

# WV Children's Health Insurance Program Summary Plan Description

July 2021-June 2022



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

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

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

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## WHAT IS CHIP

The West Virginia Children's Health Insurance Program (WVCHIP) covers children from birth through the end of the month of their 19<sup>th</sup> birthday. It pays for a full range of health care services for children, including doctor visits, check-ups, vision and dental visits, immunizations, prescriptions, hospital stays, mental health, and special needs services. Starting July 1, 2019, WVCHIP also covers pregnant women 19 years of age and older. Benefits are the same for both children and pregnant women.

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

WVCHIP delivers benefits to members through a small Fee-for-Service (FFS) program and arrangements with managed care organizations. Once determined eligible and enrolled in WVCHIP, members are served under FFS until they move to Mountain Health Trust. Mountain Health Trust offers members the choice of three managed care organizations (MCO) to enroll: 1) Aetna Better Health of West Virginia; 2) The Health Plan; and 3) UniCare. Members have 30 days to choose which MCO to enroll in, and if no choice is made within 30 days, the member is auto-assigned to an MCO. Once enrolled in an MCO, the MCO administers WVCHIP benefits to the member by establishing a provider network, setting prior authorization rules, and paying claims. All members, whether in FFS or MCO, receive benefits listed in this Summary Plan Description (SPD). Prior authorization rules outlined in this SPD reflect FFS. MCOs may have their own prior authorization rules. For example, this SPD states more than 20 speech therapy visits require prior authorization. An MCO may have a rule that 10 speech therapy visits require prior authorization. Once enrolled in the MCO, the member must refer to that MCO's member handbook outlining any prior authorization rules for benefits. Pharmacy and Birth-to-Three benefits remain FFS regardless of a member's enrollment in an MCO.

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

### *Prior Authorizations*

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

### *Pharmacy*

**CVS Caremark**  
**P.O. Box 52084**  
**Phoenix, AZ 85072-2084**  
**1-800-241-3260**  
[www.caremark.com](http://www.caremark.com)

### *Medical & Dental Claims Processing*

**Gainwell Technologies**  
**P.O. Box 3732**  
**Charleston, WV 25337**  
**1-800-479-3310**  
[www.wvmmis.com](http://www.wvmmis.com)



## IMPORTANT TERMS

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

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

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

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

**Claims Administrator:** Gainwell Technologies is responsible for the processing of medical and dental claims for services received while members are enrolled in FFS.

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

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

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

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

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

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

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

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

**Explanation of Benefits (EOB):** A form sent to members or their guardians which explains the action taken by WVCHIP on a claim submitted by the provider. This explanation includes the amount paid, services provided, member cost-sharing responsibility, or reasons for denying payment, etc. **If you see services listed that you did not receive, call the WVCHIP Helpline (1-877-982-2447) to report suspected fraud or abuse.**

**Fee-for-Service (FFS):** A system of health insurance payment in which a doctor or other health care provider is paid a fee for each particular service rendered.

**Gainwell Technologies:** The third-party administrator that handles medical, vision, and dental claims processing and customer service for WVCHIP while members are in FFS.

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

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

**Inpatient:** A member admitted to a facility as a bed patient overnight.

**Managed Care:** A system of health care in which members select a group of medical professionals to manage their health care to improve quality.

**Maternity Services:** All services and care related to pregnancy, childbirth, and the post-partum period.

**Medical Case Management:** A collaborative process which facilitates and assures appropriate and available medical care resources using recommended treatment plans for the care of serious long-term illness or injury. This service is available through WVCHIP Utilization Manager. KEPRO medical case management program can assist in providing alternative care plans.

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

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

**Outpatient:** A member who receives services in a hospital, alternate care facility, free-standing facility, or physician's office and is not admitted as a bed patient.

**Plan:** The benefits offered by WVCHIP.

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

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

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

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

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

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

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

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

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

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

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

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

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

## PROVIDER AND PROVIDER ENROLLMENT

A provider is defined as a hospital, physician, or other health care professional or facility that provides medical 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 with 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).

Providers who wish to provide care for WVCHIP Fee-for-Service or MCO members must be enrolled with WVCHIP to provide services to members and bill for payment from WVCHIP. The provider enrollment process is the same for WVCHIP as it is for Medicaid. Enrollment can be submitted either through the Provider Enrollment Application Portal or by submitting a paper application.

The applicant must complete all required fields, sign, and submit all applicable forms, and provide proof of current licensure, certification, accreditation, or registration. The applicant must also indicate whether his/her license or other accreditation has been revoked or suspended in any state.

WVCHIP is not allowed to reimburse providers who have not enrolled with the program.

FFS members will find the provider directory for WVCHIP at [www.mmis.com](http://www.mmis.com). MCO members should refer to their MCO Member Handbook to find how to locate the MCO's provider directory.

## STARTING AND 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.wvpath.org](http://www.wvpath.org). You can also go to a local community partner agency to apply in person at your local DHHR office. A list of community partner agencies can be found at <https://wvpath.org/communityPartnerSearch>.

### Who is Eligible for WVCHIP?

- Live in West Virginia
- Are United States citizens and immigrants who entered the U.S. as lawful permanent residents
- 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)
- Are not eligible for Medicaid
- Are not eligible for or enrolled in other group insurance (see "good cause" exceptions below)
- Do not have "creditable" health insurance now unless they meet "good cause" exceptions for terminating "creditable" health insurance
- Public employees or their children who otherwise meet the WVCHIP eligibility requirements
- **"Deemed Newborns"** – If a child is born to a mother who is currently enrolled in WVCHIP, the family must report the birth to their DHHR county office. The child is first evaluated for Medicaid, along with the mother. If the newborn does not qualify for Medicaid, the newborn will be enrolled in WVCHIP. The effective date of coverage for the newborn will be the child's birth date



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

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

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

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

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

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

**When Coverage Ends:** Members become ineligible to receive benefits through the WVCHIP plan for the following reasons:

- The child's 12-month period of continuous eligibility ends, and the child's guardian does not reapply for benefits.
- The child reaches the maximum age of 19; coverage will end on the last day of the month of the child's 19th birthday. For example, if a child covered by the WVCHIP plan turns 19 on March 2, the benefits will continue 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.**
- The pregnant woman's coverage ends the last day of the month 60-days after the birth occurs.
- The child moves out-of-state; child or guardian must call to notify.
- The child dies.
- The child is covered by Medicaid when the child or guardian chooses Medicaid over WVCHIP.
- The child obtains individual or group health insurance coverage.
- The child was approved in error and is not currently eligible.

## ENROLLMENT GROUP AND MEMBER CARDS

WVCHIP transitioned its membership to managed care on January 1, 2021. WVCHIP now participates in Mountain Health Trust, a program that offers members the choice of three MCOs to enroll. WVCHIP benefits remain the same.

Once determined eligible and enrolled, members receive an approval letter from DHHR that includes their member ID that they can share with their providers to verify enrollment and bill for services. No separate card is issued until members are enrolled in a MCO. Members are also assigned to one of three WVCHIP enrollment groups based on the household income.

Within 10 days of WVCHIP enrollment, members receive an information packet from Mountain Health Trust informing members of the three MCO plans and how to find information about each one. Members have 30-days from enrollment in WVCHIP to select and enroll in a MCO. If members do not select an MCO within this 30-day period, they are auto-assigned to an MCO.

Once enrolled in an MCO, the MCO mails its member materials with helpful information about accessing and utilizing benefits, as well as their member cards. The MCO card is then used to access all WVCHIP services, even those remaining FFS.

The member's card reflects the enrollment group the member is assigned:

**WVCHIP Gold:** See copayment information on page 11.

**WVCHIP Blue:** See copayment information on page 11.

**WVCHIP Premium:** See copayment information on page 11. In addition, monthly premium payments are required for continued participation.

**WVCHIP Exempt:** See copayment information on page 11 and for information on federal regulations exempting Native Americans and Alaskan Natives from cost sharing.



## COPAYMENTS

WVCHIP members participate in some level of cost sharing (copayments and premiums), except for those children registered under the federal exception for Native Americans or Alaskan Natives **There are no copayments for preventive services, maternity services, or pregnant women over 19.** Cost-sharing amounts are determined by the coverage group and apply to all members enrolled in FFS and MCOs.

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

## OUT OF POCKET MAXIMUMS

The maximum amount of copayments required during the benefit year are capped based on the enrollment group as outlined in the chart below.

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

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

Members can track their maximum out-of-pocket amounts by referring to their Explanation of Benefits (EOB), signing into the member portal at [www.wvmmis.com](http://www.wvmmis.com), or calling Gainwell Technologies 1-800-479-3310. Cost-sharing is accumulated throughout the year as members move among FFS and MCOs.

## PREMIUMS

Monthly premium invoices are mailed to families on the 7<sup>th</sup> day of each month. A coupon to be used if submitting payment by mail is included with the invoice. The monthly premium payment for families with one child is \$35 and \$71 for two or more children. Premiums are \$35 per month for pregnant women over 19. 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 Gainwell Technologies at 1-800-479-3310, or the WVCHIP Helpline at 1-877-982-2447. Pregnant women over 19 should use their own PIN on the check.

## AMENDING THE BENEFIT PLAN

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

## MEMBER PORTALS

WVCHIP works directly with Gainwell Technologies for claims processing and provider enrollment/credentialing. Online access is provided for members to review claims, EOBs, and eligibility, as well as to print temporary member identification cards and provider directories. WVCHIP will not send coverage letters after July 1, 2020. The website is [www.wvmmis.com](http://www.wvmmis.com). An initial registration is required, consisting of entering the member ID and address.

CVS Caremark works with WVCHIP to process prescription claims and provide drug information. Members can go to the website [www.caremark.com](http://www.caremark.com) to register an account to access refill information, request claim forms, see prescription history, or find a participating pharmacy.

**MCOs have their own member portals. Please check the MCO handbook to get instructions on accessing the MCO member portal.**

## MANDATORY PRIOR AUTHORIZATIONS

WVCHIP requires that certain services and/or items be reviewed in advance of service and payment to determine whether they are medically necessary and being provided in the most appropriate setting by an enrolled provider. Providers will continue to contact KEPRO and or Rational Drug Therapy for FFS members. Providers should contact the MCO reflected on the member's ID card.

Please note that MCOs may have different prior authorization requirements. Members should refer to their MCO handbook for instructions regarding prior authorization requests.

Requests for prior authorization should be submitted to as early as possible in advance of performing the service or delivering the item.

**Providers should contact KEPRO at 1-888-571-0262 or fax to 1-866-438-1360 for prior authorization requests for FFS members.**

**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:**

- Abortion
- Air ambulance and hospital-to-hospital ambulance transport
- All inpatient admissions to hospitals/facilities (in-state and out-of-state)
- All admissions to rehabilitation or skilled nursing facilities
- Any potentially experimental/investigational procedure, medical device, or treatment
- Chelation therapy
- Chiropractic services for children under age 16
- Continuous glucose monitors
- Cosmetic/reconstructive surgery as a result of accident or birth defects (such as cleft lip and palate)
- CTA (CT angiography) - outpatient
- Dental ridge reconstruction
- DEXA scans (dual energy x-ray absorptiometry), and limited to once every 2 years
- Dialysis services - outpatient
- Durable medical equipment purchases of \$1,000 or more, or rental more than 3 months
- Endoscopic treatment of Gastroesophageal Reflux Disease (GERD)
- Hearing aids
- Heart Perfusion Imaging
- Home health care exceeding 12 skilled nursing visits
- Hospice care
- IMRT (intensity modulated radiation therapy) - outpatient
- Hyperbaric Oxygen Therapy (HBOT)
- IV therapy in the home
- Maternity admissions over 48 hours for vaginal delivery and 96 hours for caesarean section.
- Maternity members who require more than 20 prenatal visits in 6 months will be covered with prior authorization. Coverage includes but is not limited to testing for Downs Syndrome, Associated Protein Plasma-A, etc.; 2 ultrasounds (combination of any ultrasound code) during a pregnancy without prior authorization; inpatient stays for vaginal/cesarean delivery, breast pumps and breastfeeding education. Sterilization is covered for members over 21 with prior authorization.
- MRA (Magnetic Resonance Angiography) - performed as an outpatient
- MRI (Magnetic Resonance Imaging) of the breast or spine (cervical, thoracic, and lumbar) – outpatient
- Neuromuscular stimulators, bone growth stimulators, vagal nerve stimulators and brain nerve stimulators
- Nutritional supplements
- Organ transplants
- Orthodontia services
- Orthotics/prosthetics over \$1,000
- Oral surgeries including orthognathic surgery, excluding extractions
- Outpatient therapy services including occupational, physical, speech, and vision therapy beyond 20 visits
- PET (Positron Emission Tomography) – outpatient
- Pregnancy ultrasounds - two allowed for pregnancy, PA required for more than two
- Skilled nursing service
- Sleep apnea services and equipment
- Specialty drugs
- SPECT (single photon emission computed tomography) of brain and lung
- Stereotactic Radiation Surgery and Stereotactic Radiation Therapy



- Surgeries:
  - Outpatient surgeries as listed below:
    - ◆ cochlear implants
    - ◆ hysterectomy
    - ◆ implantable devices including, but not limited to implantable pumps, spinal cord stimulators, neuromuscular stimulators, and bone growth stimulators
    - ◆ knee arthroscopy
    - ◆ septoplasty or submucous resection
    - ◆ spinal surgery including artificial disc, discectomy with spinal fusion, laminectomy with spinal fusion spinal fusion, vertebroplasty, kyphoplasty, and sacroplasty
    - ◆ uvulopalatopharyngoplasty
    - ◆ oral surgeries done in a facility other than the dental office
- 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)
- There are visit limits to some services listed below. Visits exceeding the limits require prior authorization.

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

**Note:** Urgent Care and After-Hours Clinic Visits are counted as Primary Care Visits.

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

## MEDICAL CASE MANAGEMENT

### **When Medical Case Management is Offered:**

If the member is experiencing a serious or long-term illness or injury, such as cerebral palsy, sickle cell anemia, spina bifida, leukemia, cancer, psychiatric or emotional disorder, KEPRO's case management program can help members learn about and access the most appropriate resources, treatments, and supports. Some members automatically receive case management services based on their condition. Members may also call KEPRO to request case management services.

**MCO members should check their MCO member handbook for information regarding Medical Case Management under your MCO. See the resources page at the end of the document for phone numbers.**

## PRIMARY CARE PHYSICIAN

Each member enrolled in an MCO must choose a primary care provider (PCP) from their plan's provider directory. A PCP is a specific clinician responsible for coordinating your health care needs. Member services can help you select a PCP to best fit your needs. If you do not pick a PCP from the directory, your MCO Plan will choose one for you. You will pay a copay if you see a PCP who is not listed on your member ID card or who is in the same office. It is important for you to keep this information up to date.

## WHAT IS COVERED UNDER THE PLAN?

WVCHIP covers services that are listed as covered, medically necessary, and performed by enrolled providers.

**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 or facility when the provider is:

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

**Covered Services:** A comprehensive range of health care services are covered in full minus any related co-payment, unless otherwise noted. If you have questions about covered services, call Gainwell Technologies at 1-800-479-3310. **Services with an (\*) require prior authorization in some or all circumstances.**

**Members enrolled in an MCO should refer to their MCO member handbook regarding prior authorization requirements.**

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

**Allergy Services:** Includes testing and related treatment.

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

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

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

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

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

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

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

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

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

- Treatment of bunions, neuromas, hammertoe, hallux valgus, calcaneal spurs or exostosis
- Removal of nail matrix or root
- Treatment of mycotic infections
- Diabetic foot care (may include routine foot care)

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

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

- An annual evaluation by specialists in the Hemophilia Disease Management Program which will be paid at 100% with no copay. (This evaluation is not intended to replace, or interrupt care provided by your existing medical home provider or specialists.)
- Hemophilia expenses, including factor replacement products, incurred at CAMC or WVUH will be paid at 100% with no copay after prior authorization.
- Lodging and travel:
  - Lodging expenses for child and 1 or 2 adults/guardians incurred to enable the member to receive services from the Hemophilia Disease Management Program. Lodging must be at an approved travel lodge and will be covered at 100% of charge.
  - Travel expenses incurred between the member's home and the medical facility to receive services in connection with the Hemophilia Disease Management Program. Gas will be reimbursed at the federal rate for one vehicle. Reimbursement of meal expenses up to \$30 per day per person. Receipts are required for meal reimbursement. See page 58 for Medical Reimbursement claim form. Mail to address on the bottom of the form.
  - Claims for lodging and travel must be submitted within the six-month timely filing period.
- Members who do not participate will not be eligible for lodging and travel reimbursement and will be responsible for copays.

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

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

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

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

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

**Immunizations for Pregnant Members 19 and Over:** The following immunizations will be covered for members who are pregnant and enrolled in WVCHIP, unless contraindicated per the immunization guidelines: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), Measles,

Mumps, Rubella, Meningococcal Pneumococcal, Tetanus, Diphtheria, Pertussis, and Varicella as recommended by the American Academy of Family Physicians.

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

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

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

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

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

- \* **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). See page 14 for service limits and PA requirements.
- \* **MRA:** Magnetic Resonance Angiography (MRA) services require prior authorization when performed as an outpatient.
- \* **MRI:** Magnetic Resonance Imaging (MRI) services of the spine, cervical, thoracic, lumbar and breast require prior authorization when performed on an outpatient basis.
- \* **Neuromuscular stimulators, bone growth stimulators, vagal nerve stimulators and brain nerve stimulators:** When criteria are met for prior authorization.

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

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

- \* **Nutritional Supplements:** When it is the only means of nutrition and prescribed by your physician or a prescription amino acid elemental formula for the treatment of short bowel or severe allergic condition that is not lactose or soy related.
- \* **Oral Surgery:** Only covered for extracting impacted teeth, medically necessary orthognathism (straightening of the jaw) and medically necessary ridge reconstruction.
- \* **Organ Transplants:** See page 22 for Organ Transplant benefits.
- \* **Orthodontia Services:** See pages 23 for Dental Services benefits. Services must be prior authorized through KEPRO.
- \* **Outpatient Diagnostic and Therapeutic Services:** Laboratory and diagnostic tests and therapeutic treatments as ordered by your physician.
- \* **Outpatient Hospital Services:** Some outpatient procedures require prior authorization. See listing in Prior Authorization section on page 14.
- \* **Outpatient Therapy Services, including physical therapy, occupational therapy, speech therapy, and vision therapy:** When ordered by a physician, the initial 20 therapy visits do not require prior authorization but must be for an acute condition, new or recent diagnosis or an exacerbation that requires active therapy. Maintenance therapy is not a covered benefit by WVCHIP. It is expected that all outpatient therapy services include a home program and the plan for transition to home based therapy be explained clearly in the plan of treatment.

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

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

**Prescription Benefit Services:** With mandatory generic substitution, including oral contraceptives. See details under Pharmacy Benefits, beginning on page 29 of this document.

**Professional Services:** Physician or other licensed provider for treatment of an illness, injury or medical condition. Includes outpatient and inpatient services such as surgery, anesthesia, radiology, office visits, and urgent care visits. (See page 14 for service limits and prior authorization requirements.)

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

**Tobacco Cessation:** Tobacco cessation products are available to members for two 12-week cycles per year.

Tobacco cessation products covered under CVS Caremark pharmacy plan are:

- Bupropion HCL tab SR 12 hr 150 mg



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

**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. See page 14.

***Note: Copayments are required for urgent care and after-hours clinic visits.***

**Vision Services:** Covered benefits include annual exams and eyewear. Lenses and frames or contacts are limited to a maximum allowance of \$125 per year. The eyewear cost may exceed \$125 with medical necessity and prior authorization. The year starts on the date of service. The office visit and examination are covered in addition to the \$125 eyewear allowance. ***Families are responsible to pay the difference between the total charge for eyewear and the \$125 allowance for lenses and frames or contacts that are not prior authorized and do not meet medical necessity.***

**Vision Therapy:** See Outpatient Therapy Services on page 14.

**Well-Child Care:** Routine office visits for preventive care as recommended by Bright Futures. A complete preventive care checkup includes, but is not limited to:

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

**Wellness visits are covered at:**

- 3-5 days after birth
  - 1 month
  - 2 months
  - 4 months
  - Every 3 months from 6 to 18 months
  - 24 months
  - 30 months
  - 3 years old
  - 4 years old
  - Annually after age 4 through 18 years old
- Objective developmental screening tool is to be administered to child at the 9, 18, and 30 months well-child visits.
  - Objective autism screening tool is to be administered to the child at the 18 and 24 months well-child visits.

Find more information about Bright Futures at <https://brightfutures.aap.org>.

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

## ORGAN TRANSPLANTS (Fee-for-Service)

**Members enrolled in an MCO should refer to their MCO member handbook.**

Organ transplants are covered when deemed medically necessary and non-experimental. Transplants require prior authorization for medical necessity and case management by KEPRO. Contact KEPRO immediately at 1-888-571-0262 when it is determined by the member's physician that he or she is a potential candidate for any type of transplant. KEPRO offers support and assistance in evaluating treatment options, locating facilities, and referrals to the prescription drug administrator. Case Management begins early when the potential need for a transplant is identified and continues through the surgery and follow-up.

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

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

**Travel Allowance:** Because transplant facilities may be located some distance from the patient's home, benefits include up to \$5,000 per transplant for patient travel, lodging, and meals related to visits to the transplant facility or physician. A portion of this benefit is available to cover the travel, lodging and meals for a member of the patient's family or a friend providing support. Receipts are required for payment of this benefit. No alcoholic beverages will be reimbursed. Mileage will be reimbursed at the federal mileage rate for medical expenses. The travel allowance benefit applies only to services pertaining to the transplant. Members may use the Medical/Travel Reimbursement Claim form on page 58 or print one from the WVCHIP website, [www.chip.wv.gov](http://www.chip.wv.gov), to submit these expenses.

**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.

## BIRTH-TO-THREE

**Birth to Three services are provided to all members under FFS – including members enrolled in an MCO.**

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

**Checking on Developmental Delays:** If you or your family primary care provider notice signs which make you question whether your child is developing normally, you can refer your child to this program (or ask your physician if they would advise a BTT referral). Before your child's next well-child visit, you can check your child's development by filling out an Ages and Stages Screening Questionnaire - 3 (ASQ-3)<sup>TM</sup> to see how they are

doing. This tool can help you to have a more meaningful discussion with your child's pediatrician. More information about the ASQ-3™ is at <https://agesandstages.com>.

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

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

**Qualifying for Services:** Children diagnosed with 1 or more delays (or being at risk for future delays) may qualify for program services to be delivered in a child's natural learning environment, typically the home. Children that need further services after three years of age will be referred by BTT to preschool or other services available in their county. Public schools receive federal 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 request an appointment with BTT providers nearest to your location.

## STATEMENT OF RIGHTS UNDER THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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

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

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

## DENTAL SERVICES (Fee-for-Service)

Members enrolled in an MCO should refer to their MCO member handbook.

**Most WVCHIP members have no copays for dental services, but WVCHIP Premium members have \$25.00 copays for most non-preventive dental procedures with maximum copay of \$150.00 per family. The \$25.00 copay is per visit, not per procedure.**

Dental providers should contact KEPRO at 1-888-571-0262 for prior authorization for all services to be performed in a facility other than the dental office.

If the request for prior authorization is denied, WVCHIP will not cover the cost of the procedure. Providers or members can follow the appeals process for denials for FFS members.

Comprehensive orthodontic treatment is payable only once in the member's lifetime whether enrolled in Medicaid or WVCHIP.

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

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

or on gum		
Biopsy of oral tissue	No	\$25
Restorative/Periodontics	No	\$25
Prosthodontics	No	\$25
Accident-related dental services	No	No Copay
Emergency dental services	No	No Copay
Orthodontic Services	Yes	\$25

- **Accident-Related Dental Services:** The Least Expensive Professional Acceptable Alternative Treatment (LEPAAT) for accident-related dental services is covered when provided within 6 months of an accident and required to restore damaged tooth structures. The initial treatment must be provided within 72 hours of the accident. Biting and chewing accidents are not covered. Services provided more than 6 months after the accident are not covered. **Note: For children under the age of 16, the 6-month limitation may be extended if a treatment plan is provided within the initial 6 months and approved by WVCHIP.**
- **Emergency Dental Services:** Medically necessary adjunctive services that directly support the delivery of dental procedures, which, in the judgment of the dentist, are necessary for the provision of optimal quality therapeutic and preventive oral care to patients with medical, physical or behavioral conditions. These services include, but are not limited to sedation, general anesthesia, and utilization of outpatient or inpatient surgical facilities. Contact WVCHIP for more information.
- **Orthodontic Services:** Orthodontic services are covered if medically necessary for a WVCHIP member whose malocclusion creates a disability and impairs their physical development. Treatment is routinely accomplished through fixed appliance therapy and maintenance visits. All requests for treatment are subject to prior authorization by WVCHIP dental consultants. Prior authorization is dependent on diagnosis, degree of impairment and medical documentation submitted. Failure to obtain prior authorization before service is performed will result in the family being responsible for amounts above and beyond their copayment requirements.
- **Services Not Covered:** Treatment for temporomandibular joint (TMJ) disorders; intraoral prosthetic devices; onlays/inlays; gold restorations; precision attachments; replacement crowns only covered every 5 years; cosmetic dentistry; dental implants; experimental procedures; splinting; any other procedure not listed as covered.

See "Resources" on [www.chip.wv.gov](http://www.chip.wv.gov) for a list of all covered dental codes and information regarding copay and limits. These are all listed in the Dental Provider Guide.

## DENTAL SERVICES BILLING AND PRIOR AUTHORIZATION

### MCO BILLING AND PA INFORMATION

Electronic claims via SKYGEN USA's website:

<https://pwp.sciondental.com>

Electronic submission via clearinghouse:

Payer ID is SCION

Paper claims (ADA 2012 or newer form):

West Virginia Claims

P.O. Box 795

Milwaukee, WI 53201

### WVCHIP FFS AND PA INFORMATION

KEPRO

P.O. Box 2451

Charleston, WV 25329-2451

1-888-571-0262

Fax: 1-866-438-1360

<http://wvaso.kepro.com>

## DENTAL CLAIM BILLING FOR WVCHIP FFS

Gainwell Technologies  
P.O. Box 3732  
Charleston, WV 25337  
1-800-479-3310  
[www.wvmmis.com](http://www.wvmmis.com)

**NOTE: The timely filing requirement for WVCHIP is 180 days.**

### WHAT IS NOT COVERED UNDER THE PLAN

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

- Acupuncture
- All expenses incurred at a facility when a patient leaves against medical advice
- Ancillary services and/or services resulting from an office visit not covered by WVCHIP
- Aqua therapy
- Autopsy and other services performed after death, including transportation of the body or repatriation of remains
- Behavioral or functional type skills training except for ABA treatment
- Biofeedback
- Coma stimulation
- Cosmetic or reconstructive surgery when not required as a result of accidental injury or disease, or not performed to correct birth defects; services resulting from or related to these excluded services also are not covered
- Court-ordered services that are not covered benefits and/or not medically necessary
- Custodial care, domiciliary care, respite care, rest cures, or other services primarily to assist in the activities of daily living, or for behavioral modification, including applied behavior analysis (ABA), except to the extent ABA is mandated to be covered for treatment of Autism Spectrum Disorder by W.Va. Code §5-16-7(a)(8)
- Daily living skills training
- Dental implants or services other than those listed as covered
- Duplicate testing, interpretation or handling fees
- Education, training and/or cognitive services unless specifically listed as covered services
- Elective abortions
- Electroconvulsive therapy
- Electronically controlled thermal therapy
- Emergency evacuation from foreign country, even if medically necessary
- Expenses for which the member is not responsible, such as patient discounts and contractual discount
- Expenses incurred as a result of the commission of a felony, while incarcerated or while under the control of the court system
- Experimental, investigational or unproven services
- Family or Group therapy when the patient is not present
- Fertility drugs and services



- Foot care (routine, except for diabetic patients), including:
  - Removal in whole or in part: corns, calluses (thickening of the skin due to friction, pressure, or other irritation), hyperplasia (overgrowth of the skin), hypertrophy (growth of tissue under the skin)
  - Cutting, trimming, or partial removal of toenails
  - Treatment of flat feet, fallen arches, or weak feet
  - Strapping or taping of the feet
- Genetic testing for screening purposes – except those tests covered under the maternity benefit, are not covered; however, a prior authorization may be submitted for review and exceptions may be approved
- Glucose monitoring devices except Accu-Chek Aviva Plus, Accu-Chek Nano and Accu-Chek Guide models covered under the prescription drug benefit
- Hearing aids implanted; external hearing aids are covered when prior authorized as medically necessary
- Homeopathic medicine
- Hospital days associated with non-emergency weekend admissions or other unauthorized hospital days prior to scheduled surgery
- Hypnosis
- Routine childhood immunizations from non-VFC providers
- Incidental surgery performed during medically necessary surgery
- Infertility services including in vitro fertilization and gamete intrafallopian transfer (GIFT), embryo transport, surrogate parenting, and donor semen, semen storage, any other method of artificial insemination, and any other related services, including workup for infertility treatment
- Maintenance outpatient therapy services, including but not limited to:
  - Chiropractic treatment
  - Massage therapy
  - Mental health services
  - Occupational therapy
  - Osteopathic manipulations
  - Physical therapy
  - Speech therapy
  - Vision therapy
- Medical equipment, appliances or supplies of the following types:
  - Augmentative communication devices
  - Bariatric beds and chairs
  - Bathroom scales
  - Educational equipment
  - Environmental control equipment, such as air conditioners, humidifiers or dehumidifiers, air cleaners or filters, portable heaters, or dust extractors
  - Equipment or supplies which are primarily for patient comfort or convenience, such as bathtub lifts or seats; massage devices; elevators; stair lifts; escalators; hydraulic van or car lifts; orthopedic mattresses; walking canes with seats; trapeze bars; child strollers; lift chairs; recliners; contour chairs; adjustable beds; or tilt stands
  - Equipment and supplies which are widely available over the counter, such as wrist stabilizers and knee supports
  - Exercise equipment, such as exercycles, parallel bars, walking, climbing or skiing machines
  - Hygienic equipment, such as bed baths, commodes, and toilet seats
  - Motorized scooters
  - Nutritional supplements (unless it is the only means of nutrition or a prescription amino acid elemental formula for the treatment of short bowel or severe allergic condition, that is not lactose or soy related), over-the-counter formula, food liquidizers or food processors
  - Orthopedic shoes, unless attached to a brace
  - Professional medical equipment, such as blood pressure kits or stethoscopes
  - Replacement of lost or stolen items
  - Standing/tilt wheelchairs

- Supplies such as tape, alcohol, Q-tips/swabs, gauze, bandages, thermometers, aspirin, diapers (adult or infant), heating pads or ice bags
- Traction devices
- Vibrators
- Whirlpool pumps or equipment
- Wigs or wig styling
- Medical rehabilitation and any other services which are primarily educational or cognitive in nature
- Mental health or chemical dependency services to treat mental illnesses which will not substantially improve beyond the patient's current level of functioning
- Non-listed brand name drugs determined not medically necessary
- Non-enrolled providers
- Optical services: Any services not listed as covered benefits under vision services, including low-vision devices, magnifiers, telescopic lenses and closed-circuit television systems
- Oral appliances, including but not limited to those treating sleep apnea
- Orientation therapy
- Orthotripsy
- Personal comfort and convenience items or services (whether on an inpatient or outpatient basis), such as television, telephone, barber or beauty service, guest services, and similar incidental services and supplies, even when prescribed by a physician
- Physician conditioning: Expenses related to physical conditioning programs, such as athletic training, body building, exercise, fitness, flexibility, diversion, or general motivation
- Physical, psychiatric, or psychological examinations, testing, or treatments not otherwise covered by WVCHIP, when such services are:
  - Related to employment
  - To obtain or maintain insurance
  - Needed for marriage or adoption proceedings
  - Related to judicial or administrative proceedings or orders
  - Conducted for purposes of medical research
  - To obtain or maintain a license or official document of any type
  - For participation in athletics
- Prostate screening, unless medically indicated
- Provider charges for phone calls, prescription refills, form completion, or physician-to-patient phone consultations except as outlined in the Telehealth Policy
- Radial keratotomy, Lasik procedure and other surgery to correct vision
- Safety devices used specifically for safety or to affect performance, primarily in sports-related activities
- Screenings, except those specifically listed as covered benefits
- Service/therapy animals and the associated services and expenses, including training
- Services rendered by a provider with the same legal residence as a participant or who is a member of the policy holder's family, including spouse, brother, sister, parent, or child
- Services rendered outside the scope of a provider's license
- Surgical or pharmaceutical treatments or any physician, psychiatric, or psychological examinations, testing, treatments or services provided or performed for sex transformation surgery
- Skilled nursing services provided in the home, except intermittent visits covered under the Home Health Care benefit
- Sensory Stimulation Therapy (SST)
- Take-home drugs provided at discharge from a hospital
- Treatment of temporomandibular joint (TMJ) disorders, including intraoral prosthetic devices or any other method of treatment to alter vertical dimension or for temporomandibular joint dysfunction not caused by documented organic disease or acute physical trauma

- The difference between private and semiprivate room charges
- Therapy and related services for a patient showing no progress
- Therapies rendered outside the United States that are not medically recognized within the United States
- Transportation that is not emergent or medically unnecessary facility-to-facility transports, including:
  - Transportation for any service not covered by WVCHIP
  - Transportation of members who do not meet the medical necessity requirements for level of service billed
  - Transportation provided when a member refuses the appropriate mode of transportation
  - Transportation to a service that requires prior authorization but has not been prior authorized
  - Reimbursement for ground or air ambulance mileage beyond the nearest appropriate facility
  - Transportation to the emergency room for routine medical care
  - Weight loss, health services and associated expenses intended primarily for the treatment of obesity and morbid obesity, including wiring of the jaw, weight control programs, weight control drugs, screening for weight control programs, bariatric surgery, and services of a similar nature
  - Work-related injury or illness

## PHARMACY BENEFITS

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

If you have any questions about the copayment structure or about the WVCHIP PDL, please call CVS Caremark at 1-800-241-3260 or the WVCHIP Helpline at **1-877-982-2447**. For members in the MCO plans, the pharmacy plan is CVS Caremark as well.

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

**NON-PREFERRED DRUGS:** Non-preferred (Tier 3) drugs are brand name drugs that do not appear on the West Virginia Preferred Drug List. Non-preferred drugs require Prior Authorization (PA) and will only be reviewed for medical necessity after the drugs on the preferred list have been prescribed and with the proper documentation from the physician that the preferred medications were not effective. Some medications have been moved from Tier 2 to the Tier 3 List and include: Atripla Tablet; Drisdol Capsule; Kuvan Tablet; Orapred Orally Disintegrating Tablet (ODT); Symfi Tablet; Ciprodex Otic Suspension; Kuvan Powder; Levbid Tablet; Symfi Lo Tablet; and Tykerb Tablet.

**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](http://www.caremark.com).

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

Mail the required information to:

**CVS Caremark  
Attn: Commercial Claims  
P.O. Box 52136  
Phoenix, AZ 85072-2136**

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.**

## PRIOR AUTHORIZATION

The WVCHIP prescription drug program provides coverage for some drugs only if they are prescribed for certain uses and amounts, so those drugs require prior authorization (PA) for coverage. PA is handled by the Rational Drug Therapy Program (RDT). Your pharmacist or physician can initiate the review process for you. This process can typically be resolved over the phone. The request may also be faxed to RDT. If your medication is not approved for plan coverage, you will have to pay the full cost of the drug.

WVCHIP will cover, and your pharmacist can dispense, up to a five-day supply of a medication requiring a PA for the applicable copayment. This policy applies when your doctor is either unavailable or temporarily unable to complete the PA process promptly. Prior authorizations may be approved retroactively for up to 30 days to allow time for the physician to work with and provide documentation to RDT. If the PA is ultimately approved, your pharmacist will be able to dispense the remainder of the approved amount with no further copayment for that month's supply if you have already paid the full copayment. All PA requests must be reviewed and renewed annually.

**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:** All maintenance medications must be purchased in 90-day supplies. If you are starting on a new maintenance medication, you may receive up to two 30-day refills to be sure you tolerate the medication and that your dosage is correct. After the second 30-day fill, the maintenance medication will be covered only in a 90-day supply, and only when filled at a Retail Maintenance Network pharmacy or using the CVS Caremark Mail Service Pharmacy Program. Maintenance Medications are listed below:

- |                                                                                                    |                                                |
|----------------------------------------------------------------------------------------------------|------------------------------------------------|
| 1. Allergies                                                                                       | 14. Gastrointestinal Agents                    |
| 2. Alzheimer's Disease                                                                             | 15. Glaucoma                                   |
| 3. Antipsychotics                                                                                  | 16. Gout                                       |
| 4. Attention Deficit/Hyperactivity Disorder (ADHD)                                                 | 17. High Blood Pressure & Heart Disease        |
| 5. Blood Modifiers/Thinners                                                                        | 18. High Cholesterol                           |
| 6. Cancer (non-specialty)                                                                          | 19. Immune Disorders (non-specialty)           |
| 7. Contraceptives/Hormone Replacement                                                              | 20. Inflammatory Bowel Disease (non-specialty) |
| 8. Depression                                                                                      | 21. Osteoporosis                               |
| 9. Diabetes                                                                                        | 22. Overactive Gladder                         |
| 10. Accu-Chek Guide Me; Accu-Chek Guide<br>One Touch Verio Reflect, One Touch Verio<br>Flex Meters | 23. Parkinson's Disease                        |
| 11. Digestive Enzymes                                                                              | 24. Respiratory Agents                         |
| 12. Diuretics                                                                                      | 25. Rheumatoid Arthritis (non-specialty)       |
| 13. Enlarged Prostrate                                                                             | 26. Seizure Disorders (non-specialty)          |
|                                                                                                    | 27. Thyroid                                    |
|                                                                                                    | 28. Ulcer/GERD                                 |

## SPECIALTY MEDICATIONS

Specialty drugs are high-cost prescription medications used to treat complex, chronic conditions like rheumatoid arthritis, multiple sclerosis, and cancer. **Specialty Injectable Drugs** are administered by injection or infusion in a health care setting and are managed and included in the medical benefit and require prior authorization. **Common Specialty Medications** are self-administered and are managed by CVS Specialty Pharmacy and require prior authorization.

If your physician prescribes a common specialty medication (self-administered and picked up at the pharmacy), CVS Specialty Pharmacy must be contacted either by phone, fax or e-prescribed by the physician for a medical necessity review through the prior authorization process.

Specialty Injectable Drugs administered by injection or infusion are managed under the medical benefit and the physician must contact the member's MCO plan for medical necessity review through that plan's prior authorization process. KEPRO prior authorized specialty injectable drugs for FFS members.

**All specialty medications require prior authorization.** When in doubt, call CVS at 1-866-814-5506 to confirm if prior authorization is required.

### The Most Common Specialty Medications

Drug Name	Category	Drug Name	Category
Acthar® HP	Multiple Sclerosis	Otezla® [QLL]	Analgesics-Anti-inflammatory
Actimmune	Anti-Neoplastic	Pegasys®[QLL]	Hepatitis C
Adcirca® [QLL]	Pulmonary Hypertention	Peg-Intron®[QLL]	Hepatitis C
Afinitor	Anti-Neoplastic	Procrit® (Epoetin Alfa)	Anemia
Ampyra	Multiple Sclerosis	Promacta® [QLL]	Thrombocytopenia
Aranesp®	Anemia	Pulmozyme® [QLL]	Cystic Fibrosis
Aubagio® (QLL)		Rebif®[QLL]	Multiple Sclerosis
Avonex® [QLL]	Multiple Sclerosis	Revatio®[QII]	Pulmonary Arterial Hypertension
Betaseron® [QLL]	Multiple Sclerosis	Revlimid®[QLL]	Anti-Neoplastic Immunosuppressant
Boniva®	Osteoporosis	Riba Pak	Hepatitis
Cayston	Cystic Fibrosis	Ribavirin®	Hepatitis C
Cerezyme® [QLL]	Gaucher Disease	Sandostatin® LAR [QLL]	Endocrine disorders
Copaxone® [QLL]	Multiple Sclerosis	Simponi® [QLL]	Rheumatoid Arthritis
Cosentyx®(QLL)	Psoriasis	Sprycel® [QLL]	Anti-Neoplastic
Dupixent®(QLL)	Atopic Dermatitis	Stelara® [QLL]	Psoriasis
Eligard	Anti-Neoplastic	Strensla®	Bone Disorders
Enbrel® [QLL]	Inflammatory Conditions	Sutent® [QLL]	Anti-Neoplastic
Epclusa®[QLL]	Hepatitis C	Symdeko® (QLL)	Cystic Fibrosis
Epogen® (Epoetin Alfa)	Anemia	Tagrisso® (QLL)	Anti-Neoplastic
Fasenra® [QLL]	Asthma	Taltz® (QLL)	Psoriasis
Forteo® [QLL]	Osteoporosis	Tarceva® [QLL]	Anti-Neoplastic

Genotropin®[QLL]	Growth Hormone	Tasigna [QLL]	Anti-Neoplastic
Gilenya®[QLL]	Multiple Sclerosis	Tecfidera® (QLL)	Multiple Sclerosis
Gleevec®[QLL]	Anti-Neoplastic	Temodar®	Anti-Neoplastic
Harvoni®[QLL]	Hepatitis C	Tev-Tropin®	Growth Hormone
Humatrope®	Growth Hormone	Thalomid® [QLL]	Anti-Neoplastic
Humira®[QLL]	Inflammatory Conditions	Thyrogen® Kit	Diagnostic
Ibrance®(QLL)	Anti-Neoplastic	Tobi® [QLL]	Cystic Fibrosis
Imbruvica®[QLL]	Anti-Neoplastic	Tracleer® [QII]	Pulmonary Arterial Hypertension
Incivek	Hepatitis	Trikafta® [QLL]	Cystic Fibrosis
Inlyta®[QLL]	Cancer	Tykerb [QLL]	Anti-Neoplastic
Intron A®	Interferons	Tyvaso® [QLL]	Pumonary Arterial Hypertension
Jakafi®[QLL]	Cancer	Upravi® (QLL)	Pulmonary Arterial Hypertension
Jynarque®(QLL)	Renal Disease	Victrelis® [QLL]	Hepatitis
Kalydeco®[QLL]	Respiratory Conditions	Votrient [QLL]	Anti-Neoplastic
Kineret®[QLL]	Inflammatory Conditions	Xalkori® [QII]	Cancer
Kuvan	Enzyme deficiency	Xeljanz® (QLL)	Rheumatoid Arthritis
Letairis® generic or ambrisentan [QLL]	Pulmonary Arterial Hypertension	Xeloda® [QLL]	Anti-Neoplastic
Leukine	Mematopoietic	Xenazine® [QLL]	CNS Disorders
Lupron Depot®	Endometriosis, Andi-Neoplastic, Precocious Puberty	Xolair®	Asthma
Lupron Depot®-Ped	Precocious Puberty	Xyrem®	Sleep Disorder and CNS Disorder
Lupron®	Anti-Neoplastic	Zarxio	Neutropenia
Neulasta®[QLL]	Neutropenia	Zoladex®	Anti-Neoplastic
Nucala® [QLL]	Asthma	Zolinza [QLL]	Anti-Neoplastic
Nutropin®	Growth Hormone	Zytiga® [QLL]	Anti-Neoplastic
Octreotide Acetate [QLL]	Endocrine disorders		
Orkambi® [QLL]	Cystic Fibrosis		

\*[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.**

## DRUGS REQUIRING PRIOR AUTHORIZATION

Several classes of prescription drugs require prior authorization for coverage by WVCHIP. Prior authorization is handled by the Rational Drug Therapy Program (RDTP) and initiated by a phone call from your physician to 1-800-847-3859. If your medication is not approved for plan coverage, you will have to pay the full cost of the drug.

amphetamines (Adderall XR® [dextroamphetamine], Vyvanse®)	lidocaine patch (Lidoderm®)
acitretin (Soriatane®)	linezolid (Zyvox®)



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

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

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

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

For the WVCHIP Preferred Drug formulary, see WVCHIP website at [www.chip.wv.gov](http://www.chip.wv.gov).

## DRUGS REQUIRING STEP THERAPY

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

- Angiotensin II Receptor Antagonists - High Blood Pressure (Edarbi, Edarbyclor, Tekturna/Tekturna HCT)
- Acne/Topical (Azelex, Fabior, Riaz)
- Anti-depressants (Fetzima®, Pexeva®, Trintellix®, Viibryd®)
- Antifungal, topical (Ecoza™, Ertaczo®, Exelderm®, Loprox®, Lotrisone®, Luzu™, Mentax®, Naftin®, Oxistat®, Vusion®, Xolegel®)
- Benign Prostatic Hypertrophy - Prostate (Cardura/XL®)
- Bisphosphonates - Osteoporosis (Fosamax Plus D™, Binosto®)
- Cholesterol-lowering medications (Altoprev®, Ezallor™ Sprinkle, Flolipid, Livalo®, Zypitamag™)
- Crisaborole (Eucrisa)
- COX-2 Inhibitors/Non-Steroidal Anti-inflammatory (NSAIDs) (Cambia®, Tivorbex®, Vivlodex, Zipsor, Zorvolex)
- Dermatologicals (doxepin cr, Prudoxin®, Zonalon®)
- Dermatologicals (doxepin cr, Prudoxin®, Zonalon®)
- Febuxostat (Uloric®)
- Fibrates - High Triglycerides (Triglide®)
- Lyrica/CR®, Gralise®, Horizant®
- Migraines (Nurtec ODT®, Onzetra®, Reyvow®, Ubrelvy®, Xsail®, Zembrace)
- Minocyclines Extended Release (e.g., Minolira®, Solodyn®, Ximino®)
- Nasal Steroids (Beconase AQ®, Omnaris®, Dymista®, Qnasl®, Zetonna®)
- Non-Steroidal Anti-inflammatory Drugs (brand-name NSAID e.g., Cambia®, Tivorbex, Vivlodex, Zipsor, Zorvolex)
- Ophthalmic/Prostaglandins - Glaucoma (Lumigan®, Zioptan®, Rocklatan®, Vyzulta®, Xelpros™)
- Opioid pain medications
- Overactive Bladder: (Oxytrol, Toviaz®, Gelnique®, Myrbetriq®)
- Oxiconazole
- Proton Pump Inhibitors - Stomach Acid (Aciphex® Sprinkle, Dexilant®, Prilosec®/Protonix® packets)
- Rosacea Products (Metrocream®, Metrogel®, Oracea®, Rosadan®)
- Sedative Hypnotics (Belsomra™, Edluar™, Zolpimist™, Silenor®)
- Serotonin Reuptake Inhibitors - Depression (Pexeva, Trintellix, Viibryd)
- Topical Agents (Eucrisa®, Prudoxin®, Zonalon®)
- Urinary Antispasmodics (Oxytrol®, Toviaz®, Gelnique®, Myrbetriq®)

**This list is subject to change during the plan year.**

## DRUGS WITH SPECIAL LIMITATIONS

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

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

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

## QUANTITY LEVEL LIMITS

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.

- Acetaminophen and Aspirin containing pain reliever medications are limited to quantities not to exceed 4 grams of acetaminophen or aspirin per day
- Amphetamines, methylphenidate and stimulant products to treat ADHD or narcolepsy are subject to limits on quantity within FDA approved doses
- Antipsychotic drugs (Abilify® 30 units, Abilify Discmelt® 60 units, Fanapt® 60 units, Geodon® 60 units, Invega® varies, Risperdal® 60 units, Saphris® 60 units, Seroquel/XR® varies, Zyprexa® 30 units, Zyprexa Zydis® 30 units, and Latuda® 30 units).
- Antiemetics:
  - Aloxi® is limited to 10 mL per 21 days
  - Anzemet® is limited to 6 tablets per 21 days
  - Anzemet 100/5 & 12.5/0.625 injection is limited to 15ml per 180 days
  - Akynzeo is limited to 2 capsule per 21 days or 2 vials/21 days
  - Cesamet® is limited to 18 capsules per 21
  - 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
  - Varubi injection is limited to 2 vials per 21 days
  - Zofran® limits vary by strength
  - Zuplenz® is limited to 18 films per 21 days

- Abstral®, Actiq®, Fentora®, Subsys® coverage is limited to 120 units per 30 day; Lazanda® coverage is limited to 30 bottles per 30 days
- Buprenorphine/naltrexone containing products (Bunavail™, Cassipa, Suboxone®, and Zubsolv®) limits vary by strength and product
- 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)
- Cyclosporine Ophthalmic (Restasis®, Cequa) ) is limited to 60 vials per 25 days or 180 vials per 75 days or Restasis multi-dose bottle: 1 bottle per 21 days or 3 bottles per 63 days
- Diabetic Test Strips is limited to 204 per 25 days or 612 per 75 days
- Gabapentin (Neurontin) coverage is limited to 3,600 per day
- Humira® coverage is limited to 2 syringes/pens per 28 days
- Long-acting Opioids (Avinza® 30 units, Kadian® 30 units, MS Contin® 60 units, Opana® ER 60 units, Oxycontin® 60 units, Exalgo® 30 units, Embeda® 30 units, Nucynta® ER 60 units)
- Lidocaine/Lidocaine topical products is limited to 1 tube/pack every 25 days
- Lidoderm/ZTLido (lidocaine topical patch) – 90 patches per days or 270 patches per 75 days
- Migraine medications. Coverage is limited to quantities listed below:

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

Sumatriptan (10mg) and naproxen sodium (60mg) tablets	Treximet™	9 tablets
Zolmitriptan nasal spray 5 mg	Zomig®	2 boxes = 12-unit dose spray devices
Zolmitriptan tablets 2.5 mg and 5 mg, orally disintegrating	Zomig-ZMT®	12 tablets
Zolmitriptan tablets 2.5 mg and 5 mg	Zomig®	12 tablets

- Multiple Sclerosis: Avonex® 4 units per 30 days, Betaseron®/Extavia 14 units per 30 days, Copaxone® 1 kit per 30 days, Rebif® 1pkg/12 syringes per 30 days.
- Nuvigil® coverage limit varies.
- Opioid pain medications have a quantity limit (QL) for all medication in this class. Additional quantities require prior authorization through RDTP.
- Other antidepressants (Budeprion SR® 60 units, Budeprion XL® 30 units, Bupropion HCL SR® 60 units, Forfivo® XL 30 units, Wellbutrin SR® 60 units, and Wellbutrin XL® 30 units, Aplenzin® 30 units).
- Provigil® coverage limit varies.
- Sedative hypnotics (Ambien®, Ambien CR™, Doral, estazolam, flurazepam, Intermezzo®, Lunesta™, Restoril®, Rozerem™, Sonata®, Edluar™, Silenor®, tempzepam, triazolam). Coverage is limited to 15 units per 30 days. Zolpimist™ – coverage is limited to 1 bottle.
- Selective Serotonin Reuptake Inhibitors (Celexa® 30 units, citalopram HBR 30 units, fluoxetine HCL varies, fluvoxamine maleate varies, Luxapro® 30 units, Luvox CR® varies, paroxetine HCL® varies, Paxil® varies, Paxil CR® 60 units, Pexeva® varies, Prozac Weekly 5 units, Sarafem® 30 units, Selfemra™ varies, sertraline HCL® varies, Viibryd® 30 units, and Zoloft® varies).
- Serotonin Norepinephrine Reuptake Inhibitors (Cymbalta® varies, Effexor® varies, EffexorXR® varies, Pristiq® 30 units, Savella® varies, venlafaxine ER® varies, Viibryd® 1 pack).
- Sprix coverage is limited to 5 days of therapy per prescription.
- Tamiflu®, Relenza® and Xofluza™ coverage is limited to one course of treatment every 90 days. Additional quantities require prior authorization from RDTP.
- Topical corticosteroid products limit varies by product
- Toradol coverage is limited to 20 tablets per prescription.

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

## WHAT DRUGS ARE NOT COVERED?

- Anorexients (any drug used for weight loss purposes)
- Anti-wrinkle agents (e.g., Renova®)
- Bleaching agents (e.g., Eldopaque®, Eldoquin Forte®, Melanex®, Nuquin®, Solaquin®)
- 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
- Investigational or experimental drugs not approved by FDA
- Drugs requiring PA when prescribed for uses and quantities not approved by the FDA
- Erectile dysfunction agents
- Fertility drugs
- Fioricet with Codeine (butalbital/acetaminophen caffeine with codeine)

- Fiorinal with Codeine (butalbital/aspirin/caffeine with codeine)
- Hair growth stimulants
- Homeopathic medications
- Immunizations, biological sera, blood or blood products, Hyalgan, Synvisc, Remicade, Synagis, Xolair, Amevive, Raptiva, Vivitrol (these are covered under the Medical Plan)
- Latisse™, Setmelanotide (mcivree)
- Medical or therapeutic foods
- Non-legend drugs
- Pentazocine/Acetaminophen (Talacen®)
- Prescription drug claims not filed within 6 months of the purchase date Pentazocine/Acetaminophen (Talacen®)
- Replacement medications for lost, damaged or stolen drugs
- Requests for less than a 90-day supply of maintenance medications or more than a 30-day supply of short-term medications
- Stadol nasal spray (butorphanol)
- Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use, except those listed above
- Unit dose medications
- Vacation supplies, unless leaving the country. If you are leaving the country and want WVCHIP to cover a vacation supply, you must submit documentation
- New-to-market products and new variations of products already in the marketplace will be excluded from or “will not be added to” the formulary for a minimum of 12 months or until the product has been evaluated, determined to be clinically appropriate and cost effective, and approved by the CVS Caremark Pharmacy and Therapeutics Committee and WVCHIP Director

## DIABETES MANAGEMENT

**Blood Glucose Monitors:** Covered diabetic insureds can receive a free One Touch and Accu-Chek Meters , Accu-check Guide Me, Accu-Chek Guide, One Touch Verio Reflect, One Touch Verio Flex Meters with a current prescription. Simply call the CVS Caremark Diabetic Meter Program at 1-877-418-4746 and request a meter. Members may also go online to <https://info.caremark.com/dig/managingdiabetes> for more information.

**Glucose Test Strips:** WVCHIP covers only Accu-Check Aviva Plus test strips, Accu-Chek Nana test strips, and Accu-Chek Guide test strips at the preferred prescription copayment. Other brands require a 100% copayment. **Diabetic test strips are limited to 204 per 25 days or 612 per 90 days.**

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

## CONTROLLING PRESCRIPTION DRUG COSTS

**Mail Order Drug Program:** This is a voluntary program which allows the member to order maintenance medications (those that the member takes long-term to treat an on-going medical condition) through the mail. Use of the Mail Order Drug Program may be more convenient for you. To participate in the Mail Order Drug Program, the member's parent or guardian and the member'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.

## MEDICAL, VISION, AND DENTAL CLAIMS (Fee-for-Service)

**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 Gainwell Technologies for payment. Once the claim is processed, an explanation of benefits (EOB) form 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. The EOB will also show the amount you have paid out of pocket as of the date on the EOB. As a reminder, an EOB just explains how your benefits were used.

## HOW TO FILE A MEDICAL OR DENTAL CLAIM (Fee-for-Service Only)

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

- Insured child's name and identification number
- Nature of illness or injury
- Date(s) of service
- A complete description of each service
- Amount charged for each service
- Diagnosis and procedure codes for each illness/condition and procedure
- Provider's name, address and NPI (National Provider Identifier) number



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

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

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

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

## APPEALING A PHARMACY CLAIM

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

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

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

**Only WVCHIP FFS members, please mail, email, or fax third step appeals to:**

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

**Fax: 304-558-2741**

**Email: [WVCHIP@wv.gov](mailto:WVCHIP@wv.gov) with Appeal in the subject line**

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

**Contacting CVS Caremark:**

**On the Internet:** Visit CVS Caremark website at [www.caremark.com](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 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.

## Prescription Reimbursement Claim Form

### Important!



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

### STEP 1 Card Holder/Patient Information

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

#### Card Holder Information

Identification Number (refer to your prescription card)

Group No./Group Name

Name (Last Name)

(First Name)

(MI)

Address

Address 2

City

State

Zip

Country

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

Name (Last Name)

(First Name)

(MI)

Date of Birth

Male

Female

Phone Number

Relationship to Primary member

Member

Spouse

Child

Other

#### Other Insurance Information

##### COB (Coordination of Benefits)

Are any of these medicines being taken for an on-the-job injury?

☐ Yes

☐ No

Is the medicine covered under any other group insurance?

☐ Yes

☐ No

If yes, is other coverage: ☐ Primary ☐ Secondary

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

Name of Insurance Company

ID #

### Important! A signature is REQUIRED

#### NOTICE

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

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

**x**

Signature of Member

Date

(Over)

**STEP 2****Submission Requirements:**

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

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

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

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

Country: \_\_\_\_\_ Currency: \_\_\_\_\_ Amount: \_\_\_\_\_

Additional Comments

**STEP 3****Mailing Instructions:**

CVS  
CAREMARK

RXBIN: 610029  
RXPCN: CRK  
RXGRP: XXXXX  
ISSUER: (80840)

ID  
Name

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

**RXBIN # 610415 mail to:**

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

**RXBIN # 004336 , 012114 mail to:**

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

**RXBIN # 610029 mail to:**

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

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

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

**RXBIN # 610473 , 610475 mail to:**

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

**IMPORTANT REMINDER**

To avoid having to submit a paper claim form:

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

## APPEALING MEDICAL SERVICE ISSUES (Fee-for-Service)

Each WVCHIP FFS member, MCO member, and provider are assured the right to have a review of health service matters under the WVCHIP Benefit Plan. 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.

**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.

**The steps or levels listed below apply to WVCHIP fee-for-service members.** Each MCO also provides information regarding appeals, grievances or State Fair Hearings in their member handbooks. Please contact your MCO for specific instructions regarding filing an appeal for denied services.

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

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

**Reconsideration/Level 2:** If the information the member or provider receives after taking the first step does not resolve the issue, the member or provider must take it to this next step within 30 days after the 1<sup>st</sup> 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 1<sup>st</sup> 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 Gainwell Technologies

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

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

**Prior Authorization Denials**  
**KEPRO**  
**Appeals**  
**P.O. Box 2451**  
**Charleston, WV 25329**  
**Fax: 1-866-473-2354**  
**Email: [HCM\\_Appeals@healthsmart.com](mailto:HCM_Appeals@healthsmart.com)**

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



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

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

Within 30 days, the Executive Director will send a written decision, which considers 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 WVCHIP Medical Director.

### **Total Time Limit for the Appeal Process**

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

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

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

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

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

## CONTROLLING COSTS

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

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

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

**Prohibition of Balance Billing:** Any West Virginia or WVCHIP network health care provider who treats a WVCHIP 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, Gainwell Technologies, or CVS Caremark discovers that a claim has been incorrectly paid, or that the charges were excessive or for non-covered services, WVCHIP, Gainwell Technologies, and CVS Caremark have the right to recover the payments from any person or entity.

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

## SUBROGATION

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

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

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

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

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

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



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

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

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

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

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

## DETECTING AND REPORTING FRAUD AND ABUSE

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

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

**Examples of Provider Fraud:**

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

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

#### **Examples of Member Fraud:**

- Providing false information when applying for WVCHIP coverage
- Forging prescriptions or selling prescription drugs
- “Loaning” or using another person’s member card
- Continued usage of the WVCHIP card after being notified that you are no longer eligible for the program

#### **Tips to Help Prevent Fraud:**

There are things you can do to help fight WVCHIP fraud and abuse in WVCHIP:

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

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

## PRIVACY NOTICE

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

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

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

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

### **OUR LEGAL DUTIES:**

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

### **WHO MUST ABIDE BY THIS NOTICE?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **YOUR RIGHTS**

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

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

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

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

**5. Amend Health Information.** You have the right to ask us to amend health information about you, which you believe is not correct or complete. You must make this request in writing and give us the reason you believe the

information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.

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

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

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

#### **IMPORTANT**

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

#### **NO RETALIATION**

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

#### **OUR RIGHT TO CHANGE THIS NOTICE**

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

#### **WHO TO CONTACT WITH QUESTIONS, COMPLAINTS, OR REQUESTS?**

##### **BELOW IS CONTACT INFORMATION TO:**

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

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

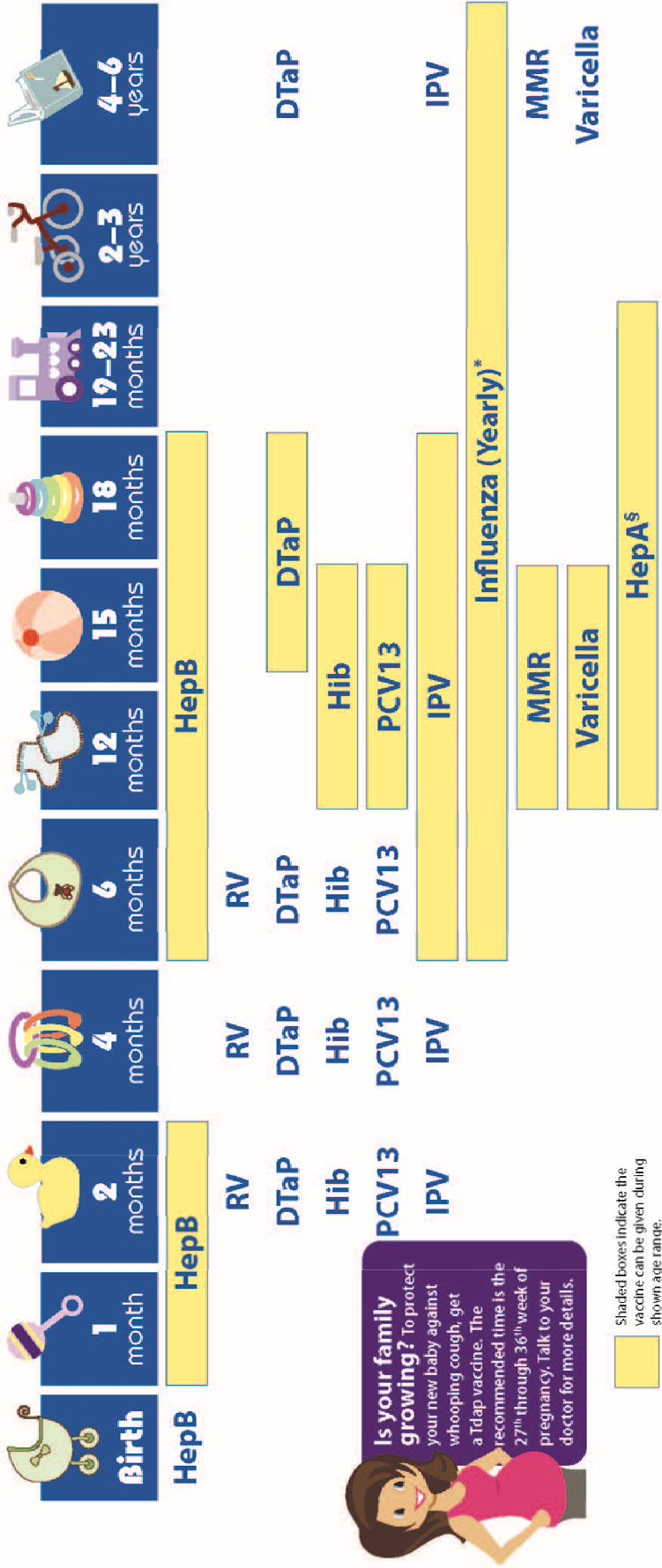
**Privacy Officer  
West Virginia Department of Health and Human Resources  
One Davis Square, Suite 100 East  
Charleston, WV 25301  
Phone (304) 558-0684 or Fax (304) 558-1130**

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

**Drafted: April 14, 2003  
Revised: June 2017  
Revised: June 2020**



# 2020 Recommended Immunizations for Children from Birth Through 6 Years Old



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

**FOOTNOTES:**

- \* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- <sup>s</sup> Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

**Talk to your child's doctor or nurse about the vaccines recommended for their age.**

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB						
<b>7-8 Years</b>											
<b>9-10 Years</b>											
<b>11-12 Years</b>											
<b>13-15 Years</b>											
<b>16-18 Years</b>											

**More information:**

Everyone 6 months and older should get a flu vaccine every year.

All 11- through 12- year olds should get one shot of Tdap.

All 11- through 12- year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.

All 11- through 12- year olds should get one shot of meningococcal conjugate (MenACWY). A booster shot is recommended at age 16.

Teens 16–18 years old **may** be vaccinated with a serogroup B meningococcal (MenB) vaccine.



These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



These shaded boxes indicate the vaccine should be given if a child is catching up on missed vaccines.



These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/](http://www.cdc.gov/vaccines/hcp/acip-recs/).



This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.



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

## What is HealthCheck?

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

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

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



HealthCheck screens are recommended at the following ages:

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



# West Virginia Immunization Requirements for 7<sup>th</sup> & 12<sup>th</sup> Graders

State law and rules<sup>1</sup> require that all children entering school in West Virginia in grades 7 and 12 must show proof of immunization against diphtheria, pertussis, tetanus, and meningococcal disease unless properly medically exempted<sup>2</sup>. The table below outlines immunization requirements as most commonly met.<sup>3</sup> The West Virginia Bureau for Public Health recommends that vaccine doses administered 4 days or fewer before the minimum interval or age should be considered valid.

## 7<sup>th</sup> Grade School Entry Requirement

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

## 12<sup>th</sup> Grade School Entry Requirement

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

Frequently Asked Questions / Answers regarding these requirements may be found online at  
[http://www.dhhr.wv.gov/oeps/immunization/Documents/Immunization%20Articles/  
 School\\_Entry\\_Immunization\\_Requirements\\_for\\_7th\\_12th\\_Grades\\_2014.pdf](http://www.dhhr.wv.gov/oeps/immunization/Documents/Immunization%20Articles/School_Entry_Immunization_Requirements_for_7th_12th_Grades_2014.pdf)

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

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

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



## WVCHIP Medical/Travel Reimbursement Fee-for-Service members only

(Please print or type.)

Member's (child) Name \_\_\_\_\_  
Last First Middle

Identification Number \_\_\_\_\_ Member's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Policyholder's Sex ☐ Male ☐ Female

Nature of Illness or Injury \_\_\_\_\_

Was illness or injury related to accident? ☐ Yes ☐ No

If yes, complete the following:

Date of accident: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Was another party at fault? ☐ Yes ☐ No

Was illness or injury any way work-related? ☐ Yes ☐ No

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

Signature of Policyholder's  
Parent/Guardian/Representative \_\_\_\_\_ Date \_\_\_\_\_

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

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

**Mail to:  
Gainwell  
Technologies  
P.O. Box 3732  
Charleston, WV  
25337**

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

## RESOURCES

Eligibility, Application – General Information	WVCHIP Help Line	1-877-982-2447 <a href="http://www.chip.wv.gov">www.chip.wv.gov</a>
Online application for WVCHIP	WVPATH	<a href="http://www.wvpath.org">www.wvpath.org</a>
Change of address; phone number; add a newborn; change of household status	DHHR Customer Service	1-877-716-1212
<b>UM and Prior Authorizations:</b> WVCHIP Fee-for-Service MCO: AETNA MCO: THP MCO: UNICARE	KEPRO UM UM UM	1-888-571-0262 Fax: 1-866-438-1360 1-888-348-2922 1-888-613-8385 1-866-655-7423
<b>CLAIMS:</b> WVCHIP MCO: AETNA MCO: THP MCO: UNICARE	Gainwell Technologies Member Services Member Services Customer Care Center	1-800-479-3310 1-888-348-2292 1-888-613-8385 1-800-782-0095
<b>ORTHODONTIA PA:</b> WVCHIP Fee-for-Service	KEPRO	1-888-571-0262 FAX: 1-866-438-1360
<b>ORTHODONTIA PA: FOR MCOs</b>  <b>All MCOs use SKYGEN for dental claims.</b>  <b>AETNA DENTAL SERVICES</b>  <b>THP DENTAL SERVICES</b>  <b>UNICARE DENTAL SERVICES</b>	SKYGEN, USA   1-888-983-4693 1-888-983-4698 1-877-408-0917	Electronic claims via SKYGEN USA's website at <a href="https://pwp.sciondental.com">https://pwp.sciondental.com</a> Electronic submission via clearinghouse, Payer ID is SCION Paper claims (ADA 2012 or newer form) should be sent to: West Virginia Claims P.O. Box 795 Milwaukee, WI 53201
<b>PRESCRIPTION DRUG BENEFITS &amp; CLAIMS</b>	CVS Caremark	1-800-241-3260 <a href="http://www.caremark.com">www.caremark.com</a>
<b>CVS PHARMACY HELP DESK</b>	CVS Caremark	1-800-241-3260
<b>COMMON SPECIALTY DRUGS</b>	CVS Caremark	1-866-814-5506 <a href="http://www.caremark.com">www.caremark.com</a>
<b>PRESCRIPTION DRUG PA</b>	Rational Drug Therapy Program (RDTP)	1-800-531-7787 FAX: 1-800-531-7787 Phone calls to RDTP from physicians or pharmacists only

## WVCHIP Health e-Library

For facts, fun, and tips, visit [chip.wv.gov](http://chip.wv.gov) or click on the resources listed below.

### Prevention and Getting Care

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

### Quick Checks and Urgent Care Emergencies

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

### Medications and Information

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

Revised 8/24/2021