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W.Va.'s new Medicaid program off to a sluggish start

- Just 7 percent of those eligible are taking part in redesigned plan's 3 test counties

By [Melissa Caron](#)

Staff writer

CLAY — Bonnie Dreffield of Duck first learned about changes to West Virginia's Medicaid program when she went to her pharmacist to fill her prescriptions.

Dreffield, who is on Medicaid, needs more than 20 different medications per month, but found herself in the program's basic benefit plan, which limits prescriptions.

"My pharmacist told me I had to switch programs in order to get my medications," she said.

She is one of many to have reached this medication speed bump of the redesigned program that is being piloted in three counties.

Under the new program, called Mountain Health Choices, members must sign a personal-responsibility agreement to access enhanced benefits. This package includes benefits covered in the previous program, along with some new benefits.

Those who do not sign the agreement — which calls upon members to "do my best to stay healthy" and to "use the hospital room only for emergencies" — default into a basic package that provides fewer benefits than before. The package limits members to four prescriptions a month and no longer grants access to services such as cardiac rehabilitation or smoking cessation classes.

Dreffield did sign up for the enhanced plan, but she might be one of few.

As of mid-July, only about 7 percent of those who have been eligible since February had signed up for the enhanced plan, according to figures from the agency.

While the program has been launched only in Clay, Lincoln and Upshur counties, the redesign could affect 243,000 West Virginians when it spreads to the entire state.

The program requires members to meet with their health-care provider within 90 days of their annual re-determination date to sign the agreement.

Aug. 1 marked the first lock-in date for the program, meaning some members who did not meet with their providers will remain in the basic plan until next year, when they will have another opportunity to sign up.

Shannon Riley, spokeswoman for the state's Medicaid program, said members were given ample notification before Aug. 1 that they would be placed into the basic benefit plan.

Medicaid is a federal health-care program for low-income children, very low-income parents, and some elderly and disabled. West Virginia was one of the first states to take advantage of recent federal legislation that allows states to rework their benefit packages for low-income parents and children.

“Medicaid has historically paid for sickness,” Riley said. “We’ve been instructed to find ways to pay for wellness for this population.”

So far, West Virginia is the only state to make benefits contingent upon a member’s behavior.

While officials from Medicaid have said they are pleased with enrollment so far, some health-care advocates are questioning what happened to the remaining members.

Evelyn Dortch, director of the Direct Action Welfare Group, said when she first saw the packets that were sent out to members, she thought it was junk mail. The white envelope, which contains information on how to sign up for enhanced benefits, was sent to Medicaid members two months before their annual eligibility date.

Presorted and postmarked from Pittsburgh, the envelope said it was from Mountain Health Choices, an unfamiliar name unless one knows about the redesign, Dortch says.

Underneath, in tiny letters, it reads, “West Virginia’s New Medicaid,” she said.

“There is nothing on this that says ‘Urgent: Read this!’ It looks just like junk mail,” she said. Dortch said it reminded her of credit card solicitations.

So, she said, members probably threw the packets away.

“I think most people are defaulting,” Dortch said. “I don’t think people are choosing the basic plan.”

The Direct Action Welfare Group is a nonprofit advocacy group made up of individuals who receive or have received public assistance. In late spring, Dortch posted an inquiry on the group’s Web site asking for feedback from members affected by the pilot program. She says that, so far, no one has contacted the organization, even though she believes many people will have problems.

While Riley agrees that not enough people know about the program, she stresses the program is still new and people will soon know about the program as Medicaid continues its outreach.

She also stresses the basic plan is still “very good health insurance.”

“It covers all state and federal mandatory benefits, plus optional benefits,” she said.

Riley said Automated Health Services, the state’s Medicaid enrollment broker, has been calling members to see if they have received information. If members acknowledge that they threw out the packets, AHS resends packets to them, Riley said.

Riley said AHS also has received feedback from several members who have said they feel the basic plan is “adequate health care.”

So far, only two individuals have declined to sign up for enhanced benefits. Both were from Primary Care Systems in Clay, where almost one-third of the 7,200 patients the clinic serves are on Medicaid.

Dr. Sarah Chouinard, the medical director of the clinic, says the one adult and the parent of the one child said that they were healthy and thought that they did not need the added benefits.

She said that, besides those two, all other patients who have come in have signed the enhanced plan. As of Aug. 1, 14 adults and 38 children were enrolled in the enhanced plan in Clay.

Riley said the clinic has been using the four-prescription limit as a tool to educate members about the enhanced program.

“If you’re on that many maintenance medications ... there are probably some wellness issues that are best addressed in the enhanced plan and we’d like you to participate in that,” Riley said. So far, 68 percent of those who have reached the prescription limit have signed up for the enhanced program, she said.

No one is being denied medication, and Medicaid is overriding the limit, but Riley said that will change in the future.

Perry Bryant, director of West Virginians for Affordable Healthcare, questions the success of this approach. He said several studies have shown that withholding medication is not an effective way to improve health. It might even lead to higher health-care costs when individuals are admitted to the hospital when their condition worsens.

“You really don’t want to not give people prescriptions,” Bryant said.

Bryant also said that many of the other benefits in the enhanced program should be included in any health-care plan.

“Who would deny someone who has had a heart attack medical rehabilitation?” Bryant asked, referring to the basic benefit plan that no longer covers cardiac rehabilitation.

Dortch is equally concerned,

especially by the prescription limit and the lack of access to psychiatric services under the basic plan.

She says that in the next couple of months, the Direct Action Welfare Group plans to do outreach to its members in the pilot counties to tell them about the redesign.

“It’s going to hurt a lot of families,” Dortch said. “It is not because they are choosing to be hurt. It’s because they don’t understand.”

She said she also is concerned that Medicaid has not clarified what it expects of its members.

“How do you measure that ‘I will do my best to stay healthy’?” Dortch asked.

Others worry that the agency has not made clear how it will hold individuals accountable. Under the redesign, members may be moved out of the enhanced benefits package into the basic plan if they do not fulfill their responsibility agreement.

“They’ve said consistently that ‘if there is a pattern of abuse.’ Well what does that pattern mean?” Bryant asked. “They’ve never quantified that. People could be at the risk of losing benefits, never knowing that they’ve crossed the line,”

The program is using billing data to find out if individuals have followed through with appointments and recommended classes, Riley said.

Renate Pore, co-chairwoman of West Virginia Healthy Kids and Families Coalition, says signing a personal-responsibility agreement alone will not improve health.

Pore says Medicaid is on the right track, in terms of promoting wellness, but she wants to see more education involved, especially from providers.

The new program has looked to use care management to improve the health of members, giving those in the enhanced plan access to nutritional education and smoking cessation classes, if needed.

Riley says that in the coming years, she hopes to see some simple measures of health improvements, such as more well visits and fewer emergency room visits.

“It’s going to be a while before we can say we are truly a success,” Riley said. Medicaid is working on a plan to launch the redesign to remaining counties, but it is unclear when the amendment will be passed, Riley said.

She says the program is moving slowly so its leaders can learn from their mistakes and get feedback.

Health-care advocates, such as Pore and Bryant, say they support Medicaid’s goal to improve wellness and feel that the agency has been listening, but they are still on the alert.

“We just have concerns [about] whether it’s going to work in the way it’s envisioned,” Pore said. “And can we evaluate as we go along and change strategies as we go along?”

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