



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
 CHP86030

PAGE
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF
 KRISTA FERRELL
 304-558-2596

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

WEST VIRGINIA CHILDRENS HEALTH
 INSURANCE PROGRAM
 SUITE 209
 1018 KANAWHA BOULEVARD, EAST
 CHARLESTON, WV
 25301 304-558-6655

| | | | | |
|------------------------------|---------------|------------------|--------|---------------|
| DATE PRINTED 05/16/2008 | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
| BID OPENING DATE: 05/29/2008 | | BID OPENING TIME | | 01:30PM |

| LINE | QUANTITY | UOP | CAT NO | ITEM NUMBER | UNIT PRICE | AMOUNT |
|------|----------|-----|--------|--|------------|--------|
| | | | | ADDENDUM NO. 1 | | |
| | | | | THIS ADDENDUM IS ISSUED TO: | | |
| | | | | 1.) ANSWER ALL TECHNICAL QUESTIONS RECEIVED DURING THE MANDATORY PRE-BID MEETING AND THOSE TECHNICAL QUESTIONS RECEIVED PRIOR TO THE DEADLINE. | | |
| | | | | 2.) PROVIDE A COPY OF THE MANDATORY PRE-BID SIGN IN SHEET | | |
| | | | | 3.) PROVIDE ADDITIONAL CLARIFICATIONS | | |
| | | | | 4.) EXTEND THE BID OPENING DATE | | |
| | | | | BID OPENING DATE IS EXTENDED TO: 05/29/2008 | | |
| | | | | BID OPENING TIME REMAINS: 1:30 PM | | |
| | | | | ***** END ADDENDUM NO. 1 ***** | | |
| 0001 | 1 | LS | | 915-58 | | |
| | | | | HELP LINE AND MAILING SERVICES | | |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | |
|-----------|-----------|-----------------------------------|
| SIGNATURE | TELEPHONE | DATE |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE |

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

PRE-BID CONFERENCE
SIGN IN SHEET

Request for Quotation Number: _____

Date: _____

PLEASE PRINT LEGIBLY. THIS INFORMATION IS ESSENTIAL TO CONTACT THE ATTENDEES IN A TIMELY MANNER. FAILURE TO DO SO MAY RESULT IN DELAYS IN YOUR COMPANY GETTING IMPORTANT BID INFORMATION.

| | |
|---------------------------|--|
| Firm Name: | CALLS Plus |
| Firm Address: | 1001 W Pinhook Rd Ste 300 Lafayette, LA 70503 |
| Representative Attending: | Anantha Rodgers |
| Phone Number: | 337-262-6080 |
| Fax Number: | 337-262-6082 |
| Email Address: | CustomerCare@callsplus.net |

| | |
|---------------------------|---|
| Firm Name: | Automated Health System |
| Firm Address: | 300 Arcadia Drive 9370 McKnight Rd Pittsburgh, PA 15237 |
| Representative Attending: | Arlene Jackson |
| Phone Number: | 304-345-0436 |
| Fax Number: | 304-345-1581 |
| Email Address: | Vivian.Jackson@Automated-Health.com |

| | |
|---------------------------|---------------------------------------|
| Firm Name: | A.V. Lauttamus Comm. Inc |
| Firm Address: | 1344 Cove Hill Rd Weirton WV 26062 |
| Representative Attending: | Paul Lauttamus |
| Phone Number: | cell 412-292-5547 304-723-5555 |
| Fax Number: | 304-723-1539 |
| Email Address: | Paul.L@Lauttamus.com |

| | |
|---------------------------|--|
| Firm Name: | |
| Firm Address: | |
| Representative Attending: | |
| Phone Number: | |
| Fax Number: | |
| Email Address: | |

| | |
|---------------------------|---|
| Firm Name: | JCDC |
| Firm Address: | 112 Industrial Lane Millwood, WV 25262 |
| Representative Attending: | Mark Crockett |
| Phone Number: | 304-273-9311 or 304-273-9312 |
| Fax Number: | 304-273-5131 |
| Email Address: | MCrockett@JCDCworks.com |

| | |
|---------------------------|--|
| Firm Name: | |
| Firm Address: | |
| Representative Attending: | |
| Phone Number: | |
| Fax Number: | |
| Email Address: | |

RFQ: CHP86030
Questions & Answers

1.) On page 10, the RFQ states that the Saturday shift is an 8 hour day and has a 6 hour day on the Operating Schedule. Which is correct?

Answer: An eight-hour shift is required on Saturdays.

2.) Would it be possible to obtain a screen shot for reference?

Answer: Screen shots of RAPIDS, Crystal, and ESI are included per the attached packet of additional information.

3.) What about inroads? ?

Answer: Vendors can view a complete tutorial of InRoads on the internet at www.wvinroads.org.

4.) Does the vendor complete the form on the internet for submission?

Answer: Yes, but the client must sign and return the signature page to DHHR with income documentation. The vendor may print the screen and mail to the client, or have the screen printed at DHHR and mailed to the client.

5.) Does the vendor need to provide a dedicated T1 for this project?

Answer: No.

6.) What type of after hours messaging service is the agency looking for?

Answer: This is vendor's discretion. The Agency only requires that members are provided the opportunity to leave a message and receive a call back within 24 hours, or 72 hours on weekends and holidays. See section 4E on RFQ.

7.) What about Saturday after hour calls?

Answer: After hour calls received on Saturday should be returned the next business day. See section 4E on RFQ.

8.) Is voice mail acceptable?

Answer: Yes.

9.) Does this also apply to after business hours Monday through Friday?

Answer: Yes.

10.) What does an "extraordinary" supply mean?

Answer: This language is hereby stricken. All supplies will be included in the all inclusive rate.

11.) Who is the provider for mailing service? Us Postal Service or Common Carrier?

Answer: The US Postal Service.

12.) Are you looking for a bulk mail permit?

Answer: No. A straight permit is acceptable as the vendor will not be required to handle bulk mailings.

13.) What is the content of the mailings?

Answer: See attached packet of information

14.) Is the call center required to respond to the request of the caller for mailings?

Answer: Yes

15.) Do the SPDS go out nightly from IS & C?

Answer: IS&C creates a list of new members nightly and places the list on the PEIA FTP site. The vendor will mail the SPDs daily to all listed members.

16.) How will the information for the labels be provided?

Answer: Information will be provided in Excel or an alternate agreed upon format.

17.) How many mailings can the vendor expect daily?

Answer: Daily mailings can be anywhere from 25-100. Mailings vary with peak times of year and agency volumes.

18.) Does the agency supply the list to the vendor or does the vendor need to acquire it from the PEIA FTP site.

Answer: The vendor is expected to get the list from the FTP site.

19.) Does the 24 hour turn around mean that the vendor is to have it post marked in 24 hours or mailed in 24 hours?

Answer: Vendor will need to have it mailed in 24 hours.

20.) Will the agency be supplying the Medical Home forms to the vendor or does the vendor have to reproduce them?

Answer: The Agency will supply the forms to the vendor.

21.) Is Exhibit 1 in the original RFQ an accurate estimate of the monthly helpline report?

Answer: Yes.

22.) Under the average length of call, is the vendor expected to report the three busiest times of the day?

Answer: Yes.

23.) Can we get intelligent data about the number of dedicated operator from the current vendor?

Answer: The current vendor has 2-3 dedicated operators per shift and has three shifts.

24.) For the after hours messaging, are live agents acceptable?

Answer: Yes.

25.) Please explain the automated phone broadcast.

Answer: Voice broadcasting (also referred to as phone broadcast or voice broadcast) is a mass communication technology that broadcasts a pre-recorded phone message to hundreds or even thousands of call recipients in a very short period of time. This technology can be used in business applications and for community alerts and notifications. One example is WARN (Wide Area Rapid Notification) system as used by Kanawha County Schools: www.warninfo.com Another example is VoiceShot: www.voiceshot.com

26.) Is this represented as a direct pass through cost?

Answer: Yes, with a detailed invoice.

27.) What is included in the all inclusive rate?

Answer: The client helpline per call price is inclusive of all helpline phone and mailing services and supplies. No separate reimbursement will be made for travel or other expenses. Postage for all mailings (Applications w/ Guides, Renewal Applications, Provider Guides, Summary Plan Descriptions, and other Outreach

Mailings) will be billed to the agency at a pass through rate. Vendors will be required to attach a copy of the manufacturer's invoice/receipt for these items to the vendor's invoice which will be submitted monthly to the agency for payment. No reimbursement can be made for these items without proper documentation as explained above.

28.) Are the estimated call volumes provided in the RFQ a yearly total?

Answer: Yes.

29.) How will the vendor be compensated?

Answer: The vendor shall submit monthly invoices to the agency.

30.) The pricing sheet is confusing. Can this be clarified?

Answer: Please see attached revised pricing sheet.

31.) What is the Automated Broadcast reporting requirement?

Answer: The vendor is required to report the number of outbound calls made per month, and provide a detailed invoice for this pass-through cost.

32.) What about an IVR application? Is the effectiveness of the calls to be reported?

Answer: No.

33.) Will the agency provide the call list for such calls?

Answer: Yes.

34.) What will be the format of the list?

Answer: Information will be provided in Excel or an alternate agreed upon format.

35.) Will the databases reflect accurate eligibility?

Answer: Databases reflect the most current eligibility determinations made by WVDHHR county offices.

36.) Are RAPIDS and CRYSTAL to be used to check eligibility?

Answer: Yes. RAPIDS reflects eligibility determinations made by WVDHHR and CRYSTAL reflects enrollment by co-pay groups.

37.) Under the Pharmacy Benefits requirement, if you have incorrect information, is that to be included in the rate?

Answer: Yes.

38.) Is there a single person dedicated to uploading information for a child?

Answer: This will be at the vendor's discretion.

39.) What is the liability of errors insurance?

Answer: Any normal liability insurance typical for this type of business.

40.) May we record calls for quality assurance reasons?

Answer: Yes, but all HIPPA requirements must be met.

41.) Is this an RFQ or an RFP?

Answer: This solicitation is a Request for Quotation not a Request for Proposal. The evaluation is based on the lowest cost meeting all mandatory requirements of this solicitation.

42.) What prompted the line busy rate?

Answer: This is the standard language used in past contracts.

43.) Historically, is the call volume similar to the information provided?

Answer: Yes.

44.) What is the reason for this bid?

Answer: The maximum current contract period allowed under state purchasing regulation is about to expire and must now be re-bid.

45.) Who is the current provider of this service?

Answer: The current vendor is New Orleans Teleport dba CallsPlus.

46.) What is an emergency case?

Answer: An example would be a member who cannot access health or pharmacy services even though they are enrolled, due to electronic system discrepancies that the vendor cannot reconcile or fix by checking all available databases.

47.) Can these calls be patched immediately?

Answer: This is acceptable for cases that meet the above definition.

48.) Will all numbers of referrals from other agencies to be provided?

Answer: Yes.

49.) Will the Operational Document be made available to all vendors?

Answer: Yes, in draft form.

50.) Is online re-enrollment the responsibility of the vendor?

Answer: No, but the vendor should assist members if necessary.

51.) What translation services are required?

Answer: The following languages have all been required for past translations: Spanish, French, Italian, Hmong, Russian, Serbo-Croatian, Hatian-Creole.

52.) TTD/TTY- Would you have to come through a relay operator or can the vendor have their own?

Answer: This is at vendor's discretion.

RFQ: CHP86030
Questions & Answers

(Page 4)

Please confirm that the State's use of a VISA purchasing card applies to this service and, if so, please provide any fees the vendor should expect to incur in connection with these transactions.

Our understanding is that current fee to vendor is 2.5% if we choose to pay by P-Card.

(Page 10)

Please clarify the expected hours of operation for Saturdays. The background section requests an eight hour shift while the scope of work section requests a six hour shift.

Saturday coverage would be eight hours.

(Page 10)

Please provide the average length of an outbound call utilizing the broadcast methodology.

We would estimate about 30-45 seconds.

(Page 10)

Please provide the average length of call for surveys.

We are uncertain as we have not done this in the past, however, we would probably have about 10 to 15 questions on a given survey, estimated to take a maximum of five minutes per call.

(Page 14 and Price Sheet)

Should the vendor expect to incur materials production costs (printing) in connection with the program or are all materials provided to the vendor? If printing costs are to be incurred, can the State provide unit costs of each product?

No, the vendor should not expect any materials production or printing costs.

PRICE SHEET

All vendors should complete the below pricing table. It is strongly preferred that this table be used in lieu of separate quote.

| Description | Estimated Quantity | Unit Cost | Extended Cost |
|---|---|--------------|---------------|
| All-Inclusive Call Rate: | | | |
| <i>**Includes: phone service, mailing service, and supplies</i> | 25,329 total (24,329 Incoming/1,000 Outgoing) | \$ | \$ |
| Automated Broadcast Calls | 57,600 | \$ | \$ |
| | | Grand Total: | \$ |

** The above quantities are estimated for bid evaluation purposes only. Actual quantities ordered may differ.

WVCHIP Eligibility Systems

RAPIDS - Application and Eligibility Determination:

This is the system used by WV Department of Health and Human Resources that determines and validates eligibility for public assistance programs, such as Food Stamps, TANF, Maternal & Child Health, and Medicaid. It is also the system used to determine if a child is eligible for WVCHIP.

The following criteria are used to determine if a child is eligible for WVCHIP:

Age:

Children who are 18 and under are eligible for WVCHIP. Eligibility ends at the end of the month the child reaches the age of 19. For example, a child whose birthday is on July 21 will continue his/her enrollment in WVCHIP until July 31st.

Residency: The child must be a resident of WV.

Income: Children of families with incomes less than 220% of the Federal Poverty Level. Income limits change March 1st of each year. Income limits are based on family size and can be found in the WVCHIP Application Guide, along with those for Medicaid. Methods and calculations used in determining income are explained in the Application Guide. (Note: there is no asset test for WVCHIP, nor is there an asset test for Medicaid pregnant women and children which are processed from the same application as CHIP.)

Other Insurance: Children with no other available source of insurance qualify for enrollment in WVCHIP. Children who had insurance within the last six months do not qualify for WVCHIP. The exceptions are:

1. **Health insurance costing 10% or more than 10% of a family's yearly gross income.**
2. **Family's income also must fall within the WVCHIP guidelines.**
3. **Family insurance lost due to job layoff, job change, or an employer who no longer offers family coverage to its employees.**
4. **A geographic exception when a child is covered under a non-custodial parent's insurance who lives outside the state of WV, and services covered under the insurance are not accessible within a reasonable distance, as defined in policy.**

Exceptions are further explained in the Application Guide and in WVCHIP eligibility policies outlined in the Income Maintenance Manual maintained by DHHR, which can be accessed at <http://www.wvdhhr.org> Federal rules prohibit children from being covered under WVCHIP who are covered by or have access to the Public Employees Health Insurance Agency (PEIA), or who are eligible for Medicaid.

Once determined eligible, a child is enrolled in the program for 12 months, unless the child turns age 19, moves out-of-state, obtains other insurance, or dies.

CHIP Eligibility Database (Also referred to as Crystal)-Co-Payment

Status:

This is WVCHIP database that holds eligibility information on WVCHIP members. This database is maintained at IS&C and is accessed via the web at:

<http://www.state.wv.us/scripts/chips>. After RAPIDS determines a child's eligibility for WVCHIP and enrolls them in the program, the information is passed to the WVCHIP

database. **Information for families qualifying for Regular CHIP and CHIP Co-Pay is passed nightly. CHIP Premium is passed once a week.** This is where a child's co-pay group is determined. The co-pay groups are referred to as:

CHIP_ (CHP) and_ CHIP3 (CHP3) or CHP-Prem. Co-pay group determination is also based on family income, and the co-payment amounts and limits can be found in the Application Guide. Enrollment information from the CHIP database is passed twice weekly to Express Scripts, Inc., and weekly to Wells Fargo, TPA.

IMPORTANT: If information in RAPIDS does not match the WVCHIP database, the Call Center should call the WVCHIP Eligibility Specialist for resolution of the problem at 304-558-2732.

Express Scripts Enrollment Database - Insurance Cards:

Express Scripts, Inc. (ESI) is the third-party administrator of the WVCHIP pharmacy program. ESI also mails insurance cards to members of WVCHIP. It takes approximately two weeks from the time a child is enrolled in WVCHIP until he/she receives an insurance card. **All cards not delivered to WVCHIP families due to the family moving will be returned to the Call Center. It is the responsibility of the Call Center to check in RAPIDS to see if a change of address has been reported. If there has been an address change, the Call Center prepares new mailing label and re-mails the cards. Turn around time should be 24 hours.**

Pharmacy and Drug Benefit Checks

This system is accessed via the web at <https://client.express-scripts.com> • If a member's enrollment information cannot be found in this system it means the member cannot receive pharmacy services and the member's insurance card has not been mailed. If the member is open in RAPIDS and is also opened in the WVCHIP database, the member should be entered in the ESI database. The Call Center will assist members by entering enrollment information into this database if there is a call to the Helpline. An example would be a member who cannot get a prescription filled at the pharmacy. Instructions for entering enrollment information can be found in the ESI user's manual.

WVCHIP Partner Agencies:

WV Department of Health and Human Resources (DHHR) -

This agency, specifically the Bureau for Children and Families (BCF), is responsible for receiving applications and determining a child's eligibility for WVCHIP. Applications are processed by Bureau for Children and Families (BCF), using the RAPIDS system. WV DHHR maintains local offices in nearly all of WV's 55 counties. The DHHR county office directory is available at: <http://www.wvdhhr.org/bcf/county/default.asp>. WVCHIP also partners with other DHHR agencies on outreach and health-promotion projects. DHHR website offers a listing of hotline numbers for services offered that can be found at <http://www.wvdhhr.org>

Maternal Child and Family Health (MCFH) :

A program within DHHR that covers maternity services for pregnant women up to 185% of the Federal Poverty Level (FPL). Maternal Child and Family Health can also assist the uninsured families in accessing certain services such as: Primary Care, Pharmacy, Family Planning and Dental. Since WVCHIP does not cover maternity services, members who are pregnant are referred to MCFH. CHIP members that are pregnant or are asking about maternity benefits, should be given MCFH's toll free number 1-800-642-8522. **CHIP does not cover maternity benefits**. Non-members should be assisted with completing the joint-application and told to include a doctor's statement confirming pregnancy with other required documentation when submitting the application to DHHR. More information about MCH can be found on the web at www.wvdhhr.org/mcfh.

Vaccines for Children Program (VCF):

This program provides free vaccines to children who are either on Medicaid, WVCHIP, or are uninsured. VFC's website is www.wvdhhr.org/immunizations.

County Health Departments/ Primary Care Clinics:

WV has 55 county health departments that provide basic health services, education and health programs. CHIP members may be referred to a local health department for vaccines if their primary care doctor is not a vaccine for children provider. Address and phone number listings for county health departments can be found at: <http://www.wvdhhr.org>

WVCHIP Application Process:

There are a number of ways to apply to WVCHIP.

1. The application with appropriate documentation can be dropped-off or mailed to the local DHHR county office. The Call Center should refer to the list of addresses and phone numbers for all WV DHHR county offices listed on website.
2. Applications are mailed to a central Post Office Box, (which is printed on the enclosed envelope in the application). DHHR will then forward the applications to the county offices.
3. CHIP Helpline can complete the application for Helpline callers and send the caller the printout so the applicant may sign, attach documents and forward to DHHR using either one of the methods outlined above.
4. CHIP Helpline can enter the application in WV InROADS. The signature page is printed and mailed to the applicant. The applicant then signs and forwards the signature page with required documentation to DHHR using either one of the methods outlined above.

5. Community Partners: Can assist families in completing application on InROADS. Please see the community partners' listings such as primary care centers and family resource centers.

Applications are also available through a variety of sources:

- a. Download application and guide at www.wvchip.org.
- b. Online application process at www.wvinroads.org (this site can be used for food stamps and other assistance applications).
- c. Local DHHR office
- d. Toll-free WVCHIP helpline
- e. School Nurses
- f. Primary Care Clinics
- g. Hospital Social Workers
- h. Head Start, Starting Points, Child Day-Care centers
- i. Most pediatrician and family practice physician offices

Monthly Helpline Report:

This report is due by the 15th of each month for the proceeding month. The reports should be submitted electronically in Excel format with the monthly invoice to:

- a. Stacey.L.Shamblin@wv.gov
- b. Brenda.K.Jones@wv.gov
- c. Sharon.L.Carte@wv.gov
- d. Hank.H.Woodson@wv.gov
- e. Wanda.F.Casto@wv.gov

See Attached example APPENDIX A

The report summarizes call statistics and is formatted into four sections. Data are reported by week, and the first day of the week is used to label the columns across the top of the page. The last two columns of the report are used to list monthly averages, and averages maintained since the start of the contract period.

The Contractor will also be required to send a monthly inventory count to:

- a. Stacey.L.Shamblin@wv.gov
- b. Hank.H.Woodson@wv.gov
- c. Wanda.F.Casto@wv.gov

(See attached example.) APPENDIX B

Section One: Call Statistics:

1. Number of Calls - the total number of calls received by the Helpline. This measure will include all answered calls as well as calls that were either lost or abandoned.
2. Average Queue Time - the average amount of time that calls are in queue waiting to

Speak with an operator.

3. Average Length of Call - the average amount of time it takes to complete each call and includes time the call is in queue.
4. Busiest Time of Day - these are the three one hour periods in a 24 hour period, displayed highest to lowest, in which most calls are received. Times should be reported in EST.
5. Lost Call Rate - this is the number of calls which were abandoned before contact with a live operator and identification of the caller.

Section Two: Application Assistance and Mailings:

1. InROADS Submittals – The number of applications completed and submitted by the Call Center through InROADS and the signature page printed and mailed to the caller so the caller can submit the page along with appropriate documentation to DHHR.
2. InROADS Mailed - the number of applications filled out for families and then mailed to the family so the family may submit the application themselves.
3. Assist with Application - number of calls to which Call Center provided assistance to caller for filling out an application or the application process.
4. Online Referrals - number of calls that were referred to WVCHIP website to obtain a copy of the CHIP application and application guide so the family may complete and submit the application themselves, or referred to www.wvinroads.org.
5. Applications Mailed - the number of applications mailed to families so they may complete and submit the applications themselves. Note: Applications mailed are also reported under the Mailings section of the report.

Section Three: Referrals

1. **Wells Fargo, TPA** -The number of calls referred to Wells Fargo, TPA. Will be referred to Wells Fargo for medical or dental claims, payment questions or appeals, pre-certification or prior authorizations for services.
2. **DHHR** - The number of calls referred to DHHR for questions regarding eligibility or the application process, or questions about enrollment in other programs, for example Food Stamps, TANF, or Medicaid.

3. **Change Center** - The number of calls referred to DHHR-Change Centers for address or phone number changes, or to report changes in income or family size, or birth of a newborn.
4. **CHIP Office** - The number of calls referred to WVCHIP offices for issues that cannot be resolved through referrals to other agencies.
5. **Express Scripts** - The number of calls referred to Express Scripts, Inc. These calls should include questions about prescription drug benefits or claims.
6. **Maternal Child and Family Health** - The number of calls referred to Maternal Child and Family Health for issues related to pregnancy, family planning, pharmacy, and primary care, particularly in rural areas.
7. **Primary Care Clinics/County Health Department** - Number of calls referred to clinics or county health departments for medical care.

Section Four: Types of Inquiries:

1. Application Status - The number of calls requesting CHIP application status. The application status is determined by checking RAPIDS.
2. Benefit Questions - The number of inquiries about CHIP benefits. This should also include any calls referred to Wells Fargo, Express Scripts, or the CHIP office with questions about benefits.
3. Copay Status - Three different levels of co pays exist for three income levels of premium payment.
4. CHIP Premium - The number of inquiries received regarding co-pay status. Co-pay status is confirmed by checking the CHIP database. **(Crystal)**
5. Eligibility - Number of inquiries about CHIP eligibility.
6. Express Scripts Update - Number of inquiries requiring Call Center to update ESI's Online Eligibility system (OLE) with enrollment information by confirming eligibility in RAPIDS and the CHIP database.
7. General CHIP Information - Number of inquiries about general CHIP information, such as application process, program offices, or anything that is not covered under another heading.
8. Has Other Coverage - Number of inquiries related to the other insurance coverage issues.
9. Income Guidelines - Number of inquiries requesting the specific Income Limits used in determining CHIP eligibility and how to calculate income as explained in the Application Guide accompanying the hard copy of the application.

10. Eligibility Verification for Provider: Number of calls requiring verification of CHIP eligibility for providers. Eligibility is verified by checking RAPIDS and the CHIP database.
11. Promotional/Printed Outreach Materials: The number of calls requesting CHIP promotional or printed materials for outreach activities.

Note: Sections Two, Three, and Four categorize the total calls summarized in Section One. Many calls will fall into more than one category, but calls should be included in only one category for this report. The first question the caller asks should determine the category that includes the call for this report.

Section Five: Mailings

1. Total mailings - the number of packages mailed on behalf of CHIP.
2. Mailed applications with Guides - include number mailed with postage rate for each.
3. Mailed renewal application - include number mailed with postage rate for each.
4. Summary Plan Description (SPD)-include number mailed with postage rate for each.
5. Provider Guides - include number mailed with postage rate for each.
6. Outreach materials for community groups - include a summary of the number mailed by package size as well as the applicable postage rate for each. Also include detail of individual mailings.
7. Other mailings - other types of mailings not specified above with the applicable postage rate for each.
8. Please note that postage rates are listed in the row headings of the monthly report for each type of mailing. The monthly report should balance to the number of calls and postage on the monthly invoice submitted by the Call Center.

WV Public Employees Health Insurance Agency (PEIA):

WVCHIP modeled its benefit plan after PEIA's. WVCHIP uses many of the same Third-Party Administrators as PEIA, including Wells Fargo, TPA, Express Scripts, Inc. We also use PEIA's Provider fee schedules to pay providers as well, as the out-of-state networks. Providers with questions regarding fee schedules should be referred to PEIA's website at www.wvpeia.com

Wells Fargo, TPA:

Wells Fargo is WVCHIP's medical and dental claims processor. It also performs utilization management for WVCHIP. Additional information can be found on Wells Fargo website at: www.wellsfargo.com/tpa

Express Scripts, Inc. (ESI) -

ESI processes pharmacy claims for WVCHIP and also mails insurance cards to members. They also provide a toll-free number to members for clinical information on drugs. The number is 1-800-824-0898. Information is also available through ESI's website at www.express-scripts.com

West Virginia Primary Care Centers -

Primary Care Centers are community based non-profit health care facilities in rural communities of West Virginia. They are funded in part by State and Federal grants. These centers offer a full range of primary and preventive health care services. Their patients can pay on a sliding fee scale for services and will be seen regardless of the patient's ability to pay for the services. Currently, there are 34 primary care organizations operating 90 individual delivery sites and 46 school based health centers. General information concerning Primary Care Centers in WV can be found at:

<http://www.wvpca.org>

A listing of their sites can be accessed at:

http://www.wvdhhr.org/wvprimarycare/site_list.asp

Family Resource Networks (FRN) -

FRN Directors in 51 counties coordinate services and resources to better meet the needs of the community.



PROVIDER GUIDE



July 2006

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ABOUT WVCHIP



In 1997 Congress amended the Social Security Act to create Title XXI "State Children's Health Insurance Program." The West Virginia Legislature established the insurance governance and legal framework in legislation that was enacted in April 1998. Children first began enrolling in the West Virginia Children's Health Insurance Program (WVCHIP) in July 1998 and by June 2005 over 70,000 children had obtained health care coverage through this Plan.

WVCHIP covers children from birth through age 18. It pays for a full range of health care services for children including: doctor visits, check-ups, vision and dental visits, immunizations, prescriptions, hospital stays, mental health and special needs services.

WVCHIP reports to a financial governing board made up of citizen members, legislators, and state agency members who are responsible for the Program's annual financial plan. The West Virginia Children's Health Insurance Board meets at least four times each year and meetings are open to the public. WVCHIP's administrative office is located at 1018 Kanawha Blvd, East Suite 209 Charleston, West Virginia 25301.

WVCHIP has contracts with agencies known as third party administrators to provide benefits management and payment of claims for all medical and pharmacy services you provide. They are:

Medical

Acordia National
 PO Box 2451
 Charleston, WV 25329-2451
 1-800-356-2392
www.acordianational.com

Pharmacy

Express Scripts, Inc.™
 PO Box 390873
 Bloomington, MN 55439-0873
 1-877-256-4689
www.express-scripts.com

Specialty Drugs

CuraScript™ Pharmacy
 6272 Lee Vista Blvd.
 Orlando, FL 32822
 1-866-413-4135
www.curascript.com

BILLING AND FEE REIMBURSEMENT INFORMATION

Reimbursement:

Health care providers are reimbursed according to a maximum fee schedule and rates established by WVCHIP. If a provider's charge is higher than the WVCHIP maximum fee for a particular service, the Plan will allow only the maximum fee. The "allowed charge" for a particular service will be the lesser of either the provider's charge or the WVCHIP maximum fee. Physicians and other health care professionals are paid according to a Resource Based Relative Value Scale fee schedule (RBRVS).

Reimbursement information for a specific procedure code or codes:

Providers can check the PEIA website at www.wvpeia.com for fee schedules.

Assignment of Benefits/No Balance Billing:

The WVCHIP benefit plan is governed in part by the Omnibus Health Care Act enacted by the West Virginia Legislature in April 1989. This law requires that any health care provider who treats a WVCHIP benefit plan cardholder must accept assignment of benefits. Plan cardholders cannot be billed for any balance of charges over and above the WVCHIP fee allowance or for any discount amount applied to a provider's charge or payment.

FILING CLAIMS FOR MEDICAL SERVICES

Providers must use the standard CMS 1500 Claim Form to request reimbursement for services. Please forward claims for all medical, dental and vision services to:

**Acordia National
PO Box 2451
Charleston, WV 25329-2451**

Timely Filing of Claims:

Medical claims must be filed within six months of the date of service. Claims not submitted within this period will not be paid, and neither WVCHIP nor its cardholders will be responsible for payment. Acordia National (Acordia) is the claims processor for all medical, hospital, dental and other claims for the Plan. You may contact them at 1-800-356-2392.

FILING CLAIMS FOR PRESCRIPTIONS

Prescription Claims: Prescriptions filled at a pharmacy that participates with Express Scripts, Inc.™ will be filed electronically.

Non-Network Pharmacy Reimbursement: WVCHIP cardholders who use a non-network pharmacy will have to pay for the full cost of the prescription at the time that it is purchased. Cardholders must then submit an Express Scripts, Inc.™ reimbursement form with a claim receipt or itemized bill. They can call Express Scripts, Inc.™ at 1-877-256-4689 to request a claim form. The claim form should be signed by the pharmacist and the child's parent or guardian. The completed form should be mailed to:

Express Scripts, Inc.™
PO Box 390873
Bloomington, MN 55439-0873

Cardholders will be reimbursed within 7 days from receipt of their child's claim form. They will receive only the amount that would have been charged by a participating pharmacy.

PROVIDER APPEALS

Provider Appeals: Providers are requested to first fully review any disputed claims amount or denial with Acordia National, the claims administrator, at 1-800-356-2392. Any provider still wishing to dispute the amount or denial of reimbursement may file an appeal in writing to:

WV Children's Health Insurance Agency
Attention: Executive Director
1018 Kanawha Boulevard, East
Suite 209
Charleston, WV 25301

Providers are requested to attach copies of any necessary supporting documentation pertaining to the claim in question.

Copayments

The Plan has two levels of copayment participation. Insureds under Group A have copayments for brand name prescription drugs only. Insureds under Group B have copayments for prescription drugs and for some medical and other health services. There are no copayments required for physical, dental and vision check-ups.

Group A: Insureds in this group receive insurance cards marked "Drug CoPays Only." Copayments are required for prescription drugs according to the schedule at right:

| Drugs (1-34 Day Supply) | |
|-----------------------------------|------------------------|
| Amount | Type |
| \$0 | Generic |
| \$5 | Listed Brand Drugs |
| Full Retail Price | Non-Listed Brand Drugs |

Group B: Insureds in this group receive insurance cards marked "CoPays Apply." Copayments apply to prescription drugs and some medical services under the schedule at right:

| Drugs | | Medical Services | |
|--|------------|------------------|--|
| Copayment | Type | Copayment | Service |
| \$0 | Generic | \$15 | Physician Visit for Illness |
| \$10 | Listed | \$25 | Hospital/Inpatient Service |
| Full Retail Price | Non-listed | \$25 | Outpatient Services <i>(per procedure)</i> |
| | | \$35 | Emergency Room <i>(is waived if admitted)</i> |
| <i>NO copayments apply for preventive services such as well-baby and well-child check-ups, immunizations, and dental or vision preventive check-ups.</i> | | | |

Copayment Maximums

The maximum copayment amounts that may be required during a benefit year are as follows:

Prescription Drug Maximums

- \$ 100 maximum per 1 child
- \$ 200 maximum per 2 children
- \$ 300 maximum per family with 3 or more children

Medical Services Maximums

- \$ 150 maximum per 1 child
- \$ 300 maximum per 2 children
- \$ 450 maximum per family with 3 or more children

Total Maximum Copayments: \$750 per benefit plan year

PRECERTIFYING MEDICAL SERVICES

Inpatient Precertification: Providers must contact Acordia National at 1-800-356-2392 for pre-certification prior to a WVCHIP cardholder's admission to a hospital, skilled nursing facility or other inpatient facility.*

***IMPORTANT NOTE:** Precertification of a service does not guarantee eligibility. To verify eligibility status of a child, providers can call the toll-free helpline at 1-877-WVA-CHIP. Eligibility status confirmed through the helpline can be considered valid only on the date of confirmation, and does not guarantee eligibility for any date in the future or any date prior to the confirmation date.

Admissions Outside the State of West Virginia: When the admitting facility is not in West Virginia and is not a participating provider with Beech Street, Alliance or Medical Mutual of Ohio, then the parent or guardian must call Acordia National at 1-800-356-2392 in advance to get prior approval for the out-of-state services.

Emergency Admissions: If the admission is an *emergency*, then a parent, guardian, family member, provider or other designated person must call Acordia National within 48 hours of the admission, even if the child is discharged in less than 48 hours. Remember, for out-of-state care, the parent or guardian must contact Acordia National for prior approval.

Precertification is also required for these services regardless of place performed:

| | |
|-------------------------------|---|
| Abortion | Laparoscopy |
| Allergy Testing | Magnetic Resonance Angiography (MRA) |
| Arthroscopy (knee only) | Occupational Therapy |
| Cardiac Rehabilitation | Orthotics/Prosthetics (over \$1,000) |
| Cataract Surgery | Pain Management Services |
| Chiropractic Care & Treatment | Partial Hospitalization |
| Colonoscopy | PET Scan |
| Day Programs (Mental Health) | Prosthetics |
| Dexa Scans | Septoplasty or Submucous Resection |
| Durable Medical Equipment | Skilled Nursing |
| Emergencies | Surgeries (same as inpatient) |
| Home Health Care | Tonsillectomy (with or without Adenoidectomy) |
| Hospice Care | Transplants |
| Inpatient Rehabilitation | Vision Therapy |

DENTAL CARE SERVICES

The WVCHIP Benefit Plan covers a full range of health care services, including dental care. Listed below are the types of procedures that are covered in full by WVCHIP:

Preventive Dental and Other Services Requiring No Preauthorization (or copayment by WVCHIP cardholder)

- ◆ Dental examinations every six months
- ◆ Cleaning and fluoride treatments every six months
- ◆ Bitewings every six months
- ◆ Full mouth x-ray every 36 months
- ◆ Sealants and fillings as needed
- ◆ Simple extractions
- ◆ Treatment of abscesses, including initial office visit and follow-up
- ◆ Extraction related to an abscess and root canal therapy
- ◆ Extraction of impacted teeth
- ◆ Removal of dental-related cysts under a tooth or on a gum, including x-rays needed to diagnose the condition

Dental Services Which Need Preauthorization:

Please call Acordia National at 1-800-356-2392. If the request for preauthorization is denied, WVCHIP will not cover the cost of the procedure.

- ◆ Crowns/restorative services (medically necessary only)
- ◆ Accident Related Dental Services (services provided within six months of an accident when necessary to restore tooth structures damaged due to that accident. Only basic service to restore function will be covered.)
- ◆ Orthognathic surgery (medically necessary only)
- ◆ Ridge reconstruction (medically necessary only)

Dental Services Not Covered:

- ◆ Treatment of temporomandibular joint (TMJ) disorders
- ◆ Intraoral prosthetic devices or any other method of treatment to alter vertical dimension or for TMJ not caused by disease or physical trauma
- ◆ Orthodontia
- ◆ Any other procedure not listed above

PRIOR APPROVAL FOR MEDICAL SERVICES OUTSIDE WEST VIRGINIA

Out of State Networks: Acordia National uses three networks for services outside of West Virginia. In the State of Ohio, the network is Medical Mutual of Ohio's SuperMed Plus Network. In the States of Maryland, North Carolina and the Washington DC area, the network is Alliance. For all other states, the network is Beech Street. **WVCHIP cardholders using an out-of-state provider must get prior approval** from Acordia to ensure that their claim will be paid. Should they need assistance locating a network provider, they can call the toll-free number at 1-800-356-2392. If they have access to the Internet, provider information can be obtained by visiting these websites:

Medical Mutual of Ohio
www.mmoh.com

Beech Street
www.beechstreet.com

Alliance
www.mamsi.com

MEDICAL CASE MANAGEMENT FOR LONG-TERM CONDITIONS

Medical Case Management: If a child covered by WVCHIP is experiencing a serious or long-term illness, injury or condition such as, asthma, cerebral palsy, a developmental disability, sickle cell anemia, juvenile diabetes, spina bifida, leukemia, a seizure disorder or an emotional disorder, Acordia National's case management program can help your patients learn about available resources, provide support for the family, and find ways to contain medical costs. Through medical case management Acordia National can:

- ◆ arrange home care
- ◆ obtain discounts for special medical equipment
- ◆ locate appropriate or specialized services to meet the child's health care needs.

To take advantage of these services, the family should contact Acordia National at 1-800-356-2392.

DIABETES MANAGEMENT

Blood Glucose Monitors:

Plan members who are diabetic can receive a free blood glucose monitor. To obtain a free **BAYER GLUCOMETER** for the covered child, the child must have a current prescription for a glucose monitor which is given to the pharmacist. The pharmacist will then contact BAYER in writing, either by mail or fax, to request the monitor. If the request is faxed, the child should receive the new monitor within three days. The only glucose test strips covered by the Plan are for BAYER Glucometers.

Bayer Healthcare is in the process of upgrading all WVCHIP members currently using the Ascensia® ELITE® and Ascensia® ELITE® XL Diabetes Care System to the Ascensia® CONTOUR® Blood Glucose Monitoring System. The Ascensia® CONTOUR® is the first blood glucose monitoring system that offers a unique combination of automatic features, helping to provide confidence in results:

- ◆ Automatic Calibration - No coding required
- ◆ Automatic Underfill Detection
- ◆ Automatic Control Detection and Marking
- ◆ Automatic Temperature Control
- ◆ Automatic calculation of a 14-day average based on blood glucose readings
- ◆ 240 - Test Memory
- ◆ Faster Test Time - 15 Seconds
- ◆ Multiple-site Testing (finger, forearm, palm, abdomen or thigh)
- ◆ Data Management using Ascensia® WINGLUCOFACTS® Diabetes Online Software (Free)
- ◆ Smaller Sample Size (0.6 µl)

Please encourage your WVCHIP patients to call Bayer Healthcare Customer Order Service toll free at 1-877-229-3777 to order their new Ascensia® CONTOUR® Blood Glucose Monitoring System. Members will need a prescription for the Ascensia Microfill test strips for their new monitor.

Your patients and their parents can obtain diabetes education and management information at www.bayercaresdiabetes.com. There is a special kids zone page where children can play games to learn more about diabetes care.

For more information, Contact the BAYER helpline at 1-800-348-8100.

PREFERRED DRUG LIST

Prescription Coverage:

WVCHIP uses the Express Scripts, Inc. Prime Formulary as its Preferred Drug List (PDL). A list of the most commonly prescribed drugs on the PDL can be found at www.wvchip.org/providers.html. It represents an abbreviated version of the drug list that is at the core of the WVCHIP pharmacy benefit plan. The list is not all-inclusive and does not guarantee coverage.

A new PDL, effective January 1, 2006 was created to focus more on generic use to contain costs. Unlike previous preferred drug lists, non preferred drugs will no longer be covered. If a provider chooses to prescribe a drug not listed on the formulary it will be a 100% retail cost to the patient.

CHANGES to the new PDL are as follows:

- ◆ Over-the-counter Non-Sedating Antihistamines (Claritin) and Proton Pump Inhibitors (Prilosec OTC) and its generics will be part of the new formulary. Both Claritin and Prilosec OTC require a prescription for coverage. The patient must take the prescription to their local pharmacist and they will take care of payment processing and dispensing of the drug.
- ◆ Generic therapeutic equivalents must be used before a more expensive brand name drug is authorized -- Antivirals, Topical Immunomodulators, Symbyax and Topical Corticosteroids.
- ◆ WVCHIP patients currently taking drugs to treat mental health conditions will not be affected by this change if they are taking a drug in one of the following classifications: Antipsychotics, Antimanics, SSRI's, CNS Stimulants, Anticonvulsants, Sedative Hypnotics, Aliphatic Phenothiazines and other drugs to treat Attention Deficit Disorders.

For questions about specific drugs, please access the Express Scripts, Inc. (ESI) provider page at www.express-scripts.com or call 1-800-824-0898.

SPECIALTY DRUGS

WVCHIP contracts exclusively with CuraScript™ to purchase specialty drugs. Acute and chronic diseases such as rheumatoid arthritis, anemia, cerebral palsy, hemophilia, osteoporosis, hepatitis, cancer, multiple sclerosis and growth hormone therapy are examples of covered CuraScript™ benefits.

A member that is prescribed a specialty drug by a physician may get the first prescription filled at a retail pharmacy, but refills and additional prescriptions must be purchased through CuraScript™ and will be delivered to the member's home. A letter will be sent to both the member and the prescribing physician outlining the program and the process for receiving specialty drugs. Each member will be contacted by one of CuraScript's Care Coordinators who will help to manage the patient's care. The patient's care coordinator will communicate with their physician in order to coordinate an appropriate treatment plan. CuraScript™ also processes claims for all specialty drugs, provides patient assessments, education, side effect management and physician consultations. For more information, contact CuraScript™ at 1-866-413-4135.

Specialty Drugs Covered by CuraScript™ (this is not an all inclusive list)

- | | |
|--------------|--------------------|
| ◆ Aranesp | ◆ Nutroprin |
| ◆ Avonex | ◆ Pegasys |
| ◆ Betaseron | ◆ Procrit |
| ◆ Botox | ◆ Plexion, TS, SCT |
| ◆ Copaxone | ◆ Rebetron |
| ◆ Copegus | ◆ Rebif |
| ◆ Enbrel | ◆ Ribavirin |
| ◆ Epogen | ◆ Roferon |
| ◆ Forteo | ◆ Saizen |
| ◆ Humantropo | ◆ Sensipar |
| ◆ Infergen | ◆ Xeloda |
| ◆ Intron A | ◆ Zofran, ODT |

CARELogic™

CuraScript™ has developed CARELogic™ programs that provide patients with all-inclusive care. These clinically based programs provide therapy-specific care management to your patients enabling them to achieve optimum outcomes from complex therapies. The following care management programs are available to WVCHIP members:

HepLogic™ for hepatitis patients
 HIVLogic™ for HIV patients
 MSLogic™ for multiple™ sclerosis patients
 ONCOLogic™ for oncology patients

PEDLogic™ for growth hormone patients
 RALogic™ for rheumatoid arthritis patients
 TRANSPLANTLogic™ for transplant patients

PRESCRIPTION DRUGS REQUIRING PREAUTHORIZATION

All prescription drugs requiring prior authorization must be reviewed by the West Virginia University's School of Pharmacy, Rational Drug Therapy Program. Drugs requiring approval are listed below:

- ◆ Erythroid stimulants
- ◆ Growth hormones
- ◆ Antifungals (Diflucan, Lamisil, Sporanox)
- ◆ Ultram
- ◆ Prozac
- ◆ Oxycontin
- ◆ Brand medically necessary prescriptions

Any brand-name drug with a quality generic equivalent that the child's doctor feels is medically necessary requires prior approval. Brand-name drugs that DO NOT have a generic equivalent do not require prior authorization.

The WVCHIP Drug Formulary can be downloaded at www.wvchip.org. For more information, contact WVU's School of Pharmacy, Rational Drug Therapy Program at 1-800-847-3859.

VACCINES FOR CHILDREN PROGRAM

WVCHIP purchases vaccines from the State's Vaccines for Children (VFC) program. This program allows physicians to provide free vaccines to children. CHIP members must receive vaccinations from providers that participate in this program. Providers outside of West Virginia cannot participate in the VFC program. Vaccinations from out-of-state providers and non-participating VFC in-state providers will not be covered. Patients can be referred to their local county health department or to a VFC provider.

WVCHIP will reimburse VFC providers for vaccine administration. However, no payment for immunization administration will be made if the appropriate vaccine code is not listed on the claim. The provider should bill the appropriate vaccine code in addition to the immunization administration code. WVCHIP will not reimburse the provider for vaccines supplied by the VFC program (because the vaccine supplies are sent to the provider for free).

VACCINE BILLING INSTRUCTIONS

When ordering vaccines from the Vaccine for Children (VFC) Program, WVCHIP does not pay for the cost of the vaccine but will pay for the administration charge, unless there is a shortage.

In order to assist WVCHIP in the accurate identification of the vaccine administered, the appropriate CPT code must be billed. In addition to the specific vaccine CPT code, an 'SL' (state supplied) modifier must be placed on the CMS 1500 claim form to indicate the vaccine was provided by VFC. The appropriate CPT codes, 90471 (single vaccine) or 90472 (multiple/subsequent vaccines) must be billed with the appropriate vaccine CPT code. Administration codes will not be reimbursed if the corresponding vaccine code is not billed.

The CPT codes for most commonly used vaccines are:

| Vaccine/Toxoid | CPT Code |
|---|----------|
| Hib Vaccine, HbOC conjugate | 90645 |
| Hib Vaccine, PRP-D conjugate | 90646 |
| Hib Vaccine, PRP-OMP conjugate | 90647 |
| Hib Vaccine, PRP-T conjugate | 90648 |
| Influenza Virus Vaccine, split virus 6-35 months dosage | 90657 |
| Influenza Virus Vaccine, split virus 3 years and above dosage | 90658 |
| Influenza Virus Vaccine, whole virus | 90659 |
| Influenza Virus Vaccine, intranasal use | 90660 |
| Diphtheria, Tetanus Toxoids and acellular Pertussis Vaccine [DtaP] | 90700 |
| Diphtheria, Tetanus Toxoids and whole cell Pertussis Vaccine [DtaP] for intramuscular use | 90701 |
| Diphtheria and Tetanus Toxoids [DT] | 90702 |
| Measles, Mumps and Rubella Vaccine [MMR] | 90707 |
| Measles and Rubella Vaccine, live, for SQ or jet injection | 90708 |
| Polio Virus Vaccine [OPV] | 90712 |
| Polio Virus Vaccine [IPV] | 90713 |
| Varicella Virus Vaccine | 90716 |
| Tetanus and Diphtheria Toxoids [TD] | 90718 |
| Rotavirus | 90680 |
| Hepatitis B, pediatric or pediatric/adolescent dosage for IM use | 90744 |
| Hepatitis B, adolescent/high risk infant dosage for intramuscular use | 90745 |

HELPFUL THINGS ABOUT MEMBER ENROLLMENT, ELIGIBILITY AND OTHER SERVICES

Eligibility: The West Virginia Department of Health and Human Resources (DHHR) determines if a family is eligible for CHIP based on the family size and income level. Local DHHR offices are located in most counties and can be found in local telephone directories or through their website at www.wvdhhr.org. The effective date of coverage starts on the first day of the month in which the child is enrolled.

Application and Enrollment Assistance: The family can get help with enrollment and re-enrollment through the helpline by calling toll-free at 1-877-982-2447 (24 hours a day - 7 days a week). All applications are first screened for Medicaid eligibility.

Helpline Services: Calls Plus operates the WVCHIP Helpline at 1-877-982-2447. Their services include: verification of eligibility; completion of application over the phone which includes mailing it to the applicant for signature and required documentation; providing names of participating providers; and translation services for some languages and assistance for the hearing impaired.

Verifying WVCHIP Eligibility: To verify that a child is covered by WVCHIP, providers can call the toll-free helpline at 1-877-982-2447. Eligibility verification is valid for the date of the call only. Also, Acordia National's fax back service allows the provider to bypass speaking to a customer service representative when calling to verify eligibility and copayments. The fax back form is available.

Re-enrollment: After 10 months of continuous WVCHIP coverage, each child's parent or guardian will receive a form which must be completed and returned to their local DHHR office to find out if their child/ren still meets the program's requirements. At this time, it is the responsibility of the child's parent or guardian to report any changes in family income or insurance status to their local DHHR office or the DHHR Change Center.

Medical Claims Processing and Customer Service: Acordia National is responsible for processing WVCHIP medical claims. This is called third party administration or TPA services. Acordia National can assist with: benefits, payments resolution and provider assistance. Acordia can be reached by calling 1-800-356-2392 between the hours of 8 am and 7pm, Monday through Friday. Acordia has a website that can be accessed at www.acordianational.com.

Precertification and Utilization Management: Acordia National is the company that reviews pre-certification for inpatient hospital stays and some outpatient procedures. This is called utilization review or UR. Acordia may be reached by calling 1-800-356-2392.

HELPFUL THINGS ABOUT MEMBER ENROLLMENT, ELIGIBILITY AND OTHER SERVICES

(continued)

Prescription Drugs: Prescription drug services for WVCHIP are administered by Express Scripts, Inc.™ They may be reached at 1-877-256-4689 for members and 1-800-824-0898 for providers.

Outreach Assistance: Many providers such as hospitals and primary care centers throughout the state have trained staff ready to assist in the application process and who act as ombudsmen for families who may be eligible for WVCHIP. A listing of outreach coordinators throughout the state is available on the WVCHIP website at www.wvchip.org.

Electronic Application: Residents are able to submit an online health plan application for WVCHIP and Pregnant Women and Children's Medicaid through electronic application. This application process is called inRoads -- Information Network Resident Online Access and Delivery of Systems. Providers who participate in Medicaid and WVCHIP may access the electronic application at www.wvinroads.org. Electronic signature is now available through community partners allowing quicker application process for applicants. A list of community partner agencies can be found at www.wvchip.org/outreach.shtml

ANNUAL AND LIFETIME BENEFIT MAXIMUMS

An annual and lifetime cap has been placed on total claims amounts for members with WVCHIP coverage. As of July 1, 2002, an annual limit of \$200,000, and a lifetime limit of \$1,000,000 has been placed on benefits. These caps will include all medical, dental and vision services combined.




A letter will be sent to those cardholders who have reached 75% of the maximum limitation to alert them in advance of reaching the cap. Cardholders and Providers may also contact Acordia National at 1-800-356-2392 to obtain information on the total amount of claims they have incurred.




For cardholders who have reached their maximum benefit limit, the WVCHIP helpline will give families referrals to other agencies who may be able to pay for their continued care. If a cardholder isn't provided extended care through another agency, the member or his/her authorized representative may follow the appeal process as indicated in their welcome guide.

THE WVCHIP MEDICAL AND PRESCRIPTION DRUG CARD

Drug Co-Pays Card

Co-Pays Card

| | | | | |
|---|------------------|---|--------------------------------------|---|
|  | EXPRESS SCRIPTS® |  | Public Employees Insurance Agency |  |
| www.express-scripts.com | | | | |
| RxBIN | 003858 | Medical & Prescription Drug Card | | |
| RxPCN | A4 | DRUG COPAYS ONLY | | |
| RxGrp | WVCA | | | |
| Issuer | | | | |
| ID | 123456789 | Acordia Medical Group # 7771 | | |
| Name | SUBSCRIBER DOE | | | |

| | | | | |
|---|------------------|---|--------------------------------------|---|
|  | EXPRESS SCRIPTS® |  | Public Employees Insurance Agency |  |
| www.express-scripts.com | | | | |
| RxBIN | 003858 | Medical & Prescription Drug Card | | |
| RxPCN | A4 | COPAYS APPLY | | |
| RxGrp | WVCA | | | |
| Issuer | | | | |
| ID | 123456789 | Acordia Medical Group # 7771 | | |
| Name | SUBSCRIBER DOE | | | |



Call the WVCHIP toll-free helpline at 1-877-982-2447 to verify patient's current enrollment into WVCHIP. The helpline is open 24 hours - 7 days a week.

Although a child's enrollment in WVCHIP gives them coverage for one year, a patient's eligibility may be affected voluntarily through changes on family income, out-of-state residency, age or marriage. For this reason verification of eligibility can only be considered a guarantee on the date of the call.

WHO TO CALL IF I HAVE QUESTIONS ABOUT

APPLICATIONS

- Call our toll-free helpline at 1-877-WVA-CHIP (1-877-982-2447)

BENEFITS

- Call our toll-free helpline at 1-877-WVA-CHIP (1-877-982-2447)

ELIGIBILITY STATUS OF A CHILD

- Call our toll-free helpline at 1-877-WVA-CHIP (1-877-982-2447)

MEDICAL CLAIM STATUS

- Call Acordia National, claims administrator, at 1-800-356-2392

OUTREACH LITERATURE

- Call WVCHIP Administrative Office, at 1-304-558-2732

PREAUTHORIZING OR PRE-CERTIFYING A SERVICE

- Call Acordia National, claims administrator, at 1-800-356-2392

PRESCRIPTION DRUG BENEFITS AND PRESCRIPTION CLAIMS

- Call Express Scripts, Inc.[™], pharmacy benefits manager:
Providers can call 1-800-824-0898 and cardholders can call 1-877-256-4689

PRESCRIPTION DRUG BENEFITS -- SPECIALTY DRUGS

- Call CuraScript[™] at 1-866-413-4135

PRESCRIPTION DRUGS PRE-AUTHORIZATION

- Call WVU's School of Pharmacy, Rational Drug Therapy Program at
1-800-847-3859

APPLICANT INFORMATION (Name of parent, guardian, or other person who lives with children.)

Name: _____ Middle Initial _____ Last Name _____
 Mailing Address: _____
 Route/Box Number _____ or _____ Street/Apt. Number _____
 City/Town _____ State _____ Zip _____
 Address Where You Live: _____
 (if different from above) _____
 Route/Box Number _____ or _____ Street/Apt. Number _____
 Telephone: _____ Home Number _____ Work Number _____
 (if you can take calls.) _____ Emergency Number _____

RENEWAL APPLICATION
WV Health Care Coverage for Kids & Expectant Moms
 Check all that apply.



WVCHIP Premium Plan **Medicaid**
 West Virginia Department of Health & Human Resources
 Bureau for Medical Services

HOUSEHOLD INFORMATION (Note: Social Security #'s and U.S. Citizenship must be filled in for persons to be insured, but optional for others in household.)

| List below all of the people who live with you (include yourself) and fill in the spaces by each name. | Birthdate (Fill in the Month, Day, and Year) | Social Security Number | U.S. Citizen | Sex | Relation of Applicant To Others in Household (Example: Mother, Father, Husband, Wife, Step-Parent, Grandparent, etc.) | Race B) Black/African American C) Asian & White D) Black/African American & White E) Asian F) American Indian/Alaska Native & Black/African American G) Asian & Black/African American H) American Indian/Alaska Native I) American Indian/Alaska Native & White N) Native Hawaiian/Other Pacific Islander W) White Circle All That Apply | Ethnicity 1) Hispanic or Latino 2) None of the Above Circle One | Primary Language 1) English 2) Spanish 3) Serbo-Croatian 4) French 5) Haitian-Creole 6) Vietnamese 7) Other Circle One |
|--|---|------------------------|--------------|-----|--|--|--|--|
| | | | | | | | | |
| 1 | MO-DA-YEAR | | Y N M F | M F | | B C D E F G I N P W | 1 2 | 1 2 3 4 5 6 7 |
| 2 | | | Y N M F | M F | | B C D E F G I N P W | 1 2 | 1 2 3 4 5 6 7 |
| 3 | | | Y N M F | M F | | B C D E F G I N P W | 1 2 | 1 2 3 4 5 6 7 |
| 4 | | | Y N M F | M F | | B C D E F G I N P W | 1 2 | 1 2 3 4 5 6 7 |
| 5 | | | Y N M F | M F | | B C D E F G I N P W | 1 2 | 1 2 3 4 5 6 7 |
| 6 | | | Y N M F | M F | | B C D E F G I N P W | 1 2 | 1 2 3 4 5 6 7 |
| 7 | | | Y N M F | M F | | B C D E F G I N P W | 1 2 | 1 2 3 4 5 6 7 |

INSURANCE: Do any children currently have insurance (except Medicaid)? Yes No List insurer and premiums paid within the last 6 months. If you currently have insurance or have lost insurance in the past 6 months, please attach a copy of your insurance card (front & back).

| Insurance Company Name | Ins. Policy # | Type of Ins. Plan | List Everyone Covered Under Policy | Premium Amt. | Date Coverage Started | Date Coverage Ended |
|------------------------|---------------|-------------------|------------------------------------|--------------|-----------------------|---------------------|
| 1 | | | | | | |
| 2 | | | | | | |

Is anyone in your household covered or eligible for coverage under the WV Public Employees Insurance Program? Yes No If yes, please specify who. Does any person for whom you are applying have medical bills in the 3 months prior to this month? (Backdated coverage applies to Medicaid ONLY.) Yes No

Check this box if you are applying under an insurance exception. Exception because: Premium is over 10% of income? Other, specify: _____

NATIVE AMERICAN CO-PAYMENT EXCLUSION: If you are a Native American, you can be excluded from co-payments. Call 1-877-982-2447 to confirm you are a member of a federally recognized tribe. This does not apply to individuals covered under WV Medicaid.

| Type of Income | You must ✓ Yes or No for each item. | Gross Amount - Before Deductions | How often received? | Who receives it? |
|---|--|--|------------------------|------------------------|
| Job Wages - Mother | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Job Wages - Father | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Job Wages - Child Who Works | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Job Wages - Spouse of Child | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Dividends/Interest/Royalties | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Farming | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Self-Employment <i>Please attach business expenses for month applying.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Rental Income | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Retirement or Pension | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Social Security Check | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| SSI | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| UMWA Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| WV WORKS Check | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Veteran's Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Military Allotment | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Job Corps Allotment | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Spousal Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Contributions from Friends/Relatives | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Unemployment Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Workers' Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Student Loans, Grants | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Roomers or Boarders | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Other - (such as baby-sitting, odd jobs, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

➤ **Not submitting documents needed to verify your income or other statements may cause delay or denial of your application.**
(See application guide.)



EXPECTING A CHILD?
(This child can be counted as part of your family size now.)

- Is any member of your household pregnant?
 Yes No (if yes, due date: (mm/dd/yyyy) _____)
- What is the name of the individual pregnant?
Parent _____ Child _____
- Has the pregnancy been medically verified? (Please attach statement.)
 Yes No Dr. Office/Clinic Name: _____
Diagnosis Date _____ Expected Date of Delivery _____
- Have you been told you are carrying more than one baby?
 Yes No (if yes, how many? _____)
- Are you seeing a doctor? Yes No
- Is anyone else in the household pregnant? Yes No
if yes, please attach the above information for that person on a separate sheet.

CHILD CAREDEPENDENT ADULT CARE

Giving this information could lower the amount of income we count for you and help make you eligible.

| Caretaker Name | Monthly Amt. Pd. | How Often? | Care for Whom? |
|----------------|------------------|------------|----------------|
| | | | |
| | | | |

SIGNING THIS FORM MEANS THAT I UNDERSTAND THE FOLLOWING PROTECTIONS AND RESPONSIBILITIES: *

1) Information on this form is confidential and can only be used as necessary to determine eligibility and administer the programs; 2) The agency must determine eligibility and issue a decision within 13 days of receiving your application, unless you are notified that your application is being held waiting for you to provide other information; 3) No person can be denied benefits as a result of race, color, sex, age, disability, religion, national origin, or political belief; 4) I may request a Fair Hearing before a State Hearing Officer if I disagree with a decision on my eligibility or, if the decision on my eligibility was not reached within a proper time frame; 5) This form is used to determine health care coverage under WVCHIP or Medicaid only, but there may be other benefits for which I may be eligible or apply by contacting my local DHHR Office; 6) To correctly determine benefits, information may be computer matched through social security number with the IRS, Social Security Administration, US Department of Labor, other governmental agencies or private financial institutions; social security numbers will also be given to the US Immigration and Naturalization Service; 7) Anyone receiving benefits under WVCHIP or Medicaid who receives repayment of medical and/or hospital services from another insurance company, agrees that all medical payments or support paid or owed as a result of a court order, must be sent to the State for repayment for past or current medical expenses paid on their behalf by WVCHIP or Medicaid. This reassignment of funds continues for as long as any person listed on the application continues to receive WVCHIP or Medicaid benefits; 8) I may be required to make repayments that result from incorrect or false information or failing to report changes on this form; Willfully giving false statements, (misrepresentations, impersonations or other fraudulent devices), can result in charges of fraud. Convictions for fraud are punishable by fines of up to \$5,000 and/or jail sentences of up to five years.

Applicant's Signature _____ Date _____
 ★ Large print copy of this statement is available or can be read to the applicant by calling 1-877-982-2447. WV-KIDS-1 (New 3/07)



Health Care Coverage for Kids and Expectant Moms

Comprehensive plans including: doctor visits, check-ups, vision, dental, immunizations, prescriptions, hospital stays, mental health and special needs

Application Guide and Form

Who Qualifies?

- **Age -- Children under age 19 who live in the State of West Virginia**
- **Non-Citizenship Information -- See page 2 under Household Information**
- **Qualifying Income is based on family size and gross income (before taxes)**

See page 3 → How to calculate your qualifying income and count family size

There are no asset tests for WVCHIP. So, owning a car, home or property will not disqualify a family.

Note: Income Guidelines change yearly on March 1. This chart is effective 3/1/08 - 2/28/2009.

| Family Size | WV Medicaid Kids No Copays Apply | | WVCHIP Group A Limited Copays Apply* | | WVCHIP Group B All Copays Apply* | | WVCHIP Premium** All Copays Apply* | |
|-------------|-------------------------------------|----------|---|----------|-------------------------------------|----------|---------------------------------------|----------|
| | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual |
| 2 | \$1,552 | \$18,620 | \$1,750 | \$21,000 | \$2,334 | \$28,000 | \$2,567 | \$30,800 |
| 3 | \$1,951 | \$23,408 | \$2,200 | \$26,400 | \$2,934 | \$35,200 | \$3,227 | \$38,720 |
| 4 | \$2,350 | \$28,196 | \$2,650 | \$31,800 | \$3,534 | \$42,400 | \$3,887 | \$46,640 |
| 5 | \$2,749 | \$32,984 | \$3,100 | \$37,200 | \$4,134 | \$49,600 | \$4,547 | \$54,560 |

If your family size is larger than 5, visit www.wvchip.org for the complete income chart or call 1-877-982-2447.

* CO-PAYMENT INFORMATION → SEE PAGE 4

** MONTHLY PREMIUM PAYMENT
\$35 per month for one child
\$71 per month for two or more children

INCOME DISREGARDS:

- Families can disregard some income to qualify --
- ▷ \$90 per month for each working parent and child
 - ▷ \$50 per month for child support income
 - ▷ Up to \$200 per month for child care expenses.

See page 3.

Other Insurance?

If your child has had other insurance besides CHIP or Medicaid within the last six months (Group A/B) or within the last twelve months (CHIP Premium), you will not qualify unless you meet one of the following exemptions (does not apply to Medicaid):

- ▶ Your family's annual health insurance cost (only premiums paid for medical, dental and vision are counted*) is 10% or more of the family's yearly gross income; or
*Expenses for medical savings accounts, co-payments and deductibles can't be counted as part of your premium cost.
- ▶ You lost family coverage in the past six months (Group A/B) or in the past twelve months (CHIP Premium) due to layoff, job change, or your employer dropped family coverage. (If you were laid off and already opted for coverage under COBRA, you cannot qualify for this exception.); or

Other Insurance, continued



- ▶ Your child is covered under the insurance of a non-custodial parent; and the insurance services can only be accessible in another state, or in a geographical area in WV that is considered to be non-accessible.

Note: You will need to submit copies of documents from your employer or insurance company to show changes in coverage or health care premium costs.

Federal rules prevent children from receiving CHIP who can be covered by Medicaid or who are dependents of public employees. (Non governmental agencies who participate in PEIA are not affected by this rule).

Applicant Information



- ▶ If you think you may move in the next few weeks of sending in your application, be sure to give a phone number where you can be reached so that missing information or documents do not delay your application. Call 1-877-716-1212 to report a new address as soon as possible.
- ▶ **Solicitud en Español :** *Llame a nuestra línea de ayuda totalmente gratis al 1-877-982-2447. Usted puede recibir ayuda en Español, a través de un aparato traductor si llama al numero gratuito 1-877-982-2447.*

Household Information



Listing more than 7 names in a household: Will require that you use two copies of the application.

Social Security Number: Required for any child listed who will get health insurance, but optional for other persons in the household.

Race/Ethnicity: Circle one of the letter codes for the ethnicity that you would use to most closely describe the persons in your household. (Remember, this is just used to show that the program is open to and used by persons of any racial background.)

Non-Citizens: You do not have to be a U.S. Citizen to apply and a child's eligibility is not affected by other household members who may be non-citizens.

- ➔ Immigrant children who entered the U.S. as lawful permanent residents must have continuous U.S. residency for five years.
- ➔ Undocumented children are not eligible, regardless of their entry into the U.S.

Copies of Documents Needed To Show Your Income



1. Paystubs or earning statements for the last 30 days
2. Most recent quarterly or yearly tax return, if self-employed
3. Proof of most recent alimony and/or child support payment or court order, if applicable
4. Proof of most recent payment or current award letter for Social Security, SSI, Worker's Compensation, Unemployment benefits, Veteran's benefits, or any other income source
5. If your income is seasonal or highly variable through the year, your CHIP income is based on the month you are applying. You may also use your yearly tax return. **[This only applies to WVCHIP]**

How Income Is Counted: A Self-Check

All income is reviewed on a most recent month-basis (see #4 below).

1. Count earned income from job wages or salary first (use the income list on the back of the application form to make sure all types are reported and copies of documents like pay stubs are included).
2. Make sure you show gross income (the amount before tax, social security, or other deductions).
3. When listing income on the back of the form, be sure to show the amount as it is shown on any document copies (such as pay stubs) that you send in with the application.
4. For application review purposes, all income shown will be converted to a monthly basis as shown in this table:

| Examples On How To Calculate Your Monthly Income | | |
|--|--|-----------------------|
| If Your Pay Check Is... | To Find Your Monthly Amount (Before Taxes) | Monthly Income Result |
| Weekly 52 Checks Per Year | Multiply by 4.3 \$175.35 x 4.3 | = \$754 |
| Bi-Weekly 26 Checks Per Year | Multiply by 2.15 \$350.70 x 2.15 | = \$754 |
| Semi-Monthly 24 Checks Per Year | Multiply by 2 \$377.00 x 2 | = \$754 |
| Bi-Monthly 6 Checks Per Year | Divide by 2 \$500 divided by 2 | = \$250 |
| Quarterly 4 Checks Per Year | Divide by 3 \$750 divided by 3 | = \$250 |
| Semi-Annual 2 Checks Per Year | Divide by 6 \$1,500 divided by 6 | = \$250 |
| Annual 1 Check Per Year | Divide by 12 \$3,000 divided by 12 | = \$250 |

? Self Employed

You may state your business income either monthly, quarterly, or yearly. Your self-employment income is counted minus allowable business expenses paid.

Allowable deductions:
Employee labor costs, stock and supplies, raw material, seed, fertilizers, repair and maintenance on machinery or property, cost of rental space used for conducting business, interest & taxes, but not principal paid on purchase of capital assets, interest & taxes on a portion of the residence used to produce income, advertising costs, utilities, office expenses (stamps, pens, etc.) and legal costs.

Subtracting Income Disregards

There are several income disregards that may help you qualify for the program if your income is above the maximum limit for your family size. Income disregards are subtracted from each applicant's gross income. See page 2 of the application to document child care expenses.

Listed below are the types of disregards available to applicants:

- ▶ \$90 monthly deduction for each parent or child working full-time or part-time
- ▶ \$50 monthly deduction on total child support income
- ▶ up to \$175 monthly deduction for child care expenses for each child over age 2
- ▶ up to \$200 monthly child care deduction for each child under age 2

Example before tax: \$2,080 monthly income - \$180 (both parents work) - \$200 (child care expenses for a child under the age of 2) = \$1,700 qualifying income for a family of three.

Whose Income Is Counted?

Only the income of the child, or the natural parent or adoptive parent is counted to qualify. This means income from grandparents, stepparents, or other relatives or adults in the home are not counted as part of the qualifying income level.

? Blended Family

For example, a family of five blended from prior marriages with two children biologically related to the father and one to the mother will have their income counted in two separate qualifying groups. Their income will only be counted as a family of five if one parent has legally adopted their stepchildren.

? Grandparents

Only the income of the child will be counted when being raised by grandparents -- (unless the child is legally adopted by the grandparents)

? Expecting A Child

Confirm the pregnancy with a doctor's statement and that child can be counted as part of the family size for income purposes.

Note: The expected baby will not be included for coverage until you provide the baby's name and social security number at birth.

? Joint Custody

If both parents have 50% joint custody of a child, then both of their incomes are counted towards eligibility even if they live in separate homes.

Co-Payment Information

Medicaid Copays (Individuals over 18 yrs old)

| Drug Retail Price | Copay |
|-------------------|-----------|
| up to \$1.00 | .50 cents |
| \$1.01 - \$10.00 | \$1.00 |
| \$10.01 and above | \$2.00 |

WVCHIP Group A Copays

| Medical Services and Prescription Benefits | Copay |
|--|------------------|
| Generic Prescriptions | No Copay |
| Listed Brand Prescriptions | \$5 |
| Non-listed Brand Prescriptions | Full Retail Cost |
| Medical Home Physician Visit | No Copay |
| Non-Medical Home Physician Visit | \$5 |

Note: If you are a Native American with a federally registered tribe, you may be excluded from making co-payments. You can call 1-877-982-2447 for the list of registered tribes. (This does not apply to Medicaid).

WVCHIP Group B & Premium Plan Copayments

| Medical Services and Prescription Benefits | Group B Copay | Premium Plan Copay |
|--|------------------|--------------------|
| Generic Prescriptions | No Copay | No Copay |
| Listed Brand Prescriptions | \$10 | \$15 |
| Non-listed Brand Prescriptions | Full Retail Cost | Full Retail Cost |
| Medical Home Physician Visit | No Copay | No Copay |
| Physician Visit (non-medical home) | \$15 | \$20 |
| Hospital/Inpatient Service | \$25 | \$25 |
| Outpatient Services (per procedure) | \$25 | \$25 |
| Emergency Room (is waived if admitted) | \$35 | \$35 |
| Dental Services | No Copay | \$150 Annual Limit |
| Vision Services | No Copay | 100% Out of Pocket |

For more information on WVCHIP maximum copay limits, visit www.wvchip.org or call 1-877-982-2447.

For Applying By Phone Or Internet, Other Questions Or Assistance In Completing The Form...

- You can also apply for WVCHIP and Medicaid by calling toll-free 1-877-982-2447 (open 7 days a week, 24 hours a day -- TTY/TDD and language translation services available) or apply online at www.wvinroads.org. Some hospitals and primary care clinics can also assist with the application process. Visit www.wvchip.org for more information.

APPLICANT INFORMATION (Name of parent, guardian, or other person who lives with children.)

Name: _____ Middle Initial: _____ Last Name: _____
 Mailing Address: _____ Street/Apt. Number: _____
 Route/Box Number: _____ or _____ Zip: _____
 County: _____ City/Town: _____ State: _____
 Address Where You Live: _____ Street/Apt. Number: _____
 (If different from above) _____
 Telephone: _____ Home Number: _____ Work Number: _____
 (If you can take calls.) _____ Emergency Number: _____

WV Health Care Coverage for Kids & Expectant Moms
 Check all that apply.



Medicaid
 WVCHIP Premium Plan
 Health Human Resources Bureau for Medical Services

HOUSEHOLD INFORMATION (Note: Social Security #'s and U.S. Citizenship must be filled in for persons to be insured, but optional for others in household.)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | MO-DA-YEAR | Birthdate (Fill in the Month, Day, and Year) | Social Security Number | U.S. Citizen | Sex | Relation of Applicant To Others in Household (Example: Mother, Father, Husband, Wife, Step-Parent, Grandparent, etc.) | Race Circle All That Apply | Ethnicity | Primary Language | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|------------|---|------------------------|--------------|-----|--|-------------------------------|-----------|------------------|------------|------------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | Circle One | Circle One | Circle One | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Y | N | M | F | B | C | D | E | F | G | I | N | P | W | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | | |
| | | | | | | | | | | Y | N | M | F | B | C | D | E | F | G | I | N | P | W | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| | | | | | | | | | | Y | N | M | F | B | C | D | E | F | G | I | N | P | W | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| | | | | | | | | | | Y | N | M | F | B | C | D | E | F | G | I | N | P | W | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| | | | | | | | | | | Y | N | M | F | B | C | D | E | F | G | I | N | P | W | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| | | | | | | | | | | Y | N | M | F | B | C | D | E | F | G | I | N | P | W | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

INSURANCE: Do any children currently have insurance (except Medicaid)? Yes No List insure and premiums paid within the last 6 months. If you currently have insurance or have lost insurance in the past 6 months, please attach a copy of your insurance card (front & back).

| Insurance Company Name | Ins. Policy # | Type of Ins. Plan | List Everyone Covered Under Policy | Premium Amt. | Date Coverage Started | Date Coverage Ended |
|------------------------|---------------|-------------------|------------------------------------|--------------|-----------------------|---------------------|
| 1 | | | | | | |
| 2 | | | | | | |

Is anyone in your household covered or eligible for coverage under the WV Public Employees Insurance Program? Yes No If yes, please specify who. Does any person for whom you are applying have medical bills in the 3 months prior to this month? (Backdated coverage applies to Medicaid only.) Yes No

- Check this box if you are applying under an insurance exception. Exception because: Premium is over 10% of income? Other, specify: _____
- NATIVE AMERICAN CO-PAYMENT EXCLUSION: If you are a Native American, you can be excluded from co-payments. Call 1-877-982-2447 to confirm you are a member of a federally recognized tribe. This does not apply to individuals covered under WV Medicaid.

WV CHILDREN'S HEALTH INSURANCE APPLICATION

| Type of Income | You must ✓ Yes or No for each item. | Gross Amount - Before Deductions | How often received? | Who receives it? |
|---|--|--|------------------------|------------------------|
| Job Wages -- Mother | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Job Wages -- Father | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Job Wages -- Child Who Works | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Job Wages -- Spouse of Child | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Dividends/Interest/Royalties | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Farming | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Self-Employment <i>Please attach business expenses for month applying.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Rental Income | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Retirement or Pension | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Social Security Check | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| SSI | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| UMWA Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| WV WORKS Check | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Veteran's Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Military Allotment | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Job Corps Allotment | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Spousal Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Contributions from Friends/Relatives | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Unemployment Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Workers' Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Student Loans, Grants | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Roomers or Boarders | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Other -- (such as baby-sitting, odd jobs, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |



➤ **No submitting documents needed to verify your income or other statements may cause delay or denial of your application. (See application guide.)**

EXPECTING A CHILD?

(This child can be counted as part of your family size now.)

- Is any member of your household pregnant?
 Yes No (If yes, due date: (mm/dd/yyyy) _____)
- What is the name of the individual pregnant?
Parent _____ Child _____
- Has the pregnancy been medically verified? (Please attach statement.)
 Yes No Dr. Office/Clinic Name: _____
Diagnosis Date _____ Expected Date of Delivery _____
- Have you been told you are carrying more than one baby?
 Yes No (If yes, how many? _____)
- Are you seeing a doctor? Yes No
- Is anyone else in the household pregnant? Yes No
If yes, please attach the above information for that person on a separate sheet.

CHILD CARE/DEPENDENT ADULT CARE

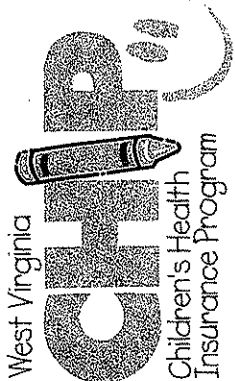
Giving this information could lower the amount of income we count for you and help make you eligible.

| Caretaker Name | Monthly Amt. Pd | How Often? | Care for Whom? |
|----------------|-----------------|------------|----------------|
| | | | |
| | | | |

SIGNING THIS FORM MEANS THAT I UNDERSTAND THE FOLLOWING PROTECTIONS AND RESPONSIBILITIES: ★

1) Information on this form is confidential and can only be used as necessary to determine eligibility and administer the programs; 2) The agency must determine eligibility and issue a decision within 13 days of receiving your application, unless you are notified that your application is being held waiting for you to provide other information; 3) No person can be denied benefits as a result of race, color, sex, age, disability, religion, national origin, or political belief; 4) I may request a Fair Hearing before a State Hearings Officer if I disagree with a decision on my eligibility or, if the decision on my eligibility was not reached within a proper time frame; 5) This form is used to determine health care coverage under WVCHIP or Medicaid only, but there may be other benefits for which I may be eligible or apply by contacting my local DHHR Office; 6) To correctly determine benefits, information may be computer matched through social security number with the IRS, Social Security Administration, US Department of Labor, other governmental agencies or private financial institutions; social security numbers will also be given to the US Immigration and Naturalization for named applicants only, but not other household members; 7) Anyone receiving benefits under WVCHIP or Medicaid who receives repayment of medical and/or hospital services from another insurance company, agrees that all medical payments or support paid or owed as a result of a court order, must be sent to the State for repayment for past or current medical expenses paid on their behalf by WVCHIP or Medicaid. This reassignment of funds continues for as long as any person listed on the application continues to receive WVCHIP or Medicaid benefits; 8) I may be required to make repayments that result from incorrect or false information or failing to report changes on this form; Willfully giving false statements, (misrepresentations, impersonations or other fraudulent devices), can result in charges of fraud. Convictions for fraud are punishable by fines of up to \$5,000 and/or jail sentences of up to five years.

Applicant's Signature _____ Date _____
 ★ Large print copy of this statement is available or can be read to the applicant by calling 1-877-982-2447. WV-KIDS-1 (New 3/07)



1018 KANAWHA BLVD., E., SUITE 209
CHARLESTON, WEST VIRGINIA 25301

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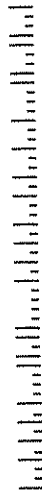
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WV Children's Health Insurance Program Summary Plan Description

July 2007



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