Summary Plan Description 2026

West Virginia CHIP Children's Health Insurance Program
West Virginia Department of Human Services

Who is Eligible for WVCHIP? 3
Types of Insurance that are "Excepted" 3
When Does Coverage Start? 4
Continuing Coverage (Reenrollment) 4
When Coverage Ends 4
Enrollment Groups and Member Cards 5
Cost Sharing 7
Copayments 8
Dental Copayments for WVCHIP Premium Members 9
Maximum Out of Pocket Amounts 10
Premiums 10
Member Liability (What do you Owe?) 11
What is Covered? 12
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) 13
Birth to Three 14
Non-Emergency Medical Transportation (NEMT) 15
Organ Transplants 15
Pharmacy 16
Tobacco Cessation and Substance Use Disorder Services 20
How to Use the Benefit 20
Who May Provide Services 20
What is Not Covered Under the Plan 21
Other Medical Insurance 25
Subrogation 25
Controlling Costs 26
Detecting and Reporting Fraud and Abuse 27
Appealing Eligibility Determination and Medical Services Issues 29
Statement of Rights Under the Newborn's and Mother's Health Protection Act 31
Privacy Notice 32
Contacts 39

Welcome to WVCHIP!

The West Virginia Children's Health Insurance Program (WVCHIP) is authorized under Title XXI of the Social Security Act. WVCHIP is financed by state and federal governments and is administered by the state. It is not an entitlement program. WVCHIP is administered by the West Virginia Children's Health Insurance Agency that is housed within the Bureau for Medical Services (BMS). BMS is the single state agency responsible for administering the West Virginia Medicaid Program. BMS is administered by the West Virginia Department of Human Services (DoHS).

WVCHIP provides health care coverage to children from birth through their 19th birthday and to pregnant women over age 19 that have no other health insurance coverage and are not eligible for Medicaid. It pays for a full range of healthcare services that includes doctor visits, check-ups, vision and dental visits, immunizations, prescription drugs, hospital stays, behavioral health and special needs services. Benefits are the same for both children and pregnant women.

WVCHIP delivers benefits to members through arrangements with managed care organizations (MCOs) and some benefits are delivered through WVCHIP fee-for-service (FFS). Once determined eligible and enrolled into WVCHIP, members are enrolled into the Mountain Health Trust (MHT), the managed care program that offers members a choice of one of four MCOs in which to enroll: 1) Aetna Better Health of West Virginia; 2) The Health Plan; 3) Wellpoint West Virginia; and 4) Highmark Health Options of West Virginia.

Members who are new to the program will be automatically enrolled into one of the four MCOs on day one. Members who have been enrolled in WVCHIP or Medicaid within the past year will be enrolled in the last MCO in which they were enrolled on day one. Members can change their MCO by visiting https://www.mountainhealthtrust.com/ or calling 1-800-449-8466 (TTY: 711). The website provides further information regarding MCOs and benefits provided.

Starting and Ending Coverage

Enrolling or Renewing Enrollment Each Year: There are many ways to apply or renew enrollment for WVCHIP. The quickest way is to visit https://www.wvpath.wv.gov/ and apply. You may also visit a DoHS office or a local community partner agency to apply in person. Visit https://dhhr.wv.gov/pages/field-offices.aspx to find the nearest DoHS office or https://www.wvpath.wv.gov/communityPartnerSearch to locate a community partner agency. You may also download and complete a paper application here https://dhhr.wv.gov/bms/Members/Apply/Documents/DFA-SLA-1.pdf .

Who is Eligible for WVCHIP?

You are eligible for WVCHIP if you:

- Live in West Virginia
- Are a United States citizen or an immigrant who entered the United States as a lawful permanent resident
- Are income eligible (see income guidelines at www.chip.wv.gov or call the WVCHIP Helpline at 1-877-982-2447)
- Are not eligible for Medicaid
- Do not have other group insurance or do not have "creditable" health insurance unless you meet "good cause" exceptions for terminating "creditable" health insurance (see next section)
- Are a public employee or a child of a public employee that otherwise meets eligibility criteria
- Are a "deemed newborn" - a child born to a mother who is enrolled in WVCHIP on the newborn's birthday. The child's birth must be reported to their DoHS county office. The newborn will first be evaluated for Medicaid coverage. 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
- Are under age 19 or over age 19 and pregnant

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 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 a separate policy, certificate, or contract of insurance)
    - Limited scope dental
    - Limited scope vision
    - Long-term care benefits
- Non-coordinated benefits (excepted if they are provided under a separate policy, certificate, or contract of insurance and there is not coordination of benefits, such as benefits paid without regard to whether the 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
- Group Health Insurance that is not geographically accessible – the provider networks and coverage is not available

When Does Coverage Start?

Coverage begins on the first day of the month in which the individual files an application and eligibility is approved by the local DoHS office. For example, if an individual applies for WVCHIP on January 15, once approved, health care coverage will be backdated to January 1. "Deemed newborn" coverage starts on the newborn's birthday. Members should report the births of their newborns to their county office or DoHS Customer Services as soon as possible to ensure that coverage is opened. Coverage start dates are the 1st of the month after other coverage ends for individuals enrolling in WVCHIP due to loss of other coverage.

Continuing Coverage (Re-enrollment)

Once determined eligible a member under the age of 19 is continuously enrolled in WVCHIP for 12 months. After 10 months, DoHS will send a notification to the child's parent or guardian to redetermine eligibility. Promptly returning the application helps ensure that the child will not have a gap in coverage. Pregnant women over age 19 are covered throughout the pregnancy and 12 months after the pregnancy ends. Members should report the end of the pregnancy or birth as soon as possible to ensure 12 months postpartum coverage.

When Coverage Ends

Members become ineligible to receive benefits through WVCHIP plan and coverage will be closed for the following reasons:

- The child's 12 month period of continuous eligibility ends, and the child's guardian does not reapply for benefits, or the child is determined ineligible at the end of the 12-month period
- The child reaches the maximum age of 19 – coverage ends on the last day of the month of the child's 19th birthday. For example, if a child enrolled in WVCHIP

turns 19 on March 2, enrollment will continue through and will close 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 12 months after the pregnancy ends of birth occurs
- The member moves out-of-state
- The member dies
- The member becomes eligible for Medicaid (except pregnant women over age 19 who remain enrolled in WVCHIP throughout their pregnancies and 45 months postpartum period)
- The member was approved in error and is not currently eligible
- The member voluntarily requests coverage to close

Members who are in their 12 months continuous enrollment period and gain other creditable group health coverage are not closed during this 12 month continuous enrollment period. Members will stay enrolled in WVCHIP and WVCHIP will pay claims included in its benefit that may not be covered by the other insurance. If the member remains enrolled in the other insurance at redetermination, the member will close at the end of the 12 months continuous enrollment period.

Enrollment Groups and Member Cards

Once determined eligible, members receive an approval letter from DoHS that includes their member identification (ID) card. This card includes the member ID to share with providers to verify enrollment and bill for services. A separate member ID card is issued from the MCO in which the member is enrolled. The member ID card sent from the MCO will display the WVCHIP enrollment group to which the member is enrolled. The enrollment group signifies the amount of cost-sharing required by the member. The enrollment groups are:

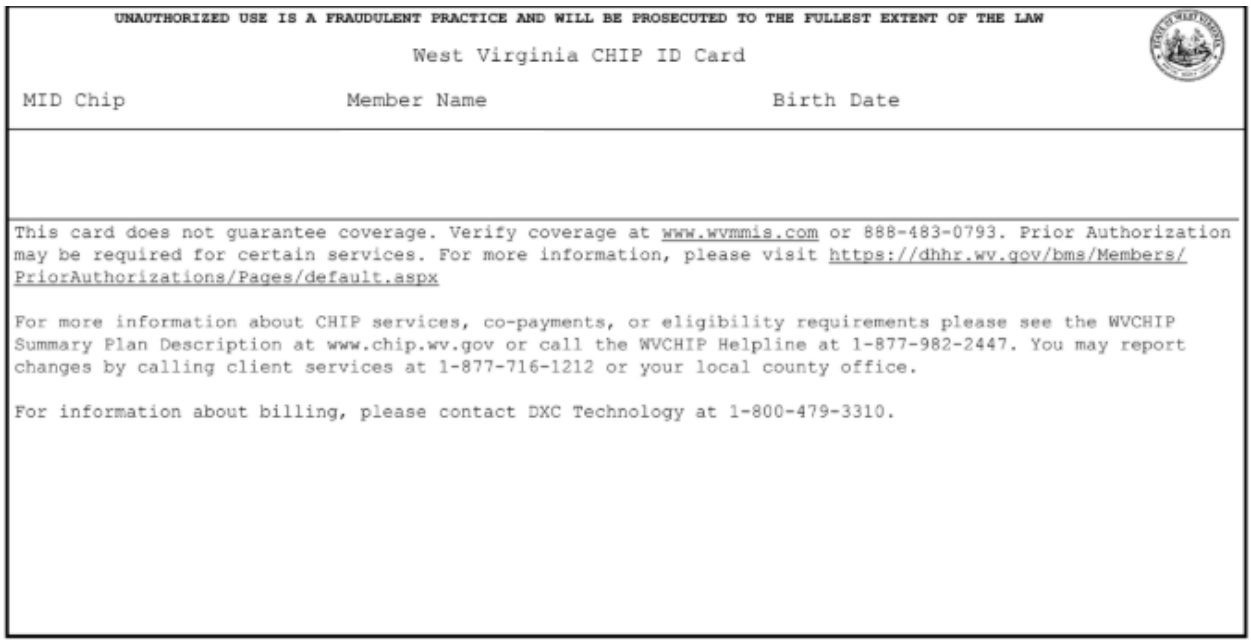
WVCHIP Gold: members in households with incomes up to 150% FPL.

WVCHIP Blue: members in households with incomes up to 211% FPL.

WVCHIP Premium: members in households with incomes over 211% FPL. In addition to the copayment amounts listed on pages 8 and 9, monthly premium payments are required for continued participation. Premium information is on page 10.

WVCHIP Exempt: Native American or Alaskan Native members who belong to federally recognized tribes are exempt from cost sharing by federal regulations. 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.

Below is an example of the member ID card issued with the DoHS approval letter:



UNAUTHORIZED USE IS A FRAUDULENT PRACTICE AND WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW

West Virginia CHIP ID Card

MID Chip | Member Name | Birth Date

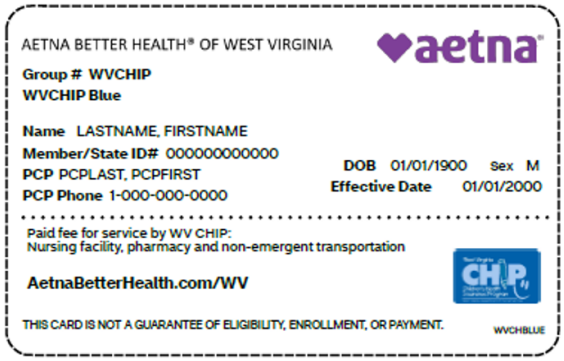
This card does not guarantee coverage. Verify coverage at www.wvmmis.com or 888-483-0793. Prior Authorization may be required for certain services. For more information, please visit https://dhhr.wv.gov/bms/Members/PriorAuthorizations/Pages/default.aspx

For more information about CHIP services, co-payments, or eligibility requirements please see the WVCHIP Summary Plan Description at www.chip.wv.gov or call the WVCHIP Helpline at 1-877-982-2447. You may report changes by calling client services at 1-877-716-1212 or your local county office.

For information about billing, please contact DXC Technology at 1-800-479-3310.

Below are examples of member ID cards issued from the MCOs:

Aetna Better Health of West Virginia (ABHWV)



AETNA BETTER HEALTH® OF WEST VIRGINIA

aetna

Group # WVCHIP
WVCHIP Blue

Name LASTNAME, FIRSTNAME
Member/State ID# 000000000000
PCP PCPLAST, PCPFIRST
PCP Phone 1-000-000-0000

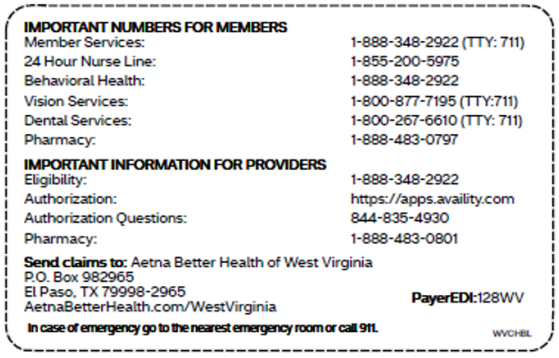
DOB 01/01/1900 Sex M
Effective Date 01/01/2000

Paid fee for service by WV CHIP:
Nursing facility, pharmacy and non-emergent transportation

AetnaBetterHealth.com/WV

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT, OR PAYMENT.

WVCHBLUE



IMPORTANT NUMBERS FOR MEMBERS

Member Services:	1-888-348-2922 (TTY: 711)
24 Hour Nurse Line:	1-855-200-5975
Behavioral Health:	1-888-348-2922
Vision Services:	1-800-877-7195 (TTY:711)
Dental Services:	1-800-267-6610 (TTY: 711)
Pharmacy:	1-888-483-0797

IMPORTANT INFORMATION FOR PROVIDERS

Eligibility:	1-888-348-2922
Authorization:	https://apps.availity.com
Authorization Questions:	844-835-4930
Pharmacy:	1-888-483-0801

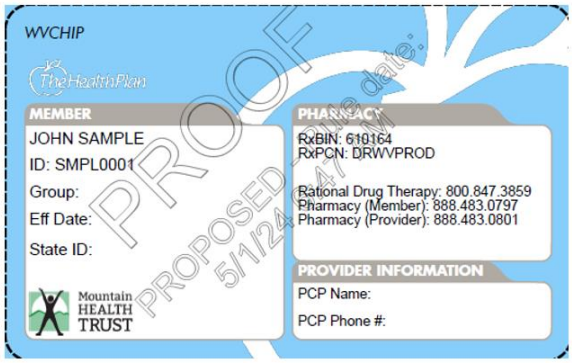
Send claims to: Aetna Better Health of West Virginia
P.O. Box 982965
El Paso, TX 79998-2965
AetnaBetterHealth.com/WestVirginia

PayerEDI:128WV

In case of emergency go to the nearest emergency room or call 911.

WVCHBL

The Health Plan (THP)



WVCHIP

TheHealthPlan

MEMBER
JOHN SAMPLE
ID: SMPL0001
Group:
Eff Date:
State ID:

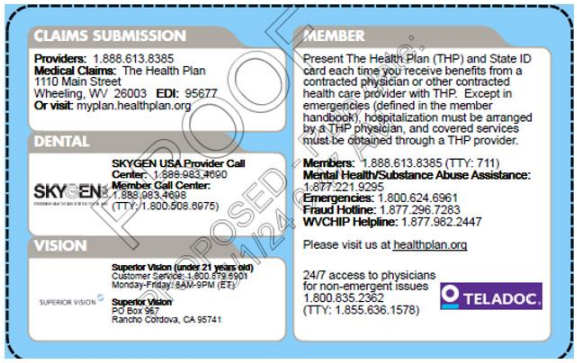
Mountain HEALTH TRUST

PHARMACY
RxBIN: 610164
RxPCN: DRWVPROD

Rational Drug Therapy: 800.847.3859
Pharmacy (Member): 888.483.0797
Pharmacy (Provider): 888.483.0801

PROVIDER INFORMATION
PCP Name:
PCP Phone #:

PROOF
PROPOSED Update: 5/1/24



CLAIMS SUBMISSION

Providers: 1.888.613.8385
Medical Claims: The Health Plan
1110 Main Street
Wheeling, WV 26003 **EDI:** 95677
Or visit: myplan.healthplan.org

DENTAL

SKYGEN

SKYGEN USA Provider Call Center: 1.888.983.4690
Member Call Center: 1.888.983.4698
(TTY:1.800.908.8975)

VISION

SUPERIOR VISION

Superior Vision (under 21 years old)
Customer Service: 1.800.879.5901
Monday-Friday: 6AM-9PM (ET)

Superior Vision
PO Box 957
Rancho Cordova, CA 95741

MEMBER

Present The Health Plan (THP) and State ID card each time you receive benefits from a contracted physician or other contracted health care provider with THP. Except in emergencies (defined in the member handbook), hospitalization must be arranged by a THP physician, and covered services must be obtained through a THP provider.

Members: 1.888.613.8385 (TTY: 711)
Mental Health/Substance Abuse Assistance: 1.877.221.9295
Emergencies: 1.800.624.6961
Fraud Hotline: 1.877.296.7283
WVCHIP Helpline: 1.877.962.2447

Please visit us at healthplan.org

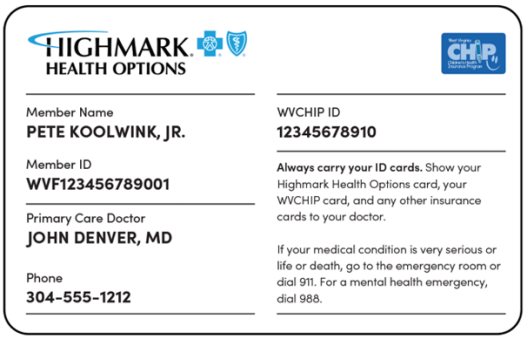
24/7 access to physicians for non-emergent issues
1.800.835.2362
(TTY: 1.855.636.1578)

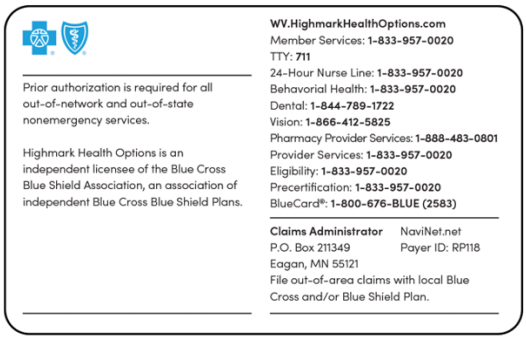
TELADOC

PROOF
PROPOSED Update: 5/1/24

Wellpoint West Virginia (WP)

Highmark Health Options West Virginia (HHOWV)





Cost Sharing

All WVCHIP members participate in some level of cost sharing in the form of copayments and premiums, except for those registered under the federal exception for Native Americans or Alaskan Natives. There are no copayments for preventive services, maternity services, behavioral health services, or for pregnant women over 19, although some pregnant women over 19 do require premiums. The level of cost sharing is determined by the enrollment group and the amount of copayments are capped annually based on the number of members in a household and the enrollment group.

Copayments

Medical Services and Prescription Benefits	WVCHIP Gold	WVCHIP Blue	WVCHIP Premium
Generic Prescriptions	No Copay	No Copay	No Copay
Brand Prescriptions	$5	$10	$15

Primary Care Physician (PCP) Visit	No Copay	No Copay	No Copay
Physician Visit (non-PCP or specialist)	$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	See following chart
Maternity Services	No Copay	No Copay	No Copay
Behavioral Health / Substance Abuse Services	No Copay	No Copay	No Copay

Dental Copayments for WVCHIP Premium Members

Benefit	Copayment Amount for Premium Members
Preventive Dental Services – includes examinations, cleanings, fluoride, & bitewings every 6 months; full mouth x-rays (Panorex) every 36 months; sealants (one per tooth per 3 years); interim caries arresting medicament application – 2 per tooth per year – without mechanical removal of sound tooth structure; space maintainers	No Copay

Treatment of abscesses	No Copay
Analgesia	No Copay
IV/conscious sedation/nitrous oxide gas	No Copay
Palliative treatment	No Copay
Other x-rays (if done with another service)	No Copay
Consultations	No Copay
Crowns	No Copay
Accident-related / Emergency dental services	No Copay
Fillings as needed	$25
Endodontics – Pulpotomy; Root canals	$25
Extractions - Simple extractions; removal of impacted tooth	$25
Frenectomy (frenectomy or frenotomy)	$25
Removal of dental related cysts under a tooth or on gum	$25
Biopsy of oral tissue	$25
Restorative/Periodontics	$25
Prosthodontics	$25
Orthodontic Services	$25

Maximum Out of Pocket Amounts

The maximum amount of copayments required during the benefit year are capped based on the enrollment group and family size as outlined in the chart below. The benefit year runs January through December. These amounts are tracked by both the MCO and WVCHIP. If you change MCOs during the year, the amount of copay you have accumulated during the year will follow you to your new plan.

# of Members **Copay Maximum**	**WVCHIP Gold**	**WVCHIP Blue**	**WVCHIP Premium**
1 Member	$150	$150	$200

Medical Maximum			
1 Member Prescription Maximum	$100	$100	$150
2 Members Medical Maximum	$300	$300	$400
2 Members Prescription Maximum	$200	$200	$250
3 or more Members Medical Maximum	$450	$450	$600
3 or more Members Prescription Maximum	$300	$300	$350
Dental Services	Does not apply	Does not apply	$150 per family

Premiums

Members enrolled in WVCHIP Premium are required to pay monthly premiums to continue participation. The monthly premium for families with one member enrolled is $35. The monthly premium for families with two or more members enrolled is $71. The approval letter from DoHS includes a coupon to make the first month's premium payment. WVCHIP Premium members will receive monthly invoices after that. Payments can be made online at www.chip.wv.gov or by check or money order mailed to:

WVCHIP
PO Box 40237
Charleston, WV 25364

Your Guardian PIN must be included on your check or money order to ensure credit is applied to the correct account. If you do not know your Guardian PIN, you can contact Gainwell Technologies at 1-833-876-5120 or the WVCHIP Help Line at 1-877-982-2447. Pregnant women should use their own PIN on the check or money order.

Member Liability (What do you owe?)

WVCHIP members MUST PAY for:

- Services not covered by WVCHIP

    - Services received after the WVCHIP benefit is exhausted
    - Not medically necessary services
    - Services from providers not enrolled in WVCHIP or your MCO
    - Convenience items not related to medical care
    - Services provided when the member is no longer eligible
    - Services not listed as covered or are listed as non-covered
    - Services received after a prior authorization denial
- Services from a provider who tells a member that the provider will not bill WVCHIP before the services are provided
- Services provided when the member refuses to use other private insurance
- Services provided when the member does not follow the plan provisions of their other insurance, including utilizing in-network providers and following all pre-certification or prior authorization guidelines
- Any copayments that apply to the services the member receives

WVCHIP members must not be billed or otherwise held responsible for claims denied for provider error, including billing after the timely filing limit (one year from the date of service), or billing with incorrect or missing information.

If you get a bill for medical care received in the last the last 12 months for which you presented your member ID card, call the provider to see why and then send that bill to:

Member Services
PO Box 2002
Charleston, WV 25327-2002

What is Covered?

WVCHIP covers a wide range of benefits listed in the table below. WVCHIP covers the same benefits that are provided by Medicaid to children and pregnant women. The amount, duration, and scope of services, including any authorization requirements, established in Medicaid policy will apply to WVCHIP members in the same manner. Policies regarding these benefits are outlined in the BMS Policy Manuals located here: https://bms.wv.gov/page/policy-manuals .

This comprehensive range of healthcare services is covered in full minus any related copayment, unless otherwise noted. If you have questions about covered services, call your MCO, or Gainwell Technologies at 1-800-479-3310 for services not covered by the MCO.

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.

Benefit	Benefit Delivered By
Allergy Services	MCO
Applied Behavior Analysis Services	MCO
Ambulance Services (air/ground) – emergency	MCO
Birth to Three Services	WVCHIP Fee-for-Service
Chiropractic Treatment	MCO
Dental Services	MCO (there are no dollar limitations on dental services for WVCHIP members, including pregnant women over age 19)
Laboratory Services	MCO
Imaging Services (x-ray, MRI, CT, etc.)	MCO
Durable Medical Equipment (Orthotics/Prosthetics)	MCO
Emergency Room Services	MCO
Hearing Exams/Aids	MCO
Home Health Services	MCO
Hospice Care	MCO
Immunizations	MCO (must use a Vaccines for Children (VFC) provider for routine childhood vaccines); some adult immunizations are covered under the WVCHIP FFS pharmacy benefit
Inpatient/Outpatient Hospital Services, including mental health and substance use disorder treatments and services	MCO
Outpatient Therapy Services (includes physical, occupational, & speech therapies)	MCO
Maternity Services	MCO
Mental Health/Substance Use Disorder Therapies	MCO
Organ Transplants	WVCHIP FFS
Dental & Orthodontia Services	MCO
Prescription Drug Services	WVCHIP FFS for drugs dispensed from pharmacies; drugs delivered to you in a medical setting and billed by a medical provider (not a pharmacy) are covered by your MCO
Skilled Nursing Care	WVCHIP FFS
Tobacco Cessation	MCO & WVCHIP FFS (tobacco cessation drugs are covered under the WVCHIP

	FFS pharmacy benefit; counseling is covered by your MCO)
Urgent Care Visits	MCO
Well Child Services	MCO
Vision Services	MCO
EPSDT Services	MCO & WVCHIP FFS (see following section)
Non-Emergency Medical Transportation Services	NEMT vendor (see following section)
Outpatient Psychiatric Treatment	MCO
Rehabilitative Psychiatric Treatment	MCO
Inpatient Psychiatric Treatment	MCO
Family Planning Services & Supplies	MCO & WVCHIP FFS

Contact your MCO or refer to your MCO member handbook for any prior authorization requirements or limits for services delivered by the MCO. Refer to BMS Policy Manuals regarding coverage rules for benefits delivered by WVCHIP FFS.

Early and Periodic Screening Diagnosis and Treatment (EPSDT)

WVCHIP covers well-child preventive medical examinations for children up to 21 years of age based on the recommended periodicity schedule established by the American Academy of Pediatrics (AAP) and Bright Futures, and adopted by West Virginia's EPSDT Program. The EPSDT program offers screenings and other preventive health services at regularly scheduled intervals. Members may be referred for further diagnostic and treatment services as a result of an EPSDT exam. Medically necessary treatments identified through EPSDT are covered regardless of if they are otherwise included in the WVCHIP benefit.

EPSDT services are covered by your MCO. Some resulting treatments may be covered under WVCHIP FFS, for example, medications from pharmacies.

BIRTH TO THREE

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 Department of Health's Office of Maternal, Child, and Family Health, a division within the Bureau of Public Health. Go to 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)™ 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 children, and they can help to 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 who 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.

BTT services are not covered by your MCO. Call Gainwell Technologies at 1-800-479-3310 with any questions about coverage of BTT services.

Non-Emergency Medical Transportation (NEMT)

NEMT is available to WVCHIP members who need assistance in order to keep scheduled medical appointments and treatments. WVCHIP members are eligible for NEMT services if they have an appointment for medical treatment that is approved under WVCHIP guidelines.

For more information or to request NEMT services, call the NEMT broker at 1-844-549-8353, Monday – Friday from 7:00 am to 6:00 pm at least five business days before your appointment.

You will need the member's name and member ID number (this is on the member card you received from the MCO), home address, phone number, where the member is to be picked up, the name, phone number, and address of the health care provider, the date and time of your appointment, and the general reason for the appointment. Let the operator know if you have any special needs such as a wheelchair accessible vehicle, assistance during the trip, or someone to ride with you.

These services are not covered by your MCO. You must use the NEMT enrollment broker to access these services.

Organ Transplants

Organ transplants are covered when deemed medically necessary and non-experimental. Transplants require prior authorization for medical necessity and case management by Acentra Health. Contact Acentra Health 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. Acentra Health offers support and assistance in evaluating treatment options, locating facilities, and referrals. 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 Acentra Health 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 member 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, contact the NEMT broker at 1-844-549-8353 as soon as possible to discuss options available to help with travel, lodging, and meals.

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

Organ transplant services are NOT covered by your MCO. Once the member is identified as an organ transplant candidate, the member is disenrolled from the MCO and is served under WVCHIP FFS.

PHARMACY

WVCHIP provides a comprehensive scope of pharmacy services, subject to medical necessity, appropriateness criteria, and prior authorization requirements. All covered drugs, whether legend or over the counter, must be prescribed by a practitioner that is

enrolled with WVCHIP/Medicaid, qualified under state law within the scope of their license and in accordance with all state and federal requirements.

Except for certain limitations and exclusions, WVCHIP will reimburse for the following:

- Outpatient legend drugs;
- Specific over-the-counter drugs;
- Compounded prescriptions;
- Drugs that require prior authorization, when approved by the BMS
- Family planning supplies, including certain over-the-counter supplies;
- Certain diabetic supplies;
- Influenza, pneumonia, Hepatitis A, Hepatitis B, human papilloma virus (HPV), tetanus, tetanus-diphtheria (Td), and tetanus- diphtheria-and-pertussis (Tdap) vaccines for adults 19 years of age and older administered by a pharmacist. Members up to 19 years of age have access to routine childhood vaccines via a VFC provider and are covered under your MCO.

Refer to BMS Policy Manual Chapter 518 for a full listing of policies related to the pharmacy benefit here: https://bms.wv.gov/chapter-518-pharmacy-services.

The West Virginia Preferred Drug List (PDL) is located here https://bms.wv.gov/preferred-drug-list-and-coverage-details . The drugs that are designated as "preferred" have been selected for their clinical significance and overall cost efficiencies. All WVCHIP- covered drugs noted as "non-preferred" continue to be available through the prior authorization process. The PDL only lists drugs from certain drug classes. Some classes are not reviewed for "preferred" status because there are no, or limited cost savings associated with these classes. Drugs that meet the criteria for coverage and have no "preferred" status are considered covered drugs. In certain instances, when a brand drug is listed on the PDL, WVCHIP will cover the generic version as opposed to the brand.

Over-the-Counter Drugs (OTC) are reimbursed for eligible WVCHIP members when prescribed by a qualified practitioner. The OTC drugs are limited to generic products when available. OTC drug coverage is limited to: Analgesics/antipyretics, antidiarrheals, antitussives, laxatives, hemorrhoidal preparations, topical antibacterial agents, topical and intravaginal antifungal agents, cough and cold preparations, contraceptives, topical acne agents, topical analgesics, antihistamines, topical antiviral agents, topical glucocorticoids, insulin, ophthalmic agents for allergic conjunctivitis, and pediculicides/scabicides.

Diabetic Testing Supplies and Syringes/Needles are covered through the Pharmacy benefit. A prescription issued by a licensed prescriber within the scope of their practice is required for coverage of these items. Covered supplies include:

- Blood glucose testing strips;

- Urine testing tablets and strips;
- Lancets;
- Insulin syringe and needle combinations for the administration of insulin; and
- Needles for insulin pen systems.

Needle and syringe combinations and disposable pen needles for insulin pens are covered only for the administration of insulin.

The following limits apply for members who have insulin dependent diabetes:

Urine and blood glucose testing tablets and strips	150 per 30 days
Lancets	200 per 30 days
Insulin syringe and needle combinations	100 per 30 days
Pen needles	100 per 30 days

The following limits apply for those members who have non-insulin dependent diabetes:

Urine and blood glucose testing tablets and strips	100 per 30 days
Lancets	100 per 30 days

Prescriptions for quantities greater than the above referenced amounts require prior authorization. Refer to https://bms.wv.gov/preferred-drug-list-and-coverage-details for a listing of the current preferred test strips and sensors.

Prior authorization is required for coverage of certain pharmacy services and drugs to assure the appropriateness of drug therapy. Prior authorizations are initiated by a phone call from your physician to the Rational Drug Therapy Program (RDTP) at 1-800-847-3859, or by fax at 1-800-847-3859. RDTP is WVCHIP's prior authorization vendor for pharmacy services. Prior authorization is required in the following circumstances:

- Brand-name drugs when a generic is available
- Drugs not included on the PDL, except for certain drug classes where only a brand drug is preferred, and WVCHIP covers the generic
- Prescriptions for drugs that exceed limits on quantity or duration
- Home Infusion Therapy services
- In-Home Parenteral Therapy
- Vitamin or mineral supplements are not usually covered for members with End Stage Renal Disease (ESRD)

What is not Covered Under the Pharmacy Benefit

The following list of drugs, drug products, and related services are not covered:

- Agents for weight loss, anorexia, or weight gain, including binge-eating disorder;
- Agents used for cosmetic purposes;

- Drugs identified by CMS as being less-than-effective;
- Agents used for fertility'
- Drugs used to treat erectile dysfunction;
- Drugs that are investigational or approved drugs used for investigational purpose;
- Drugs used for off-label indications that are not found in official compendia or generally accepted peer reviewed literature;
- Drugs dispensed after their expiration date;
- The cost of shipping or delivering a drug;
- Herbal or homeopathic products;
- Drugs that result in therapeutic duplication, ingredient duplication, and early refills;
- Drugs that are not medically necessary;
- Nutritional supplements;
- Free drug samples;
- Diagnostic agents;
- Allergenic extracts;
- Vacation supplies;
- Excipients except when used in compounded prescriptions containing a covered legend drug;
- Vaccines through the pharmacy point-of-sale, except for Influenza, pneumonia, Hepatitis A, Hepatitis B, tetanus, human papillomavirus (HPV), tetanus-diphtheria (Td), and tetanus-diphtheria-and-pertussis (Tdap) vaccines for adults 19 years of age and older administered by a pharmacist;
- Methadone for the treatment of opioid addiction/dependence is not covered under the pharmacy benefit. See BMS Policy Manual Chapter 504, Substance Use Disorder Services for more information here: https://bms.wv.gov/chapter-504-substance-use-disorder-services.

Service Limitations

Service limitations governing the provision of pharmacy services are listed below:

- Covered drugs are limited to their FDA-approved or medically accepted indications and dosing limits.
- PDL-preferred drugs must be tried before non-preferred drugs are approved when appropriate, except when WVCHIP covers the generic over the PDL brand.
- All covered outpatient drugs must be prescribed by a practitioner qualified under state law within the scope of their license and are enrolled as a provider in WVCHIP, and in accordance with all State and Federal requirements.
- Certain maintenance drugs are reimbursed up to a 90-day supply, and all others are covered up to a 34-day supply. Prescriptions may be refilled according to state and federal laws.

- The prescriber must be enrolled as a provider with WVCHIP/Medicaid for prescriptions to be reimbursed by WVCHIP. Your pharmacy must call the RDTP for an override if your prescription is written by an out-of-state unenrolled prescriber. RDTP will grant an override on an emergency basis.
- If you are out of state at school or on vacation, you must choose a pharmacy enrolled in WVCHIP/Medicaid in order for prescriptions to be paid. If you are out of state at school and will need prescriptions filled regularly, you should ask a pharmacy to enroll with WVCHIP/Medicaid. If you are on vacation and need a prescription on an emergency basis, the pharmacy can enroll under a single case agreement. The pharmacy can enroll by contacting Gainwell Technologies at 1-800-483-0793, or WVProviderEnrollment@gainwelltechnologies.com . If you are going on vacation out of state and will need a prescription refilled, you can ask for an early refill override by having the pharmacy call RDTP.
- A full listing of service limitations is included in BMS Policy Manual Chapter 518 here: https://bms.wv.gov/chapter-518-pharmacy-services .

Pharmacy benefits are NOT covered by your MCO. The member card from your MCO can be used to access the WVCHIP pharmacy benefit at any participating pharmacy.

Tobacco Cessation & Substance Use Disorder (SUD) Services

WVCHIP provides diagnostic, therapy, counseling, and quit line services for tobacco cessation. In addition, the benefit includes one 12-week cycle of medication therapy that may be exceeded by medical necessity review. More information about tobacco cessation services is located here: https://bms.wv.gov/media/40124/download?inline.

SUD services and Medication Assisted Treatment is available for members per FDA guidelines and as prior authorized. All FDA approved medications are included in the benefit and must be provided in a BMS-approved methadone clinic. More information about available substance use disorder services is located here: https://bms.wv.gov/chapter-504-substance-use-disorder-services.

Counseling and therapy services are covered by your MCO. Medications are covered by WVCHIP FFS. There are no copayments for tobacco cessation and SUD services and drugs.

How to Use the Benefit

The MCO in which you are enrolled delivers your medical, dental, vision, and behavioral health benefits to you. You will receive a welcome packet that includes a member handbook, your member ID card, and any additional information from your MCO. The MCO will handle any prior authorizations and claim payments for you. You should refer to the MCO's information about details regarding your benefits.

When you visit a medical provider, you need to present your member ID card along with any other private or public medical insurance cards you have. Your member ID card can also be used for services that are not delivered by your MCO, such as pharmacy services or non-emergency transportation services. Your member ID card will list your enrollment group so the provider will know the amount of copay you are responsible for.

Remember – It is against the law to let anyone else use your member ID card.

Who May Provide Services

WVCHIP and its partner MCOs 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;
- enrolled in the MCO;
- 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, Medicaid, or PEIA due to adverse audit findings;
- not excluded by other states' CHIP or Medicaid programs.

Refer to https://www.wvmmis.com/ for a directory of providers in the WVCHIP network. You should also refer to https://www.mountainhealthtrust.com/en for links to specific MCO provider directories to find an enrolled provider.

What is Not Covered Under the Plan

Some services are not covered by WVCHIP or your MCO. Specific exclusions are listed below. Some of these exclusions may be covered for medical necessity determined under EPSDT.

- Acupuncture
- Ancillary services and/or services resulting from an office visit or procedure 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 are also 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
- 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
- Electronically controlled thermal therapy
- Emergency evacuation from a foreign country, even if medically necessary
- Expenses for which the member is not responsible, such as patient discounts and contractual discount
- Experimental, investigational, or unproven services, unless part of a clinical trial with prior authorization
- Fertility drugs and services
- Foot care (routine, except for diabetic patients), including
    - Removal in whole or 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
- Gender reassignment treatments and surgery
- Homeopathic medicine
- Hospital days associated with non-emergency weekend admissions or other unauthorized hospital stays prior to scheduled surgery
- Hypnosis
- Routine childhood immunizations from non-VFC providers
- 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 treatments
- 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:
    - 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 that 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
    - Traction devices
    - Vibrators
    - Whirlpool pumps or equipment
    - Wigs or wig styling
- Medical rehabilitation and any other services that are primarily educational or cognitive in nature
- Mental health or chemical dependency services to treat mental illnesses that will not substantially improve beyond the patient's current level of functioning
- Non-listed brand-name drugs were determined not to be medically necessary
- Non-enrolled providers and prescribers
- 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 services, 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
    - To obtain or maintain a license or official document of any type
    - For participation in athletics
    - Conducted for the purpose of medical research
    - Related to judicial or administrative proceedings or orders
- Prostate screening, unless medically indicated
- Provider charges for phone calls, prescription refills, or form completion
- Radial keratotomy, Lasick procedure, and other surgeries to correct vision
- Reversal of sterilization and associated services and expenses
- Safety devices used specifically for safety or to affect performance, primarily in sports-related activities
- Service/therapy animals and the associated services and expenses, including training
- Services rendered by a provider with the same legal residence as a WVCHIP member or who is a member of the WVCHIP member's family, including spouse, brother, sister, parent, or child
- Services rendered outside the scope of a provider's license or certification
- 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 or any facility
- 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 medically necessary, including 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 the level of service billed
    - Transportation is provided when a member refuses the appropriate mode of transportation

    - Reimbursement for ground or air ambulance mileage beyond the nearest appropriate facility
    - Transportation to the emergency room for routine medical care
    - Facility-to-facility transports
- 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, and services of a similar nature
- Work-related injury or illness

Other Medical Insurance

You are not eligible for WVCHIP if you have other medical insurance. However, if you are determined eligible and enrolled in WVCHIP and gain other medical insurance coverage afterwards, you will remain enrolled in WVCHIP throughout your 12-month continuous enrollment or post-partum coverage period. Your coverage will be closed at the end of the continuous enrollment period if you remain enrolled in the other medical coverage. This excludes certain limited coverage plans.

While you remain on the program, your other medical coverage will be the primary (1st) payer and will pay your health care claims first. WVCHIP will be the secondary (2nd) payer and will pay what your other medical coverage does not pay (up to the limit of what WVCHIP pays). WVCHIP will continue to pay for covered benefits that the other medical insurance does not cover.

You should present both your other insurance card along with your WVCHIP member ID card at your healthcare appointments.

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 one year. 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.

Controlling Costs

Benefit Plan Fee Schedules: WVCHIP and your MCO pays health care providers according to maximum fee schedules and rates established by WVCHIP or the MCO. If a provider's charge is higher than the WVCHIP or MCO maximum fee for a particular service, WVCHIP or the MCO 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 or MCO 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 or the MCO's allowed amount as payment in full; they may not bill additional amounts to WVCHIP members.

Most inpatient and outpatient hospital services are paid on a "prospective" basis by which West Virginia hospitals know in advance what WVCHIP or the MCO will pay per outpatient service or per inpatient 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 with specific information about their reimbursement rates for WVCHIP annually.

Prohibition of Balance Billing: Any West Virginia or WVCHIP or MCO 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 (allowed amount) 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 the correct billing identification is not provided in a timely manner which causes delays of the provider's submission of the claim to WVCHIP or the MCO within the timely filing limits, the provider may hold the guardian or member responsible for payment of the claim. The 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 your MCO discovers that a claim has been incorrectly paid, or that the charges were excessive or

for non-covered services, WVCHIP, Gainwell Technologies, and your MCO 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.

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 and your MCO:

- Look at your WVCHIP or MCO 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 or your MCO contact number. 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.

Appealing Eligibility Determinations and Medical Service Issues

Each WVCHIP member, MCO member, and provider are assured the right to have a review of eligibility determinations and 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. The appeals process can apply to medical, behavioral, dental, vision, prescription drugs, or supplies available through WVCHIP or your MCO.

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.

Appeals Process

Eligibility Determinations

WVCHIP members can take advantage of the West Virginia DoHS Fair Hearings process for eligibility determinations if the member is not satisfied with the decision regarding the eligibility application and/or it is not handled within a reasonable period of time; not allowed to file an application; or was treated unfairly in any way. Requests for appeals should be directed to the members' local county DoHS office.

Services Covered by Your MCO

For services provided to you or covered by your MCO, please refer to your Member Handbook from your MCO to learn about the appeals process used by the MCO. The enrollment broker, who can be reached at 1-800-449-8466, also documents telephone calls involving complaints and appeals that concern managed care issues. The enrollment broker will forward the complaints and concerns to the appropriate entity for evaluation.

Services Covered by WVCHIP FFS

For services provided to you by WVCHIP FFS (listed on the "what is covered" chart on page 12), please follow the steps outlined below:

The member, provider or representative must start the process within 60 days of learning of the denial of service.

Step One: 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 to discuss the issue. For prior authorization medical decision denials, contact **Acentra at 1-888-571-0262**. Pharmacy prior authorization appeals must be initiated by the prescriber using the process outlined at 518.2.2 of the BMS Policy Manual for Pharmacy Services.

Step Two: If a member cannot resolve a notice of a reduction, suspension, or termination of a WVCHIP covered service or payment, the right to appeal the denial or termination may be exercised through the fair hearing process. The notice will include an explanation

of the member's appeal rights and a form that must be used to request a fair hearing. Members may represent themselves, use legal counsel, a relative, friend, or other spokesperson during the hearing process. All requests for a Fair Hearing regarding WVCHIP services must be submitted in writing to:

Bureau for Medical Services
Appeals Section
350 Capitol Street, Room 251
Charleston, WV 25301-3706

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 or maternity benefits, contact your MCO.

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 Human Services
One Davis Square, Suite 100 East
Charleston, WV 25301
Phone (304) 558-0684 or Fax (304) 558-1130

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, DC 20201
Phone (800) 368-1019
Email: OCRcomplaint@hhs.gov
Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

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Revised: June 2025

Who to Contact

Eligibility, Application, General Information	WVCHIP Help Line	1-877-982-2447 http://www.chip.wv.gov
Online Application for WVCHIP & Medicaid	West Virginia People's Access to Help (WVPATH)	http://www.wvpath.org
Change of address; phone number; add a newborn; change of household status	DoHS Customer Service	1-877-571-0262 Email: osacsrc@wv.gov
UM and Prior Authorizations: WVCHIP Fee-for-Service MCO: Aetna MCO: The Health Plan MCO: Wellpoint West Virginia MCO: Highmark Health Options	 Acentra	 1-888-571-0262 Fax: 1-866-438-1360 1-888-348-2922 1-888-613-8385 1-866-655-7423 1-833-957-0020
Claims: WVCHIP Fee-for-Service MCO: Aetna MCO: The Health Plan MCO: Wellpoint West Virginia MCO: Highmark Health Options	 Gainwell Technologies Member Services Member Services Customer Care Center Customer Service	 1-800-479-3310 1-888-348-2922 1-888-613-8385 1-800-782-0095 1-833-957-0200
Pharmacy Help Desk – claims, coverage, & copay questions	Providers Members	1-888-483-0801 1-888-483-0797
Prescription Drugs Prior Authorizations	Rational Drug Therapy Program (RDTP)	1-800-847-3859 Fax: 1-800-531-7787 Phone calls to RDTP from physicians or pharmacists only
Non-Emergency Medical Transportation (NEMT)	Broker: ModivCare	1-844-889-1941 After 5:00 pm: 1-844-549-8353 Online: tripcare.ModivCare.com Fax: 1-855-882-5998 Hearing Impaired (TTY): 1-866-288-3133
Member Portal	Print member cards; reprint EOBs, monitor copay amounts	https://www.wvmmis.com/ Register as a member or guardian with link in the top right corner