginia
	Highmark Health Options of West Virginia

C. Provider type coverage

If your standards apply to more specific provider types, select the most closely aligned provider type category and utilize the subcategory fields available in Section II. Program-level access and network adequacy standards under "Provider type covered by standard".

Number	Indicator	Response
N/A	Select all core provider types covered in the program	Primary Care Specialist Mental health Substance Use Disorder (SUD) OB/GYN Hospital Pharmacy Dental

D. Analysis methods

States should use this section of the tab to report on the analyses that are used to assess plan compliance with the state's 42 C.F.R. § 438.68 and 42 C.F.R. § 438.206 standards.

Number	Indicator	Response
N/A	<p>Is this analysis method used to assess plan compliance?</p> <p>Select "Yes" if the method is utilized to assess plan compliance with the state's standards, as required at 42 C.F.R. § 438.68.</p>	<p>Geomapping</p> <p>Utilized</p> <p>Frequency: Annually</p> <p>Plan(s): The Health Plan of West Virginia, Aetna Better Health of West Virginia , Wellpoint of West Virginia, Highmark Health Options of West Virginia</p> <p>Plan Provider Directory Review</p> <p>Utilized</p> <p>Frequency: Annually</p> <p>Plan(s): The Health Plan of West Virginia, Aetna Better Health of West Virginia , Wellpoint of West Virginia, Highmark Health Options of West Virginia</p> <p>Secret Shopper: Network Participation</p> <p>Utilized</p> <p>Frequency: Annually</p> <p>Plan(s): The Health Plan of West Virginia, Aetna Better Health of West Virginia , Wellpoint of West Virginia, Highmark Health Options of West Virginia</p> <p>Secret Shopper: Appointment Availability</p> <p>Not utilized</p> <p>Electronic Visit Verification Data Analysis</p> <p>Not utilized</p> <p>Review of Grievances Related to Access</p> <p>Not utilized</p> <p>Encounter Data Analysis</p> <p>Not utilized</p>

Section II. Program-level access and network adequacy standards

II. Program-level access and network adequacy standards

Report each network adequacy standard included in managed care program contract for this program as required under 42 CFR § 438.68; select "Add standard" to report each unique standard. 42 § CFR 438.206 standards will be addressed in section III. Plan compliance.

Standard total count: 13

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Primary care; PCP	Provider to enrollee ratios	Adult: One (1) provider for every five hundred (500) enrollees per county Pediatric: One (1) provider for every two hundred fifty (250) enrollees per county	Geomapping, Plan Provider Directory Review	Adult and Pediatric	Statewide
2	OB/GYN	Provider to enrollee ratios	One (1) provider for every one thousand (1,000) enrollees per county	Geomapping, Plan Provider Directory Review	Adult	Statewide
3	Primary care; PCP	Maximum time or distance	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	Geomapping, Plan Provider Directory Review	Adult and Pediatric	Statewide
4	OB/GYN	Maximum time or distance	Two (2) providers within twenty-five (25) miles or thirty (30) minutes travel time	Geomapping, Plan Provider Directory Review	Adult	Statewide

5	Specialist; Allergy, Audiology, Cardiology, Dermatology, General Surgery, Gastroenterology, Neurology, Occupational Therapy, Oncology, Ophthalmology, Orthopedics, Orthopedic Surgeon, Otolaryngology/Otorhinolaryngology, Physical Therapy, Pulmonology, Physical Medicine and Rehabilitation Specialist, & Speech Therapy	Maximum time or distance	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	Geomapping, Plan Provider Directory Review	Adult and Pediatric	Statewide
6	Specialist; Anesthesiology, Chiropractic, Dialysis, Durable Medical Equipment (DME), Endocrinology, Hematology, Home Health Services, Nephrology, Neurosurgery, Orthotics and Prosthetics, Pathology, Plastic Surgery, Podiatry, Radiology, Thoracic Surgery, & Urology	Maximum time or distance	One (1) provider within twenty (20) miles or thirty (30) minutes travel time	Geomapping, Plan Provider Directory Review	Adult and pediatric	Statewide
7	Hospital; Basic and Tertiary	Maximum time or distance	Urban: One (1) hospital within thirty (30) miles or forty-five (45) minutes travel time Rural: One (1) hospital within sixty (60) miles or ninety (90) minutes travel time	Geomapping, Plan Provider Directory Review	Adult and Pediatric	Urban and Rural
8	Dental; General	Maximum time or distance	Two (2) providers within twenty-five (25) miles or thirty (30) minutes travel time	Geomapping, Plan Provider Directory Review	Adult and Pediatric	Statewide

9	Dental; Specialist: Oral Surgeon and Orthodontist	Maximum time or distance	One (1) provider within forty-five (45) miles or sixty (60) minutes travel time	Geomapping, Plan Provider Directory Review	Adult and Pediatric	Statewide
10	Mental health; BH Provider: Psychologist, Psychiatrist, Licensed Professional Counselor (LPC), Licensed Independent Clinical Social worker (LICSW)	Maximum time or distance	Two (2) providers within forty-five (45) miles or sixty (60) minutes travel time	Geomapping, Plan Provider Directory Review	Adult and Pediatric	Statewide
11	Mental health; BH Facility - Adult Inpatient Psychiatric Unit	Maximum time or distance	Urban: One (1) hospital within thirty (30) miles or forty-five (45) minutes travel time Rural: One (1) hospital within sixty (60) miles or ninety (90) minutes travel time	Geomapping, Plan Provider Directory Review	Adult	Urban and Rural
12	Substance Use Disorder (SUD); Outpatient SUD Provider	Maximum time or distance	One (1) provider within forty-five (45) miles or sixty (60) minutes travel time	Geomapping, Plan Provider Directory Review	Adult and Pediatric	Statewide
13	Substance Use Disorder (SUD); Residential SUD Provider	Maximum time or distance	One (1) provider within forty-five (45) miles or sixty (60)	Geomapping, Plan Provider Directory Review	Adult and Pediatric	Statewide

Section III. Plan compliance

III. Plan compliance

Use this section to report on plan compliance with the state’s standards, as required at 42 C.F.R. § 438.68. This section is also used to report on plan compliance with 42 C.F.R. § 438.206 standards.

The Health Plan of West Virginia

A. Assurance of plan compliance for 438.68

Indicator	Response
A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state’s standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

Select “Enter/Edit” to provide details on standards that were either non-compliant or for which an exception was granted

Non-compliant standards for 438.68

Total: 8 of 13

2 Provider to enrollee ratios

One (1) provider for every one thousand (1,000) enrollees per county

Provider type(s)

OB/GYN

Analysis method(s)Geomapping, Plan
Provider Directory
Review**Region**

Statewide

Population

Adult

Plan deficiencies for The Health Plan of West Virginia: 42 C.F.R. § 438.68**Description**

THP was deemed noncompliant in 18 rural counties for OB/GYN capacity standards. THP appears to have been compliant in providing 90% or more of their female enrollees in all urban counties with at least two OB/GYNs or certified nurse midwives within the required travel time/distance. THP displayed deficiencies in 21 rural counties for geographic accessibility. Some counties including but not limited to, Clay, Gilmer, Mingo, Monroe, Pleasants, and Preston, displayed both capacity and geographic accessibility deficiencies for THP. (pg 8-9) THP submitted 6 exception requests for the following counties: Calhoun, Doddridge, Pendleton, Pocahontas, Ritchie, and Wirt stating there are no OB/GYN's available (or additional OB/GYN's) within the Counties or within the time/distance standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

4 Maximum time or distance

Two (2) providers within twenty-five (25) miles or thirty (30) minutes travel time

Provider type(s)

OB/GYN

Analysis method(s)Geomapping, Plan
Provider Directory
Review**Region**

Statewide

Population

Adult

Plan deficiencies for The Health Plan of West Virginia: 42 C.F.R. § 438.68**Description**

THP was deemed noncompliant in 18 rural counties for OB/GYN capacity standards. THP appears to have been compliant in providing 90% or more of their female enrollees in all urban counties with at least two OB/GYNs or certified nurse midwives within the required travel time/distance. THP displayed deficiencies in 21 rural counties for geographic accessibility. Some counties including but not limited to, Clay, Gilmer, Mingo, Monroe, Pleasants, and Preston, displayed both capacity and geographic accessibility deficiencies for THP. (pg 8-9) THP submitted 6 exception requests for the following counties: Calhoun, Doddridge, Pendleton, Pocahontas, Ritchie, and Wirt stating there are no OB/GYN's available (or additional OB/GYN's) within the Counties or within the time/distance standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

5 Maximum time or distance

Two (2) providers within twenty (20) miles or thirty (30) minutes travel time

Provider type(s)

Specialist; Allergy, Audiology, Cardiology, Dermatology, General Surgery, Gastroenterology, Neurology, Occupational Therapy, Oncology, Ophthalmology, Orthopedics, Orthopedic Surgeon, Otolaryngology/Otorhinolaryngology, Physical Therapy, Pulmonology, Physical Medicine and Rehabilitation Specialist, & Speech Therapy

Analysis method(s)	Region	Population
Geomapping, Plan Provider Directory Review	Statewide	Adult and Pediatric

Plan deficiencies for The Health Plan of West Virginia: 42 C.F.R. § 438.68

Description

THP's network displayed deficiencies in all types of frequently used specialists, excluding their network of physical therapists. The following rural counties appeared to have more than five categories of frequently used medical specialists with no Medicaid enrollees provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (nine networks), Calhoun (eight networks), Tyler (seven networks), Gilmer (six networks), and Hardy (six networks). THP submitted 529 exception requests across all of the frequently use medical specialist categories for the following 41 urban and rural counties: Barbour, Boone, Braxton, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hardy, Jackson, Lewis, Lincoln, Logan, Mason, McDowell, Mercer, Mineral, Mingo, Monroe, Morgan, Nicholas, Pendleton, Pleasants, Pocahontas, Preston, Raleigh, Randolph, Ritchie, Roane, Summers, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, and Wyoming stating there are no specialists available within the counties or within the time/distance standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

6 Maximum time or distance

One (1) provider within twenty (20) miles or thirty (30) minutes travel time

Provider type(s)

Specialist; Anesthesiology, Chiropractic, Dialysis, Durable Medical Equipment (DME), Endocrinology, Hematology, Home Health Services, Nephrology, Neurosurgery, Orthotics and Prosthetics, Pathology, Plastic Surgery, Podiatry, Radiology, Thoracic Surgery, & Urology

Analysis method(s)	Region	Population
Geomapping, Plan Provider Directory Review	Statewide	Adult and pediatric

Plan deficiencies for The Health Plan of West Virginia: 42 C.F.R. § 438.68

Description

THP's network displayed deficiencies in all types of other medical specialists. The following rural counties appeared to have more than five categories of other medical specialists with no members provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (eight networks), Calhoun (five networks), and Tyler (five networks). THP submitted 384 exception requests across all of the other medical specialist categories for the following 40 urban and rural counties: Barbour, Boone, Braxton, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Jackson, Lewis, Lincoln, Logan, McDowell, Mercer, Mineral, Mingo, Monroe, Morgan, Nicholas, Pendleton, Pleasants, Pocahontas, Preston, Raleigh, Randolph, Ritchie, Roane, Summers, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, and Wyoming stating there are no specialists available within the counties or within the time/distance standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

9 Maximum time or distance

One (1) provider within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Dental; Specialist: Oral Surgeon and Orthodontist

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for The Health Plan of West Virginia: 42 C.F.R. § 438.68

Description

Overall, West Virginia's managed care dental networks deficiencies appear to be concentrated in the accessibility to oral surgeons in rural counties. Only 85.23% of THP's rural oral surgeon network is compliant with geographic accessibility standards. THP's orthodontist network was contractually compliant.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance. THP submitted 1 exception request for Mineral county stating the closest participating Oral Surgeons are in Berkeley and Jefferson Counties.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

11 Maximum time or distance

Urban: One (1) hospital within thirty (30) miles or forty-five (45) minutes travel time
Rural: One (1) hospital within sixty (60) miles or ninety (90) minutes travel time

Provider type(s)

Mental health; BH Facility - Adult Inpatient Psychiatric Unit

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Urban and Rural

Population

Adult

Plan deficiencies for The Health Plan of West Virginia: 42 C.F.R. § 438.68

Description

The Medicaid population was underserved when MCOs were assessed according to the contractual standards, with only 53% of enrollees having compliant time and distance travel times to these facilities. Although all four MCOs were noncompliant when rural areas and urban areas were assessed separately, it appears that access for urban populations is far more deficient than that for rural populations. THP's statewide network is only 63.08% compliant. THP submitted 3 exception requests for Hampshire, Morgan, and Mineral counties stating there are 2 facilities available -- one in Lewis County and one in Harrison County.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

12 Maximum time or distance

One (1) provider within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Substance Use Disorder (SUD); Outpatient SUD Provider

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for The Health Plan of West Virginia: 42 C.F.R. § 438.68

Description

When assessed statewide and by urban versus rural geographies, all MCOs were found to be noncompliant with contractual standards for SUD outpatient services and RTFs. There are 13 counties where less than 10% of the Medicaid population served by MCOs have compliant travel time/distances to an SUD RTF. Members in rural counties are less likely to have access to facilities than those residing in urban counties, except for THP's network of residential facilities and outpatient services.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

13 Maximum time or distance

One (1) provider within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Substance Use Disorder (SUD); Residential SUD Provider

Analysis method(s)Geomapping, Plan
Provider Directory
Review**Region**

Statewide

Population

Adult and Pediatric

Plan deficiencies for The Health Plan of West Virginia: 42 C.F.R. § 438.68**Description**

When assessed statewide and by urban versus rural geographies, all MCOs were found to be noncompliant with contractual standards for SUD outpatient services and RTFs. There are 13 counties where less than 10% of the Medicaid population served by MCOs have compliant travel time/distances to an SUD RTF. Members in rural counties are less likely to have access to facilities than those residing in urban counties, except for THP's network of residential facilities and outpatient services.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

Exceptions standards for 438.68**Total: 0 of 13****B. Assurance of plan compliance for 438.206**

Indicator	Response
<p data-bbox="311 107 634 180">B. Assurance of plan compliance for 438.206</p> <p data-bbox="311 205 727 474">III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 107 1357 218">No, the plan does not comply with all standards based on all analyses or exceptions granted</p>

Provide plan compliance details for the requirements at 42 C.F.R. § 438.206

Number	Indicator	Response
III.B.2	Delivery network-related requirements:	Does not maintain and monitor a sufficient network of appropriate providers
III.B.3	Furnishing of services; timely access-related requirements:	Does not make services included in the contract available 24 hours a day, 7 days a week, when medically necessary
III.B.4	Other requirements:	
III.B.5	Plan deficiencies: 42 C.F.R. § 438.206 description Describe additional plan deficiencies identified during the reporting period.	While THP's provider network did not meet full compliance with network adequacy standards statewide in all specialties, there were some rural and urban areas where compliance was met. THP appears to have been compliant in providing 90% or more of their female enrollees in all urban counties with at least two OB/GYNs or certified nurse midwives within the required travel time/distance. However, THP displayed deficiencies in 21 rural counties for geographic accessibility. Some counties including but not limited to, Clay, Doddridge, Gilmer, Mingo, Monroe, Pendleton, Pleasants, Pocahontas, and Preston, displayed both capacity and geographic accessibility deficiencies for THP (pg 8-9). THP submitted 6 exception requests for the following counties: Calhoun, Doddridge, Pendleton, Pocahontas, Ritchie, and Wirt stating there are no OB/GYN's available (or additional OB/GYN's) within the Counties or within the time/distance standard. THP's network displayed deficiencies in all types of frequently used specialists, excluding their network of physical therapists. The following rural counties appeared to have more than five categories of frequently used medical specialists with no Medicaid enrollees provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (nine networks), Calhoun (eight networks), Tyler (seven networks), Gilmer (six networks), and Hardy (six networks) (pg 9, 25-26). THP submitted 529 exception requests across all of the frequently use medical specialist categories for the following 41 urban and rural counties: Barbour, Boone, Braxton, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hardy, Jackson, Lewis, Lincoln,

Logan, Mason, McDowell, Mercer, Mineral, Mingo, Monroe, Morgan, Nicholas, Pendleton, Pleasants, Pocahontas, Preston, Raleigh, Randolph, Ritchie, Roane, Summers, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wyoming stating there are no specialists available within the Counties or within the time/distance standard. THP's network displayed deficiencies in all types of other medical specialists. The following rural counties appeared to have more than five categories of other medical specialists with no members provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (eight networks), Calhoun (five networks), and Tyler (five networks) (pg 11, 33). Only 85.23% of THP's rural oral surgeon network is compliant with geographic accessibility standards. THP's orthodontist network was contractually compliant. The Medicaid population was underserved when MCOs were assessed according to the contractual standards, with only 53% of enrollees having compliant time and distance travel times to these facilities. Although all four MCOs were noncompliant when rural areas and urban areas were assessed separately, it appears that access for urban populations is far more deficient than that for rural populations. THP's statewide BH facility network is only 63.08% compliant. When assessed statewide and by urban versus rural geographies, all MCOs were found to be noncompliant with contractual standards for SUD outpatient services and RTFs. There are 13 counties where less than 10% of the Medicaid population served by MCOs have compliant travel time/distances to an SUD RTF. Members in rural counties are less likely to have access to facilities than those residing in urban counties, except for THP's network of residential facilities and outpatient services.

III.B.6 Plan deficiencies: 42 C.F.R. § 438.206 analyses used to identify deficiencies

Indicate which analyses uncovered the deficiencies.

The plan's network was assessed using geomapping, plan provider directory review, and 24/7 access to care study conducted by state EQRO. MHT managed care plan compliance with the 24/7 access to care requirement ranged from 68.3%-81.7%. THP's average was 80%, which fell short of meeting the 90.0% BMS-established goal by 10 percentage points.

III.B.7	<p>Plan deficiencies: 42 C.F.R. § 438.206 description of what the plan will do to achieve compliance</p> <p>Describe what the plan will do to achieve compliance.</p>	<p>The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.</p>
III.B.8	<p>Plan deficiencies: 42 C.F.R. § 438.206 monitoring progress</p> <p>Describe how the state will monitor the plan's progress.</p>	<p>There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.</p>
III.B.9	<p>Reassessment for plan deficiencies: 42 C.F.R. § 438.206</p> <p>Indicate when the state will reassess the plan's network to determine whether the plan has remediated those deficiencies.</p>	10/01/2025

Aetna Better Health of West Virginia

A. Assurance of plan compliance for 438.68

Indicator	Response
<p>A. Assurance of plan compliance for 438.68</p> <p>III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p>No, the plan does not comply on all standards based on all analyses or exceptions granted</p>

Select "Enter/Edit" to provide details on standards that were either non-compliant or for which an exception was granted

Non-compliant standards for 438.68

Total: 8 of 13

2 Provider to enrollee ratios

One (1) provider for every one thousand (1,000) enrollees per county

Provider type(s)

OB/GYN

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult

Plan deficiencies for Aetna Better Health of West Virginia : 42 C.F.R. § 438.68

Description

Aetna was deemed noncompliant in 21 rural counties for OB/GYN capacity standards. Aetna appears to have been compliant in providing 90% or more of their female enrollees in all urban counties with at least two OB/GYNs or certified nurse midwives within the required travel time/distance. Aetna displayed deficiencies in 20 rural counties for geographic accessibility. Some counties including but not limited to, Calhoun, Doddridge, Gilmer, Jackson, Mingo, and Pendleton, displayed both capacity and geographic accessibility deficiencies for Aetna. Aetna submitted 4 exception requests for the following counties: Pendleton, Ritchie, Tyler and Wirt stating there are no OB/GYN's available (or additional OB/GYN's) within the Counties or within the time/distance standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance. We will continue attempts to locate additional providers in the area via partnership with local medical boards and practitioner associations to recruit for WV Medicaid enrollment with Gainwell and contracting with the MCO.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

4 Maximum time or distance

Two (2) providers within twenty-five (25) miles or thirty (30) minutes travel time

Provider type(s)

OB/GYN

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult

Plan deficiencies for Aetna Better Health of West Virginia : 42 C.F.R. § 438.68

Description

Aetna was deemed noncompliant in 21 rural counties for OB/GYN capacity standards. Aetna appears to have been compliant in providing 90% or more of their female enrollees in all urban counties with at least two OB/GYNs or certified nurse midwives within the required travel time/distance. Aetna displayed deficiencies in 20 rural counties for geographic accessibility. Some counties including but not limited to, Calhoun, Doddridge, Gilmer, Jackson, Mingo, and Pendleton, displayed both capacity and geographic accessibility deficiencies for Aetna. Aetna submitted 4 exception requests for the following counties: Pendleton, Ritchie, Tyler and Wirt stating there are no OB/GYN's available (or additional OB/GYN's) within the Counties or within the time/distance standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance. We will continue attempts to locate additional providers in the area via partnership with local medical boards and practitioner associations to recruit for WV Medicaid enrollment with Gainwell and contracting with the MCO.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

5 Maximum time or distance

Two (2) providers within twenty (20) miles or thirty (30) minutes travel time

Provider type(s)

Specialist; Allergy, Audiology, Cardiology, Dermatology, General Surgery, Gastroenterology, Neurology, Occupational Therapy, Oncology, Ophthalmology, Orthopedics, Orthopedic Surgeon, Otolaryngology/Otorhinolaryngology, Physical Therapy, Pulmonology, Physical Medicine and Rehabilitation Specialist, & Speech Therapy

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for Aetna Better Health of West Virginia : 42 C.F.R. § 438.68

Description

Aetna's network displayed deficiencies in all types of frequently used specialists. The following rural counties appeared to have more than five categories of frequently used medical specialists with no Medicaid enrollees provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (nine networks), Calhoun (eight networks), Tyler (seven networks), Gilmer (six networks), and Hardy (six networks). Additionally, some MCOs had several categories of frequently used medical specialist networks where fewer than half of their members statewide were being provided with the required accessibility. ABHWV had seven categories below 50% accessibility. Aetna submitted 255 exception requests across all of the frequently used medical specialist categories. Exception requests were for the following 42 urban and rural counties: Barbour, Boone, Braxton, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Jackson, Jefferson, Lewis, Lincoln, Logan, Mason, McDowell, Mercer, Mineral, Mingo, Monroe, Morgan, Nicholas, Pendleton, Pleasants, Pocahontas, Preston, Randolph, Ritchie, Roane, Summers, Tucker, Tyler, Upshur, Wayne, Webster, Wetzell, Wirt, Wyoming stating there are no specialists available within the Counties or within the time/distance standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance. We will continue attempts to locate additional providers in the area via partnership with local medical boards and practitioner associations to recruit for WV Medicaid enrollment with Gainwell and contracting with the MCO.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

6 Maximum time or distance

One (1) provider within twenty (20) miles or thirty (30) minutes travel time

Provider type(s)

Specialist; Anesthesiology, Chiropractic, Dialysis, Durable Medical Equipment (DME), Endocrinology, Hematology, Home Health Services, Nephrology, Neurosurgery, Orthotics and Prosthetics, Pathology, Plastic Surgery, Podiatry, Radiology, Thoracic Surgery, & Urology

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and pediatric

Plan deficiencies for Aetna Better Health of West Virginia : 42 C.F.R. § 438.68

Description

Aetna's network displayed deficiencies in all types of other medical specialists. The following rural counties appeared to have more than five categories of other medical specialists with no members provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (eight networks), Calhoun (five networks), and Tyler (five networks). Additionally, Aetna was found to have several categories of other medical specialist networks where fewer than half of their members statewide were being provided the required accessibility. ABHWV had five categories below 50%

accessibility. Aetna submitted 203 exception requests across all of the other medical specialist categories, except for the Anesthesiology and Pathology specialists. Exception requests were for the following 42 urban and rural counties: Barbour, Boone, Braxton, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Jackson, Lewis, Lincoln, Logan, Mason, McDowell, Mercer, Mineral, Mingo, Monroe, Morgan, Nicholas, Pendleton, Pleasants, Pocahontas, Preston, Raleigh, Randolph, Ritchie, Roane, Summers, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wyoming stating there are no specialists available within the Counties or within the time/distance standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance. We will continue attempts to locate additional providers in the area via partnership with local medical boards and practitioner associations to recruit for WV Medicaid enrollment with Gainwell and contracting with the MCO.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

9 Maximum time or distance

One (1) provider within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Dental; Specialist: Oral Surgeon and Orthodontist

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for Aetna Better Health of West Virginia : 42 C.F.R. § 438.68

Description

Overall, West Virginia's managed care dental networks deficiencies appear to be concentrated in the accessibility to oral surgeons in rural counties. Only 69.13% of Aetna's rural oral surgeon network and 85.06% of their statewide oral surgeon network is compliant with geographic accessibility standards. Aetna's orthodontist network was contractually compliant. Aetna did not submit exception requests for this standard.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

11 Maximum time or distance

Urban: One (1) hospital within thirty (30) miles or forty-five (45) minutes travel time
Rural: One (1) hospital within sixty (60) miles or ninety (90) minutes travel time

Provider type(s)

Mental health; BH Facility - Adult Inpatient Psychiatric Unit

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Urban and Rural

Population

Adult

Plan deficiencies for Aetna Better Health of West Virginia : 42 C.F.R. § 438.68

Description

The Medicaid population was underserved when MCOs were assessed according to the contractual standards, with only 53% of enrollees having compliant time and distance travel times to these facilities. Although all four MCOs were noncompliant when rural areas and urban areas were assessed separately, it appears that access for urban populations is far more deficient than that for rural populations. Aetna's statewide network is only 28.88% compliant. Aetna submitted one exception request for this standard referencing the Northwood Health Systems network which comprises of the following counties, Hancock, Brooke, Ohio, Marshall, and Wetzel.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance. We will continue attempts to locate additional providers in the area via partnership with local medical boards and practitioner associations to recruit for WV Medicaid enrollment with Gainwell and contracting with the MCO.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

12 Maximum time or distance

One (1) provider within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Substance Use Disorder (SUD); Outpatient SUD Provider

Analysis method(s)	Region	Population
Geomapping, Plan Provider Directory Review	Statewide	Adult and Pediatric

Plan deficiencies for Aetna Better Health of West Virginia : 42 C.F.R. § 438.68

Description

When assessed statewide and by urban versus rural geographies, all MCOs were found to be noncompliant with contractual standards for SUD outpatient services and RTFs. There are 13 counties where less than 10% of the Medicaid population served by MCOs have compliant travel time/distances to an SUD RTF. Members in Aetna's rural counties are less likely to have access to facilities than those residing in urban counties. Aetna did not submit exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed

Reassessment date

10/01/2025

13 Maximum time or distance

One (1) provider within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Substance Use Disorder (SUD); Residential SUD Provider

Analysis method(s)	Region	Population
Geomapping, Plan Provider Directory	Statewide	Adult and Pediatric

Plan deficiencies for Aetna Better Health of West Virginia : 42 C.F.R. § 438.68

Description

When assessed statewide and by urban versus rural geographies, all MCOs were found to be noncompliant with contractual standards for SUD outpatient services and RTFs. There are 13 counties where less than 10% of the Medicaid population served by MCOs have compliant travel time/distances to an SUD RTF. Members in Aetna's rural counties are less likely to have access to facilities than those residing in urban counties. Aetna did not submit exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

Exceptions standards for 438.68

Total: 0 of 13

B. Assurance of plan compliance for 438.206

Indicator	Response
<p data-bbox="311 107 634 178">B. Assurance of plan compliance for 438.206</p> <p data-bbox="311 205 727 474">III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 107 1357 218">No, the plan does not comply with all standards based on all analyses or exceptions granted</p>

Provide plan compliance details for the requirements at 42 C.F.R. § 438.206

Number	Indicator	Response
III.B.2	Delivery network-related requirements:	Does not maintain and monitor a sufficient network of appropriate providers
III.B.3	Furnishing of services; timely access-related requirements:	Does not make services included in the contract available 24 hours a day, 7 days a week, when medically necessary
III.B.4	Other requirements:	
III.B.5	Plan deficiencies: 42 C.F.R. § 438.206 description Describe additional plan deficiencies identified during the reporting period.	While Aetna's provider network did not meet full compliance with network adequacy standards statewide in all specialties, there were some rural and urban areas where compliance was met. Aetna appears to have been compliant in providing 90% or more of their female enrollees in all urban counties with at least two OB/GYNs or certified nurse midwives within the required travel time/distance. However, Aetna displayed deficiencies in 20 rural counties for geographic accessibility. Aetna submitted 4 exception requests for the following counties: Pendleton, Ritchie, Tyler and Wirt stating there are no OB/GYN's available (or additional OB/GYN's) within the Counties or within the time/distance standard. Aetna's network displayed deficiencies in all types of frequently used specialists. The following rural counties appeared to have more than five categories of frequently used medical specialists with no Medicaid enrollees provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (nine networks), Calhoun (eight networks), Tyler (seven networks), Gilmer (six networks), and Hardy (six networks). Additionally, some MCOs had several categories of frequently used medical specialist networks where fewer than half of their members statewide were being provided with the required accessibility. ABHWV had seven categories below 50% accessibility (pg 9, 25-26). Aetna submitted 255 exception requests across all the frequently used medical specialist categories. Exception requests were for the following 42 urban and rural counties: Barbour, Boone, Braxton, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire,

Hancock, Hardy, Jackson, Jefferson, Lewis, Lincoln, Logan, Mason, McDowell, Mercer, Mineral, Mingo, Monroe, Morgan, Nicholas, Pendleton, Pleasants, Pocahontas, Preston, Randolph, Ritchie, Roane, Summers, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wyoming stating there are no specialists available within the Counties or within the time/distance standard. Aetna's network displayed deficiencies in all types of other medical specialists. The following rural counties appeared to have more than five categories of other medical specialists with no members provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (eight networks), Calhoun (five networks), and Tyler (five networks). Additionally, Aetna was found to have several categories of other medical specialist networks where fewer than half of their members statewide were being provided with the required accessibility. ABHWV had five categories below 50% accessibility (pg 11, 33). Aetna submitted 203 exception requests across all the other medical specialist categories, except for the Anesthesiology and Pathology specialists. Exception requests were for the following 42 urban and rural counties: Barbour, Boone, Braxton, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Jackson, Lewis, Lincoln, Logan, Mason, McDowell, Mercer, Mineral, Mingo, Monroe, Morgan, Nicholas, Pendleton, Pleasants, Pocahontas, Preston, Raleigh, Randolph, Ritchie, Roane, Summers, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wyoming stating there are no specialists available within the Counties or within the time/distance standard. Only 69.13% of Aetna's rural oral surgeon network and 85.06% of their statewide oral surgeon network is compliant with geographic accessibility standards. Aetna's orthodontist network was contractually complaint (pg 48). The Medicaid population was underserved when MCOs were assessed according to the contractual standards for BH facilities, with only 53% of enrollees having compliant time and distance travel times to these facilities. Aetna's statewide BH facility network is only 28.88% compliant. When assessed statewide and by urban versus rural geographies, all MCOs were found to be

noncompliant with contractual standards for SUD outpatient services and RTFs. There are 13 counties where less than 10% of the Medicaid population served by MCOs have compliant travel time/distances to an SUD RTF. Members in Aetna's rural counties are less likely to have access to facilities than those residing in urban counties.

III.B.6	Plan deficiencies: 42 C.F.R. § 438.206 analyses used to identify deficiencies Indicate which analyses uncovered the deficiencies.	The plan's network was assessed using geomapping, plan provider directory review, and a 24/7 access to care study conducted by state EQRO. MHT managed care plan compliance with the 24/7 access to care requirement ranged from 68.3%-81.7%. Aetna MHT's average was 81.7%, which fell short of meeting the 90.0% BMS-established goal by 8.3 percentage points. Aetna MHP's compliance with the 24/7 access requirement was 73.3% (low confidence). The program's performance fell short of meeting the 90.0% state-established goal by 16.7 percentage points.
III.B.7	Plan deficiencies: 42 C.F.R. § 438.206 description of what the plan will do to achieve compliance Describe what the plan will do to achieve compliance.	The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance. We will continue attempts to locate additional providers in the area via partnership with local medical boards and practitioner associations to recruit for WV Medicaid enrollment with Gainwell and contracting with the MCO.
III.B.8	Plan deficiencies: 42 C.F.R. § 438.206 monitoring progress Describe how the state will monitor the plan's progress.	There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.
III.B.9	Reassessment for plan deficiencies: 42 C.F.R. § 438.206 Indicate when the state will reassess the plan's network to determine whether the plan has remediated those deficiencies.	10/01/2025

Wellpoint of West Virginia

A. Assurance of plan compliance for 438.68

Indicator	Response
A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

Select "Enter/Edit" to provide details on standards that were either non-compliant or for which an exception was granted

Non-compliant standards for 438.68

Total: 8 of 13

2 Provider to enrollee ratios

One (1) provider for every one thousand (1,000) enrollees per county

Provider type(s)

OB/GYN

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult

Plan deficiencies for Wellpoint of West Virginia: 42 C.F.R. § 438.68

Description

Wellpoint was deemed noncompliant in 20 rural counties for OB/GYN capacity standards. Wellpoint appears to have been compliant in providing 90% or more of their female enrollees in all urban counties with at least two OB/GYNs or certified nurse midwives within the required travel time/distance. Wellpoint displayed deficiencies in 28 rural counties for geographic accessibility. Some counties including but not limited to, Calhoun, Doddridge, Hampshire, Jackson, Lincoln, Tucker, and Wyoming, displayed both

capacity and geographic accessibility deficiencies for Wellpoint. Wellpoint did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

4 Maximum time or distance

Two (2) providers within twenty-five (25) miles or thirty (30) minutes travel time

Provider type(s)

OB/GYN

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult

Plan deficiencies for Wellpoint of West Virginia: 42 C.F.R. § 438.68

Description

Wellpoint was deemed noncompliant in 20 rural counties for OB/GYN capacity standards. Wellpoint appears to have been compliant in providing 90% or more of their female enrollees in all urban counties with at least two OB/GYNs or certified nurse midwives within the required travel time/distance. Wellpoint displayed deficiencies in 28 rural counties for geographic accessibility. Some counties including but not limited to, Calhoun, Doddridge, Hampshire, Jackson, Lincoln, Tucker, and Wyoming, displayed both capacity and geographic accessibility deficiencies for Wellpoint. Wellpoint did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

5 Maximum time or distance

Two (2) providers within twenty (20) miles or thirty (30) minutes travel time

Provider type(s)

Specialist; Allergy, Audiology, Cardiology, Dermatology, General Surgery, Gastroenterology, Neurology, Occupational Therapy, Oncology, Ophthalmology, Orthopedics, Orthopedic Surgeon, Otolaryngology/Otorhinolaryngology, Physical Therapy, Pulmonology, Physical Medicine and Rehabilitation Specialist, & Speech Therapy

Analysis method(s)

Geomapping, Plan Provider Directory Review

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for Wellpoint of West Virginia: 42 C.F.R. § 438.68

Description

Wellpoint's network displayed deficiencies in all types of frequently used specialists, excluding their network of physical therapists. The following rural counties appeared to have more than five categories of frequently used medical specialists with no Medicaid enrollees provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (nine networks), Calhoun (eight networks), Tyler (seven networks), Gilmer (six networks), and Hardy (six networks). Additionally, some MCOs had several categories of frequently used medical specialist networks where fewer than half of their members statewide were being provided the required accessibility. Wellpoint had three categories

below 50% accessibility. Wellpoint did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

6 Maximum time or distance

One (1) provider within twenty (20) miles or thirty (30) minutes travel time

Provider type(s)

Specialist; Anesthesiology, Chiropractic, Dialysis, Durable Medical Equipment (DME), Endocrinology, Hematology, Home Health Services, Nephrology, Neurosurgery, Orthotics and Prosthetics, Pathology, Plastic Surgery, Podiatry, Radiology, Thoracic Surgery, & Urology

Analysis method(s)

Geomapping, Plan Provider Directory Review

Region

Statewide

Population

Adult and pediatric

Plan deficiencies for Wellpoint of West Virginia: 42 C.F.R. § 438.68

Description

Wellpoint's network displayed deficiencies in all types of other medical specialists, except for their network of durable medical equipment (DME) providers. The following rural counties appeared to have more than five categories of other medical specialists with no members provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (eight networks), Calhoun (five networks), and Tyler (five networks). Wellpoint did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

9 Maximum time or distance

One (1) provider within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Dental; Specialist: Oral Surgeon and Orthodontist

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for Wellpoint of West Virginia: 42 C.F.R. § 438.68

Description

Overall, West Virginia’s managed care dental networks deficiencies appear to be concentrated in the accessibility to oral surgeons in rural counties. Only 76.63% of Wellpoint’s rural oral surgeon network and 85.42% of their statewide oral surgeon network is compliant with geographic accessibility standards. Wellpoint’s orthodontic network is deficient in both rural and urban counties. Wellpoint did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

11 Maximum time or distance

Urban: One (1) hospital within thirty (30) miles or forty-five (45) minutes travel time Rural: One (1) hospital within sixty (60) miles or ninety (90) minutes travel time

Provider type(s)

Mental health; BH Facility - Adult Inpatient Psychiatric Unit

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Urban and Rural

Population

Adult

Plan deficiencies for Wellpoint of West Virginia: 42 C.F.R. § 438.68

Description

The Medicaid population was underserved when MCOs were assessed according to the contractual standards, with only 53% of enrollees having compliant time and distance travel times to these facilities. Although all four MCOs were noncompliant when rural areas and urban areas were assessed separately, it appears that access for urban populations is far more deficient than that for rural populations. Wellpoint's statewide network is only 68.63% compliant. Wellpoint did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

12 Maximum time or distance

One (1) provider within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Substance Use Disorder (SUD); Outpatient SUD Provider

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for Wellpoint of West Virginia: 42 C.F.R. § 438.68

Description

When assessed statewide and by urban versus rural geographies, all MCOs were found to be noncompliant with contractual standards for SUD outpatient services and RTFs. There are 13 counties where less than 10% of the Medicaid population served by MCOs have compliant travel time/distances to an SUD RTF. Members in Wellpoint's rural counties are less likely to have access to facilities than those residing in urban counties. Wellpoint did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

13 Maximum time or distance

One (1) provider within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Substance Use Disorder (SUD); Residential SUD Provider

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for Wellpoint of West Virginia: 42 C.F.R. § 438.68**Description**

When assessed statewide and by urban versus rural geographies, all MCOs were found to be noncompliant with contractual standards for SUD outpatient services and RTFs. There are 13 counties where less than 10% of the Medicaid population served by MCOs have compliant travel time/distances to an SUD RTF. Members in Wellpoint's rural counties are less likely to have access to facilities than those residing in urban counties. Wellpoint did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed

Reassessment date

Exceptions standards for 438.68**Total: 0 of 13****B. Assurance of plan compliance for 438.206**

Indicator	Response
B. Assurance of plan compliance for 438.206 III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	No, the plan does not comply with all standards based on all analyses or exceptions granted

Provide plan compliance details for the requirements at 42 C.F.R. § 438.206

Number	Indicator	Response
III.B.2	Delivery network-related requirements:	<p>Does not maintain and monitor a sufficient network of appropriate providers</p> <p>Does not provide female enrollees with direct access to a women’s health specialist within the provider network</p>
III.B.3	Furnishing of services; timely access-related requirements:	Does not make services included in the contract available 24 hours a day, 7 days a week, when medically necessary
III.B.4	Other requirements:	
III.B.5	<p>Plan deficiencies: 42 C.F.R. § 438.206 description Describe additional plan deficiencies identified during the reporting period.</p>	<p>While Wellpoint's provider network did not meet full compliance with network adequacy standards statewide in all specialties, there were some rural and urban areas where compliance was met. Wellpoint appears to have been compliant in providing 90% or more of their female enrollees in all urban counties with at least two OB/GYNs or certified nurse midwives within the required travel time/distance. However, Wellpoint displayed deficiencies in 28 rural counties for geographic accessibility. Wellpoint's network displayed deficiencies in all types of frequently used specialists, excluding their network of physical therapists. The following rural counties appeared to have more than five categories of frequently used medical specialists with no Medicaid enrollees provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (nine networks), Calhoun (eight networks), Tyler (seven networks), Gilmer (six networks), and Hardy (six networks). Additionally, some MCOs had several categories of frequently used medical specialist networks where fewer than half of their members statewide were being provided with the required accessibility. Wellpoint had three categories below 50% accessibility (pg 9, 25-26). Wellpoint's network displayed deficiencies in all types of other medical specialists, except for their network of durable medical equipment (DME) providers. The following rural counties appeared to have more than five categories of other medical specialists with no members provided the required accessibility across all</p>

MCOs: Pocahontas (12 networks), Pendleton (eight networks), Calhoun (five networks), and Tyler (five networks) (pg 11, 33). Only 76.63% of Wellpoint's rural oral surgeon network and 85.42% of their statewide oral surgeon network is compliant with geographic accessibility standards. Wellpoint's orthodontic network is deficient in both rural and urban counties. The Medicaid population was underserved when MCOs were assessed according to the contractual standards for BH facilities, with only 53% of enrollees having compliant time and distance travel times to these facilities. Wellpoint's statewide BH facility network is only 68.63% compliant. When assessed statewide and by urban versus rural geographies, all MCOs were found to be noncompliant with contractual standards for SUD outpatient services and RTFs. There are 13 counties where less than 10% of the Medicaid population served by MCOs have compliant travel time/distances to an SUD RTF. Members in Wellpoint's rural counties are less likely to have access to facilities than those residing in urban counties.

III.B.6	Plan deficiencies: 42 C.F.R. § 438.206 analyses used to identify deficiencies Indicate which analyses uncovered the deficiencies.	The plan's network was assessed using geomapping, plan provider directory review, and a 24/7 access to care study conducted by state EQRO. MHT managed care plan compliance with the 24/7 access to care requirement ranged from 68.3%-81.7%. Wellpoint's average was 80%, which fell short of meeting the 90.0% BMS-established goal by 10 percentage points.
III.B.7	Plan deficiencies: 42 C.F.R. § 438.206 description of what the plan will do to achieve compliance Describe what the plan will do to achieve compliance.	The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.
III.B.8	Plan deficiencies: 42 C.F.R. § 438.206 monitoring progress Describe how the state will monitor the plan's progress.	There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Indicate when the state will reassess the plan's network to determine whether the plan has remediated those deficiencies.

Highmark Health Options of West Virginia

A. Assurance of plan compliance for 438.68

Indicator	Response
<p>A. Assurance of plan compliance for 438.68</p> <p>III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p>No, the plan does not comply on all standards based on all analyses or exceptions granted</p>

Select "Enter/Edit" to provide details on standards that were either non-compliant or for which an exception was granted

Non-compliant standards for 438.68

Total: 10 of 13

2 Provider to enrollee ratios

One (1) provider for every one thousand (1,000) enrollees per county

Provider type(s)

OB/GYN

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult

Plan deficiencies for Highmark Health Options of West Virginia: 42 C.F.R.

§ 438.68

Description

Highmark was deemed noncompliant in 24 rural counties for OB/GYN capacity standards. Highmark was not compliant in providing 90% or more of their female enrollees in all urban counties with at least two OB/GYNs or certified nurse midwives within the required travel time/distance. Only 37.05% of Highmark's OB/GYN and certified nurse midwives network was compliant for geographic accessibility. Some counties including but not limited to, Calhoun, Clay, Doddridge, Gilmer, Logan, Mingo, and Preston, displayed both capacity and geographic accessibility deficiencies for Highmark. Highmark did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

4 Maximum time or distance

Two (2) providers within twenty-five (25) miles or thirty (30) minutes travel time

Provider type(s)

OB/GYN

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult

Plan deficiencies for Highmark Health Options of West Virginia: 42 C.F.R.

§ 438.68

Description

Highmark was deemed noncompliant in 24 rural counties for OB/GYN capacity standards. Highmark was not compliant in providing 90% or more of their female enrollees in all urban counties with at least two OB/GYNs or certified nurse midwives within the required travel time/distance. Only 37.05% of Highmark's OB/GYN and certified nurse midwives network was compliant for geographic accessibility. Some counties including but not limited to, Calhoun, Clay, Doddridge, Gilmer, Logan, Mingo, and Preston, displayed both capacity and geographic accessibility deficiencies for Highmark. Highmark did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

5 Maximum time or distance

Two (2) providers within twenty (20) miles or thirty (30) minutes travel time

Provider type(s)

Specialist; Allergy, Audiology, Cardiology, Dermatology, General Surgery, Gastroenterology, Neurology, Occupational Therapy, Oncology, Ophthalmology, Orthopedics, Orthopedic Surgeon, Otolaryngology/Otorhinolaryngology, Physical Therapy, Pulmonology, Physical Medicine and Rehabilitation Specialist, & Speech Therapy

Analysis method(s)

Geomapping, Plan
Provider Directory

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for Highmark Health Options of West Virginia: 42 C.F.R. § 438.68

Description

Highmark's network displayed deficiencies in all types of frequently used specialists, excluding their network of physical therapists. The following rural counties appeared to have more than five categories of frequently used medical specialists with no Medicaid enrollees provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (nine networks), Calhoun (eight networks), Tyler (seven networks), Gilmer (six networks), and Hardy (six networks). Additionally, some MCOs had several categories of frequently used medical specialist networks where fewer than half of their members statewide were being provided the required accessibility. All categories of frequently used medical specialists for Highmark were below 50% accessibility. Highmark did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

6 Maximum time or distance

One (1) provider within twenty (20) miles or thirty (30) minutes travel time

Provider type(s)

Specialist; Anesthesiology, Chiropractic, Dialysis, Durable Medical Equipment (DME), Endocrinology, Hematology, Home Health Services, Nephrology, Neurosurgery, Orthotics and Prosthetics, Pathology, Plastic Surgery, Podiatry, Radiology, Thoracic Surgery, & Urology

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and pediatric

Plan deficiencies for Highmark Health Options of West Virginia: 42 C.F.R. § 438.68

Description

Highmark's network displayed deficiencies in all types of other medical specialists. The following rural counties appeared to have more than five categories of other medical specialists with no members provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (eight networks), Calhoun (five networks), and Tyler (five networks). Additionally, Highmark was found to have several categories of other medical specialist networks where fewer than half of their members statewide were being provided the required accessibility. Highmark had three categories below 50% accessibility, including two categories at zero percent (DME and Orthotic and Prosthetic providers). Highmark did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

8 Maximum time or distance

Two (2) providers within twenty-five (25) miles or thirty (30) minutes travel time

Provider type(s)

Dental; General

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for Highmark Health Options of West Virginia: 42 C.F.R. § 438.68

Description

Overall, West Virginia's managed care dental networks deficiencies appear to be concentrated in the accessibility to oral surgeons in rural counties. Highmark's general dentistry network is deficient in both rural and urban counties. Only 68.40% of Highmark's statewide general dentistry network is compliant. Highmark did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

9 Maximum time or distance

One (1) provider within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Dental; Specialist: Oral Surgeon and Orthodontist

Analysis method(s)

Geomapping, Plan
Provider Directory

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for Highmark Health Options of West Virginia: 42 C.F.R. § 438.68

Description

Overall, West Virginia's managed care dental networks deficiencies appear to be concentrated in the accessibility to oral surgeons in rural counties. HHOWV's orthodontic network is deficient in rural geographic areas (but not urban), displaying only 66% compliance. Highmark did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Reassessment date

10/01/2025

10 Maximum time or distance

Two (2) providers within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Mental health; BH Provider: Psychologist, Psychiatrist, Licensed Professional Counselor (LPC), Licensed Independent Clinical Social worker (LICSW)

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for Highmark Health Options of West Virginia: 42 C.F.R. § 438.68

Description

Highmark's network displayed deficiencies in all types of BH providers. All BH providers categories (i.e. Psychologist, Psychiatrist, Licensed Professional Counselor (LPC), Licensed Independent Clinical Social worker (LICSW)) were below 50% compliance. Highmark did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

11 Maximum time or distance

Urban: One (1) hospital within thirty (30) miles or forty-five (45) minutes travel time Rural: One (1) hospital within sixty (60) miles or ninety (90) minutes travel time

Provider type(s)

Mental health; BH Facility - Adult Inpatient Psychiatric Unit

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Urban and Rural

Population

Adult

Plan deficiencies for Highmark Health Options of West Virginia: 42 C.F.R. § 438.68

Description

The Medicaid population was underserved when MCOs were assessed according to the contractual standards, with only 53% of enrollees having compliant time and distance travel times to these facilities. Although all four MCOs were noncompliant when rural areas and urban areas were assessed separately, it appears that access for urban populations is far more deficient than that for rural populations. Highmark's statewide network is only 49.12% compliant. Highmark did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

12 Maximum time or distance

One (1) provider within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Substance Use Disorder (SUD); Outpatient SUD Provider

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for Highmark Health Options of West Virginia: 42 C.F.R. § 438.68

Description

When assessed statewide and by urban versus rural geographies, all MCOs were found to be noncompliant with contractual standards for SUD outpatient services and RTFs.

There are 13 counties where less than 10% of the Medicaid population served by MCOs have compliant travel time/distances to an SUD RTF. Members in rural counties are less likely to have access to facilities than those residing in urban counties, except for Highmark's network of outpatient services. Highmark did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

13 Maximum time or distance

One (1) provider within forty-five (45) miles or sixty (60) minutes travel time

Provider type(s)

Substance Use Disorder (SUD); Residential SUD Provider

Analysis method(s)

Geomapping, Plan
Provider Directory
Review

Region

Statewide

Population

Adult and Pediatric

Plan deficiencies for Highmark Health Options of West Virginia: 42 C.F.R. § 438.68

Description

When assessed statewide and by urban versus rural geographies, all MCOs were found to be noncompliant with contractual standards for SUD outpatient services and RTFs. There are 13 counties where less than 10% of the Medicaid population served by MCOs have compliant travel time/distances to an SUD RTF. Members in rural counties are less likely to have access to facilities than those residing in urban counties, except for

Highmark's network of outpatient services. Highmark did not submit any exception requests for this standard.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.

Monitoring progress

There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.

Reassessment date

10/01/2025

Exceptions standards for 438.68

Total: 0 of 13

B. Assurance of plan compliance for 438.206

Indicator	Response
<p>B. Assurance of plan compliance for 438.206</p> <p>III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.</p>	<p>No, the plan does not comply with all standards based on all analyses or exceptions granted</p>

Provide plan compliance details for the requirements at 42 C.F.R. § 438.206

Number	Indicator	Response
III.B.2	Delivery network-related requirements:	<p>Does not maintain and monitor a sufficient network of appropriate providers</p> <p>Does not provide female enrollees with direct access to a women’s health specialist within the provider network</p>
III.B.3	Furnishing of services; timely access-related requirements:	Does not make services included in the contract available 24 hours a day, 7 days a week, when medically necessary
III.B.4	Other requirements:	
III.B.5	<p>Plan deficiencies: 42 C.F.R. § 438.206 description Describe additional plan deficiencies identified during the reporting period.</p>	<p>While Highmark's provider network did not meet full compliance with network adequacy standards statewide in all specialties, there were some rural and urban areas where compliance was met. Highmark was not compliant in providing 90% or more of their female enrollees in all urban counties with at least two OB/GYNs or certified nurse midwives within the required travel time/distance. Only 37.05% of Highmark's OB/GYN and certified nurse midwives' network was compliant for geographic accessibility. Highmark's network displayed deficiencies in all types of frequently used specialists, excluding their network of physical therapists. The following rural counties appeared to have more than five categories of frequently used medical specialists with no Medicaid enrollees provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (nine networks), Calhoun (eight networks), Tyler (seven networks), Gilmer (six networks), and Hardy (six networks). All categories of frequently used medical specialists for Highmark were below 50% accessibility (pg 9, 25-26). Highmark's network displayed deficiencies in all types of other medical specialists. The following rural counties appeared to have more than five categories of other medical specialists with no members provided the required accessibility across all MCOs: Pocahontas (12 networks), Pendleton (eight networks), Calhoun (five networks), and Tyler (five networks). Additionally, Highmark was found to have several categories of other medical specialist networks where fewer than</p>

half of their members statewide were being provided with the required accessibility. Highmark had three categories below 50% accessibility, including two categories at zero percent (DME and Orthotic and Prosthetic providers) (pg 11, 33) . Highmark's general dentistry network is deficient in both rural and urban counties. Only 68.40% of Highmark's general dentistry network is compliant. HHOWV's orthodontic network is deficient in rural geographic areas (but not urban), displaying only 66% compliance. Highmark's network displayed deficiencies in all types of BH providers. All BH providers categories (i.e. Psychologist, Psychiatrist, Licensed Professional Counselor (LPC), Licensed Independent Clinical Social worker (LICSW)) were below 50% compliance. The Medicaid population was underserved when MCOs were assessed according to the contractual standards for BH facilities, with only 53% of enrollees having compliant time and distance travel times to these facilities. Highmark's statewide BH facility network is only 49.12% compliant. When assessed statewide and by urban versus rural geographies, all MCOs were found to be noncompliant with contractual standards for SUD outpatient services and RTFs. There are 13 counties where less than 10% of the Medicaid population served by MCOs have compliant travel time/distances to an SUD RTF. Members in rural counties are less likely to have access to facilities than those residing in urban counties, except for Highmark's network of outpatient services.

III.B.6 **Plan deficiencies: 42 C.F.R. § 438.206 analyses used to identify deficiencies**

Indicate which analyses uncovered the deficiencies.

The plan's network was assessed using geomapping, plan provider directory review, and a 24/7 access to care study conducted by state EQRO. MHT managed care plan compliance with the 24/7 access to care requirement ranged from 68.3%-81.7%. Highmark's average was 68.3%, which fell short of meeting the 90.0% BMS-established goal by 21.7 percentage points.

<p>III.B.7</p>	<p>Plan deficiencies: 42 C.F.R. § 438.206 description of what the plan will do to achieve compliance</p> <p>Describe what the plan will do to achieve compliance.</p>	<p>The plan will identify alternate methods for members to achieve access such as telehealth and single case agreements. The plans are also required to mitigate all areas of deficiency by identifying other plans in the county or state to meet access standards. The state will assess corrective action plans on the plans for non-compliance.</p>
<p>III.B.8</p>	<p>Plan deficiencies: 42 C.F.R. § 438.206 monitoring progress</p> <p>Describe how the state will monitor the plan's progress.</p>	<p>There is an ongoing process of evaluation of all areas of deficiency until they have been met. Annual assessment is performed.</p>
<p>III.B.9</p>	<p>Reassessment for plan deficiencies: 42 C.F.R. § 438.206</p> <p>Indicate when the state will reassess the plan's network to determine whether the plan has remediated those deficiencies.</p>	<p>10/01/2025</p>