

Official Program Name: Benchmark Benefits State Plan Amendment (SPA)

State: West Virginia

Date Originally Approved: May 3, 2006

Date Implemented: Anticipated July 1, 2006

Date Expires: Not Applicable

Last Update Date: May 4, 2006

SUMMARY

This state plan amendment implements section 6044 of the Deficit Reduction Act of 2006 (DRA) to provide Secretarial approved benchmark benefit packages for Medicaid eligibles, except those exempted under section 1937 of the Social Security Act (the Act).

The SPA includes these key features:

- This population is primarily the healthy adults and children.
- The benchmark benefits are comparable to the minimum required Medicaid benefit package and they include Early, Periodic, Screening Diagnosis and Treatment (EPSDT) services for children.
- In accordance with section 1937 of the Act, the individuals will be mandated into the basic benefit package.

SPECIAL FEATURES

This innovative reform program creates the opportunity for beneficiaries to obtain optional benefits using the partnership agreement between the beneficiary, the medical home and the State.

Unique to this program are the following features:

- Upon enrollment, individuals will choose, or be assigned to a medical home and will be counseled about obtaining and receiving appropriate health services.
- Individuals electing to sign a membership agreement, which focuses on appropriate health and wellness programs, and beneficiary, provider, and State rights and responsibilities rewards participation by providing enhanced benefits targeted to the specific health needs of the individual.

ELIGIBILITY

- Approximately 50 percent of the State’s Medicaid beneficiaries will be able to participate in the program once it is completely phased in. It is estimated that approximately 160,000 beneficiaries will be affected at the completion of the phase in.
- These Medicaid beneficiaries are generally healthy adults and healthy children on Medicaid. These include individuals receiving assistance through Temporary Assistance for Needy Families (TANF) or are TANF-related individuals. Disabled and elderly individuals **are not** included in this reform plan at this time.

BENEFITS AND MEMBER AGREEMENTS

- Individuals electing to sign a membership agreement, which focuses on appropriate health access to a medical home, will be provided enhanced benefits targeted to the specific health needs of the individual.
- A basic and enhanced benefit package is available to healthy adults and children rendering two choices for each group rewarding personal responsibility related to health care. *The basic benefit packages provide all mandatory Medicaid services, as well as age appropriate optional services such as limited vision, dental and hearing for children, and family planning for adults.*
- An enhanced benefit package is available after a beneficiary signs a member agreement. *The enhanced benefit packages also provide all mandatory Medicaid services, with the addition many optional age appropriate services that focus on wellness. Examples of these services include cardiac rehabilitation, tobacco cessation programs and chiropractic services for adults, and nutritional education, chemical dependency and mental health services for children.*
- To continue receiving enhanced services, the member must:
 - Receiving screenings as directed by the health care provider;
 - Adherence to health improvement programs as directed by their health care provider;
 - Attending scheduled appointments; and
 - Taking medication as directed by their health care provider.
- Members will have to adhere to their member agreement and will have appeal rights prior to being moved from the enhanced benefit package to the basic benefit package for non-compliance.
- Other than at the programs’ inception, beneficiaries are offered additional chances to “sign up” for healthy behaviors through the member agreement. At the time of redetermination, each beneficiary will have the option to commit to the member agreement, thereby gaining or regaining access to the enhanced benefit package.

DELIVERY SYSTEM

- The planned delivery system for the program is managed care, or a managed care fee-for service mix. Services will be delivered in the medical home, which will consist clinics as well as provider offices.
- The delivery system for each of the geographic areas will be determined as the program is phased in.
- West Virginia plans to phase in the Benchmark Benefits program beginning in Clay, Upshur and Lincoln counties. The anticipated implementation date for these counties is July 1, 2006.