

Healthcare Affordability State Policy Scorecard

Polling data repeatedly shows that healthcare affordability is the number one issue that state residents, on both sides of the political aisle, want their policymakers to work on. This scorecard identifies areas where West Virginia is doing well and areas where it can improve.

STATE:





WEST VIRGINIA

RANK:

N/A

out of 42 states + DC

West Virginia had high healthcare spending per person and a higher-than-average percentage of residents reporting healthcare affordability problems. Immediate policymaker attention is needed.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS 	4 OUT OF 10 POINTS Medicaid coverage for childless adults extends to 138% of FPL. Certain recent immigrants have state coverage options.	8 OUT OF 10 POINTS In 2018, WV was in the middle third of states in terms of covering the uninsured, ranking 17 out of 50 states, plus DC, for this measure.	Consider options that help families that make too much to qualify for Medicaid like Basic Health Plan, reinsurance or supplementary premium subsidies. Consider adding affordability criteria to insurance rate review.
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	2 OUT OF 10 POINTS WV has enacted partial SMB protections.	2 OUT OF 10 POINTS Forty-nine percent of adult residents report healthcare OOP affordability burdens. WV ranks 45 out of 49 states, plus DC, for this measure.	In light of grave affordability problems, WV should consider a suite of measures to ease consumers' burdens, including: strengthening SMB protections; establishing protections against STLD plans; and strategies to lower the cost of high-value care.
REDUCE LOW-VALUE CARE 	3 OUT OF 10 POINTS WV requires some forms of patient safety reporting & has enacted nonpayment policies for 'never events.' WV is below avg. for hospital antibiotic stewardship & has not measured the provision of low-value care.	0 OUT OF 10 POINTS WV ranks poorly for reducing C-sections for low risk mothers (46 out of 50 states, plus DC), and ranks 51 out of 50 states, plus DC, in terms of per capita antibiotic prescribing.	Curtailing low- and no-value care is a key part of a comprehensive approach to affordability. WV should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. WV should also increase efforts to address antibiotic overprescribing.
CURB EXCESS PRICES IN THE SYSTEM 	0 OUT OF 10 POINTS As is common in many states, WV has done little to curb the rise of healthcare prices.	N/A OUT OF 10 POINTS Data on private sector prices, relative to the national median, is not available for WV.	Year-over-year increases in healthcare prices overwhelmingly drive healthcare spending in a state. WV should consider creating a robust APCD; strengthening price transparency requirements; establishing a health spending oversight entity; and creating health spending targets.

APCD = All-Payer Claims Database FPL = Federal Poverty Level EHR = Electronic Health Records OOP = Out-of-Pocket Costs SMB = Surprise Medical Bill STLD = Short-Term, Limited-Duration

See state notes on page 2.

Full report and additional details at www.HealthcareValueHub.org/Affordability-Scorecard/West-Virginia

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WEST VIRGINIA NOTES

Methodological Notes:

While most of the scorecard components received a score, overall state rank could not be calculated due to missing data. For a complete discussion of methodology, please see healthcarevaluehub.org/affordability-scorecard/methodology

The Problem:

West Virginia residents report grave healthcare affordability problems – forty-nine percent of West Virginia adults report healthcare OOP affordability burdens, and the state ranks 45 out of 49 states, plus DC, for this measure. The most common burden reported was ‘trouble paying medical bills’ (38% of adults), followed by ‘made changes to medical drugs because of cost.’ According to the BEA, healthcare spending in West Virginia totalled \$8,254 per person in 2018.* Moreover, between 2013 and 2018, healthcare spending per person grew 27.7%.* Residents are struggling to afford needed healthcare, in part due to high rates of uninsurance among the population. West Virginia has much work to do to ensure wise health spending and affordability for residents.

Extend Coverage to All Residents:

Lawfully residing immigrant children and immigrant pregnant women are covered by Medicaid without a 5-year wait.

Make Out-of-Pocket Costs Affordable:

High-deductible health plans create barriers to care for many families. Between 2011 and 2016, the average deductible associated with employer coverage rose 16.3% per year in West Virginia.*



Reduce Low-Value Care:

Addressing medical harm to improve patient safety can take many forms. One form is declining payment for services related to “never events,” serious reportable events identified by the National Quality Forum (NQF) that should never occur in a healthcare setting.



Eighty-one percent of West Virginia hospitals have adopted the CDC’s ‘Core Elements’ of antibiotic stewardship – short of the goal of 100% of hospitals.

Curb Excess Prices in the System:

West Virginia established an APCD; however, as of 2017, implementation is on hold.



* Informational data, not used in state score or ranking. DOI = Department of Insurance BEA = U.S. Bureau of Economic Analysis • Scorecard Updated: Jan. 7, 2020