



# 2022-2023 Member Handbook

**Aetna Better Health® of West Virginia**  
Mountain Health Trust – WVCHIP

# Helpful Information

## **Aetna Better Health® of West Virginia**

Member Services

**1-888-348-2922 (TTY: 711)**

Website

**[AetnaBetterHealth.com/WestVirginia](https://www.aetnabetterhealth.com/WestVirginia)**

Hours of operation

**8:30 AM to 5 PM**

SKYGEN Dental

**1-888-983-4693**

Express Scripts®

**1-855-230-7778**

## **HELP IN YOUR LANGUAGE**

If you do not speak English, you can call us at **1-888-348-2922 (TTY: 711)**. We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can communicate with you in your language.

**Spanish:** Si usted no habla inglés, llámenos al **1-888-348-2922 y 711**. Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

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## WELCOME

Welcome to Aetna Better Health's CHIP managed care program, which is part of Mountain Health Trust. We are glad that you have enrolled with us. This handbook will provide you with the information you need to know about your health care plan, also known as a managed care plan. Please read this handbook from cover to cover to understand the way your plan works. This handbook will help you and your child get the most from Aetna Better Health. It will answer many of the questions that come up about the benefits and services offered by Aetna Better Health. You can also ask us any questions you may have by calling us at **1-888-348-2922**. If you are speech or hearing impaired, please dial **711**. If you would like a printed copy of this handbook, please call us and one will be mailed to you within five (5) business days of your request.

## ABOUT OUR PLAN

Aetna Better Health has a contract with the West Virginia Department of Health and Human Resources (DHHR).

Under managed care, we are able to select a group of health care practitioners and providers to form a provider network. Provider networks are usually made up of doctors and specialists, hospitals, and other health care facilities. Our practitioners and providers help to meet your/ your child's health care needs. The Provider Directory lists all of our network providers you can use to get services statewide. It can be found online at our website, **AetnaBetterHealth.com/WestVirginia**.

It is important to us that you receive quality health care and customer service. Your satisfaction matters to us. The Quality Management (QM) program ensures our services meet high standards of quality and safety. We want to make sure you have:

- The right kind of care
- Easy access to quality medical and behavioral health care
- Help with any chronic conditions or illnesses
- Support when you need it most
- High satisfaction with your doctors and with us

For more information about our Quality Management program visit our website at **AetnaBetterHealth.com/WestVirginia**. If you have a problem, please call Member Services at **1-888-348-2922 (TTY: 711)**.

## CONTACT US

You can call Member Services toll-free anytime you have a question about your health plan or a health problem. It will speed up the process if you have your member identification (ID) number with you when you call. Your member ID number is on your member ID card. You can also visit our website, [AetnaBetterHealth.com/WestVirginia](https://www.aetna.com/betterhealth/westvirginia), for other information.

### Member Services Department

Hours: We're here for you 24 hours a day, 7 days a week

Address: 500 Virginia Street East, Suite 400, Charleston, WV 25301

Toll-free: **1-888-348-2922 (TTY: 711)**

Online: [AetnaBetterHealth.com/WestVirginia](https://www.aetna.com/betterhealth/westvirginia)

You can call or visit us online to:

- Ask questions about services and benefits, eligibility, claims, prior authorization requests, utilization management or care management
- Change your or your child's primary care provider (PCP) or get help choosing a provider
- File a complaint
- Replace a lost member ID card
- Get help with finding a specialist
- Let us know if you or your child is pregnant or gives birth to a new baby
- Ask about any change that might affect your/your family's benefits
- Let us know about any changes to personal information
- Request interpreter services or get help for people with disabilities

If you do not understand or speak English, we can help. Please call us toll-free at **1-888-348-2922 (TTY: 711)**. We can answer questions about your benefits in your language. We have free interpreter services. We can help you find a health care practitioner who can communicate with you in your language or provide interpreter services for medical visits.

If you have a disability, we can help. Aetna Better Health offers auxiliary aids and services so that you can communicate effectively with us and your/ your child's practitioner or provider free of charge. We have access to free sign language interpreter services and a TTY phone number: **1-888-348-2922 (TTY: 711)**.

We can offer this handbook and all written materials in many formats, such as large print or through other auxiliary aids and services, at no cost to you. Please call Member Services toll-free at **1-888-348-2922** to ask for materials in another format.

For other important phone numbers, please see the list in the back of this handbook.

## WHAT YOU SHOULD KNOW

### CONFIDENTIALITY

We respect your rights to privacy. We will never give out your or your child's medical information or social security number without your written permission, unless required by law. To learn more about rights to privacy, please call Member Services at **1-888-348-2922 (TTY: 711)** or visit our website at **[AetnaBetterHealth.com/WestVirginia](https://www.aetna.com/betterhealth/westvirginia)**. Scroll to the bottom of the webpage and click on *Privacy policy*.

### DISCRIMINATION

Benefits must comply with the 1964 Civil Rights Act. Discriminatory administration of benefits because of sex, race, color, religion, national origin, ancestry, age, political affiliation, or physical, developmental, or mental challenges is not allowed. If you have questions, complaints, or want to talk about whether you or your child has a disability according to the Americans with Disabilities Act (ADA), you can contact the State ADA Coordinator at:

WV Department of Administration  
Building 1, Room E-119  
1900 Kanawha Blvd. East  
Charleston, WV 25305  
**304-558-4331**



## DEFINITIONS

**Allowed Amounts:** The lesser of the actual charge amount or the maximum fee for that service as set by WVCHIP.

**Auxiliary Aids:** Devices or services that enable effective communication. Auxiliary aids include but are not limited to qualified interpreters, transcription services and assistive listening devices.

**Appeal:** A way for you to request the review of Aetna Better Health's decision if you think we made a mistake. For example, you might not agree with a decision that denies a benefit or payment.

**Benefit Year:** A 12-month period beginning January 1 and ending December 31, used to calculate out-of-pocket maximums.

**Complaint:** An expression of dissatisfaction, either in writing or orally, about any aspect of service delivery provided or paid for by Aetna Better Health or our practitioners or providers. For example, you might complain about the quality of your care. In this handbook, "grievance" and "complaint" mean the same thing.

**Co-payment:** A fixed amount you pay each time you get a covered service or supply.

**Durable Medical Equipment (DME):** Certain items your practitioner or provider orders for everyday or extended use. Examples of these items are wheelchairs, crutches, diabetic supplies, hospital beds, oxygen equipment and supplies, nebulizers, and walkers.

**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. Eligible expenses under this Plan are calculated according to WVCHIP fee schedules, rates, and payment policies in effect at the time of service.

**Emergency Medical Condition:** An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm. An emergency medical condition would make you think that without medical attention, it might: place your health (or a pregnant woman's unborn child's health) in serious jeopardy; or lead to death, serious dysfunction of a body part or organ, or serious impairment of bodily functions. Examples of an emergency medical condition include severe pain, difficulty breathing, or uncontrolled bleeding.

**Emergency Medical Transportation:** Ambulance services for an emergency medical condition.

**Emergency Room Care:** Emergency services you receive in an emergency room.

**Emergency Services:** Covered inpatient and outpatient services that are: given by a qualified provider and needed to evaluate or stabilize an emergency medical condition.

**Excluded Services:** Health care services that Aetna Better Health does not pay for or cover.

**Express Scripts:** The third-party administrator that processes and pays claims for prescription drugs, specialty drugs, provides drug information and drug utilization management functions for the Plan.

**Explanation of Benefits (EOB):** A form sent to members or their guardians which explains the action taken by WVCHIP on the claim submitted by the provider. This explanation includes the amount paid, services provided, member cost-sharing responsibility, or reasons for denying payment, etc.

**Fee-For-Service:** A fee-for-service benefit is covered by the West Virginia CHIP program and not by Aetna Better Health.

**Grievance:** A complaint you make, either in writing or orally, about any aspect of service delivery provided or paid for by Aetna Better Health or our practitioners or providers. For example, you might complain about the quality of your care. In this handbook “grievance” and “complaint” mean the same thing.

**Habilitation Services and Devices:** Health care services and devices that help you keep, learn, or improve skills and functioning for daily living. Examples include occupational therapy, speech therapy, and other services for people with disabilities in inpatient and/or outpatient settings.

**Health Insurance:** A contract that requires Aetna Better Health to pay some or all of your health care costs in exchange for a premium.

**Help Me Grow:** A free program which helps physicians and parents address childhood development issues from birth to age 5. The program includes the Ages and Stages Questionnaire (ASQ-3), an expertly staffed hotline, and serves as information and referral service to help connect parents and health care providers with specialized services and therapies as well as support services.

**Home Health Care:** Health care services a person receives at home, including limited part-time or intermittent skilled nursing care, home health aide services, occupational therapy, speech therapy, medical social services, DME, medical supplies, and other services.

**Hospice Services:** Services to help people who have a terminal prognosis live comfortably. A terminal prognosis means that a person has a terminal illness and is expected to have six months or less to live. A specially trained team of professionals and caregivers provide care for the whole person, including physical, emotional, social, and spiritual needs.

**Hospitalization:** Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

**Hospital Outpatient Care:** Care in a hospital that usually does not require an overnight stay.

**Medically Necessary:** Items or services furnished or to be furnished to a patient for diagnosing, evaluating, treating or preventing an injury, illness, condition, or disease, based on evidence-based clinical standards of care. Health care services and supplies that are reasonable and necessary to diagnose or treat an illness or injury, to improve the functioning

of a malformed body member, to attain, maintain or regain functional capacity, for the prevention of illness, or to achieve age-appropriate growth and development. Determination of medical necessity is based on specific criteria.

**Network:** A group of providers that has contracted with Aetna Better Health to give care to members. The list of Aetna Better Health practitioners and providers can be found in your Provider Directory. It will be updated whenever there are changes.

**Non-participating Practitioner / Provider:** A doctor, hospital, facility, or other licensed health care professional who has not signed a contract agreeing to provide services to Aetna Better Health members.

**Physician Services:** Health care services that a licensed medical physician provides or coordinates.

**Plan:** An entity that provides, offers, or arranges coverage of certain health care services needed by plan members. You are a member of our health plan, Aetna Better Health.

**Prior Authorization:** Approval from Aetna Better Health that may be required before you get certain services or treatments in order for them to be covered. To get prior authorization, make sure to ask Member Services. If the care is a covered benefit and is medically necessary, then it will be covered up to any benefit limits.

**Participating Practitioner / Provider:** A doctor, hospital, facility, or other licensed health care professional who has signed a contract agreeing to provide services to Aetna Better Health members. They are listed in the Provider Directory.

**Practitioner:** A licensed or certified professional who provides medical or behavioral health care services, such as a doctor, nurse practitioner, or psychologist.

**Prescription Drugs:** Drugs and medication that, by law, require a prescription.

**Prescription Drug Coverage:** Health insurance that helps pay for prescription drugs and medications. Aetna Better Health does not provide prescription drug coverage, but the State of West Virginia does.

**Primary Care Provider (PCP):** A physician, nurse practitioner, physician assistant, or other participating practitioner you have chosen to be your personal doctor.

Your PCP works with you to coordinate your health care, such as giving you checkups and shots, treating you for most of your health care needs, sending you to specialists if needed, or admitting you to the hospital.

**Provider:** An institution or organization that provides services, such as a hospital, residential treatment center, home health agency or rehabilitation facility.

**Rehabilitation Services and Devices:** Health care services and devices that help you keep, get back, or improve skills and functioning for daily living that have been lost or impaired because you were sick, hurt, or disabled. Examples include occupational therapy, speech therapy, and psychiatric rehabilitation services in inpatient and/or outpatient settings.

**Skilled Nursing Care:** Services from licensed nurses in your own home or in a nursing home.

**Specialist:** A doctor who focuses on a specific kind of health care such as a surgeon or a cardiologist (heart doctor).

**Tertiary Services:** Highly specialized medical services administered in a specialized medical facility.

**Urgent Care:** Care you get for a sudden illness, injury, or condition that is not an emergency but needs care right away. You can get urgent care from out-of-network practitioners/providers when network practitioners/providers are unavailable, or you cannot get to them. Examples of when to get urgent care include a sprained ankle, a bad splinter, or the flu.

**WVCHIP Gold:** WVCHIP enrollment group for children in families with incomes at/or below 150% of the Federal Poverty Level (FPL).

**WVCHIP Blue:** WVCHIP enrollment group for members in families with incomes over 150% up to 211% of the FPL.

**WVCHIP Premium:** WVCHIP Premium: The enrollment group for members in families with incomes over 211% up to 300% of the FPL that requires monthly premium payments.

**WVCHIP Exempt:** The enrollment group members who are Native American/Alaskan natives that are members of a federally recognized tribe, who are exempt from copayments and other cost-sharing.

## YOUR RIGHTS

As a member of Aetna Better Health, you and your child have rights around your health care. You and/or your child have the right to:

- Get information about Aetna Better Health, our services, our practitioners and providers, and your rights and responsibilities.
- Be treated with respect and dignity and have your privacy protected.
- Get interpretation services if you do not speak English or have a hearing impairment.
- Not be discriminated against by Aetna Better Health.
- Access all services that Aetna Better Health must provide.
- Choose a practitioner or provider in our network.
- Take part in decisions about your health care.
- Accept or refuse medical or surgical treatment and choose a different provider.
- A second opinion from a qualified health professional within the network; if an in-network provider is unavailable to provide a second opinion, we will arrange for you to obtain a second opinion outside the network at no cost to you..
- Learn about other treatment options and different courses of care no matter how much they cost and/or if Aetna Better Health will pay for it.
- Access your health information through technology platforms like Aetna Better Health's member portal and mobile app; and receive information on how to access such platforms.
- Access the Provider Directory through Aetna Better Health's website, member portal, mobile app, or other Aetna Better Health technology platforms.
- Be aware of the information available on Aetna Better Health's website and other technology platforms.
- Ask for and get your medical records.
- Amend or correct your medical records if needed.
- Be sure your medical records are kept private.
- Tell us how we can improve our policies and procedures, including the member rights and responsibilities policy.
- Be free from abuse, neglect, financial exploitation, or any form of restraint or seclusion used as a means of force, discipline, convenience, or retaliation.
- Get covered services, no matter what your cultural or ethnic background is or how well you understand English.
- Get covered services regardless of any physical or mental disability, or if you are homeless.
- Get accessible services and receive reasonable disability accommodations.
- Refer yourself to in-network and out-of-network family planning providers.
- Get necessary services from an out-of-network provider if the services are not available within our network, for as long as our provider network is unable to provide them.
- Access certified nurse midwife services and certified pediatric or family nurse practitioner services.
- Get emergency post-stabilization services.

- Get emergency health care services at any hospital or other setting.
- Receive information about advance directives, which tell how to have medical decisions made for you if you are not able to make them for yourself.
- Have your parent or a representative make treatment decisions when you can't.
- Submit a complaint or appeal about Aetna Better Health or the care it provides.
- A quick response to problems raised around complaints, grievances, appeals, authorization, coverage, and payment of services.
- A state fair hearing after a decision has been made about your appeal.
- A copy of this Member Handbook.
- Obtain advocacy on your behalf.
- Disenroll from your health plan.

## YOUR RESPONSIBILITIES

As a member of Aetna Better Health, you and/or your child have the responsibility to:

- Read through and follow the instructions in your Member Handbook. Work with your PCP to manage and improve your health.
- Ask your PCP any questions you may have and call your PCP any time you need health care.
- Give all information about your health to Aetna Better Health and your doctor.
- Tell your doctor if you do not understand your health problems.
- Work together with your doctor to make plans about your care.
- Show your ID card to each doctor before getting health services.
- Protect your member ID card. Do not lose or share it with others.
- Use the emergency room (ER) for true emergencies only.
- Keep your appointments.
- If you must cancel an appointment, call your PCP as soon as you can to let them know.
- Follow what you and your practitioner agree to do.
- Follow your practitioner's recommendations about appointments and medications.
- Go back to your PCP or ask for a second opinion if you do not get better.
- Call Member Services at **1-888-348-2922 (TTY: 711)** whenever anything is unclear to you or if you have questions.
- Contact DHHR Change Report Center at **1-877-716-1212** to report family size, employment, and/or address changes.
- Treat doctors, staff, and people providing services to you with respect.
- Tell Aetna Better Health if you have other health insurance, including Medicare.

## STEPS TO GETTING CARE

### MEMBER ID CARD

After you join Aetna Better Health, we will send you a member ID card in the mail. Each member of your family who has joined Aetna Better Health will receive their own card. If you have not received your or your child's member ID card after five (5) business days, please call Member Services at **1-888-348-2922 (TTY: 711)**.

It is important to always keep your member ID card with you. You will need it any time you get care. The card is your proof that you are/your child is a member of Aetna Better Health.

Your member ID card should look like this:

AETNA BETTER HEALTH® OF WEST VIRGINIA			
Group # WVCHIP WVCHIP Blue			
Name Last Name, First Name, MI		DOB 00/00/0000 Sex X	
Member/State ID# 000000000000		Effective Date 00/00/0000	
PCP Last Name, First Name		PCP Phone 000-000-0000	
RxBIN: 003858 RxPCN: A4 RxGRP: WVCHIP1			
Pharmacist Use Only: 1-800-922-1557		express-scripts.com	
Submit: Express Scripts®			
THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT, OR PAYMENT. WVCHBLUE			

<b>IMPORTANT NUMBERS FOR MEMBERS</b>	
Member Services:	1-888-348-2922 (TTY: 711)
24 Hour Nurse Line:	1-855-200-5975
Behavioral Health:	1-888-348-2922
Vision Services:	1-800-877-7195 (TTY: 711)
Dental Services:	1-888-983-4693
Pharmacy:	1-855-230-7778
WVCHIP:	1-877-982-2447
<b>IMPORTANT NUMBERS FOR PROVIDERS</b>	
Eligibility:	1-888-348-2922
Authorization:	1-844-835-4930
Pharmacy:	1-800-922-1557
Send claims to: Aetna Better Health of West Virginia P.O. Box 982965 El Paso, TX 79998-2965 AetnaBetterHealth.com/WestVirginia	
PayerEDI: 128WV	
In case of emergency go to the nearest emergency room or call 911.	
WVCHBL	

You will find some useful information on the card like your/ your child's Member ID number, PCP's name and office phone number, the start date of Aetna Better Health coverage, and other important phone numbers. Having your card out when you call Member Services can help us serve you faster.

Please call Member Services immediately at **1-888-348-2922 (TTY: 711)** if:

- You lose your or your child's card
- The ID card is stolen
- You have not received your card(s)
- Any of the information on the card(s) is wrong
- You or your child have a baby
- You or your child move
- Someone in your family dies

Please call your county DHHR immediately at **1-877-716-1212** if you or your child move out of West Virginia.

## PROVIDER DIRECTORY

The online Provider Directory is a list of all doctors, hospitals, dental and specialty care practitioners and other providers who work with Aetna Better Health. It is available on our website at **[AetnaBetterHealth.com/WestVirginia/find-provider](https://www.aetna.com/betterhealth/westvirginia/find-provider)**.

The Provider Directory includes the following information about each provider:

- Name, Address and phone number
- Professional qualifications
- Specialty

If you would like information about a practitioner's education, such as medical school and residency, cultural competency, or board certification, call us. For a printed copy of the Provider Directory please call **1-888-348-2922 (TTY: 711)**. We will mail you a paper-based Provider Directory within five business days of your request.

## CHOOSING YOUR PRIMARY CARE PROVIDER (PCP)

A primary care provider (PCP) is a specific clinician responsible for coordinating your/ your child's health care needs. Each member of Aetna Better Health chooses a PCP from the Provider Directory. Member Services can help you select a PCP to best fit your/ your child's needs. If you do not pick a PCP from the Provider Directory, we will choose one for you.

The PCP's name and office phone number will be listed on your member ID card. If you would like to change your/ your child's PCP, just give us a call.

If you/ your child has a chronic illness, then you may be able to select a specialist as your/ your child's PCP. Please call Member Services at **1-888-348-2922 (TTY: 711)** for more information.

## HOW TO SCHEDULE AN APPOINTMENT

You will visit your/ your child's PCP for all routine health care needs. New members should try to schedule an appointment within 45 calendar days of joining Aetna Better Health. You can schedule your appointments by calling the PCP's office phone number which is on your member ID card. You can call 24 hours a day, seven days a week. If you need help scheduling an appointment, please give us a call.

On the day of your visit, remember to take your member ID card. Please show up on time or call to cancel an appointment if you cannot make it. We work with our provider offices to make sure you are seen as close to your appointment time as possible.

Aetna Better Health requires that members have access to all routinely used sites, such as PCP offices and frequently used specialists within 30 minutes travel time of a member. See the Access and Availability Guide section in this handbook for more information. Aetna Better Health will ensure hours of operation are convenient and do not discriminate against members.

Aetna Better Health requires that members with emergencies be seen or referred immediately. Urgent issues must be seen within 48 hours. Routine cases must be seen within 21 days.



## CHANGING YOUR PCP

If you need to, you can change your/ your child's PCP for any reason at any time. Let us know right away by calling Member Services at **1-888-348-2922 (TTY: 711)** or by going to **[AetnaBetterHealth.com/WestVirginia/members/portal](https://www.aetna.com/betterhealth/westvirginia/members/portal)**. We will send you a new member ID card in the mail and let you know that you/ your child's PCP has been changed. It usually helps to keep the same PCP so he or she can get to you know you/ your child and your/ your child's medical history.

Sometimes PCPs leave our network. If we find out your or your child's PCP is leaving, we will let you know by mail within 15 calendar days. We will try to give you 30 calendar days' notice before the PCP leaves. We can assign you/ your child a new PCP or you can pick a new one yourself. If we need to assign a new PCP for another reason, we will let you know.

## SECURE MEMBER WEB PORTAL

Our updated secure member website is your go-to resource to help you manage your plan and health. It will help you use benefits and services so you/ your child can get and stay healthy.

You can:

- Access health plan details—change your/ your child's PCP, find forms or request member ID cards.
- Get personalized health information—answer questions about you/ your child's health. Get the tips and tools you'll need to meet health goals like quitting smoking and weight management.
- Get instant access to claims details—see the status of a claim from start to finish.
- Find support—get in touch with a nurse. Or learn more about chronic condition management and wellness programs that will help you or your child stay on track with goals.

Set up your account by visiting **[AetnaBetterHealth.com/WestVirginia/members/portal](https://www.aetna.com/betterhealth/westvirginia/members/portal)**. Click on *Log in* then select *Register*. You'll need your member ID and a current email address to create an account.

To sign up over the phone call Member Services at **1-888-348-2922 (TTY: 711)**.

## WHERE TO GET MEDICAL CARE

### ROUTINE CARE

You/your child should see the PCP for all routine health care visits. Routine visits are when a delay in medical care would not cause a serious problem with your health. Some reasons to get a routine health care visit include checkups, screenings, physicals, and care for diabetes and asthma. You can call the PCP to schedule these visits at any time. You and your/ your child's PCP should work together to get you care that is needed.

- Well-care Visits – A well care visit is when you/ your child sees the PCP for a preventive visit. These visits are not for treating conditions or diseases, so you should schedule a well care visit even if you/ your child does not feel sick. During the appointment, the PCP will review your/ your child's medical history and health. The PCP may suggest ways to improve your/ your child's health, too. You can learn more about well-care visits under the section titled "More Information about Your Health Plan".
- After Hours Care – You can reach your/ your child's PCP even if it is after normal business hours. Just leave a message with your name and phone number. The PCP or another PCP on call for your/ your child's PCP will call you back.
- We cover medically necessary care given by licensed Aetna Better Health of West Virginia practitioners. You may receive care in the practitioner's office, a clinic, a health center, or other places needed to treat an illness, injury or disease. You can get care from practitioners and providers listed in the Aetna Better Health of West Virginia Provider Directory.

### URGENT CARE

You can visit an urgent care center when you/ your child has an injury or illness that needs prompt care but is not an emergency. Some examples of when to get urgent care are:

- A sprained ankle
- A bad splinter
- The flu

You can schedule an urgent care appointment by calling your/your child's PCP. You should explain the medical problem so that the PCP can make your appointment or help you decide what to do. You can also get urgent care if you are traveling and are too far from your or your child's PCP office. If you think you might need urgent care when you are away from your home or after hours, you can also call the 24-Hour Nurse Line at **1-855-200-5975 (TTY: 711)**. They can help you decide what kind of treatment your child needs.

## EMERGENCY CARE

You should get emergency care when you/ your child has a very serious and sudden medical problem. An emergency would make someone think he or she needs to be treated right away. Some examples of an emergency are:

- Severe bleeding that does not stop
- A heart attack
- Severe chest pain
- Seizures
- Rape
- Attempted suicide

You should not go to the emergency room (ER) for things like:

- Colds
- Minor cuts and bruises
- Sprained muscles

If you/ your child is treated in a hospital emergency room for a non-emergency, you may be billed for those services and responsible for any applicable co-pay.

**If you believe you or your child has a medical emergency, call 911 immediately or go to the nearest ER.** When you get there, show your member ID card. You do not need approval from your/ your child's PCP or Aetna Better Health. If you are traveling and away from home when you have a medical emergency, go to the nearest ER. You have the right to go to the nearest hospital, even if it is not in our network. If you're not sure what to do, call your/ your child's PCP or Aetna Better Health at **1-888-348-2922 (TTY: 711)**. Remember to use the ER only if you have an emergency. You are always covered for emergencies.

If you or your child needs to stay in the hospital after an emergency, please make sure Aetna Better Health is called within 24 hours. If you are told that you/ your child needs other medical care to treat the problem that caused the emergency, the provider must call Aetna Better Health. If you are able, call your/ your child's PCP to let them know that you or your child has a medical emergency. You will need to schedule follow-up services (called post-stabilization) with your/ your child's PCP.

For more information about emergency transportation and post-stabilization services, please see the Mountain Health Trust - WVCHIP Covered Benefits table in Appendix A in the back of this handbook.

## **HOSPITAL CARE**

### **Inpatient Hospital Care**

If it is not an emergency, we must preauthorize a hospital stay before you go to the hospital. You must use a hospital that is an Aetna Better Health of West Virginia provider. You/ your child will be under the care of your/ your child's PCP or other practitioner designated by the PCP.

We help manage all hospital stays. We look at the care you/ your child gets while in the hospital. The care is covered as long as there is a medical need for the care. If all or part of the hospital stay is not medically needed, your/ your child's provider will be told that coverage will end, and you will not be responsible for payment.

### **Outpatient Hospital Care**

Outpatient hospital care is care in a hospital that does not require an overnight stay. It may include tests to find sickness or care to help you heal. If you get an x-ray or have physical therapy in a hospital, that is outpatient hospital care.

You should tell your/ your child's PCP when you or your child receive outpatient hospital care.

## **CARE AWAY FROM HOME**

Aetna Better Health's service area is the entire State of West Virginia. If you are traveling or out of the service area, you are only covered for emergency services. Routine care out of the service area or out of the country isn't covered by Mountain Health Trust - WVCHIP. If you are out of the service area and need health care services, call your/ your child's PCP. He or she will tell you what to do. (You can also call us to check if you are out of the service area.)

If you are not in West Virginia and you think your or your child's life is in danger, go to the closest ER. Show your Aetna Better Health ID card to the ER staff. If you/ your child gets services in the ER and are admitted to the hospital, have staff call us at the number on the back of the ID card.

## YOUR BENEFITS

You can get many services through Aetna Better Health's Mountain Health Trust - WVCHIP managed care program in addition to those that come with WVCHIP fee-for-service. For most benefits, you will need to go through your/ your child's PCP. Some services do not require a referral, including behavioral health services. This means that you do not need approval from your/ your child's PCP. To get these services, look in our Provider Directory for the list of providers/practitioners who offer these services. You can schedule the appointment yourself. If you have any questions, we can help. Just call us at **1-888-348-2922 (TTY: 711)**. Member Services can explain how to access your services.

## COVERED SERVICES

Mountain Health Trust – WVCHIP includes medical, behavioral health, maternity, dental and vision services. Covered services must be medically necessary. You/ your child should get these services from providers/practitioners in the Aetna Better Health network. Your/ your child's PCP will provide covered services or refer you to another practitioner or provider to do so. You can find a complete list of covered services in [Appendix A](#) in the back of this Member Handbook. Show your/ your child's Aetna Better Health member ID card any time you get covered services.

## BENEFITS COVERED UNDER WVCHIP FEE-FOR-SERVICE

The following services are covered under WVCHIP Fee-For-Service. For questions about these services, contact the WVCHIP office at **1-877-982-2447**. Be sure to use your regular WVCHIP enrollment information for services that are not covered by Aetna Better Health.

### OUTPATIENT PRESCRIPTION BENEFIT SERVICES

Outpatient prescription medicine is covered under WVCHIP fee-for-service. If you have questions about your/ your child's prescription medicine, please contact Express Scripts at **1-855-230-7778**.

### BIRTH TO THREE (BTT)

Specialized Services for Infants and Toddlers with Developmental Delays: WVCHIP covers a special set of services targeted only to very young children up to and including their third birthday. These specialized, early intervention services will help to lessen or remove effects of conditions that could result in more severe or long-lasting disability or learning problems when not addressed at the earliest life stages. Most states have an early intervention program; in West Virginia, the name of this program is Birth to Three (BTT). BTT is administered by the Office of Maternal, Child, and family Health, a division of DHHR's Bureau for Public Health. [www.wvdhhr.org/birth23](http://www.wvdhhr.org/birth23) for more information on the BTT program.

Making a Referral: Either a parent or a physician may refer a child to the BTT program for further assessment by calling **1-866-321-4728** to get an appointment with BTT providers nearest to your location.

## VALUE-ADDED SERVICES

In addition to your child’s benefits, Aetna Better Health offers value-added services. Eligible members can complete the healthy behaviors in the table below to receive a reward. We offer these services to encourage health education and to promote good health habits. Co-payments will not be charged, and members do not have the right to an appeal or a state fair hearing for value-added services. Please note that value-added services sometimes change. Call Member Services at **1-888-348-2922 (TTY: 711)** for details.

<b>Value-Added Services and Rewards</b>	
<b>Good Health Practices</b>	<b>Reward</b>
Wellness event participation (Locations and services vary. Call for details)	\$25 gift card
Annual wellness exam for ages 3-21	\$25 gift card
Yearly child dental check-up for ages 2-3	\$25 gift card
Complete child immunizations by age 2	\$25 gift card
Complete adolescent immunizations by age 13	\$25 gift card
Timely behavioral health follow-up appointment (within 7 days after hospitalization)	\$25 gift card
Annual flu shot	Receive a \$25 state park gift card when you get your flu shot (adults only)
<b>Healthy Activities</b>	<b>Reward</b>
Ted E. Bear Cub Club (under age 13)	Quarterly rewards
Keep Kids Safe	Medication Lock Box
Health related summer camps for children	Camp scholarships
Walking Program completion (adults only)	\$25 gift card
<b>Pregnancy</b>	<b>Reward</b>
Attend 6 Prenatal appointments	Cribette
Attend 1 Post-partum appointment within 7-84 days of having your baby	\$50 gift card
Enroll in Moms and Babies Program (for pregnant women with substance use disorder)	Cribette or Baby Wrap Carrier upon delivery
Complete the Moms and Babies Program	Educational Toy on baby’s first birthday
Preventive Dental Program	Up to 2 check-ups during pregnancy
<b>Asthma</b>	<b>Reward</b>
Asthma Care Program	One-on-one asthma education and a Peak Flow Meter
<b>Diabetes</b>	<b>Reward</b>
Enroll in diabetic education program and complete A1C testing (Available in certain counties)	\$25 gift card
Yearly diabetic eye exam	\$25 gift card

## COMMUNITY SERVICES

Good health and well-being is about more than just having good medical care. There are many services in West Virginia that can help meet your needs. Whether you need help with a housing problem or childcare or getting healthy food or help with a substance use problem our Care Management team can help. Call us at **1-888-348-2922 (TTY: 711)** or visit our website for a list of resources. Go to **AetnaBetterHealth.com/WestVirginia** click on the *For members* tab, then *resources and tools*.

### FIND HELP

Find Help is a free resource that can connect you with services you need. Do you need help with paying your bills or finding food or housing? Visit **abhvv.findhelp.com** You just need to provide your ZIP code to get started.

Our Member Services and Care Management team can also assist you with the Find Help resource. Just call us at **1-888-348-2922 (TTY: 711)**

You can also call, text or chat for help by dialing **211**. The service is available 24 hours a day, 7 days a week. A trained specialist will help you. The **211** service is free and confidential.

### WEST VIRGINIA WIC

Aetna Better Health wants to make sure you receive all the help available to you. West Virginia Women, Infants, and Children (WIC) is an organization that provides nutritional services to you and your family. The mission of the West Virginia WIC program is to improve the health of women, infants and children in West Virginia by providing quality nutrition and breastfeeding counseling and education; as well as health monitoring and nutritious foods.

The West Virginia WIC program may help you and your family get healthy foods and have better nutrition. To reach the office of the West Virginia WIC program call

**304-558-0030** or go to their website at **ons.wvdhhr.org**.

### HELP ME GROW

Help Me Grow is a FREE referral service that connects families with critical developmental resources for their children birth through five years. The goal of Help Me Grow is to successfully identify children at-risk and link them to the help they need. Help Me Grow offers parents and medical providers:

- Referral Line - Receive expert advice and a referral to community resources to help support early childhood development
- Ages and Stages Screening Questionnaire - 3 (ASQ-3)™ – This developmental screening tool is endorsed by the West Virginia Chapter of the American Academy of Pediatrics and is available upon request

Help Me Grow is part of a national program that connects families to resources in West Virginia. The program is funded by the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health, West Virginia Home Visitation Program.

Parents, families and friends can call Help Me Grow directly to be connected to a care coordinator who can talk with them about how their child is doing, mail a developmental screening tool and connect them to the appropriate resources.

### **Why Call Help Me Grow?**

Call if you are:

- Wondering about your child’s development, behavior or learning;
- Needing support to access services; or
- Helping a family member or friend find information about developmental services.

### **The Help Me Grow Team will:**

- Evaluate your child’s developmental progress with a developmental screening, the Ages and Stages Questionnaire-3 (ASQ-3)™, endorsed by the West Virginia Chapter of American Academy of Pediatrics
- Help you decide which referrals are right for your family
- Connect you with services that are appropriate and available
- Follow up to find out if you were connected to services

Hotline for Help Me Grow: **1- 800-642-8522**

### **WORKFORCE WEST VIRGINIA**

Workforce WV offers tools to help with job searches, unemployment, and training. Workforce WV has the largest database of job seekers and openings in the state. The education and training opportunities provide residents work skills needed by businesses. Visit their website at **workforcewv.org**. If your child doesn’t have a job due to a health issue, please contact us for assistance at **1-888-348-2922 (TTY: 711)**.



## MORE INFORMATION ABOUT YOUR HEALTH PLAN

Please read below for more details about Aetna Better Health benefits and services. If you have any questions, please call Member Services at **1-888-348-2922 (TTY: 711)**.

### WELL-CHILD VISITS

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is a child preventive health component of Medicaid. HealthCheck is the name for West Virginia's EPSDT Program. The HealthCheck Program promotes regular preventive medical care and the diagnosis and treatment of any health problem found during a screening.

Well-child visits are important to make sure children are healthy and stay healthy. HealthCheck covers all medically necessary and preventive health care services for members up to age 18. Covered screening services are medical, mental health, vision, hearing, and dental. Both sick and well care services are provided by your child's PCP at no cost.

HealthCheck Screening Schedule for Well-child visits	
Stage	Ages for Well-child visits
Infancy	Birth, 3-5 days old, by 1 month, 2 months, 4 months, 6 months and 9 months
Early Childhood	12 months, 15 months, 18 months, 24 months, 30 months, 3 years and 4 years
Middle Childhood and Adolescence	Every year from age 5 through age 18

Some screenings that children can get include:

- Physical exams
- Laboratory tests
- Vision testing
- Immunizations
- Hearing test
- Dental services
- Behavioral health screenings
- Health education
- Health and development history

Immunizations are important to keep your child healthy. See Appendix A in this handbook for the recommended immunization schedule. Checkups and screenings are needed to detect health problems. Your child's PCP can diagnose and treat any health issues early, before they become more serious. Call your child's PCP or Member Services to schedule a well-child visit.

Aetna Better Health has trained professionals on staff to help members move from child to adult care. We can help you to get the right care for your child's special needs. Please call **1-888-348-2922 (TTY: 711)** and ask to speak to a Care Management team member.

## POPULATION HEALTH MANAGEMENT

Aetna Better Health has many programs to help members get healthy and stay as healthy as possible. Whether you/ your child has a medical problem or are just trying to live a healthy life, we have a program for you. We will automatically put you/ your child into the program if you/they are eligible. Call us if you do not want to be part of a program. For questions about these programs, call us at **1-888-348-2922 (TTY: 711)**.

Program	Who Is Eligible
Healthy pregnancies/Healthy babies	Pregnant members and moms up to 6 weeks after giving birth
Healthy adults and children	All members
Flu vaccination	All members over 6 months of age
Living with diabetes	Members with Diabetes
Moms and Babies	Pregnant women who have substance use disorder (drug addiction) and Babies born with Neonatal Abstinence Syndrome (NAS)
Appropriate use of acute care settings	Members who are in the hospital or have recently been discharged
Opioid management	Members who use certain drugs
Chronic condition management	Members with at least one chronic condition: Asthma, Diabetes, Heart Failure, COPD (Lung Disease), Coronary Artery Disease (CAD), Depression
Managing Diabetes and Heart Disease (Multiple chronic conditions)	Members with both Diabetes and Heart Disease
Emergency Room (ER) Utilization Management	Members who frequently use the ER
Integrated Care Management (ICM)	Members who need help managing their care
Child and Family Welfare Program	Assists and supports members in the child and family welfare system

## CARE COORDINATION

All members are eligible for care coordination services. We have a team of nurses and care coordinators who can help coordinate your health care services. We can help with:

- Coordination between settings of care
- Coordinating services you receive from other organizations
- Coordinating services you receive in fee-for-service CHIP
- Coordinating services you receive from community and social support providers

If you would like help with care coordination, call us at **1-888-348-2922 (TTY: 711)** and ask to speak to a Case Manager.

## INTEGRATED CARE MANAGEMENT

Some members have special health care needs and medical conditions. Our Integrated Care Management (ICM) Program can help you understand you/ your child's condition and treatment plan. We have nurses, social workers, and support staff who work with many health care practitioners, agencies and organizations to get you/ your child the services and the care that they need. We will help you get the best care in the most efficient manner. Our Case Managers help coordinate care in the following ways:

- Work one-on-one with you/ your child to create a plan based on your goals.
- Review the plan to help make sure your child does not have gaps in care.
- Consult with your doctors.
- Help you make specialist and primary care doctor appointments.
- Verify that the right medicines and treatments are in place.
- Help make sure you/ your child receives preventive care.
- Work to ensure you and your family have the support you need.
- Ask questions to make sure your home is safe.
- Provide patient and family education about programs and services available in the community and through your child's doctor.
- Make sure you have support for any behavioral health needs.
- Help you transition to other care when you/ your child's benefits end, if necessary.

We want to help you get the care and services you/ your child need. To sign up for Integrated Care Management, call us. A practitioner or caregiver can also call to sign you/ your child up for the program. You may leave the program at any time.

To contact Care Management, call us toll-free at **1-888-348-2922 (TTY: 711)** Monday - Friday from 8:30 AM to 5 PM and ask to speak to a Case Manager. After normal business hours, you may leave a message. We'll call you the next business day.

## UTILIZATION MANAGEMENT

We want to ensure that our members are getting the services or benefits they need to get or to stay healthy. This is called "utilization management" (UM). Our UM program helps make sure you get the right services at the right place. UM staff use clinical criteria, guidelines and written policies to make UM decisions. They check that requested services are:

- Needed to get or keep you/ your child healthy
- Covered by Aetna Better Health of West Virginia

You or your practitioner or provider can get a copy of the guidelines we use to approve or deny services. You can call us toll free at **1-888-348-2922 (TTY: 711)** Monday - Friday from 8:30 AM to 5 PM with questions about our UM program. Member Services may transfer your call to the UM department for a staff member to help you. After normal business hours, you may leave a message. We'll call you the next business day. If someone from our Utilization Management (UM) team calls you, they will give you their name and title and say they are calling from Aetna Better Health.

We're here to help you with any UM issues:

- For help if you have vision and/or hearing problems, call us at **1-888-348-2922 (TTY: 711)**
- For help with language or translation services, call Member Services at **1-888-348-2922**.

We understand members want to feel confident they are receiving the health care and services that are best for them. We have policies our practitioners and providers follow to ensure your child receives the right health care. We do not use incentives to encourage barriers to care and/or service, or to reward inappropriate restrictions of care. This is called an affirmative statement. We want to let you know that:

Utilization Management (UM) decisions are made by looking at your/ your child's benefits and choosing the most appropriate care and service.

- We don't reward doctors or other people for denying coverage or care.
- Our employees do not get any incentives to reduce the services you get.

We want to make sure that each member receives the right health care. If you need help understanding this information, call us at **1-888-348-2922 (TTY: 711)**.

## **MEDICATIONS**

Prescription medicine is covered under WVCHIP fee-for-service. If you have questions about your/your child's prescription medicine, please contact Express Scripts at **1-855-230-7778** if medically necessary, Aetna Better Health covers:

- Medicine you get as part of a hospital stay
- Injectable medicine you get at the doctor's office

Your doctor or your child's doctor will work with us to get you the right medicine for your/ your child's condition. If you have questions about these kinds of medicines, talk to your/your child's doctor.

## **FAMILY PLANNING SERVICES**

Aetna Better Health covers care to help you/ your child if you plan to have a family, want to know how to avoid getting pregnant, or want to know how to protect yourself against sexually transmitted infections (STIs). This includes coverage for contraceptives, testing and treatment for STIs, and screenings for issues before you plan to become pregnant.

You don't need to get an OK from your/your child's PCP to get family planning care. You may go to any licensed family planning clinic or provider. The provider doesn't have to be part of our network. If you/ your child chooses to see a family planning provider who is not part of our network, let your PCP know about the family planning visit. The family planning provider and PCP will work together to make sure you/ your child get the right care.

Family planning records are kept private. Medical records may be shared with other doctors who take care of you/ your child, public health officials, or government agencies.

## PREGNANCY AND MATERNITY SERVICES

Aetna Better Health provides coverage for prenatal care, inpatient hospital stays during delivery, and post-partum care. Our Healthy Pregnancies/Healthy Babies program can offer support throughout pregnancy and after delivery. Call **1-888-348-2922** and ask to speak to Care Management for more information on the program.

Maternity related professional and facility services, including prenatal care, midwife services and birthing centers are covered.

If you are pregnant at the time of turning 19 and aging out of WVCHIP coverage, contact DHHR to be evaluated for WVCHIP pregnancy coverage. If you are over age 19 and eligible for WVCHIP pregnancy coverage, your coverage will end 60 days after the birth of your baby.

Pregnant women are eligible for CHIP coverage for up to one year after delivery. Infants born to CHIP members are eligible for either Medicaid or CHIP coverage for up to one year after birth. You must report your baby's birth. As soon as your baby is born be sure to:

- Call your county DHHR office at **1-877-716-1212**, and
- Call us at **1-888-348-2922 (TTY: 711)**

## DENTAL SERVICES

Dental care is important to your overall health. Aetna Better Health uses a dental benefit manager, SKYGEN, to provide dental services to Mountain Health Trust - WVCHIP members. All dental services are provided by a licensed dentist or dental specialist in an office, clinic, hospital, or other setting.

Members should visit their dentist for a checkup once every six months. Checkups begin at six months after an infant's first tooth erupts or by twelve months of age. Children and adolescents can get orthodontic services for the entire length of treatment and other services to fix dental problems. WVCHIP members are covered for non-emergency and emergency dental services. See the benefit table in Appendix A in the back of this handbook for a listing of covered services.

If you need to speak with SKYGEN regarding the children's dental benefit, please call **1-888-983-4693**.

## BEHAVIORAL HEALTH SERVICES

Aetna Better Health provides inpatient and outpatient services to members. This benefit includes mental health services, substance use disorder (alcohol and drugs) services, care management, rehabilitation and clinic services. See the benefits table in Appendix A in the back of this handbook for more information.

A referral is not needed for behavioral health services. Your/your child's PCP or Member Services can help you get these services from behavioral health practitioners/providers. You can call **1-888-348-2922 (TTY:711)**. Let your/your child's PCP know if you or your child visit a behavioral health specialist, so he or she can support your care.

To reach Aetna Better Health's Behavioral Health Crisis Line, just dial **1-888-348-2922 (TTY: 711)** and press option 1. You can also call the Suicide & Crisis Lifeline by dialing **988**.

If there is a mental health or substance use emergency, please call **911** right away.

## **COURT ORDERED SERVICES**

Medically necessary court ordered treatment services may be covered by Aetna Better Health. Court ordered services are subject to WVCHIP review and determination.

## **SECOND MEDICAL OPINIONS**

You or your child may need a second opinion for an illness, surgery and/or confirming a treatment of care that a doctor has told you that your child needs. Contact your practitioner or Member Services for help to get a second opinion. If an appropriate provider or practitioner for the second opinion is not available within the Aetna Better Health network, we will arrange for you/ your child to get the second opinion outside the network. There is no cost to you for the second opinion.

## **SERVICES NOT COVERED**

Some services are not available through Aetna Better Health or WVCHIP. If you choose to get these services, you may have to pay the entire cost of the service. Aetna Better Health is not responsible for paying for these services:

- All non-medically necessary services
- Except in an emergency, inpatient hospital tests that are not ordered by the attending physician or other licensed practitioner, acting within the scope of practices, who is responsible for the diagnosis or treatment of a particular patient's condition
- Treatment for infertility and the reversal of sterilization
- Sex transformation procedures and hormone therapy for sex transformation procedures
- All cosmetic services, except in the case of accidents or birth defects
- Christian science nurses and sanitariums
- Duplicate Services
- Service codes determined by WVCHIP as not covered
- Health services or supplies from nonparticipating practitioners, except in an emergency, for family planning or when otherwise approved by Aetna Better Health
- Health Services prohibited by law or regulation

This is not a complete list of the services that are not covered by Aetna Better Health or WVCHIP. Refer to Appendix A in the back of this handbook for a more complete list of services not covered. If a service is not covered, not authorized, or is provided by an out-of-network provider, you may have to pay. If you have a question about whether a service is covered, please call Member Services at **1-888-348-2922 (TTY: 711)**.

## **NEW TECHNOLOGY FOR MEDICAL PROCEDURES**

We are always looking at new medical procedures and methods. We want to be sure members get safe, high-quality care. We have a team of doctors who review new health care technologies. They decide if new technologies should become covered services. (We don't cover things that are investigational or still under research.)

To decide if a new technology will become a covered service, we will:

- Study the purpose of it
- Review medical literature
- Look at the impact and benefits
- Develop rules on how and when to use the technology

## GETTING YOUR BENEFITS

### SPECIALTY CARE

Sometimes you/ your child may need care from a specialist. Specialists treat certain diseases and special types of conditions, including behavioral health or substance use concerns. Your/ your child's PCP can recommend a specialist or behavioral health care provider to you. You don't need a formal referral from the PCP as long as the specialist is in our provider network.

Female members have direct access to an Aetna Better Health women's health specialist for routine and preventive care. Women's health specialists include, but are not limited to, obstetricians, gynecologists and certified nurse midwives. Routine or preventive care includes covered services such as breast exams, mammograms, pap tests and prenatal care. You do not need an OK from your/ your child's PCP. You child must go to an Aetna Better Health practitioner in order for the service to be covered, except for emergency services or family planning services. You can use any WVCHIP provider for family planning services.

Let the PCP know if you or your child visit a specialist, so they can support your care.

If you need help finding a specialist, please call us at **1-888-348-2922 (TTY: 711)** or visit **[AetnaBetterHealth.com/WestVirginia/find-provider](https://www.aetna.com/betterhealth/westvirginia/find-provider)**.

### SERVICE AUTHORIZATIONS

If you/ your child needs to see a practitioner/provider who is not in our network, your/ your child's PCP must ask Aetna Better Health for approval. Asking for an out-of-network referral is called a service authorization request. It is important to remember that the PCP must ask us for approval before you/ your child sees an out-of-network practitioner/provider. You or the PCP can call Member Services at **1-888-348-2922 (TTY: 711)**. If you or your child is approved to see a practitioner or provider who is outside of our network, the visits will be covered. If we do not approve a service authorization, you can appeal the decision.

### PRIOR AUTHORIZATIONS

Sometimes you/ your child may need certain services or treatments that require approval. Before you get this type of care, your practitioner or provider must ask our Prior Authorization team. If we do not approve a prior authorization, you can appeal the decision.

We give prior authorizations to Aetna Better Health practitioners or providers when you or your child need health care, drugs or supplies that are medically needed. Your/ your child's practitioner or provider needs to call us at least two (2) working days before the scheduled care. However, earlier notification helps the review process. We may ask to see written notes showing that the care is medically needed before it is preauthorized.

Our Prior Authorization team is available from 8:30 AM - 5 PM (ET) Monday through Friday. If you have questions, call us at **1-888-348-2922 (TTY: 711)**. After normal business hours, you may leave a message, and someone will return your call the next business day.



Prior authorization is required before you receive care for the services listed below:

- Home health care exceeding 12 skilled nursing visits
- Chiropractic care for children under age 16
- Durable medical equipment (DME) of \$1000 or more, or rental more than 3 months
- Sleep Apnea services and equipment
- Dialysis Services – outpatient
- Hearing Aids
- Computerized Tomography (CT scan)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiogram (MRA)
- Positive Emission Tomography (PET Scan)
- Inpatient hospital care
- Outpatient surgery
- Intensive outpatient behavioral health services
- Services from a non-participating provider (except emergency services and family planning)
- Select services (listed below) have visit limits; visits exceeding these limits require prior authorization.

<b>Type of Service</b>	<b>Number of Visits</b>
Occupational Therapy Services	20
Physical Therapy Services	20
Speech Therapy Services	20
Vision Therapy Services	20

This list is not all inclusive. For more services requiring prior authorization, see Appendix A in the back of the handbook. If you have any questions, call Member Services at **1-888-348-2922 (TTY: 711)**.

## **OUT-OF-NETWORK SERVICES**

If our network is unable to provide certain covered services, you/ your child may get out-of-network services. Your or your child can go to a practitioner or provider outside the Aetna Better Health network only if:

- (1) the care is needed; and
- (2) there are no Aetna Better Health practitioners or providers who can give you/ your child the care needed.

We have the right to say where the service can be given when no Aetna Better Health provider can give you/ your child the care needed. The care must be preauthorized before your visit. The PCP or the practitioner that wants to give you/ your child the care should ask for this preauthorization.

If we have approved care outside our network, the cost will be no greater than it would be if you/ your child received the services within our network. We will coordinate payment for the care. You can continue to get the approved care outside our network as long as there are no Aetna Better Health providers that can provide the needed care. Services will be provided in an adequate and timely manner. If you have questions, call us at **1-888-348-2922 (TTY: 711)**.

## COST SHARING

Cost sharing, or a co-payment, is the money you need to pay at the time of service. Whenever you or your child see the PCP or a practitioner/provider you were referred to in our network, you are not responsible for any costs except the co-payment. Please see the table below for more details.

### Copayments

Mountain Health Trust - WVCHIP members participate in some level of cost sharing (co-payments and premiums), except for those children registered under the federal exception for Native Americans or Alaskan Natives. **There are no co-payments for maternity services or pregnant women over 19 years of age.**

WVCHIP has three enrollment groups in the plan. Each enrollment group has a different cost share.

Medical Services and Benefits	WVCHIP Gold	WVCHIP Blue	WVCHIP Premium
Medical Home (PCP) Visit	No co-pay	No co-pay	No co-pay
Physician Visit (non-medical home)	\$5	\$15	\$20
Preventive Services	No co-pay	No co-pay	No co-pay
Immunizations	No co-pay	No co-pay	No co-pay
Maternity Services	No co-pay	No co-pay	No co-pay
Inpatient Hospital Admissions	No co-pay	\$25	\$25
Outpatient Surgical Services	No co-pay	\$25	\$25
Urgent Care	\$5	\$15	\$20
Emergency Department (waived if admitted)	No co-pay	\$35	\$35
Dental Benefit	No co-pay	No co-pay	\$25 co-pay for some non-preventive services
Vision Services	No co-pay	No co-pay	No co-pay
Prescription Medications	Contact Express Scripts at <b>1-855-230-7778</b>		

For more information on co-payment amounts, please call Member Services at **1-888-348-2922 (TTY: 711)**. If you get a bill for charges beyond your co-pay amount from your doctor for a covered health care service, call us.

**Out of Pocket Maximums:** The maximum co-payment amounts applied during a benefit year are as follows:

# of Children Co-pay Maximum	WVCHIP Gold	WVCHIP Blue	WVCHIP Premium
1 Child Medical Maximum	\$150	\$150	\$200
2 Children Medical Maximum	\$300	\$300	\$400
3 or more Children Medical Maximum	\$450	\$450	\$600
Dental Services	Does not apply	Does not apply	\$150 per family
Prescription Medications	Contact Express Scripts at <b>1-855-230-7778</b>		

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

## ACCESS AND AVAILABILITY GUIDE

Aetna Better Health offers services in every county of West Virginia. The table below lists how long it should take for you to be seen by a practitioner in different situations.

Type of Visit:	When You Should be Seen:
Routine Care	Within 21 calendar days
Urgent Care	Within 48 hours
Initial Prenatal Care	Within 14 days of known pregnancy
Emergency Care – medical or behavioral health	Immediately or referred to ER
Specialty Care – new patient/initial visit	Within 90 calendar days
Specialty Care – follow-up visit	Within 30 calendar days
Initial Behavioral Health visit	Within 10 business days
Urgent Behavioral Health visit	Within 48 hours
Care for a non life-threatening behavioral health emergency	Within 6 hours
Follow-up care with a Behavioral Health practitioner (routine)	Within 60 calendar days

The following table shows what your travel time should be for your appointments.

Traveling to Your:	Should Take No Longer Than:
PCP	30 minutes
Specialist You See Often	30 minutes
Hospital	45 minutes (urban) or 90 minutes (rural)
Tertiary Hospital Services	45 minutes (urban) or 90 minutes (rural)
Federally Qualified Health Center (FQHC)/ Rural Health Clinic (RHC)	60 minutes

## LETTING US KNOW WHEN YOU'RE UNHAPPY

When you have a problem, try speaking with Member Services or your PCP to resolve it. If you are still unhappy or do not agree with a decision we have made about your/ your child's health care, you can file a complaint or an appeal. A complaint may also be called a "grievance". You can also request a state fair hearing once you have gone through the process for complaints and appeals.

## COMPLAINTS/GRIEVANCES

As a member of Aetna Better Health, you have the right to file a complaint (also called a grievance) at any time. You can file a complaint if you are unhappy with something about Aetna Better Health or one of our practitioners or providers. You can also file a complaint if you disagree with our decision about your appeal. To file an informal complaint, call us at **1-888-348-2922 (TTY: 711)** to let us know that you are unhappy with Aetna Better Health or your health care services.

You can take also steps to file a formal (written) complaint or allow someone like your PCP to do so on your behalf. If someone files a complaint on your behalf, we will need your ok in writing.

To file a written complaint, you will need to send us a letter that has:

- Your name
- Provider/practitioner name, if your complaint is about a service
- Date of service, if your complaint is about a service
- Your mailing address
- The reason you are filing the complaint and what you want Aetna Better Health to do.
- Any information or additional documents that could support your case

Please mail it to:

Aetna Better Health of West Virginia  
P.O. Box 81139  
5801 Postal Road  
Cleveland, OH 44181

We will acknowledge receipt of your complaint in writing within 3 calendar days from when we receive it. We will get our response to you within 90 calendar days from the date your complaint is received. If it is in your best interest, you can ask for a delay in our decision for up to 14 days. If we need to delay our decision for another reason, we will give you written notice within two days.

If you need help with a complaint, you can call Member Services toll-free at **1-888-348-2922 (TTY: 711)**. We can assist you in completing forms. We also offer interpreter services or assistance for your vision or hearing preferences such as auxiliary aids and other services.

## APPEALS

As a member of Aetna Better Health, you have the right to appeal a decision, including a non-coverage decision. You can file an appeal if you do not agree with our decision about your service authorization or prior authorization request. Our decision to reduce, suspend, or stop services will be sent to you in a Notice of Action letter.

You will have 60 calendar days from the date of the Notice of Action to file an appeal with Aetna Better Health. Appeals can be filed verbally or in writing. If you would like your benefits to continue while the appeal is pending, you or your child's practitioner/provider must file a request within 13 calendar days of the date of the Notice of Action letter. If our appeal decision is not in your favor, you may have to pay for services you received while the appeal was pending.

You can file an appeal by calling Member Services at **1-888-348-2922 (TTY: 711)** or you can do so in writing. If you choose to write to us, you will need to include your address. You can have someone else file an appeal for you, such as your PCP, lawyer or family member. We just need your OK in writing. To file a written appeal, please mail it to:

Aetna Better Health of West Virginia  
P.O. Box 81139  
5801 Postal Road  
Cleveland, OH 44181

Aetna Better Health will respond to your appeal within 30 calendar days from the day your appeal is received. If it is in your interest, you can ask for a delay in our decision for up to 14 days. If we need to delay our decision for another reason, we will give you written notice within two days. For appeals that need to be resolved more quickly, we will give you our decision within 72 hours after receiving your appeal. You may have to pay the cost of services, depending on the outcome.

If you need help with an appeal, you can call Member Services toll-free at **1-888-348-2922 (TTY: 711)**. We can assist you in completing forms. We also offer interpreter services or assistance for your vision or hearing preferences such as auxiliary aids and other services.

## FAIR HEARINGS

As a member of Aetna Better Health, you have the right to request a state fair hearing. The state fair hearing process is different from the Aetna Better Health complaint and appeal process. You can only request a state fair hearing after you have received notice that Aetna Better Health is upholding the decision to reduce, suspend, or stop your benefits. You must request the state fair hearing no later than 120 calendar days from the date of our decision notice. It is our job to mail you the form and give you the information you need.

Once you get the form, please mail it back to:

WV Children's Health Insurance Program  
350 Capitol Street  
Room 251  
Charleston, WV 25301

If you would like your/ your child's benefits to continue while the hearing is going on, you or your practitioner or provider must file a request within 13 calendar days of the date on the Notice of Action letter. You may have to pay the cost of services, depending on the outcome. Parties to the state fair hearing can include the State, Aetna Better Health, your representative, or the representative of a deceased member. The State will hear your case and decide within 90 calendar days of your request for a state fair hearing.

Please call Member Services at **1-888-348-2922 (TTY: 711)** if you have questions about requesting a state fair hearing. You can also call the Department of Health and Human Resources at **304-558-0684**.

## COMPLAINTS TO THE WV CHILDREN'S HEALTH INSURANCE PROGRAM

At any time, you can file a complaint to West Virginia's Children's Health Insurance Program (CHIP):

WV Children's Health Insurance Program,  
350 Capitol Street, Room 251  
Charleston, WV 25301  
**1-877-982-2447**

## REPORTING FRAUD

If you suspect fraud, waste, or abuse by an Aetna Better Health member, practitioner, or provider, please report it to our Special Investigative Unit (SIU). You do not need to give us your name or information when you call or fill out the form.

To report fraud, waste, or abuse, please call **1-844-405-2016**. You may also complete the Fraud, Waste, and Abuse Reporting form on our website at **[Aetnabetterhealth.com/WestVirginia/fraud](https://Aetnabetterhealth.com/WestVirginia/fraud)** or by mailing it to us at:

Aetna Better Health  
500 Virginia Street East, Suite 400  
Charleston, WV 25301

## OUR POLICIES

### YOUR MEDICAL RECORDS

You have the right to ask for your/ your child's medical records and get them within 30 calendar days from when you ask for them. You can also ask to have your/ your child's medical records amended or corrected. Aetna Better Health will take action on your request to have medical records corrected no later than sixty (60) calendar days from when you ask us. Your/ your child's medical records will always be kept private.

### YOUR RIGHT TO INFORMATION ABOUT YOUR HEALTH PLAN

You may request the following information at any time:

- A description of how physicians are paid, including any incentives
- How many complaints and appeals we receive and how we resolve them
- Information on the structure and operation of Aetna Better Health
- A copy of the Aetna Better Health community report
- To request this information, call member services at **1-888-348-2922 (TTY: 711)**.

### ADVANCE DIRECTIVES

Under Federal and State law, members age 18 and older have the right to make decisions about their medical care, including an advance directive. An advance directive is a legal document with your wishes regarding medical treatment if there comes a time when you are too sick to make your decisions known. An advance directive allows you to plan in advance and participate in decision-making about your health. It is a way to let your doctors know what kind of treatment you do or do not want. You can also allow someone you trust to make treatment decisions for you. This would allow that person to make choices about your care and treatment. Many people choose a relative or someone they know well.

You should speak with your doctor about making an advance directive. You do not have to fill one out, but you may want to. If you decide to let someone you trust make treatment decisions for you, be sure to speak with that person. Making an advance directive requires filling out forms and stating your wishes in writing. You will need to sign and date your advance directive and have two witnesses sign it. You should keep a copy of your advance directive and be sure your doctor also has a copy. The advance directive will become part of your medical records. Remember, you can change your advance directive at any time.

Your doctor can help you complete an advance directive or answer questions you may have. For a copy of an advance directive form, call us at **1-888-348-2922 (TTY: 711)**.

### THIRD PARTY LIABILITY

Please call and let us know if another insurance company has been involved with your:

- Worker's compensation claim
- Personal injury
- Medical malpractice lawsuit
- Car accident

## RECOMMENDING CHANGES IN POLICIES OR SERVICES

If you have recommendations or ideas, please tell us about them. You can help us make changes to improve our policies and services.

We also invite you to join our Member Advisory Committee (MAC). The MAC meets to review plan facts, share ideas, and talk about changes or new programs. You can also earn rewards for participating. To join the MAC or tell us about your ideas call us at **1-888-349-2922 (TTY: 711)**.

## CHANGES TO YOUR HEALTH PLAN

If there are any changes to you/ your child's benefits or other information in this handbook, we will let you know at least 30 calendar days before the effective date of the change and no later than the actual effective date. Please let us know if you have any questions about program changes.

## REPORTING ABUSE & NEGLECT

If you need to report abuse and neglect of a child or adult, please call the DHHR Centralized Intake for Abuse and Neglect hotline at **1-800-352-6513**. The hotline is operated 24 hours a day, 7 days a week. If it is an emergency situation, call **911**.

## FEDERAL AND STATE LAWS

Aetna Better Health complies with all applicable federal and state laws, including:

- Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80
- The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91
- The Rehabilitation Act of 1973
- Title IX of the Education Amendments of 1972 (regarding education programs and activities)
- Titles II and III of the Americans with Disabilities Act
- Section 1557 of the Patient Protection and Affordable Care Act

### Treatment of Minors

Aetna Better Health follows the guidance of West Virginia Code §§ 16-4-10 "Minors" and 16-29-1 "Copies of Healthcare Records to be Furnished to Patients." Anyone over 16 years old who has been deemed emancipated in a court of law, or who is over 16 and legally married, will be treated, and have all the privileges, rights and duties of an adult.

Oral interpreters are provided to minors on an as needed basis including emergencies.



## ENDING YOUR MEMBERSHIP

You have the right to disenroll from Aetna Better Health at any time. You may re-enroll in another health plan if you choose. The enrollment broker can help. Just call **1-800-449-8466**.

Sometimes members are disenrolled from the health plan involuntarily. This can happen if:

- You or your child are no longer eligible for WVCHIP managed care
- You or your child move outside of our service area
- You or your child are placed in an inpatient facility, nursing facility, State institution, or intermediate care facility for individuals with intellectual disability for more than 30 calendar days
- You or your child were incorrectly enrolled in Aetna Better Health

If this happens, your/ your child's services may stop suddenly. The enrollment broker and Member Services can answer any questions you may have about disenrollment. If your child moves out of the country or out of state, call West Virginia CHIP at **1-877-982-2447**.

## IMPORTANT CONTACT INFORMATION

ENTITY	PHONE NO	ADDRESS
Aetna 24-Hour Nurse Line	<b>1-855-200-5975</b>	
Aetna Better Health Behavioral Health	<b>1-888-348-2922</b>	500 Virginia Street East Suite 400 Charleston, WV 25301
Aetna Better Health Case Management	<b>1-888-348-2922</b>	500 Virginia Street East Suite 400 Charleston, WV 25301
Aetna Behavioral Health Crisis Line	<b>1-888-348-2922</b> , press option 1	
Aetna Better Health Fraud, Waste, and Abuse	<b>1-844-405-2016</b>	500 Virginia Street East Suite 400 Charleston, WV 25301
Aetna Better Health Complaints/ Grievances/ Appeals	<b>1-888-348-2922</b>	Aetna Better Health of West Virginia Box 81139 5801 Postal Road Cleveland, OH 44181
Aetna Better Health Medical Management	<b>1-888-348-2922</b>	500 Virginia Street East Suite 400 Charleston, WV 25301
Aetna Better Health Member Services	<b>Toll-Free: 1-888-348-2922</b>	500 Virginia Street East Suite 400 Charleston, WV 25301
County Department of Health & Human Resources (DHHR)	<b>1-877-716-1212</b>	
Express Scripts - Prescription Drugs	<b>1-855-230-7778</b>	
Enrollment Broker	<b>1-800-449-8466</b>	Maximus
Emergency	Call <b>911</b>	
Find Help (get help with food, housing, utility bills, etc)		<a href="http://abhww.findhelp.com">abhww.findhelp.com</a>
SKYGEN Dental	<b>1-888-983-4693</b>	
State Fair Hearing	<b>304-558-0684</b>	Bureau for Medical Services Attention: WV Children's Health Insurance Program 350 Capitol Street, Room 251 Charleston, WV 25301
Suicide & Crisis Lifeline	Dial <b>988</b>	
VSP (Vision)	<b>1-800-877-7195</b>	
West Virginia CHIP Help Line	<b>1-877-982-2447</b>	350 Capitol St, Room 251, Charleston, WV 25301

## APPENDIX A: MHT-WV CHIP COVERED BENEFITS

### Mountain Health Trust – WVCHIP Covered Benefits

What is Covered Under the Plan?

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#### Medically Necessary Services:

To be covered, services must be medically necessary and listed as covered.

Note: The fact that a physician has recommended a service as medically necessary does not make it a covered expense. Aetna Better Health reserves the right to make the final determination of medical necessity based on diagnosis and supporting medical data.

Aetna Better Health will pay for covered services deemed medically necessary when rendered by a health care professional/facility if the provider is:

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

Covered Services: A comprehensive range of health care services are covered in full unless otherwise noted. Some major categories are listed below. If you have questions about covered services, call Member Services at **1-888-348-2922 (TTY: 711)**.

*Services with an (\*) require prior authorization in some or all circumstances.*

Mountain Health Trust – WVCHIP Covered Benefits	
Abortion*	Covered only in cases of rape, incest, or endangerment to a mother's life.
Allergy Services	Includes testing and related treatment.
Applied Behavior Analysis (ABA)*	For members with a primary diagnosis of Autism Spectrum Disorder. Some limitations apply.
Ambulance Services*	Emergency ground or air ambulance transport to the nearest facility able to provide needed treatment when medically necessary (subject to retroactive review). Hospital-to-hospital and all air ambulances except emergencies require prior authorization.
Cardiac or Pulmonary Rehabilitation*	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

<b>Mountain Health Trust – WVCHIP Covered Benefits</b>	
	preceding treatment, heart failure, coronary bypass surgery, or stabilized angina pectoris. Prior authorization required after limit is reached.
Chelation Therapy*	For reduction of lead and other metals.
Chiropractic Services*	For acute treatment of a neuromuscular-skeletal condition, including office visits and x-rays. For members under 16, prior authorization. Maintenance services are not covered. Prior authorization required after 20 visits for all members.
Continuous Glucose Monitor*	For members with diabetes mellitus who often experience unexplained hypoglycemia or impaired awareness of hypoglycemia that puts them at risk or considered otherwise unstable. Covered per FDA age indications. Omnipod and other disposable insulin delivery systems are covered with prior authorization.
Contraceptive Drugs and Devices or Birth Control	Covered as appropriate per FDA guidelines for age or other restrictions; includes, but is not limited to: <ul style="list-style-type: none"> <li>• IUD and IUCD insertions, or any other invasive contraceptive procedures/devices</li> <li>• Implantable medications</li> <li>• Hormonal contraceptive methods - oral, transdermal, intravaginal, injectable hormonal contraceptives</li> <li>• Barrier contraceptive methods - e.g., diaphragms/cervical caps</li> <li>• Emergency contraceptives - e.g., Plan B and Ella</li> <li>• Over the counter contraceptive medications - e.g. anything with a spermicide - prescription required for coverage under FFS.</li> </ul>
Cosmetic/Reconstructive Surgery*	When required as the result of accidental injury or disease, or when performed to correct birth defects, such as cleft lip and palate.
Dental Services	Services provided by a dentist, orthodontist, or oral surgeon. See Dental Services section below.
Durable Medical Equipment and Related Supplies*	For the initial purchase and reasonable replacement of standard implant and orthotic/prosthetic devices, and for the rental or purchase (at WVCHIP’s discretion) of standard durable medical equipment, when prescribed by a physician. Prosthetics and durable medical equipment purchase of \$1,000 or more, or rental for more than 3 months, requires prior authorization. Equipment and supplies which can be purchased over the counter (OTC) are not covered.  For members who have received covered services from an out-of-state facility and require Durable Medical Equipment (DME)/medical supplies orthotics and prosthetic devices and appliances, and other related services or items that are medically necessary at discharge, a written prescription by the respective out-of-state attending physician must be presented to a West Virginia provider for provision of services requested. This is

**Mountain Health Trust – WVCHIP Covered Benefits**

	required to assure the warranty is valid and to ensure that repairs and maintenance are provided in the most efficient and cost-effective means for WVCHIP members. Other DME policies apply.
Emergency Services	<p>Services that are given by a qualified provider and needed to evaluate or stabilize an emergency medical, dental or behavioral health condition.</p> <p>Post-stabilization Services – Includes care after an emergency health condition is under control. Care provided in a hospital or other setting.</p> <p>Emergency Transportation – See Ambulance Services</p>
Emergency Outpatient Services and Supplies	Includes acute medical or accidental care provided in an outpatient facility, urgent care facility, or a provider’s office
Foot Care	<p>Includes medically necessary foot care performed by a health care provider practicing within the scope of his/her license, including such services as:</p> <ul style="list-style-type: none"> <li>• Treatment of bunions, neuromas, hammertoe, hallux valgus, calcaneal spurs or exostosis</li> <li>• Removal of nail matrix or root</li> <li>• Treatment of mycotic infections</li> <li>• Diabetic foot care (may include routine foot care)</li> </ul>
Hearing Services*	Includes annual examinations and medically necessary external hearing aids with prior authorization.
HealthCheck	<p>HealthCheck is the name of West Virginia's Early and Periodic Screening, Diagnosis, and Treatment program (EPSDT). This program provides periodic, comprehensive health examinations; developmental delay, vision, dental, and hearing assessments; immunizations; and treatment for follow-up of conditions found through the health examination as covered by WVCHIP.</p> <p>HealthCheck requires standard health screening forms to be completed by providers at well-child exams. See <a href="http://dhhr.wv.gov/healthcheck/Pages/default.aspx">dhhr.wv.gov/healthcheck/Pages/default.aspx</a> for more information.</p>
Hemophilia Program	<p>WVCHIP has partnered with the Charleston Area Medical Center (CAMC) and West Virginia University Hospitals (WVUH) to provide hemophilia services at a reasonable cost to WVCHIP members. Members who participate in the program will be eligible for the following benefits:</p> <ul style="list-style-type: none"> <li>• Annual evaluation by specialists in the Hemophilia Disease Management Program which will be paid at 100% with no copay. (This evaluation is not intended to replace or interrupt care provided by your existing primary care provider or specialists.)</li> <li>• Hemophilia expenses, including factor replacement products,</li> </ul>

**Mountain Health Trust – WVCHIP Covered Benefits**

	<p>incurred at CAMC or WVUH will be paid at 100% with no copay after prior authorization.</p> <ul style="list-style-type: none"> <li>• Lodging and travel: <ul style="list-style-type: none"> <li>○ Lodging expenses for child and 1 or 2 adults/guardians incurred to enable the member to receive services from the Hemophilia Disease Management Program. Lodging must be at an approved travel lodge and will be covered at 100% of charge.</li> <li>○ Travel expenses incurred between the member’s home and the medical facility to receive services in connection with the Hemophilia Disease Management Program. Gas will be reimbursed at the federal rate for one vehicle. Reimbursement of meal expenses up to \$30 per day per person. Receipts are required for meal reimbursement. For help with reimbursement, call Member Services.</li> </ul> </li> </ul> <p>Claims for lodging and travel must be submitted within the six-month timely filing period.</p> <p>Members who do not participate will not be eligible for lodging and travel reimbursement and will be responsible for copays.</p>
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 that would otherwise require confinement in a hospital or skilled nursing facility. This benefit requires prior authorization when more than 12 visits are prescribed.
Hospice Care*	In-home care provided to a terminally ill individual as an alternative to hospitalization when ordered by a physician. Requires prior authorization.
Hyperlipidemia (High Cholesterol) Screening	WVCHIP, along with HealthCheck, has adopted the American Heart Association’s guidelines regarding blood cholesterol screening for all children and adolescents. Beginning at age 2, WVCHIP recommends, but does not require, that all children and adolescents have a hyperlipidemia risk screening to determine their risk of developing high cholesterol. When one or more risk factors indicate the child is high risk, an initial measurement of total cholesterol can be obtained. Additional testing and follow-up should be based on total cholesterol levels, following the American Academy of Pediatrics’ recommendations for cholesterol management.
Immunizations for Children & Adolescents	All age-appropriate vaccines through age 18 are covered as recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunizations. WVCHIP covers immunizations as part of an associated office visit to a doctor

**Mountain Health Trust – WVCHIP Covered Benefits**

	<p>enrolled in the Vaccines for Children (VFC) program. See “Well Child Care” or the “Immunization Schedules” located at <a href="http://www.chip.wv.gov">www.chip.wv.gov</a> for more details.</p> <p>WVCHIP purchases vaccines from the State’s VFC program. This program allows physicians to provide free vaccines to children. Members should receive vaccinations from providers that participate in this program.</p> <p>If you need more information about the VFC program, call DHHR’s Division of Immunization Services at <b>1-800-642-3634</b>. Since providers outside of West Virginia cannot participate in the State’s VFC program, vaccinations from out-of-state providers will not be covered. If your doctor does not participate in VFC, vaccinations can be obtained at your local health department.</p>
<p>Immunizations for Pregnant Members Age 19 and Over</p>	<p>The following immunizations will be covered for members who are pregnant and enrolled in the Pregnant Women’s Program, unless contraindicated per the immunization guidelines: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), Measles, Mumps, Rubella, Meningococcal Pneumococcal, Tetanus, Diphtheria, Pertussis, and Varicella as recommended by the American Academy of Family Physicians.</p>
<p>Inpatient Hospital and Related Services*</p>	<p>Confinement in a hospital including semi-private room, special care units, and related services and supplies during confinement. Prior authorization is required for all admissions to a facility.</p>
<p>Inpatient Medical Rehabilitation Services*</p>	<p>Services related to inpatient facilities that provide rehabilitation services. When ordered by a physician and prior authorization completed.</p>
<p>Iron-Deficiency Anemia Screening</p>	<p>WVCHIP, along with HealthCheck, requires that all infants are tested (hemoglobin and/or hematocrit) for iron-deficiency anemia at 12 months of age. Providers are encouraged to screen all infants and children at each well-child exam visit to determine those who are at risk for anemia. Those at high risk or those with known risk factors should be tested at more frequent intervals as recommended by the CDC. This screening will also be covered as needed for pregnant women.</p>
<p>Laboratory Services</p>	<p>Laboratory services provided in a facility other than a hospital outpatient department. Includes but is not limited to iron deficiency anemia, lead testing, complete blood count, chemistry panel, glucose, urinalysis, total cholesterol, tuberculosis, etc.</p>
<p>Lead Risk Screen</p>	<p>A lead risk screen must be completed on all children between the ages of 6 months and 6 years at each initial and periodic visit. A child is considered HIGH risk if there are 1 or more checked responses on the Lead Risk Screen and LOW risk if no responses are checked. Serum blood testing is required at 12 and 24 months</p>

**Mountain Health Trust – WVCHIP Covered Benefits**

	and up to 72 months if the child has never been screened.
Maternity Services	<p>Coverage of maternity-related professional and facility services, including prenatal care, midwife services and birthing centers. If a member is pregnant at the time of turning 19 and aging out of WVCHIP coverage, the member needs to contact DHHR to be evaluated for WVCHIP pregnancy coverage.</p> <p>Maternity services for members who require more than 20 visits in 6 months will be covered with prior authorization. Coverage includes but is not limited to:</p> <p>Two ultrasounds during a pregnancy without prior authorization (more than two ultrasounds require prior authorization); Testing for Downs Syndrome, Associated Protein Plasma- A, etc. with prior authorization.</p> <p>Inpatient stays for vaginal/cesarean delivery, breast pumps and breastfeeding education.</p> <p>Sterilization is covered for members over 21 with prior authorization.</p>
Mental Health and Substance Use Disorder Services*	This may include evaluation, referral, diagnostic, therapeutic, and crisis intervention services performed on an inpatient or outpatient basis (including a physician’s office). Service limits and prior authorization requirements may apply.
Magnetic Resonance Angiography (MRA)/ Magnetic Resonance Imaging (MRI)* *	MRA and MRI Services. MRA and MRI services require prior authorization when performed as an outpatient.
Neuromuscular stimulators, bone growth stimulators, vagal nerve stimulators and brain nerve stimulators*	Stimulators for bone growth, neuromuscular, and vagal and brain nerves. When criteria are met for prior authorization.
Nutritional Counseling:	<p>Coverage is limited to 2 visits per year when prescribed by a physician for children with the following conditions:</p> <ul style="list-style-type: none"> <li>• Diabetes, Type 1 and 2</li> <li>• Overweight and obesity with documentation of Body Mass Index (BMI)</li> <li>• High cholesterol or other blood lipids</li> <li>• High blood pressure</li> <li>• Gastrointestinal disorders such as GERD or short gut syndrome</li> <li>• Celiac disease</li> <li>• Food allergies</li> <li>• Failure to thrive or poor growth</li> </ul>



**Mountain Health Trust – WVCHIP Covered Benefits**

Nutritional Supplements*	When it is the only means of nutrition and prescribed by your physician or a prescription amino acid elemental formula for the treatment of short bowel or severe allergic condition that is not lactose or soy related.
Occupational Therapy (Outpatient)*	See Outpatient Therapy Services in the front of this handbook.
Oral Surgery*	Only covered for extracting impacted teeth, medically necessary orthognathism (straightening of the jaw) and medically necessary ridge reconstruction.
Organ Transplants*	<p>Organ transplants are covered when deemed medically necessary and non-experimental. Transplants require prior authorization for medical necessity and case management. Contact Aetna Better Health immediately when it is determined by the member’s physician that he or she is a potential candidate for any type of transplant. Case Management begins early when the potential need for a transplant is identified and continues through the surgery and follow-up.</p> <p>You should advise your physician that Aetna Better Health needs to coordinate the care from the initial phase when considering a transplant procedure to the initial work-up for transplant through the performance of the procedure, as well as the care following the actual transplant.</p> <p>Includes all covered expenses related to pre-transplant, transplant, and follow-up services while the child is enrolled in Aetna Better Health. Testing for persons other than the chosen donor is not covered.</p> <p>Travel Allowance: Because transplant facilities may be located some distance from the patient’s home, benefits include up to \$5,000 per transplant for patient travel, lodging, and meals related to visits to the transplant facility or physician. A portion of this benefit is available to cover the travel, lodging and meals for a member of the patient’s family or a friend providing support. Receipts are required for payment of this benefit. Some limits apply.</p>
Orthodontia Services*	<p>Orthodontic services are covered if medically necessary for a WVCHIP member whose malocclusion creates a disability and impairs their physical development.</p> <p>Treatment is routinely accomplished through fixed appliance therapy and maintenance visits.</p> <p>See Orthodontic Services section below. Services must be prior authorized.</p>

**Mountain Health Trust – WVCHIP Covered Benefits**

Outpatient Diagnostic and Therapeutic Services*	Laboratory and diagnostic tests and therapeutic treatments as ordered by your physician.
Outpatient Hospital Services*	Medical services furnished on an outpatient basis by a hospital, regardless of the type of provider ordering the service. Some outpatient procedures require prior authorization.
Outpatient Therapy Services, including physical therapy, occupational therapy, speech therapy, and vision therapy*	When ordered by a physician, the initial 20 therapy visits do not require prior authorization but must be for an acute condition, new or recent diagnosis or an exacerbation that requires active therapy. Maintenance therapy is not a covered benefit by WVCHIP. It is expected that all outpatient therapy services include a home program and the plan for transition to home based therapy be explained clearly in the plan of treatment.
Pap Smear	Annual Pap smear and the associated office visit to screen for cervical abnormalities.
PET Scan (Photo Emission Topography)*	Requires a prior authorization when performed on an outpatient basis.
Physical Therapy (Outpatient)*	See Outpatient Therapy Services in the front of this handbook.
Pap Smear	Annual pap smear and the associated office visit to screen for cervical abnormalities
PET Scan*	Photo Emission Topography Scan
Prescription Benefit Services	Managed by WVCHIP Fee-for-service. For questions contact Express Scripts at <b>1-855-230-7778</b>
Professional Services	Physician or other licensed provider for treatment of an illness, injury or medical condition. Includes outpatient and inpatient services such as surgery, anesthesia, radiology, office visits, and urgent care visits. Some service limits and prior authorization requirements apply.
Skilled Nursing Facility Services*	Facility based nursing services to those who require twenty-four (24) hour nursing level of care. Confinement in a skilled nursing facility including a semi-private room, related services and supplies. Confinement must be prescribed by a physician. Custodial care, intermediate care (such as residential treatment centers, domiciliary care, respite care, and rest cures) are not covered.
Sleep Apnea*	All sleep testing, equipment, and supplies are covered and require prior authorization.
Specialty Drugs*	Acute and chronic diseases such as rheumatoid arthritis, anemia, cerebral palsy, hemophilia, osteoporosis, hepatitis, cancer, multiple sclerosis, and growth hormone therapy are examples of conditions that may need specialty medications. All specialty medications require prior authorization. If you require a specialty medication, while in the hospital or doctor’s office, your provider will work with Aetna Better Health on the prior authorization process.

**Mountain Health Trust – WVCHIP Covered Benefits**

	<p>Outpatient specialty medications are managed by WVCHIP Fee-for-service. For questions contact Express Scripts at <b>1-855-230-7778</b></p>
Speech Therapy (Outpatient):	See Outpatient Therapy Services in the front of this handbook.
Tobacco Cessation:	<p>Tobacco Cessation services are available to all WVCHIP members as necessary. Counseling services are covered with no limits. Prescription drugs and aids are covered under the FFS outpatient pharmacy benefit for two (2) 12-week cycles per year that may be exceeded with prior authorization. There is no lifetime limits for this benefit.</p> <p>Some tobacco cessation products may be covered under the Express Scripts pharmacy plan. For questions contact Express Scripts at <b>1-855-230-7778</b>.</p>
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. These visits are counted in the 26 primary care visits.
Vision Services	<p>Covered benefits include annual exams and eyewear. Lenses/frames or contacts are limited to a maximum benefit of \$125 per year. The eyewear cost may exceed \$125 with medical necessity and prior authorization. The year starts on the date of service. The office visit and examination are covered in addition to the \$125 eyewear limit. Families are responsible to pay the difference between the total charge for eyewear and the \$125 allowance for lenses and frames or contacts that are not prior authorized and do not meet medical necessity.</p>
Vision Therapy	See Outpatient Therapy Services in the front of this handbook.
Well Child Care	<p>Routine office visits for preventive care as recommended by the Bright Futures. A complete preventive care checkup includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• height and weight measurement</li> <li>• BMI calculation</li> <li>• blood pressure check</li> <li>• objective vision and hearing screening</li> <li>• objective developmental/behavioral assessment</li> <li>• lead risk screen</li> <li>• physical examination</li> <li>• age appropriate immunizations as indicated by physician</li> </ul> <p>Wellness visits are covered at:</p> <ul style="list-style-type: none"> <li>• 3-5 days after birth</li> <li>• 1 month</li> <li>• 2 months</li> </ul>

**Mountain Health Trust – WVCHIP Covered Benefits**

	<ul style="list-style-type: none"> <li>• 4 months</li> <li>• Every 3 months from 6 to 18 months</li> <li>• 24 months</li> <li>• 30 months</li> <li>• 3 years old</li> <li>• 4 years old</li> <li>• Annually after age 4 through 18 years old</li> </ul> <p>Objective, developmental screening tool is to be administered to child at the 9, 18, and 30 months well child visits.</p> <p>Objective, autism screening tool is to be administered to the child at the 18 and 24 months well child visits.</p>
X-ray Services	Provided in a facility other than a hospital outpatient department.

**Dental Services**

Aetna Better Health uses a dental benefit manager, SKYGEN USA, to provide dental services to Mountain Health Trust -WVCHIP members. For WVCHIP Premium Members, there is an out-of-pocket maximum of \$150 per family per benefit year for dental services. Please note the co-payment is per visit.

Contact SKYGEN for prior authorization for all services to be performed in a facility other than the dental office. If the request for prior authorization is denied, SKYGEN USA will not cover the cost of the procedure. If requested treatment is denied, follow the appeal process. Note: Prior authorization DOES NOT assure eligibility or payment of benefits under this plan.

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

If you need to speak with SKYGEN USA regarding the children’s dental benefit, please call **1-888-983-4693**.

<b>Benefit</b>	<b>Prior Authorization Required</b>	<b>Copayment Amount for Premium Members</b>
Dental examination/every six months	No	No co-pay
Cleaning and fluoride/every six months	No	No co-pay
Bitewings/every six months	No	No co-pay
Full mouth x-rays (Panorex)/every 36 months	No	No co-pay
Sealants (one sealant per tooth per 3 years)	No	No co-pay
Interim caries arresting medicament (2 per tooth # per year) without mechanical removal of sound tooth structure	No	No co-pay

Benefit	Prior Authorization Required	Copayment Amount for Premium Members
Treatment of abscesses	No	No co-pay
Analgesia	No	No co-pay
IV/conscious sedation/nitrous oxide gas	No	No co-pay
Palliative treatment	No	No co-pay
Other x-rays (if done with another service)	No	No co-pay
Consultations	No	No co-pay
Crowns	No	No co-pay
Space maintainers	No	No co-pay
Fillings as needed	No	\$25
Pulpotomy	No	\$25
Root canals	No	\$25
Simple extractions	No	\$25
Extractions - impacted	Only if performed in an outpatient facility or hospital setting	\$25
Extractions	No	\$25
Frenulectomy (frenectomy or frenotomy)	No	\$25
Removal of dental related cysts under a tooth or on gum	No	\$25
Biopsy of oral tissue	No	\$25
Restorative/Periodontics	No	\$25
Prosthodontics	No	\$25
Accident-related dental services	No	No co-pay
Emergency dental services	No	No co-pay
Orthodontic Services	Yes	\$25

**Accident-Related Dental Services:** The Least Expensive Professional Acceptable Alternative Treatment (LEPAAT) for accident-related dental services is covered when provided within 6 months of an accident and required to restore damaged tooth structures. The initial treatment must be provided within 72 hours of the accident. Biting and chewing accidents are not covered. Services provided more than 6 months after the accident are not covered. **Note:** For children under the age of 16, the 6-month limitation may be extended if a treatment plan is provided within the initial 6 months and approved by SKYGEN USA.

**Emergency Dental Services:** Medically necessary adjunctive services that directly support the delivery of dental procedures, which, in the judgment of the dentist, are necessary for the provision of optimal quality therapeutic and preventive oral care to patients with medical, physical or behavioral conditions. These services include, but are not limited to sedation, general anesthesia, and utilization of outpatient or inpatient surgical facilities. Contact SKYGEN USA for more information.

**Orthodontic Services:** Orthodontic services are covered if medically necessary for a Mountain Health Trust - WVCHIP member whose malocclusion creates a disability and impairs their physical development. Treatment is routinely accomplished through fixed appliance therapy and maintenance visits. All requests for treatment are subject to prior authorization by SKYGEN USA dental consultants. Prior authorization is dependent on diagnosis, degree of impairment and medical documentation submitted. Failure to obtain prior authorization before service is performed will result in the family being responsible for amounts above and beyond their co-payment requirements.

**Services Not Covered:** Treatment for Temporomandibular joint (TMJ) disorders; intraoral prosthetic devices; onlays/inlays; gold restorations; precision attachments; replacement crowns only covered every 5 years; cosmetic dentistry; dental implants; experimental procedures; splinting; any other procedure not listed as covered.

### **Prior authorization**

The following services require prior authorization\*:

- Abortion
- Air ambulance and hospital-to-hospital ambulance transport
- All inpatient admissions to hospitals/facilities (in-state and out-of-state)
- All admissions to rehabilitation or skilled nursing facilities
- Any potentially experimental/investigational procedure, medical device, or treatment
- Chelation therapy
- Chiropractic services for children under age 16
- Continuous glucose monitors
- Cosmetic/reconstructive surgery as a result of accident or birth defects (such as cleft lip and palate)
- CTA (CT angiography) - outpatient
- Dental ridge reconstruction
- DEXA scans (dual energy x-ray absorptiometry), and limited to once every 2 years
- Dialysis services - outpatient
- Durable medical equipment purchases of \$1,000 or more, or rental more than 3 months
- Endoscopic treatment of Gastro-esophageal Reflux Disease (GERD)
- Hearing aids
- Heart Perfusion Imaging
- Home health care exceeding 12 skilled nursing visits
- Hospice care
- IMRT (intensity modulated radiation therapy) - outpatient
- Hyperbaric Oxygen Therapy (HBOT)
- I.V. therapy in the home
- Maternity admissions over 48 hours for vaginal delivery and 96 hours for caesarean section
- MRA (Magnetic Resonance Angiography) - performed as an outpatient
- MRI (Magnetic Resonance Imaging) of the breast or spine (cervical, thoracic, and lumbar) - outpatient

- Neuromuscular stimulators, bone growth stimulators, vagal nerve stimulators and brain nerve stimulators
- Nutritional supplements
- Organ transplants
- Orthodontia services
- Orthotics/prosthetics over \$1,000
- Oral surgeries including orthognathic surgery, excluding extractions
- Outpatient therapy services including occupational, physical, speech, and vision therapy beyond 20 visits
- PET (Positron Emission Tomography) – outpatient
- Pregnancy ultrasounds - two allowed for pregnancy; PA required for more than two
- Skilled nursing service
- Sleep apnea services and equipment
- SPECT (single photon emission computed tomography) of brain and lung
- Specialty drugs
- SPECT (single photon emission computed tomography) of brain and lung
- Stereotactic Radiation Surgery and Stereotactic Radiation Therapy
- Surgeries:
  - Outpatient surgeries as listed below:
    - cochlear implants
    - hysterectomy
    - implantable devices including, but not limited to implantable pumps, spinal cord stimulators, neuromuscular stimulators, and bone growth stimulators
    - knee arthroscopy
    - septoplasty or submucous resection
    - spinal surgery including artificial disc, discectomy with spinal fusion, laminectomy with spinal fusion spinal fusion, vertebroplasty, kyphoplasty, and sacroplasty
    - uvulopalatopharyngoplasty
    - oral surgeries done in a facility other than the dental office
- Transplants and transplant evaluations (including but not limited to kidney, liver, heart, lung and pancreas, small bowel, and bone marrow replacement or stem cell transfer after high dose chemotherapy)
- Select services (listed below) have visit limits; visits exceeding these limits require prior authorization.

<b>Type of Service</b>	<b>Number of Visits</b>
Occupational Therapy Services	20
Physical Therapy Services	20
Speech Therapy Services	20
Vision Therapy Services	20

**This list is not intended to be all inclusive.**

## Exclusions

### What is **NOT** Covered Under the Plan?

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Some services are not covered by WVCHIP regardless of medical necessity. Specific exclusions are listed below. The following services are not covered:

- Acupuncture
- All expenses incurred at a facility when a patient leaves against medical advice
- Ancillary services and/or services resulting from an office visit not covered by WVCHIP
- Aqua therapy
- Autopsy and other services performed after death, including transportation of the body or repatriation of remains
- Behavioral or functional type skills training except for applied behavior analysis (ABA) treatment
- Biofeedback
- Coma stimulation
- Cosmetic or reconstructive surgery when not required as a result of accidental injury or disease, or not performed to correct birth defects; services resulting from or related to these excluded services also are not covered
- Court-ordered services that are not covered benefits and not medically necessary (see page 7 for medical necessity definition)
- Custodial care, intermediate care (such as residential treatment centers or Psychiatric Residential Treatment Facilities), domiciliary care, respite care, rest cures, or other services primarily to assist in the activities of daily living, or for behavioral modification, including applied behavior analysis (ABA), except to the extent ABA is mandated to be covered for treatment of Autism Spectrum Disorder by W.Va. Code §5-16-7(a)(8)
- Daily living skills training
- Dental implants or services other than those listed as covered
- Duplicate testing, interpretation or handling fees
- Education, training and/or cognitive services, unless specifically listed as covered services
- Elective abortions
- Electroconvulsive therapy
- Electronically controlled thermal therapy
- Emergency evacuation from foreign country, even if medically necessary
- Expenses for which you are not responsible, such as patient discounts and contractual discounts
- Expenses incurred as a result of illegal action while incarcerated or while under the control of the court system
- Experimental, investigational or unproven services
- Family or Group therapy when the member isn't present
- Fertility drugs and services
- Foot care (routine, except for diabetic patients) including:

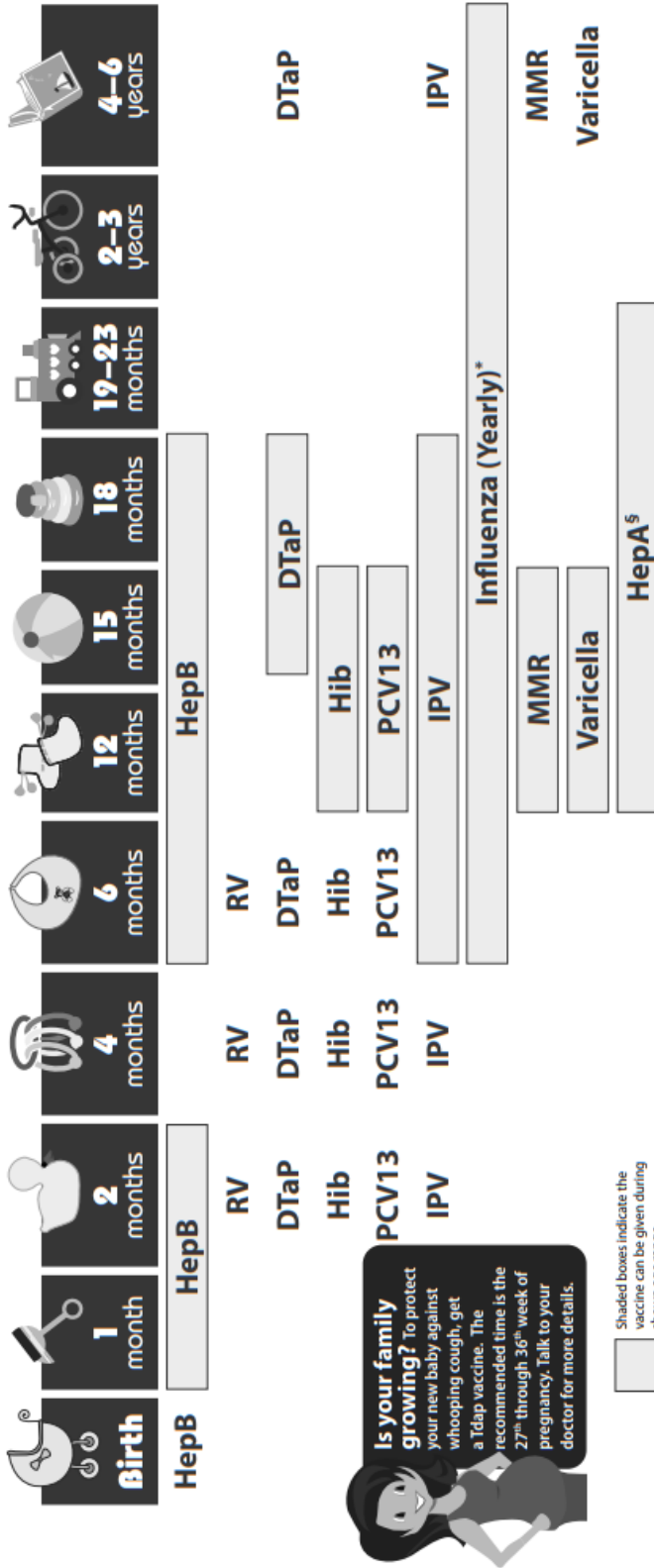


- Removal in whole or in part: corns, calluses (thickening of the skin due to friction, pressure, or other irritation), hyperplasia (overgrowth of the skin), hypertrophy (growth of tissue under the skin)
- Cutting, trimming, or partial removal of toenails
- Treatment of flat feet, fallen arches, or weak feet
- Strapping or taping of the feet
- Genetic testing for screening purposes – except those tests covered under the maternity benefit are not covered; however, a prior authorization may be submitted for review and exceptions may be approved
- Glucose monitoring devices, except specific models covered under the prescription drug benefit
- Hearing aids implanted; external hearing aids are covered when prior authorized as medically necessary
- Homeopathic medicine
- Hospital days associated with non-emergency weekend admissions or other unauthorized hospital days prior to scheduled surgery
- Hypnosis
- Routine childhood immunizations from non-VFC providers
- Incidental surgery performed during medically necessary surgery
- Infertility services including in vitro fertilization and gamete intrafallopian transfer (GIFT), embryo transport, surrogate parenting, and donor semen, semen storage, any other method of artificial insemination, and any other related services, including workup for infertility treatment
- Maintenance outpatient therapy services, including, but not limited to:
  - Chiropractic treatment
  - Massage therapy
  - Mental health services
  - Occupational therapy
  - Osteopathic manipulations
  - Physical therapy
  - Speech therapy
  - Vision therapy
- Medical equipment, appliances or supplies of the following types:
  - Augmentative communication devices
  - Bariatric beds and chairs
  - Bathroom scales
  - Educational equipment
  - Environmental control equipment, such as air conditioners, humidifiers or dehumidifiers, air cleaners or filters, portable heaters, or dust extractors
  - Equipment or supplies 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 or tilt stands

- Equipment and supplies which are widely available over the counter, such as wrist stabilizers and knee supports
- Exercise equipment, such as exercycles, parallel bars, walking, climbing or skiing machines
- Hygienic equipment, such as bed baths, commodes, and toilet seats
- Motorized scooters
- Nutritional supplements (unless it is the only means of nutrition or a prescription amino acid elemental formula for the treatment of short bowel or severe allergic condition that is not lactose or soy related), over-the-counter formula, food liquidizers or food processors
- Professional medical equipment, such as blood pressure kits or stethoscopes
- Replacement of lost or stolen items
- Standing/tilt wheelchairs
- Supplies, such as tape, alcohol, Q-tips/swabs, gauze, bandages, thermometers, aspirin, diapers (adult or infant), heating pads or ice bags
- Traction devices
- Vibrators
- Whirlpool pumps or equipment
- Wigs or wig styling
- Medical rehabilitation and any other services which are primarily educational or cognitive in nature
- Mental health or chemical dependency services to treat mental illnesses which will not substantially improve beyond the patient's current level of functioning
- Non-listed brand name drugs determined not medically necessary
- Non-enrolled providers
- Optical services: Any services not listed as covered benefits under Vision Services, including low- vision devices, magnifiers, telescopic lenses and closed-circuit television systems
- Oral appliances, including but not limited to those treating sleep apnea
- Orientation therapy
- Orthotripsy
- Personal comfort and convenience items or services (whether on an inpatient or outpatient basis), such as television, telephone, barber or beauty service, guest services, and similar incidental services and supplies, even when prescribed by a physician
- Physical conditioning: Expenses related to physical conditioning programs, such as athletic training, body building, exercise, fitness, flexibility, diversion, or general motivation
- Physical, psychiatric, or psychological examinations, testing, or treatments not otherwise covered by WVCHIP, when such services are:
  - Related to employment
  - To obtain or maintain insurance
  - Needed for marriage or adoption proceedings
  - Related to judicial or administrative proceedings or orders
  - Conducted for purposes of medical research
  - To obtain or maintain a license or official document of any type

- For participation in athletics
- Prostate screening, unless medically indicated
- Provider charges for phone calls, prescription refills, form completion, or physician-to-patient phone consultations via the Telehealth Policy during the COVID-10 pandemic
- Radial keratotomy, Lasik procedure and other surgery to correct vision
- Safety devices used specifically for safety or to affect performance, primarily in sports-related activities
- Screenings, except those specifically listed as covered benefits
- Service/therapy animals and the associated services and expenses, including training
- Services rendered by a provider with the same legal residence as a participant, or who is a member of the policyholder's family, including spouse, brother, sister, parent, or child
- Services rendered outside the scope of a provider's license
- Surgical or pharmaceutical treatments or any physician, psychiatric, or psychological examinations,
- Testing, treatments or services provided or performed for sex transformation surgery
- Skilled nursing services provided in the home, except intermittent visits covered under the Home Health Care benefit
- Sensory Stimulation Therapy (SST)
- Take-home drugs provided at discharge from a hospital
- Treatment of temporomandibular joint (TMJ) disorders, including intraoral prosthetic devices or any other method of treatment to alter vertical dimension or for temporomandibular joint dysfunction not caused by documented organic disease or acute physical trauma
- The difference between private and semiprivate room charges
- Therapy and related services for a patient showing no progress
- Therapies rendered outside the United States that are not medically recognized within the United States
- Transportation that is not emergent or medically unnecessary facility to facility transports, including
  - Transportation to any service not covered by WVCHIP
  - Transportation of members who do not meet the medical necessity requirements for level of service billed
  - Transportation provided when the member refuses the appropriate mode of transportation
  - Transportation to a service that requires prior authorization but has not been prior authorized
- Reimbursement for ground or air ambulance mileage beyond the nearest appropriate facility
- Transportation to the emergency room for routine medical care
- 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, bariatric surgery, and services of a similar nature
- Work-related injury or illness

## 2022 Recommended Immunizations for Children from Birth Through 6 Years Old



See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free **1-800-CDC-INFO** (1-800-232-4636) or visit [www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents)

**CDC**  
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

**AAFP**  
AMERICAN ACADEMY OF FAMILY PHYSICIANS

**American Academy of Pediatrics**  
DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\* DTaP combines protection against diphtheria, tetanus, and pertussis.

\*\* MMR combines protection against measles, mumps, and rubella.

Last updated February 2022 • CS322257-A

# 2022 Recommended Immunizations for Children 7–18 Years Old

## INFORMATION FOR PARENTS

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Dengue	Hepatitis B	Hepatitis A	Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB							
<b>7-8 Years</b>	Shaded	Shaded				Shaded		Shaded	Shaded	Shaded	Shaded	Shaded
<b>9-10 Years</b>		Shaded	Checkered	Shaded		Shaded	ONLY in places where dengue spreads	Shaded	Shaded	Shaded	Shaded	Shaded
<b>11-12 Years</b>		Shaded	Checkered	Shaded		Shaded		Shaded	Shaded	Shaded	Shaded	Shaded
<b>13-15 Years</b>		Shaded		Shaded		Shaded		Shaded	Shaded	Shaded	Shaded	Shaded
<b>16-18 Years</b>				Shaded	Shaded	Shaded		Shaded	Shaded	Shaded	Shaded	Shaded

**More information:** Everyone 6 months and older should get a flu vaccine every year if they do not have contraindications

All 11- through 12- year olds should get one shot of Tdap.


All 11- through 12- year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.


All 11- through 12- year olds should get one shot of meningococcal conjugate (MenACWY). A booster shot is recommended at age 16.


Ages 10 years and older at increased risk **should** receive a serogroup B meningococcal (MenB) vaccine. Ages 16-18 years old who are not at increased risk **may** be vaccinated with a MenB vaccine.


Ages 9-16 years who live in dengue endemic areas **AND** have laboratory confirmation of previous dengue infection


### COVID-19 vaccination is recommended for ages 5 years and older. Talk to your child's doctor or nurse about the vaccines recommended for their age.





 These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

 These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/](http://www.cdc.gov/vaccines/hcp/acip-recs/).

 These shaded boxes indicate the vaccine **SHOULD** be given if a child is catching up on missed vaccines.

 This shaded box indicates children not at increased risk **MAY** get the vaccine if they wish after speaking to a provider.

 This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.

## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Dengue</b>	Dengue vaccine protects against dengue.	Bite from infected mosquito	May be no symptom, fever, headache, pain behind the eyes, rash, joint pain, body ache, nausea, loss of appetite feeling tired, abdominal pain	Severe bleeding, seizures, shock, damage to liver, heart, and lungs, death
<b>Diphtheria</b>	Tdap* and Td** vaccines protect against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
<b>Human Papillomavirus</b>	HPV vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
<b>Measles</b>	MMR*** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Meningococcal Disease</b>	MenACWY and MenB vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
<b>Mumps</b>	MMR*** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
<b>Pertussis</b>	Tdap* vaccine protects against pertussis.	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Pneumococcal Disease</b>	Pneumococcal vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Polio</b>	Polio vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Rubella</b>	MMR*** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	Tdap* and Td ** vaccines protect against tetanus.	Exposure through cuts on skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\*Tdap combines protection against diphtheria, tetanus, and pertussis.

\*\*Td combines protection against diphtheria and tetanus.

\*\*\*MMR combines protection against measles, mumps, and rubella.

If you have any questions about your child's vaccines, talk to your child's doctor or nurse.



## Aetna Better Health® of West Virginia

### Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator  
4500 East Cotton Center Boulevard  
Phoenix, AZ 85040

Telephone: **1-888-234-7358 (TTY 711)**

Email: [MedicaidCRCoordinator@aetna.com](mailto:MedicaidCRCoordinator@aetna.com)

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## Multi-language Interpreter Services

**ENGLISH:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

**SPANISH:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

**CHINESE:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: **711**)。

**FRENCH:** ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104** (ATS : **711**).

**GERMAN:** ACHTUNG: Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.

**ARABIC:** ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104** (للصم والبكم: **711**).

**VIETNAMESE:** CHÚ Ý: nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: **711**).

**KOREAN:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해 주십시오.

**JAPANESE:** 注意事項:日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。IDカード裏面の電話番号、または **1-800-385-4104** (TTY: **711**)までご連絡ください。

**TAGALOG:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: **711**).

**ITALIAN:** ATTENZIONE: Nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiamare il numero sul retro della tessera oppure il numero **1-800-385-4104** (utenti TTY: **711**).

**THAI:** ข้อควรระวัง: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทรติดต่อหมายเลขที่อยู่ด้านหลังบัตร ID ของคุณ หรือหมายเลข **1-800-385-4104** (TTY: **711**).

**NEPALI:** ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध छन्। तपाईंको आइडी कार्डको पछाडि रहेको नम्बर वा **1-800-385-4104** (TTY: **711**) मा फोन गर्नुहोस्।

**PERSIAN:** اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

**RUSSIAN:** ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104** (TTY: **711**).

**URDU:** توجہ دیں: اگر آپ اردو زبان بولتے ہیں، تو زبان سے متعلق مدد کی خدمات آپ کے لئے مفت دستیاب ہیں - اپنے شناختی کارڈ کے پیچھے موجود نمبر پر یا **1-800-385-4104** (TTY: **711**) پر رابطہ کریں۔

Aetna Better Health of West Virginia  
500 Virginia Street East, Suite 400  
Charleston, WV 25301

Member Services **1-888-348-2922**  
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