Coverage Facts for West Virginia

Advance premium tax credits and cost-sharing reductions provide needed assistance to tens of thousands of West Virginia residents.

- As of the end of the 2017 open enrollment period, 34,045 individuals selected a Marketplace plan.
  - 4,756 had incomes up to 150% FPL
  - 16,916 had incomes over 150% FPL up to 250% FPL
  - 14,061 were in rural locations based on zip code, as defined by HRSA
  - 8,093 selected bronze plans, which have higher deductibles
- 28,640 people had premiums reduced by the advance premium tax credit (APTC).
- 16,872 people qualified for cost-sharing reductions.
- The average per person premium for all consumers, before the application of any APTC, was $702. For those receiving APTCs, the average premium was $161.²

Medicaid helps low-income residents of West Virginia access the health care they need.

- As of March 2017, West Virginia has enrolled 564,408 individuals in Medicaid and CHIP, a net increase of 59.19% since October 2013.³
- 180,500 adults were in the Medicaid expansion group in the first quarter of 2016. These adults are at risk of losing their Medicaid coverage if the AHCA is enacted into law.
- 66% of Medicaid enrollees in West Virginia are in working families.

There were 97,600 more individuals in West Virginia with health insurance coverage in 2015 than in 2013.

From 2013 to 2015, the uninsured rate in West Virginia was cut in half – falling from 12% to 6%.
Medicaid provides the state of West Virginia with needed budgetary support.

- Medicaid and CHIP cover 3 in 4 nursing home residents and 1 in 2 people with disabilities in West Virginia. The state faces reduced federal funding for dual eligibles if funding is capped.¹

- To offset the loss of federal funding proposed in the AHCA, the state will need to generate additional revenue to compensate for the increased state funding needed to keep Medicaid spending constant or face tough decisions about whether to save costs by cutting Medicaid eligibility, covered services and/or provider payments or draw funding away from other state priorities such as education or transportation.

Residents of West Virginia need access to meaningful and affordable coverage that covers their health care needs.

- 392,000 non-elderly adults in West Virginia have declinable pre-existing conditions under pre-ACA practices - 36% of the population.²

- In 2015, there were 725 drug overdose deaths in West Virginia.³

- In West Virginia, from 2010 to 2014, approximately 148,000 adults aged 18 or older with any mental illness received mental health treatment/counseling within the year prior to being surveyed. The remaining 53.1% of West Virginia residents aged 18 or older with any mental illness did not receive mental health treatment/counseling in that time span.⁴

The state’s high-risk pool before the ACA left residents of West Virginia behind.

- The state’s high-risk pool membership made up 4.4% of non-group health insurance market participants in 2011.⁵ By the end of 2011, there were 1,152 pool participants.

- Premiums in the state’s high-risk pool were capped at 150% of standard market rates. The state high-risk pool provided a low-income premium subsidy.

- The state’s high-risk pool excluded coverage of pre-existing conditions for medically eligible enrollees for six months. It also had a lifetime benefit maximum of $1 million.

- In 2011, the state high-risk pool had a net loss of more than $1.8 million.⁶

SOURCES
¹ http://kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
³ https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=west-virginia
⁴ http://files.kff.org/attachment/fact-sheet-medicaid-state-WV
⁶ http://kff.org/health-reform/issue-brief/high-risk-pools-for-uninsurable-individuals/
⁸ https://www.cdc.gov/drugoverdose/data/statedeaths.html
¹⁰ http://kff.org/health-reform/issue-brief/high-risk-pools-for-uninsurable-individuals/