



**West Virginia's Demonstration Projects for
Covering the Uninsured**
(in response to the requirements of §16-2J-3)

December 2015

Preventive & Primary Care
Pilot Program

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**West Virginia’s
Demonstration Projects for Covering the Uninsured**



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This report was developed by the West Virginia Health Care Authority in response to the requirements of §16-2J-3.

West Virginia Health Care Demonstration Projects for Covering the Uninsured: The West Virginia Small Business Plan and The Preventive & Primary Care Pilot Program

Executive Summary

Prior to January 2014, there were nearly 300,000 West Virginia residents who lacked health insurance coverage. Many were working more than 40 hours per week, yet remained uninsured. Low annual incomes also made it nearly impossible for individuals or families to afford coverage in the private market, or qualify for health insurance through low-income programs.

Under the leadership of Governors Bob Wise (2004) and Joe Manchin (2006), two programs, among others, were created to provide coverage for the uninsured. In 2004, the Legislature passed Senate Bill 143, W.Va. Code §33-16D-16, creating the West Virginia Small Business Plan, which enabled private insurance companies, health care providers and state government to combine strengths for more affordable coverage plans, and was intended to help more uninsured working adults obtain comprehensive health insurance coverage through employer-sponsored plans which were priced lower than the usual rate for comparable coverage.

In 2006, the Legislature authorized the Preventive and Primary Care Pilot Program in HB 4021, W.Va. Code §16-2J-1, which permitted health clinics and private medical practitioners to offer a basic menu of services and provide primary and preventive health services for a prepaid monthly fee, while enabling more West Virginians to gain access to affordable health care. The five providers participating in the pilot program statewide typically included primary and urgent care services in their basic benefit structure.

Changes in the system occurred when Congress passed The 2010 Affordable Care Act, which provided the opportunity to extend coverage to many of the 47 million uninsured people nationwide, including the nearly 300,000 West Virginians who were uninsured. Health insurance coverage provisions were established through premium tax credits to help individuals purchase health insurance directly through the Health Insurance Marketplace, and through Medicaid eligibility expansion in order to assist low-income, uninsured individuals not previously eligible for Medicaid coverage in the past.

For many years, the WV Small Business Program and the Preventive & Primary Care Pilot both provided lower cost health coverage options for a relatively small but stable number of individuals and employers. The implementation of federal health care expansion programs has drastically reduced the number of participants, including providers, individuals and employer groups in the Preventive & Primary Care Pilot Program. Although the program had many successes over the years and served numerous participants at a time when health care coverage was needed, new programs offering comprehensive benefit packages have emerged nationally that may serve the needs of West Virginians more completely in the future.

West Virginia Health Care Demonstration Projects for Covering the Uninsured: The West Virginia Small Business Plan and The Preventive & Primary Care Pilot program

Background and History of West Virginia Health Coverage Programs

The State's commitment to expanding affordable health insurance by developing solutions for the uninsured in West Virginia has been ongoing for more than a decade. Prior to January 2014, nearly 300,000 West Virginians lacked health insurance coverage.¹ For those between the ages of 19 and 64 years of age, one in five had no coverage. Surprisingly, of those who did not have coverage, 61% were employed, and 30% were working 40 hours per week or more.² Employer-based coverage was often unavailable or unaffordable, and buying coverage in the private, individual market was prohibitively expensive or even impossible to purchase.

In 2001, an in-depth study of the health insurance market, and the largest survey of the uninsured ever completed within the West Virginia population, was undertaken by The West Virginia University Institute for Health Policy Research. The survey found that nearly 19% of working West Virginians were uninsured on any given day. Among uninsured workers, approximately 27% worked for an employer that offered health insurance.³ While there was an increase in the number of employed adults between 2001 and 2007, fewer employees reported working for employers who offered health insurance, and fewer reported being eligible for employer-based insurance.⁴

Contrary to public belief, many low-income residents, especially adults, could not qualify for health insurance through safety net programs, such as Medicaid. Most low-income adults without children had no access to health insurance at all unless they were severely disabled. At the time, West Virginia provided no public health insurance coverage to childless adults.

Because new ideas for addressing the problem of the ever growing number of uninsured residents was vital, West Virginia leadership took measures in both 2004 and 2006 to assist and reduce the number of uninsured. In 2004, the WV Small Business Plan was created to assist uninsured small businesses cover their employees. Then in 2006, legislation was passed to create the Preventive & Primary Care Pilot Program that would assist those without coverage to obtain low cost medical care in their communities by increasing access to primary health care services through partnerships with providers.

Programs started by previous Administrations in the early 2000's for covering the uninsured increased the number of lives covered by health insurance for many years. The issue of covering the uninsured changed substantially when Congress passed the 2010 Patient Protection & Affordable Care Act (ACA). The ACA not only allowed individuals to enroll in private plans through the insurance marketplace beginning in 2014, but also expanded the eligibility requirements for State

Medicaid programs to include those who could not afford insurance in the past, significantly reducing the number of uninsured individuals.

Shortly after taking office, Governor Bob Wise charged his executive team with developing ways to provide health care coverage to West Virginia's uninsured population. A Health Resources and Services Administration (HRSA) State Planning Grant (SPG) was received in 2002 that allowed the state to explore options for expanding affordable health insurance coverage to small businesses, their employees and individual purchasers.

A different idea for lower cost, small business health insurance emerged. The concept focused on utilizing the buying power and stability of a large, existing group, such as the Public Employees Insurance Agency (PEIA). To assess the viability of this concept, a Policy Advisory Committee was assembled. It was comprised of uninsured workers, small business owners, legislators, state government officials, PEIA enrollees, private insurance carriers and health care providers. Governor Wise also hosted a series of town hall meetings across the state to obtain input from interested parties. During the same time period, the Administration also began an in-depth study of the health insurance market and the impact on the uninsured in West Virginia and adopted common policies and administrative systems to reduce provider cost burden.

By December 2003, the original concept had grown into the private/public partnership model that became the basis for the WV Small Business Plan. In 2004, the Legislature passed Senate Bill (SB) 143, W.Va. Code §33-16D-16, which created the Small Business Plan and enabled private insurance companies, health care providers and state government to combine strengths for more affordable coverage plans.

Immediately upon his election in November 2004, Governor Manchin continued to pursue healthcare system improvements and opportunities to provide health coverage for the uninsured. He continued to build upon the accomplishments of the past through his commitment to the provision of affordable, individual insurance products for low wage workers, affordable small group products that could service both individuals and/or small companies, and products that would increase access to, and use of, primary care and preventive services. To this end, Governor Manchin organized the Affordable Insurance Workgroup (AIW), as recommended by Governor Bob Wise's Health Advisory Council, to develop options for addressing the needs of the uninsured. He also asked that the AIW examine methods for increasing access to, and consumption of, primary and preventive care services in order to improve the health status of West Virginians and reduce the cost of health care over the intermediate and long-term.

In December 2005, the AIW recommended the adoption of a clinic health services pilot program. The goal of the program was to encourage the expansion of preventive and primary care services for the uninsured and to establish a medical home for purposes of receiving primary and preventive health care services. The program was limited to primary care available at a clinic or doctor's office and did not include coverage for specialty or hospital care.

The recommendations made by the AIW were included in Governor Manchin’s health insurance proposals to the Legislature in 2006, resulting in the Legislature authorizing the Preventive & Primary Care Pilot Program in House Bill (HB) 4021, W.Va. Code §16-2J-1. The program permitted health clinics and private medical practitioners to provide primary and preventive health services for a prepaid fee, enabling more West Virginians to gain access to affordable health care. By establishing the pilot project, it allowed state health and insurance officials to study this method of delivering health services to determine the success, continued need and feasibility of expanding such a program, and whether similar programs could operate on a statewide basis in the future.

The Small Business Plan Description

SB 143, W.Va. Code §33-16D-16, encouraged a private/public partnership among insurance carriers, health care providers and PEIA that would bring commercially comparable coverage plans to qualifying uninsured small businesses at a premium cost reduction. This was primarily accomplished by allowing the participating carriers to access PEIA’s provider reimbursement rates, which were 20-25% lower on average than those of private insurance companies.³

The WV Small Business Plan’s (Plan) guiding principle was that all entities involved—health care providers, private insurance companies, state government, small business owners and their employees—must all share in the responsibility for increasing access to care by having insurance. Through the Plan’s partnership structure, none of those groups bear an undue portion of the responsibility, including the State of West Virginia. No state budget funds were dedicated to underwriting the costs of the Plan.³



The West Virginia Small Business Plan was intended to help more uninsured working adults obtain comprehensive health insurance coverage through employer-sponsored plans that were priced lower than the usual rate for comparable coverage.

In 2005, Mountain State Blue Cross Blue Shield (MSBCBS) became the first and only state health insurer to design coverage that mirrored commercially available plans and to offer health insurance under the Small Business Plan. MSBCBS assumed the Plan’s risk and primary administration and agreed to accept lower administrative income for coverage sold under the Plan.


PEIA also played a role in the partnership by allowing access to its rate of reimbursement for hospitals, doctors, and other health care providers’ services, and by verifying annually that a sufficient number of the state’s providers participated in the statewide network. Providers benefited from the Plan’s partnership structure when they no longer had to provide uncompensated care.

Preventive and Primary Care Pilot Program Description

Authorized by HB 4021 in 2006, the Preventive & Primary Care Pilot Program (West Virginia Code § 16-2J-1 et. seq.) permitted health clinics and private medical practitioners to provide primary and preventive health services for a prepaid fee, enabling more West Virginians to gain access to affordable health care.

The following were the major provisions of HB 4021 relative to the Preventive Care Pilot Program:

- Permitted providers to market and sell prepaid memberships, entitling subscribers to obtain preventive and primary health care from participating providers;
- Enabled clinics and private provider offices to apply as potential pilot sites and obtain a preventive care pilot program license;
- Required each participating provider and site to offer a minimum set of preventive and primary care services;
- Allowed applicants flexibility in pricing their products including co-payments or sliding fee scales. Price could not vary based on the physical condition of the patient;
- Prohibited individuals and employers from participating if they had coverage for the preceding 12 months, except in the case of qualifying events; the 12 month period could be waived if a high deductible policy had been provided similar to the WV Small Business Plan;
- Prohibited individuals and employers who had converted from a low deductible plan to a high deductible health benefit plan from purchasing a plan from a participating provider for six months from the date of the conversion.



The Preventive & Primary Care Pilot Program allowed participating providers to offer basic menus of services at a prepaid monthly set fee. Services typically included primary and urgent care.

The West Virginia Health Care Authority (WVHCA) solicited applications from providers who wanted to offer an array of primary care and preventive care services to program enrollees. Five providers statewide chose to participate, enrolling over 850 members and 26 employer groups at its maximum levels as reported by the clinics in the years 2011 and 2012.

The Preventive & Primary Care Pilot Program offered many an affordable option for primary care coverage for many years; however, the landscape changed with the passage of the ACA by Congress.

The 2010 Affordable Care Act: Covering Lives in West Virginia

Although programs started by the State of West Virginia in the early 2000s reduced the number of people who lacked health care coverage at the time, subsequent national programs mandating health care coverage have increased the number of lives covered by health insurance.

When the ACA was passed by Congress, it had the potential to extend coverage to many of the 47 million uninsured people nationwide, including the nearly 300,000 West Virginians who were uninsured. Health insurance coverage provisions were established across the income spectrum through premium tax credits to help individuals purchase health insurance directly through the Health Insurance Marketplace. The ACA also expanded Medicaid eligibility in order to assist low-income, uninsured individuals not previously eligible for Medicaid coverage in the past.¹

Historically, eligibility requirements for Medicaid were restricted to specific categories of low-income individuals, excluding non-elderly, leaving gaps in coverage for low income, working adults without dependent children who had no health coverage. The ACA aimed to fill these gaps by extending Medicaid to nearly all non-elderly adults with incomes at or below 138% of poverty levels.¹

Although people with incomes between 100% and 400% of poverty became eligible for premium tax credits when purchasing coverage in the Health Insurance Marketplace, 53% of the 76% of the uninsured, non-elderly individuals that qualified for financial assistance became eligible for Medicaid or the Children's Health Insurance Plan (CHIP).¹ As a result of the ACA, the uninsured rate in West Virginia in 2014 was 10.9%, down from 17.6% in 2013, since many gained coverage through Medicaid, the CHIP Program or from the Health Insurance Marketplace first open enrollment period.⁵ As of January 2015, the West Virginia Department of Health and Human Resources, Bureau for Medical Services reports more than 143,000 West Virginians have become eligible for Medicaid as a result of the ACA and expansion of the program.⁶

In 2001, the West Virginia University Institute for Health Policy Research's survey of the uninsured showed that nearly 80% of adults, ages 18-64, who lived in households with an annual family income below \$20,000 were at risk for being uninsured as compared to approximately 30% of those with annual incomes between \$20,000 and \$29,999. In 2007, the number of adults at risk for being uninsured who lived in households with an annual family income below \$20,000 increased to almost 90%, while those with annual incomes between \$20,000- \$29,999 decreased to 27%.³ Between 2001 and 2007, the most frequent obstacle to obtaining coverage was the high cost of premiums, co-pays, and deductibles.

In January 2015, the demographics of those covered under the expansion of Medicaid population remained consistent with the demographics of the uninsured as far back as 2001 as depicted in Figure 1. Those covered through the Medicaid eligibility expansion are as follows:

- 54% are female
- 46% are male
- About 42% of the expansion population are between 19 and 34
- 37% are between 35 and 50
- 20% are between 51 and 64
- Less than 1% fall outside of these age ranges

Figure 1 Medicaid Income Sources – January 2015⁶

	Number of Medicaid Households Reviewed in one Quarter (more than one person in a household)	Number of Individuals Reviewed in one Quarter
	122,027	138,467
Total % having some type of income	59%	63%
	Of those having income:	Of those having income:
% of members having earned income	69%	70%
% of members having self-employment income	9%	9%
% of members having unearned income	21%	20%
% of members reported having other income	< 1%	< 1%

The ACA has had a significant impact on West Virginia. As of mid-September 2014, reports indicate the state had enrolled virtually all individuals who were eligible through the Medicaid expansion.⁷ WV Medicaid now serves as the primary health insurance provider for more than 550,000 West Virginians, or about 30% of the total population as of SFY 2014.⁸ Not only has West Virginia ranked

second in the nation in terms of how much the state's residents benefited from the ACA, but if all provisions of the law were fully implemented in every state, West Virginia would rise to the top of the list as the state benefiting the most from the implementation of the ACA.⁷ While almost all of the uninsured in West Virginia are eligible for some type of coverage under the ACA, exemptions remain leaving some without health insurance coverage.¹

The ACA has not only provided health insurance coverage to the uninsured, but also provided other notable and valuable contributions to affordable health coverage that include the following:

- Health insurance companies must spend 80 cents of the premium dollar on health care or improvements to care, rather than salaries and administrative services;
- Health insurance companies must publicly justify their actions if premium rates are raised by 10% or more;
- Lifetime limits on health benefits were removed;
- Mental health and substance abuse disorder benefits were expanded;
- Preventive services must be covered without cost sharing to enrollees;
- Investment in the primary care workforce must occur;
- Community Health Centers must be supported;
- Prevention of illness and promotion of health must occur.⁵

ACA Small Business Health Options Program (SHOP)

Prior to the ACA, it was difficult and uncommon for small employers to offer their workers a choice of health plans,⁹ if they offered health coverage at all. Now, the ACA will help small businesses by lowering premium cost growth and increasing access to quality, affordable health insurance.¹⁰

The ACA established the Small Business Health Options Program (SHOP) Marketplaces in each state, which was envisioned as an online, one-stop-shopping portal that would aggregate the purchasing power of multiple small businesses, making it easier for small employers to obtain affordable coverage.⁹ As envisioned, the SHOP Marketplace opened to employers with 50 or fewer full-time equivalent employees.¹¹ For those employers with less than 25 employees, a small business tax credit of 50% assisted qualified small businesses who participated in the SHOP with the costs of insuring employees. SHOP participation will extend to employers with 100 or more employees in 2016, providing businesses with increased purchasing power to obtain a better choice of high-quality coverage at a lower cost.¹⁰

In keeping with the ACA's vision of extending health insurance coverage to the uninsured nationwide, the SHOP Marketplace has become another mechanism for covering those who lack health insurance. Employer groups that participated in both the Small Business Plan and Preventive & Primary Care Pilot Programs in the past now have the option to purchase health insurance coverage through the SHOP, which may provide employers greater insurance coverage at reduced

costs, ultimately reducing the number of employer participants in the Preventive & Primary Care Pilot Program.

Preventive and Primary Care Pilot Program Evaluation

The WV Offices of the Insurance Commissioner (WVOIC) and the West Virginia Health Care Authority (WVHCA) were jointly responsible for the regulatory oversight of the Preventive & Primary Care Pilot Program. While the WVHCA had primary responsibility for developing the required benefit structure and for licensing providers, the WVOIC was responsible for establishing financial and other requirements, including review and approval of pricing and solvency, consumer issues and complaints, and enforcement of fraud statutes.

The WVHCA solicited applications from providers who wanted to offer an array of primary care and preventive care services to program enrollees. Five providers chose to participate statewide, enrolling over 850 members, including 18 employer groups in 2011 as reported by the clinics. The following table provides enrollment information by provider:

Figure 2

**Preventive & Primary Pilot Program
Providers and Enrollment in 2011**

Facility	Program Name	Employers	Total Members
New River Health Association	Promise Program	9	434
Valley Health	U-CARE		14
Doctors Urgent Care	Primary Care One	6	336
Monroe Health Center	Health Benefit Plan		15
Manchin Clinic	Primary Care One	3	61

A general overview of the benefit packages initially offered by each provider, the monthly cost of individual and family coverage, and any applicable copays is detailed in the chart below. Benefit

limitations not outlined in the overview may have existed, and/or payment methodologies may have changed if specialized services were required.

Figure 3

**Preventive & Primary Pilot Program
Benefit Packages and Premiums by Provider – 2011**

Clinic	Benefit Package	Applicable Copays	Premiums
Doctors Urgent Care- Primary Care One	Office Visits, includes Dental and Vision Screening Radiology Diagnostic Laboratory Some Medical Supplies Some In-office Medications Prescription Drugs	\$0-\$10.00	Individual \$83.00/month Family \$125.00/month
Valley Health Systems - U-Care	Office Visits OB Office Visits Radiology Diagnostic Laboratory Urgent Care Prescriptions Drugs Dental Services	\$5.00 \$15.00 \$20.00 \$10.00 \$10.00 \$5.00/Generic \$10.00	Individual \$30.00/month
Monroe Health Center- Health Benefit Plan	Office Visits, includes Dental Screening Radiology Diagnostic Laboratory Mental Health Services Prescription Drugs	\$10.00 per visit	Individual \$35.00/month Family \$35.00 first enrollee, \$30.00 each add'l enrollee
New River Health Association* – Promise Program	Office Visits Radiology Mental Health Services Prescription Drugs Diagnostic Laboratory	\$20.00	Individual \$60.00/month Family \$115.00/month
Manchin Clinic	Office Visits Diagnostic Laboratory Radiology Prescription Drugs	Small Fee for Certain Drugs	Individual \$83.00/month Family \$125.00/month

*Program varies from initial application

In order to gain an understanding of the program from the members' perspective, a satisfaction survey was sent to the membership by Jack Canfield, LLC in 2010. Generally, the survey showed satisfaction that some health coverage was available. The key findings of the survey were:

- Over 85 percent of those participating visited a clinic, some more than 5 times;
- 65 percent were very satisfied with the quality of care at their clinic;
- Six in ten were very satisfied with the range of services at their clinic;
- Seven in ten believed the monthly fee was very reasonable;
- Only 1 percent was displeased with the value of services received;
- 67 percent reported no emergency room visits.⁷

Many of the negative comments received about the program directly related to specific staff at a clinic rather than dissatisfaction with the program, premiums, or services. When asked how the program might be improved, many enrollees expressed the need for expanding the program and including more services. Suggestions varied on how that expansion might work; one response recommended a “tiered” approach with a greater number of services offered as the premium increased, while others thought it should be “marketed” more across the state.¹²

After obtaining perspectives from the participating providers as well, all five of the providers that implemented the program were pleased with their ability to provide access to care for the uninsured. The providers all agreed that the program needed to be converted from pilot status to permanent status to encourage others to participate, since many were reluctant to begin programs that may dissolve in a short period of time. It was believed that a program of this type filled a void that was left for individuals who could not obtain or afford health insurance. This program provided individuals with a means for financing needed primary and urgent care at the time. In addition, the program provided a medical home for the uninsured who might otherwise not qualify for any other program.

A major disappointment voiced by all of the participating clinics was the inability to secure cooperation from the insurance industry to provide a wrap-around product that provided, specifically, specialty care and hospitalizations. It was believed that if this offering were a reality, participants would have a lower cost option that would provide primary care through the clinic and catastrophic coverage through a high deductible indemnity policy, or some type of policy where hospitalizations would be covered.

With the advent of health insurance coverage through the ACA where insurance may be purchased through the Marketplace or obtained through Medicaid, program participants can now obtain more complete and comprehensive programs, which may suffice for what providers had been requesting for years. As a result of the implementation of the ACA in January 2014, the providers participating in the Preventive & Primary Care Pilot Program have also changed. A survey of the clinics participating in the program found that three of the five providers originally participating in the program are no longer offering it. Two programs, the Manchin Clinic and Doctor’s Urgent Care, continue to provide the program even though membership continues to decline. Although Doctor’s Urgent Care continues to serve nine (9) employer groups, the Manchin Clinic has seen a reduction in participation from 6 employers in 2012, to 0 in June 2015. In addition, total membership continues

to decline as more individuals choose to utilize available programs offered through the Insurance Marketplace and Medicaid expansion.

The chart below trends membership by clinic between 2011 and 2015.

Figure 4

**Preventive & Primary Care Pilot Program
Membership Trends by Clinic 2011-2015**

Preventive & Primary Care Pilot Program		February 2011		May 2012		June 2015	
Facility	Program Name	Employers	Total Members	Employers	Total Members	Employers	Total Members
New River Health Association	Promise Program/Primary Care One	9	434	4	150	0	0
Valley Health	U-CARE	0	14	7	13	0	0
Doctors Urgent Care	Primary Care One	6	336	9	283	9	267
Monroe Health Center	Health Benefit Plan	0	15	0	8	0	0
Manchin Clinic	Primary Care One	3	61	6	50	0	30

As of June 2015, there were 297 total members and nine employer groups enrolled between the two remaining clinics that continue to provide services. The Monroe Health Center considered the program to only be a 3-year program and began phasing-out the program in 2012. New River Health Association and Valley Health no longer offered the program after ACA implementation.

Conclusion

For many years, the WV Small Business Program and the Preventive & Primary Care Pilot Program both provided lower cost health coverage options for a relatively small but stable number of individuals and employers. The implementation of federal health care expansion programs has drastically reduced the number of participants, including providers, individuals and employer groups

in the Preventive & Primary Care Pilot Program. As the SHOP Marketplace expands in 2016, it is anticipated the number of employer groups participating in the program will also decline. Although the program had many successes over the years and served numerous participants at a time when health care coverage was needed, new programs offering comprehensive benefit packages have emerged nationally that may serve the needs of West Virginians more completely in the future.

Sources:

1. “How Will the Uninsured in West Virginia Fare Under the Affordable Care Act?” *The Henry J. Kaiser Family Foundation*, April 14, 2015, <http://kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-west-virginia>.
2. Letnaunchyn, Joseph M., “Cost of the Uninsured: How It Affects Hospitals and the People They Serve,” May 2015. <http://www.sputtr.com/uninsured>.
3. WV Small Business Plan, May 2015. <http://www.wvsbp.org>.
4. “Assessing Changes in Healthcare in West Virginia from 2001 to 2007: The Non-Elderly Adult Report,” West Virginia University Institute for Health Policy Research, 2007.
5. HHS.gov/HealthCare, “5 Years Later: How the Affordable Care Act is Working for West Virginia,” April 2015. <http://www.hhs.gov/healthcare/facts/bystate/wv/html>.
6. “Medicaid Expansion,” West Virginia Department of Health and Human Resources. Bureau for Medical Services, June 30, 2015. <http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Documents/Expansion%20Demographics%20and%20Utilization%20Trends.pdf>.
7. Norris, Louise, “West Virginia Health Insurance Exchange/Marketplace,” *HealthInsurance.org*. April 2015. http://www.healthinsurance.org/west_virginia-state-health-insurance-exchange/.
8. “West Virginia Bureau for Medical Services State Fiscal Year 2014 Annual Report,” *West Virginia Department of Health and Human Resources, Bureau for Medical Services*, May 2015. <http://www.dhhr.wv.gov/bms/Documents/BMS%20Annual%20Report%202014%20-%20esh%20jh%20-pah%204%202-11-15.pdf>.
9. Lucia, Kevin, Giovannelli, Justin, and Sean Miskell, “After a Slow Start, Federal Small Business Health Insurance Marketplace Offers New and Improved Functions,” *The Commonwealth Fund*. April 2015. <http://www.commonwealthfund.org/publications/blog/2015/feb/federal-shop-marketplace-offers-new-and-improved-functions>.
10. “Affordable Care Act: Key Small Business Provisions,” *U.S. Small Business Administration*, April, 2015. [https://www.sba.gov/sites/default/files/files/ACA%20Fact%20Sheet%20for%20Small%20Business%20\(July%202013\).pdf](https://www.sba.gov/sites/default/files/files/ACA%20Fact%20Sheet%20for%20Small%20Business%20(July%202013).pdf).

11. “Overview of the SHOP Marketplace,” *HealthCare.gov*. April 2015.
<https://www.healthcare.gov/small-businesses/provide-shop-coverage/>.
12. Jack Canfield, LLC, Primary and Preventive Care Survey, February, 2010

