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# Welcome to the WVCHIP Benefit Plan!

All participants receive a Summary Plan Description (SPD). This booklet describes all of the benefits covered under the WVCHIP Benefit Plan (the Plan), how to use them, and where to write or call when you have questions or concerns.

## Your Plan and How to Use It

Being familiar with this SPD will help you get the most from your Plan – and in the quickest, easiest way possible! It can also help you avoid a bill for a service that was not covered or was required to be authorized in advance. For these reasons we suggest you:

- 1) Read your SPD as soon as you get it.
- 2) Keep it handy or where you can find it right away (it has many important phone numbers you may need later).
- 3) Refer to it whenever needed, especially if you are going to use health services that are not routine check-ups.

## WVCHIP's Service Agents

WVCHIP has contracts with several agencies to provide you with quality services. These agencies are called third party administrators or TPA's. Their toll-free customer service telephone numbers are listed on the back cover of this booklet.

## Who They Are and What They Do

### 1) Medical Claims and Utilization Manager

Acordia National (Acordia) is the claims processor for all medical, hospital, dental and vision services for the Plan. They also review services that must be prior authorized or precertified in advance. **Call Customer Service at 1-800-356-2392**

### 2) Pharmacy Benefits Manager

Express Scripts, Inc. (ESI) processes the claims for all prescribed drugs, maintains the preferred drug list, and can give you information you need about issues concerning your prescription drugs, such as drug interactions. In addition, they will send you a WVCHIP insurance card. **Call Customer Service at 1-877-256-4689 or the Drug Information Line at 1-800-824-0898**

### 3) NURSELINE - 24-Hour Helpline for Medical Concerns

Nurseline is open to you 24 hours a day, seven days a week, to help answer your routine medical concerns. Whether night or day, one of the certified nurses can help you to decide if you can take care of the child's symptoms at home or if you should see a doctor. **Phone a Nurse at 1-877-294-7342**

# Important Terms

The following terms are used throughout this SPD and are defined below as they pertain to WVCHIP:

## ***Acordia National***

The third party administrator that processes and pays medical claims. It also reviews services that require medical necessity review in advance and prior approval for hospital stays and out-of-state services for the Plan.

## ***Allowed Charges***

The physician's office will state on each medical claim an actual charge for each service covered by WVCHIP. The amount paid will be either the maximum fee as set by WVCHIP or the allowed charge. The allowed charge is shown on the Explanation of Benefits (EOB) form. Providers cannot bill participants in WVCHIP for any balance between the actual charge and the allowed charge.

## ***Alternate Facility***

A facility other than an acute care hospital.

## ***Benefit Year***

A 12-month period beginning January 1 and ending December 31. This period is used to calculate any benefit maximums which may be reached.

## ***WVCHIP (West Virginia 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 benefits plan and eligibility level. In West Virginia, children from birth through age 18 receive benefits through a state-designed program.

## ***Claims Administrator***

The service agent that processes and pays medical and health claims. Acordia National is WVCHIP's claims administrator.

## ***Durable Medical Equipment***

Medical equipment 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.

# Important Terms

## ***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 WVCHIP 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 Plan.

## ***Experimental, Investigational, or Unproven Procedures***

Medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices for a particular case that are determined by the Plan 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 insured person 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 WVCHIP, benefits available, reasons for denying payment, etc. (See Page 9 in Welcome Guide.)

# Important Terms

## ***Express Scripts, Inc.***

The pharmacy benefits manager that processes and pays claims for prescription drugs, provides drug information and drug utilization management functions for the Plan.

## ***Inpatient***

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

## ***Insured***

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

## ***Medical Case Management***

A program to assist in providing alternate care plans for an insured child who is experiencing a serious injury or long-term illness. Its purpose is to help find available resources for the child's care, provide support for the child's family, and contain medical costs.

## ***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 as described in the SPD.

## ***Policyholder***

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

## ***Preauthorization***

A voluntary program allowing the WVCHIP insured, 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. Acordia National handles precertification. Precertification is usually the responsibility of the provider except for inpatient stays which the policyholder must also report.

# Important Terms

## ***Preferred Provider Organization (PPO)***

A group or network of health care providers which is under agreement to provide services for discounted amounts for Plan participants.

## ***Prior Approval***

A program which allows the WVCHIP insured or their guardian to obtain approval from Acordia National for services to be provided by an out-of-state provider.

## ***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 approved by the Joint Commission on Accreditation of Health Organizations (JCAHO).

## ***Subrogation***

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

Basically, this is a repayment to WVCHIP for medical costs paid for by the Plan due to an illness or injury wrongfully caused by someone else (as in an auto accident, for example). This usually occurs after repayment by another insurer or court settlement.

## ***Third Party Administrator (TPA)***

Company or service agent with whom WVCHIP has contracted to provide customer service, benefit management and claims processing services to children insured under the Plan.

## ***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 Acordia National.

# Starting & Ending Coverage

## To Enroll or Renew Enrollment Each Year

Applications to enroll or renew coverage will be sent to you by calling toll free 1-877-WVA-CHIP, can be downloaded from our website at [www.wvchip.org](http://www.wvchip.org), or you can apply electronically at [www.wvinroads.org](http://www.wvinroads.org).

## When Coverage Starts

The child's application for WVCHIP coverage must be approved by your local county DHHR. The child's health care coverage will be effective on the first day of the month in which you applied. For example, if the child applies for WVCHIP on January 15, upon approval of eligibility, he or she will receive health care coverage beginning on January 1.

## Continuing Your Coverage (Re-enrollment)

Ten months after a child's coverage with the 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 still qualifies for the program. After the form has been submitted, DHHR will review the child's current status and you will be notified by mail whether or not your child has been re-enrolled in WVCHIP.

## When Coverage Ends

The child becomes ineligible to receive benefits through the 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 the Plan turns 19 on March 2<sup>nd</sup>, the child will be eligible to receive health care benefits through March 31<sup>st</sup>.

If a child covered under the Plan is in a hospital undergoing treatment for a serious illness or condition and, while in the hospital, the child turns age 19 or the eligibility period ends and the guardian does not reapply, the child's coverage under the Plan will continue until the day he or she is discharged from the facility.

2. The covered child's eligibility period (12 months) ends and the child's guardian does not reapply for WVCHIP benefits.
3. The covered child's family reports a change in family circumstance (such as obtaining alternate insurance coverage).

# Your Insurance Card

An insurance card will be issued within 15 days after the child is enrolled in WVCHIP. The card is used for both medical and prescription drug coverage and will remain current once a child is re-enrolled into the program. The card is used for the full 12 months that a child is enrolled and covered by the WVCHIP. Participants must present the WVCHIP card at the time medical services are provided.

All children insured under the Plan participate in some level of co-payment. The only exception is if the participant is registered for the federal exception for Native Americans. (See Copayments on page 8.) Copayment participation is at two levels:


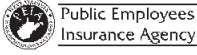

- Group A: Drug CoPays Only
- Group B: Full CoPays

As a participant, your copayment group is marked on your insurance card. For Group A participants, the card will show the insured child’s name and identification number. For Group B participants, cards will show the insured child’s name and the guardian’s social security number.

The WVCHIP insurance card verifies the enrolled child has coverage through the WVCHIP. Important phone numbers you may need are listed on the card. (If you need to replace a lost card, please contact the CHIP Helpline at (877) 982-2447 or Express Scripts, Inc. at (877) 256-4689.)

### Group A


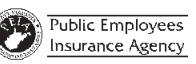

### Group B

[www.express-scripts.com](http://www.express-scripts.com)

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RxBIN 003858	<b>Medical &amp; Prescription Drug Card</b>
RxPCN A4	<b>DRUG COPAYS ONLY</b>
RxGrp WVCA	
Issuer	
ID 123456789	Acordia Medical Group # 7771
Name SUBSCRIBER DOE	

[www.express-scripts.com](http://www.express-scripts.com)

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RxBIN 003858	<b>Medical &amp; Prescription Drug Card</b>
RxPCN A4	<b>COPAYS APPLY</b>
RxGrp WVCA	
Issuer	
ID 123456789	Acordia Medical Group # 7771
Name SUBSCRIBER DOE	









# Copayments

Under this Plan, you do not pay deductibles or coinsurance, but there are copayments for some services.

The Plan has two levels of copayment participation. Those insureds under Group A have copayments only for brand name prescription drugs. Those insureds under Group B have copayments for prescription drugs and for some medical and other health services.

**Group A** Insureds in this group receive insurance cards marked "**Drug CoPays Only.**" Copayments are required for prescription drugs according to the following schedule:

<b>Drugs</b> (1-34 Day Supply)	
Amount	Type
\$0	Generic
\$5	Listed Brand Drugs
\$5	Non-Listed Brand Drugs

## Group B

Insureds in this group receive insurance cards marked "**CoPays Apply.**" Copayments apply to prescription drugs and some medical services under the schedule shown:

<b>Drugs</b>		<b>Medical Services</b>	
Copayment	Type	Copayment	Service
\$0	Generic	\$15	Physician Visit for Illness
\$10	Listed	\$25	Hospital/Inpatient Service
\$15	Non-listed	\$25	Outpatient Services (per procedure)
		\$35	Emergency Room (is waived if admitted)
<i>NO copayments apply for services such as well-baby and well-child check-ups, immunizations, and dental or vision preventive check-ups.</i>			

(\* See WV Preferred Drug List on Pages 29-32.)

## Copayment Maximums

The maximum copayment amounts required during a benefit year are as follows:

### **Prescription Drug Maximums**

- \$100 maximum per 1 child
- \$200 maximum per 2 children
- \$300 maximum per family with 3 or more children

### **Medical Services Maximums**

- \$150 maximum per 1 child
- \$300 maximum per 2 children
- \$450 maximum per family with 3 or more children

**Total Maximum Copayments:** \$750 per benefit plan year

# Benefit Maximums

## Annual Benefit Maximums

The Plan has an annual benefit limit of \$200,000 per insured for each annual period beginning January 1 through December 31 each year. Participants are notified by letter anytime their benefit use during the period reaches or exceeds \$150,000 of this limit.

## Lifetime Benefit Maximums

Any participant in WVCHIP is subject to a \$1,000,000 lifetime benefit maximum through this Plan.

## Service Specific Benefit Maximums

For certain services, the Plan will pay only up to a set amount in any 12-month benefit period. See chart below. In catastrophic cases or crisis situations a case manager may be assigned for evaluation of need.

### Benefit Maximums

Type of Service	Benefit Maximum*
Outpatient Mental Health/ Chemical Dependency Services	26 Visits
Chiropractic Services	20 Visits
Occupational Therapy Services	20 Visits
Physical Therapy	20 Visits
Speech Therapy	20 Visits
Vision Therapy	\$750.00

*\*Maximums apply per insured child per benefit year.*

# Benefit Plan Fee Schedules

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

Physicians and other health care professionals are paid according to a Resource Based Relative Value Scale 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.

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

## West Virginia Providers

Within the State of West Virginia, the cost of any covered service that an insured child receives will be paid by WVCHIP. Once the copay has been met, the remaining cost of the service is covered under the Plan and no additional expenses can be billed to a WVCHIP insured or their parent or guardian. (See Prohibition of Balance Billing on page 42.)

## Providers Outside West Virginia

A child enrolled in WVCHIP 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 WVCHIP if the services are provided by a participating provider and if the parent or 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 three network relationships which are available to you. For the State of Ohio the network is Medical Mutual of Ohio's SuperMed Plus Network. For the states of Maryland, North Carolina, and the Washington DC area, the network is Alliance. For all other states, the network is Beech Street. These three 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:

Medical Mutual of Ohio  
[www.mmoh.com](http://www.mmoh.com)

Alliance PPO  
[www.mamsi.com](http://www.mamsi.com)

Beech Street  
[www.beechstreet.com](http://www.beechstreet.com)

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

# 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 notify Acordia National before the child is admitted. If the admitting facility is not in West Virginia and is not a participating provider, the parent or guardian must call Acordia National in advance to get approval for, or “precertify,” the child’s admission.

Admissions to partial hospitalization and day programs also require precertification. For a planned admission, call **Acordia National 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 Acordia National within 48 hours of the admission, even if the child is discharged in less than 48 hours.

## Outpatient Procedures & Services

The outpatient procedures and services listed below also require precertification. A provider within West Virginia must contact Acordia National 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:

- t Abortion (only in cases of rape, incest or if the mother’s life is endangered)
- t Allergy Testing (over 70 or more tests and Rast Testing)
- t Dexa Scans
- t Durable medical equipment (DME) (purchase or rental & prosthetics)
- t Home health care (after 3 days/visits)
- t PET Scan, MRA, or MRI
- t Orthotics/Prosthetics (when rental or purchase is greater than \$1,000)
- t Cardiac Rehabilitation
- t Inpatient Rehabilitation
- t Multidisciplinary Pain Management Services
- t Skilled Nursing Care
- t Partial/day Mental Health Programs
- t Surgeries (same as inpatient):
  - Transplants
  - Implantable devices (vascular access, pacemakers, implantable pumps, bone growth stimulators, spinal cord stimulators, neuromuscular stimulators, etc.)
  - Gastric Bypass
  - All Elective/Cosmetic Surgical Procedures

Precertification **DOES NOT** assure eligibility or payment of benefits under this Plan.

# Notification

## Notification Required

### Inpatient Procedures & Services

The procedures and services listed below require notification to Acordia National to screen for care planning, discharge planning, follow-up care and ancillary service requirements:

- t Medical (non-surgical) admissions.
- t All surgeries not listed on precertification list.
- t Emergency (including chest pain, congestive heart failure and other cardiac events)
- t All in-state admissions
- t Newborn Admissions -When a WVCHIP family has a newborn, coverage cannot begin until the family reports an added family member to the WVDHHR Change Center at 1-877-716-1212, and either adds the child on to their WVCHIP case or submits another application. Once the newborn is approved for WVCHIP, the child's claims will pend until the family reports the social security number of the newborn to their local DHHR Office. The effective date of coverage for the newborn is the child's birth date. WVCHIP does not cover labor and delivery charges.

# 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 insured 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 the child's eligibility in WVCHIP. To receive preauthorization, send your request to:

**Acordia National Preauthorizations**  
**PO Box 2451**  
**Charleston, WV 25329-2451**  
**(800) 356-2392**

Include the insured 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 Plan will not cover the cost of the procedure. Preauthorization is recommended for the following procedures:

- t Accident-related Dental Services
- t Chelation Therapy
- t Cosmetic and/or Reconstructive Surgery
- t Septoplasty or Submucous Resection
- t Vision Therapy
- t Hearing 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), Acordia National will provide the required precertification.

# Medical Case Management

If the covered child is experiencing a serious or long-term illness or injury, Acordia National'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, Acordia National can:

- t arrange in-home care to avoid admission to a hospital
- t arrange in-home services to assist in early hospital release
- t obtain discounts for special medical equipment
- t locate appropriate services to meet the child's health care needs



## NURSELINE

As part of the Plan, WVCHIP provides "Nurseline" -- Nurseline is a toll-free helpline that WVCHIP families can call anytime, night or day, seven days a week. If your physician's office is closed for the weekend, and you must decide if your child's symptoms need immediate medical attention -- you can talk with a certified nurse who will give you health information to help you make that decision. Call Nurseline at 1-877-294-7342.

# What is Covered Under the Plan?

## 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:

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

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

## Who May Provide Services

The Plan will pay for services rendered by a health care professional or facility if the provider is:

- t licensed or certified under the law of the jurisdiction in which the care is rendered; and
- t providing treatment within the scope or limitation of the license or certification.

## Covered Services

The 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.

***All services marked with a star (⋄) must be precertified.***

⋄ **Allergy Services**

Including testing and related treatment. Precertification is only required for more than 70 skin pricks and/or intradermal sticks. All RAST testing.

**Ambulance Services**

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

# What is Covered Under the Plan?

*All services marked with a star (★) must be precertified.*

« **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 - Preauthorization Needed.**

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

**Childhood Immunizations**

See Immunizations on page 17.

**Chiropractic Services**

Services of a chiropractor, including office visits and x-rays, for treatment of neuro-muscular-skeletal conditions. Coverage is limited to a maximum of 20 visits per child per year.

**Dental Services**

Covered benefits include examinations every six months, cleaning and fluoride treatments every six months, bitewings 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.

**Dental Crowns/Restorative Services** (When Medically Necessary)

**Dental Services** (Accident-Related Only)

Services provided within six (6) months of an accident and required to restore tooth structures damaged due to that accident are covered. The initial treatment must be provided within 72 hours of the accident. Biting and chewing accidents are not covered. Contact Acordia National for more information. For children under the age of 16, the six-month limitation may be extended if an approved treatment plan is provided to Acordia National within the initial six months.

« **Durable Medical Equipment, 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 Acordia National, when greater than \$1,000.

# What is Covered Under the Plan?

*All services marked with a star ( \* ) must be precertified.*

## **Emergency Outpatient Services and Supplies**

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 does not include tubal ligations and vasectomies, but includes services such as Planned Parenthood. Oral contraceptives are covered under the WVCHIP's Prescription Drug Program.

\***Abortion** is a covered service only in cases of rape, incest, or endangerment to mother's life, and it must be precertified by a physician.

## **Hearing Services - Preauthorization Needed**

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, for care and treatment which would otherwise require confinement in a hospital or skilled nursing facility. This benefit requires precertification when more than three visits are prescribed and is subject to a maximum of 25 two-hour visits per year.

## **Hospice Care**

When ordered by a physician.

## **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 (ACI) are covered. For details, see Well Child Care on page 20.

## « **Inpatient Hospital and Related Services (Only out-of-state requires precertification.)**

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.

## « **Implantable Devices**

Vascular access, pacemakers, bone growth stimulators, etc.

## **Laboratory Services**

Includes lead testing.

# What is Covered Under the Plan?

*All services marked with a star (★) must be precertified.*

## Mental Health and Chemical Dependency Services:

### « Inpatient, Partial Hospitalization and Day Programs

When ordered by a licensed provider. Limited up to 30 days per year for inpatient care. Limited up to 60 visits per year for partial hospitalization and day programs. Outpatient partial-day programs, 2 outpatient days count as 1 inpatient day and count as part of the 30 day limit.

### 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.

### « MRI and MRA and PET SCAN

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

### Occupational Therapy (Outpatient)

When ordered by a physician. Limited to 20 visits per year per child.

### 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 are subject to prior approval by Acordia National before WVCHIP will pay for services. You should contact Acordia National as soon as you learn that you or a member of your family covered by the WVCHIP may need a transplant.

### « Orthotics/Prosthetics (When rental or purchase is greater than \$1,000).

### 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 is limited to 20 visits per year per child.

# What is Covered Under the Plan?

*All services marked with a star (★) must be precertified.*

## « Outpatient Services

Performed in a hospital, alternative facility, or physician's office. The following outpatient procedures require precertification by Acordia National:

- « Abortion (only in cases of rape, incest or if the mother's life is endangered)
- « Septoplasty or submucous resection
- « Allergy Testing (over 70 or more visits and Rast Testing)
- « DEXA Scans
- « Durable medical equipment (DME) (purchase or rental & prosthetics)
- « Home health care (after 3 days/visits)
- « PET Scan, MRA, or MRI
- « Orthotics/Prosthetics (when rental or purchase is greater than \$1,000)
- « Cardiac Rehabilitation
- « Inpatient Rehabilitation
- « Multidisciplinary Pain Management Services
- « Skilled Nursing
- « Partial/day mental health programs
- « Surgeries (same as inpatient):
  - Transplants
  - Implantable devices (vascular access, pacemakers, implantable pumps, bone growth stimulators, spinal cord stimulators, neuromuscular stimulators, etc.)
  - Gastric Bypass
  - All Elective/Cosmetic Surgical Procedures

## « Pain Management Services

Multidisciplinary programs only (does not include injections).

### Pap Smear

The Plan covers an annual Pap smear and the associated office visit to screen for cervical abnormalities.

### Periodic Physicals

Covered benefit through Well Child Care (see page 20).

### Prescription Benefit Services

This is a covered benefit with mandatory generic substitution, including oral contraceptives. (See Prescription Drug Plan on page 25.)

### 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.

# What is Covered Under the Plan?

*All services marked with a star (★) must be precertified.*

## ★ 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 20 visits per year per child.

## Urgent Care and After Hours Clinic Visits

A visit to an urgent care or after hours clinic is treated as a physician visit for illness.

## Vision Therapy - Preauthorization Needed

Corrective eye exercise therapy is a covered benefit for insured children up to \$750 per a 12-month coverage period.

## 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 preauthorization. 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:

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

## X-Ray services

# What is Covered Under the Plan?

## Maternity Benefits

WVCHIP **does not cover** any pregnancy related conditions other than a pregnancy test. If a child covered under the 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 a 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 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 Acordia National and prevailing medical standards, are covered. When it is determined by the insured child's physician that he or she is a potential candidate for any type of transplant, Acordia National should be contacted immediately.

All transplants require precertification for determination of medical necessity. The child's physician should be advised that Acordia National 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 WVCHIP.

### 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.

### Case Management Support

Acordia National 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 Acordia National at (800) 356-2392.

## Transplant-Related Prescription Drugs

The 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 Plan and processed by the pharmacy benefits manager. Details of the Prescription Drug Plan are found in this booklet on page 25.

# What is NOT Covered Under the Plan?

Some services are not covered by the 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:

- t Acupuncture, unless for anesthesia associated with a covered procedure
- t Christian Science treatments
- t Chemical dependency treatments when a patient leaves a hospital or facility against medical advice
- t Cosmetic or reconstructive surgery unless required as a result of accidental injury or disease, or unless the surgery is performed to correct birth defects
- t Custodial care, intermediate care, domiciliary care, respite care, rest cures, or other services primarily to assist in the activities of daily living
- t Dental services other than annual cleanings, fluoride treatments, sealants, fillings, treatment of abscesses and cysts, and accidental care as specified under covered services
- t Duplicate testing, interpretation or handling fees
- t Electroconvulsive therapy
- t Expenses for which you are not responsible, such as patient discounts and contractual discounts
- t Experimental, investigational or unproven services, unless pre-approved by Acordia National
- t Routine foot care, including:
  - w Removal in whole or in part of: corns, calluses (thickening of the skin due to friction, pressure, or other irritation), hyperplasia (overgrowth of the skin), hypertrophy (growth of tissue under the skin)
  - w Cutting, trimming, or partial removal of toenails
  - w Treatment of flat feet, fallen arches, or weak feet
  - w Strapping or taping of the feet
- t Hearing Aids (implanted): External hearing aids are covered when precertified as medically necessary
- t Homeopathic medicine
- t Hospital days associated with non-emergency weekend admissions or other unauthorized hospital days prior to scheduled surgery
- t Hypertension screening, unless medically indicated
- t Hypnosis

# What is NOT Covered Under the Plan?

- t Incidental surgery performed during medically necessary surgery
- t Infertility services of in vitro fertilization and gamete intrafallopian transfer (GIFT), embryo transport, surrogate parenting, and donor semen
- t In-home services for mental health/chemical dependency
- t Massage therapy
- t Maternity Services - labor and delivery are not covered (See Maternity Benefits on page 21.)
- t Medical equipment, appliances or supplies of the following types:
  - w augmentative communication devices
  - w 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
  - w exercise equipment, such as exercycles; parallel bars; walking, climbing or skiing machines
  - w educational equipment
  - w environmental control equipment, such as air conditioners, humidifiers or dehumidifiers, air cleaners or filters, portable heaters, or dust extractors
  - w equipment which is widely available over-the-counter, such as wrist stabilizers and knee supports
  - w hygienic equipment, such as bed baths, commodes, and toilet seats
  - w whirlpool pumps or equipment
  - w professional medical equipment, such as blood pressure kits or stethoscopes
  - w supplies, such as tape, alcohol, Q-tips/swabs, gauze, bandages, thermometers, aspirin, diapers (adult or infant), heating pads or ice bags
  - w nutritional supplements, food liquidizers or food processors
  - w hearing aids (unless medically necessary and pre-certified), wigs or wig styling, vibrators or bathroom scales
- t Medical rehabilitation which is primarily educational or cognitive in nature
- t Optical services: Routine eye examinations, refractions, eye glasses, contact lenses and fittings in excess of the \$125 annual benefit limit (unless pre-authorized) and annual examination as specified under vision services.

# What is NOT Covered Under the Plan?

- t 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
- t Physical conditioning. Expenses related to physical conditioning programs, such as athletic training, body building, exercise, fitness, flexibility, diversion, or general motivation
- t Physical, psychiatric, or psychological examinations, testing, or treatments not otherwise covered under the Plan, when such services are:
  - w related to employment
  - w to obtain or maintain insurance
  - w needed for marriage or adoption proceedings
  - w related to judicial or administrative proceedings or orders
  - w conducted for purposes of medical research
  - w to obtain or maintain a license or official document of any type
  - w for participation in athletics
- t Prostate screening, unless medically indicated
- t Radial keratotomy and other surgery to correct vision
- t Safety devices used specifically for safety or to affect performance, primarily in sports-related activities
- t 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
- t Services rendered outside the scope of a provider's license
- t 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
- t The difference between private and semiprivate room charges
- t Therapy and related services for a patient showing no progress
- t Therapies rendered outside the United States that are not medically recognized within the United States
- t Transportation, unless medically necessary ambulance services, or as approved under the organ transplant benefit
- t 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
- t Work-related injury or illness

# Prescription Drug Plan

In addition to medical benefits, WVCHIP provides its participants with prescription drug benefits. To qualify, the child must be covered under the Plan. Prescription benefits are administered by Express Scripts, Inc. Enrolling a child in the Plan automatically enrolls him/her in the prescription drug plan.

## Using Your Prescription Drug Benefits

Present the child's WVCHIP insurance 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.

WVCHIP 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**.

## Pharmacy Network

Through the pharmacy benefit manager, WVCHIP 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 part of the Network. A major advantage to using a network pharmacy is that 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 completed Express Scripts, Inc. Drug Claim Form along with a receipt or itemized bill from that pharmacy attached. 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**

*(A copy of the Prescription Drug Claim Form is in the Welcome Guide on page 12.)*

# Prescription Drug Plan

## Brand vs. Generic

The prescription services of the 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 WVCHIP. WVCHIP 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. WVCHIP 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 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 WVCHIP will pay for a brand-name drug when an "A-B rated" generic is available.

## 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, WVCHIP 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:

- t antiarthritics
- t anticoagulants
- t anticonvulsants
- t antineoplastic
- t antiparkinson drugs
- t antispasmodics
- t bronchial
- t corticosteroids
- t cromolyn sodium lipotropics
- t diabetic therapy
- t digestants
- t disposable needles and syringes
- t diuretics
- t drugs for cardiovascular disease
- t immunosuppressive agents
- t leukotriene receptor antagonists
- t lipotropics
- t multiple sclerosis medications
- t oral contraceptives
- t prescription potassium
- t prescription vitamins
- t TB preparations
- t thyroid preparations
- t xanthine derivatives

# Prescription Drug Plan

## Maintenance Medication, *-continued-*

Any maintenance medication dispensed at less than the standard 90-day supply will be subject to the same 34-day maximum described on Page 26.

When a new medication is prescribed, 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:

- t go to another pharmacy; or
- t 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:

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

# Prescription Drug Plan

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 WVCHIP Prescription Drug Plan authorizes the pharmacy benefits manager 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 WVCHIP. Under this program, your Plan requires you to pay a lower copayment for medications on the WV Preferred Drug List and a higher copayment 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, Inc. 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 copayment.

Drugs on the WV Preferred Drug List are determined by the Express Scripts Pharmacy and Therapeutics Committee. The Committee is made up of pharmacists and physicians, which meet 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 changes are made to the preferred drug list, a new version will be posted on the WVCHIP website at [www.wvchip.org](http://www.wvchip.org).

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

# 2004 West Virginia Preferred Drug List

The West Virginia Children's Health Insurance Program (WVCHIP) uses the Express Scripts Prime as its Preferred Drug List (PDL). Following is a list of the most commonly prescribed drugs on the West Virginia PDL. It represents an abbreviated version of the drug list that is at the core of the WVCHIP pharmacy benefit plan.

The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you're encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

## Key To Symbols:

[G] next to a drug name indicates that a generic is available for at least one or more strengths of the brand medication. Generic medications contain the same active ingredients as their corresponding brand name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

[PA] indicates Prior Authorization is required.

[PA\*] indicates Step Therapy.

[PA\*\*] indicates Prior Authorization is required for medical necessity.

[QLL] indicates Quantity Level Limits.

PLEASE NOTE: the \* next to a drug signifies the drug is subject to non-preferred status when generic becomes available throughout the year.

Brand name drugs are listed in CAPITAL letters.

## **A**

ABILIFY  
ACTONEL  
ACTOS  
acyclovir  
ADVAIR DISKUS  
ADVICOR  
allopurinol  
alprazolam  
AMBIEN  
amitryptline  
amox tr/potassium clavulanate  
amoxicillin  
amphetamine salt  
ARICEPT  
ASACOL  
ASTELIN  
atenolol

atenolol/chlorthalidone  
ATROVENT  
AUGMENTIN ES, XR  
AVALIDE  
AVANDAMET  
AVANDIA  
AVAPRO  
AVELOX, ABC PACK  
AVITA GEL  
AVODART  
AVONEX

## **B**

BACTROBAN  
BAYER  
ASCENSIA  
ELITE TEST  
STRIPS

## **BAYER**

ASCENSIA  
AUTODISC  
TEST STRIPS  
benzonatate  
BETASERON  
bisoprolol fumarate/hctz  
bumetanide  
bupropion  
buspirone hcl  
butalbital/apap/caffeine

## **C**

carbamazepine  
captopril  
carisoprodol  
cartia xt  
CASODEX

# 2004 West Virginia Preferred Drug List

## **C (continued)**

cefaclor  
cefuroxime  
CELEXA\*[PA\*]  
CELLCEPT  
CELONTIN  
choline mag trisalicylate  
CILOXAN\*  
cimetidine  
CIPRO\*  
CIPRO HC  
clidinium/ chlordiazepoxide  
CLIMARA [G]  
clindamycin phosphate  
clobetasol proprionate  
clonidine hcl  
clotrimazole/ betamethasone  
COMBIVENT  
CONCERTA  
CONDYLOX GEL  
COPAXONE  
COPEGUS  
COREG  
COSOPT  
CREON [G]  
CRESTOR  
cromolyn sodium  
cyclobenzaprine  
cyclosporine, modified

## **D**

DEPAKOTE  
desmopressin acetate  
desogestrel- ethinyl estradiol[PA\*\*]  
desoximetasone  
DETROL, LA  
dextro-ampehtamine sulfate  
dicyclomine hcl  
diclofenac sodium  
DIDRONEL  
DIFLUCAN\* [PA]  
diflunisal

diltiazem, er  
DIOVAN/ HCT  
DOVONEX  
DURAGESIC

## **E**

EFFEXOR, XR  
ELIDEL  
enalapril maleate, hctz  
erythromycin  
erythromycin/ benzoyl perox  
ESCLIM  
ESTINYL  
estradiol  
ESTRING  
estropiate  
ethinyl estradiol[PA\*\*]  
ethinyl estradiol levonorgestrel [PA\*\*]  
ethynodiol diacet-ethinyl estradiol [PA\*\*]  
EULEXIN  
EVISTA  
EXELON

## **F**

famotidine  
FEMHRT  
FINACEA  
FLOMAX  
FLONASE\*  
FLOVENT\*, ROTADISK  
fluocinonide  
fluoxetine hcl  
flurazepam  
fluvoxamine  
FOLTX  
FORADIL  
FORTEO [PA]  
FOSAMAX

## **G**

GABITRIL  
GANTRISIN SUSP.

# 2004 West Virginia Preferred Drug List

## G (continued)

glipizide  
glyburideguaifenesin la  
guaifenesin w/pseudoephed

## H

haloperidol  
homatropine hydrobromide  
HUMALOG  
HUMATROPE [PA]  
HUMULIN  
hydrochlorothiazide  
hydrocodone w/guaifenesin  
hydrocodone/acetaminophen  
hydrocortisone acetate  
hyoscyamine sulfate

## I

ibuprofen  
IMITREX [QLL]  
indomethacin  
INFERGEN  
INNOPRAN XL  
INTAL  
INTRON A  
ipratopium bromide

## K

ketoconazole  
KEPPRA

## L

lactulose  
LANTUS  
leucovorin  
levothyroxine sodium  
LEXAPRO [PA\*]  
lidocaine hcl viscous  
LIPITOR  
lisinopril/ hctz  
LIVOSTIN  
LOTENSIN/ HCT\*

LOTREL  
lovastatin  
LOVENOX

## M

meclizine hcl  
medroxy- progesterone  
megestrol  
METADATE CD\*  
METADATE ER [G]  
metformin, extended release  
methocarbamol  
methotrexate  
methylphenidate hcl  
methyl-prednisolone  
metoprolol  
METROGEL, CREAM, LOTION  
microgestin fe [PA\*\*]  
misoprostol  
MS CONTIN [G]  
MSIR [G]

## N

nabumetone  
nadolol  
naproxen  
NASONEX  
NEURONTIN  
NIASPAN  
nifedipine, er  
nitrofurantoin macrocrystal  
NIMOTOP  
nizatidine  
NIZORAL  
Norethindrone  
ethinyl  
estradiol [PA\*\*]  
norethindrone mestranol  
[PA\*\*]  
norgestrel –  
ethinyl  
estadiol [PA\*\*]  
NORVASC

NOVOFINE 30  
NOVOLIN  
NOVOLOGNUTROPIN,  
AQ, DEPOT  
[PA]  
nystatin  
nystatin w/triamcinolone

## O

omeprazole  
ORTHO EVRA [PA\*\*]  
ORTHO TRI- CYCLEN  
[PA\*\*]  
oxybutynin chloride  
oxycodone  
oxycodone/ acetaminophen  
OXYCONTIN\*[PA]

## P

paroxetine hcl  
PAXIL CR [PA\*]  
PEG-INTRON  
PEGASYS  
penicillin v potassium  
PENTASA  
perphenazine  
PHOSLO  
PLAN B  
PLAVIX  
PLEXION, TS, SCT [G]  
Potassium chloride  
PRANDIN  
PRECOSE  
PRED MILD  
prednisolone acetate  
prednisone  
PREMARIN  
PREMARIN LOW DOSE  
PREMPHASE  
PREMPRO  
PREMPRO LOW DOSE  
PRENATE ADVANCE [G]  
PRENATE GT [G]

# 2004 West Virginia Preferred Drug List

## **P (continued)**

PREVACID [PA\*] (excluding solutab)  
PREVPAC  
PRIMSOL  
prochlorperazine  
promethazine  
promethazine/codeine  
promethazine vc  
PROMETRIUM  
propranolol  
PROTROPIN [PA]  
PROVENTIL HFA

## **Q**

quetiapine fumarate  
QVAR

## **R**

ranitidine  
REBETOL\*  
REBETRON  
REBIF  
REGRANEX [PA]  
REMERON soltab  
RISPERDAL (excluding M-tabs)  
ROFERON A

## **S**

SAIZEN [PA]  
salsate  
selenium sulfide  
SEREVENT, DISKUS  
SEROQUEL  
SINGULAIR [PA\*]  
SKELAXIN  
SONATA  
SPORANOX [PA]  
STARLIX  
STRATTERA [PA\*]

SYNAREL  
SYNTHROID

## **T**

TAMIFLU [QLL]  
tamoxifen  
TAZORAC [PA]  
TEGRETOL XR  
temazepam  
TEQUIN  
TESTIM  
theophylline anhydrous  
thioguanine  
thioridazine hcl  
thyroide  
ticlopidine hcl  
timolol hcl  
tobramycin sulfate  
TOPAMAX  
TRAVATAN  
trazodone hcl  
triamcinolone acetone  
triamterene/hctz  
triazolam  
trifluoperazine hcl  
TRUSOPT

## **U**

UNITHROID

## **V**

VANCENASE, AQ, AQ DS  
verapamil hcl  
VIGAMOX  
VIOXX [PA\*]  
VOLTAREN OPHTH.

## **W**

WELLBUTRIN SR, XL

## **X**

XALATAN

## **Y**

YASMIN [PA\*\*]

## **Z**

ZADITOR  
ZAROXOLYN  
ZETIA  
ZITHROMAX  
ZOFRAN, ODT [QLL]  
ZOMIG/ ZMT [QLL]  
ZONEGRAN  
ZYPREXA (excluding Zydys)

# What Drugs Are Covered?

## What Drugs Are Covered

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

- t most FDA-approved prescription drugs
- t insulin and insulin syringes
- t diabetic supplies, except alcohol swabs
- t **Bayer GLUCOMETER and its glucose test strips**
- t allergy syringes
- t compound medications when one ingredient is a covered prescription drug
- t oral contraceptives

## Drugs Requiring Prior Approval or Case Management

Several classes of prescription drugs require prior approval for coverage by WVCHIP. 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.

Drugs requiring approval are listed below:

- t Erythroid stimulants
- t Growth hormones
- t Antifungals (**Diflucan, Lamisil, Sporanox**)
- t Ultram
- t Prozac
- t Oxycontin
- t **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 Drugs Are Covered?

## 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 will allow time for pharmacist and doctor to consult with Express Scripts, Inc. regarding the child's medication.

## Drugs With Special Limitations

WVCHIP 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:

- t Non-Steroidal Anti-inflammatory Drugs, **e.g. Celebrex, Vioxx**
- t Proton Pump Inhibitors, **e.g. Prilosec, Prevacid, Nexium**
- t H2 Antagonists, **e.g. Axid, Zantac, Tagamet, Pepcid**
- t Disease - Modifying Antirheumatic Drugs (DMARDs), **e.g. Enbrel, Kiniret**

Under the WVCHIP Prescription Drug Plan, 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 WVCHIP'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, Inc. to discuss your refill options.

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

# What Drugs Are Covered?

## Blood Glucose Monitors

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

## Glucose Test Strips

The only glucose test strips covered by the Plan are for Bayer GLUCOMETERS.

## For More Information

For more information about Bayer Glucometers and controlling diabetes, visit [www.bayercaresdiabetes.com](http://www.bayercaresdiabetes.com).

# What Drugs Are NOT Covered?

## Drugs NOT Covered

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

# Controlling Prescription Drug Costs

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

- t Ask for a 90-day supply of approved maintenance drugs if the child has taken them before without negative side effects
- t 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
- t Use a Network pharmacy if available in the area
- t Recommend that a non-Network pharmacy join the Network
- t Never obtain more than a 34-day supply of an acute medication, as WVCHIP will not pay the difference between the actual charge and the cost of a 34-day supply for any acute drug prescription
- t Ask the child's physician to prescribe a prescription drug listed in the WVCHIP Preferred Drug List

## Mail Order Drug Program

This is a voluntary program which allows the covered child to order maintenance medications (those 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

WVCHIP'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 insured child's behalf, contact **Express Scripts, Inc. at (877) 256-4689**.

# How To File A Medical Claim

To process a medical claim for a child enrolled in the Plan, Acordia National requires an itemized bill which must include the following information:

1. the insured child's name
2. the policyholder's identification number
3. the nature of illness or injury
4. date(s) of service
5. a complete description of each service
6. the amount charged for each service
7. diagnosis and procedure codes for each illness/condition and procedure
8. the provider's name, address & 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 provided in the Welcome Guide on page 11.)

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

**Acordia National**  
**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.

Medical 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 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 WVCHIP. (See Subrogation on page 43 for details.)

## 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 Acordia National or Express Scripts, Inc.

Acordia National or Express Scripts, Inc. will determine, through a local banking institution, the currency exchange rate, and you will be reimbursed according to the terms of the Plan.

# Prescription Claims

## Network Pharmacy

If using a Network pharmacy, claims will be submitted electronically on behalf of the insured 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 completed and signed by the child's parent or guardian. You are responsible for payment in full to a non-Network pharmacy. Mail the completed prescription drug claim form along with a receipt or itemized bill to:

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

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. 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. (A copy of the claim form is provided in the Welcome Guide on page 12.)

# Appealing Health Service Issues

## Appeal Process

Each WVCHIP insured is assured of 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, a reduction, or a denial of a service; 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.

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.

## Step 1: Information Check

You (or someone you choose to represent you) must start the process within 60 days of learning about the issue.

To start, contact Acordia National at 1-800-356-2392 to explain your issue (or if it is an issue about prescription drugs, you will contact Express Scripts, Inc. at 1-877-256-4689). This allows them to check the issue and give you information concerning actions they have taken (such as a benefit limit, a pre-service authorization requirement, a date for claims processing, etc.). Their Customer Service Units will complete a contact form with your name, date and information provided to you.

In most cases, they will give you the needed information on the date of this phone contact. They will give you a response no later than 7 days after your initial phone contact with them.

## Step 2: Your Written Statement and Supporting Documents

If the information you get after taking the first step does not resolve your issue, you must take it to this next step within 10 days after the Step 1 response.

You must then write a letter explaining the problem and why you disagree with the information or response at Step 1.

# Appealing Health Service Issues

Within 30 days, you will receive a written response from Acordia National or Express Scripts, Inc. For payment issues, they will respond by reprocessing the claim for payment if that is the proper resolution. For all other issues, they will send a letter to you explaining what actions they are prepared to take, or the reasons for their action with respect to your benefits (an Explanation of Benefits). At this step, all information concerning your issue will be put into a case file that includes:

- your written statement explaining the issue
- all copies of supporting documents or statements you have provided about the issue
- a copy of the reprocessed claim (the Explanation of Benefits) and /or written statements provided to you by Acordia National or Express Scripts, Inc.

You will need to get any additional supporting statements or documents needed to complete your file within 30 days (unless the time limit is extended by written agreement between you and Acordia National or Express Scripts, Inc.).

## Step 3: Executive Director's Review and Decision

After receiving the written response, you may appeal this decision to a third step review by requesting that the Director review the Step 2 case file. You must send copies of all written statements of facts, issues, letters and relevant information provided in the case file to:

**WVCHIP  
Executive Director  
1018 Kanawha Boulevard East  
Suite 209  
Charleston, West Virginia 25301**

Within 30 days, the Director will send you (or your representative) a written decision which takes into account all written materials provided by both parties at Step 3. The decision will explain whether the actions taken at Step 2 will be upheld or changed. If the issue of appeal is about clinical or medical matters, the Executive Director will consider a review by the consulting Medical Director.

## Total Time Limit for the Appeal Process

Any appeal must be completed within 90 days from the date of your phone contact to the issuance of a written decision at Step 3.

### **IMPORTANT NOTE: Emergency Medical Condition Process**

**In cases when the standard time frame could jeopardize the health or life** of a member, an expedited review process may take place within 72 hours (or up to a maximum of 14 days, if the member requests an extension). After starting Step 1, you may go directly to Step 3 for resolution.

# Controlling Costs

## Prohibition of Balance Billing

Any health care provider who treats a Plan participant must accept assignment of benefits and cannot bill the insured for any balance of charges over and above the WVCHIP fee allowance or for any discount amount applied to a provider's charge or payment. This is known as the "prohibition of balance billing."

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

## Preferred Provider Organizations (PPOs) for Services Outside West Virginia

For services provided outside the State of West Virginia, Acordia National utilizes three network relationships. For the State of Ohio, the network is Medical Mutual of Ohio's SuperMed Plus Network (MMO), for the states of Maryland, North Carolina, and the Washington DC area the network is Alliance, 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 National'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 the networks.

When receiving services, follow these important steps:

1. Always carry your child's current insurance card with you.
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, Alliance, 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 insurance card for their verification of membership and coverage information. After medical attention is given, the claim is routed to Acordia National.

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

# Controlling Costs

## Recovery of Incorrect Payments

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

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

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

- (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;
- (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; and
- (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 WVCHIP in writing of any injury, sickness, disease or disability for which WVCHIP has paid medical expenses on the child's behalf that may be attributable to the wrongful or negligent acts of another person;
- (b) notify WVCHIP in writing if you retain the services of an attorney, and of any demand made or lawsuit filed on the child's behalf, and of any offer, proposed settlement, accepted settlement, judgment, or arbitration award;
- (c) provide WVCHIP or its agents with any information it requests concerning circumstances that may involve subrogation, provide any reasonable assistance required in assimilating such information, and cooperate with WVCHIP or its agents in defining, verifying or protecting its rights of subrogation and reimbursement; and
- (d) promptly reimburse WVCHIP for benefits paid on the child's behalf attributable to the sickness, injury, disease, or disability, once you have obtained money through settlement, judgment, award, or other payment.

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

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

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

**Please note:** As with any claim, a claim resulting from an accident or other incident which may involve subrogation should be submitted within WVCHIP'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 WVCHIP.

## 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 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.

# Notice of Privacy Practices Under Your Health Plan

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

## Summary

In order to provide you with benefits, 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.

## 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.

## 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 abide by the terms of this notice until we officially adopt a new notice.

# Notice of Privacy Practices Under Your Health Plan

## How WVCHIP 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. 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 who 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.

# Notice of Privacy Practices Under Your Health Plan

## 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.

## 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.

## 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

# Notice of Privacy Practices Under Your Health Plan

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.

## 13. Health Benefits Information

If your enrollment in CHIP's health plan is sponsored by your employer, your health information may be disclosed to your employer, as necessary for the administration of your employer's health benefit program for employees. Employers may receive this information only for purposes of administering their employee group health plans, and must have special rules to prevent the misuse of your information for other purposes.

## 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. 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.

# Notice of Privacy Practices Under Your Health Plan

## 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.

# Notice of Privacy Practices Under Your Health Plan

## 6. Accounting of Disclosures, continued

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.

## Whom to Contact

- For more information about this notice and our privacy policies, or
- If you want to exercise any of your rights, as listed in this notice.

WVCHIP -- HIPPA Privacy Official  
1018 Kanawha Blvd., East Suite 209  
Charleston, WV 25301  
(304) 558-2732  
[wvchip@wvchip.org](mailto:wvchip@wvchip.org)