

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Section 3.1 – Attachment 2

Page 1

West Virginia will offer BASIC and an ENHANCED plan to members. The BASIC plan provides all state and federal mandatory services. The ENHANCED plan offers additional medical services to members. In order to access the Enhanced Plan, Medicaid members must voluntarily sign the Medicaid Member Agreement (see attachment 3) and a Health Improvement Plan. The member will sign the agreement at the Medical Home.

The following responsibilities will be tracked:

1. Screenings as directed by their health care provider.
2. Adherence to health improvement plan as directed by their health care provider.
3. Medication compliance.

Successful compliance with these responsibilities will be monitored in partnership with the HMO/medical home.

Newly eligible individuals for the benchmark benefit will be initially enrolled in the BASIC plan. However, they will be provided a packet and the opportunity to choose a benefit plan, BASIC or ENHANCED. Upon their anniversary date individuals may choose a plan and if those in the Enhanced Plan do not choose to remain in the Enhanced Plan, they will be moved to the BASIC Plan.

TN No.: 09-07

Supersedes: 06-02

Approval Date:

MAY 20 2010

Effective Date:

July 1, 2009

West Virginia Medicaid Redesign Benefit Packages

CHILDREN	
Basic Plan	Enhanced Plan
*Inpatient Services <ul style="list-style-type: none"> • Inpatient Hospital Care • Inpatient Hospital Rehabilitation • Inpatient Hospital Psychiatric Services 	*Inpatient Services <ul style="list-style-type: none"> • Inpatient Hospital Care • Inpatient Hospital Rehabilitation • Inpatient Hospital Psychiatric Services
Outpatient Services <ul style="list-style-type: none"> • *Diagnostic x-ray, laboratory services and testing • Birth to Three Services • *Occupational/Physical Therapy • *Speech Therapy • *Cardiac Rehabilitation • *Pulmonary Rehabilitation • *Chemical Dependency/Mental Health Services 	Outpatient Services <ul style="list-style-type: none"> • *Diagnostic x-ray, laboratory services and testing • Birth to Three Services • *Occupational/Physical Therapy • *Speech Therapy • *Cardiac Rehabilitation • *Pulmonary Rehabilitation • *Chemical Dependency/Mental Health Services • Weight Management
Physician/NP/MW Services/RHC/FQHC <ul style="list-style-type: none"> • Primary Care Office Visits • Physician Office Visits • *Specialty Care • *Podiatry • Diabetes Education/Nutritional Counseling • Well Child Visits 	Physician/NP/MW Services/RHC/FQHC <ul style="list-style-type: none"> • Primary Care Office Visits • Physician Office Visits • *Specialty Care • *Podiatry • Diabetes Education/Nutritional Counseling • Well Child Visits
Home Health (prior authorization after 60 units)***	Home Health (prior authorization after 60 units)***
DME ** <ul style="list-style-type: none"> • Orthotics and Prosthetics ** 	DME ** <ul style="list-style-type: none"> • Orthotics and Prosthetics **
EPSDT	EPSDT
Family Planning Services and Supplies	Family Planning Services and Supplies
NEMT	NEMT
*Hospice	*Hospice
Ambulance	Ambulance
Prescriptions	Prescriptions
Vision Limited 1 frame/yr***	Vision *Contact Lenses Limited 1 frame/yr***
Dental** * Orthodontics	Dental** *Orthodontics
Hearing 1 hearing aid/5 yrs***	Hearing 1 hearing aid/ 5yrs***
Tobacco Cessation	Tobacco Cessation
* Skilled Nursing Care	* Skilled Nursing Care
	Nutritional Education

*Prior authorization for medical necessity only.

** Prior authorization for medical necessity, are subject to service limitations listed in BMS provider manuals at www.wvdhhr.org/bms

*** Prior authorization based on medical necessity to exceed limits

TN No.: 09-07
 Supersedes: 06-02

Approval Date: MAY 20 2010 Effective Date: July 1, 2009

West Virginia Medicaid Redesign Benefit Packages	
ADULTS	
Basic Plan	Enhanced Plan
*Inpatient Services <ul style="list-style-type: none"> Inpatient Hospital Care Inpatient Psychiatric Services 	*Inpatient Services <ul style="list-style-type: none"> Inpatient Hospital Care Inpatient Psychiatric Services
Outpatient Services <ul style="list-style-type: none"> *Diagnostic x-ray, laboratory services and testing *Occupational Therapy *Physical Therapy *Speech Therapy Dental Services (Emergent Treatment) 	Outpatient Services <ul style="list-style-type: none"> *Diagnostic x-ray, laboratory services and testing *Occupational Therapy *Physical Therapy *Speech Therapy Dental Services (Emergent Treatment) Weight Management *Cardiac Rehabilitation *Pulmonary Rehabilitation
Physician/NP/MW Services RHC/FQHC <ul style="list-style-type: none"> Primary Care Office Visits Physician Office Visits *Specialty Care 	Physician/NP/MW Services RHC/FQHC <ul style="list-style-type: none"> Primary Care Office Visits Physician Office Visits *Specialty Care *Podiatry Diabetes education/nutritional counseling
Home Health (prior authorization, after 60 units)***	Home Health (prior authorization after 60 units)***
DME (limited \$1000 per year with prior authorization if exceeded) *** <ul style="list-style-type: none"> Orthotics and Prosthetics** 	DME ** <ul style="list-style-type: none"> Orthotics and Prosthetics**
*Nursing Home Services	*Nursing Home Services
Family Planning Services and Supplies	Family Planning Services and Supplies
NEMT	NEMT
*Hospice	*Hospice
Ambulance	Ambulance
Prescriptions (limited to 4 per month) ***	Prescriptions
	Chiropractic Services ***
	Tobacco Cessation Program
*Chemical Dependency/Mental Health Services	*Chemical Dependency/Mental Health Services
	Nutritional Education

*Prior authorization for medical necessity only

** Prior authorization for medical necessity, subject to service limitations listed in BMS provider manuals at www.wvdhhr.org/bms

***Prior authorization based on medical necessity to exceed limits

TN No.: 09-07
Supersedes: 06-02

Approval Date **MAY 20 2010**

Effective Date: July 1, 2009