PROVIDER NOTICE: WVCHIP Benefit Transition

As part of the ongoing transition of the West Virginia Children’s Health Insurance Program (WVCHIP) to the West Virginia Department of Health and Human Resources’ Bureau for Medical Services (BMS) prompted by House Bill 4649, BMS is seeking further alignment between Medicaid and WVCHIP. Effective July 1, 2023, WVCHIP will cover all Medicaid benefits that are provided to children and pregnant women under the Medicaid State Plan. The amount, duration, and scope of services, including any authorization requirements established in Medicaid policy will apply to WVCHIP members in the same manner. BMS is in the process of updating the Medicaid Policy Manual to be inclusive of WVCHIP.

BMS is reviewing all fee schedules with the long-term goal of aligning Medicaid and WVCHIP rates in a way that will not have a negative impact on providers. In the interim, WVCHIP will retain separate fee schedules for the following services:

- Inpatient prospective payment system (IPPS)/Diagnosis related groups (DRG) rates for acute care hospitals
- Resource-based relative value scale (RBRVS)
- Anesthesia
- Outpatient prospective payment system (OPPS)/Ambulatory payment classification (APC)
- Vision
- Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)

All other fee schedules will be aligned with Medicaid effective July 1, 2023.

WVCHIP members will remain enrolled with Mountain Health Trust (MHT) health plans. Pharmacy benefits will continue to be administered outside of managed care on a fee-for-service (FFS) basis. Express Scripts, Inc. (ESI) will continue to serve as the pharmacy benefits manager for WVCHIP but will adopt the Medicaid Preferred Drug List and authorization requirements. WVCHIP members’ cost-sharing obligations (copay amounts) remain the same.

Questions? Please contact your MHT health plan:

- Aetna Better Health of West Virginia 1-888-348-2922
- The Health Plan 1-888-613-8385
- UniCare of West Virginia 1-800-782-0095