Flexibility and Innovation in Medicaid
Congressional Briefing

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Commissioner
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Medicaid Coverage in West Virginia

In WV, Medicaid covers:

- 1 in 4 adults <65
- 3 in 5 low-income individuals
- 1 in 2 children
- 3 in 4 nursing home residents
- 1 in 2 people with disabilities

- 535,000 - Average lives covered
- 165,000 - Expansion adults
- $4.2 - Billion in health services
- 35,000 - Enrolled healthcare providers
West Virginia Medicaid Expansion

- Prior to expansion, West Virginia had an un-insured rate of approximately 17.34%, West Virginia currently averages 6.5% uninsured.

- Expansion allows reduction of costs related to treating uninsured in hospitals, public clinics and other care facilities.

- Improved health care translates into more productive and effective workforce.

- 20,000 Medicaid expansion members have a primary substance use diagnosis, expansion allowed for access to treatment.

An Epidemic in Evolution

2001-2016 Resident Drug Overdose Mortality Rates
West Virginia and United States

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SUD Waiver Overview

- On November 22, 2016, the West Virginia Department of Health and Human Resources (DHHR) submitted a Medicaid Section 1115 Waiver application to the Centers for Medicare and Medicaid Services (CMS). This was approved on October 6, 2017.
- The Waiver allows the Bureau for Medical Services (BMS) the opportunity to test innovative policy and delivery approaches to reform systems of care for individuals with Substance Use Disorders (SUD) in West Virginia.

- **Phase 1 implemented January 14, 2018:**
  - The Screening, Brief Intervention, and Referral to Treatment (SBIRT).
  - Expanded Medication Assisted Treatment (MAT) to include methadone.
  - Comprehensive initiative for distributing naloxone (Narcan®).

- **Phase 2 implemented July 1, 2018:**
  - Expanded coverage of withdrawal management.
  - Adult residential substance abuse treatment.
  - MAT.
  - Withdrawal management.
  - Peer recovery support services.
  - Residential substance use treatment services.

Section 1115 Waiver Evaluation

- Partnership between West Virginia University (WVU) and WV Department of Health and Human Resources
- Conducted by WVU as part of state-university partnership
- Examining impact of waiver on trends in overdose deaths and other SUD-related outcomes
- Robust ‘Difference-in-Difference’ study design
- Utilizing Medicaid data from other comparison states
CMS Approval NAS Services

- DHHR's Bureau for Medical Services received State Plan approval effective October 1, 2017, from the U.S. Centers for Medicare and Medicaid Services (CMS) to offer NAS treatment services, making West Virginia the first state in the nation to receive such approval.

- The intent of the Neonatal Abstinence Syndrome Treatment Center is to reduce or prevent symptoms of withdrawal in newborns who have been prenatally exposed to addictive drugs using both pharmacological and non-pharmacological interventions.

- The approval for NAS services in West Virginia will enable newborn babies after discharge from the Neonatal Intensive Care Unit (NICU) or hospital who may have a need for continued weening from an opioid substance in a safe environment, which will promote optional functioning of the baby and continued medical weening protocols.
The West Virginia Medicaid Health Homes Program was created by the CMS as a part of the Affordable Care Act (ACA) of 2010. Health Homes focuses on improving health outcomes and cost savings; integrating care for enrollees by increasing self-management skills to achieve optimal physical and cognitive health. The Health Homes Program coordinates physical and behavioral health (both mental health and substance abuse) and long-term services, social services and supports for Medicaid members with chronic health conditions. Health Homes – Bipolar Disorder with Risk of Hepatitis
- Pilot project began in 6 counties; expanded statewide (2017).
- Health Homes – Diabetes, Obesity with Risk of Depression Pilot project currently serving 14 counties.
Coordination of Care (MCOs)

West Virginia has four Managed Care Organizations (MCOs) that provide coordinated care to 78% of our population.

- Promotes greater member engagement and coordinated behavioral and physical health care, which lead to better health outcomes.
- Improves quality through accreditation and contractual monitoring.
- Improves clinical oversight in order to allow the most appropriate health care services and cost conscience strategies to strengthen health care services for West Virginia Medicaid members.
- Provides targeted innovative case management and models with flexibility to address social determents.
“The best way to predict the future is to create it.”

~ Abraham Lincoln

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