WEST VIRGINIA CODE: §9-11-3

§9-11-3. Establishment of value-based measures.

(a) On or before October 1, 2026, the Bureau for Medical Services, in conjunction with their managed care organizations, shall establish standard billing codes for all substance use disorder services to be used by providers in the continuum of care on or before January 15, 2027.

(b) The Bureau for Medical Services shall collect data from all providers in the continuum of care regarding billing codes and other measures to be collected by providers as set forth in this article for analysis purposes to determine utilization trends, costs, and outcomes by provider.

(c) The Bureau for Medical Services shall analyze the data for utilization and costs trends. After the outcome measures are determined as set forth in this article, the Bureau for Medical Services shall collect and analyze the measures to improve quality in the Medicaid program and determine how to establish value-based payments to incentivize quality substance use disorder outcomes. Any trends indicating overutilization or overbilling shall be referred to the Medicaid Fraud Control Unit.

(d) The Bureau for Medical Services shall submit a report to the Legislative Oversight Commission on Health and Human Resources Accountability on before January 1, 2028, and annually thereafter, regarding substance use disorder utilization trends and costs by provider and provider type. All providers shall be given an anonymized synthetic identifier in the report to allow trends to be followed in multiple years. Once the outcome measures are developed, this report shall further include outcomes by provider and provider type. The outcome portion of this report shall first be included on July 1, 2028, and be reported annually thereafter. All reports shall contain a comparison of state utilization, cost, and outcomes to the previous fiscal year's data to also include, but not be limited to, the rate for neonatal abstinence syndrome and statewide adult deaths. This analysis shall also include a comparison of utilization, cost, outcomes, the rate of neonatal abstinence, and adult death rates to a national rate.

(e) On or before July 1, 2026, the Bureau for Medical Services, in consultation with the Bureau for Behavioral Health, relevant state agencies, Marshall University, Joan C. Edwards School of Medicine, West Virginia University School of Medicine Behavioral Health Faculty, individuals in recovery, providers, law enforcement, and other relevant stakeholders, shall develop a set of outcome-based performance measures for each level of care within the addiction treatment and recovery services care continuum.