

WV Children's Health Insurance Program Summary Plan Description

July 2019-June 2020



**350 Capitol Street, Room 251
Charleston, WV 25301**

WHEN IS THE **EMERGENCY ROOM** THE "RIGHT" PLACE TO GO?

| Illness or Injury: | Manage at home if: | Contact your doctor if: | Go to the ER if: |
|--|--|---|--|
| <p><u>Vomiting & Diarrhea</u> There are lots of viruses or bugs that can cause vomiting and/or diarrhea. The episodes usually don't last long but the concern is dehydration or not able to tolerate enough fluids by mouth.</p> | <p>Your child can keep down little sips of fluid, is urinating and producing tears.</p> | <p>The diarrhea and vomiting keep returning or the child is losing weight.</p> | <ul style="list-style-type: none"> • Your child had had a dry diaper or hasn't urinated for 6 hours. • Is unable to keep anything down, even a teaspoon of fluid. • The soft spot on your baby's head is noticeably sunken. • Your child is crying but not making tears. • Your child appears listless. • Vomiting or diarrhea contains blood. |
| <p><u>Fever</u> An older child or infant can almost always be managed at home. The exception is a child less than 3 months of age with any temperature 100.4 or higher.</p> | <p>It's only been a day or two and your child responds to medicine.</p> | <p>Your child has a fever for several days, doesn't seem to have any other symptoms and medicine has no effect on the fever.</p> | <ul style="list-style-type: none"> • Your child is under 3 months and their temperature is 100.4 or higher. • Your child is older than 3 months and has a fever of 104 or more, accompanied by symptoms like unresponsiveness, inconsolable crying, trouble breathing, vomiting, or seizures. |
| <p><u>Sprains, Strains, or Broken Bones</u> If your child falls and then complains of pain, treat first with ice to the area and pain reliever. If your child settles down and is comfortable, then they can be seen by their doctor the following day.</p> | <p>Ice and pain relievers help control the pain and swelling.</p> | <p>See your doctor within 2-3 days if symptoms continue.</p> | <p>The pain is severe or if the limb is not straight or is accompanied by an open wound.</p> |
| <p><u>Coughing, Respiratory Distress, or Congestion</u> A cough does not need to be seen in the ER unless accompanied by signs of respiratory distress or difficulty breathing. If your child has a cough, but their breathing is okay, you can see your doctor the next day.</p> | <ul style="list-style-type: none"> • Colds and flu are most commonly caused by viruses, so antibiotics won't help. The body needs to fight off the virus. • Never use a cold or cough medicine in kids under the age of 4 unless recommended by a pediatrician. • If your child is able, have her blow her nose regularly. • Encourage fluids. | <ul style="list-style-type: none"> • Your child is breathing with his mouth open because he is very congested, but his color is good and he is not breathing rapidly. • The congestion is accompanied by a fever • The drainage from the nose or mucus from a cough is yellow or green and not white or clear. | <ul style="list-style-type: none"> • Your child is choking. • Your child is struggling to breathe, flaring nostrils, breathing very fast, or when using accessory muscles to breathe. • Your child stops breathing. • Your child is turning blue. <p>https://www.parents.com/health/fever/fever-fears-a-guide-for-treating-fever-in-children/ https://www.adventhealth.com/hospital/adventhealth-children/pediatric-emergency-and-urgent-care</p> |

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WVCHIP BENEFITS AT A GLANCE

| <i>Type of Service</i> | <i>Limitations</i> |
|---|---|
| Allergy Services | Includes testing and related services |
| *Applied Behavior Analysis Services | A primary diagnosis of Autism Spectrum Disorder and prior authorization is required |
| *Ambulance Services (air/ground) | Prior authorization required for hospital to hospital transport |
| Birth to Three Services | See page 23 details |
| *Chiropractic Treatment | Prior authorization required for members under 16 |
| Dental Services | See page 23 for details |
| Diabetes Management | See page 40 for details |
| *Outpatient Diagnostic Services (labs, x-ray, imaging, etc.) | Prior authorization required for some diagnostic services. Please see list on page 13 |
| *Durable Medical Equipment (Orthotics/Prosthetics) | Prior authorization for purchases over \$1,000 or rental requests for over 3 months |
| Emergency Room Services | Covered for emergency care only |
| Family Planning Services | See page 17 for contraceptive coverage |
| *Hearing Exams/Aids | Prior authorization required for hearing aid, but not the exam |
| *Home Health Services | Benefit requires prior authorization when more than 12 visits are prescribed |
| *Hospice Care | As needed |
| Immunizations | Routine childhood vaccinations only in West Virginia through Vaccines for Children (VFC) providers |
| *Inpatient/Outpatient Hospital Services, including mental health and substance use disorder treatments and services | Behavioral change and basic life skills development or "habilitation" services are not covered |
| *Outpatient therapy services | See page 20 |
| Maternity Benefits | See page 25 |
| *Mental Health/Substance Use Disorder Therapies | Prior authorization is required after 26 visits |
| *Organ Transplant | Contact KEPRO immediately when identified as a potential transplant candidate |
| *Orthodontia Services | Prior authorization required |
| Physician/Nurse Practitioner/RHC/FQHC Services | As needed. 26 primary care visit limit |
| Prescription Drug Services (including *Specialty Drugs) | See page 32 for Prescription Drug Plan |
| Skilled Nursing Care | Prior authorization required after 12 visits |
| *Sleep Management Services | See page 20 Sleep Apnea |
| Tobacco Cessation | Two 12-week cycles per lifetime age 18 and up. See page 26 |
| Urgent Care Visits | See page 20 |
| Well Child Services | See page 20 for recommended wellness visits |
| Vision Services | See page 26 |

***Refer to "Prior Authorization" section on page 13 for additional information. This is only a summary and not all inclusive. Please read the related sections of this document for benefit details.**

What is WVCHIP?

In 1997, Congress amended the Social Security Act to create Title XXI "State Children's Health Insurance Program." The West Virginia Legislature established the insurance governance and legal framework in legislation that was enacted in April 1998. Children first began enrolling in the West Virginia Children's Health Insurance Program (WVCHIP) in July 1998.

WVCHIP covers children from birth through the end of the month of their 19th birthday. It pays for a full range of health care services for children, including doctor visits, check-ups, vision and dental visits, immunizations, prescriptions, hospital stays, mental health, and special needs services. Starting July 1, 2019, WVCHIP will also cover pregnant women over 19 years of age.

WVCHIP reports to a financial governing board comprised of citizen members, legislators, and state agency members who are responsible for WVCHIP's annual financial plan. The West Virginia Children's Health Insurance Program Board meets at least four times each year, and meetings are open to the public. WVCHIP's administrative office is located at 350 Capitol Street, Room 251, Charleston, West Virginia 25301.

WVCHIP has contracts with agencies known as third-party administrators to provide benefits management and claims payment for all medical, dental and pharmacy services. They are:

Prior Authorizations

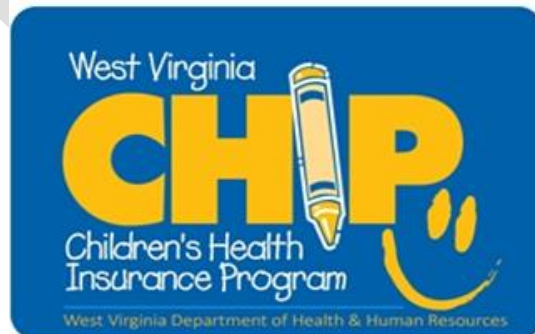
KEPRO
PO Box 2451
Charleston, WV 25329-2451
1-888-571-0262
Fax: 1-866-438-1360
<http://wvaso.kepro.com>

Pharmacy

CVS Caremark
PO Box 52084
Phoenix, AZ 85072-2084
1-800-241-3260
www.caremark.com

Medical & Dental Claims Processing

DXC Technology (formerly Molina Medicaid Solutions)
PO Box 3732
Charleston, WV 25337
1-800-479-3310
www.wvmmis.com



Important Terms

The following terms are used throughout this Summary Plan Description (SPD) and are defined below as they pertain to WVCHIP:

Allowed Amounts: The lesser of the actual charge amount or the maximum fee for that service as set by WVCHIP.

Alternate Facility: A facility other than an inpatient or acute care hospital.

Benefit Year: A 12-month period beginning January 1 and ending December 31, used to calculate out-of-pocket maximums.

Birth To Three (BTT): This statewide system can assess early child development and provide services and support for the families of children three and under who have a delay in their development or may be at risk of having a delay. See pages 24-25 for more details.

Claims Administrator: DXC Technology is responsible for the processing of medical and dental claims for services received.

Coordination of Benefits: WVCHIP members are otherwise not insured, therefore, this would not apply to WVCHIP members. WVCHIP **does not** pay claims that indicate payment by any other insurance or source.

Copayment: A set dollar amount a member pays when using certain services, such as office visits, brand name drugs, and some dental services.

CVS Caremark: The third-party administrator that processes and pays claims for prescription drugs, specialty drugs, provides drug information and drug utilization management functions for the Plan.

Durable Medical Equipment: Medical equipment that is prescribed by a physician which can withstand repeated use, is not disposable, is used for medical purposes, and is generally not useful to a person who is not sick or injured.

Eligible Expense: A necessary, reasonable, and customary item of expense for health care when the item of expense is covered at least in part by the Plan covering the person for whom the claim is made. Eligible expenses under this Plan are calculated according to WVCHIP fee schedules, rates, and payment policies in effect at the time of service.

Emergency: An acute medical condition resulting from injury, sickness, pregnancy, or mental illness that arises suddenly and which a reasonably prudent layperson would believe requires immediate care and treatment to prevent the death, severe disability, or impairment of bodily function.

Exclusions: Services, treatments, supplies, conditions, or circumstances not covered by the Plan.

Experimental, Investigational, or Unproven Procedures: Medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Plan (at the time it makes a determination regarding coverage in a particular case) to be: (1) not approved by the U.S. Food and Drug Administration (FDA) to be lawfully marketed for the proposed use and not identified in the American Medical Association Drug Evaluations as appropriate for the proposed use; or (2) subject to review and approval by any Institutional Review Board for the proposed use; or (3) the subject of an ongoing clinical trial that meets the definition of Phase 1, 2, 3 Clinical Trial set forth in the FDA regulations, regardless of whether the trial is actually subject to FDA oversight; or (4) not demonstrated through

prevailing peer-reviewed medical literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed.

Explanation of Benefits (EOB): A form sent to members or their guardians which explains the action taken by WVCHIP on the claim submitted by the provider. This explanation includes the amount paid, services provided, member cost-sharing responsibility, or reasons for denying payment, etc.

Guardian: A person who has the legal right and responsibility of taking care of someone who is not responsible for his or her own care, such as a child.

KEPRO: The third-party administrator that handles utilization management, case management, and prior authorizations.

Help Me Grow: A free program which helps physicians and parents address childhood development issues from birth to age 5. The program includes the Ages and Stages Questionnaire (ASQ-3), an expertly staffed hotline, and serves as information and referral service to help connect parents and health care providers with specialized services and therapies as well as support services. See pages 22 for details.

Inpatient: A member admitted to the hospital for medical services.

Maternity Services: See page 25 for more details.

Medical Case Management: A process by which KEPRO assures appropriate available resources for the care of serious long-term illness or injury. KEPRO medical case management program can assist in providing alternative care plans.

Medical Home: A West Virginia provider who is a general practice doctor, family practice doctor, internist, or pediatrician who has enrolled with WVCHIP as a medical home provider and who is listed in WVCHIP's medical home directory. The medical home directory can be found on the DXC Technology website, www.wvmmis.com.

Medically Necessary Care (or Medical Necessity or Medically Necessary): Medically necessary health care services and supplies are those provided by a hospital, physician or other licensed health care provider to treat an injury, illness or medical condition; is consistent with the patient's condition, symptoms, diagnosis or accepted standards of good medical and dental practice; conforms to generally accepted medical practice standards; not solely for the convenience of the patient, family or health care provider; not for custodial, comfort or maintenance purposes; rendered in the most appropriate and cost-efficient setting for the condition being treated; and not otherwise excluded from coverage under the Plan. The fact that a physician recommends or approves certain care does not mean it is medically necessary; all the criteria must be met. WVCHIP reserves the right to make the final determination of medical necessity based on diagnosis and supporting medical data.

Member: A child or pregnant woman who is enrolled for health care coverage under the Plan as determined eligible by the West Virginia Department of Health and Human Resources (DHHR), Bureau for Children and Families.

DXC Technology: The third-party administrator that handles medical, vision, and dental claims processing and customer service for WVCHIP.

Outpatient: A member who receives services in a hospital, alternative care facility, freestanding facility, or physician's office, but is not admitted as an inpatient.

Plan: The benefits offered by WVCHIP.

Plan Year: A 12-month period of benefits offered beginning July 1 and ending June 30. Please note that the Plan Year is different from the Benefit Year.

Premium: A monthly payment required for continued enrollment required for WVCHIP Premium members.

Primary Care Provider: A general practice doctor, family practice doctor, internist, pediatrician, obstetrician/gynecologist, nurse practitioner, or physician assistant working in collaboration with such a physician who generally provides basic diagnosis and non-surgical treatment of common illnesses and medical conditions.

Prior Authorization: The required process of obtaining approval from KEPRO for certain outpatient procedures, inpatient admissions, and all services listed as requiring prior authorization, or from the Rational Drug Therapy Program for specific medications to determine medical necessity and cost effectiveness prior to payment for services. Please see Prior Authorization or Drugs Requiring Prior Authorization.

Provider: A hospital, physician, or other health care professional who provides care. A health care professional must be licensed and qualified under the laws of the jurisdiction in which the care is received and must provide treatment within the scope of his or her professional license. If the service is provided by a medical facility such as a hospital or treatment center, the facility must be approved by Medicare or the Joint Commission on Accreditation of Health Organizations (JCAHO).

Provider Discount: A previously determined percentage or amount that is deducted from a provider's charge or payment amount that is not billable to the member when WVCHIP is the payer and the service is provided in West Virginia or by an out-of-state enrolled and approved provider or facility.

Rational Drug Therapy Program (RDTP): The Rational Drug Therapy Program of the WVU School of Pharmacy provides clinical review of requests for drugs that require prior authorization under the Plan, except for specialty drugs.

Regular WVCHIP: The WVCHIP Gold and WVCHIP Blue plans are referred to as "regular" WVCHIP.

Specialty Drugs: These are high-cost injectable, infused, oral, or inhaled prescription medications that require special handling, administration, or monitoring. These drugs are used to treat complex, chronic, and often costly conditions and are prior authorized by CVS Caremark.

Subrogation: The right of WVCHIP to succeed to a member's right of recovery against a third party for benefits paid by WVCHIP, or on behalf of a member for services incurred for which a third party is, or may be, legally liable. This is a repayment to WVCHIP for medical costs WVCHIP paid due to an illness or injury wrongfully caused by someone else (as in an auto accident, for example). This usually occurs after repayment by another insurer or court settlement. Health Management Systems (HMS) is the vendor that provides subrogation services to WVCHIP.

Third Party Administrator (TPA): Companies or service agents with whom WVCHIP has contracted to provide customer service, utilization management and claims processing services to children insured under the Plan.

Timely Filing: Claims must be filed within six months for dental, vision, and medical services. Claims not submitted within this period will not be paid, and WVCHIP will not be responsible for payment. *It is the obligation of the member or member's guardian to present the WVCHIP member card to the provider, i.e. physician's office hospital, etc., at the time of service. If the member card with correct billing identification is not provided in a timely manner which causes delays of the provider's submission of the claim to WVCHIP within the timely filing limits, the provider may hold the guardian or member responsible for payment of the claim. The member or guardian may also be held responsible for any service provided that is not a covered benefit under the WVCHIP program.*

Utilization Management: A process by which WVCHIP controls health care costs. Components of utilization management include pre-admission and concurrent review of all inpatient hospital stays, known as prior authorization; prior review of certain outpatient surgeries and services; and medical case management. Utilization management services are provided by KEPRO.

WVCHIP Gold: WVCHIP enrollment group for children in families with incomes at/or below 150% of the Federal Poverty Level (FPL).

WVCHIP Blue: WVCHIP enrollment group for members in families with incomes over 150% up to 211% of the FPL.

WVCHIP Premium: The enrollment group for members in families with incomes over 211% up to 300% FPL that requires monthly premium payments.

WVCHIP EXEMPT: The enrollment group members who are Native American/Alaskan natives that are members of a federally recognized tribe, who are exempt from copayments and other cost-sharing.

Starting and Ending Coverage

Enrolling or Renewing Enrollment Each Year: Applications to enroll or renew coverage can be downloaded from www.chip.wv.gov or can be submitted electronically at www.wvinroads.org. You can also go to a local community partner agency to apply in person. A list of community partner agencies can be found at www.chip.wv.gov or by calling the WVCHIP Helpline at 1-877-982-2447.

Who is Eligible for WVCHIP?

- Children who live in West Virginia
- Children under age 19
- Women over 19 who are pregnant
- United States citizens and immigrants who entered the U.S. as lawful permanent residents
- Live-in families who meet the income guidelines (see income guidelines at www.chip.wv.gov or call the WVCHIP Helpline at 1-877-982-2447)
- Children who are not eligible for Medicaid
- Children who are not eligible for other group insurance (see "good cause" exceptions below)
- Children who do not have "creditable" health insurance now unless they meet "good cause" exceptions for terminating "creditable" health insurance
- Public employees' children who meet the WVCHIP eligibility requirements
- **"Deemed Newborns"** – If a child is born to a mother who is currently enrolled in WVCHIP, the family must report the birth to their DHHR county office. The child is first evaluated for Medicaid, along with the mother. If the newborn does not qualify for Medicaid, the newborn will be enrolled in WVCHIP. The effective date of coverage for the newborn will be the child's birth date

Types of Insurance that are "Excepted." Insurance that is "excepted" is not considered "creditable" and does not affect eligibility for WVCHIP. Creditable coverage does not include:

- Coverage only for accidents (including accidental death or dismemberment) or disability income insurance
- Liability insurance
- Supplements to liability insurance
- Worker's compensation or similar insurance

- Automobile medical payment insurance
- Credit-only insurance (for example, mortgage insurance)
- Coverage for on-site medical clinics
- Limited excepted benefits (excepted if they are provided under separate policy, certificate, or contract of insurance)
 - Limited scope dental (see note)
 - Limited scope vision (see note)
 - Long-term care benefits
- Non-coordinated benefits (excepted if they are provided under separate policy, certificate, or contract of insurance and there is no coordination of benefits, such as benefits paid without regard to whether benefits are provided under another health plan)
 - Policy that covers only a specified disease or illness, i.e. cancer-only policy
 - Hospital indemnity or other fixed dollar indemnity insurance policy
- Supplemental benefits (excepted if they are provided under a separate policy, certificate or contract of insurance)
 - Medicare supplemental benefits
 - Coverage supplemental to the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or other health benefit plans for the uniformed services of the United States
 - Similar supplemental coverage provided to coverage under a group health plan

Note: Because federal regulations require prevention of duplicative payments, WVCHIP pays nothing for medical, dental or pharmacy claims where payment from other insurance is indicated, including payments from “excepted” insurance listed above.

When Does Coverage Start: Health care coverage begins on the first day of the month, in which the individual files application and eligibility is approved by their local DHHR Office. For example, if an individual applies for WVCHIP on January 15, once approved, health care coverage will be back dated to January 1.

Participation in WVCHIP Premium requires monthly premium payments. Premiums are due by the 1st of the month and are billed a month in advance. To pay online, go to www.chip.wv.gov select “Online Premium Payment” and follow the instructions, or families can mail a check or money order with the Guardian PIN number to WVCHIP, Post Office Box 40237, Charleston, WV 25364.

Continuing Your Coverage (Re-enrollment). WVCHIP members are required to re-determine eligibility every 12 months. After 10 months of coverage with the WVCHIP, the child’s parent or guardian will receive a letter from their local DHHR office to re-determine eligibility. Promptly returning the application will help assure that the child will not have a gap in coverage. Coverage for pregnant women will end 60 days after the birth occurs and is not renewable.

When Coverage Ends: The child becomes ineligible to receive benefits through the WVCHIP plan for the following reasons:

- 1) The member’s 12-month period of continuous eligibility ends, and the child’s guardian does not reapply for benefits
- 2) The member reaches the maximum age of 19, and the child’s coverage will end on the last day of the month of the child’s 19th birthday. For example, if a child covered by the WVCHIP plan turns 19 on March 2, the child will be eligible to receive benefits through March 31. **Note: If the child is receiving inpatient hospital services on the date he/she would lose eligibility due to the attainment of maximum age, coverage continues until the end of the inpatient stay.**
- 3) The member moves out-of-state
- 4) The member dies

- 5) The member is covered by Medicaid when the member or guardian chooses Medicaid over WVCHIP
- 6) The member obtains individual or group health insurance coverage
- 7) The member was approved in error and is not currently eligible
- 8) The pregnant woman's coverage ends the last day of the month 60-days after the birth occurs

Cost Sharing

Premiums

Monthly premium invoices will be mailed to families on the 7th day of each month. This will include a coupon to be used if submitting payment by mail. The monthly premium payment for families with one child is \$35 and for two or more, the monthly premium is \$71. If a member is enrolled for benefits related to pregnancy, the premiums are \$35 per month. Payments can be made online at www.chip.wv.gov or by check or money order mailed to:

WVCHIP
P.O. Box 40237
Charleston, WV 25364

Your Guardian PIN number **must** be included on your check to ensure credit is applied to the correct account. If you do not know your Guardian PIN number, you can contact DXC Technology at 1-800-479-3310, or the WVCHIP Helpline at 1-877-982-2447.

Copayments

WVCHIP members participate in some level of cost sharing (copayments and premiums), except for those children registered under the federal exception for Native Americans or Alaskan Natives, and those enrolled in WVCHIP Pregnant Women's coverage.

WVCHIP has three enrollment groups in the plan. Each enrollment group has a different cost share. Each letter shows the member's name and identification number.

| Medical Services and Prescription Benefits | WVCHIP Gold | WVCHIP Blue | WVCHIP Premium |
|--|------------------|------------------|---|
| Generic Prescriptions | No Copay | No Copay | No Copay |
| Listed Brand Prescriptions | \$5 | \$10 | \$15 |
| Non-listed Brand Prescriptions | Full Retail Cost | Full Retail Cost | Full Retail Cost |
| Multisource Prescriptions | No Copay | \$10 | \$15 |
| Medical Home Physician Visit | No Copay | No Copay | No Copay |
| Physician Visit (non-medical home) | \$5 | \$15 | \$20 |
| Preventive Services | No Copay | No Copay | No Copay |
| Immunizations | No Copay | No Copay | No Copay |
| Inpatient Hospital Admissions | No Copay | \$25 | \$25 |
| Outpatient Surgical Services | No Copay | \$25 | \$25 |
| Emergency Department (waived if admitted) | No Copay | \$35 | \$35 |
| Vision Services | No Copay | No Copay | No Copay |
| Dental Benefit | No Copay | No Copay | \$25 Copay for some non-preventive services |

Note: Copayments are waived for all office visits to member's medical home. In order to save money on copayments for office visits, please choose and use a medical home provider for your

child. See “The Importance of a Medical Home” in the upcoming pages. There are no copayments for maternity services or members enrolled in WVCHIP Pregnant Women’s Coverage.

Out of Pocket Maximums: The maximum copayment amounts applied during a benefit year are as follows:

| # of Children Copay Maximum | WVCHIP Gold | WVCHIP Blue | WVCHIP Premium |
|--|----------------|----------------|------------------|
| 1 Child Medical Maximum | \$150 | \$150 | \$200 |
| 1 Child Prescription Maximum | \$100 | \$100 | \$150 |
| 2 Children Medical Maximum | \$300 | \$300 | \$400 |
| 2 Children Prescription Maximum | \$200 | \$200 | \$250 |
| 3 or more Children Medical Maximum | \$450 | \$450 | \$600 |
| 3 or more Children Prescription Maximum | \$300 | \$300 | \$350 |
| Dental Services | Does not apply | Does not apply | \$150 per family |

Note: Diabetic supplies, such as lancets and test strips, will count towards out-of-pocket maximums.

Federal regulations exempt Native Americans and Alaskan Natives from cost sharing. This exemption can be claimed by calling 1-877-982-2447 to declare your tribal designation and confirm that it is listed as a federally recognized tribe.

Amending the Benefit Plan

WVCHIP reserves the right to amend all or any portion of this Summary Plan Description (SPD) in order to reflect changes required by court decisions, legislative actions, and the WVCHIP Board, or for any other matters deemed appropriate. The SPD will be amended within a reasonable time of any such actions.

Your Member Identification Letter

A letter will be included with the notice of approval for WVCHIP. This letter is used for medical, dental and prescription drug coverage and is effective the full 12 months that a child is enrolled and covered by WVCHIP unless coverage ends. A duplicate letter is issued when a member card is reported lost, stolen or damaged. A new letter will **NOT** be issued to a child upon re-enrollment if the child remains in the same coverage group.

WVCHIP Gold: Copayments for non-medical home office visits and brand drugs.

WVCHIP Blue: Copayments for non-medical home office visits, hospital inpatient and outpatient services, emergency room visits, and brand drugs.

WVCHIP Premium: Copayments for non-medical home office visits, some dental services, hospital inpatient and outpatient services, emergency room visits, and brand drugs. In addition, monthly

premium payments are required for continued participation. **There are no copayments for maternity services or members enrolled in WVCHIP Pregnant Women's Coverage.**

WVCHIP Exempt: Federal regulations exempt Native Americans and Alaskan Natives from cost sharing. This exemption can be claimed by calling 1-877-982-2447 to declare your tribal designation and confirm that it is listed as a federally recognized tribe.

Please contact the WVCHIP HelpLine at 1-877-982-2447 if you do not receive your approval letter within 15 days of enrollment.

Member Portals

WVCHIP works directly with DXC Technology for claims processing and provider enrollment/credentialing. Online access is provided for members to review claims, EOBs, and eligibility, as well as to print temporary member identification letters and provider directories. WVCHIP will not send coverage letters after July 1, 2019. The website is www.wvmmis.com. An initial registration is required, consisting of entering the member ID and address.

CVS Caremark works with WVCHIP to process prescription claims and provide drug information. Their website is www.caremark.com. Registration is required for access to refill information, request claim forms, or find a participating pharmacy near you.

Prior Authorization (Mandatory)

WVCHIP requires that certain services and/or items be reviewed in advance of service to determine whether they are medically necessary and being provided in the most appropriate setting by an enrolled provider.

Requests for prior authorization should be submitted to the contracted utilization management organization, as early as possible in advance of the service/item.

Call KEPRO at 1-888-571-0262 or fax to 1-866-438-1360 for prior authorization.

IMPORTANT! -- Failure to obtain prior authorization for services may result in the member or member's family being responsible for the entire cost of the claim.

Prior authorization is required for the following:

1. Abortion
2. Air ambulance and hospital-to-hospital ambulance transport
3. All inpatient admissions to hospitals/facilities (in-state and out-of-state)
4. All admissions to rehabilitation or skilled nursing facilities
5. Any potentially experimental/investigational procedure, medical device, or treatment
6. Chelation therapy
7. Chiropractic services for children under age 16
8. Continuous glucose monitors
9. Cosmetic/reconstructive surgery as a result of accident or birth defects (such as cleft lip and palate)
10. CTA (CT angiography) - outpatient
11. Dental ridge reconstruction
12. DEXA scans (dual energy x-ray absorptiometry), and limited to once every 2 years

13. Dialysis services - outpatient
14. Durable medical equipment purchases of \$1,000 or more, or rental more than 3 months
15. Endoscopic treatment of Gastro-esophageal Reflux Disease (GERD)
16. Hearing aids
17. Heart Perfusion Imaging
18. Home health care exceeding 12 skilled nursing visits
19. Hospice care
20. IMRT (intensity modulated radiation therapy) - outpatient
21. Hyperbaric Oxygen Therapy (HBOT)
22. I.V. therapy in the home
23. Maternity admissions over 48 hours for vaginal delivery and 96 hours for caesarean section
24. MRA (Magnetic Resonance Angiography) - performed as an outpatient
25. MRI (Magnetic Resonance Imaging) of the breast or spine (cervical, thoracic, and lumbar) - outpatient
26. Orthotics/prosthetics over \$1,000
27. Oral surgeries including orthognathic surgery, excluding extractions
28. Outpatient therapy services including occupational, physical, speech, and vision therapy beyond 20 visits
29. PET (Positron Emission Tomography) – outpatient
30. Pregnancy ultrasounds - two allowed for pregnancy, PA required for more than two
31. Sleep apnea services and equipment
32. SPECT (single photon emission computed tomography) of brain and lung
33. Stereotactic Radiation Surgery and Stereotactic Radiation Therapy
34. Surgeries:
 - Outpatient surgeries as listed below:
 - a) cochlear implants
 - b) hysterectomy
 - d) implantable devices including, but not limited to implantable pumps, spinal cord stimulators, neuromuscular stimulators, and bone growth stimulators
 - e) knee arthroscopy
 - f) septoplasty or submucous resection
 - g) spinal surgery including artificial disc, discectomy with spinal fusion, laminectomy with spinal fusion spinal fusion, vertebroplasty, kyphoplasty, and sacroplasty
 - h) uvulopalatopharyngoplasty
 - j) oral surgeries done in a facility other than the dental office
35. Transplants and transplant evaluations (including but not limited to kidney, liver, heart, lung and pancreas, small bowel, and bone marrow replacement or stem cell transfer after high dose chemotherapy)
36. There are visit limits to some services listed below. Visits exceeding the limits require prior authorization.

| Type of Service | <u>Number of Visits</u> |
|-------------------------------|--------------------------------|
| Occupational Therapy Services | 20 |
| Physical Therapy Services | 20 |
| Speech Therapy Services | 20 |
| Vision Therapy Services | 20 |
| Primary Care Visits | 26 |
| Physician Specialist Visits | 26 |
| Mental Health Visits | 26 |

Note: Prior authorization **DOES NOT** assure eligibility or payment of benefits under your WVCHIP plan.

Medical Case Management

When Medical Case Management is Offered:

If the member is experiencing a serious or long-term illness or injury, such as cerebral palsy, sickle cell anemia, spina bifida, leukemia, cancer, psychiatric or emotional disorder, KEPRO's medical case management program can help you learn about and access the most appropriate resources, treatment and family support.

Should you believe your child has special needs and could benefit from this service, please call KEPRO at **1-888-571-0262**.

What is Covered Under the Plan?

Medically Necessary Services:

To be covered, services must be medically necessary and listed as covered.

Note: The fact that a physician has recommended a service as medically necessary does not make it a covered expense. WVCHIP reserves the right to make the final determination of medical necessity based on diagnosis and supporting medical data.

Who May Provide Services: WVCHIP will pay for services rendered by a health care professional/facility if the provider is:

- licensed or certified under the law of the jurisdiction in which the care is rendered
- enrolled in WVCHIP through DXC Technology
- providing treatment within the scope or limitation of the license or certification
- not sanctioned by Medicare, Medicaid or both. Services of providers under sanction will be denied for the duration of the sanction
- not excluded by WVCHIP, PEIA, or Medicaid due to adverse audit findings
- not excluded by other states' Medicaid or CHIP Programs

Covered Services: A full range of health care services are covered in full unless otherwise noted. Some major categories are listed below. Copayments are listed on pages 11-12. If you have questions about covered services, call DXC Technology at 1-800-479-3310. **Services with an (*) require prior authorization in some or all circumstances.**

- * **Abortion:** Covered only in cases of rape, incest, or endangerment to a mother's life.

Allergy Services: Includes testing and related treatment.

- * **Applied Behavior Analysis (ABA):** For members with a primary diagnosis of Autism Spectrum Disorder and prior authorized by KEPRO. Please see ABA coverage policy posted on WVCHIP's website at www.chip.wv.gov.
- * **Ambulance Services:** Emergency ground or air ambulance transport to the nearest facility able to provide needed treatment when medically necessary. Hospital-to-hospital and all air ambulances except emergencies (which are subject to retroactive review) require prior authorization. **Note: Ambulance transport for transfer from facility-to-facility is subject to retroactive review for medical necessity.**
- * **Cardiac or Pulmonary Rehabilitation:** Limited to 3 sessions per week for 12 weeks or 36 sessions per year for the following conditions: heart attack occurring in the 12 months preceding treatment, heart

failure, coronary bypass surgery, or stabilized angina pectoris. Prior authorization required after limit is reached.

- * **Chelation Therapy:** For reduction of lead and other metals.
- * **Chiropractic Services:** For acute treatment of a neuromuscular-skeletal condition, including office visits and x-rays. For members under 16, prior authorization is required after the initial evaluation visit and before treatment begins. Maintenance services are not covered. Prior authorization required after 20 visits for all members.
- * **Continuous Glucose Monitor:** For members with diabetes mellitus who often experience unexplained hypoglycemia or impaired awareness of hypoglycemia that puts them at risk or considered otherwise unstable. Covered per FDA age indications.

Contraceptive Drugs and Devices or Birth Control: Covered as appropriate per FDA guidelines for age or other restrictions; includes, but is not limited to:

- IUD and IUCD insertions, or any other invasive contraceptive procedures/devices - e.g. Mirena Skyla; covered as appropriate per FDA guidelines for age or other restrictions
- Implantable medications - e.g. Implanon
- Hormonal contraceptive methods - oral, transdermal, intravaginal, injectable hormonal contraceptives
- Barrier contraceptive methods - e.g. diaphragms/cervical caps
- Emergency contraceptives - e.g. Plan B and Ella
- Over the counter contraceptive medications - e.g. anything with a spermicide – prescription required for coverage

- * **Cosmetic/Reconstructive Surgery:** When required as the result of accidental injury or disease, or when performed to correct birth defects, such as cleft lip and palate.
- * **Durable Medical Equipment and Related Supplies:** For the initial purchase and reasonable replacement of standard implant and orthotic/prosthetic devices, and for the rental or purchase (at WVCHIP's discretion) of standard durable medical equipment, when prescribed by a physician. Prosthetics and durable medical equipment purchases of \$1,000 or more, or rental for more than 3 months, require prior authorization. Equipment and supplies which can be purchased over the counter (OTC) are not covered. Omnipod and other disposable insulin delivery systems are not covered.

For members who have received covered services from an out-of-state facility and require Durable Medical Equipment (DME)/medical supplies, Orthotics and Prosthetic devices and appliances, and other related services or items that are medically necessary at discharge, a written prescription by the respective out-of-state attending physician must be presented to a West Virginia provider for provision of services requested. This is required to assure the warranty is valid and to ensure that repairs and maintenance are provided in the most efficient and cost-effective means for WVCHIP members. Other DME policies apply.

Emergency Outpatient Services and Supplies: Includes acute medical or accidental care provided in an outpatient facility, urgent care facility, or a provider's office.

Foot Care: Includes medically necessary foot care performed by a health care provider practicing within the scope of his/her license, including such services as:

- Treatment of bunions, neuromas, hammertoe, hallux valgus, calcaneal spurs or exostosis
- Removal of nail matrix or root
- Treatment of mycotic infections

- Diabetic foot care (may include routine foot care)

* **Hearing Services:** Includes annual examinations and medically necessary external hearing aids with prior authorization.

HealthCheck: HealthCheck is the name of West Virginia's Early and Periodic Screening, Diagnosis, and Treatment program (EPSDT). This program provides periodic, comprehensive health examinations; developmental delay, vision, dental, and hearing assessments; immunizations; and treatment for follow-up of conditions found through the health examination as covered by WVCHIP. HealthCheck requires standard health screening forms to be completed by providers at well-child exams. See <https://dhhr.wv.gov/healthcheck/Pages/default.aspx> for more information.

Hemophilia Program: WVCHIP has partnered with the Charleston Area Medical Center (CAMC) and West Virginia University Hospitals (WVUH) to provide quality hemophilia services at a reasonable cost to WVCHIP members. Members who participate in the program will be eligible for the following benefits:

- An annual evaluation by specialists in the Hemophilia Disease Management Program which will be paid at 100% with no copay. (This evaluation is not intended to replace, or interrupt care provided by your existing medical home provider or specialists.)
- Hemophilia expenses, including factor replacement products, incurred at CAMC or WVUH will be paid at 100% with no copay after prior authorization.
- Lodging and travel:
 - Lodging expenses for child and 1 or 2 adults/guardians incurred to enable the member to receive services from the Hemophilia Disease Management Program. Lodging must be at an approved travel lodge and will be covered at 100% of charge.
 - Travel expenses incurred between the member's home and the medical facility to receive services in connection with the Hemophilia Disease Management Program. Gas will be reimbursed at the federal rate for one vehicle. Reimbursement of meal expenses up to \$30 per day per person. Receipts are required for meal reimbursement. See page 43 for Medical Reimbursement claim form. Mail to address on the bottom of the form.
 - Claims for lodging and travel must be submitted within the six-month timely filing period.
- Members who do not participate will not be eligible for lodging and travel reimbursement and will be responsible for copays.
- For more information about this program, please contact CVS Caremark at 1-866-814-7787.

* **Hospice Home Health Services:** Intermittent health services of a home health agency when prescribed by a physician. Services must be provided in the home, by or under the supervision of a registered nurse, for care and treatment that would otherwise require confinement in a hospital or skilled nursing facility. **This benefit requires prior authorization when more than 12 visits are prescribed.**

* **Hospice Care:** When ordered by a physician.

Hyperlipidemia (High Cholesterol) Screening: WVCHIP, along with HealthCheck, has adopted the American Heart Association's (AHA) guidelines regarding blood cholesterol screening for all children and adolescents. Beginning at age 2, WVCHIP recommends, but does not require, that all children and adolescents have a hyperlipidemia risk screening to determine their risk of developing high cholesterol. When one or more risk factors indicate the child is high risk, an initial measurement of total cholesterol can be obtained. Additional testing and follow-up should be based on total cholesterol levels, following the American Academy of Pediatrics' recommendations for cholesterol management.

Immunizations for Children & Adolescents: All age-appropriate vaccines through age 18 are covered as recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee

on Immunizations. WVCHIP covers immunizations as part of an associated office visit to a doctor enrolled in the Vaccines for Children (VFC) program. See “Well Child Care” or the “Immunization Schedules” located at www.chip.wv.gov for more details.

WVCHIP purchases vaccines from the State’s VFC program. This program allows physicians to provide free vaccines to children. Members should receive vaccinations from providers that participate in this program. If you need more information about the VFC program, call DHHR’s Division of Immunization Services at 1-800-642-3634. **Since providers outside of West Virginia cannot participate in the State’s VFC program, vaccinations from out-of-state providers will not be covered.** If your doctor does not participate in VFC, vaccinations can be obtained at your local health department.

Immunizations for Pregnant Members 19 and Over: The following immunizations will be covered for members enrolled in the Pregnant Women’s Program, unless contraindicated per the immunization guidelines: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), Measles, Mumps, Rubella, Meningococcal Pneumococcal, Tetanus, Diphtheria, Pertussis, and Varicella as recommended by the American Academy of Family Physicians.

- * **Inpatient Hospital and Related Services:** Confinement in a hospital including semi-private room, special care units, and related services and supplies during confinement. Prior authorization is required for all admissions to a facility.
- * **Inpatient Medical Rehabilitation Services:** When ordered by a physician and prior authorization completed.

Iron-Deficiency Anemia Screening: WVCHIP, along with HealthCheck, requires that all infants are tested (hemoglobin and/or hematocrit) for iron-deficiency anemia at 12 months of age. Providers are encouraged to screen all infants and children at each well-child exam visit to determine those who are at risk for anemia. Those at high risk or those with known risk factors should be tested at more frequent intervals as recommended by the CDC. This screening will also be covered as needed for pregnant women.

Laboratory Services: Includes iron deficiency anemia, lead testing, complete blood count, chemistry panel, glucose, urinalysis, total cholesterol, tuberculosis, etc.

Lead Risk Screen: A lead risk screen must be completed on all children between the ages of 6 months and 6 years at each initial and periodic visit. A child is considered HIGH risk if there are 1 or more checked responses on the Lead Risk Screen and LOW risk if no responses are checked. Serum blood testing is required at 12 and 24 months and up to 72 months if the child has never been screened.

Maternity Services: See Maternity Benefits on page 25 for more details.

Medical Home: WVCHIP encourages its members to select a medical home from a list of enrolled providers who have elected to participate in the Medical Home Program. Enrolled providers must be primary care practitioners in the areas of pediatrics, general or family medicine, or internal medicine. By selecting a Medical Home Provider, WVCHIP members will reduce their costs by eliminating copays for sick visits (***there are no copays for preventive visits***). See pages 29-31 for more information about medical home and selecting a Medical Home Provider.

- * **Mental Health and Substance Use Disorder Services:** This may include evaluation, referral, diagnostic, therapeutic, and crisis intervention services performed on an inpatient or outpatient basis (including a physician’s office). Coverage for service beyond 26 visits is not covered without medical necessity review and prior authorization.

- * **MRA:** Magnetic Resonance Angiography (MRA) services require prior authorization when performed as an outpatient.
- * **MRI:** Magnetic Resonance Imaging (MRI) services. MRI of the spine, cervical, thoracic, lumbar and breast require prior authorization when performed on an outpatient basis.
- * **Neuromuscular stimulators, bone growth stimulators, vagal nerve stimulators and brain nerve stimulators:** When criteria are met for prior authorization.

Nutritional Counseling: Services are covered with the appropriate office visit copayment. Coverage is limited to 2 visits per year when prescribed by a physician for children with the following conditions:

- Diabetes, Type 1 and 2
- Overweight and obesity with documentation of Body Mass Index (BMI)
- High cholesterol or other blood lipids
- High blood pressure
- Gastrointestinal disorders such as GERD or short gut syndrome
- Celiac disease
- Food allergies
- Failure to thrive or poor growth

Nutritional Supplements: When it is the only means of nutrition and prescribed by your physician or a prescription amino acid elemental formula for the treatment of short bowel or severe allergic condition that is not lactose or soy related.

- * **Occupational Therapy (Outpatient):** See Outpatient Therapy Services.
- * **Oral Surgery:** Only covered for extracting impacted teeth, medically necessary orthognathism (straightening of the jaw) and medically necessary ridge reconstruction.
- * **Organ Transplants:** See page 22 for Organ Transplant benefits.
- * **Orthodontia Services:** See pages 25-26 for Dental Services benefits. Services must be prior authorized through WVCHIP.
- * **Outpatient Diagnostic and Therapeutic Services:** Laboratory and diagnostic tests and therapeutic treatments as ordered by your physician.
- * **Outpatient Hospital Services:** Some outpatient procedures require prior authorization. See listing in **Prior Authorization** section of this document.
- * **Outpatient Therapy Services: Including physical therapy, occupational therapy, speech therapy, and vision therapy:** When ordered by a physician, the initial 20 therapy visits do not require prior authorization but must be for an acute condition, new or recent diagnosis or an exacerbation that requires active therapy. Maintenance therapy is not a covered benefit by WVCHIP. It is expected that all outpatient therapy services include a home program and the plan for transition to home based therapy be explained clearly in the plan of treatment.

Pap Smear: Annual Pap smear and the associated office visit to screen for cervical abnormalities.

- * **PET Scan:** Photo Emission Topography requires a prior authorization when performed on an outpatient.

- * **Physical Therapy (Outpatient):** See Outpatient Therapy Services.

Prescription Benefit Services: With mandatory generic substitution, including oral contraceptives. See details under Prescription Drug Plan, beginning on page 32 of this document.

Professional Services: Physician or other licensed provider for treatment of an illness, injury or medical condition. Includes outpatient and inpatient services such as surgery, anesthesia, radiology, office visits, and urgent care visits; coverage for services beyond 26 visits requires prior authorization.

- * **Skilled Nursing Facility Services:** Confinement in a skilled nursing facility including a semi-private room, related services and supplies. Confinement must be prescribed by a physician. Custodial care, intermediate care (such as residential treatment centers, domiciliary care, respite care, and rest cures) are not covered.
- * **Sleep Apnea:** All sleep testing, equipment, and supplies are covered and require prior authorization through KEPRO.
- * **Specialty Drugs:** Acute and chronic diseases such as rheumatoid arthritis, anemia, cerebral palsy, hemophilia, osteoporosis, hepatitis, cancer, multiple sclerosis, and growth hormone therapy are examples of conditions that may need specialty medications. All specialty medications require prior authorization. The process begins with a call to CVS Caremark at 1-866-814-5506.

Speech Therapy (Outpatient): See Outpatient Therapy Services.

Tobacco Cessation: See page 26 for more information.

Urgent Care and After Hours Clinic Visits: A visit to an urgent care or after hours clinic is treated as a physician visit for illness. These visits are counted in the 26 primary care visits.

Note: Copayments are required for all non-medical home visits, including urgent care and after hour clinic visits.

Vision Therapy: See Outpatient Therapy Services.

Well Child Care: Routine office visits for preventive care as recommended by the American Academy of Pediatrics. A complete preventive care checkup includes, but is not limited to:

- height and weight measurement
- BMI calculation
- blood pressure check
- objective vision and hearing screening
- objective developmental/behavioral assessment
- lead risk screen
- physical examination
- age appropriate immunizations as indicated by physician

Wellness visits are covered at:

- 3-5 days after birth
- 1 month
- 2 months
- 4 months
- Every 3 months from 6 to 18 months

- 24 months
 - 30 months
 - 3 years old
 - 4 years old
 - Annually after age 4 to 18 years old
- Objective, developmental screening tool is to be administered to child at the 9, 18, and 30 months well child visits.
 - Objective, autism screening tool is to be administered to the child at the 18 and 24 months well child visits.

X-ray Services: As ordered by your health care provider.

Organ Transplants

Organ transplants are covered when deemed medically necessary and non-experimental. Transplants require prior authorization for medical necessity and case management by KEPRO. Contact KEPRO immediately at 1-888-571-0262 when it is determined by the member's physician that he or she is a potential candidate for any type of transplant.

You should advise your physician that KEPRO needs to coordinate the care from the initial phase when considering a transplant procedure to the initial work-up for transplant through the performance of the procedure, as well as the care following the actual transplant.

Fees/Expenses: WVCHIP will pay all covered expenses related to pre-transplant, transplant, and follow-up services while the child is enrolled in WVCHIP. Testing for persons other than the chosen donor is not covered.

Travel Allowance: Because transplant facilities may be located some distance from the patient's home, benefits include up to \$5,000 per transplant for patient travel, lodging, and meals related to visits to the transplant facility or physician. A portion of this benefit is available to cover the travel, lodging and meals for a member of the patient's family or a friend providing support. Receipts are required for payment of this benefit. No alcoholic beverages will be reimbursed. Mileage will be reimbursed at the federal mileage rate for medical expenses. The travel allowance benefit applies only to services pertaining to the transplant. Members may use the Medical Claim form on pages 44-45 or print one from the WVCHIP website, www.chip.wv.gov, to submit these expenses.

Medical Case Management: KEPRO offers support and assistance in evaluating treatment options, locating facilities, and referrals to the prescription drug administrator. Case Management begins early when the potential need for a transplant is identified and continues through the surgery and follow-up.

Transplant-Related Prescription Drugs: Transplant-related immunosuppressant prescription drugs are covered if they are filled at a network pharmacy. They are covered through the Prescription Drug Plan.

Other Resources

WIC (Women, Infants and Children): WIC focuses on the link between good nutrition and good health. In West Virginia, eight local contract agencies provide direct participant services.

WIC's goal is to identify and correct nutritional deficiencies which, if left untreated, could lead to a poor quality of life for our citizens. As a part of DHHR's Bureau for Public Health, WIC regulations have not been directly

affected by welfare reform legislation. WIC can be an effective partner with social service programs to assist working families in providing for their children. Supplemental food, when packaged with sound nutrition advice, can help parents ensure their children are receiving a good foundation for a healthy life.

Direct WIC services are intended to identify and correct nutrition problems during critical stages of growth and development. While WIC focuses on prevention as an adjunct to health care, WIC staff are often the first to identify problems which require follow-up care. WIC intervention results in health care savings.

WIC services and benefits:

- Nutrition counseling and education
- Breastfeeding promotion and support
- Referrals to childcare and health insurance programs
- Healthy food
- Medical and social service referrals
- Immunization screenings

Visit <https://dhhr.wv.gov/wic/Pages/default.aspx> for more information regarding the WIC program or call 1-844-601-0365 or 304-558-0030.

Help Me Grow

Help Me Grow is a **FREE referral service** that connects families with critical developmental resources for their children birth through five years. The goal of Help Me Grow is to **successfully identify children at-risk and link them to the help they need**.

Help Me Grow offers parents and medical providers:

- **Referral Line** - Receive expert advice and a referral to community resources to help support early childhood development; and
- **Ages and Stages Screening Questionnaire - 3 (ASQ-3)TM** – This developmental screening tool is endorsed by the West Virginia Chapter of the American Academy of Pediatrics and is available upon request.

Help Me Grow is part of a national program that connects families to resources in West Virginia. The program is funded by the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health, West Virginia Home Visitation Program.

Parents, families and friends can call Help Me Grow directly to be connected to a care coordinator who can talk with them about how their child is doing, mail a developmental screening tool and connect them to the appropriate resources.

Why Call Help Me Grow?

Call if you are:

- Wondering about your child’s development, behavior or learning;
- Needing support to access services; or
- Helping a family member or friend find information about developmental services.

The Help Me Grow Team will:

- Evaluate your child’s developmental progress with a developmental screening, the Ages and Stages Questionnaire-3 (ASQ-3)TM, endorsed by the West Virginia Chapter of American Academy of Pediatrics;
- Help you decide which referrals are right for your family;
- Connect you with services that are appropriate and available; and
- Follow up to find out if you were connected to services.

Hotline: (800) 642-8522

Birth to Three

Specialized Services for Infants and Toddlers with Developmental Delays: WVCHIP covers a special set of services targeted only to very young children up to and including their third birthday. These specialized, early intervention services will help to lessen or remove effects of conditions that could result in more severe or long-lasting disability or learning problems when not addressed at the earliest life stages. Most states have an early intervention program; in West Virginia, the name of this program is Birth to Three (BTT). BTT is administered by the Office of Maternal, Child, and Family Health, a division of DHHR’s Bureau for Public Health. Go to www.wvdhhr.org/birth23 for more information on the Birth to Three program.

Checking on Delays: If you or your family primary care provider notice signs which make you question whether your child is developing normally, you can refer your child to this program (or ask your physician if they would advise a BTT referral). Before your child’s next well-child visit, you can check your child’s development by filling out an Ages and Stages Screening Questionnaire - 3 (ASQ-3)TM to see how they are doing. This tool can help you to have a more meaningful discussion with your child’s pediatrician.

What is a Delay? The BTT program experts are experienced in working with little ones and they can help assess whether a child has one or more delays or is considered at risk for a future delay. They will assess your child for slower than usual growth or ability in these areas:

- 1) **cognitive** - for thinking and learning ability;
- 2) **physical** - for moving, seeing, and hearing ability;
- 3) **social/emotional** - for feeling, coping, and getting along with others;
- 4) **adaptive** - how well they can do things for themselves; and
- 5) **communication** - their ability to understand and be understood by others.

Qualifying for Services: Assessed children found to have 1 or more delays (or being at risk for future delays) may qualify for program services to be delivered in a child’s natural learning environment, typically the home. Children needing further services after three years of age will be referred by BTT to preschool or other services available in their county. Schools also get funds as part of the Individuals with Disabilities Education Act (IDEA) to provide services for children with special challenges, and IDEA also helps fund the BTT program.

Making a Referral: Either a parent or a physician may refer a child to the BTT program for further assessment by calling 1-866-321-4728 to get an appointment with BTT providers nearest to your location.

Dental Services

WVCHIP Premium Members: There is an out-of-pocket maximum of \$150 per family per benefit year for dental services. Please note the copayment is per visit. Contact KEPRO at 1-888-571-0262 for prior authorization for all services to be performed in a facility other than the dental office.

If the request for prior authorization is denied, WVCHIP will not cover the cost of the procedure. If requested treatment is denied, follow the appeal process.

Comprehensive orthodontic treatment is payable only once in the member's lifetime.

Note: Prior authorization DOES NOT assure eligibility or payment of benefits under this plan.

Dental providers must enroll in WVCHIP through DXC Technology in order to be paid by WVCHIP. If you are looking for an enrolled dental provider, you can find one in your area by going to the following website: www.insurekidsnow.gov/coverage/wv/find-a-dentist.

DXC Technology also offers a provider directory sorted by specialty at www.wvmmis.com/MhpViewer.aspx, where you can find dentists and orthodontists.

| Benefit | Prior Authorization Required | Copayment Amount for Premium Members |
|--|---|---|
| Dental examination/every six months | No | No Copay |
| Cleaning and fluoride/every six months | No | No Copay |
| Bitewings/every six months | No | No Copay |
| Full mouth x-rays (Panorex)/ every 36 months | No | No Copay |
| Sealants (one sealant per tooth per 3 years) | No | No Copay |
| Interim caries arresting medicament (2 per tooth # per year) without mechanical removal of sound tooth structure | No | No Copay |
| Treatment of abscesses | No | No Copay |
| Analgesia | No | No Copay |
| IV/conscious sedation/nitrous oxide gas | No | No Copay |
| Palliative treatment | No | No Copay |
| Other x-rays (if done with another service) | No | No Copay |
| Consultations | No | No Copay |
| Crowns | No | No Copay |
| Space maintainers | No | No Copay |
| Fillings as needed | No | \$25 |
| Pulpotomy | No | \$25 |
| Root canals | No | \$25 |
| Simple extractions | No | \$25 |
| Extractions - impacted | Only if performed in an outpatient facility or hospital setting | \$25 |
| Extractions | No | \$25 |
| Frenulectomy (frenectomy or frenotomy) | No | \$25 |
| Removal of dental related cysts under a tooth or on gum | No | \$25 |
| Biopsy of oral tissue | No | \$25 |
| Restorative/Periodontics | No | \$25 |
| Prosthodontics | No | \$25 |
| Accident-related dental services | No | No Copay |
| Emergency dental services | No | No Copay |
| Orthodontic Services | Yes | \$25 |

- **Accident-Related Dental Services:** The Least Expensive Professional Acceptable Alternative Treatment (LEPAAT) for accident-related dental services is covered when provided within 6 months of an accident and

required to restore damaged tooth structures. The initial treatment must be provided within 72 hours of the accident. Biting and chewing accidents are not covered. Services provided more than 6 months after the accident are not covered. **Note: For children under the age of 16, the 6-month limitation may be extended if a treatment plan is provided within the initial 6 months and approved by WVCHIP.**

- **Emergency Dental Services:** Medically necessary adjunctive services that directly support the delivery of dental procedures, which, in the judgment of the dentist, are necessary for the provision of optimal quality therapeutic and preventive oral care to patients with medical, physical or behavioral conditions. These services include, but are not limited to sedation, general anesthesia, and utilization of outpatient or inpatient surgical facilities. Contact WVCHIP for more information.
- **Orthodontic Services:** Orthodontic services are covered if medically necessary for a WVCHIP member whose malocclusion creates a disability and impairs their physical development. Treatment is routinely accomplished through fixed appliance therapy and maintenance visits. All requests for treatment are subject to prior authorization by WVCHIP dental consultants. Prior authorization is dependent on diagnosis, degree of impairment and medical documentation submitted. Failure to obtain prior authorization before service is performed will result in the family being responsible for amounts above and beyond their copayment requirements.
- **Services Not Covered:** Treatment for Temporomandibular joint (TMJ) disorders; intraoral prosthetic devices; onlays/inlays; gold restorations; precision attachments; replacement crowns only covered every 5 years; cosmetic dentistry; dental implants; experimental procedures; splinting; any other procedure not listed as covered.

See "Resources" on www.chip.wv.gov for a list of all covered dental codes.

Maternity Benefits

COVERAGE:

The WVCHIP provides coverage of maternity-related professional and facility services, including prenatal care, midwife services and birthing centers beginning July 1, 2019. If a member is pregnant at the time of turning 19 and aging out of WVCHIP coverage, the member needs to contact DHHR to be evaluated for WVCHIP pregnancy coverage.

SERVICES

Maternity services for members who require more than 20 visits in 6 months will be covered with prior authorization. Coverage includes but is not limited to 2 ultrasounds during a pregnancy without prior authorization; testing for Downs Syndrome, Associated Protein Plasma-A, etc., with prior authorization; and inpatient stays for vaginal/cesarean delivery, breast pumps and breastfeeding education. Sterilization is covered for members over 21 with prior authorization.

Statement of Rights Under the Newborns' and Mothers' Health Protection Act

WVCHIP is required by law to provide you with the following statement of rights. WVCHIP's maternity benefit meets or exceeds all the requirements of the Newborns' and Mothers' Health Protection Act.

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by Cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g.,

your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your KEPRO at 1-888-571-0262.

Tobacco Cessation

WVCHIP is making tobacco cessation services available to members 18 and older for two 12-week cycles per lifetime.

WVCHIP will provide 100% coverage for the tobacco cessation benefit for pregnant members during their pregnancy at 18 and older.

WVCHIP will cover an initial and follow-up visit to the member's physician or nurse practitioner at no cost to the member.

Tobacco cessation products covered under CVS Caremark pharmacy plan are:

- Buproion HCL tab SR 12 hr 150 mg
- Chantix tab 0.5 mg and 1 mg
- Chantix tab 0.5 mg x 11 tabs and 1 mg x 42 pack
- Nicotine polacrilex gum 2 mg and 4 mg
- Nicotine prolacrilex lozenge 2 mg and 4 mg
- Nicotine TD patch 24 hr 21 mg, 14 mg and 7 mg/24 hr
- Nicotrol inhaler system 10 mg
- Nicotrol NS nasal spray 10 mg ml

Vision Services

Covered benefits include annual exams and eyewear. Lenses/frames or contacts are limited to a maximum benefit of \$125 per year. The year starts on the date of service. The office visit and examination are covered in addition to the \$125 eyewear limit. ***Families are responsible to pay the difference between the total charge for eyewear and the \$125 allowance for lenses and frames.***

What is NOT Covered Under the Plan?

Some services are not covered by WVCHIP regardless of medical necessity. Specific exclusions are listed below. If you have questions, please contact **DXC at 1-800-479-3310**. The following services are not covered:

- Acupuncture

- All expenses incurred at a facility when a patient leaves against medical advice
- Ancillary services and/or services resulting from an office visit not covered by WVCHIP
- Aqua therapy
- Autopsy and other services performed after death, including transportation of the body or repatriation of remains
- Behavioral or functional type skills training except for ABA treatment
- Biofeedback
- Coma stimulation
- Cosmetic or reconstructive surgery when not required as a result of accidental injury or disease, or not performed to correct birth defects; services resulting from or related to these excluded services also are not covered
- Court-ordered services that are not covered benefits and not medically necessary (see page 7 for medical necessity definition)
- Custodial care, intermediate care (such as residential treatment centers or Psychiatric Residential Treatment Facilities), domiciliary care, respite care, rest cures, or other services primarily to assist in the activities of daily living, or for behavioral modification, including applied behavior analysis (ABA), except to the extent ABA is mandated to be covered for treatment of Autism Spectrum Disorder by W.Va. Code §5-16-7(a)(8)
- Daily living skills training
- Dental services other than those listed as covered
- Duplicate testing, interpretation or handling fees
- Education, training and/or cognitive services, unless specifically listed as covered services
- Elective abortions
- Electroconvulsive therapy
- Electronically controlled thermal therapy
- Emergency evacuation from foreign country, even if medically necessary
- Expenses for which you are not responsible, such as patient discounts and contractual discounts
- Expenses incurred as a result of illegal action while incarcerated or while under the control of the court system
- Experimental, investigational or unproven services
- Fertility drugs and services
- Foot care (routine) (except for diabetic patients), including:
 - Removal in whole or in part: corns, calluses (thickening of the skin due to friction, pressure, or other irritation), hyperplasia (overgrowth of the skin), hypertrophy (growth of tissue under the skin)
 - Cutting, trimming, or partial removal of toenails
 - Treatment of flat feet, fallen arches, or weak feet
 - Strapping or taping of the feet
- Genetic testing for screening purposes – except those tests covered under the maternity benefit are not covered; however, a prior authorization may be submitted for review and exceptions may be approved
- Glucose monitoring devices, except Lifescan One Touch models covered under the prescription drug benefit
- Hearing aids implanted; external hearing aids are covered when prior authorized as medically necessary
- Homeopathic medicine
- Hospital days associated with non-emergency weekend admissions or other unauthorized hospital days prior to scheduled surgery
- Hypnosis
- Routine childhood immunizations from non-VFC providers
- Incidental surgery performed during medically necessary surgery

- Infertility services including in vitro fertilization and gamete intrafallopian transfer (GIFT), embryo transport, surrogate parenting, and donor semen, semen storage, any other method of artificial insemination, and any other related services, including workup for infertility treatment
- Maintenance outpatient therapy services, including, but not limited to:
 - Chiropractic treatment
 - Mental health services
 - Occupational therapy
 - Osteopathic manipulations
 - Physical therapy
 - Speech therapy
 - Vision therapy
 - Massage therapy
- Medical equipment, appliances or supplies of the following types:
 - Augmentative communication devices
 - Bariatric beds and chairs
 - Bathroom scales
 - Disposable insulin delivery systems, such as V-go and Finesse
 - Educational equipment
 - Environmental control equipment, such as air conditioners, humidifiers or dehumidifiers, air cleaners or filters, portable heaters, or dust extractors
 - Equipment or supplies which are primarily for patient comfort or convenience, such as bathtub lifts or seats; massage devices; elevators; stair lifts; escalators; hydraulic van or car lifts; orthopedic mattresses; walking canes with seats; trapeze bars; child strollers; lift chairs; recliners; contour chairs; and adjustable beds; or tilt stands
 - Equipment and supplies which are widely available over the counter, such as wrist stabilizers and knee supports
 - Exercise equipment, such as exercycles, parallel bars, walking, climbing or skiing machines
 - Hygienic equipment, such as bed baths, commodes, and toilet seats
 - Motorized scooters
 - Nutritional supplements (unless it is the only means of nutrition or a prescription amino acid elemental formula for the treatment of short bowel or severe allergic condition, that is not lactose or soy related), over-the-counter formula, food liquidizers or food processors
 - Professional medical equipment, such as blood pressure kits or stethoscopes
 - Replacement of lost or stolen items
 - Standing/tilt wheelchairs
 - Supplies, such as tape, alcohol, Q-tips/swabs, gauze, bandages, thermometers, aspirin, diapers (adult or infant), heating pads or ice bags
 - Traction devices
 - Vibrators
 - Whirlpool pumps or equipment
 - Wigs or wig styling
- Medical rehabilitation and any other services which are primarily educational or cognitive in nature
- Mental health or chemical dependency services to treat mental illnesses which will not substantially improve beyond the patient's current level of functioning
- Non-listed brand name drugs determined not medically necessary
- Non-enrolled providers
- Omnipod and other disposable insulin delivery systems
- Optical services: Any services not listed as covered benefits under Vision Services, including low-vision devices, magnifiers, telescopic lenses and closed-circuit television systems
- Oral appliances, including but not limited to those treating sleep apnea
- Orientation therapy
- Orthotripsy

- Personal comfort and convenience items or services (whether on an inpatient or outpatient basis), such as television, telephone, barber or beauty service, guest services, and similar incidental services and supplies, even when prescribed by a physician
- Physical conditioning: Expenses related to physical conditioning programs, such as athletic training, body building, exercise, fitness, flexibility, diversion, or general motivation
- Physical, psychiatric, or psychological examinations, testing, or treatments not otherwise covered by WVCHIP, when such services are:
 - Related to employment
 - To obtain or maintain insurance
 - Needed for marriage or adoption proceedings
 - Related to judicial or administrative proceedings or orders
 - Conducted for purposes of medical research
 - To obtain or maintain a license or official document of any type
 - For participation in athletics
- Prostate screening, unless medically indicated
- Provider charges for phone calls, prescription refills, or physician-to-patient phone consultations, form completion
- Radial keratotomy, Lasik procedure and other surgery to correct vision
- Safety devices used specifically for safety or to affect performance, primarily in sports-related activities
- Screenings, except those specifically listed as covered benefits
- Service/therapy animals and the associated services and expenses, including training
- Services rendered by a provider with the same legal residence as a participant, or who is a member of the policyholder's family, including spouse, brother, sister, parent, or child
- Services rendered outside the scope of a provider's license
- Sex transformation operations and associated services and expenses
- Skilled nursing services provided in the home, except intermittent visits covered under the Home Health Care benefit
- Sensory Stimulation therapy (SS)
- Take-home drugs provided at discharge from a hospital
- Treatment of temporomandibular joint (TMJ) disorders, including intraoral prosthetic devices or any other method of treatment to alter vertical dimension or for temporomandibular joint dysfunction not caused by documented organic disease or acute physical trauma
- The difference between private and semiprivate room charges
- Therapy and related services for a patient showing no progress
- Therapies rendered outside the United States that are not medically recognized within the United States
- Transportation that is not emergent or medically unnecessary facility to facility transports, including
 - Transportation to any service not covered by WVCHIP
 - Transportation of members who do not meet the medical necessity requirements for level of service billed
 - Transportation provided when the member refuses the appropriate mode of transportation
 - Transportation to a service that requires prior authorization but has not been prior authorized
 - Reimbursement for ground or air ambulance mileage beyond the nearest appropriate facility
 - Transportation to the emergency room for routine medical care
- Weight loss, health services and associated expenses intended primarily for the treatment of obesity and morbid obesity, including wiring of the jaw, weight control programs, weight control drugs, screening for weight control programs, bariatric surgery, and services of a similar nature
- Work-related injury or illness

The Importance of a Medical Home

What is a “Patient-Centered” Medical Home? A Medical Home is a primary care physician or mid-level provider you have chosen to act as your usual source for health care. A good Medical Home creates the best health care value by offering an organized and caring atmosphere for you as the patient, as well as an atmosphere of mutual respect and responsibility. This is called “patient-centered” care.

Note: The American Academy of Pediatrics specifically recommends that hospital emergency departments should not be the place for a child’s usual source for getting care (except for emergencies, which are not usual). An emergency room, an urgent care center or clinic, a specialty clinic, or even a specialist seen regularly (an allergist, for example) cannot be considered a Medical Home since they cannot take on the central role of primary care for a child or an adult. A Medical Home should be a pediatrician, internal medicine or family practice physician, or nurse practitioner that can be your usual source for health care.

Benefits of a Medical Home: A “Patient-Centered Medical Home” (PC-MH) means **high value health care** delivered in a setting of mutual respect and responsibility.

1. Your PC-MH knows you individually and your medical history each time you visit. You have developed a sense of trust with your PC-MH due to an atmosphere of caring and mutual respect.
2. The medical records at your PC-MH are well organized and used to schedule routine visits needed to meet preventive care guidelines; this is particularly important for children and parents to assure necessary preventive visits and immunizations are received.
3. Your PC-MH medical record includes all information from referral visits or services that you get outside the Medical Home, so it has the most complete, and up-to-date picture possible of your child’s health.
4. Your PC-MH assures your comprehensive service needs are met. They do this by coordinating care with any specialists (an allergist, for example) outside the Medical Home.
5. Your PC-MH has set up ways for you to make contact after regular office hours on 24 hour/7 days a week basis. This may be done by an answering service, paging service, 24-hour nurse line, or other ways to help you know how to handle situations that may or may not require immediate attention.

Note: For afterhours care, any Medical Home that automatically refers you to an emergency room without offering any way to first assess true needs or options cannot be considered a high value Medical Home.

6. For chronic illness or a special needs child, your PC-MH sets up a plan of care to address ongoing health issues. Your PC-MH’s ability to help coordinate and assure comprehensive service needs are met is very important for special needs children. High value PC-MHs will make arrangements to have your special needs child’s care plan available for immediate access electronically for when you travel and health records accessible electronically when your child must see other specialists.
7. Your PC-MH treats the whole person and helps assess whether any behavior or emotional issue that concerns you or your child requires special services such as counseling or therapy and refers you when needed.
8. Your PC-MH helps you maintain good health by discussing and checking your health risks related to lifestyle issues. They may have special staff to discuss or provide you with information on many healthy life style topics such as a smoking cessation, special diets, weight loss, and proper car seat use for your young children, etc.

Your Part in a Medical Home Relationship: Your part includes developing the quality Medical Home relationship based on mutual respect as noted above as well as taking action and responsibility. Some considerations for your Medical Home and provider are as follows:

1. Show your insurance and Medical Home member cards at each visit to help with prompt and accurate billings.

2. Keep the time and date of appointments to the best of your ability. Call promptly to let them know when you are not able to keep an appointment.
3. Keep the Medical Home informed of any address or phone contact changes so they can give you appointment reminders.
4. Consult with your Medical Home before getting other health services or specialized care services from any provider. If you do have to get services outside the Medical Home in an emergency, be sure to tell your Medical Home. This way they can always have the complete history and picture of your health needs.
5. Ask about and follow your Medical Home provider's instructions for what to do if your children require services outside regular office hours. Do your best to use an emergency room for emergencies only.
6. Make sure your child has annual wellness visits, tests, and any needed immunizations. One of the best Medical Home values is to prevent illness and detect problems early.
7. Follow your provider's instructions, especially when managing ongoing health issues such as asthma or diabetes. If there are problems or issues, have an open and honest discussion with your provider.

Your Rights:

1. You have the right to pick your PC-MH from a statewide directory.
2. You have the right to ask questions about the health care of your children and the decisions and recommendations made by your Medical Home.
3. You have the right to information in your child's medical record.
4. You can contact the WVCHIP claims payer customer service line anytime you have a question about payments.
5. You can appeal a denial of services by following the appeal procedure in this booklet.

Selecting A Medical Home: Select a physician from the WVCHIP Medical Home Directory at www.wvmmis.com. If your child's regular doctor is not listed in the directory, ask them to participate as a WVCHIP Medical Home by calling 1-888-483-0793. **Once you decide on a Medical Home physician, you can call the DXC Technology customer service department at 1-800-479-3310 or complete the Medical Home Selection Form attached and return it by mail.**

- If you need help selecting a Medical Home physician from the directory, try referrals from physicians, friends, relatives, business associates or hospitals.
- If you have recently moved to a new location, ask your former physician for a referral from the WVCHIP directory. You can also ask other doctors you respect and see regularly, such as an allergist.
- Referrals from people you know are usually based on trust and confidence. Remember, though, that your contacts' opinions may be largely based on how they click with the physician's personality and style. Only a visit with the doctor will reveal if their qualities suit you.
- Hospitals usually offer a referral service that can provide you with the names of staff doctors who meet certain criteria you may be seeking, such as gender, experience and location. However, the referral service cannot vouch for the physician's quality of care.

Checking the Medical Home Directory: If your child's physician is not in the directory, they can sign up at any time and be added as a Medical Home. The web directory will be updated monthly at www.wvmmis.com. You can also call DXC Technology at 1-800-479-3310 for a directory.

Group Practices and Clinics as a Medical Home: You will still need to choose one physician in the group practice or clinic as your Medical Home. However, you can see any of the physicians within the group practice or clinic without making a copayment.

Copayments for a Medical Home Office Visit: After a Medical Home is selected, there will not be a copayment for an office visit to your Medical Home physician; this includes all well and non-well visits. **Contact DXC Technology at 1-800-479-3310 or go online at www.wvmmis.com, logon and print a coverage letter which includes the name of your Medical Home provider.**

Members Without a Medical Home: Families without a Medical Home will be charged a copayment for non-well visits.

| Enrollment Group | Copay (No Medical Home) | Copay (Medical Home) |
|------------------|-------------------------|----------------------|
| WVCHIP Gold | \$5.00 | \$0 |
| WVCHIP Blue | \$15.00 | \$0 |
| WVCHIP Premium | \$20.00 | \$0 |
| WVCHIP Exempt | \$0 | \$0 |

Remember, there is a limit on the total copayments a family pays per benefit year, and these limits are tracked by your medical claims payer, Molina, and your pharmacy claims payer, CVS Caremark, to keep you from exceeding your maximum out-of-pocket expense.

Questions About Selecting a Medical Home: Complete the Medical Home form on page 61 or call DXC Technology at 1-800-479-3310 or the WVCHIP Helpline at 1-877-982-2447.

Prescription Drug Plan

Pharmacy Network: If you are traveling out of state and need to access a Network pharmacy, contact **CVS Caremark at 1-800-241-3260** to locate a participating pharmacy or visit their website at www.caremark.com.

Non-Network Pharmacy: If you use a non-network pharmacy, you will have to pay the full cost of the prescription at the time of purchase and submit the necessary information to the address listed below. The prescription receipt/label must include pharmacy name/address, date filled, drug name, strength and National Drug Code, Rx number, quantity, days' supply, price, and patient's name. The drug must be listed on WVCHIP's Preferred Drug List. You will be reimbursed the amount WVCHIP would have paid at a participating pharmacy, less any required copay (if applicable).

Mail the required information to:

**CVS Caremark
Attn: Commercial Claims
P.O. Box 52084
Phoenix, AZ 85072-2084**

You will usually be reimbursed within 30 days from receipt of your child's prescription information. **The claim must be filed within 6 months from the date the prescription was filled.** Claims submitted after 6 months are not eligible for reimbursement. An itemized bill is required.

Claims received missing any of the above information may be returned or payment may be denied or delayed. Cash register receipts and canceled checks are not acceptable proof of your claim.

Acute Medication: Coverage for medication taken for short time periods to treat an acute medical condition is limited up to a 30-day supply each time a prescription is filled or refilled. If more than a 30-day supply is purchased, WVCHIP will not pay the charge above the 30-day amount.

Maintenance Medication: You may receive up to a 90-day supply of ONLY the medications and conditions listed below:

| | |
|--|--------------------------------------|
| 1. Attention Deficit/Hyperactivity Disorder (ADHD) | 15. High Cholesterol |
| 2. Allergies | 16. Immune Disorders (non-specialty) |

| | |
|---|--|
| 3. Alzheimer's Disease | 17. Inflammatory Bowel Disease (non-specialty) |
| 4. Antipsychotics | 18. Gastrointestinal Agents |
| 5. Blood Modifiers/Thinners | 19. Kidney Disease |
| 6. Cancer (non-specialty) | 20. Osteoporosis |
| 7. Contraceptives/Hormone Replacement | 21. Overactive Bladder |
| 8. Depression | 22. Parkinson's Disease |
| 9. Diabetes | 23. Respiratory Agents |
| 10. Digestive Enzymes | 24. Rheumatoid Arthritis |
| 11. Diuretics | 25. Seizure Disorders |
| 12. Glaucoma | 26. Thyroid |
| 13. Gout | 27. Ulcer/GERD |
| 14. High Blood Pressure & Heart Disease | |

Specialty Medications

All specialty medications require prior authorization. The process begins with a call to **CVS at 1-866-814-5506**. **CVS** will review the drug for medical necessity, and if approved, will coordinate the purchase through an approved source. Specialty drugs have the following key characteristics:

- Need frequent dosage adjustments
- Cause more severe side effects than traditional drugs
- Need special storage, handling and or administration
- Have a narrow therapeutic range
- Require periodic laboratory or diagnostic testing

Below is a list of a few of the specialty medications. When in doubt, call CVS to confirm if prior authorization is required.

The Most Common Specialty Medications

| Drug Name | Category | Drug Name | Category |
|------------------|-------------------------|---------------------|--|
| Acthar® HP | Multiple Sclerosis | Inlyta® | Cancer |
| Actimmune | Anti-Neoplastic | Intron A® | Interferons |
| Adcirca® [QLL] | Pulmonary Hypertention | Jakafi® | Cancer |
| Afinitor | Anti-Neoplastic | Kalydeco® | Respiratory Conditions |
| Ampyra | Multiple Sclerosis | Kineret® | Inflammatory Conditions |
| Aranesp® | Anemia | Kuvan | Enzyme deficiencies |
| Avonex® [QLL] | Multiple Sclerosis | Letairis® | Pulmonary Arterial Hypertension |
| Betaseron® [QLL] | Multiple Sclerosis | Leukine® | Hematopoietic |
| Boniva® | Osteoporosis | Lupron Depot® | Endometriosis, Anti-Neoplastic, Precocious Puberty |
| Cerezyme® | Gaucher Disease | Lupron Depot® - Ped | Precocious Puberty |
| Copaxone® [QLL] | Multiple Sclerosis | Lupron® | Anti-Neoplastic |
| Eligard | Anti-Neoplastic | Methotrexate | Anti-Neoplastic; Anti Arthritis |
| Enbrel® [QLL] | Inflammatory Conditions | Neulasta® [QLL] | Neutropenia |
| Epclusa® | Hepatitis C | Neupogen® | Neutropenia |

| | | | |
|-----------------|---------------------------------------|--------------------|---------------------------------------|
| Epogen® | Anemia | Nexavar® | Anti-Neoplastic, Immunosuppressant |
| Forteo® [QLL] | Osteoporosis | Norditropin® | Growth Hormone |
| Genotropin® | Growth Hormone | Nutropin® | Growth Hormone |
| Gilenya® | Multiple Sclerosis | Octreotide Acetate | Endocrine disorders |
| Gleevec® | Anti-Neoplastic | Pegasys® [QLL] | Hepatitis C |
| Harvoni | Hepatitis C | Peg-Intron® [QLL] | Hepatitis C |
| Humatrope® | Growth Hormone | Procrit® | Anemia |
| Humira® [QLL] | Inflammatory Conditions | Pulmozyme® | Cystic Fibrosis |
| Incivek | Hepatitis | Rebif® [QLL] | Multiple Sclerosis |
| Revatio® [QLL] | Pulmonary Arterial Hypertension | Tobi® [QLL] | Cystic Fibrosis |
| Revlimid® | Anti-Neoplastic, Immunosuppressant | Tracleer® | Pulmonary Arterial Hypertension |
| Riba pak | Hepatitis | Tykerb | Anti-Neoplastic |
| Ribavirin® | Hepatitis C | Tyvaso® | Pumonary Arterial Hypertension |
| Sandostatin LAR | Endocrine disorders | Victrelis® | Hepatitis |
| Simponi® | Rheumatoid Arthritis | Votrient | Anti-Neoplastic |
| Sprycel | Anti-Neoplastic | Xalkori® | Cancer |
| Sutent® | Anti-Neoplastic | Xeloda® | Anti-Neoplastic |
| Tarceva® | Anti-Neoplastic | Xenazine® | CNS Disorders |
| Tasigna | Anti-Neoplastic | Zarxio | Neutropenia |
| Temodar® | Anti-Neoplastic | Zoladex® | Anti-Neoplastic |
| Tev-Tropin® | Growth Hormone | Zolinza | Anti-Neoplastic |
| Thalomid® | Anti-Neoplastic | Zytiga® | Anti-Neoplastic |
| Thyrogen® Kit | Diagnostic | | |

[QLL] This drug is subject to Quantity Level Limits (QLL)

This list is not all-inclusive and is subject to change throughout the Plan Year.

What Drugs are Covered?

Refills: At least 75% of a prescription must be used before it can be refilled as prescribed by the child's physician.

WVCHIP Preferred Drug List (PDL): The WVCHIP PDL is a list of carefully selected medications that assists in maintaining quality care while providing cost saving opportunities to the member and WVCHIP. WVCHIP requires you to pay a lower copayment for medications on the WVCHIP PDL, and to pay the full retail price for medications not on the WVCHIP PDL. By asking your doctor to prescribe WVCHIP PDL medications, you can maintain high quality care while you help to control rising health care costs. The current PDL is posted on the WVCHIP website at www.chip.wv.gov.

If you have any questions about the copayment structure or about the WVCHIP PDL, please call CVS Caremark at 1-800-241-3260 or the WVCHIP Helpline at **1-877-982-2447**.

Drugs Requiring Prior Authorization

Several classes of prescription drugs require prior authorization for coverage by WVCHIP. Prior authorization is handled by the Rational Drug Therapy Program (RDTP) and initiated by a phone call from your physician to

1-800-847-3859. If your medication is not approved for plan coverage, you will have to pay the full cost of the drug.

| | |
|--|---|
| amphetamines (Adderall XR [®] , Vyvanse [®]) | lidocaine patch (Lidoderm [®]) |
| acitretin (Soriatane [®]) | linezolid (Zyvox [®]) |
| anabolic steroids (Anadrol, Oxandrin) | metformin (Fortamet [®] , Glumetza [®]) |
| armodafinil (Nuvigil [®]) | modafanil (Provigil [®]) |
| atomoxetine (Strattera [®]) | omeprazole/sodium bicarbonate (Zegerid [®]) |
| becaplermin (Regranex [®]) | oral Acne medications (Absorica, Clavaris) |
| buprenorphine (Subutex [®]) | oxycodone hydrochloride (Oxycontin [®]) |
| buprenorphine/naloxone (Suboxone [®] , Bunavail [™] , Zubsolv [®]) | rivaroxaban (Xarelto [®]) |
| buprenorphine transdermal (Butrans Patch) | roflumilast (Daliresp [®]) |
| ciclopirox topical solution (Ciclodan [®] , Penlac [™]) | Sacubitril/valsartan (Entresto [®]) |
| chenodiol (Chenodal [™])* | sacrosidase (Sucraid [®]) |
| cinacalcet (Sensipar [®]) | Specialty medications* |
| compounded medications | stimulants (Concerta [®] , Focalin XR [®] , Metadate CD [®] , Quillivant XR [®]) |
| cyclosporine ophthalmic emulsion (Restasis [®]) | tazarotene (Tazorac [®]) |
| diclofenac sodium gel (Solaraze [®] , Voltaren [®]) diclofenac topical (Pennsaid [®]) | testosterone products (oral, topical, injectable products) |
| doxepin topical (Prudoxin [®] , Zonalon [®]) | tolvaptan (Samsca [®]) |
| Eucrisa [®] | topical Antifungals (Jublia [®] , Kerydin [®]) |
| edoxaban tosylate (Savaysa [™]) | vacation supplies of medication for foreign travel (allow 7 days for processing) |
| enfuvirtide (Fuzeon [®])* | Vitamin D Analogs (calcipotriene, Calcitrene [®] , Dovonex [®] , Enstilar [®] , Sorilux [®] , Taclonex [®] , Vectical [®]) |
| fentanyl oral and topical (Abstral [®] , Actiq [®] , Duragesic [®] , Fentora [®] , Lazanda [®] , Onsolis [®] and Subsys [™]) | vorapaxar (Zontivity [®]) |

*These drugs must be purchased through the Specialty Drug Program. See Specialty Medications in the previous section.

Note: Members that are currently taking a drug that is used to treat, or is sensitive to, mental conditions can continue to have their current prescription(s) covered even if their current medication is not on the WVCHIP PDL when it is in one of the following seven drug classes: Antipsychotics; Serotonin Selective Response Inhibitors (SSRI); Central Nervous System Stimulants; Anticonvulsants; Sedative Hypnotics; Aliphatic Phenothiazines; and Attention Deficit Disorder Drugs.

Members who are newly prescribed a drug used to treat, or are sensitive to, mental conditions in one of the seven drug classes named above will have prescriptions filled from WVCHIP PDL, except in cases where there

is a demonstrated need for exception due to medical necessity.

For the WVCHIP PDL, see WVCHIP website at www.chip.wv.gov.

Drugs Requiring Step Therapy

Step Therapy promotes appropriate utilization of first-line drugs and/or therapeutic categories. Step Therapy requires that participants receive a generic or first-line drug before a brand name (2nd line product) will be covered. To promote the use of cost-effective, first-line therapy, WVCHIP uses step therapy in the following therapeutic classes.

1. Angiotensin II Receptor Antagonists - High Blood Pressure (Edarbi, Edarbyclor, Tekturna/Tekturna HCT)
2. Acne/Topical (Acanya, Aczone 7.5%, Azelex, Clindagel, Fabior, Riaux, Tretin-X)
3. Benign Prostatic Hypertrophy - Prostate (Cardura/XL[®], Rapaflo[®])
4. Bisphosphonates - Osteoporosis (Fosamax Plus D[™], Binosto[®])
5. Cholesterol-lowering medications (Altprev[®], Livalo[™])
6. COX-2 Inhibitors/Non-Steroidal Anti-inflammatory (NSAIDs) (Cambia[®], fenoprofen 200mg, Fenortho 200mg, Tivorbes, Vivlodex, Zipsor, Zorvolex)
7. Fibrates - High Triglycerides (Triglide[®])
8. Nasal Steroids (Beconase AQ[®], Nasonex[®], Omnaris[®], Dymista[®], Qnasl[®], Zetonna[®])
9. Ophthalmic/Prostaglandins - Glaucoma (Lumigan, Travatan Z, Zioptan)
10. Opioid pain medications
11. Proton Pump Inhibitors - Stomach Acid (Dexilant[®], Prilosec/Protonix packets)
12. Selective Serotonin Agonists - Migraine (Sumavel Dosepro[™], Treximet[®], Onzetra Xsail, Zembrace Symtouch)
13. Serotonin Reuptake Inhibitors - Depression (Pexeva, Trintellix, Viibryd)
14. Sleeping Agents (Belsomra, Rozerem[™], Edluar[™], Zolpimist[™], Silenor[®])
15. Topical Agents (Eucrisa[®], Prudoxin[®], Zonalon[®])
16. Urinary Antispasmodics (Oxytrol, Toviaz[®], Vesicare[®], Gelnique[®], Myrbetriq[®])

This list is subject to change during the plan year.

Drugs with Special Limitations

What happens if you are filling a prescription at the pharmacy and payment is denied because prior authorization was not given? When a medication is denied because the required prior authorization has not been given, the pharmacist will advise your physician to contact Rational Drug Therapy Program (RDTP) for review. If it is after office hours or your physician is unavailable, the pharmacist can provide your child with an emergency 5-day supply (some exceptions apply, i.e. controlled medication).

Over-the-Counter Drugs: WVCHIP does not cover over-the-counter drugs or prescription drugs with over-the-counter equivalents. Non-sedating antihistamines are the exception. In this drug category, only Claritin and Claritin D are covered. A prescription must be obtained from your physician in order for Claritin and Claritin D to be covered by WVCHIP.

What if the doctor prescribes it? Sometimes your doctor may prescribe a medication to be “dispensed

as written” when a WVCHIP PDL brand name or generic alternative drug is available. As part of your plan, a CVS Caremark pharmacist or your retail pharmacist may discuss with your doctor whether an alternative or generic drug might be appropriate for you. You may wish to discuss this with your physician to see if another medication on the WVCHIP PDL could be prescribed.

Quantity Level Limits (QLL)

Under the WVCHIP Prescription Drug Plan, certain drugs have preset quantity limitations. Select medications from the quantity limit list are provided below. If you are taking one of the medications with a quantity level limit and you need to get more of the medication than the Plan allows, ask your pharmacist or doctor to call **WVU’s School of Pharmacy, Rational Drug Therapy Program at 1-800-847-3859** to discuss your refill options.

1. Antipsychotic drugs (Abilify® 30 units, Abilify Discmelt® 60 units, Fanapt® 60 units, Geodon® 60 units, Invega® varies, Risperdal® 60 units, Saphris® 60 units, Seroquel/XR® varies, Zyprexa® 30 units, Zyprexa Zydis® 30 units, and Latuda® 30 units).
2. Antiemetics:
 - Aloxi® is limited to 2 vials per 15 days
 - Anzemet® is limited to 6 tablets per 21 days
 - Anzemet 100/5 & 12.5/0.625 injection is limited to 15ml per 180 days
 - Akynzeo is limited to 2 capsule per 21 days
 - Cesamet® is limited to 18 capsules per 30 days
 - Diabetic Test Strips is limited to 204 per 25 days or 612 per 75 days
 - Doxepin topical (Prudoxin®, Zonalon®) is limited to 90 grams per 25 days
 - Emend® limits vary by strength
 - Eucrisa® is limited to 60 grams per 25 days or 180 grams per 75 days
 - Kytril® limits vary by strength
 - Marinol is limited to 60 capsules per 25 days
 - Netupitant-Palonosetron is limited to 2 capsules per 21 days
 - Sancuso® is limited to 2 patches per 21 days
 - Topical corticosteroid products limited to 120 units per 30 days
 - Varubi is limited to 4 tablets per 21 days
 - Zofran® limits vary by strength
 - Zuplenz® is limited to 18 films per 21 days
3. Abstral®, Actiq®, Onsolis™, Fentora®, Subsys® coverage is limited to 120 units per 30 day; Lazanda® coverage is limited to 30 bottles per 30 days.
4. Buprenorphine/naltrexone containing products (Bunavail™, Suboxone®, Subutex® and Zubsolv®) are limited to 24mg in 60-day period then 16 mg.
5. Cholesterol lowering medications. (Advicor® varies, Caduet® 30 units, Vytorin® 30 units, Altoprev® 30 units, Crestor® 30 units, Lescol® varies, Lipitor® 30 units, Liptruzet® 30 units, lovastatin varies, Mevacor® 30 units, Pravachol® 30 units, pravastatin sodium 30 units, Simcor® 30 units, simvastatin 30 units, Zocor® 30 units and Livalo® 30 units).
6. Enbrel® coverage is limited to 4 syringes or 8 vials per 28 days.
7. Estrogen patches: Alora®, Estraderm®, Minivelle®, Vivelle/Dot® limit is 8 patches/28 days. Climara/Pro and Menostar® limit is 4 patches per 28 days.
8. Humira® coverage is limited to 2 syringes/pens per 28 days.
9. Long-acting Opioids (Avinza® 60 units, Kadian® 90 units, MS Contin® 120 units, Opana® ER 90 units, Oramorph® 120 units, Oxycotin® 90 units, Exalgo® 60 units, Embeda® 90 units, Nucynta® ER 60 units).

10. Lidocaine/Lidocaine topical products is limited to 1 tube/pack every 25 days.
 11. Migraine medications. Coverage is limited to quantities listed below:

| Generic Name | Brand Name | Quantity Level Limit for 28-Day Period |
|---|---------------------------|--|
| Almotriptan tablets 6.25mg | Axert® | 12 tablets |
| Almotriptan tablets 12.5mg | Axert® | 12 tablets |
| Diclofenac potassium, 50 mg powder packet | Cambia® | 9 packets |
| Dihydroergotamine nasal spray vials, 4mg/ml vial | Migranal® | 1 kit = 8 unit dose sprayers |
| Eletriptan 20mg, 40 mg | Relpax® | 12 tablets |
| Frovatriptan tablets 2.5mg | Frova® | 18 tablets |
| Naratriptan tablets 1mg, 2.5mg | Amerge® | 12 tablets |
| Rizatriptan tablets 5mg, 10mg | Maxalt® | 18 tablets |
| Rizatriptan tablets 5mg, 10mg orally disintegrating tablets | Maxalt-MLT® | 18 tablets |
| Sumatriptan injection pre-filled auto-injectors, 6mg/0.5ml | Alsuma® | 6 kits = 12 syringes |
| Sumatriptan injection syringes, 6mg/0.5ml | Imitrex® Statdose System® | 6 kits = 12 injections |
| Sumatriptan autoinjector 3mg/0.5ml | Zembrace Symtouch | 24 injectors (12ml) |
| Sumatriptan injection vials, 4mg/0.5ml | Generics | 18 vials |
| Sumatriptan injection vials, 6mg/0.5ml | Imitrex®, generics | 12 vials |
| Sumatriptan nasal spray 20 mg | Imitrex®, generics | 2 boxes = 12 unit dose spray devices |
| Sumatriptan nasal spray 5mg | Imitrex®, generics | 4 boxes = 24 unit dose spray devices |
| Sumatriptan nasal spray 11mg | Onzetra Xsail | 1 kit = 8 pouches |
| Sumatriptan needle-free injection vial 6mg/0.5ml | Sumavel™ DosePro™ | 3 boxes = 18 needle-free devices |
| Sumatriptan tablets 25mg, 50mg, 100mg | Imitrex®, generics | 12 tablets |
| Sumatriptan (85mg) and naproxen sodium (500mg) tablets | Treximet™ | 9 tablets |
| Sumatriptan (10mg) and naproxen sodium (60mg) tablets | Treximet™ | 9 tablets |
| Zolmitriptan nasal spray 5 mg | Zomig® | 2 boxes = 12 unit dose spray devices |
| Zolmitriptan tablets 2.5 mg and 5 mg, orally disintegrating | Zomig-ZMT® | 12 tablets |
| Zolmitriptan tablets 2.5 mg and 5 mg | Zomig® | 12 tablets |

12. Multiple Sclerosis: Avonex® 4 units per 30 days, Betaseron®/Extavia 14 or 15 units per 30 days, Copaxone® 1 kit per 30 days, Rebif® 1pkg/12 syringes per 30 days.
 13. Nuvigil® coverage limit varies.
 14. Opioid pain medications have a quantity limit (QL) for all medication in this class. Additional quantities require prior authorization through RDTP.
 15. Other antidepressants (Budeprion SR® 60 units, Budeprion XL® 30 units, Bupropion HCL SR® 60 units, Forfivo® XL 30 units, Wellbutrin SR® 60 units, and Wellbutrin XL® 30 units, Aplenzin® 30 units).
 16. Provigil® coverage limit varies.
 17. Sedative hypnotics (Ambien®, Ambien CR™, Doral, estazolam, flurazepam, Intermezzo®, Lunesta™, Restoril®, Rozerem™, Sonata®, Edluar™, Silenor®, tempzepam, triazolam). Coverage is limited to 15 units per 30 days. Zolpimist™ – coverage is limited to 1 bottle.
 18. Selective Serotonin Reuptake Inhibitors (Celexa® 30 units, citalopram HBR 30 units, fluoxetine HCL varies, fluvoxamine maleate varies, Luxapro® 30 units, Luvox CR® varies, paroxetine HCL® varies, Paxil® varies,

Paxil CR[®] 60 units, Pexeva[®] varies, Prozac Weekly 5 units, Sarafem[®] 30 units, Selfemra[™] varies, sertraline HCL[®] varies, Viibryd[®] 30 units, and Zoloft[®] varies).

19. Serotonin Norepinephrine Reuptake Inhibitors (Cymbalta[®] varies, Effexor[®] varies, EffexorXR[®] varies, Pristiq[®] 30 units, Savella[®] varies, venlafaxine ER[®] varies, Viibryd[®] 1 pack).
20. Sprix coverage is limited to 5 days of therapy per prescription.
21. Tamiflu[®] and Relenza[®] coverage is limited to one course of treatment every 90 days. Additional quantities require prior authorization from RDTP.
22. Toradol coverage is limited to 20 tablets per prescription.
23. Acetaminophen and Aspirin containing pain reliever medications are limited to quantities not to exceed 4 grams of acetaminophen or aspirin per day.
24. Amphetamines, methylphenidate and stimulant products to treat ADHD or narcolepsy are subject to limits on quantity within FDA approved doses.
25. Gabapentin (Neurontin) coverage is limited to 3,600 mg per day.

This list is not all-inclusive and is subject to change.

What Drugs are NOT Covered?

| | |
|---|--|
| Anorexients (any drug used for weight loss purposes) | Latisse [™] |
| Anti-wrinkle agents (e.g., Renova [®]) | Medical or therapeutic foods |
| Bleaching agents (e.g., Eldopaque [®] , Eldoquin Forte [®] , Melanex [®] , Nuquin [®] , Solaquin [®]) | Non-legend drugs |
| Compounds containing one or more ingredients which are commercially available in alternate medications are an over-the-counter (OTC) product or lack clinical evidence in compounded dosage forms | V-go [®] , Finesse [®] or other disposable insulin delivery system |
| Investigational or experimental drugs not approved by FDA | Pentazocine/Acetaminophen (Talacen [®]) |
| Drugs requiring PA when prescribed for uses and quantities not approved by the FDA | Prescription drug claims not filed within 6 months of the purchase date |
| Erectile dysfunction agents | Replacement medications for lost, damaged or stolen drugs |
| Fertility drugs | Requests for less than a 90-day supply of maintenance medications or more than a 30-day supply of short-term medications |
| Fioricet with Codeine (butalbital/acetaminophen caffeine with codeine) | Stadol nasal spray (butorphanol) |
| Fiorinal with Codeine (butalbital/aspirin/caffeine with codeine) | Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use, except those listed above |
| Hair growth stimulants | Unit dose medications |
| Homeopathic medications | Vacation supplies, unless leaving the country. If you are leaving the country and want WVCHIP to cover a vacation supply, you must submit documentation (copy of an airline ticket, travel agency itinerary, etc.) to substantiate your international travel arrangements. Please allow seven days for processing. |

Immunizations, biological sera, blood or blood products, Hyalgan, Synvisc, Remicade, Synagis, Xolair, Amevive, Raptiva, Vivitrol (these are covered under the Medical Plan)

New-to-market products and new variations of products already in the marketplace will be excluded from or "will not be added to" the formulary for a minimum of 12 months or until the product has been evaluated, determined to be clinically appropriate and cost effective, and approved by the CVS Caremark Pharmacy and Therapeutics Committee and WVCHIP Director.

Diabetes Management

Blood Glucose Monitors: Covered diabetic insureds can receive a free Lifescan One Touch blood glucose monitor with a current prescription. Simply call the CVS Caremark Diabetic Meter Program at 1-877-418-4746 and request a meter.

Glucose Test Strips: WVCHIP covers only Lifescan One Touch test strips at the preferred prescription copayment. Other brands require a 100% copayment. **Diabetic test strips are limited to 204 per 25 days or 612 per 75 days.**

Needles, Syringes and Lancets: You can obtain a supply of BP brand disposable needles, syringes and lancets at the pharmacy for your WVCHIP plan's generic prescription cost.

Controlling Prescription Drug Costs

Mail Order Drug Program: This is a voluntary program which allows the covered child to order maintenance medications (those that the child takes long-term to treat an on-going medical condition) through the mail. Use of the Mail Order Drug Program may be more convenient for you. To participate in the Mail Order Drug Program, the child's parent or guardian and the child's physician need to complete an enrollment form. To obtain a copy of the form, call **CVS Caremark at 1-800-241-3260.**

For More Information: WVCHIP's prescription drug benefits are administered by **CVS Caremark.** If you have additional questions about prescription drug coverage, or about claims submitted on the insured child's behalf, contact CVS Caremark at 1-800-241-3260.

All prescription drugs requiring **prior authorization** are reviewed by **West Virginia University's School of Pharmacy, RDTP Program.** Physicians must contact customer service at **1-800-847-3859, or fax 1-800-531-7787,** before certain prescribed drug(s) will be covered by the Plan. Since RDTP can only discuss reasons of medical appropriateness with the physician, only providers should contact them. Please refer to pages 34-35 for drugs requiring prior authorization.

Medical, Vision, and Dental Claims

What is an EOB? After you receive a medical, vision, or dental service, the health care provider (a doctor's office, hospital, dentist, etc.) sends a claim to DXC Technology for payment. Once the claim is processed, an explanation of benefits form (EOB) will be sent to you.

The EOB shows each service, the provider's charge, and the amount paid by WVCHIP. Any copayments or charges for non-covered services are shown as amounts owed by the patient. You should not be asked to pay more than this amount.

As a reminder, an EOB just explains how your benefits were used.

How to File a Medical or Dental Claim

To file a medical or dental claim for a child enrolled in WVCHIP, Molina requires an itemized bill that must include the following information:

1. Insured child's name and identification number
2. Nature of illness or injury
3. Date(s) of service
4. A complete description of each service
5. Amount charged for each service
6. Diagnosis and procedure codes for each illness/condition and procedure
7. Provider's name, address and NPI (National Provider Identifier) number

A copy of the Medical Claim Form is on the website www.chip.wv.gov. If the necessary information is printed on your itemized bill, you do not need to use a WVCHIP claim form.

Medical and dental claims are processed by DXC Technology and should be submitted to the address below:

DXC Technology
P.O. Box 3732
Charleston, WV 25337

Cash register receipts and canceled checks are not acceptable proof of your claim. An itemized bill is required.

Claims must be filed within 6 months of the date of service. Claims not submitted within this period will not be paid and WVCHIP will not be responsible for payment.

If the child's medical claim is for an illness or injury wrongfully or negligently caused by someone else and you expect the medical costs to be reimbursed by another party or insurance plan, a claim with WVCHIP should be filed within 6 months of the date of service to ensure that the claim will be paid. If you should later receive payment for the expenses, you must repay the amount you received from WVCHIP. (See Subrogation on page 48 for details.)

Claims Incurred Outside the United States: If a child enrolled in WVCHIP incurs medical expenses while outside the United States, you may be required to pay the provider yourself. Request an itemized bill containing all the information listed above from the child's provider and submit the bill and a claim form to DXC Technology or CVS Caremark.

DXC Technology or CVS Caremark will determine, through a local banking institution, the currency exchange rate and you will be reimbursed according to WVCHIP terms.

Appealing a Pharmacy Claim

If you have an issue with your prescription drug claim or prescription benefit or a denial of a medication, first call CVS Caremark to ask for details. If the issue involves a prescription drug prior authorization request, ask your medical provider to contact Rational Drug Therapy Program (RDTP) for more information. If you are not satisfied with the outcome of the telephone inquiry, the second step is to appeal to CVS Caremark or have your medical provider appeal any prior authorization issues to RDTP in writing, via fax or regular mail. Please have your physician provide any additional relevant clinical information to support your request. **Mail or fax your request with the above information to:**

| Type of Error | Who to Call | Where to Write |
|--|--|---|
| Prior authorization or denial issue (to be used by physician's offices or pharmacists only) | RDTP 1-800-847-3859 FAX: 1-800-531-7787 | Rational Drug Therapy Program WVU School of Pharmacy PO Box 9511 HSCN Morgantown, WV 26506 |
| Prescription drug claim payment error or denial | CVS Caremark 1-800-241-3260 | CVS Caremark Clinical Appeals (Client-WVC) P.O. Box 52136 Phoenix, AZ 85072-2136 |

CVS Caremark or RDTP will respond in writing to you and/or your physician with a letter explaining the outcome of the appeal. If this does not resolve the issue, the third step is to appeal in writing to the Executive Director of WVCHIP. Your physician must request a review in writing within 30 days of receiving the decision from CVS Caremark or RDTP.

Mail, email, or fax third step appeals to:

**Executive Director, WVCHIP
350 Capitol Street
Room 251
Charleston, WV 25301**

Fax: 304-558-2741

Email: WVCHIP@wv.gov with Appeal in the subject line

Facts, issues, comments, letters, explanation of benefits (EOB), and all pertinent information about the claim and review should be included. When your request for review arrives, WVCHIP will reconsider the entire case, taking into account any additional materials that have been provided. A decision, in writing, explaining the reason for modifying or upholding the original disposition of the claim will be sent to the covered person or his or her authorized representative. For more information, about your drug coverage, please contact CVS Caremark at 1-800-241-3260.

Contacting CVS Caremark:

On the Internet: Visit CVS Caremark website at www.caremark.com anytime to refill your mail service prescriptions, check the status of your mail service pharmacy order, request claim forms, mail service order forms, or to find a participating retail pharmacy near you.

By Telephone: Those members who do not have access to CVS Caremark via the internet can learn more about the program by calling CVS Caremark Member Services at 1-800-241-3260, 24 hours a day, 7 days a week.



WVCHIP Medical Reimbursement

(Please print or type.)

Member's (child) Name _____
Last First Middle

Identification Number _____ Member's Date of Birth ____/____/____

Home Address _____

Phone Number _____ - _____ - _____ Policyholder's Sex Male Female

Nature of Illness or Injury _____

Was illness or injury related to accident? Yes No

If yes, complete the following:

Date of accident: _____

Location of accident: _____

Was another party at fault? Yes No

Was illness or injury any way work related? Yes No

I certify that the above is correct and that I am claiming benefits only for charges incurred by the patient named above. I further authorize the release of any medical information necessary to process this claim.

Signature of Policyholder's Parent/Guardian/Representative _____ Date _____

Itemized bills must accompany this claim form. These bills must include the following information:

- 1) Name of child covered by WVCHIP
- 2) The WVCHIP Member's identification number
- 3) The nature of the illness or injury
- 4) Date(s) of service
- 5) A complete description of each service
- 6) The amount charged for each service
- 7) Diagnosis and procedure codes for each illness, condition and procedure
- 8) The provider's name, address, and NPI number

Mail to:
DXC Technology
P.O. Box 3732
Charleston, WV
25337

If you have any questions, please call DXC Technology toll-free at 1-800-479-3310.

Prescription Reimbursement Claim Form

Important!



- Always allow up to 30 days from the time you send this form until the time you receive the response to allow for mail time plus claims processing
- Keep a copy of all documents submitted for your records.
- Do not staple or tape receipts or attachments to this form.
- Reimbursement is not guaranteed and the contractor will review the claims subject to limitations, exclusions and provisions of the plan.

STEP 1 Card Holder/Patient Information

This section must be fully completed to ensure proper reimbursement of your claim.

Card Holder Information

Identification Number (refer to your prescription card)

Group No./Group Name

Name (Last Name)

(First Name)

(MI)

Address

Address 2

City

State

Zip

Country

Patient Information—Use a separate claim form for each patient.

Name (Last Name)

(First Name)

(MI)

Date of Birth

Male

Female

Phone Number

Relationship to Primary member

Member Spouse Child Other _____

Other Insurance Information

COB (Coordination of Benefits)

Are any of these medicines being taken for an on-the-job injury? Yes No

Is the medicine covered under any other group insurance? Yes No

If yes, is other coverage: Primary Secondary

If other coverage is Primary, include the explanation of benefits (EOB) with this form.

Name of Insurance Company _____ ID # _____

Important! A signature is REQUIRED

NOTICE

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

X

Signature of Member

Date

(Over)

STEP 2**Submission Requirements:**

You **MUST** include all original “pharmacy” receipts in order for your claim to process. “Cash register” receipts will **only** be accepted for diabetic supplies. The minimum information that must be included on your pharmacy receipts is listed below:

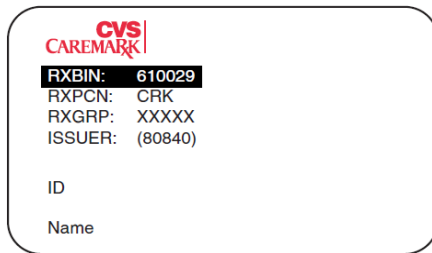
- Patient Name
- Prescription Number
- Medicine NDC number
- Date of Fill
- Metric Quantity
- Total Charge
- Days Supply for your prescription (you may need to ask your pharmacist for this “Days Supply” information)
- Pharmacy Name and Address or Pharmacy NABP Number

If the Prescribing Physician’s NPI (National Provider Identification) number is available, please provide: _____

If this claim is from a foreign country, please fill in below:

Country: _____ Currency: _____ Amount: _____

Additional Comments

STEP 3**Mailing Instructions:**

The RXBIN # is located on front of your CVS Caremark Prescription ID card. Please see highlighted area to the left for reference. Match your RXBIN # to the addresses below.

RXBIN # 610415 mail to:

CVS Caremark
P.O. Box 52116
Phoenix, Arizona 85072-2116

RXBIN # 004336 , 012114 mail to:

CVS Caremark
P.O. Box 52136
Phoenix, Arizona 85072-2136

RXBIN # 610029 mail to:

CVS Caremark
P.O. Box 52196
Phoenix, Arizona 85072-2196

RXBIN # 610474 , 610468 , 004245 or 610449 mail to:

CVS Caremark
P.O. Box 52010
Phoenix, Arizona 85072-2010

RXBIN # 610473 , 610475 mail to:

CVS Caremark
P.O. Box 53992
Phoenix, Arizona 85072-3992

IMPORTANT REMINDER

To avoid having to submit a paper claim form:

- Always have your card available at time of purchase
- Always use pharmacies within your network
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.

Appealing Medical Service Issues

Each WVCHIP member and provider is assured the right to have a review of health service matters under WVCHIP. Health service matters may include (but are not limited to) such issues as correct or timely claims payment; a delay, reduction, or denial of a service, including pre-service decisions; and suspension or termination of a service, including the type and level of service. This same process can apply to prescription drugs or supplies available through WVCHIP for information on filing a Pharmacy Appeal.

Exception from Review: WVCHIP does not provide a right to review any matter that the only satisfactory remedy or decision would require automatic changes to the program's State Plan, or in Federal or State law governing eligibility, enrollment, the design of the covered benefits package that affects all applicants or enrollees or groups of applicants or enrollees, without respect to their individual circumstances.

WVCHIP assures the right of appeal in three steps or levels, except for emergencies, as described below.

Level 1: The member, provider or representative must start the process within 60 days of learning of the denial of service. To start the appeal process, contact **DXC Technology** at 1-800-479-3310 to explain the issue. This allows them to check the issue and present information concerning actions they have taken (such as a benefit limit, a date for claims processing, etc.). In most cases, they will give the needed information on the date of this phone contact. They will give a response no later than 7 days after the initial phone contact. For prior authorization medical decision denials, contact **KEPRO at 1-888-571-02692**.

Reconsideration/Level 2: If the information the member or provider receives after taking the first step does not resolve the issue, the member or provider must take it to this next step within 30 days after the 1st level response. The member or provider must write a letter explaining the problem and why there is continued disagreement with the information or response at the 1st level. All information pertinent to the appeal must be included with the request:

1. A written statement explaining the issue
2. All copies of supporting documents or statements that have been provided about the issue
3. A copy of the denied claim (the Explanation of Benefits) and/or written statement provided to either the member or provider by DXC Technology

Appeal letters in Level 2 should be mailed, faxed, or emailed to:

Incorrect Payment, Claims
Timely Filing, Claims Management, Dental
DXC Technology
P.O. Box 3732
Charleston, WV 25337

Prior Authorization Denials
KEPRO
Appeals
P.O. Box 2451
Charleston, WV 25329
Fax: 1-866-473-2354
Email: HCM_Appeals@healthsmart.com

A written response will be issued within 30 days. For payment issues, the claim will be reprocessed for payment if that is the proper resolution. For all other issues, a letter will be issued explaining the actions they are prepared to take, or the reasons for their action with respect to benefits (an Explanation of Benefits).

Level 3: After receiving the written response, the member or provider may appeal this decision to a third step review by requesting that the Executive Director review the Level 2 case file. Copies of all written statements of facts, issues, letters and relevant information provided in the case file must be mailed, faxed or emailed to:

Executive Director, WVCHIP
350 Capitol Street, Room 251
Charleston, WV 25301
Fax: 304-558-2741, Attn: Executive Director
Email: WVCHIP@wv.gov with Appeal in the subject line

Within 30 days, the Executive Director will send a written decision, which takes into account all written materials provided by both parties at Level 3. The decision will explain whether the actions taken at Level 2 will be upheld or changed. If the issue of appeal is about clinical or medical matters, the Executive Director may consider a review by the consulting Medical Director.

Total Time Limit for the Appeal Process

Many appeals are decided within 30 days; however, any appeal must be completed within 90 days from the date of the initial phone contact to the issuance of a written decision at Level 3.

Important Note: Expedited reconsiderations are only to be requested if the authorization request is medically urgent.

Medically Urgent is defined as a delay in service that could seriously jeopardize the following:

- 1) The life or health of the member
- 2) The ability of the member to regain function
- 3) In the opinion of a physician with knowledge of the member's condition, would subject the member to severe symptoms that cannot be adequately managed without care or the treatment that is the subject of the case

An expedited review process may take place within 72 hours (or up to a maximum of 14 days if the member requests an extension). After starting Level 1 and making a written notice by facsimile copy of a request for an emergency review, you may go directly to Level 3 for resolution.

Controlling Costs

Benefit Plan Fee Schedules: WVCHIP pays health care providers according to maximum fee schedules and rates established by WVCHIP. If a provider's charge is higher than the WVCHIP maximum fee for a particular service, WVCHIP will allow only the maximum fee. The "allowed amount" for a particular service will be the lesser of either the provider's charge or the WVCHIP maximum fee.

Physicians and other health care professionals are paid according to a Resource Based Relative Value Scale (RBRVS) fee schedule. This type of payment system sets fees for professional medical services based on the relative amounts of work, overhead and malpractice insurance expenses involved. These rates are adjusted annually. West Virginia physicians who treat WVCHIP patients must accept WVCHIP's allowed amount as payment in full; they may not bill additional amounts to WVCHIP patients.

Most inpatient and outpatient hospital services are paid on a "prospective" basis by which West Virginia hospitals know in advance what WVCHIP will pay per outpatient service or per admission. WVCHIP's reimbursement to hospitals is based on Diagnosis-Related Groups (DRG), which is the system used by Medicare. West Virginia hospitals are provided specific information about their reimbursement rates for WVCHIP.

Prohibition of Balance Billing: Any West Virginia or WVCHIP network health care provider who treats a Plan member must accept assignment of benefits and cannot bill the members for any charges above the WVCHIP

fee allowance or for any discount amount applied to a provider's charge to determine payment. This is known as the "prohibition of balance billing" and applies to any WVCHIP provider.

Note: It is the obligation of the parent or guardian of the member to present the WVCHIP member card to the provider, i.e. physician's office, hospital, etc., at the time of service or within 30 days from the date of service. If the member card with correct billing identification is not provided in a timely manner which causes delays of the provider's submission of the claim to WVCHIP within the timely filing limits, the provider may hold the guardian or member responsible for payment of the claim. Parent or guardian may also be held responsible for any service provided that is not a covered benefit under the WVCHIP program.

Recovery of Incorrect Payments: If WVCHIP, DXC Technology, or CVS Caremark discovers that a claim has been incorrectly paid, or that the charges were excessive or for non-covered services, WVCHIP, DXC Technology, and CVS Caremark have the right to recover the payments from any person or entity.

You must cooperate fully to help recover any such payment. WVCHIP will request refunds or deduct overpayments from a provider's check in order to recover incorrect payments. This provision shall not limit any other remedy provided by law.

Subrogation

If WVCHIP pays a child's medical expenses for an illness, injury, disease or disability, and another person is legally liable for those expenses, WVCHIP has the right to be reimbursed for the expenses already paid. WVCHIP can collect only those amounts related to that illness, injury, disease or disability. This process is known as subrogation.

WVCHIP has the right to seek repayment of expenses from, among others, the party that caused the sickness, injury, disease, or disability; that party's liability carrier; or the policyholder's own auto insurance carrier in cases of uninsured/underinsured motorist coverage or medical pay provisions. Subrogation applies, but it is not limited to, the following circumstances:

1. Payments made directly by the person who is liable for the child's sickness, injury, disease, or disability, or any insurance company which pays on behalf of that person, or any other payments on his or her behalf;
2. Any payments, settlements, judgments, or arbitration awards paid by any insurance company under an uninsured or underinsured motorist policy or medical pay provisions on the child's behalf; and
3. Any payments from any source designed or intended to compensate the child for sickness, injury, disease, or disability sustained as the result of the actual or alleged negligence or wrongful action of another person.

This right of subrogation shall constitute a lien against any settlement or judgment obtained by or on behalf of an insured for recovery of such benefits.

Responsibilities of the Insured: It is the obligation of the parent or guardian of the member to:

1. Notify WVCHIP in writing of any injury, sickness, disease or disability for which WVCHIP has paid medical expenses on the child's behalf that may be attributable to the wrongful or negligent acts of another person;

2. Notify WVCHIP in writing if you retain the services of an attorney, and of any demand made or lawsuit filed on the child's behalf, and of any offer, proposed settlement, accepted settlement, judgment, or arbitration award;
3. Provide WVCHIP or its agents with any information it requests concerning circumstances that may involve subrogation, provide any reasonable assistance required in assimilating such information, and cooperate with WVCHIP or its agents in defining, verifying or protecting its rights of subrogation and reimbursement; and
4. Promptly reimburse WVCHIP for benefits paid on the child's behalf attributable to the sickness, injury, disease, or disability, once you have obtained money through settlement, judgment, award, or other payment.

Failure to comply with any of these requirements may result in:

- 1) WVCHIP withholding payment of further benefits; and/or
- 2) Your obligation to pay attorney fees and/or other expenses incurred by WVCHIP in obtaining the required information or reimbursement.

These provisions shall not limit any other remedy provided by law. This right of subrogation shall apply without regard to the location of the event that led to or caused the applicable sickness, injury, disease or disability.

Note: As with any claim, a claim resulting from an accident or other incident that may involve subrogation should be submitted within WVCHIP's filing requirement of 6 months. It is not necessary that any settlement, judgment, award, or other payment from a third party be reached or received before filing the child's claim with WVCHIP.

Detecting and Reporting Fraud and Abuse

The United States spends more than \$1 trillion on health care each year. It is estimated that fraudulent billings to health care programs are anywhere from 3% to 15% of this amount. These estimates put the amount attributable to fraud anywhere from \$30 billion to \$150 billion per year. These fraudulent claims increase the burden to society and represent money that could be better spent elsewhere. For example, the money that WVCHIP pays for fraudulent claims could be better used by providing coverage to an additional number of children or providing additional benefits for our existing members.

What is Fraud & Abuse? Fraud is an intentional deception made for personal gain. It is to willfully and knowingly act deceptively to obtain something of value. Abuse is to obtain something of value by providing incorrect or misleading information, but not necessarily a willful or intentional act. Fraud and abuse may be committed by health care providers or members of group insurance plans (including members of WVCHIP, Medicaid, or Medicare), as well as others involved with the delivery of health care.

Examples of Provider Fraud:

- Payments (in cash or kind) in return for your WVCHIP member number
- Waiving copayments
- Balance billing for services not provided
- Billing for a non-covered service as a covered service (e.g. billing a "tummy-tuck" [non-covered] as a hernia repair [covered])
- Every patient in a group setting receiving the same type of service or equipment on the same day
- Services listed on your Explanation of Benefits (EOB) that you don't remember receiving or didn't need (see Tips to Help Prevent Fraud)

- Intentional incorrect reporting of diagnoses or procedures (up-coding), or billing for separate parts of a procedure rather than the whole procedure (unbundling) to maximize payment
- Requesting cash payments from members for office visits and/or providing prescriptions during the office visit
- Accepting or giving kickbacks for member referrals
- Prescribing additional and unnecessary treatments (over-utilization)

Examples of Member Fraud:

- Providing false information when applying for WVCHIP coverage
- Forging prescriptions or selling prescription drugs
- “Loaning” or using another person’s member card

Tips to Help Prevent Fraud: There are things you can do to help fight WVCHIP fraud and abuse in WVCHIP:

- Look at your WVCHIP EOB carefully to make sure that WVCHIP has been billed for medical or dental services or equipment that you actually received. Check to see that the date of service is correct.
- DO NOT give your WVCHIP member card number to anyone except your doctor, clinic, hospital, or other health care provider who is providing services to you. DO NOT let anyone borrow your WVCHIP member card.
- DO NOT ask your doctor or other health care provider for medical care that you do not need.
- Ask for copies of everything you sign. Keep these copies for your records.
- DO NOT share your WVCHIP information, or other medical information, with anyone except your doctor, clinic, hospital, or other health care provider.
- If you are offered free tests or screenings in exchange for your WVCHIP member card number, be suspicious. Be careful about accepting medical services when you are told they will be free of charge.
- Give your WVCHIP member card only to those who have provided you with medical services.
- If anyone claims they know how to make WVCHIP pay for health care services or goods that WVCHIP usually does not pay for, you should avoid them.

What Should You Do If You Suspect Fraud? If you suspect fraud, report it. To report suspected fraud and abuse, please call the WVCHIP HelpLine at 1-877-982-2447. You will be asked to provide pertinent information and the HelpLine operator will make sure the information gets to the appropriate place for investigation. Information to have ready to provide: the WVCHIP member name and number, the name of the health care provider, the date of service, the amount of money that was either approved or paid (as listed on your EOB), as well as a description of the acts that you suspect involves either fraud or abuse relating to your allegation.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

SUMMARY: In order to provide you with benefits, West Virginia Children’s Health Insurance Program (WVCHIP) will receive personal information about your health from you, your physicians, hospitals, and others who provide you with health care services. We are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

Occasionally, we may use members’ information when providing treatment. We use members’ health information to provide benefits, including making claims payments and providing customer service. We disclose members’ information to health care providers to assist them to provide you with treatment or to help them receive payment, we may disclose information to other insurance companies as necessary to receive payment, we may use the information within our organization to evaluate quality and improve health care operations, and we may make other uses and disclosures of members’ information as required by law or as permitted by WVCHIP policies.

KINDS OF INFORMATION THAT THIS NOTICE APPLIES TO: This notice applies to any information in our possession that would allow someone to identify you and learn something about your health. It does not apply to information that contains nothing that could reasonably be used to identify you.

OUR LEGAL DUTIES

- We are required by law to maintain the privacy of your health information.
- We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.
- We are required to respond to your requests or concerns within a timely manner.
- We are required to abide by the terms of this notice until we officially adopt a new notice.

WHO MUST ABIDE BY THIS NOTICE?

- WVCHIP.
- All employees, staff, students, volunteers and other personnel whose work is under the direct control of WVCHIP.

The people and organizations to which this notice applies (referred to as “we,” “our,” and “us”) have agreed to abide by its terms. We may share your information with each other for purposes of treatment, and as necessary for payment and operations activities as described below.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION? We may use your health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information. However, any time we use your information or disclose it to someone else, it will fit one of the reasons listed below.

1. Treatment. We may use your health information to provide you with medical care and services. This means that our employees, staff, students, volunteers and others whose work is under our direct control may read your health information to learn about your medical condition and use it to help you make decisions about your care. For instance, a health plan nurse may take your blood pressure at a health fair and use the results to discuss with you related health issues. We will also disclose your information to others to provide you with options for medical treatment or services. For instance, we may use health information to identify members with certain chronic illnesses and send information to them or to their doctors regarding treatment alternatives.

2. Payment. We will use your health information and disclose it to others as necessary to make payment for the health care services you receive. For instance, an employee in our customer service department or our claims processing administrator may use your health information to help pay your claims. We may send information about you and your claim payments to the doctor or hospital that provided you with the health care services. We will also send you information about claims we pay and claims we do not pay (called an "Explanation of Benefits"). The Explanation of Benefits will include information about claims we receive for the subscriber and each dependent that are enrolled together under a single contract or identification number. Under certain circumstances, you may receive this information confidentially (see the "Confidential Communication" section in this notice). We may also disclose some of your health information to companies with whom we contract for payment-related services. For instance, if you owe us money, we may give information about you to a collection company that we contract with to collect bills for us. We will not use or disclose more information for payment purposes than is necessary.

3. Health Care Operations. We may use your health information for activities that are necessary to operate this organization. This includes reading your health information to review the performance of our staff. We may also use your information and the information of other members to plan what services we need to provide, expand, or reduce. We may also provide health information to students who are authorized to receive training here. We may disclose your health information as necessary to others who we contract with to provide administrative services. This includes our third-party administrators, lawyers, auditors, accreditation services, and consultants. These third-parties are called "Business Associates" and are held to the same standards as WVCHIP with regard to ensuring the privacy, security, integrity, and confidentiality of your personal information. If, in the course of health care operations, your confidential information is transmitted electronically, WVCHIP requires that information be sent in a secure and encrypted format that renders it unreadable and unusable to unauthorized users.

4. Legal Requirement to Disclose Information. We will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the state health care system. For instance, we may be required to disclose your health information, and the information of others, if we are audited by state auditors. We will also disclose your health information when we are required to do so by a court order or other judicial or administrative process. We will only disclose the minimum amount of health information necessary to fulfill the legal requirement.

5. Public Health Activities. We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.

6. To Report Abuse. We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.

7. Law Enforcement. We may disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations. We will only disclose the minimum amount of health information necessary to fulfill the investigation request.

8. Specialized Purposes. We may disclose the health information of members of the armed forces as authorized by military command authorities. We may disclose your health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose your information to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation); or for national security, intelligence, and protection of the president. We also may disclose health information about an inmate to a correctional institution or to law

enforcement officials, to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution.

9. To Avert a Serious Threat. We may disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.

10. Family and Friends. We may disclose your health information to a member of your family or to someone else who is involved in your medical care or payment for care. This may include telling a family member about the status of a claim or what benefits you are eligible to receive. In the event of a disaster, we may provide information about you to a disaster relief organization, so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object.

11. Research. We may disclose your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.

12. Information to Members. We may use your health information to provide you with additional information. This may include sending newsletters or other information to your address. This may also include giving you information about treatment options, alternative settings for care, or other health-related options that we cover.

YOUR RIGHTS

1. Authorization. We may use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your health information for any other reason without your authorization. We will only disclose the minimum amount of health information necessary to fulfill the authorization request. If you authorize us to use or disclose your health information in additional circumstances you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the person listed under **"WHO TO CONTACT WITH QUESTIONS, COMPLAINTS, OR REQUESTS"** at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company as a condition of obtaining coverage, other law may allow the insurer to continue to use your information to contest claims of your coverage, even after you have revoked the authorization.

2. Request Restrictions. You have the right to ask us to restrict how we use or disclose your health information. We will consider your request, but we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.

3. Confidential Communication. If you believe that the disclosure of certain information could endanger you, you have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send explanations of benefits that contain your health information to a different address rather than to your home, or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will agree to any reasonable request.

4. Inspect and Receive a Copy of Health Information. You have a right to inspect the health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes claim and enrollment records. If you want to review or receive a copy of these records, you must make the request in writing. We may charge a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under **"WHO TO CONTACT WITH QUESTIONS, COMPLAINTS, OR REQUESTS"** at the end of this notice. We will respond to your request within 30 days. We may deny you access

to certain information. If we do, we will give you the reason in writing. We will also explain how you may appeal the decision.

5. Amend Health Information. You have the right to ask us to amend health information about you, which you believe is not correct or complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.

6. Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover. You may not request a time period longer than six years. We cannot include disclosures made before April 14, 2003. Disclosures for the following reasons will not be included on the list: disclosures for treatment, payment, or health care operations; disclosures for national security purposes; disclosures to correctional or law enforcement personnel; disclosures that you have authorized; and disclosures made directly to you.

7. Paper Copy of this Privacy Notice. You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under **"WHO TO CONTACT WITH QUESTIONS, COMPLAINTS, OR REQUESTS"** at the end of this notice.

8. Complaints. You have a right to complain about our privacy practices if you think your privacy has been violated. You may file your complaint with the person listed under **"WHO TO CONTACT WITH QUESTIONS, COMPLAINTS, OR REQUESTS"** at the end of this notice. You may also file a complaint directly to: Region III, Office for Civil Rights, U.S. Department of Health and Human Services, 150 South Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

IMPORTANT

You may request medical records from WVCHIP, but please note that we only have claims submitted by your providers and any accompanying documentation that may have been submitted with these claims. For your complete medical records, contact your doctor or dentist.

NO RETALIATION

WVCHIP cannot take away your health care benefits or retaliate in any way if you file a complaint or use any of the privacy rights in this notice.

OUR RIGHT TO CHANGE THIS NOTICE

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information, which we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice that includes the change. The new notice will include an effective date. We will mail the new notice to all subscribers within 60 days of the effective date.

WHO TO CONTACT WITH QUESTIONS, COMPLAINTS, OR REQUESTS

BELOW IS CONTACT INFORMATION TO:

- make a complaint, or
- request more information about this notice, our privacy policies, or your privacy rights, or
- exercise any of your privacy rights, or
- request a copy of our current notice of privacy practices, or
- ask any other questions about this privacy notice or anything related to it.

**Privacy Officer
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3709
Phone (304) 558-1700 or Fax (304) 558-4397**

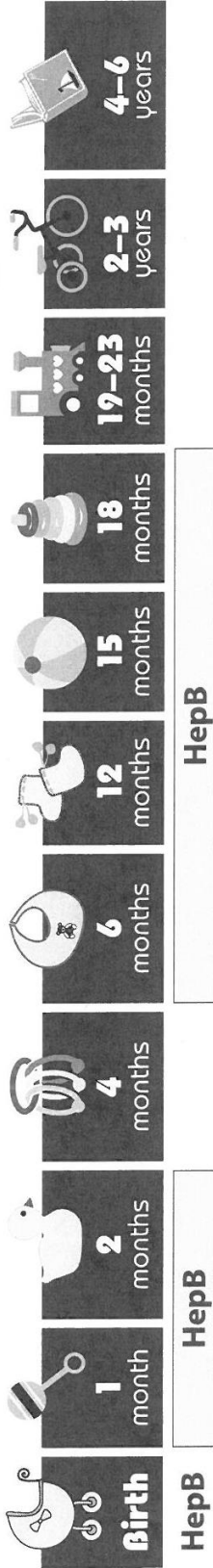
**Privacy Officer
West Virginia Department of Health and Human Resources
One Davis Square, Suite 100 East
Charleston, WV 25301
Phone (304) 558-0684 or Fax (304) 558-1130**

**Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights
Attention Regional Manager
150 So. Independence Mall West, Suite 372
Philadelphia, PA 19106-3499**

Drafted: April 14, 2003

Revised: June 2017

2018 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

| Age | RV | DTaP | Hib | PCV13 | IPV | MMR | Varicella | HepA ^s |
|--------------|----|------|-----|-------|-----|-----|-----------|-------------------|
| Birth | | HepB | | | | | | |
| 1 month | | HepB | | | | | | |
| 2 months | | HepB | | | | | | |
| 4 months | RV | DTaP | Hib | PCV13 | IPV | | | |
| 6 months | RV | DTaP | Hib | PCV13 | IPV | | | |
| 12 months | | HepB | | | | | | |
| 15 months | | DTaP | Hib | PCV13 | IPV | | | |
| 18 months | | HepB | | | | | | |
| 19-23 months | | DTaP | Hib | PCV13 | IPV | | | |
| 2-3 years | | DTaP | Hib | PCV13 | IPV | | | |
| 4-6 years | | DTaP | Hib | PCV13 | IPV | | | |

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:
 * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
^s Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.
 If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.



For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
 or visit
www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention

AMERICAN ACADEMY OF FAMILY PHYSICIANS
 STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics
 DEDICATED TO THE HEALTH OF ALL CHILDREN™

What is HealthCheck?

HealthCheck is the name for West Virginia's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. The EPSDT Program is the child preventive health component of Medicaid.

HealthCheck promotes regular preventive well child screenings for Medicaid eligible individuals under the age of 21. Well child screens can detect health problems early and in some cases, prevent health problems from occurring.

HealthCheck screens are important because they allow your medical provider to make sure your child is healthy and growing well, while giving you a chance to ask questions and discuss your concerns.



HealthCheck screens are recommended at the following ages:

| Infancy | Early childhood | Late childhood | Adolescence |
|--|---|--|--|
| <ul style="list-style-type: none">• 3-5 days | <ul style="list-style-type: none">• 12 months | <ul style="list-style-type: none">• 5 years | <ul style="list-style-type: none">• 12 years |
| <ul style="list-style-type: none">• By one month | <ul style="list-style-type: none">• 15 months | <ul style="list-style-type: none">• 6 years | <ul style="list-style-type: none">• 13 years |
| <ul style="list-style-type: none">• 2 months | <ul style="list-style-type: none">• 18 months | <ul style="list-style-type: none">• 7 years | <ul style="list-style-type: none">• 14 years |
| <ul style="list-style-type: none">• 4 months | <ul style="list-style-type: none">• 24 months | <ul style="list-style-type: none">• 8 years | <ul style="list-style-type: none">• 15 years |
| <ul style="list-style-type: none">• 6 months | <ul style="list-style-type: none">• 30 months | <ul style="list-style-type: none">• 9 years | <ul style="list-style-type: none">• 16 years |
| <ul style="list-style-type: none">• 9 months | <ul style="list-style-type: none">• 3 years | <ul style="list-style-type: none">• 10 years | <ul style="list-style-type: none">• 17 years |
| | <ul style="list-style-type: none">• 4 years | <ul style="list-style-type: none">• 11 years | <ul style="list-style-type: none">• 18 years |
| | | | <ul style="list-style-type: none">• 19 years |
| | | | <ul style="list-style-type: none">• 20 years |

West Virginia Immunization Requirements for 7th & 12th Graders

State law and rules¹ require that all children entering school in West Virginia in grades 7 and 12 must show proof of immunization against diphtheria, pertussis, tetanus, and meningococcal disease unless properly medically exempted². The table below outlines immunization requirements as most commonly met.³ The West Virginia Bureau for Public Health recommends that vaccine doses administered 4 days or fewer before the minimum interval or age should be considered valid.

7th Grade School Entry Requirement

| Vaccine | Requirement | Provisional Enrollment |
|--|---|-------------------------------------|
| Tdap (tetanus, diphtheria, acellular pertussis) | Proof of booster dose of Tdap vaccine | No provisional enrollment permitted |
| MCV4 (meningococcal / meningitis) | Proof of 1 st dose of MCV4 vaccine | No provisional enrollment permitted |

12th Grade School Entry Requirement

| Vaccine | Requirement | Provisional Enrollment |
|--|--|-------------------------------------|
| Tdap (tetanus, diphtheria, acellular pertussis) | Proof of booster dose of Tdap vaccine | No provisional enrollment permitted |
| MCV4 (meningococcal / meningitis) | One or two doses required. One dose of MCV4 is required if received after the 16 th birthday. Second dose is required if first dose was before 16 th birthday. | No provisional enrollment permitted |

Frequently Asked Questions / Answers regarding these requirements may be found online at http://www.dhhr.wv.gov/oeps/immunization/Documents/Immunization%20Articles/School_Entry_Immunization_Requirements_for_7th_12th_Grades_2014.pdf

¹ See WV Code §16-3-4 and 64CSR95 for further information.

² Medical exemptions must be requested by a physician who has treated or examined the child and be reviewed and approved by the local health officer in the county in which the child attends school. Requests for exemptions must be based on current standards of immunization practice and include the following information: the vaccine(s) being exempted, the specific medical reason for the exemption, whether the exemption is temporary or permanent, and, if temporary, when the exemption should be reevaluated. West Virginia State Law does not allow for non-medical exemptions to immunization requirements.

³ Occasionally, based on product used or the age at which a child is being immunized, deviations from these requirements may be acceptable. Any deviation must be consistent with applicable, age appropriate immunization schedules found at <http://www.cdc.gov> and searching under "Immunization Schedules".

WVCHIP Health e-Library

For facts, fun, and tips, visit chip.wv.gov or click on the resources listed below.

Prevention and Getting Care

- ◆ The Immunization Tables for When Kids Get Their Shots
<http://www.chip.wv.gov/SiteCollectionDocuments/parent-ver-sch-0-6yrs.pdf>
<http://www.chip.wv.gov/SiteCollectionDocuments/parent-version-schedule-7-18yrs.pdf>
- ◆ The Pediatric Recommended Schedule for Preventive (Wellness) Visits
<http://www.chip.wv.gov/SiteCollectionDocuments/Preventive%20Services%20Timeline.pdf>
- ◆ Ages and Stages Questionnaire (ASQ): Before your child's next well-child visit, you can check your child's development by filling out an ASQ to see how they are doing. It can help you have a more meaningful discussion with your child's pediatrician. To get a free paper copy, please call the WVCHIP Helpline at 1-877-982-2447.
- ◆ Find a Dentist for Your Location
<https://www.insurekidsnow.gov/coverage/find-a-dentist/index.html>

Quick Checks and Urgent Care Emergencies

- ◆ What to Do When My Child Has a Fever?
<http://www.chip.wv.gov/SiteCollectionDocuments/Child%20Fever%20Precaution%20Steps.pdf>
- ◆ Kids Doc Symptom Checklist
<http://www.healthychildren.org/english/tips-tools/symptom-checker/Pages/default.aspx>
- ◆ Contacting the Poison Center
<http://www.wvpoisoncenter.org/Default.aspx>
- ◆ Help Me Grow: A program aimed at ages 1 to 5 that connect parents and health providers to special services needs in their communities such as Early Head Start, Family Resource Centers, Parenting Classes and Support Groups, Child Nutrition and more! Call 1-800-642-8522 or go to:
<http://www.dhhr.wv.gov/helpmegrow/Pages/default.aspx>

Videos

- ◆ Don't Think Sugary Sodas Matter? Watch this!
<http://www.youtube.com/watch?v=62JMfv0tf3Q>
- ◆ Brushing Baby's Teeth: Oral Health for Babies & Toddlers
<http://www.webmd.com/parenting/baby/caring-babies-teeth>

Medications and Information

- ◆ Antipsychotic Medicines for Children and Teens (A Review of the Research for Parents and Caregivers)
<http://www.chip.wv.gov/SiteCollectionDocuments/Antipsychotic%20Medicines%20for%20Children%20%20Teens.pdf>



WVCHIP MEDICAL HOME ENROLLMENT FORM

Medical Home Physician Selection Form

Guardian Name _____ Guardian ID _____
 Address _____ Daytime Phone _____
 City, State Zip _____

| Covered Individual | Date of Birth | Member ID | Medical Home Provider Name and NPI |
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Comments

GUARDIAN'S SIGNATURE: _____ **DATE:** _____

***If you do not have your provider's NPI number, please include their full name and address.**

Coverage in the Medical Home Program will not start until the first day of the month after we receive this form.

Please return this form to:
 DXC Technology
 PO Box 2673
 Charleston, West Virginia 25301-2673
 Or FAX to (304) 340-2763

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WVCHIP
350 Capitol Street, Room 251
Charleston, WV 25301

● **Who to Call with Questions** ●

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| Eligibility, Application Status, Renewals, and General Information | WVCHIP Helpline | 1-877-982-2447 www.chip.wv.gov |
| Online Electronic Application Applying for WVCHIP | WV inROADS | www.wvinroads.org |
| Change of Address or Household Status or Add a Newborn | DHHR Customer Services | 1-877-716-1212 |
| Utilization Management and Prior Authorizations | KEPRO | 1-888-571-0262 (fax) 1-866-438-1360 |
| Claims | DXC Technology | 1-800-479-3310 |
| Orthodontia Prior Authorizations | WVCHIP | Mail to: WVCHIP 350 Capitol St., Rm 251 Charleston, WV 25301 |
| Prescription Drug Benefits & Claims | CVS Caremark | 1-800-241-3260 www.caremark.com |
| Pharmacy Help Desk | CVS Caremark | 1-800-241-3260 |
| Common Specialty Drugs | CVS Caremark | 1-866-814-5506 www.caremark.com |
| Prescription Drug Prior Authorization Program | WVU School of Pharmacy Rational Drug Therapy Program (RDTP) | 1-800-847-3859 (fax) 1-800-531-7787 (Phone calls to RDTP should be made by the physician or pharmacist only.) |
| General Health Information | CAMC | 1-888-432-5849 |
| Help Lines | WVU Healthline | 1-800-982-8242 |
| Provider Directory | Molina Medicaid Solutions | www.wvmmis.com |

Revised 8/5/2019