

**WEST VIRGINIA'S APPLICATION FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

Section 1. General Description and Purpose of the State Child Health Plan

Section 2. General Background and Description of State Approach to Child Health Coverage

Section 3. General Contents of State Child Health Plan

Section 4. Eligibility Standards and Methodology

Section 5. Outreach and Coordination

Section 6. Coverage Requirements for Children's Health Insurance

Section 7. Quality and Appropriateness of Care

Section 8. Cost Sharing and Payment

Section 9. Strategic Objectives and Performance Goals for the Plan Administration

Section 10. Annual Reports and Evaluations

Section 11. Attachments

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STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
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(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: State of West Virginia
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act,

(Signature of Governor of State/Territory, Date Signed)

submits the following State Child Health Plan for the State Children's Health Program and hereby agrees to administer the program in accordance with the provisions of the State Child Health Plan, the requirements of Title XXI and XIX of the Act and all applicable Federal regulations and other official issuances of the Department.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0707. The time required to complete this information collection is estimated to average 160 hours (or minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Section 1. General Description and Purpose of the State Child Health Plans (Section 2101)

The state will use funds provided under Title XXI primarily for (Check appropriate box):

- 1.1. Obtaining coverage that meets the requirements for a State Child Health Insurance Plan (Section 2103); **OR**
- 1.2. **X** Providing expanded benefits under the State's Medicaid plan (Title XIX); **OR**
- 1.3. A combination of both of the above.

Section 2. General Background and Description of State Approach to Child Health Coverage
(Section 2102 (a)(1)-(3)) and (Section 2105)(c)(7)(A)-(B))

- 2.1. Describe the extent to which, and manner in which, children in the state including targeted low-income children and other classes of children, by income level and other relevant factors, such as race and ethnicity and geographic location, currently have creditable health coverage (as defined in section 2110(c)(2)). To the extent feasible, make a distinction between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements).

West Virginia statistical information is based on Lewin Group estimates using the Household Income and Tax Simulation Model (HITSM) and the pooled 1995 and 1996 West Virginia sub sample of the Current Population Survey (CPS). The Congressional Budget Office (CBO) assumes 20% of all newly eligible children, currently covered by employer based plans, will shift to Medicaid. Currently West Virginia Medicaid experience has shown that 73.7% of children eligible for Medicaid actually apply.

The average monthly number of children potentially eligible for the Children's Health Initiative in West Virginia at various income eligibility levels by current source of health insurance in 1998 is provided in ATTACHMENT 2.

- 2.2. Describe the current state efforts to provide or obtain creditable health coverage for uncovered children by addressing: (Section 2102)(a)(2)
- 2.2.1. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in public health insurance programs (i.e. Medicaid and state-only child health insurance):

There are currently two public health coverage programs in West Virginia; the West Virginia Title XIX Medicaid program and the Bureau for Public Health Pediatric Health Services (PHS) funded by Title V, Maternal and Child Health Block Grant which is administered in conjunction with the Medicaid EPSDT Program by the Office of Maternal and Child Health within the Bureau for Public Health.

Eligibility for the West Virginia Medicaid Program is determined by the West Virginia Department of Health and Human Resources. There are fifty-four (54) local offices in West Virginia which cover the State's fifty-five (55) counties.

Out stationed workers are currently available in selected hospitals across

the State through a cooperative agreement with the West Virginia Department of Health and Human Resources and the West Virginia Hospital Association. In addition, trained eligibility workers, using lap-top computers take applications at selected sites. Primary Care Centers, Federally Qualified Health Centers, and Rural Health Clinics are also included in the out stationed worker program through a volunteer effort. Through a cooperative agreement with the West Virginia State Department of Education, all free or reduced lunch and textbook applications also include a section on Medicaid coverage which allows school officials to provide the Department of Health and Human Resources with the name, address and social security number of anyone wishing to obtain information on Medicaid coverage. The Department then provides coverage information to the individual making the request.

Print material on Department of Health and Human Resources programs as well as applications for service are made available not only by county offices but also at physician's offices, hospitals, FQHC's, RHC's and Child Care Centers. West Virginia operates a toll-free "Family Matters Hotline" which provides information and referral and is available 24 hours per day. Medicaid information is available to any caller of this toll free number.

The Title V-Pediatric Health Services program operated by the Office of Maternal and Child Health, Bureau for Public Health provides EPSDT equivalent well child examinations and acute care for children age birth to 21 whose family income is equal to or less than 150% of FPL. This program has typically targeted and performed outreach to children who have not been able to qualify for Medicaid. Outreach is done through the Bureau for Public Health County Health Departments, Immunization Program, and the Children With Special Health Care Needs Program.

- 2.2.2. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in health insurance programs that involve a public-private partnership:

The Blue Cross/Blue Shield "Caring Program" has been operational in West Virginia since March 1997 and covers children with family incomes equal to or less than 150% of Federal Poverty Level for primary care and out-patient diagnostic and treatment services. There are currently approximately nine hundred (900) children covered under this program. Outreach for this program is conducted through public service announcements. Outreach and case finding is also performed by schools

and school based health clinics and day care centers.

- 2.3. Describe how the new State Title XXI program(s) is(are) designed to be coordinated with such efforts to increase the number of children with creditable health coverage so that only eligible targeted low-income children are covered:
(Section 2102)(a)(3)

Under Phase I of West Virginia's Title XXI plan, the Medicaid program will expand to include children age 1 through age 5 at financial eligibility levels equal to or less than 150% of the Federal Poverty Level. There will be no separate enrollment in the Children's Health Insurance Program apart from enrollment in the Title XIX program. The eligibility process currently investigates the availability of health coverage through client interviews to insure that only those eligible, targeted low-income children are covered. In addition, the West Virginia Title XIX Program, once an individual is found Medicaid eligible, performs data match with multiple carriers in order to determine if credible coverage exists for the individual. This process will remain in place under Phase II of the Children's Health Insurance Program in order to insure that only those children who are eligible for Medicaid under Title XIX or Title XXI are enrolled in the Medicaid or Children's Health Insurance Program. Outreach efforts described in Section 2.2.1 of this plan will be utilized in addition to additional outreach efforts described in Section 5.

Section 3. General Contents of State Child Health Plan (Section 2102)(a)(4))

X Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state’s Medicaid plan, and continue on to Section 4.

3.1. Describe the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children: (Section 2102)(a)(4)

3.2. Describe the utilization controls under the child health assistance provided under the plan for targeted low-income children: (Section 2102)(a)(4)

Section 4. Eligibility Standards and Methodology. (Section 2102(b))

X Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 5.

4.1. The following standards may be used to determine eligibility of targeted low-income children for child health assistance under the plan. Please note whether any of the following standards are used and check all that apply. If applicable, describe the criteria that will be used to apply the standard. (Section 2102)(b)(1)(A))

- 4.1.1. Geographic area served by the Plan: _____
- 4.1.2. Age: _____
- 4.1.3. Income: _____
- 4.1.4. Resources (including any standards relating to spend downs and disposition of resources): _____
- 4.1.5. Residency: _____
- 4.1.6. Disability Status (so long as any standard relating to disability status does not restrict eligibility): _____
- 4.1.7. Access to or coverage under other health coverage: _____
- 4.1.8. Duration of eligibility _____
- 4.1.9. Other standards (identify and describe):

4.2. The state assures that it has made the following findings with respect to the eligibility standards in its plan: (Section 2102)(b)(1)(B))

- 4.2.1. These standards do not discriminate on the basis of diagnosis.
- 4.2.2. Within a defined group of covered targeted low-income children, these standards do not cover children of higher income families without covering children with a lower family income.
- 4.2.3. These standards do not deny eligibility based on a child having a pre-existing medical condition.

4.3. Describe the methods of establishing eligibility and continuing enrollment. (Section 2102)(b)(2))

4.4. Describe the procedures that assure:

4.4.1. Through intake and follow up screening, that only targeted low-income children who are ineligible for either Medicaid or other creditable coverage are furnished child health assistance under the state child health plan. (Section 2102)(b)(3)(A))

4.4.2. That children found through the screening to be eligible for medical assistance under the state Medicaid plan under Title XIX are enrolled for such assistance under such plan. (Section 2102)(b)(3)(B))

4.4.3. That the insurance provided under the state child health plan does not substitute for coverage under group health plans. (Section 2102)(b)(3)(C))

4.4.4. The provision of child health assistance to targeted low-income children in the state who are Indians (as defined in section 4© of the Indian Health Care Improvement Act, 25 U.S.C. 1603(c). (Section 2102)(b)(3)(D))

4.4.5. Coordination with other public and private programs providing creditable coverage for low-income children. (Section 2102)(b)(3)(E))

Section 5. Outreach and Coordination (Section 2102(c))

Describe the procedures used by the state to accomplish:

- 5.1. Outreach to families of children likely to be eligible for assistance or under other public or private health coverage to inform them of the availability of, and to assist them in enrolling their children in such a program: (Section 2102(c)(1))

This section, as it pertains to Phase I of West Virginia’s Title XXI program, will consist of efforts targeted toward medicaid eligible children birth through age five with family income equal to or less than 150% of the federal Poverty Level (FPL). Information gathered during Phase I will also include demographics that will enable the State to identify children who will later be covered under Phase II of the program.

West Virginia currently has three health programs providing coverage for low-income children; Medicaid, Title V-Pediatric Health Services, and the Blue Cross/Blue Shield “Caring Program”. Medicaid currently covers children birth to age one up to and including 150% of FPL, one to six at 133% of FPL and age six to 19 at 100% of FPL.

The “Caring Program” has been operational in West Virginia since March 1997 and covers children with family incomes less than or equal to 150% of FPL for primary care and out patient diagnostic and treatment services. There are currently approximately nine-hundred (900) children enrolled in the “Caring Program”.

Pediatric Health Services (PHS), funded under Title V, Maternal and Child Health Block Grant is administered in conjunction with the medicaid EPSDT Program by the Office of Maternal and Child Health, Bureau for Public Health. Pediatric Health Services provides EPSDT equivalent well child examinations and acute care for children ages 0 to 21 with family incomes less than or equal to 150% of FPL.

Most of the children currently eligible for the “Caring Program” and the Pediatric Health Services Program will become eligible for Medicaid under the proposed expansion planed for Phase I, or for Phase II of the Title XXI Children’s Health Insurance Program.

Current Outreach Approaches

West Virginia will utilize the following outreach approaches in order to identify

children who may be eligible for the Children's Health Insurance Program:

Out Stationed Workers

Out stationed workers are currently made available in selected hospitals across the State through a cooperative agreement between the West Virginia Department of Health and Human Resources and the West Virginia Hospital Association. West Virginia will work to refine this arrangement in order to target the children who may qualify for health care under Title XXI. In addition, trained eligibility workers, using lap-top computers, will be available to take applications for the Children's Health Program at sites around West Virginia such as schools and pediatric clinics. Primary Care Centers, Federally Qualified Health Centers, and Rural Health Clinics are also included in the out stationed worker program. West Virginia will work closely with these centers to target and enroll children in the Title XXI program.

Through cooperative agreement with the West Virginia Department of Education, all free or reduced lunch and textbook applications also include a section on medicaid coverage. This application, which is distributed to all West Virginia school children, will be expanded to include a section on the Title XXI Children's Health Insurance Program.

The "Family Matters Hotline", a West Virginia 24 hour toll-free telephone service which provides information and referral to callers, will provide information on the Children's Health Insurance Program as a part of this service.

Special Outreach Efforts

Simplification of the application process will receive special attention by West Virginia. The Department of Health and Human Resources has developed and is currently using, a two page application form. This form has been modified to be more user friendly and will be available in hospitals, FQHCs, RHCs, Primary Care Centers, Public Health Departments, physicians offices, and schools. In addition, the Department will work closely with individual communities to make these applications available in churches, libraries, fast food restaurants, community centers, senior centers, recreation centers, toy stores, department stores, grocery and convenience stores.

This application will be provided in a self-mailing stamped form so, that once completed, it can be mailed by the applicant at no cost. Verification of income will be required and must be attached to the mail-in form. Individuals will not be required to visit the county Department of Health and Human Resources Offices

in order to complete the applications.

As part of the Children's Health Insurance Program expansion, the Department of Health and Human Resources will work with the West Virginia Children's Health Coalition. This Coalition includes the West Virginia Council of Churches, the West Virginia Primary Care Association, the State Hospital Association, Community Development Outreach Ministries, The Governor's Cabinet on Children and Families, the University System of West Virginia, the Coalition for West Virginia Children, and the Community Council of Kanawha Valley.

Efforts of this Coalition will focus on special outreach at the community level to children in rural areas as well as minority children in inner-city schools, and children of migrant workers in West Virginia's Eastern Panhandle.

This group will work with local coalitions to achieve statewide goals on the community level. Local coalitions will include children's advocacy groups, health and social service providers, as well as business and labor groups.

West Virginia will also focus special outreach efforts through education of provider groups, print and audiovisual materials. A speakers bureau will be established to address professional, religious and civic groups. Volunteers as well as child support enforcement workers, legal aid staff, health care providers, educators and others will also be trained to affect outreach. Print materials will be developed to target specific groups such as employers and Human Resource Directors.

- 5.2. Coordination of the administration of this program with other public and private health insurance programs: (Section 2102(c)(2))

Application for the Children's Health Insurance Program will be made through the West Virginia Department of Health and Human Resources Recipient Automated Payment and Information Data System (RAPIDS). This system determines eligibility for Medicaid under all categories. Each category cascades to the next, thereby testing each category for eligibility until one is found or the categories are exhausted. In addition, information will be collected on the initial application which will address whether the child or any family members have had access to any medical coverage in the prior six months. A determination will also be made at this time if a parental employer offers medical insurance.

Section 6. Coverage Requirements for Children’s Health Insurance (Section 2103)

X

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state’s Medicaid plan, and continue on to Section 7.

6.1. The state elects to provide the following forms of coverage to children:
(Check all that apply.)

6.1.1. Benchmark coverage; (Section 2103(a)(1))

6.1.1.1. FEHBP-equivalent coverage; (Section 2103(b)(1))
(If checked, attach copy of the plan.)

6.1.1.2. State employee coverage; (Section 2103(b)(2)) (If checked, identify the plan and attach a copy of the benefits description.)

6.1.1.3. HMO with largest insured commercial enrollment (Section 2103(b)(3)) (If checked, identify the plan and attach a copy of the benefits description.) _____

6.1.2. Benchmark-equivalent coverage; (Section 2103(a)(2)) Specify the coverage, including the amount, scope and duration of each service, as well as any exclusions or limitations. Please attach signed actuarial report that meets the requirements specified in Section 2103(c)(4). **See instructions.**

6.1.3. Existing Comprehensive State-Based Coverage; (Section 2103(a)(3)) [Only applicable to New York; Florida; Pennsylvania] Please attach a description of the benefits package, administration, date of enactment. If “existing comprehensive state-based coverage” is modified, please provide an actuarial opinion documenting that the actuarial value of the modification is greater than the value as of 8/5/97 or one of the benchmark plans. Describe the fiscal year 1996 state expenditures for “existing comprehensive state-based coverage.”

6.1.4. Secretary-Approved Coverage. (Section 2103(a)(4))

- 6.2. The state elects to provide the following forms of coverage to children:
(Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a))
- 6.2.1. Inpatient services (Section 2110(a)(1))
 - 6.2.2. Outpatient services (Section 2110(a)(2))
 - 6.2.3. Physician services (Section 2110(a)(3))
 - 6.2.4. Surgical services (Section 2110(a)(4))
 - 6.2.5. Clinic services (including health center services) and other ambulatory health care services. (Section 2110(a)(5))
 - 6.2.6. Prescription drugs (Section 2110(a)(6))
 - 6.2.7. Over-the-counter medications (Section 2110(a)(7))
 - 6.2.8. Laboratory and radiological services (Section 2110(a)(8))
 - 6.2.9. Prenatal care and prepregnancy family services and supplies (Section 2110(a)(9))
 - 6.2.10. Inpatient mental health services, other than services described in 6.2.18., but including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Section 2110(a)(10))
 - 6.2.11. Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services (Section 2110(a)(11))
 - 6.2.12. Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a)(12))
 - 6.2.13. Disposable medical supplies (Section 2110(a)(13))
 - 6.2.14. Home and community-based health care services (See instructions) (Section 2110(a)(14))
 - 6.2.15. Nursing care services (See instructions) (Section 2110(a)(15))
 - 6.2.16. Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest (Section 2110(a)(16))
 - 6.2.17. Dental services (Section 2110(a)(17))
 - 6.2.18. Inpatient substance abuse treatment services and residential substance abuse treatment services (Section 2110(a)(18))

- 6.2.19. Outpatient substance abuse treatment services (Section 2110(a)(19))
- 6.2.20. Case management services (Section 2110(a)(20))
- 6.2.21. Care coordination services (Section 2110(a)(21))
- 6.2.22. Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))
- 6.2.23. Hospice care (Section 2110(a)(23))
- 6.2.24. Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) (Section 2110(a)(24))
- 6.2.25. Premiums for private health care insurance coverage (Section 2110(a)(25))
- 6.2.26. Medical transportation (Section 2110(a)(26))
- 6.2.27. Enabling services (such as transportation, translation, and outreach services (See instructions) (Section 2110(a)(27))
- 6.2.28. Any other health care services or items specified by the Secretary and not included under this section (Section 2110(a)(28))

6.3. **Waivers - Additional Purchase Options.** If the state wishes to provide services under the plan through cost effective alternatives or the purchase of family coverage, it must request the appropriate waiver. Review and approval of the waiver application(s) will be distinct from the state plan approval process. To be approved, the state must address the following: (Section 2105(c)(2) and(3))

6.3.1. **Cost Effective Alternatives.** Payment may be made to a state in excess of the 10% limitation on use of funds for payments for: 1) other child health assistance for targeted low-income children; 2) expenditures for health services initiatives under the plan for improving the health of children (including targeted low-income children and other low-income children); 3) expenditures for outreach activities as provided in section 2102(c)(1) under the plan; and 4) other reasonable costs incurred by the state to administer the plan, if it demonstrates the following:

6.3.1.1. Coverage provided to targeted low-income children through such expenditures must meet the coverage requirements above; **Describe the coverage provided by the alternative delivery system. The state may cross reference section 6.2.1 - 6.2.28.** (Section 2105(c)(2)(B)(I))

6.3.1.2. The cost of such coverage must not be greater, on an average per child basis, than the cost of coverage that would otherwise be provided for the coverage described above; and **Describe the cost of such coverage on an average per child basis.** (Section 2105(c)(2)(B)(ii))

6.3.1.3. The coverage must be provided through the use of a community-based health delivery system, such as through contracts with health centers receiving funds under section 330 of the Public Health Service Act or with hospitals such as those that receive disproportionate share payment adjustments under section 1886(d)(5)(F) or 1923 of the Social Security Act. **Describe the community based delivery system.** (Section 2105(c)(2)(B)(iii))

- 6.3.2. **Purchase of Family Coverage.** Describe the plan to provide family coverage. Payment may be made to a state for the purpose of family coverage under a group health plan or health insurance coverage that includes coverage of targeted low-income children, if it demonstrates the following: (Section 2105(c)(3))
- 6.3.2.1. Purchase of family coverage is cost-effective relative to the amounts that the state would have paid to obtain comparable coverage only of the targeted low-income children involved; and **(Describe the associated costs for purchasing the family coverage relative to the coverage for the low income children.)** (Section 2105(c)(3)(A))
- 6.3.2.2. The state assures that the family coverage would not otherwise substitute for health insurance coverage that would be provided to such children but for the purchase of family coverage. (Section 2105(c)(3)(B))

Section 7. Quality and Appropriateness of Care

X Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 8.

7.1. Describe the methods (including external and internal monitoring) used to assure the quality and appropriateness of care, particularly with respect to well-baby care, well-child care, and immunizations provided under the plan. (2102(a)(7)(A))

Will the state utilize any of the following tools to assure quality?
(Check all that apply and describe the activities for any categories utilized.)

- 7.1.1. Quality standards
- 7.1.2. Performance measurement
- 7.1.3. Information strategies
- 7.1.4. Quality improvement strategies

7.2. Describe the methods used, including monitoring, to assure access to covered services, including emergency services. (2102(a)(7)(B))

Section 8. Cost Sharing and Payment (Section 2103(e))

X Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 9.

8.1. Is cost-sharing imposed on any of the children covered under the plan?

8.1.1. YES

8.1.2. NO, skip to question 8.5.

8.2. Describe the amount of cost-sharing and any sliding scale based on income:
(Section 2103(e)(1)(A))

8.2.1. Premiums: _____

8.2.2. Deductibles: _____

8.2.3. Coinsurance: _____

8.2.4. Other: _____

8.3. Describe how the public will be notified of this cost-sharing and any differences based on income: _____

8.4. The state assures that it has made the following findings with respect to the cost sharing and payment aspects of its plan: (Section 2103(e))

8.4.1. Cost-sharing does not favor children from higher income families over lower income families. (Section 2103(e)(1)(B))

8.4.2. No cost-sharing applies to well-baby and well-child care, including age-appropriate immunizations. (Section 2103(e)(2))

8.4.3. No child in a family with income less than 150% of the Federal Poverty Level will incur cost-sharing that is not permitted under 1916(b)(1).

8.4.4. No Federal funds will be used toward state matching requirements. (Section 2105(c)(4))

8.4.5. No premiums or cost-sharing will be used toward state matching requirements. (Section 2105(c)(5))

8.4.6. No funds under this title will be used for coverage if a private insurer would have been obligated to provide such assistance except for a provision limiting this obligation because the child is eligible under the this title.
(Section 2105(c)(6)(A))

- 8.4.7. Income and resource standards and methodologies for determining Medicaid eligibility are not more restrictive than those applied as of June 1, 1997. (Section 2105(d)(1))
- 8.4.8. No funds provided under this title or coverage funded by this title will include coverage of abortion except if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest. (Section 2105)(c)(7)(B))
- 8.4.9. No funds provided under this title will be used to pay for any abortion or to assist in the purchase, in whole or in part, for coverage that includes abortion (except as described above). (Section 2105)(c)(7)(A))
- 8.5. Describe how the state will ensure that the annual aggregate cost-sharing for a family does not exceed 5 percent of such family's annual income for the year involved: (Section 2103(e)(3)(B)) _____
- 8.6. The state assures that, with respect to pre-existing medical conditions, one of the following two statements applies to its plan:
- 8.6.1. The state shall not permit the imposition of any pre-existing medical condition exclusion for covered services (Section 2102(b)(1)(B)(ii)); **OR**
- 8.6.2. The state contracts with a group health plan or group health insurance coverage, or contracts with a group health plan to provide family coverage under a waiver (see Section 6.3.2. of the template). Pre-existing medical conditions are permitted to the extent allowed by HIPAA/ERISA (Section 2109(a)(1),(2)). Please describe:

Section 9. Strategic Objectives and Performance Goals for the Plan Administration (Section 2107)

- 9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2))

1. The West Virginia Department of Health and Human Resources will implement all facets of Phase I of West Virginia's Title XXI Program. Phase I is defined as expanding Medicaid Program eligibility to uninsured children ages one (1) through five (5) and have incomes equal to or less than 150% of the Federal Poverty Level.

2. Previously uninsured children ages one (1) through five (5) who are potentially eligible for West Virginia's Title XXI Program will be identified through ongoing and new outreach activities.

3. Uninsured children ages one (1) through five (5) who have incomes equal to or less than 150% of FPL without insurance coverage will have health insurance coverage through West Virginia's Title XXI Program.

4. Children who are enrolled in West Virginia's Title XXI Program will have an accessible health care source.

5. West Virginia's Title XXI Program will result in the improved health of children enrolled in the program and will improve the overall health care system.

6. Health care coverage will expand to cover children age one (1) through age five (5) for children who have incomes equal to or less than 150% of FPL.

- 9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3))

Performance Goal/Objective 1:

Beginning July 1, 1998, the West Virginia Medicaid Agency will offer Medicaid to the 1,741 potentially eligible children under a Phase I Medicaid expansion. Data systems are already in place for the processing of eligibility applications, enrollment, recipient information, service utilization, billing and provider information.

Performance Goal/Objective 2:

Beginning July 1, 1998 new initiatives, as well as ongoing outreach efforts, will be implemented. Out stationed workers as well as eligibility workers will be prepared to enroll identified qualified children. All outreach activities specified in Section 5 will be in place.

Performance Goal/Objective 3:

Beginning July 1, 1998 West Virginia's determined eligible 1,741 children will have health insurance coverage offered to them.

Performance Goal/Objective 4:

Beginning July 1, 1998 all children who are potentially eligible for West Virginia's Title XXI Medicaid expansion will have a system of primary care providers available for immediate access.

Performance Goal/Objective 5:

By September 1, 1998 West Virginia will show increased access and usage of health care services by children ages one (1) through five (5) through statistical data. This data will reflect an increase in well child visits as well as immunization rates for children in this coverage groups. Other outcome data will be developed in order to further track usage.

Performance Goal/Objective 6:

West Virginia will, by July 1, 1998, have submitted to the Health Care Financing Administration a State plan to expand coverage under Medicaid for children age one (1) through age five (5) who have incomes which are equal to or less than 150% of the Federal Poverty Level on a statewide basis.

- 9.3. Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the state's performance, taking into account suggested performance indicators as specified below or other indicators the state develops:
(Section 2107(a)(4)(A),(B))

Assurance of an Objective Means for Measuring Performance

West Virginia will utilize the current Recipient Automated Payment and Information Data System (RAPIDS) to track the enrollment of all children in Phase I of the Title XIX Children’s Health Insurance Program. Children enrolled under this Phase I expansion will have a separate system designation for easier tracking.

The Medicaid Management Information System will generate reports which will give West Virginia demographic information on all children enrolled as part of this expansion as well as reports on service utilization broken down by age and sex. Comparison data will be collected for immunizations, well child visits, and services by specialty providers. West Virginia currently collects data on diabetes and asthma and will continue to do so for this child population.

Check the applicable suggested performance measurements listed below that the state plans to use: (Section 2107(a)(4))

- 9.3.1. The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.
- 9.3.2. The reduction in the percentage of uninsured children.
- 9.3.3. The increase in the percentage of children with a usual source of care.
- 9.3.4. The extent to which outcome measures show progress on one or more of the health problems identified by the state.
- 9.3.5. HEDIS Measurement Set relevant to children and adolescents younger than 19.
- 9.3.6. Other child appropriate measurement set. List or describe the set used.
- 9.3.7. If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:
 - 9.3.7.1. Immunizations
 - 9.3.7.2. Well child care
 - 9.3.7.3. Adolescent well visits
 - 9.3.7.4. Satisfaction with care
 - 9.3.7.5. Mental health
 - 9.3.7.6. Dental care
 - 9.3.7.7. Other, please list: _____
- 9.3.8. Performance measures for special targeted populations.

9.4. X The state assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1))

9.5. X The state assures it will comply with the annual assessment and evaluation required under Section 10.1. and 10.2. (See Section 10) Briefly describe the state's plan for these annual assessments and reports. (Section 2107(b)(2))

West Virginia must, under State law, provide to the West Virginia Legislature, at least on a quarterly basis, statistical data on the Children's Health Insurance Program which will reflect total number of children enrolled as a result of the expansion, breakdown by age, the average annual cost of coverage per recipient, and the total cost by provider type to provide these services.

West Virginia will also, on a quarterly basis, produce reports which outline the number of well child visits, immunizations, emergency visits, and mental health visits. These services will be broken down by provider specialty and will be compared to access standards for the overall medicaid child population.

State adopted legislation (WV Code §9-4A-2b) requires that a report be made to the Governor and the Legislature regarding outreach activities and the quality and effectiveness of the health care delivered to children in the program. Satisfaction surveys and health status indicators are required. Statistical profiles of the families served shall be included.

9.6. X The state assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review of audit. (Section 2107(b)(3))

9.7. X The state assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed.

9.8. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX:
(Section 2107(e))

- 9.8.1. X Section 1902(a)(4)(C) (relating to conflict of interest standards)
- 9.8.2. X Paragraphs (2), (16) and (17) of Section 1903(I) (relating to limitations on payment)
- 9.8.3. X Section 1903(w) (relating to limitations on provider donations and taxes)
- 9.8.4. X Section 1115 (relating to waiver authority)
- 9.8.5. X Section 1116 (relating to administrative and judicial review), but only insofar as consistent with Title XXI
- 9.8.6. X Section 1124 (relating to disclosure of ownership and related information)
- 9.8.7. X Section 1126 (relating to disclosure of information about certain convicted individuals)
- 9.8.8. X Section 1128A (relating to civil monetary penalties)
- 9.8.9. X Section 1128B(d) (relating to criminal penalties for certain additional charges)
- 9.8.10. X Section 1132 (relating to periods within which claims must be filed)

9.9. Describe the process used by the state to accomplish involvement of the public in the design and implementation of the plan and the method for insuring ongoing public involvement. (Section 2107(c))

West Virginia is implementing its Title XXI Medicaid expansion through legislation passed during the regular 1998 session of the West Virginia Legislature. This effort was widely publicized in State newspapers and individual stake holders were allowed the opportunity to address the legislature on the Children's Health Care Plan which was being considered. Sub-committees of the legislature dealt with specifics of the program and all sub-committee meetings were open to the general public. A joint Executive Legislation Task Force was ultimately tasked with the development of a legislative recommendation to its respective bodies. Meetings of the group were open to the public.

Expansion of the Title XXI Program under Phase II will require interested and affected persons an opportunity to offer comment on the plan at public meetings of the board and in developing any proposed plan under §5-16B-6. Comments

**must also be solicited in writing from interested and affected persons.
Implementation of Phase II will be based on this input.**

- 9.10. Provide a budget for this program. Include details on the planned use of funds and sources of the non-Federal share of plan expenditures. (Section 2107(d))

A financial form for the budget is being developed, with input from all interested parties, for states to utilize.

The annualized budget for Phase I of this program is \$755,981 with a federal share of \$616,654. **Please see Attachment 1 for budget detail.**

The West Virginia Legislature appropriated \$5,000,000. for the first year of the Title XXI Children's Health Insurance Program. This appropriation has carry-over authority in order to assure sufficient matching funds for future expansion.

Section 10. Annual Reports and Evaluations (Section 2108)

10.1. Annual Reports. The state assures that it will assess the operation of the state plan under this Title in each fiscal year, including: (Section 2108(a)(1),(2))

10.1.1. **X** The progress made in reducing the number of uncovered low-income children and report to the Secretary by January 1 following the end of the fiscal year on the result of the assessment, and

10.1.2. **X** Report to the Secretary, January 1 following the end of the fiscal year, on the result of the assessment.

Below is a chart listing the types of information that the state's annual report might include. Submission of such information will allow comparisons to be made between states and on a nationwide basis.

<u>Attributes of Population</u>	<u>Number of Children with Creditable Coverage</u> <u>XIX OTHER CHIP</u>	Number of Children without Creditable Coverage	TOTAL
Income Level:			
< 100%			
≤ 133%			
≤ 185%			
≤ 200%			
> 200%			
<u>Age</u>			
0 - 1			
1 - 5			
6 - 12			
13 - 18			
<u>Race and Ethnicity</u>			
American Indian or Alaskan Native			
Asian or Pacific Islander			
Black, not of Hispanic origin			
Hispanic			
White, not of Hispanic origin			
<u>Location</u>			
MSA			
Non-MSA			

10.2. **X** State Evaluations. The state assures that by March 31, 2000 it will submit to

the Secretary an evaluation of each of the items described and listed below:
(Section 2108(b)(A)-(H))

- 10.2.1. **X** An assessment of the effectiveness of the state plan in increasing the number of children with creditable health coverage.
- 10.2.2. A description and analysis of the effectiveness of elements of the state plan, including:
 - 10.2.2.1. **X** The characteristics of the children and families assisted under the state plan including age of the children, family income, and the assisted child's access to or coverage by other health insurance prior to the state plan and after eligibility for the state plan ends;
 - 10.2.2.2. **X** The quality of health coverage provided including the types of benefits provided;
 - 10.2.2.3. **X** The amount and level (including payment of part or all of any premium) of assistance provided by the state;
 - 10.2.2.4. **X** The service area of the state plan;
 - 10.2.2.5. **X** The time limits for coverage of a child under the state plan;
 - 10.2.2.6. **X** The state's choice of health benefits coverage and other methods used for providing child health assistance, and
 - 10.2.2.7. **X** The sources of non-Federal funding used in the state plan.
- 10.2.3. **X** An assessment of the effectiveness of other public and private programs in the state in increasing the availability of affordable quality individual and family health insurance for children.

- 10.2.4. X A review and assessment of state activities to coordinate the plan under this Title with other public and private programs providing health care and health care financing, including Medicaid and maternal and child health services.
- 10.2.5. X An analysis of changes and trends in the state that affect the provision of accessible, affordable, quality health insurance and health care to children.
- 10.2.6. X A description of any plans the state has for improving the availability of health insurance and health care for children.
- 10.2.7. X Recommendations for improving the program under this Title.
- 10.2.8. X Any other matters the state and the Secretary consider appropriate.
- 10.3. X The state assures it will comply with future reporting requirements as they are developed.
- 10.4. X The state assures that it will comply with all applicable Federal laws and regulations, including but not limited to Federal grant requirements and Federal reporting requirements.