Evaluating the Early-Stage Implementation of Mountain Health Choices

Case study of the implementation of the West Virginia Healthier Medicaid Members Through Personal Responsibility program

SUMMARY

In 2008–2009, researchers at the West Virginia University Institute for Health Policy Research and Princeton, N.J.-based Mathematica Policy Research evaluated the early-stage implementation of Mountain Health Choices, a key component of West Virginia's redesigned Medicaid program. The research team interviewed 26 people from four stakeholder groups:

- State Medicaid representatives
- Health care providers and their staffs
- Patient advocates
- Representatives of professional associations

Context

Launched in 2006, Mountain Health Choices offered both a basic plan and one with enhanced benefits, including:

- No annual limits on physical therapy sessions, home health services and durable medical equipment
- No limit on the number of prescriptions that could be filled in a month
- Some coverage for:
  - Tobacco cessation, diabetes education and nutritional counseling
  - Cardiac and pulmonary rehabilitation
  - Chiropractic services
  - Mental health and substance abuse services
To qualify for the enhanced plan, families had to agree to some basic rules designed to increase personal responsibility and strengthen their relationship to a medical home. Specifically, beneficiaries had to:

- Have a health assessment
- Agree to make and keep appointments
- Cancel any appointments they could not keep
- Use the emergency room only for emergencies
- Participate in health improvement programs

People who did not comply with these requirements would be assigned to the basic plan.

West Virginia originally proposed that those who adhered to these expectations would also be eligible for additional benefits as part of the Healthy Rewards program. The state envisioned that the "healthy rewards" could include such items as expanded vision and dental care, but this feature was never implemented because it did not receive federal approval.

Mountain Health Choices was tested in three counties and taken statewide in 2007. As of February 2009, about 13 percent of West Virginians eligible for Mountain Health Choices had enrolled in the enhanced plan. The other 87 percent either chose or were enrolled by default in the basic plan.

**Key Findings**

The research team reported the following findings in an August 2009 report, *Evaluation of Mountain Health Choices: Implementation, Challenges, and Recommendations* (available online):

- **There was widespread support for the goals of Mountain Health Choices**—promoting personal responsibility and strengthening patients' medical home.

- **Most provider and advocacy representatives believed the program as implemented would not succeed in those goals.** The reasons given:
  - The state failed to receive federal approval for and implement the Healthy Rewards program.
  - Beneficiaries and providers did not receive continuous education and outreach designed to help beneficiaries make an informed choice of benefit plans.

- **Providers and patient advocates were concerned about beneficiaries defaulting into the basic plan, not by choice but because of a lack of understanding of the enrollment process and the importance of meeting the requirements for**
participation. There was no consensus among those interviewed about how to address this concern.

- Because the "basic" program offered a lower benefit package than traditional Medicaid before Mountain Health Choices went into effect, there was concern that most beneficiaries experienced a cut in services. Problem areas of particular concern were limitations in the number of covered prescriptions and in mental health benefits.

- Since most Mountain Health enrollees are children, interviewees felt that parents needed to receive full and clear information about the enhanced and basic plans to make the best choice. The incentives for enrolling in the enhanced plan must be attractive enough for parents to choose this option when it is appropriate.

- Although mental health providers acknowledged the importance of a medical home, they believed that their clients who needed the enhanced plan might be the least capable of completing the enrollment process.

- Nearly all providers and patient advocates contended that West Virginia took the program statewide prematurely, without adequate testing and assessment in the three pilot counties. Even though the Healthy Rewards component was not yet in place, state officials disagreed that the move had been premature.

See the Bibliography for more details about the report.

**Recommendations**

The report identified a number of ways to improve the Mountain Health Choices program:

- Provide ongoing and clear outreach and education to beneficiaries and providers, including the clarification of criteria for determining continued eligibility for enhanced benefits

- Review the program's enrollment policies to determine whether the current default process (into the basic plan if requirements for the enhanced plan are not met) is appropriate for the targeted population

- Assess program outcomes so that the program's benefit design can be adjusted properly, if appropriate to do so

- Work with the federal Centers for Medicare & Medicaid Services to develop and implement an effective Healthy Rewards component
Funding

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Afterward

Mountain Health Choices is set to be discontinued in September 2010 because it fails to comply with the Medicaid requirements of the 2010 health care reform law, according to West Virginia officials. As of June 2010, the state was appealing to the federal Department of Health and Human Services in an effort to continue the program.

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