



Aetna Better Health® of West Virginia

PROVIDER NOTICE: WVCHIP Benefit Transition

As part of the ongoing transition of the West Virginia Children's Health Insurance Program (WVCHIP) to the Bureau for Medical Services (BMS) prompted by House Bill 4649, BMS is seeking further alignment between Medicaid and WVCHIP. Effective July 1, 2023, WVCHIP will cover all Medicaid benefits that are provided to children and pregnant women under the Medicaid State Plan. The amount, duration, and scope of services, including any authorization requirements, established in Medicaid policy will apply to WVCHIP members in the same manner, as applicable to Aetna Better Health. BMS is in the process of updating the Medicaid Policy Manual to be inclusive of WVCHIP.

BMS is reviewing all fee schedules with the long-term goal of aligning Medicaid and WVCHIP rates in a way that will not have a negative impact on providers. In the interim, WVCHIP will retain separate fee schedules for the following services:

- Inpatient prospective payment system (IPPS)/Diagnosis related groups (DRG) rates for acute care hospitals.
- Resource-based relative value scale (RBRVS).
- Anesthesia.
- Outpatient prospective payment system (OPPS)/Ambulatory payment classification (APC).
- Vision.
- Federally qualified health center (FQHC)/Rural health clinic (RHC).

All other fee schedules will be aligned with Medicaid effective July 1, 2023.

WVCHIP members will remain enrolled with Mountain Health Trust (MHT) health plans. Pharmacy benefits will continue to be administered outside of managed care on a fee-for-service (FFS) basis. Express Scripts, Inc. (ESI) will continue to serve as the pharmacy benefits manager for WVCHIP. WVCHIP members' cost-sharing obligations (copay amounts) remain the same.

Questions? Please contact your MHT health plan:

Aetna Better Health of West Virginia

1-888-348-2922

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

SERVICES COVERED BY WVCHIP



Aetna Better Health® of West Virginia

EFFECTIVE JULY 1, 2023

BENEFIT PROVIDED	SERVICE LIMITS
Primary Care Office Visits	
Specialty Care	
Podiatry	
Chiropractic	
Diagnostic X-Ray	
Outpatient Hospital Services	
Hospice	
Emergency Room Outpatient Hospital Services	
Emergency Transportation/Ambulance	
Inpatient Hospital Care	
Hospital/Maternity	
Outpatient/Maternity	
Outpatient Psychiatric Treatment	
Rehabilitative Psychiatric Treatment	
Prescription Drugs	
Physical Therapy (PT)	20 visits per year (combined PT and OT, additional authorization required over limit).
Occupational Therapy (OT)	20 visits per year (combined PT and OT, additional authorization required over limit).



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Speech Therapy	
Cardiac Rehabilitation	
Pulmonary Rehabilitation	
Durable Medical Equipment	
Orthotics and Prosthetics	
Home Health	
Inpatient Rehabilitation Hospital Services	
Laboratory Services and Testing	
Diabetes Education	
Early Periodic Screening, Diagnosis and Treatment (HealthCheck)	
Family Planning Services and Supplies	
Nutritional Counseling	
Tobacco Cessation	
Non-Emergency Medical Transport (NEMT)	Provided by ModivCare
Personal Care Services	
Dental Services	Coverage is limited to \$1,000 per calendar year for members over 21.
Vision Services	Coverage is limited to medical treatment only for members over 21.

West Virginia Children's Health Insurance Program (WVCHIP)

Frequently Asked Questions

Will my health plan change?



Aetna Better Health[®] of West Virginia

No. Members will continue to be enrolled under their current MHT health plan. The three health plans currently serving the Medicaid and WVCHIP populations in West Virginia are Aetna Better Health of West Virginia, The Health Plan, and UniCare of West Virginia.

Can I still see the same doctors?

You can still see your current doctors as long as they work with your MHT health plan. Each health plan keeps a list of doctors on their website.

Will my cost sharing change?

No, you will continue to pay the same premiums and copays based on your WVCHIP coverage.

What benefits are different?

Please refer to the attached summary of benefits now available to WVCHIP members.

Can I still get the same prescription drugs?

WVCHIP will have a new preferred drug list (PDL) – the same list used by the Medicaid program. WVCHIP will continue covering your current medications that are not on the new PDL. Any new medicines prescribed to you will have to be included on the PDL for coverage.

Do I need a new Identification (ID) card?

No. You can continue to use the ID card your health plan gave you. Your current member ID will remain the same.

Where do I go to update my phone number and address to stay enrolled with WVCHIP?

Call 1-877-716-1212 or go to www.wvpath.wv.gov/ if your address or phone number has recently changed.