

Table of Contents

West Virginia CHIP Benefit Plan	
Important Terms	
Starting and Ending Coverage Under WVCHIP	
Your Insurance and Prescription Card	
Copayments	
Copayment Limits	
Benefit Maximums	
Annual Benefit Maximums	
Lifetime Benefit Maximums	
Service Specific Benefit Maximums	
Benefit Plan Fee Schedules and Rates	
West Virginia Providers	
Providers Outside of West Virginia	
Precertification.....	
Inpatient Admissions	
Outpatient Procedures and Services	
Preauthorization	
Medical Case Management	
What is Covered Under the Plan	
Medically Necessary Services	
Who May Provide Services	
Covered Services	
Maternity Benefits	

Organ Transplant Benefits

Transplant-Related Prescription Drugs

What Is Not Covered

Prescription Drug Program

Using Your Prescription Drug Benefits

Pharmacy Network

Non-Network Pharmacy

Brand vs. Generic

Dispensing Limits

Acute Medication

Maintenance Medication

Refills.....

Prescription Drug Utilization Review

WV Preferred Drug List.....

What Drugs Are Covered.....

Drugs Requiring Prior Approval or Case Management

What if the Doctor Prescribes It

Drugs with Special Limitations

Blood Glucose Monitors

What Drugs Are Not Covered

Controlling Prescription Drug Costs

Mail Order Drug Program

For More Information

How To File A Claim

Filing A Medical Claim

Timely Filing Limit

Claims Incurred Outside the U.S.A

**Filing a Prescription Claim
 Network Pharmacy
 Non-Network Pharmacy
Appealing Health Service Issues
 Participants' Appeal Process
Controlling Costs
 Prohibition of Balance Billing
 Preferred Provider Organizations
 Recovery of Incorrect Payments
 Subrogation
 Responsibilities of the Insured
Amending The Benefit Plan
Useful Telephone Numbers.....Back Cover**

West Virginia CHIP Benefit Plan

Welcome to the West Virginia Children's Health Insurance Program (WV CHIP). Keep this booklet close at hand and refer to it often for answers to questions about the WV CHIP Benefit Plan.

This Summary Plan Description (SPD) is intended to provide WV CHIP Benefit Plan participants with an easy-to-read description of benefits available through the WV CHIP Benefit Plan, and instructions on how to use these benefits.

WV CHIP contracts with the Public Employees Insurance Agency (PEIA) to provide the WV CHIP Benefit Plan. A third-party administrator (TPA) processes health, vision, and dental claims for WV CHIP. A prescription drug plan is administered as a separate benefit. If you have a question about a specific claim or benefit, the fastest way to obtain information is to make direct contact with the TPA.

Medical Claims

For questions about medical claims, precertification, and utilization management, contact:

Acordia National **(800) 356-2392**

Drug Claims

For questions about prescription drug benefits, prescription claims, prior authorizations, and medical identification cards, contact:

Express Scripts, Inc. **(877) 256-4689**

**WV CHIP
July 2003**

Nurseline

Nurseline is a nurse phone line open 24 hours a day, seven days a week. Get answers to your routine medical concerns day or night. An experienced nurse will help you decide if you can take care of your child's symptoms at home or if you should see a doctor.

Nurseline

(877) 294-7342

Questions About Benefits

Call the toll-free helpline

(877) WVA-CHIP

Questions About Eligibility

Call the local county office of your West Virginia Department of Health and Human Resources (DHHR) (see local telephone book) or DHHR's Office of Client Services at 1-800-642-8589 to check your child's eligibility status.

Important Terms

The following terms are used throughout this Summary Plan Description and are defined below as they pertain to the West Virginia Children's Health Insurance Program (WV CHIP).

Acordia National:

The third-party administrator which is handling claims processing, customer service, preauthorizations and prior approval for out-of-network services for the WV CHIP Benefit Plan.

**WV CHIP
July 2003**

Allowed Amounts:

For each WV CHIP covered service, the allowed amount is the lesser of the actual charge amount and the maximum fee for that service as set by WV CHIP.

Alternate Facility:

A facility other than an acute care hospital.

WV CHIP (Children's Health Insurance Program):

The health care program provided to eligible children through an expansion of the Social Security Act (Title XXI). Each state has designed its own program. In West Virginia, children from birth through age 18 receive benefits through a state-designed program administered by the Public Employees Insurance Agency (PEIA).

Claims Administrator:

Acordia National

Durable Medical Equipment:

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

Eligible Expense:

A necessary, reasonable and customary item of expense for health care when the item of expense is covered at least in part by the plan covering the person for whom the claim is made. Allowable expenses under this Plan are calculated according to WV CHIP fee schedules, rates and payment policies in effect at the time of service or claim submission.

Emergency:

An acute medical condition resulting from injury, sickness, pregnancy, or mental illness which arises suddenly and requires immediate care and treatment to prevent the death or severe disability of an insured.

Exclusions:

Services, treatments, supplies, conditions, or circumstances that are not covered under the WV CHIP Benefit Plan.

Experimental, Investigational, or Unproven Procedures:

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

Explanation of Benefits (EOB):

A form sent to the WV CHIP member after a claim for payment has been evaluated or processed by the TPA that explains the action taken on the claim. This explanation might include the amount paid to the provider by WV CHIP, benefits available, reasons for denying payment, etc.

Inpatient:

Someone admitted to the hospital as a bed patient for medical services.

Insured:

A child who is eligible for and enrolled in the WV CHIP Benefit Plan.

Intracorp:

The utilization management company which handles precertification, medical case management and other utilization management functions.

Medical Case Management:

If a child enrolled in WV CHIP is experiencing a serious long-term illness or injury, the TPA's case management program can assist in providing alternative care plans. It also can help find available resources for the child's care and provide support for the child's family to contain medical costs through case management.

Express Scripts, Inc.:

The third-party administrator (TPA) that provides prescription drug claim processing, customer service, and utilization management functions for the WV CHIP Benefit Plan.

**WV CHIP
July 2003**

Outpatient:

Someone who receives services in a hospital, alternative care facility, freestanding facility, or physician's office, but is not admitted as a bed patient.

Plan:

The benefit plan of the West Virginia Children's Health Insurance Program.

Policyholder:

The child who is entitled to health coverage under the WV CHIP Benefit Plan as determined by the Department of Health and Human Resources.

Preauthorization:

A voluntary program which allows the WV CHIP policyholder, their guardian, or their provider to obtain prior approval for a service to assure that it will be covered by the Plan. Preauthorization is handled by Acordia National.

Precertification:

The **required** process of reporting any inpatient stay and some outpatient procedures in advance to obtain approval for the admission or service. **Intracorp** handles precertification. Precertification is usually the responsibility of the provider.

Prior Approval:

A program which allows the WV CHIP member or their guardian to obtain approval from Acordia for services to be provided by a non-network provider.

WV CHIP
July 2003

Provider:

A hospital, physician, or other health care provider. A health care professional must be licensed and qualified under the laws of the jurisdiction in which the care is received and must be providing treatment within the scope of his or her professional license. If the service is provided by a medical facility such as a hospital or treatment center, the facility must be Medicare or JACHO approved.

Subrogation:

The right of WV CHIP to succeed to an insured's right of recovery against a third party for benefits paid by WV CHIP, or on behalf of, an insured for services incurred for which a third party is, or may be, legally liable.

Third Party Administrator (TPA):

Company with whom the PEIA has contracted to provide customer service and claims processing services to children in WV CHIP.

Utilization Management: A process that controls health care costs. Components of utilization management include pre-admission and concurrent review of all inpatient hospital stays, known as precertification; prior review of certain outpatient surgeries and services; and medical case management. Utilization management is handled by Intracorp.

What the WV CHIP Benefit Plan Offers

The WV CHIP Benefit Plan includes benefits for hospital, surgical, prescription drug, vision, dental, and other medical expenses.

**WV CHIP
July 2003**

Program Eligibility

The Children's Health Policy Board was created by HB 4299 and is responsible for developing and managing the West Virginia Children's Health Insurance Program (WV CHIP). The West Virginia Department of Health and Human Resources (DHHR) determines a child's eligibility for WV CHIP. The local county DHHR office reviews and processes each application according to federal and state guidelines for this program.

Children are eligible for WV CHIP if they:

- ◆ are 18 or younger, **and**
- ◆ are living in a household with family income, **and**
- ◆ that income is **at** or **below** 200% of the Federal Poverty Level.

Any question about a **child's eligibility** for WV CHIP should be directed to your local county DHHR Office or to the DHHR Office of Client Services at **(800) 642-8589**, or to **558-2400** in Charleston.

Coverage Under WV CHIP

How To Enroll

You can get an application to enroll a child in the WV CHIP Benefit Plan by calling toll free 1-877-WVA-CHIP or by visiting our website at www.wvchip.org.

When Coverage Begins

The child's application for WV CHIP coverage must be approved by your local county Department of Health and Human Resources (DHHR). The child's health care coverage will be effective on the first day of the month of the application. For example, if the child applies for WV CHIP on

WV CHIP
July 2003

January 15, upon approval of eligibility, he or she will receive health care coverage beginning on January 1. Within 30 days after the child is enrolled in WV CHIP, each covered child will receive a medical identification card.

Continuing Your Coverage

Ten months after a child's coverage with the WV CHIP Benefit Plan begins, the child's parent or guardian will receive a letter to redetermine eligibility. This mailing will include a form for you to complete and return to your local county DHHR office. **This form must be completed to determine if your child is still eligible for public health insurance.** After the form has been submitted, DHHR will review the child's current eligibility for WV CHIP and you will be notified by mail whether or not the child qualifies for continuing health care coverage under the WV CHIP Benefit Plan.

When Coverage Ends

The child becomes ineligible to receive benefits through the WV CHIP Benefit Plan for the following reasons:

1. The covered child's age exceeds the age requirements of the program. Once the child reaches the age of 19, the child's coverage will end on the last day of the month of the child's birthday. For example, if a child covered by WV CHIP turns 19 on March 2nd, the child will be eligible to receive health care benefits until March 31st.
2. The covered child's eligibility period (12 months) ends and the child's guardian does not reapply for WV CHIP benefits. (See **Continuing Your Coverage** above.)
3. If a child covered under WV CHIP is in a hospital undergoing treatment for a serious illness or condition and, while in the hospital,

**WV CHIP
July 2003**

the child turns age 19 or the eligibility period ends and the guardian does not reapply, the child's coverage under WV CHIP will continue until the day he or she is discharged from the facility.

4. The covered child's family reports a change in family circumstance (such as obtaining alternate insurance coverage).

Medical Identification Cards

A medical identification card will be issued to the child's guardian within 10 days after the child is enrolled in WV CHIP. The card is used for the full 12 months that a child is enrolled and covered by WV CHIP. Parents, guardians, or the WV CHIP child (depending on age) must present the WV CHIP card at the time medical services are provided.

The WV CHIP Benefit Plan ID card verifies that the enrolled child has coverage through WV CHIP. Important phone numbers you may need are listed on the card. The policyholder's name and identification number ~~will also be printed on the card~~ *If you need to replace a lost card, please contact Express Scripts, Inc. at (877) 256-4689.*

Your Responsibility To Make Changes

It is the responsibility of the parent/guardian to keep the covered child's WV CHIP enrollment records up to date. Contact your local DHHR office to notify them of any changes in your eligibility file. Examples of such changes include changing an address for the child, changing the guardian's name or address, or if a guardian gains access to other health insurance for a child covered by WV CHIP. To get the phone number of your local county Department of Health and Human Resources Office, see the blue pages of your local telephone book.

Health Care Benefits

This section describes the health care benefits offered to the covered child under the WV CHIP Benefit Plan.

Benefit Services

The WV CHIP Benefit Plan pays for a full range of health care services for enrolled children. These benefits include:

- ◆ Hospital Services
- ◆ Medical Services
- ◆ Surgery
- ◆ Durable Medical Equipment and Supplies
- ◆ Prescription Drugs
- ◆ Vision Services
- ◆ Dental Services

For a detailed listing of benefits covered by WV CHIP, see Types of Services Covered on page 24. Please read the health care benefits section carefully so you will clearly understand the enrolled child's coverage under the plan.

Please Note:

WV CHIP has two benefit groups: the no co-pay group and the co-pay group. For the no co-pay group, the categories of services listed on pages 24 through 32 will be covered at 100% of the WV CHIP Benefit Plan fee allowance. You are not responsible for paying any deductible, co-payment, or coinsurance for any of these covered services. For those in the co-pay group, the categories of services listed on the same pages are covered at 100% of the WV CHIP Benefit Plan fee allowance after your co-payment has been met. For either plan, any medical services that the child receives which are not covered under this Benefit Plan will be your financial responsibility.

WV CHIP
July 2003

Use the listing of services that begins on page 24 as a guideline for what is covered under the child's WV CHIP Benefit Plan. If a service is not specifically listed and the service has been recommended for your child, call Acordia National at (800) 356-2392 to ask if it is included in the WV CHIP coverage.

Benefit Maximums

For certain services, the WV CHIP Benefit Plan will pay only up to a set amount in any 12-month benefit period. Those services and the specific benefit maximums are listed on the chart below.

For services marked on the chart with a “+”, additional benefits may be recommended by Intracorp, if they are determined to be medically necessary and appropriate. Approval must be obtained before additional services are rendered after the benefit maximum has been reached. Your provider must seek approval for additional services at least five days in advance to allow time for medical review.

Who to call with Questions About Coverage for Health Services		
Medical claims and benefits	Acordia National	(800) 356-2392
Prescription drug claims and benefits	Express Scripts, Inc.	(877) 256-4689
Precertification and medical case management	Intracorp	(800) 356-2392

For those services marked “§” on the chart, precertification from Intracorp is required before the initial service is performed. For more information about these benefits, see **Types of Services Covered** on page 24.

- (†) Additional benefits may be available when medically necessary as determined by Intracorp.
- (§) Precertification by Intracorp is required before any service is performed.

Benefit Maximums		
Type Of Service		Benefit Maximum (per CHIP insured per benefit year)
Outpatient Mental Health/ Chemical Dependency Services	†	26 visits
Chiropractic Services	§	\$1,000.00
Occupational Therapy Services	†,§	\$1,000.00
Physical Therapy	†	20 visits
Speech Therapy	†	\$1,000.00
Vision Therapy	§	\$750.00

Benefit Plan Fee Schedules and Rates

The WV CHIP Benefit Plan pays health care providers according to a maximum fee schedule and rates established by WV CHIP. If a provider’s charge is higher than the WV CHIP maximum fee for a particular service, the plan will allow only the maximum fee. The “allowed charge” for a particular service will be the lower of either the provider’s charge or the WV CHIP maximum fee.

Physicians and other health care professionals are paid according to a Resource Based Relative Value Scale fee schedule. This type of payment system sets fees for professional medical services based on the relative amounts of work, overhead and malpractice insurance expense involved.

**WV CHIP
July 2003**

Most inpatient hospital services are paid on a “prospective” basis by which West Virginia hospitals know in advance what WV CHIP will pay per day or per admission. West Virginia hospitals have been provided specific information about their reimbursement rates for the WV CHIP Benefit Plan.

West Virginia Providers

Within the State of West Virginia, the cost of any covered service that a child in WV CHIP receives will be paid by WV CHIP. Once the co-pay has been met, the remaining cost of the service is covered under the WV CHIP Benefit Plan and no additional expenses can be billed to a WV CHIP policyholder or their parent or guardian. (See **Prohibition of Balance Billing** on page 54.)

Providers Outside West Virginia

A child enrolled in WV CHIP should receive medical care within the State of West Virginia whenever possible. If a child should require medical care in another state because (1) the child is in need of emergency care; or (2) the service is not available in West Virginia, his or her medical expenses will be covered by WV CHIP if the services are provided by a participating provider and if the parent/ guardian obtains prior approval. In the event of an emergency in which out-of-state services are provided, Acordia National must be notified by the parent or guardian within 48 hours after the service was rendered.

For services provided outside the State of West Virginia, Acordia National utilizes two network relationships which are available to you. In the State of Ohio the network is Medical Mutual of Ohio’s SuperMed Plus Network. For all other states, the network is Beech Street. These two networks are shown on your child’s medical identification card. As part of their agreement with the network, the amount paid for services is a discounted amount. You may call Acordia National at (800) 356-2392 for network provider information or, if you have access to the Internet, provider information can be obtained by accessing the following web sites:

WV CHIP
July 2003

Medical Mutual of Ohio

www.mmoh.com

Beech Street

www.beechstreet.com

If your child requires medical care outside of West Virginia, contact Acordia National to get prior approval for the service(s).

What You Pay

The West Virginia Children's Health Insurance Program requires no co-payment for medical and dental services to those who participate in the no co-pay group. However, WV CHIP requires low-cost patient co-payments for certain services for those who participate in the co-pay group. No co-payments apply for preventative services (for example: well baby and well child services), immunizations, and dental or vision services. There is a per child yearly out-of-pocket maximum of \$150 for medical services, up to a maximum of \$450 per family.

All individuals enrolled in WV CHIP will be required to pay a co-payment for prescription drugs. There is a per child yearly out-of-pocket maximum of \$100 for prescription drugs, up to a maximum of \$300 per family. The co-payment schedule begins January 1 each year.

Co-Payments are as follows:

Sick visits:	\$15 per visit
Inpatient services:	\$25 per admission
Outpatient services:	\$25 per procedure
Emergency room:	\$35 per visit (waived if admitted)
Prescription drugs:	
For families with Drug Co-Pays Only:	\$0 generic/\$5 brand/\$5 non-preferred

**WV CHIP
July 2003**

For families with Medical and Drug Co-Pays:

Retail Network: \$0 generic/\$10 brand/\$15 non-preferred
1-34 day supply
\$0 generic/\$20 brand/\$30 non-preferred
35-68 day supply
\$0 generic/\$30 brand/\$45 non-preferred
69-90 day supply

Retail Maintenance
Network: \$0 generic/\$10 brand/\$15 non-preferred
1-34 day supply
\$0 generic/\$20 brand/\$15 non-preferred
35-90 day supply

Precertification

Inpatient Admissions

If the covered child is to be admitted to a hospital, a skilled nursing facility, or other inpatient facility, the provider must contact Intracorp before the child is admitted so the admission can be precertified. If the admitting facility is not in West Virginia and is not a participating provider, the parent or guardian must call Intracorp in advance to get approval for, or “precertify,” the child’s admission. Please call Intracorp within the time frames below:

Timely Precertification Requirements Schedule	
Type of Admission	Advance Notice Required
Planned Admission	5 days prior
Elective Surgery or Procedure	5 days prior
Urgent/ Emergency	Within 48 hours of admission even if discharged in less than 48 hours
Extended Stay	As soon as possible (additional days may be allowed if medically necessary)

Admissions to partial hospitalization and day programs also require precertification. For a planned admission, call **Intracorp at (800) 356-2392** at least five days in advance to get the admission precertified.

If the admission is an emergency, **a parent, guardian, family member**, provider or other designated person must call Intracorp within 48 hours of the admission, even if the child is discharged in less than 48 hours.

Outpatient Procedures and Services

The outpatient procedures and services listed below also require precertification. A provider within West Virginia **must** contact Intracorp at least 5 days in advance if the covered child is scheduled for one of these procedures or services. If the provider is located outside of West Virginia, the parent or guardian of the child **must** call for precertification for the following services:

- ◆ abortion
- ◆ allergy testing
- ◆ arthroscopy (knee only)
- ◆ cataract surgery
- ◆ chiropractic care and treatment
- ◆ colonoscopy
- ◆ durable medical equipment (DME) purchase or rental and prosthetics
- ◆ home health care
- ◆ hospice services
- ◆ laparoscopy
- ◆ magnetic resonance angiography (MRA)
- ◆ magnetic resonance imaging (MRI)

**WV CHIP
July 2003**

- ◆ occupational therapy
 - ◆ pain management services
 - ◆ PET Scan
 - ◆ septoplasty or submucous resection
 - ◆ tonsillectomy with or without adenoidectomy
- vision therapy

*Precertification **does not** assure eligibility or payment of benefits under this Plan.*

Preauthorization

Preauthorization is a voluntary program that allows you to contact Acordia National in advance of receiving certain procedures to verify that the charges will be covered for the enrolled child so you can make an informed decision about the procedure. Acordia National will determine if the procedure is a covered service and will verify that the child is properly enrolled in WV CHIP, thus assuring payment of the claim. To receive preauthorization, send your request to:

Acordia National Preauthorizations
P. O. Box 2451
Charleston, WV 25329-2451
(800) 356-2392

Include the covered child's name, your name, address, and telephone number, the child's Social Security Number, any information you may have about the recommended procedure, and the name and address of the provider who has recommended the service. Acordia National may contact the child's physician for more information. **If the request for preauthorization is denied, the WV CHIP Benefit Plan will not cover the cost of the procedure.** Preauthorization is recommended for the following procedures:

WV CHIP
July 2003

- ◆ DEXA scans
- ◆ Orthotics
- ◆ Chelation therapy
- ◆ Reconstructive surgery
- ◆ Accident-related dental services

The above is not a complete list. For any procedure in question, please call Acordia National.

If a procedure requires precertification (for example, hospital inpatient admission), Intracorp will provide the required precertification.

Medical Case Management

If the covered child is experiencing a serious or long-term illness or injury, Intracorp's medical case management program can advise you of available resources, provide early support for your family, and assist in containment of medical costs. Through medical case management, Intracorp can:

- ◆ arrange in-home care to avoid admission to a hospital
- ◆ arrange in-home services to assist in early hospital release
- ◆ obtain discounts for special medical equipment
- ◆ locate appropriate services to meet the child's health care needs

Intracorp **must** be notified for medical case management of home health care services, including, but not limited to:

- ◆ skilled nursing visits
- ◆ in-home therapy

- ◆ in-home physical therapy, occupational therapy or speech therapy
- ◆ hospice care
- ◆ medication provided or administered by a home health agency
- ◆ skilled nursing facility services
- ◆ rehabilitation services
- ◆ physical, occupational or speech therapies when proposed beyond the plan benefit maximum

What Is Covered

Medically Necessary Services

To be covered, services must be medically necessary or a listed service under the plan.

Medically necessary health care services and supplies are those provided by a hospital, physician or other licensed health care provider to treat an injury, illness or medical condition. A service is considered medically necessary if it is:

- ◆ consistent with the diagnosis and treatment of the illness or injury
- ◆ in keeping with generally accepted medical practice standards
- ◆ not solely for the convenience of the child, family or health care provider
- ◆ not for custodial, comfort or maintenance purposes
- ◆ rendered in the most cost-efficient setting and level appropriate for the condition
- ◆ not otherwise excluded from coverage under the WV CHIP Benefit Plan

The fact that a physician has recommended a service as medically necessary does not make the charge a covered expense. WV CHIP reserves the right to make the final determination of medical necessity based on diagnosis and supporting medical data.

Who May Provide Services

The WV CHIP Benefit Plan will pay for services rendered by a health care professional or 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.

Types of Services Covered

The WV CHIP Benefit Plan covers a full range of health care services. Some major categories are listed below. These services are covered in full. There is no deductible or other out-of-pocket expense for covered services. If you have questions about services, call **Acordia National at (800) 356-2392**.

*** Abortion**

This is a covered benefit only in cases of rape, incest or if the mother's life is endangered. This benefit requires that a physician certify the service as a medical necessity.

(Services marked with * MUST be precertified by Intracorp.)

**WV CHIP
July 2003**

* **Allergy Services**

Including testing and related treatment.

• **Ambulance Services**

Ground or air ambulance transportation, when medically necessary, to the nearest facility able to provide needed treatment.

* **Cardiac Rehabilitation**

Benefits are limited to 3 sessions per week for 12 weeks or 36 sessions per year for the following conditions: heart attack occurring in the 12 months preceding treatment, coronary bypass surgery, or stabilized angina pectoris.

• **Chelation Therapy**

Benefits for these services are limited. Check with Acordia to determine if benefits will be payable for the covered child's condition.

• **Childhood Immunizations**

See Immunizations.

* **Chiropractic Services**

Services of a chiropractor, including office visits and x-rays, for treatment of neuromuscular-skeletal conditions. Coverage is limited to a maximum cost to the Plan of \$1,000 per child per year. These benefits require prior approval.

(Services marked with * MUST be precertified by Intracorp.)

**WV CHIP
July 2003**

- **Dental Services**
Covered benefits include examinations every six months, cleaning and fluoride treatments every six months, bitewings every six months, cleaning and fluoride treatments every six months, and a full-mouth x-ray every 36 months. In addition, the following services are covered: sealants and fillings as needed, simple extractions; treatment of abscesses, including initial office visits and follow-up if required; extraction related to an abscess and root canal therapy; and removal of dental-related cysts under a tooth or on a gum, including x-rays necessary to diagnose the condition.

- **Crowns/ restorative services (when medically necessary).**
These services must be preauthorized by Acordia National.

- **Dental Services (Accident Related)**
Services provided within six months of an accident when necessary to restore tooth structures damaged due to that accident. **These services must be preauthorized by Acordia National.**

- * **Durable Medical Equipment, Prosthetics, and Related Supplies**
Coverage for the initial purchase and reasonable replacement of standard implant and prosthetic devices, and for the rental or purchase (at the Plan's discretion) of standard durable medical equipment, when prescribed by a physician. Prosthetics and durable medical equipment purchases or rentals must be precertified by Intracorp.

- **Emergency Outpatient Services and Supplies**

(Services marked with * MUST be precertified by Intracorp.)

**WV CHIP
July 2003**

This benefit includes acute medical or accidental care provided in an outpatient facility, urgent care facility, or a provider's office.

- **Family Planning Services**

Pre-pregnancy family services and supplies are a covered benefit including implants and devices. This benefit excludes tubal ligations and vasectomies, but includes services such as Planned Parenthood. Oral contraceptives are included in the pharmacy benefit services of WV CHIP's Prescription Drug Program.

- * **Hearing Services**

Covered benefit includes annual examinations and external hearing aids when medically necessary and prior-approved.

- * **Home Health Services**

Intermittent health services of a home health agency when prescribed by a physician. Services must be provided in the home, by or under the supervision of a registered nurse, and be care and treatment which would otherwise require confinement in a hospital or skilled nursing facility. This benefit requires approval for more than five visits and is subject to a maximum of 25 two-hour visits per year.

- * **Hospice Care**

When ordered by a physician.

(Services marked with * MUST be precertified by Intracorp.)

**WV CHIP
July 2003**

- **Immunizations**

Covered benefit for age-appropriate vaccines through age 18. The plan covers immunizations and the associated office visit to a doctor. All immunizations recommended by the Advisory Committee on Immunizations (ACIP) are covered. For details, see **Well Child Care** on page 32.

- * **Inpatient Hospital and Related Services**

Confinement in a hospital including semiprivate room, special care units, confinement for detoxification, and related services and supplies during confinement.

- * **Inpatient Rehabilitation Services**

When ordered by a physician. Coverage limited to 150 days per benefit period.

- **Laboratory Services**

Includes lead testing.

Mental Health and Chemical Dependency Services:

- * **Inpatient, Partial Hospitalization and Day Programs**

When ordered by a licensed provider. Limited to up to 30 days per year for inpatient care and to 60 visits per year for partial hospitalization and day programs.

(Services marked with * MUST be precertified by Intracorp.)

**WV CHIP
July 2003**

- **Outpatient**

Coverage limited to a maximum of 26 visits per 12-month coverage period for short-term individual or group outpatient mental health and chemical dependency evaluation and referral, diagnostic, therapeutic, and crisis intervention services. Additional visits may be covered if approved in advance and case-managed by Intracorp.

- * **MRI and MRA**

Magnetic Resonance Imaging and Magnetic Resonance Angiography services performed on an outpatient basis.

- * **Occupational Therapy (Outpatient)**

When ordered by a physician. Limited to \$1,000 each year unless further therapy approved in advance and case-managed by Intracorp. All visits require precertification and case management through Intracorp.

- * **Oral Surgery**

Only covered for extracting impacted teeth, medically necessary orthognathism and medically necessary ridge reconstruction. Preauthorization is recommended for orthognathic surgery and ridge reconstruction.

- * **Organ Transplants**

Organ transplants deemed medically necessary and non-experimental, subject to prior approval by Intracorp and prevailing medical standards, are covered. You should contact Intracorp as soon as you learn that you or a member of your family covered by the WV CHIP Plan may need a transplant.

(Services marked with * MUST be precertified by Intracorp.)

**WV CHIP
July 2003**

- **Outpatient Diagnostic and Therapeutic Services**
Pre-scheduled laboratory and diagnostic tests and therapeutic treatments, when ordered by a physician.

- * **Physical Therapy (Outpatient)**
When ordered by a physician. Physical therapy limited to 20 visits in a 12-month coverage period. Additional visits must be precertified in advance and case-managed by Intracorp.

- * **Outpatient Surgery**
Performed in a hospital, alternative facility, or physician's office. The following outpatient procedures require precertification by Intracorp:
 - * abortion, only in cases of rape, incest or if the mother's life is endangered
 - * arthroscopy of the knee
 - * cataract extraction
 - * colonoscopy
 - * laparoscopy
 - * septoplasty or submucous resection
 - * tonsillectomy with or without adenoidectomy

- * **Pain Management Services**

- **Pap Smear**
The WV CHIP Benefit Plan covers an annual Pap smear and the associated office visit to screen for cervical abnormalities.

(Services marked with * MUST be precertified by Intracorp.)

**WV CHIP
July 2003**

- **Periodic Physicals**
Covered benefit through **Well Child Care** (see below).

- **Prescription Benefit Services**
This is a covered benefit with mandatory generic substitution, including oral contraceptives. See **WV CHIP's Prescription Drug Program** on page 39.

- **Professional Services**
Services of a physician or other licensed provider for treatment of an illness, injury or medical condition. Includes outpatient and inpatient services such as surgery, anesthesia, radiology, and office visits.

- * **Skilled Nursing Facility Services**
Confinement in a skilled nursing facility including a semiprivate room, related services and supplies. Confinement must be prescribed by a physician in lieu of hospitalization. Coverage limited to 180 days per benefit period.

- **Speech Therapy (Outpatient)**
When ordered by a physician. Limited to \$1,000 each year for each therapy session unless further therapy is approved in advance and case-managed by Intracorp.

- **Urgent Care and After- Hours Clinic Visits**

- * **Vision Therapy**
Corrective eye exercise therapy is a covered benefit for enrolled

(Services marked with * MUST be precertified by Intracorp.)

**WV CHIP
July 2003**

children up to a \$750 per 12-month coverage period. Requires prior approval.

- **Vision Services**

Covered benefit includes annual exams and eyewear. Lenses/frames or contacts are limited to a maximum of \$125. The eyewear cost may exceed \$125 with medical necessity and prior approval. The office visit and examination are covered in addition to the \$125 eyewear limit.

- **Well Child Care**

Routine office visits for preventive care as recommended by the American Academy of Pediatrics (AAP). Covered preventive care includes, but is not limited to:

- ◆ height and weight measurement
- ◆ blood pressure check
- ◆ vision and hearing screening
- ◆ developmental/behavioral assessment
- ◆ physical examination
- ◆ One physician office visit a year for a preventive check-up is covered for all children ages 2 through 18. Infants under two are covered for more frequent checkups as recommended by the AAP guidelines.

- **X-Ray services**

(Services marked with * MUST be precertified by Intracorp.)

**WV CHIP
July 2003**

Maternity Benefits

WV CHIP **does not cover** labor and delivery charges. If a child covered under the WV CHIP benefit plan suspects she is pregnant, she may call a toll free line sponsored by the Office of Maternal, Child and Family Health. This toll free line will provide her with information on financial and medical coverage for services during pregnancy. They will assist her with referral to one of over 130 physician offices or primary care center sites throughout the state for care during her pregnancy and delivery. They can also help refer her for free pregnancy testing and family planning, if that is her primary need. The toll free number for this confidential service is 1-800-642-8522.

Organ Transplant Benefits

Organ transplants deemed medically necessary and non-experimental, subject to prior approval by Intracorp and prevailing medical standards, are covered. When it is determined by the covered child's physician that he or she is a potential candidate for any type of transplant, Intracorp should be contacted immediately.

All transplants require precertification for determination of medical necessity. The child's physician should be advised that Intracorp needs to coordinate the care from the initial phase when considering a transplant procedure, initial work-up for transplant through the performance of the procedure, and the care following the actual transplant.

Fees

The Plan will pay all fees for pre-transplant, transplant, and follow-up services while the child is enrolled in WV CHIP.

Travel Allowance

Because transplant facilities may be located some distance from the patient's home, benefits include up to \$2,500 for patient travel, lodging and meals. A

portion of this benefit is available to cover the travel, lodging and meals for one member of the patient's family or guardian. **Receipts are required for payment of this benefit.** Mileage cost estimates are not acceptable. **The travel allowance benefit applies only to transplant services.**

Medical Case Management

Intracorp offers support and assistance in evaluating treatment options, locating facilities, and referrals to the prescription drug administrator. Management begins early when the potential need for a transplant is identified, and continues through the surgery and follow-up. When the need for a transplant has been determined, call Intracorp at (800) 356-2392.

Transplant-Related Prescription Drugs

The WV CHIP Benefit Plan covers the entire cost of transplant-related immunosuppressant prescription drugs if they are filled at a Network Pharmacy. These are covered through the Prescription Drug Program and processed drugs by the prescription drug administrator. Details of WV CHIP's Prescription Drug Program are found in this booklet on page 40.

What Is Not Covered

Some services are not covered by the WV CHIP Benefit Plan regardless of medical necessity. Specific exclusions are listed below. If you have questions, please contact **Acordia National at (800) 356-2392**. The following services are **not** covered:

- ◆ Acupuncture, unless for anesthesia associated with a covered procedure
- ◆ Christian Science treatments
- ◆ Chemical dependency treatments when a patient leaves a hospital or facility against medical advice

- ◆ Cosmetic or reconstructive surgery unless required as a result of accidental injury or disease, or unless the surgery is performed to correct birth defects
- ◆ Custodial care, intermediate care, domiciliary care, respite care, rest cures, or other services primarily to assist in the activities of daily living
- ◆ Dental services other than annual cleanings, fluoride treatments, sealants, fillings, treatment of abscesses and cysts, and accidental care as specified under covered services
- ◆ Duplicate testing, interpretation or handling fees
- ◆ Electroconvulsive therapy
- ◆ Expenses for which you are not responsible, such as patient discounts and contractual discounts
- ◆ Experimental, investigational or unproven services, unless pre-approved by Acordia National
- ◆ Routine foot care, including:
 - Removal in whole or in part of: corns, callouses (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
- ◆ Hearing Aids (implanted). External hearing aids are covered when precertified as medically necessary
- ◆ Homeopathic medicine

WV CHIP
July 2003

- ◆ Hospital days associated with non-emergency weekend admissions or other unauthorized hospital days prior to scheduled surgery
- ◆ Hypertension screening, unless medically indicated
- ◆ Hypnosis
- ◆ Incidental surgery performed during medically necessary surgery
- ◆ Infertility services of in vitro fertilization and gamete intrafallopian transfer (GIFT), embryo transport, surrogate parenting, and donor semen
- ◆ Massage therapy
- ◆ Maternity Services - labor and delivery are not covered (See **Maternity Benefits** on page 32)
- ◆ Medical equipment, appliances or supplies of the following types:
 - augmentative communication devices
 - equipment or supplies which are primarily for patient comfort or convenience, such as bathtub lifts or seats; massage devices; elevators; stair lifts; escalators; hydraulic van or car lifts; orthopedic mattresses; walking canes with seats; trapeze bars; child strollers; lift chairs; recliners; contour chairs; and adjustable beds
 - exercise equipment, such as exercycles; parallel bars; walking, climbing or skiing machines
 - educational equipment
 - environmental control equipment, such as air conditioners, humidifiers or dehumidifiers, air cleaners or filters, portable heaters, or dust extractors
 - equipment which is widely available over-the-counter, such as wrist stabilizers and knee supports
 - hygienic equipment, such as bed baths, commodes, and toilet seats
 - whirlpool pumps or equipment

- professional medical equipment, such as blood pressure kits or stethoscopes
- supplies, such as tape, alcohol, Q-tips/swabs, gauze, bandages, thermometers, aspirin, diapers (adult or infant), heating pads or ice bags
- nutritional supplements, food liquidizers or food processors
- hearing aids (unless medically necessary and prior-approved) wigs or wig styling, vibrators or bathroom scales
- ◆ Medical rehabilitation which is primarily educational or cognitive in nature
- ◆ Optical services. Routine eye examinations, refractions, eye glasses, contact lenses and fittings in excess of the \$125 annual benefit limit (unless prior-authorized) and annual examination as specified under vision services.
- ◆ Personal comfort and convenience items or services (whether on an inpatient or outpatient basis), such as television, telephone, barber or beauty service, guest services, and similar incidental services and supplies, even when prescribed by a physician
- ◆ Physical conditioning. Expenses related to physical conditioning programs, such as athletic training, body building, exercise, fitness, flexibility, diversion, or general motivation
- ◆ Physical, psychiatric, or psychological examinations, testing, or treatments not otherwise covered under the Plan, when such services are:
 - related to employment
 - to obtain or maintain insurance
 - needed for marriage or adoption proceedings
 - related to judicial or administrative proceedings or orders
 - conducted for purposes of medical research

WV CHIP
July 2003

- to obtain or maintain a license or official document of any type
- for participation in athletics
- ◆ Prostate screening, unless medically indicated
- ◆ Radial keratotomy and other surgery to correct vision
- ◆ Safety devices used specifically for safety or to affect performance, primarily in sports-related activities
- ◆ Services rendered by a provider with the same legal residence as a participant, or who is a member of the policyholder's family, including spouse, brother, sister, parent, or child
- ◆ Services rendered outside the scope of a provider's license
- ◆ TMJ. 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 other than medically necessary ambulance services, or as approved under the Organ Transplant Benefit
- ◆ Weight loss. Health services and associated expenses intended primarily for the treatment of obesity and morbid obesity, including wiring of the jaw, weight control programs, weight control drugs, screening for weight control programs, and services of a similar nature
- ◆ Work-related injury or illness

WV CHIP
July 2003

Prescription Drug Program

In addition to medical benefits, WV CHIP provides its participants with prescription drug benefits. To qualify, the child must be covered under the WV CHIP Benefit Plan. Eligibility for the WV CHIP Benefit Plan is determined by the Department of Health and Human Resources (see **Program Eligibility** on page 11). Prescription benefits are administered by Express Scripts, Inc. Enrolling a child in the WV CHIP benefit plan automatically enrolls him/her in the prescription drug plan.

Using Your Prescription Drug Benefits

Present the child's WV CHIP prescription/medical card when you visit any Network pharmacy. The Network includes major chain and discount pharmacies, as well as locally owned pharmacies. Check with your current pharmacy to see if it participates in the Network, or call Express Scripts, Inc. to ask about pharmacies near you.

WV CHIP prescription drug benefits are administered by Express Scripts, Inc. If you have any questions about prescription drug coverage, contact Express Scripts, Inc. at (877) 256-4689.

Details of the Plan

Pharmacy Network

Through the prescription drug administrator, WV CHIP has an arrangement with a network of pharmacies that have agreed to discount their prices. More than 99% of pharmacies in West Virginia, and many pharmacies in other states, are a part of the Network. A major advantage to using a network pharmacy is the pharmacy files your claim electronically (meaning you do not have to fill out a claim form).

Most national drug store and supermarket chains participate in the Network. If you are traveling out of state and need to access a Network pharmacy, contact Express Scripts, Inc. at **(877) 256-4689** to locate a participating pharmacy.

Non-Network Pharmacy

If you use a non-network pharmacy, you will have to pay the full cost at the time of purchase. To be reimbursed, you must submit a Express Scripts, Inc. Drug Claim Form, completed and signed by the pharmacist. You will be reimbursed for the allowable amount for a “Network” pharmacy. Unless there were Unusual circumstances that required you to use a non-Network pharmacy, you may have to pay the “non-covered” amount out of your pocket. Submit the Prescription Drug Claim Form to:

Express Scripts, Inc.
PO Box 390873
Bloomington, MN 55439-0873

Brand vs. Generic

The prescription services of the WV CHIP Benefit Plan require the use of generic drugs. If the child’s physician prescribes a medication, and an “A-B rated” generic is available on the market, the pharmacist is required to fill the prescription using the generic form of the prescription drug for payment by WV CHIP. WV CHIP will pay the entire cost of all covered prescriptions if filled with the generic. If you should choose to purchase the brand form of the drug rather than the generic, you will be required to pay the difference in cost. WV CHIP will not cover the cost of a brand-name drug when the generic form is medically acceptable.

In situations in which a brand-name drug is medically necessary as indicated by the physician, the pharmacist will contact the physician for

**WV CHIP
July 2003**

approval to switch the child to the generic drug. If the physician does not approve use of the generic drug, the physician must call Express Scripts, Inc. for prior approval before the prescription can be filled with the brand name drug. Medical justification is required before WV CHIP will pay for a brand-name drug when an “A-B rated” generic is available.

Dispensing Limits

Acute Medication

Coverage for medication taken for short periods to treat an acute medical condition is limited up to a 34-day supply each time a prescription is filled or refilled. If more than a 34-day supply is purchased, WV CHIP will not pay the charge above the approved amount.

Maintenance Medication

A maintenance drug is one generally prescribed for long periods of time for a chronic condition, such as high blood pressure or diabetes. Ask the child’s physician to prescribe maintenance medications in 90-day amounts and then have the 90-day supply dispensed at one time by the pharmacist. Only drugs in the following classes can be purchased in 90-day supplies:

- ◆ antiparkinson drugs
- ◆ antiarthritics
- ◆ bronchial dilators
- ◆ TB preparations
- ◆ drugs for cardiovascular disease
- ◆ anticonvulsants
- ◆ thyroid preparations
- ◆ diabetic therapy
- ◆ lipotrophics

- ◆ disposable needles and syringes
- ◆ multiple sclerosis medications
- ◆ digestants
- ◆ diuretics
- ◆ leukotriene receptor antagonists
- ◆ oral contraceptives
- ◆ cromolyn sodium
- ◆ corticosteroids
- ◆ antineoplastics
- ◆ anticoagulants
- ◆ immunosuppressive agents
- ◆ xanthine derivatives
- ◆ prescription vitamins
- ◆ prescription potassium
- ◆ antispasmodics

Any maintenance medication dispensed at less than the standard 90-day supply will be subject to the same 34-day maximum described above.

When the child's doctor prescribes a new medication, please ask for a trial supply (such as a two-week supply) before purchasing a 90-day supply. This will allow you to monitor how the new medication works before purchasing a large quantity that you would not be able to return.

If the pharmacist does not have enough of a particular maintenance drug to fill the child's 90-day supply, you should either:

- ◆ go to another pharmacy; or

- ◆ work out an agreement with the pharmacist to take the available quantity, then return for the balance of the 90-day supply (the pharmacist should combine the two transactions and submit one claim for the 90-day supply).

Refills

The covered child may receive refills of prescriptions as prescribed by the child's physician. At least 75% of a prescription must be used before it can be refilled.

Prescription Drug Utilization Review

This program helps the covered child's pharmacist detect and avoid problems that can occur when taking medications. It focuses on nine key situations in which potential drug problems exist:

- ◆ over-utilization
- ◆ under-utilization
- ◆ duplicate claims
- ◆ excessive daily dose
- ◆ insufficient daily dose
- ◆ therapeutic duplication
- ◆ drug-to-drug interaction
- ◆ drug/age contraindication
- ◆ drug/pregnancy contraindication

Express Scripts, Inc. examines claims from all participating pharmacies to detect drugs that may interact with previously dispensed medications. Prescription Drug Utilization Review alerts the dispensing pharmacist to

potential problems before medication is dispensed. The child's participation in the WV CHIP Prescription Drug Plan authorizes the prescription drug administrator to provide this information to pharmacists and physicians involved in his or her prescription drug therapy. This service helps prevent drug abuse, adverse drug reactions, and waste of Plan dollars.

WV Preferred Drug List

The WV Preferred Drug List is a list of carefully selected medications that can assist in maintaining quality care while providing opportunities for cost savings for the WV CHIP. Under this program, your plan requires you to pay a lower co-payment for medications on the WV Preferred Drug List and a higher co-payment for medications not on the WV Preferred Drug List. By asking your doctor to prescribe WV Preferred Drug List medications, you can maintain high quality care while you help to control rising health-care costs.

Generic drugs are subject to the same rigid U.S. Food and Drug Administration standards for quality, strength and purity as their brand-name counterparts. Generic drugs usually cost less than brand-name drugs. Please ask your doctor to prescribe generic medications for you whenever possible.

Sometimes your doctor may prescribe a medication to be "dispensed as written" when a WV Preferred Drug List 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. Your doctor always makes the final decision on your medication, and you can always choose to keep the original prescription at the higher co-payment.

Drugs on the WV Preferred Drug List are determined by the Express Scripts Pharmacy and Therapeutics Committee. The committee is made

**WV CHIP
July 2003**

up of pharmacists and physicians, meets quarterly to review the medications currently on the Preferred List, and to evaluate new drugs for addition to the List. The List may change periodically, based on recommendations adopted by the committee.

If you have any questions about the co-payment structure or about the WV Preferred Drug List, please call Express Scripts, Inc. at 1-877-256-4689.

What Drugs Are Covered

The following will be covered under the WV CHIP Benefit Plan when a prescription is written:

- ◆ most FDA-approved prescription drugs
- ◆ insulin and insulin syringes
- ◆ diabetic supplies, except alcohol swabs
- ◆ Bayer GLUCOMETER ELITE® and its glucose test strips (see page 47 for detailed instructions)
- ◆ allergy syringes
- ◆ compound medications when one ingredient is a covered Prescription drug
- ◆ oral contraceptives

Drugs Requiring Prior Approval or Case Management

Several classes of prescription drugs require prior approval for coverage by WV CHIP. The prior approval process will involve the child's physician and pharmacist communicating with Express Scripts, Inc. about the situation, since these prior approvals are given on a case-by-case basis.

The drugs requiring approval are listed below.

WV CHIP
July 2003

- ◆ **Erythoid stimulants**
- .. **Growth hormones**
- .. **Antifungals** (Diflucan, Lamisil, Sporanox)
- .. **Ultram**
- .. **Prozac**
- .. **Oxycontin** (beginning 10/1/02)
- .. **Brand medically necessary prescriptions.** Any brand-name drug with a quality generic equivalent that the child's doctor feels is medically necessary. If a generic equivalent is available and the doctor feels it is medically necessary for the child to take the brand-name drug, the doctor should call the **Express Scripts, Inc. Prior Authorization Unit at (877) 256-4689**. Brand-name drugs that DO NOT have a generic equivalent do not require prior authorization.

There are some exceptions to medications that may be paid as brand medically necessary without prior authorization.

What if the Doctor Prescribes It?

If the child's doctor prescribes a drug subject to prior approval and payment is denied, the pharmacist will contact the physician and advise the physician to contact Express Scripts, Inc. If the physician is unavailable, the pharmacist can provide the child with a 5-day emergency supply. In most cases, this should allow time for the pharmacist and doctor to consult with Express Scripts, Inc. regarding the child's medication.

Drugs With Special Limitations

The West Virginia Children's Health Insurance Program will now require that a generic prescription drug or lower cost therapy be tried first before a brand name will be allowed. The drugs affected by this are listed below:

- .. **Non-Steroidal Anti-inflammatory Drugs**, e.g. Celebrex, Vioxx
- .. **Proton Pump Inhibitors**, e.g. Prilosec, Prevacid, Nexium

**WV CHIP
July 2003**

- **H2 Antagonists**, e.g. Axid, Zantac, Tagmaet, Pepcid
- **Disease - Modifying Antirheumatic Drugs (DMARDs)**, e.g. Enbrel, Kiniret

Under the CHIP Prescription Drug Program, certain drugs have preset coverage limitations (quantity limits). Quantity limits ensure that the quantity of units supplied in each prescription remains consistent with clinical dosing guidelines and CHIP's benefit design. Select medications from the quantity limit list are provided below. If you are taking one of the medications listed below and you need to get more of the medication than the plan allows, ask your pharmacist or doctor to call express scripts to discuss your refill options.

- ▶ Diflucan 150 mg. -- Coverage is limited to two tablets per prescription
- ▶ Non-sedating antihistamines, e.g. Allegra, Claritin, Zyrtec - CHIP will cover the first 30 days of therapy. Therapy beyond 30 days requires prior authorization from Express Scripts, Inc.
- ▶ New drugs approved by the FDA that have not been reviewed by Express Scripts' Pharmacy will have a non-preferred status
- ▶ Toradol -- Coverage is limited to one course of treatment (5 days) per 90-day period
- ▶ Tamiflu and Relenza -- Coverage is limited to one course of treatment within 180 days. Additional quantities require prior authorization from Express Scripts
- ▶ Migraine medications -- Certain migraine medications have preset quantity limitations. Please consult with your pharmacist if undergoing migraine therapy.

Blood Glucose Monitors

WV CHIP Benefit Plan members who are diabetic can receive a free blood glucose monitor. To obtain a free Bayer GLUCOMETER ELITE® for the covered child, the child must have a current prescription

WV CHIP
July 2003

for a glucose monitor which is given to the pharmacist. The pharmacist will then contact Bayer in writing, either by mail or fax, to request the monitor. If the request is faxed, the child should receive the new monitor within 3 days. The only glucose test strips covered by the WV CHIP Benefit Plan are Bayer GLUCOMETER ELITE® strips in packages of 50.

What Drugs Are Not Covered

The following drugs are **excluded** from the WV CHIP Prescription Drug Plan:

- ◆ non-prescription drugs (except when included in a compound with a prescription drug)
- ◆ the following narcotic analgesics:
 - Fioricet with Codeine
 - Fiorinal with Codeine
 - Stadol Nasal Spray
 - Pentazocine/Acetaminophen (Talacen)
- ◆ drugs to stimulate hair growth
- ◆ anorexiant (diet drugs)
- ◆ smoking deterrents
- ◆ experimental drugs and those not approved by the FDA
- ◆ immunizations, biological sera, blood or blood products (these are covered under the medical plan)
- ◆ requests for more than a 90-day supply of medications
- ◆ requests for more than a 34-day supply of acute medications
- ◆ prescription drug charges not filed within 6 months of the purchase date

**WV CHIP
July 2003**

Controlling Prescription Drug Costs

The following are suggestions for reducing the cost of prescription drugs:

- ◆ Ask for a 90-day supply of approved maintenance drugs if the child has taken them before without negative side effects.
- ◆ If the child's physician prescribes a new medication, consider asking the pharmacist for a 14-day trial supply; which could prevent paying for drugs the child cannot take because of adverse reactions or lack of effectiveness
- ◆ Use a Network pharmacy if available in the area
- ◆ Recommend that a non-Network pharmacy join the Network
- ◆ Never obtain more than a 34-day supply of an acute medication, as WV CHIP will not pay the difference between the actual charge and the cost of a 34-day supply for any acute drug prescription
- ◆ Ask the child's physician to prescribe a prescription drug listed in the WV CHIP preferred drug list.

Mail Order Drug Program

This is a voluntary program which allows the covered child to order maintenance medications (ones that the child takes long-term to treat an on-going medical condition) through the mail. Use of the mail order program may be more convenient for you. To participate in the Mail Order Drug Program, the child's parent or guardian and the child's physician need to complete an enrollment form. To get a copy of the form, call **Express Scripts, Inc. (877) 256-4689**.

For More Information

WV CHIP's prescription drug benefits are administered by Express Scripts, Inc. If you have additional questions about prescription drug

coverage or about claims submitted on the covered child's behalf, contact **Express Scripts, Inc. at (877) 256-4689.**

How To File A Claim

Filing A Medical Claim

Medical claims are processed by Acordia National and should be submitted to:

Acordia National
P. O. Box 2451
Charleston, WV 25329-2451

To process a medical claim for a child enrolled in the WV CHIP Benefit Plan, Acordia requires a complete itemization of charges and the following information:

1. the covered child's name
2. the nature of the illness or injury
3. date(s) of service
4. type of service(s)
5. charge for each service
6. diagnosis and procedure codes
7. identification number of the provider
8. the covered child's social security number

If the necessary information is printed on your itemized bill, you do not need to use a WV CHIP claim form.

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

**WV CHIP
July 2003**

Medical claims must be filed within one year of the date of service. Claims not submitted within this period will not be paid, and WV CHIP 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 WV CHIP should be filed within 12 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 WV CHIP. See **Subrogation** on page 56 for details.

Claims Incurred Outside the U.S.A

If a child enrolled in the WV CHIP Benefit 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 Acordia National or the prescription drug administrator.

Acordia National or the prescription drug administrator will determine, through a local banking institution, the currency exchange rate, and you will be reimbursed according to the terms of the WV CHIP Benefit Plan.

Filing a Prescription Claim

Network Pharmacy

If using a Network pharmacy, claims will be submitted electronically on behalf of the covered child by the pharmacy.

Non-Network Pharmacy

If using a non-Network pharmacy, claims must be filed using an Express Scripts, Inc. Prescription Drug Claim Form. This form must be

WV CHIP
July 2003

completed by the pharmacist. You are responsible for payment in full to a non-Network pharmacy. Mail the completed prescription drug claim form to:

Express Scripts, Inc.
PO Box 390873
Bloomington, MN 55439-0873

The claim must be filed within one year from the date the prescription was filled. Claims submitted after one year are not eligible for reimbursement. Cash register receipts and canceled checks are not acceptable proof of the covered child's claim. To get an Express Scripts, Inc. Prescription Drug Claim Form, contact **Express Scripts, Inc. at (877) 256-4689**. Make sure the claim form is complete so there will not be a delay in the payment of the child's claim.

Appealing Claims

Appealing a Medical Claim

If you are the parent or guardian of a child enrolled in the WV CHIP Benefit Plan and believe an error has been made in processing the covered child's claim, you should follow the process described below.

Step 1: Call the third party administrator to ask whether a mistake has been made. Acordia National's phone number is :
(800) 356-2392.

Step 2: If the child's medical claim has been denied or if you disagree with the determination made by Acordia, appeal in writing within 60 days of the denial to Acordia. In your letter, explain what you think the problem is and why you disagree with the decision. Acordia will respond to you on a revised Explanation of Benefit or by letter.

**WV CHIP
July 2003**

Step 3: If the issue is still not resolved, you must appeal in writing to the Executive Director of WV CHIP. You must request a review in writing within 60 days of receiving the decision from Acordia National. Mail third-step appeals to:

Executive Director
West Virginia CHIP
1900 Kanawha Blvd., E.
State Capitol Complex, Bldg 3, Rm 554
Charleston, WV 25305-0710

Facts, issues, comments, letters, explanations of benefits (EOBs), and all pertinent information about the claim and review should be included.

When your request for review arrives, the Executive Director of WV CHIP will reconsider the entire case, taking into account any additional materials which have been provided. A written decision explaining the reason for modifying or upholding the original disposition of the claim will be sent to the policyholder or his or her authorized representative.

Appealing a Prescription Claim

If you think an error has been made in processing the covered child's prescription drug claim, follow the steps described below.

Step 1: Call Express Scripts, Inc. at **(877) 256-4689** to ask whether a mistake has been made.

Step 2: If the child's claim has been denied and if you disagree with the determination made by Express Scripts, Inc., appeal in writing within 60 days of the denial to Express Scripts, Inc., explaining what you think the problem is and why you disagree with the decision. Express Scripts, Inc. will respond to you in writing, either by reprocessing the claim or by sending you a letter.

WV CHIP
July 2003

Step 3: If the issue is still not resolved you must appeal in writing to the Executive Director of WV CHIP. You must request a review in writing within 60 days of receiving the decision from Express Scripts, Inc. Third- step appeals should be mailed to:

Executive Director
West Virginia CHIP
1900 Kanawha Blvd., E.
State Capitol Complex, Bldg 3, Rm 213
Charleston, WV 25305-0710

Facts, issues, comments, letters, explanations of benefits (EOBs), and all pertinent information about the claim and review should be included.

When your request for review arrives, the Executive Director of WV CHIP will reconsider the entire case, taking into account any additional materials you have provided. A written decision explaining the reason for modifying or upholding the original disposition of the claim will be sent to the policyholder or his or her authorized representative.

Controlling Costs

Prohibition of Balance Billing

As an expansion of the Medicaid Program, the WV CHIP Benefit Plan is governed in part by the Omnibus Health Care Act enacted by the West Virginia Legislature in April 1989. This law requires that any health care provider who treats a WV CHIP Benefit Plan participant must accept assignment of benefits and cannot bill the participant for any balance of charges over and above the WV CHIP fee allowance or for any discount amount applied to a provider's charge or payment. This is known as the "prohibition of balance billing."

**WV CHIP
July 2003**

The prohibition of balance billing applies when services are provided in West Virginia.

Preferred Provider Organizations

For services provided outside the State of West Virginia, Acordia National utilizes two network relationships. In the State of Ohio, the network is Medical Mutual of Ohio's SuperMed Plus Network, and for all other states the network is Beech Street. These networks review their providers for quality standards in licensing, background and treatment patterns. As part of Acordia's agreement with the Network, the amount paid for services is a discounted amount. **All services received out-of-state must have prior approval in order for the claim to be paid.** Your medical identification card carries the logos for both the Medical Mutual of Ohio's (MMO) SuperMed Plus Network and the Beech Street Network.

When receiving services, follow these important steps:

1. Always carry with you the child's most current identification card
2. When seeking services outside West Virginia, call Acordia National at (800) 356-2392 for prior approval
3. If the out-of-state service is approved, make certain your provider is a preferred provider with MMO or Beech Street
4. Call Acordia National at (800) 356-2392 for network provider information
5. On arrival at a doctor's office or a hospital, present the child's ID card for their verification of membership and coverage information.

After medical attention is given, the claim is routed to Acordia National.

All preferred provider organization providers are paid directly, relieving you of the inconvenience of that process. Acordia National will send you an Explanation of Benefits.

Recovery of Incorrect Payments

If PEIA, WV CHIP, or the TPA discovers that a claim has been incorrectly paid, or that the charges were excessive or for non-covered services, the TPA has the right to recover the payments from any person or any entity.

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

Subrogation

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

WV CHIP 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:

- (a) 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

**WV CHIP
July 2003**

- (b) 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
- (c) 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 insured to:

- (a) notify WV CHIP in writing of any injury, sickness, disease or disability for which WV CHIP has paid medical expenses on the child's behalf that may be attributable to the wrongful or negligent acts of another person
- (b) notify WV CHIP 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
- (c) provide WV CHIP 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 WV CHIP or its agents in defining, verifying or protecting its rights of subrogation and reimbursement

WV CHIP
July 2003

- (d) promptly reimburse WV CHIP 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) WV CHIP withholding payment of further benefits
- (2) your obligation to pay attorney fees and/or other expenses incurred by WV CHIP 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.

Please note: As with any claim, a claim resulting from an accident or other incident which may involve subrogation should be submitted within WV CHIP's filing requirement of six months. It is not necessary that any settlement, judgment, award, or other payment from a third party has been reached or received before filing the child's claim with WV CHIP.

Amending The Benefit Plan

The West Virginia Children's Health Insurance Program 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 WV CHIP Board, or for any other matters as are deemed to be appropriate. The Summary Plan Description will be amended within a reasonable time of any such actions.

**WV CHIP
July 2003**