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## Opening up about affordable health care

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CHARLESTON, W.VA. -- After nearly three years of preparations, officials say the state's Health Insurance Marketplace will be up and running Tuesday for the start of open enrollment.

"The federal government indicates they will be ready to launch on Oct. 1," Jeremiah Samples, assistant to the Department of Health and Human Resources Secretary Karen Bowling wrote in an email to the Gazette. "The state will be ready to serve consumers on October 1 for those areas where the state has responsibility."

Samples said few people understand the health-care reform law, which will make it challenging to enroll the state's uninsured population.

"The federal government has not adequately explained to the public what is taking place," Samples wrote. "This is a federal law and it is the responsibility of the feds to fulfill this mission and for the most part this effort has been a failure."

Earlier this year, though, West Virginia turned down millions of federal dollars to develop a local television and radio advertising campaign about the Affordable Care Act. The exact amount was not disclosed.

In 2011, West Virginia was the second state in the nation, after California, to pass legislation allowing for the Marketplace.

The Affordable Care Act requires most people to have health insurance, and sets up a way for them to compare and shop for a plan on the Marketplace. Many people will newly qualify for Medicaid under Medicaid expansion, another aspect of the health-care reform law.

According to a state-commissioned report by CCRC Actuaries, the number of uninsured West Virginians will drop almost 70 percent from 246,000 to 76,000 by 2016 because of the Affordable Care Act.

"Their projections were also that 133,500 West Virginians would qualify for Medicaid, and that 91,000 would enroll by 2016," said Perry Bryant, executive director of West Virginians for Affordable Health Care. "They also projected that 99,000 would qualify for tax credits in the Marketplace."

Not everyone is required to buy health insurance.

"There are a number of exemptions," Bryant said. "People who make so little that they do not need to file income taxes. There are religious exemptions. Incarcerated individuals, Native Americans, illegal immigrants, etc. are also exempt," Bryant said.

People who are not insured can get health insurance through a private insurance company or through their employer, on the Health Insurance Marketplace, or if they qualify, with Medicaid.

### **MEDICAID**

Under the Affordable Care Act, West Virginia will expand its Medicaid program to those ages 19 to 64 who make up to about 133 percent of the federal poverty line.

Medicaid Commissioner Nancy Atkins says expanding the state's Medicaid program has been the most complex project she's worked on in her 10 years with the agency.

"It really is changing the face of Medicaid," Atkins said. The way Medicaid eligibility is determined and the groups of people the program covers are changing. For the first time, the program will cover childless adults, she said.

The program will also require recipients to pay co-payments for the first time.

"That's a whole new world for [Medicaid recipients], co-pays," Atkins said. "But we think it [encourages] some personal responsibility and again we're changing the face of Medicaid so we're moving people towards a more commercial world."

Atkins said implementing the ACA is an exciting time for her. She served on the federal Medicaid commission in 2005 and 2006 and many of the recommendations the commission made at that time have come about in the health reform law.

"For me it's really exciting to see some of these things come to fruition," Atkins said. "Like electronic health records and changing the eligibility system ... We recommended simplification. It will be simpler but it's been quite a heavy lift getting there.

"So, I mean, that's exciting," Atkins said. ... "There's a lot left to do but there's an awful lot that has been done."

One challenge has been getting the technology up and running. The state's Medicaid enrollment program has to work with the federal government's program and others in real time to determine a candidate's eligibility for Medicaid.

"You don't stand up this kind of sophisticated technology in the short period of time that we have had," Atkins said. "So developing it, building it, standing it up and then testing it. Because the time is short, there's not been a lot of testing and I always worry when technology has not been tested."

There will be technical problems, she said. But there is time to resolve those between Oct. 1 and January, when coverage will begin, she said.

West Virginia is one of a few states that have tried to simplify the Medicaid enrollment process early. The DHHR sent out 118,000 letters informing the recipients of SNAP benefits and parents of children covered by Medicaid that they may be eligible for Medicaid under the new guidelines. As of Thursday morning, 34,500 people had responded, she said.

"So people are responding and that will be a good way for us to get them enrolled and into the program," she said. "So we really are quite excited about that."

## **MARKETPLACE**

Getting West Virginians signed up in the Health Insurance Marketplace will be a challenge, said Jeremiah Samples, assistant to the DHHR secretary.

"There are many barriers in West Virginia that will make it difficult to sign up all the state's uninsured," Samples wrote. "These include the rural nature of the state and issues related to consumers being able to access Internet or assister services."

For those without Internet access who cannot get to an assister, the call center may be the best option, he said.

As far as the technology of the Marketplace itself, Samples said there will be technical issues, but none that customers will notice when buying insurance.

"Contingency plans exist for system issues on the state side," Samples wrote. "The Federal government indicates that they have strategies to adjust for any system problems that may take place with the federal exchange and the federal data hub."

The state and federal government are partnering on West Virginia's Marketplace. The federal government will oversee the functional operations of the Marketplace, while the state will regulate insurance plans sold there.

In West Virginia's marketplace, Highmark Blue Cross Blue Shield will be the only company to offer plans - Carelink/Coventry, operated by its parent company, Aetna, recently pulled out of the marketplace.

Highmark Blue Cross Blue Shield is expected to offer 11 or 12 different plans in the W.Va. Health Insurance Marketplace.

While the rates for the Marketplace were submitted and approved before Carelink/Coventry pulled out, Samples said, "The long term implications of having only one issuer in the market are troubling."

"One proposed benefit of the marketplace was to leverage competition amongst issuers to drive premiums down in the market," he wrote. "Absent competition, this effective market driver will no longer exist and instead the market will depend on regulatory mechanisms to ensure premiums are adequate levels. This is far from ideal and fails to capture one of the initial proposed benefits suggested by the federal government."

Tax credits for the Health Insurance Marketplace are available to those who earn up to 400 percent of the federal poverty line.

#### **IF YOU DON'T SIGN UP**

Those who don't enroll in health insurance, either through Medicaid, an employer, a private insurer or the Health Insurance Marketplace, will face a penalty on their taxes. But there's not a lot the government can do to enforce that penalty.

"Generally if you don't pay your taxes they'll put a lien on your property or they could actually throw you in jail," Bryant said. "They can't do either because of not paying this penalty. If you have a refund they can take your refund, that's the only thing they can do."

"While federal mandate penalties exist, they do not practically apply to low-income populations," Samples said. "Other citizens will simply decide to pay these penalties instead of securing coverage, especially in situations where the penalty is far less than the premium. These are individual decisions."

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