



Frequently Asked Questions

1. Why did the 2004 Legislature create the WV Small Business Plan? Do other states have similar options?

The Small Business Plan was created to bring more working uninsured adults and their families under the protection of comprehensive health coverage. Research shows that large numbers of uninsured persons are working for small businesses (2-50 employees) and the cost of comprehensive coverage is often not affordable. The Small Business Plan offers lower premium rates to qualified small businesses.

Other states are offering reduced premium options to small businesses, but these are underwritten by state budget dollars or the coverage may be a stripped-down version. West Virginia decided to not encumber state budget dollars. The better way has proven to be creating a private/public partnership among providers, private insurance carriers and the WV Public Employees Insurance Agency. Each partner contributes, and each benefits, in bringing more working uninsured adults and their families under the umbrella of coverage.

2. Why is Mountain State Blue Cross Blue Shield the only carrier offering coverage under the Small Business Plan?

Any approved carrier may offer coverage under the Small Business Plan. The Office of the WV Insurance Commissioner must approve all offerings, using the same rules that apply to all other commercial coverage contracts. Mountain State Blue Cross Blue Shield is committed to finding ways to offer health plans to more West Virginians and the Small Business Plan is one avenue to achieving that goal. Therefore, Mountain State came forward to administer this option.

3. What does the Small Business Plan mean to my practice or facility?

In short, it means that more people will present with viable insurance coverage. For care providers this means less charity care and debt write-off; more primary and preventative care delivery; and, the ability to care for patients in a manner where care, not just cost, is the primary focus.

There is no increased burden on physicians or other providers—no increased paperwork or initial visit processing, no increased reporting requirements and no directives affecting patient care. Small Business Plan enrollees are treated the same as any other patients, in relation to both care and administrative procedures.

4. How is the Small Business Plan managed?

All of the sales, management and reimbursement responsibilities fall to the participating insurance carriers, which is currently only *Mountain State Blue Cross Blue Shield*. Claims filing and all provider relationships are under the BCBS administrative procedures.

As with all other commercial health insurance offerings, the *Office of the WV Insurance Commissioner* must approve all contracts sold under the WV Small Business Plan guidelines.

The only role for the *WV Public Employees Insurance Agency* is to allow the insurance carrier to access the PEIA reimbursement rates for payment to providers in the Small Business Plan network. Physicians and providers agree to accept the current PEIA rates as payment in full for services to Small Business Plan enrollees.

The *WV Health Care Authority* (WVHCA) conducts and compiles responses to the annual provider opt-out survey, which is this mailing. The WVHCA also serves as a source of information about the Plan.

5. Where can I find the reimbursement schedules? Is balance billing allowed?

The schedules, which are the same as the PEIA reimbursement rates, can be found at that agency's Web site www.wvpeia.com

The PEIA rates, which are used for payment for services delivered to Small Business Plan enrollees, must be accepted as payment in full; balance billing is prohibited.

As with other insurance coverage, co-payments and deductibles can be collected.

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