

1. Title page for the state’s SUD demonstration or the SUD component of the broader demonstration

State	West Virginia
Demonstration name	West Virginia Continuum of Care for Medicaid Enrollees with Substance Use Disorders
Approval period for section 1115 demonstration	01/01/2018 – 12/31/2022
SUD demonstration start date^a	01/01/2018
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	01/14/2018
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<p>Under this demonstration, the State expects to achieve the following to promote the objectives of Title XIX:</p> <ul style="list-style-type: none"> • Improve quality of care and population health outcomes for Medicaid enrollees with SUD • Increase enrollee access to and utilization of appropriate SUD treatment services based on the American Society of Addiction Medicine (ASAM®) Criteria or other comparable, nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for standards of care. • Decrease medically inappropriate and avoidable utilization of high-cost emergency department (ED) and hospital services by enrollees with SUD • Improve care coordination and care transitions for Medicaid enrollees with SUD.
SUD demonstration year and quarter^c	DY1 Q2 – DY3 Q1
Reporting period^c	04/01/2018 – 03/31/2020

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b Implementation date of SUD demonstration: The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

^c SUD demonstration year and quarter, and reporting period. The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state’s approved monitoring protocol. For example, if the state’s first monitoring report after monitoring protocol approval is its SUD DY2Q2 monitoring report, the retrospective reporting period is considered SUD DY1Q2 through SUD DY2Q1. The SUD DY1Q1 reporting period is not listed because metrics data are reported with a one-quarter lag.

2. Executive summary

The West Virginia (State) Bureau for Medical Services’ (BMS’) retrospective metrics review analyzed paid claims in the State’s Data Warehouse/Decision Support System (DW/DSS) with dates of service from January 1, 2018 – December 31, 2019. The metrics were run between August 2020 and October 2020. In order to measure results against expectations, the State calculated the percent change for each demonstration year (DY) per CMS guidance and compared the percent change to the annual goal and overall demonstration target included in the approved monitoring protocol. For example, if Metric X decreased by 4 percent per year but the goal was to decrease by 5%, the demonstration is moving in the right direction but has not yet achieved the goal for Metric X. The State then reviewed all results in worksessions to collectively identify context that might support the data.

This report’s Part B, Table 3 highlights key metric trends. Some interim accomplishments include:

- Decreasing the number of Medicaid beneficiaries with a SUD diagnosis by 6 percent annually
- Increasing the number of beneficiaries receiving any SUD treatment by 8 percent for DY1 and 7 percent for DY2
- Increasing utilization of outpatient services, residential and inpatient services, and medication-assisted treatment (MAT) – see Table 3 for details
- Using information technology (IT) more effectively to treat individuals identified with SUD via telehealth, with a 35 percent increase between DY1 and DY2
- Decreasing overdose deaths by 10 percent (viewed as a count) or 7 percent (viewed as a rate)
- Increasing SUD provider availability by 17 percent between DY1 and DY2

The State will continue to monitor and learn from data, along with stakeholder feedback, to help this demonstration meet its goals to better support Medicaid enrollees with SUD.

3. Narrative information on implementation, by milestone and reporting topic

The state should provide a general summary of metric trends by milestone and reporting topic for the entire retrospective reporting period. In these general summaries, the state should discuss any relevant trends that the data shows related to each milestone or reporting topic, including trends in state-specific metrics.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services		4	<p>The number of Medicaid beneficiaries with SUD diagnoses annually decreased by 6 percent, compared to the annual target of a 1 percent decrease. This might be due to one or more of the following:</p> <ul style="list-style-type: none"> • Expanded service continuum and increased service access having a positive impact on the number of Medicaid beneficiaries with SUD. • Decreases in assessments/evaluations. • Decreases in overdoses and resulting decreases in emergency departments (EDs) diagnosing beneficiaries with SUD. • Dual eligible subpopulation could be underreported if more beneficiaries with SUD are identified only after their Medicare claims have been processed. <p>Some of these possibilities would show positive waiver results, while others would show room for improvement. The State will continue to monitor operations as well as metrics data.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends related to Milestone 1		6, 8, 10, 12	<p>The number of Medicaid beneficiaries receiving any SUD treatment service, facility claim, or pharmacy claim increased by 8 percent in DY1 and 7 percent in DY2, compared to the annual target of a 5 percent increase. The State considers this metric a success for the first two years of the demonstration, showing increased access to treatment and/or increased people with diagnoses seeking treatment.</p> <p>When reviewing specific service types, it is evident that several different services are contributing to the growth in utilization of SUD services for Medicaid beneficiaries in West Virginia. Outpatient, residential and inpatient, and MAT services all met or exceeded their annual target increases for both demonstration years. Particularly, residential and inpatient services increased by 151 percent in DY2, compared to the target 10 percent increase. This trend appears to reflect the State’s efforts to approve more residential beds in West Virginia, as previously described in monitoring report narratives.</p>
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends related to Milestone 2	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends related to Milestone 3 <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends related to Milestone 4		13, 14	13: SUD Provider Availability <ul style="list-style-type: none"> • Monitoring Protocol Annual Target: +1% • Change (DY1 to DY2): +17% • Comments: SUD provider availability exceeded its annual goal. This matches steady increases in approved waiver providers that the State has observed and reported in quarterly reports to date. 14: SUD Provider Availability – MAT <ul style="list-style-type: none"> • Monitoring Protocol Annual Target: +8% • Change (DY1 to DY2): -+% • Comments: Comments Here

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends related to Milestone 5		15	The percentage of beneficiaries 18 or older with a new episode of AOD abuse or dependence who received initiation of AOD treatment increased by 5 percent between DY1 and DY2, and the percentage of those beneficiaries who were engaged in ongoing AOD treatment within 34 days of the initiation visit increased by 8 percent. These increases met or exceeded the annual goal to increase by 5 percent. It is possible that offering peer recovery support services has contributed to this successful result, given that peer support can result in higher engagement in treatment.
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends related to Milestone 6	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends related to its health IT metrics		S.3, S.4, S.5	<p>S.3: How IT being used to slow down the rate of growth of individuals identified with SUD via Prescription Drug Monitoring Program (PDMP) checking by provider types (prescribers, dispensers)</p> <ul style="list-style-type: none"> • Monitoring Protocol Annual Target: +2% • Change (DY1 to DY2): • Comments: Comments Here <p>S.4 and S.5 both showed substantial increases, with telehealth service utilization by individuals identified with SUD increasing by 35 percent between DYs and the total number of patients per 1,000 beneficiaries receiving concurrent MAT and therapy services increasing by 18 percent between DY1 and DY2. These increases might be due to additional telehealth companies entering West Virginia and offering telehealth counseling for MAT. The State anticipates the percent change for S.4 will increase even more in DY3 due to more people accessing telehealth services during the COVID-19 PHE.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends related to other SUD-related metrics		26, 27	Both overdose death-related metrics exceeded their annual target to decrease by 1 percent. The annual count decreased by 10 percent, and the annual rate decreased by 7 percent. Since toxicology reports can be delayed, BMS views this as an interim successful metric and will continue to analyze overdose death-related data. However, the State anticipates overdose deaths will increase in DY3 due to the COVID-19 PHE.

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