



Summary Plan Description

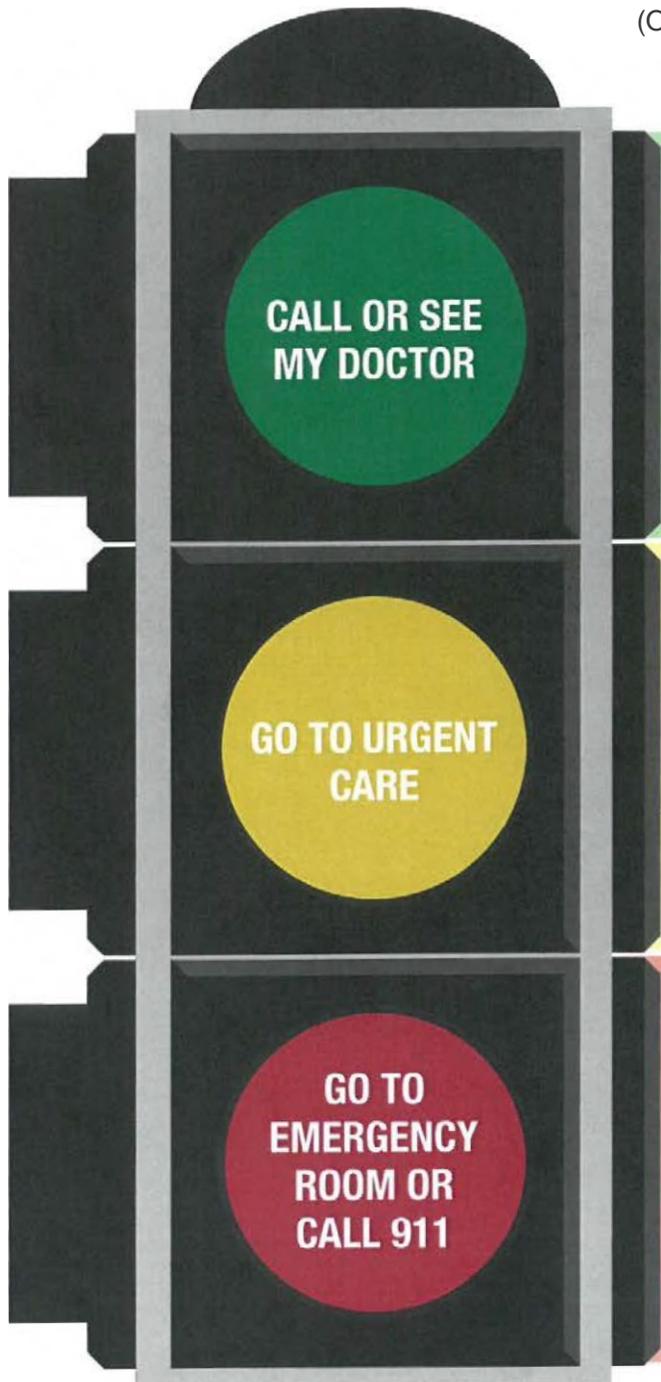
July 2015 – June 2016



2 Hale Street, Suite 101
Charleston, WV 25301

I'm sick or hurt... Where do I go?

(Or, where do I take my child or parent?)



Need medical care and feel safe to wait a day.

EXAMPLES ARE:

- Runny nose
- Simple backache
- Sore throat
- Earache

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

EXAMPLES ARE:

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

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

EXAMPLES ARE:

- Trouble breathing or chest pain
- Fainting
- Sudden numbness or weakness
- Uncontrolled bleeding
- Severe pain or serious injury

The Importance of a Medical Home

Selecting A Medical Home: select a physician from the WVCHIP Medical Home Directory at www.chip.wv.gov to serve as your child's medical home. Call the WVCHIP Helpline at 1-877-982-2447 for a directory, if you do not have access to the Internet. **Once you decide on a Medical Home physician, complete the Medical Home Selection Form which can be found on WVCHIP website at www.chip.wv.gov, and mail it to WVCHIP. You may also contact the WVCHIP Help Line at 1-877-982-2447 and request a form be sent to you.**

Group practices and Clinics as a Medical Home: You will still need to choose one physician in the group practice or clinic as your Medical Home. However, you can see any of the physicians within the group practice or clinic without making a copayment.

What is a "Patient Centered" Medical Home?: A Medical Home is a primary care physician or mid-level provider you have chosen to act as your usual source for health care (or in some cases such as a clinic or large practice setting, it may be a team of physicians or mid-level providers). A good Medical Home is organized to create the best health care value in a caring atmosphere for you as the patient, as well as an atmosphere of mutual respect and responsibility. This is what is called "patient-centered" care.

NOTE: The American Academy of Pediatrics specifically recommends that hospital emergency departments should not be the place for a child's usual source for getting care (except for emergencies, which are not usual!).

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

Enrollment Group	Copay (No medical home)	Copay at (medical home) provider
WVCHIP Gold	\$5.00	\$0
WVCHIP Blue	\$15.00	\$0
WVCHIP Premium	\$20.00	\$0

Important Terms

For a complete list of terms, go to www.chip.wv.gov, click on the Resources tab and refer to the Summary Plan Description (SPD) full version.

Starting & Ending Coverage

To Enroll or Renew Enrollment Each Year: Apply electronically at www.wvinroads.org. You can also go to a local community partner agency to apply in person. A list of community partner agencies can be found on the WVCHIP website, or by calling the WVCHIP HelpLine at 1-877-982-2447.

WVCHIP **does not cover** any pregnancy related conditions other than a pregnancy test. We strongly urge you to start prenatal care as early as possible by calling the **Office of Maternal and Family Health toll-free at 1-800-642-8522**. They will provide you with information on financial and medical coverage available through their programs. You may also contact your local DHHR office to apply for Medicaid.

Other Resources: For information regarding other resources available, such as Maternity Benefits; Help Me Grow; and WIC, go to the full version SPD on the WVCHIP website at www.chip.wv.gov.

Copayments

Under the WVCHIP Plan, you do not pay deductibles or coinsurance, but there are copayments for some services and premium payments for WVCHIP Premium members. The monthly premium payment for families with one child is \$35 and for two or more children is \$71.

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

Note: **Copayments are waived for all office visits to a child's medical home.** In order to save money on copayments for office visits, please designate and utilize a medical home provider for your child.

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

Copayment Limits

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

Your Member Card

A member card is issued within 15 days of the child's enrollment in WVCHIP or after any change in coverage. This card is used for medical, dental and prescription drug coverage and is effective the full 12 months that a child is enrolled and covered by the WVCHIP unless coverage ends. Duplicate cards are issued when a member card is reported lost, stolen or damaged. A new card will **NOT** be issued to a child upon re-enrollment if the child remains in the same coverage group.

All children insured under the Plan participate in some level of cost share (copayments and premiums), except for those children registered under the federal exception for Native Americans or Alaskan Natives. Members must present the WVCHIP card at the time medical, dental or prescription drug services are provided. Cost share participation is at three levels referred to as enrollment groups: The enrollment group is marked on the member card. Each card shows the insured child's name and identification number, and relationship code.

WVCHIP GOLD: Copayments for non-medical home office visits and brand drugs.

WVCHIP BLUE: Copayments for non-medical home office visits, hospital inpatient and outpatient surgical services, emergency room visits, and brand drugs.

WVCHIP PREMIUM: Copayments for non-medical home office visits, non-routine dental services, hospital inpatient and outpatient surgical services, emergency room visits, and brand drugs. In addition, monthly premium payments are required for continued participation.

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

Please contact HealthSmart at 1-800-356-2392, if you do not receive your Card within 15 days of enrollment.

Amending the Benefit Plan

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

Prior Authorization

WVCHIP requires **ALL** services outside the state of West Virginia, **except office visits to primary care doctors in counties bordering West Virginia in surrounding states, and emergency services**, to be prior authorized (PA). This requirement applies to both network and non-network providers. **Prior authorization for Out-of-State (Mandatory) is 10 days in advance for planned services, within 48 hours for emergency.**

Contact HealthSmart at 1-800-356-2392 for prior authorization

IMPORTANT! -- Failure to obtain prior authorization for out-of-state services may result in the member or member's family being responsible for the entire cost of the claim.

NOTE: Applied Behavior Analysis (ABA) Therapy (HealthSmart requires 15 days for PA review)

Specialized services	Inpatient Admission	Outpatient Services
Chiropractic Services for children	All admissions to out-of-state hospitals/facilities	Abortion (see details on web site SPD)
Continuous Glucose Monitors	Artificial Intervertebral Disc Surgery	All services at out-of-state hospitals/facilities
Durable Medical Equipment	Cochlear implants	Any potentially experimental – investigational procedure
Non-Emergent facility to facility air ambulance transportation	Cosmetic/Reconstructive surgery as a result of accident or birth defects	Celation Therapy
Hearing Services	Discectomy with spinal fusion surgery	Colonoscopy (Out of State only)
Home Health Care Services	Hysterectomy	CTA (Ct angiography)
Hospice Care	Insertion of implantable devices (see examples on web site SPD)	CT scan of sinuses or brain
Inpatient Rehabilitation	Laminectomy	Dental Ridge reconstruction
Orthotics/Prosthetics	Laminectomy with spinal fusion	DEXA Scans
Dialysis Services	Mental health and substance abuse treatment	Endoscopic procedures for treatment of GERDS
Skilled Nursing Facility	Orthognathic surgery	Heart Perfusion Imaging
Sleep Management Services	Spinal fusion	Hyperbaric Oxygen therapy (HBOT)
Some Dental Surgeries	Surgeries – (Cataract Surgery; Total Joint Replacement; Knee arthroscopy)	IMRT (Intensity Modulated Radiation Therapy)
Applied Behavioral Therapy	Transplants (see list on web site SPD)	MRA and PET scan
	Uvulopalatopharyngoplasty	MRI scan of knee, spine, cervical, thoracic, lumbar and breast
		Septoplasty or Submucous Resection
		Medical Case Management Services
		SPECT of brain and lung
		Stereotactic Body Radiation
		Stereotactic Radiation Surgery
		TTE (Transthoracic Echocardiogram)

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

Visits above the limits listed below require prior authorization.

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

What is Covered Under the Plan?

Medically Necessary Services - To be covered, services must be medically necessary and listed as covered under the Plan.

NOTE: WVCHIP reserves the right to make the final determination of medical necessity based on diagnosis and supporting medical data.

For a full explanation of medically necessary services, please see the full version SPD at www.chip.wv.gov.

Who May Provide Services: The Plan will pay for services rendered by a health care professional/facility if the provider is:

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

Vision Services

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

Covered Services: If you have questions about covered services, call HealthSmart at 1-800-356-2392. All services marked with a star (*) must be prior authorized. For a more complete description of services, go to www.chip.wv.gov and see the full version of the SPD:

*Abortion	Hyperlipidemia Screening	*Orthodontia Services
Allergy Services	Immunizations	*Orthotics/Prosthetics
*Applied Behavior Analysis (ABA)	*Inpatient Surgical Admissions	Outpatient Diagnostic & Therapeutic Services
Ambulance Services	In-State, non-surgical admissions	*Out-of-State and some In-State services
*Autism/Autism Spectrum Disorder Services	*Inpatient Rehabilitation Services	Pap Smear
Cardiac or Pulmonary Rehabilitation	Iron Deficiency Anemia Screening	Periodic Physicals
*Chelation Therapy	Laboratory Services	Physical Therapy (Outpatient)
*Chiropractic Services	Lead Risk Screen	Prescription Benefit Services
*Cosmetic/Reconstructive Surgery	Medical Home	Professional Services
*DME Medical Equipment	*Inpatient hospitalization for mental health, chemical dependency and substance abuse services	*Skilled Nursing Facility Services
Emergency Outpatient Services	Outpatient mental health, outpatient hospitalization day programs, chemical dependency, and substance abuse services	*Sleep Management
Family Planning Services	*MRA and PET scan	*Specialty Drugs (Covered under medical)
Foot Care	*MRI	Speech Therapy (Outpatient)
*Hearing Services	*Neuromuscular stimulators, bone growth stimulators, etc	Urgent Care and After Hours Clinic Visits
HealthCheck	Nutritional Counselling	Well Child Care
Hemophilia Disease Management	Occupational Therapy (Outpatient)	X-ray Services
*Home Health Services	*Oral Surgery	Vision Therapy
*Hospice Care	*Organ Transplants	

Note: Over The Counter and Emergency Contraceptives require a prescription in order to be covered.

Dental Services

WVCHIP Premium Members: There is an out-of-pocket maximum of \$150.00 per family per benefit year for dental services. Please note the copayment is per service, not per visit. If two procedures are performed then \$50.00 copay is the required amount. Contact HealthSmart at 1-800-356-2392 prior to obtaining service to assure it will be covered.

If the request for prior authorization is denied, WVCHIP will not cover the cost of the procedure. If requested treatment is denied, follow the appeal process.

Comprehensive orthodontic treatment is payable only once in the member's lifetime.

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

The WVCHIP Benefit Plan covers a full range of dental services. Most dental services require no copays. Some services require prior authorization by HealthSmart before the plan will cover them.

Benefit	Prior Authorization Required	Copayment Amount for Premium Members	Services Not Covered
Dental Examination/ every six months	No		TMJ Disorders
Cleaning and fluoride/ every six months	No		Intraoral prosthetic devices
Bitewings/every six months	No		Antibiotic injections
Full mouth x-rays (Panorex)/ every 36 mo.	No		Tests/Lab Exams
Sealants (one selant per tooth per 3 years)	No		Onlays/Inlays
Treatment of abscesses	No		Gold Restorations
Analgesia	No		Precision Attachments
IV/Conscious Sedation	No		Replacement of teeth extracted prior to coverage
Pallative Treatment	No		Replacement of crowns (covered after five years)
Other x-rays (if done with another service)	No		Cosmetic Dentistry
Consultations	No		Dental implants
Space Maintainers	No		Experimental Procedures
Fillings as needed	No	\$25.00	Splinting
Pulpotomy	No	\$25.00	Out of State without PA
Root Canals	No	\$25.00	
Simple Extractions	No	\$25.00	
Extractions - Impacted	In an outpatient facility or hospital	\$25.00	
Extractions related to an abscess and root canal therapy	No	\$25.00	Any other procedure not listed as covered
Frenulectomy (frenectomy or frenotomy)	No	\$25.00	
Removal of dental related cysts under a tooth or on gym	No	\$25.00	
Biopsy of oral tissue	No	\$25.00	
Restorative/Periodontics	Yes		
Prosthodontics	Yes		
Accident Related Dental Services	Yes		
Emergency Dental Services	Yes		
Orthodontic Services	Yes		

What is Not Covered Under the Plan?

Acupuncture**	Glucose monitoring devices, except for Bayer products	Physical, psychiatric, or psychological examinations, testing or treatment **
Aqua therapy	Hearing aids implanted/External hearing aids **	Pregnancy related conditions
Behavioral therapy, except ABA	Homeopathic medicine	Prostate screening **
Biofeedback	Hospital days associates with non-emergency weekend admissions **	Provider charges for phone calls, etc. **
Christian Science treatments	Hypertension screening **	Radial keratotomy **
Chemical dependency treatments**	Hypnosis	Safety devices **
Cosmetic or reconstructive surgery **	Immunizations for out-of-state providers	Services rendered by a provider with the same residence as the member **
Court-ordered services **	Incidental surgery performed during medical necessary surgery	Services rendered outside scopy of provider's license
Custodial care, intermediate care, domiciliary care, respite care, rest cures	Infertility services**	Sex transformation operations **
Dental services not listed as covered	Maintenance outpatient therapy services **	Skilled nursing services provided in the home **
Duplicate testing, interpretation or handling fees	Massage therapy	SST (Sensory Stimulation Therapy)
Education, training and/or cognitive services	Maternity Services – labor and delivery are not covered	Take-home drugs provided at discharge from a hospital
Elective abortions	Medical equipment, appliances or supplies **	TMJ (treatment of temporomandibular joint disorders
Electroconvulsive therapy	Medical rehabilitation which are primarily educational or cognitive **	Difference between private and semi-private room charges
Electronically controlled thermal therapy	Mental health or chemical dependency services **	Therapy and related services for a patient showing no progress
Expenses for which you are not responsible **	Non-listed brand name drugs determined not medically necessary by RDTP	Therapies rendered outside of the United States that are not medically recognized in the US
Expenses incurred as a result of legal action **	Optical services **	Transportation, unless medically necessary ambulance services **
Experimental, investigational or unproven services **	Oral appliances **	Weight Loss **
Fertility drugs and services	Out-of-State/Out-of-Network Providers	Work-related injury or illness
Foot (routine care), except for diabetic patients **	Personal comfort and convenience items or services **	
Genetic testing for screening purposes **	Physical conditioning **	

Some services are not covered by the Plan regardless of medical necessity. Specific exclusions are listed above. If you have questions, please contact **HealthSmart at 1-800-356-2392**.

****Please go to the SPD full version on WVCHIP website (www.chip.wv.gov) for exceptions, clarifications of these coverage issues.**

Prescription Drug Plan

Pharmacy Network: If you are traveling out of state and need to access a Network pharmacy, contact **Express Scripts, Inc.™ at 1-877-256-4689** to locate a participating pharmacy or visit their website at www.express-scripts.com.

Non-Network Pharmacy: If you use a non-network pharmacy, you will have to pay the full cost of the prescription at the time of purchase, and submit a completed claim form to Express Scripts. The prescription receipt must be attached to the form, and the drug must be listed on WVCHIP's Preferred Drug List. You will be reimbursed the amount WVCHIP would have paid at a participating pharmacy, less any required copay (if applicable).

Mail the completed and signed prescription drug claim form along with the itemized bill to:

Express Scripts, Att: Commercial Claims, P.O. Box 2872, Clinton, IA 52733-2872
Fax: (608)741-5475

The claim must be filed within six months from the date the prescription was filled. Claims submitted after six months are not eligible for reimbursement. Cash register receipts and canceled checks are not acceptable proof of the covered child's claim. An itemized bill is required. Make sure the claim form is complete so there will not be a delay in payment. **Note:** If you need claim forms, call Express Scripts Member Services at 1-877-256-4689, or visit their web site at www.express-scripts.com.

Acute Medication: Coverage for medication taken for short time periods to treat an acute medical condition is limited up to a 30-day supply each time a prescription is filled or refilled. If more than a 30-day supply is purchased, WVCHIP will not pay the charge above the 30-day amount.

Maintenance Medication: You may receive up to a 90-day supply of ONLY the medications and classes listed below:

Antiarthritics	Gastrointestinal, colitis
Anticoagulants	High blood pressure
Anticonvulsants	Hormones, misc
Antihypertensives	Immunosuppressive agents
Antispasmodics	Legend vitamins including legend hemantinics, Vit. K)
Bronchodilators	Leukotriene receptor antagonists (asthma agents)
Cardiovascular agents	Lipotropics (cholesterol lowering agents)
Cholinergic stimulants (renal retention)	Mucolytics (pulmonary agents)
Corticosteroids, bronchial	Oral contraceptives
Cromolyn sodium (Intal®)	Legend potassium
Diabetic therapies	Selective serotonin reuptake inhibitors
Digestants	Serotonin and norepinephrine reuptake inhibitors
Disposable needles and syringes	Thyroid medications
Diuretics	Tuberculosis medications
Enzymes, systemic	Xanthine's (asthma agents)
Estrogens and progestin's	

Specialty Medications

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

Common Specialty Medications List

Drug Name	Category
Acthar [®] HP	Multiple Sclerosis
Actimmune	Anti-Neoplastic
Adcirca [®]	Pulmonary Hypertension
Afinitor	Anti-Neoplastic
Ampyra	Multiple Sclerosis
Aranesp [®]	Anemia
Arixtra [®]	Anti-Coagulant
Avonex [®] [QLL]	Multiple Sclerosis
Betaseron [®] [QLL]	Multiple Sclerosis
Boniva [®]	Osteoporosis
Cerezyme [®]	Gaucher Disease
Copaxone [®] [QLL]	Multiple Sclerosis
Eligard	Anti-Neoplastic
Enbrel [®]	Inflammatory Conditions
Enoxaparin Sodium	Anti-Coagulant
Epogen [®]	Anemia
Forteo [®]	Osteoporosis
Fragmin [®]	Anti-Coagulant
Genotropin [®]	Growth Hormone
Gilenya [®]	Multiple Sclerosis
Gleevec [®]	Anti-Neoplastic
Humatrope [®]	Growth Hormone
Humira [®] [QLL]	Inflammatory Conditions
Incivek	Hepatitis
Inlyta	Cancer
Intron A [®]	Interferon's
Jakafi [®]	Cancer
Kalydeco [®]	Respiratory Conditions
Kineret [®]	Inflammatory Conditions
Kuvan	Enzyme deficiencies
Letairis [®]	Pulmonary Arterial Hypertension
Leukine [®]	Hematopoietic
Lovenox [®]	Anti-Coagulant
Lupron Depot [®]	Endometriosis, Anti-Neoplastic, Precocious Puberty
Lupron Depot [®] - Ped	Precocious Puberty
Lupron [®]	Anti-Neoplastic
Methotrexate	Anti-Neoplastic; Anti-Arthritis
Neulasta [®] [QLL]	Neutropenia

Drug Name	Category
Neupogen [®]	Neutropenia
Nexavar [®]	Anti-Neoplastic, Immunosuppressant
Norditropin [®]	Growth Hormone
Nutropin [®]	Growth Hormone
Octreotide Acetate	Endocrine disorders
Pegasys [®] [QLL]	Hepatitis C
Peg-Intron [®] [QLL]	Hepatitis C
Procrit [®]	Anemia
Pulmozyme [®]	Cystic Fibrosis
Rebif [®]	Multiple Sclerosis
Revatio [®]	Pulmonary Arterial Hypertension
Revlimid [®]	Anti-Neoplastic, Immunosuppressant
Riba pak	Hepatitis
Ribavirin [®]	Hepatitis C
Sandostatin LAR	Endocrine disorders
Simponi [®]	Rheumatoid Arthritis
Sprycel	Anti-Neoplastic
Sutent [®]	Anti-Neoplastic
Tarceva [®]	Anti-Neoplastic
Tasigna	Anti-Neoplastic
Temodar [®]	Anti-Neoplastic
Tev-Tropin [®]	Growth Hormone
Thalomid [®]	Anti-Neoplastic
Thyrogen [®] Kit	Diagnostic
Tobi [®] [QLL]	Cystic Fibrosis
Tracleer [®]	Pulmonary Arterial Hypertension
Tykerb	Anti-Neoplastic
Tyvaso [®]	Pulmonary Arterial Hypertension
Victrelis [®]	Hepatitis
Votrient	Anti-Neoplastic
Xalkori [®]	Cancer
Xeloda [®]	Anti-Neoplastic
Xenazine [®]	CNS Disorders
Zoladex [®]	Anti-Neoplastic
Zolinza	Anti-Neoplastic
Zytiga [®]	Anti-Neoplastic

All Common Specialty Medications require prior authorization from HealthSmart. [QLL] This drug is subject to Quantity Level Limits (QLL).

Drugs Requiring Prior Authorization

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

adalimumab (Humira [®])*	growth hormones*
ambrisentan (Letairis)*	haloperidol (Haldol [®])
amphetamines (Adderall XR [®] , Vyvanse [®])	bandronate (Boniva [®])
aripiprazole (Abilify [®])	twoiloprost (Ventavis [®])*
armodanfinil (Nuvigil [®])	latanoprost (Xalatan [®])
atomoxetine (Strattera [®])	maraviroc (Selzentry [®])*
becaplermin (Regranex [®])	modafanil (Provigil [®])
bosentan (Tracleer [®])*	olanzapine (Zyprexa [®] , Zydys [®] , Relprevv [®])
Brand medically necessary prescriptions.	oxycodone hydrochloride (Oxycontin [®])
chenodiol (Chenodal [™])*	paliperidone (Invega [®])
clozapine (Clozaril)	perphenazine
combination beta2-agonist/corticosteroid inhalers (Advair Diskus [®] , Advair [®] , HFA, Symbicort [®])	quetiapine (Seroquel [®])
corticotrophin (Acthar [®])*	raltegravir (Isentress [®])*
c1 esterase inhibitor (Cinryze [®])	rilonacept (Arcalyst [®])*
dabigatran etexilate (Pradaxa [®])	risperidone (Risperdal [®])
dalfampridine (Ampyra [®])	romiplostim (Nplate [®])
dextromethorphan/quinidine (Nuedexta [™])	sacrosidasesacrosildase (Sucraid [®])*
diclofenac sodium gel (Solaraze [®])	sapropterin dihydrochloride (Kuvan [™])*
drospirenone; ethinyl estradiol (Ocella, Syeda, Zarah)	sildenafil (Revatio [®])
eltrombopag olamine (Promacta [®])*	stimulants (Concerta [®] , Focalin XR [®] , methylphenidate)
enfuvirtide (Fuzeon [®])*	teriparatide (Forteo [®])
erythroid stimulants (Epogen [®] , Procrit [®] , Aranesp [®])*	tetrabenazine (Xenazine [®])
etanercept (Enbrel [®])*	thioridazine (Mellaril [®])
etravirine (Intelence [®])*	thiothixene
exenatide (Byetta [®])	tolvaptan (Samsca [®])*
fentanyl (Abstral [®] , Actiq [®] , Duragesic [®] , Fentora [®] , Lazanda [®] , and Onsolis [®])	trifluoperazine
fingolimod (Gilenya [®])	ziprasidone (Geodon [®])

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

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

For the WVCHIP Preferred Drug List see the information on the WVCHIP web site at www.chip.wv.gov.

Drugs With Special Limitations

What Happens If You Are Filling A Prescription At The Pharmacy And Payment Is Denied Because Prior Approval Was Not Given?

When a medication is denied because the required prior approval has not been given, the pharmacist will advise your physician to contact RDTP for review. If it is after office hours or your physician is unavailable, the pharmacist can provide your child with an emergency 5 day supply (some exceptions apply, i.e. controlled medication).

Over-the-Counter Drugs

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

What if the Doctor Prescribes It?

Sometimes your doctor may prescribe a medication to be “dispensed as written” when a West Virginia Preferred Drug List (WVPDL) brand name or generic alternative drug is available. As part of your plan, an Express Scripts pharmacist or your retail pharmacist may discuss with your doctor whether an alternative formulary or generic drug might be appropriate for you. You may wish to discuss this with your physician to see if another medication on the WVPDL could be prescribed.

What Drugs Are NOT Covered?

Anorexients (any drug used for weight loss purposes)	Omni pod or other disposable insulin delivery system
Brand name drugs not listed on WVCHIP Preferred Drug List. Providers must contact RDTP for more information	Over the counter drugs (except for OTC birth control, and when included in a compound with prescription drug)
Investigational or experimental drugs not approved by FDA	Pentazocine/acetaminophen (Talacen)
Drugs requiring PA when prescribed off label	Photo-aging and depigmentation products
Erectile dysfunction agents	Prescription drugs with OTC equivalents (except when included in a compound with a prescription drug)
Fertility drugs	Prescription drug claims not filed within 6 months of the purchase date
Fioricet with Codeine (butalbital/acetaminophen caffeine with codeine)	Requests for more than an 90-day supply of maintenance medications
Fiorinal with Codeine (butalbital/aspirin/caffeine with codeine)	Requests for more than a 30-day supply of acute medications
Hair growth stimulants	Requests for more than a 30-day supply of specialty medications
Homeopathic medications	Smoking deterrents
Immunizations, biological sera, blood or blood products (these are covered under the Medical Plan)	Stadol nasal spray
Medical or therapeutic foods	Three (3) month estrogen replacement

Diabetes Management

Blood Glucose Monitors

Plan members who are diabetic will receive a free CONTOUR® or BREEZE® GLUCOSE MONITORING SYSTEM. A current prescription for a blood glucose monitor is given to the pharmacist. The pharmacist will then contact BAYER® in writing, by either mail or fax, to request the monitor. If the request is faxed, the child should receive the new monitor within 3 days. Only CONTOUR® and BREEZE® GLUCOSE MONITORING SYSTEMS are covered.

The CONTOUR® is the first blood glucose monitoring system that offers a unique combination of automatic features, helping to provide confidence in results:

-  Automatic calibration – No coding required
-  Automatic under fill detection
-  Automatic control detection and marking
-  Automatic temperature control
-  Automatic calculation of a 14-day average based on blood glucose readings
-  240 – Test memory
-  Faster test times – 15 seconds
-  Multiple – site testing (finger, forearm, palm, abdomen or thigh)
-  Data management using Ascensia®^{WIN}GLUCOFACTS® Diabetes Online Software (FREE)
-  Smaller sample size (0.6 :!)

Glucose Test Strips

The only glucose test strips covered by the Plan are for CONTOUR® and BREEZE® GLUCOSE MONITORING SYSTEMS.

Our members and their parents can obtain diabetes education and management information at www.bayercaresdiabetes.com. There is a special kid's zone page where children can play games to learn more about diabetes care. For more information, Contact the BAYER Help Line at 1-800-348-8100.

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

How to File a Medical or Dental Claim

To file a medical claim for a child enrolled in the Plan, HealthSmart requires an itemized bill that must include the following information:

1. the insured child's name and identification number
2. the nature of illness or injury
3. date(s) of service
4. a complete description of each service
5. the amount charged for each service
6. diagnosis and procedure codes for each illness/condition and procedure
7. the provider's name, address & FEIN (federal identification number)

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

Medical claims are processed by HealthSmart and should be submitted to this address:

HealthSmart, P.O. Box 2451, Charleston, WV 25329-2451

Cash register receipts and canceled checks are not acceptable proof of your claim. An itemized bill is required.

Claims must be filed within six months of the date of service. Claims not submitted within this period will not be paid, and WVCHIP will not be responsible for payment.

If the child's medical claim is for an illness or injury wrongfully or negligently caused by someone else, and you expect the medical costs to be reimbursed by another party or insurance plan, a claim with WVCHIP should be filed within 6 months of the date of service to ensure that the claim will be paid. If you should later receive payment for the expenses, you must repay the amount you received from WVCHIP. (See Subrogation on full version SPD at www.chip.wv.gov)

Claims Incurred Outside the U.S.A.

If a child enrolled in the Plan incurs medical expenses while outside the United States, you may be required to pay the provider yourself. Request an itemized bill containing all the information listed above from the child's provider and submit the bill and a claim form to HealthSmart or Express Scripts, Inc. TM

Appealing a Pharmacy Claim

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

Type of Error	Who to Call	Where to Write
Prior authorization or denial issue (for Physician's offices or pharmacists only)	RDTP 1-800-847-3859 FAX: 1-800-531-7787	Rational Drug Therapy Program WVU School of Pharmacy PO Box 9511 HSCN Morgantown, WV 26506
Prescription drug claim payment denial issue	Express Scripts 1-877-256-4689	Express Scripts, Inc. Clinical Appeals (Client-WVC) BL0390 6625 W. 78 th Street Bloomington, MN 55439

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

Executive Director, WVCHIP, 2 Hale Street, Suite 101, Charleston, WV 25301

Facts, issues, comments, letters, Explanation of Benefits (EOBs), and all pertinent information about the claim and review should be included. When your request for review arrives, WVCHIP will reconsider the entire case, taking into account any additional materials that have been provided. A decision, in writing, explaining the reason for modifying or upholding the original disposition of the claim will be sent to the covered person or his or her authorized representative. For more information about your drug coverage, please contact Express Scripts at 1-877-256-4689.

How to Reach Express Scripts

On the Internet: Visit Express Scripts' website at www.express-scripts.com anytime to learn about patient care, refill your mail service prescriptions, check the status of your mail service pharmacy order, request claim forms and mail service order forms or find a participating retail pharmacy near you.

By Telephone: For those insured's who do not have access to Express Scripts via the internet, you can learn more about your program by calling Express Scripts Member Services at 1-877-256-4689, 24 hours a day, 7 days a week.

Appealing Health Service Issues

Each WVCHIP member and provider is assured a right to have a review of health services matters under this Plan. Health services matters may include (but are not limited to) such issues as correct or timely claims payment; a delay, reduction, or denial of a service, including pre-service decisions; and suspension or termination of a service, including the type and level of service. This same process can apply to prescription drugs or supplies available through the Plan correct page number for information on filing a Pharmacy Appeal).

Exception from Review: WVCHIP does not provide a right to review any matter whose only satisfactory remedy or decision would require automatic changes to the program's State Plan, or in Federal or State law governing eligibility, enrollment, the design of the covered benefits package that affects all applicants or enrollees or groups of applicants or enrollees, without respect to their individual circumstances.

WVCHIP assures the right of appeal in three steps or levels, except for emergencies. For instructions on "How to Appeal a Claim", please go to www.chip.wv.gov and click on the How to Appeal Icon.

Privacy Notice

Effective date: April 14, 2003

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 (CHIP) 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 CHIP 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

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

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

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.

We may use your health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the reasons listed here.

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

3. Health Care Operations. We may use your health information for activities that are necessary to operate this organization. This includes reading your health information to review the performance of our staff. We may also use your information and the information of other members to plan what services we need to provide, expand, or reduce. We may also provide health information to students who are authorized to receive training here. We may disclose your health information as necessary to others who we contract with to provide administrative services. This includes our third-party administrators, lawyers, auditors, accreditation services, and consultants, for instance. 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 healthcare 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 “Whom to Contact” 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 or 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 "Whom to Contact" at the end of this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.

5. Amend Health Information. You have the right to ask us to amend health information about you, which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.

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

7. Paper Copy of this Privacy Notice. You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under "Whom to Contact" 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 "Whom to Contact" at the end of this notice. You may also file a complaint directly with the: 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.

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

-  For more information about this notice, or
-  For more information about our privacy policies, or
-  If you have any questions about the privacy and security of your records, or
-  If you want to exercise any of your rights, as listed on this notice, or
-  If you want to request a copy of our current notice of privacy practices. Copies of this notice are also available at local WV DHHR offices and by email. You may contact the person named below by mail or phone at (304) 558-2732 or send an email to: wvchip@wv.gov to request the notice electronically. This notice is also available on our website: www.chip.wv.gov.

WVCHIP HIPAA Compliance Officer ☎ #2 Hale Street, Suite 101 ☎ Charleston, WV 25301

Drafted: April 14, 2003

Revised: June 2011



WVCHIP
#2 Hale Street
Suite 101
Charleston, WV 25301

Who To Call With Questions

Health Claims and Benefits for Out-of-State Care, Utilization Management, Prior Authorizations, and Dental	HealthSmart	(toll free) 1-800-356-2392 (fax number) 1-855-619-4678
Prescription Drug Benefits & Claims Pharmacy Help Desk Common Specialty Drugs Prescription Drug Prior Authorization Program	Express Scripts, Inc™ Express Scripts, Inc™ HealthSmart WVU's School of Pharmacy (Rational Drug Therapy Program - RDTP)	(toll free) 1-877-256-4689 www.express-scripts.com (toll free) 1-800-824-0898 (toll free) 1-800-356-2392 www.healthsmart.com (toll free) 1-800-847-3859 (fax number) 1-800-531-7787
Eligibility, Application Status, Renewals and General Information	WVCHIP Helpline	(toll free) 1-877-982-2447 www.chip.wv.gov
Online Electronic Application Applying for WVCHIP	WVInRoads	www.wvinroads.org
Change of Address or Household Status or to Add a Newborn	DHHR Change Center	(toll free) 1-877-716-1212
General Health Information Help Lines Health Questions	CAMC WVU Healthline	(toll free) 1-888-432-5849 (toll free) 1-800-982-8242