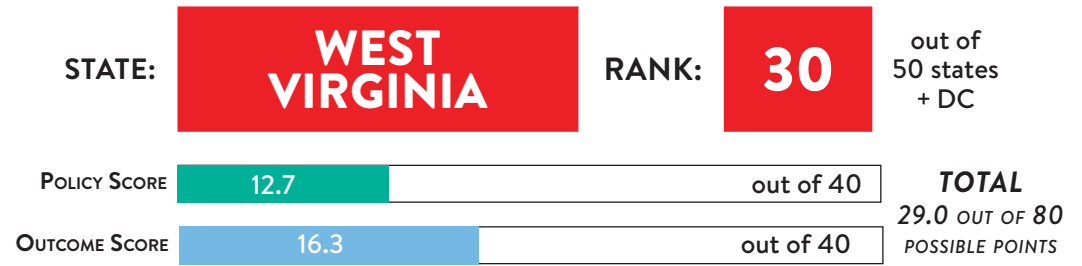
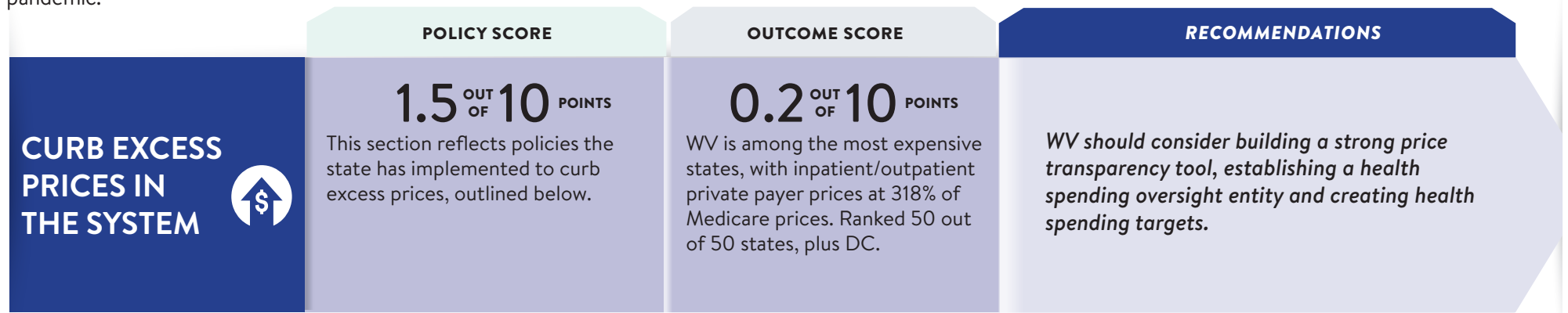


# 2022 Healthcare Affordability State Policy Scorecard





This Scorecard looks at both policies and related outcomes across four affordability-related areas that were implemented as of Dec. 31, 2021. Lawmakers, regulators, consumer advocates and the public can use the Scorecards to understand how their state performs when it comes to healthcare affordability policies and outcomes relative to other states and identify opportunities to improve.






Setting the stage: According to SHADAC, 23% of West Virginia adults experienced healthcare affordability burdens as of 2020, and the share of people with other affordability burdens is far higher. According to the Personal Consumption Expenditure, healthcare spending per person in West Virginia grew 47% between 2013 and 2021, totaling \$9,552 in 2021. Please note some of the outcome measures in this Scorecard include data from 2020, which may have been impacted by the COVID-19 pandemic.



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

	<b>Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization</b> West Virginia established an all-payer claims database (APCD) but as of 2017, implementation is on hold. In 2021, West Virginia passed SB 390, clarifying that the West Virginia Department of Health and Human Services Resources is responsible for administering the state's all-payer claims database, which may result in its reinstatement.
	<b>Create a permanently convened health spending oversight entity</b> West Virginia did not have a permanently convened health spending oversight entity as of Dec. 31, 2021. In 2020, West Virginia passed a law requiring drug manufacturers and health benefit plan issuers who sell prescription drugs in the state to provide cost information, changes in cost information and prescription drug statistics to the State Auditor, who publishes the data on a public website. However, this is a transparency initiative with no regulatory power.
	<b>Create all-payer healthcare spending and quality benchmarks for the state</b> West Virginia did not have active health spending benchmarks as of Dec. 31, 2021.
	<b>Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices</b> West Virginia did not have a tool that met the criteria to receive credit. To receive credit, a state's tool has to be public-facing, searchable by specific procedure and hospital and show the negotiated rate paid by insurance plans/patients (not chargemaster rate).

KEY:  = implemented by state  = not implemented by state  = the state has implemented policies, but could be enhanced

Full report and additional details at [www.HealthcareValueHub.org/Affordability-Scorecard/West-Virginia](http://www.HealthcareValueHub.org/Affordability-Scorecard/West-Virginia)

# Healthcare Affordability State Policy Scorecard

STATE:

**WEST VIRGINIA**

RANK:

**30**

out of 50 states + DC

## POLICY SCORE

**1.6** OUT OF **10** POINTS

WV has not yet measured the extent of low-value care being provided. They require some forms of patient safety reporting. 90% of hospitals have adopted antibiotic stewardship.

## OUTCOME SCORE

**2.9** OUT OF **10** POINTS

19% of West Virginia residents have received at least one low-value care service, placing them in the middle range of states. Ranked 35 out of 50 states, plus DC.

## RECOMMENDATIONS

*WV should consider using claims and EHR data to identify unnecessary care and enacting a multi-stakeholder effort to reduce it.*

## REDUCE LOW-VALUE CARE



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.



### Analyze claims and electronic health records data to understand how much is spent on low- and no-value services

West Virginia did not measure the provision of low-value care as of December 31, 2021.



### Require validated patient-safety reporting for hospitals

Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. West Virginia mandates patient safety reporting for CLABSI/CAUTI, but does not require validation.



### Universally implement antibiotic stewardship programs using CDC's 7 Core Elements

Improper use of antibiotics is another type of low-value care. Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients, and states were scored on what share of their hospitals follow the CDC's stewardship program. 90% of West Virginia hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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# Healthcare Affordability State Policy Scorecard

STATE:

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RANK:

**30**

out of 50 states + DC

## POLICY SCORE

**4.2** OUT OF **10** POINTS

WV Medicaid coverage for childless adults extends to 138% of FPL. Only lawfully residing immigrant children/pregnant women can access state coverage options.

## OUTCOME SCORE

**7.6** OUT OF **10** POINTS

6% of WV residents are uninsured. Ranked 17 out of 50 states, plus DC.





## RECOMMENDATIONS

WV should consider options for residents earning too much to qualify for Medicaid, like a Basic Health plan, premium subsidies, Medicaid buy-in or a Public Option. WV should also consider offering coverage options for undocumented children, pregnant people and adults and consider adding affordability criteria to rate review.

## EXTEND COVERAGE TO ALL RESIDENTS



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

	<b>Expand Medicaid to cover adults up to 138% of the federal poverty level</b> West Virginia has expanded Medicaid.
	<b>Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies</b> West Virginia did not offer any additional coverage options for residents earning too much to qualify for Medicaid as of Dec. 31, 2021.
	<b>Provide options for immigrants that don't qualify for the coverage above</b> West Virginia offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait, but has no coverage options for undocumented immigrants.
	<b>Conduct strong rate review of fully insured, private market options</b> West Virginia has effective rate review as classified by CMS, but does not incorporate affordability criteria into rate review.

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# Healthcare Affordability State Policy Scorecard

STATE:

**WEST VIRGINIA**

RANK:

**30**

out of 50 states + DC

## POLICY SCORE

**5.4** OUT OF **10** POINTS

WV has partial protections against surprise medical bills and No Surprises Act loopholes. WV also caps cost-sharing for some high-value services.

## OUTCOME SCORE

**5.6** OUT OF **10** POINTS

WV ranked 16 out of 50 states, plus DC on affordability burdens—23% of adults faced an affordability burden: not getting needed care due to cost (6%), delaying care due to cost (7%), changing medication due to cost (4%), problems paying medical bills (14%) or being uninsured due to cost (sample size too small).

## RECOMMENDATIONS

*WV should consider a suite of measures to ease consumer burdens, such as enacting protections against short-term, limited-duration health plans and surprise medical bill protections not addressed by the federal No Surprises Act.*

**MAKE OUT-OF-POCKET COSTS AFFORDABLE**



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.



### **Limit the availability of short-term, limited-duration health plans**

West Virginia has no protections against short-term, limited duration health plans (STLDs) beyond federal regulations. Some people choose STLD health plans for their lower monthly premiums compared to ACA-compliant plans. However, they offer poor coverage, can discriminate against people with pre-existing conditions and pose financial risks for consumers. States received credit depending on how much they limit these plans.



### **Protect patients from inadvertent surprise out-of-network medical bills**

West Virginia has partial protections against surprise medical bills (SMBs), plus additional protections for ground ambulance bills not covered by the federal No Surprises Act. 'Comprehensive' protections include emergency departments and hospitals, apply to all insurance types, hold consumers harmless/prevent balance billing and adopt adequate payment standard or dispute resolution process. States with only some of these policies have 'partial' protections. The federal No Surprises Act prohibits SMBs in most plans effective January 2022. However, it does not cover out-of-network lab work or services at certain facilities, such as urgent care centers.



### **Waive or reduce cost-sharing for high-value services**

West Virginia requires any payment/discount made for the patient to be applied to their annual out-of-pocket cost-sharing requirement. The state capped insulin at \$100 per month beginning July 1, 2021.



### **Require insurers in a state-based exchange to offer evidence-based standard plan designs**

West Virginia conducts plan management activities on a federally facilitated marketplace and cannot implement standardized plans unless they establish a state-based exchange. Standard plan design makes cost-sharing the same across plans within metal tiers, making it easier for consumers to compare plans. They also help regulators and exchanges negotiate or set rates with insurance carriers, which may translate to lower prices for consumers.

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