The Successes of Children’s Health Insurance in West Virginia and the Challenges that Lie Ahead

West Virginia has made extraordinary gains in extending health insurance coverage to children especially through Medicaid, the Children’s Health Insurance Program (CHIP) and also through the new health insurance marketplace. In 2016, close to 98 percent of West Virginia’s children under the age of 18 had health insurance coverage. This is good news for a state otherwise experiencing large and persistent health and economic disparities. We explore why West Virginia has been so successful in getting children covered and challenges that lie ahead in continuing this success, which is not at all guaranteed.

Administrative Practices and Efficiencies

West Virginia has been credited for its efforts to reach out and enroll children and families in Medicaid and CHIP. The state is an innovator in a number of administrative practices involving program enrollment and renewal, leading to high take-up rates. For one, West Virginia covers children through CHIP up to 300 percent of the federal poverty level. The state also provides for 12-month continuous eligibility for Medicaid and CHIP, it does not require a waiting period for CHIP enrollment, and it extends CHIP coverage to low-income public employees’ families. Furthermore, West Virginia has an integrated benefits eligibility determination system that can simultaneously check for Medicaid, CHIP, TANF, and SNAP eligibility. The state’s use of its SNAP beneficiary data system to reach out to potential Medicaid enrollees has been singled-out as a best practice in studies of the Affordable Care Act (ACA) experience. 1


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A sense of shared commitment and an ongoing exchange of ideas has been vital to West Virginia’s successes in covering children with health insurance.

The rich, dynamic and sometimes contentious relationship among stakeholders committed to improving health care coverage in West Virginia through advocacy, data, and better resources enlarge the state’s capacity to extend and improve health insurance and care.

West Virginia has a strong network of committed health-focused groups and organizations that provide policy analysis, consumer guidance, and commentary on children’s health policy developments occurring locally or nationally.

A good example of the exchange of ideas and sense of shared commitment to health care coverage and access can be found in two statewide conferences held in fall 2017. One conference, held in Morgantown, was sponsored by West Virginia University. The other, held in South Charleston, was sponsored by the West Virginia Medicaid Coalition. Both brought together policymakers, public officials, experts, and advocates to discuss progress made and challenges for the future.

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When CHIP was enacted two decades ago, initial “take-up” or enrollment was slow. Getting word out required marketing and endorsement by key stakeholders.

Then-Gov. Bob Wise went door-to-door in some communities to help publicize CHIP. Family Resource Networks -- state-affiliated organizations operating at the county level -- teamed with family courts, advocacy groups, health care providers, local schools, and others to inform and educate parents and other caregivers. These efforts helped to grow enrollment over time and made CHIP a household name in the state.

While offering CHIP as something new to help working families, West Virginia sought to coordinate the new program with existing health and human resources administrative arrangements. Doing so ensured that many functions would be complementary in relationship to outreach, eligibility, and enrollment processes. 4

Actions taken almost two decades ago, and further developed over time, helped to lay the groundwork for new challenges and opportunities in outreach and enrollment that followed the implementation of the ACA and Medicaid expansion.

Medicaid expansion has served to bring Medicaid and CHIP even closer together. In federal fiscal year 2016, CHIP funded coverage for 48,187 children in West Virginia, although monthly enrollment in the program averages about 21,000. Of these, approximately 35 percent or 17,258 children were in the expanded Medicaid program. 5

While still a separate program from Medicaid in the state, CHIP has been housed under the West Virginia Department of Health and Human Resources since July 2015.

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While the well-being of West Virginia children has improved in recent years, there is still far to go. Major challenges remain. These are most vividly seen in the state’s rural counties. The state’s strained economic condition, cutbacks in the state’s budget, and the overall poor health profile of its citizens cannot be overlooked in contemplating the challenges ahead.

**Improving Access to Care: Affordability**

While the vast majority of West Virginia’s children have insurance coverage, many families in the individual or group markets still struggle to access care because of deductibles and co-pays. We should not overlook that continued and increasing health care costs continue to be of concern.

The future of Medicaid finances at both the federal and state level is unclear. If the past is any guide to the future, Medicaid budget woes may force cost-cutting and saving measures. Decreasing federal funding for Medicaid expansion will see the state assuming 10 percent of expansion costs in 2020 and beyond. While still a generous match, the state will need to consider new fiscal realities.

**Improving the Health of Infants and Mothers**

Between 2008-2014, infant mortality in West Virginia was 7.1 infant deaths per 1,000 live births as compared to a national rate of 6.1 infant deaths per 1,000 live births. Numbers were worse in rural counties. Moreover, between 2007 and 2013, 9.3 percent of infants had low-birthweight as compared to a national average of 8.1 percent and an average across Appalachia of 8.7 percent.

If you have any questions or would like more information about our organization, you can email us at: tricia@wvkidscount.org or communicate through other options below.

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THE CHALLENGES AHEAD

Successes so far can only be sustained by meeting underlying challenges of access to care and the cost of improving health services

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**Improving Access to Care: Providers**

There is a shortage of health care professionals to provide care for children and families in many rural counties. This is especially pronounced with OB/GYN care. As the West Virginia Perinatal Partnership and others have pointed out, the number of hospitals offering child-birth services and practicing OB/GYNs has been decreasing in West Virginia. Others have noted the lack of access to behavioral health and other critical services in the state. Across the nation, children with Medicaid and CHIP coverage face challenges finding providers that accept their insurance, particularly with regard to specialty care.

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10 The Kaiser Family Foundation provides essential information on state health delivery and systems capacity, as well as other health related data. See, for example, “Mental Health Care Professional Shortage Areas.” https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-bпас/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22%2C%22sort%22:%22asc%22%7D