



# Member Handbook

**Wellpoint West Virginia, Inc**

Mountain Health Trust  
West Virginia Children's Health Insurance Program





# **WELLPOINT WEST VIRGINIA, INC. MEMBER HANDBOOK**

**July 2024**

## **HELP IN YOUR LANGUAGE**

If you do not speak English, call us at 800-782-0095 (TTY 711). We have access to interpreter services and can help answer your questions in your language. We can also help you find a healthcare provider who can communicate with you in your language.

Spanish: Si usted no habla inglés, llámenos al 800-782-0095 (TTY 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.

# For Help in Your Language — Discrimination is Against the Law

WELLPOINT WEST VIRGINIA, INC. follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- National origin
- Disability
- Color
- Age
- Sex or gender identity

That means we won't exclude you or treat you differently because of these things.

## Communicating with you is important

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call the Customer Care Center number on your ID card. Or you can call our Grievance Coordinator at **800-782-0095 (TTY 711)**.

## Your rights

Do you feel you didn't get these services or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail or fax:

Grievance Coordinator  
P.O. Box 91  
Charleston, WV 25321-0091

**Phone: 800-782-0095 (TTY 711)**  
**Fax: 877-833-5729**

**Need help filing?** Call our Grievance Coordinator at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the web:** [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- **By mail:** U.S. Department of Health and Human Services  
200 Independence Ave. SW  
Room 509F, HHH Building  
Washington, DC 20201
- **By phone:** 800-368-1019 (TTY/TDD 1-800-537-7697)

For a complaint form, visit [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

Do you need help with your healthcare, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 800-782-0095 (TTY 711).

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 1-800-782-0095 (TTY 711).

Vous avez besoin d'aide pour vos soins médicaux, pour communiquer avec nous ou pour lire les documents que nous vous envoyons ? Nous fournissons nos publications dans d'autres langues et sous d'autres formats, et c'est gratuit. Appelez-nous sans frais au 800-782-0095 (TTY 711).

Benötigen Sie Hilfe bei Ihrer medizinischen Versorgung, der Kommunikation mit uns oder beim Lesen unserer Unterlagen? Unsere Materialien sind auf Anfrage auch in anderen Sprachen und Formaten kostenlos erhältlich. Rufen Sie uns gebührenfrei an unter 800-782-0095 (TTY 711).

您需要醫療保健的幫助嗎？請向我們諮詢，或是閱讀我們寄給您的資料。我們以其他語言和格式提供我們的資料，您無需支付任何費用。請撥打免費電話 800-782-0095 (TTY 711)。

هل تحتاج إلى مساعدة في رعايتك الصحية أو في التحدث معنا أو قراءة ما نقوم بإرساله إليك؟ نحن نقدم المواد الخاصة بنا بلغات وتنسيقات أخرى بدون تكلفة عليك. اتصل بنا على الرقم المجاني 800-782-0095 (TTY 711).

In caso si necessiti di assistenza con il servizio sanitario, per parlare con noi o comprendere le informazioni ricevute, sono disponibili materiali gratuiti in altre lingue e formati. Contattare il numero gratuito 1-800-782-0095 (TTY 711).

Kailangan ninyo ba ng tulong sa inyong pangangalagang pangkalusugan, sa pamamagitan ng pakikipag-usap sa amin, o pagbasa kung ano ang ipinapadala namin sa inyo? Nagbibigay kami ng aming mga materyal sa ibang mga wika at anyo na wala kayong gagastusin. Tawagan kami nang walang bayad sa 1-800-782-0095 (TTY 711).

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800-782-0095 (TTY 711) □□□ □□□ □□□□□□□□.

Quý vị có cần chúng tôi giúp với việc chăm sóc sức khỏe của quý vị, trao đổi với chúng tôi, hoặc đọc những tài liệu chúng tôi gửi cho quý vị hay không? Chúng tôi cung cấp các tài liệu bằng các ngôn ngữ và định dạng khác, miễn phí cho quý vị. Hãy gọi cho chúng tôi theo số miễn phí 800-782-0095 (TTY 711).

Вам нужна помощь с медицинским обслуживанием, консультацией или материалами, которые мы вам прислали? Мы можем бесплатно предоставить вам материалы на других языках и в других форматах. Позвоните в нам по бесплатному телефону 800-782-0095 (TTY 711).

ヘルスケアに関してご質問やご相談はありませんか？当社からお送りした資料のことでお困りですか？資料は英語以外の言語や別のフォーマットでもご用意しています。いずれも無料です。ご希望の方はフリーダイヤル 800-782-0095 (TTY 711)

คุณต้องการความช่วยเหลือในการดูแลทางด้านสุขภาพของคุณ การพูดคุยกับเรา หรือการอ่านสิ่งที่เราส่งให้คุณหรือไม่ เรามีคู่มือของเราในภาษาและรูปแบบอื่นๆ ให้กับคุณโดยไม่เสียค่าใช้จ่าย โทรหาเราได้ฟรี 800-782-0095 (TTY 711)

کیا آپ کو اپنی ہیلتھ کیئر سے متعلق مدد کی ضرورت ہے، یا ہم سے بات کرنے یا وہ پڑھنے میں جو ہم نے آپ کو ارسال کیا ہماری مدد درکار ہے؟ ہم اپنے مواد آپ کو دیگر زبانوں اور فارمیٹس میں بلا معاوضہ فراہم کرتے ہیں۔  
1-800-782-0095 (TTY 711).

Χρειάζεστε βοήθεια σχετικά με την υγειονομική σας περίθαλψη, να μιλήσετε μαζί μας ή να διαβάσετε ό,τι σας έχουμε αποστείλει; Παρέχουμε το υλικό μας σε άλλες γλώσσες και μορφές χωρίς καμία επιβάρυνση για εσάς. Καλέστε μας χωρίς χρέωση στο 800-782-0095 (TTY 711).

Precisas de ajuda com a tua assistência à saúde, para falar conosco ou acerca do que enviamos para ti? Fornecemos os nossos materiais em outros idiomas e formatos sem custo algum. Liga-nos gratuitamente pelo número 800-782-0095 (TTY 711).

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## WELCOME

Welcome to Wellpoint West Virginia, Inc.'s managed care program for Medicaid and West Virginia Children's Health Insurance Program (WVCHIP)! We are glad you have enrolled with us. This handbook gives you the information you need to know about your healthcare 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 get the most from Wellpoint. It will answer many of the questions that come up about your benefits and the services offered by Wellpoint. You can also ask us any questions you may have by calling the Customer Care Center at **800-782-0095**. If you are speech or hearing impaired, please dial **711**.

## ABOUT YOUR PLAN

Wellpoint has a contract with the West Virginia Department of Human Services (DoHS) to serve Medicaid and WVCHIP members. Under managed care, we are able to select a group of health care providers to form a provider network. Usually provider networks are made up of doctors and specialists, hospitals, and other healthcare facilities. Wellpoint's providers help to meet the healthcare needs of our members. Search for network providers and specialists anytime using the Find a Doctor tool on our website at [wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans).

The Provider Directory also lists all of our network providers you can use to get services statewide. It can be found online at our website, [wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans). If you would like a copy mailed to you, please call the Customer Care Center at **800-782-0095 (TTY 711)**. A paper-based copy of the most current Provider Directory is mailed within five (5) business days of your request.

## CONTACT US

You can call the Customer Care Center toll free Monday through Friday, 8 a.m. to 6 p.m. Eastern time if you have a question about your health plan or a health problem. It will speed up the process if you have your or your child's member identification (ID) number with you when you call. You can find this number on the member ID card. You can visit our website, [wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans), for other information.

You can also call or drop by our office in Charleston to talk with our staff. Our people are here to listen — we want to understand what's important to you so we can guide you to helpful benefits. We're here Monday through Friday, 8 a.m. to 5 p.m. except on holidays.

### Case Management services

Wellpoint has nurses, case managers, counselors, and social workers to help you with your healthcare needs. They can help you set health goals. They can help make sure you're seeing the right providers. Our social workers will also help you find assistance for community resources like housing, food, and utilities. To enroll in case

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[wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans)  
**800-782-0095 (TTY 711)**

management or to speak with a social worker, call our Customer Care Center at **800-782-0095 (TTY 711)**.

If you have questions about a health issue, call 24-hour nurse help line, 24 hours a day, seven days a week at **888-850-1108 (TTY 711)**.

### **Help in other languages**

We provide free oral interpretation services in more than 200 languages. We want you to have the right care, so we have:

- Staff members who can get you help in your language.
- 24-hour telephone interpreters.
- Sign language interpreters.
- Face-to-face interpreters.
- Providers who can get you help in your language.

If you need help in a language other than English during your medical visit, you can ask for an interpreter at no cost. Call the Customer Care Center Monday through Friday, 8 a.m. to 6 p.m. Eastern time, and we'll get someone who speaks your language.

You can call 24-hour nurse help line at **888-850-1108 (TTY 711)** if you or your child needs someone to interpret for you in an emergency or after regular office hours.

If you need the member handbook in a language other than English, we can translate it for you at no cost. Call the Customer Care Center at **800-782-0095 (TTY 711)**.

### **Help for members with hearing or speech loss**

If you have hearing or speech loss, you may call our toll-free TTY line 8 a.m. to 6 p.m. Eastern time, Monday through Friday, at **711**. To get the help you need between 5 p.m. and 8 a.m., and on weekends, call the West Virginia Relay Service at **800-982-8772 (TTY 800-982-8771)**. After regular business hours, you can also call 24-hour nurse help line at **888-850-1108 (TTY 711)**.

We can give this member handbook and other important plan materials in different formats. This is for people who need more help to learn about their plan. Here are the ways we can do this:

- Large print
- A CD for listening to plan information
- Braille
- Audiotape (cassette) for listening to plan information

Please call the Customer Care Center to get these other formats, or for help reading this handbook.

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[wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans)  
**800-782-0095 (TTY 711)**

## Americans with Disabilities Act

We meet the terms of the Americans with Disabilities Act (ADA) of 1990. This law protects you from unfair actions by your health plan because of a disability. Please call us if you feel you haven't been treated the same as others because of a disability.

Customer Care Center Department
Hours of operation: Monday through Friday, 8 a.m. to 6 p.m. Eastern time
Toll free: <b>800-782-0095</b>
TTY: <b>711</b>
<b>Online:</b> <a href="http://wellpoint.com/wv/wvplans">wellpoint.com/wv/wvplans</a>

You can call or visit our website to:

- Ask questions about Medicaid and WVCHIP services, benefits, and copayments.
- Change your primary care provider (PCP) or get help choosing a provider.
- File a complaint or appeal.
- View, Print, or Replace a lost member ID card.
- Live chat with us or send us a secure message.
- Complete your health risk screener.
- View your claims (if applicable).
- View eligibility and redeem value-added services.
- Get help with referrals.
- Let us know if you are pregnant.
- Let us know if you give birth to a new baby.
- Ask about any change that might affect you or your family's benefits.
- Let us know about any changes to personal information.
- Request interpreter services or help for people with disabilities.
- Find community resources and educational materials.
- Access online versions of the member handbook and Provider Directory that you can search.

## SECURE MEMBER PORTAL

Wellpoint has a secure online tool where you can access your personal health information, and other benefit information such as:

- Change your primary care provider (PCP).
- View or print your member ID card.
- Take your Health Risk Screener (HRS).

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[wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans)  
**800-782-0095 (TTY 711)**

- Update your contact info.
- Authorization status.
- Temporary member ID card.
- The name and phone number of your PCP.
- Cost sharing information.
- Chat with a live person or send us a secure message.
- Request a call back from the Customer Care Center.

You will need your member ID number to register (located on your member ID card).

For more information, and to access your secure member portal, visit our website at [wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans).

If you do not understand or speak English, we can help. Please call the Customer Care Center toll free at **800-782-0095 (TTY 711)**. We can answer questions about your benefits in your language. We have free interpreter services and can help you find a healthcare provider who can communicate with you in any language.

For people with disabilities, we can help. Wellpoint offers services so that you can communicate effectively with us and your provider. We have access to free sign language interpreter services and a TTY phone number: **711**. We can offer this handbook and all written materials in many formats, such as large print, at no cost to you. Please call the Customer Care Center toll free at **800-782-0095 (TTY 711)** 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 right to privacy. We will never give out your medical information or Social Security number without your written permission, unless required by law or for utilization review, quality assurance, or peer review. To learn more about your rights to privacy, please call the Customer Care Center at **800-782-0095 (TTY 711)** or visit our website at [wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans). You can find our notice of privacy practices in the back of this handbook.

### DISCRIMINATION

Your 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 have a disability according to the Americans with Disabilities Act, you can contact the State ADA Coordinator at:

Wellpoint West Virginia, Inc.  
[wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans)  
**800-782-0095 (TTY 711)**

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

## DEFINITIONS

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

**Adverse Benefit Determination:** An adverse benefit determination is defined to mean any of the following actions taken by the health plan:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
2. The reduction, suspension, or termination of a previously authorized service.
3. The denial, in whole or in part, of payment for a service.
4. The failure to provide services in a timely manner.
5. The failure to act within the required timeframes for standard resolution of Grievances and Appeals.
6. For a resident of a rural area with only one health plan, the denial of the beneficiary's request to obtain services outside the network.
7. The denial of a beneficiary's request to dispute financial liability.

**Authorized Representative:** Any person or entity acting on behalf of a member and with the member's written consent. Some Authorized Representatives may have the legal right to act on your behalf.

**Benefits:** These are the healthcare services covered by Wellpoint.

**BMS:** Stands for the Bureau for Medical Services. This is the West Virginia agency that runs the Medicaid program.

**Copayment:** A fixed amount you pay each time you get a covered service or supply. For example, if you use the emergency room when it is not an emergency, you might pay \$8.

**Cosmetic Surgery:** Surgery done to change or reshape normal body parts so they look better.

**DoHS:** The Department of Human Services for the state of West Virginia. This agency takes care of carve-out services not covered by Wellpoint such as personal care services.

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[wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans)  
**800-782-0095 (TTY 711)**

**Disenroll:** To stop using the health plan because you are no longer eligible or you change your health plan.

**Durable Medical Equipment (DME):** Certain items your provider can order for you to use if you have an illness or injury. Examples of these items are wheelchairs, crutches, diabetic supplies, hospital beds, oxygen equipment and supplies, nebulizers, and walkers.

**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 (ER) 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:** Healthcare services that Wellpoint does not pay for or cover.

**Federal Poverty Level (FPL):** A measure of income issued every year by the Department of Health and Human Services to determine your eligibility for certain programs and benefits.

**Gender Affirmation Surgery:** Surgeries that change the physical appearance and function of a person's sex traits to align with their gender identity.

**Gender Dysphoria:** A distressed state arising from conflict between a person's gender identity and the sex a person has or was identified as having at birth.

**Grievance/Complaint:** A grievance or complaint you make, either in writing or orally, about any aspect of service delivery provided or paid for by Wellpoint or our providers.

**Habilitation Services and Devices:** Healthcare 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 Wellpoint to pay some or all of your healthcare costs in exchange for a premium.

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**Home Health Care:** Healthcare 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 requires an overnight stay for more than two nights. An overnight stay for observation can be outpatient care and is allowed for up to 48 hours. Usually, inpatient care is required for very bad sickness, trauma, or if you do not get better within 48 hours.

**Hospital Outpatient Care:** Care in a hospital that usually does not require inpatient admission. You may stay the night in observation care for up to 48 hours. This is usually not considered inpatient care.

**Inpatient Care:** Means you have to stay the night in the hospital or other facility for the medical care you need. Sometimes, you may need to stay the night in the hospital so you can be watched (observation) without a full inpatient admission.

**Medical Home:** A West Virginia provider who is a general practice doctor, family practice doctor, internist, or pediatrician who has enrolled with Wellpoint as a primary care provider (PCP).

**Medically Necessary:** Healthcare services or supplies needed 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. Health care services or supplies needed to get and stay healthy.

**Member:** A person approved by the state of West Virginia to enroll in Wellpoint.

**Minor:** Persons under the age of eighteen (18) years.

**Network:** A group of providers who has contracted with Wellpoint to give care to members. The list of Wellpoint providers can be found in our provider directory on our website. It will be updated whenever there are changes.

**Non-medical Home Physician Visit:** Healthcare from a provider that is not the member's PCP.

**Non-Participating Provider:** A doctor, hospital, facility, or other licensed healthcare professional who has not signed a contract agreeing to provide services to Wellpoint members. Also known as an out-of-network provider.

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**OK by Wellpoint:** Means you received an approval ahead of time from us. You can learn more about this in the *Getting to know your health plan* section, under the heading *Prior authorization (an OK from Wellpoint)* for healthcare services.

**Peer Recovery Support Specialist (PRSS):** A Peer Recovery Support Specialist is a person who uses their personal experience of recovery from addiction and skills learned in formal training to deliver services in substance use disorder settings.

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

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

**Prior Authorization:** Approval from Wellpoint 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 the Customer Care Center. If the care is medically necessary and is a covered benefit, then it will be covered.

**Participating Provider:** A doctor, hospital, facility, or other licensed healthcare professional who has signed a contract agreeing to provide services to Wellpoint members. They are listed in our provider directory.

**Premium:** The amount you pay for your health insurance every month based on your income. In addition to the premium, you may have to pay a copayment.

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

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

**Primary Care Physician:** A Wellpoint doctor who directly provides and coordinates your healthcare services.

**Primary Care Provider (PCP):** A physician, nurse practitioner, physician assistant, or other participating provider you have chosen to be your personal provider. Your PCP works with you to coordinate your healthcare, such as giving you checkups and shots, treating you for most of your healthcare needs, sending you to specialists if needed, or admitting you to the hospital. For WVCHIP members, a PCP is also called a medical home.

**Provider:** A person who is trained and licensed or place that is licensed to give healthcare. Examples are doctors, nurses, and hospitals.

## Here are some types of healthcare providers:

- An audiologist is a provider who tests your hearing.
- A certified nurse-midwife is a registered nurse who cares for you during pregnancy and childbirth.
- A certified registered nurse anesthiologist is a registered nurse certified to give you anesthesia.
- A chiropractor is a provider who treats problems of the spine.
- A dentist is a doctor who takes care of your teeth and mouth.
- A family practitioner is a provider who treats general medical conditions for people of all ages.
- A general practitioner is a doctor who treats common medical problems for people of all ages.
- A licensed vocational nurse is a licensed nurse who works with your provider.
- A nurse practitioner or physician assistant is a person who works in a clinic, hospital, or provider's office and finds out what's wrong with you. They also treat you, within limits.
- An obstetrician/gynecologist (OB-GYN) is a doctor who takes care of a woman's health (this includes when she is pregnant or giving birth).
- An occupational therapist is a provider who helps you regain daily skills and activities after an illness or injury.
- An optometrist is a doctor who takes care of your eyes and vision.
- A pediatrician is a doctor who treats children from birth through their teen years.
- A physical therapist is a provider who helps you build your body's strength after an illness or injury.
- A podiatrist or chiropodist is a doctor who takes care of your feet.
- A psychiatrist is a doctor who treats behavioral health issues and prescribes medication.
- A registered nurse is a nurse with more training than a nurse who has a license to perform certain duties with your provider.
- A respiratory therapist is a provider who helps you with your breathing.
- A speech pathologist is a provider who helps you with your speech.
- A surgeon is a doctor who can operate on you.

**Reconstructive Surgery:** Is done to correct a problem with a part of your body. This problem could be caused by:

- A birth defect
- Disease
- Injury

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Making that part look or work better must be medically necessary.

**Recovery Support Services:** Recovery Support Services (RSSs) are non-clinical services that assist individuals to recover from alcohol or drug problems.

**Rehabilitation Services and Devices:** Healthcare 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.

**Sexual Reassignment Surgery (SRS):** Surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity. It has been referred to as intersex characteristics to affirm a person's gender identity. It has also been referred to as intersex surgery, transgender surgery, and gender confirmation surgery.

**SRS Surgeon:** Board certified urologist, gynecologist, plastic surgeon, or general surgeon competent in urological diagnosis and treatment or transgender individuals.

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

**Skilled Nursing Facility:** A place that gives you 24-hour-a-day, skilled professional nursing care.

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

**Substance Use Disorder (SUD) Services:** SUD services are behavioral health treatment services provided to members with a known or suspected substance use disorder when medically necessary.

**Telehealth:** Sometimes called telemedicine, uses video calling and other technologies to help you see your provider without an in-person office visit.

**Transgender Female:** A person assigned as male sex at birth who identifies as female.

**Transgender Male:** A person assigned as female sex at birth who identifies as male.

**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 providers when network providers are unavailable or you cannot get to them. Out-of-network care always requires an OK from us. Examples of when to get urgent are a sprained ankle, a bad splinter, or the flu.

**Utilization Review:** A process that allows Wellpoint and your healthcare providers to work together to decide if a service you ask for is medically necessary.

**WVCHIP:** Stands for West Virginia Children's Health Insurance Program. This is the West Virginia agency that runs the CHIP program.

**WVCHIP Gold:** WVCHIP enrollment group for children in families with incomes at or below 150 percent of the FPL.

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

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

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

## YOUR RIGHTS

Each year, Wellpoint submits its annual report to the Bureau for Medical Services (BMS) of the West Virginia Department of Human Services by April 1. This report includes a description of the services, personnel, and the financial standing of Wellpoint.

The annual report is available to members by request only. To get a copy of the report, you can call our Customer Care Center or find it on our website at [wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans). You can also get a copy of the report from the West Virginia Department of Human Services.

As a member of Wellpoint, you have rights around your healthcare. You have the right to:

- Ask for and obtain all information included in this handbook.
- Be told about your rights and responsibilities.
- Get information about Wellpoint, our services, our providers, and your rights in a way that you understand.
- Be treated with respect and dignity.
- Not be discriminated against by Wellpoint.
- Access all services that Wellpoint must provide.
- Choose a provider in our network that is taking new patients.
- Take part in decisions about your healthcare.
- Refuse treatment and choose a different provider in our network.
- Be part of honest talks about your healthcare needs and treatment options, no matter the cost, and whether your benefits cover them.
- Have your privacy respected.
- Accessible services.
- Ask for and get your medical records as allowed by law.
- Ask that your medical records be changed or corrected if needed, as allowed by law.

- Access your health information through technology platforms like Wellpoint's member portal and mobile app, and receive information on how to access such platforms.
- Access the provider directory through Wellpoint's website, member portal, mobile app, or other Wellpoint technology platforms.
- Be aware of the information available on Wellpoint's website and other technology platforms.
- Be sure your medical records will be kept private.
- Recommend changes in policies and procedures.
- Be free from 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 if you have a physical or mental disability, or if you are homeless.
- Refer yourself to in-network and out-of-network family planning providers.
- Request sufficient information from Wellpoint for you to make informed choices about your health.
- Access certified nurse midwife services and certified pediatric or family nurse practitioner services within our network.
- Get emergency post-stabilization services.
- Get emergency healthcare services at any hospital or other setting.
- Accept or refuse medical or surgical treatment and to make an advance directive.
- Have your parent or a representative make treatment decisions when you can't.
- Have problems taken care of fast, including things you think are wrong, as well as issues about getting an OK from us, your benefits, or payments for service.
- Question a decision we make about benefits you got from your provider.
- Make complaints and appeals.
- Get a quick response to problems raised around complaints, grievances, appeals, authorization, coverage, and payment of services.
- Ask for a state fair hearing after a decision has been made about your appeal.
- Request and get a copy of this member handbook.
- Get the help you need to understand this handbook.
- Ask for this handbook and other member materials in other formats such as large print, audio CD, or Braille at no cost to you.
- Disenroll from your health plan.
- Ask us about our Quality Improvement (QI) program and tell us how you would like to see changes made.
- Ask us about our utilization review process and give us ideas on how to change it.

- Ask us about our member rights and responsibilities policy and give us ideas on how to change it.
- Know that the date you joined our health plan is used to decide your benefits.
- Know that we only cover healthcare services that are part of your plan.
- Know that we can make changes to your health plan benefits as long as we tell you about those changes in writing.
- Get news on how providers are paid.
- Find out how we decide if new technology or treatment should be part of a benefit.
- Ask for an oral interpreter and translation services at no cost to you.
- Use interpreters who are not your family members or friends.
- Know you will not be held liable if your health plan becomes bankrupt (insolvent).
- Know your provider can challenge the denial of service with your OK.

## YOUR RESPONSIBILITIES

As a member of Wellpoint, you also have some responsibilities:

- Read through and follow the instructions in this handbook.
- Work with your PCP to manage and improve your health.
- Ask your PCP any questions you may have.
- Call your PCP at any time when you need healthcare.
- Give information about your health to Wellpoint and your PCP.
- Do your best to use providers who are in the Wellpoint network.
- Always remember to carry your member ID card.
- Only use the emergency room for real emergencies.
- Keep your appointments.
- If you must cancel an appointment, call your PCP as soon as you can to let him or her know.
- Follow your PCP's instructions of care that you have agreed to, as well as recommendations about appointments and medicines.
- Go back to your PCP or ask for a second opinion if you do not get better.
- Call the Customer Care Center at **800-782-0095 (TTY 711)** whenever anything is unclear to you or you have questions.
- Treat healthcare staff and others with respect.
- Tell us right away if you get a bill that you should not have gotten or if you have a complaint.
- Tell Wellpoint and the DoHS right away if you have had a transplant or if you are told that you need a transplant or you are a living donor.
- Tell Wellpoint and the DoHS when you change your address, family status, or other healthcare coverage.
- Know that laws guide your health plan and the services you get.

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- Know that we do not take the place of workers' compensation insurance.

## STEPS TO GETTING YOUR CARE

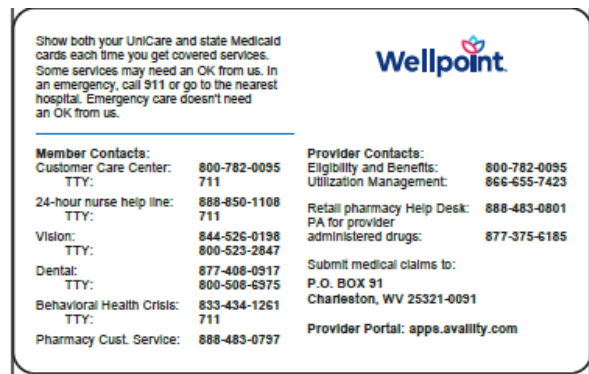
### YOUR MEMBER ID CARD

After you join Wellpoint, we will send you your member ID card in the mail. Each member of your family who has joined Wellpoint will receive his or her own card. If you have not received your member ID card after five business days, please call the Customer Care Center at **800-782-0095 (TTY 711)**. You can view or print your member ID card on our member website. Download the Sydney Health<sup>SM</sup> mobile app to always have your member ID card with you.

It is important to always keep your member ID card with you. You will need it anytime you get care. Your card is your proof that you are a member of Wellpoint. Medicaid members should also keep their Medicaid Benefit card. You need it to get care that is not covered by Wellpoint.

Your card should look like this:

#### Medicaid



#### WVCHIP



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You will find some useful information on your card like your Medicaid or WVCHIP ID number, your PCP's name and office phone number, the start date of your health coverage, and other important phone numbers. WVCHIP members will find their copay group at the bottom of your ID card. Having your card out when you call the Customer Care Center can help us serve you faster.

You will get a new Wellpoint ID card if:

- You change your PCP.
- Your PCP's address or phone number changes.
- You lose your member ID card.
- Your coverage or copay group changes.

Please call the Customer Care Center immediately at **800-782-0095 (TTY 711)** if:

- You lose your card.
- Your card is stolen.
- You have not received your card(s).
- Any of the information on the card(s) is wrong.
- You have a baby or add a new member to your family.
- You move.
- Someone in your family dies.

Please call your county DoHS immediately if you move to another state or another county. Find the contact information for the DoHS (not your county DoHS) in the **Important Contact Information** section of this handbook. We may still be your health plan if you stay in state.

**You are the only one who can get services with your Wellpoint member ID card.** If you let someone else use your card, you may not be able to stay in our plan.

## CHOOSING YOUR PRIMARY CARE PROVIDER

Each member of Wellpoint can choose a primary care provider (PCP). A PCP is a specific clinician responsible for coordinating your healthcare needs. For WVCHIP members, a PCP is also called a Medical Home. You will need to choose a PCP who is taking new patients. If you do not pick a PCP, we will choose one for you.

You can select or change your PCP anytime by:

- Using the Find a Doctor tool on our website at [wellpoint.com/wv/wvplans](https://wellpoint.com/wv/wvplans). You can then register or log in to your account to select or change your PCP.
- Downloading the Sydney Health mobile app from the App Store® or Google Play™. Access the Find a Doctor tool and register or log in to your account to select or change your PCP.
- Calling the Customer Care Center at **800-782-0095 (TTY 711)**.
- Filling out and mailing back the *PCP Selection Form* found at the end of this handbook.



If you have a chronic illness, then you may be able to select a specialist as your PCP. Please call the Customer Care Center at **800-782-0095 (TTY 711)**. If you already have a PCP and believe you need a specialist, you or your provider should call the Customer Care Center. Women can also receive women's healthcare services from an obstetrical/gynecological practitioner (OB-GYN) without a referral from your PCP.

Upon request from the Customer Care Center, a description of the method of physician compensation is available to Wellpoint members.

### **Provider Directory**

The provider directory is a list of all the doctors, hospitals, dental and specialty care providers, and other providers who work with Wellpoint. It tells you their address, phone number, office hours, and languages spoken. You can always find the most up-to-date provider directory at [wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans). You can also call the Customer Care Center to request a paper copy of the provider directory be mailed to you.

Look in the provider directory or the Find a Doctor tool at [wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans) to find a PCP who is right for you or your family member.

- PCPs for children are listed under *Family Practice, Pediatrics, or General Practice*.
- PCPs for women are listed under *Family Practice, Obstetrics and Gynecology, or General Practice*. You may choose a certified nurse-midwife from the *Obstetrics* section.
- PCPs for adults are listed under *Family Practice, Internal Medicine, or General Practice*.

To find out more about a provider (such as specialty, medical school background, residency training, or board certifications), visit these websites:

- West Virginia Board of Medicine at [wvbom.wv.gov/](http://wvbom.wv.gov/).
- American Medical Association (AMA) at [ama-assn.org](http://ama-assn.org).

### **PCPs for pregnant women and newborn babies**

If you're pregnant, call us right away. If you're in the last trimester of your pregnancy and you just joined our health plan, you may be allowed to stay with your current provider for up to thirty (30) days, while a transition of care plan is developed, even if they aren't in our plan.

If you're pregnant, you can also get support from our prenatal program, Taking Care of Baby and Me®. Read more in the **Pregnancy and Maternity Care** section.

If you haven't called Wellpoint to choose a PCP for your baby, you can call us after your baby is born. If you don't choose a PCP for your baby, we'll choose one for you.

## ENROLLING NEWBORNS AND CHANGES TO FAMILY MAKEUP

Any newborn whose mother has Wellpoint will have Wellpoint for a minimum of 60 to 90 days. The newborn is enrolled on the first day of the month of their birth. The 60-day minimum starts from their day of birth. As soon as your baby is born, Medicaid members can call your Department of Human Services (DoHS) caseworker if you have one, or tell the Change Center at **877-716-1212**. WVCHIP members can contact **877-982-2447** to inform them of changes in your family size status.

## HOW TO SCHEDULE AN APPOINTMENT

You will visit your PCP for all of your routine healthcare needs. You can schedule your appointments by calling the PCP's office phone number. Your PCP's name and office phone number will be listed on your member ID card. You can call 24 hours a day, seven days a week. **On the day of your visit, remember to bring your member ID card.** Please show up on time and call to cancel an appointment if you cannot make it.

You shouldn't have to wait more than 45 minutes after you get to your provider's office. Your PCP may not be able to see you if you're late. If you cancel your appointment, someone at your PCP's office can help you set up a new one.

To schedule a visit with a specialist, first contact your PCP for a referral. Your PCP will make a referral to a specialist in our network.

Wellpoint requires that all routinely used sites, such as PCP offices and frequently used specialists, be located within 30 minutes travel time of an enrollee. Basic hospital services must be within 45 minutes travel time, and all other services must be within 60 minutes travel time. Wellpoint will ensure hours of operation are convenient and do not discriminate against enrollees.

Wellpoint requires emergency cases to be seen or referred immediately. Urgent cases must be seen within 48 hours. Routine cases must be seen within 21 calendar days.

### **Nonemergency medical transportation (Medicaid and WVCHIP members):**

If you need to schedule a ride to and from your provider visit, call the nonemergency medical transportation (NEMT) vendor, ModivCare, at **844-549-8353**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time. Call at least five business days before your visit, unless it's urgent.

If you are unable to call ModivCare within the normal business hours, or if you have additional questions regarding a ride request, ride services, or special needs for transportation, please call ModivCare at **844-549-8354**.

If you are having a medical emergency, call **911** immediately and request an ambulance.

NEMT services include gas mileage reimbursement, passes for fixed route buses, and transportation supplied by private transportation providers.

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### **Your first appointment:**

All new members should set up an initial health assessment (IHA) or a first exam with your PCP as soon as you can. This first visit with your PCP is important. It is a time to get to know each other, review your health history and needs, and come up with a plan to keep you healthy that works for you. If you're an adult, your first health review should be within 90 calendar days of joining Wellpoint. A child should be seen by a PCP within 60 calendar days of joining. If you're an SSI member, you should visit your PCP or specialist who handles your care within 45 calendar days of joining Wellpoint. During the first exam, the PCP can learn about your healthcare needs and teach you ways to stay healthy.

## CHANGING YOUR PRIMARY CARE PROVIDER

If you need to, you can change your PCP for any reason. Let us know right away by calling the Customer Care Center at **800-782-0095 (TTY 711)** or by going to [wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans). You can change your PCP at any time. We will send you a new member ID card in the mail and let you know that your PCP has been changed. It usually helps to keep the same PCP so they can get to know you and your medical history. Call us before going to a provider who isn't your PCP. We can try to make them your PCP.

Sometimes PCPs leave our network. If this happens, we will let you know by mail within seven to 10 business days of us learning the provider is leaving our network. We can assign you a new PCP or you can pick a new one. If we need to assign you a new PCP for another reason, we will let you know.

If you want to change your PCP, please note:

- When choosing a new PCP, you must choose a provider who will see new patients. We can help you find one. A request to change your PCP may be denied if the PCP you want is not taking new patients.
- If you choose a PCP who is not taking new patients, we'll help you choose another one.
- Changing PCPs often can make your healthcare experience more complicated.
- Your PCP change will be effective on the date the change is made.
- You can begin seeing your new PCP on the day you ask for the change.
- You will get a new Wellpoint member ID card with your new PCP's name on it.
- It's important to have your medical records sent to your new PCP.

Wellpoint, or your PCP, may ask you to change your PCP if:

- Wellpoint no longer works with your PCP.
- You and your PCP aren't able to get along or agree.
- You are unable to keep appointments or often arrive late.
- You do not respect the staff of Wellpoint or your PCP's office.

We'll tell you in writing if we need to change your PCP.

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If you want to change your PCP, you can:

1. Search for a new PCP using the Find a Doctor tool at [wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans) and register or log in to your secure account to change your PCP.
2. Download the Sydney Health mobile app from the App Store® or Google Play™. Access the Find a Doctor tool and register or log in to your account to select or change your PCP.
3. Call the Customer Care Center at **800-782-0095 (TTY 711)**.
4. Fill out and send us the *PCP Selection Form* found at the end of this book.

Our provider directory also lists the providers who work with Wellpoint. It also tells you their address, phone number, office hours, and languages spoken. You can find our provider directory at [wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans). You can also call us to request one be mailed to you. A paper-based copy of the most current provider directory is mailed within five (5) business days of your request.

## GETTING A SECOND OPINION

You might have questions about your illness or the care your PCP says you need. You may want to get a second opinion from another provider. You should speak to your PCP if you want a second opinion. You or your PCP also may ask us for help. You must get services from a provider in our plan. If there is no provider in our plan that fits the care you need, we'll let you get a second opinion from a provider outside of our plan. Seeing a provider outside of our plan requires an OK from Wellpoint before you see them. There is no additional cost to you for a second opinion.

Getting a second opinion is helpful if:

- You have questions about a surgery your PCP or specialist says you need.
- You have questions about finding the cause or treatment for an ongoing problem or a health issue that could cause death.
- If you think your problem could greatly weaken you or cause loss of a limb or body function.
- Your PCP's advice is not clear or is hard for you to understand.
- Your PCP can't find the cause of your condition, or isn't sure because test results aren't the same.
- The treatment you are getting has not helped your medical problem within the time frame it should.
- You have tried to follow the treatment plan or talked with your PCP because you're concerned about the cause or the treatment plan.

You may use the Wellpoint grievance and appeal process if your PCP or specialist doesn't allow you to get a second opinion. See the **Letting Us Know When You're Unhappy** section to learn how to file a grievance or appeal.

This is only a summary of the Wellpoint policy on second opinions. You can call the Customer Care Center to request a full copy of the policy.

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## WHERE TO GET MEDICAL CARE

Please read below to understand what type of care to get in different situations.

You can also call 24-hour nurse help line at **888-850-1108 (TTY 711)** to speak privately to a nurse to help decide where you should go for care.

### ROUTINE CARE

You should see your PCP for all routine healthcare 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 healthcare visit include checkups, screenings, physicals, and care for diseases such as diabetes and asthma. You can call your PCP to schedule these visits at any time. You and your PCP should work together to get you the care you need.

- **Well-Care Visits** — A well-care visit is when you or your child sees your 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 do not feel sick. During the appointment, your PCP will review your medical history and health. Your PCP may suggest ways to improve your health, too. You can learn more about well care visits under the section titled **More Information About Your Coverage**.
- **Health Management** — Visits to manage your health, such as diabetes, asthma, or high blood pressure. These visits are to treat your diseases or help you get better.
- **AfterHours Care** — You can reach your PCP, even if it is after normal business hours. Just leave a voicemail with your name and phone number. Your PCP or another PCP from the same office will call you back as soon as possible or during office hours.
- **Specialist Care** — Your PCP can refer you to a specialist if you need care that your PCP cannot provide. You do not need an OK from Wellpoint to see a specialist who is in our network.

### PREGNANCY CARE

Call us when you know you're pregnant. Our staff will make sure your provider and hospital are with Wellpoint. If you're pregnant, you can also get support from our maternity program, Taking Care of Baby and Me®. If you're in your last three months of pregnancy, you should set up a time to see your provider within three business days from the time you call.

It's important to schedule your first visit quickly so your provider can check on your pregnancy as soon as possible. If you think you have a high-risk medical problem that will affect your pregnancy, ask your provider if you can be seen right away. We want to make sure you get the best care for you and your baby.

## Family planning

Family planning can help teach you how to:

- Be as healthy as you can before you become pregnant.
- Avoid getting pregnant.
- Avoid diseases.

Any member (including minors) may see a licensed family planning provider without getting an OK from Wellpoint first, even if they aren't in the Wellpoint plan. Licensed family planning providers could be:

- Clinics
- OB-GYNs
- PCPs
- Certified nurse-midwives

## URGENT CARE

You can visit an urgent care center when you have 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
- Ear or sinus pain
- Stitches
- Eye swelling, irritation, redness, or pain

You can also get urgent care if you are traveling and are too far from your PCP's office. You can schedule an urgent care appointment by calling your PCP. You should explain the medical problem so that your PCP can make your appointment or help you decide what to do. 24-hour nurse help line is available 24 hours a day, seven days a week at **888-850-1108 (TTY 711)** to help you decide what to do.

When you visit one of the urgent care centers in our network, Wellpoint will help cover the cost. Before you go, call the center and ask:

- What are your hours?
- Do you give the care I need?

If you think you might need urgent care when you or your child are away from your home or after hours, you can also call 24-hour nurse line at **888-850-1108 (TTY 711)**. They can help you decide what care your child needs.

## EMERGENCY CARE

You should get emergency care when you have a very serious and sudden medical problem. An emergency would make someone think their life is at risk without treatment right away. Some examples of an emergency are:

- A heart attack or severe chest pain
- Severe shortness of breath
- Seizures when you have never had them before or if they will not stop
- Rape
- High fever with stiff neck, mental confusion, or difficulty breathing
- Coughing up or vomiting blood

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

- Colds
- Minor cuts and bruises
- Sprained muscles
- Minor fevers or colds
- Headaches

If you believe you have 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 PCP or Wellpoint. 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 PCP or Wellpoint at **800-782-0095 (TTY 711)**. **Remember to use the ER only if you have an emergency.** You are always covered for emergencies.

If you are unsure where to go for care, call 24-hour nurse help line toll free at **888-850-1108 (TTY 711)**. A nurse will help you decide which type of care makes the most sense. Plus, you may find out how to treat yourself at home.

If you need to stay in the hospital after an emergency, please make sure Wellpoint is called within 24 hours. If you are told that you need other medical care to treat the problem that caused the emergency, the provider must call Wellpoint. If you are able, call your PCP to let them know that you have a medical emergency. You will need to schedule follow-up services with your PCP.

For more information about emergency transportation and post-stabilization services, please see the Mountain Health Trust and WVCHIP Covered Benefits table.

## URGENT CARE CENTERS

MedExpress Urgent  
Care Weirton  
218 Three Springs Drive  
Weirton, WV 26062  
**304-723-3627**

MedExpress Urgent Care  
Wheeling  
620 National Road, Suite  
300  
Wheeling, WV 26003  
**304-233-3624**

EZ Care  
260 Russell Ave.  
New Martinsville, WV 26155  
**304-398-4949**

MedExpress Urgent Care  
South Charleston  
4812 Maccorkle Ave. SW S.  
Charleston, WV 25309  
**304-768-3627**

MedExpress Urgent Care  
Beckley Crossing  
520 Beckley Crossing Ctr.  
Beckley, WV 25801  
**304-252-6639**

Medpointe of Harrison  
County  
469 Emily Drive  
Clarksburg, WV 26301  
**304-423-5180**

Primecare 12 Priority Health  
702 Stafford Drive  
Princeton, WV 24740  
**304-425-0085**

MedExpress Urgent Care  
Parkersburg  
1500 Grand Central Ave.,  
Suite 115  
Vienna, WV 26105  
**304-485-3627**

MedExpress Urgent Care  
Martinsburg  
1355 Edwin Miller Blvd.,  
Suite A  
Martinsburg, WV 25404  
**304-263-6753**

MedExpress Urgent Care  
Charleston  
5430 Maccorkle Ave. SE  
Charleston, WV 251304  
**304-925-3627**

MedExpress Urgent Care  
Elm Grove  
10 Elm Grove Crossing Mall  
Wheeling, WV 26003  
**304-242-4228**

WVU Fast Care Center  
1075 Van Voorhis Road,  
Suite 100  
Morgantown, WV 26505  
**304-599-2273**

MedExpress Urgent Care  
Lewisburg  
1318 Jefferson St. N., Suite A  
Lewisburg, WV 24901  
**304-645-2164**

MedExpress Urgent Care  
Bridgeport  
1370 Johnson Ave.  
Bridgeport, WV 26330  
**304-842-3330**

MedExpress Urgent  
Care Huntington  
3120 US Route 60  
Huntington, WV 25705  
**304-522-3627**

MedExpress Urgent  
Care Beckley  
1709 Harper Road  
Beckley, WV 25801  
**304-256-8671**

Community Care of WV  
Inc.  
11 N. Locust St.  
Buckhannon, WV 26201  
**304-473-1440**

Whitehall Medical  
60 Roxbury Road  
Fairmont, WV 26554  
**304-363-6600**

MedExpress Urgent  
Care  
Winchester Gateway  
207 Gateway Drive  
Winchester, VA 22603  
**540-535-1029**

Direct Care of Parsons  
307 Main St.  
Parsons, WV 26287  
**304-478-2511**

Jefferson Urgent Care  
Route 340 N.  
84 Somerset Blvd.  
Charles Town, WV  
25414  
**304-728-8533**

Wellpoint West Virginia, Inc.  
[wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans)  
**800-782-0095 (TTY 711)**



Bridgeport Express Care, Inc.  
2 Chenoweth Drive  
Bridgeport, WV 26330  
**304-842-3330**

MedExpress Urgent Care  
Princeton  
277 Greasy Ridge Road  
Princeton, WV 24740  
**304-425-7615**

MedExpress Urgent Care  
South Parkersburg  
2832 Pike St., Suite 1  
Parkersburg, WV 26101  
**304-489-3815**

Direct Care of Elkins  
720 Beverly Pike  
Elkins, WV 26241  
**304-636-4585**

Health Matters Urgent Care  
14302 Barton Blvd. SW  
Cumberland, MD 21502  
**301-729-3278**

SE Emergency Physicians  
124 Brookshire Lane  
Beckley, WV 25801  
**304-255-9205**

MedExpress Urgent Care  
Glen Dale  
1585 Wheeling Ave.  
Glen Dale, WV 26038  
**304-843-5381**

MedExpress Urgent Care  
Teays Valley  
563 State Route 34  
Hurricane, WV 25526  
**304-757-5063**

MedExpress Urgent Care  
Bluefield  
4003 College Ave.,  
Suite B Bluefield, VA  
24605  
**276-322-2085**

## EMERGENCY ROOMS

Tug Valley ARH Regional  
Medical Center  
260 Hospital Drive S.  
Williamson, KY 41503  
**606-237-1700**

Boone Memorial Hospital  
701 Madison Ave.  
Madison, WV 25130  
**304-369-1230**

Kings Daughters Medical  
Center  
2201 Lexington Ave.  
Ashland, KY 41101  
**606-408-4000**

Bluefield Hospital  
Company LLC  
500 Cherry St.  
Bluefield, WV 24701  
**304-327-1100**

Beckley ARH Hospital  
306 Stanaford Road  
Beckley, WV 25801  
**304-255-3000**

Braxton County  
Memorial Hospital  
100 Hoylman Drive  
Gassaway, WV 26624  
**304-364-5156**

Broadus Hospital  
One Healthcare Drive  
Philippi, WV 26416  
**304-457-1760**

WVU Medicine Berkeley  
Medical Center  
2500 Hospital Drive  
Martinsburg, WV 25401  
**304-264-1000**

Summers County  
ARH Hospital  
115 Summers Hospital  
Road, Hinton WV 25951  
**304-466-1000**

Grant Memorial Hospital  
117 Hospital Drive  
Petersburg, WV 26847  
**304-257-1026**

CAMC Teays Valley  
Hospital  
1400 Hospital Drive  
Hurricane, VA 25526  
**304-757-1700**

LewisGale Hospital  
Alleghany  
One ARH Lane  
Low Moor, VA 24457  
**540-862-6011**

Wellpoint West Virginia, Inc.  
[wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans)  
**800-782-0095 (TTY 711)**

Camden Clark Medical Center  
800 Garfield Ave.  
Parkersburg, WV 26101  
**304-424-2111**

Summersville Regional Medical Center  
400 Fairview Heights Road  
Summersville, WV 26651  
**304-872-2891**

Jackson General Hospital  
122 Pinnell St.  
Ripley, WV 25271  
**304-372-2731**

Davis Medical Center  
812 Gorman Ave.  
Elkins, WV 26241  
**304-636-3300**

East Ohio Regional Hospital  
90 N. Fourth St.  
Martins Ferry, OH 43935  
**740-633-1100**  
Grafton City Hospital  
1 Hospital Plaza  
Grafton, WV 26354  
**304-265-0400**

Raleigh General Hospital  
1710 Harper Road  
Beckley, WV 25801  
**304-256-4100**

Reynolds Memorial Hospital  
800 Wheeling Ave.  
Glen Dale, WV 26038  
**304-845-3211**

Clinch Valley Medical Center  
6801 Gov George C Peery Highway,  
Richlands, VA 24641  
**276-596-6000**

Garrett Regional Medical Center  
251 N. Fourth St.  
Oakland, MD 21550  
**301-533-4000**

Logan Regional Medical Center  
20 Hospital Drive  
Logan, WV 25601  
**304-831-1101**

CAMC Greenbrier Valley Medical Center  
1302 Maplewood Ave.  
Ronceverte, WV 24970  
**304-647-4411**

Minnie Hamilton Health Care Center  
186 Hospital Drive  
Grantsville, WV 26147  
**304-354-9244**

Jefferson Medical Center—WVU Medicine  
300 South Preston St.  
Ranson, WV 25438  
**304-728-1600**

Mon Health Medical Center  
1200 J.D. Anderson Drive  
Morgantown, WV 26505  
**304-598-1200**

Princeton Community Hospital  
122 12th St.  
Princeton, WV 24740  
**304-487-7000**

Plateau Medical Center  
430 Main St.  
Oak Hill, WV 25901  
**304-469-8600**

Hampshire Memorial Hospital  
549 Center Ave.  
Romney, WV 26757  
**304-822-4561**

Rivers Health  
2520 Valley Drive  
Point Pleasant, WV 25550  
**304-675-4340**

Pocahontas Memorial Hospital  
150 Duncan Road  
Buckeye, WV 24924  
**304-799-7400**

Potomac Valley Hospital  
100 Pin Oak Lane  
Keyser, WV 26726  
**304-597-3500**

Preston Memorial Hospital—Mon Health Medical Center  
150 Memorial Drive  
Kingwood, WV 26537  
**304-329-1400**

Sistersville General Hospital  
314 S. Wells St.  
Sistersville, WV 26175  
**304-652-2611**

OhioHealth Southeastern Medical Center  
1341 Clark St.  
Cambridge, OH 43725  
**740-439-8000**

Wellpoint West Virginia, Inc.  
[wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans)  
**800-782-0095 (TTY 711)**

St. Joseph's Hospital  
1 Amalia Drive  
Buckhannon, WV 26201  
**304-473-2000**

Roane General Hospital  
200 Hospital Drive  
Spencer, WV 25276  
**304-927-4444**

Sentara RMH Medical  
Center  
2010 Health Campus Drive  
Harrison, VA 22801  
**540-689-1000**

Shenandoah Memorial  
Hospital  
759 S. Main St.  
Woodstock, VA 22664  
**540-459-1100**

## YOUR BENEFITS

You can get many services through Wellpoint's managed care program in addition to those that come with regular Medicaid or WVCHIP. For most benefits, you will need to go through your primary care provider (PCP). There are some services that do not require a referral from your PCP. This means you do not need approval from your PCP. To get these services, access the Find a Doctor tool at [wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans) or by downloading the Sydney Health mobile app in the App Store® or Google Play™. You can also look in our provider directory for the list of providers who offer these services. You can schedule the appointment yourself. If you have any questions, call the Customer Care Center at **800-782-0095 (TTY 711)**. The Customer Care Center can also explain how to access your services.

## COVERED SERVICES

Your covered services must be medically necessary. You must get these services from providers in the Wellpoint network. If you have to use a provider who is not in our network, you must get an OK from Wellpoint before seeing them. Your PCP should provide covered services or refer you to another provider to do so. The services included fall under medical, behavioral, dental, and vision. Benefit packages differ, depending on your age. You can see any differences in the table below. You can get the services listed in the Mountain Health Trust Covered Benefits tables by using your Wellpoint member ID card.

Telehealth lets your provider care for you without an in-person office visit. Telehealth is done online with internet access on your computer, tablet, or smartphone.

- Telehealth visits are covered, just like in-person visits.
- Medicaid/WVCHIP will only pay for telehealth for covered benefits.
- Ask your provider if they do phone or video visits.

Wellpoint West Virginia, Inc.  
[wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans)  
**800-782-0095 (TTY 711)**

## Mountain Health Trust Covered Benefits

### Medical

- Primary Care Office Visits and referrals to specialists
- Physician Services — Certain services may require prior authorization or have service limits. Some services may be delivered through telehealth (digitally using computer or mobile device).
- Laboratory and X-ray Services — Includes lab services related to substance use disorder (SUD) treatment. Services must be ordered by a provider. Some services require prior authorization or have benefit limits.
- Clinics — Includes general clinics, birthing centers, and health department clinics
- Vaccinations — Vaccinations are included for children and as approved for adults

### Specialty

- Podiatry — Includes treatment of acute conditions for children and adults. Includes some surgeries, reduction of fractures, and other injuries and orthotics. Routine foot care is not covered. Some services require prior authorization or have benefit limits.
- Services for children with disabilities and/or special healthcare needs — Provides specialty medical care, diagnosis, and treatment for children with disabilities and those who may be at risk of developing disabling conditions

### Emergency

- Emergency Room Services — Covered for emergency care only
- Post-Stabilization Services — Includes care after an emergency health condition is under control. Care provided in a hospital or other setting.
- Emergency Transportation — Includes ground or air ambulance transport to the nearest facility able to provide needed treatment when medically necessary. Facility to facility ground ambulance transportation services that are medically necessary are covered. To call for emergency transportation, dial **911**.

### Preventive Care and Disease Management

- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) — Includes medically necessary healthcare services for any medical or psychological condition discovered during screening (for children under age twenty-one (21) only)
- Tobacco Cessation — Includes therapy and counseling and Quitline services. Guidance and risk-reduction counseling are covered for children.
- Sexually Transmitted Disease Services — Includes screening for a sexually transmitted disease from your PCP or a specialist

## Mountain Health Trust Covered Benefits

### Maternity

- Right From The Start — Includes prenatal care and care coordination. No prior authorization required.
- Family Planning — Includes all medically necessary family planning providers and services. Sterilizations are not covered for enrollees under age twenty-one (21), for enrollees in institutions, or for those who are mentally incompetent. Hysterectomies, pregnancy terminations, and infertility treatments are not considered family planning. No referral needed for out-of-network providers.
- Maternity Care — Includes prenatal, inpatient hospital stays during delivery, and postpartum care. Home birth is not covered.

### Other

- Federally Qualified Health Centers — Includes physician, physician assistant, nurse practitioner, and nurse midwife services
- Prosthetics — Customized special equipment is considered. Some services require prior authorization or have benefit limits
- Durable Medical Equipment — Devices and medical equipment prescribed by a doctor to improve disease, illness, or injury. Some services require prior authorization or have benefit limits. Customized special equipment considered. Diabetes supplies and equipment are covered under the retail pharmacy benefit.
- Ambulatory Surgical Care — Includes services and equipment for surgical procedures. Provider services; lab and X-ray; prosthetic devices; ambulance; leg, arm, back, and neck braces; artificial limbs; and durable medical equipment **not** covered. Some services require prior authorization or have benefit limits.
- Organ and Tissue Transplants — **Corneal** transplants only
- Medicines given by your provider, in an office, outpatient hospital, or infusion center are covered by Wellpoint. Some services require prior authorization or have benefit limits.
- Gender Affirmation for Gender Dysphoria — Procedure that aligns an individual's biological sex with their gender identity. Adults must be twenty-one (21) years or older prior to being considered for the procedure. Prior authorization is required.

### Nursing

- Nurse Practitioner Services — Some services require prior authorization or have benefit limits
- Private Duty Nursing — Includes twenty-four (24)-hour nursing care (not covered for adults ages twenty-one (21) years and over). Prior approval is required.

## Mountain Health Trust Covered Benefits

### Rehabilitation

- Physical Therapy — **Twenty (20)** visits per calendar year for habilitative and rehabilitative services (combined for physical and occupational therapy) and members will need an OK from us after 20 visits. You are allowed one evaluation and two reevaluations per year.
- Occupational Therapy — **Twenty (20)** visits per calendar year for habilitative and rehabilitative services (combined for physical and occupational therapy) and members will need an OK from us after 20 visits. You are allowed one evaluation and two reevaluations per year.
- Speech Therapy — Habilitative and rehabilitative services including hearing aid evaluations, hearing aids and supplies, batteries, and repairs (for children under age twenty-one (21)). Some procedures have service limits or need prior approval
- Chiropractor Services — Chiropractor services includes radiological exams and corrections to partial dislocations (subluxation). Certain procedures have service limits or require prior approval.
- Pulmonary Rehabilitation — Includes procedures to increase strength of respiratory muscle and functions
- Cardiac Rehabilitation — Includes supervised exercise sessions with electrocardiograph monitoring
- Inpatient Rehabilitation — Includes inpatient rehabilitation services and general medical outpatient services that meet the certification requirements. Prior authorization is required

### Hospital

- Inpatient — Includes medically necessary inpatient services (including bariatric and corneal transplants). **Corneal** transplant services must be in a center approved by Medicare and Medicaid. Adults in institutions for mental diseases and some behavioral health inpatient stays are not included.
- Outpatient — Includes medically necessary preventive, diagnostic, therapeutic, all emergency services, and rehabilitative medical services. Some services require prior authorization or have benefit limits.

**Home Health Care** — Includes medically necessary services given at member's residence. This does not include a hospital nursing facility, ICF/IDD, or state institutions. Some services require prior authorization or have benefit limits.

## Mountain Health Trust Covered Benefits

**Hospice** — If you are terminally ill, you or your PCP can ask for hospice services. Includes nursing care, physician services, medical social services, short-term care, durable medical equipment, drugs, biologicals, home health aide and homemaker, counseling and bereavement services, and medications. Requires physician certification. For adults ages 21 and older, rights are waived to other treatment services related to the terminal illness. If you choose hospice, you can change your mind. We must be notified that you are receiving these services.

**Dental** — Dental services are covered for children younger than age 21 when provided by a dentist, orthodontist, or oral surgeon. Services for children under 21, includes medically necessary emergency, nonemergency, and orthodontic services. For adults 21 and older, includes preventative, diagnostic, and restorative services. Services also include emergency procedures to treat fractures, biopsy, tumors, emergency extractions, and services to reduce pain or eliminate infection and nonemergency dental services. Adult nonemergency dental services are limited to \$2,000 per two-year budget period per member. These services are covered by SKYGEN USA.

## Mountain Health Trust Covered Benefits

### Behavioral Health

- Behavioral Health Rehabilitation/Psychiatric Residential Treatment Facility (PRTF). Includes services for children under age 21 with mental illness and substance abuse. Procedure specific limits on frequency and units.
- Inpatient. Hospital services for the diagnosis and treatment of behavioral health and substance use disorder (SUD).
- Inpatient Psychiatric. Includes treatment through an individual plan of care including post-discharge plans for aftercare. Service is expected to improve the condition or prevent regression so the service will no longer be needed.
  - Under age 21. Includes services at a psychiatric hospital or psychiatric unit of a hospital. Certification that community outpatient behavioral health services did not meet the member's treatment needs is required. Pre-admission and continued stay prior authorization is required..
  - Age twenty-one (21 to sixty-four (64). Includes services at an Institution for Mental Diseases (IMD).
- Outpatient. Includes services for individuals with mental illness and substance abuse. Limits frequency and amount of services. Providers must be ACT certified. Children's residential treatment is **excluded from this benefit**.
- Psychological Services. May be delivered using telehealth. Some evaluation and testing procedures have frequency restrictions.
- Drug Screening. Includes laboratory service to screen for presence of one (1) or more drugs of use.
- Substance Use Disorder (SUD) Services. Includes targeted case management and physician-supervised medication and counseling services provided to treat those with a SUD. Opioid treatment program services will be provided through fee-for-service (FFS) Medicaid. **Substance Abuse Residential Treatment Services are covered with Prior Authorization.**

**Vision** — Includes eye exams, treatment lenses, frames, and repairs for children under 21 years of age. Includes medical treatment, annual dilated retinal exam for members with diabetes one pair of glasses after cataract surgery, and certain contact lenses (for certain diagnosis) for adults 21 years of age and older. Does not cover prescription sunglasses or designer frames. These services are covered by Superior Vision.



## Benefits Under Fee-for-Service Medicaid and WVCHIP

**Abortion** — Includes drugs or, devices to prevent implantation of the fertilized ovum, and procedures for termination of **ectopic** pregnancy. Physician certification required. Abortion covered services are limited to specific conditions. All Federal and State laws regarding this benefit apply. Visit BMS website for details on coverage at [DHHR.wv.gov/bms/Pages/default.aspx](https://dhhr.wv.gov/bms/Pages/default.aspx).

**Early Intervention Services for Children Ages 3 and Under** — Early intervention services provided to children ages 3 years and under through the West Virginia Birth to Three (BTT) program. Includes services and supports provided through the West Virginia Birth to Three program for children under age 3 who have a delay in their development, or may be at risk of having a delay, and for their families.

**Nursing Facility Services** — Includes nursing, social services, and therapy

**Personal Care Services** — Includes personal hygiene, dressing, feeding, nutrition, environmental support, and health-related functions. Room and board services require physician certification. May not exceed 60 hours per month without prior authorization.

**Personal Care for Aged/Disabled** — Includes assistance with daily living in a community living arrangement, grooming, hygiene, nutrition, physical assistance, and environmental for individuals in the age/disabled waiver. Limited on per unit per month basis. Requires physician order and nursing plan of care.

**ICF/IDD Intermediate Care Facility** — Includes physician and nursing services, dental, vision, hearing, lab, dietary, recreational, social services, psychological, habilitation, and active treatment for individuals with intellectual disabilities. Requires physician or psychiatrist certification.

**Prescription Drugs** — Includes dispensed on an ambulatory basis by a pharmacy, family planning supplies, diabetic supplies, vitamins for children, and prenatal vitamins. Hemophilia blood factor, Hepatitis-C, weight gain, cosmetic, hair growth, fertility, less than effective and experimental drugs are not covered. Drugs dispensed by a physician at no cost are not covered. Drugs dispensed by a physician at no cost are not covered.

**Organ Transplant Services** — Generally safe, effective, and medically necessary transplants covered when no alternative is available. Cannot be used for investigational/research nature or for end-stage diseases. Must be used to manage disease.

**School-Based Services** — Services provided by a physical therapist, speech therapist, occupational therapist, nursing care agency, or audiologist in a school-based setting. Limited to individuals under age twenty-one (21).

## Benefits Under Fee-for-Service Medicaid and WVCHIP

**Transportation** — Nonemergency medical transportation. Includes multi-passenger van services and common carriers (buses, cabs, and private vehicle transportation). Prior authorization is required by county DoHS staff. To get transportation, call **844-549-8353**.

**Substance Abuse Services** — Physician-supervised opioid agonist medication and counseling services provided to those with severe opioid use disorder.

**Tubal Ligation** — Family planning service for individuals of childbearing age to permanently prevent pregnancy. Service requires informed consent and medical necessity.

Mountain Health Trust Medicaid members: Be sure to use your regular Medicaid card for services that are not covered by Wellpoint.

## VALUE-ADDED BENEFITS AND SERVICES

We want to help you get and stay healthy. In addition to your benefits, Wellpoint offers value-added benefits and services. We offer these services to encourage health education and to promote health. These value-added benefits and services have eligibility requirements and annual limits for each member.

Copayments may not be charged, and members do not have the right to an appeal or a state fair hearing for value-added services.

Log on to the Benefit Reward Hub to redeem your value-added benefits and view the benefits you're eligible for at [wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans) or call the Customer Care Center at **800-782-0095 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time.

## Value-Added Benefits and Services

### For pregnant members and new moms

Baby Essentials \$170 gift card for members who complete six prenatal visits to use toward purchasing baby items such as:

- Bottles and nursing supplies
- Formula and baby food
- Diapers, wipes, and creams
- Bathtubs
- Strollers
- Car seat
- Portable crib
- Preventive dental care during pregnancy and six weeks after baby's birth
- Neonatal abstinence syndrome (NAS) program graduation gift
- Taking Care of Baby and Me® program

Wellpoint West Virginia, Inc.  
[wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans)  
**800-782-0095 (TTY 711)**

## Value-Added Benefits and Services

### For health and wellness

- Personal hygiene products voucher for members ages 5 and up to purchase up to \$50 worth of hygiene products with completion of a yearly wellness exam
- Feminine care collection for females 10-18; voucher for products or feminine care kit
- \$50 Healthy Grocery card for eligible members identified by case management
- Emotional well-being program for ages 13 and older
- Up to \$75 in healthy lifestyle aids for members with diabetes, hypertension, or obesity
- SUD Recovery Support program
- WW® (formerly known as Weight Watchers) program for qualifying members 18 and older (online included)
- Youth club memberships at participating clubs, such as Boys & Girls Club (excluding camps)
- Active & Fit® program — Eligible members ages 18 and up can receive memberships to participating gyms and home fitness kits

WW® is a registered trademark of Weight Watchers International, Inc. Active & Fit® is a registered trademark of American Specialty Health Incorporated.

### For dental health

- Oral care essentials box with items like an electric toothbrush, toothpaste, and dental floss for members ages 5 and older who complete a yearly dental visit

### For members with diabetes

- Scholarships to Camp Kno-Koma for children ages 7-15
- Diabetes education classes
- Free glucometers

### For members with asthma

- One-on-one education with an asthma nurse educator to create an action plan
- Certified Care Condition program to manage asthma and COPD

## Value-Added Benefits and Services

### For peace of mind

#### 24-hour nurse help line

24-hour nurse help line lets you talk in private with a nurse about your health. You can reach a nurse 24 hours a day, seven days a week at **888-850-1108 (TTY 711)**. You also can call and listen to audiotapes on over 300 health topics such as:

- Preventive healthcare
- High blood pressure
- Diabetes
- Sexually transmitted infections like HIV/AIDS
- Alcohol and drug problems
- How to be tobacco-free
- Pregnancy

#### 24-hour Behavioral Health Crisis Line

If you're having a mental health crisis, call our 24-hour Behavioral Health Crisis Line at **833-434-1261 (TTY 711)** for help. **If a situation is life-threatening, always call 911.**

#### National Suicide Prevention Hotline

Call **911** right away if there is a mental health or substance abuse emergency.

Call the **Suicide and Prevention Lifeline at 988** if you or another person are having thoughts about harming yourself, mental health or substance use crisis, or any other kind of emotional distress.

#### For tobacco cessation

West Virginia's Tobacco Quit Line is a free, phone-based counseling service. If you're interested in this program, please call **877-966-8784**, Monday through Friday, 8 a.m. to 8 p.m., and Saturday and Sunday 8 a.m. to 5 p.m. Services include:

- Individual coaching
- Resources for providers who want to improve patient outcomes
- Support for family and friends who want to help loved ones stop smoking

#### Phone services

- Members are eligible for a no-cost cell phone through the federal Lifeline program, with no-cost monthly minutes, data, and text messages

## Value-Added Benefits and Services

### Other benefits and services

- \$100 gas card for members (\$25 every three months per household)
- Free laptop for members graduating high school with a 3.5 or higher GPA or complete/pass TASC/GED
- Employment support package for eligible members ages 18 and up who are enrolled in employment support program
- Filtered water pitchers for eligible member households in target counties and/or receive lead screening for members ages 0-2

### Community Resource Link

The Community Resource Link helps to find resources in your community by ZIP code. Get help finding food, jobs, housing, and other things you may need at our website.

## HEALTHY REWARDS

Healthy Rewards is a no-cost, optional program for eligible members enrolled in Wellpoint. You can earn rewards completing healthy activities and screenings. The program encourages you to get the care you need to create a healthy lifestyle and rewards you for doing so.

Log in to your account at [wellpoint.com/wv/wvplans](https://wellpoint.com/wv/wvplans) and visit the Benefit Reward Hub to enroll in Healthy Rewards, see what you may be eligible to earn, and redeem your rewards, or call **888-990-8681 (TTY 711)**, Monday through Friday from 9 a.m. to 8 p.m. Eastern time.

## COMMUNITY SERVICES

Community services are programs and services that improve the health of people, families, and communities. The programs mentioned below are not a full list of the programs and services available in West Virginia. Please call our Customer Care Center at **800-782-0095 (TTY 711)** or visit our website.

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### WEST VIRGINIA WOMEN, INFANTS, AND CHILDREN (WIC)

WIC provides nutritional services to improve the health of women, infants and children in West Virginia by providing nutrition and breastfeeding counseling and education; as well as health monitoring and nutritious foods.

The West Virginia WIC program may be able to help you and your family to get 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](https://ons.wvdhhr.org).

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## HELP ME GROW

Help Me Grow is a referral service that connects families with developmental resources for their children birth through 5 years. The goal of Help Me Grow is to identify children at-risk and get them connected to the help they need.

Parents, families and friends can call Help Me Grow directly to speak 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. To reach the Help Me Grow hotline, call **800-642-8522**.

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## CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

The CSHCN program provides specialized medical care for children who have certain chronic, disabling medical conditions and who meet eligibility requirements.

Children who have a diagnosis covered by CSHCN and receive West Virginia Medicaid or WVCHIP may be eligible to receive care management and/or limited services from the program. For more information, call **800-642-9704**.

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## DRUG-FREE MOMS AND BABIES PROGRAM

The Drug-Free Moms and Babies (DFMB) program supports healthy outcomes for pregnant and postpartum women and babies in Medicaid and WVCHIP by providing prevention, early intervention, addiction treatment, and recovery support. Covered benefits through this program include:

- Care coordination with Wellpoint case managers, DFMB care coordinators, DFMB community health workers, and DFMB providers
- Early intervention through provider outreach and education
- Recovery support services
- Addiction treatment
- Assistance with health-related social needs of members
- Long-term follow-up with recovery coach to help women stay in the path of recovery and access to needed resources
- Services are limited to the duration of the member's pregnancy and one year postpartum

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## WORKFORCE WEST VIRGINIA

WorkForce West Virginia offers tools to help with job searches, unemployment, and training. The education and training opportunities provide work skills needed by businesses. Visit their website at [workforcewv.org](http://workforcewv.org).

## MORE INFORMATION ABOUT YOUR COVERAGE

Please read on for more details about your coverage. If you have any questions, please call the Customer Care Center at **800-782-0095 (TTY 711)**.

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### *MEDICAL SERVICES*

We cover medically necessary provider services, including, but not limited to, office visits, specialist visits, anesthesia, outpatient services, lab tests, clinic visits, preventive care, tobacco cessation, vaccinations, and nursing services.

Some services may be delivered through telehealth (digitally using computer or mobile device).

For WVCHIP members, nutritional counseling is limited to two visits per year when prescribed by a provider for children with the following conditions:

- Diabetes, type 1 and 2
- Overweight and obesity with documentation of Body Mass Index (BMI)
- High cholesterol or other blood lipids
- High blood pressure
- Gastrointestinal disorders, such as GERD or short gut syndrome
- Celiac disease
- Food allergies
- Failure to thrive or poor growth

Some services require prior authorization or have benefit limits.

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### *DENTAL SERVICES*

Dental care is important to your overall health. Wellpoint uses a dental benefit manager, SKYGEN USA, to provide dental services to members. All dental services are provided by a licensed dentist or dental specialist in an office, clinic, hospital, or other setting.

Members ages 21 and under should visit their dentist for a checkup once every six months. Checkups begin at 6 months after an infant's first tooth erupts or by 12 months of age. Children and adolescents can get orthodontic services for the entire length of treatment and other services to fix dental problems. Members up to age 21 can also access the Fluoride Varnish Program, offered by providers certified from the West Virginia University School of Dentistry. For more information about the Fluoride Varnish Program, ask your provider. Children are covered for nonemergency and emergency dental services.

For adults 21 years and older, emergency and nonemergency (preventive and therapeutic) dental services are covered. Adult nonemergency coverage is limited to \$2,000 per member per two-year budget period. These services may be provided by a dentist, orthodontist, or oral surgeon. Some examples of a dental emergency include:

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- Severe pain
- Hemorrhage
- Traumatic injury to the teeth and surrounding tissue
- Unusual swelling of the face or gums

If you need to speak with SkyGen USA, please call **877-408-0917 (TTY 800-508-6975)**.

### **Dental services for Medicaid and WVCHIP members under 21**

Children are covered for nonemergency and emergency dental services.

We cover these services for children age 21 and under:

- Diagnostic services
- Preventive treatment
- Restorative treatment
- Endodontic treatment
- Periodontal treatment
- Surgical procedures and/or extractions
- Orthodontic treatment (Orthodontic services will be covered for the entire time of treatment even if the child is no longer eligible)
- Complete and partial dentures, including partial denture relines and repairs
- Oral and maxillofacial surgery services

For adults 21 years and older:

- Diagnostic services
- Preventative treatment
- Restorative treatment
- Emergency dental services that treat fractures, reduce pain, or remove infection. Examples include:
  - Severe pain
  - Hemorrhage
  - Traumatic injury to the teeth and surrounding tissue
  - Unusual swelling of the face or gums

Limits: Adult nonemergency coverage is limited to \$2,000 per member per two-year budget period. Dental services that are deemed cosmetic are not covered.

We don't cover:

- Experimental or investigational services
- Cosmetic procedures
- Dental services for the member's convenience or the convenience of the member's caretaker

### **Fluoride varnish**

Members ages 21 and under can also access the Fluoride Varnish Program, offered by providers certified from the West Virginia University School of Dentistry. For more

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information about the Fluoride Varnish Program, ask your provider. Fluoride varnish is a covered benefit for children ages 6 months through age 20 who may be at high risk of developing cavities. The fluoride varnish is given during the member's dental visit. The maximum number is two applications per calendar year.

### **Orthodontia services**

Orthodontia services, covered for children up to age 21, must be medically necessary. They also need preapproval before the service is provided. Approved services will be paid for as long as treatment lasts. Medical necessity means at least one of the following needs is met:

- Overjet in excess of 7mm
- Severe malocclusion associated with dento-facial deformity
- True anterior open bite
- Full cusp classification from normal (Class II or Class III)
- Palatal impingement of lower incisors into the palatal tissue causing tissue trauma
- Cleft palate, congenital or developmental disorder
- Anterior crossbite (two or more teeth, in cases where gingival stripping from the crossbite is demonstrated and not correctable by limited orthodontic treatment)
- Unilateral posterior crossbite with deviation or bilateral crossbite involving multiple teeth including at least one molar
- True posterior open bite (not involving partially erupted teeth or one or two teeth slightly out of occlusion and not correctable by habit therapy)
- Impacted teeth (excluding third molars), permanent anterior teeth only

### **Dental prior authorizations**

Your dentist will need to get approval from SKYGEN USA for some services. This means both SKYGEN USA and your dentist need to agree the services are medically needed. Getting an OK will take no longer than seven calendar days or two business days if requested electronically for nonurgent requests. If urgent, getting an OK will take no more than two business days OR three calendar days — whichever is shortest. Your dentist can tell you more about this. We may ask your dentist why you need this care. We may not approve the service you or your dentist asks for. We will send you and your dentist a letter that tells you why we won't cover the service. The letter will also tell you how to appeal our decision.

If you have questions about your dental services, please call SKYGEN USA Dental at **877-408-0917 (TTY 800-508-6975)**.

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### *BEHAVIORAL HEALTH SERVICES*

Wellpoint provides inpatient and outpatient services to members. These benefits include mental health services, substance use disorder (SUD) services (alcohol and drugs), case management, rehabilitation and clinic services, and psychiatric residential treatment services.

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You do not need a referral for behavioral health services. Your PCP is a good first resource. The Customer Care Center can also help you get these services from behavioral health providers. You can call the Customer Care Center at **800-782-0095 (TTY 711)**.

Call **911** right away if there is a mental health or substance abuse emergency. Call the Suicide and Prevention Lifeline at **988** if you or another person are having thoughts about harming yourself, mental health or substance use crisis, or any other kind of emotional distress.

Some services require prior authorization or have benefit limits.

If you're experiencing a mental health crisis, call our Behavioral Health Crisis Line at **833-434-1261 (TTY 711)** for help. If a situation is life-threatening, always call **911**. If you're feeling suicidal, you should seek immediate help from an emergency room or outreach organization like the National Suicide Prevention Lifeline at **988**.

HELP4WV provides a 24/7 call, chat, and text line that provides immediate help for any West Virginia's struggling with an addiction or mental health issue at **844-435-7498 (TTY 304-396-3267)**.

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### *CLINIC HEALTH SERVICES*

Copays may apply.

We cover these services from clinics (that are not part of a hospital):

- Health clinics
- Birthing centers
- Lab and radiology centers
- Health department clinics
- Rural health clinics
- Federally qualified health centers (FQHCs)

We cover:

- Provider services
- Nurse practitioner and physician assistant services
- Vaccines (shots) for children
- Supplies
- Visiting nurse care in certain shortage areas

Some services require prior authorization or have benefit limits.

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### *COURT-ORDERED SERVICES*

Medically necessary court ordered treatment services are covered by Wellpoint. Court ordered services are subject to BMS review and determination.

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## CONDITION CARE

A Condition Care program can help you get more out of life. As part of your Wellpoint benefits, we're here to help you learn more about your health, keeping you and your needs in mind at every step.

Our team includes registered nurses called Condition Care case managers. They'll help you learn how to better manage your condition, or health issue. You can choose to join a Condition Care program at no cost to you.

### **What programs do we offer?**

You can join a Condition Care program to get healthcare and support services if you have any of these conditions:

- Diabetes
- HIV/AIDS
- Behavioral health conditions
  - Bipolar disorder
  - Major depressive disorder – adult
  - Major depressive disorder – child and adolescent
  - Substance use disorder
  - Schizophrenia
- Heart conditions
  - Coronary artery disease (CAD)
  - Congestive heart failure (CHF)
  - Hypertension (high blood pressure)
- Lung conditions
  - Asthma
  - Chronic obstructive pulmonary disease (COPD)

### **How it works**

When you join one of our Condition Care programs, a Condition Care case manager will:

- Help you create health goals and make a plan to reach them.
- Coach you and support you through one-on-one phone calls.
- Track your progress.
- Give you information about local support and caregivers.
- Answer questions about your condition and/or treatment plan (ways to help health issues).
- Send you materials to learn about your condition and overall health and wellness.
- Coordinate your care with your healthcare providers, like helping you with:
  - Making appointments.
  - Getting to healthcare provider visits.
  - Referring you to specialists in our health plan, if needed.
  - Getting any medical equipment you may need.

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- Offer educational materials and tools for weight management and tobacco cessation (how to stop using tobacco like quitting smoking).

Our Condition Care team and your primary care provider (PCP) are here to help you with your healthcare needs.

### **How to join**

We'll send you a letter welcoming you to a Condition Care program if you qualify. Or call us toll free at **888-830-4300 (TTY 711)**, Monday through Friday, 8:30 a.m. to 5:30 p.m. Eastern time.

When you call, we'll:

- Set you up with a Condition Care case manager to get started.
- Ask you some questions about your health.
- Start working together to create your plan.

You can also email us at [dmsself-referral@wellpoint.com](mailto:dmsself-referral@wellpoint.com).

Please be aware emails sent over the internet are usually safe, but there is some risk third parties may access (or get) these emails without you knowing. By sending your information in an email, you acknowledge (or know, understand) third parties may access these emails without you knowing.

You can choose to opt out (we'll take you out of the program) of the program at any time. Please call us toll free at **888-830-4300 (TTY 711)**, Monday through Friday, 8:30 a.m. to 5:30 p.m. Eastern time to opt out. You may also call this number to leave a private message for your DM case manager 24 hours a day.

When you join a Condition Care program, you have certain rights and responsibilities. You have the right to:

- Get details about us, such as:
  - Programs and services we offer
  - Our staff and their qualifications (skills or education)
  - Any contractual relationships (deals we have with other companies)
- Opt out of Condition Care services.
- Know which Condition Care case manager is handling your Condition Care services and how to ask for a change.
- Get support from us to make healthcare choices with your healthcare providers.
- Ask about all Condition Care-related treatment options (choices of ways to get better) mentioned in clinical guidelines (even if a treatment is not part of your health plan), and talk about options with treating healthcare providers.
- Have personal data and medical information kept private.
- Know who has access to your information and how we make sure your information stays secure, private, and confidential.
- Receive polite, respectful treatment from our staff.

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- Get information that is clear and easy to understand.
- File complaints to Wellpoint by calling **888-830-4300 (TTY 711)** toll free Monday through Friday, 8:30 a.m. to 5:30 p.m. Eastern time and:
  - Get help on how to use the complaint process.
  - Know how much time Wellpoint has to respond to and resolve issues of quality and complaints.
  - Give us feedback about the Condition Care program.

**You also have a responsibility to:**

- Follow the care plan that you and your Condition Care case manager agree on.
- Give us information needed to carry out our services.
- Tell us and your healthcare providers if you choose to opt out (leave the program).

Condition Care program does not market products or services from outside companies to our members. Condition Care does not own or profit from outside companies on the goods and services we offer.

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*DURABLE MEDICAL EQUIPMENT, SUPPLIES, AND PROSTHETIC DEVICES*

All custom-made durable medical equipment (DME) requires preapproval. Other DME may also need preapproval.

DME, supplies, and prosthetic devices given by a provider are covered when medically necessary. Some services require prior authorization or have benefit limits.

For Medicaid and WVCHIP members, we cover:

- Medical foods for children under the age of 21 when the formula gives 100% of the child’s nutrition. For medical foods that are less than 100% of their nutrition, these foods are covered by CSHCN.

For Medicaid and WVCHIP members, we don’t cover:

- Equipment and supplies only used for exercise
- Equipment and supplies only used for making a room or home more comfortable, such as:
  - Air conditioners
  - Air filters
  - Air purifiers
  - Spas
  - Swimming pools
  - Elevators
- Hygiene and beauty supplies
- Experimental or research equipment
- More than one piece of equipment that does the same thing

This is not a complete list of durable medical equipment (DME) services that are not covered by Wellpoint, Medicaid, or WVCHIP. For more information on DME contact our Customer Care Center at **800-782-0095 (TTY 711)**.

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### *WELL-CHILD VISITS*

Well-child visits, also known as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, are important to make sure children are healthy and stay healthy. The EPSDT benefit covers all medically necessary and preventive healthcare services for Medicaid and CHIP members up to age 21. Both sick and well-care services are provided by your PCP at no cost.

Children should go to the provider for checkups even if they are not sick. They should have an EPSDT checkup at birth and at:

- 3 to 5 days old
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- Every year from ages 4 to 21

We cover:

- Physical exams
- Hearing screening
- Vision screening
- Dental exams
- Behavioral health screenings
- Health education
- Health and development history
- Nutritional needs
- Medically necessary healthcare, treatment, and other actions to correct or improve medical or psychological conditions found during an EPSDT screening
- Routine shots and immunizations
- Lab tests, like
  - Urinalysis
  - Hemoglobin/hematocrit
  - Tuberculin test (for high-risk groups)
  - Blood lead testing

Checkups and screenings are needed to detect health problems. Your PCP can diagnose and treat any health issues early before they become more serious. Call your PCP or the Customer Care Center to schedule a well-child visit. For Medicaid and WVCHIP members, transportation is also available upon request at no cost through the BMS NEMT program.

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## FAMILY PLANNING

We cover these types of care to help you 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):

- Family planning, education, and counseling
- Medical visits for birth control
- Annual cervical cancer screenings
- Pregnancy tests
- Lab tests
- Tests for sexually transmitted infections (STIs)
- Screening, testing, counseling, and referral for treatment for members at risk for human immunodeficiency virus (HIV)
- Sterilization (see exceptions below)
- Contraceptives as appropriate per FDA guidelines, including but not limited to:
  - IUD and IUCD insertions, or any other invasive contraceptive procedures/devices like Mirena or Skyla
  - Implantable medications — e.g., Implanon
  - Hormonal contraceptive methods — oral, transdermal, intravaginal, injectable hormonal contraceptives
  - Barrier contraceptive methods — e.g., diaphragms/cervical caps

We don't cover:

- Sterilization for members younger than age 21
- Sterilization for members who live in inpatient facilities
- Treatment for members who cannot get pregnant
- Outpatient pharmacy prescriptions

Hysterectomy and abortion aren't considered family planning services.

You don't need to get an OK from your PCP for family planning care. Members may use any licensed family planning clinic or provider. The provider doesn't have to be part of our plan. If you choose to see a family planning provider who is not part of our plan, let your PCP know the important medical information from these appointments so you can get the best healthcare. Your family planning provider and your PCP will work together to make sure you get the right care.

Family planning records are kept private. PCPs and other types of healthcare providers should keep all family planning records private, even if the patient is a minor, unless the law says it is OK. Your provider is allowed to share your medical information with other providers who take care of you, public health officials, or government agencies. Wellpoint is not responsible for the privacy of medical records held by providers who aren't part of our plan.

Some services require prior authorization or have benefit limits.

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## HOME HEALTH SERVICES

These are visits to your home to give you care for certain illnesses or injuries when you cannot leave your home. You must get our OK for these types of visits. Service limits apply.

We cover:

- Services from a licensed home health agency or visiting nurse group
- Physical, occupational, and speech therapy
- Medical supplies
- Care from a health aide who works under a registered nurse (RN) or a therapist
- Breathing treatments

These types of buildings do not qualify as a home:

- Hospital nursing facility
- Intermediate care facility for individuals with intellectual disabilities (ICF/IID)
- State institution

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## HOSPITAL SERVICES

Your PCP can send you to any hospital in the Wellpoint plan. See the provider directory for a list of the hospitals that work with us. Go to the nearest hospital during an emergency.

### **Hospital services — Inpatient**

Copays may apply.

These services include a stay in a hospital, usually for more than two nights. You need to get an OK from us ahead of time each time you stay overnight in a hospital. You don't need an OK for the birth of a baby. If you are admitted for an emergency, please contact us within 24 hours to let us know.

We cover:

- A hospital room with two or more beds
- Care in special units
- Operating rooms
- Delivery rooms
- Special treatment rooms
- Supplies
- Medical testing
- X-rays
- Drugs the hospital staff give you during your stay
- Giving you someone else's blood
- Radiation therapy
- Chemotherapy

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- Dialysis treatment
- Meals and special diets
- General nursing care
- Special duty nursing for medical reasons
- Anesthesia
- Respiratory therapy
- Bariatric surgery (Medicaid members only)
- Diagnostic care
- Therapeutic care
- Rehabilitation care
- Psychiatric and substance use disorder (SUD) treatment
- Overnight hospital stay for dental work because of other medical problems or because serious dental work is needed
- Setting up discharge planning, including continuing care, if needed
- Surgery to remove a breast or dissect a lymph node
- All problems from a breast removal surgery (including lymphedema)
- Surgery to reconstruct — includes prosthetics or surgery to make your breasts look the same after a breast is removed
- Gender affirmation surgery — for Medicaid members ages 21 and older diagnosed with gender dysphoria, when certain criteria is met

### **Hospital services — Outpatient**

Copays may apply. Outpatient hospital care must be given by:

- Hospitals
- Rural health clinics

We cover:

- Emergency room use for emergencies
- Emergency dental services
- Giving you someone else's blood
- Drugs given in the emergency room
- Hospital services that can be reasonably done so the patient doesn't have to be admitted to the hospital, such as:
  - Supplies
  - Medical testing
  - X-rays
  - Lab services
  - ER and observation stays
- Physical, occupational, and speech therapy
- Radiation therapy
- Chemotherapy
- Dialysis

- Services for dental work when a hospital outpatient facility must be used because of other medical problems or when serious dental work is needed
- Surgical services
- Behavioral health services

Some services require prior authorization or have benefit limits.

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#### *LAB AND X-RAY SERVICES (NOT RECEIVED IN A HOSPITAL)*

CT, MRI, MRA, PET, and special X-rays must have an OK from us first.

We cover medically necessary:

- Lab and X-ray services ordered and done by (or under the care of) a provider
- Lab services related to substance use disorder (SUD) treatment
- X-rays of the breast (mammogram)

Some services require prior authorization or have benefit limits. All special X-rays, like CT, MRI, MRA, and PET scans must have an OK from us first.

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#### *PHYSICAL OR OCCUPATIONAL THERAPY, SPEECH PATHOLOGY, AND AUDIOLOGY*

These types of care are ordered by a provider and are a part of that provider's written plan of care. Covered care includes treatment or other services given by speech, physical, or occupational therapists, or audiologists. This treatment is given to correct or improve conditions.

Limits:

For physical and occupational therapy:

- Mountain Health Trust Medicaid and WVCHIP members need an OK from us after:
  - 20 visits per calendar year

For chiropractic services:

- Mountain Health Trust Medicaid and WVHIP members may receive medically necessary chiropractic services. This includes 20 combined visits of physical therapy and chiropractic services per calendar year.

For audiology:

- Only members younger than age 21 may get hearing aid evaluations, hearing aids and supplies, batteries, and repairs.
- Hearing aids are limited to members younger than age 21 and need an OK from us ahead of time.
- Cochlear implants are covered for children under the age of 21 with an OK from us.

Some services require prior authorization or have benefit limits.

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## REHABILITATION SERVICES

Cardiac and pulmonary rehabilitation is a comprehensive outpatient program of medical evaluation, prescribed exercise, education, and counseling to help members with heart disease to live active, productive lives. Cardiac rehabilitation can be performed in a specialized, freestanding physician-directed clinic or in an outpatient hospital department.

- Inpatient medical rehabilitation services — Services related to inpatient facilities that provide rehabilitation services. Prior authorization is required.

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## HEMOPHILIA PROGRAM (WVCHIP MEMBERS ONLY)

Wellpoint has partnered with the Charleston Area Medical Center (CAMC) and West Virginia University Hospitals (WVUH) to provide quality hemophilia services at a reasonable cost to WVCHIP members. Members who participate in the program will be eligible for the following benefits:

- An 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 medical home provider or specialists.)
- Hemophilia expenses, including factor replacement products, incurred at CAMC or WVUH will be paid at 100% with no copay after prior authorization.
- Lodging and travel:
  - Lodging expenses for child and one or two 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.
  - 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.

To learn more about how to receive reimbursement for these services, please call the Customer Care Center at **800-782-0095 (TTY 711)**.

Some services require prior authorization or have benefit limits.

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## TRANSPLANT PROGRAM

For Medicaid and CHIP members, transplant services are covered by fee-for-service (FFS) Medicaid.

Some services require prior authorization or have benefit limits.

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## PROVIDER SERVICES

Copays may apply. These types of care may be given to a member in a hospital, clinic, or provider's office.

We cover:

- Visits to your PCP or other providers
- Routine physicals
- Fluoride varnish treatments for children between 6 months through age 20
- Colorectal cancer screenings and lab tests for members ages 45 and older who have no symptoms
- Colorectal cancer screenings and lab tests for members younger than age 45 who have symptoms
- Kidney disease screenings including:
  - Blood pressure monitoring
  - Lab tests for:
    - Urine albumin
    - Urine protein
    - Serum creatinine

Limits:

- We don't cover routine physical exams for a job, camp, or sports program
- Some services require prior authorization or have benefit limits

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## PODIATRY SERVICES (FOOT CARE)

We cover medically necessary:

- Treatment for health problems such as infections, inflammations, ulcers, and bursitis
- Removal of nail matrix or root
- Treatment of neuromas, hammertoe, hallux valgus, calcaneal spurs, or exostosis
- Surgery for bunions or ingrown toenails
- Care and treatment of fractures, dislocations, and sprains
- Orthotic shoe inserts
- Diabetic foot care (may include routine foot care)

Limits:

- Treatment of children is limited to acute conditions
- We don't cover routine treatment for flat feet, nail trimming, and dislocated feet

Some services require prior authorization or have benefit limits.

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## *PRESCRIPTION PHARMACY BENEFITS*

For Medicaid members, your prescription pharmacy benefits are covered under fee-for-service (traditional) Medicaid. Gainwell Technologies manages these benefits. To learn more about your prescription pharmacy benefits, call Gainwell Technologies at **888-483-0797**.

For WVCHIP members, your prescription pharmacy benefits are covered under Gainwell Technologies. To learn more about your prescription pharmacy benefits, call Gainwell Technologies at **888-483-0797** to locate a participating pharmacy.

Wellpoint will still cover medically necessary:

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

Some services require prior authorization or have benefit limits.

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## *PREGNANCY AND MATERNITY CARE*

We cover medically necessary:

- Provider visits and professional services for pregnancy, problems with a pregnancy, and after-delivery care when medically necessary
- Services given by a licensed nurse-midwife (a pregnant member can choose a nurse-midwife as her PCP)
- Prenatal education classes
- A nurse case manager or care coordinator to work with you throughout your pregnancy if it's high risk
- Tests that are needed, like an ultrasound
- HIV testing, treatment, and counseling
- Vaginal childbirth and cesarean sections (C-sections)
- Newborn exams
- Follow-up visits for the mother and the baby within two days of an early discharge when ordered by the treating provider:
  - An early discharge is a hospital stay of less than 48 hours for vaginal childbirth and less than 96 hours for a C-section
- Visits to your provider between seven to 84 calendar days after your delivery to make sure you are healing well

Medicaid and WVCHIP pregnant mothers are eligible for health coverage for up to 12 months postpartum.

For WVCHIP members: If a member is pregnant at the time of turning 19 and aging out of WVCHIP coverage, the member needs to contact DoHS to be evaluated for WVCHIP pregnancy coverage.

**Taking Care of Baby and Me®** is the Wellpoint program for all pregnant members. It is very important to see your primary care provider (PCP) or obstetric (OB) healthcare

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provider for care when you are pregnant. This kind of care is called **prenatal care**. It can help you to have a healthy baby. It is important that you seek prenatal care each time you are pregnant. With our program, you have access to health information and may receive incentives for going to your appointments.

Our program also helps pregnant members with complicated healthcare needs. Nurse care managers work closely with members with high-risk pregnancies to provide:

- Prenatal and postpartum education
- Emotional support
- Help in following the OB provider's care plan
- Information on services and community resources

Our nurses also work with OB providers and help with other services you may need. The goal is to promote better health for pregnant members and delivery of healthy babies.

### **Quality care for you and your baby**

At Wellpoint, we want to give you the very best care during your pregnancy. That's why you also have access to a digital maternity program which is offered at no cost as part of our Taking Care of Baby and Me program. The digital maternity program gives you the information and support you need to stay healthy during your pregnancy and after you deliver.

### **Get to know our Digital Maternity Program**

The digital maternity program delivers maternal health education by smartphone app that is helpful and fun. You can count on:

- Prenatal and postpartum education you can use
- Communication with the care management team via chat
- Information delivery on a time schedule that works for you
- No cost to you

### **Helping you and your baby stay healthy**

The Wellpoint digital maternity program can give you answers to your questions, plus clinical support, if you need it. There is an important pregnancy screener that you'll complete shortly after you download the app and register, followed by ongoing educational outreach and fun activities via the smartphone app. All you need to do is download the app to learn, have fun, and answer a few questions. You can also chat with the case management team if a question comes up that isn't answered in the app.

If you think you are pregnant:

- Call your PCP or OB provider right away. You do not need a referral from your PCP to see an OB provider.
- Call the Customer Care Center if you need help finding an OB healthcare provider in the Wellpoint network.

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### **When you become pregnant**

- Call the Department of Human Services Customer Service Center (DoHS CSC) at **877-716-1212** to let them know you are pregnant.
- Call the Customer Care Center as soon as you can to let us know you are pregnant.
- Visit our Pregnancy page on [wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans) for information and resources on how to keep you and your baby healthy. If you would like to receive pregnancy information by mail, please call the Customer Care Center.

While you are pregnant, you need to take good care of your health. You may be able to get healthy food from Women, Infants and Children program (WIC). You can learn more about WIC and find a location close to you online at [fns.usda.gov/wic](https://fns.usda.gov/wic).

When you are pregnant, you must go to your PCP or OB provider at least:

- Every four weeks for the first six months
- Every two weeks for the seventh and eight months
- Every week during the last month

Your PCP or OB healthcare provider may want you to visit more than this based on your health needs.

### **Drug-Free Moms and Babies Program (DFMB)**

Drug-Free Moms and Babies program is Medicaid program that provides specialized medical and behavioral health services to pregnant and postpartum women with or at risk for opioid use disorder. The program helps to support healthy baby outcomes.

Covered benefits for this program include:

- Care coordination with Wellpoint case managers, DFMB care coordinators, DFMB community health workers, and DFMB providers
- Early intervention through provider outreach and education
- Recovery support services
- Addiction treatment
- Assistance with health-related social needs of participants
- Long-term follow-up with recovery coach to help women stay in the path of recovery and access to needed resources
- Services are limited to the duration of the member's pregnancy and one year postpartum

### **When you have a new baby**

When you deliver your baby, you and your baby may stay in the hospital at least:

- 48 hours after a vaginal delivery
- 72 hours after a Cesarean section (C-section)

You may stay in the hospital less time if your PCP or OB healthcare provider and the baby's provider see that you and your baby are doing well. If you and your baby leave

the hospital early, your PCP or OB provider may ask you to have an office or in-home nurse visit within 48 hours.

### **After your baby is born**

- Call the Customer Care Center as soon as you can to let us know you had your baby.
- Call the Department of Human Services Customer Service Center (DoHS CSC) at **877-716-1212**.

### **After you have your baby**

After your baby is born, the digital maternity program will provide you access to postpartum education as well as valuable education about your baby.

It's important to set up a visit with your PCP or OB healthcare provider after you have your baby for a postpartum checkup. You may feel well and think you are healing, but it takes the body at least six weeks to mend after delivery.

- The visit should be done between seven to 84 days after you deliver.
- If you delivered by C-section or had complications with your pregnancy or delivery, your PCP or OB provider may ask you to come back for a one or two week checkup. This is not considered a postpartum checkup. You will still need to go back and see your provider within seven to 84 days after your delivery for your postpartum checkup.

Wellpoint may cover the cost of a breast pump. Contact the Customer Care Center to learn about how you can get a breast pump.

You can learn more about the Taking Care of Baby and Me program and our digital maternity program online at [wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans) or by calling the Customer Care Center and asking to speak to an OB Case Manager.

### **Navigating the Neonatal Intensive Care Unit (NICU)**

If your baby was born premature or with a serious health condition, they may have been admitted to the NICU. We believe the more you know, the better you will be able to care for your infant. To support you, we have a NICU Case Management program. We extend our support by helping you to prepare yourself and your home for when your baby is released from the hospital. After your baby is home, our case managers continue to provide education and assistance in improving your baby's health, preventing unnecessary hospital readmissions, and guiding you to community resources if needed.

The NICU can be a stressful place, bringing unique challenges and concerns you may have never imagined. The anxiety and stress related to having a baby in the NICU can potentially lead to symptoms of post-traumatic stress disorder (PTSD) in parents and caregivers. To reduce the impact of PTSD among our members, we assist by:

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- Helping you engage with hospital-based support programs.
- Facilitating screenings for potential PTSD.
- Connecting you to behavioral health program resources and community support as needed.
- Actively asking for your feedback on the provided resources and how an increased awareness of PTSD has helped you.

You can learn more about the NICU Case Management program online at [wellpoint.com/wvplans](https://www.wellpoint.com/wvplans) or by calling the Customer Care Center at **800-782-0095 (TTY 711)** and asking to speak with a NICU Case Manager.

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### *HOSPICE SERVICES*

If you are terminally ill, you or your PCP can ask for hospice services. Includes nursing care, physician services, medical social services, short-term inpatient care, durable medical equipment, drugs, biologicals, home health aide and homemaker, counseling and bereavement services, and medications. Requires physician certification. For adults, rights are waived to other Medicaid services related to the terminal illness. If you choose hospice, you can change your mind. We must be notified that you are receiving these services.

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### *PRIVATE DUTY NURSING*

This is for Medicaid and WVCHIP members younger than age 21 who need more one-on-one, continuous care than they can get from a visiting nurse or at hospitals and skilled nursing facilities. We cover up to 24 hours of nursing care, if medically necessary. Private-duty nursing is meant as a short-term transition until the caregiver takes over the member's care.

Limits:

- These types of care need an OK from us ahead of time.
- These types of care are for children younger than age 21 only.

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### *SUBSTANCE USE DISORDER (SUD) SERVICES*

You do not need a referral for substance use disorder (SUD) services. Some services may require a prior authorization. Your PCP or the Customer Care Center can help you get these services from behavioral health providers. You can call the Customer Care Center at **800-782-0095 (TTY 711)**.

Benefits you can receive include:

- Targeted case management, including during pregnancy
- Behavioral health assessment
- Screening, brief intervention, and referral to treatment
- Behavior management
- Inpatient and outpatient services
- Partial hospitalization services

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- Residential adult services
- Withdrawal management
- Naloxone administration services administered by Emergency Medical Services
- Non-methadone medication assisted treatment (MAT)
- Individual, family, and peer recovery support services

### **SUD Recovery Support Program**

Eligible members can receive access to our mobile platform that provides daily motivation check-ins, peer support through discussion groups and peer-to-peer messaging, counselor messaging, care plan reminders, high-risk location alerts, and content to support ongoing recovery. For more information or to enroll in the program, please call the Customer Care Center at **800-782-0095 (TTY 711)**.

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### *GENDER-AFFIRMING SURGERY*

Gender-affirming surgery is a covered benefit for Medicaid and WVCHIP members ages 21 and older diagnosed with gender dysphoria and when certain criteria is met. The member must receive prior authorization (an OK) from Wellpoint prior to gender-affirming surgery.

The following criteria must be met prior to gender-affirming surgery:

- Member must be 21 years or older prior to being considered for the procedure.
- Member must have clinical evaluations from two qualified mental health providers who are not affiliated, who both assess member with diagnosis of gender dysphoria.
- Clinical evaluation by a qualified mental health professional must include all required documented criteria including but not limited to diagnosis, treatment plan, counseling, psychotherapy, etc.
- Member must complete at least 12 continuous months of living as transgender male to female (MTF) or female to male (FTM) in all aspects of daily living as documented in medical/psychological records.
- Documentation of 12 months continuous hormone therapy as appropriate to the member's gender goals. Some exceptions apply.
- Documentation of follow up every three months during the first year of hormone therapy to monitor hormone levels.
- Documentation the member has received counseling about the risks, benefits, and alternatives of hormone therapy and surgery.
- The following gender affirmation surgeries may be considered medically necessary when the criteria are met and prior authorization is obtained:

We cover:

Male to female (MTF)

- Orchiectomy
- Penectomy

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- Vaginoplasty
- Colovaginoplasty
- Clitoroplasty
- Labiaplasty
- Augmentation mammoplasty
- Perineoplasty

#### Female to male (FTM)

- Breast reduction (e.g., mastectomy, reduction mammoplasty)
- Hysterectomy
- Salpingo-oophorectomy
- Colpectomy/vaginectomy
- Trachelectomy (cervicectomy)
- Vulvectomy
- Metoidioplasty
- Phalloplasty
- Urethroplasty
- Scrotoplasty
- Testicular prosthesis implantation

#### Gender-affirming services not covered:

- Reversal of the surgeries approved under gender-affirming surgery rule
- Cryopreservation, storage, or thawing of reproductive tissue
- Surrogate parenting
- Surgeries or procedures that are cosmetic, such as services that change a member's appearance but not medically necessary to treat the patients underlying gender dysphoria

To learn more about these services, please call the Customer Care Center at **800-782-0095 (TTY 711)**.

#### SERVICES NOT COVERED

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

#### **Medicaid and WVCHIP non-covered services:**

- All non-medically necessary services and those not listed as covered
- Services from non-enrolled or non-participating providers
- Services that require a prior authorization, but did not get a prior authorization

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- Autopsy and other services performed after death
- Care from a provider not in our plan when you didn't get the needed OK from us before you got the service
- 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
- Daily living skills training
- Dental 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
- 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
- Fertility drugs and services
- Foot care (routine, except for diabetic patients)
- Genetic testing for screening purposes — except those tests covered under the maternity benefit are not covered
- Sterilization of a mentally incompetent or institutionalized individual
- 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
- Organ transplants, except in some instances
- Treatment for infertility and the reversal of sterilization
- All cosmetic services, except in the case of accidents or birth defects
- Care given outside of the U.S.
- Medical equipment, prescriptions, services, and supplies that are:
  - Used only for your comfort or hygiene
  - Used for exercise
  - Personal or comfort items
  - Used for the same function as another service we have already paid for
  - Changes to your house or car, including ramps, stair glides, vehicle lifts for wheelchairs, vehicle safety devices (such as EZ Vests, transit systems, or car seats)
  - Equipment that needs replacement due to neglect or misuse
- Service animals
- Emergency room visits for routine care

- Payment for care you got for health problems that were work-related if they can be paid for by workers' compensation insurance, your employer, or by a disease law that has to do with your job
- Acupuncture
- Experimental or investigational services
- Christian science nurses and sanitariums
- Homeopathic medicine
- Hospital days associated with nonemergency weekend admissions or other unauthorized hospital days prior to scheduled surgery
- Hypnosis
- Incidental surgery performed during medically necessary surgery
- Orientation therapy
- Orthotripsy
- Screenings, except those specifically listed as covered benefits
- Sensory Stimulation (SS) therapy

This is not a complete list of the services that are not covered by Wellpoint, Medicaid, or WVCHIP. 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 the Customer Care Center at **800-782-0095 (TTY 711)**. A full list of benefits can be found online. Go to [DHHR.wv.gov/bms](http://DHHR.wv.gov/bms) and select **Members**.

## GETTING YOUR BENEFITS

### REFERRALS AND SPECIALTY CARE

Referrals are not needed when you go to see your primary care provider (PCP). For women, referrals are not needed for appointments with your obstetrician/gynecologist (OB-GYN). If you need healthcare that your PCP cannot give, your PCP must refer you to another provider who can. Usually, you will be referred to a specialist in our network. When your PCP refers you to an in-network provider, the necessary care you get from a specialist will be covered. To see our list of specialists, please call us at **800-782-0095 (TTY 711)** or visit [wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans). The Customer Care Center can also help you if you believe you are not getting the care you need.

Some types of care do not need an OK from your PCP:

- Family planning
- OB-GYN care from Wellpoint providers
- Emergency care
- Vision care
- Behavioral health services

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## UTILIZATION MANAGEMENT

Your PCP and other providers work with you to decide what care is best. We always want you to have the care you need. For some healthcare services, your provider may have to ask us for our OK. This is so that we will pay for the services. This process is called Utilization Management, or UM for short.

You should know:

- We make payment rulings based on the care and services you need and the benefits you have.
- We base our rulings on whether or not the care is right for your health issues and is medically necessary. See the *Definitions* section to learn more about whether or not a service is medically necessary.
- We don't reward providers or other UM decision-makers for denying requests.
- We don't offer money as a reward to UM decision-makers to push them to approve less care.

If you have questions about how medical decisions are made or would like a copy of our Utilization Management procedures, call our Utilization Management office at **866-655-7423**. The office is open Monday through Friday, 8 a.m. to 5 p.m. Eastern time.

## SERVICE AUTHORIZATIONS

If you need to see a provider who is not on our list, your PCP must ask Wellpoint for approval. Asking for an out-of-network referral is called a service authorization request. It is important to remember that your PCP must ask us for approval before seeing an out-of-network provider. You or your PCP can call Member Services at **800-782-0095 (TTY 711)**. If you are approved to see a provider who is outside of our plan, your visits will be covered. If we do not approve a service authorization, we will send you a written notice. You can appeal the decision.

## PRIOR AUTHORIZATIONS

Sometimes you may need certain services or treatments that require approval. Before you get this type of care, your provider must ask the Utilization Management department. If the care is a covered benefit and is medically necessary for you, then it will be covered. If we do not approve a prior authorization request, you can appeal the decision.

Getting an OK will take no longer than five business days or two business days if requested electronically for non-urgent requests. If urgent, getting an OK will take no more than two business days OR three calendar days — whichever is shortest. Services that require an OK from us include, but are not limited to:

- Inpatient admissions
- Some surgeries
- CT, MRI, PET scan, special X-rays, and tests

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- Certain behavioral health services (Residential Treatment, Partial Hospitalization Program, Intensive Outpatient Services, Psychological and Neuropsychological testing, Drug Screenings)
- Some durable medical equipment, like custom wheelchairs, breathing machines, hospital beds
- All out-of-network care

If your provider does not get an approval from us before the service happens, it will be denied.

If we do not approve a prior authorization, we will send you a written notice.

## OUT-OF-NETWORK SERVICES

If you need to see a provider who is not on our list and we are unable to provide those services in our network, you may see a provider who is not in our network. The cost will be no greater than it would be if you received the services within our network. Your PCP must ask Wellpoint for approval. It is important to remember that your PCP must ask us for approval before seeing an out-of-network provider. Your PCP can call the Utilization Management department at **866-655-7423**. We will make a decision within five days. If you are approved to see a provider who is outside of our plan, your visits will be covered. If we do not approve a service authorization, we will send you a written notice. You can appeal the decision if we do not approve a service authorization as well.

## COST SHARING FOR MEDICAID

Cost sharing, or a copayment, is the money you need to pay at the time of service. Whenever you see your PCP or a provider you were referred to in our network, you are not responsible for any costs except the copayment. The amount of the copayment will change depending on the service and the Federal Poverty Level. Please see the tables below for more details.

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## MEDICAID

Copayments will be collected for:

- Inpatient and outpatient services
- Physician office visits, including nurse practitioner visits, or physician assistant visits
- Nonemergency use of an emergency room
- Caretaker relatives ages 21 and up
- Transitional Medicaid members ages 21 and up
- Any other members identified by Wellpoint who are not specifically exempt
- WVCHIP members

Service	Up to 50.00% FPL	50.01 - 100.00% FPL	100.01% FPL and Above
Inpatient Hospital (Acute Care)	\$0	\$35	\$75
Office Visits (Physicians and Nurse Practitioners)	\$0	\$2	\$4
Outpatient Surgical Services in a Physician's Office; Ambulatory Surgical Center; or Outpatient Hospital (excluding emergency rooms)	\$0	\$2	\$4
Nonemergency Use of Emergency Room	\$8	\$8	\$8

Copayments will not be collected from Medicaid members for:

- Family planning services
- Emergency services
- Behavioral health services
- Members under age 21
- Pregnant women (including up to 12 months after pregnancy)
- American Indians and Alaska Natives
- Members getting hospice care
- Other members or services not under the State Plan authority
- Members who have met their household maximum limit for cost-sharing per calendar quarter
- Members with primary insurance other than Medicaid or WVCHIP
- Approved home infusion supplies
- Vaccines administered by a pharmacist

You have to pay the copays listed above until you and all family members in your household enrolled in the plan get to the household copay maximum. Your household copay maximum is based on your household income. The table below reflects the copay maximum for the gross quarterly income range for a household of two. You're assigned to a tier based on your household size and income for the quarter.

Tier	Gross quarterly income range	Copay maximum
Tier 1	\$0-\$1,966	\$8
Tier 2	\$1,967-\$3,932	\$71
Tier 3	\$3,933 and above	\$143

You'll have no copays for the rest of the quarter once your household meets its copay maximum. You also may self-attest (report to us) that you have met the copay maximum. Call our Customer Care Center when you meet your copay maximum. Keep all your household copay receipts to show you've met the copay maximum.

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You will start each quarter with \$0 in copays and build toward your copay maximum. The table shows the services you have to pay copays for and how much they are.

For more information on copayment amounts, please call the Customer Care Center at **800-782-0095 (TTY 711)**.

## WVCHIP

WVCHIP members participate in some level of cost sharing, except for those children registered under the federal exception for Native Americans or Alaskan Natives, and those enrolled in WVCHIP Pregnant Women’s coverage.

WVCHIP has enrollment groups and each one has copays. You can find your copay group at the bottom of your Wellpoint member ID card.

Cost-sharing amounts are determined by the coverage or enrollment group.

Medical Services and Prescription Benefits	WVCHIP Gold	WVCHIP Blue	WVCHIP Premium
Physician Visit (Non-Medical Home)	\$5	\$15	\$20
Inpatient Hospital Admissions	No Copay	\$25	\$25
Outpatient Surgical Services	No Copay	\$25	\$25
Urgent Care	\$5	\$15	\$20
Emergency Department (Waived if Admitted)	No Copay	\$35	\$35
Dental Benefit	No Copay	No Copay	\$25 Copay for Some Non-Preventive Services
Generic Drugs	No Copay	No Copay	No Copay
Brand Prescriptions	\$5	\$10	\$15

Copayments will not be collected from WVCHIP members for:

- Preventive services

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- Visits to your PCP
- Immunizations
- Maternity services
- Pregnant women over 19 years of age
- Vision services
- Behavioral Health
- SUD services
- Other members or services not under the State Plan authority
- Members in nursing homes

For more information on copayment amounts please call us at **800-782-0095 (TTY 711)**.

*Note: Copays also apply to prescription drugs, which are still covered by WVCHIP, but not administered through Wellpoint or any Managed Care Organization.*

**Out-of-pocket maximums:** The maximum copayment amounts applied during a calendar year are as follows:

For WVCHIP members, the maximum copayment amounts applied during a calendar year are listed in the table below. A calendar year is the 12-month period beginning January 1 and ending December 31. The maximum copayment is different depending on the number of children in the family who are covered under WVCHIP.

# of Children	WVCHIP Gold	WVCHIP Blue	WVCHIP Premium
<b>Copay maximum</b>			
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
<b>Prescription Medications</b>	Contact Gainwell Technologies at <b>888-483-0797</b>	Contact Gainwell Technologies at <b>888-483-0797</b>	Contact Gainwell Technologies at <b>888-483-0797</b>

Copayments will not be collected from WVCHIP members for:

- Native Americans or Alaskan Natives
- Maternity services or pregnant women over 19 years of age
- PCP/medical home visits
- Members who have met their household maximum limit for the calendar year

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For more information on copayment amounts, please call the Customer Care Center at **800-782-0095 (TTY 711)**.

## ACCESS AND AVAILABILITY GUIDE

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

Type of visit	When you should be seen
Routine Care	Within 21 calendar days
Urgent Care	Within 48 hours
Specialty Referrals	Within three weeks for routine referrals; within 24 hours for urgent referrals
Nonurgent (sick) Exams	Within 72 hours of request
Initial Prenatal Care	Within 14 days of known pregnancy
Emergency Care	Immediately

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

Traveling to Your:	Should Take No Longer Than:	Should Be No Further Than:
<b>PCP</b>	30 Minutes	20 Miles
<b>OB-GYN</b>	30 Minutes	25 Miles
<b>Specialist You See Often</b>	30 Minutes	20 Miles
<b>Hospital</b>	Urban: 45 Minutes	Rural: 90 Minutes
		Urban: 30 Miles
		Rural: 60 Miles
<b>Dentist</b>	30 Minutes	25 Miles
<b>Dental Specialist</b>	60 Minutes	45 Miles
<b>Behavioral Health Provider</b>	60 Minutes	45 Miles
<b>SUD Provider or Facility</b>	60 Minutes	45 Miles

## RENEWING YOUR BENEFITS

### For Medicaid members

You need to renew your benefits every year. If you don't, you may have a gap in your coverage. Be on the lookout for a letter close to your anniversary month saying it's time for you to renew. Then, you can renew online or in person. If you've moved, it's important to update your address with DoHS. Find the phone numbers and addresses at [DHHR.wv.gov/bfa](http://DHHR.wv.gov/bfa).

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### For WVCHIP members

WVCHIP members are required to re-determine eligibility every 12 months. After 10 months of coverage through WVCHIP, the child's parent or guardian will receive a letter from their local DoHS office to re-determine eligibility. Promptly returning the application helps assure that the child will not have a gap in coverage. Coverage for pregnant women may end 12 months after the birth occurs and is not renewable. You may also find applications to renew coverage on the [chip.wv.gov](http://chip.wv.gov) website or they can be submitted electronically at [wvpath.wv.gov](http://wvpath.wv.gov).

## LETTING US KNOW WHEN YOU'RE UNHAPPY

You may not always be happy with Wellpoint. We want to hear from you. Wellpoint has people who can help you. Wellpoint cannot take your Medicaid or WVCHIP benefits away because you make a grievance, appeal, or ask for a State Fair Hearing. You may continue receiving benefits during a grievance, appeal, or State Fair Hearing. Making a grievance, appeal, or State Fair Hearing will be administered at no cost to you. As a member of Wellpoint, you have the right to appeal a decision. You can file an appeal for many reasons, like if you do not agree with our decision about your service authorization, prior authorization request, and non-payment of a claim.

There are two ways to tell Wellpoint about a problem:

### GRIEVANCE/COMPLIANT OR APPEAL

A **grievance** is a way for you to show dissatisfaction about things like and can be filed at any time:

- The quality of care or services you received;
- The way you were treated by a provider;
- A disagreement you may have with the health plan policy; or
- You do not agree to extend the time for a decision of a grievance or an appeal.

An **appeal** is a way for you to ask for a review when your Wellpoint health plan takes action to:

- Deny or give a limited approval of a requested service;
- Deny, reduce, suspend, or end a service already approved; or
- Deny payment for a service.

Or fails to:

- Act within required time frames for getting a service;
- Make a grievance decision within ninety (90) calendar days of receipt of request;
- Make an appeal decision within thirty (30) calendar days of receipt of request; or
- Make an expedited appeal decision within seventy-two (72) hours of receipt of request.

Wellpoint must give you a written Notice of Action if any of these actions happen. The Notice of Action will tell you what we did and why and give you your rights to appeal or ask for a State Fair Hearing.

**Contact us:**

**Customer Care Center:**  
**800-782-0095**  
**(TTY 711)**  
Monday through Friday  
8 a.m. to 6 p.m. Eastern time

**Mail:**  
Attn: Grievance & Appeals  
Department  
P.O. Box 91  
Charleston, WV 25321-0091

**Fax:**  
844-882-3520

**You have some special rights when making a grievance or appeal:**

1. A qualified clinical professional will look at medical grievances or appeals.
2. If you do not speak or understand English, call **800-782-0095 (TTY 711)** to get help from someone who speaks your language.
3. You or your representative may help you file a grievance or an appeal.
4. If your physical or behavioral health is in danger, a review will be done within seventy-two (72) hours for an appeal or sooner. This is called an expedited review. Call Wellpoint and tell Wellpoint if you think you need an expedited review.
5. Wellpoint may take up to fourteen (14) calendar days longer to decide if you request the change of time or if we think it is in your best interest. If Wellpoint changes the time, we must tell you in writing the reason for the delay within two (2) calendar days.
6. If you have been getting medical care and your Wellpoint health plan reduces, suspends, or ends the service, you can appeal. In order for medical care not to stop while you appeal the decision, you must appeal within thirteen (13) calendar days from the date the Notice of Action was mailed and tell us not to stop the service while you appeal. If you do not win your appeal, you may have to pay for the medical care you got during this time.
7. You may request enrollment in another Managed Care health plan if the issue cannot be resolved.

## How to file a grievance/complaint or appeal

1. **Grievance:** You may file a grievance on the telephone, in person, fax to **844-882-3520**, or in writing at any time. Call Wellpoint at **800-782-0095 (TTY 711)** to file a grievance.
  - Wellpoint will write you within five (5) calendar days and let you know we got your grievance.
  - Wellpoint must give written notice of a decision within ninety (90) calendar days.
2. **Appeal:** You may file an appeal orally or in writing to Wellpoint.
  - You must appeal within sixty (60) calendar days from the date of our Notice of Action.
  - For help on how to make an appeal, call Wellpoint at **800-782-0095 (TTY 711)**.
  - Send your written appeal to:

Attn: Grievance & Appeals Department  
P.O. Box 91  
Charleston, WV 25321  
Or by fax at **844-882-3520**.

Or the form can be found online at [wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans).
  - Wellpoint must write you within five business days and let you know we got your appeal.
  - Wellpoint will respond to your appeal within thirty (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 fourteen (14) calendar days. If we need to delay our decision for another reason, we will give you written notice within two (2) calendar days.
  - For appeals that need to be resolved more quickly, we will give you our decision within seventy-two (72) hours after receiving your appeal. You may have to pay the cost of services, depending on the outcome.

## STATE FAIR HEARINGS

If you are not happy with Wellpoint's appeal decision, and your appeal is about our decision to deny, reduce, change, or terminate payment for a MHT covered service, you can request a State Fair Hearing. You can only request a State Fair Hearing if it relates to a denial of a covered service, a reduction in service, termination of a previously authorized service, or failure to provide service timely. Appeals for non-covered services are not eligible for State Fair Hearings, unless requested under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits. You may ask for a State Fair Hearing orally or in writing. Unless you need an expedited review, you must complete a written request, even if you asked orally.

- You must ask for a State Fair Hearing within 120 calendar days from the date of the Managed Care health plan's written Notice of Appeal Resolution Letter.
- If you do not speak or understand English, or need American Sign Language, call **800-782-0095 (TTY 711)** to get help from someone who speaks your language at no cost to you. Members who use a Telecommunications Device for the Deaf (TDD) can call **711**. These services are available to you at no cost.
- You may ask anyone, such as a family member, your minister, a friend, or an attorney to help you with a State Fair Hearing.
- A decision will be made within ninety (90) calendar days from the date you asked for a hearing.
- If you have been getting medical care and your Managed Care health plan reduces, suspends, or ends the service, you can ask for a State Fair Hearing. In order for medical care not to stop, you must ask for a State Fair Hearing within thirteen (13) calendar days of the date the written Notice of Appeal Resolution was mailed and tell us not to stop the service while you appeal. If you do not win, you may have to pay for the medical care you got during this time.

**Medicaid members**, send your request for a State Fair Hearing to:

WV Bureau for Medical Services  
 Attn: Office of Medicaid Managed Care  
 350 Capitol St., Room 251  
 Charleston, WV 25301-3708

**WVCHIP members**, send your request for a State Fair Hearing to:

WV Bureau for Medical Services  
 Attn: WV Children's Health Insurance Program  
 350 Capitol St., Room 251  
 Charleston, WV 25301-3708

### **Keeping your grievance and appeals**

Wellpoint will keep copies of your grievance and appeals documents, records, and information about the grievance and appeal for your review for ten (10) years.

## REPORTING FRAUD

If you suspect fraud, waste, or abuse by a Wellpoint member 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 **800-782-0095 (TTY 711)**. You may also complete the Fraud, Waste, and Abuse Reporting form on our website at [wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans) or by mailing it to:

Attn: Program Integrity Unit  
 Wellpoint West Virginia, Inc.  
[wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans)  
**800-782-0095 (TTY 711)**

Wellpoint West Virginia, Inc.  
200 Association Drive, Suite 200  
Charleston, WV 25311

When reporting a provider, let us know:

- Their name, address, and phone number
- The name and address of the facility (hospital, nursing home, home health agency, etc.)
- The Medicaid number of the provider and facility, if available
- The type of provider (provider, physical therapist, pharmacist, etc.)
- The names and the phone numbers of other witnesses who can help in the investigation
- The dates of events
- Summary of what happened

When reporting a member, let us know:

- The person's name
- The person's date of birth and Social Security number, if available
- The city where the person lives
- Specific details about suspected fraud, waste, or abuse

Some examples of fraud, waste, or abuse include, but are not limited to:

- Receiving money or gifts in return for your member number.
- Billing for a non-covered service as a covered service.
- Requesting cash payments from members for office visits.
- Using another person's Medicaid or WVCHIP card.

## OUR POLICIES

### ADVANCE DIRECTIVES

Under Federal and State law, you have the right to make decisions about your 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 around your health. It is a way to let your providers 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 provider 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. It will become a

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part of your medical records. Remember, you can change your advance directive at any time.

Your provider and the Customer Care Center can help you to fill out or answer questions about advance directives.

## ENDING YOUR MEMBERSHIP

If you do not wish to be a member of Wellpoint, you have the right to disenroll at any time. You may re-enroll with another managed care organization (MCO). The enrollment broker can help you. Just call **800-449-8466 (TTY 304-344-0015)**.

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

- You are no longer eligible for Medicaid or WVCHIP managed care.
- You have had or need an organ or tissue transplant.
- You are placed in a nursing facility, State institution, or intermediate care facility for individuals with intellectual disabilities for more than 30 calendar days.
- You were incorrectly enrolled in Wellpoint.

The Customer Care Center **800-782-0095** and DoHS Customer Service Line **877-716-1212** can answer any questions you may have about disenrollment. If you move out of the county or out of state, call the West Virginia Department of Human Services (DoHS) at **877-716-1212**.

## APPROPRIATE TREATMENT OF MINORS

Minors are treated as adults when it comes to birth control, pregnancy, or family planning (except for sexual sterilization). Our members who are 13 years of age or older may refer themselves to any plan or out-of-plan OB-GYN for yearly exams and regular healthcare services (including cervical cancer screenings) at no cost to you. They don't need an OK ahead of time from their PCP.

Family planning records are kept private. PCPs and other healthcare providers should keep all family planning records private, even if the patient is a minor, unless the law says it is OK to share your information with others. Your provider is allowed to share your medical information with other providers who take care of you, public health officials, or government agencies. Wellpoint is not responsible for the privacy of medical records held by providers who aren't part of your health plan.

All information, records, and data collected and maintained by Wellpoint or its subcontractors that relate to enrolled children is protected from unauthorized disclosure. Wellpoint restricts the release of information on minors to authorized persons, and associates follow a rigorous verification and authentication process prior to the release of information on minors. Wellpoint's policy limits the disclosure of

information concerning enrolled children to purposes directly related to the administration of the Medicaid program in accordance with 42 C.F.R. §431.302.

Oral interpreters for minors are available in the case of an emergency.

## REPORTING ABUSE AND NEGLECT

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

## THIRD-PARTY INSURANCE

We can, and should, know about everyone giving you care. We need to know this to pay for your healthcare. We won't share this information with anyone except your healthcare provider and others as the law allows.

If you have insurance other than Medicaid or WVCHIP, please call the Enrollment Broker at **800-449-8466 (TTY 304-344-0015)**. Please call the Customer Care Center and let us know if another insurance company has been involved with your:

- Workers' compensation claim
- Personal injury
- Medical malpractice lawsuit
- Car accident

You must use any other health insurance you have first before using Medicaid. If you have other health insurance coverage, you are not eligible for WVCHIP.

### **What to do if you get a bill**

In most cases, you shouldn't get a bill from our provider. You may have to pay for charges if:

- You agree to pay for service ahead of time that we don't cover or approve.
- You agree ahead of time to pay for care from a provider who doesn't work with us, and you did not get our OK ahead of time.

Call us if you get a bill and don't think you should have to pay for the charges. Please tell us the date of service, the amount being charged, and why you were billed. Have the bill with you when you call us. Sometimes a provider may send you a *statement* that is not a *bill*.

## BALANCE BILLING

Your provider must accept assignment of benefits and cannot bill you for any charges above the fee allowance or for any discount amount applied to a provider's charge to determine payment. This is known as the "prohibition of balance billing" and applies to any MHT provider.

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**800-782-0095 (TTY 711)**

## RECOMMENDING CHANGES IN POLICIES OR SERVICES

Wellpoint has a Community Advisory Committee (CAC) to give members a say about our policies and services. CAC members inform, direct, and suggest ideas about issues involving our services. Call our Customer Care Center if you would like to join the CAC.

The Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices in this member handbook describes the Wellpoint privacy policies and procedures.

## CHANGES TO YOUR HEALTH PLAN

If there are any changes to your benefits or other information in this handbook, we will let you know at least thirty (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.

## NEW MEDICAL TREATMENTS

We want you to benefit from new medical treatments, so we review them on a routine basis. A group of PCPs, specialists, and medical directors decide if the treatment:

- Is approved by the government.
- Has shown, in a reliable study, how it affects patients.
- Will help patients as much as, or more than, treatments we use now.
- Will improve the patient's health.

The review group looks at all of the information. The group then decides if the treatment is medically necessary. They will let your provider know if the treatment is medically necessary and if we approve it.

## QUALITY IMPROVEMENT

At Wellpoint, we want to make your health plan better. To do this, we have a Quality Improvement (QI) program. Through this program, we:

- Evaluate our health plan in order to improve it.
- Track how happy you are with your PCP.
- Track how happy you are with us.
- Use the information we get to make a plan to improve our services.
- Carry out our plan to help make your healthcare better.

You may ask us to send you information about our QI program. This will include a description of the program and a report on our progress in meeting our improvement goals. Call our Customer Care Center.

## ACCREDITATION REPORT

Wellpoint is accredited by the National Committee for Quality Assurance (NCQA). You can request a summary of our accreditation report by calling our Customer Care Center. You can also find it on our website at [wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans).

## IMPORTANT CONTACT INFORMATION

The table below provides information about services that members can call for support. For more information about other services you may need, you can call us at **800-782-0095 (TTY 711)**.

Entity	Description	Phone Number	Street Address	Hours of Operation
<b>Wellpoint Customer Care Center</b>	Available to answer questions about your health care needs and services to help you.	Toll free: <b>800-782-0095 (TTY 711)</b>		Monday through Friday, 8 a.m. to 6 p.m. Eastern time
<b>Wellpoint local office</b>	Call this number if you have questions about local resources or to learn more about case management.	<b>888-611-9958</b>	200 Association Drive Charleston, WV 25311	Monday through Friday, 8 a.m. to 5 p.m. Eastern time
<b>West Virginia Department of Human Services (DoHS)</b>	The state Department of Human Services	<b>304-558-0684</b>	One Davis Square, Suite 100 East Charleston, West Virginia 25301	Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time

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**800-782-0095 (TTY 711)**

<b>West Virginia Department of Human Services (DoHS)</b>	Call this number if you move, change your phone number, or become pregnant.	<b>877-716-1212</b>	One Davis Square, Suite 100 East Charleston, West Virginia 25301	Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time
<b>West Virginia Bureau for Medical Services</b>	The state agency that administers the Medicaid and WVCHIP programs.	<b>304-558-1700</b>	350 Capitol Street Room 251 Charleston, WV 25301	Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time
<b>Medical Utilization Management / Prior Authorization (except medical injectables)</b>	Your provider can call this number for help with medical services that need an OK from Wellpoint before you get them.	<b>866-655-7423</b> Fax: <b>855-402-6983</b> <a href="http://apps.availity.com">apps.availity.com</a>		Monday through Friday, 8 a.m. to 6 p.m. Eastern time
<b>Enrollment Broker</b>	Available to answer questions you may have about enrolling with an MCO.	<b>800-449-8466 (TTY 304-344-0015)</b>	231 Capitol Street, Suite 310 Charleston, WV 25301	Monday through Friday, 8 a.m. to 6 p.m. Eastern time
<b>Emergency</b>	Available for inpatient and outpatient services given by a qualified provider to stabilize an emergency	<b>911</b>		24 hours a day, seven days a week

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	medical condition.			
<b>Dental</b>	Wellpoint uses SKYGEN USA to answer questions related to dental benefits and connect you to a dental service provider.	<b>877-408-0917</b> <b>(TTY 800-508-6975)</b>		Monday through Friday, 8 a.m. to 6 p.m. Eastern time
<b>Vision</b>	Wellpoint uses Superior Vision to answer questions related to vision benefits and connect you to a vision service provider.	<b>844-526-0198</b> <b>(TTY 800-523-2847)</b>		Monday through Friday, 8 a.m. to 9 p.m. Eastern time Saturday, 11 a.m. to 4:30 p.m. Eastern time
<b>Condition Care</b>	Call to enroll in the Condition Care program or leave a private message for your case manager.	<b>888-830-4300</b> <b>(TTY 711)</b>		Monday through Friday, 8 a.m. to 6 p.m. Eastern time
<b>Behavioral Health</b> Behavioral Health Utilization Review/Prior Authorization	Your provider can fax this number for help with behavioral health services that need an OK from Wellpoint before you get them.	Inpatient fax: <b>855-325-5556</b> Outpatient fax: <b>855-325-5557</b> <a href="http://apps.availity.com">apps.availity.com</a>		Monday through Friday, 8 a.m. to 6 p.m. Eastern time

<p><b>Behavioral Health Crisis Line</b></p>	<p>If you're having a mental health crisis, call our 24-hour Behavioral Health Crisis Line for help.</p>	<p><b>833-434-1261 (TTY 711)</b></p>		<p>24 hours a day, seven days a week</p>
<p><b>National Suicide Prevention Lifeline</b></p>	<p>Call 988 if you or another person are having thoughts about harming yourself, mental health or substance use crisis, or any other kind of emotional distress.</p>	<p><b>988</b></p>		<p>24 hours a day, seven days a week</p>
<p><b>Pharmacy (Gainwell Technologies)</b></p>	<p>Use this number to find out more information about Pharmacy benefits or to get help related to Pharmacy services, including diabetes supplies.</p>	<p><b>888-483-0797</b></p>		<p>Monday through Friday, 8 a.m. to 7 p.m. Eastern time</p>

<b>Medical Injectable</b>	Your provider can call this number for help with medications given by your provider (covered under your medical benefit) that need an OK from Wellpoint before you get them.	<b>877-375-6185</b> Fax: <b>844-487-9290</b> <a href="http://apps.availity.com">apps.availity.com</a>		Monday through Friday, 8 a.m. to 6 p.m. Eastern time
<b>Grievances/ Appeals</b>	Available to assist in filing a grievance or appeal including help in completing forms, offering auxiliary aid or interpreters, and other services.	<b>800-782-0095 (TTY 711)</b> Fax: <b>844-882-3520</b>	P.O. Box 91 Charleston, WV 25321-0091	Monday through Friday, 8 a.m. to 6 p.m. Eastern time
<b>State Fair Hearing</b>	Available to answer questions about requesting a state fair hearing.	<b>800-782-0095 (TTY 711)</b>		Monday through Friday, 8 a.m. to 5 p.m. Eastern time
<b>Fraud, Waste, and Abuse</b>	The SIU investigates cases of suspected fraud, waste, or abuse by a Wellpoint member or provider.	<b>855-782-0095 (TTY 711)</b>	200 Association Drive Charleston, WV 25311	Monday through Friday, 8 a.m. to 5 p.m. Eastern time
<b>ModivCare</b>	Provide non-emergency transportation services.	<b>844-549-8353 (TTY 866-288-3133)</b>		Monday through Friday, 7 a.m. to 6

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				p.m. Eastern time
<b>24-hour nurse help line</b>	Registered nurses to answer any health-related questions 24 hours, seven days a week.	<b>888-850-1108 (TTY 711)</b>		24 hours a day, seven days a week
<b>National Poison Control Center</b>	Call to connect to your local poison center as a resource for help in a poisoning emergency.	<b>800-222-1222</b>		24 hours a day, seven days a week
<b>West Virginia Relay Service</b>	This number lets people who have a hearing or speech loss communicate with a trained person who can help them speak with someone who uses a regular telephone.	<b>800-982-8772 (TTY 711)</b>	P.O. Box 29230 Shawnee Mission, KS 66201-9230	24 hours a day, seven days a week

**IMMUNIZATION SCHEDULES**

Immunizations are important to keep your child healthy. The tables on the following pages provide recommended immunization schedules for children up to age 18.

# 2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
<b>HepB</b> Hepatitis B	HepB	HepB	HepB			HepB					
<b>RV*</b> Rotavirus		RV	RV	RV	RV*						
<b>DTaP</b> Diphtheria, Pertussis, & Tetanus		DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP			DTaP
<b>Hib*</b> Haemophilus influenzae type b		Hib	Hib	Hib	Hib*	Hib	Hib				
<b>PCV13, PCV15</b> Pneumococcal disease		PCV	PCV	PCV	PCV	PCV	PCV				
<b>IPV</b> Polio		IPV	IPV	IPV	IPV	IPV	IPV	IPV			IPV
<b>COVID-19**</b> Coronavirus disease 2019								COVID-19**			
<b>Flu†</b> Influenza									Flu (One or Two Doses Yearly)*		
<b>MMR</b> Measles, Mumps, & Rubella							MMR				MMR
<b>Varicella</b> Chickenpox							Varicella				Varicella
<b>HepA*</b> Hepatitis A						HepA*			HepA*		

**FOOTNOTES**

- RV\*** Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.
- Hib\*** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.
- COVID-19\*\*** Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- Flu†** Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.
- HepA\*** Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

**ADDITIONAL INFORMATION**

- If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.
- If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®

**FOR MORE INFORMATION**  
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)  
Or visit: [cdc.gov/vaccines/parents](https://cdc.gov/vaccines/parents)

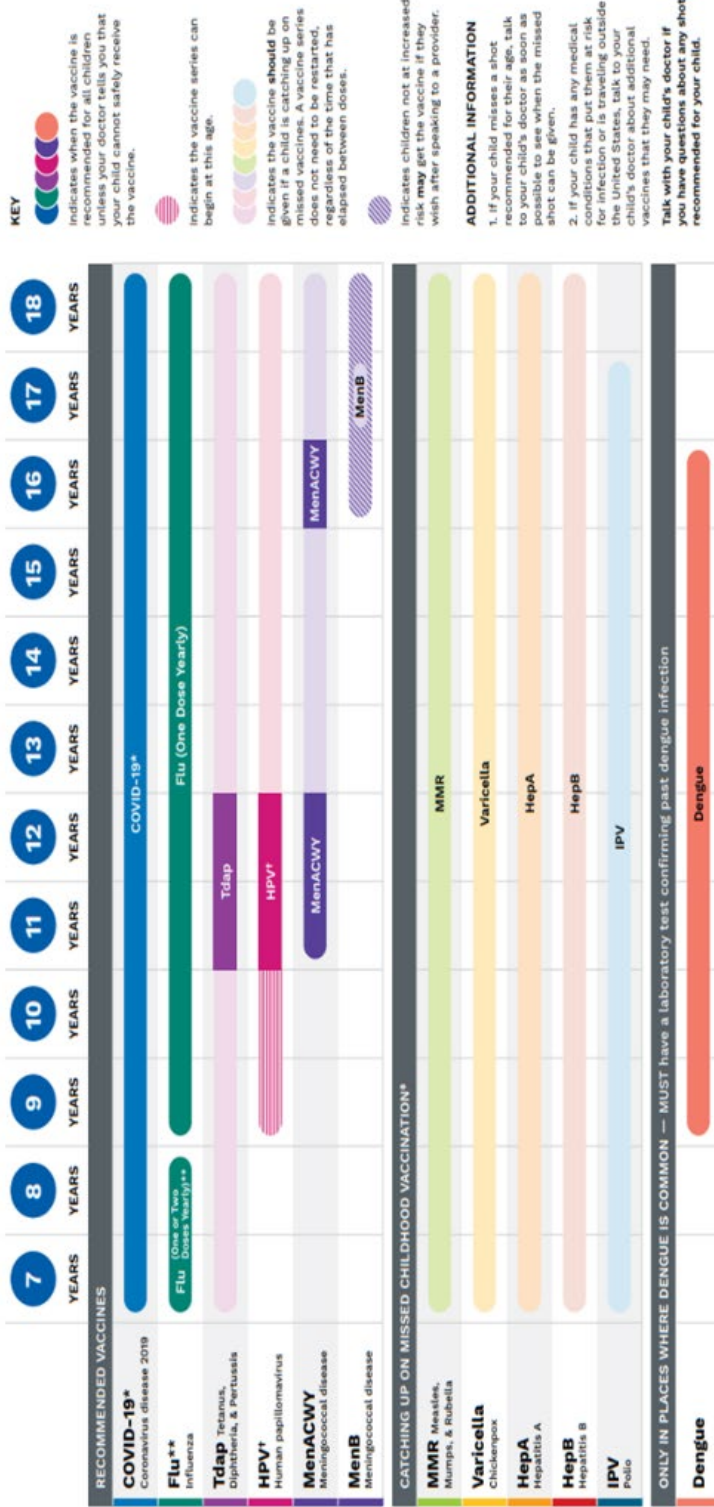
# Diseases and the Vaccines that Prevent Them

BIRTH–6 YEARS OLD

DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
<b>Hepatitis B</b>	<b>HepB</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>Rotavirus</b>	<b>RV</b>	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
<b>Diphtheria</b>	<b>DTaP*</b>	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Pertussis</b> (whooping cough)	<b>DTaP*</b>	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Tetanus</b>	<b>DTaP*</b>	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
<b>Haemophilus influenzae type b</b> (Hib)	<b>Hib</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>Pneumococcal disease</b> (PCV13, PCV15)	<b>PCV</b>	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>	<b>IPV</b>	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Coronavirus disease 2019</b> (COVID-19)	<b>COVID-19</b>	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
<b>Influenza</b> (Flu)	<b>Flu</b>	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>	<b>MMR**</b>	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	<b>MMR**</b>	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>Rubella</b>	<b>MMR**</b>	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Chickenpox</b>	<b>Varicella</b>	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	<b>HepA</b>	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, arthritis (joint pain), kidney, pancreatic and blood disorders, death

**DTaP\*** DTaP combines protection against diphtheria, tetanus, and pertussis. **MMR\*\*** MMR combines protection against measles, mumps, and rubella. Last updated December 2022 • CS222257-A

# 2023 Recommended Immunizations for Children 7–18 Years Old



**FOOTNOTES**

**COVID-19\*** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

**Flu\*\*** Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

**HPV†** Ages 11 through 12 years old should get a 2-shot series separated by 6 to 12 months. The series can begin at 9 years old. A 3-shot series is recommended for those with weakened immune systems and those who start the series after their 15th birthday.

\*Originally recommended age ranges for missed childhood vaccinations: 2-dose series of **MMR** at 12–15 months and 4–6 years; 2-dose series of **Varicella** at 12–15 months and 4–6 years; 2-dose series of **HepA** (minimum interval, 6 months) at age 12–23 months; 3-dose series of **HepB** at birth, 1–2 months, and 6–18 months; and 4-dose series of **Polio** at 2 months, 4 months, 6–18 months, and 4–6 years.

**FOR MORE INFORMATION**  
 Call toll-free: 1-800-CDC-INFO (1-800-232-4636)  
 Or visit: [cdc.gov/vaccines/parents](https://cdc.gov/vaccines/parents)

**U.S. Department of Health and Human Services**  
 Center for Disease Control and Prevention

**AAPF**  
 AMERICAN ACADEMY OF PEDIATRICS

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



## Diseases and the Vaccines that Prevent Them

7-18 YEARS OLD

DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
<b>Coronavirus disease 2019 (COVID-19)</b>	<b>COVID-19</b>	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
<b>Influenza (Flu)</b>	<b>Flu</b>	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
<b>Tetanus</b>	<b>Tdap*</b>	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
<b>Diphtheria</b>	<b>Tdap*</b>	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Pertussis (whooping cough)</b>	<b>Tdap*</b>	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Human papillomavirus</b>	<b>HPV</b>	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
<b>Meningococcal disease</b>	<b>MenACWY</b> , <b>MenB</b>	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>Measles</b>	<b>MMR†</b>	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	<b>MMR†</b>	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>Rubella</b>	<b>MMR†</b>	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Chickenpox</b>	<b>Varicella</b>	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	<b>HepA</b>	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, strabismus (joint pain), kidney, pancreatic and blood disorders, death
<b>Hepatitis B</b>	<b>HepB</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>Polio</b>	<b>IPV</b>	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Dengue</b>	<b>Dengue*</b>	Bite from infected mosquito	May be no symptoms, 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 the liver, heart, and lungs, death

**Tdap\*** Tdap combines protection against diphtheria, tetanus, and pertussis. **Td\*\*** Td combines protection against diphtheria and tetanus. **MMR†** MMR combines protection against measles, mumps, and rubella. **Dengue\*** Dengue is common. Last updated December 2022 CS32257-8

## WELLPOINT WEST VIRGINIA, INC.

### PRIMARY CARE PROVIDER (PCP) SELECTION FORM

If your Wellpoint member ID card does not show the primary care provider (PCP) of your choice, or if you wish to change your PCP for any reason, you can:

- Call the Wellpoint Customer Care Center at **800-782-0095** to speak with someone who can help you.  
OR
- Complete this form and return it to us within 30 days.
- Request a new PCP by signing on to our member website.

You may choose one PCP for your whole family, or each family member may choose a different PCP. You must list each family member on the form even if you select the same PCP. We will send you new ID cards within five days after we receive your completed form. Or you can go to the member website to print your ID cards. Always carry your ID card with you.

Please check this box if you are pregnant.

When you are done filling out this form, just mail it back in the envelope we provided. No stamp is needed.

#### **Choose the PCP who's right for you. Send this form back today.**

Look in our provider directory and give us your first and second choices for a PCP.

Please print your information below.

Your name (please print): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Please check this box if you have moved in the last year. If you move, please remember to call our Customer Care Center at **800-782-0095**.

Your daytime telephone number: \_\_\_\_\_

Your signature: \_\_\_\_\_

#### **Choose a new PCP**

Member name (First and Last): \_\_\_\_\_

Member ID number: \_\_\_\_\_

First choice — PCP name (First and Last): \_\_\_\_\_

Second choice — PCP name (First and Last): \_\_\_\_\_



## HIPAA notice of privacy practices

The original effective date of this notice was April 14, 2003. The most recent revision date is shown in the footer of this notice.

### Please read this notice carefully. This tells you:

- **Who can see your protected health information (PHI).**
- **When we have to ask for your OK before we share your PHI.**
- **When we can share your PHI without your OK.**
- **What rights you have to see and change your PHI.**

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you are a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children's Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs, and hospitals so we can OK and pay for your healthcare.

Federal law says we must tell you what the law says we have to do to protect PHI that is told to us, in writing, or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
  - Lock our offices and files.
  - Destroy paper with health information so others cannot get it.
- Saved on a computer (called technical), we:
  - Use passwords so only the right people can get in.
  - Use special programs to watch our systems.
- Used or shared by people who work for us, doctors, or the state, we:
  - Make rules for keeping information safe (called policies and procedures).
  - Teach people who work for us to follow the rules.

### When it is OK for us to use and share your PHI

We can share your PHI with your family or a person you choose who helps with or pays for your healthcare if you tell us it is OK. Sometimes, we can use and share it **without** your OK:

- **For your medical care**
  - To help doctors, hospitals, and others get you the care you need
- **For payment, healthcare operations, and treatment**

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[wellpoint.com/wv/wvplans](http://wellpoint.com/wv/wvplans)  
800-782-0095 (TTY 711)

- To share information with the doctors, clinics, and others who bill us for your care
- When we say we will pay for healthcare or services before you get them (called prior authorization or preapproval)
- To find ways to make our programs better, as well as support you and help you get available benefits and services. We may get your PHI from public sources, and we may give your PHI to health information exchanges for payment, healthcare operations, and treatment. If you do not want this, please visit [wellpoint.com/privacy](http://wellpoint.com/privacy) for more information.
- **For healthcare business reasons**
  - To help with audits, fraud and abuse prevention programs, planning, and everyday work
  - To find ways to make our programs better
- **For public health reasons**
  - To help public health officials keep people from getting sick or hurt
- **With others who help with or pay for your care**
  - With your family or a person you choose who helps with or pays for your healthcare, if you tell us it is OK
  - With someone who helps with or pays for your healthcare, if you cannot speak for yourself and it is best for you

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research, or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We cannot take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

**Other ways we can — or the law says we have to — use your PHI:**

- To help the police and other people who make sure others follow laws
- To report abuse and neglect
- To help the court when we are asked
- To answer legal documents
- To give information to health oversight agencies for things such as audits or exams
- To help coroners, medical examiners, or funeral directors find out your name and cause of death
- To help when you asked to give your body parts to science
- For research
- To keep you or others from getting sick or badly hurt
- To help people who work for the government with certain jobs
- To give information to workers' compensation if you get sick or hurt at work



## Your rights

- You can ask to look at your PHI and get a copy of it. We will have 30 days to send it to you. If we need more time, we have to let you know. We do not have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic.**
- You can ask us to change the medical record we have for you if you think something is wrong or missing. We will have 60 days to send it to you. If we need more time, we have to let you know.
- Sometimes, you can ask us not to share your PHI. But we do not have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
- You can ask us to tell you all the times over the past six years we shared your PHI with someone else. This will not list the times we shared it because of healthcare, payment, everyday healthcare business, or some other reasons we did not list here. We will have 60 days to send it to you. If we need more time, we have to let you know.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

## What we have to do

- The law says we must keep your PHI private except as we said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we will do in this notice.
- We must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, such as if you are in danger.
- We must tell you if we have to share your PHI after you asked us not to.
- If state laws say we have to do more than what we said here, we will follow those laws.
- We have to let you know if we think your PHI has been breached.

## Contacting you

We, along with our affiliates and vendors, may call or text you using an automatic telephone dialing system and an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we will not contact you in this way anymore. Or you may call **844-203-3796** to add your phone number to our Do Not Call list.

## What to do if you have questions

If you have questions about our privacy rules or want to use your rights, please call

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[wellpoint.com/wv/wvplans](https://www.wellpoint.com/wv/wvplans)  
**800-782-0095 (TTY 711)**

our Customer Care Center at **800-782-0095 (TTY 711)**.

### **What to do if you have a complaint**

We are here to help. If you feel your PHI has not been kept safe, you may call our Customer Care Center or contact the West Virginia Department of Human Services (DoHS). Nothing bad will happen to you if you complain.

### **You may write to or call the Department of Health and Human Services:**

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: **800-368-1019**  
TDD: **800-537-7697**

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we will tell you about the changes in a newsletter. We also will post them on the web at [wellpoint.com/privacy](http://wellpoint.com/privacy).

### **Race, ethnicity, and language**

We receive race, ethnicity, and language information about you from the state agencies for Medicaid and the Children's Health Insurance Program. We protect this information as described in this notice. We use this information to:

- Make sure you get the care you need.
- Create programs to improve health outcomes.
- Develop and send health education information.
- Let doctors know about your language needs.
- Provide translator services.

We do **not** use this information to:

- Issue health insurance.
- Decide how much to charge for services.
- Determine benefits.
- Disclose to unapproved users.

### **Your personal information**

We may ask for, use, and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It is often taken for insurance reasons.

- We may use your PI to make decisions about your:
  - Health
  - Habits
  - Hobbies

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- We may get PI about you from other people or groups such as:
  - Doctors
  - Hospitals
  - Other insurance companies
- We may share PI with people or groups outside of our company without your OK in some cases.
- We will let you know before we do anything where we have to give you a chance to say no.
- We will tell you how to let us know if you do not want us to use or share your PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

Do you need help with your healthcare, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 800-782-0095 (TTY 711).

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