

NEWS

Groups want West Virginia to suspend redesigned Medicaid plan until revised

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CHARLESTON -- West Virginia's vaunted redesigned Medicaid plan is not working as intended, a coalition of groups argues, and should be suspended.

The state Department of Health and Human Resources, though, argues that the plan is crucial to improving the state's overall health and keep soaring costs down. Returning to traditional Medicaid is not a sustainable option, the agency contends.

Labor unions, church groups and health care activists want the Mountain Health Choices program -- which aims to get Medicaid recipients living healthier lifestyles -- put on hold until it can be revised.

"This approach will not get us where we want to go," said Renate Pore, co-chairwoman of the West Virginia Healthy Kids and Families Coalition.

The coalition, called Families and Children Educate the State on Medicaid, released findings Wednesday that they say back up their claims.

The findings showed that in the three trial counties where the program was first rolled out in February 2007, relatively small numbers of eligible Medicaid recipients are taking part.

In Clay and Lincoln counties, participation in the so-called enhanced plan hovered around 10 percent among adults and children, while it reached 20 percent in Upshur County.

The state, though, says those numbers don't tell the whole story. The program has since been gradually expanded into 51 of 55 counties, with the rest scheduled to come on board by March 2009, according to Medicaid spokeswoman Shannon Landrum.

The coalition's data is "a rehash of old information," DHHR Secretary Martha Walker said in a statement Wednesday.

Traditional Medicaid has not succeeded in West Virginia, Walker said.

"We still have some of the worst health statistics in the nation," she said. "We must make a change if West Virginia is ever to achieve the economic growth we so badly need."

The coalition's findings follow a report by the Center on Budget and Policy showing that Medicaid spending has soared in the last decade, with the state spending about \$651 million in 2007, compared to \$335 million in 1996.

In that time, the number of Medicaid recipients has grown at a much slower pace, from 350,000 to 390,000.

But Medicaid spending has actually dropped as a percentage of overall state spending, accounting for about 10 percent last year, compared with 10.5 percent in 1997.

And state spending is a drop in the bucket compared to the roughly \$1.6 billion the federal government spent on West Virginia's Medicaid program in 2007.

West Virginia was one of the first states to take advantage of a 2006 federal law that allows states to mix and match Medicaid benefits.

Mountain Health Choices makes some benefits contingent upon signing contracts that pledge recipients to, among other things, regularly visit their doctor and take their medication as directed.

If recipients don't sign those contracts, they are enrolled in a health plan with benefits that are scaled back from what they had received under traditional Medicaid.

The program is open to about 40 percent of the state's Medicaid recipients, covering certain families with dependent children.

Perry Bryant, executive director of West Virginians for Affordable Health Care, said the suspension envisioned by the group would only be temporary, until a different Medicaid option was conceived.

"Everybody supports the broad goals of the Medicaid redesign," he said.