Year One Evaluation of the Health Insurance Marketplace in West Virginia Report One: Marketplace Background, Evaluation Plan, and Data Sources

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The Health Research Center (HRC) at West Virginia University (WVU) has proven experience conducting rigorous health outcome evaluation, including evaluations of the Center for Disease Control's (CDC) Community Transformation Grant (CTG) and the Communities Putting Prevention to Work (CPPW) programs.

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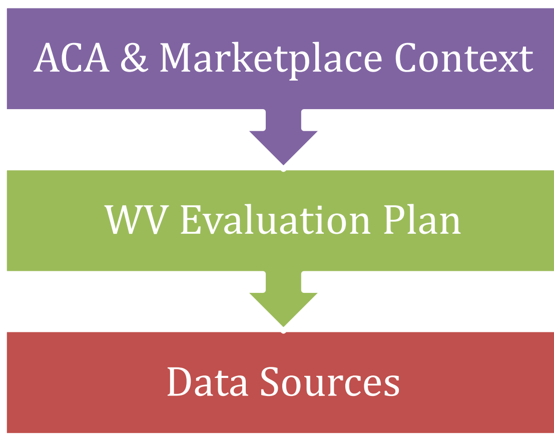
Report One: Marketplace Background, Evaluation Plan, and Data Sources

Executive Summary



This report presents the history of the Affordable Care Act (ACA) and efforts in West Virginia to expand access to health insurance, evaluation goals and data sources (primary and secondary), as well as plans for future evaluation reporting activities. This information is relevant to a variety of potential viewers including healthcare providers and administrators, enrollment assisters, state policy leaders, public health practitioners and researchers, and others.

Key historical information presented includes relevant ACA statutory requirements, background into the State of West Virginia's initiatives to expand health insurance, and arrival at a State Partnership Marketplace (SPM). Additionally, this report spells out the role of the State of West Virginia in its SPM, including plan management and consumer assistance efforts. A brief discussion of Medicaid expansion in the State is provided, including the estimated number eligible and type of coverage provided to this group.

The five-year evaluation of the Health Insurance Marketplace ("Marketplace") in West Virginia led by West Virginia University's (WVU) Health Research Center (HRC) was designed to assess the health, economic, and consumer marketing implications of the Marketplace in the State. Evaluation activities were planned prior to the release of planned federal quality initiatives. The evaluation team reviewed other state evaluation activities prior to the

development of the first year activities. Key evaluation areas (coverage, affordability, access and quality, and economic impact) and comparison states are provided in Exhibit 2 of this report.

Evaluation research questions were aggregated along with relevant federal and state-level data secondary sources. Primary data collected in the first year of the evaluation included state clinical data provided by the WVU School of Public Health Office of Health Services Research (OHSR) to assess baseline population health among 24 federally qualified health center (FQHCs) and nine free clinics in WV. Additionally, the team developed and distributed a mail survey to 6,000 West Virginia residents in the summer of 2013, prior to the first open enrollment period (beginning October 1, 2013) to assess consumer awareness and perceptions of the Marketplace prior to its opening. To collect baseline information about individuals visiting the emergency department (ED), the evaluation team spearheaded a pilot study utilizing a self-administered paper survey at WVU's Ruby Memorial Hospital in the fall of 2013. Finally, the evaluation team partnered with the OIC to develop a one-page customer satisfaction survey for consumers who utilized Maximus in person assisters (IPAs). Secondary data sources utilized in this report were aggregated to collect baseline health data. Data sources are described in detail in this report and results are presented in Report Five.

Introduction and History of the Marketplace in West Virginia

The Patient Protection and Affordable Care Act (ACA) of 2010 established several key statutory rules and regulation, including mandates that:

- all individuals have some minimum essential health coverage with few exceptions;
- all states establish a health insurance exchange (later referred to as marketplace) no later than January 1, 2014, or the federal government would establish and operate a Marketplace for those states opting not to create their own; and
- states would expand the Medicaid population to 138% of the federal poverty level (FPL), which became optional after the June 2012 Supreme Court decision *National Federation of Independent Business (NFIB) v. Sebelius.*

Prior to the passage of the ACA, the state of West Virginia considered elements of a health insurance exchange. West Virginia participated in the State Health Access Program (SHAP) grant, which was issued by the Health Resources and Services Administration (HRSA) in September of 2009. The SHAP grant was designed to develop a subsidized coverage program for the working uninsured in the state. Funding provided resources to (a) initiate a planning study for consideration of a health insurance exchange, (b) link working uninsured with patient-centered medical homes through the "WV Connect" pilot project, and (c) create a centralized portal for WV Connect healthcare centers.[1]

State leaders held a series of six stakeholder meetings between November 2010 and January 2011 to assess public opinion about establishing a state exchange versus allowing the federal government to do so for West Virginia. Public forums were held across the state. Additionally, a formal request for comment on exchange-related provisions was issued. Stakeholders included consumers, consumer advocate groups, businesses, insurance industry carriers, insurance agents, providers, and state agency representatives. The feedback collected at these meetings indicated strong support among stakeholders for the development of a state-run exchange in order to allow state autonomy and regulatory authority to meet the unique needs of the state's individuals, families, and markets.[2]

In March 2011, the West Virginia Legislature passed Senate Bill 408, which created a new article in the West Virginia Code, 33-16G, to establish a Marketplace. The bill authorized the establishment of the Marketplace administered by the West Virginia Offices of the Insurance Commissioner (WV OIC) with an autonomous board. However, after exploring options for a state-based marketplace, concerns over the costs and sustainability of such an arrangement led state leaders to a SPM.

State Partnership Marketplace

On February 15, 2013, Governor Earl Ray Tomblin submitted a blueprint to Health and Human Services (HHS) Secretary Sebelius for West Virginia to establish a SPM with plan

[1] "State Health Access Program (SHAP) Grant Summary: West Virginia," State Health Access Data Assistance Center, updated July 21, 2010, accessed April 16, 2014, http://www.shadac.org/files/shadac/SHAP_GrantSummary_WV.pdf.
[2] Samples, J. 2012. "Offices of the Insurance Commissioner Health Benefit Exchange Business Plan."

management and consumer education and outreach responsibilities. These roles in executing the Marketplace in West Virginia are described in greater detail below.

Plan Management

As a state regulatory agency, WV OIC reviews all insurance policy rate requests, new forms, and form changes from insurance carriers for individual and small group health plans prior to such plans entering the consumer market, and it is the primary authority for reviewing and recommending Qualified Health Plans (QHPs) for certification.

In April 2013, the WV OIC released a Qualified Health Plan (QHP) Submission Guide to provide guidance to health insurance issuers regarding the certification standards for individual and Small Business Health Options Program (SHOP) QHPs offered through the Marketplace.[3] Highmark West Virginia and Carelink/Coventry Health Care submitted plans and were certified as QHPs, although the latter withdrew from the Marketplace in September 2013. Aetna acquired Carelink/Coventry in May 2013, and the decision to withdraw was credited to Aetna's national business strategy.[4] Highmark West Virginia offered 11 insurance plans and two multi-state plans for individuals in the first year of open enrollment. QHPs are grouped into five actuarially determined categories (Catastrophic, Bronze, Silver, Gold, and Platinum) based on shared cost for healthcare with higher premiums associated with lower out-of-pocket costs. Highmark WV did not offer Platinum coverage options in West Virginia.

Consumer Education and Outreach

Many Marketplace users are required to perform new behaviors (using the Marketplace to select a QHP) and to make decisions that require both financial and health literacy. Both aspects of this situation are likely to create significant barriers that increase the need for person-to-person interaction.[5] In light of these concerns, OIC developed, manages, and maintains a $4.5 million contract for In-Person-Assistance with Maximus (2013), a consulting firm. This contract

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[3] "Qualified Health Plan Submission Guide," West Virginia Offices of the Insurance Commissioner, April 2013, accessed January 15, 2014, http://bewv.wvinsurance.gov/Portals/2/pdf/QHP%20Submission%20Guide_4-10-13.pdf.

[4] Lori Kersey, "Coventry/Carelink won't join health insurance Marketplace," 9/10/2013, http://www.wvgazette.com/News/politics/201309100084. Accessed: 9/13/2013.

[5] Walsh, Michael, M. Paula Fitzgerald, Tami Calves and Adam Pellilo (2011). "Active versus Passive Choice: Evidence from a Public Health Care Redesign," Journal of Public Policy and Marketing, 30 (Fall) 191-202.

allowed for approximately 60 individuals to provide in-person assistance at each of the 54 West Virginia Department of Health and Human Resources (DHHR) offices throughout the state.

The Federal Government, specifically the Centers for Medicare & Medicaid Services (CMS), administers the state's Navigator program. Three organizations were awarded a total of $600,000 to conduct outreach and enrollment activities. Additionally, the Health Resources and Services Administration (HRSA) awarded over $3.75 million to 25 health centers throughout the state (FY 2013-'14).[6] An overview of the main consumer assistance entities in West Virginia is described in Exhibit 1.

Exhibit 1 Overview of Consumer Assistance in West Virginia

Overview of Consumer Assistance Agencies/Providers in WV[7]		
Entity	Award Amount / Source	Location(s)
Maximus	$4.5 million / IPA Awardee	54 State DHHR Offices
Advanced Patient Advocacy, LLC	$276,617 / CMS Navigator	Sub-Grantee Partners Include: • Raleigh General Hospital • HCA St. Francis and Pleasant Valley Hospital • Thomas Memorial Hospital • Princeton Community Hospital • Pavilion
National Healthy Start Association	$191,667 / CMS Navigator	Service Area: Preston, Randolph, Upshur, Barbour, Taylor, Harrison, Marion, Monongalia counties
TSG Consulting, LLC.	$174,091 / CMS Navigator	Sub-Grantees/Partner Organizations: • WV Farm Bureau • Partners in Health Network
WV Health Centers	$3,783,858 / HRSA	27 WV health centers

Medicaid Expansion in West Virginia

In addition to deciding whether to operate a state based insurance exchange, partner with the Federal Government, or adopt a federally run Marketplace, states were faced with the

[6] "West Virginia: Health Center Outreach and Enrollment Assistance," Health Resources and Services Administration, accessed April 8, 2014, http://www.hrsa.gov/about/news/2013tables/outreachandenrollment/wv.html.

[7] "Navigator Grant Recipients," Centers for Medicare & Medicaid Services, accessed April 8, 2014, http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/navigator-list-10-18-2013.pdf.

decision of whether or not to expand Medicaid. In May of 2013, West Virginia Governor Earl Ray Tomblin announced the decision to expand Medicaid in West Virginia to cover individuals up to 138% of the federal poverty level (FPL). State Department of Health and Human Resources (DHHR) numbers estimate a total of 98,700 members in the expansion pool alone.[8] Newly eligible individuals covered under the expansion will be enrolled into managed care, including access to behavioral health, personal care, pediatric dentistry, and non-emergency medical transportation. Some Medicaid participants will pay sliding scale co-pays for health services depending on income levels.[9]

West Virginia Evaluation Goals and Context

With the intention of better understanding the health, economic, and consumer insight into marketing quality and outcomes of the SPM model in West Virginia, the State sought to conduct a rigorous evaluation. Evaluation activities were planned prior to the release of planned federal quality initiatives, including the quality rating system as mandated by Section 1311(c)(3) of the ACA.[10]

The evaluation team, led by West Virginia University's Health Research Center (HRC), developed a five-year comprehensive work plan to evaluate the health, economic, and marketing effects of the Marketplace in West Virginia.[11] During this process, the team gathered and reviewed other state-level Marketplace evaluation plans for the purposes of understanding what themes and measures other states included in their respective evaluation plans. This aided in the development of a plan that will help to facilitate more meaningful cross-state comparisons in the future. State-level evaluation plans in various stages of development were

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[8] "WV Medicaid Expansion Count by County," West Virginia Department of Health and Human Resources, March 15, 2014, accessed April 16, 2014, http://www.dhhr.wv.gov/bms/Documents/WVMedicaidExpansionCountCounty20140315.pdf.

[9] Nancy Atkins, "Enroll West Virginia," West Virginia Department of Health and Human Resources, accessed April 16, 2014, http://www.dhhr.wv.gov/bms/Documents/WVMedicaidExpansionCountCounty20140315.pdf.

[10] For more details on the QR system, see: "Health Insurance Marketplace Quality Initiatives," Centers for Medicare & Medicaid Services, last modified June 10, 2014, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html.

[11] For more details about the evaluation plan and key research questions, see: "Evaluation of the WV Health Benefit Exchange," Health Research Center, http://publichealth.hsc.wvu.edu/hrc/Research/Current-Research/Evaluation-of-the-WV-Health-Benefit-Exchange.

found using general internet searches, collegial sharing of information with other state evaluators, and a review of information found on the "Federal Health Reform: State Implementation Entities, Reports, and Research" page of the National Council of State Legislatures website.[12] The primary evaluation measures that were consistently included in state evaluation plans reviewed for this series of reports reflect the primary goals of the ACA: (a) increase the number of Americans with health insurance coverage, (b) lower the cost (trend) of healthcare, and (c) improve the quality of and access to healthcare for all Americans.

Exhibit 2, compiled by Karen Johnson, shows a cross-state comparison of common evaluation themes. The data contained in this table are based on a high-level review of other Marketplace evaluations discoverable through the public means discussed above.

Exhibit 2 Cross-state Comparison of Planned Evaluation Themes

	WV	**AR**	**CA**	**CO**	**MA**	**RI**	**VT**
Type of Marketplace	Partner	Partner	State	State	State	State	State
Coverage							
Coverage overview[1]	x	x	x		x	x	x
Marketplace coverage overview[2]	x	x	x	x	x	x	x
Employer-sponsored insurance by employer size	x	x	x		x	x	x
Uninsured and underinsured levels	x	x	x	x	x		
Choice (# coverage options)	x				x		
Churn/transitions/gaps		x	x	x	x		x
Affordability							
Premium costs	x	x	x	x	x	x	x
Out-of-pocket (copay, deductible, coinsurance) costs	x			x	x	x	x
Small business affordability/# receiving tax credit	x		x		x	x	x
# paying penalty/# exempt from penalty	x		x		x	x	x
Minimum or "meaningful" coverage	x		x				

[12] Updated August 2013, accessed November 4, 2013, http://www.ncsl.org/research/health/state-implementation-entities-to-implement-the-aca.aspx.

	WV	AR	CA	CO	MA	RI	VT
Financial burden/affordability measure		x	x	x	x	x	x
Socioeconomic demographics of enrollees				x	x		
Comparison to non-marketplace enrollees				x	x		
Marketplace efficiency (admin cost as % of premiums)							x
Access & Quality							
Health outcomes	x	x			x		x
Health status/population health	x	x			x		x
Use of services (provider visits, ER, hospitalizations, etc.)	x	x	x		x	x	x
Quality of healthcare (HEDIS)	x	x			x		x
Behavior/lifestyle changes	x				x		x
Chronic condition changes	x				x		
Participant understanding of coverage and care options	x				x		
Barriers to care	x		x		x		
Safety net care impacts			x		x		
Economic Impact							
Impact analysis[3]	x				x		x
Return on investment	x				x		
Effects of risk pool on market	x			x	x		
Basic trends/changes in insurance industry	x			x	x	x	x
Cross-state border opportunities/markets	x				x		
Reinsurance market changes	x				x		
Overall healthcare cost trends/changes				x	x		x

Marketing/Consumer Assessments							
	WV	**AR**	**CA**	**CO**	**MA**	**RI**	**VT**
Timeliness of determinations				x			
Satisfaction - marketplace, coverage, agent/navigator		x			x		x
Reasons for termination		x					

[1] ACA impact on insurance coverage status, includes non-marketplace sources of coverage (i.e., employers, public programs, military, etc.)
[2] Focused on data derived from marketplace usage (i.e.,numbers of users accessing and purchasing, type of coverage purchased, subsidy eligibility, etc.)
[3] Direct and indirect impacts on employment, business volume, and tax collections

Evaluation Data Sources

The team aggregated all research questions and data sources into a central database to ensure thorough, accurate, and timely data collection. The sections below identify significant points of data collection, including the primary and secondary sources used to inform this series of reports. The data described below are presented in greater depth throughout this series of reports. An overview of the team's evaluation data components and timeline for collection through May of 2014 is shown in Exhibit 3. All primary survey numerical data were double entered to ensure quality. WVU's Institutional Review Board reviewed and approved all primary study data collection.

Exhibit 3 Summary of West Virginia Insurance Exchange Evaluation Data Collection

	2013								2014				
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Ongoing Monitoring of State and Lower-level Surveillance Data													
Monitoring of State Clinical Data and De-identified Health Outcomes													
Consumer and IPA Feedback Focus Groups													
Statewide Survey of West Virginia Residents ("Population Survey")													
Exit Surveys													

Primary Data

Monitoring of State Clinical Data and De-identified Health Outcomes

To assess baseline population health, we worked with WVU School of Public Health's Office of Health Services Research (OHSR) to collect data from the electronic medical records (EMRs) of 24 federally qualified health centers (FQHCs) and nine free clinics in West Virginia. These data will allow the evaluation team to monitor health outcome, service use, and other clinical data before and after Marketplace plans go into effect. These specific 33 clinics were selected because they had the most extensive patient records, including insurance status for FQHC patients. Baseline data collected included insurance status, visits by month, frequency of visits per patient, medications prescribed, chronic disease rates, BMI status by category, and standard demographic information. Additionally, a panel composed of patients diagnosed with Essential Hypertension (high blood pressure) was developed to track changes in a specific patient population over time.[13] Analysis of the data collected is presented in Report Five.

[13] The patient panel was chosen based on any active patient with a clinical diagnosis of essential hypertension between July 1, 2010 and June 30, 2011, and, as of that time period, at least one office visit during the past 2 years.

Consumer Assister Interviews and Focus Groups

A series of focus groups were held with various consumer assisters throughout the state. Prior to enlisting IPAs in focus groups, evaluation team members attended two consumer assister trainings in February 2014 to recruit participants and disseminate a brief survey. Assisters returned 14 surveys and were recruited to participate in focus groups held in two locations. Focus group questions assessed major concerns among consumers who worked with assisters, assisters' assessments of consumer confusion around insurance, availability of resources for assisters, and consumers' reasons for leaving without purchasing insurance. Analysis and key findings of these focus groups are presented in Report Three.

Population Survey

A mail survey was sent to 6,000 West Virginia residents prior to the first year of open enrollment. The team oversampled the uninsured population in the state using an opt-in database that captured health insurance status. Pre-survey post cards were sent prior to sending the surveys to alert residents to expect the survey through the mail, as is consistent with best practices in survey research.[14] The survey questions were based on a thorough literature review and discussion amongst an interdisciplinary team, including researchers from health policy, health economics, and marketing. Most questions were grounded in literature, yet created de novo (without borrowing specific wording from existing questions) after this review. Several questions related to health and chronic diseases were modified from the Behavioral Risk Factor Surveillance System (BRFSS), and some insurance questions were modified from the Medical Expenditure Panel Survey (MEPS). Demographic questions were modified from the United States Bureau of the Census American Community Survey (ACS). Surveys were mailed in July 2013 and collected through August 2013. Questions were designed to assess consumer awareness and perceptions of the Marketplace prior to open enrollment, specifically relating to affordability of insurance and consumer satisfaction and value of current health insurance. Questions raised included those about consumer health, access to care, use of healthcare services, and standard demographic components. An open-ended portion at the end of the survey created space for respondents to provide comments about the Marketplace in West Virginia.

[14] Dillman, D. A. 2000. Mail and Internet Surveys: The Tailored Design Method. New York: Wiley.

A total of 1,198 surveys were received with representation from all 55 counties in West Virginia. A total of 458 comments are included in the analysis presented throughout this series of reports with full results detailed as Appendices A-C.

Emergency Department Utilization Survey

A self-administered, paper survey based on a convenience sampling technique was conducted in the Emergency Department (ED) of WVU's Ruby Memorial Hospital from August through December 2013 to collect baseline information about individuals visiting the ED. Student researchers collected completed surveys from respondents between 10 a.m. and 7 p.m., Tuesday through Friday. Off-hour surveys were collected in a lock box. The survey included questions such as reasons for ED visits, usual source of care, insurance status, frequency of ED visits in last 12 months, frequency of ED visits in last 12 months due to unaffordability, reference to ED by medical care provider, and type of medical care provider. Some ER use questions were modified from the National Health Interview Survey (NHIS) and the Primary Care Brief Assessment Tool (PCAT). Summary results are presented in Appendix F. A total of 185 responses were received, and all data were double entered to ensure quality.

Exit Survey

A phone exit survey was designed to learn about Marketplace consumers in West Virginia. Cover letters and postcards were included in welcome packets sent to newly enrolled Highmark customers who purchased Qualified Health Plan (QHP) coverage on Healthcare.gov and made their first payment, thereby effectuating coverage. The materials provided in the welcome packets included a 1-800 number for consumers to call to take the survey. Consumers were guided through a series of questions aimed at assessing level of coverage, plan selection, overall satisfaction, subsidy eligibility, and perceptions of quality and affordability of Marketplace plans. Additionally, a series of health-related questions similar to those used in the population survey were asked, along with demographic questions. A total of 340 responses were received through June 5, 2014. Because the survey information was distributed by Highmark, we currently have no accurate estimate of the response rate. The survey and results are provided as Appendix E.

Maximus Customer Satisfaction Surveys

As part of their contract with the OIC, Maximus IPAs provided and collected a paper-based customer satisfaction survey in person for consumers who utilized their services during open enrollment. The evaluation team entered the data from these surveys monthly and provided technical assistance to OIC regarding survey design. Questions asked about overall experience with IPAs, including IPA knowledge and professionalism and the amount of time spent with the customer. The survey also asked if the consumer enrolled in health insurance during the visit. The survey and detailed results are provided as Appendix D.

Secondary Data Collection

State and Lower-level Surveillance Data

Nationally developed and aggregated health and economics data sources were consulted for national, state, county, or census track data. These data are collected on a regular, consistent, and ongoing basis, ideal for state-to-state and region-to-region comparisons of insurance status, healthcare access, and economic outcomes. A list of secondary data sources consulted is presented in Exhibit 4 and discussed below if used in greater depth in this series of reports.

Exhibit 4 List of Secondary Data Sources Consulted

American Community Survey (ACS) - https://www.census.gov/acs/www/
Area Health Resource File (AHRF) - http://ahrf.hrsa.gov/
America's Health Insurance Plans Survey (AHIP) - https://www.ahip.org/AHIPResearch/
Behavioral Risk Factor Surveillance System (BRFSS) - http://www.cdc.gov/brfss/
CMS Monthly Enrollment Reports (Released in ASPE Issue Briefs) - http://www.aspe.hhs.gov/
Consumer Assessment of Healthcare Providers and Systems (CAHPS) - https://cahps.ahrq.gov/
Healthcare Cost and Utilization Project (HCUP) - http://www.ahrq.gov/research/data/hcup/index.html
Medical Expenditure Panel Survey (MEPS) - http://meps.ahrq.gov/mepsweb/
Small Area Health Insurance Estimate (SAHIE) - http://www.census.gov/did/www/sahie/
US Current Population Survey (CPS) - https://www.census.gov/cps/
Youth Risk Behavior Survey (YRBS) - http://www.cdc.gov/HealthyYouth/yrbs/index.htm

American Community Survey (ACS)

This nationwide survey is an element of the US Census Bureau Decennial Program and provides data every year both at national and state levels. It broadly collects information about individuals' demographic characteristics, including age, sex, race, healthcare coverage, work, income, and living status. For the purpose of this series of reports, data were collected from online search features provided by American FactFinder. The search features allow for collecting

data for ACS one-year, three-year and five-year estimates. The latest year available for data collection is 2011. Results reported herein are health insurance coverage status by type of insurance for West Virginia. The results provide a baseline estimate for future year comparisons and are presented in Report Five.

Area Health Resource File (AHRF)

The AHRF provides data at the state and county levels on more than 6,000 variables, including information about healthcare providers and institutions, healthcare services use and expenditures, health status, and demographic and socioeconomic characteristics. Important elements of data can be accessed through interactive web tools, such as Health Resources Comparison Tools (HRCT) and AHRF map tools. Using these interactive web tools, data for the number of primary care physicians per 100,000 of the population were collected at the county level for the purposes of this series of reports. State- and national-level estimates for other types of providers and mortality rates specific to the chronic conditions were also collected. The results are presented in Report Five.

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is a nationwide survey collaboratively administered by the Centers for Disease Control and Prevention (CDC) and US states, and is given to individuals 18 years and above. Information is available both at the state and county levels. The information is collected through a telephone survey and broadly includes details about individuals' demographic and socioeconomic characteristics, preventive and lifestyle practices, chronic conditions, and healthcare coverage. For generalization of results at the national level, weighting methodologies are used. For the purposes of this series of reports, data for West Virginia for the year 2012 were used to provide baseline information about prevalence of chronic conditions, such as heart disease, asthma, diabetes, depression, and obesity ; and general health status and lifestyle practices, such as smoking status and sedentary behavior. This data was compared with the US estimates for prevalence of chronic conditions.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

These surveys of consumers of healthcare services are again administered by the Agency for Healthcare Research and Quality (AHRQ) to assess the quality of healthcare given by healthcare providers. Data from these surveys are publicly available and can be accessed after

completing certain formalities and signing a data user agreement. Under the CAHPS database, data from two surveys are available: (1) CAHPS health plan survey and (2) CAHPS clinician and group survey.

The CAHPS health plan survey of adults and children enrolled in different healthcare plans aims to collect information about consumers' experiences with healthcare plans and services. It includes four different types of surveys: (1) Adult commercial survey, (2) Child commercial survey, (3) Adult Medicaid survey, and (4) Child Medicaid survey. The CAHPS clinician and group survey is conducted on both adults and children and includes three types of surveys: (1) 12-month survey that reports patient's healthcare experience in past 12 months, (2) Expanded 12-month survey with Patient Centered Medical Home, and (3) Visit survey that covers patients' experiences with recent visits to healthcare providers. While the clinician and group survey includes information based on US Census region, it does not provide state-specific information about patients' experiences. State-specific information is available for CAHPS health plan survey. For the purposes of this series of reports, estimates are provided for the 2011 Adult Commercial surveys. The results from these surveys are provided in Report Five and Appendix I.

Healthcare Cost and Utilization Project (HCUP)

This project includes a large number of databases administered by AHRQ. HCUP databases include the Nationwide Inpatient Sample (NIS), Kid's Inpatient Database (KID), Nationwide Emergency Department Sample (NEDS), State Inpatient Database (SID), State Ambulatory Surgery Databases (SASD), and State Emergency Department Databases (SEDS).

HCUP databases provide information about all patients and the inpatient care they receive, including healthcare expenditures and use, access to care, demographic characteristics, healthcare coverage, and diagnoses and procedures. They also include information about inpatient hospital stays, such as primary and secondary diagnoses and procedures, admission and discharge status from the hospital, demographic characteristics, expected payment source, total charges due to hospital stay, and length of hospital stay.

Access to these data is available at a cost; however, AHRQ maintains an interactive web tool, HCUPnet, which enables access to health estimates. Estimates were collected from this web tool about state-specific hospital stays, chronic conditions, length of stay, discharges, and costs based on health insurance status. Of the state-specific databases, West Virginia

participates in the SID only. Therefore, for the purposes of this series of reports, estimates are based on SID.

Small Area Health Insurance Estimates (SAHIE)

SAHIE is an element of the US Census Bureau Decennial Program and collects data about healthcare coverage at the state and county levels. The survey provides health insurance information by combining data from various sources, such as the ACS, Medicaid, Children's Health Insurance Program (CHIP), and Census data. The latest data were available for 2011 and provide estimates on insured and uninsured at the state and county levels. The data can be further classified on the basis of age, race, gender, and income level. Data for the series of reports were collected from an interactive data visualization and mapping tool to provide estimates at the county level. These estimates are presented in Report Five.

Year Two West Virginia Evaluation

Moving into the second year of data collection, evaluation activities will continue to focus on measuring changes in population health, including repeating the population and enrollee exit surveys. The WVU HRC and OHSR will continue to monitor primary care center patients and health outcomes. The HRC, the Department of Emergency Medicine, and WVU Clinical and Translational Science Institute are also exploring the use of electronic health records within the West Virginia hospital system as a potential tool for hospital and ER use evaluation. Changes in chronic disease and other health indicators at the population level will be tracked and recorded over time as federal data are released. The HRC plans to do more in-depth interviews with healthcare administrators and providers to understand some of the data that are being found throughout the evaluation project. Exhibit 5 provides a tentative timeline for year two data collection.

Exhibit 5 Tentative Timeline for Year Two West Virginia Evaluation

	2014							2015				
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Ongoing Monitoring of State and Lower-level Surveillance Data												
Monitoring of State Clinical Data and De-identified Health Outcomes & Administrator Interviews												
Carrier Focus Groups												
Consumer and IPA Feedback Focus Groups												
Statewide Survey of West Virginia Residents ("Population Survey")												
Exit Surveys (Nov. 15-Feb. 15)												