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State News

Monday May 25, 2009

Health care advocates, providers call for more public outreach

by [Michelle Saxton](#)
Daily Mail Capitol Reporter

CHARLESTON, W.Va. -- Better communication with doctors and office staff and more public outreach to Medicaid members are among recommendations for helping low-income West Virginians who are eligible for enhanced health care coverage actually get it, advocates and providers say.

West Virginia revamped its coverage of certain Medicaid members by offering the Mountain Health Choices plan starting in 2007. The plan, intended to encourage healthier lifestyles, allowed members to get enhanced benefits if they signed a member agreement with their doctor.

Those who did not sign up were automatically enrolled in a more limited, basic plan. That group currently includes 87 percent of children and 90 percent of adults who could have opted for more benefits, according to a recent study by West Virginia University's Institute for Health Policy Research.

"It's a big lack of education," said Evelyn Dortch with Direct Action Welfare Group of West Virginia. "The basic premise of the program is not bad for people to be able to take charge and make choices in their health care, but you can't make a choice if you don't understand your options."

The state was reviewing the agreement, which was sent to members with a notice explaining the benefits change, state Medicaid spokeswoman Shannon Landrum said. Members will continue getting information about Mountain Health Choices and get a chance each year to sign up for the enhanced plan, she said.

The agreement includes member responsibilities such as using a medical home for sick visits and child checkups and arriving on time for appointments.

Compliance is voluntary, so Medicaid members would not be punished for breaking the agreement, Landrum said.

"There's been a lot of confusion about that out in the public arena," Landrum said. "There's not a punitive portion to the member agreement or the health improvement plan."

Landrum said the state is more interested in providing incentives through the Healthy Rewards part of the plan, which was stalled while the state continues working with the Centers for Medicare and Medicaid Services for approval.

"We developed Mountain Health Choices to incent healthy behavior in our population, not to punish unhealthy behaviors," Landrum said.

CMS was waiting to hear back from West Virginia on some questions regarding the Healthy Rewards program, public affairs specialist Mary Kahn said. The questions were sent last fall after CMS advised West Virginia that the rewards must be medical or health related, Kahn said.

Understanding changes

While incentives are key in getting people to sign up for enhanced benefits, more must be done to help members understand the paperwork and know where to go for help, advocates say.

"Then you have parents that don't even know their children have been put into the basic plan," Dortch said. "The state needs to focus on educating the families."

Providers also must understand the plan and know how to get people enrolled, said Louise Reese, CEO of the West Virginia Primary Care Association.

"To me the most important thing is to engage the medical community and find multiple avenues to get the information out there, whether it's the training or how to structure these self-assessments," Reese said.

"In defense of Medicaid, it's a huge task and just requires a tremendous amount of communication strategies," Reese added. "All of us struggle with trying to understand health care coverage. Health care is complicated, and so why would you think the Medicaid population would be any different?"

Education and medical homes

While connecting Medicaid members with medical homes for managed and coordinated care is a good goal, some advocates are concerned the system just is not ready.

"The doctor's office is not open 24 /7," said Renate Pore, health policy analyst with the West Virginia Center on Budget Policy and Research. "If you have an emergency or a problem or even if you have a cold and your cold over the weekend gets really bad, what do you do?"

When patients call doctors' offices after hours, they may be referred to the emergency room.

"We're asking Medicaid members to have a medical home and not go to the emergency room," Pore said. "But we don't really have that. I think we put the cart before the horse on this."

Also, education is needed to help parents learn more about their children's needs, whether through home visits or at the doctor's office, Pore said. For example, while Medicaid pays for oral health care, only about 30 percent of eligible children get it, she said.

"We have a health care system where doctors are not really encouraged to spend a lot of time talking to parents," Pore said. "They're not reimbursed for that. It's one of the really fundamental things we need to change."

Pore mentioned a project in West Virginia several years ago that offered Medicaid parents training on how to care for a sick child. Results indicated parents were less likely to use the emergency room, she said.

"If a child got a fever in the middle of the night, a parent would know what to do," Pore said.

Preventive care and personal responsibility

The state designed Mountain Health Choices after hearing providers express frustration over how to encourage Medicaid members to get more involved in health care choices, Landrum said.

"If we can delay the development of diabetic complications, of heart disease, Type 2 diabetes, arthritis associated with obesity, we've greatly improved the health of the work force," Landrum said. "We've greatly improved the lives of our members and their families. That will have long-term cost implications."

No cost comparison estimates of the basic plan versus the enhanced plan were available from the state.

"We didn't develop this for cost-containment purposes," Landrum said.

Everyone should take some personal responsibility for health care, Gov. Joe Manchin has said.

"The citizens in our state who truly need assistance and can't help themselves, there's not going to be anything left for them if we don't make people responsible and held accountable for their actions," Manchin said.

Medicaid and Mountain Health Choices

Medicaid is a state-federal program that provides health care services for nearly 400,000 low-income, aged and disabled West Virginians at a cost of about \$2.5 billion a year, Landrum said.

Aged and disabled Medicaid members are served through separate waiver programs that allow for more services than traditional Medicaid plans. Medicaid also covers foster children, pregnant women and members who are dually eligible for Medicare, Landrum said.

Mountain Health Choices is offered to the healthier Medicaid population, Landrum said, or those who are eligible because of income. Of those 150,000 people, the average age is about 12, Landrum said.

"This is our future work force," Landrum said. "Having these young healthy parents and these young healthy kids have a long-term relationship with a medical home to make choices about their health care simply prepares them for the choices that we all make."

While the basic plan has fewer benefits than the enhanced plan, it covers all mandated Medicaid services, the state Department of Health and Human Resources has said.

"It's been, I think, improperly identified as people might lose benefits, they might not be taking care of our children, and that's so far from the truth," Manchin said.

But Dortch questioned why Medicaid members, particularly children, were not automatically defaulted into the enhanced plans.

"The children don't have a choice," Dortch said. "It's the parents making the choice."

Studying the issue

The Institute for Health Policy Research interviewed state health officials, health care providers and staff, patient advocates and members of professional associations for the Mountain Health Choices study, which was released this spring.

Those interviewed said communications were inadequate to explain Mountain Health Choices, the differences between basic and enhanced plans and how to enroll in the enhanced plan, said Michael Hendryx, the study's lead investigator.

"They made a really good-faith, intensive effort to get the word out, but I just don't think it was as effective as it needed to be," said Hendryx, an associate professor.

Hendryx added that he was confused as to why the basic plan has fewer benefits when the state has emphasized the intent was to improve member health.

"The coverage of the basic plan should be the same as the traditional," Hendryx said. "They should have offered enhanced versus what was already in place. Instead they offered enhanced versus a cut-back version."

Three main concerns Hendryx heard regarding the basic plan were that it limits prescriptions to four per month, limits durable medical equipment and more severely limits mental health treatment, especially for children.

The Mountain Health Choices population takes on average less than one prescription a month, and the state has excluded certain classes of drugs from the four-prescription limit, Landrum said. Those include birth control pills, diabetic testing supplies and drugs and certain psychotics medication, she said.

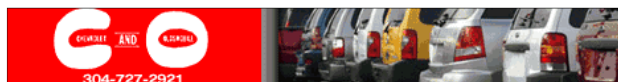
Other recommendations from advocates include establishing a fair hearings process for members who did not realize they were defaulted to the basic plan and want to switch to the enhanced plan, as well as providing lists for providers of patients coming up for annual recertification so they can contact the patients ahead of time.

But the top priority for many remains the implementation of Healthy Rewards.

"So the people that can help themselves a little bit, we've got to make sure we give them incentives to do so," Manchin said. "That was the whole purpose behind those choices."

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