Summary Plan Description
July 2017 – June 2018

350 Capitol Street, Room 251
Charleston, WV 25301
My child is sick or hurt. . .

Where do I go?

Need medical care and feel safe to wait a day.

EXAMPLES ARE:
- Runny nose
- Simple backache
- Sore throat
- Earache

Need medical care today and feel safe to wait a few hours.

EXAMPLES ARE:
- Tried but could not reach my doctor
- Reached the doctor and told to go to an Urgent Care Center

Need medical care now and do not feel safe to wait.

EXAMPLES ARE:
- Trouble breathing or chest pain
- Fainting
- Sudden numbness or weakness
- Uncontrolled bleeding
- Severe pain or serious injury
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### WVCHIP BENEFITS AT A GLANCE

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<th>SERVICE</th>
<th>COVERED SERVICE</th>
<th>BENEFIT LIMITS</th>
</tr>
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<tr>
<td>Allergy Services</td>
<td>Yes</td>
<td>$30,000/year for 3 years/then $2,000/month until age 18, for members with a primary autism spectrum disorder</td>
</tr>
<tr>
<td>*Applied Behavior Analysis Services</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Ambulance Services (air/ground)</td>
<td>Yes</td>
<td>Non-emergency transport not covered</td>
</tr>
<tr>
<td>Birth to Three</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>*Chiropractic</td>
<td>Yes</td>
<td>Prior authorization (PA) for under age 16 required</td>
</tr>
<tr>
<td>Dental Services</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Yes</td>
<td>Preferred brands listed, see Prescription Drug Plan</td>
</tr>
<tr>
<td>*Diagnostic Services (Lab, X-ray, imaging, etc.)</td>
<td>Yes</td>
<td>Prior authorization for CT angiography, CT scan of sinuses or brain, MRA, PET Scan, MRI scan of knee, and spine (includes cervical, thoracic, lumbar, and breast), SPECT of brain and lung</td>
</tr>
<tr>
<td>*Durable Medical Equipment (Orthotics/Prosthetics)</td>
<td>Yes</td>
<td>Prior authorization for purchases over $1,000 or rental requests for over 3 months</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>Yes</td>
<td>Covered for emergency care only</td>
</tr>
<tr>
<td>Family Planning Services</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>EPSDT (including Well Child Services)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>*Hearing Exams/Aids</td>
<td>Yes</td>
<td>Prior authorization required for hearing aid – not exam</td>
</tr>
<tr>
<td>*Home Health Services</td>
<td>Yes</td>
<td>Benefit requires prior authorization when more than 12 visits are prescribed</td>
</tr>
<tr>
<td>*Hospice Care</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td>Yes</td>
<td>Only in West Virginia and through Vaccines For Children providers</td>
</tr>
<tr>
<td>*Inpatient Hospital/Outpatient Services, including mental health and substance use disorder treatments and services</td>
<td>Yes</td>
<td>Behavioral change and basic life skills development or “habilitation” services are not covered</td>
</tr>
<tr>
<td>*Occupational/Physical/Speech/Vision/Mental Health/Substance Use Disorder Therapies</td>
<td>Yes</td>
<td>More than 20 visits require prior authorization</td>
</tr>
<tr>
<td>*Organ Transplant</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>*Orthodontia Services</td>
<td>Yes</td>
<td>Cosmetic services not covered</td>
</tr>
<tr>
<td>*Out-of-State Coverage</td>
<td>Yes</td>
<td>Out-of-state coverage limited to primary care/emergency services, unless otherwise unavailable in-state and prior authorized</td>
</tr>
<tr>
<td>Physician/Nurse Practitioner/RHC/FQHC Services</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Prescription Drug Services (including *Specialty Drugs)</td>
<td>Yes</td>
<td>See list of preferred drugs and limitations</td>
</tr>
<tr>
<td>Skilled Nursing Care</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>*Sleep Management Services</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Urgent Care Visits</td>
<td>Yes</td>
<td>Only when unable to be seen by PCP or medical home</td>
</tr>
<tr>
<td>Vision Services</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

*There is a prior authorization requirement:*

- See WVCHIP Summary Plan Description (SPD) for more details regarding prior authorization requirements, cost-sharing, and benefit limitations. Information on prescription drug coverage is included on pages 32-43.
- To see WVCHIP/WV Medicaid benefit comparison, go to [www.chip.wv.gov](http://www.chip.wv.gov)
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 age 18. 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.

WVCHIP reports to a financial governing board comprised of citizen members, legislators, and state agency members who are responsible for the Program’s annual financial plan. The West Virginia Children’s Health Insurance 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 payment of claims for all medical, dental and pharmacy services. They are:

<table>
<thead>
<tr>
<th>Prior Authorizations</th>
<th>Pharmacy</th>
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</thead>
<tbody>
<tr>
<td><strong>HealthSmart</strong></td>
<td><strong>CVS Caremark</strong></td>
</tr>
<tr>
<td>PO Box 2451</td>
<td>PO Box 52084</td>
</tr>
<tr>
<td>Charleston, WV 25329-2451</td>
<td>Phoenix, AZ 85072-2084</td>
</tr>
<tr>
<td>1-800-356-2392</td>
<td>1-800-241-3260</td>
</tr>
<tr>
<td><a href="http://www.healthsmart.com">www.healthsmart.com</a></td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
</tbody>
</table>

**Medical & Dental Claims Processing**

<table>
<thead>
<tr>
<th>Molina Medicaid Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 3732</td>
</tr>
<tr>
<td>Charleston, WV 25337</td>
</tr>
<tr>
<td>1-800-479-3310</td>
</tr>
<tr>
<td><a href="http://www.wvmmis.com">www.wvmmis.com</a></td>
</tr>
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</table>
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. This period is used to calculate out-of-pocket maximum.

**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.

**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.

**Copayment:** A set dollar amount a member pays when using particular 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, 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 the member’s guardian which explains the action taken by WVCHIP on the claim submitted by the provider. This explanation might include the amount paid, benefits available, 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.

**HealthSmart:** The third-party administrator that handles utilization 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 page 24 for details.

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

**Medical Case Management:** A process by which HealthSmart assures appropriate available resources for the care of serious long-term illness or injury. HealthSmart’s 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 Molina as a medical home provider and who is listed in WVCHIP’s medical home directory. The medical home directory can be found on the Molina website at [www.wvmmis.com](http://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; are consistent with the patient's condition, symptoms, diagnosis or accepted standards of good medical and dental practice; conform 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 cost-efficient setting and level appropriate for the condition; and not otherwise excluded from coverage under the Plan. **The fact that a physician recommends or approves certain care does not mean it is a covered benefit; all the aforementioned criteria must be met.** WVCHIP reserves the right to make the final determination of medical necessity based on diagnosis and supporting medical data.

**Member:** The child who is enrolled for health care coverage under the Plan as determined eligible by the Department of Health and Human Resources, Bureau for Children and Families.

**Molina Medicaid Solutions:** The third-party administrator that handles medical and dental claims processing and customer service for WVCHIP.

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

**Plan:** The plan of benefits offered by the West Virginia Children’s Health Insurance Program.

**Plan Year:** A 12-month period 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 for WVCHIP Premium Plan 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 HealthSmart Care Management for certain outpatient procedures, inpatient admissions, and all services from any out-of-state provider, or from Rational Drug Therapy Program for specific medications to determine medical necessity and cost effectiveness prior to payment for services. Please see Prior Authorization on pages 15-16 or Drugs Requiring Prior Authorization on pages 34-35.

**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 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 prior-authorized 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.

**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 HealthSmart.

**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 both dental 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 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.

**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 is handled by HealthSmart.

**WVCHIP (West Virginia Children’s Health Insurance Program):** The health care program provided to eligible children through an expansion of the Social Security Act, Title XXI. Each state has designed its own program by defining the benefit plans and eligibility levels. In West Virginia, eligible children from birth through age 18 receive benefits through a state-designed program.
**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 children in families with incomes over 150% up to 211% of the FPL.

**WVCHIP Premium:** The enrollment group for children in families with incomes over 211% of the FPL that requires monthly premium payments to continue enrollment.

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

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**Starting & Ending Coverage**

**Enrolling or Renewing Enrollment Each Year:** Applications to enroll or renew coverage can be downloaded from [www.chip.wv.gov](http://www.chip.wv.gov) or can be submitted electronically at [www.wvinroads.org](http://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](http://www.chip.wv.gov) or by calling the WVCHIP Helpline at 1-877-982-2447.

**Who Is Eligible for WVCHIP?**
- Children under age 19 who live in the State of West Virginia; and
- United States citizens and immigrant children who entered the U.S. as lawful permanent residents having continuous U.S. residency for 5 years; and
- Live-in families who meet the income guidelines (see income guidelines at [www.chip.wv.gov](http://www.chip.wv.gov) or call the WVCHIP Helpline at 1-877-982-2447); and
- Children who are not eligible for West Virginia Medicaid; and
- Children who are not eligible for other group insurance (see “good cause” exceptions below); and
- Children who do not have “creditable” health insurance now unless they meet “good cause” exceptions for terminating “creditable” health insurance; and
- Public Employees Insurance Agency (PEIA) – Eligible public employees’ children who meet the WVCHIP eligibility requirements during PEIA open enrollment; and
- “Deemed Newborns” – A child born to a mother that is currently enrolled in WVCHIP; the family must report the birth to the 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. WVCHIP does not cover labor and delivery charges.

**What are “good cause” exceptions for terminating current non-excepted “creditable” health insurance coverage?** An applicant with “creditable” insurance may be eligible for WVCHIP, if he/she meets one of the following good cause exceptions and the other insurance is terminated:
- Annual premium cost of family coverage is equal to or greater than 5% of family gross income; or
- Medical costs for family exceeds 9.5% of gross income; or
- Other insurance is geographically non-accessible; or
  - Children whose insurance coverage is through a non-custodial parent may be eligible when services under that plan can only be assessed in another state or geographic area, such that it is considered non-accessible. Non-accessibility measures are as follows:
    - Routinely used delivery sites (including primary care physicians’ offices and frequently used specialists) that are 60 minutes of travel time from the child’s residence to site;
    - Basic hospital services are 90 minutes of travel time from the child’s residence to the site;
Other medical services (including specialists not routinely used) are 90 minutes of travel time from the child’s residence to the site.

- Employer terminates health insurance coverage; or
- Job is involuntarily terminated and family loses benefits; or
- Loss of coverage for child due to change in employment; or
- Loss of coverage outside control of an employee; or
- Death of the policy holder.

**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 below)
  - Limited scope vision (see note below)
  - 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 Can Families of Public Agencies Be Eligible For WVCHIP?** A child may be eligible in the following situations:

- If the public agency that employs a parent is a non-profit agency that exists for charitable purposes as shown by a 501(c)3 exemption from the IRS and as such is not taxed under law. (For example, senior service centers and mental health centers.)
- When a public agency has offered employee-only coverage (or no coverage to child dependents) since November 8, 1999.
- When the public agency makes no more than a nominal contribution to the cost of the health benefits plan available from the public agency or would have been available on November 8, 1999.
- When the employed parent of the agency is classified such that they are not eligible for the insurance offered. (For example, part-time or contractual employees.)
**Note:** Applicants must obtain a signed statement certifying any of the above from the agency’s director or other authorized officers. Coverage should not be dropped until notification from either a local DHHR office or WVCHIP administrative office has stated the child has met all other eligibility requirements. The list of non-state agencies (PEIA buy-in) is on the website under the Materials tab at [www.chip.wv.gov](http://www.chip.wv.gov).

- Children of public employees may be determined eligible and enrolled in WVCHIP during PEIA’s open enrollment period. Coverage starts once the child is dis-enrolled from the PEIA. This rule is for all PEIA children and not just the exceptions listed above.

### When Does Coverage Start for WVCHIP Gold, WVCHIP Blue or WVCHIP Premium?
The child’s application for WVCHIP coverage must be approved by the local DHHR office. The child’s health care coverage will be effective on the first day of the month in which you applied. For example, if the child applies for WVCHIP on January 15, upon approval of eligibility, he or she will receive health care coverage beginning on January 1.

### Participation in WVCHIP PREMIUM requires monthly premium payments.
Premiums are due by the 1st of the month to continue coverage for that month. To pay online: go to [www.chip.wv.gov](http://www.chip.wv.gov) and select, “Make a Payment Online” and follow the instructions, or families can mail a check or money order with the account number/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 Plan, 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 your child will not have a gap in coverage.

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

1. The 12-month period of enrollment ends, and the child’s guardian does not reapply for benefits; or
2. The child reaches the maximum age of 19; 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 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.); or
3. The child moves out-of-state; or
4. The child dies; or
5. The child is covered by Medicaid when the guardian chooses Medicaid over WVCHIP; or
6. The child obtains individual or group health insurance coverage; or
7. The child was approved in error and is not currently eligible.

### 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 $35.00 and for two or more, the monthly premium is $71.00. Payments can be made online at [www.chip.wv.gov](http://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 your DHHR field office, Molina at 1-800-479-3310, or the WVCHIP Helpline at 1-877-982-2447.
### Copayments

<table>
<thead>
<tr>
<th>Medical Services and Prescription Benefits</th>
<th>WVCHIP Gold</th>
<th>WVCHIP Blue</th>
<th>WVCHIP PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Prescriptions</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Listed Brand Prescriptions</td>
<td>$5</td>
<td>$10</td>
<td>$15</td>
</tr>
<tr>
<td>Non-listed Brand Prescriptions</td>
<td>Full Retail Cost</td>
<td>Full Retail Cost</td>
<td>Full Retail Cost</td>
</tr>
<tr>
<td>Multisource Prescriptions</td>
<td>No Copay</td>
<td>$10</td>
<td>$15</td>
</tr>
<tr>
<td>Medical Home Physician Visit</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Physician Visit (Non-medical home)</td>
<td>$5</td>
<td>$15</td>
<td>$20</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Immunizations</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Inpatient Hospital Admissions</td>
<td>No Copay</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Outpatient Surgical Services</td>
<td>No Copay</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Emergency Department (is waived if admitted)</td>
<td>No Copay</td>
<td>$35</td>
<td>$35</td>
</tr>
<tr>
<td>Vision Services</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Dental Benefit</td>
<td>No Copay</td>
<td>No Copay</td>
<td>$25 Copay for some non-preventive services</td>
</tr>
</tbody>
</table>

**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 pages 30-32 “The Importance of a Medical Home.”

### Out of Pocket Maximums:

The maximum copayment amounts required during a benefit year are as follows:

<table>
<thead>
<tr>
<th># of Children Copy Maximum</th>
<th>WVCHIP Gold</th>
<th>WVCHIP Blue</th>
<th>WVCHIP PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Child Medical Maximum</td>
<td>$150</td>
<td>$150</td>
<td>$200</td>
</tr>
<tr>
<td>1 Child Prescription Maximum</td>
<td>$100</td>
<td>$100</td>
<td>$150</td>
</tr>
<tr>
<td>2 Children Medical Maximum</td>
<td>$300</td>
<td>$300</td>
<td>$400</td>
</tr>
<tr>
<td>2 Children Prescription Maximum</td>
<td>$200</td>
<td>$200</td>
<td>$250</td>
</tr>
<tr>
<td>3 or more Children Medical Maximum</td>
<td>$450</td>
<td>$450</td>
<td>$600</td>
</tr>
<tr>
<td>3 or more Children Prescription Maximum</td>
<td>$300</td>
<td>$300</td>
<td>$350</td>
</tr>
<tr>
<td>Dental Services</td>
<td>Does not apply</td>
<td>Does not apply</td>
<td>$150 per family</td>
</tr>
</tbody>
</table>

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

Federal regulations exempt Native Americans/Alaskans 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 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 Card

A member card is issued within 15 days of the child’s enrollment in WVCHIP or after any change in coverage. This card is used for medical, dental and prescription drug coverage and is effective the full 12 months that a child is enrolled and covered by the WVCHIP unless coverage ends. Duplicate cards are issued when a member card is reported lost, stolen or damaged. A new card will NOT be issued to a child upon re-enrollment if the child remains in the same coverage group. All children insured under the Plan participate in some level of cost share (copayments and premiums), except for those children registered under the federal exception for Native Americans or Alaskan Natives. Members must present the WVCHIP card at the time medical, dental or prescription drug services are provided. Cost share participation is at three levels referred to as enrollment groups. The enrollment group is marked on the member card. Each card shows the insured child’s name, identification number, and relationship code.

**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.

**WVCHIP EXEMPT:** Federal regulations exempt Native Americans/Alaskans 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 Molina at 1-800-479-3310, if you do not receive your card within 15 days of enrollment.
Sample Member Cards

WVCHIP Gold

WVCHIP Blue

WVCHIP Exempt

WVCHIP Premium

WVCHIP Back of Cards for All Plans
Provider Network

Providers must enroll in WVCHIP through Molina Medicaid Solutions in order to be paid by WVCHIP and be considered “in-network.” Enrolled providers agree to accept WVCHIP’s fee schedule and payments as payment in full. They cannot bill you for the difference between WVCHIP’s payment and the full charges on the claim. To find a participating WVCHIP provider, call the provider of your choice and ask if they are enrolled in WVCHIP or check the provider directory on Molina’s website at www.wvmmis.com.

Providers who aren’t enrolled in WVCHIP are considered “out-of-network.” WVCHIP cannot pay out-of-network providers. If a provider is not enrolled in WVCHIP, they may enroll by calling Molina at 1-800-479-3310.

If you are out-of-state and require emergency care, see the nearest provider, regardless of that provider’s enrollment in WVCHIP. WVCHIP has processes in place to assure providers of emergency care can enroll and get paid.

Remember, if you seek routine or non-emergent care outside the state of West Virginia, you should contact HealthSmart at 1-800-356-2392 to have the services prior authorized for payment. The provider is still required to enroll in order to receive payment. Failure to have the service prior authorized may make the child’s guardian responsible for payment of the claim.

Note: Routine childhood vaccines from out-of-state providers are not covered. Routine childhood vaccines are covered when received from in-state Vaccine for Children (VFC) providers. Refer to page 20 for details.

Note: For members who have received covered services from an out-of-state facility and require Durable Medical Equipment (DME)/medical supplies, Orthotics & 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.

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 a network provider. Requests for prior authorization should be submitted to HealthSmart Care Management, as early as possible, in advance of the service/item.

Contact HealthSmart at 1-800-356-2392 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. Nonemergency ambulance transport and hospital to hospital 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. Applied Behavioral Analysis treatment
7. Chelation therapy
8. Chiropractic services for children under age 16
9. Continuous glucose monitors
10. Cosmetic/reconstructive surgery as a result of accident or birth defects
11. CT scan of sinuses or brain - outpatient
12. CTA (CT angiography) - outpatient
13. Dental ridge reconstruction
14. DEXA scans (dual energy x-ray absorptiometry)
15. Dialysis services - outpatient
16. Durable medical equipment purchases of $1,000 or more, or rental more than 3 months
17. Endoscopic treatment of Gastro-esophageal Reflux Disease (GERD)
18. Hearing aids
19. Heart Perfusion Imaging
20. Home health care: exceeding 12 skilled nursing visits
21. Hospice care
22. IMRT (intensity modulated radiation therapy) - outpatient
23. Hyperbaric Oxygen Therapy (HBOT)
24. I.V. therapy in the home
25. MRI scan of the breast, knee or spine (cervical, thoracic, and lumbar)
26. Orthotics/prosthetics over $1000
27. Oral surgeries including orthognathic surgery
28. Outpatient therapy services including occupation, physical, speech, and vision therapy beyond 20 visits (see chart below)
29. PET Scans
30. Sleep apnea services and equipment.
31. SPECT (single photon emission computed tomography) of brain and lung
32. Stereotactic Radiation Surgery and Stereotactic Radiation Therapy
33. Surgeries:
   - All inpatient surgical procedures
   - Outpatient surgeries as listed below:
     a) cataract
     b) cochlear implants
     c) colonoscopy
     d) hysterectomy
     e) implantable devices including, but not limited to: implantable pumps, spinal cord stimulators, neuromuscular stimulators, and bone growth stimulators
     f) knee arthroscopy
     g) septoplasty or submucous resection
     h) spinal surgery including artificial disc, laminectomy, and/or fusion
     i) uvulopalatopharyngoplasty
34. 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)
35. (TTE) Transthoracic Echocardiogram

There are visit limits to some services listed below. Visits exceeding the limits require prior authorization.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Number of Visits per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy Services</td>
<td>20</td>
</tr>
<tr>
<td>Physical Therapy Services</td>
<td>20</td>
</tr>
<tr>
<td>Speech Therapy Services</td>
<td>20</td>
</tr>
<tr>
<td>Vision Therapy Services</td>
<td>20</td>
</tr>
<tr>
<td>Primary Care Visits</td>
<td>26</td>
</tr>
<tr>
<td>Physician Specialist Visits</td>
<td>26</td>
</tr>
<tr>
<td>Mental Health Visits</td>
<td>26</td>
</tr>
</tbody>
</table>

**Note:** Prior authorization DOES NOT assure eligibility or payment of benefits under this 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 asthma, cerebral palsy, a developmental disability, sickle cell anemia, juvenile diabetes, spina bifida, leukemia, cancer, cardiac issues, a seizure disorder, psychiatric or emotional disorder, HealthSmart’s medical case management program can help you learn about and access the most appropriate resources, treatment and family support. Through medical case management, HealthSmart can:

1. arrange in-home care to avoid admission to a hospital;
2. arrange in-home services to assist in early hospital release;
3. obtain discounts for special medical equipment;
4. locate appropriate services to meet the child’s health care needs;
5. under very limited circumstances, allow additional visits for short-term, outpatient physical therapy services for treatment of a separate condition which is also a new incident or illness – not an exacerbation of a chronic illness. For example, a member who receives physical therapy following a broken leg and later in the plan year has a separate new condition, such as a broken ankle, may receive coverage for additional physical therapy visits.

Should you believe your child has special needs and could benefit from this service, please call HealthSmart at 1-800-356-2392.

For catastrophic cases involving serious long-term illness or injury resulting in loss or impaired function requiring medically necessary therapeutic intervention, the HealthSmart case manager may, based on medical documentation, recommend additional treatment for certain therapy services. For details of these benefits, see “What is Covered Under the Plan” below.

When Medical Case Management is Required:
HealthSmart must provide medical case management for the following services:

- ABA services related to Autism;
- Home health care, including but not limited to:
  - skilled nursing of more than 12 visits;
  - I.V. therapy in the home;
  - physical therapy, occupational therapy, or speech therapy done in the home;
  - hospice care;
  - medication provided or administered by a home health agency;
  - mental health services subsequent to inpatient mental health stay
- Skilled nursing facility services;
- Rehabilitation services.

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; and
- enrolled in WVCHIP through Molina Medicaid Solutions; and
- providing treatment within the scope or limitation of the license or certification; and
- not sanctioned by Medicare, Medicaid or both. Services of providers under sanction will be denied for the duration of the sanction; and
- not excluded by WVCHIP or PEIA due to adverse audit findings; and
- not excluded by other states’ Medicaid or CHIP Programs.

Covered Services: A full range of health care services. Some major categories are listed below. These services are covered in full unless otherwise noted. Copayments are listed on pages 11-12. If you have questions about covered services, call Molina at 1-800-479-3310. All services marked with a star (*) must be prior authorized.

* 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 and case managed by HealthSmart. 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. Non-emergency transportation is not covered. All air ambulances 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.

* Chelation Therapy: For reduction of lead and other metals; services are limited.

* Chiropractic Services: For acute treatment of a neuromuscular-skeletal condition, including office visits and x-rays. Coverage is limited to 20 visits per child per benefit year. Maintenance chiropractic services are not covered. Note: The provider must submit a treatment plan to HealthSmart for services requested for any member under 16 years old before prior authorization will be given for any visits. Initial office visit for evaluation and treatment plan will be covered prior to the request for prior authorization.

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

- Contraceptive drugs or devices, including:
  - 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

Note: OTC and Emergency Contraceptives require a prescription in order to be covered.
* **Cosmetic/Reconstructive Surgery:** When required as the result of accidental injury or disease, or when performed to correct birth defects.

* **Durable Medical Equipment and Related Supplies:** For the initial purchase and reasonable replacement of standard implant and 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 must be prior authorized by HealthSmart. 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; and
- 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 (E.P.S.D.T.). 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. WVCHIP recommends that all providers use the HealthCheck form or an equivalent form at well-child exam visits. See [www.chip.wv.gov](http://www.chip.wv.gov) and search Healthy Kids 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.
- 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.

- 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 HealthSmart at 1-888-440-7342.

**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:** All age-appropriate vaccines through age 18 are covered as recommended by the Centers for Disease Control (CDC) Advisory Committee on Immunizations. WVCHIP covers immunizations as part of an associated office visit to a doctor enrolled in the Vaccine for Children’s program. See Well Child Care on page 21, or the Immunization Schedules located at [www.chip.wv.gov](http://www.chip.wv.gov) for more details.

WVCHIP purchases vaccines from the State’s Vaccines for Children (VFC) program. This program allows physicians to provide free vaccines to children. Members should receive vaccinations from providers that participate in this program. **Since providers outside of West Virginia cannot participate in the State VFC program, vaccinations from out-of-state providers will not be covered.** If your doctor does not participate in VFC, then vaccinations can be obtained at your local health department.

* **Inpatient Hospital and Related Services:** Confinement in a hospital including semiprivate room, special care units, and related services and supplies during confinement.

* **Inpatient Medical Rehabilitation Services:** When ordered by a physician and prior authorization completed by HealthSmart.

**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.

**Laboratory Services:** Includes iron deficiency anemia, lead testing, complete blood count, chemistry panel, glucose, urinalysis, total cholesterol, tuberculosis, etc. Certain laboratory tests are required or recommended by the American Academy of Pediatrics at well-child exams.

**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.
**Medical Home:** WVCHIP Plan encourages its members to select a medical home from a list of enrolled providers. 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 28-30 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 and PET SCAN:** Magnetic Resonance Angiography (MRA) and Photo Emission Topography (PET) services covered only on an outpatient basis.

* **MRI:** Magnetic Resonance Imaging (MRI) services performed on an outpatient basis for any joint lower extremity, spine, cervical, thoracic, lumbar and breast.

* **Neuromuscular stimulators, bone growth stimulators, vagal nerve stimulators and brain nerve stimulators:** When criteria is 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

**Occupational Therapy (Outpatient):** When ordered by a physician; coverage for service beyond 20 visits requires prior authorization.

* **Oral Surgery:** Only covered for extracting impacted teeth, medically necessary orthognathism (straightening of the jaw) and medically necessary ridge reconstruction.

* **Organ Transplants:** See Organ Transplant benefits on page 23 for more details.

* **Orthodontia Services:** See Dental Services on pages 25-27, and also the Dental Provider Guide on the WVCHIP website at [www.chip.wv.gov](http://www.chip.wv.gov). Services must be prior authorized through WVCHIP.

* **Orthotics/Prosthetics:** Prior authorization required when rental or purchase of equipment is over $1,000 or rental requested for more than 3 months.

**Outpatient Diagnostic and Therapeutic Services:** Laboratory and diagnostic tests and therapeutic treatments, when ordered by a physician.

* **Outpatient Hospital and Related Services (Out-of-State and some In-State services require prior approval/prior authorization):** Performed in a hospital, alternative facility, or physician’s office.
All out-of-state procedures require prior authorization and may be required for some in-state outpatient procedures. See page 14-15 for more details.

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

**Periodic Physicals:** Through Well Child Care (see below).

**Physical Therapy (Outpatient):** When ordered by a physician; coverage for service beyond 20 visits requires prior authorization.

**Prescription Benefit Services:** With mandatory generic substitution, including oral contraceptives.

**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 semiprivate room, related services and supplies. Confinement must be prescribed by a physician.

* **Sleep Apnea:** All sleep testing, equipment, and supplies are covered and require prior authorization through HealthSmart.

* **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 HealthSmart at 1-800-356-2392, Option 7.

**Speech Therapy (Outpatient):** When ordered by a physician; coverage for service beyond 20 visits requires prior authorization.

**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 listed on page 15. **Note:** Copayments are required for all non-medical home visits, including urgent care and after hour clinic visits.

**Vision Therapy:** Services beyond 20 visits requires prior authorization.

**Well Child Care:** Routine office visits for preventive care as recommended by the American Academy of Pediatrics (AAP). 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
• Annually after age 4 to 18 years old

➢ Objective, developmental screening tool is to be administered to child at the 9, 18, and 30 month well visits.
➢ Objective, autism screening tool is to be administered to the child at the 18 and 24 month well child visits.

**X-ray Services:** When ordered by a physician.

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### Organ Transplants

Organ transplants are covered when deemed medically necessary and non-experimental. Transplants require prior authorization for medical necessity and case management by HealthSmart. When it is determined by the child’s physician that he or she is a potential candidate for any type of transplant, HealthSmart should be contacted immediately at 1-800-356-2392.

You should advise your physician that HealthSmart 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 transplant services.

**Medical Case Management:** HealthSmart 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.

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### Other Resources

**Maternity Services:** WVCHIP **does not cover** any pregnancy related conditions other than a pregnancy test. WVCHIP is committed to the concept of prenatal care and good outcomes for all mothers and their newborns. WVCHIP strongly urges you to start prenatal care as early as possible. Call your county DHHR office or the **Office of Maternal Child and Family Health toll-free at 1-800-642-8522.** They will provide information on financial and medical coverage available through their programs. They can also assist you with referrals to one of over 130 physician offices and primary care center sites throughout the state for care during pregnancy and delivery. They also can refer for free pregnancy testing and family planning, if this is the patient’s primary need. All calls and referrals are confidential. Please see “Starting and Ending Coverage” section on pages 9-11 for information about adding newborns to existing WVCHIP coverage.
**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 the 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 include:**
- Nutrition counseling and education
- Breastfeeding promotion and support
- Health screening
- Medical and social service referrals
- Monthly food packages

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**Help Me Grow**

**HELP ME GROW – A Resource for Both Parents and Primary Care Providers to Check Development.** Checking a child’s development as they grow and change is a key part of what primary care providers (PCPs) do at Well Child Visits. To check development more objectively and in all spheres of child’s growth, PCPs often use an objective measuring tool. Many PCPs now send copies out for parents to complete at home or ask the parent to complete one in the waiting room. The Ages and Stages Screen, third version – called the ASQ3 for short – is often used. Completing the ASQ3 gives the parent and PCP a common basis to discuss the child’s development in full and check for developmental milestones. HELP ME GROW supports both parents and PCPs both in scoring this tool and answering questions about its use. Screenings are different for each age and stage a child passes to adulthood, but focus on the early years is critical for early detection when the most benefit can be gained.

**HELP ME GROW – Plays an Important Information and Linking Role.** When PCPs give guidance to parents, they may discuss together many kinds of child needs that are not easy for a parent to address. Parents may share issues they have such as getting a recommended service or activity due to lack of transportation, what supervised activities are available locally, finding child care, where to go for counseling, a specialized service or therapy, navigating the way to a DHHR special needs program, and how to obtain child nutrition assistance through programs available in the community. HELP ME GROW builds and maintains a statewide information network to help parents and primary practices find this information.

For specialized care or support services, call HELP ME GROW at 1-800-642-8522.

HELP ME GROW is available for children of all ages and any income level, and WVCHIP is pleased to work with it in partnership and for support of CHIP families!

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**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
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; they are also called early intervention services. Most states have an Early Intervention program, and in West Virginia it is called “Birth to Three” (BTT), and is administered by the Office of Maternal, Child, and Family Health, a division of DHHR’s Bureau for Public Health.

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 Questionnaire (ASQ) to see how they are doing. It 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** ability – 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 then 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.

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**Dental Services**

**WVCHIP Premium Members:** There is an out-of-pocket maximum of $150.00 per family per benefit year for dental services. Please note the copayment is per visit. Contact HealthSmart at 1-800-356-2392 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 Molina Medicaid Solutions in order to be paid by WVCHIP and be considered “in-network.” If you are looking for an in-state dentist, you can find one that is in your area by going to the following website: [http://www.insurekidsnow.gov/state](http://www.insurekidsnow.gov/state).

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Prior Authorization Required</th>
<th>Copayment Amount for Premium Members</th>
<th>Services Not Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Examination/ every six months</td>
<td>No</td>
<td></td>
<td>Temporomandibular Joint (TMJ) Disorders</td>
</tr>
<tr>
<td>Cleaning and fluoride/ every six months</td>
<td>No</td>
<td></td>
<td>Intraoral prosthetic devices</td>
</tr>
<tr>
<td>Benefit</td>
<td>Prior Authorization Required</td>
<td>Copayment Amount for Premium Members</td>
<td>Services Not Covered</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Full mouth x-rays (Panorex)/ every 36 mo.</td>
<td>No</td>
<td></td>
<td>Tests/Lab Exams</td>
</tr>
<tr>
<td>Sealants (one sealant per tooth per 3 years)</td>
<td>No</td>
<td></td>
<td>Onlays/Inlays</td>
</tr>
<tr>
<td>Treatment of abscesses</td>
<td>No</td>
<td></td>
<td>Gold Restorations</td>
</tr>
<tr>
<td>Analgesia</td>
<td>No</td>
<td></td>
<td>Precision Attachments</td>
</tr>
<tr>
<td>IV/Conscious Sedation/nitrous oxide gas</td>
<td>No</td>
<td></td>
<td>Replacement of teeth extracted prior to coverage</td>
</tr>
<tr>
<td>Palliative Treatment</td>
<td>No</td>
<td></td>
<td>Replacement of crowns (covered after five years)</td>
</tr>
<tr>
<td>Other x-rays (if done with another service)</td>
<td>No</td>
<td></td>
<td>Cosmetic Dentistry</td>
</tr>
<tr>
<td>Consultations</td>
<td>No</td>
<td></td>
<td>Dental implants</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>No</td>
<td></td>
<td>Experimental Procedures</td>
</tr>
<tr>
<td>Fillings as needed</td>
<td>No</td>
<td>$25.00</td>
<td>Splinting</td>
</tr>
<tr>
<td>Pulpotomy</td>
<td>No</td>
<td>$25.00</td>
<td>Out of state without PA</td>
</tr>
<tr>
<td>Root Canals</td>
<td>No</td>
<td>$25.00</td>
<td>Any other procedure not listed as covered</td>
</tr>
<tr>
<td>Simple Extractions</td>
<td>No</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>Extractions - Impacted</td>
<td>PA required if performed in an outpatient facility or hospital setting</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>Extractions</td>
<td>No</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>Frenulectomy (frenectomy or frenotomy)</td>
<td>No</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>Removal of dental related cysts under a tooth or on gum</td>
<td>No</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>Biopsy of oral tissue</td>
<td>No</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>Restorative/Periodontics</td>
<td>No</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>No</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>Accident Related Dental Services</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Dental Services</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Services</td>
<td>Yes</td>
<td>$25.00</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Retrospective review is available for WVCHIP members when the dental practitioner’s opinion that a procedure that requires prior authorization is medically necessary per recommended dental practices and that delaying the procedure may subject the member to unnecessary or duplicative service, or will negatively impact the member’s condition. In these instances, a request for prior authorization **MUST** be made by the provider within 10 business days of the date the service is performed. If the procedure does **NOT** meet medical necessity criteria upon review by WVCHIP, the prior authorization request will be **DENIED** and the provider cannot be reimbursed for the service.

- **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.

**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 eyewear maximum benefit may exceed $125 when medically necessary. Contact HealthSmart for prior authorization. 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 that do not meet medical necessity and are not prior authorized.**

**What is Not Covered under the Plan?**

Some services are not covered by the Plan regardless of medical necessity. Specific exclusions are listed below. If you have questions, please contact Molina 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
- 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 unless required as a result of accidental injury or disease, or unless the surgery is performed to correct birth defects; services resulting from or related to these excluded services also are not covered
- Court-ordered services not otherwise available under the Plan
- 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)
- Dental services other than those listed as covered on pages 25-27
- 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, unless prior authorized by HealthSmart
• Fertility drugs and services
• Foot care (routine) (except for diabetic patients), including:
  o 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)
  o Cutting, trimming, or partial removal of toenails
  o Treatment of flat feet, fallen arches, or weak feet
  o Strapping or taping of the feet
• Genetic testing for screening purposes is generally not covered; however, it may be covered for diagnostic purposes after medical necessity review
• 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
• Hypertension screening, unless medically indicated
• Hypnosis
• Immunizations from an out-of-state provider
• Incidental surgery performed during medically necessary surgery
• Infertility services of in vitro fertilization and gamete intrafallopian transfer (GIFT), embryo transport, surrogate parenting, and donor semen, semen storage
• Maintenance outpatient therapy services, including, but not limited to:
  o Chiropractic treatment
  o Mental health services
  o Occupational therapy
  o Osteopathic manipulations
  o Outpatient physical therapy
  o Outpatient speech therapy
  o Vision therapy
• Massage therapy
• Maternity services - labor and delivery are not covered (see Other Resources on page 23; also Starting & Ending Coverage on page 9)
• Medical equipment, appliances or supplies of the following types:
  o Augmentative communication devices
  o Bariatric beds and chairs
  o Bathroom scales
  o Dust extractors
  o 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
  o Exercise equipment, such as exercycles; parallel bars; walking, climbing or skiing machines
  o Educational equipment
  o Environmental control equipment, such as air conditioners, humidifiers or dehumidifiers, air cleaners or filters, portable heaters, or dust extractors
  o Equipment which is widely available over-the-counter, such as wrist stabilizers and knee supports
  o Hygienic equipment, such as bed baths, commodes, and toilet seats
- Motorized scooters
- Nutritional supplements (unless it is the only means of nutrition), over-the-counter (OTC) formula, food liquidizers or food processors
- Omnipod, V-go, Finess and other disposable insulin delivery systems
- Professional medical equipment, such as blood pressure kits or stethoscopes
- Replacement of lost or stolen items
- 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 by the RDTP
- Optical services: Any services not listed on page 25 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
- Orthotripsy
- Out-of-State/Out-of-Network Providers (see Provider Network page 15)
- 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
- Pregnancy-related conditions
- Prostate screening, unless medically indicated
- Provider charges for phone calls, prescription refills, or physician-to-patient phone consultations, form completion
- Radial keratotomy 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, unless medically necessary ambulance services, or as covered under other benefit
• 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

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**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.

**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-MH’s will make arrangements to have your special needs child’s care plan available for immediate access electronically for when you travel and access health records 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 may 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 providers’ 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](http://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 Molina customer service department at 1-800-479-3310 or complete the Medical Home Selection Form on page 53 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](http://www.wvmmis.com). You can also call Molina Medicaid Solutions 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. When you show the Medical Home card pictured below at your Medical Home doctor’s office, the copayment for a non-well visit is WAIVED. Be sure to show both your Medical Home card, as well as your WVCHIP member card. Note: Copayments apply for non-well visits made outside your Medical Home.

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

<table>
<thead>
<tr>
<th>Enrollment Group</th>
<th>Copay (No Medical Home)</th>
<th>Copay (Medical Home)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WVCHIP Gold</td>
<td>$5.00</td>
<td>$0</td>
</tr>
<tr>
<td>WVCHIP Blue</td>
<td>$15.00</td>
<td>$0</td>
</tr>
<tr>
<td>WVCHIP Premium</td>
<td>$20.00</td>
<td>$0</td>
</tr>
<tr>
<td>WVCHIP Exempt</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

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: Call Molina 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 NDC, 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 classes listed below:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Allergies</td>
</tr>
<tr>
<td>2.</td>
<td>Alzheimer’s Disease</td>
</tr>
<tr>
<td>3.</td>
<td>Antipsychotics</td>
</tr>
<tr>
<td>4.</td>
<td>Blood Modifiers/Thinners</td>
</tr>
<tr>
<td>5.</td>
<td>Cancer (non-specialty)</td>
</tr>
<tr>
<td>6.</td>
<td>Contraceptives/Hormone Replacement</td>
</tr>
<tr>
<td>7.</td>
<td>Depression</td>
</tr>
<tr>
<td>8.</td>
<td>Diabetes</td>
</tr>
<tr>
<td>9.</td>
<td>Lifescan One Touch test strips/lancets</td>
</tr>
<tr>
<td>10.</td>
<td>Digestive Ezymes</td>
</tr>
<tr>
<td>11.</td>
<td>Diuretics</td>
</tr>
<tr>
<td>12.</td>
<td>Gout</td>
</tr>
<tr>
<td>13.</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>14.</td>
<td>High Blood Pressure &amp; Heart Disease</td>
</tr>
<tr>
<td>15.</td>
<td>High Cholesterol</td>
</tr>
<tr>
<td>16.</td>
<td>Immune Disorders (non-specialty)</td>
</tr>
<tr>
<td>17.</td>
<td>Inflammatory Bowel Disease (non-specialty)</td>
</tr>
<tr>
<td>18.</td>
<td>Irritable Bowel Disease</td>
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<tr>
<td>19.</td>
<td>Kidney Disease</td>
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<td>20.</td>
<td>Osteoporosis</td>
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<td>21.</td>
<td>Overactive Bladder</td>
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<td>22.</td>
<td>Parkinson’s Disease</td>
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<td>23.</td>
<td>Respiratory Agents</td>
</tr>
<tr>
<td>24.</td>
<td>Rheumatoid Arthritis</td>
</tr>
<tr>
<td>25.</td>
<td>Seizure Disorders</td>
</tr>
<tr>
<td>26.</td>
<td>Thyroid</td>
</tr>
<tr>
<td>27.</td>
<td>Ulcer/GERD</td>
</tr>
</tbody>
</table>

**Specialty Medications**

All specialty medications require prior authorization. The process begins with a call to HealthSmart at 1-800-356-2392, Option 7. HealthSmart will review the drug for medical necessity, and if approved, will coordinate the purchase through an approved source.

**Common Specialty Medications List**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Category</th>
<th>Drug Name</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acthar® HP</td>
<td>Multiple Sclerosis</td>
<td>Nexavar®</td>
<td>Anti-Neoplastic, Immunosuppressant</td>
</tr>
<tr>
<td>Actimmune</td>
<td>Anti-Neoplastic</td>
<td>Norditropin®</td>
<td>Growth Hormone</td>
</tr>
<tr>
<td>Adcirca® [QLL]</td>
<td>Pulmonary Hypertension</td>
<td>Nutropin®</td>
<td>Growth Hormone</td>
</tr>
<tr>
<td>Afinitor</td>
<td>Anti-Neoplastic</td>
<td>Octreotide Acetate</td>
<td>Endocrine disorders</td>
</tr>
<tr>
<td>Ampyra</td>
<td>Multiple Sclerosis</td>
<td>Pegsys® [QLL]</td>
<td>Hepatitis C</td>
</tr>
<tr>
<td>Aranesp®</td>
<td>Anemia</td>
<td>Peg-Intron® [QLL]</td>
<td>Hepatitis C</td>
</tr>
<tr>
<td>Avonex® [QLL]</td>
<td>Multiple Sclerosis</td>
<td>Procrit®</td>
<td>Anemia</td>
</tr>
<tr>
<td>Betaseron® [QLL]</td>
<td>Multiple Sclerosis</td>
<td>Pulmozyme®</td>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>Boniva®</td>
<td>Osteoporosis</td>
<td>Rebi® [QLL]</td>
<td>Multiple Sclerosis</td>
</tr>
<tr>
<td>Cerezyme®</td>
<td>Gaucher Disease</td>
<td>Revatio® [QLL]</td>
<td>Pulmonary Arterial Hypertension</td>
</tr>
<tr>
<td>Copaxone® [QLL]</td>
<td>Multiple Sclerosis</td>
<td>Revlimid®</td>
<td>Anti-Neoplastic, Immunosuppressant</td>
</tr>
<tr>
<td>Eligard</td>
<td>Anti-Neoplastic</td>
<td>Riba pak</td>
<td>Hepatitis</td>
</tr>
<tr>
<td>Enbrel® [QLL]</td>
<td>Inflammatory Conditions</td>
<td>Ribavirin®</td>
<td>Hepatitis C</td>
</tr>
<tr>
<td>Epogen®</td>
<td>Anemia</td>
<td>Sandostatin LAR</td>
<td>Endocrine disorders</td>
</tr>
<tr>
<td>Forteo® [QLL]</td>
<td>Osteoporosis</td>
<td>Simponi®</td>
<td>Rheumatoid Arthritis</td>
</tr>
<tr>
<td>Genotropin®</td>
<td>Growth Hormone</td>
<td>Sprycel</td>
<td>Anti-Neoplastic</td>
</tr>
<tr>
<td>Gilena®</td>
<td>Multiple Sclerosis</td>
<td>Sutent®</td>
<td>Anti-Neoplastic</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Category</td>
<td>Drug Name</td>
<td>Category</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------------</td>
<td>--------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Gleevec®</td>
<td>Anti-Neoplastic</td>
<td>Tarceva®</td>
<td>Anti-Neoplastic</td>
</tr>
<tr>
<td>Humatrope®</td>
<td>Growth Hormone</td>
<td>Tasigna</td>
<td>Anti-Neoplastic</td>
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<tr>
<td>Humira® [QLL]</td>
<td>Inflammatory Conditions</td>
<td>Temodar®</td>
<td>Anti-Neoplastic</td>
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<tr>
<td>Incivek</td>
<td>Hepatitis</td>
<td>Tev-Tropin®</td>
<td>Growth Hormone</td>
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<tr>
<td>Inlyta</td>
<td>Cancer</td>
<td>Thalomid®</td>
<td>Anti-Neoplastic</td>
</tr>
<tr>
<td>Intron A®</td>
<td>Interferon’s</td>
<td>Thyrogen® Kit</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Jakafi®</td>
<td>Cancer</td>
<td>Tobi® [QLL]</td>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>Kalydeco®</td>
<td>Respiratory Conditions</td>
<td>Tracleer®</td>
<td>Pulmonary Arterial Hypertension</td>
</tr>
<tr>
<td>Kineret®</td>
<td>Inflammatory Conditions</td>
<td>Tykerb</td>
<td>Anti-Neoplastic</td>
</tr>
<tr>
<td>Kuvan</td>
<td>Enzyme deficiencies</td>
<td>Tyvaso®</td>
<td>Pulmonary Arterial Hypertension</td>
</tr>
<tr>
<td>Letairis®</td>
<td>Pulmonary Arterial Hypertension</td>
<td>Victrelis®</td>
<td>Hepatitis</td>
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<tr>
<td>Leukine®</td>
<td>Hematopoietic</td>
<td>Votrient</td>
<td>Anti-Neoplastic</td>
</tr>
<tr>
<td>Lupron Depot®</td>
<td>Endometriosis, Anti-Neoplastic, Precocious Puberty</td>
<td>Xalkori®</td>
<td>Cancer</td>
</tr>
<tr>
<td>Lupron Depot®: Ped</td>
<td>Precocious Puberty</td>
<td>Xeloda®</td>
<td>Anti-Neoplastic</td>
</tr>
<tr>
<td>Lupron®</td>
<td>Anti-Neoplastic</td>
<td>Xenazine®</td>
<td>Central Nervous System (CNS) Disorders</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>Anti-Neoplastic; Anti-Arthritis</td>
<td>Zoladex®</td>
<td>Anti-Neoplastic</td>
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<tr>
<td>Neulasta® [QLL]</td>
<td>Neutropenia</td>
<td>Zolinza</td>
<td>Anti-Neoplastic</td>
</tr>
<tr>
<td>Neupogen®</td>
<td>Neutropenia</td>
<td>Zytiga®</td>
<td>Anti-Neoplastic</td>
</tr>
</tbody>
</table>

[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 Preferred Drug List, and to pay the full retail price for medications not on the WVCHIP Preferred Drug List. By asking your doctor to prescribe WVCHIP Preferred Drug List medications, you can maintain high quality care while you help to control rising health care costs. The current preferred drug list is posted on the WVCHIP website at www.chip.wv.gov.

If you have any questions about the copayment structure or about the WVCHIP Preferred Drug List, 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; 1-800-847-3859. If your medication is not approved for plan coverage, you will have to pay the full cost of the drug.
**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 Preferred Drug List when it is in one of the following seven drug classes: Antipsychotics; Serotonin Selective Response Inhibitors (SSRI’s); Central Nervous System Stimulants; Anticonvulsants; Sedative Hypnotics; Aliphatic Phenothiazine’s; and Attention Deficit Disorder Drugs.

Members who are newly prescribed a drug used to treat, or is sensitive to, mental conditions in one of the seven drug classes named above will have prescriptions filled from WVCHIP Preferred Drug List, except in cases where there is a demonstrated need for exception due to medical necessity.

For the WVCHIP Preferred Drug List see WVCHIP web site at [www.chip.wv.gov](http://www.chip.wv.gov).

### Drugs Requiring Step Therapy

WVCHIP requires that a generic prescription drug or lower cost therapy (1st line product) be tried as a first step product before a brand name (2nd line product) will be allowed. The chart below lists drugs requiring step therapy:

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>1st line product(s)</th>
<th>2nd line products</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACE Inhibitors/Antiotensin II Receptor Antagonists (ARBs)/Direct Renin Inhibitors/Combinations</strong></td>
<td>amlodipine-benazepril, benazepril/benazepril HCTZ, candesartan/candesartan HCTZ, captopril/captopril HCTZ, enalapril/enalapril HCTZ, eprosartan, fosinopril/fosinopril HCTZ, irbesartan/irbesartan HCTZ, lisinopril/lisinopril HCTZ, losartan/losartan HCTZ</td>
<td>Edarbi, Edarbyclor, Tekturna/Teckturna HCT</td>
</tr>
<tr>
<td>Category</td>
<td>Drugs</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>olmesartan/olmesartan HCTZ</td>
<td>quinapril/quinapril HCTZ</td>
<td></td>
</tr>
<tr>
<td>ramipril</td>
<td>telmisartan/telmisartan HCTZ</td>
<td></td>
</tr>
<tr>
<td>trandolapril</td>
<td>trandolapril-verapamil ext-rel</td>
<td></td>
</tr>
<tr>
<td>valsartan/valsartan HCTZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acne/Topical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skin</strong></td>
<td>benzoyl peroxide</td>
<td>Acanya</td>
</tr>
<tr>
<td>clindamycin solution</td>
<td></td>
<td>Aczone</td>
</tr>
<tr>
<td>clindamycin-benzoyl peroxide</td>
<td></td>
<td>Akne-Mycin</td>
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<td>erythromycin solution</td>
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<td>Azelex</td>
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<td>erythromycin-benzoyl solution</td>
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<td>Clindagel</td>
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<td>sulfacetamide sodium</td>
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<td>Fabior</td>
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<td>Panoxyl</td>
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<td>Riax</td>
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<td>Tretin-X</td>
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<td><strong>Benign Prostatic Hyperplasia-</strong></td>
<td>alfuzosin ext-rel</td>
<td>Cardura XL</td>
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<td>Alpha Blockers</td>
<td>doxazosin</td>
<td>Rapaflo</td>
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<td><strong>Prostate</strong></td>
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<td>dustasteride-tamsulosin</td>
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<td>finasteride</td>
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<td></td>
<td>tamulosin</td>
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<td></td>
<td>terazosin</td>
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<tr>
<td><strong>Bisphosphonates/Combinations</strong></td>
<td>alendronate</td>
<td>Binosto</td>
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<td>Osteoporosis</td>
<td>ibandronate</td>
<td>Fosamax Plus D</td>
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<td></td>
<td>risedronate</td>
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<tr>
<td><strong>COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/</strong></td>
<td>celecoxib</td>
<td>Cambia</td>
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<td>Combinations</td>
<td>diclofenac sodium/misoprostol</td>
<td>Duexis</td>
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<td>Pain and inflammation</td>
<td>fenoprofen 400mg</td>
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<td>ibuprofen</td>
<td>Fenortho 200mg</td>
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<td>meloxicam</td>
<td>Flector</td>
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<td>naproxen/naproxen ext-rel (500mg)</td>
<td>Nalfon</td>
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<td>(additional generic NSAIDs available)</td>
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<td>Vivodex</td>
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<td>Zipsor</td>
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<td>Zorvolex</td>
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<td><strong>Fibrates</strong></td>
<td>fenofibrate</td>
<td>Triglide</td>
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<td>High Triglycerides</td>
<td>fenofibric acid</td>
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<td></td>
<td>gemfibrozil</td>
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<td><strong>HMG-CoA Reductase Inhibitors (HMGs or Statins)/</strong></td>
<td>amlodipine-atorvastatin</td>
<td>Altoprev</td>
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<tr>
<td>Combinations</td>
<td>atorvastatin</td>
<td>Livalo</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>ezetimibe-simvastatinfluvasatin</td>
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<td>lovastatin</td>
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<td>niacin ext-rel</td>
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<td></td>
<td>pravastatin</td>
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<td></td>
<td>simvastatin</td>
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<td><strong>Nasal Steroids/Combinations</strong></td>
<td>flunisolide</td>
<td>Beconase AQ</td>
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<td>Allergies</td>
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<td>mometasone</td>
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<td>Zetonna</td>
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<td><strong>Ophthalmic/Prostaglandins</strong></td>
<td>bimatoprost sol 0.3%</td>
<td>Lumigan</td>
</tr>
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<td>Glaucoma</td>
<td>latanoprost</td>
<td>Travatan Z</td>
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<td>travoprost</td>
<td>Zioptan</td>
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<td>Proton Pump Inhibitors (PPIs)</td>
<td>esomerprazole</td>
<td>Dexilant</td>
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<tr>
<td>Stomach acid</td>
<td>lansoprazole delayed-rel</td>
<td>Prilosec Packets</td>
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<tr>
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<td>omeprazole delayed-rel</td>
<td>Protonix Packets</td>
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<tr>
<td></td>
<td>pantoprazole delayed-rel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>rabeprazole</td>
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<tr>
<td>Selective Serotonin Agonists/Combinations</td>
<td>almotriptan</td>
<td>Alsuma</td>
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<tr>
<td>Migraine</td>
<td>eletriptan</td>
<td>Onzetra Xsail</td>
</tr>
<tr>
<td></td>
<td>frovatriptan</td>
<td>Sumavel Dosepro</td>
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<tr>
<td></td>
<td>naratriptan</td>
<td>Treximet</td>
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<tr>
<td></td>
<td>rizatriptan</td>
<td>Zembrace Sym Touch</td>
</tr>
<tr>
<td></td>
<td>sumatriptan</td>
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<tr>
<td></td>
<td>zolmitriptan</td>
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<tr>
<td>Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</td>
<td>desvenlafaxine succinate</td>
<td>Fetzima</td>
</tr>
<tr>
<td>Depression</td>
<td>duloxetine delayed-rel</td>
<td>Irenka</td>
</tr>
<tr>
<td></td>
<td>venlafaxine/venlafaxine ext-rel capsule</td>
<td>Khedezla</td>
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<td>Selective Serotonin Reuptake Inhibitors (SSRIs)</td>
<td>citalopram</td>
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<td>Depression</td>
<td>escitalopram</td>
<td>Trintellix</td>
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<td>fluoxetine</td>
<td>Viibryd</td>
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<td>fluvoxamine/fluvoxamine ext-rel</td>
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<td>paroxetine/paroxetine ext-rel</td>
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<td>sertraline</td>
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</tr>
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<td>Sleeping Agents</td>
<td>eszopiclone</td>
<td>Belsomra</td>
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<tr>
<td>Insomnia/Sleep Problems</td>
<td>zaleplon</td>
<td>Edluar</td>
</tr>
<tr>
<td></td>
<td>zolpidem/zolpidem ext-rel</td>
<td>Rozerem</td>
</tr>
<tr>
<td></td>
<td>zolpidem suglingual</td>
<td>Silenor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zolpimist</td>
</tr>
<tr>
<td>Urinary Antispasmodics</td>
<td>darifenacin ext-rel</td>
<td>Gelnique</td>
</tr>
<tr>
<td>Overactive Bladder/Incontinence</td>
<td>oxybutynin/oxybutynin ext-rel</td>
<td>Myrbetriq</td>
</tr>
<tr>
<td></td>
<td>tolerodine/tolterodine ext-rel</td>
<td>Oxytrol</td>
</tr>
<tr>
<td></td>
<td>trospium/trospium ext-rel</td>
<td>Toviaz</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vesicare</td>
</tr>
</tbody>
</table>

---

### 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:** WVCCHP 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 the Plan.

**What if the Doctor Prescribes it?** Sometimes your doctor may prescribe a medication to be “dispensed as written” when a West Virginia Preferred Drug List (WVPDL) 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 formulary or generic drug might be appropriate for you. You may wish to discuss this with your physician to see if another medication on the WVPDL could be prescribed.
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, Resperdal® 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 1 capsule/vial per 15 days
   - Anzemet® limits vary by strength
   - Alynezo is limited to 2 capsule per 21 days
   - Cesamet® is limited to 18 capsules per 30 days
   - Emend® limits vary by strength
   - 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
   - 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 (BunavailTM, 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. Opioids (extended release and immediate release) and opioid combination (immediate release) products – quantities vary based on strength of medications, (e.g. Avinza, Belbuca, Bustrans, Conzip, Dolphine, Duragesic, Embeda, Exalgo, Hysingla ER, Kadian, Methadone, Methadose, Morphabond, MS Contin, Nucynta ER, Opana ER, Oxycontin, Targiniq ER, tramadol ER, Troxyca ER, Utram ER, Xtampza ER, Zohydro ER, codeine, hydromorphone, levorphanol, meperidine, morphine sulfate, oxycodone, oxymorphone, Nucynta, tramadol, Xartemis XR, acetaminophen/aspirin/ibuprofen opioid combinations).

10. Migraine medications. Coverage is limited to quantities listed below:

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

11. Multiple Sclerosis: Avonex<sup>®</sup> 4 units per 30 days, Betaseron<sup>®</sup>/Extavia 14 or 15 units per 30 days, Copaxone<sup>®</sup> 1 kit per 30 days, Rebif<sup>®</sup> 1pkg/12 syringes per 30 days.
12. Neurontin (gabapentin) 3,600 mg per day.
13. New drugs approved by the FDA that have not yet been reviewed by CVS Caremark Pharmacy and Therapeutics Committee will have a non-preferred status. WVCHIP reserves the right to exclude a drug or technology from coverage until it has been proven effective.
14. Nuvigil<sup>®</sup> coverage limit varies.
15. Other antidepressants (Budeprion SR<sup>®</sup> 60 units, Bupropion HCL SR<sup>®</sup> 30 units, Bupropion HCL SR<sup>®</sup> 60 units, Forfivo<sup>®</sup> XL 30 units, Wellbutrin SR<sup>®</sup> 60 units, and Wellbutrin XL<sup>®</sup> 30 units, Aplenzin<sup>®</sup> 30 units).
16. Provigil<sup>®</sup> coverage limit varies.
17. Sedative hypnotics (Ambien<sup>®</sup>, Ambien CR<sup>TM</sup>, Doral, estazolam, flurazepam, Intermezzo<sup>®</sup>, Lunesta<sup>TM</sup>, Restoril<sup>®</sup>, Rozerem<sup>TM</sup>, Sonata<sup>®</sup>, Edluar<sup>TM</sup>, Silenor<sup>®</sup>, temazepam, triazolam). Coverage is limited to 15 units per 30 days. Zolpimist<sup>TM</sup> — coverage is limited to 1 bottle.
18. Selective Serotonin Reuptake Inhibitors (Celexa<sup>®</sup> 30 units, citalopram HBR 30 units, fluoxetine HCL varies, fluvoxamine maleate varies, paroxetine HCL<sup>®</sup> varies, Paxil<sup>®</sup> varies, Paxil CR<sup>®</sup> 60 units, Pexeva<sup>®</sup> varies, Prozac Weekly 5 units, Sarafem<sup>®</sup> 30 units, Selfemra™ varies and sertraline HCL<sup>®</sup> varies, Viibyr<sup>®</sup> 30 units, and Zoloft<sup>®</sup> varies).
19. Serotonin-Norepinephrine Reuptake Inhibitors (Cymbalta<sup>®</sup> varies, Effexor<sup>®</sup> varies, EffexorXR<sup>®</sup> varies, Pristiq<sup>®</sup> 30 units, Savella<sup>®</sup> varies, venlafaxine ER<sup>®</sup> varies, Viibyr<sup>®</sup> 1 pack).
20. Sprix coverage is limited to 5 days of therapy per prescription.
21. Toradol coverage is limited to 20 tablets per prescription.
22. Tamiflu<sup>®</sup> and Relenza<sup>®</sup>. Coverage is limited to one course of treatment every 90 days. Additional quantities require prior authorization from RDTP.
23. Lidocaine/Lidocaine topical products is limited to 1 tube/pack every 25 days.
24. Respiratory/Asthma inhalers, nasal steroid inhalers, and COPD inhalers are limited to quantity in accordance with FDA-approved dosing.

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

### What Drugs are Not Covered?

<table>
<thead>
<tr>
<th>Anorexients (any drug used for weight loss purposes)</th>
<th>Medical or therapeutic foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-wrinkle agents (e.g., Renova®)</td>
<td>Newly approved oral Hepatitis C medications, including but not limited to Sovaldi®, Olysio®, Harvoni® and Viekira™</td>
</tr>
<tr>
<td>Bleaching agents (e.g., Eldopaque®, Eldoquin Forte®, Melanex®, Nuquin®, Solaquin®)</td>
<td>Non-legend drugs (except when included in a compound with a legend drug)</td>
</tr>
<tr>
<td>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</td>
<td>Omnipod V-go®, Finesse® or other disposable insulin delivery system</td>
</tr>
<tr>
<td>Investigational or experimental drugs not approved by FDA</td>
<td>Pentazocine/Acetaminophen (Talacen®)</td>
</tr>
<tr>
<td>Drugs requiring PA when prescribed off label</td>
<td>Prescription drug claims not filed within 6 months of the purchase date</td>
</tr>
<tr>
<td>Erectile dysfunction agents</td>
<td>Replacement medications for lost or stolen drugs</td>
</tr>
<tr>
<td>Fertility drugs</td>
<td>Requests for more than a 30-day supply of short-term medications</td>
</tr>
<tr>
<td>Fioricet with Codeine (butalbital/acetaminophen caffeine with codeine)</td>
<td>Requests for more than a 30-day supply of specialty medications</td>
</tr>
<tr>
<td>Fiorinal with Codeine (butalbital/aspirin/caffeine with codeine)</td>
<td>Stadol nasal spray (butorphanol)</td>
</tr>
<tr>
<td>Hair growth stimulants</td>
<td>Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use, except those listed above</td>
</tr>
<tr>
<td>Homeopathic medications</td>
<td>Unit dose medications</td>
</tr>
<tr>
<td>Immunizations, biological sera, blood or blood products (these are covered under the Medical Plan)</td>
<td>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.</td>
</tr>
<tr>
<td>Latisse™</td>
<td>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</td>
</tr>
</tbody>
</table>
**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:** The Plan covers only Lifescan One Touch test strips at the preferred prescription copayment. Other brands require a 100% copayment.

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

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**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 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 page 32 for drugs requiring prior authorization.

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**Medical & Prescription Drug 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 Molina Medicaid Solutions 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 & FEIN (federal identification number)

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

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

Molina, 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 46 for details.)

Claims Incurred Outside the U.S.A.: 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 Molina or CVS Caremark.

Molina or CVS Caremark will determine, through a local banking institution, the currency exchange rate, and you will be reimbursed according to WVCHIP’s 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 (RDT) 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 RDT in writing via fax or regular mail. Please have your physician provide any additional relevant clinical information to support your request. **Mail your request with the above information to:**

<table>
<thead>
<tr>
<th>Type of Error</th>
<th>Who to Call</th>
<th>Where to Write</th>
</tr>
</thead>
</table>
| Prior authorization or denial issue (for 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 denial issue       | 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 thirty days of receiving the decision from CVS Caremark or RDTP.

**Mail third step appeals to:**

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

Facts, issues, comments, letters, Explanation of Benefits (EOBs), 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.

**How to Reach CVS Caremark**

**On the Internet:** Visit CVS Caremark website at [www.caremark.com](http://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 you 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.
(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 Policyholder’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:
Molina
P.O. Box 3732
Charleston, WV 25337

If you have any questions, please call Molina Medicaid Solutions 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**

<table>
<thead>
<tr>
<th>Identification Number (refer to your prescription card)</th>
<th>Group No./Group Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name (Last Name)                                        | (First Name)         | (MI) |
|---------------------------------------------------------|----------------------|
|                                                         |                      |

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Country</th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Last Name)</th>
<th>(First Name)</th>
<th>(MI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Male</th>
<th>Female</th>
<th>Phone Number</th>
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<tr>
<th>Relationship to Primary member</th>
<th>Member</th>
<th>Spouse</th>
<th>Child</th>
<th>Other</th>
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</table>

**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.

**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: ________________

**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 Health Service Issues

Each WVCHIP member and provider is assured a 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.

1st level: 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 Molina 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 with them. For prior authorization medical decision denials, contact HealthSmart at 1-800-356-2392.

2nd level: 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 Molina

Appeal letters in Level 2 should be mailed to:

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

Prior Authorization Denials
HealthSmart
Appeals
PO Box 2451
Charleston, WV 25329

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 explaining the actions they are prepared to take, or the reasons for their action with respect to benefits (an Explanation of Benefits).

3rd level: 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 to:

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

Within 30 days, the 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 thirty days; however, any appeal must be completed within ninety days from the date of the initial phone contact to the issuance of a written decision at 3rd level.

**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.

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**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 (DRGs), 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, Molina, or CVS Caremark discovers that a claim has been incorrectly paid, or that the charges were excessive or for non-covered services, WVCHIP, Molina, 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; and
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; and
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; and
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.

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## Detecting and Reporting Fraud & 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 better be 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 page 51 for EOB form explanation)
- 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
- 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:
- 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 all pertinent information, and the HelpLine operator will make sure the information gets to the appropriate place for investigation. Be 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. But 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. And 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 REQUEST” 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 not 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
Check the WVCHIP Health e-Library for Facts, Fun, & Tips
[www.chip.wv.gov](http://www.chip.wv.gov) or click on the Healthy Kids icon or the resources listed below.

- The Immunization Tables for When Kids Get Their Shots

- The Pediatric Recommended Schedule for Preventive (Wellness) Visits
  [http://www.chip.wv.gov/SiteCollectionDocuments/Preventive%20Services%20Timeline.pdf](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

- What to Do When My Child Has a Fever?

- Kids Doc Symptom Checklist
  [http://www.healthychildren.org/english/tips-tools/symptom-checker/Pages/default.aspx](http://www.healthychildren.org/english/tips-tools/symptom-checker/Pages/default.aspx)

- When Should I Take My Child to the Emergency Room?

- Contacting the Poison Center

- Fitness and Diet the 5-2-1-0 Way!
  [http://www.chip.wv.gov/SiteCollectionDocuments/5210%20Flyer%202013.pdf](http://www.chip.wv.gov/SiteCollectionDocuments/5210%20Flyer%202013.pdf)

- 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](http://www.dhhr.wv.gov/helpmegrow/Pages/default.aspx)

- Don’t Think Sugary Sodas Matter? Watch this!
  [http://www.youtube.com/watch?v=62JMfv0tf3Q](http://www.youtube.com/watch?v=62JMfv0tf3Q)

- Brushing Baby’s Teeth: Oral Health for Babies & Toddlers

- Antipsychotic Medicines for Children and Teens (A Review of the Research for Parents and Caregivers)
WVCHIP MEDICAL HOME PROGRAM
Medical Home Physician Selection Form

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

<table>
<thead>
<tr>
<th>Covered Individual</th>
<th>Date of Birth</th>
<th>Member ID</th>
<th>Medical Home Provider NPI</th>
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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: Molina Medicaid Solutions
PO Box 2673
Charleston, West Virginia 25301-2673

Or FAX to (304) 340-2763
# Who to Call with Questions

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td><strong>Utilization Management</strong></td>
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<tr>
<td>Prior Authorizations</td>
<td>HealthSmart</td>
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<tr>
<td></td>
<td>(toll free) 1-800-356-2392</td>
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<td>(fax) 1-855-619-4678</td>
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<tr>
<td>Claims</td>
<td>Molina</td>
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<td>(toll free) 1-800-479-3310</td>
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<td>Orthodontia Prior Authorizations</td>
<td>WVCHIP</td>
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<tr>
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<td>Mail to: WVCHIP 350 Capitol St., Rm 251, Charleston, WV 25301</td>
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<tr>
<td>Prescription Drug Benefits &amp; Claims</td>
<td>CVS Caremark</td>
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<tr>
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<td>(toll free) 1-800-241-3260</td>
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<td><a href="http://www.caremark.com">www.caremark.com</a></td>
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<tr>
<td>Pharmacy Help Desk</td>
<td>CVS Caremark</td>
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<td>(toll free) 1-800-241-3260</td>
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<tr>
<td>Common Specialty Drugs</td>
<td>HealthSmart</td>
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<td>(toll free) 1-800-356-2392</td>
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<td><a href="http://www.healthsmart.com">www.healthsmart.com</a></td>
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<tr>
<td>Prescription Drug Prior Authorization Program</td>
<td>WVU’s School of Pharmacy (Rational Drug Therapy Program – RDTP)</td>
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<tr>
<td></td>
<td>(toll free) 1-800-847-3859</td>
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<td>(fax) 1-800-531-7787</td>
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<tr>
<td>Eligibility, Application Status, Renewals, and General Information</td>
<td>WVCHIP Helpline</td>
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<tr>
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<td>(toll free) 1-877-982-2447</td>
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<td><a href="http://www.chip.wv.gov">www.chip.wv.gov</a></td>
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<td>Online Electronic Application Applying for WVCHIP</td>
<td>WVInRoads</td>
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<td><a href="http://www.wvinroads.org">www.wvinroads.org</a></td>
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<td>Change of Address or Household Status or Add a Newborn</td>
<td>DHHR Customer Service Hotline</td>
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<tr>
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<td>(toll free) 1-877-716-1212</td>
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<tr>
<td>General Health Information Help Lines</td>
<td>CAMC</td>
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<td></td>
<td>(toll free) 1-888-432-5849</td>
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<td>WVU Healthline</td>
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<td>(toll free) 1-800-982-8242</td>
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