



WVAHC Reform News

West Virginians for Affordable Health Care

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Issue 1

No Wrong Door: New System Streamlines Enrollment

Although employees working for large employers will not see a change in their enrollment, in just 20 months (October 2013), small businesses and individuals without employer-sponsored health insurance can start applying for health coverage through the state's new health insurance exchange. The new enrollment process for these families will be about as easy as opening a checking account.

Key features of this new system will include the following:

First, people will be able to fill out one simple form online, through the mail, over the phone or in person. In-person applications will be taken by a variety of community organizations that have been trained and certified by the health insurance exchange.

Second, applicants will have to provide only their name, address and social security number. Everything else, such as citizenship and income, will be confirmed automatically. Eligibility will be based on income and family size. Asset tests will be eliminated for parents and the expanded population in Medicaid.

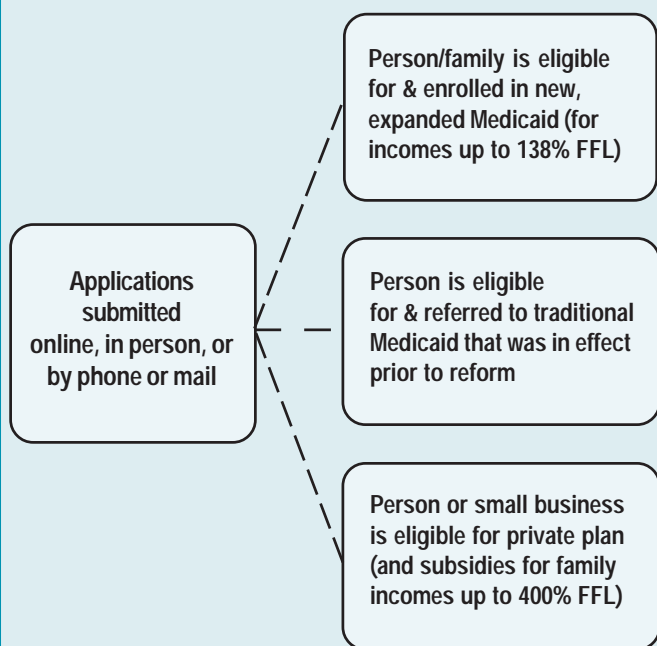
Third, there will be no wrong door. (See Figure 1.) Once people fill out the form and confirm their information, the new system will do one of the following:

- Enroll people in Medicaid who have family incomes of less than 138 percent of the Federal Poverty Level (FPL), about \$25,000 per year for a family of three; or
- Enroll, or at worst, refer to traditional Medicaid those who are eligible for long-term care or are disabled; or
- Offer a choice of private plans through the health insurance exchange to small businesses and to individuals without employer-sponsored health plans making more than 138 percent of FPL. Individuals and families earning between 138 and 400 percent of the FPL will receive generous subsidies to buy health coverage.
- Families earning more than 400 percent of the FPL will be given an option to enroll in one of the private insurance companies authorized to sell policies in the health insurance exchange.

Setting up a new streamlined eligibility and enrollment system in less than two years will be challenging for the state. West Virginians for Affordable Health Care (WVAHC) is working hard to urge the West Virginia to move forward in a timely manner and to make sure that the promise of this simple

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Figure 1: New Application Process Assures No Wrong Door for Applicants

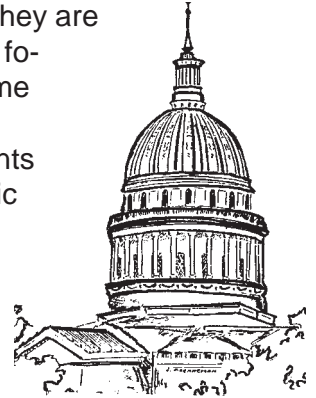


WVAHC Releases Legislative Priorities

At the December 21 board meeting, the WVAHC Board of Directors established legislative priorities for this session. These priorities include:

- **Increasing the tobacco tax** from \$0.55 to \$1.55. West Virginia has one of the lowest cigarette taxes in the country (ranked 44th) and, not surprisingly, the second highest tobacco use in the country. More than one in four West Virginians smoke daily compared with 18 percent of Americans. Our smoking rate for young adults (ages 18 to 24) is almost 35 percent. There is solid evidence that a 10 percent increase in tobacco tax will result in a 4 percent decrease in the number of kids who smoke cigarettes. It is time that West Virginia reduces our tobacco use by passing a significant increase in our tobacco tax.
- **Revising the Governor's Office of Health Enhancement and Lifestyle Planning (GO HELP).** GO HELP legislation, passed in 2009, was intended to coordinate health care policy across state agencies (Medicaid, PEIA, CHIP, etc.) For a variety of reasons, GO HELP has never achieved its potential. WVAHC is proposing a number of revisions to GO HELP

beginning with changing the name to something more reflective of its purpose: for example, the Governor's Office of Health Affairs. The primary purpose of this office should be to coordinate health care policy among the state agencies and private insurance companies. All insurance payers, whether they are public or private, should be focused on managing the same chronic illnesses, such as diabetes, and helping patients better manage these chronic illnesses rather than simply treating the illness. The office should also ensure that there is ample public input into the development of these health care policies.



- **Remove anti-competitive language restricting scope of practice.** With health care reform, hundreds of thousands of West Virginians will gain health insurance coverage. We need to remove anti-competitive language that prevents nurse practitioners, physician assistants, nurses and other providers from practicing to the fullest extent of their training, education and experience.
- **Prescription Drug Fairness:** Currently, PEIA does not cover FDA-approved contraceptives for dependents. Thanks to the national Affordable Care Act, young adult women can now be covered by their parents' PEIA insurance policy until their 26th birthday. However, these women do not have access to contraceptives through PEIA. The Affordable Care Act will require coverage of all FDA-approved contraceptives for all insurance policies in the future, but for PEIA, this change will not begin until July 1, 2013. The Prescription Drug Fairness Act would require PEIA to cover contraceptives for dependents beginning this year rather than waiting until 2013.

If you want to be involved in WVAHC's legislative efforts, please contact Perry Bryant at perrybryant@suddenlink.net or 304-344-1673.



West Virginians
for
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Essential Health Benefits:

What Are They? Who Gets to Decide for West Virginia?

Frequently, the benefits in health insurance policies sold in the individual market, and to a lesser degree the policies sold in the small group market, are — shall we say — meager. People with such policies have often been disappointed to learn that they have little protection when they get sick.

Congress wanted to remedy this when they passed the Affordable Care Act (ACA). They established a broad outline of ten “essential health benefits” including doctor visits, in-patient and out-patient services, prescription drugs coverage, maternity and newborn care, mental health and substance use disorder services, rehabilitative and habilitative services, and pediatric oral and vision care. The US Department of Health and Human Services (HHS) was charged with filling in all the details: For example, would applied behavior analysis be covered for treating autism? Does pediatric oral health mean just cleaning and fillings, or are crowns and medically necessary orthodontia also covered?

Instead of establishing one national plan that would answer all of these questions, HHS has tentatively decided to let states select one of several “benchmark” plans to establish their essential health benefits. States can select the benefits found in one of the three largest small group plans in the state, or the benefits in PEIA, or one of the most popular federal employee insurance plans. States could even select the benefits in the largest HMO in the state as their essential health benefits.

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and streamlined eligibility and enrollment system becomes a reality.

When details of the new system are available in 2013, WVAHC will provide training for community groups on the new enrollment process. Our goal is to recruit up to 1,000 community partners for this effort. If your group wants to learn more about this important opportunity, please contact Renate Pore at renatepore@gmail.com.

This decision by HHS to allow states to select a benchmark plan to determine its essential benefits has created uncertainty. Who, for example, can speak for the state? Is it the Governor? Probably yes. What process will the Governor use to select one of the benchmark plans, and what impact will this choice have?

In late December, WVAHC wrote a four-page letter to Governor Earl Ray Tomblin urging him to adopt an open and transparent process for selecting the essential benefits. We will continue to support a very open process, and will keep you informed of every opportunity for public input.

The essential health benefits are important because they will determine what health coverage thousands of West Virginians will receive. The essential health benefits will be required not only for all policies sold in the health insurance exchange beginning in 2014, but also for all individual and small group policies sold outside the exchange after this date. The essential health benefits will also be applied when Medicaid is expanded in 2014 to 138 percent of the federal poverty level, which is projected to cover an estimated 120,000 low-income West Virginians.

There are some important protections for the essential health benefits. Mental health parity must be applied to any benchmark plan selected. For example, PEIA is exempt from both the state and federal mental health parity laws. However, even if the state selected PEIA as the benchmark plan, mental health parity would be required to be included in the essential benefits. Since the West Virginia Legislature requires state insurance policies to cover autism, if one of the most popular small group plans or the most popular HMO in the state is selected, autism will be covered as an essential benefit. However, the federal employee plans do not cover autism, and if one of these plans is selected, autism *may* not be covered.

These issues are complex. *The bottom line, however, is that the benchmark plan selected will impact hundreds of thousands of West Virginians.* WVAHC will strive to ensure that there is an open and transparent process for selecting the essential health benefits, and that every West Virginian has access to comprehensive and affordable health care.

Membership Form

West Virginians for Affordable Health Care

Yes! I want to be a part of the effort to preserve and protect the Affordable Care Act.

Enclosed is my contribution for \$50____ \$75____ \$100____

Name: _____

Street Address: _____

City: _____ State: _____ Zip _____

Email Address : _____

(Please print clearly)

I would like to volunteer for WVAHC. Please contact me.

Please return your membership form to:

WVAHC, 1544 Lee Street, Charleston, West Virginia 25311.

--Thank you!

