Frequently Asked Questions (FAQs) – Member Audience

Background: The West Virginia Children’s Health Insurance Program (WVCHIP) will be joining the West Virginia Mountain Health Trust (MHT) managed care program effective January 1, 2021. All currently enrolled WVCHIP members will receive a notification letter of this change on or about July 24, 2020. With the transition of WVCHIP members to the MHT program, WVCHIP enrolled members and families will be able to select from one of three MHT managed care plans to serve their health care benefit needs. WVCHIP members will receive information on how to begin their health plan selection process in their notification letter. WVCHIP members may begin their health plan selection process on or after November 1, 2020.

Questions

1. Why is my WVCHIP plan changing?
   The WVCHIP is transitioning to the MHT managed care program to enhance the health care access and services available to members. MHT health plans can offer an enhanced set of services to members such a broader physician network and service access. The service enhancements provided by your selected health plan or in addition to traditional WVCHIP benefit plan that you receive under your current plan.

2. What is a managed care program?
   A managed care program is a health care delivery program that organizes and provides health care benefits to its members and/or enrollees. WVCHIP members will become part of the MHT managed care program effective January 1, 2021.

3. When will this change become effective?
   All WVCHIP members will be enrolled into one of the MHT health plans effective January 1, 2021. WVCHIP members will receive a notification letter on July 24, 2020. Additional enrollment materials and instructions will be sent to members on or about November 1, 2020.

4. Which MHT health plans may I select from?
   WVCHIP members may enroll in one of the following health plans:
   - Aetna Better Health of West Virginia (WV)
   - The Health Plan of the Upper Ohio Valley
   - UniCare Health Plan of WV

5. When can I select my new WVCHIP health plan?
   WVCHIP members may begin making their health plan selections on or after November 1, 2020.

6. Will this change affect my child’s health care coverage?
   Your WVCHIP medical, dental, and behavioral health services benefits will not change. You will receive a new member ID card from your new MHT health plan. You will be able to contact your MHT health plan with questions or concerns about your health plan coverage.
7. Will my child be able to continue seeing their existing providers?
   Your child should not have to change doctors. The MHT health plans will make every effort to contract with you or your child’s existing providers prior to January 1, 2021. The process for a physician/provider to become contracted with a health plan can be lengthy. You may continue to access care with your existing provider regardless of their contract status with your selected MHT health plan up to March 31, 2021. This extended period of time will assist with ensuring your continued access to care with your provider and allow additional time for your provider to become contracted with your selected MHT health plan.

8. Will my child’s prescriptions still be covered?
   Pharmacy benefits will not change. CVS will still be responsible for your pharmacy services. This change will not affect your child’s medications.

9. What will happen if I do not select a health plan for child or myself?
   If you do not complete the welcome packet, your child will automatically be enrolled with one of the three MHT health plans. Your selected MHT health plan will send you a welcome packet with more information.

10. How do I change my health plan?
    To change your health plan, call the Mountain Health Trust call center at 1-800-449-8466 or visit www.mountainhealthtrust.com.

11. When will health plan changes take effect?
    Members have a minimum of 30 days to enroll into a health plan of their choice or they will be auto-assigned into a health plan. If a member chooses a health plan before the managed care cutoff, your coverage will begin the 1st day of the following month. If your health plan choice is made after cutoff, then your coverage will begin the 1st day of the month after next.

    If you are already enrolled in a managed care health plan and choose a new health plan before the managed care cutoff, your current coverage will be effective through the last day of the current month until your new health plan choice begins the 1st day of the following month. If your health plan choice is made after managed care cutoff, then your current coverage will be effective through the current month and the following month (approximately 1 ½ months) until your new health plan choice begins on that 1st day after the following month (2nd following month after you selected a new health plan).

12. What will happen if I did not receive a welcome packet from MHT or an MHT health plan?
    The benefits (covered services) received by you or your child(ren) will not change. Continue to use the current WVCHIP member card until you receive a new card from the Managed Care Organization (MCO) for your MHT health plan. Call the Mountain Health Trust call center at 1-800-449-8466 to expedite the enrollment process.

13. How do I change my Primary Care Provider (PCP)?
    If you are newly enrolling in a MHT health plan or changing to a new health plan, call the Mountain Health Trust call center at 1-800-449-8466 or visit www.mountainhealthtrust.com.

    If you are already enrolled in a MHT health plan, you will need to contact your health plan to make PCP changes:
    - **Aetna Better Health of West WV**: Call Member Services at 1-888-348-2922.
    - **The Health Plan of Upper Ohio Valley**: Call Member Services at 1-888-613-8385. You can also change your PCP by emailing information@healthplan.org or logging on to THP’s web portal (http://myplan.healthplan.org)
    - **UniCare Health Plan of WV**: Call the Customer Care Center at 1-800-782-0095.
14. Why does my member card and member identification number look different?
Members now receive new member identification cards from the three MCOs providing MHT health plan services, like the ones pictured below:

The WVCHIP member identification (ID) numbers have been updated to the same format as Medicaid member ID numbers (member numbers are now 11-digits). The new member ID number is developed by dropping the last digit of the current member number and adding two leading zeroes to the beginning. Please refer to the following chart:

<table>
<thead>
<tr>
<th>Current Member ID</th>
<th>New Member ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1061201750</td>
<td>00106120175</td>
</tr>
<tr>
<td>2096735982</td>
<td>00209673598</td>
</tr>
</tbody>
</table>

15. How do I get a replacement member ID card?
Members should contact their MCO to get a replacement ID card:

- **Aetna Better Health of WV**: Call Member Services at 1-888-348-2922 or get a new member ID card by logging on to Aetna’s web portal (https://www.aetnabetterhealth.com/westvirginia).
- **The Health Plan of Upper Ohio Valley**: Call Member Services at 1-888-613-8385. You can also download your ID card by logging on to THP’s web portal (http://myplan.healthplan.org) or email information@healthplan.org and request a new card.
- **UniCare Health Plan of WV**: Call the Customer Care Center at 1-800-782-0095 or you can download your ID card by logging on to UniCare’s web portal (https://mss.unicare.com/west-virginia/home.html).