# WEST VIRGINIA FY 98 CHIP ANNUAL REPORT

I. Brief description of the operation of State Plan.
II. Baseline estimates of the number of uninsured children in West Virginia (Lewin Report).
III. Description of progress made reducing the number of uncovered, low-income children in the State.
IV. Identify strategic objectives, performance goals and performance measures.
V. Barriers and effectively implementing the States' plans associated with program design, planning and implementation and the proposed approaches to address the problems.
VI. Outreach and Crowd Out.

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The progress that we have made in reducing the number of uncovered low-income kids has been minimal, in that, we are reporting one quarter of information. We look forward to the implementation of Phase II and believe that the reduction of uncovered low-income children will be greatly impacted, as we have a larger population of children between the ages of 6-18.

Our strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children are:

7. The West Virginia Department of Health and Human Resources (WVDHHR), through a contract with PEIA, will implement Phase II of West Virginia's Title XXI Program. Phase II is defined as expanding eligibility to uninsured children ages six (6) through eighteen (18) years that have incomes equal or less than 150% of the Federal Poverty Level (FPL).

8. Previously uninsured children ages six (6) through eighteen (18) years who are potentially eligible for West Virginia's Title XXI Program will be identified through ongoing and new outreach activities.

9. Uninsured children ages six (6) through eighteen (18) years who have incomes equal or less than 150% of FPL without insurance coverage will be eligible for health insurance coverage through West Virginia's Title XXI Program.

10. Children who are enrolled in West Virginia's Title XXI Program will have an accessible health care source.

11. West Virginia's Title XXI Program will result in the improved health of children enrolled in the program and will improve the overall health care system by focusing on preventive measures as well as acute services.

**Performance Goals/Objectives:**

**Performance Goal/Objective 1:** Beginning upon approval, the PEIA will offer Title XXI benefits to the 22,901 eligible children under a Phase II expansion. Data systems are already in place for the processing of program applications, recipient information, service utilization, billing and provider information.

**Performance Goal/Objective 2:** Beginning upon approval, new initiatives, as well as ongoing outreach efforts, will be implemented. Out-stationed workers and in-office eligibility workers will be prepared to enroll identified qualified children. All outreach activities specified in Section 5 will be in place.

**Performance Goal/Objective 3:** Beginning upon approval, West Virginia determined 22,901 eligible children will have health insurance coverage offered to them.

**Performance Goal/Objective 4:** Beginning upon approval, all children who are eligible for West Virginia's Title XXI expansion, will have a system of primary care providers available for immediate access.

**Performance Goal/Objective 5:** Over time, West Virginia will show increased access and usage of health care services by children ages six (6) through eighteen (18) years through statistical data. This data will reflect an increase in well-child visits as well as immunization rates for children in this coverage group. Other outcome data will be developed in order to further track usage.

**Performance Measures:**

West Virginia will utilize the Department's current Recipient Automated Payment and Information Data System (RAPIDS) to track enrollment of all children in Phase II of the Title XXI Children's Health Insurance Program.

Data will be generated to give statewide demographic information on all children enrolled as part of Phase I and II. WV CHIP will be responsible for reports on service utilization broken down by age and sex. Comparison data will be collected for immunizations, well-child visits, and services by specialty providers. West Virginia, Bureau for Public Health, currently collects data on diabetes and asthma and will continue to do so for this child population.

The State plans to use the following performance measures:

1. The increase in the performance of Medicaid-eligible children enrolled in Medicaid.

2. The reduction in the percentage of uninsured children.
3. The increase in the percentage of children with a usual source of care.
4. The extent to which outcome measures show progress on one or more of the health problems identified by the state.
5. HEDIS Measurement Set relevant to children and adolescents younger than 19.
6. The state assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1))
7. The state assures it will comply with the annual assessment and evaluation required under Section 10.1 and 10.2 (See Section10). Briefly describe the state's plan for these annual assessments and reports. (Section 2107(b)(2))

West Virginia must, under State law, provide to the State Legislature, at least on a quarterly basis, statistical data on the Children's Health Insurance Program which will reflect total number of children enrolled as a result of the expansion, breakdown by age, the average annual cost of coverage per recipient, and the total cost of these services by provider (Medicaid-Title XIX - Phase I and PEIA - Title XXI - Phase II.

West Virginia will also, on a quarterly basis, produce reports which outline the number of well-child visits, immunizations, emergency visits, and mental health visits. These services will be broken down by provider speciality and will be compared to access standards for the overall Medicaid child population.

State adopted legislation (WV Code 9-4A-2b) requires that a report be made to the Governor and the State Legislature regarding outreach activities and the quality and effectiveness of the health care delivered to children in the program. Satisfaction surveys and health status indicators are required. Statistical profiles of the families served shall be included.

8. The state assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review of audit. (Section 2107(b)(3))

9. The state assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed.

Barriers to effectively implementing the State Plans associated with program design, planning and implementation:

> For Phase I - Children aged 1-5, the "Medicaid Stigma" has been an ever present barrier which we are striving to over come. We are promoting the program as a non-welfare program for working families, however, the Phase I children are issued a Medicaid card. The Children's Health Insurance Board would like to design a new card such as the one for Phase II children to assist in alleviating this problem. We also have a smaller number of uncovered low-income children between the ages of 1-5. As we

implement Phase II we will have a larger pool of uncovered low-income children between the ages of 6-18.

For Phase II we have contracted with William M. Mercer, Inc. to perform the following tasks to facilitate implementing Phase II.

- Review the provider network and community providers.
- Pharmacy Administration.
- Evaluation of PEIA's management controls.
- The claims payment process (cash flow and internal controls).
- Review of contract between PEIA and BC/BS and any other subcontractors.
- Review of contracts for content and potential problems.
- Reporting tools and process. In one sense hiring Mercer, Inc. to perform the above work is a barrier to implementing Phase II, however, it is also the solution to being ready to provide services appropriately to the Phase II eligibles.

Other barriers to implementation of Phase II have been our computerized eligibility system/policy. The 12-month continuous eligibility is being performed in the way the Department's computer system (RAPIDS) can handle it without additional time/cost. PEIA, our administrator for Phase II, will keep the CHIP children in their system for 12-month continuous eligibility. RAPIDS will give PEIA a daily update on the children who return to be eligible for Medicaid.

RAPIDS will after determining a child is not Medicaid eligible transfer the potential CHIP children to PEIA. PEIA will set an end date for 12-months continuous eligibility. If RAPIDS receives no reported change in income for the family, the child will be left for twelve months continuous eligibility. Some exceptions might include, a CHIP child who becomes pregnant or the child may have special needs such as, MR/DD (Mentally Retardation/Developmentally Disabled) or becomes eligible for SSI. At this point, RAPIDS would notify PEIA the child is now covered under Medicaid and PEIA would close CHIP coverage.

Staffing is a difficult issue in that we are anticipating a much greater participation rate for Phase II children 6-18. We are examining the potential costs for interagency cooperation necessary for Phase II.

**Outreach and Crowd Out**

Phase II applications of Title XXI will be made through the West Virginia Department of Health and Human Resources (WVDHHR) Recipient Automated Payment and Information Data System (RAPIDS). This system determines eligibility for all categories of Medicaid. The system cascades from one categorical level to the next until one is

located or the options for coverage are exhausted. The application for Phase II of Title XXI includes information to determine if the child or family has had access to health insurance coverage during six months prior to the application. The CHIP program, related to the "crowd out" policy, will not permit children who have had insurance in the last 6 months to participate. The application also includes information to determine if a parent's employer offers health insurance coverage.

RAPIDS is creating a whole screen of edits to capture good cause and whether a child is currently covered under private insurance. There is also an edit for a six-months look behind to determine whether health insurance was dropped within the last six months.

Outreach to families of children likely to be eligible for assistance or under other public or private health coverage to inform them of the availability of, and to assist them in enrolling their children in such a program.

While Phase I of West Virginia CHIP provides Medicaid-expansion coverage to children ages 1-5, Phase II of West Virginia's Title XXI program will target children ages 6 through 18 years with family income equal to or less than 150% of the Federal Poverty Level (FPL). The Department's Recipient Automated Payment and Information Data System (RAPIDS) will be used to identify households with children who have previously applied for Medicaid (Title XIX) and/or Phase I of the Children's Health Insurance Program (CHIP) Title XXI but have been denied because of the child's age and/or incomplete information. These households will be mailed an application form and letter of explanation encouraging them to apply for Phase II of the WV CHIP.

West Virginia's three other health programs currently providing coverage to low-income children are:

1. Medicaid (Title XIX),
2. Pediatric Health Services Program (Title V), and
3. The Blue Cross/Blue Shield "Caring Program".

The Pediatric Health Services Program funded under Title V, Maternal and Child Health Block Grant is administered in conjunction with Medicaid's EPSDT Program by the Department of Health and Human Resource's (DHHR) Office of Maternal and Child Health Services program. Pediatric Health Services provides EPSDT equivalent well-child examination and acute care for children ages birth to 21 with family incomes less than, or equal to, 150% of the FPL. The children participating in this program ages 6-18 will be eligible for Phase II of Title XXI. These children (approximately 12,000) are being mailed an informational letter and application form encouraging their application for Phase II of Title XXI.

The Blue Cross/Blue Shield "Caring Program" has been operating since March 1997 for children of family incomes less than or equal to 150% of the FPL providing primary care and out-patient diagnostic treatment services. These children (approximately 524) will also be contacted by direct mail with an informational letter and application form

encouraging their application for Phase II of Title XXI. Current outreach efforts for Phase I will continue and expand for Phase II.

**Out-stationed Workers**

The West Virginia Department of Health and Human Resources (WVDHHR) is using an abbreviated 2-page eligibility form that is provided to applicants in a postage-paid return-mail envelope. The Department receives these applications and then routes them to the applicants' local county DHHR office. However, to increase outreach and enrollment, the Department is using trained, out-stationed eligibility staff in several major hospitals statewide through a contract with the WV Hospital Association. Also, DHHR is planning to use these out-stationed staff trained with lap-top computers to circulate during non-traditional hours and accept applications for Title XXI at appropriate community sites such as schools, pediatric clinics, primary care centers, Federally Qualified Health Centers and Rural Health Clinics.

The WVDHHR and the WV Department of Education have a cooperative agreement that includes providing a section about Medicaid on all free or reduced lunch and textbook applications. This application is distributed to all school children in the state and will be expanded to include a section on Title XXI.

The "Family Matters Hotline" is a toll-free state-wide telephone number that provides information, resources and referrals to callers about available assistance programs including Medicaid (Title XIX) and WV CHIP (Title XXI). Title XXI applications and program information is available from the hotline which has been publicized with the program.

**Special Outreach Efforts**

Title XXI (Phase I children ages 1 through 5) have developed and successfully used an abbreviated, two-page, postage-paid, return-mail application form. This same form will continue to be used for Phase II and will remain available in appropriate community sites such as schools, libraries, pediatric clinics, physicians' and dentists' offices, primary care centers, Federally Qualified Health Centers, Rural Health Clinics, and other willing businesses and retailers that may either employ parents with children that are potentially eligible, or provide services to these potentially eligible children. Such businesses and retailers may include fast-food restaurants, discount stores, community centers, grocery and convenience stores, and senior centers.

The postage paid, return-mail application allows applicants to apply at no cost. Verification of income is required and must be attached to the return-mail application. Applicants are not required to visit their local DHHR office to complete program applications.

Outreach for Phase II will include statewide media announcements encouraging potentially eligible parents to call the Family Matters Hotline to receive an application and program information.

Outreach also includes volunteer efforts of the Healthy Kids Coalition comprised of numerous community groups including the WV Council of Churches. Together the two organizations are securing private funding for outreach and working with local communities for specialized efforts to encourage potentially eligible parents to enroll. The Department's local county offices' Community Services Managers have successfully conducted informational meetings in numerous locations statewide. These meetings have been conducted in partnership with other community agencies. Similar meetings may be repeated to further educate communities about Phase II. The goal being to inform communities about the program and to facilitate families or eligible children to enroll in the program.

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