



# West Virginia Medicaid Mountain Health Trust Annual Report

## State Fiscal Year 2021

(July 2020 – June 2021)



**Jim Justice**  
Governor of West Virginia

**Bill J. Crouch**  
Cabinet Secretary, Department of Health and Human Resources

**Cynthia Beane**  
Commissioner, Bureau for Medical Services

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## What is Medicaid?

Medicaid is the nation's public health insurance program for people with low income. Created in 1965 as a cash assistance program for low-income parents, children, and disabled individuals, Medicaid has evolved over time to cover more people and offer a broad array of healthcare services.

## Who Does Medicaid Help?

Medicaid provides medical care to eligible U.S. citizens in their community or in an institutional setting, such as a nursing home, who otherwise may not be able to afford care. Federal law requires states to cover certain groups of individuals, such as low-income families, qualified pregnant women and children, and individuals receiving Supplemental Security Income (SSI). States also have the option to cover other groups of vulnerable individuals who otherwise may not be eligible under the Federal standards. West Virginia chooses to provide Medicaid assistance to numerous vulnerable individuals through optional, State-crafted "coverage groups."

## Who Pays for Medicaid?

Medicaid is a federal and state government partnership that shares the cost of covering eligible individuals. The Centers for Medicare and Medicaid Services (CMS) establishes a Federal Medical Assistance Percentage (FMAP) rate each year for every state. This FMAP rate is based on a formula which considers the average per capita income for each state relative to the national income average.

States like West Virginia, with lower average incomes, receive larger reimbursement rates from the Federal government to help with Medicaid program costs. In Federal Fiscal Year 2021, West Virginia's starting FMAP rate was 74.99%. This means that the federal government reimbursed West Virginia approximately \$0.75 (75 cents) of every eligible dollar spent on Medicaid in 2020. During the COVID-19 Public Health Emergency (PHE), FMAP increased by 6.2%. West Virginia's enhanced FMAP is **82.49%**.

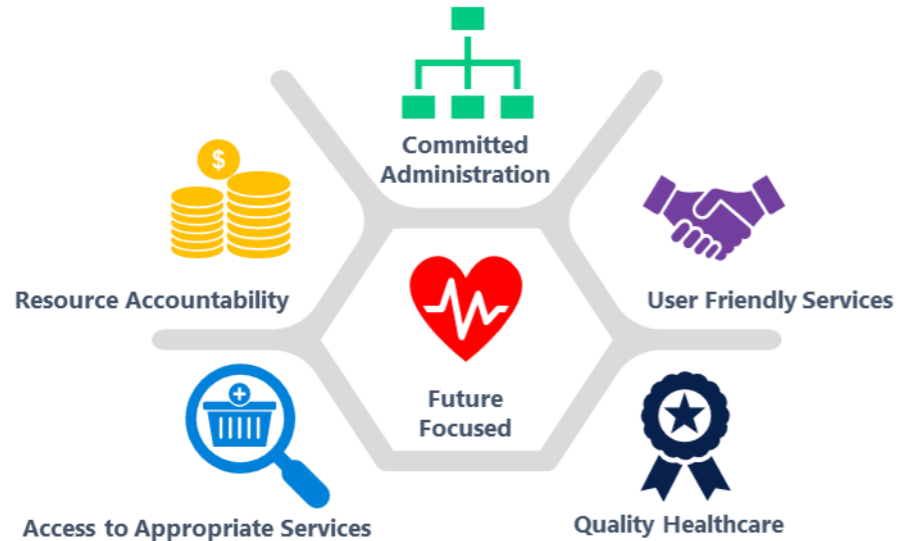
### Want to Learn More?

Visit Medicaid.gov at <http://tiny.cc/FMAP1>

Visit the Kaiser Family Foundation at <http://tiny.cc/FMAP2>

## West Virginia BMS Mission

The Bureau for Medical Services (BMS) is committed to administering the Medicaid Program, while maintaining accountability for the use of resources, in a way that assures access to appropriate, medically necessary, and quality healthcare services for all members; provides these services in a user-friendly manner to providers and members alike; and focuses on the future by providing preventative care programs.



## How Does West Virginia Provide Medicaid?

The West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) is the designated single state agency responsible for the administration of the State's Medicaid program. BMS is responsible for providing access to appropriate health care for Medicaid-eligible West Virginians.

In 1996, the BMS Office of Medicaid Managed Care initiated a risk-based managed care program for certain groups of Medicaid recipients in West Virginia. Under this program, BMS contracts with Managed Care Organizations (MCOs) for the provision of medically necessary services provided by the State. While some services, like pharmacy, long-term care, and non-emergency transportation, are still provided on a fee-for-service basis, the managed care model serves the majority of West Virginia Medicaid recipients with a holistic approach to healthcare services.

Currently, BMS contracts with three MCOs through the Mountain Health Trust (MHT) program – Aetna Better Health of WV, Unicare of WV and The Health Plan.

# Program Overview | Mountain Health Trust Statistics

## Demographics

WV Population | 1.79 Million

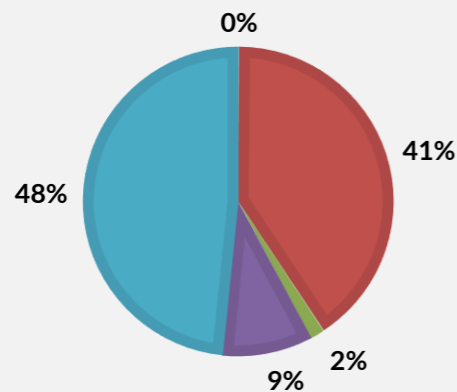
MHT-Medicaid Enrollment | 462,696



1 in 4 West Virginians are assisted by Medicaid through the Mountain Health Trust program.

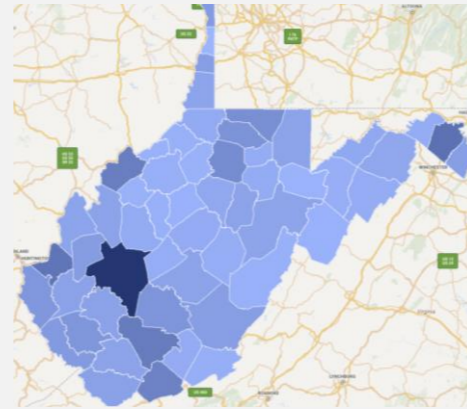
### MHT-Medicaid Enrollment by Eligibility Category

- Children's Special Health Care Needs
- Adult Expansion
- Pregnant Women
- Supplemental Security Income
- Temporary Assistance for Needy Families



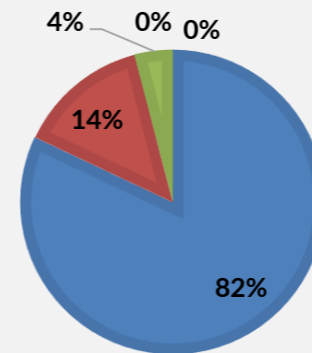
Note: The metrics above reflect MHT eligibility via Medicaid only. West Virginia Children's Health Insurance Program (WVCHIP) is not included in this report.

### MHT-Medicaid Enrollment by County



### MHT-Medicaid Enrollment by Race

- Caucasian
- Other
- Hispanic
- American Indian / Alaska Native
- African American



## Spending

**\$ 4.57 Billion**

Medicaid Dollars Spent in SFY 2021



79%

Federal Dollars



21%

State Dollars

**Total Federal Spend**

\$3.59 Billion

**Medical Assistance**

\$3.54 Billion

**State & Local Administration**

\$50.89 Million

**Total State Spend**

\$979 Million

**Medical Assistance**

\$962 Million

**State & Local Administration**

\$17 Million

Federal and State percentages actual spending based on CMS-64 reporting and may be impacted by the FMPA change during the PHE.

## New World, New Challenges, & New Solutions

The spread of COVID-19 and emergence of COVID-19 variants in SFY21 had a global impact and challenged our country's health systems in ways unheard of in modern times. In response, WV BMS took emergency action to suspend Medicaid disenrollment and ensure vulnerable citizens remained covered during the COVID-19 Public Health Emergency (PHE).

Additionally, BMS worked with MCOs to reduce administrative burdens and provide flexible, remote healthcare access. BMS took emergency action to:

- Suspend prior authorization requirements for COVID-19 diagnostic testing;
- Suspend in-person and face-to-face meeting requirements for certain treatments and therapies;
- Authorize and promote the utilization of telehealth services among MCO network providers; and
- Make vaccines available to all Medicaid members throughout WV.

## COVID-19 Cases

- While progress has been made to combat the virus, as of July 1, 2021, **164,097 cases and 2,897 deaths** from the virus have occurred in West Virginia since the beginning of the PHE.

## COVID-19 Vaccines

- As of July 1, 2021, over **1.4M doses** of the COVID-19 vaccines have been administered to West Virginian's. **52.3%** of eligible adults (18+) and **76.3%** of elderly (65+) individuals have received at least one dose.

## COVID-19 Resources

- For Centers for Disease Control data on COVID-19 Cases & Vaccines visit [http://tiny.cc/CDC\\_COVID1](http://tiny.cc/CDC_COVID1)
- For more information on current vaccines and COVID-19 best practices visit the Centers for Disease Control at [http://tiny.cc/CDC\\_COVID2](http://tiny.cc/CDC_COVID2)
- For West Virginia DHHR data and resource on COVID-19 visit [http://tiny.cc/WV\\_COVID](http://tiny.cc/WV_COVID)

## What is a Medicaid 1915(b) waiver?

Medicaid is governed on the federal level by Section 1900 of the Social Security Act (SSA). Section 1915(b) of the SSA provides states the flexibility to modify their Medicaid program's delivery system including implementing managed care. To implement an alternative delivery model, a state must submit a 1915(b) waiver application to the Centers for Medicare and Medicaid Services (CMS) for approval.

## What is included in the Medicaid 1915(b) waiver?

The 1915(b) waiver application includes questions regarding the following topics:

- Delivery system model
- Eligible populations
- Access standards
- Program operations (i.e., marketing, member rights, grievance system, etc.)
- Program monitoring and prior waiver period monitoring results
- Program cost-effectiveness

## What 1915(b) waiver activities occurred in SFY2021?

Every two years, states are required to renew their 1915(b) waivers and report program monitoring results on the prior waiver period. In SFY 2021, BMS submitted the MHT 1915(b) waiver renewal. BMS began the renewal process in January 2021. BMS incorporated new Medicaid policies into waiver documents including adult dental services, collected program monitoring results, and refreshed the Medicaid Managed Care Quality Strategy.

The Medicaid Managed Care Quality Strategy (the Quality Strategy) is required by CMS if a state chooses to implement a managed care delivery model. The Quality Strategy sets program-wide goals for the quality metrics and describes how goals will be met.

CMS approved the MHT 1915(b) waiver on June 16<sup>th</sup>, 2021. The current waiver will be active through June 30<sup>th</sup>, 2023.

## How was the public involved in the 1915(b) waiver renewal?

As part of the 1915(b) waiver process, BMS published the Quality Strategy for public comment in March 2021. BMS reviewed all public comments and updated the Quality Strategy in April 2021 before submitting to CMS for approval.

## What are Directed Payment Programs (DPP)?

Created through the 2016 Medicaid managed care rule, Directed Payment Programs allow a state to require MCOs to pay providers according to certain rates or methods established or “directed” by the state. These payment arrangements can include setting a minimum and maximum payment rate for specific types of health care providers, as well as value-based payment arrangements which seek to advance the state’s Quality Strategy goals. States must submit proposed Directed Payment Programs to CMS before implementation. CMS reviews the proposals to ensure they are within federal guidelines and, if applicable, properly tied to advancing the State’s Quality Strategy goals.

In SFY2021, West Virginia’s health delivery system received approximately:

**\$251.8M**

through CMS approved  
Hospital DPP

**\$8.5M**

through the SB546 (Provider  
Specialist) DPP

## Additional Impact of Supplemental Payments

**\$22.9 Million for School Based Services**

**\$11 Million for Direct Medical Education**

**\$1.8 Million for the Health Insurance  
Premium Payment Program**

**\$309 Thousand for Critical Access Hospital Settlements**

(BMS distributes other supplemental payments not included in  
this list)



## What is Mountain Health Trust?

Mountain Health Trust-Medicaid is West Virginia's Medicaid managed care program, administered by the BMS. West Virginia Medicaid members may review the health plans and benefits offered by the contracted Managed Care Organizations (MCOs) and choose the MCO that best meets their needs.

BMS currently contracts with three (3) MCOs to provide services to West Virginia Medicaid beneficiaries. Those MCOs are:

**Aetna Better Health of West Virginia;  
The Health Plan of West Virginia; and  
UniCare Health Plan of West Virginia.**

Once enrolled, members are asked to choose a primary care provider (PCP) who serves as the member's medical home, their main source of care, and the facilitator of access to any specialty care.

While the West Virginia Children's Health Insurance Program (WVCHIP) falls under the MHT umbrella, it is not summarized in this report.

## MHT Program Goals

Improve access to high quality health care

Improve member satisfaction with the program

Provide a medical home to every member

Increase the use of primary and preventative care

Improve birth outcomes

Improve compliance with immunization schedules and child well visits

Contain the rising cost of Medicaid through appropriate use of services

Improve population health through a person-centered system of care

# Managed Care Program | Covered Services

States are required to provide certain "mandatory services" to members to qualify for federal matching funds. However, WV BMS has chosen to also provide "optional services" to increase the range of overall services offered to members.

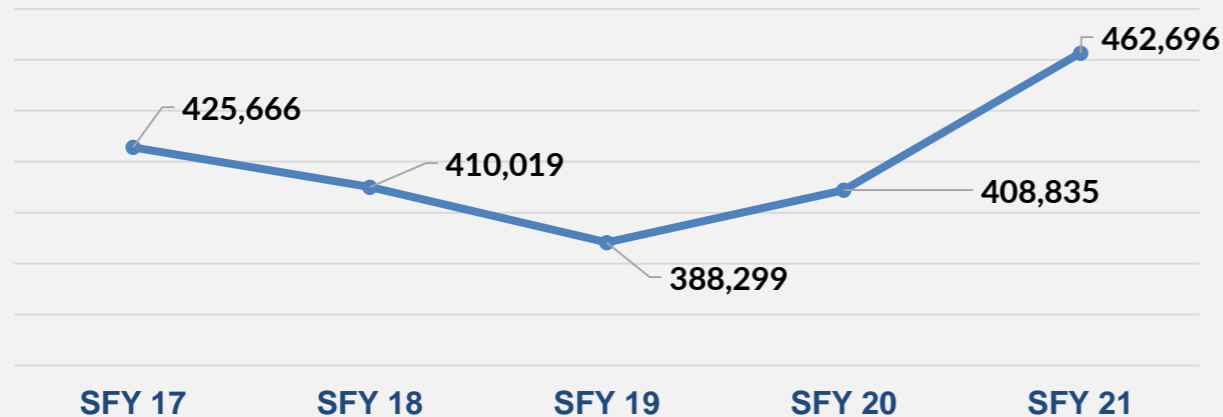
The following list provides examples of both mandatory and optional Medicaid services that are covered by MCOs under the MHT-Medicaid program. (This list is not exhaustive and is subject to change. Always verify coverage with your MCO/Health Plan prior to service.)

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>○ Ambulatory surgical center services</li> <li>○ Behavioral health outpatient services</li> <li>○ Behavioral health rehabilitation (Children under 21 years)</li> <li>○ Psychiatric Residential Treatment Facility (PRTF)</li> <li>○ Cardiac rehabilitation</li> <li>○ Chiropractic services</li> <li>○ Clinic services</li> <li>○ Dental Services (Adult &amp; Children)</li> <li>○ Drug Screening</li> <li>○ Early and Periodic Screening, Diagnoses, and Treatment (EPSDT)</li> <li>○ Family Planning Services &amp; Supplies</li> <li>○ Children with Special Health Care Needs Services</li> </ul> | <ul style="list-style-type: none"> <li>○ Home health care services</li> <li>○ Hospice care services</li> <li>○ Hospital services, inpatient</li> <li>○ Hospital services, inpatient – behavioral health, and substance use stays</li> <li>○ Hospital services, outpatient</li> <li>○ Inpatient psychiatric services for persons under 21 years</li> <li>○ Inpatient psychiatric services for persons aged 21-64 years</li> <li>○ Inpatient rehabilitation</li> <li>○ Laboratory and x-ray services, non-hospital</li> <li>○ Nurse practitioner services</li> <li>○ Occupational therapy</li> <li>○ Physical therapy</li> </ul> | <ul style="list-style-type: none"> <li>○ Physician services</li> <li>○ Podiatry services</li> <li>○ Private duty nursing (PDN)</li> <li>○ Prosthetic devices and durable medical equipment</li> <li>○ Psychological services</li> <li>○ Pulmonary rehabilitation</li> <li>○ Right from the Start services (RFTS)</li> <li>○ Rural health clinic services (including federally qualified health centers)</li> <li>○ Serious Emotional Disturbance Waiver Services</li> <li>○ Speech therapy</li> <li>○ Substance Use Disorder (SUD) services</li> <li>○ Tobacco cessation programs</li> <li>○ Transportation, emergency</li> <li>○ Vision services</li> </ul> |
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## Mountain Health Trust-Medicaid Membership

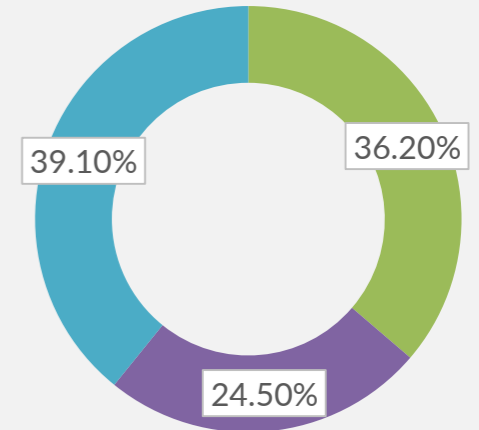
The MHT-Medicaid program serves West Virginians who meet federal eligibility guidelines relating to individual or family income, assets, and health care needs. Covered members include children and their parents or other caretaker relatives, adult Medicaid expansion members, pregnant women, and qualifying individuals receiving Supplemental Security Income (SSI). At the end of State Fiscal Year 2021 (June 30th), the total number of members enrolled was **462,696**.

### MHT-Medicaid Enrollment by Month



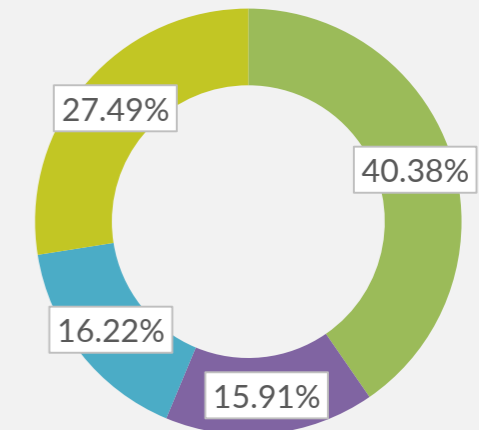
### MHT-Medicaid Enrollment by MCO

- Aetna
- THP
- Unicare



### MHT-Medicaid Enrollment by Age

- Less than 20
- 20 - 29
- 30 - 39
- Over 40



# Managed Care Organization Profile | Accreditation

Health plans earn National Committee for Quality Assurance (NCQA) accreditation through an independent review of the health plan's systems and processes which evaluates multiple dimensions of care, service, and efficiency. An NCQA Accreditation Survey involves on-site, and off-site evaluations conducted by a survey team of physicians and managed care experts. For more information on the NCQA accreditation process, visit <https://www.ncqa.org/programs/health-plans/health-plan-accreditation-hpa/>.

Health Plan Ratings are different than accreditation. A plan's overall rating is the weighted average of the plan's Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measurement ratings. Plans also get bonus points for current accreditation. For more detailed information on plan ratings and a full report on each Health Plan (MCO), visit <https://reportcards.ncqa.org/health-plans?filter-plan=Medicaid&pg=1&dropdown-state=West%20Virginia&filter-state=West%20Virginia>.



Managed Care Organization	NCQA Accredited	Overall Rating
Aetna Better Health of West Virginia	Yes	4
The Health Plan	Yes	3.5
Unicare of West Virginia	Yes	4

*West Virginians interested in MCO health plan ratings are encouraged to review all MCO ratings and rating methods by visiting the NCQA website listed above. The NCQA website explains in detail the evaluation methods used and the significance of each point of analysis.*

\*5-Point Scale (1 = lower performance / 5 = higher performance)

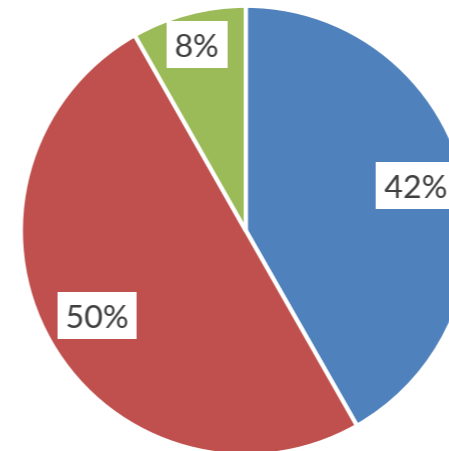
## Top Accomplishments

- Maintained childhood and adolescent immunization rates despite the hurdles brought on by COVID-19 and closed provider offices.
- Expanded diabetic testing services through a partnership with MedExpress, while also donating a retinal eye camera to Williamson Wellness Center in rural southern West Virginia.
- Expanded telehealth services for Substance Use Disorder (SUD) through partner Bright Heart.
- Reviewed and re-designed its prior authorization process to reduce administrative burden on ABHWV staff and streamline the process for ABHWV health care providers.
- Implemented Intelligent Character Recognition (ICR) and Intelligent Process Automation (IPA) to digitize handwritten prior authorization requests and automatically enter them into a prior authorization review platform.

## Membership

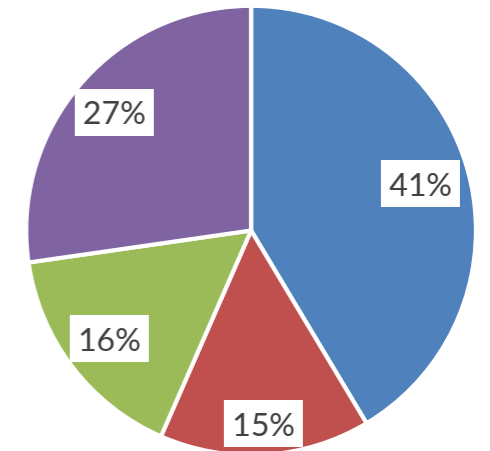
As of June 2021, Aetna Better Health of West Virginia had **167,639** total members, representing **36.2%** of the Mountain Health Trust-Medicaid population.

### Enrollment by Eligibility Group



- Adult Expansion
- Children and Families
- SSI

### Enrollment by Age Group



- Less than 20
- Age 20 -29
- Age 30 - 39
- Age 40+

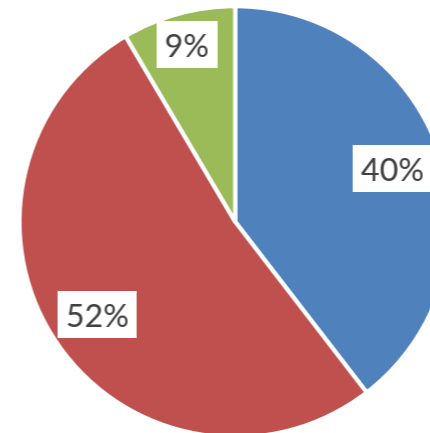
## Top Accomplishments

- UniCare donated \$1 million to West Virginia Health Right, Inc. to support individuals at-risk of HIV and Hepatitis-C who may reside in communities known to have higher rates of infection.
- UniCare provided \$1 million through a community investment grant to Marshall University's Minority Health Institute to address health equity and health disparities throughout the state. The grant focuses on economic stability, social and community services, neighborhood enrichment and education, as well as the aspects of health that create barriers to positive health outcomes and overall wellness among minority groups and vulnerable communities in WV.
- UniCare conducted the Health and Hunger Summit in September and October of 2020 to identify and discuss connections between the health care system and community resources that address hunger in WV. Over 320 total attendees participated in the four-part virtual series which brought together the insight and experiences of health care experts and community support providers and led to follow-up discussions with other community partners throughout the state.

## Membership

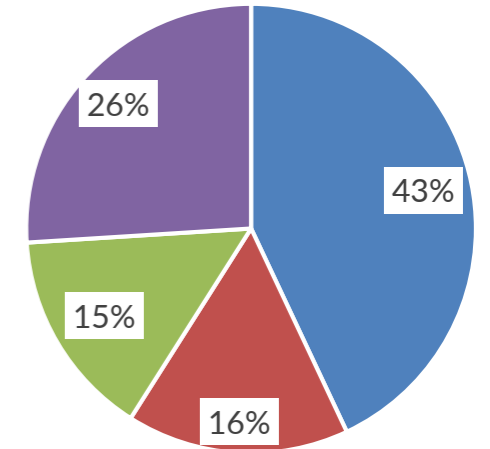
As of June 2021, UniCare of West Virginia had **181,452** total members, representing **39.1%** of the Mountain Health Trust-Medicaid population.

### Enrollment by Eligibility Group



■ Adult Expansion  
 ■ Children and Families  
 ■ SSI

### Enrollment by Age Group



■ Less than 20     ■ Age 20 - 29  
 ■ Age 30 - 39     ■ Age 40+

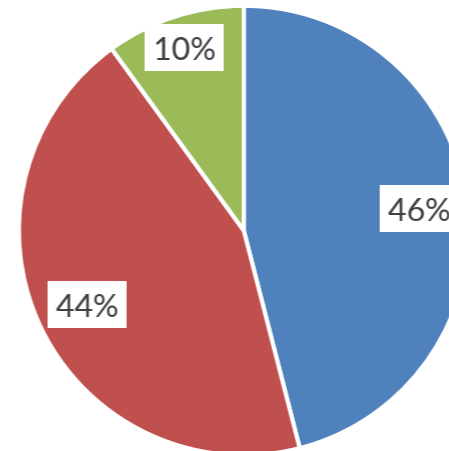
## Top Accomplishments

- Established a texting program to help provide members with information important to specific health conditions, as well as information related child well-care and adult preventative health checks.
- Developed an incentive program for network providers to reward those who implement Social Determinants of Health diagnoses codes. These diagnoses or “Z” codes help The Health Plan follow-up with its members and provide them with referrals to community-based and other helpful resources.
- Re-designed the THP health and wellness unit to increase member engagement and allow for more targeted interventions based on the member’s personal health care and social needs.
- Added four new face-to-face Transition of Care Navigators who are dedicated to helping members with care coordination and the transition from behavioral health facility treatments to outpatient services.

## Membership

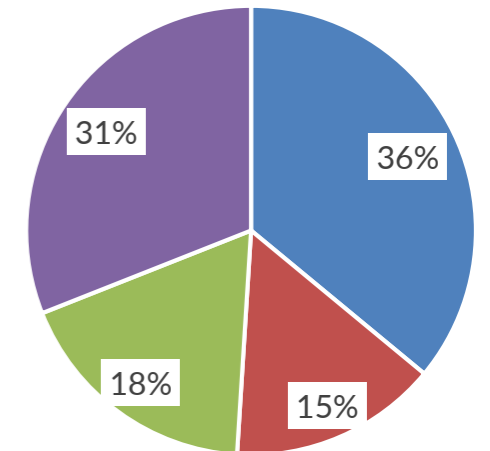
As of June 2021, The Health Plan had **113,605** total members, representing **24.5%** of the Mountain Health Trust-Medicaid population.

### Enrollment by Eligibility Group



- Adult Expansion
- Children and Families
- SSI

### Enrollment by Age Group



- Less than 20
- Age 20 -29
- Age 30 - 39
- Age 40+

## Annual Technical Report

Core components of the BMS mission focus on ensuring the medical services purchased for Medicaid members are high quality, easily accessible when needed, and effective when provided.

Each year an independent review is conducted to see how well the West Virginia Medicaid program is functioning. During this process, known as an External Quality Review, an External Quality Review Organization (ERQO), Qlarant, examines the performance of West Virginia's Medicaid program to identify its strengths and any areas for improvement. The external review focuses on areas such as service quality, service accessibility, and whether services are provided by MCOs in a time-appropriate way.

When the EQRO completes its evaluation, the State Medicaid Agency, BMS, publishes an Annual Technical Report (ATR) explaining its findings and describing how well the State has run the Medicaid program.

## External Quality Review Conclusions

Qlarant's evaluation found that all of West Virginia's Managed Care Organizations are accredited by the National Committee for Quality Assurance (NCQA) demonstrating a commitment to quality and improvement.

Qlarant also noted that the performance of WV's MCOs has been trending in a positive direction and provides evidence of improved quality, accessibility, and timeliness of health care service.

Using appropriate comparison weighting, Qlarant determined that WV's MCOs performed better than the national average on the Healthcare Effectiveness Data and Information Set (HEDIS), as well as the Consumer Assessment of Healthcare Providers and Systems (CAHPS).

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**To view the full Annual Technical Report visit:**

[https://dhhr.wv.gov/bms/Members/Managed%20Care/MCOreports/Documents/WV%202020%20ATR\\_508.pdf](https://dhhr.wv.gov/bms/Members/Managed%20Care/MCOreports/Documents/WV%202020%20ATR_508.pdf)



In addition to the Annual Technical Report which provides independent, external review of MCO health plan quality and performance, BMS also produces reports for legislative oversight committees and the public. BMS encourages West Virginians interested in knowing more about the Medicaid managed care program and its administration to visit the resources below for more information.

## 2020 Managed Care Annual Report for the Legislative Oversight Committee on Health and Human Resource Accountability (LOCHHRA)

The Managed Care Report to LOCHHRA is required by West Virginia Code Section 9-5-22 and is designed to provide legislators with information regarding multiple aspects of the managed care program. In addition to overall quality assurance insights, this report provides a more holistic view of WV's Medicaid program giving legislators the information needed to craft healthier tomorrows for WV's most vulnerable individuals and families.

**View the full report by visiting**

[https://dhhr.wv.gov/bms/Members/Managed%20Care/MCOreports/Documents/BMS\\_2020\\_MC%20Legislative%20Report%20final%205-7-21.pdf](https://dhhr.wv.gov/bms/Members/Managed%20Care/MCOreports/Documents/BMS_2020_MC%20Legislative%20Report%20final%205-7-21.pdf)

## WV Bureau for Medical Services Archived Managed Care Reports

The West Virginia Department of Health and Human Resources website hosts many archived reports for public review. These reports provide historical insight into different components of the managed care program.

**To view enrollment figures, quality reports, legislative reports, and past annual reports, visit:**

<https://dhhr.wv.gov/bms/Members/Managed%20Care/MCOreports/Pages/default.aspx>

## Voluntary Federal Data Reporting

One way that BMS focuses on quality is by voluntarily reporting certain core data from West Virginia's Medicaid program to the Centers for Medicare and Medicaid (CMS).

The information provided through this State-Federal collaboration helps develop nationally standardized data sets to support quality improvement activities across the United States.

In Federal Fiscal Year 2021, 50 states reported data to CMS for the FFY 2020 Adult Core Set. Once again, West Virginia was a national leader in voluntary reporting and provided 29 of 33 core set metrics to CMS,

**29**

**Adult Core Measures Reported**

**Tied for 2<sup>nd</sup> in highest number of reported measures**

**7<sup>th</sup>**

**Highest ranking state for Controlling High Blood Pressure: Ages 18 to 85 of 33 Reporting States**

**Lowest**

**Rate of All-Cause Readmissions: Ages 18 to 64 out of 37 Reporting States**

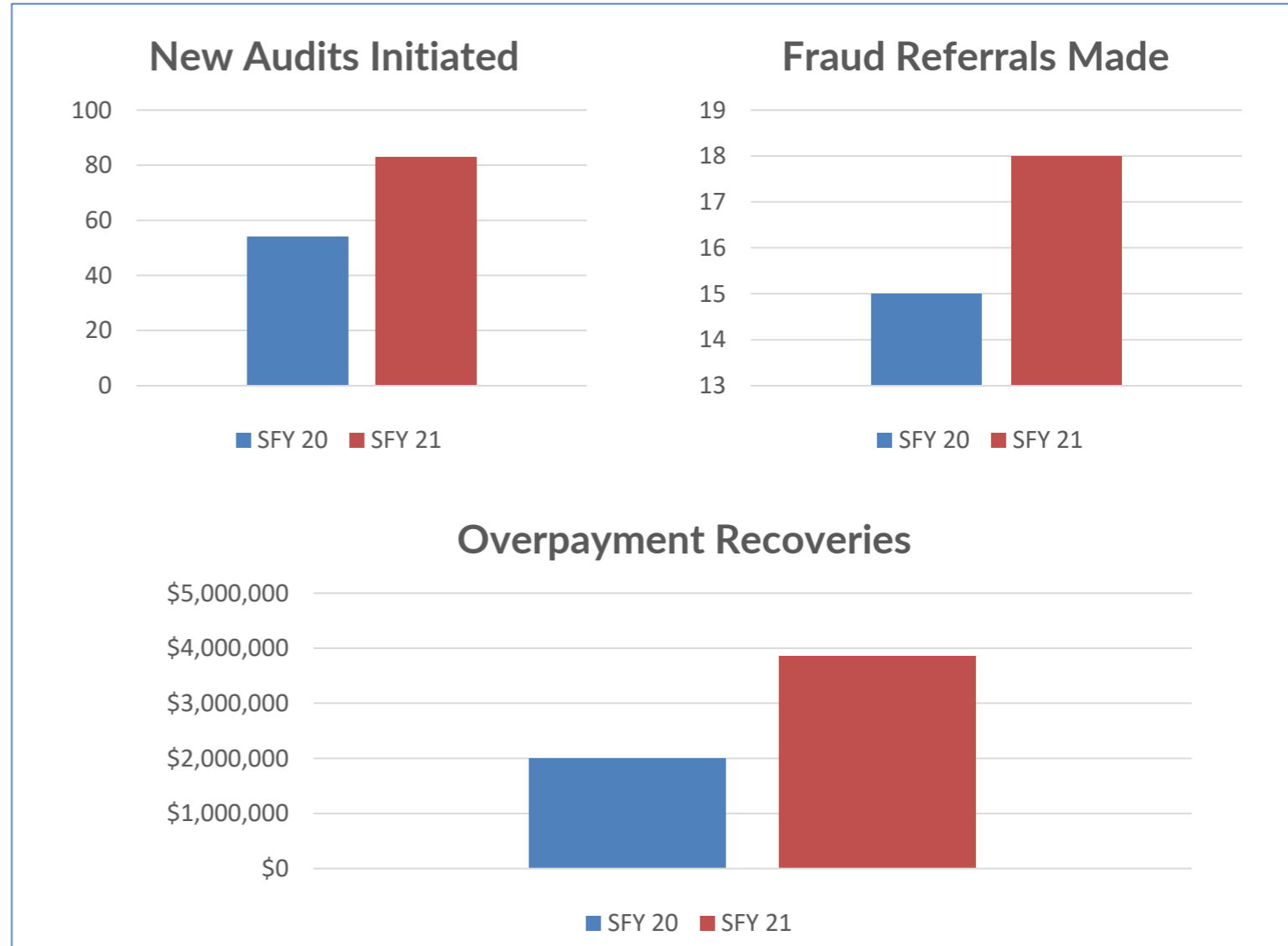
# Program Integrity | Making Medicaid Better

Program Integrity efforts act as a gatekeeper to safeguard the Medicaid program. Multiple anti-fraud systems work together to ensure that Medicaid services are billed correctly and that public funds are safeguarded from fraud and misuse.

Throughout SFY2021 the Bureau for Medical Services observed significant Program Integrity improvements among participating Medicaid Managed Care Plans. During this time period:

- New Program Integrity audits increased **53%**
- Cases referred as fraud increased **20%**, and
- Overpayment recoveries increased **92%**.

These changes demonstrate improved Program Integrity oversight of both the Managed Care Organizations and their network providers. The successful partnership between BMS and MCO special investigation units is increasing Medicaid Program Integrity and decreasing the success rate of fraud.



## Explore These Government Websites

West Virginia Bureau for Medical Services

<https://dhhr.wv.gov/bms>

West Virginia Department of Health & Human Resources

<http://www.dhhr.wv.gov>

Centers for Medicare & Medicaid Services

<https://www.cms.gov>

Medicaid.gov

<https://medicaid.gov>

West Virginia DHHR Local Field Offices

<https://dhhr.wv.gov/bms/Pages/Field-Offices.aspx>

## Need to Apply for Medicaid?

You can apply online through the Health Insurance Marketplace at [www.healthcare.gov](http://www.healthcare.gov).

If you have questions, you can call the federal call center 24/7 at 1-800-318-2596 or TTY: 1-855-889-4325.

You may also apply at for Medicaid and other DHHR programs at [www.wvpath.org](http://www.wvpath.org).

To apply over the phone, call the Customer Service Center at 1-877-716-1212.

For additional information on applying in person or by mailing in a paper application, please contact your local DHHR office. You can use the web-link to the left to find the local field office nearest to you.

# Contact Information

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**Bureau for Medical Services**  
350 Capitol Street, Room 251  
Charleston, WV 25301  
Phone: (304) 558-1700

Contact BMS: <https://appengine.egov.com/apps/wv/dhhr/bms/contactus>

**UniCare Health Plan of West Virginia, Inc.**

200 Association Drive, Suite 200  
Charleston, WV 25311  
[www.unicare.com](http://www.unicare.com)

**Aetna Better Health of West Virginia, Inc**

500 Virginia Street East, Suite 400  
Charleston, WV 25301  
[www.aetnabetterhealth.com/westvirginia](http://www.aetnabetterhealth.com/westvirginia)

**The Health Plan of West Virginia, Inc.**

1110 Main Street  
Wheeling, WV 26003  
[www.healthplan.org](http://www.healthplan.org)