2026-2027 Member Handbook

Aetna Better Health® of West Virginia

2026-2027 Member Handbook

Mountain Health Trust – Medicaid and WVCHIP

aetna®

Aetna Better Health® of West Virginia

AetnaBetterHealth.com/WestVirginia

2692101-WV-EN (Rev 8/26)

Helpful Information

Aetna Better Health® of West Virginia
Member Services
1-888-348-2922 (TTY: 711)

Website
AetnaBetterHealth.com/WestVirginia

Hours of operation
24 hours a day, 7 days a week

Liberty Dental
1-800-267-6610

Non-Emergent transportation – Modivcare
1-844-549-8353

Prescription Drugs - Gainwell Technologies
1-888-483-0797

HELP IN YOUR LANGUAGE

If you do not speak English, you can call us at **1-888-348-2922 (TTY: 711)**. We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can communicate with you in your language.
Spanish: Si usted no habla inglés, llámenos al **1-888-348-2922** y **711**. Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

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WELCOME

Welcome to Aetna Better Health's Medicaid and WVCHIP (West Virginia Children's Health Insurance Program) managed care program. We are glad that you have enrolled with us. This handbook gives you the information you need to know about your health care plan.

Please read this handbook to understand the way your plan works. This handbook will help you get the most from Aetna Better Health. It will answer many of the questions that come up about your benefits and the services offered by Aetna Better Health.

You can also ask us any questions you may have by calling us at **1-888-348-2922**. If you are speech or hearing impaired, please dial **TTY: 711**. If you would like a printed copy of this handbook, please call us and one will be mailed to you within five (5) business days of your request. You can also find this handbook on our website at **AetnaBetterHealth.com/WestVirginia**

ABOUT OUR PLAN

Aetna Better Health has a contract with the West Virginia Department of Human Services (DoHS), formerly called Department of Health and Human Resources (DHHR). We are able to select a group of health care practitioners and providers to form a provider network. Provider networks are usually made up of doctors and specialists, hospitals, and other health care facilities. Our practitioners and providers help to meet the health care needs of people with Medicaid and WVCHIP. The Provider Directory lists all of our network providers you can use to get services across the state. It can be found online at our website, **AetnaBetterHealth.com/WestVirginia**.

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

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

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

CONTACT US

Member Services Department
Hours: We're here for you 24 hours a day, 7 days a week
Address: 500 Virginia Street East, Suite 400, Charleston, WV 25301
Toll-free: **1-888-348-2922** (TTY: **711**)
Online: **AetnaBetterHealth.com/WestVirginia**

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

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

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

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

For other important phone numbers, please see the Important Contact Information in the back of this handbook.

You can call or visit our website to:

- Ask questions about Medicaid and WVCHIP services, benefits and co-payments
- Change your primary care provider (PCP) or get help choosing a provider
- File a complaint or appeal
- Replace a lost member ID card
- Get help finding a specialist
- 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 your/ your family's benefits
- Let us know about any changes to personal information
- Request interpreter services or get 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.

MEMBER WEB PORTAL

Aetna Better Health has a secure online tool, the Member Web Portal. The portal is your go-to resource to manage your plan – and your health. You can access your personal health information and other benefit information such as:

- Authorization status.
- Temporary member ID card.
- The name and phone number of your PCP.
- Cost sharing information.
- Claim status.

You can also:

- Change your PCP.
- Request a new member ID card.
- Get personalized health information and learn tips and tools to manage your health.
- Learn about programs to help you stay on track with health goals.
- Get in touch with a nurse.

For more information, and to access the Member Web Portal, visit our website at **AetnaBetterHealth.com/WestVirginia/member-portal.html**. Click on *Log In* then select *register* to set up your account. You just need your member ID card and a current email address to create an account. You can also call us to sign up over the phone.

WHAT YOU SHOULD KNOW

CONFIDENTIALITY

We respect your rights to privacy. We will never give out your medical information or social security number without your written permission, unless required by law.

To learn more about your rights to privacy, please call Member Services at **1-888-348-2922** or visit our website at **AetnaBetterHealth.com/WestVirginia**. 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 (ADA), you can contact the State ADA Coordinator at:

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

DEFINITIONS

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

Application Programming Interface (API): A tool that allows different healthcare systems to exchange data, ensuring your patient information is accessible to you across different platforms.

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.

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

Complaint: An expression of dissatisfaction, either in writing or orally, about any aspect of service delivery provided or paid for by Aetna Better Health, including complaints about our practitioners or providers. In this handbook "grievance" and "complaint" mean the same thing.

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

Cost-Sharing: The amount you pay for your share of medical costs. Cost-sharing includes co-payments and monthly premiums. Not all members have monthly premiums.

Durable Medical Equipment (DME): Certain items your practitioner or provider can order for you to use if you have an illness or injury, such as a walker or a wheelchair.

Emergency Medical Condition: An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm.

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

Emergency Room (ER) Care: Emergency services you receive in an ER.

Emergency Services: Services you receive to evaluate or treat an emergency medical condition.

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

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

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 of having at birth.

Grievance: A complaint you make, either in writing or verbally to Aetna Better Health. In this handbook "grievance" and "complaint" mean the same thing.

Habilitation Services and Devices: Services or items that help you keep, learn, or improve skills and functioning for daily living. They can be used in inpatient and/ or outpatient settings.

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

Home Health Care: Health care services a person receives at home such as nurse visits or physical therapy.

Hospice Services: Services to provide comfort and support for members and their families in the last stages of terminal illness. A terminal illness means the provider believes the member has six months or less to live if the illness runs its natural course.

Hospitalization: Admission to a hospital for treatment that usually requires an overnight stay.

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

Medically Necessary: Health care services or supplies needed to get and stay healthy. The services or supplies must be for diagnosing, evaluating, treating or preventing an injury, illness, condition, or disease, based on evidence-based clinical standards of care. Determination of medical necessity is based on specific criteria.

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

Network: A group of providers who has contracted with Aetna Better Health to give care to members.

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

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

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

Prior Authorization: Approval from Aetna Better Health that may be required before you get certain services or treatments in order for them to be covered.

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

Practitioner: A licensed or certified professional who provides medical or behavioral health care services, such as a doctor, nurse practitioner, or psychologist. In this handbook, the word "doctor" may be used to mean any type of practitioner.

Premium: The amount you pay for your health insurance every month based on your income.

Not all members have monthly premiums.

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

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

Primary Care Provider (PCP): A physician, nurse practitioner, physician assistant, or other participating practitioner you have chosen to be your personal doctor. Your PCP works with you to provide and coordinate your health care, such as giving you checkups and shots, sending you to specialists if needed, or admitting you to the hospital.

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

Rehabilitation Services and Devices: Health care services and items that help you recover from an illness, accident, injury, or surgery.

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

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

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

Urgent Care: Care you get for a sudden illness, injury, or condition that is not an emergency but needs care right away.

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

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.

WVCHIP Gold: WVCHIP enrollment group for children in families with incomes at or below 150 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.

YOUR RIGHTS

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

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

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

YOUR RESPONSIBILITIES

As a member of Aetna Better Health, you have the responsibility to:

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

STEPS TO GETTING CARE

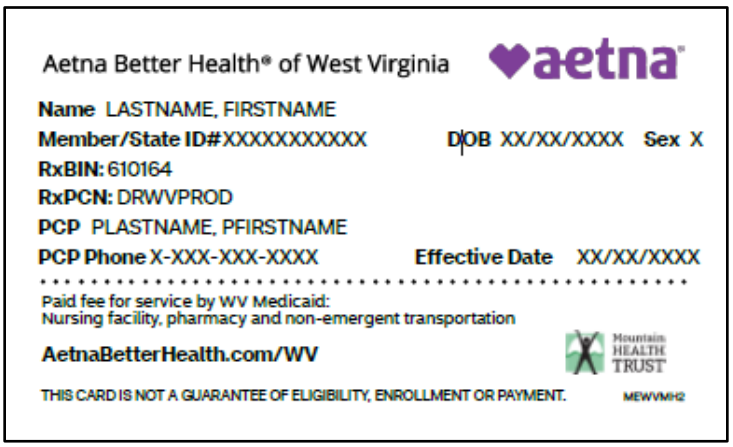
YOUR MEMBER ID CARD

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

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

Your member ID card should look like this:

Medicaid


Aetna Better Health® of West Virginia

aetna

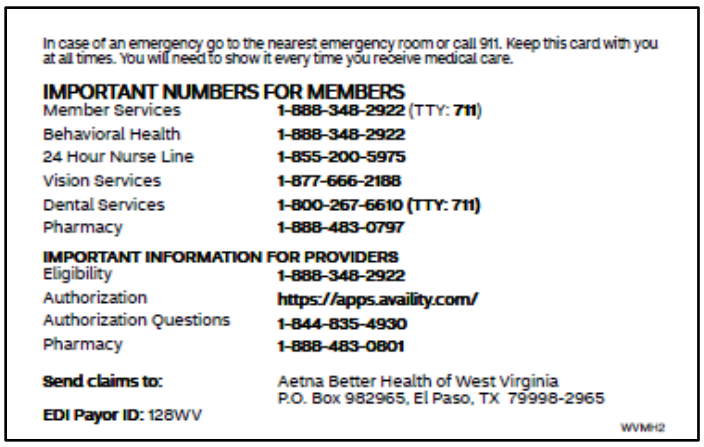
Name LASTNAME, FIRSTNAME
Member/State ID# XXXXXXXXXXX **DOB** XX/XX/XXXX **Sex** X
RxBIN: 610164
RxPCN: DRWVPROD
PCP PLASTNAME, PFIRSTNAME
PCP Phone X-XXX-XXX-XXXX **Effective Date** XX/XX/XXXX

Paid fee for service by WV Medicaid:
Nursing facility, pharmacy and non-emergent transportation

AetnaBetterHealth.com/WV

Mountain HEALTH TRUST

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MEWVMH2


In case of an emergency go to the nearest emergency room or call 911. Keep this card with you at all times. You will need to show it every time you receive medical care.

IMPORTANT NUMBERS FOR MEMBERS

Member Services	**1-888-348-2922** (TTY: **711**)
Behavioral Health	**1-888-348-2922**
24 Hour Nurse Line	**1-855-200-5975**
Vision Services	**1-877-666-2188**
Dental Services	**1-800-267-6610 (TTY: 711)**
Pharmacy	**1-888-483-0797**

IMPORTANT INFORMATION FOR PROVIDERS

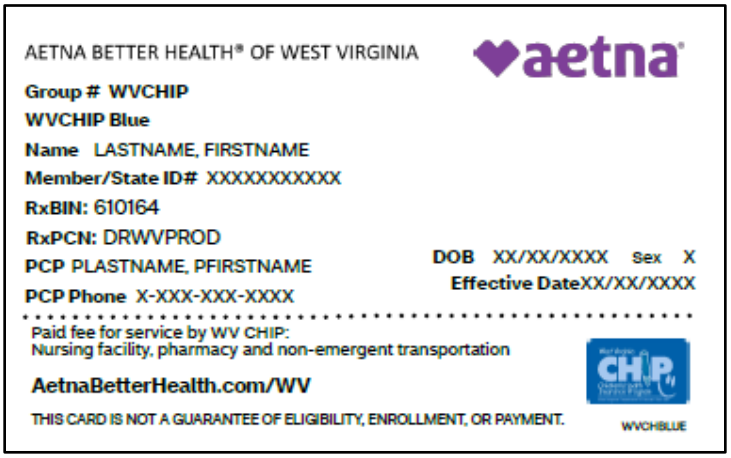
Eligibility	**1-888-348-2922**
Authorization	**https://apps.availity.com/**
Authorization Questions	**1-844-835-4930**
Pharmacy	**1-888-483-0801**

Send claims to: Aetna Better Health of West Virginia
P.O. Box 982965, El Paso, TX 79998-2965

EDI Payor ID: 128WV

WVMH2

WVCHIP:


AETNA BETTER HEALTH® OF WEST VIRGINIA

aetna

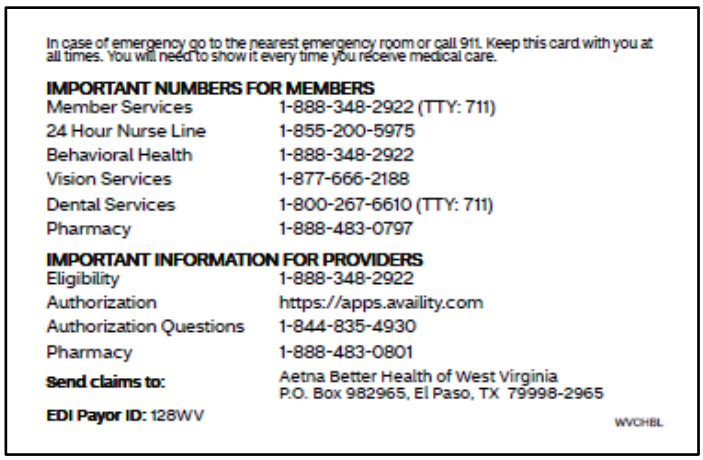
Group # WVCHIP
WVCHIP Blue
Name LASTNAME, FIRSTNAME
Member/State ID# XXXXXXXXXXX
RxBIN: 610164
RxPCN: DRWVPROD
PCP PLASTNAME, PFIRSTNAME **DOB** XX/XX/XXXX **Sex** X
PCP Phone X-XXX-XXX-XXXX **Effective Date**XX/XX/XXXX

Paid fee for service by WV CHIP:
Nursing facility, pharmacy and non-emergent transportation

AetnaBetterHealth.com/WV

CHIP

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT, OR PAYMENT. WVCHBLUE


In case of emergency go to the nearest emergency room or call 911. Keep this card with you at all times. You will need to show it every time you receive medical care.

IMPORTANT NUMBERS FOR MEMBERS

Member Services	1-888-348-2922 (TTY: 711)
24 Hour Nurse Line	1-855-200-5975
Behavioral Health	1-888-348-2922
Vision Services	1-877-666-2188
Dental Services	1-800-267-6610 (TTY: 711)
Pharmacy	1-888-483-0797

IMPORTANT INFORMATION FOR PROVIDERS

Eligibility	1-888-348-2922
Authorization	https://apps.availity.com
Authorization Questions	1-844-835-4930
Pharmacy	1-888-483-0801

Send claims to: Aetna Better Health of West Virginia
P.O. Box 982965, El Paso, TX 79998-2965

EDI Payor ID: 128WV

WVCHBL

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

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

- You lose your 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 get other insurance while enrolled with us
- You move
- Someone in your family dies

Please call your county DoHS office immediately at **1-877-716-1212** if you move to another state or to another county.

PROVIDER DIRECTORY

The online provider directory is a list of all doctors, hospitals, dental and specialty care practitioners and other providers who work with Aetna Better Health. It is available on our website at **AetnaBetterHealth.com/WestVirginia**. Click on *Find doctors and medicines*.

The provider directory includes the following information about each provider:

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

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

CHOOSING YOUR PRIMARY CARE PROVIDER (PCP)

A primary care provider (PCP) is a specific clinician responsible for coordinating your health care needs. For WVCHIP members, your PCP may also be called your Medical Home. Each member of Aetna Better Health chooses a PCP from the Provider Directory. Member Services can help you select a PCP to best fit your needs. If you do not pick a PCP from the Provider Directory, we will choose one for you.

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

If you have a chronic illness, then you may be able to select a specialist as your PCP. Please call Member Services at **1-888-348-2922 (TTY: 711)** to find out.

HOW TO SCHEDULE AN APPOINTMENT

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

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

Aetna Better Health will ensure hours of operation are convenient and do not discriminate against members. We also have requirements about how long it should take to get certain kinds of care. See the Access and Availability Guide section in this handbook for more information.

CHANGING YOUR PCP

You can change your PCP for any reason at any time. Let us know right away by calling Member Services at **1-888-348-2922 (TTY: 711).** You can also request a PCP change in your online member portal at **AetnaBetterHealth.com/WestVirginia/members/portal.html**. You must choose a PCP who will see new patients.

When you change your PCP, we will send you a new member ID card in the mail. It usually helps to keep the same PCP so he or she can get to you know you and your medical history. It is important to have your medical records sent to your new PCP.

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

WHERE TO GET MEDICAL CARE

Please read below to understand what type of care you may need in different situations.

ROUTINE CARE

You should see your PCP for all routine health care visits. Routine visits are when a delay in medical care would not cause a serious problem with your health. Some reasons to get a routine health care visit include checkups, screenings, physicals, and care for diabetes and asthma. You can call 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 a 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 Health Plan."
- 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.
- After Hours Care – You can reach your PCP even if it is after normal business hours. Just leave a message with your name and phone number. Your PCP or another PCP on call for your PCP will call you back.

We cover medically necessary care given by licensed Aetna Better Health of West Virginia practitioners. You may receive care in the practitioner's office, a clinic, a health center, or other places needed to treat an illness, injury or disease. You can get care from practitioners and providers listed in the Aetna Better Health of West Virginia Provider Directory.

URGENT CARE

You can visit an urgent care center when you have an injury or illness that needs care right away but is not an emergency. Some examples of when to get urgent care are:

- Skin rashes and/or infections
- A bad splinter
- Flu symptoms
- Ear or sinus pain
- A cut that needs stitches

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.

You can also get urgent care if you are traveling and are too far from your PCP's office. If you think you might need urgent care when you are away from your home or after hours, you can also call the 24-Hour Nurse Line at **1-855-200-5975 (TTY: 711)**. They can help you decide what kind of care you need.

EMERGENCY CARE

You should get emergency care when you have a very serious and sudden medical problem. An emergency would make someone think he or she needs to be treated right away.

Some examples of an emergency are:

- Severe bleeding that does not stop
- A heart attack or severe chest pain
- Seizures
- Rape
- Coughing up or vomiting blood
- Attempted suicide

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

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

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 Aetna Better Health. If you are traveling and away from home when you have a medical emergency, go to the nearest ER. You have the right to go to the nearest hospital, even if it is not in our network. If you're not sure what to do, call your PCP or Aetna Better Health at **1-888-348-2922 (TTY: 711)**.

Remember to use the ER only if you have an emergency. You are always covered for emergencies.

If you need to stay in the hospital after an emergency, please make sure Aetna Better Health is called within 24 hours. If you are told that you need other medical care to treat the problem that caused the emergency, the provider must call Aetna Better Health. 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 (called post-stabilization) with your PCP.

For more information about emergency transportation and getting care after an emergency, please see the Mountain Health Trust Covered Benefits tables in the *Your Benefits* section below.

HOSPITAL CARE

Inpatient Hospital Care

If you do not have an emergency, we must prior authorize your stay before you go to the hospital. You must go to a hospital that is an Aetna Better Health of West Virginia provider. You will be under the care of your PCP or other practitioner recommended by your PCP.

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

Outpatient Hospital Care

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

You should tell your PCP when you receive outpatient hospital care.

CARE AWAY FROM HOME

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

If you are not in West Virginia and you think your life is in danger, go to the closest ER. Show your Aetna Better Health of West Virginia ID card and any other insurance ID cards you have to the ER staff. If you get services in the ER and are admitted to the hospital, have staff call us at the number on the back of your ID card.

YOUR BENEFITS

You can get many services through Aetna Better Health and others through fee-for-service (FFS) Medicaid or WVCHIP. For most benefits, you will need to go through your PCP. Some services do not require a referral from your PCP, including behavioral health services . This means that you do not need approval from your PCP. Look in our Provider Directory for the list of providers/ practitioners who offer these services. You can schedule the appointment yourself. If you have any questions, we can help. Just call us at **1-888-348-2922 (TTY: 711)**.

COVERED SERVICES

Covered services fall under medical, behavioral, dental, and vision. Your covered services must be medically necessary. You should get these services from providers/practitioners in the Aetna Better Health network. Your PCP should provide covered services or refer you to another practitioner or provider to do so.

Benefit packages may differ, depending on your age. You can get the services listed in the Mountain Health Trust Covered Benefits table by using your Aetna Better Health 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.

Some limitations may apply to telehealth.

Mountain Health Trust Covered Benefits

Medical

- PCP and Specialist Office Visits in the Aetna Better Health provider network.
- Clinic Services – Outpatient clinics including general clinics, birthing centers, and health department clinics.
- Federally Qualified Health Centers – Includes physician, physician assistant, nurse practitioner, and nurse midwife services.
- Laboratory and X-ray Services – Includes lab services related to substance use disorder (SUD) treatment. Services must be ordered by a physician, and certain procedures have service limits.
- Physician Services – Inpatient or outpatient medical or surgical services provided by a doctor or dentist. May be delivered through telehealth. Certain services may require prior authorization or have service limits.
- Vaccinations are included for children, and as approved for adults.

Mountain Health Trust Covered Benefits

Behavioral Health

- Behavioral Health Rehabilitation/Psychiatric Residential Treatment Facility – Includes services for children (under age 21) with mental illness and substance use disorder. Limits on frequency and amount of services.
- Drug Screening – laboratory service to screen for presence of one (1) or more drugs of use, if ordered by treating practitioner and deemed medically necessary. Some limits apply.
- Inpatient Hospital – includes behavioral health and substance use disorder hospital stays.
- 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 authorization is required.
    - Age 21-64 – Includes services at an Institution for Mental Diseases (IMD). Limitations apply.
- Outpatient Services – Includes services for individuals with mental illness and substance use disorder. Limits on frequency and amount of services. Assertive community treatment (ACT) is covered for members 18 years and older. Only ACT providers certified by Bureau for Medical Services (BMS) or the Bureau for Behavioral Health may provide ACT services. Children's residential treatment is excluded from this benefit.
- Psychological Services – Evaluation and treatment, including individual, family, and group therapies. May be delivered using telehealth. Some evaluation and testing procedures have frequency restrictions.
- Substance Use Disorder (SUD) Services – Targeted care management, physician-supervised medication, and counseling services to treat members with SUD. Some exclusions apply. Opioid Treatment Program services will be provided through fee-for-service.

Emergency

- Emergency Transportation – Transportation to secure medical care and treatment on a scheduled or emergency basis. Includes ambulance and air ambulance. Out of state requires prior authorization. To call for Emergency Transportation, dial **911**.
- Post-stabilization Services – Includes care after an emergency health condition is under control. Care provided in a hospital or other setting.

Home Health Care Services– Includes services given at member's residence. This does not include a hospital nursing facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or state institutions. Some suppliers have service limits.

Mountain Health Trust Covered Benefits
Hospice – Includes nursing care, physician services, medical social services, short-term inpatient care, durable medical equipment, drugs, biologicals, home health aide, and homemaker. Requires physician certification. For members over age 21, rights are waived to other Medicaid services related to the terminal illness.
Hospital • Inpatient – Includes all inpatient services, including bariatric surgery, corneal transplants and long-term acute care (LTAC). Corneal transplant services must be in a center approved by Medicare and Medicaid. Transplants to treat sickle cell anemia may be included. See the Behavioral Health section above for information on Adults in institutions for mental diseases and behavioral health inpatient stays • Outpatient – Includes preventive, diagnostic, therapeutic, all emergency services, and rehabilitative medical services.
Maternity • Maternity Care – Includes prenatal, inpatient hospital stays during delivery, and postpartum care. • Right from the Start Services – Includes enhanced prenatal care services and care coordination for pregnant members through 12 months after giving birth and their newborn infants less than one year of age. No prior authorization required.
Nursing Services • Nurse Practitioners' Services – Some procedures may have service limits. • Private Duty Nursing – Includes 24-hour nursing care if medically necessary. Limited to children under twenty-one (21) years of age. Prior authorization is required.
Preventive Care and Disease Management • Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) – Based on the periodicity schedule. Includes medically necessary health care services for any medical or psychological condition discovered during screening (for members under age 21). • Family Planning – Includes all family planning providers, services and supplies. No referral needed for out-of-network providers. Sterilization is not covered for members under age 21, for enrollees in institutions, or for those who are mentally incompetent. Hysterectomies and pregnancy terminations are not considered family planning services. Treatment for infertility is not covered. • Tobacco Cessation – Includes therapy, counseling and WV Tobacco Quitline services. Guidance and risk-reduction counseling covered for children during routine well-child visits. • Sexually Transmitted Disease Services – Includes screening, diagnosis, and treatment from your PCP, a specialist in our network, or an out-of-network family planning practitioner.

Mountain Health Trust Covered Benefits
Other Medical Services • Abortion – Includes drugs or devices to prevent implantation of the fertilized ovum and procedures for termination of ectopic pregnancy. Physician certification required. All Federal and State laws regarding this benefit apply. • Ambulatory Surgical Center Services – Includes services, equipment and use of the facility for surgical procedures. Certain DME require prior approval. Some limitations apply. • Children with Special Health Care Needs Services – Includes coordination of services and limited medical services, equipment and supplies (limited to children under age 21 with certain medical conditions). • Durable Medical Equipment (DME) – Devices and medical equipment prescribed by a physician to ameliorate disease, illness or injury. May have services limits or require prior authorization. Customized special equipment considered. • Gender affirming surgery for Gender Dysphoria – Procedure that aligns an individual's biological sex with their gender identity. Adults must be 21 or older prior to being considered for the procedure. Requires prior authorization. • Orthotic and Prosthetic Devices – May have service limits or require prior authorization. Customized special equipment is considered. • Podiatry – Includes treatment of acute conditions, some surgeries, reduction of fractures and other injuries, and orthotics. Treatment of children limited to acute conditions. Routine foot care is not covered.
Rehabilitation Services • Chiropractor Services – Includes radiological exams and corrections to subluxation. Certain procedures have service limits. • Inpatient Rehabilitation – Includes inpatient rehabilitation services and general medical outpatient services that meet the certification requirements, for members up to age 64. • Occupational Therapy (OT) – Habilitative and rehabilitative services: 20 visits per calendar year (combined for PT and OT) • Physical Therapy (PT) – Habilitative and rehabilitative services: 20 visits per calendar year (combined for PT and OT) • Speech Therapy – Habilitative and rehabilitative services including hearing aid evaluations, hearing aids and supplies, batteries, and repairs (not covered for adults twenty-one (21) years or older). Some procedures have service limits or require prior authorization.
Specialty Rehabilitation Services • Pulmonary Rehabilitation – Includes procedures to increase strength of respiratory muscle and functions. • Cardiac Rehabilitation - Includes supervised exercise sessions with electrocardiograph monitoring.

Mountain Health Trust Covered Benefits
Dental • Children (under age 21) – Includes preventive, emergency, non-emergency, diagnostic, surgical, restorative treatment, and orthodontic services. • Adults (21 and over) – Includes preventative, diagnostic, and restorative services and emergency procedures to treat fractures, reduce pain, or eliminate infection. Non-emergency dental services are limited to $2,000 per member per two-year budget period. Cosmetic services are not covered. There are no dollar limits on covered dental services for WVCHIP members.[1]
Tubal Ligation Family planning service for individuals of childbearing age to permanently prevent pregnancy. Service requires informed consent and medical necessity.
Vision – Includes eye exams, lenses, frames, and needed repairs for children (under age 21). Includes medical treatment and one pair of glasses after cataract surgery for adults and contact lenses for adults and children with certain conditions. Does not cover prescription sunglasses or designer frames. Vision coverage has some limits. Please check with VSP before getting vision services.

BENEFITS COVERED UNDER FEE-FOR-SERVICE

The following services fall under fee-for-service Medicaid and WV CHIP.

Benefits Covered Under fee-for-service[2]
Early Intervention Services – Includes services and supports provided through the West Virginia Birth to Three program, for children under age three (3) who have a delay in their development, or may be at risk of having a delay, and for their families.
ICF/IID Intermediate Care Facility – Includes physician and nursing services, dental, vision, hearing, lab, dietary, recreational, social services, psychological, habilitation, and active treatment for members with intellectual/developmental disabilities. Requires physician or psychologist certification.
Nursing Facility Services – Includes nursing, social services, and therapy.
Organ Transplant Services – Generally safe, effective 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.

[1] The benefit year begins annually on July 1st. Pregnant CHIP members age 21 and older have no limits on State Plan covered dental services.

[2] WVCHIP members are not eligible for all fee-for-service benefits

Benefits Covered Under fee-for-service[2]
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 a per unit, per month basis. Requires physician order and nursing plan of care.
Prescription Drugs – Includes medications 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.
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).
Substance Use Disorder Services – Physician-supervised opioid agonist medication and counseling services provided to those with severe opioid use disorder.
Transportation (non-emergency) – Includes multi-passenger van services and common carriers (public railways, buses, cabs, airlines, ambulance as appropriate, and private vehicle transportation). Prior authorization is required. To get transportation, call Modivcare at **1-844-549-8353**.

VALUE-ADDED SERVICES

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

Value-Added Services and Rewards	
Pregnancy	**Reward**
Attend 6 prenatal appointments	Cribette
Enroll in Moms and Babies Program (for pregnant women with substance use disorder)	Cribette or Baby Wrap Carrier upon delivery
Complete the Moms and Babies Program	Educational toy on baby's first birthday

Value-Added Services and Rewards	
Asthma	**Reward**
Enroll in Asthma Care Program	One-on-one asthma education and a peak flow meter to help with breathing exercises
Congestive Heart Failure	**Reward**
Enroll in Congestive Heart Failure Program	Bathroom scale and weight log
Diabetes	**Reward**
Enroll in diabetes education program and complete A1C testing (Available in certain counties)	$25 reward
Complete yearly diabetic eye exam (ages 18+)	$50 reward
Good Health Practices	**Reward**
Yearly well-care visit for ages 12-21	$25 reward
Complete recommended HPV shots before age 13	$50 reward
Complete lead screening test by age 2	$25 reward
Annual flu shot	$50 reward for members who have had **two flu shots before age 2** $25 West Virginia State Park gift card (adults 18+)
Breast cancer screening/ mammogram (ages 40+)	$50 reward
Cervical cancer screening/pap test (ages 21+)	$50 reward
Healthy Activities	**Reward**
Ted E. Bear, MD Cub Club (age 13 and under)	Participation gifts
Keep Kids Safe	Medication Lock Box
Afterschool Program	$50 toward cost of 4-H activities
Health related summer camps for children	Camp scholarships
Complete ATV rider safety and training course	$25 reward
Complete a walking program	$25 reward

COMMUNITY SERVICES

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

WV 211

WV 211 is a free resource that can connect you with services you need. Do you need help with paying your bills or finding food or housing? Visit **www.wv211.org.** You just need to provide your ZIP code to get started.

Our Member Services and Care Management team can also assist you with finding resources to help you and your family. Just call us at **1-888-348-2922 (**TTY**: 711)**

You can also call, text or chat for help. Just dial **211** or text your zip code to **898-211**. The service is available 24 hours a day, 7 days a week. A trained specialist will help you. The 211 service is free and confidential.

WEST VIRGINIA FAMILY RESOURCE NETWORKS

Family Resource Networks (FRNs) are local community organizations that partner with community members and organizations to help improve access to services and resources. FRNs also develop community resource guides to help connect community members to available programs and services. Visit **wvfrn.org** and click on *Counties* to contact your local FRN and find services that can help you and your family.

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 quality nutrition and breastfeeding counseling and education; as well as health monitoring and nutritious foods.

The West Virginia WIC program may help you and your family get healthy foods and have better nutrition. To reach the office of the West Virginia WIC program call **304-558-0030** or go to their website at **dhhr.wv.gov/WIC**.

HELP ME GROW

Help Me Grow is a referral service that connects families with developmental resources for their children birth through five (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 **1-800-642-8522**. Help Me Grow is a FREE referral service that connects families with critical developmental resources for their children birth through five years. The goal of Help Me Grow is to successfully identify children at-risk and link them to the help they need.

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 **1-800-642-9704**

WORKFORCE WEST VIRGINIA

WorkForce WV offers tools to help with job searches, unemployment, and training. The education and training opportunities provide residents work skills needed by businesses. Visit their website at **workforcewv.org.**

If you or someone in your family doesn't have a job due to a health issue, please contact us for assistance at **1-888-348-2922 (TTY: 711)**.

MORE INFORMATION ABOUT YOUR HEALTH PLAN

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

WELL-CHILD VISITS

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

Some screenings that children can get include:

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

In West Virginia, the EPSDT program is called HealthCheck. For more information please visit:
https://dhhr.wv.gov/HEALTHCHECK/PARENTINFORMATION/Pages/default.aspx

Immunizations are important to keep your child healthy. See Appendix A in this handbook for the recommended immunization schedule. Checkups and screenings are needed to detect health problems. Your PCP can diagnose and treat any health issues early, before they become more serious. Call your PCP or Member Services to schedule a well-child visit. Transportation and scheduling help are also available at no cost upon request. A recommended schedule of screenings and check-ups can be found at the parent information link above.

HealthCheck Screening Schedule for Well-child visits	
Stage	**Ages for Well-child visits**
Infancy	Birth, 3-5 days old, by 1 month, 2 months, 4 months, 6 months and 9 months
Early Childhood	12 months, 15 months, 18 months, 24 months, 30 months, 3 years and 4 years
Middle Childhood and Adolescence	Every year from age 5 to age 21

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

POPULATION HEALTH MANAGEMENT

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

Program	Who Is Eligible
Healthy Pregnancies, Healthy Babies	Pregnant members and their babies up to 12 months after giving birth
Healthy Adults and Children	All members
Flu Vaccination Program	All members over 6 months of age
Living with Diabetes	Members with Diabetes
Moms and Babies	Pregnant women who have substance use disorder (drug addiction) and their babies
Readmission Avoidance	Members who are in the hospital or have recently been discharged
Opioid Management	Members who use certain drugs
Chronic Condition Management	Members with at least one chronic condition: Asthma, Diabetes, Heart Failure, COPD (Lung Disease), Coronary Artery Disease (CAD), Depression
Managing Diabetes and Heart Disease	Members with both Diabetes and Heart Disease
Emergency Room (ER) Utilization Management	Members who frequently use the ER
Integrated Care Management (ICM)	Members who need help managing their care
Children's Specialty Program	Assists and supports members in the child and family welfare system

CARE COORDINATION

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

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

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

INTEGRATED CARE MANAGEMENT

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

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

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

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

UTILIZATION MANAGEMENT

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

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

You or your practitioner or provider can get a copy of the guidelines we use to approve or deny services. You can call us toll-free at **1-888-348-2922 (TTY: 711)** Monday - Friday from 8:30 AM to 5 PM with questions about our UM program. Member Services may transfer your call to the UM department for a staff member to help you. After normal business hours, you may leave a

message. If someone from our UM team calls you, they will give you their name and title and say they are calling from Aetna Better Health. We're here to help you with any UM issues:

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

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

- Utilization Management (UM) decisions are made by looking at your benefits and choosing the most appropriate care and service.
- We don't reward doctors or other people for denying coverage or care.
- Our employees do not get any incentives to reduce the services you get.

We want to make sure that each member receives the right health care. If you need help understanding this information, please call us.

MEDICATIONS

Your prescription medicine is covered under fee-for-service Medicaid or WVCHIP. If you have questions about prescription medicine that you pick up at a pharmacy, please contact Gainwell Technologies at **1-888-483-0797.**

If medically necessary, Aetna Better Health covers:

- Medicine you get at a hospital or other inpatient facility.
- Medicine you get at the doctor's office or at home, when given by a health care professional.

We want to be sure you get the right medication for your condition. If your doctor wants you to have a medication that requires approval, they will work with us the same way they do for medical care that requires approval. If you have questions about these kinds of medicines, talk to your doctor or give us a call at **1-888-348-2922**.

FAMILY PLANNING SERVICES

Aetna Better Health covers 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). This includes coverage for contraceptives, testing and treatment for STIs, and screenings for issues before you plan to become pregnant.

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

sure you get the right care.

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

PREGNANCY AND MATERNITY SERVICES

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

If you are pregnant at the time of turning 19 and aging out of WVCHIP coverage, contact DoHS to be evaluated for WVCHIP pregnancy coverage.

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

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

The West Virginia WIC program may help you and your family get healthy foods and have better nutrition. To reach the office of the West Virginia WIC program call **304-558-0030** or go to their website at **dhhr.wv.gov/WIC**

DENTAL SERVICES

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

Members under 21 years of age should visit their dentist for a checkup once every six months. Checkups begin at six months after an infant's first tooth erupts or by twelve months of age. Children and adolescents can get orthodontic services for the entire length of treatment and other services to fix dental problems. Members under age 21 can also access the Fluoride Varnish Program, offered by practitioners certified from the WVU School of Dentistry. For more information about the fluoride varnish application, ask your practitioner. Children are covered for non-emergency and emergency dental services.

For adults 21 years and older, diagnostic, preventive, restorative and emergency dental services are covered. Non-emergency dental services are limited to $2,000 per member per two-year budget period (other limitations apply). There are no dollar limits on covered dental services for WVCHIP members.[3] Dental services may be provided by a dentist, orthodontist, or oral surgeon.

[3] The benefit year begins annually on July 1st. Pregnant CHIP members age 21 and older have no limits on State Plan covered dental services.

Some examples of a dental emergency include:

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

If you need to speak with Liberty Dental regarding the dental benefit, please call **1-800-267-6610 (TTY: 711)**.

VISION SERVICES

Vision services are provided for members under age 21. Certain services are available for adults age 21 and over. Vision services are typically provided by optometrists, ophthalmologists, surgeons providing medical eye care, and opticians. For more information on vision coverage, please see the Mountain Health Trust benefit table above or contact VSP at **1-877-666-2188**

BEHAVIORAL HEALTH SERVICES

Aetna Better Health provides inpatient and outpatient services to members. This benefit includes mental health services, substance use disorder (SUD) services (alcohol and drugs), care management, rehabilitation and clinic services, and psychiatric residential treatment services.

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

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

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.

Help for mental health and substance use problems is also available 24/7 across the state through the **HELP4WV** helpline. The Children's Mobile Crisis Response Team can help de-escalate a crisis by phone or in person. If you need help call **1-844-HELP4WV (844-435-7498)**. You can learn more about the program at **www.help4wv.com**. For additional resources visit **kidsthrive.wv.gov**.

For eligible members, West Virginia offers services under the Children with Serious Emotional Disorders Waiver (CSEDW). For more information on the CSEDW program, please visit **csedwprogram.wv.gov**.

COURT ORDERED SERVICES

Medically necessary court ordered treatment services included in the benefit may be covered by Aetna Better Health. Court ordered services may be subject to Medicaid or WVCHIP review and determination.

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 Aetna Better Health 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.

SECOND MEDICAL OPINIONS

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

SERVICES NOT COVERED

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

- All non-medically necessary services
- Services or supplies from nonparticipating practitioners, except in an emergency, family planning, or when otherwise approved by Aetna Better Health
- Services that require a prior authorization but did not get a prior authorization.
- 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 practice, who is responsible for the diagnosis or treatment of a particular patient's condition
- Some organ transplants

- Treatment for infertility and the reversal of sterilization
- All cosmetic services, except in the case of accidents or birth defects
- Christian science nurses and sanitariums
- Duplicate Services
- Service codes determined by Bureau for Medical Services and/or WV CHIP as not covered
- Health Services prohibited by law or regulation
- For adults, TMJ and other dental problems related to malocclusion unless proven to be life-threatening

This is not a complete list of the services that are not covered by Aetna Better Health, 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 us at **1-888-348-2922 (TTY: 711)**.

NEW TECHNOLOGY FOR MEDICAL PROCEDURES

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

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

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

REFERRALS AND SPECIALTY CARE

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

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

Let your PCP know if you visit a specialist, so they can support your care. If you need help finding a specialist, please call us at **1-888-348-2922 (TTY: 711)** or visit **AetnaBetterHealth.com/WestVirginia**. Click on *Find doctors and medicines*.

SERVICE AUTHORIZATIONS

If you need to see a practitioner/provider who is not in our network, your PCP must ask Aetna Better Health for approval. Asking for an out-of-network referral is called a service authorization request. We refer to this as a prior authorization request. It is important to remember that your PCP must ask us for approval before you see an out-of-network practitioner/provider. You or your PCP can call Member Services at **1-888-348-2922 (TTY: 711)**. If you are approved to see a practitioner or provider who is outside of our network, the visits will be covered. If we do not approve a service authorization 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 services are provided. Before you get this type of care, your practitioner or provider must ask our Prior Authorization team. If we do not approve a prior authorization we will send you a written notice. We will provide a reason for the denied authorization. You can appeal the decision.

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

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

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

- Home health care (except behavioral health)
- Physical or Occupational Therapy (after initial 20 combined visits)
- Chiropractic care (after initial 20 visits)
- Speech Therapy
- Durable medical equipment (DME)
- Polysomnograms (Sleep Apnea Studies)
- Genetic testing
- Pain management services
- Computerized Tomography (CT scan)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiogram (MRA)
- Positive Emission Tomography (PET Scan)
- Inpatient hospital care
- Outpatient surgery
- Intensive outpatient behavioral health services
- Partial hospitalization
- Psychiatric residential treatment facility care
- Services from a non-participating provider (except emergency services and family planning)

This list is not intended to be all inclusive. If you have any questions, call Member Services at **1-888-348-2922 (TTY: 711)**.

OUT-OF-NETWORK SERVICES

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

(1) the care is needed; and

(2) there are no Aetna Better Health practitioners or providers who can give you the care you need.

We will help you get out-of-network services if the care is needed. We have the right to say where the out-of-network services can be given. The care must be preauthorized before your visit. Your PCP or the practitioner that wants to give you the care should ask for this prior authorization.

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

COST SHARING

Cost sharing is the money you pay for your medical costs. Co-payments (or co-pays) are what you pay at the time of service. Some members also pay monthly payments, called premiums. Medicaid members do not have premiums.

Please see the separate cost sharing sections for Medicaid and WV CHIP below.

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

Cost Sharing for Medicaid

Whenever you see your PCP or a practitioner/provider you were referred to in our network, you are not responsible for any costs except the co-payment. The amount of the co-payment will change depending on the service and the Federal Poverty Level (FPL). Please see the table below for more details.

Co-payments will be collected for:

- Inpatient and outpatient services
- Physician office visits, including nurse practitioner or physician assistant visits
- Non-emergency use of an ER
- Pharmacy
- Adults age twenty-one (21) and older that are not specifically exempt, as listed on the next page.

Medicaid Service	Tier Level		
	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 ERs)	$0	$2	$4
Non-Emergency Use of ER	$8	$8	$8

Pharmacy Co-payments

Pharmacy copayments are the same for all Medicaid members regardless of income, however out of pocket maximums do apply.

Total Allowed Charge	Pharmacy Co-payment
$0.00 - $5.00	$0
$5.01 - $10.00	$0.50
$10.01 - $25.00	$1.00
$25.01 - $50.00	$2.00
$50.01 and above	$3.00

Co-payments will not be collected from Medicaid members for:

- Family planning services
- Emergency services
- Approved ACIP vaccines
- Behavioral health services
- Members under age 21
- Pregnant women (including twelve (12) months after the end of pregnancy)
- American Indians and Alaska Natives
- Members getting hospice care
- Members in nursing homes
- 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

If you get a bill from your doctor for a covered health care service, call us.

Medicaid Out-of-Pocket Maximums

Each calendar year quarter, Medicaid Members will have a maximum out of pocket payment. The out-of-pocket maximum is the most the Medicaid member will be required to pay in any given quarter regardless of the number of healthcare services received. The following table shows the out-of-pocket maximum for each tier level.

A quarter is defined as a calendar year quarter, as follows:
January 1-March 31
April 1 – June 30
July 1 – September 30
October 1 – December 31

	Tier Level		
	Up to 50.00% FPL	**50.01 – 100.00% FPL**	**100.01% FPL and Above**
Out of Pocket Maximum	$8	$71	$143

For more information on cost sharing, please call Member Services at **1-888-348-2922 (TTY: 711)**.

Cost Sharing for WVCHIP

WVCHIP members participate in some level of cost sharing (co-payments and premiums), except for those children registered under the federal exception for Native Americans or Alaskan Natives. This exemption can be claimed by calling Member Services at **1-888-348-2922 (TTY: 711)**. to declare your tribal designation and confirm that it is listed as a federally recognized tribe

Medical Services and Benefits	WVCHIP Gold	WVCHIP Blue	WVCHIP Premium
Well Child Provider (PCP) Visit	No co-pay	No co-pay	No co-pay
Provider Visit	$5	$15	$20
Generic Prescriptions	No co-pay	No co-pay	No co-pay
Listed Brand Prescriptions	$5	$10	$15
Immunizations	No Copay	No Copay	No Copay
Hospital/Inpatient Services	No co-pay	$25	$25
Outpatient Surgical Services	No co-pay	$25	$25
Emergency Department (waived if admitted)	No co-pay	$35	$35
Dental Benefit	No co-pay	No co-pay	$25 co-pay for some non-preventive services
Vision Services	No co-pay	No co-pay	No co-pay

There will be no copayments for:

- Preventive services
- Visits to your PCP
- Approved ACIP vaccines
- Maternity services
- Pregnant women over nineteen (19) years of age
- Vision services
- Behavioral Health
- SUD services
- Members with primary insurance other than WVCHIP

If you get a bill for charges beyond your co-pay amount from your doctor for a covered health care service, call us.

WVCHIP Out of Pocket Maximums

The maximum copayment amounts applied during a calendar year are listed in the table below. A calendar year is the twelve (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 Co-pay Maximum	WVCHIP Gold	WVCHIP Blue	WVCHIP Premium
1 Child Medical Maximum	$150	$150	$200
2 Children Medical Maximum	$300	$300	$400
3 or more Children Medical Maximum	$450	$450	$600
Dental Services	Does not apply	Does not apply	$150 per family
Prescription Medications	Contact Gainwell Technologies at **1-888-483-0797**		

For more information on cost sharing, call Member Services at **1-888-348-2922 (TTY: 711).**

ACCESS AND AVAILABILITY GUIDE

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

Type of Visit	When You Should be Seen
Routine Care	Within 15 business days
Urgent Care	Within 24 hours
Initial Prenatal Care	Within 14 days of known pregnancy
Emergency Care – medical or behavioral health	Immediately or referred to ER
Specialty Care – new patient/initial visit	Within 90 calendar days
Specialty Care – follow-up visit	Within 30 calendar days
Initial Behavioral Health visit	Within 10 business days
Urgent Behavioral Health visit	Within 48 hours
Care for a non-life-threatening behavioral health emergency	Within 6 hours
Follow-up care with a Behavioral Health practitioner (routine)	Within 60 calendar days

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

Traveling to Your	Should Take No Longer Than	Should be no farther than
PCP	30 minutes	20 miles
OB/GYN	30 minutes	25 miles
Specialist You See Often	30 minutes	30 miles
Hospital	45 minutes (urban) 90 minutes (rural)	30 miles (urban) 60 miles (rural)
Dentist	30 Minutes	25 Miles
Dental Specialist	70 Minutes	50 Miles
Behavioral Health Provider, Clinic, or Facility	60 Minutes	45 Miles
SUD Provider, Clinic, or Facility	160 Minutes	95 Miles

LETTING US KNOW WHEN YOU'RE UNHAPPY

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

COMPLAINTS/GRIEVANCES

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

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

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

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

Please mail it to our secure mailing address at:

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

Our special mail service makes sure your letters get where they need to go and are handled quickly. We will acknowledge receipt of your complaint in writing within 3 calendar days from when we receive it. We will get our response to you within 90 calendar days from the date your complaint is received. If it is in your best interest, you can ask for a delay in our decision for up to 14 calendar days. If we need to delay our decision for another reason, we will give you written notice within 2 calendar days.

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

APPEALS

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

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

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

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

- Your name
- Your provider's name
- The date of service
- Your mailing address
- The reason why we should change our decision
- A copy of any information that you think supports your appeal, such as written comments, additional documents, records or information related to your appeal

Please mail it to our secure mailing address at:

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

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

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

FAIR HEARINGS

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

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

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

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

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

REPORTING FRAUD

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

To report fraud, waste, or abuse, please call **1-888-348-2922**. You may also complete the Fraud, Waste, and Abuse Reporting form on our website at **AetnaBetterHealth.com/WestVirginia/fraud** or by mailing it to us at:

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

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

- Receiving money or gifts in return for your member ID number.
- Billing for a non-covered service as a covered service.
- Requesting cash payments from members instead of billing health insurance company.
- Using another person's Medicaid or WVCHIP card.

YOUR MEDICAL RECORDS

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

YOUR RIGHT TO INFORMATION ABOUT YOUR HEALTH PLAN

You may request the following information at any time:

- A description of how physicians are paid, including any incentives
- How many complaints and appeals we receive and how we resolve them
- Information on the structure and operation of Aetna Better Health
- A copy of the Aetna Better Health community report

To request this information, call member services at **1-888-348-2922 (TTY: 711)**.

ACCREDITATION REPORT

Aetna Better Health is accredited by the National Committee for Quality Assurance (NCQA). You can request a summary of our accreditation report by calling us at **1-888-348-2922 (TTY: 711)**.

ADVANCE DIRECTIVES

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

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

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

THIRD PARTY LIABILITY

If you have insurance other than Medicaid or WVCHIP, please call and let us know. Please also let us know if another insurance company has been involved with your:

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

You must use any other health insurance you have first before using Medicaid or WVCHIP.

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.

RECOMMENDING CHANGES IN POLICIES OR SERVICES

If you have recommendations or ideas, please tell us about them. You can help us make changes to improve our policies and services.. To tell us about your ideas call us at **1-888-348-2922 (TTY: 711)**.

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 30 calendar days before the effective date of the change and no later than the actual effective date. Please let us know if you have any questions about program changes.

REPORTING ABUSE & NEGLECT

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

FEDERAL AND STATE LAWS

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

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

TREATMENT OF MINORS

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

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

ENDING YOUR MEMBERSHIP

If you do not wish to be a member of Aetna Better Health, you have the right to disenroll at any time. You may re-enroll in another health plan if you choose. The enrollment broker can help you. Just call **1-800-449-8466**.

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 move out of West Virginia
- You are placed in an inpatient facility, nursing facility, State institution, or intermediate care facility for individuals with intellectual/developmental disabilities for more than 30 calendar days
- You were incorrectly enrolled in Aetna Better Health
- You die

If this happens, your services may stop suddenly.

Member Services **1-888-348-2922** and the DoHS Customer Service Line **1-877-716-1212** can answer any questions you may have about disenrollment.

If you move out of the county or out of state, call the DoHS Customer Service Line at **1-877-716-1212**.

IMPORTANT CONTACT INFORMATION

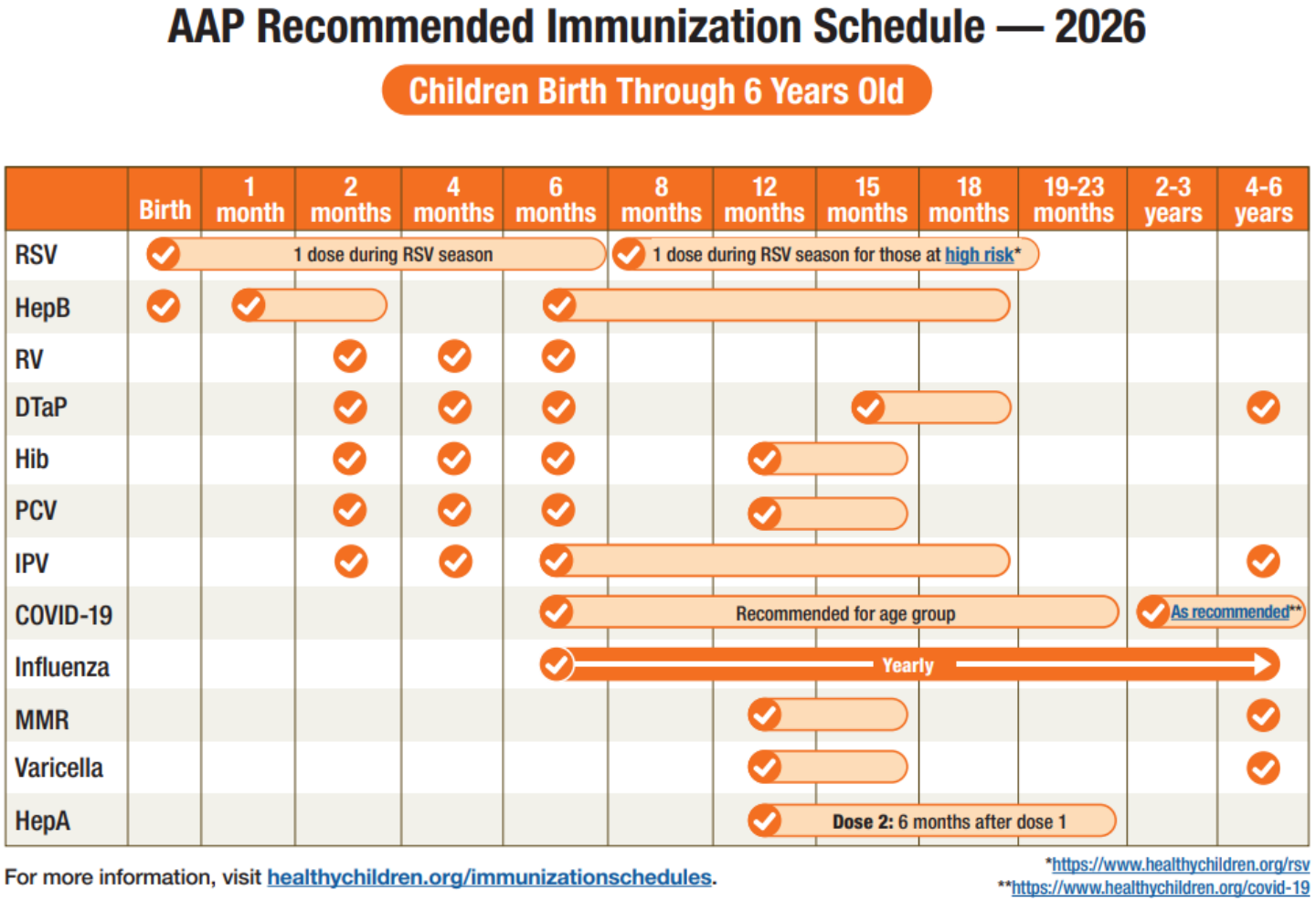
This table provides information about services that members can call for support. For information about other services you may need, you can call us at **1-888-348-2922**.

Entity	Description	Phone Number	Address	Hours
Emergency	If you have a medical or behavioral health emergency, dial **911** right away.	Dial **911**		24/7
Suicide & Crisis Lifeline	If you are having thoughts about self-harm or a mental health or substance use crisis dial **988** right away.	Dial **988**		24/7
Aetna Better Health Behavioral Health Crisis Line	If you are having thoughts about self-harm or a mental health or substance use crisis call our Behavioral Health Crisis Line.	**1-888-348-2922,** press option 1	500 Virginia Street East, Suite 400 Charleston, WV 25301	24/7
Aetna 24-Hour Nurse Line	If you have a medical question, our 24-hour nurse line can help you decide what kind of treatment you need.	**1-855-200-5975**		24/7
Aetna Better Health Member Services	Available to answer questions about your health care needs and services to help you.	**1-888-348-2922**	500 Virginia Street East, Suite 400 Charleston, WV 25301	24/7
Aetna Better Health Care Management and Behavioral Health	Get in touch with a Case Manager to help you with ongoing medical or behavioral health needs.	**1-888-348-2922**	500 Virginia Street East, Suite 400 Charleston, WV 25301	8am – 5 pm, M-F
Aetna Better Health Complaints/ Grievances/ Appeals	Available to assist in filing a complaint or appeal, including help in completing forms, offering auxiliary aid or interpreters, and other services.	**1-888-348-2922**	Aetna Better Health of WV Box 81139 5801 Postal Road Cleveland, OH 44181	8am – 5 pm, M-F
Aetna Better Health Fraud, Waste, and Abuse	The Special Investigation Unit investigates cases of suspected fraud, waste, or abuse by an Aetna Better Health member or provider.	**1-888-348-2922**	500 Virginia Street East, Suite 400 Charleston, WV 25301	8am – 5 pm, M-F
Aetna Better Health Medical Management	Available to assist with Utilization management or prior authorization questions.	**1-888-348-2922**	500 Virginia Street East, Suite 400 Charleston, WV 25301	8:30 am – 5 pm, M-F

Entity	Description	Phone Number	Address	Hours
BMS - West Virginia Bureau for Medical Services	The state agency that administers the Medicaid and WVCHIP programs.	**304-558-1700**	Office of Medicaid Managed Care 350 Capitol Street, Room 251 Charleston, WV 25301	8am – 5 pm, M-F
County Department of Human Services (DoHS)	The DoHS office in your county of residence can help you apply for various benefits.	**1-877-716-1212**	Find your county office online at dhhr.wv.gov/pages/field-offices.aspx	8:30 am – 5 pm, M-F
Dental - Liberty Dental	Call Liberty Dental to answer questions about dental benefits and to connect you to a dental service provider.	**1- 800-267-6610 (TTY: 711)**	Call for information	8 am – 5 pm, M-F
Enrollment Broker (Maximus)	Available to answer questions you may have about enrolling with an MCO.	**1-800-449-8466**	231 Capitol Street, Suite 310 Charleston, WV 25301	8 am – 6 pm, M-F
Prescription Drugs - Gainwell Technologies	Gainwell can answer questions related to prescription drug benefits for Medicaid and WVCHIP members.	**1-888-483-0797,** press option 1	PO Box 2002 Charleston WV 25327	8 am – 7 pm , M-F
State Fair Hearing - BMS	Available to answer questions about requesting a state fair hearing.	**1-304-558-1700**	Office of Medicaid Managed Care 350 Capitol Street, Room 251 Charleston, WV 25301	8am – 5 pm, M-F
Transportation (non-emergent) - Modivcare	Provides non-emergency transportation services.	**1-844-549-8353**	602 Virginia Street East Charleston, WV 25301	24/7
Vision - VSP	Call VSP to answer questions related to vision benefits and connect you to a vision service provider.	**1-877-666-2188**	Call for information	9 am – 8 pm, Mon-Sat
WV 211	Call or go online to find resources such as food or housing in your area	Dial **211**	Online at **www.wv211.org**	24/7
WV Tobacco Quitline	The WV Tobacco Quitline can help you take steps to stop using tobacco.	**1-800-QUIT-NOW** (1-800-784-8669)	Call for information	24/7

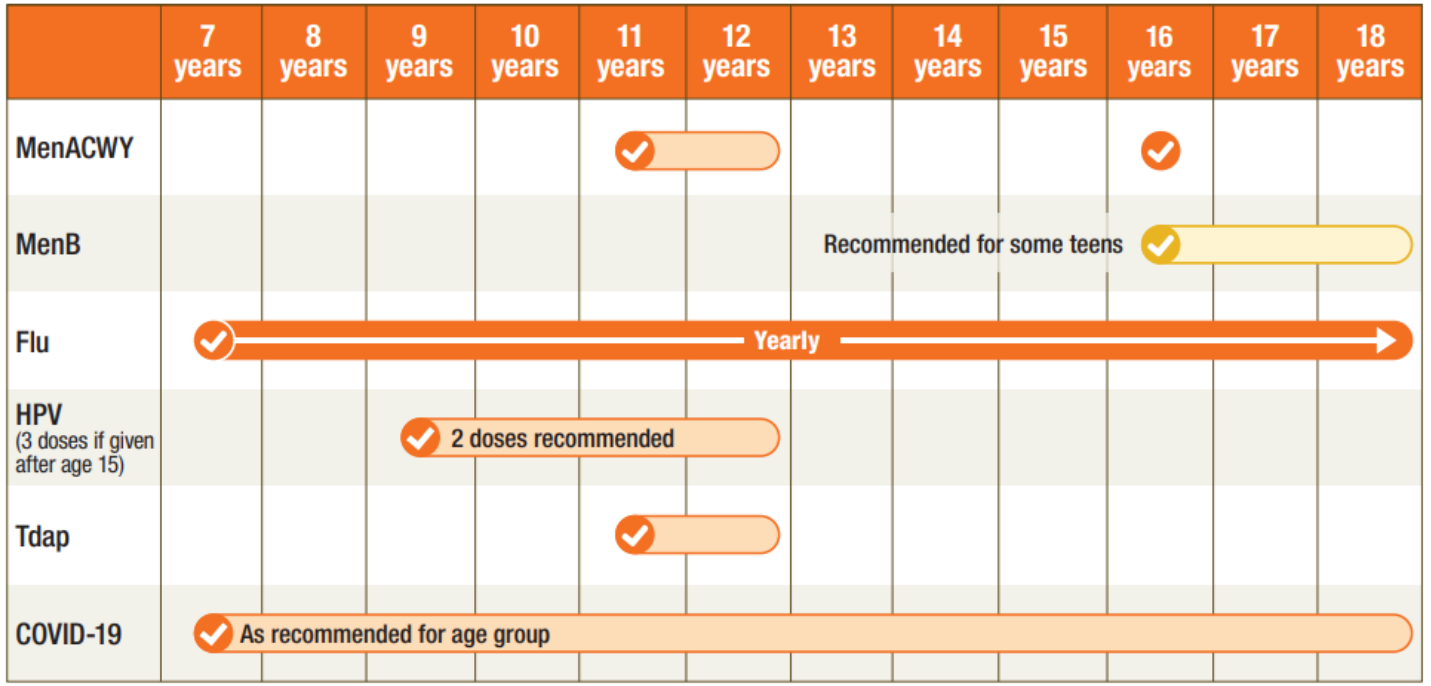
APPENDIX A: IMMUNIZATION CHARTS

Immunizations are important to keep your child healthy. The tables on the following pages provide immunization schedules recommended by the American Academy of Pediatrics for children up to age eighteen (18). For more information, visit healthychildren.org/immunization schedules. These recommendations should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on your child's individual needs...



AAP Recommended Immunization Schedule — 2026

Adolescents 7 Through 18 Years Old



For more information, visit healthychildren.org/immunizationschedules.

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

healthychildren.org
Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics

Aetna Better Health®
Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.

This notice took effect on September 1, 2025.

What do we mean when we use the words "health information"?

We use the words "health information" when we mean information that identifies you. Examples include:

- Your name
- Your date of birth
- Health care you received
- Amounts paid for your care

How we use and share your health information

Help take care of you: We may use your health information to help with your health care. We also use it to decide what services your benefits cover. We may tell you about services you can get. This could be checkups or medical tests. We may also remind you of appointments. We may share your health information with other people who give you care, this could be doctors or drug stores.

Family and friends: We may share your health information with someone who is helping you. They may be helping with your care or helping pay for your care. For example, if you have an accident, we may need to talk with one of these people. If you do not want us to give out your health information, call us.

If you are under eighteen and don't want us to give your health information to your parents, call us. We can help in some cases if allowed by state law.

For payment: We may give your health information to others who pay for your care. Your doctor must give us a claim form that includes your health information. We may also use your health information to look at the care your doctor gives you. We can also check your use of health services.

Health care operations: We may use your health information to help us do our job. For example, we may use your health information for:

- Health promotion
- Case management
- Quality improvement
- Fraud prevention

- Disease prevention
- Legal matters

A case manager may work with your doctor. They may tell you about programs or places that can help you with your health. When you call us with questions, we need to look at your health information to give you answers.

Sharing with other businesses

We may share your health information with other businesses. We do this for the reasons we explained above. For example, you may have transportation covered in your plan. We may share your health information with them to help you get to the doctor's office. We will tell them if you are in a motorized wheelchair, so they send a van instead of a car to pick you up.

Other reasons we might share your health information

We also may share your health information for these reasons:

- Public safety – To help with things like child abuse. Threats to public health.
- Research – To researchers. After care is taken to protect your information.
- Business partners – To people that provide services to us. They promise to keep your information safe.
- Industry regulation – To state and federal agencies. They check us to make sure we are doing a good job.
- Law enforcement – To federal, state and local enforcement people.
- Legal actions – To courts for a lawsuit or legal matter.

Once health information is shared for any of the reasons above it may potentially be reshared or used for purposes not in this document.

Some state and federal laws may require additional limits on how we use and disclose sensitive health information like mental health or communicable diseases. We will follow the most strict law that applies to your health information.

Substance Use Disorder (SUD) Information

We are not a SUD treatment program. We may receive or keep information about you that comes from a SUD program. If a SUD program gives us this information with a legal consent, we will use or share the information as allowed if we have the legal consent. We must have the consent and okay per federal privacy law. This includes a consent for future uses and disclosures for:

- treatment,
- payment, and
- health care operations.

In some situations, we may share this information without your consent. It would be for things like a medical emergency or government audits. We will follow the more protective law. We will not use or share this information in any legal case against you unless:

- You give us written consent, or

- A court orders us with a subpoena or other legal requirement.
  You or Aetna must also receive notice and a chance to be heard.

Reasons that we will need your written okay

Except for what we explained above, we will ask for your okay before using or sharing your health information. For example, we will get your okay:

- For marketing reasons that have nothing to do with your health plan.
- Before sharing any psychotherapy notes.
- For the sale of your health information.
- For other reasons when required by law.

You can cancel your okay at any time. To cancel your okay, write to us. We cannot use or share your genetic information when we make the decision to provide you medical insurance.

What are your rights?

You have the right to look at your health information.

- You can ask us for a copy of it.
- You can ask for your medical records.
  Call your doctor's office or the place where you were treated.

You have the right to ask us to change your health information.

- You can ask us to change your health information if you think it is not right.
- If we don't agree with the change, you asked for. Ask us to file a written statement of disagreement.

You have the right to get a list of people or groups that we have shared your health information with.

You have the right to ask for a private way to be in touch with you.

- If you think the way we keep in touch with you is not private enough, call us.
- We will do our best to be in touch with you in a way that is more private.

You have the right to ask for special care in how we use or share your health information.

- We may use or share your health information in the ways we describe in this notice.
- You can ask us not to use or share your information in these ways.
  This includes sharing with people involved in your health care.
- We don't have to agree. But, we will think about it carefully.

You have the right to know if your health information was shared without your okay.

- We will tell you if we do this in a letter.

Call us at the toll-free number on your member ID card to:

- Ask us to do any of the things above.
- Ask us for a paper copy of this notice.
- Ask us any questions about the notice.

You also have the right to send us a complaint. If you think your privacy rights were violated, write to us at PrivacyAetna@AETNA.com or:

Aetna HIPAA Member Rights Team
P.O. Box 14079
Lexington, KY 40512-4079
FAX: 859-280-1272

You also can file a complaint with the Department of Health and Human Services, Office for Civil Rights. Call us to get the address.

If you are unhappy and tell the Office for Civil Rights, you will not lose plan membership or health care services. We will not use your complaint against you.

Protecting your information

We protect your health information with specific procedures, such as:

- Administrative. We have rules that tell us how to use your health information no matter what form it is in – written, oral, or electronic.
- Physical. Your health information is locked up and is kept in safe areas. We protect entry to our computers and buildings. This helps us to block unauthorized entry.
- Technical. Access to your health information is "role-based." This allows only those who need to do their job and give care to you to have access.

We follow all state and federal laws for the protection of your health information.

Will we change this notice?

By law, we must keep your health information private. We must follow what we say in this notice. We also have the right to change this notice. If we change this notice, the changes apply to all of your information we have or will get in the future. We will mail you the notice if a material change is made. You can get a copy of the most recent notice on our web site at https://www.aetnabetterhealth.com.

Aetna Better Health® of West Virginia

Nondiscrimination Notice

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

Aetna:

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

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

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

Address:	Attn: Civil Rights Coordinator PO Box 818001 Cleveland, OH 44181-8001
Telephone:	**1-888-234-7358** (TTY **711**)
Email:	**MedicaidCRCoordinator@aetna.com**

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

WV-24-01-03 (rev 11/24)
GR-69746-16 (06-26)

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

This notice is available at the Aetna Better Health website: **AetnaBetterHealth.com/WestVirginia**.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

WV-24-01-03 (rev 11/24)
GR-69746-16 (06-26)

Multi-language Interpreter Services

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

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

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

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

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

ARABIC: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك مجانًا.
اتصل على الرقم الموجود خلف بطاقة هويتك أو على الرقم **1-800-385-4104** (TTY: **711**).

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

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

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

WV-24-01-03 (rev 11/24)
GR-69746-16 (06-26)

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

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

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

NEPALI: ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। कृपया आफ्नो आईडी कार्डको पछाडि दिइएको नम्बरमा फोन गर्नुहोस् वा **1-800-385-4104** (TTY: **711**) मा फोन गर्नुहोस्।

PERSIAN: توجه: اگر به زبان فارسی صحبت می‌کنید، به صورت رایگان می‌توانید به خدمات کمک‌زبانی دسترسی داشته باشید. با شماره درج‌شده در پشت کارت شناسایی یا با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

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

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

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

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

AetnaBetterHealth.com/WestVirginia

Aetna Better Health of West Virginia

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