

**2020 MANAGED CARE ANNUAL
REPORT TO LOCHHRA**
WV Medicaid Program

Table of Contents

Executive Summary	1
WV Managed Care Organizations and Geographic Service Areas	1
Managed Care Organization Provider Networks.....	1
Providers by Provider Type	2
Providers by Specialty and Geographic Area.....	2
Managed Care Enrollment	2
Enrollment by MCO	2
Enrollment by Eligibility Group	3
Claims by Provider Type and Timeliness of Payment.....	4
Denied and Pended Claims	7
Claims Paid to Non-Network Providers	7
Self-Selection vs. Auto-Enrollment.....	8
Per-Member, Per-Month (PMPM) Payments and Total Capitation	8
Health Outcome Comparison.....	9
Member and Provider Satisfaction Surveys.....	9
Annual Audited Financial Statements	9
Sanctions.....	9
Member Grievances and Appeals.....	9
Outpatient Emergency Services and Urgent Care	10
Inpatient Medicaid Days	11
Pharmacy Benefits.....	11
Service Authorizations	11
Plan Quality Rating	12
Medical Loss Ratio and Administrative Costs	12
Fee-for-Service Medicaid.....	13
Annual Cost Information	13
Aggregate Dollars Expended.....	13
Annual Rate of Cost Inflation.....	13
Appendix A: Provider Network by Specialty, County, and MCO	14
Appendix B: WV HEDIS Measures	14
Appendix C: WV CAHPS Results	14
Appendix D: MCO Audited Financial Statements	14

Executive Summary

The Bureau for Medical Services (BMS) within the West Virginia Department of Health and Human Resources administers the State of West Virginia's Medicaid managed care programs, Mountain Health Trust (MHT) and Mountain Health Promise (MHP). Both MHT and MHP programs aim to improve member access to high-quality care and lower health care costs through enhanced coordination of care. In Calendar Year (CY) 2020, BMS contracted with three managed care organizations (MCOs) that served approximately 461,421 members.

One of the three MCOs, Aetna Better Health of West Virginia, is the sole contractor for the MHP program. Since MHP began in March 2020, a full year of program data is not yet available.

This annual report is required by West Virginia Code §9-5-22. The report addresses each subsection of the bill in the order presented in the legislation. Due to the impact of the COVID-19 pandemic on CY 2020, there were several limitations on reporting outcomes and alterations from the previous Managed Care Legislative Report.

WV Managed Care Organizations and Geographic Service Areas

West Virginia contracted with the following three MCOs in CY 2020:

1. Aetna Better Health of West Virginia (ABHWV)
2. The Health Plan (THP)
3. UniCare (UC)

Each MCO geographic service area included all of West Virginia's 55 counties.

Managed Care Organization Provider Networks

Each MCO has a defined network of providers for MHT members. ABHWV indicated that its plan leverages the same provider network for both MHP and MHT programs.

BMS uses the access and capacity network requirements outlined in the MCO contracts to evaluate MCO provider networks. In addition to an annual provider network adequacy report, BMS monitors each MCO weekly and monthly throughout the contracting period. By requiring MCO reports and evaluating based on contract standards, BMS ensures that MHT members have adequate access to every provider type.

West Virginia MCOs contract with over 100 different provider specialties. Table 1 shows the total number of providers for each MCO.

Table 1. Total Number of Providers Contracted by MCO

MCO	Number of Providers Contracted
ABHWV	14,943
THP	24,163
UC	27,324

Additional information about each provider type and specialty can be found in each MCO's provider directory below:

1. Aetna Better Health of WV: <https://www.aetnabetterhealth.com/westvirginia/members/directory>
2. The Health Plan: <http://findadoc.healthplan.org/search.aspx?network=MHT>
3. UniCare: <https://mss.unicare.com/west-virginia/care/find-doctor.html>

Providers by Provider Type

Table 2 shows the number of providers by provider type for each MCO.

Table 2. Total Number of Providers Contracted by Provider Type and MCO

Provider Type	ABHWV	THP	UC
Behavioral Health	1,504	1,849	1,707
Dental	807	799	799
Medical	12,631	21,515	24,588
Other	1	-	230
<i>Total</i>	<i>14,943</i>	<i>24,163</i>	<i>27,324</i>

Providers by Specialty and Geographic Area

Provider counts by specialty and geographic area are available in Appendix A.

Managed Care Enrollment

There were approximately 437,060 members in the MHT program and 23,669 in the MHP program as of December 31, 2020.

Enrollment by MCO

Table 3 displays the total number of MHT enrollees by MCO and average monthly MHT enrollment.

Table 3. MHT Member Enrollment by MCO

MCO	Total 2020 MHT Enrollment (as of December 31, 2020)	Average Monthly MHT Enrollment
ABHWV	158,418	147,745
THP	106,244	99,079
UC	172,398	161,779
<i>Total</i>	437,060	408,603

In addition to ABHWV's 158,418 MHT members, the MCO had another 23,669 more members in MHP as of December 31, 2020.

Enrollment by Eligibility Group

Table 4 shows the total number of MHT enrollees as of December 31, 2020, by Medicaid eligibility group. Table 5 displays average monthly MHT enrollment by eligibility group.

Table 4. Total MHT Member Enrollment by Medicaid Eligibility Group

Eligibility Group	ABHWV	THP	UC
Temporary Assistance for Needy Families (TANF)	77,795	45,806	87,510
Expansion	64,199	47,150	66,328
Supplemental Security Income (SSI)	13,897	11,572	15,707
Pregnant Women	2,342	1,552	2,751
Children with Special Health Care Needs (CSHCN)	185	164	102
<i>Total</i>	158,418	106,244	172,398

Table 5. Average Monthly MHT Member Enrollment by Medicaid Eligibility Group

Eligibility Group	ABHWV	THP	UC
TANF	73,682	43,172	83,618
Expansion	57,664	42,514	59,584
SSI	14,019	11,805	15,939
Pregnant Women	2,221	1,443	2,549
CSHCN	159	145	89
<i>Total</i>	<i>147,745</i>	<i>99,079</i>	<i>161,779</i>

Based on MHP enrollment policies,¹ there was a monthly average of 21,219 ABHWV MHP members in 2020.

Claims by Provider Type and Timeliness of Payment

Tables 6-8 summarize the timeliness of provider payments. They include the average number of days to claim adjudication and clean claim payments for each MCO by quarter and provider type. They also include percentage of clean claims paid each provider type within thirty calendar days.

Table 6. ABHWV Claim Adjudication and Timeliness of Payment

CY 2020 Quarter	ABHWV Provider Type	Average Claim Adjudication Time	Average Clean Claim Payment Time	Percentage of Clean Claims Paid Within 30 Days
2020 Q1	Medical	10	18	92.90%
	Behavioral Health (BH)	5	12	96.90%
	Dental	9	9	100.00%

¹ MHP enrollment rules state that a member is counted for a month only if they were a member on the 1st of the month.

CY 2020 Quarter	ABHWV Provider Type	Average Claim Adjudication Time	Average Clean Claim Payment Time	Percentage of Clean Claims Paid Within 30 Days
2020 Q2	Medical	6	13	97.54%
	BH	3	10	99.20%
	Dental	8	8	100.00%
2020 Q3	Medical	4	12	96.43%
	BH	3	11	96.96%
	Dental	8	8	99.99%
2020 Q4	Medical	3	11	95.07%
	BH	3	10	95.42%
	Dental	9	9	100.00%

Table 7. THP Claim Adjudication and Timeliness of Payment

CY 2020 Quarter	THP Provider Type	Average Claim Adjudication Time	Average Clean Claim Payment Time	Percentage of Clean Claims Paid Within 30 Days
2020 Q1	Medical	11	10	98.92%
	BH	14	15	96.37%
	Dental	8	8	100.00%
2020 Q2	Medical	7	6	99.76%
	BH	10	10	99.86%
	Dental	8	8	100.00%
2020 Q3	Medical	6	6	99.92%
	BH	5	5	99.96%
	Dental	9	9	99.95%

CY 2020 Quarter	THP Provider Type	Average Claim Adjudication Time	Average Clean Claim Payment Time	Percentage of Clean Claims Paid Within 30 Days
2020 Q4	Medical	7	7	99.89%
	BH	8	8	99.88%
	Dental	9	9	100.00%

Table 8. UC Claim Adjudication and Timeliness of Payment

CY 2020 Quarter	UC Provider Type	Average Claim Adjudication Time	Average Clean Claim Payment Time	Percentage of Clean Claims Paid Within 30 Days
2020 Q1	Medical	2	2	99.75%
	BH	3	3	99.85%
	Dental	8	8	100.00%
2020 Q2	Medical	3	3	99.65%
	BH	2	2	99.72%
	Dental	8	8	100.00%
2020 Q3	Medical	2	2	99.95%
	BH	1	1	99.96%
	Dental	4	8	100.00%
2020 Q4	Medical	2	2	99.91%
	BH	2	1	99.92%
	Dental	8	8	100.00%

Denied and Pended Claims

Tables 9-11 show the number of denied and pended claims for each MCO by CY 2020 quarter.

Table 9. ABHWV Pended and Denied Claims in CY 2020

ABHWV Claim Outcomes	2020Q1	2020Q2	2020Q3	2020Q4
Total Claims Pended	69,579	65,634	74,604	68,571
Total Claims Denied	76,280	61,379	84,310	121,031

Table 10. THP Pended and Denied Claims in CY 2020

THP Claim Outcomes	2020Q1	2020Q2	2020Q3	2020Q4
Total Claims Pended	547	482	1,326	5,898
Total Claims Denied	64,834	50,148	61,001	50,128

Table 11. UC Pended and Denied Claims in CY 2020

UC Claim Outcomes	2020Q1	2020Q2	2020Q3	2020Q4
Total Claims Pended	175,982	153,105	231,548	173,232
Total Claims Denied	96,402	82,461	98,478	106,941

Claims Paid to Non-Network Providers

Table 12 is a summary of non-network provider payments.

Table 12. Non-Network Provider Payments by Provider Type and MCO

Claim Type	ABHWV		THP		UC	
	Total Number of Claims	Total Paid (\$)	Total Number of Claims	Total Paid (\$)	Total Number of Claims	Total Paid (\$)
Medical	166,852	\$28,732,181	58,766	\$9,917,351	167,568	\$23,053,445

Claim Type	ABHWV		THP		UC	
	Total Number of Claims	Total Paid (\$)	Total Number of Claims	Total Paid (\$)	Total Number of Claims	Total Paid (\$)
BH	5,749	\$3,171,814	1,011	\$69,165	60,135	\$5,365,095
Dental	364	\$2,999	192	\$22,462	108,739	\$25,933,338

Self-Selection vs. Auto-Enrollment

Table 13 shows the number of members who chose their MCO compared to the number that auto-enrolled into each MCO. It also shows the percentage of total MCO members who self-selected or auto-enrolled.

Table 13. Number of Members Using Self-Selection vs. Auto-Enrollment by MCO

MCO	Number (Percentage) of Members Who Self-Selected	Number (Percentage) of Members Who Auto-Enrolled
ABHWV	42,806 (68.67%)	19,526 (31.33%)
THP	26,467 (57.54%)	19,529 (42.46%)
UC	50,175 (71.98%)	19,535 (28.02%)
<i>Total</i>	<i>119,448 (67.09%)</i>	<i>58,590 (32.91%)</i>

Per-Member, Per-Month (PMPM) Payments and Total Capitation

The average PMPM payment amount and total number of payments for each MCO are summarized in Table 14.

Table 14. Capitation and PMPM Payments by MCO

MCO	Total Capitation	Total Member Months	Average PMPM
ABHWV	\$665,026,137.00	1,963,052	\$338.77

MCO	Total Capitation	Total Member Months	Average PMPM
THP	\$403,370,632.00	1,194,004	\$337.83
UC	\$605,109,096.20	1,944,685	\$311.16

Health Outcome Comparison

See Appendix B for a comparison of nationally recognized health outcomes by MCO. Health outcomes are reported using Healthcare Effectiveness Data and Information Set (HEDIS) measures, which are delayed by several months. Therefore, the most recent measures in Appendix B reflect Measurement Year 2019.

Member and Provider Satisfaction Surveys

See Appendix C for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) member satisfaction survey results by MCO.

Due to the COVID-19 pandemic, the provider satisfaction survey requirement for the MCOs was waived in CY 2020.

Annual Audited Financial Statements

See Appendix D for the annual audited financial statements for each MCO.

Sanctions

In 2020, there were financial sanctions and Corrective Action Plans (CAPs) issued against the three MCOs for failure to pay claims timely or meet claims data quality standards. In these sanction cases, MCOs resubmitted claims to the State multiple times.

Member Grievances and Appeals

The number of members that filed a grievance or appeal, separated by MCO, are listed in Tables 15-17. The tables include the number and percentages of appeals either reversed or resolved in favor of the member.

Table 15. ABHWV Grievances and Appeals Outcomes

Outcome	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Number of Grievances and Appeals	65	20	49	64

Number Resolved in Favor of the Member	26	10	7	16
<i>% Resolved in Favor of the Member</i>	<i>40.0%</i>	<i>50.0%</i>	<i>14.3%</i>	<i>25.0%</i>

Table 16. THP Grievances and Appeals Outcomes

Outcome	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Number of Grievances and Appeals	8	3	14	15
Number Resolved in Favor of the Member	3	1	7	12
<i>% Resolved in Favor of the Member</i>	<i>37.5%</i>	<i>33.3%</i>	<i>50.0%</i>	<i>80.0%</i>

Table 17. UC Grievances and Appeals Outcomes

Outcome	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Number of Grievances and Appeals	222	190	295	679
Number Resolved in Favor of the Member	22	20	67	285
<i>% Resolved in Favor of the Member</i>	<i>9.9%</i>	<i>10.5%</i>	<i>22.7%</i>	<i>42.0%</i>

Outpatient Emergency Services and Urgent Care

Tables 18-20 include the number of members, by MCO, who received unduplicated emergency room and urgent care services.

Table 18. ABHWV Outpatient Emergency Services and Urgent Care

Service Type	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Members Receiving Emergency Room Services	20,147	13,448	17,028	14,977
Members Receiving Urgent Care Services	23,722	8,867	14,545	18,129

Table 19. THP Outpatient Emergency Services and Urgent Care

Service Type	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Members Receiving Emergency Room Services	15,596	9,223	15,866	14,136
Members Receiving Urgent Care Services	12,375	4,973	7,707	9,331

Table 20. UC Outpatient Emergency Services and Urgent Care

Service Type	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Members Receiving Emergency Room Services	31,467	29,287	26,507	26,397
Members Receiving Urgent Care Services	27,908	10,300	14,779	19,827

Inpatient Medicaid Days

Table 21 gives the number of inpatient days by MCO and CY 2020 quarter.

Table 21. Number of Inpatient Medicaid Days by MCO and CY 2020 Quarter

MCO	2020 Q1	2020 Q2	2020 Q3	2020 Q4
ABHVV	19,362	17,904	18,675	13,105
THP	19,659	16,878	19,169	13,998
UC	21,718	20,201	22,416	21,529

Pharmacy Benefits

Pharmacy benefits are not administered under managed care.

Service Authorizations

Table 22 lists the number of CY 2020 service authorizations by MCO.

Table 22. Number of CY 2020 Service Authorizations by MCO and Provider Type

Provider Type	ABHWV	THP	UC
Medical	60,795	6,527	36,130
BH	17,420	1,623	5,438
Dental	6,803	3,242	8,188
<i>Total</i>	<i>85,018</i>	<i>11,392</i>	<i>49,756</i>

Plan Quality Rating

National Committee for Quality Assurance (NCQA) recently changed the methodology for reporting health plan accreditation. Since September 2020, health plans renewing accreditation may only achieve a status of denied, provisional, or accredited. As of December 15, 2020, all contracted MCOs achieved the status level of “Accredited.”

In the future, health plan accreditation will use the Health Plan Ratings based on CAHPS survey and HEDIS measures reporting. For additional information on MCO HEDIS/CAHPS performance, please see Appendices B and C.

Additional information on NCQA’s Health Insurance Plan Ratings is located on the NCQA website.

Medical Loss Ratio and Administrative Costs

The Medical Loss Ratio (MLR) is the percent of premium an insurer spends on medical claims and quality improvement expenses (defined as medical and hospital costs divided by premium received) rather than administrative costs. Table 23 below shows data reported by the MCOs on the percentages of premium spent on medical costs, as well as the administrative costs of each MCO, defined as the general administrative expenses and claim adjustment expenses.

The State is in the process of validating this data and the final MLR may change for calendar year 2020. The amount of money refunded to the State if the MCO does not meet MLR requirements will not be available until June 30, 2021. As a result, this data is pending.

Table 23. Medical Loss Ratio, Administrative Costs, and State Refunds

MCO	MLR	Administrative Costs	State Refunds
ABHWV	90.5%	\$46,731,201.00	Pending
THP	87.6%	\$37,263,014.00	Pending
UC	83.0%	\$37,034,051.97	Pending

Fee-for-Service Medicaid

The current and previous fee-for-service (FFS) spends by service line can be obtained from the Legislative Oversight Commission on Health and Human Resources Accountability upon request.

Annual Cost Information – Managed Care

Aggregate Dollars Expended

Table 24 shows the total aggregate dollars expended by each MCO for the last five fiscal years.

Table 24. Total Aggregate Dollars Expended by MCO from CY 2016-2020

MCO	Total Aggregate Dollars Expended				
	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
ABHWV	\$432,315,373.78	\$447,026,282.86	\$494,534,564.26	\$500,341,147.84	\$662,801,213.80
THP	\$279,706,778	\$308,742,860	\$275,065,829	\$313,436,553	\$352,319,497
UC	\$435,831,439.02	\$472,409,126.93	\$384,943,619.89	\$435,370,545.41	\$502,502,394.27

Annual Rate of Cost Inflation

The annual rate of cost inflation for the last five fiscal years for each MCO can be found in Table 25.

Table 25. Annual Rate of Cost Inflation by MCO from CY 2016-2020

Annual Rate of Cost Inflation					
MCO	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
ABHWV	74.39%	3.40%	10.63%	1.17%	24.51%
THP	32.99%	-4.44%	-8.46%	6.86%	-2.55%
UC	2.73%	4.40%	1.08%	Not applicable	Not applicable

Appendix A: Provider Network by Specialty, County, and MCO

Please see the attached Appendices folder.

Appendix B: WV HEDIS Measures

Please see the attached Appendices folder.

Appendix C: WV CAHPS Results

Please see the attached Appendices folder.

Appendix D: MCO Audited Financial Statements

Please see the attached Appendices folder.