

**FRAMEWORK FOR STATE EVALUATION
OF CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

(Developed by States, for States to meet requirements under Section 2108(b) of the Social Security Act)

State/Territory:

West Virginia

The following State Evaluation is submitted in compliance with Title XXI of the
Social Security Act (Section 2108(b)).

(Signature of Agency Head)

Date: **March 31, 2000**

Reporting Period: **Phase I: July 1, 1998 – September 30, 1999**
Phase II: April 1, 1999 – September 30, 1999

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SECTION 1. SUMMARY OF KEY ACCOMPLISHMENTS OF YOUR CHIP PROGRAM

This section is designed to highlight the key accomplishments of your SCHIP program to date toward increasing the number of children with creditable health coverage (Section 2108(b)(1)(A)). This section also identifies strategic objectives, performance goals, and performance measures for the SCHIP program(s), as well as progress and barriers toward meeting those goals. More detailed analysis of program effectiveness in reducing the number of uninsured low-income children is given in sections that follow.

1.1 What is the estimated baseline number of uncovered low-income children? Is this estimated baseline the same number submitted to HCFA in the 1998 annual report? If not, what estimate did you submit, and why is it different?

Answer: The Lewin Group estimates compiled in 1997, state that there are 700 uninsured children between the ages of 1-5, and 10,000 between the ages of 1-18. In addition, according to the Lewin Group estimates there could be some children with limited coverage, a total of 1700 between the ages of 1-5 and another 22,000 (including the 10,000 uninsured) ages 6-18 with limited coverage, for example: catastrophic or school insurance.

1.1.1 What are the data source(s) and methodology used to make this estimate?

Answer: Lewin Group, 1997

1.1.2 What is the State's assessment of the reliability of the baseline estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Answer: William M. Mercer utilized the Lewin Group estimates to do the actuarial certification for 1998 and 1999. WV believes that the Lewin estimates are relatively accurate. Limitations of the data are that it is from 1997. No numerical range is available.

1.2 How much progress has been made in increasing the number of children with creditable health coverage (for example, changes in uninsured rates, Title XXI enrollment levels, estimates of children enrolled in Medicaid as a result of Title XXI outreach, anti-crowd-out efforts)? How many more children have creditable coverage following the implementation of Title XXI? (Section 2108(b)(1)(A))

Answer: The West Virginia State Children's Health Insurance Program (WV SCHIP) has enrolled 9,407 children which is 94% of the Lewin Group estimate for Phase II. The numbers for Phase I are 1,256 which is relatively consistent with the Lewin projection.

1.2.1 What are the data source(s) and methodology used to make this estimate?

Answer: West Virginia statistical information is based on Lewin Group estimates using the Household Income Tax Simulation Model (HITSM) and the pooled 1995 and 1996 WV subsample of the Current Population Survey (CPS).

1.2.2 What is the State’s assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Answer: WV believes that the Lewin Group is a reputable and reliable source for the number of potential/uninsured eligible population for the Children’s Health Insurance Program. It is also our understanding that the Health Care Financing Administration has utilized the Lewin Group for the same kind of data. No numerical range is available.

1.3 What progress has been made to achieve the State’s strategic objectives and performance goals for its SCHIP program(s)?

Please complete Table 1.3 to summarize your State’s strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in the Title XXI State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

- Column 1: List the State’s strategic objectives for the SCHIP program, as specified in the State Plan.
- Column 2: List the performance goals for each strategic objective.
- Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

For each performance goal specified in Table 1.3, please provide additional narrative discussing how actual performance to date compares against performance goals. Please be as specific as possible concerning your findings to date. If performance goals have not been met, indicate the barriers or constraints. The narrative also should discuss future performance measurement activities, including a projection of when additional data are likely to be available.

Table 1.3 Phase I		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
1. Expand Medicaid program eligibility to uninsured children ages 1-5 with incomes equal to or less than 150% of FPL.	Goals: Beginning July 1, 1998, the WV Medicaid Agency will offer Medicaid to the (700) eligible children under a Phase I expansion.	Data Sources: Household Income and Tax Simulation Model (HITSM) & Current Population Survey (CPS) Methodology: Pooled 1995 and 1996 WV sub-sample of the CPS Numerator: Number of children under 150% FPL who are uninsured Denominator: Number of children under 150% FPL Progress Summary: As of February 29, 2000, the Phase I program has reduced the percentage of reported uninsured children by over 100%.
OBJECTIVES RELATED TO SCHIP ENROLLMENT		
2. Previously uninsured children ages 1-5 who are eligible for WV Title XXI program will be identified through ongoing and new outreach activities.	Goals: Beginning July 1, 1998 new initiatives, as well as ongoing outreach efforts will be implemented.	Data Sources: Internal outreach data/Healthy Kids Coalition Methodology: Provide families access to SCHIP Coordinator and toll-free WV SCHIP hotline. Numerator: Denominator: Progress Summary: Nine (9) SCHIP outreach workers were hired by the Healthy Kids Coalition; Outstationed eligibility workers placed in hospitals; Toll-free phone line established at Public Employee's Insurance Agency (PEIA).

Table 1.3 Phase I		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
3. Uninsured children ages 1-5 who have income equal to or less than 150% of FPL without insurance coverage will have health insurance coverage through WV's Title XXI program.	Goals: Beginning July 1, 1998, WV determined eligible children (700) will have health insurance coverage offered to them.	Data Sources: Lewin Group estimates Methodology: Number of children reported eligible by Lewin Group estimates Numerator: Denominator: Progress Summary: As of February 29, 2000, 1,256 children were enrolled in the program.
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
4. Children who are enrolled in WV's Title XXI program will have accessible health care.	Goal: Beginning July 1, 1998, all children who are potentially eligible will have a system of primary care providers available for immediate access.	Data Sources: Internal reporting of providers Methodology: Number of providers reported by the system providing care on January 2000 Numerator: Denominator: Progress Summary: 1000 providers will be treating children by January 2000.
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
5. SCHIP will result in improved health of the children enrolled.	Goals: By September 1, 1998, will show increased access and usage of health care services by kids ages 1-5.	Data Sources: Internal provider data and satisfaction survey Methodology: 4,000 members sent satisfaction survey by mail, addressing access to care by March 31, 2000. Numerator: Number of survey respondents reporting a usual source of care Denominator: Number of survey respondents Progress Summary: Sixty percent of survey respondents

Table 1.3 Phase I		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.) reported a usual source of care in 1999.

Table 1.3 PHASE II		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
1. Expand eligibility to uninsured children ages 6-18 with incomes equal to or less than 150% of FPL/Administered through PEIA	Goals: April 1, 1999, the Public Employee's Insurance Agency (PEIA) will offer Title XXI benefits to 10,000 eligible children.	Data Sources: Household Income and Tax Simulation Model (HITSM) & Current Population Survey (CPS) Methodology: Pooled 1995 and 1996 WV sub-sample of the CPS Numerator: Number of children with incomes equal to or less than under 150 % FPL who are uninsured. Denominator: Number of children under 150% FPL Progress Summary: As of February 29, 2000, the Phase II program has reduced the percentage uninsured children by 94%.
OBJECTIVES RELATED TO SCHIP ENROLLMENT		
2. Uninsured children ages 6-18 who are eligible for WV Title XXI program will be identified through ongoing and new outreach activities.	Goals: April 1, 1999, new initiatives, as well as ongoing outreach efforts will be implemented.	Data Sources: Internal outreach data/Healthy Kids Coalition Methodology: Provide families access to SCHIP Coordinator and toll-free WV SCHIP hotline. Numerator:

Table 1.3 PHASE II		
<p>(1) Strategic Objectives (as specified in Title XXI State Plan)</p> <p>3. Uninsured children ages 6-18 who have income equal to or less than 150% of the FPL will be eligible for coverage through the Title XXI program.</p>	<p>(2) Performance Goals for each Strategic Objective</p> <p>Goals: Beginning upon approval, WV's determined 10,000 eligible children would have health insurance coverage offered to them.</p>	<p>(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)</p> <p>Denominator:</p> <p>Progress Summary: Nine (9) SCHIP outreach workers were hired by the Healthy Kids Coalition; Outstationed eligibility workers placed in _____ hospitals; Toll-free phone line established at Public Employee's Insurance Agency (PEIA).</p> <p>Data Sources: Lewin Group estimates</p> <p>Methodology: Number of children reported eligible by Lewin Group estimates</p> <p>Numerator:</p> <p>Denominator:</p> <p>Progress Summary: As of February 29, 2000 - 9,407 children were enrolled in the program.</p>
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
<p>4. Children who are enrolled in WV's Title XXI program will have accessible health care.</p>	<p>Goal: Children who are enrolled in SCHIP will have an accessible health care source.</p>	<p>Data Sources: Internal reporting of providers</p> <p>Methodology: Number of providers reported by the system providing care in January 2000.</p> <p>Numerator:</p> <p>Denominator:</p> <p>Progress Summary: 1000 providers will be treating children by January 2000.</p>

Table 1.3 PHASE II		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
5. SCHIP will result in improved health of the children enrolled.	Goals: Over time children ages 6-18 will show increased access and usage of health care services.	Data Sources: Internal provider data satisfaction survey Methodology: 4,000 members sent satisfaction survey by mail, addressing access to care by March 31, 2000. Numerator: Number of survey respondents reporting a usual source of care. Denominator: Number of survey respondents Progress Summary: Sixty percent of survey respondents reported a usual source of care in 1999.

Narrative for Performance Goals for Table 1.3

Goal #1: Actual performance has been very successful, we began the program in July 1, 1998 (Phase I) and are above the Lewin Group projection of uninsured children. In April 1999 we began Phase II, and have presently enrolled 94% of the uninsured children for this Phase.

Goal #2: Outreach - The Healthy Kids Coalition performs outreach for the West Virginia Children’s Health Insurance Program with grants through the Claude Worthington Benedum Foundation, Robert Wood Johnson Foundation, Sisters of Saint Joseph, Appalachian Regional Commission and the AmeriCorps Promise Fellows Program. They have nine outreach workers stationed around West Virginia actively working in 32 counties. The outreach workers are charged with working within their own communities to meet with families, work with local agencies, including the public school systems, religious communities, and others to inform and promote WV SCHIP.

We developed a NIE (Newspaper in Education) insert on health insurance that includes an application for WV SCHIP. NIE was promoted through the homepage of the West Virginia Department of Education web site and has been successful. In addition, letters were sent notifying school superintendents, school health nurses, as well as principals. The inserts were delivered to each County school board office for delivery to each school within the State. The goal of the insert was to place a SCHIP application into the hands of each school child (K-12).

We have a notation on the Free and Reduced Lunch form that a parent can check if they wish further information about WV SCHIP. This also has contributed to our success, as we have received thousands of requests for information and we have been able to enroll children as a result of this advertising.

The SCHIP Director and staff have been present at schools to answer questions and assist parents in filling out applications for WV SCHIP. Presentations have been made to school-based clinics and family day care providers through the Department of Education and the State Early Intervention Coordinating Council.

Displays and exhibits about the WV SCHIP have been held across the State. Some specific school related programs include:

August 1-4, 1999	Leaders in Learning Conference
September 13-14, 1999	Paths Conference
October 6, 1999	Childbirth Educators
December 11, 1999	Governor Underwood declared this date as the Statewide WV SCHIP. The theme was "The Best Gift You Can Give Your Child This Season is Health Insurance".

As an adjunct to our advertising, we are beginning an effort to assess the success of our outreach efforts. This effort is slated to begin in Fiscal Year 2001 and results should be available by the due date of the Year 2000 Report.

Goal #3: The actual performance for West Virginia has been very successful. We began Phase I of the program on July 1, 1998, and are above the Lewin projection of uninsured children. In April 1999, we began Phase II and have presently enrolled 94% of the uninsured children.

Goal #4: West Virginia has been relatively successful in providing access to a system of providers. We sent a satisfaction survey which addresses access issues. At present, we have not completed our mailing but the data will be available by 2001. The only access issue we have been advised of is with dentists not taking SCHIP or Medicaid children because of a payment issue for Medicaid and reimbursement levels for SCHIP. (SCHIP utilizes the Medicaid fee schedule.)

Goal #5: SCHIP has simply not been in existence long enough to provide viable data regarding increasing access and usage of healthcare services. We will obtain reports based on urgent care as well as well baby, well child and immunizations. This data will be available in March 2001.

Future Direction: We are looking at alternatives to the outreach process to include/utilize the school system more effectively. We are also considering establishing relationships with other states and looking at partnerships in advertising. As was discussed above, we are working on measuring the success of our various outreach programs so as to concentrate our efforts more effectively.

The Board of Directors of WV SCHIP voted in December to amend the State Plan to expand the program from the current limit of 150% of the Federal Poverty Level (FPL) to 200% of the FPL. This will be a major

program expansion and would increase the number of eligible children from more than 10,000 to more than 25,000. We will be proposing that this change take place on July 1, 2000, the beginning of the State Fiscal Year.

As with any new program, administrative costs as a percentage of the total program costs have been higher than we would like. This, of course, is due to “fixed” costs such as staffing, eligibility determinations, overhead, etc. During the course of the next program year, we are going to continue our review of these costs and look for ways to reduce them.

SECTION 2. BACKGROUND

This section is designed to provide background information on SCHIP program(s) funded through Title XXI.

2.1 How are Title XXI funds being used in your State?

Answer: For WV SCHIP Phase I, (ages 1-5) we have a Medicaid expansion. For WV SCHIP Phase II, (ages 6-18) we have a stand-alone program administered by the Public Employees Insurance Agency (PEIA).

2.1.1 List all programs in your State that are funded through Title XXI. (Check all that apply.)

Providing expanded eligibility under the State's Medicaid plan (Medicaid SCHIP expansion)

Name of program: West Virginia Children's Health Insurance Program (WV SCHIP) Phase I (ages 1-5)

Date enrollment began (i.e., when children first became eligible to receive services):
July 1, 1998

Obtaining coverage that meets the requirements for a State Child Health Insurance Plan (State-designed SCHIP program)

Name of program: West Virginia Children's Health Insurance Program (WV SCHIP) Phase II (ages 6-18)

Date enrollment began (i.e., when children first became eligible to receive services):
April 1, 1999

N/A Other - Family Coverage

Name of program: N/A

Date enrollment began (i.e., when children first became eligible to receive services): N/A

N/A Other - Employer-sponsored Insurance Coverage

Name of program: N/A

Date enrollment began (i.e., when children first became eligible to receive services): N/A

N/A Other - Wraparound Benefit Package

Name of program: N/A
Date enrollment began (i.e., when children first became eligible to receive services): N/A

N/A Other (specify) N/A
Name of program: N/A
Date enrollment began (i.e., when children first became eligible to receive services): N/A

2.1.2 If State offers family coverage: Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP programs.

Answer: N/A

2.1.3 If State has a buy-in program for employer-sponsored insurance: Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP programs.

Answer: N/A

2.2 What environmental factors in your State affect your SCHIP program?
(Section 2108(b)(1)(E))

Answer: West Virginia's geography is unique in that it is the only state entirely within the Appalachian Mountain Range. This terrain affects the Children's Health Insurance Program in several ways, one being lower income per capita and depending on the location, the availability of a treatment facility/provider could become an issue and clients may have to drive a long distance for services.

2.2.1 How did pre-existing programs (including Medicaid) affect the design of your SCHIP program(s)?

Answer: The Legislature was adamantly opposed to the Children's Health Insurance Program being a total Medicaid expansion. One reason being the "stigma" of the Medicaid program. WV has promoted SCHIP as a program for working parents and as a "non-welfare" program. The SCHIP Board also believed that a separate State program administered by the Public Employee's Insurance Agency (PEIA) would allow more program control/quality. In addition, Medicaid is an entitlement program and the Children's Health Insurance Program is not.

2.2.2 Were any of the preexisting programs “State-only” and if so what has happened to that program?

X No pre-existing programs were “State-only”

 One or more pre-existing programs were “State only” → Describe current status of program(s): Is it still enrolling children? What is its target group? Was it folded into SCHIP?

Answer: Currently, there is one public health coverage program in West Virginia, the West Virginia Title XIX Medicaid program. Originally, there was also the Public Health Pediatric Health Services (PHS) funded by the Title V, Maternal and Child Health Block Grant, which was administered in conjunction with the Medicaid EPSDT Program by the WV DHHR, Office of Maternal and Child Health within the Bureau for Public Health. It is no longer in existence. The Blue Cross/Blue Shield “Caring Program” which covered children with family incomes equal to, or less than, 150% of the Federal Poverty Level (FPL) for primary care and out-patient diagnostic and treatment services, was incorporated into SCHIP. There were approximately nine hundred (900) children covered under this program.

2.2.3 Describe changes and trends in the State since implementation of your Title XXI program that “affect the provision of accessible, affordable, quality health insurance and healthcare for children”. (Section 2108(b)(1)(E))

Examples are listed below. Check all that apply and provide descriptive narrative if applicable. Please indicate source of information (e.g., news account, evaluation study) and, where available, provide quantitative measures about the effects on your SCHIP program.

Answer: WV is tracking the utilization of essential community providers including school-based health clinics as well as primary care facilities. These providers treated the children without reimbursement prior to the implementation of the Children’s Health Insurance Program.

Prior to November 1, 1999, some of the kids (in 16 counties) were probably in managed care but the rest would have been in fee for service. Since November 1, 1999, we have only had mandatory managed care in two counties (Wood and Wirt) because we lost an HMO and had to have two HMOs per county for mandatory managed care. Seventy five (75) percent or more of the Phase I kids were in fee-for-service.

The Public Employee’s Insurance Agency (PEIA), the administrator for WV SCHIP Phase II, has no contracted providers, however, any provider willing to accept the reimbursement rate can provide services to WV SCHIP Phase II children.

WV has a simple two-page application with a self-addressed stamped envelope that applicants may mail in. There is no face-to-face interview required and no asset test. We sent

out satisfaction surveys addressing access/quality of care issues. We believe that eliminating the assets test, providing 12 months of continuous eligibility and eliminating the face-to-face eligibility interviews has helped to enroll more children.

N/A Changes to the Medicaid program

N/A Presumptive eligibility for children

N/A Coverage of Supplemental Security Income (SSI) children

N/A Provision of continuous coverage (specify number of months-- 12)

N/A Elimination of assets tests

N/A Elimination of face-to-face eligibility interviews

N/A Easing of documentation requirements

**The SCHIP Board meant for the last four items to be changed to match SCHIP, however, these changes were not made.*

___ Impact of welfare reform on Medicaid enrollment and changes to AFDC/TANF (specify) _____

The impact of welfare reform has had very little impact on enrollment in Medicaid because the automated eligibility determination system used in West Virginia will determine eligibility for all Medicaid coverage groups when an individual or family loses coverage in one of the other Medicaid coverage groups or when the TANF case is closed.

___ Changes in the private insurance market that could affect affordability of or accessibility to private health insurance

Health insurance premium rate increases

___ Legal or regulatory changes related to insurance

___ Changes in insurance carrier participation (e.g., new carriers entering market or existing carriers exiting market)

Changes in employee cost-sharing for insurance

___ Availability of subsidies for adult coverage

___ Other (specify) _____

I believe that health insurance premiums will continue to increase as well as employee cost-sharing for insurance. More and more parents are calling to say that they have access to family coverage from their employer, however, they can't afford the cost to add their children.

___ Changes in the delivery system

Changes in extent of managed care penetration (e.g., changes in HMO, IPA, and PPO activity)

___ Changes in hospital marketplace (e.g., closure, conversion, merger)

___ Other (specify) _____

*West Virginia lost HMO participation (Optimum Choice) for Phase I children (ages 1-5); leaving the State with Carelink and Health Plan.

___ Development of new health care programs or services for targeted low-income children (specify) _____

___ Changes in the demographic or socioeconomic context

___ Changes in population characteristics, such as racial/ethnic mix or immigrant status (specify) _____

___ Changes in economic circumstances, such as unemployment rate (specify) _____

___ Other (specify) _____

___ Other (specify) _____

SECTION 3. PROGRAM DESIGN

This section is designed to provide a description of the elements of your State Plan, including eligibility, benefits, delivery system, cost sharing, outreach, coordination with other programs, and anti-crowd-out provisions.

3.1 Who is eligible?

Answer: Any child between the ages of 1-18 at 150% of the Federal Poverty Level (FPL), who lacks health insurance and meets the income guidelines listed below.

Number of People - (Parents & Children in the Household)

Maximum Monthly Income for Household

2	1,406
3	1,769
4	2,131
5	2,494
6	2,856
7	3,219

In addition, the WV SCHIP Board voted that any family paying 10% of their gross annual salary for insurance premiums could be eligible for SCHIP immediately. The SCHIP Board also voted to include those children whose families were offered insurance by their employer, if the child/children meet all eligibility requirements for SCHIP.

- 3.1.1 Describe the standards used to determine eligibility of targeted low-income children for child health assistance under the plan. For each standard, describe the criteria used to apply the standard. If not applicable, enter "NA".

Answer: WV has a simplified two-page application in a self-addressed stamped envelope, which goes to a central mailing address. The mail is then sorted by County and sent to the County where the application originated. The local Department of Health and Human Resources (DHHR) office has between 10-13 days to complete the determination process and notify the applicant of the decision.

Table 3.1.1			
	Medicaid SCHIP Expansion Program	State-designed SCHIP Program	Other SCHIP Program* N/A
Geographic area served by the plan (Section 2108(b)(1)(B)(iv))	State of West Virginia	State of West Virginia	
Age	1-5	6-18	
Income (**See countable income defined below)	133-150% FPL	100-150% FPL	
Resources (including any standards relating to spend downs and disposition of resources)	N/A	N/A	
Residency requirements	State resident	State resident	
Disability status	N/A	N/A	
Access to or coverage under other health coverage (Section 2108(b)(1)(B)(i))	May not be covered at time of application	May not be covered at time of application.	
Other standards (identify and describe)	May not have been covered by employer coverage in the six months prior to application.	May not have been covered by employer coverage in the six months prior to application.	

*Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

** Wages, Self-employment, Unemployment, SSI, Alimony, Child Support, Social Security, and Workers Compensation.

3.1.2 How often is eligibility redetermined?

Table 3.1.2			
Redetermination	Medicaid SCHIP Expansion Program	State-designed SCHIP Program	Other SCHIP Program* N/A
Monthly	-	-	
Every six months	X	-	
Every twelve months	-	X	
Other (specify)	N/A	N/A	

*Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

3.1.3 Is eligibility guaranteed for a specified period of time regardless of income changes? (Section 2108(b)(1)(B)(v))

Answer: Yes, WV SCHIP has twelve months continuous eligibility and we do not require a report of income changes during the certification period, however the Recipient Automated Payment and Information Data System (RAPIDS), is not performing for 12 months continuous coverage except for SCHIP only children. If a child is in another program the Department administers, a change in the case can take the child from SCHIP to Medicaid. The 12 months continuous eligibility does not apply to Phase I.

Yes → Which program(s)? SCHIP, not Phase I.
 For how long? Twelve months
 No

3.1.4 Does the SCHIP program provide retroactive eligibility?

Yes → Which program(s)?
 No How many months look-back? Except in the case of worker error.

3.1.5 Does the SCHIP program have presumptive eligibility?

Yes → Which program(s)?
 Which populations?
 No Who determines?

3.1.6 Do your Medicaid program and SCHIP program have a joint application?

Yes Is the joint application used to determine eligibility for other State programs? Only Medicaid/SCHIP

No

3.1.7 Evaluate the strengths and weaknesses of your eligibility determination process in increasing creditable health coverage among targeted low-income children.

Strengths - We have signed up a large number of children. For WV SCHIP Phase II, we have signed up 9,407 of the 10,000 uninsured populations between ages 6-18. For WV SCHIP Phase I, we have signed up 1,256, which is over the number of reported uninsured children (700), between the ages of 1-5.

Weaknesses have been the timeliness of the SCHIP eligibility determination as well as access to DHHR eligibility staff and attitudes of those staff toward clients. We have also had major problems because of the RAPIDS (Recipient Automated Payment Information Data System) automatically takes children out of WV SCHIP and puts them into Medicaid if something changes in the case, ie. The child is getting another program the Department administers or has a change in income. The rationale for this is that the program automatically looks for the highest level of services for the child. Unfortunately, this goes against the WV SCHIP policy of providing 12 months continuous eligibility for children enrolled in the program. The Health Care Financing Administration (HCFA) submitted a letter, dated January 7, 2000, to the West Virginia Department of Health and Human Resources (WVDHHR) Secretary Joan Ohl stating that children could stay in WV SCHIP for the entire 12 month certification, unless they became age 19, or applied and were found eligible for Medicaid. The RAPIDS will require alteration to accommodate the 12 months continuous eligibility.

3.1.8 Evaluate the strengths and weaknesses of your eligibility redetermination process in increasing creditable health coverage among targeted low-income children. How does the redetermination process differ from the initial eligibility determination process?

Strengths - We have composed a simple letter for parents to complete and sign which was approved by the Health Care Financing Administration (HCFA). The redetermination process differs in that, we will not require a new SCHIP application, however, we will verify income until the transition from the Department of Health and Human Resources to the Department of Administration is complete.

Weaknesses - The existing letter for redetermination was hard to understand, in essence it was another SCHIP application (which is not required for redetermination) without appropriate instruction.

3.2 What benefits do children receive and how is the delivery system structured?

(Section 2108(b)(1)(B)(vi))

3.2.1 Benefits

Answer: Benefit Limits - See table 3.2.1 (Phases I and II)

Cost sharing - none at the present time.

Please complete Table 3.2.1 for each of your SCHIP programs, showing which benefits are covered, the extent of cost sharing (if any), and benefit limits (if any).

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose “select” ”table.” Once the table is highlighted, copy it by selecting “copy” in the Edit menu and then “paste” it under the first table.

Table 3.2.1= WV SCHIP Phase I /Medicaid			
Benefit	Is Service Covered? (X = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
Inpatient hospital services	X	N/A	N/A
Emergency hospital services	X	N/A	N/A
Outpatient hospital services	X	N/A	N/A
Physician services	X	N/A	N/A
Clinic services	X	N/A	N/A
Prescription drugs	X	N/A	N/A
Over-the-counter medications	X	N/A	Limited to specific products – Requires physician prescription.
Outpatient laboratory and radiology services	X	N/A	N/A
Prenatal care	X	N/A	N/A
Family planning services	X	N/A	N/A
Inpatient mental health services	X	N/A	N/A
Outpatient mental health services	X	N/A	Service limits apply.
Inpatient substance abuse			

Table 3.2.1= WV SCHIP Phase I /Medicaid

Benefit	Is Service Covered? (X = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
treatment services	X	N/A	Pre-admission certification by PRO
Residential substance abuse treatment services	X	N/A	N/A
Outpatient substance abuse treatment services	X	N/A	N/A
Durable medical equipment	X	N/A	Certain items require prior approval
Disposable medical supplies	X	N/A	Yes
Preventive dental services	X	N/A	N/A
Restorative dental services	X	N/A	Orthodontics require prior authorization
Hearing screening	X	N/A	N/A
Hearing aids	X	N/A	N/A
Vision screening	X	N/A	N/A
Corrective lenses (including eyeglasses)	X	N/A	N/A
Developmental assessment	X	N/A	N/A
Immunizations	X	N/A	N/A
Well-baby visits	X	N/A	N/A
Well-child visits	X	N/A	N/A
Physical therapy	X	N/A	Frequency and occurrence limits
Speech therapy	X	N/A	N/A
Occupational therapy	X	N/A	N/A
Physical rehabilitation services	X	N/A	Prior authorization by PRO WVMI
Podiatric services	X	N/A	N/A

Table 3.2.1= WV SCHIP Phase I /Medicaid

Benefit	Is Service Covered? (X = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
Chiropractic services	X	N/A	Occurrence limits
Medical transportation	X	N/A	N/A
Home health services	X	N/A	Prior authorization by Pro WVMI
Nursing facility	X	N/A	Pre-admission review
ICF/MR	X	N/A	N/A
Hospice care	X	N/A	N/A
Private duty nursing	X	N/A	Pre-service review
Personal care services	X	N/A	Frequency and occurrence limits
Habilitative services	X	N/A	Program Limits
Case management/Care coordination	X	N/A	Program Limits
Non-emergency transportation	X	N/A	N/A
Interpreter services			
Other (Specify)			
Other (Specify)			
Other (Specify)			

Table 3.2.1= WV SCHIP Phase II /PEIA

Benefit	Is Service Covered? (X = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
Inpatient hospital services	X	N/A	N/A
Emergency hospital services	X	N/A	N/A
Outpatient hospital services	X	N/A	For pre-scheduled laboratory & diagnostic tests and treatments, when ordered by a physician.
Physician services	X	N/A	N/A
Clinic services	X	N/A	N/A
Prescription drugs	X	N/A	Mandatory generic substitution, including oral contraceptives
Over-the-counter medications			
Outpatient laboratory and radiology services	X	N/A	N/A
Prenatal care	X	N/A	Until a member is enrolled in Medicaid
Family planning services	X	N/A	N/A
Inpatient mental health services	X	N/A	30 days per lifetime for inpatient care & limited 60 visits per lifetime for partial hospitalization & day programs.
Outpatient mental health services	X	N/A	26 visits per 12-month coverage
Inpatient substance abuse treatment services	X	N/A	30 days/year
Residential substance abuse treatment services	X	N/A	
Outpatient substance abuse treatment services	X	N/A	26 visits/year may be extended with medical necessity

Table 3.2.1= WV SCHIP Phase II /PEIA

Benefit	Is Service Covered? (X = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
Durable medical equipment	X	N/A	Coverage for the initial purchase and reasonable replacement of standard implant and prosthetic devices. Prior approval necessary.
Disposable medical supplies	X	N/A	Therapeutic only.
Preventive dental services	X	N/A	N/A
Restorative dental services	X	N/A	Crowns when medically necessary and preauthorization required.
Hearing screening	X	N/A	N/A
Hearing aids	X	N/A	Requires prior approval and medical necessity. (External only)
Vision screening	X	N/A	Eyeglasses are limited to \$100 per 12-month period of eligibility.
Corrective lenses (including eyeglasses)	X	N/A	Contacts are limited to \$100 per 12-month period of eligibility.
Developmental assessment			
Immunizations	X	N/A	N/A
Well-baby visits	X	N/A	N/A
Well-child visits	X	N/A	N/A
Physical therapy	X	N/A	Ordered by a physician-Limited to 20 visits in a 12-month coverage period
Speech therapy	X	N/A	Ordered by a physician-Limited to \$1,000 each year
Occupational therapy	X	N/A	Ordered by a physician-Limited to \$1,000 a year unless further therapy is approved in advance

Table 3.2.1= WV SCHIP Phase II /PEIA

Benefit	Is Service Covered? (X = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
Physical rehabilitation services	X	N/A	Ordered by a physician-Limited to 20 visits in a 1-month period
Podiatric services			
Chiropractic services	X	N/A	Maximum cost \$1,000 per child per year
Medical transportation	X	N/A	Medically necessary
Home health services	X	N/A	Up to 25 two-hour visits/year-Requires prior approval for more than five visits-Up to 180 days/year
Nursing facility	X	N/A	
ICF/MR			
Hospice care	X	N/A	When ordered by a physician
Private duty nursing			
Personal care services			
Habilitative services			
Case management/Care coordination	X	N/A	
Non-emergency transportation			
Interpreter services			
Other (Specify)			
Other (Specify)			

Table 3.2.1= WV SCHIP Phase II /PEIA			
Benefit	Is Service Covered? (X = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
Other (Specify)			

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose “select” “table.” Once the table is highlighted, copy it by selecting “copy” in the Edit menu and then “paste” it under the first table.

3.2.2 Scope and Range of Health Benefits (Section 2108(b)(1)(B)(ii))

Please comment on the scope and range of health coverage provided, including the types of benefits provided and cost-sharing requirements. Please highlight the level of preventive services offered and services available to children with special health care needs. Also, describe any enabling services offered to SCHIP enrollees. (Enabling services include non-emergency transportation, interpretation, individual needs assessment, home visits, community outreach, translation of written materials, and other services designed to facilitate access to care.)

Answer: A comprehensive level of benefits is provided under the Phase I Medicaid expansion as well as under the SCHIP. Under SCHIP, West Virginia added dental and vision. We encourage well baby/well child and immunizations visits (there are no co-pays presently). If/when we raise the FPL, we will at that time institute co-pays, however, not on preventive services (such as listed above). Enabling services offered to SCHIP enrollees are community outreach workers, the toll-free hotline and SCHIP office staff.

3.2.3 Delivery System

Identify in Table 3.2.3 the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Check all that apply.

Table 3.2.3			
Type of delivery system	Medicaid SCHIP Expansion Program	State-designed SCHIP Program	Other SCHIP Program* N/A
A. Comprehensive risk managed care organizations (MCOs)	Yes	N/A	
Statewide?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mandatory enrollment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Table 3.2.3			
	<i>Except for Wirt and Wood Counties</i>		
Number of MCOs	2	N/A	
B. Primary care case management (PCCM) program	Yes	N/A	
C. Non-comprehensive risk contractors for selected services such as mental health, dental, or vision (specify services that are carved out to managed care, if applicable)	N/A	N/A	
D. Indemnity/fee-for-service (specify services that are carved out to FFS, if applicable)	Yes	Yes	

*Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

3.3 How much does SCHIP cost families?

Answer: No cost sharing at present.

3.3.1 Is cost sharing imposed on any of the families covered under the plan? (Cost sharing includes premiums, enrollment fees, deductibles, and coinsurance/copayments, or other out-of-pocket expenses paid by the family.)

No skip to section 3.4

Yes, check all that apply in Table 3.3.1

Table 3.3.1			
Type of cost-sharing	Medicaid SCHIP Expansion Program	State-designed SCHIP Program	Other SCHIP Program*
Premiums			
Enrollment fee			

Deductibles			
Coinsurance/copayments**			

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

**See Table 3.2.1 for detailed information.

- 3.3.2 If premiums are charged: What is the level of premiums and how do they vary by program, income, family size, or other criteria? (Describe criteria and attach schedule.) How often are premiums collected? What do you do if families fail to pay the premium? Is there a waiting period (lockout) before a family can re-enroll? Do you have any innovative approaches to premium collection?
- 3.3.3 If premiums are charged: Who may pay for the premium? Check all that apply. (Section 2108(b)(1)(B)(iii))
- Employer
 - Family
 - Absent parent
 - Private donations/sponsorship
 - Other (specify) _____
- 3.3.4 If enrollment fee is charged: What is the amount of the enrollment fee and how does it vary by program, income, family size, or other criteria?
- 3.3.5 If deductibles are charged: What is the amount of deductibles (specify, including variations by program, health plan, type of service, and other criteria)?
- 3.3.6 How are families notified of their cost-sharing requirements under SCHIP, including the 5 percent cap?
- 3.3.7 How is your SCHIP program monitoring that annual aggregate cost sharing does not exceed 5 percent of family income? Check all that apply below and include a narrative providing further details on the approach.
- Shoebox method (families save records documenting cumulative level of cost sharing)
 - Health plan administration (health plans track cumulative level of cost sharing)
 - Audit and reconciliation (State performs audit of utilization and cost sharing)
 - Other (specify) _____
- 3.3.8 What percent of families hit the 5 percent cap since your SCHIP program was implemented? (If more than one SCHIP program with cost sharing, specify for each program.)

3.3.9 Has your State undertaken any assessment of the effects of premiums on participation or the effects of cost sharing on utilization, and if so, what have you found?

3.4 How do you reach and inform potential enrollees?

Answer: The Department Recipient Automated Payment and Information Data System (RAPIDS) is used to identify households who have previously applied for Medicaid (Title XIX) and or Phase I of the Children’s Health Insurance Program Title XXI but have been denied because of age/income or incomplete information. These households were mailed a letter of explanation and a SCHIP application.

3.4.1 What client education and outreach approaches does your SCHIP program use?

Please complete Table 3.4.1. Identify all of the client education and outreach approaches used by your SCHIP program(s). Specify which approaches are used (X=yes) and then rate the effectiveness of each approach on a scale of 1 to 5, where 1=least effective and 5=most effective.

<i>Table 3.4.1</i>						
Approach	Medicaid SCHIP Expansion		State-Designed SCHIP Program		Other SCHIP Program* N/A	
	X = Yes	Rating (1-5)	X = Yes	Rating (1-5)	T = Yes	Rating (1-5)
Billboards						
Brochures/flyers	X	4	X	4		
Direct mail by State/enrollment broker/administrative contractor	X	4	X	4		
Education sessions	X	3	X	3		
Home visits by State/enrollment broker/administrative contractor						
Hotline	X	5	X	5		
Incentives for education/outreach staff						
Incentives for enrollees						
Incentives for insurance agents						
Non-traditional hours for application intake	X	3	X	3		

Table 3.4.1						
Prime-time TV advertisements						
Public access cable TV						
Public transportation ads						
Radio/newspaper/TV advertisement and PSAs	X	3	X	3		
Signs/posters	X	4	X	4		
State/broker initiated phone calls						
Other (specify)	N/A		N/A			

*Make a separate column for each other program identified in section 2.1.1. To add a column to a table, right click on the mouse, select insert and choose column.

3.4.2 Where does your CHIP program conduct client education and outreach?

Please complete Table 3.4.2. Identify all the settings used by your CHIP program(s) for client education and outreach. Specify which settings are used (X=yes) and then rate the effectiveness of each setting on a scale of 1 to 5, where 1=least effective and 5=most effective.

Table 3.4.2						
Setting	Medicaid SCHIP Expansion		State-Designed SCHIP Program		Other SCHIP Program* N/A	
	X = Yes	Rating (1-5)	X = Yes	Rating (1-5)	X = Yes	Rating (1-5)
Battered women shelters						
Community sponsored events	X	5	X	5		
Beneficiary's home						
Day care centers	X	3	X	3		
Faith communities	X	4	X	4		

Table 3.4.2						
Fast food restaurants	X	3	X	3		
Grocery stores	X	3	X	3		
Homeless shelters						
Job training centers	X	4	X	4		
Laundromats						
Libraries	X	2	X	2		
Local/community health centers	X	4	X	4		
Point of service/ provider locations	X	4	X	4		
Public meetings/health fairs	X	4	X	4		
Public housing	X	4	X	4		
Refugee resettlement programs						
Schools/adult education sites	X	3	X	3		
Senior centers	X	3	X	3		
Social service agency						
Workplace						
Other (specify)	N/A		N/A			

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

3.4.3 Describe methods and indicators used to assess outreach effectiveness, such as the number of children enrolled relative to the particular target population. Please be as specific and detailed as possible. Attach reports or other documentation where available.

Methods: 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 DHHR office.

The "WV SCHIP hotline" which is a toll-free Statewide telephone number that provides information, resources and referrals to callers about Title XXI applications and program information has been continuously publicized with the program.

Special Outreach Efforts

WV SCHIP has developed and successfully used an abbreviated, two-page, postage paid return-mail application form. The form is 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 either employ parents with children that are potentially eligible, or provide services to these potentially eligible children. Such businesses and retailers 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 will include statewide media announcements encouraging potentially eligible parents to call the WV SCHIP hotline to receive an application and program information. The Departments' managers have successfully conducted informational meetings in numerous locations statewide. These meetings have been conducted in partnership with other community agencies. The goal being to inform communities about the program and to facilitate families or eligible children to enroll in the program.

The Healthy Kids Coalition performs outreach for the West Virginia Children's Health Insurance Program with grants through the Claude Worthington Benedum Foundation, Robert Wood Johnson Foundation, Sisters of Saint Joseph, Appalachian Regional Commission and the AmeriCorps Promise Fellows Program. They have nine outreach workers stationed around West Virginia actively working in 32 counties. The outreach workers are charged with working within their own communities to meet with families and work with local agencies, including the public school systems, religious communities, and others to inform and promote the West Virginia Children's Health Insurance Program (WV SCHIP).

Indicators

We have 1,256 children in WV SCHIP Phase I. We have also enrolled over 94% of the estimated Phase II uninsured population (there are 10,000 children uninsured between the ages 6-18 according to the Lewin Group estimates). We have 9,407 children in WV SCHIP Phase II as of February 29, 2000. In order to keep our numbers current, we will ask Lewin to re-evaluate the potential eligible number of children for West Virginia.

We developed a NIE (Newspaper In Education) insert on health insurance that includes an application for WV SCHIP. The NIE was promoted through the home page of the West Virginia Department of Education web site and has been successful. In addition, letters were sent notifying school superintendents, school health nurses, as well as principals. The inserts were delivered to each County school board office for delivery to each school within the State. The goal of the insert was to place a SCHIP application into the hands of each school child (K-12).

We have a notation on the Free and Reduced Lunch form that a parent can check if they wish further information about WV SCHIP. This also has contributed to our success, as we have received thousands of requests for information and we have been able to enroll children as a result of this advertising. The SCHIP Director and staff have been present at schools to answer questions and assist parents in filling out applications for WV SCHIP. Presentations have been made to school-based clinics and family day care providers through the Department of Education and the State Early Intervention Coordinating Council.

Displays and exhibits about the WV SCHIP have been held across the State. Some specific school-related programs include:

August 1- 4, 1999	Leaders in Learning Conference
September 13 -14, 1999	Paths Conference
October 6, 1999	Childbirth Educators
December 11, 1999	Governor Underwood declared this date as the Statewide Sign-Up Day for WV SCHIP. The theme was “The Best Gift You Can Give Your Child This Season is Health Insurance”.

As an adjunct to our advertising, we are beginning an effort to assess the success of our outreach efforts. This effort is slated to begin in Fiscal Year 2000 and results should be available by the due date of the Year 2001 Report.

Consumer Satisfaction

A customer satisfaction survey was developed during the last quarter of 1999 and was mailed to all WV SCHIP enrollees in FY-2000. We have sent satisfaction surveys to children enrolled in SCHIP to determine if there have been any quality of care service access or enrollment issues. This applies to both Phases I and II of the program.

3.4.4 What communication approaches are being used to reach families of varying ethnic backgrounds?

Answer: The State of West Virginia assures the provision of child health assistance to targeted low-income children in the State with varying ethnic backgrounds. All children in the State who may be eligible for assistance will be targeted through outreach efforts outlined in question 3.4.

3.4.5 Have any of the outreach activities been more successful in reaching certain populations? Which methods best reached which populations? How have you measured their effectiveness? Please present quantitative findings where available.

Answer: Many sites where the child receives care have staff willing to assist in filling out the SCHIP application. In addition, the toll-free WV SCHIP hotline assists with completing the application. Also, the notation regarding SCHIP information on the Free and Reduced Lunch form has produced a massive response for additional information. Which methods best reached which populations? Sites where the children received care, the toll-free hotline and the Free and Reduced Lunch form. Please present quantitative findings - 94% enrollment of the uninsured population.

3.5 What other health programs are available to SCHIP eligible children and how do you coordinate with them? (Section 2108(b)(1)(D))

Describe procedures to coordinate among SCHIP programs, other health care programs, and non-health care programs. Table 3.5 identifies possible areas of coordination between SCHIP and other programs (such as Medicaid, MCH, WIC, and School Lunch). Check all areas in which coordination takes place and specify the nature of coordination in narrative text, either on the table or in an attachment.

Table 3.5				
Type of coordination	Medicaid*	Maternal and Child health	Other (specify) Healthy Kids Coalition	Other (specify) PEIA, Administrator for WV SCHIP
Administration	X (see note #2)			
Outreach			X (see note #1)	
Eligibility determination	X Joint app			
Service delivery	X			
Procurement				
Contracting				
Data Collection				
Quality Assurance	X Hedis Collection			X PEIA (see note #3)

*Note: This column is not applicable for States with a Medicaid SCHIP expansion program only.

Note #1: The Healthy Kids Coalition performs outreach for WV SCHIP with grants from the Robert Wood Johnson Foundation, the Claude Worthington Benedum Foundation, Sisters of Saint Joseph, Appalachian Regional Commission and the AmeriCorps Promise Fellows Program.

Note #2: Medicaid and SCHIP share several key administrative staff, primarily in the areas of accounting, budgeting, and health plan procurement and contracting.

Note #3: Quality of care issues related to care treatment and outcomes will be referred to the Quality Improvement department through systematic utilization management flags and reports, from customer service interactions and directly from parent complaints.

3.6 How do you avoid crowd-out of private insurance?

Answer: There is a six-month look-behind that requires children who have been previously insured to wait six months before they can be eligible for the Children’s Health Insurance Program, which the local DHHR office is responsible for monitoring. Our administrator, the Public Employees Insurance Agency (PEIA), utilizes a fraud unit to assure that children on SCHIP are not otherwise insured.

3.6.1 Describe anti-crowd-out policies implemented by your SCHIP program. If there are differences across programs, please describe for each program separately. Check all that apply and describe.

Eligibility determination process:

- Waiting period without health insurance (specify). Six (6) months.
- Information on current or previous health insurance gathered on application (specify). See Note #1.
- Information verified with employer (specify) N/A
- Records match (specify) See Note #2.
- Other (specify)
- Other (specify)

Benefit package design:

- Benefit limits (specify)
- N/A Cost sharing (specify)
- Other (specify)
- Other (specify)

Other policies intended to avoid crowd out (e.g., insurance reform):

- Other (specify)
- Other (specify)_____

Note #1: Notations on WV SCHIP application: “Do not complete this application if your child has health insurance from the Public Employees Insurance Agency (PEIA) or gets a medical card from WV Medicaid.

Do you, or any family member have health insurance now, or had access to in the last six months? If employed, does your employer presently offer health insurance?"

Note #2: The third party administrator for PEIA cross-references by social security number to assure children are not insured by PEIA.

3.6.2 How do you monitor crowd-out? What have you found? Please attach any available reports or other documentation.

Answer: The local DHHR office is responsible for the application process, and determining that a child is not insured, and also that the child has not had insurance for the past six months. The third party administrator for PEIA cross-references by social security number to assure parents are not employed by PEIA. We have found very few cases where parents were PEIA employees or otherwise insured. When these cases were discovered, they were immediately terminated from SCHIP.

SECTION 4. PROGRAM ASSESSMENT

This section is designed to assess the effectiveness of your SCHIP program(s), including enrollment, disenrollment, expenditures, access to care, and quality of care.

4.1 Who enrolled in your SCHIP program?

Answer: Children ages 1 through 5, from 134 - 150%, and ages 6 through 18, from 100 to 150%.

4.1.1 What are the characteristics of children enrolled in your SCHIP program? (Section 2108(b)(1)(B)(i))

Answer: Number of Children and their characteristics:

Phase I/Medicaid –1,256

Phase II/SCHIP – 9,407

Regular Medicaid - 3,928

Characteristics:

There are more children between the ages of 6-12 enrolled in SCHIP, than in the 13-18 age group. The average number of month's enrollment should be higher for SCHIP than the Medicaid expansion (however it is lower).

The average length of enrollment was 1.8 for FFY 1998 and 3.5 months for FFY 1999. The length of enrollment varied between the Medicaid expansion ages 1-5 and the SCHIP ages 6-18. Although the SCHIP Board voted for 12 months continuous eligibility for SCHIP children, the Medicaid expansion did not adopt the SCHIP policy, (utilized Medicaid policy).

Please complete Table 4.1.1 for each of your SCHIP programs, based on data from your HCFA quarterly enrollment reports. Summarize the number of children enrolled and their characteristics. Also, discuss average length of enrollment (number of months) and how this varies by characteristics of children and families, as well as across programs.

States are also encouraged to provide additional tables on enrollment by other characteristics, including gender, race, ethnicity, parental employment status, parental marital status, urban/rural location, and immigrant status. Use the same format as Table 4.1.1, if possible.

Answer: DK, data not available, for gender, race, ethnicity, etc.

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose select" "table." Once the table is highlighted, copy it by selecting "copy" in the Edit menu and then "paste" it under the first table.

Table 4.1.1 SCHIP Program Type = WV SCHIP Phase I /Medicaid						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Percentage of unduplicated enrollees per year	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
All Children	160	1,301	1.8	3.5	82.5%	55.7%
Age						
Under 1	0	0	-	-	-	-
1-5	160	1,301	1.8	3.5	82.5%	55.7%
6-12	0	0	-	-	-	-
13-18	0	0	-	-	-	-
Countable Income Level*						
133 –150% FPL	160	1,301	1.8	3.5	82.5%	55.7%
Age and Income						
Under 1						
133 – 150% FPL	0	0	-	-	-	-
1-5						
133 – 150% FPL	160	1,301	1.8	3.5	82.5%	55.7%
6-12						
133 – 150% FPL	0	0	-	-	-	-
13-18						
At or below 150% FPL	0	0	-	-	-	-
Type of plan						
** Fee-for-Service	160	1,301	1.8	3.5	82.5%	55.7%
Managed care	0	0	-	-	-	-
PCCM	0	0	-	-	-	-

*Countable Income Level is as defined by the states for those that impose premiums at defined levels other than 150% FPL. See the HCFA Quarterly Report instructions for further details.

SOURCE: HCFA Quarterly Enrollment Reports, Forms HCFA-21E, HCFA-64.21E, HCFA-64EC, HCFA Statistical Information Management System, October 1998.

**The above information is from Mathematica, however, West Virginia has a managed care component for Phase I/Medicaid, which is voluntary except for Wirt and Wood Counties.

There is also a fee-for-service component.

Table 4.1.1 SCHIP Program Type = WV SCHIP Phase II /PEIA						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Percentage of unduplicated enrollees per year	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
All Children	0	6,656	-	2.7	-	89.8%
Age						
Under 1	0	0	-	-	-	-
1-5	0	0	-	-	-	-
6-12	0	3,641	-	2.8	-	89.8%
13-18	0	3,015	-	2.6	-	89.8%
Countable Income Level*						
Above 150% FPL	0	6,656	-	2.7	-	89.8%
Age and Income						
Under 1						
Above 150% FPL	0	0	-	-	-	-
1-5						
Above 150% FPL	0	0	-	-	-	-
6-12						
Above 150% FPL	0	3,641	-	2.8	-	89.8%
13-18						
Above 150% FPL	0	3,015	-	2.6	-	89.8%
Type of plan						
Fee-for-Service	0	6,656	-	2.7	-	89.8%
Managed care	0	0	-	-	-	-
PCCM	0	0	-	-	-	-

*Countable Income Level is as defined by the states for those that impose premiums at defined levels other than 150% FPL. See the HCFA Quarterly Report instructions for further details.

SOURCE: HCFA Quarterly Enrollment Reports, Forms HCFA-21E, HCFA-64.21E, HCFA-64EC, HCFA Statistical Information Management System, October 1998

4.1.2 How many SCHIP enrollees had access to or coverage by health insurance prior to enrollment in SCHIP? Please indicate the source of these data (e.g., application form, survey). (Section 2108(b)(1)(B)(i))

Answer: DK- RAPIDS was unable to provide the information. A letter was sent to Karen Thornton, Director of the Office of Family Support to ask that they begin tracking this information.

4.1.3 What is the effectiveness of other public and private programs in the State in increasing the availability of affordable quality individual and family health insurance for children? (Section 2108(b)(1)(C))

Answer: The effectiveness of the Medicaid Program in West Virginia can be measured by the State's commitment to funding a program from the State's scarce resources.

For Federal Fiscal Year 1999, West Virginia Medicaid Program had 349,364 eligibles, which is 19.3% of the State's population covered by Medicaid. The number of eligibles includes 189,000 children, which is approximately 42% of the State's total children.

Per capita expenditure in West Virginia for the Medicaid Program was \$692, one of the highest in the country. This compared to a state that ranks 49th in per capita income. We believe that this is a testament to West Virginia's commitment to health care for those that can least afford health insurance coverage.

West Virginia has strived to improve the health care outcomes of our eligibles. One of our strategies has been to expand managed care in West Virginia and to use one of the cornerstones of managed care, preventive services to accomplish this goal. Our most recent performance report on our HMOs shows that adolescent immunization status is quite high. For the 1998 program year, the composite rate was 1.54%. Prenatal care in the first trimester shows a 95.75% rate, which is excellent. The overall rate in West Virginia is 82%.

4.2 Who disenrolled from your SCHIP program and why? See Table 4.2.3

4.2.1 How many children disenrolled from your SCHIP program(s)?

Answer: 336 in the Medicaid expansion and 1,351 in SCHIP.

Please discuss disenrollment rates presented in Table 4.1.1. Was disenrollment higher or lower than expected?

Answer: The disenrollment rate was higher than expected. The fact that 128 in SCHIP declined the program is surprising.

How do SCHIP disenrollment rates compare to traditional Medicaid disenrollment rates?

Answer: CHIP disenrollment is lower than Medicaid, generally about 5% of individuals on Medicaid will lose their eligibility in a given month. The CHIP reports show that 3.5% of the children on CHIP lose their eligibility in a given month. It appears that one can conclude that higher incomes are more stable and less prone to change. Traditional Medicaid includes Tanf, SSI, and medically needy cases, however, SSI cases have a very low disenrollment rate so SSI was not included in this analysis. (Information provided by Phil Lynch, CFO, BMS.)

4.2.2 How many children did not re-enroll at renewal? How many of the children who did not re-enroll got other coverage when they left SCHIP?

Answer: DK, We are just beginning the redetermination process and we are unable to track those children who got other coverage when they left SCHIP.

4.2.3 What were the reasons for discontinuation of coverage under SCHIP? (Please specify data source, methodologies, and reporting period.)

Answer: Data source is the RAPIDS based on disenrollees only. See Table 4.2.3

Reason for discontinuation of coverage	Medicaid SCHIP Expansion Program		State-designed SCHIP Program		Other SCHIP Program*	
	Number of disenrollees	Percent of total	Number of disenrollees	Percent of total	Number of disenrollees	Percent of total
Total	336		1,351			
Access to commercial insurance	N/A		2			
Eligible for Medicaid	N/A		4			
Income too high	43		3			
Aged out of program	N/A		N/A			
Moved/died	N/A		N/A			
Nonpayment of premium	N/A		N/A			

Incomplete documentation	1		N/A			
Did not reply/unable to contact	24		5			
Other (specify) Declined program	18		128			
Other (specify) Not Eligible	246		1,189			
Other (specify) Does not reside in WV	N/A		1			
Other (specify) Already Receiving	N/A		1			
Other (specify) SCHIP II begins 1 month after eligibility	N/A		1			
Other (specify) State/Fed. Eligibility Required Change	N/A		2			
Other (specify) Child not eligible for unemployed parent AFDC MA	NA		3			
Don't know	4		12			

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

4.2.4 What steps is your State taking to ensure that children who disenroll, but are still eligible, re-enroll?

Answer: We have simplified the redetermination letter to a simple concise user friendly letter that parents can fill in and sign. We will not verify income at the time of redetermination. For those children who disenroll during their eligibility period, we will contact the family and offer assistance for families who do not complete the required paperwork.

4.2.5 How much did you spend on your SCHIP program?

Answer: \$1,182,819

4.3.1 What were the total expenditures for your SCHIP program in Federal Fiscal Year (FFY) 1998 and 1999?

FFY 1998 (Phase I) \$4,222 (Phase II) 0

FFY 1999 (Phase I) \$297,745 (Phase II) \$880,852

Please complete Table 4.3.1 for each of your SCHIP programs and summarize expenditures by category (total computable expenditures and federal share). What proportion was spent on purchasing private health insurance premiums versus purchasing direct services?

Table 4.3.1 SCHIP Program Type = WV SCHIP Phase I /Medicaid				
Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Total expenditures	4,222	297,745	3,444	244,538
Premiums for private health insurance (net of cost-sharing offsets)*				
Fee-for-service expenditures (subtotal)				
Inpatient hospital services		11,882		9,759
Inpatient mental health facility services		4,474		3,675
Nursing care services				
Physician and surgical services	350	57,482	285	47,209
Outpatient hospital services	168	45,247	137	37,161
Outpatient mental health facility services				
Prescribed drugs	804	55,328	656	45,441
Dental services	143	25,315	117	20,791
Vision services				
Other practitioners' services		2,788		2,290
Clinic services		2,153		1,768
Therapy and rehabilitation services				
Laboratory and radiological services		1,184		973

Durable and disposable medical equipment				
Family planning				
Abortions				
Screening services	706	2,435	576	2,000
Home health		2,763		2,269
Home and community – based services				
Hospice				
Medical transportation				
Case management		84		69
Other services	2,051	86,610	1,673	71,133

Table 4.3.1 SCHIP Program Type = WV SCHIP Phase II /PEIA				
Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Total expenditures	0	880,852	0	723,443
Premiums for private health insurance (net of cost-sharing offsets)*				
Fee-for-service expenditures (subtotal)				
Inpatient hospital services		7,460		6,127
Inpatient mental health facility services		14,587		11,980
Nursing care services				
Physician and surgical services		138,846		114,034
Outpatient hospital services		156,717		128,712
Outpatient mental health				

facility services				
Prescribed drugs		169,121		138,899
Dental services		88,279		72,504
Vision services				
Other practitioners' services		120,988		99,367
Clinic services		12,796		10,509
Therapy and rehabilitation services				
Laboratory and radiological services		7,817		6,420
Durable and disposable medical equipment				
Family planning				
Abortions				
Screening services				
Home health		435		357
Home and community – based services				
Hospice				
Medical transportation				
Case management				
Other services		163,806		134,534

4.3.2 What were the total expenditures that applied to the 10 percent limit? Please complete Table 4.3.2 and summarize expenditures by category.

What types of activities were funded under the 10 percent cap?

Answer: Administration and Outreach activities.

What role did the 10 percent cap have in program design?

Answer: While the ten (10) percent cap did not have a role per se, it is extremely difficult to implement a new program with such a limited cap.

Narrative: West Virginia's SCHIP Phase II program began reporting administrative expenditures under the 10% cap on the June 30, 1999 submission of the HCFA-21. The following schedule details what has been reported to date:

<u>Quarter Ended</u>	<u>Total Computable</u>	<u>Federal Share</u>
June 30, 1999	\$12,652	\$10,391
September 30, 1999	\$118,521	\$97,341
December 31, 1999	<u>\$198,923</u>	<u>\$163,813</u>
Total	\$330,096	\$271,545

These expenditures have gone to fund various activities, which include outreach, general administration and charges for changes to the RAPIDS eligibility system.

Type of expenditure	Medicaid SCHIP Expansion Program		State-designed SCHIP Program		Other SCHIP Program* N/A	
	FY 1998	FY 1999	FY 1998	FY 1999	FY 1998	FY 1999
Total computable share	8,314	146,592	0	131,173		
Outreach				7,897		
Administration	8,314	146,592		123,276		
Other N/A						
Federal share	4,157	73,296	0	107,732		
Outreach				6,486		
Administration	4,157	73,296		101,246		

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

4.3.3 What were the non-Federal sources of funds spent on your SCHIP program (Section 2108(b)(1)(B)(vii))

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations (such as United Way, sponsorship)

4.4 How are you assuring SCHIP enrollees have access to care?

4.4.1 What processes are being used to monitor and evaluate access to care received by SCHIP enrollees? Please specify each delivery system used (from question 3.2.3) if approaches vary by the delivery system within each program. For example, if an approach is used in managed care, specify 'MCO.' If an approach is used in fee-for-service, specify 'FFS.' If an approach is used in a Primary Care Case Management program, specify 'PCCM.'

Table 4.4.1			
Approaches to monitoring access	Medicaid SCHIP Expansion Program	State-designed SCHIP Program	Other SCHIP Program* N/A
Appointment audits	N/A	N/A	N/A
PCP/enrollee ratios	N/A	N/A	
Time/distance standards	N/A	N/A	
Urgent/routine care access standards	MCO	FFS	
Network capacity reviews (rural providers, safety net providers, specialty mix)	MCO	FFS	
Complaint/grievance/Disenrollment reviews	MCO	FFS	
Case file reviews	N/A	N/A	
Beneficiary surveys	MCO	FFS	
Utilization analysis (emergency room use, preventive care use)	MCO	FFS	
Other (specify) Monitoring any complaints from families regarding access; Speaking directly with providers to resolve; Sent letter to families along with a satisfaction survey to notify me of any problems they may experience; Reviewing complaints/grievances.	MCO	FFS	

Other (specify)			
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*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

4.4.2 What kind of managed care utilization data are you collecting for each of your SCHIP programs? If your State has no contracts with health plans, skip to section.

Answer: See Table 4.4.2

Table 4.4.2			
Type of utilization data	Medicaid SCHIP Expansion Program	State-designed SCHIP Program	Other SCHIP Program* N/A
Requiring submission of raw encounter data by health plans	___ Yes <u>X</u> No	___ Yes <u>X</u> No	___ Yes ___ No
Requiring submission of aggregate HEDIS data by health plans	<u>X</u> Yes ___ No	___ Yes <u>X</u> No	___ Yes ___ No
Other (specify) Complaint/grievance/ disenrollment, etc.	<u>X</u> Yes ___ No	<u>X</u> Yes ___ No	___ Yes ___ No

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

4.4.3 What information (if any) is currently available on access to care by SCHIP enrollees in your State? Please summarize the results.

Answer: Monitoring complaints by parents. Sending satisfaction surveys to clients.
Utilization analysis (emergency room use, preventive care use)

4.4.4 What plans does your SCHIP program have for future monitoring/evaluation of access to care by SCHIP enrollees? When will data be available?

Answer: The same as above. Data will be available in the year 2001.

4.5 How are you measuring the quality of care received by SCHIP enrollees?

Answer: The PEIA contractor will provide an independent contract specific to address quality standards. Quality of care issues related to care treatment and outcomes will be referred to the Quality Improvement department through systematic utilization management flags and reports, from customer service interactions, and directly from parent complaints. Quality Improvement will investigate all referrals and develop and implement appropriate corrective actions. Records of all quality referrals will be maintained to identify quality of care issue trends among the providers of service.

Diagnoses identified through the utilization management system that warrant review for chronic, high-cost, or special needs consideration will be referred to an individual case manager who will coordinate care as appropriate.

Flagged diagnoses may reflect such conditions as:

- Asthma
- Cerebral Palsy
- Diabetes
- Seizure Disorders
- Leukemia
- Sickle Cell Anemia
- Emotional Behavioral Conditions

Measures for these children may include:

- Proportion of children for whom a written health care plan has been developed for treatment and interventions;
- Proportion of adolescents for whom a transition plan has been developed;
- Proportion of children by condition, who receive special therapies (type, frequency, duration);
- Proportion of children whose specialty care is provided by a board certified special pediatric experience;
- Proportion of children who have hospital stays, and length of stay.

The rate of use of acute care services may be measured by the following measures:

- Number and rate of ambulatory visits per 1000 member months, by age;
- Number and rate of emergency room visits per 1000 member months;
- Number and rate of hospital stays per 1000 member months, by age;
- Average lengths of hospital stay.

An annual survey will be conducted to identify opportunities to enhance the services and quality of care rendered to program participants. A random sample of all participating families will be asked to complete a survey to determine, among other measures, the following:

- Proportion of parents that rate the care provided to the child is poor, appropriate, excellent;
- Proportion of parents reporting that they are satisfied with the role in making decisions about their child's care;
- Proportion of parents reporting satisfaction with the availability and choice of primary specialty providers;
- Proportion of parents reporting satisfaction with the amount of time providers spend with the child;
- Proportion of parents who filed formal complaints or grievances;
- Average waiting time for appointments for preventive; primary and specialty care;
- Travel time and distance to receive preventive, primary and specialty care.

The use of prevention services may be evaluated through the following measures:

Well-child screening rate, by age (American Association of Pediatricians Standards)

- Infants
- Ages 1-4 years
- Ages 5-11 years
- Ages 12-18 years
- Appropriate immunizations at age 2 years.

4.5.1 What processes are you using to monitor and evaluate quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, and immunizations? Please specify the approaches used to monitor quality within each delivery system (from question 3.2.3). For example, if an approach is used in managed care, specify 'MCO'. If an approach is used in fee-for-service, specify 'FFS'. If an approach is used in primary care case management, specify 'PCCM'.

Answer: Client satisfaction surveys

Other performance measurement: PEIA, Case Management and Quality Improvement department. Will monitor these as well as other diagnosis requiring intervention.

Other: Tracking well child/well baby and immunizations in the form of reports.

Approaches to monitoring quality	Medicaid SCHIP Expansion Program	State-designed SCHIP Program	Other SCHIP Program N/A
Focused studies (specify)	N/A	N/A	
Client satisfaction surveys	MCO	FFS	
Complaint/grievance/disenrollment reviews	MCO	FFS	
Sentinel event review	N/A	N/A	
Plan site visits	MCO	FFS	
Case file reviews	N/A	N/A	
Independent peer review	MCO	FFS	
HEDIS performance measurement	MCO	N/A	
Other performance measurement (specify)Utilization analysis Emergency room use	MCO	FFS	

Preventive care utilization			
Other (specify) Diagnosis identified through utilization management systems that warrant review for chronic, high cost, or special needs will be flagged. Such diagnosis may reflect conditions such as: asthma, Cerebral Palsy, diabetes, seizure disorders, Leukemia, Sickle cell anemia, emotional behavioral conditions.	MCO	FFS	

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

4.5.2 What information (if any) is currently available on quality of care received by SCHIP enrollees in your State? Please summarize the results.

Answer: No grievances or complaints have been received regarding quality of care. The PEIA contractor provides an independent contract specific to address quality standards. The SCHIP director will interface with the contractor and audit personnel regarding the standards set forth.

Quality of care issues related to care treatment and outcomes will be referred to the Quality Improvement (QI) department through systematic utilization management flags and report, from customer service interactions, and directly from parent complaints. QI will investigate all referrals and develop and implement appropriate corrective actions. Records of all quality referrals will be maintained to identify quality of care issue trends among the providers of service.

4.5.3 What plans does your SCHIP program have for future monitoring/evaluation of quality of care received by SCHIP enrollees? When will data be available?

Answer: We will continue identifying through the utilization management system cases that warrant review for chronic, high cost, or special needs consideration. These cases will be referred to individual case managers. Data will be available in year 2001.

4.6 Please attach any reports or other documents addressing access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program’s performance. Please list attachments here.

Answer: Quality of Care: Prior Authorization – Both Phase I and II include prior authorization procedures for specific procedures.

Quality-As of the date of this report, no grievances have been filed with the WV SCHIP office, nor have enrollees, their parents or advocacy groups raised access or other quality of care issues.

Grievances-We have had no grievances filed or complaints regarding access or quality of care.

Health Status Improvement Indicators-9,407 uninsured children are now receiving comprehensive medical care through the WV SCHIP benefit plans, which include dental and vision. An additional 3,928 children have been enrolled in Medicaid as a result of the SCHIP Phase I application process. Now that there are large numbers of enrollees in the program and claims and other data are beginning to be received, we are beginning to examine other, more specific health status improvement indicators.

Attachment: CHIP Recipient Satisfaction Survey

CHIP Recipient Satisfaction Survey

Your answer to the following questions will help us determine how your child's medical needs are being met by the CHIP program and will provide information for improving the program. Please answer ALL questions in the survey. It will take approximately 5 minutes to complete this survey.

1. Do you NOW have a medical card for the CHIP program?
1 () Yes
2 () No
2. How long have you been in the CHIP program?
1 () Less than 1 year
2 () 1 to 2 years
3. How many times have you seen your doctor in the past 6 months?
1 () I have not seen my doctor in the last 6 months
2 () 1 time
3 () 2 to 4 times
4 () 5 to 7 times
5 () 8 times or more
4. Before you received your CHIP medical card, did your child have a regular family doctor?
1 () Yes
2 () No
5. If you had a regular doctor for your child before receiving your card, did you have to CHANGE doctors when you were enrolled in CHIP?
1 () Yes
2 () No
3 () I did not have a regular doctor before CHIP
6. If you have changed doctors since you have been in the CHIP program, did the reason have anything to do with the QUALITY of the care you received, including how long it took to get an appointment or feeling the doctor did not provide good care?
1 () Yes
2 () No
3 () I have not changed CHIP doctors.
7. Before you received your CHIP medical card, when you needed medical care, did you MOST OFTEN (Check ONLY ONE)
1 () Go to a doctor's office
2 () Go to a hospital emergency room

- 3 () Go to the health department
- 4 () Go to a clinic
- 5 () Not go anywhere

8. Now that you have a CHIP medical card, is it easier, harder or about the same to see a doctor?

- 1 () Easier
- 2 () About the same
- 3 () Harder

9. How far do you have to travel to see your child's doctor?

- 1 () Less than 5 miles
- 2 () 5 to 10 miles
- 3 () 11 to 20 miles
- 4 () 21 to 29 miles
- 5 () 30 or more miles

10. How often are you able to schedule an appointment with your doctor within what you consider a reasonable amount of time?

- 1 () Always
- 2 () Usually
- 3 () Never
- 4 () I have not called to schedule an appointment

11. Approximately how many days do you have to wait to see your child's doctor when you call an appointment?

- 1 () 1 to 5 days
- 2 () 6 to 10 days
- 3 () 11 to 15 days
- 4 () 26 to 20 days
- 5 () more than 20 days
- 6 () I have not called for an appointment

12. Do you feel you are treated with respect by your doctor and his staff?

- 1 () Always
- 2 () Usually
- 3 () Never

13. Do you think your doctor spends enough time with you during office visits?

- 1 () Always
- 2 () Usually
- 3 () Never

14. Do you think you receive all the services you need from your doctor?

- 1 () Always
- 2 () Sometimes
- 3 () Never

15. Do you understand the instructions and explanations your doctor gives you about your illness and treatment?

- 1 () Always
- 2 () Sometimes
- 3 () Never

16. If you felt you needed a referral to a specialist, did your doctor make a referral for you?

- 1 () Every time

- 2 () Sometimes
- 3 () Never
- 4 () I have not needed a referral to a specialist

17. Please rate the care you receive from your doctor

- 1 () Excellent
- 2 () Very good
- 3 () Good
- 4 () Fair
- 5 () Poor

18. Has your doctor talked with you about how to obtain medical services after office hours?

- 1 () Yes
- 2 () No

19. How difficult is it to get in touch with your doctor after office hours when you need medical care?

- 1 () Not difficult at all
- 2 () Somewhat difficult
- 3 () Very difficult
- 4 () I have not need to get in touch after office hours

20. How would you describe your child's health at this time?

- 1 () Excellent
- 2 () Very Good
- 3 () Good
- 4 () Fair
- 5 () Poor

21. Has the CHIP program made a difference in the quality of medical care your child is receiving?

- 1 () Much better off now
- 2 () Somewhat better off now
- 3 () About the same
- 4 () Somewhat worse off now
- 5 () Much worse off now

22. If you have a complaint or were not satisfied with the care you receive from your doctor, what would you do FIRST?

- 1 () Talk to the doctor about the problem
- 2 () Keep on seeing the doctor and say nothing
- 3 () Not return to that doctor
- 4 () Call the CHIP toll-free number to get assistance (1-888-WVACHIP)

SECTION 5. **REFLECTIONS**

This section is designed to identify lessons learned by the State during the early implementation of its SCHIP program as well as to discuss ways in which the State plans to improve its SCHIP program in the future. The State evaluation should conclude with recommendations of how the Title XXI program could be improved.

5.1 What worked and what didn't work when designing and implementing your SCHIP program? What lessons have you learned? What are your "best practices"? Where possible, describe what evaluation efforts have been completed, are underway, or planned to analyze what worked and what didn't work. Be as specific and detailed as possible. (Answer all that apply. Enter 'NA' for not applicable.)

5.1.1 Eligibility Determination/Redetermination and Enrollment

Answer: Eligibility determination did not work well: Department Staff were used to the many programs the Department administers, and SCHIP is a totally different program than the Department is used to administering. Twelve (12) months continuous coverage did not work if a SCHIP child became eligible for another program the Department administered; the computer system pulled the child out of SCHIP and put them back into Medicaid.

RAPIDS computer system, which works well for the Department, is very complicated and expensive to alter and does not work well for SCHIP.

Enrollment - Worked well, even with the problems we have encountered, we have enrolled a large number of children.

5.1.2 Outreach - Most aspects worked well, however, I believe we need a greater concentration/coordination with the school system to facilitate more productive outreach. The Healthy Kids Coalition through the Robert Wood Johnson Foundation, Claude Worthington Benedum, and Sisters of St. Joseph, and the AmeriCorps Promise Fellows Program grants performed Outreach for SCHIP. We did not mount an advertising campaign, yet still signed up 94% of the eligible children for WV SCHIP Phase II, and more than 100% of the reported uninsured children in Phase I (ages 1-5).

5.1.3 Benefit Structure - We are pleased with the benefit structure in that we were able to add dental and vision. It is modeled after Public Employees Insurance Agency and is a benchmark equivalent.

5.1.4 Cost-Sharing (such as premiums, copayments, compliance with 5% cap) N/A

- 5.1.5 Delivery System - We are pleased with the Phase II delivery system in that it's a fee for service program. Phase I is a Medicaid expansion, however, and has voluntary enrollment into HMO's with the exception of Wood and Wirt Counties, (which both have mandatory enrollment).
- 5.1.6 Coordination with Other Programs (especially private insurance and crowd-out) The Free and Reduced Lunch verbiage produced approximately 3,000 requests.
- 5.1.7 Evaluation and Monitoring (including data reporting) Redetermination process produced a simplified letter to send to parents, which I hope will assist in not losing children from the SCHIP rolls. We are monitoring diagnosis identified through the utilization management system that warrant review for chronic, high cost, or special needs consideration. These cases will be referred to individual case managers who will coordinate care as appropriate. Flagged diagnoses may reflect such conditions as asthma, cerebral palsy, diabetes, seizure disorders, leukemia, sickle cell anemia, and emotional behavioral conditions.

Measures for these children may include: Proportion of children by condition, who receive special therapies (type, frequency, duration); Proportion of children whose specialty care is provided by a board certified special pediatric experience; and proportion of children who have hospital stays, and length of stay.

5.1.8 Other (specify) – N/A

5.2 What plans does your State have for 'improving the availability of health insurance and health care for children'? (Section 2108(b)(1)(F))

Answer: We have introduced legislation presently to increase the Federal Poverty Level from 150% to 200%, allowing West Virginia to add an additional 14,000 children.

5.3 What recommendations does your State have for improving the Title XXI program? (Section 2108(b)(1)(G))

Answer: None

Lessons Learned

Do not integrate SCHIP into an existing comprehensive Department computer system. The system is too complicated and expensive to modify and counterproductive to implementing user-friendly policies and procedures.

The local DHHR staff is responsible for managing many complicated programs, incorporating SCHIP, which is a totally different program than they were used to, promoted confusion and inconsistent application of SCHIP policy.

Outsource Eligibility Determination

Design a new SCHIP computer system capable of “talking with RAPIDS”.

Best Practices

Providing a simple 2-page application form.

Passive redetermination process providing for 12 months of continuous eligibility.

Allowing families paying 10% of their gross annual income to be SCHIP eligible.

Healthy Kids Coalition performs outreach for SCHIP, through grants and they hired nine (9) SCHIP outreach coordinators to work Statewide to increase enrollment.

Toll-free SCHIP phone line.

Out-stationed workers are currently available in selected hospitals across the State through a cooperative agreement with the West Virginia Department of Health and Human Resources and the West Virginia Hospital Association.