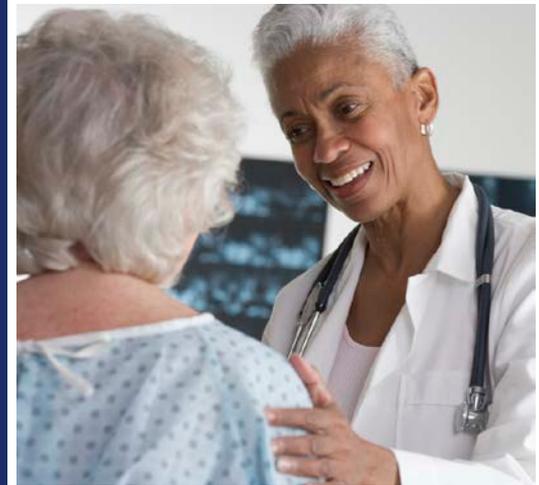


WVCHIP WV CHILDREN'S HEALTH INSURANCE PROGRAM

Jennifer Myers, Benefit and Enrollment Specialist, WVCHIP



WEST VIRGINIA
Department of
Health & Human
Resources
BUREAU FOR
MEDICAL SERVICES

What is WVCHIP?

- WVCHIP was created to help working families who do not have health insurance for their children.

In 1997 Congress amended the Social Security Act to create Title XXI “State Children’s Health Insurance Program.” The West Virginia Legislature established the insurance governance and legal framework in legislation that was enacted in April 1998. Children first began enrolling in the West Virginia Children’s Health Insurance Program (WVCHIP) in July 1998 and by June 2014 over 154,097 children had obtained health care coverage through this Plan.

Who is eligible for WVCHIP?

Children are eligible if they:

Reside in West Virginia

Are under age 19

Are not eligible for West Virginia Medicaid

Income & family size fall within qualifying Income Guidelines

Are United States citizens or qualified aliens (Children who are not U.S. citizens must provide verification of their alien status.)

Annual Income Guidelines for WVCHIP:

Family Size	Medicaid Max	WVCHIP GOLD	WVCHIP BLUE	WVCHIP Premium
2	21,186	23,895	33,613	47,790
3	26,719	30,135	42,390	60,270
4	32,252	36,375	51,168	72,750
5	37,785	42,615	59,946	85,230
6	43,318	48,855	68,723	97,710

What services are covered by WVCHIP?

Doctor visits

Check-ups

Hospital visits

Immunizations (Shots)

Prescriptions

Tests and X-rays

Dental care

Vision care

Emergency care

Mental Health

Diabetic supplies

Urgent Care or After Hour Clinic Visits

Case Management for Special Needs

Insurance Exceptions

Children with other group health coverage including Medicaid, do not qualify for WVCHIP.

Children on WVCHIP can have no other creditable coverage.

Insurance that is excepted and not considered creditable would be policies such as, a cancer-only policy, an accident policy, Automobile insurance, etc.

Upcoming changes for WVCHIP:

Transition to the State's MMIS system January 2016

Provider Enrollment beginning in July 2015 (tentative)

All providers will be required to enroll with Molina prior to January 2016 to ensure your claims payments will not be delayed. This includes current WVCHIP providers.

WVCHIP will transition it's claims processing to Molina Medicaid Solutions in January 2016. All medical and dental claims with date of service 1/1/16 and after will need to be submitted to Molina. More information will be provided closer to transition date.

Pharmacy claims will continue to be processed by ESI

**Medical/Dental claims date of service current – 12/31/2015
submit to:**

HealthSmart Benefit Solutions

PO Box 2451

Charleston, WV 25329-2451

Out of State Providers

WVCHIP does not cover services provided out-of-state that are available from in-state providers, except for emergencies and office visits to primary care physicians (family and general medicine physicians, internists, and pediatricians) in counties bordering West Virginia in surrounding states (**routine childhood vaccines from out-of-state providers, including border providers, are not covered – routine childhood vaccines are covered when received from in-state Vaccine for Children’s program (VFC) providers**)

There are exceptions for medical necessity and emergencies. To meet the criteria as a covered benefit, the service must be medically necessary, and the type of care must not be available within the State of West Virginia, as determined **PRIOR** to the service.

WVCHIP will waive the Out-of-State prior authorization requirement if the provider agrees to accept WVCHIP in-state fees as payment in full with no balance billing to the member.

This agreement can be made during provider enrollment.

WVCHIP uses the Public Employees Insurance Agency's fees. These can be found on their website, <http://www.peia.wv.gov>.

Dental fees can be found at <http://www.dhhr.wv.gov/bms/Documents/Fee%20Schedule/DentalFeeSchedule>

You may also send an inquiry to WVCHIPProvider@Outlook.com

Provider Enrollment

The Affordable Care Act requires all providers to enroll or revalidate their enrollment information under new enrollment screening criteria. Enrollment and revalidation is mandatory for both Medicaid and WVCHIP providers.

Providers that are currently enrolled and have revalidated with WV Medicaid will not need to go through a full enrollment with WVCHIP. Molina will provide an abbreviated form for WVCHIP enrollment.

Utilization Management

UM services will continue to be processed through HealthSmart Care Management. Look for updated prior-authorization requirements in July 2015.

Beginning 7/1/2015, dental services will not require prior-authorizations. (Oral surgery and Orthodontia will continue to follow a prior-authorization process).

Who can I contact for additional information?

For Eligibility, Application Status, Renewals and General Information: WVCHIP HelpLine at 1-877-982-2447

**Health Claims and Benefits, Prior-Authorizations, and Eligibility:
HealthSmart at 1-800-356-2392**

**Prescription Drug Benefits and Claims:
Express Scripts at 1-877-256-4689**

**Provider Enrollment:
Molina Medicaid Solutions at 888-483-0793**