

WEST VIRGINIA TITLE XXI PROGRAM FACT SHEET

Name of Plan:	West Virginia (WV) CHIP
Date State Plan Submitted:	June 18, 1998
Date State Plan Approved:	September 15, 1998
State plan Effective Date:	July 1, 1998
Date First Amendment Submitted:	December 21, 1998
Date First Amendment Approved:	March 19, 1999
First Amendment Effective Date:	January 1, 1999
Date Second Amendment Submitted:	June 30, 2000
Date Second Amendment Approved:	September 27, 2000
Second Amendment Effective Date:	October 1, 2000
Date Third Amendment Submitted:	July 19, 2000
Date Third Amendment Approved:	October 13, 2000
Third Amendment Effective Date:	November 1, 2000
Date Fourth Amendment Submitted:	July 1, 2002
Date Fourth Amendment Approved:	September 27, 2002
Date Fifth Amendment Submitted	February 10, 2006
Date Fifth Amendment Approved	May 5, 2006
Fifth Amendment Effective Date	January 1, 2006
Date Sixth Amendment Submitted	September 22, 2006
Date Sixth Amendment Approved	December 22, 2006
Sixth Amendment Effective Date:	January 1, 2007

Background

- On June 18, 1998, West Virginia submitted its SCHIP State plan, which expanded Medicaid eligibility for children between the ages of 1 and 5 in families with incomes up to 150 percent of the Federal poverty level (FPL).

Amendments

- On December 21, 1998, West Virginia submitted a State plan amendment (SPA) which created a separate child health program covering children between the ages of 6 and 18 in families with incomes equal to or less than 150 percent of FPL.

- On June 30, 2000, West Virginia submitted its second SPA to incorporate children from their Medicaid expansion program into the separate child health program effectively eliminating their Medicaid expansion.
- On July 19, 2000, West Virginia submitted its third SPA to expand eligibility in its separate child health program to children under age 19 with income between 150 and 200 percent of the FPL and to impose cost sharing on this population. American Indian/Alaskan Native (AI/AN) enrollees will be exempt from cost-sharing requirements.
- West Virginia submitted its fourth SPA on July 1, 2002. This amendment updates and amends the SCHIP State plan to indicate the State's compliance with the final SCHIP regulations. The amendment also adds cost sharing on pharmaceuticals for enrollees at or below 150 percent of the FPL and changes it for enrollees above 150 percent of the FPL, adds an annual \$200,000 limit on benefits, and incorporates a \$1,000,000 lifetime limit on benefits.
- West Virginia submitted its fifth SPA on February 10, 2006. This amendment eliminates coverage of drugs excluded from the State's Preferred Drug List. There are three exceptions to this policy: there is documentation from a physician demonstrating medical necessity; for mental health pharmaceuticals in certain therapeutic drug classes; and, for over-the-counter pharmaceuticals in certain therapeutic drug classes. Prior provisions imposing copayments for these drugs are removed.
- West Virginia submitted its sixth SPA on September 22, 2006. This amendment increases the eligibility level from 200 to 220 percent of the FPL. Children in this income level will also have eligibility, benefit and cost sharing requirements that are different from individuals at or below 200 percent of the FPL. The following applies:
 - **Waiting period:** Families at or below 200 percent of the FPL will continue to be subject to a 6-month waiting period, while families above 200 percent of the FPL will have a 12-month waiting period.
 - **Benefits:** Families at or below 200 percent of the FPL will continue to have comprehensive dental and vision services. Families above 200 percent of the FPL will receive preventative dental services with an annual limit of \$150, and will not receive vision services.
 - **Pharmacy Copayments:** There are no copayments for generic drugs. For formulary brand drugs, families at or below 150 percent of the FPL will continue to pay \$5 and families above 150 to 200 percent of the FPL will continue to pay \$10. Families above 200 percent of the FPL will be required to pay a \$15 copayment for formulary brand drugs.

- **Premiums:** Families at or below 200 percent of the FPL continue to not have a premium. Families above 200 percent of the FPL will be required to pay premiums based on a two-tier system. Families with one child will pay a monthly premium of \$35 and families with two children or more will pay \$71 per month.
- In addition, the entire State plan population will be charged a copayment amount when a child obtains non-preventative care from a provider other than the one designated to serve as the child's medical home. The copayment amount will vary by FPL, as follows: \$5 for individuals at or below 150 percent of FPL, \$15 for individuals 150 to 200 percent of the FPL, and \$20 for individuals above 200 percent of FPL. Total cost-sharing amounts will continue to adhere to the title XXI cost-sharing limit of 5 percent of family income.

Children Covered Under the Program

- There were 28,307 children enrolled in SCHIP in Federal Fiscal Year (FFY) 2006.

Administration & Health Care Delivery System

- The SCHIP Program is administered by the West Virginia Children's Health Insurance Agency, which is located within the State Department of Administration.
- The Public Employees Insurance Agency is the third-party administrator managing the benefit package.
- With the implementation of West Virginia's second amendment on October 1, 2000, all children enrolled in SCHIP are served through fee for service.

Benefit Package

- The benefit package is a benchmark equivalent package to State employee coverage. Services provided include: inpatient; outpatient; physician; surgical; clinic and other ambulatory care; prescription drugs; laboratory and radiological; prenatal care and pre-pregnancy family services and supplies; inpatient and outpatient mental health; durable medical equipment and medically-related or remedial devices; disposable medical supplies (therapeutic); home and community-based care; nursing care; abortion only to save the mother's life or pregnancy is a result of rape/incest; dental; inpatient, residential, and outpatient substance abuse treatment; case-management services; care coordination; physical and occupational therapy, and services for speech, hearing, and language disorders; hospice care; eye exams for prescriptive lenses; and medically necessary transportation.
- Families at or below 200 percent of the FPL will continue to have comprehensive dental and vision services. Families above 200 percent of the FPL will receive preventative dental services with an annual limit of \$150, and will not receive vision services.
- There is a \$200,000 annual limit on benefits and a \$1,000,000 lifetime limit on benefits.

Cost Sharing

- Enrollees at or below 150 percent of the FPL are subject to a \$5 copayment for formulary drugs and a \$5 copayment for non-preventative care from a provider other than the one designated to serve as the child's medical home.
- Enrollees above 150 to 200 percent of the FPL are subject to the following copayment schedule: \$10 for formulary brand drugs; \$15 for non-preventative care from a provider other than the one designated to serve as the child's medical home; \$25 for inpatient admission and outpatient procedures; and, \$35 for emergency room services that are waived if the individual is admitted.
- Enrollees above 200 percent of the FPL are subject to the following copayment schedule: \$20 for non-preventative care from a provider other than the one designated to serve as the child's medical home. Families above 200 percent of FPL will be required to pay a \$15 copayment for formulary brand drugs.
- In addition, enrollees above 200 percent of the FPL are subject to monthly premiums of \$35 for one child or \$71 for two or more children. Families at or below 200 percent of the FPL do not have to pay a premium.
- There is no cost sharing for preventive care, dental and vision services.
- The AI/AN population are exempt from cost sharing.
- In families with one child, the copayment maximum for prescriptions is \$100 and the medical maximum is \$150. In families with two children, the copayment maximum for prescriptions is \$200 and the medical maximum is \$300. In families with three or more children, the copayment maximum for prescriptions is \$300 and the medical maximum is \$450.

Crowd-Out Strategy

- Children below 200% of FPL must be uninsured for a period of 6 months prior to application. Children above 200% of FPL must be uninsured for a period of 12 months prior to application. Exceptions are made if the employer terminates coverage; a job is involuntarily terminated and the family loses benefits; private insurance is not cost effective; i.e., if the employees family coverage exceeds 10 percent of family gross annual income; loss of coverage for child is due to a change in employment; or loss of coverage was outside the control of an employee.
- The State monitors substitution through its application process. Applicants must specify whether the applicant child had private group coverage in the previous 6 months. Data on applications that are denied eligibility due to coverage in the prior 6 months is collected and analyzed for trends over time.

Coordination between SCHIP and Medicaid

- Eligibility determinations are conducted for both Medicaid and SCHIP by the same State Agency. Applications are first screened for Medicaid eligibility. During this process, the Medicaid eligibility system is queried to ascertain current Medicaid coverage. Only if the child is ineligible for Medicaid services and is not covered by other health insurance will they be allowed to enroll into SCHIP.

Outreach Activities

- The WV CHIP application is distributed by diverse community-based organizations, such as physician and dental offices, hospitals, pharmacy chains, and local businesses. The WV Council of Churches distributes materials to its member churches. The Office of Maternal, Child, and Family Health and the Bureau of Public Health distribute WV CHIP materials to the medical community. Ongoing application distribution and assistance occurs through the WV CHIP Call Center with a toll-free telephone line. Spanish and hearing impaired translation services are available.
- WV CHIP closely coordinates with the West Virginia Healthy Kids Coalition, comprised of numerous community-based organizations, such as primary care centers, Family Resource Centers, child-care centers and faith-based organizations, to coordinate and jointly participate in outreach activities.
- Local WV Department of Health and Human Resources offices located in 53 of the State's 55 counties provide application assistance. Out-stationed workers facilitate outreach and eligibility determination in selected hospitals.
- The Department of Education has a check-off box on its free and reduced lunch application form that allows parents/guardians to consent to have a joint WV CHIP/Medicaid application form mailed to them.

Financial Information

FFY 2006:

Enhanced Federal Matching Rates--81.09%

State share: \$8,384,813

Federal share: \$35,676,211

Total program costs: \$44,061,024

Date last updated: CMS, CMSO, FCHPG, DSCHI, December 27, 2006