

Updated July 2017 | Fact Sheet

## Medicaid's Role in West Virginia

## Medicaid in West Virginia

- Over **564,000** people in West Virginia are **covered by Medicaid** (29% of the population), making West Virginia the state with the highest share of its population enrolled in Medicaid.
- Three-fourths (74%) of enrollees are **children and adults**, but nearly **two-thirds** (61%) of the state's Medicaid spending is for the **elderly and people with disabilities**.
- **87,200** (22%) of West Virginia's **Medicare enrollees** are also **covered by Medicaid**, which accounts for over a third (36%) of Medicaid spending.
- 53% of all children in West Virginia are covered by Medicaid, including 56% of children with special health care needs.
- 76% of nursing home residents in West Virginia are covered by Medicaid and 41% of Medicaid long-term care spending is for nursing home care. Medicare beneficiaries rely on Medicaid for assistance with services not covered by Medicare, particularly long-term care.
- Nearly half (46%) of people in West Virginia live in rural areas. People who live in rural areas are more likely to be dependent on Medicaid.
- West Virginia has **the second lowest per capita income in the country** and therefore **one of the highest federal Medicaid matching assistance percentage (FMAP) at 73%**. For every \$1 spent by the state, the Federal government matches \$2.55. **Over three-fourths (79%) of all federal funds West Virginia receives are for Medicaid.** In Calendar Year 2017, the federal match rate for the Medicaid expansion population is 95%.

## What is at Risk under a Per Capita Cap?

- Capping Medicaid funding would reduce the federal assistance for West Virginia to maintain its current Medicaid program.
  - O Under the Better Care Reconciliation Act of 2017 (BCRA), to maintain its current Medicaid program, West Virginia would have to make up \$3.4 billion in loss of federal funds between 2020-2029, including \$1.5 billion for the phase-out of the enhanced match for the ACA expansion and \$1.9 billion for the per enrollee cap on all groups.
  - If West Virginia dropped the Medicaid expansion in response to the loss of enhanced federal financing,
    the state would forgo an additional \$7.6 billion over the 2020-2029 period, and by 2029, 227,000
    West Virginians estimated to be covered in the expansion group would lose Medicaid coverage.
- Capping federal Medicaid funding could jeopardize Medicaid programs designed to improve quality of life and access to long-term care for people with disabilities. 20% of West Virginia non-

institutionalized population reported a disability, the highest reported percentage compared to a U.S. average of 13%.

- West Virginia's population faces multiple high health needs and limited access to care. Reducing federal funds through a per capita cap or block grant would limit West Virginia's ability to respond to public health crises such as the opioid epidemic, HIV, or Zika.
  - West Virginia had the highest opioid death rate in the country in 2015 (36 deaths per 100,000 population).
    From 2013 to 2015, West Virginia's opioid death rate grew by 29%. West Virginia also has the highest obesity rate in the country (71.1%).
  - West Virginia ranks 43 in overall health status. In addition, 30% of people in West Virginia live in a health professional shortage area for primary care and have limited access to the services they need while 14% of adults report not seeing a doctor due to cost.