



State Health Access Program (SHAP) Grant Summary: WEST VIRGINIA

Project Title: WV CONNECT

2009 Award Amount: \$ 6,343,900

Target Population: Working uninsured residents

Grantee Organization: West Virginia Department of Health and Human Resources, Office of the Secretary

Partner Organizations: West Virginia Office of the Insurance Commissioner (OIC), Governor's Office of Health Enhancement and Lifestyle Planning (GO HELP), Mountain State BCBS, West Virginia Health Care Authority, West Virginia Health Improvement Institute, West Virginia Medicaid Program – Bureau of Medical Services, West Virginia Office of Technology, West Virginia Public Employees Insurance Agency, West Virginia Telehealth Alliance

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STATE SHAP GRANT GOAL

West Virginia SHAP funding will establish the WV CONNECT program, which will help subsidize expansion of coverage and access to care for working uninsured West Virginia residents as well as reduce delays in care. WV CONNECT will be implemented in phases, jointly administered through the state's Department of Health and Human Resources and Insurance Commission, and includes the following components:

- **Health Insurance Exchange:** The state will develop an insurance exchange (compatible with a national exchange or with other state exchanges), which would provide enrollees with information on insurance products, available sources of health care, and quality measures of participating providers. The exchange would also include a call center, online enrollment for insurance plans, premium collection/remittance, and a system to administer eligibility determination and premium subsidy program components. Funding will also be used to link providers to adults urgently needing oral health care, and will support the West Virginia Telehealth Alliance's (WVTA) efforts at using technology to improve rural health through education and outreach
- **Medical Homes, Prepaid Clinic Model, and Premium Assistance [Pilot]:** WV CONNECT will link uninsured residents with suitable medical homes, through expansion of previous pre-paid clinic pilots, specifically addressing chronic care, individual medical homes, community-centered medical homes, and medical homes [specifically] for the uninsured. These pilots would help provide limited benefit wrap-around coverage to enrollees with sliding-scale premium assistance available. The target population for this initiative is working parents between 115% FPL and 250% FPL
- **Use of Health Information Technology (HIT) and Centralized Clinic Portal:** This portal will allow providers participating in the pilot(s) above to submit service/clinical information needed to evaluate program effectiveness, measure patient health outcomes, and populate patient personal health records

EVALUATION PLAN

In order to evaluate the effectiveness of the projects processes and outcomes, WV CONNECT will measure the following performance indicators: (1) Purchase of health insurance by previously uninsured, (2) Increased access to primary health care services for WV CONNECT enrollees, (3) Use of WV CONNECT to assist in insurance purchasing

decision-making, (4) Lead time between contact with WV CONNECT and enrollment, (5) Query response time, and (6) Percentage of project activities completed on time and within budget limitations.

Data will be collected on a prospective basis through extraction and analysis from the following sources: Web-based counters; clinical information; registration information; and surveys of participating enrollees, providers, program staff, and uninsured patients at community health clinics. The state will also perform a cost-benefit analysis on the three major components of WV CONNECT (insurance exchange, medical home pilots, portal).

PAST STATEWIDE SURVEY ACTIVITY

www.shadac.org/content/survey-resources

- **Household Survey:** 2001, 2003, 2007
- **Employer Survey:** 2003

WEST VIRGINIA’S HEALTH REFORM ENVIRONMENT

STATE	PERCENT UNINSURED ¹			MEDICAID AND SCHIP ELIGIBILITY, as % of FPL ²			EMPLOYER SPONSORED COVERAGE			EMPLOYMENT INDICATORS		FY 2009 BUDGET GAP ³	
	Total (0-64)	Adults (19-64)	Kids (≤18)	Kids (≤18)	Par-ents	Child-less Adults	Private Firms Offer. ⁴	Take-up of ⁵ Cvg.	% with ⁶ Cvg.	% Unem-plied ⁷	Median Income ⁸	Gap	As % of FY2009 Budget
USA	17.2%	20.0%	10.8%	n/a	n/a	n/a	56.4%	78.7%	62.4%	9.8%	\$51,233	n/a	n/a
WV	17.1%	21.5%	5.3%	220% ⁹	18%	--	53.7%	75.1%	61.6%	8.9%	\$40,851	\$0	n/a

In 2002, West Virginia University’s Institute for Health Policy Research (IHPR) created a Health Advisory Council (HAC) to address insurance access. The HAC recommended two measures to start insuring some West Virginia residents, including a Small Business Plan, which allowed small employers (<50 employees) to use PEIA reimbursement rates, and the creation of AccessWV, the state’s high-risk pool. Subsequent activities by the HAC—now called the Affordable Insurance Workgroup (AIW)—resulted in the creation of limited benefit plans available to all residents ineligible for public or employer-sponsored coverage, and prepaid clinic plans, which allow clinics to sell memberships to qualifying residents, in combination with high-deductible insurance plans.

Legislation passed in 2009 also created the Governor’s Office of Health Enhancement and Lifestyle Planning (GO HELP), which met for the first time in late October, 2009. GO HELP is charged with initiating state health and wellness strategies, as well as coordinating health care-related activities between state agencies. The director of GO HELP is the state’s immediate past HHR Secretary.

West Virginia is the previous recipient of a HRSA State Planning Grant.

¹ Source: CPS, health insurance coverage estimates, 2007-2008.

² Source: State Coverage Initiatives, Robert Wood Johnson Foundation.

³ Source: Kaiser State Health Facts, as of November 20, 2009.

⁴ Source: Medical Expenditure Panel Survey (MEPS), 2008.

⁵ Source: Medical Expenditure Panel Survey (MEPS), 2008

⁶ Source: CPS, health insurance coverage estimates, 2007-2008.

⁷ Source: Bureau of Labor Statistics, Sept. 2009.

⁸ Source: US Census Bureau, 2007-2008.

⁹ West Virginia Medicaid/SCHIP eligibility: 150% FPL (ages 0-1); 133% FPL (ages 1-5); 100% FPL (ages 6-19); 220% FPL (SCHIP expansion)