

Question and confusion meet new Medicaid expansion - 10/8/07

By Anna Sale, West Virginia Public Broadcasting

Studio lead: A new Medicaid program made its debut in West Virginia a little more than seven months ago, and as of last week, it's expanded to 40 counties. The plan is designed to push low-income Medicaid recipients to make good health care decisions, in exchange for broader health insurance coverage. Medicaid has launched a big public relations campaign to alert 150-thousand recipients that change is coming. But some worry they're not getting the message, and may be surprised to find themselves with less coverage than before. Anna Sale reports.

Sale: The new Medicaid program, called Mountain Health Choices, started as a pilot project in three counties last March. Since September, it's expanded to 37 other counties. To coincide with the expansion, Medicaid is trying to get affected people's attention. There are mailings and phone calls. There are also plans for posters, more than 100 billboards, and radio ads.

Radio ad: You can get new health coverage benefits if you're part of WV's Medicaid program, now called Mountain health choices...

Sale: Medicaid did not say when these ads are starting, or where they will run.

Radio ad: ...For better health, for better coverage, you make the call.

Sale: "You make the call" is the slogan for the new campaign, because it's up to Medicaid recipients to contact their doctors to enroll in the new enhanced Medicaid plan. That's the crux of the new Medicaid. It offers wellness services, like weight management and smoking cessation programs, and mental health and substance abuse treatment, but the expanded coverage comes with a trade-off. Members have to sign an agreement committing to things like only using the emergency room in emergencies and showing up for appointments on time. It doesn't cost any more, but it does require getting into the doctor's office in the certain time window. But so far, the results have been underwhelming. Shannon Riley is spokeswoman for the state Medicaid program.

Riley: Initially we're finding in the pilot counties that about 15 percent of members are choosing to enroll in the enhanced plan.

Sale: That means that in the pilot counties Upshur, Clay and Lincoln, 85% of Medicaid recipients have not opted for the enhanced plan's broader coverage. Instead, they were enrolled in Medicaid's more limited basic plan. It doesn't include any of the special wellness programs, and limits prescriptions to only four a month. For adults, the plan also doesn't cover mental health services and diabetes care. And that's the default plan that Medicaid recipients are moved into if they don't "make the call." For both children and adults, it covers less than the traditional Medicaid plan. But Riley says Medicaid recipients are actively choosing the more limited basic plan.

Riley: A lot of our members report that they're healthy and don't need enhanced plan services.

Sale: Evelyn Dortch doesn't think that's the case. She's the head of the Direct Action Welfare Group, a nonprofit that represents WV's receiving government assistance like Medicaid, food stamps, and welfare checks. Her group started surveying affected Medicaid recipients in August to try to track how the transition is working. She doesn't have final data yet, but she doesn't think people are getting the message.

Dortch: Out of the people that I talked to, they didn't even realize that they had this, that it had even changed, until we were at a meeting, and I had people pull out their medical card, to look at it, to see if it said basic child or enhanced adult, beside the name. They weren't even aware that a change had happened. They said they had not received anything in the mail, which they probably did but they probably threw it away thinking it was junk, you know. And the people, they weren't even aware of it, and of course, all of them ended up in basic.

Sale: She worries that Medicaid recipients will only realize they've been moved into the basic plan when they need it – like when a fifth prescription in a month is denied, or when mental health services aren't covered.

Dortch: We're waiting – we're hearing things from people that there are some services that they've gotten previously that they couldn't get now, and differing things like that, but it's just so new, that people are just realizing that they have it. So there should be a big backlash.

Sale: She's concerned that the program is expanding too quickly, and there hasn't been time to evaluate the outreach efforts. The program spread to 21 more counties last week, including Fayette County. That's where Dave Sotak is the clinic administrator for the New River Clinic in Scarbro. He knew the change was coming, and he wanted to be proactive with the transition, but he didn't have a lot of notice.

Sotak: We got word about a week or so ago that it was rolling out in Fayette County beginning in October.

Sale: And that word didn't come from Medicaid. He says he read it in the newspaper. Sotak estimates about 300 to 500 families at his clinic will be affected, but he doesn't know for sure because he can only tell whether a patient gets Medicaid, not whether they fall in the low-income category that's part of this change. They're generally families that receive welfare checks, so, his clinic has come up with a quick and dirty method to try to catch affected patients when they come in.

Sotak: We think that the question to ask to identify them is, do you get a check? And so, we're going to be working with our care coordinators and receptionists at the different locations and begin to institute that process.

Riley: Oh, they don't have to do that.

Sale: Here's another disconnect between Medicaid's plans and the experience on the ground. Medicaid spokeswoman Shannon Riley says doctors and clinics should get rosters by next month to doctors and clinics identify patients, and they can also tell by their Medicaid card. There are also 14 contracted outreach workers whose job it is to help to help with the transition.

Riley: If there are providers struggling, or if that they've not been able to meet that, we need to know about that, and we don't want any of our providers feeling stranded out there. But at the New River Clinic, Dave Sotak wishes this all was done a little differently – and instead of relying on Medicaid recipients to make the call to get enrolled in the new enhanced plan, that it was the default for everyone and work from there.

Sotak: I think it could've been flipped the other way and then begun to work with individuals as they showed up, do the education that way on a positive note instead of doing it at reenrollment and having to try to have the Medicaid patient understand what exactly the implications were.

Sale: For WV Public Broadcasting, I'm Anna Sale in Charleston.