The History and Future of the WV Medicaid Expansion

Karen L. Bowling, Cabinet Secretary
June 17, 2015
Governor Earl Ray Tomblin announced the expansion of the WV Medicaid program on May 2, 2013.

WV received approval through an 1115 ‘early MAGI’ Waiver to begin expansion enrollment on October 1, 2013, with a coverage effective date of January 1, 2014.

Expansion populations:
- Coverage of individuals aged 19 to 64 making up to 138% of the Federal Poverty Level (FPL).
- Coverage for former foster children up to the age of 26.
- Children 6-18 y/o with income up to 138% FPL.
Year 1 Enrollment Strategy

- WV received waiver approval to “auto-enroll” certain individuals.

- The State identified approximately 118,000 eligible individuals for Medicaid expansion through open cases in which a child had Medicaid but the parent(s) did not, and SNAP cases.

- 118,000 letters were mailed in September 2013 to identified individuals. More than 17,000 were mailed in November as follow-up.

- 72,158 individuals returned auto-enrollment letters, with nearly all being determined eligible for coverage effective January 1, 2014.

- DHHR partnered with the WV Office of the Insurance Commissioner’s In-Person Assistance Program to make follow-up calls to recipients of letters.
Auto Enrollment Letter

- To complete the auto-enrollment process, consumers only needed to check a box indicating their interest in receiving Medicaid, sign the letter, and return to the county office. Office staff then had the ability to scan a barcode on the letter and establish member eligibility.
Expansion Successes From Year 1

- WV has seen one of the largest drops in adult uninsured rates and has the most new Medicaid enrollees per capita than any other state that expanded Medicaid.

- WV now has the sixth-lowest uninsured rate in the country.

- Some hospitals in WV have seen a dramatic decrease in uninsured individuals seeking services in the emergency department as well as inpatient and outpatient treatment, leading to less charity care expenditures and more consistent treatment of the member in the appropriate setting at the right time.
Strategies to Help Members
Care Coordination

• Expansion members will transition to Mountain Health Trust, the State’s Managed Care Program, beginning July 1, 2015.

• Behavioral health services will also be carved into managed care at this time to improve coordination of care and create a more holistic approach to service delivery.

• MCOs are subject to a 5% quality withhold of its capitation payment to incentivize investments in improving member health through enhanced care coordination and member engagement.
Yearly Medicaid Cards

• Beginning April 1, 2015, Medicaid recipients began receiving a Medicaid card on a yearly basis as opposed to a monthly card.

• Members will receive their 2nd yearly card on January 1, 2016.

• This strategy is being used to promote Medicaid as another form of health insurance rather than as a welfare program, but also to promote member accountability.
The Coverage to Care initiative is designed to help educate consumers about what it means to have health insurance and how to appropriately leverage the health care system.

The DHHR has participated in PSAs, statewide and local media events, and other activities to help educate West Virginians.

The State has worked collaboratively with stakeholders to help develop a Coverage to Care website, located at:

http://www.coveragetocare.org/.
Presumptive Eligibility

• Currently, the State uses presumptive eligibility in its hospitals to help members with initial enrollment into Medicaid, with providers educating members on how to complete the full Medicaid application process.

• The State has standards that each participating entity must meet in order to remain eligible to participate in the PE program.
  o 75% of individuals who are determined presumptively eligible must submit a regular application.
  o 50% of those individuals determined presumptively eligible and have submitted a regular application must be determined eligible for Medicaid.

• These requirements place emphasis on provider education but also member responsibility.
Member Accountability

• In an effort to promote Medicaid as a health insurance option, the State implemented out-of-pocket maximums and co-pays as of January 1, 2014. The chart below highlights the co-pay structure for our expansion members:

<table>
<thead>
<tr>
<th>Service</th>
<th>Up to 50.00% FPL</th>
<th>50.01-100.00% FPL</th>
<th>100.01% FPL and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital (Acute Care)</td>
<td>$0</td>
<td>$35</td>
<td>$75</td>
</tr>
<tr>
<td>Office Visit (Physicians and Nurse Practitioners)</td>
<td>$0</td>
<td>$2</td>
<td>$4</td>
</tr>
<tr>
<td>Non-Emergency use of Emergency Department</td>
<td>$8</td>
<td>$8</td>
<td>$8</td>
</tr>
<tr>
<td>Any outpatient surgical services rendered in a physician’s office, ambulatory surgical center or outpatient hospital excluding emergency rooms.</td>
<td>$0</td>
<td>$2</td>
<td>$4</td>
</tr>
</tbody>
</table>

• Co-payments are based on your level of income and may not exceed 5% of your household income. Providers may not deny services to individuals with household incomes under 100% FPL due to their inability to make a co-payment.
Where Are We Now?
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• As of June 1, 2015:
  o 513,558 West Virginians were receiving Medicaid services.
  o Of those, 162,729 members were in the State’s expansion population.

• There is a near even split between men and women that the Medicaid expansion has helped serve.

• Many young people have been assisted by the expansion, with over 40% of members being between the ages of 19-34.

• Helping the working poor:
  o Approximately 63% of expansion members had some form of income, with 70% of those having earned income.
Looking Forward
Presumptive Eligibility:

• The State will be expanding its presumptive eligibility model to include FQHCs, RHCs, Free Clinics and Behavioral Health Centers to help educate members about the importance of health insurance.

• The State hopes this effort will help capture those few remaining uninsured West Virginians and provide them with the opportunity to have their level of care improved by being able to access a variety of provider types.
Coverage to Care:

- DHHR continues to promote the Coverage to Care initiative and educate West Virginians on their health insurance coverage and the value of being connected to a primary care provider. Long-term goals include:
  - Development of an evaluation plan on the Medicaid expansion population to see how access to coverage and other issues impact both health outcomes and health costs.
  - Continue to work with stakeholders to get member insight on areas where additional education needs to be undertaken, and where gaps are being experienced in the health care system.
Auto-Renewals (Ex-Parte)

• For individuals that Medicaid has sufficient information on, the State will be able to conduct auto-renewals.

• This will lessen the impact of missed renewal notices for individuals and help lessen the caseload on county staff, leaving more time to dedicate to critical issues impacting our members.

• This process is expected to begin in July.
Data Warehouse Implementation

- The warehouse holds Medicaid claims data and will serve as a major resource in reviewing utilization patterns and costs to determine how the State should improve its care coordination activities and direct patients to appropriate care and PCPs.

- Below is an example of ER utilization information that the data warehouse has generated that can be used as a guide to help the State understand where coordination efforts need to improve:
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