



Press Release

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West Virginia's Children Bear Brunt of Medicaid Redesign

Washington – More than 93% of West Virginia children participating in Medicaid have faced health benefit restrictions as a result of the state's penalty-based "Medicaid Redesign" plan according to a study released today by the Center for Children and Families at Georgetown University's Health Policy Institute. West Virginia received federal approval two years ago to start restricting access to certain health care benefits if Medicaid beneficiaries did not sign or comply with a "Member Agreement".

"More than nine in ten of those affected by the change so far are children – even though children cannot themselves sign an agreement," said Joan Alker, Deputy Executive Director of the Georgetown Center for Children and Families. "Even newborns are facing health care coverage restrictions under this punitive policy change."

Beneficiaries who complete and return a Member Agreement are eligible to receive enhanced benefits while those who do not are automatically enrolled in the scaled-back basic plan that provides less coverage than was available prior to the policy change. The basic plan restricts prescription drugs to four per month, imposes restrictions on mental health services, and limits access to physical and speech therapy. The enhanced plan does not impose those limits and adds benefits designed to encourage wellness, such as weight management and nutritional education.

The stated goal of West Virginia's Medicaid Redesign was to improve health and promote healthy behaviors such as smoking cessation, regular doctor visits and weight loss. Parents of children who receive health care coverage under Medicaid, even if they aren't eligible themselves, must sign an agreement or their children will automatically be assigned to the basic plan with reduced benefits. Because so few families have successfully executed the agreement, West Virginia's changes have resulted in limiting benefits, primarily for children, with no real impact on improving health or promoting healthy behavior, according to the report.

"Improving health and promoting healthy behaviors are laudable goals but restricting health care coverage for infants and children is not the way to achieve them," said Alker.

The report also uncovered problems with implementation of the program. Beneficiaries receive a mailing saying that their benefits will change to the basic plan within 90 days of their eligibility redetermination date unless they sign the Member Agreement but are not told where and how to send the completed agreement. The information also fails to clearly state that their child is at risk of losing benefits.

“At this point, all children whose benefits have been restricted have lost them as a result of shortcomings in the system,” said Alker. “This unprecedented and far-reaching change to West Virginia’s Medicaid program was approved by the federal government in just eight business days despite serious questions about whether children would continue to receive needed health services. Two years later, these findings raise serious questions about whether children’s health needs are being fully met.”

Copies of the report “West Virginia’s Medicaid Redesign: What is the Impact on Children?” are available from <http://ccf.georgetown.edu>.

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