

UniCare Health Plan of West Virginia, Inc.

Member Handbook

Mountain Health Trust

West Virginia Health Bridge

West Virginia Children's Health Insurance Program



HELP IN YOUR LANGUAGE

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

Spanish: Si usted no habla inglés, llámenos al 800-782-0095 (TTY 711). Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

For Help in Your Language — Discrimination is Against the Law

UniCare Health Plan of West Virginia, Inc. follows Federal civil rights laws. We don't discriminate against people because of their:

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

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

Communicating with you is important

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

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

To get these services, call the Customer Care Center number on your ID card. Or you can call our Grievance Coordinator at 1-800-782-0095 (TTY 711).

Your rights

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

Grievance Coordinator

P.O. Box 91

Charleston, WV 25321-0091

Phone: 1-800-782-0095 (TTY 711)

Fax: 1-877-833-5729

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

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

For a complaint form, visit www.hhs.gov/ocr/office/file/index.html.

Do you need help with your health care, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 1-800-782-0095 (TTY 711).

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

Vous avez besoin d'aide pour vos soins médicaux, pour communiquer avec nous ou pour lire les documents que nous vous envoyons ? Nous fournissons nos publications dans d'autres langues et sous d'autres formats, et c'est gratuit. Appelez-nous sans frais au 1-800-782-0095 (TTY 711).

Benötigen Sie Hilfe bei Ihrer medizinischen Versorgung, der Kommunikation mit uns oder beim Lesen unserer Unterlagen? Unsere Materialien sind auf Anfrage auch in anderen Sprachen und Formaten kostenlos erhältlich. Rufen Sie uns gebührenfrei an unter 1-800-782-0095 (TTY 711).

您需要醫療保健的幫助嗎？請向我們諮詢，或是閱讀我們寄給您的資料。我們以其他語言和格式提供我們的資料，您無需支付任何費用。請撥打免費電話 1-800-782-0095 (TTY 711)。

هل تحتاج إلى مساعدة في رعايتك الصحية أو في التحدث معنا أو قراءة ما نقوم بإرساله إليك؟ نحن نقدم المواد الخاصة بنا بلغات وتنسيقات أخرى بدون تكلفة عليك. اتصل بنا على الرقم المجاني 1-800-782-0095 (TTY 711).

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

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

의료 서비스, 당사와의 소통 또는 당사에서 보내는 자료 읽기와 관련해 도움이 필요하십니까? 무료로 자료를 다른 언어나 형식으로 제공해 드립니다. 무료 전화 1-800-782-0095 (TTY 711) 번으로 문의해 주십시오.

Quý vị có cần chúng tôi giúp với việc chăm sóc sức khỏe của quý vị, trao đổi với chúng tôi, hoặc đọc những tài liệu chúng tôi gửi cho quý vị hay không? Chúng tôi cung cấp các tài liệu bằng các ngôn ngữ và định dạng khác, miễn phí cho quý vị. Hãy gọi cho chúng tôi theo số miễn phí 1-800-782-0095 (TTY 711).

Вам нужна помощь с медицинским обслуживанием, консультацией или материалами, которые мы вам прислали? Мы можем бесплатно предоставить вам материалы на других языках и в других форматах. Позвоните в нам по бесплатному телефону 1-800-782-0095 (TTY 711).

ヘルスケアに関してご質問やご相談はありませんか？当社からお送りした資料のことでお困りですか？資料は英語以外の言語や別のフォーマットでもご用意しています。いずれも無料です。ご希望の方はフリーダイヤル1-800-782-0095 (TTY 711)

คุณต้องการความช่วยเหลือในการดูแลทางด้านสุขภาพของคุณ การพูดคุยกับเรา หรือการอ่านสิ่งที่เราส่งให้คุณหรือไม่ เรามีคู่มือของเราในภาษาและรูปแบบอื่นๆ ให้กับคุณโดยไม่เสียค่าใช้จ่าย โทรหาเราได้ฟรี 1-800-782-0095 (TTY 711)

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

Χρειάζεστε βοήθεια σχετικά με την υγειονομική σας περίθαλψη, να μιλήσετε μαζί μας ή να διαβάσετε ό,τι σας έχουμε αποστείλει; Παρέχουμε το υλικό μας σε άλλες γλώσσες και μορφές χωρίς καμία επιβάρυνση για εσάς. Καλέστε μας χωρίς χρέωση στο 1-800-782-0095 (TTY 711).

Precisas de ajuda com a tua assistência à saúde, para falar connosco ou acerca do que enviamos para ti? Fornecemos os nossos materiais em outros idiomas e formatos sem custo algum. Liga-nos gratuitamente pelo número 1-800-782-0095 (TTY 711).

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WELCOME

Welcome to UniCare Health Plan of West Virginia, Inc.'s managed care program for Medicaid and West Virginia Children's Health Insurance Program (WVCHIP)! We are glad you have enrolled with us. This handbook will provide you with the information you need to know about your health care plan, also known as a managed care plan. Please read this handbook from cover to cover to understand the way your plan works. This handbook will help you get the most from UniCare. It will answer many of the questions that come up about your benefits and the services offered by UniCare. You can also ask us any questions you may have by calling the Customer Care Center at 800-782-0095. If you are speech or hearing impaired, please dial 711.

ABOUT YOUR PLAN

UniCare has contracts with the West Virginia Department of Health and Human Resources (DHHR) and WVCHIP. Under managed care, we are able to select a group of health care providers to form a provider network. Usually provider networks are made up of doctors and specialists, hospitals, and other health care facilities. UniCare's providers help to meet the health care needs of our members. Search for network providers and specialists anytime using the Find a Doctor tool on our website at unicare.com/wv.

The Provider Directory also lists all of our network providers you can use to get services statewide. It can be found online at our website, unicare.com/wv. If you would like a copy mailed to you, please call the Customer Care Center at 800-782-0095 (TTY 711).

CONTACT US

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

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

Case Management services

UniCare has nurses, case managers, counselors, and social workers to help you with your health care needs. They can help you set health goals. They can help make sure you're seeing the right providers. Our social workers will also help you find assistance for community resources like housing, food, and utilities. To enroll in case management or to speak with a social worker, call our Customer Care Center at 800-782-0095 (TTY 711).

Have questions about a health issue? Call our 24-hour nurse help line, 24 hours a day, seven days a week at 888-850-1108 (TTY 711).

Help in other languages

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

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

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

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

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

Help for members with hearing or speech loss

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

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

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

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

Americans with Disabilities Act

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

Customer Care Center Department
Hours of Operation: Monday through Friday, 8 a.m. to 6 p.m. Eastern time
Toll-free: 800-782-0095
TTY: 711
Online: unicare.com/wv

You can visit us online to:

- Change your primary care provider (PCP) or get help choosing a provider
- View, print, or replace your member ID card
- Live chat with us or send us a secure message
- Complete your health risk screener
- View your claims (if applicable)
- View eligibility and redeem value-added services
- Ask about any change that might affect your or your family's benefits

You can also call to:

- Ask questions about services and benefits, eligibility, claims, prior authorization requests, or utilization management (more information on utilization management procedures is available upon request)
- Request interpreter services or help for people with disabilities
- File a complaint
- Let us know if you are pregnant
- Let us know if you give birth to a new baby

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

For people with disabilities, we can help. UniCare offers services so that you can communicate effectively with us and your provider. We have access to free sign language interpreter services and a TTY phone number: 711. We can offer this handbook and all written materials in many formats, such as large print, at no cost to you. Please call the Customer Care Center toll free at 800-782-0095 (TTY 711) to ask for materials in another format.

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

WHAT YOU SHOULD KNOW

CONFIDENTIALITY

We respect your right to privacy. We will never give out your medical information or Social Security number without your written permission, unless required by law or for utilization review, quality assurance, or peer review. To learn more about your rights to privacy, please call the Customer Care Center at 800-782-0095 (TTY 711) or visit our website at unicare.com/wv.

DISCRIMINATION

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

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 UniCare's decision if you think we made a mistake. For example, you might not agree with a decision that denies a benefit or payment.

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

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

Benefits: These are the health care services covered by UniCare.

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

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

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

DHHR: The Department of Health and Human Resources for the state of West Virginia. This agency takes care of carve-out services not covered by UniCare such as personal care services.

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

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

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

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

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

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

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

Grievance: A complaint you make, either in writing or orally, about any aspect of service delivery provided or paid for by UniCare or our providers. For example, you might complain about the quality of your care.

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

Health Insurance: A contract that requires UniCare 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, including limited part-time or intermittent skilled nursing care, home health aide services, occupational therapy, speech therapy, medical social services, DME, medical supplies and other services.

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

Hospitalization: Care in a hospital that requires admission as an inpatient and requires an overnight stay for more than two nights. An overnight stay for observation can be outpatient care and is allowed for up to 48 hours. Usually, inpatient care is required for very bad sickness, trauma, or if you do not get better within 48 hours.

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

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

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

Medically Necessary: Health care services or supplies needed to diagnoses or treat an illness or injury, to improve the functioning of a malformed body member, to attain, maintain or regain functional capacity, for the prevention of illness, or to achieve age-appropriate growth and development.

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

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

Non-participating Provider: A doctor, hospital, facility, or other licensed health care professional who has not signed a contract agreeing to provide services to UniCare members. Also known as an Out-of-Network provider.

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

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

Physician Services: 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, UniCare.

Prior Authorization: Approval from UniCare that may be required before you get certain services or treatments in order for them to be covered. To get prior authorization, make sure to ask the Customer Care Center. If the care is medically necessary and is a covered benefit, then it will be covered.

Participating Provider: A doctor, hospital, facility or other licensed health care professional who has signed a contract agreeing to provide services to UniCare members. They are listed in our Provider Directory.

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

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

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

Primary Care Physician: A UniCare doctor who directly provides and coordinates your health care services.

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

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

Here are some types of health care providers:

- An audiologist is a provider who tests your hearing.
- A certified nurse-midwife is a registered nurse who cares for you during pregnancy and childbirth.

- A certified registered nurse anesthesiologist is a registered nurse certified to give you anesthesia.
- A chiropractor is a provider who treats problems of the spine.
- A dentist is a doctor who takes care of your teeth and mouth.
- A family practitioner is a provider who treats general medical conditions for people of all ages.
- A general practitioner is a doctor who treats common medical problems for people of all ages.
- A licensed vocational nurse is a licensed nurse who works with your provider.
- A nurse practitioner or physician assistant is a person who works in a clinic, hospital or provider's office and finds out what's wrong with you. They also treat you, within limits.
- An obstetrician/gynecologist (OB-GYN) is a doctor who takes care of a woman's health (this includes when she is pregnant or giving birth).
- An occupational therapist is a provider who helps you regain daily skills and activities after an illness or injury.

- An optometrist is a doctor who takes care of your eyes and vision.
- A pediatrician is a doctor who treats children from birth through their teen years.
- A physical therapist is a provider who helps you build your body's strength after an illness or injury.
- A podiatrist or chiropodist is a doctor who takes care of your feet.
- A psychiatrist is a doctor who treats behavioral health issues and prescribes medication.
- A registered nurse is a nurse with more training than a nurse who has a license to perform certain duties with your provider.
- A respiratory therapist is a provider who helps you with your breathing.
- A speech pathologist is a provider who helps you with your speech.
- A surgeon is a doctor who can operate on you.

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

- A birth defect
- Disease
- Injury

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

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

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

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

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

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

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

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

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

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

YOUR RIGHTS

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

The annual report is available to members by request only. To get a copy of the report, you can call our Customer Care Center or find it on our website at unicare.com/wv. You can also get a copy of the report from the West Virginia Department of Health and Human Resources.

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

- Ask for and obtain all information included in this handbook
- Be told about your rights and responsibilities
- Get information about UniCare, our services, our providers, and your rights in a way that you understand
- Be treated with respect and dignity

UniCare Health Plan of West Virginia, Inc.

unicare.com/wv

800-782-0095 and TTY 711

UWV-MHB-0022-20

- Not be discriminated against by UniCare
- Access all services that UniCare must provide
- Choose a provider in our network that is taking new patients
- Take part in decisions about your health care
- Refuse treatment and choose a different provider in our network
- Be part of honest talks about your health care needs and treatment options, no matter the cost and whether your benefits cover them
- Have your privacy respected
- Accessible services
- Ask for and to get your medical records as allowed by law
- Ask that your medical records be changed or corrected if needed, as allowed by law
- Be sure your medical records will be kept private
- Recommend changes in policies and procedures
- Be free from any form of restraint or seclusion used as a means of force, discipline, convenience, or retaliation
- Get covered services, no matter what cultural or ethnic background or how well you understand English
- Get covered services regardless of if you have a physical or mental disability, or if you are homeless
- Refer yourself to in-network and out-of-network family planning providers
- Access certified nurse midwife services and certified pediatric or family nurse practitioner services within our network
- Get emergency post-stabilization services
- Get emergency health care services at any hospital or other setting
- Accept or refuse medical or surgical treatment and to make an advance directive
- Have your parent or a representative make treatment decisions when you can't
- Have problems taken care of fast, including things you think are wrong, as well as issues about getting an OK from us, your benefits, or payments for service
- Question a decision we make about benefits you got from your provider
- Make complaints and appeals
- Get a quick response to problems raised around complaints, grievances, appeals, authorization, coverage, and payment of services
- Ask for a state fair hearing after a decision has been made about your appeal
- Request and get a copy of this member handbook
- Get the help you need to understand this handbook
- Ask for this handbook and other member materials in other formats such as large print, audio CD, or Braille at no cost to you
- Disenroll from your health plan
- Ask us about our Quality Improvement (QI) program and tell us how you would like to see changes made
- Ask us about our utilization review process and give us ideas on how to change it

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

YOUR RESPONSIBILITIES

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

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

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

STEPS TO YOUR GETTING CARE

YOUR MEMBER ID CARD

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

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

Your card should look like this:

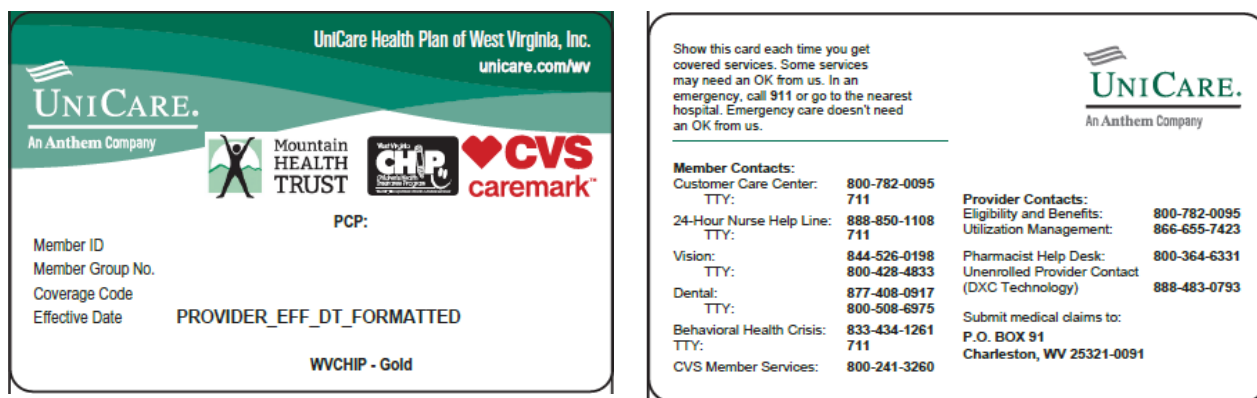
Medicaid

 <p>UniCare Health Plan of West Virginia, Inc. unicare.com/medicaid</p> <p>An Anthem Company</p>		 <p>Mountain HEALTH TRUST</p>	
<p>Medicaid / Member ID</p> <p>Member Group No.</p> <p>Coverage Code</p> <p>Effective Date</p>		<p>PCP:</p> <p>PROVIDER_EFF_DT_FORMATTED</p> <p>Mountain Health Trust</p>	
<p>Show both your UniCare and state Medicaid cards each time you get covered services. Some services may need an OK from us. In an emergency, call 911 or go to the nearest hospital. Emergency care doesn't need an OK from us.</p>			
<p>Member Contacts:</p> <p>Customer Care Center: 1-800-782-0095 TTY: 711</p> <p>24-hour nurse help line: 1-888-850-1108 TTY: 711</p> <p>Vision: 1-844-526-0198 TTY: 1-800-428-4833</p> <p>Dental: 1-877-408-0917 TTY: 1-800-508-6375</p> <p>Behavioral Health Crisis: 1-833-434-1261 TTY: 711</p> <p>Retail pharmacy Help Desk: 1-888-483-0797</p>		<p>Provider Contacts:</p> <p>Eligibility and Benefits: 1-800-782-0095 Utilization Management: 1-866-655-7423</p> <p>Retail pharmacy Help Desk: 1-888-483-0801 PA for provider administered drugs: 1-877-375-6185</p> <p>Submit medical claims to: P.O. BOX 91 Charleston, WV 25321-0091</p>	

WV Health Bridge

 <p>UniCare Health Plan of West Virginia, Inc. unicare.com/medicaid</p> <p>An Anthem Company</p>		 <p>WV HEALTH BRIDGE</p>	
<p>Medicaid / Member ID</p> <p>Member Group No.</p> <p>Coverage Code</p> <p>Effective Date</p>		<p>PCP:</p> <p>PROVIDER_EFF_DT_FORMATTED</p> <p>WV Health Bridge</p>	
<p>Show both your UniCare and state Medicaid cards each time you get covered services. Some services may need an OK from us. In an emergency, call 911 or go to the nearest hospital. Emergency care doesn't need an OK from us.</p>			
<p>Member Contacts:</p> <p>Customer Care Center: 1-800-782-0095 TTY: 711</p> <p>24-hour nurse help line: 1-888-850-1108 TTY: 711</p> <p>Vision: 1-844-526-0198 TTY: 1-800-428-4833</p> <p>Dental: 1-877-408-0917 TTY: 1-800-508-6375</p> <p>Behavioral Health Crisis: 1-833-434-1261 TTY: 711</p> <p>Retail pharmacy Help Desk: 1-888-483-0797</p>		<p>Provider Contacts:</p> <p>Eligibility and Benefits: 1-800-782-0095 Utilization Management: 1-866-655-7423</p> <p>Retail pharmacy Help Desk: 1-888-483-0801 PA for provider administered drugs: 1-877-375-6185</p> <p>Submit medical claims to: P.O. BOX 91 Charleston, WV 25321-0091</p>	

WVCHIP



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

You will get a new UniCare ID card if:

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

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

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

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

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

CHOOSING YOUR PRIMARY CARE PROVIDER (PCP)

Each member of UniCare can choose a primary care provider (PCP). A PCP is a specific clinician responsible for coordinating your health care needs. For WVCHIP members, a PCP is also called

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a Medical Home. You will need to choose a PCP who is taking new patients. If you do not pick a PCP, we will choose one for you.

You can select or change your PCP anytime by:

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

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

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

Provider Directory

The Provider Directory is a list of all the doctors, hospitals, dental and specialty care providers, and other providers who work with UniCare. It tells you their address, phone number, office hours, and languages spoken. You can always find the most up to date Provider Directory at unicare.com/wv. You can also call the Customer Care Center to request one be mailed to you.

Look in the Provider Directory or the Find a Doctor tool at unicare.com/wv to find a PCP who is right for you or your family member.

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

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

- West Virginia Board of Medicine at www.wvdhhr.org/wvbom
- American Medical Association (AMA) at ama-assn.org

PCPs for pregnant women and newborn babies

If you're pregnant, call us right away. If you're in the last trimester of your pregnancy and you just joined our health plan, you may be allowed to stay with your current provider, even if he/she isn't in our plan.

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

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

ENROLLING NEWBORNS AND CHANGES TO FAMILY MAKEUP

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

HOW TO SCHEDULE AN APPOINTMENT

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

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

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

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

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

Non-emergency medical transportation (Medicaid members only):

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

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

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

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

Non-emergency transportation services are not covered under WVCHIP.

Your first appointment:

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

CHANGING YOUR PCP

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

Sometimes PCPs leave our network. If this happens, we will let you know by mail within 7-10 days of us learning the provider is leaving our network. We can assign you a new PCP or you can pick a new one. If we need to assign you a new PCP for another reason, we will let you know.

If you want to change your PCP, please note:

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

- It's important to have your medical records sent to your new PCP.

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

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

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

If you want to change your PCP, you can:

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

Our Provider Directory also lists the providers who work with UniCare. It also tells you their address, phone number, office hours, and languages spoken. You can find our Provider Directory at unicare.com/wv. You can also call us to request one be mailed to you.

GETTING A SECOND OPINION

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

Getting a second opinion is helpful if:

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

- You have tried to follow the treatment plan or talked with your PCP because you're concerned about the cause or the treatment plan.

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

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

WHERE TO GET MEDICAL CARE

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

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

ROUTINE CARE

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

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

PREGNANCY CARE

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

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

Family planning

Family planning can help teach you how to:

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

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

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

URGENT CARE

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

- A sprained ankle
- A bad splinter
- The flu
- Ear or sinus pain
- Stitches
- Eye swelling, irritation, redness, or pain

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

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

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

EMERGENCY CARE

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

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

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

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

If you believe you have a medical emergency, call 911 immediately or go to the nearest ER. When you get there, show your member ID card. You do not need approval from your PCP or UniCare. 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 UniCare at 800-782-0095 (TTY 711). **Remember to use the ER only if you have an emergency.** You are always covered for emergencies.

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

If you need to stay in the hospital after an emergency, please make sure UniCare 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 UniCare. If you are able, call your PCP to let him or her know that you have a medical emergency. You will need to schedule follow-up services with your PCP.

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

URGENT CARE CENTERS

EZ Care
324 A/B Penco Road
Weirton, WV 26062
304-224-1096

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

MedExpress Urgent Care
Wheeling
620 National Road, Ste. 300
Wheeling, WV 26003
304-233-3624

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

Ohio Valley Medical Quick
Care, Inc.
517 36th St.
Parkersburg, WV 26101
304-485-1044

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

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

Ohio Valley Medical Quick
Care, Inc.
324 Pike St.
Marietta, OH 45750
740-374-4540

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

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

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

Braxton Health Associates
617 River St.
Gassaway, WV 26624
304-364-8941

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

MedExpress Urgent Care
Bridgeport
120 Medical Park Drive, Ste. 100
Bridgeport, WV 26330
304-842-3278

EZ Care
2107 Pike St., Ste. 5
Parkersburg, WV 26101
304-424-7200

MedExpress Urgent Care
Huntington
3120 US Rte. 60
Huntington, WV 25705
304-522-3627

Teays Urgent Care
113 Liberty Square
Shopping Center
Hurricane, WV 25526
304-757-4007

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

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

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

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

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

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

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

MedExpress Urgent Care
Cross Lanes
5161 Washington St. W.
Cross Lanes, WV 25313
304-755-5323

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

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

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

MedExpress Urgent Care
Bridgeport
1370 Johnson Ave.
Bridgeport, WV 26330
304-842-7186

MedExpress Urgent Care
Fairmont
630 Fairmont Ave.
Fairmont, WV 26554
304-363-6662

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

Elkins Express Care
1513 Harrison Ave.
Ste. 18
Elkins, WV 26241
304-637-0180

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

MedExpress Urgent Care
Morgantown
215 Don Knotts Blvd.
Ste. 130
Morgantown, WV 26501
304-291-3627

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

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

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

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

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

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

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

Community Care of WV Inc.
7576 Seneca Trail
Hillsboro, WV 24946
304-924-6262

EMERGENCY ROOMS

Williamson ARH Hospital
260 Hospital Drive S.
Williamson, KY 41503
606-237-1700

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

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

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

Camden Clark
Memorial Hospital
800 Garfield Ave.
Parkersburg, WV 26101
304-424-2111

Summersville Memorial
Hospital
400 Fairview Heights Road
Summersville, WV 26651
304-872-2891

St. Joseph's Hospital
1824 Murdoch Ave.
Parkersburg, WV 26101
304-434-4111

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

Braxton County
Memorial Hospital
1088 Hoylman Drive
Gassaway, WV 26624
304-364-5156

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

Berkley Medical Center
3500 Hospital Drive
Martinsburg, WV 25401
304-264-1000

Clinch Valley Medical Center
2949 West Front St.
Richlands, VA 24641
276-596-6000

Garrett Memorial Hospital
251 N. Fourth St.
Oakland, MD 21550
301-533-4000

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

Summers County
ARH Hospital
1500 Terrace St.
Hinton, WV 25951
304-466-1000

Buchanan General Hospital
1535 Slate Creek Road
Grundy, VA 24614
276-935-1000

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

CAMC Teays Valley Hospital
1400 Hospital Drive
Hurricane, VA 25526
304-757-1792

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

Montgomery General
Hospital
401 6th Ave.
Montgomery, WV 25136
304-442-5151

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

Ohio Valley Medical Center
2000 Eoff St.
Wheeling, WV 26003
304-234-0123

UniCare Health Plan of West Virginia, Inc.

unicare.com/wv

800-782-0095 and TTY 711

UWV-MHB-0022-20

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

Davis Memorial Hospital
812 Gorman Ave.
Elkins, WV 26241
304-636-3300

East Ohio Regional Hospital
90 N. Fourth St.
Martins Ferry, OH 43935
740-633-1100

Grafton City Hospital
1 Hospital Plaza
Grafton, WV 26354
304-265-0400

Monongalia County
General Hospital
200 Wedgewood Drive
Ste. 104
Morgantown, WV 26505
304-285-1460

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

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

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

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

Minnie Hamilton
Health Care Center
186 Hospital Drive
Logan WV, 25601
304-354-9344

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

Monongalia County
General Hospital
1200 J.D. Anderson Drive
Morgantown, WV 26505
304-598-1200

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

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

Rockingham Medical Center
2010 Health Campus Drive
Harrison, VA 22801
540-689-1000

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

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

Pleasant Valley Hospital, Inc.
2520 Valley Drive
Point Pleasant, WV 25550
304-675-4340

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

Potomac Valley Hospital of
WV, Inc.
100 Pin Oak Lane
Keyser, WV 26726
304-597-3500

Preston Memorial Hospital
150 Memorial Drive
Kingwood, WV 26537
304-329-1400

Sistersville General Hospital
314 S. Wells St. Sistersville,
WV 26175
304-652-2399

Southeastern Ohio Regional
Medical Center
1341 Clark St.
Cambridge, OH 43725
740-435-2141

YOUR BENEFITS

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

COVERED SERVICES

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

Mountain Health Trust Covered Benefits

Medical

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

Specialty

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

Mountain Health Trust Covered Benefits

Emergency

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

Preventive Care and Disease Management

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

Maternity

- Right From The Start — Includes prenatal care and care coordination. No prior authorization required.
- Family Planning — Includes all medically necessary family planning providers and services. Sterilizations, hysterectomies, pregnancy terminations, and infertility treatments are not considered family planning. No referral needed for out-of-network providers.
- Maternity Care — Includes prenatal, inpatient hospital stays during delivery, and postpartum care. Home birth is not covered.

Other

- Federally Qualified Health Centers — Includes physician, physician assistant, nurse practitioner, and nurse midwife services.
- Prosthetics — Some services require prior authorization or have benefit limits.
- Durable Medical Equipment — Some services require prior authorization or have benefit limits. Diabetes supplies and equipment are covered under the retail pharmacy benefit.
- Ambulatory Surgical Care — Includes services and equipment for surgical procedures. Provider services; lab and X-ray; prosthetic devices; ambulance; leg, arm, back, and neck braces; artificial limbs; and durable medical equipment not covered. Some services require prior authorization or have benefit limits.
- Organ and Tissue Transplants — Corneal transplants only.

Mountain Health Trust Covered Benefits

- Medicines given by your provider, in an office, outpatient hospital, or infusion center are covered by UniCare. Some services require prior authorization or have benefit limits.

Nursing

- Nurse Practitioner Services — Some services require prior authorization or have benefit limits.
- Private Duty Nursing — Includes medically necessary nursing care (not covered for adults). Prior approval is required.

Rehabilitation

- Physical Therapy — 20 visits per calendar year for habilitative and rehabilitative services (combined for physical and occupational therapy) and members will need an OK from us after 20 visits. You are allowed one evaluation and two reevaluations per year.
- Occupational Therapy — 20 visits per calendar year for habilitative and rehabilitative services (combined for physical and occupational therapy) and members will need an OK from us after 20 visits. You are allowed one evaluation and two reevaluations per year.
- Speech Therapy and Audiology — Habilitative and rehabilitative services including hearing aid evaluations, hearing aids and supplies, batteries and repairs (not covered for adults). Some services require prior authorization or have benefit limits. Speech therapy requires an OK from us after 10 visits.
- Chiropractor Services — Chiropractor services includes radiological exams and corrections to partial dislocations (subluxation). Certain procedures have service limits or require prior approval.
- Pulmonary Rehabilitation — Includes procedures to increase strength of respiratory muscle and functions.
- Cardiac Rehabilitation — Includes supervised exercise sessions with electrocardiograph monitoring.
- Inpatient Rehabilitation — Includes inpatient rehabilitation services and general medical services that meet the certification requirements. Prior authorization is required.

Mountain Health Trust Covered Benefits

Hospital

- **Inpatient** — Includes medically necessary inpatient services (including bariatric surgery[ies]) at acute inpatient and long term acute care hospitals (LTACH). Prior authorization is required for all planned inpatient admissions. We must be told within 24 hours for an emergency admission.
- **Outpatient** — Includes medically necessary preventive, diagnostic, therapeutic, all emergency services, and rehabilitative medical services. Some services require prior authorization or have benefit limits.

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

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

Dental — Includes medically necessary emergency, non-emergency, and orthodontic services for children. For adults, services are limited to treatment of fractures, biopsy, tumors, and emergency extractions. Treatment for TMJ is not covered for adults. These services are covered by SKYGEN USA.

For West Virginia Mountain Health Trust children:

Dental services are covered for children younger than age 21 when provided by a dentist, orthodontist, or oral surgeon.

Behavioral Health

- **Psychiatric Residential Treatment Facility (PRTF)** — Includes services for children with mental illness and substance use disorder. Prior authorization is required.
- **Inpatient** — Includes behavioral health, psychiatric, and substance use disorder hospital stays. Treatment must include an individual plan of care. Prior authorization is required.
- **Outpatient** — Includes services for individuals with mental illness and substance use disorder. Some services require prior authorization or have benefit limits.
- **Psychological Services** — May be delivered using telehealth. Some services require prior authorization or have benefit limits.

Mountain Health Trust Covered Benefits

Vision — Includes eye exams, lenses, frames, and repairs for children. Includes medical treatment, annual dilated retinal exam for diabetic members, one pair of glasses after cataract surgery, and certain contact lenses for adults. Does not cover prescription sunglasses or designer frames. These services are covered by Vision Service Plan (VSP).

Substance Use Disorder Services — SUD services are behavioral health treatment services provided to members with a known or suspected substance use disorder when medically necessary. Benefits include targeted case management, behavioral health assessment, drug screening, inpatient and/or outpatient services, residential adult services, Naloxone administration services, non-methadone medication assisted treatment, and recovery support services. Group Recovery Support Services are not a covered service. Some services require prior authorization or have benefit limits.

West Virginia Health Bridge Covered Benefits

Medical

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

Specialty

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

Emergency

- Emergency Room Services — covered for emergency care only.
- Post-stabilization Services — Includes care after an emergency health condition is under control. Care provided in a hospital or other setting.

- **Emergency Transportation** — Includes ground or air ambulance transport to the nearest facility able to provide needed treatment when medically necessary. Facility to facility ground ambulance transportation services that are medically necessary are covered. To call for Emergency Transportation, dial 911.

Preventive Care and Disease Management

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

Maternity

- **Right From The Start** — Includes prenatal care and care coordination. No prior authorization required.
- **Family Planning** — Includes all medically necessary family planning providers and services. Sterilizations, hysterectomies, pregnancy terminations, and infertility treatments are not considered family planning. No referral needed for out-of-network providers.
- **Maternity Care** — Includes prenatal, inpatient hospital stays during delivery, and postpartum care. Home birth is not covered.

Other

- **Federally Qualified Health Centers** — Includes physician, physician assistant, nurse practitioner, and nurse midwife services.
- **Prosthetics** — Customized special equipment is considered. Some services may require prior authorization or have benefit limits.
- **Durable Medical Equipment** — Customized special equipment is considered. Some services may require prior authorization or have benefit limits.
- **Ambulatory Surgical Care** — Includes services and equipment for surgical procedures. Provider services; lab and X-ray; prosthetic devices; ambulance; leg, arm, back, and neck braces; artificial limbs; and durable medical equipment not covered. Some services may require prior authorization or have benefit limits.
- **Organ and Tissue Transplants** — Corneal transplants only.
- **Medicines** given by your provider, in an office, outpatient hospital, or infusion center are covered by UniCare. Some services may require prior authorization or have benefit limits.

Nursing

- **Nurse Practitioner Services** — Some services may require prior authorization or have benefit limits.

- **Private Duty Nursing** — Includes medically necessary nursing care (not covered for adults). Prior approval is required.

Rehabilitation

- **Physical Therapy** — 30 visits per calendar year (combined for physical and occupational therapy) and members will need an OK from us after 30 visits. You are allowed one evaluation and two re-evaluations every year.
- **Occupational Therapy** — 30 visits per calendar year (combined physical and occupational therapy) and members will need an OK from us after 30 visits. You are allowed one evaluation and two re-evaluations every year.
- **Speech Therapy and Audiology** — Habilitative and rehabilitative services, including hearing aid evaluations, hearing aids and supplies, batteries, and repairs (not covered for adults). Some services may require prior approval or have benefit limits. Speech therapy requires an OK from us after 10 visits.
- **Chiropractor Services** — Chiropractor services include radiological exams and corrections to partial dislocations (subluxation). Some services may require prior authorization or have benefit limits.
- **Pulmonary Rehabilitation** — Includes procedures to increase strength of respiratory muscle and functions.
- **Cardiac Rehabilitation** — Includes supervised exercise sessions with electrocardiograph monitoring.
- **Inpatient Rehabilitation** — Includes inpatient rehabilitation services and general medical services that meet the certification requirements.

Hospital

- **Inpatient** — Includes all medically necessary inpatient services (including bariatric surgery[ies]) at acute inpatient and long term acute care hospitals (LTACH). Prior authorization is required for all planned inpatient admissions. We must be told within 24 hours for an emergency admission.
- **Outpatient** — Includes preventive, diagnostic, therapeutic, all emergency services, and rehabilitative medical services. Some services may require prior authorization or have benefit limits.

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

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

Dental — Includes medically necessary emergency, non-emergency, and orthodontic services for children. Includes treatment of fractures, biopsy, tumors, and emergency extractions for adults. Treatment for TMJ is not covered for adults. These services are covered by SKYGEN USA.

Behavioral Health

- **Psychiatric Residential Treatment Facility (PRTF)** — Includes services for children with mental illness and substance use disorder. Prior authorization is required.
- **Inpatient** — includes behavioral health, psychiatric, and substance use disorder hospital stays. Treatment must include an individual plan of care. Prior authorization is required.
- **Outpatient** — Includes services for individuals with mental illness and substance use disorder. Some services require prior authorization or have benefit limits.
- **Psychological Services** — May be delivered using telehealth. Some services require prior authorization or have benefit limits.

Vision — Includes eye exams, lenses, frames, and repairs for children. Includes medical treatment, annual dilated retinal exam for diabetic members, one pair of glasses after cataract surgery, and certain contact lenses for adults. Does not cover prescription sunglasses or designer frames. These services are covered by Vision Service Plan (VSP).

Substance Use Disorder Services — SUD services are behavioral health treatment services provided to members with a known or suspected substance use disorder when medically necessary. Benefits include targeted case management, behavioral health assessment, drug screening, inpatient and/or outpatient services, residential adult services, Naloxone administration services, non-methadone medication assisted treatment, and recovery support services. Group Recovery Support Services are not a covered service. Some services require prior authorization or have benefit limits.

Benefits Under Fee-for-Service Medicaid

Abortion — Includes drugs, devices, and procedures for termination of pregnancy. Abortion covered services are limited to specific conditions. Visit BMS website for details on coverage at <https://dhhr.wv.gov/bms/Pages/default.aspx>.

Early Intervention Services for Children 3 and Under — Early intervention services provided to children 3 years and under through the Birth to Three (BTT) program.

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

Personal Care Services — Includes personal hygiene, dressing, feeding, nutrition, environmental support, and health-related functions. Room and board services require physician certification. May not exceed 60 hours per month without prior authorization. Not covered for West Virginia Health Bridge members.

Benefits Under Fee-for-Service Medicaid

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

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

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

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

School-based Services — Service limitations are listed in the fee-for-service Medicaid provider manual.

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

Mountain Health Trust and West Virginia Health Bridge Medicaid members: Be sure to use your regular Medicaid card for services that are not covered by UniCare.

WVCHIP Covered Benefits

Medical

- Primary Care Office Visits and Referrals to Specialists
- Provider Services — Physician or other licensed provider for treatment of an illness, injury, or medical condition. Includes outpatient and inpatient services. Some services may require prior authorization or have benefit limits. Some services may be delivered through telehealth (digitally using computer or mobile device).
- Laboratory and X-ray Services — Includes lab services related to substance use disorder (SUD) treatment. Services must be ordered by a provider. Some services require prior authorization or have benefit limits.
- Clinics — Includes general clinics, birthing centers, and health department clinics. Vaccinations are included for children.

Specialty

- Podiatry — Includes treatment of acute conditions for children and adults. Includes some surgeries, reduction of fractures, and other injuries and orthotics. Routine foot care is not covered. Some services may require prior authorization or have benefit limits.

Emergency

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

Preventive Care and Disease Management

- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) — Includes covered, medically necessary health care services for any medical or psychological condition discovered during screening.
- Immunizations — Standard immunizations recommended by the Centers for Disease Control and Prevention (CDC).
- Tobacco Cessation — Tobacco cessation services are available to members for two 12-week cycles per lifetime. WVCHIP will provide 100% coverage for the tobacco cessation benefit for pregnant members during their pregnancy. WVCHIP will cover an initial and follow-up visit to the member's provider at no cost to the member.
- Medical Foods — When it is the only means of nutrition and prescribed by your physician or a prescription, amino acid elemental formula for the treatment of short bowel or severe allergic condition that is not lactose or soy related.

Maternity

- Family Planning Services — Includes all medically necessary family planning providers and services. Sterilizations, hysterectomies, pregnancy terminations, and infertility treatments are not considered family planning. No referral needed for out-of-network providers.
- Maternity Care — Includes prenatal, inpatient hospital stays during delivery, and postpartum care. Home birth is not covered.

Other

- Durable Medical Equipment — Some services require prior authorization or have benefit limits. Equipment and supplies which can be purchased over the counter (OTC) are not covered.

- Continuous Glucose Monitors — Devices that monitor glucose continuously. Covered when medically necessary. Prior authorization is required. Other glucose monitors covered under outpatient pharmacy benefit.
- Hemophilia Program — WVCHIP has partnered with the Charleston Area Medical Center (CAMC) and West Virginia University Hospitals (WVUH) to provide quality hemophilia services at a reasonable cost to WVCHIP members.
- Organ Transplants and Tissue Transplants — Organ transplants are covered when deemed medically necessary and non-experimental.

Nursing

- Nurse Practitioner Services — Some services require prior authorization or have benefit limits.
- Facility based nursing services to those who require twenty-four (24)-hour nursing level of care. Confinement in a skilled nursing facility including a semi-private room, related services, and supplies. Confinement must be prescribed by a physician. Prior authorization is required.

Rehabilitation

- Physical Therapy — The initial 20 therapy visits do not require an OK from us, but must be for an acute condition, new or recent diagnosis, or an exacerbation that requires active therapy.
- Occupational Therapy — The initial 20 therapy visits do not require an OK from us, but must be for an acute condition, new or recent diagnosis, or an exacerbation that requires active therapy.
- Speech Therapy and Audiology — Habilitative and rehabilitative services, including hearing aid evaluations, hearing aids and supplies, batteries, and repairs. Some procedures have service limits or require prior approval. Speech therapy requires an OK from us after 20 visits.
- Chiropractor Services — For acute treatment of a neuromuscular-skeletal condition, including office visits and X-rays. For members under 16, member must receive an OK from us after the initial evaluation visit and before treatment begins. Maintenance services are not covered. Prior authorization required after 20 visits for all members.
- Pulmonary Rehabilitation — Includes procedures to increase strength of respiratory muscle and functions.
- Cardiac Rehabilitation — Includes supervised exercise sessions with electrocardiograph monitoring.
- Inpatient Rehabilitation — Services related to inpatient facilities that provide rehabilitation services. Prior authorization is required.

Hospital

- Inpatient — Medically necessary services provided by physician or other licensed provider for treatment of illness, injury, or medical condition in hospital setting. Covered services include semi-private room, special care units, and related services

and supplies during confinement. Prior authorization is required for all planned inpatient admissions. We must be told within 24 hours for an emergency admission.

- Outpatient — Medical services furnished on an outpatient basis by a hospital, regardless of the type of provider ordering the service. Some services may require prior authorization or have benefit limits.

Home Health Care — Includes services given at member's residence. This does not include intermittent health services of a home health agency when prescribed by a physician, services must be provided in the home, or by or under the supervision of a registered nurse, for care and treatment. Some services may require prior authorization or have benefit limits.

Hospice — If you are terminally ill, you or your PCP can ask for hospice services. Includes nursing care, physician services, medical social services, short-term care, durable medical equipment, drugs, biologicals, home health aide and homemaker, counseling and bereavement services, and medications. Requires physician certification. If you choose hospice, you can change your mind. We must be notified that you are receiving these services.

Dental — These services are covered by SKYGEN USA.

- Dental Services — Provided by a dentist, orthodontist, or oral surgeon. Includes medically necessary emergency, non-emergency, and orthodontic services for children. These services may be provided by a dentist, or oral surgeon and are covered by SKYGEN USA.

Behavioral Health

- Applied Behavioral Analysis — For members with a primary diagnosis of Autism Spectrum. Medically necessary ABA treatment is limited to \$30,000 per member per year for three consecutive years from the date treatment starts for a member with a qualifying diagnosis of ASD prior to the member's 8th birthday.
- Mental Health — This may include evaluation, referral, diagnostic, therapeutic, and crisis intervention services performed on an inpatient or outpatient basis (including a provider's office).

Vision — These services are covered by Vision Service Plan (VSP).

- Services provided by optometrists, ophthalmologists, surgeons providing medical eye care, and opticians. Professional services, lenses including frames, and other aids to vision.
- Vision therapy — Covered benefits include annual exams and eyewear. Lenses/frames or contacts are limited to a maximum benefit of \$125 per year. The year starts on the date of service. The office visit and examination are covered in addition to the \$125 eyewear limit.

Substance Use Disorder Services — This may include evaluation, referral, diagnostic, therapeutic, and crisis intervention services performed on an inpatient or outpatient basis (including a provider's office).

Benefits Under Fee-for-Service WVCHIP

Birth to Three (BTT) Program — This program can assess early child development and provide services and support for the families of children three and under who have a delay in their development or may be at risk of having a delay.

Outpatient Prescription Drugs — Must be generic drugs if available, including oral contraceptives.

VALUE-ADDED BENEFITS AND SERVICES

We want to help you get and stay healthy. In addition to your benefits, UniCare offers value-added benefits and services. We offer these services to encourage health education and to promote health. Copayments may not be charged, and members do not have the right to an appeal or a state fair hearing for value-added services.

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

Value-Added Benefits and Services

For pregnant members and new moms

- Fresh Fruit & Veggies program with up to \$100 in fresh produce
- Diapers mail ordered to doorstep for completing six prenatal visits
- Safe Sleep kit for babies under 1 year old
- Convertible car seat or portable crib for completing six prenatal visits
- Electric Breast Pump Accessory Kit
- Preventive dental care during pregnancy and six weeks after baby's birth
- Neonatal abstinence syndrome (NAS) program graduation gift
- Taking Care of Baby and Me® program

Value-Added Benefits and Services

For health and wellness

- Personal hygiene box with up to \$50 worth of hygiene products or a voucher to purchase hygiene products
- Feminine care collection for females 10-18; voucher for products or feminine care kit
- Online well-being program for ages 13 and up
- Up to \$75 in healthy lifestyle aids
- SUD Recovery Support program
- WW® (formerly known as Weight Watchers) program for qualifying members 18 and older (online included)
- Youth club memberships at participating clubs, such as Boys & Girls Club (excluding camps)
- Active & Fit® program — Eligible members ages 18 and up can receive vouchers for gym memberships to participating gyms or home fitness kits

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

For dental health

- Oral care essentials box with items like an electric toothbrush, toothpaste, and dental floss

For members with diabetes

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

For members with asthma

- One-on-one education with an asthma nurse educator to create an action plan
- Certified Disease Management program to manage asthma and COPD
- Scholarships to Camp Catch Your Breath for children ages 8-13

Value-Added Benefits and Services

For peace of mind

24-hour nurse help line

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

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

Behavioral Health Crisis Line

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

For tobacco cessation

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

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

Phone services

- Free cellphone through the federal Lifeline program, with free monthly minutes, data, and text messages, plus unlimited calls to the Customer Care Center and free health reminder texts for eligible members. (Eligible for Medicaid members only)

Other benefits and services

- \$100 gas card for members (\$25 every three months per household)
- Free laptop for members graduating high school with a 3.5 or higher GPA or complete/pass TASC/GED
- Family activity coupon book (one family activity coupon book per household per year)

Community Resource Link

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

HEALTHY REWARDS

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

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

MORE INFORMATION ABOUT YOUR COVERAGE

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

MEDICAL SERVICES

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

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

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

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

Some services require prior authorization or have benefit limits.

DENTAL SERVICES

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

Dental services for Medicaid members

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 12 months of

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age. Children and adolescents can get orthodontic services for the entire length of treatment and other services to fix dental problems. Members up to 21 can also access the Fluoride Varnish Program, offered by providers certified from the WVU School of Dentistry. For more information about the fluoride varnish application, ask your provider. Children are covered for non-emergency and emergency dental services.

For adults 21 years and older, only emergency dental services are covered. These services may be provided by a dentist or oral surgeon. 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

We cover these services for children under age 21:

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

Dental Services for WVCHIP Members:

Members under 18 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 12 months of age. Children and adolescents can get orthodontic services for the entire length of treatment and other services to fix dental problems.

Dental services covered under WVCHIP:

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

- Oral and maxillofacial surgery services

We don't cover:

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

Fluoride varnish

Fluoride varnish is a covered benefit for children ages 6 months to 3 years who may be at high risk of developing cavities. The fluoride varnish is given during the member's dental visit. The maximum number is two applications over one year.

Orthodontia services

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

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

Dental Prior Authorizations

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

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

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BEHAVIORAL HEALTH SERVICES

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

Medicaid members do not need a referral for behavioral health services. Some services may require a prior authorization or have limitations. Your PCP is a good first resource. The Customer Care Center can also help you get these services from behavioral health providers. You can call the Customer Care Center at 800-782-0095 (TTY 711).

For WVCHIP members, a referral from your PCP is required. Prior authorization is required after 26 visits.

- Applied Behavioral Analysis (ABA) services are covered for members with a primary diagnosis of Autism Spectrum Disorder. Medically necessary ABA treatment is limited to \$30,000 per member per year for three consecutive years from the date treatment starts for a member with a qualifying diagnosis of ASD prior to the member's 8th birthday.
- Mental Health — This may include evaluation, referral, diagnostic, therapeutic, and crisis intervention services performed on an inpatient or outpatient basis (including a provider's office).
- Behavioral change and basic life skills development or "habilitation" services are not covered.

Some services require prior authorization or have benefit limits.

If you're experiencing a mental health crisis, call our Behavioral Health Crisis Line at 833-434-1261 (TTY 711) for help. If a situation is life-threatening, always call 911. If you're feeling suicidal, you should seek immediate help from an emergency room or outreach organization like the National Suicide Prevention Lifeline at 800-273-8255.

CLINIC HEALTH SERVICES

Copays may apply.

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

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

We cover:

- Provider services
- Nurse practitioner and physician assistant services

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- Vaccines (shots) for children
- Supplies
- Visiting nurse care in certain shortage areas

Some services require prior authorization or have benefit limits.

COURT ORDERED SERVICES

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

DISEASE MANAGEMENT

A Disease Management (DM) program can help you get more out of life. As part of your UniCare benefits, we're here to help you learn more about your health, keeping you and your needs in mind at every step.

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

What programs do we offer?

You can join a Disease Management program to get health care and support services if you have any of these conditions:

- Diabetes
- HIV/AIDS
- Behavioral health conditions
 - Bipolar Disorder
 - Major Depressive Disorder – Adult
 - Major Depressive Disorder – Child and Adolescent
 - Substance Use Disorder
 - Schizophrenia
- Heart conditions
 - Coronary Artery Disease (CAD)
 - Congestive Heart Failure (CHF)
 - Hypertension (High Blood Pressure)
- Lung conditions
 - Asthma
 - Chronic Obstructive Pulmonary Disease (COPD)

How it works

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

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

Our DM team and your primary care provider (PCP) are here to help you with your health care needs.

How to join

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

When you call, we'll:

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

You can also email us at dmsself-referral@unicare.com.

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

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

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

- Get details about us, such as:
 - Programs and services we offer

- Our staff and their qualifications (skills or education)
- Any contractual relationships (deals we have with other companies)
- Opt out of DM services
- Know which DM case manager is handling your DM services and how to ask for a change
- Get support from us to make health care choices with your health care providers
- Ask about all DM-related treatment options (choices of ways to get better) mentioned in clinical guidelines (even if a treatment is not part of your health plan), and talk about options with treating health care providers
- Have personal data and medical information kept private
- Know who has access to your information and how we make sure your information stays secure, private, and confidential
- Receive polite, respectful treatment from our staff
- Get information that is clear and easy to understand
- File complaints to UniCare by calling 888-830-4300 (TTY 711) toll free from 8:30 a.m. to 5:30 p.m. Eastern time, Monday through Friday and:
 - Get help on how to use the complaint process
 - Know how much time UniCare has to respond to and resolve issues of quality and complaints
 - Give us feedback about the Disease Management program

You also have a responsibility to:

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

Disease Management does not market products or services from outside companies to our members. DM does not own or profit from outside companies on the goods and services we offer.

DURABLE MEDICAL EQUIPMENT, SUPPLIES, AND PROSTHETIC DEVICES

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

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

For Medicaid members, we cover:

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

For WVCHIP, we cover:

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- Continuous Glucose Monitors (CGM) — Devices that monitor glucose continuously. Covered when medically necessary. Prior authorization is required. Other glucose monitors covered under outpatient pharmacy benefit. For Medicaid members, all diabetes supplies, including CGM, are covered under the retail pharmacy benefit.
- Medical foods when it is the only means of nutrition and prescribed by your physician or a prescription amino acid elemental formula for the treatment of short bowel or severe allergic condition that is not lactose or soy related.

For Medicaid members, we don't cover:

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

For WVCHIP members, we don't cover:

- Augmentative communication devices
- Bariatric beds and chairs
- Bathroom scales
- Educational equipment
- Environmental control equipment, such as air conditioners, humidifiers or dehumidifiers, air cleaners or filters, portable heaters, or dust extractors
- Equipment or supplies which are primarily for patient comfort or convenience, such as bathtub lifts or seats, massage devices, elevators, stair lifts, escalators, hydraulic van or car lifts, orthopedic mattresses, walking canes with seats, trapeze bars, child strollers, lift chairs, recliners, contour chairs and adjustable beds, or tilt stands
- Equipment and supplies which are widely available over the counter, such as wrist stabilizers and knee supports
- Exercise equipment, such as exercycles, parallel bars, walking, climbing, or skiing machines
- Hygienic equipment, such as bed baths, commodes, and toilet seats
- Motorized scooters
- Nutritional supplements (unless it is the only means of nutrition or a prescription amino acid elemental formula for the treatment of short bowel or severe allergic condition)

that is not lactose or soy related), over-the-counter formula, food liquidizers, or food processors

- Professional medical equipment, such as blood pressure kits or stethoscopes
- Replacement of lost or stolen items
- Standing/tilt wheelchairs
- Supplies, such as tape, alcohol, Q-tips/swabs, gauze, bandages, thermometers, aspirin, diapers (adult or infant), heating pads, or ice bags
- Traction devices
- Vibrators
- Whirlpool pumps or equipment
- Wigs or wig styling

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)

Well-child visits, also known as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, are important to make sure children are healthy and stay healthy. The EPSDT benefit covers all medically necessary and preventive health care services for Medicaid members up to age 21 and up to age 19 for WVCHIP members. Both sick and well care services are provided by your PCP at no cost.

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

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

We cover:

- Physical exams
- Hearing screening
- Vision screening
- Dental exams
- Behavioral health screenings
- Health education
- Health and development history
- Nutritional needs
- Medically necessary health care, treatment, and other actions to correct or improve medical or psychological conditions found during an EPSDT screening
- Routine shots and immunizations

- Lab tests, like:
 - Urinalysis
 - Hemoglobin/hematocrit
 - Tuberculin test (for high-risk groups)
 - Blood lead testing

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

FAMILY PLANNING

We cover these types of care to help you if you plan to have a family, want to know how to avoid getting pregnant, or want to know how to protect yourself against sexually transmitted infections (STIs):

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

We don't cover:

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

Hysterectomy and abortion aren't considered family planning services.

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

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

Some services require prior authorization or have benefit limits.

HOME HEALTH SERVICES

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

We cover:

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

These types of buildings do not qualify as a home:

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

HOSPITAL SERVICES

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

Hospital services — Inpatient

Copays may apply.

These services include a stay in a hospital, usually for more than two nights. You need to get an OK from us ahead of time each time you stay overnight in a hospital. You don't need an OK for

the birth of a baby. If you are admitted for an emergency, please contact us within 24 hours to let us know.

We cover:

- A hospital room with two or more beds
- Care in special units
- Operating rooms
- Delivery rooms
- Special treatment rooms
- Supplies
- Medical testing
- X-rays
- Drugs the hospital staff give you during your stay
- Giving you someone else's blood
- Radiation therapy
- Chemotherapy
- Dialysis treatment
- Meals and special diets
- General nursing care
- Special duty nursing for medical reasons
- Anesthesia
- Respiratory therapy
- Bariatric surgery (Medicaid members only)
- Diagnostic care
- Therapeutic care
- Rehabilitation care
- Psychiatric and substance use disorder (SUD) treatment
- Overnight hospital stay for dental work because of other medical problems or because serious dental work is needed
- Setting up discharge planning, including continuing care, if needed
- Surgery to remove a breast or dissect a lymph node
- All problems from a breast removal surgery (including lymphedema)
- Surgery to reconstruct — includes prosthetics or surgery to make your breasts look the same after a breast is removed

Hospital services — Outpatient

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

- Hospitals
- Rural health clinics

We cover:

- Emergency room use for emergencies
- Emergency dental services
- Giving you someone else's blood
- Drugs given in the emergency room
- Hospital services that can be reasonably done so the patient doesn't have to be admitted to the hospital:
 - Supplies
 - Medical testing
 - X-rays
 - Lab services
 - ER and observation stays
- Physical, occupational, and speech therapy
- Radiation therapy
- Chemotherapy
- Dialysis
- Services for dental work when a hospital outpatient facility must be used because of other medical problems or when serious dental work is needed
- Surgical services
- Behavioral health services

Some services require prior authorization or have benefit limits.

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

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

We cover medically necessary:

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

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

PHYSICAL OR OCCUPATIONAL THERAPY, SPEECH PATHOLOGY, AND AUDIOLOGY

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

Limits:

For physical and occupational therapy:

- Mountain Health Trust members need an OK from us after 20 visits.
- West Virginia Health Bridge members need an OK from us after 30 visits.
- WVCHIP members need an OK from us after 20 visits.

For chiropractic services:

- Mountain Health Trust and West Virginia Health Bridge members may receive medically necessary chiropractic services. Members need an OK from us after 24 visits per rolling year.
- WVCHIP members need an OK from us after 20 visits

For audiology:

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

For WVCHIP members, you must be referred to by a specialist. Treatment is only for acute conditions. Maintenance therapy is not a covered benefit. It is expected that all outpatient therapy services include a home program and the plan for transition to home based therapy be explained clearly in the plan of treatment.

Some services require prior authorization or have benefit limits.

REHABILITATION SERVICES

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

WVCHIP members: Limited to three sessions per week for 12 weeks or 36 sessions per year for the following conditions:

- Heart attack occurring in the 12 months preceding treatment
- Heart failure
- Coronary bypass surgery
- Stabilized angina pectoris

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

WVCHIP members only: Facility based nursing services to those who require twenty-four (24)-hour nursing level of care. Confinement in a skilled nursing facility including a semi-private room, related services, and supplies. Confinement must be prescribed by a physician. Prior authorization is required.

HEMOPHILIA PROGRAM (WVCHIP MEMBERS ONLY)

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

- An annual evaluation by specialists in the Hemophilia Disease Management Program, which will be paid at 100% with no copay. (This evaluation is not intended to replace or interrupt care provided by your existing medical home provider or specialists.)
- Hemophilia expenses, including factor replacement products, incurred at CAMC or WVUH will be paid at 100% with no copay after prior authorization.
- Lodging and travel:
 - Lodging expenses for child and one or two adults/guardians incurred to enable the member to receive services from the Hemophilia Disease Management Program.
 - Lodging must be at an approved travel lodge and will be covered at 100% of charge.
 - Travel expenses incurred between the member's home and the medical facility to receive services in connection with the Hemophilia Disease Management Program.
 - Gas will be reimbursed at the federal rate for one vehicle. Reimbursement of meal expenses up to \$30 per day per person. Receipts are required for meal reimbursement.

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

Some services require prior authorization or have benefit limits.

TRANSPLANT PROGRAM (WVCHIP MEMBERS ONLY)

UniCare covers organ transplants when deemed medically necessary and non-experimental. Please notify us as soon as possible if you have been identified as needing a transplant by calling the Customer Care Center at 800-782-0095 (TTY 711).

For WVCHIP members, we cover:

- All covered expenses related to pre-transplant, transplant, and follow-up services while the child is enrolled in UniCare.

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- Testing for persons other than the chosen donor is not covered.
- Travel Allowance: Because transplant facilities may be located some distance from the patient's home, benefits include up to \$5,000 per transplant for patient travel, lodging, and meals related to visits to the transplant facility or physician. A portion of this benefit is available to cover the travel, lodging, and meals for a member of the patient's family or a friend providing support.
 - Receipts are required for payment of this benefit. No alcoholic beverages will be reimbursed. Mileage will be reimbursed at the federal mileage rate for medical expenses. The travel allowance benefit applies only to services pertaining to the transplant.
- Transplant-related immunosuppressant prescription drugs are covered if they are filled at a network pharmacy. They are covered through the Prescription Drug Plan.

For Medicaid members, transplant services are covered by FFS Medicaid.

Some services require prior authorization or have benefit limits.

PROVIDER SERVICES

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

We cover:

- Visits to your PCP or other providers
- Routine physicals
- Fluoride varnish treatments for children between 6 months and 3 years of age
- Colorectal cancer screenings and lab tests for members age 50 and older who have no symptoms
- Colorectal cancer screenings and lab tests for members younger than age 50 who have symptoms
- Kidney disease screenings including:
 - Blood pressure monitoring
 - Lab tests for:
 - Urine albumin
 - Urine protein
 - Serum creatinine

Limits:

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

PODIATRY SERVICES (FOOT CARE)

We cover medically necessary:

- Treatment for health problems such as infections, inflammations, ulcers, and bursitis.

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

Limits:

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

Some services require prior authorization or have benefit limits.

PRESCRIPTION PHARMACY BENEFITS

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

For WVCHIP members, your prescription pharmacy benefits are covered under CVS Caremark. To learn more about your prescription pharmacy benefits, call CVS Customer Care at 800-241-3260 to locate a participating pharmacy or visit their website at caremark.com.

UniCare will still cover medically necessary:

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

Some services require prior authorization or have benefit limits.

PREGNANCY AND MATERNITY CARE

We cover medically necessary:

- Provider visits and professional services for pregnancy, problems with a pregnancy, and after-delivery care when medically necessary.
- Services given by a licensed nurse-midwife (a pregnant member can choose a nurse-midwife as her PCP).
- Prenatal education classes.
- A nurse case manager or care coordinator to work with you throughout your pregnancy if it's high risk.
- Tests that are needed, like an ultrasound.
- HIV testing, treatment, and counseling.
- Vaginal childbirth and cesarean sections (C-sections).
- Newborn exams.

- A follow-up visit for the mother and the baby within two days of an early discharge when ordered by the treating provider:
 - An early discharge is a hospital stay of less than 48 hours for vaginal childbirth and less than 96 hours for a C-section
- A visit to your provider between 7-84 days after your delivery to make sure you are healing well

WVCHIP pregnant mothers are only eligible for up to 60 days postpartum. If a member is pregnant at the time of turning 19 and aging out of WVCHIP coverage, the member needs to contact DHHR to be evaluated for WVCHIP pregnancy coverage.

Taking Care of Baby and Me® is the UniCare program for all pregnant members. It is very important to see your primary care provider (PCP) or obstetrician or gynecologist (OB/GYN) for care when you are pregnant. This kind of care is called prenatal care. It can help you to have a healthy baby. Prenatal care is always important. With our program, members receive health information and rewards for getting prenatal and postpartum care.

Our program also helps pregnant members with complicated health care needs. Nurse care managers work closely with these members to provide:

- Education
- Emotional support
- Help in following their doctor's care plan
- Information on services and resources in your community, such as transportation, WIC, home-visitor programs, breastfeeding, and counseling

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

Quality care for you and your baby

At UniCare, we want to give you the very best care during your pregnancy. That's why you will also be part of My Advocate®, which is part of our Taking Care of Baby and Me® program. My Advocate® gives you the information and support you need to stay healthy during your pregnancy.

Get to know My Advocate®

My Advocate® delivers maternal health education by phone, web, and smartphone app that is helpful and fun. You will get to know Mary Beth, My Advocate's automated personality. Mary Beth will respond to your changing needs as your baby grows and develops. You can count on:

- Education you can use
- Communication with your care manager based on My Advocate® messaging should questions or issues arise
- An easy communication schedule
- No cost to you

UniCare Health Plan of West Virginia, Inc.

unicare.com/wv

800-782-0095 and TTY 711

UWV-MHB-0022-20

With My Advocate®, your information is kept secure and private. Each time Mary Beth calls, she'll ask you for your year of birth. Please don't hesitate to tell her. She needs the information to be sure she's talking to the right person.

Helping you and your baby stay healthy

My Advocate® calls give you answers to your questions, plus medical support if you need it. There will be one important health screening call followed by ongoing educational outreach. All you need to do is listen, learn, and answer a question or two over the phone. If you tell us you have a problem, you'll get a call back from a care manager. My Advocate® topics include:

- Pregnancy and postpartum care
- Well-child care
- Dental care
- Immunizations
- Healthy living tips

When you become pregnant

If you think you are pregnant:

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

When you find out you are pregnant, please also call the Customer Care Center. You may also visit unicare.com/wv, for information about having a healthy pregnancy and baby, plus your benefits. This includes information such as:

- Self-care information about your pregnancy
- Details on My Advocate® that tells you about the program and how to enroll and get health information to your phone by automated voice, web, or smartphone app
- Healthy Rewards program information on how to redeem your rewards for prenatal, postpartum, and well-baby care
- A section on having a healthy baby, postpartum depression, and caring for your newborn, with helpful resources

While you are pregnant, you need to take good care of your health. You may be able to get healthy food from the Women, Infants, and Children program (WIC). The Customer Care Center can give you the phone number for the WIC program close to you.

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

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

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Your PCP or OB/GYN may want you to visit more than this based on your health needs. You'll also have the opportunity to work with a nurse to help you with your pregnancy. Ask your provider or call us to learn more about childbirth classes.

When you have a new baby

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

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

You may stay in the hospital less time if your PCP or OB/GYN and the baby's provider see that you and your baby are doing well. If you and your baby leave the hospital early, your PCP or OB/GYN may ask you to have an office or in-home nurse visit within 48 hours.

For Medicaid members, after you have your baby:

- Call the Customer Care Center as soon as you can to let us know you had your baby.
- Call Mountain Health Trust at 800-449-8466 to apply for Medicaid for your baby.

For WVCHIP members, after you have your baby:

- Call the Department of Health & Human Resources Customer Service Center (DHHR CSC) at 877-716-1212. All claims related to the child will be put on hold by WVCHIP until a Social Security number has been reported for the child being born. Please remember to apply for the child's Social Security card right away and report the Social Security number immediately upon receiving.

If you were enrolled in My Advocate® and received educational calls during your pregnancy, you will get calls on postpartum and well child education up to 12 weeks after your delivery.

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

- It's important to have a follow-up visit with your OB provider after you deliver. It would be best to see them within 1-3 weeks, but no later than 12 weeks after delivery. Your health is important to the whole family.
- Your doctor may want to see you sooner than three weeks if you had certain issues before or during delivery, such as high blood pressure or if you had a cesarean section (C-section).

HOSPICE SERVICES

If you are terminally ill, you or your PCP can ask for hospice services. Includes nursing care, physician services, medical social services, short-term inpatient care, durable medical equipment, drugs, biologicals, home health aide and homemaker, counseling and bereavement services, and medications. Requires physician certification. For adults, rights are waived to

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other Medicaid services related to the terminal illness. If you choose hospice, you can change your mind. We must be notified that you are receiving these services.

PRIVATE DUTY NURSING

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

Limits:

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

This is not a covered benefit for WVCHIP members.

SUBSTANCE USE DISORDER (SUD) SERVICES

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

Benefits you can receive include:

- Targeted case management, including during pregnancy
- Behavioral health assessment
- Screening, brief intervention, and referral to treatment
- Behavior management
- Inpatient and outpatient services
- Partial hospitalization services
- Residential adult services
- Withdrawal management
- Naloxone administration services administered by Emergency Medical Services
- Non-methadone medication assisted treatment (MAT)
- Individual, family, and peer recovery support services

SUD Recovery Support Program

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

SERVICES NOT COVERED

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

Medicaid non-covered services:

- All non-medically necessary services and those not listed as covered
- Autopsy and other services performed after death
- Care from a provider not in our plan when you didn't get the needed OK from us before you got the service
- Coma stimulation
- Cosmetic or reconstructive surgery when not required as a result of accidental injury or disease, or not performed to correct birth defects; services resulting from or related to these excluded services also are not covered
- Daily living skills training
- Dental services other than those listed as covered
- Duplicate testing, interpretation, or handling fees
- Education, training, and/or cognitive services, unless specifically listed as covered services
- Emergency evacuation from foreign country, even if medically necessary
- Expenses for which you are not responsible, such as patient discounts and contractual discounts
- Expenses incurred as a result of illegal action while incarcerated or while under the control of the court system
- Experimental, investigational, or unproven services
- Fertility drugs and services
- Foot care (routine, except for diabetic patients)
- Genetic testing for screening purposes — except those tests covered under the maternity benefit are not covered
- Sterilization of a mentally incompetent or institutionalized individual
- Except in an emergency, inpatient hospital tests that are not ordered by the attending physician or other licensed practitioner, acting within the scope of practices, who is responsible for the diagnosis or treatment of a particular patient's condition
- Organ transplants, except in some instances
- Treatment for infertility and the reversal of sterilization
- Sex transformation procedures and hormone therapy for sex transformation procedures
- All cosmetic services, except in the case of accidents or birth defects
- Care given outside of the U.S.
- Medical equipment, prescriptions, services, and supplies that are:
 - Used only for your comfort or hygiene

- Used for exercise
- Personal or comfort items
- Used for the same function as another service we have already paid for
- Changes to your house or car, including ramps, stair glides, vehicle lifts for wheelchairs, vehicle safety devices (such as EZ Vests, transit systems, or car seats)
- Equipment that needs replacement due to neglect or misuse
- Service animals
- Emergency room visits for routine care
- Payment for care you got for health problems that were work-related if they can be paid for by workers' compensation insurance, your employer, or by a disease law that has to do with your job
- Acupuncture
- Experimental or investigational services
- Christian science nurses and sanitariums
- Homeopathic medicine
- Hospital days associated with non-emergency weekend admissions or other unauthorized hospital days prior to scheduled surgery
- Hypnosis
- Incidental surgery performed during medically necessary surgery
- Orientation therapy
- Orthotripsy
- Screenings, except those specifically listed as covered benefits
- Sensory Stimulation (SS) therapy

WVCHIP non-covered services:

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

- All non-medically necessary services and those not listed as covered
- Acupuncture
- All expenses incurred at a facility when a patient leaves against medical advice
- Ancillary services and/or services resulting from an office visit not covered by WVCHIP
- Aqua therapy
- Autopsy and other services performed after death
- Behavioral or functional type skills training except for applied behavior analysis (ABA) treatment
- Biofeedback
- Coma stimulation

- Cosmetic or reconstructive surgery when not required as a result of accidental injury or disease, or not performed to correct birth defects; services resulting from or related to these excluded services also are not covered
- Court-ordered services that are not covered benefits and not medically necessary
- Custodial care, intermediate care (such as residential treatment centers or Psychiatric Residential Treatment Facilities), domiciliary care, respite care, rest cures, or other services primarily to assist in the activities of daily living, or for behavioral modification, including applied behavior analysis (ABA), except to the extent ABA is mandated to be covered for treatment of Autism Spectrum Disorder by W.Va. Code §5-16-7(a)(8)
- Daily living skills training
- Dental services other than those listed as covered
- Duplicate testing, interpretation, or handling fees
- Education, training, and/or cognitive services, unless specifically listed as covered services
- Electroconvulsive therapy
- Electronically controlled thermal therapy
- Emergency evacuation from foreign country, even if medically necessary
- Expenses for which you are not responsible, such as patient discounts and contractual discounts
- Expenses incurred as a result of illegal action while incarcerated or while under the control of the court system
- Experimental, investigational, or unproven services
- Fertility drugs and services
- Foot care (routine, except for diabetic patients)
- Genetic testing for screening purposes — except those tests covered under the maternity benefit are not covered
- Glucose monitoring devices, except Accu-Check models covered under the prescription drug benefit
- Hearing aids implanted; external hearing aids are covered when prior authorized as medically necessary
- Homeopathic medicine
- Hospital days associated with non-emergency weekend admissions or other unauthorized hospital days prior to scheduled surgery
- Hypnosis
- Routine childhood immunizations from non-VFC providers (members must get vaccine from VFC provider)
- Incidental surgery performed during medically necessary surgery
- Infertility services
- Maintenance outpatient therapy services as described above
- Medical equipment as described above
- Medical rehabilitation and any other services which are primarily educational

- Optical Services not listed as covered, including vision correction surgery
- Oral appliances, including but not limited to those treating sleep apnea
- Orientation therapy
- Orthotripsy
- Personal comfort and convenience items or services
- Physical conditioning: Expenses related to physical conditioning programs and safety devices used to effect performance, primarily in sports
- Physical, psychiatric, or psychological examinations, testing, or treatments not otherwise covered by WVCHIP
- Provider charges for phone calls, prescription refills, form completion, or physician-to-patient phone consultations via the Telehealth Policy during the COVID-19 pandemic
- Screenings, except those specifically listed as covered benefits
- Service/therapy animals and the associated services and expenses, including training
- Services rendered by a provider with the same legal residence as a participant, or who is a member of the policyholder's family, including spouse, brother, sister, parent, or child
- Services rendered outside the scope of a provider's license
- Gender affirming operations and associated services and expenses
- Sensory Stimulation (SS) therapy
- Take-home drugs provided at discharge from a hospital
- Treatment of temporomandibular joint (TMJ) disorder; intraoral prosthetic devices; onlays/inlays; gold restorations; precision attachments; replacement crowns only covered every five years; cosmetic dentistry; dental implants; experimental procedures; splinting
- Therapies rendered outside the United States that are not medically recognized within the United States
- Transportation that is not emergent or medically unnecessary facility to facility transports
- Weight loss, health services, and associated expenses intended primarily for the treatment of obesity and morbid obesity, including wiring of the jaw, weight control programs, weight control drugs, screening for weight control programs, bariatric surgery, and services of a similar nature

This is not a complete list of the services that are not covered by UniCare, Medicaid, or WVCHIP. If a service is not covered, not authorized, or is provided by an out-of-network provider, you may have to pay. If you have a question about whether a service is covered, please call the Customer Care Center at 800-782-0095 (TTY 711). A full list of benefits can be found online. Go to dhr.wv.gov/bms and select Members.

GETTING YOUR BENEFITS

REFERRALS AND SPECIALTY CARE

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

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

- Family planning
- OB-GYN care from UniCare providers
- Emergency care
- Vision care
- Behavioral health services (WVCHIP members must have these services coordinated by their PCP)

UTILIZATION MANAGEMENT

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

You should know:

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

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

PRIOR AUTHORIZATIONS

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

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

- Inpatient admissions
- Some surgeries
- CT, MRI, PET scan, special X-rays, and tests
- Certain behavioral health services (Residential Treatment, Partial Hospitalization Program, Intensive Outpatient Services, Psychological and Neuropsychological testing, Drug Screenings)
- Some durable medical equipment, like custom wheelchairs, breathing machines, hospital beds
- All out-of-network care

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

OUT-OF-NETWORK SERVICES

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

COST SHARING FOR MEDICAID

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

Copayments will be collected for:

- Inpatient and outpatient services

- Physician office visits, including nurse practitioner visits
- Non-emergency use of an emergency room
- Caretaker relatives age 21 and up
- Transitional Medicaid members age 21 and up
- Any other members that are not specifically exempt

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

Copayments will not be collected from Medicaid members for:

- Family planning services
- Emergency services
- Behavioral health services
- Members under age 21
- Pregnant women (including up to 60 days after pregnancy)
- American Indians and Alaska Natives
- Members getting hospice care
- Other members or services not under the State Plan authority
- Members who have met their household maximum limit for cost-sharing per calendar quarter
- Members with primary insurance other than Medicaid
- Approved home infusion supplies
- Vaccines administered by a pharmacist

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

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

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

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

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

COST SHARING FOR WVCHIP

WVCHIP members participate in some level of cost sharing, except for those children registered under the federal exception for Native Americans or Alaskan Natives, and those enrolled in WVCHIP Pregnant Women's coverage. WVCHIP has enrollment groups and each one has copays. You can find your copay group at the bottom of your UniCare ID card.

Service	WVCHIP Gold	WVCHIP Blue	WVCHIP Premium
PCP/Medical Home Visits	\$0	\$0	\$0
Other Office Visits (Physicians and Nurse Practitioners)	\$5	\$15	\$25
Preventive Services and Immunizations	\$0	\$0	\$0
Inpatient Hospital Admissions	\$0	\$25	\$25
Outpatient Surgical Services in a Physician's Office; Ambulatory Surgical Center; or Outpatient Hospital (excluding emergency rooms)	\$0	\$25	\$25
Emergency Department (waived if admitted)	\$0	\$35	\$35
Vision Services	\$0	\$0	\$0
Dental Benefit	\$0	\$0	\$25 for some non-

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

Out of Pocket Maximums: The maximum copayment amounts applied during a calendar year are as follows:

# of Children Copay 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

Copayments will not be collected from WVCHIP members for:

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

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

ACCESS AND AVAILABILITY GUIDE

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

Type of Visit	When You Should be Seen
Routine Care	Within 21 Days
Urgent Care	Within 48 Hours
Specialty Referrals	Within three weeks for routine referrals; within 24 hours for urgent referrals
Non-urgent (sick) exams	Within 72 hours of request
Initial Prenatal Care	Within 14 Days of Known Pregnancy
Emergency Care	Immediately

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

Traveling to Your	Should Take No Longer Than
PCP	30 Minutes
Specialist You See Often	30 Minutes
Federally qualified health centers and rural health clinics	30 Minutes
Hospital	45 Minutes
Tertiary Services	60 Minutes

RENEWING YOUR BENEFITS

For Medicaid members

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

For WVCHIP members

WVCHIP members are required to re-determine eligibility every 12 months. After 10 months of coverage through WVCHIP, the child's parent or guardian will receive a letter from their local DHHR office to re-determine eligibility. Promptly returning the application helps assure that the child will not have a gap in coverage. Coverage for pregnant women ends 60 days after the birth occurs and is not renewable. You may also find applications to renew coverage on the chip.wv.gov website or they can be submitted electronically at wvpath.org.

LETTING US KNOW WHEN YOU'RE UNHAPPY

You may not always be happy with UniCare. We want to hear from you. UniCare has people who can help you. UniCare cannot take your Medicaid or WVCHIP benefits away because you make a grievance, appeal, or ask for a State Fair Hearing. You may continue receiving benefits during a grievance, appeal, or State Fair Hearing. Making a grievance, appeal, or State Fair Hearing will be administered at no cost to you.

There are two ways to tell UniCare about a problem:

Grievance or Appeal

A **Grievance** is a way for you to show dissatisfaction about things like:

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

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

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

Or fails to:

- Act within required time frames for getting a service;
- Make a grievance decision within thirty (30) days of receipt of request;
- Make an expedited grievance decision within three (3) days of receipt of request;
- Make an appeal decision within thirty (30) days of receipt of request.
- Make an expedited appeal decision within seventy-two (72) hours of receipt of request.

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

You have some special rights when making a grievance or appeal

1. A qualified clinical professional will look at medical grievances or appeals.
2. If you do not speak or understand English, call **800-782-0095 (TTY 711)** to get help from someone who speaks your language.
3. You or your representative may help you file a grievance or an appeal.
4. If your physical or behavioral health is in danger, a review will be done within three business days for a grievance or seventy-two (72) hours for an appeal or sooner. This is called an expedited review. Call UniCare and tell UniCare if you think you need an expedited review.

Contact us:

Customer Care Center:

800-782-0095

(TTY 711)

Monday through Friday
8 a.m. to 6 p.m. Eastern time

Mail:

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

5. UniCare may take up to 14 days longer to decide if you request the change of time or if we think it is in your best interest. If UniCare changes the time, we must tell you in writing the reason for the delay.
6. If you have been getting medical care and your UniCare health plan reduces, suspends, or ends the service, you can appeal. In order for medical care not to stop while you appeal the decision, you must appeal within 13 days from the date the Notice of Action was mailed and tell us not to stop the service while you appeal. If you do not win your appeal, you may have to pay for the medical care you got during this time.
7. You may request enrollment in another Managed Care health plan if the issue cannot be resolved.

How to File a Grievance or Appeal

1. Grievance: You may file a grievance on the telephone, in person, fax to 844-882-3520, or in writing. Call UniCare at 800-782-0095 (TTY 711) to file a grievance.

- UniCare will write you within five calendar days and let you know we got your grievance.
- UniCare must give written notice of a decision within 30 days.

2. Appeal: You may file an appeal orally or in writing to UniCare. Unless you need an expedited review, you must complete a written request, even if you filed orally.

- You must appeal within 60 days from the date of our Notice of Action.
- For help on how to make an appeal, call UniCare at 800-782-0095 (TTY 711).
- Send your written appeal to:

Attn: Grievance & Appeals Department

P.O. Box 91

Charleston, WV 25321

- Or by fax at 844-882-3520.
- Or the form can be found online at unicare.com/wv.
- UniCare must write you within five business days and let you know we got your appeal.
- UniCare must give written notice of a decision within 30 days for standard appeals and within 72 hours for an expedited appeal.

STATE FAIR HEARINGS

You have the right to ask for a State Fair Hearing when your Managed Care health plan takes an action or when your appeal is not decided in your favor. You may ask for a State Fair Hearing orally or in writing. Unless you need an expedited review, you must complete a written request, even if you asked orally.

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unicare.com/wv

800-782-0095 and TTY 711

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

Medicaid members, send your request for an appeal to:

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

WVCHIP members, send your request for an appeal to:

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

Keeping Your Grievance and Appeals

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

COMPLAINTS

At any time, you can file a complaint. You may fax it to UniCare at 844-882-3520 or mail it to:

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

You will need to send us a letter that has:

- Your name
- Your mailing address
- The reason why you are filing a complaint and what you want UniCare to do

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800-782-0095 and TTY 711
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Your doctor or authorized representative can also file a complaint or grievance for you.

REPORTING FRAUD

If you suspect fraud, waste, or abuse by a UniCare member or provider, please report it to our special investigative unit (SIU). You do not need to give us your name or information when you call or fill out the form. To report fraud, waste, or abuse, please call 800-782-0095 (TTY 711). You may also complete the Fraud, Waste, and Abuse Reporting form on our website at unicare.com/wv or by mailing it to:

Attn: Program Integrity Unit
UniCare Health Plan of West Virginia, Inc.
200 Association Drive, Ste. 200
Charleston, WV 25311

When reporting a provider, let us know:

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

When reporting a member, let us know:

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

MEET WITH UNICARE

You have the right to meet with UniCare during the grievance process. We can help you set up a meeting. Call us at 800-782-0095 (TTY 711).

OUR POLICIES

ADVANCE DIRECTIVES

Under Federal and State law, you have the right to make decisions about your medical care, including an advance directive. An advance directive is a legal document with your wishes regarding medical treatment if there comes a time when you are too sick to make your decisions known. An advance directive allows you to plan in advance and participate in decision-making around your health. It is a way to let your providers know what kind of

treatment you do or do not want. You can also allow someone you trust to make treatment decisions for you. This would allow that person to make choices about your care and treatment. Many people choose a relative or someone they know well.

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

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

ENDING YOUR MEMBERSHIP

If you do not wish to be a member of UniCare, 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 800-449-8466 (TTY 304-344-0015).

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

- You are no longer eligible for Medicaid or WVCHIP managed care
- You move outside of our service area
- You have had or need an organ or tissue transplant (MHT members only)
- You are placed in a nursing facility, State institution, or intermediate care facility for individuals with intellectual disabilities for more than 30 calendar days
- You were incorrectly enrolled in UniCare

If this happens, your services may stop suddenly. The enrollment broker and the Customer Care Center can answer any questions you may have about disenrollment. If you move out of the country or out of state, call the West Virginia Bureau for Medical Services at 304-558-1700.

APPROPRIATE TREATMENT OF MINORS

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

Family planning records are kept private. PCPs and other health care providers should keep all family planning records private, even if the patient is a minor, unless the law says it is OK to share your information with others. Your provider is allowed to share your medical information with other providers who take care of you, public health officials, or government agencies.

UniCare is not responsible for the privacy of medical records held by providers who aren't part of your health plan.

All information, records, and data collected and maintained by UniCare or its subcontractors that relate to enrolled children is protected from unauthorized disclosure. UniCare restricts the release of information on minors to authorized persons, and associates follow a rigorous verification and authentication process prior to the release of information on minors. UniCare's policy limits the disclosure of information concerning enrolled children to purposes directly related to the administration of the Medicaid program in accordance with 42 C.F.R. §431.302.

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

THIRD PARTY INSURANCE

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

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

- Workers' compensation claim
- Personal injury
- Medical malpractice law suit
- Car accident

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

What to do if you get a bill

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

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

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

RECOMMENDING CHANGES IN POLICIES OR SERVICES

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

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

CHANGES TO YOUR HEALTH PLAN

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

NEW MEDICAL TREATMENTS

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

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

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

QUALITY IMPROVEMENT

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

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

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

ACCREDITATION REPORT

UniCare is accredited by the National Committee for Quality Assurance (NCQA). You can request a summary of our accreditation report by calling our Customer Care Center. You can also find it on our website at unicare.com/wv.

IMPORTANT CONTACT INFORMATION

Entity	Phone Number	Street Address
UniCare Customer Care Center Call this number if you have questions about your benefits or if you would like to learn more about case management.	800-782-0095 (TTY 711)	
UniCare Local Office Call this number for help with local resources.	888-611-9958	200 Association Drive Ste. 200 Charleston, WV 25311
24-hour nurse help line	888-850-1108 (TTY 711)	
Behavioral Health Crisis Line	833-434-1261 (TTY 711)	
Emergency	Dial 911	
West Virginia Department of Health and Human Resources (DHHR) Call this number if you move, change your phone number, or become pregnant.	304-558-0684 877-716-1212	One Davis Square Ste. 100 East Charleston, WV 25301
West Virginia Bureau for Medical Services (BMS)	304-558-1700	350 Capitol St. Room 251 Charleston, WV 25301
WVCHIP Help Line Call this number if you need more information about benefit eligibility, application status, renewals, and general information.	877-982-2447	
Enrollment Broker Call this number to join a new health plan, report other health insurance, or disenroll from your current plan.	800-449-8466 (TTY 304-344-0015)	
SKYGEN USA Call this number for help finding a dentist or to learn	877-408-0917 (TTY 800-508-6975)	

Entity	Phone Number	Street Address
more about your dental benefits.		
Vision Service Plan (VSP) Call this number for help finding an eye doctor or to learn more about your vision benefits.	844-526-0198 (TTY 800-428-4833)	
Behavioral Health Utilization Review/Prior Authorization Your provider can fax this number for help with behavioral health services that need an OK from UniCare before you get them.	Inpatient Fax: 855-325-5556 Outpatient Fax: 855-325-5557	
Disease Management Call to enroll in the DM program or leave a private message for your case manager 24 hours a day.	888-830-4300 (TTY 711)	
Grievances, Appeals, and State Fair Hearings	800-782-0095 (TTY 711) Fax: 844-882-3520	P.O. Box 91 Charleston, WV 25321-0091
Non-emergency Medical Transportation (LogistiCare) Call this number to make a ride request for a provider visit. (Medicaid members only)	844-549-8353 (TTY 866-288-3133)	
Fraud, Waste, and Abuse	855-782-0095 (TTY 711)	200 Association Drive Ste. 200 Charleston, WV 25311
National Poison Control Center	800-222-1222	
Medicaid Pharmacy (DXC Technologies, Inc.) Use this number to find out more information about Medicaid Pharmacy benefits or	888-483-0797	

Entity	Phone Number	Street Address
to get help related to Pharmacy services, including diabetes supplies.		
WVCHIP Pharmacy (CVS Caremark) Use this number to find out more information about WVCHIP Pharmacy benefits.	800-241-3260	
Medical injectable prior authorization Your provider can call this number for help with medications given by your provider (covered under your medical benefit) that need an OK from UniCare before you get them.	877-375-6185 Fax: 844-487-9290	
Utilization Management/ Prior Authorization (except medical injectables) Your provider can call this number for help with medical services that need an OK from UniCare before you get them.	866-655-7423 Fax: 855-402-6983	
West Virginia Relay Service This number lets people who have a hearing or speech loss communicate with a trained person who can help them speak with someone who uses a regular telephone.	800-982-8772 (TTY 711)	P.O. Box 29230 Shawnee Mission, KS 66201-9230



HIPAA Notice of Privacy Practices

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

Please read this notice carefully. This tells you who can see your protected health information (PHI). It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.

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

We get information about you from state agencies after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs and hospitals so we can OK and pay for your health care.

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

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

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

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

- **For your medical care**
 - To help doctors, hospitals and others get you the care you need
- **For payment, health care operations and treatment**
 - To share information with the doctors, clinics and others who bill us for your care
 - When we say we'll pay for health care or services before you get them
 - To find ways to make our programs better, as well as giving your PHI to health information exchanges for payment, health care operations and treatment. If you don't

want this, please visit unicare.com/health-insurance/about-us/privacy for more information.

- **For health care business reasons**
 - To help with audits, fraud and abuse prevention programs, planning, and everyday work
 - To find ways to make our programs better
- **For public health reasons**
 - To help public health officials keep people from getting sick or hurt
- **With others who help with or pay for your care**
 - With your family or a person you choose who helps with or pays for your health care, if you tell us it's OK
 - With someone who helps with or pays for your health care, if you can't speak for yourself and it's best for you

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

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

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

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

What are your rights?

- You can ask to look at your PHI and get a copy of it. We don't have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic.**
- You can ask us to change the medical record we have for you if you think something is wrong or missing.
- Sometimes, you can ask us not to share your PHI. But we don't have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.

- You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. This won't list the times we've shared it because of health care, payment, everyday health care business or some other reasons we didn't list here.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What do we have to do?

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

Contacting you

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

What if you have questions?

If you have questions about our privacy rules or want to use your rights, please call our Customer Care Center at **800-782-0095**. If you're deaf or hard of hearing, call **711**.

What if you have a complaint?

We're here to help. If you feel your PHI hasn't been kept safe, you may call our Customer Care Center or contact the Department of Health and Human Resources (DHHR) at **877-716-1212**. Nothing bad will happen to you if you complain.

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we'll tell you about the changes in a newsletter. We'll also post them on the web at unicare.com/health-insurance/about-us/privacy.

Race, ethnicity and language

We receive race, ethnicity and language information about you from the state agency. We protect this information as described in this notice. We use this information to:

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

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

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

Your personal information

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

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

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

Revised November 4, 2020

UniCare Health Plan of West Virginia, Inc.

PRIMARY CARE PROVIDER (PCP) SELECTION FORM

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

- Call the UniCare Customer Care Center at 1-800-782-0095 to speak with someone who can help you.
- Complete this form and return it to us within 30 days.

OR

- Request a new PCP by signing on to our member website.

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

☐ Please check this box if you are pregnant.

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

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

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

Please print your information below.

Your Name (please print): _____

City: _____ State: _____ ZIP code: _____

☐ Please check this box if you have moved in the last year. If you move, please remember to call our Customer Care Center at 1-800-782-0095.

Your Daytime Telephone Number: _____

Your Signature: _____

Choose a new PCP

Member Name (First and Last): _____

Member ID Number: _____

First Choice — PCP Name (First and Last): _____

Second Choice — PCP Name (First and Last): _____



An Anthem Company

We can translate this for you at no cost.
Call the Customer Care Center at 800-782-0095. If you have
speech or hearing loss, call the TTY line at 711.

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