

Medicaid and CHIP Operations Group

February 7, 2022

Ms. Cynthia Beane Commissioner, Bureau for Medical Services West Virginia Department of Health and Human Resources 350 Capitol Street, Suite 251 Charleston, West Virginia 25301-3706

Re: West Virginia SFY 2022 Mountain Health Trust Managed Care Contract and Rate Action Approval

Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) completed review of West Virginia's Medicaid Managed Care Organization (MCO), Mountain Health Trust (MHT) SFY 2022 managed care contract (SFY 2022 MHT MCO Contract) and rate action, Rate Certification submitted by West Virginia on April 30, 2021 (Rate Certification) and an Amended Rate Certification dated October 21, 2021 (Amended Rate Certification), (the Rate Certification and the Amended Rate Certification, collectively the SFY 2022 MHT Rate Certification). The effective dates for the SFY 2022 MHT MCO Contract and SFY 2022 MHT Rate Certification are July 1, 2021 through June 30, 2022.

We conducted our review of this contract action according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that the Medicaid-only managed care plan contract action shown in the table below is approved.

Contract	State Contract	State Contract Action	Effective Start and End
Name/Contractor	Identifier	Identifier for	Dates for
		Approved/Validated	Approved/Validated
		Contract Action	Contract Action
Aetna Better Health	231023 CMA		
of West Virginia	0511 2528	NA	07/01/21 - 06/30/22
	BMS185743F	INA	07/01/21 - 00/30/22
	CO7		
The Health Plan of	230613 CMA		
the Upper Ohio	0511 2528	NA	07/01/21 - 06/30/22
Valley	BMS185743B	INA	07/01/21 - 00/30/22
	CO7		
UniCare Health Plan	230619 CMA 0511		
of West Virginia	2528 BMS185743C	NA	07/01/21 - 06/30/22
	CO7		

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CMS approval pertains to the Medicaid-only contract action identified in this letter and does not apply to other contract actions currently under CMS review or not yet submitted to CMS. This letter confirms State compliance with provisions of the May 6, 2016 managed care final rule only to the extent that final rule provisions are specifically articulated in the contract action identified in this letter.

The certification of the Office of the Actuary (OACT) is limited in scope, and does not attempt to estimate the health care cost experience of the current public health emergency caused by COVID-19. With these caveats noted around the limited scope of OACT's review, it is OACT's opinion that the capitation rates for this program appear to have been set consistently with generally accepted actuarial practices and principles and can be reasonably expected to cover all reasonable, appropriate, and attainable costs for the MHT Program absent consideration for the COVID-19 public health emergency.

CMS has determined Medicaid rates, effective July 1, 2021 to June 30, 2022 to be actuarially sound in accordance with 42 CFR 438.4(b). The capitation rates appear to have been set consistently with generally accepted actuarial practices and principles and can be reasonably expected to cover all reasonable, appropriate, and attainable costs for the MHT Program acknowledging the uncertainty of the COVID-19 pandemic. In order to help expedite the review of future actuarial rate certifications, please consider addressing the questions asked by the Office of the Actuary within the rate certification, particularly those where additional documentation or information provided in a different manner would facilitate future reviews.

The 42 CFR 438.6(c) delivery system and provider payment initiatives implemented by this contract action are approved for the managed care contract rating period specified in the related Section 438.6(c) Preprints approved by CMS per 42 CFR 438.6(c)(2).

If you have questions regarding this letter please contact, Mary McKeon at 215.861.4181 or Mary.McKeon@cms.hhs.gov.

Sincerely. Bill Brok

Bill Brooks DMCO Director

cc: Susan Hall, Chief, Center for Managed Care