

Aetna® — West Virginia

Network Access Plan

This manual will help you understand our health programs and policies for both HMO-based and PPO-based plans. And we'll be right there with you, throughout all of life's stages.

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Aetna® HMO & PPO — West Virginia

Network access plan

1. Introduction

This access plan is for the Aetna HMO & PPO Plans— West Virginia network, unless where stated otherwise. The West Virginia Office of the Insurance Commissioner has licensed Aetna Health Inc. as a health maintenance organization (HMO) and Aetna Life Insurance Company as an insurance company issuing preferred provider organization (PPO) plans (Aetna).

The Aetna PPO— West Virginia network offers plans in the State of West Virginia.

The Aetna HMO— West Virginia network offers health plans in 53 counties. The counties are:

- Barbour, Berkeley, Boone, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, and Wyoming

We are required as an issuer to create an access plan for our networks. This access plan describes our strategy, policies, and procedures to create, maintain and administer an adequate network.

The Aetna HMO & PPO — West Virginia network access plan is applicable to the following fully insured products:

- Health Network Only, HMO
- Health Network Option, POS
- Open Access Managed Choice, PPO

Our main goal

We work every day to ensure the power of health is in our customers' hands. We strive to see the world from the member's eyes. You can make confident choices and live a healthier life with our support and tools. And with us, you'll find convenient tools and resources that fit your life.

You pay less out of pocket when you use doctors and hospitals in our network. Our networks focus on quality and efficiency. This improves the health care experience for all. And members find it easy to get the care they need.

The network includes doctors, hospitals and other health care professionals and facilities in the West Virginia

market. Included within this access plan is a listing of each type of health care provider and facility type, followed by a listing of the counties in which they're located.

We negotiate discounted rates for covered health care services. In-network doctors and hospitals won't bill you for costs above our rates for covered services.

Our access plan provides a broad view of plan policies and procedures that cover participating providers and facilities. This material is for information only. It is neither an offer of coverage nor medical advice. It's only a partial, general description of plan or program benefits. It isn't a contract. Consult your plan documents (Schedule of Benefits, Certificate of Coverage) to find governing contractual provisions, including procedures, exclusions and limitations relating to the health plan. If there's a conflict between the plan documents and this access plan, the plan documents will govern.

We don't provide health care services, so we can't guarantee any results or outcomes. We don't advise the self-management of health problems, nor do we promote any particular form of medical treatment. Consult your health care provider for the care that's right for your specific medical needs.

We've created certain policies and procedures to ensure our members get access through the Aetna® HMO & PPO— West Virginia network. You'll find a brief description in these sections of this access plan. Unless stated otherwise, this access plan also includes facilities. To get more information about the network or to ask for a copy, just visit **aetna.com**. To call Aetna, members use the number on their ID card. All others call **1-888-98-AETNA (1-888-982-3862)**.

This access plan also includes information for both the Aetna National Pharmacy and the Aetna Managed Pharmacy networks.



2. Network adequacy

Provider and facility availability

We've created provider standards for network adequacy that comply with West Virginia regulations. This is to ensure our network has enough licensed health care providers available to meet members' needs. Aetna's National Quality Oversight Committee (NQOC) assesses these standards, which include the:

- Number of providers to enrollees is adequate, including PCPs, ob/gyns, behavioral health and specialists
- Geographic distribution — participating providers are within a reasonable proximity to members
- Appointment availability — service and wait times
- Assessment of cultural and linguistic needs and preferences of members

At least every year, we check network adequacy, based on members' needs. We use the results to develop and implement market contracting plans.

For tele-health services, we provide the same benefit for covered services, whether the providers see the patients in their office or consult with them via tele-health. This helps to meet the health care needs of members and gives them access to health care services. We do not use tele-health to meet network access standards.

In remote or rural areas, occasionally availability standards are not able to be met due to lack of, or absence of, qualified providers and/or hospital facilities. Even in counties where there may not be a pediatrician or ob/gyn available, there are participating PCPs who can provide services to our members. We monitor counties for new providers and facilities and reach out to contract with them.

We meet the availability (provider to enrollee ratio) standards for each county of the network for primary care. There may be limited specialists and hospitals in some counties due to lack of provider availability.

Measurable process for access to care and service

The state insurance regulations and Aetna's National Quality Oversight Committee (NQOC) create standards for service and wait time. We monitor these standards to help ensure our members can receive care within a reasonable time period.

Each year, we measure standards in these ways:

- We monitor access to primary care physicians

(PCP) for regular/routine care appointments, urgent care appointments and for after-hours care. To do this, we conduct phone surveys with our West Virginia providers.

- We monitor access for specialty care for prenatal care, high volume and high impact providers for regular/routine care, urgent care appointments, and for after-hours care. To do this, we conduct phone surveys with our West Virginia providers.
- We check Member Services telephone access by reviewing call abandonment rates, average speed of answer and total service factors. We also track member complaint data.

Each year, we measure behavioral health accessibility standards in these ways:

- We monitor access for regular/routine behavioral health care, urgent care appointments, and for after-hours care. We look at member complaints, behavioral health member experience, and provider experience survey data and/or phone surveys.
- We monitor access to behavioral health Member Services by reviewing call abandonment rates, average speed of answer and total service factors. We also track member complaint data.

If we see opportunities for quality improvement, we prioritize and implement them.

Provider selection and criteria — How we build our networks

To build a robust provider network, we carefully review the providers available in each region, county, and municipality. We make sure there is a broad range of qualified providers so that access to care is safe and convenient.

The provider contracting department pursues and contracts with available qualified providers.

Providers must meet our high standards before we choose them as part of our network.

How we choose providers

Physicians

To be in our network, providers must:

- Pass our credentialing process
- Work with our medical benefits programs, including preventive care



- File claims on behalf of our members
- Agree to not balance-bill for covered services
- Accept our fees
- Have active admitting privileges in at least one network hospital (depending upon provider specialty)

Hospitals

To be in our network, hospitals must have a current license and be accredited by one of these entities:

- The Joint Commission (TJC)
- The American Osteopathic Association (AOA)
- Det Norske Veritas Healthcare, Inc. (DNVHC)
- Center for Improvement of Healthcare Quality (CIHQ).
- An accrediting entity that meets Aetna policy and/or business participation requirements or state/regulatory standards

These entities perform detailed reviews of hospitals, including onsite visits. Hospitals also need to show them their quality improvement activities.

If a hospital is not accredited from these entities, then they need to meet these alternative requirements:

- They must complete an onsite quality assessment.
- If the Centers for Medicare & Medicaid Services (CMS)/state survey has a similar review process as Aetna, we may substitute the CMS/state survey for an onsite quality assessment.

Our contracts require hospitals to participate in our quality and patient management activities. Facilities must notify us of any material change of licensure or accreditation status. They must have adequate liability insurance or self-insurance. They must provide proof of insurance upon request.

Every three years, our credentialing team reviews the following for each hospital in our network. They make sure the hospitals:

- Are in good standing with state and federal regulatory bodies
- Are accredited by an Aetna-recognized accrediting entity
- Have liability insurance limits
- Have a Medicare certification number, when applicable.

More services

We also have participation standards for every type of provider service in our network, including:

- Free-standing surgical centers
- Urgent care centers
- Skilled nursing facilities
- Hospices
- Ambulance services
- Home health care agencies
- Laboratories
- X-ray facilities

Participation criteria may vary based on specialty, market and applicable local, state, or federal laws.

Facilities must meet required:

- Licensing
- Certification
- Professional staffing
- Access
- Patient emergency standards

They must also:

- Have certain levels of liability insurance
- Follow patient confidentiality rules

All network providers must have:

- Proper licensing
- Education
- Training
- Applicable board certifications
- Certain levels of liability insurance

They must also not have:

- Professional liability claims history or
- Work history that would raise concerns for our members

Quality measures

Our quality measures are based on NCQA and Healthcare Effectiveness Data and Information Set (HEDIS®) guidelines such as:

- Antidepressant medical management
- Blood sugar control for high-risk diabetics



- Breast cancer screening
- Cervical cancer screening
- Colon cancer screening
- Diabetes/lipid blood screening
- Follow-up care for children prescribed ADHD medication
- Follow-up after hospitalization for mental illness
- Initiation and engagement of alcohol and other drug dependence treatment
- LDL targets for diabetic and cardiac patients
- Other preventive care measures

All doctors and hospitals must meet certain standards and agree to accept our rates before joining our network.

How we build our pharmacy networks

We look at the number of pharmacies in a specific area to make sure we have enough providers to meet your pharmacy needs. We created the pharmacy networks based on many market variables. We chose providers based on:

- Access and availability
- Our credentialing standards
- Ability to meet our participation criteria

While we try to ensure adequate pharmacy coverage for your needs, sometimes circumstances may prevent you from accessing a participating pharmacy. In this instance, you will use your out-of-network benefits if applicable.

Participating pharmacies are re-credentialed every two years. Between formal credentialing cycles, we check these issues as part of ongoing quality review:

- Office of personnel management/office of inspector general excluded pharmacies
- Medicare opt outs
- Potential quality of care concerns (member complaints and internally identified events)

Quality assurance standards

We consistently work to ensure that our provider network is meeting the needs of our members, including their needs for access to care, continuity of care, and quality of care. To do this, we've developed quality assurance measures to help identify, evaluate, and fix any issues on an ongoing basis.

Access to care

The quality assurance standards we use to help measure member access to care include:

- length of time and distance members may travel to see network providers
- percentage of network providers accepting new patients
- length of time members may wait for appointments with network providers
- network provider-to-member ratios

Each year, we gather the information necessary to help measure member access to care via the following:

- analyses of the geographic distribution of providers against member locations
- tracking of nonparticipating provider approval requests
- review of provider and member satisfaction surveys
- examination of member complaint data
- review of Member Services call data

If we haven't met any of these access to care standards, we try to recruit and contract with available qualified providers outside of our network.

Continuity of care

On an annual basis, we conduct analyses to monitor and measure continuity and coordination of care, identify opportunities to improve care coordination, and measure the effectiveness of any improvement actions. To do this, the information and data we gather may include:

- medical claim and referral data
- member and provider experience surveys
- appropriate use of psychotropic medications
- Healthcare Effectiveness Data and Information Set (HEDIS®) measures

The standards for which data is measured against reflect standards of clinical care or practice guidelines, process measures and, for relevant clinical issues, HEDIS® measures and outcome measures.

When the annual continuity and coordination of care analyses identify opportunities for improvement, we pursue those opportunities. Improvement activities



may include:

- Member or provider communications
- Internal staff trainings or external facility education
- Process improvements, program enhancements, program retirements or new program development

Quality of care

Aetna's Quality Management (QM) Program helps ensure that we are continuously identifying, measuring, and addressing all potential quality of care concerns, as well as evaluating the effectiveness of the QM Program.

All Aetna staff are responsible and accountable for the identification and communication of potential quality of care concerns and has a process in place to ensure appropriate QM staff are notified.

Potential quality of care issues may be identified via member complaints, survey feedback, clinical review of utilization data, provider credentialing issues, or other monitoring activities.

Each year, Aetna conducts a comprehensive review of its QM Program, which further ensures quality of care concerns are found and addressed. Aetna remedies problems relating to quality of care through the QM Work Plan, which is a schedule of planned activities throughout the calendar year developed in response to the annual review.

Further details on Aetna's Quality Management Program are included in the next section.

Quality management program and scope

The quality management program checks and improves the quality and safety of clinical care and services to members. The quality management program includes, but is not limited to:

- Accessibility and availability of network providers
- Member experience and practitioner satisfaction
- Review and evaluation of preventative and behavioral health (BH) services; ambulatory, inpatient, primary and specialty care; high-volume and high-risk services; and continuity and coordination of care
- Development of written policies and procedures reflecting current standards of clinical practice
- Development, implementation and monitoring of patient safety initiatives, and preventative and clinical

practice guidelines

- Monitoring of medical, BH, case and disease management programs
- Establishing standards for and auditing of medical and BH record documentation
- Performing credentialing and recredentialing activities
- Oversight of delegated activities

Member experience

An important part of the quality management program is to check and improve the member experience. For this, we use surveys and aggregation, analysis, and trending reporting of member complaints. And we encourage members to offer suggestions or express their concerns through our customer service phone lines and our member website.

We work hard to support providers and members and create a culture of better health. One that is connected, simpler, intuitive, convenient, affordable, and powerful.

Providers influence the consumer experience. We help them with better tools, information, and payment models.

We contract with a certified vendor to field the respective surveys.

Behavioral health member experience survey: We send this survey every year to the adult (ages 18 years and older) commercial behavioral health population who used behavioral health care. It measures members' experience of care in behavioral health services and administrative services.

Member experience surveys with care management services: Each year, we send this survey to members

in the case management and disease management programs. We also send it to joint programs that have a combined case management/disease management approach. The aim is to check the member experience from those who have used these services. This process informs us how well the program meets our members' expectations. This in turn helps to find areas where the program performs well and areas where it needs to improve.



Accessing services outside the network

You can get a service or supply from an out-of-network provider at the same out-of-pocket cost share as a network provider if you can't:

- Get a medically necessary service or supply through an in-network physician or hospital without unreasonable delay
- Find a participating physician who can provide the service or supply

You must get the service or supply pre-certified first. Then we'll cover it at the in-network benefits level. That means you'll pay your share of the costs (copayment, coinsurance and/or deductible) at the in-network level. Medical emergencies don't require precertification. Your share of the costs for medical emergencies will also be at the in-network level.

Monitoring access

We continually monitor access to providers and facilities. Here are steps we routinely take:

- Every year, we measure and analyze:
 - Geographic distribution of providers
 - Member-to-practitioner ratios
 - Member complaints
 - Closed practice data, specifically against goals and standards for availability
 - Tracking and trending of data relating to the network
- We review counties where enrollees don't have easy access to care. We try to determine availability of providers for recruitment.
- Each October, the NQOC reports on nonparticipating provider approval requests which are tracked throughout the year.

For the hospitals within our network, we continually monitor access to physician specialist services:

- On a biannual basis, we require that each of the hospitals within our network provide and confirm the accuracy of contracted provider listings at their hospitals, along with contact information.
- We also request that hospitals indicate which of their contracted providers render any of the following services:
 - Emergency room care anesthesia, radiology, hospitalist care, and pathology/laboratory services.

- In the event that a hospital's contracted provider is not also within our network, we conduct outreach to that provider and initiate contracting discussions.

Additionally, we review claims reports to identify the providers outside our network who our members are receiving from to further understand how we can best improve access.

Provider directories

Aetna maintains both print and online provider directories. We generally update the online provider search tool six days a week.

Each year, we update the printed provider directories. On a quarterly basis, we create print directory addendums. These show providers that have been added and removed from the networks. You can request a printed copy by calling Member Services. If you are not a member, call **1-888-982-3862**. A printed copy will be sent within five business days of the request.

On a quarterly basis, we audit the accuracy of information tied to each individual practitioner appearing within our provider directories and make updates as necessary. In addition, we conduct an annual audit of all entries within our provider directories and retain related documentation according to state requirements.



3. Network access plan procedures for referrals

Referrals within the provider network

Some health plans require you to get a referral from your PCP to get care from a specialist. Please refer to your plan documents to see:

- If you need to select a PCP
- Whether a PCP must refer you to a specialist before you can get access to these services

If you need a referral, contact your PCP before you get specialty care. You can find in-network specialists listed in our online provider search tool. This tool offers the most up-to-date list of doctors, hospitals, and health care professionals in our network. Members and providers can find it on our public website, **aetna.com**. Or go to your member website. If you don't have access to a computer, just call the toll-free number on your ID card to get a printed directory.

Referral options may be restricted to fewer than all providers in the network who are qualified to provide covered specialty services:

While a member can be referred to any provider in the network, certain doctors may be affiliated with integrated delivery systems, independent practice associations or other provider groups. Members who select these doctors will generally be referred to specialists and hospitals within that system or group.

Members may get timely referrals for access to specialty care:

Some plans may require PCP selection and PCP referrals for specialty care. In such cases, a member may get specialty care by consulting their PCP. Referrals not requiring prior authorization are valid as soon as the PCP requests it. Network doctors and other health care providers are required by contract to follow access standards for care. Any plan that has a PCP referral requirement gives members direct access to benefits for medical emergency services, urgent care or ob/gyn services. Plans that don't require referrals permit members to go to any participating specialty care provider to receive network benefits.

Members may expedite the referral process when indicated by their medical condition:

For referrals requiring prior authorization by us, we'll notify you within 15 calendar days for non-urgent requests. For urgent requests, we'll inform you no later than 72 hours from when we receive the original request. You may expedite the prior authorization process when medically

appropriate by consulting your PCP.

Referrals cannot be retrospectively denied or changed except for fraud or abuse: We can't retrospectively deny or change referrals approved by us except for fraud or abuse.



4. Network access plan disclosures and notices

Grievance and appeal

You can find grievance procedures in a number of documents. These include member disclosures and plan documents, including the Certificate of Coverage and the Summary of Benefits and Coverage (SBC). The grievance procedures are also on our website. The Explanation of Benefits (EOB) document also provides information that addresses members' rights.

Specialty medical services

Members can find information on available specialty medical services in the plan documents. These include the Certificate and the SBC. The Certificate describes the benefits and the SBC shows available services, cost-sharing amounts and visit limits. The SBC also shows some common medical events and the therapy services that may help to treat them.

Emergency and non-emergency medical care

You'll find information on our procedures for providing emergency and non-emergency medical care in the plan and member disclosure documents. It is also available online at [aetna.com](https://www.aetna.com).

These documents and our website also define:

- What an emergency medical condition is
- What to do when an emergency occurs
- Where to go for treatment
- Differences in emergency and non-urgent care
- Processes a member must follow

Choosing and changing network providers

You'll find information on how to choose and change network providers in the plan and member disclosure documents. Directions on how to search for network providers or how to request printed provider directories can be found in the same place.

Access and accessibility of services of covered persons with limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds and with physical or mental disabilities

Aetna uses Voiance Language Services, an interpretation service, to address the needs of enrollees with limited English proficiency. Voiance offers 24/7 over-the-phone interpretation in over 200 languages. EOB statements and other correspondence generated through the claims and appeal process provide notice that translation services are available. And Aetna's member disclosure

information (available to members on our public website as well as in enrollment packets) includes a notice that language services are available for members who speak another language or are hearing impaired.

For hearing-impaired or speech-disabled individuals, Aetna uses a relay service. The relay service acts as an intermediary for telecommunications between hearing individuals and individuals who are deaf, hard of hearing, deaf-blind and/or have speech disabilities. We have specially trained communication assistants who complete the calls and stay online to relay messages either:

- Electronically over a teletypewriter (TTY) or telecommunications device for the deaf (TDD), or
- Verbally to hearing parties

Aetna doesn't consider the member's race, disability, religion, sex, sexual orientation, health, ethnicity, creed, age or national origin when providing access to care.

Aetna and participating providers must comply with these laws:

- Title VI of the Civil Rights Act of 1964
- Age Discrimination Act of 1975
- Americans with Disabilities Act
- Laws that apply to those who receive federal funds
- All other laws that protect your rights to receive health care

If a member chooses to provide certain information about race, ethnicity and languages spoken, it may help to improve access to health care and better serve a member. All information that a member provides is private. The member disclosure document addresses privacy and access to health care in more detail.

Assessing health care needs

Aetna is committed to providing members with quality health care. Through our quality management program and strategy, we assess, measure and monitor the care we provide. The member disclosure form has online search instructions on how to find information about quality management programs. A printed copy of this information is also available. Just call Member Services at the number on your ID card.

Program information includes goals, scope, and outcome with clinical data, and is publicly available on our website.

Just go to: [aetna.com/individuals-families/member-rights-resources/commitment-quality/quality-management.html](https://www.aetna.com/individuals-families/member-rights-resources/commitment-quality/quality-management.html).



5. Plans for coordination and continuity of care

Keeping the provider you go to now

You may have to find a new provider when you:

- Join our plan and the provider you have now is not in the network
- Are already a member and your provider stops being in our network

But in some cases, you may need to complete a treatment or have treatment that was already scheduled. And you may continue to go to your current provider. This is called continuity of care or transition of care.

If you join a plan and you're in an active course of treatment with a provider who is not in the network, we'll provide transition of care benefits. Transition of care gives you temporary coverage as we transfer services from an out-of-network to an in-network specialty provider.

Transition of care requests do not apply to facilities. For transition of care coverage requests due to a provider becoming inactive, we provide continuity of care coverage:

- For an active course of treatment that includes a member having undergone treatment or having been seen at least once in the last 12 months, as long as the member has not been released from treatment.
- For transition of care coverage requests for maternity care, we'll allow an active course of treatment from the second trimester through the postpartum period.
- For transition of care coverage requests for primary care, we'll allow an active course of treatment for pediatrics, general practice, family medicine, internal medicine, ob/gyn, and physician assistants and nurse practitioners supervised by, or collaborating with, a PCP. These providers qualify for transition of care coverage only if they are credentialed and individually contracted.

Once approved for transition of care coverage due to a provider becoming inactive, the care period is the earlier of:

- The termination of the course of treatment by the covered person or the treating provider
- Ninety days after the effective date of the provider's departure or termination, unless the medical director determines that a longer period is necessary

- The date that care is successfully transitioned to the in-network provider
- Benefit limitations under the plan are met or exceeded
- Care is no longer necessary

Discharge planning

Proactive discharge planning is a process that anticipates your needs prior to discharge from an inpatient care setting. It provides the right transition plan from the inpatient setting to the next level of care and addresses your entire care. The process begins at the time of notification and may include the hospital or other alternate care provider, health plan, other health care providers, the treating practitioner and you and your family or caregiver. The staff finds and refers potential quality of care and patient safety events for more review during the discharge planning process.

The discharge plan considers your:

- Age
- Prior level of functioning
- Past medical history
- Anticipated discharge location
- Current medical condition, including diagnosis
- Current level of functioning
- Family/community support
- Psychosocial factors
- Potential barriers to discharge planning

The discharge plan may include:

- Identifying eligible members for referral to covered specialty programs
- Coordinating a variety of services or benefits to be utilized upon discharge (e.g., transfer to inpatient skilled nursing, sub-acute care or rehabilitation facility, home health care, community services, durable medical equipment)

Changing your PCP

You can change your designated PCP at any time. Just call the number on your ID card. Or visit your member website.

Provider termination

Our provider contracts with participating providers and facilities to ensure a seamless transition in the event the contract ends. Our providers agree to continue services to our members for a limited time after termination.

When we terminate a PCP from the network, we send a letter to inform you. We also help members select a new PCP or practice site.



When a specialist no longer participates in our network, we inform members who see the specialist regularly by letter. If required, the letter asks the member to have their PCP contact the Aetna Patient Management Department. That way, they can coordinate continued care and issue a referral to a specialist, if necessary.

Hold harmless

Our contracts contain a hold harmless provision. This prevents participating providers from balance billing members in the event of our insolvency or inability to continue operations. In addition, our participating providers must continue to provide services until the end of the period for which premium has been paid and in the case of hospitals, until it is medically appropriate to discharge the patient.



6. Appendix

PPO Provider & Facility Locations by County

Provider or Facility Type	Location(s) by County
Allergist	Brooke, Cabell, Hancock, Harrison, Jackson, Kanawha, Lewis, Logan, Marion, Mercer, Monongalia, Ohio, Putnam, Raleigh, Wetzel, and Wood
Anesthesiology	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Clay, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Morgan, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Roane, Summers, Taylor, Tucker, Upshur, Wayne, Wetzel, Wood, and Wyoming
Audiologist	Berkeley, Boone, Brooke, Cabell, Fayette, Greenbrier, Hampshire, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Marion, Marshall, Mason, McDowell, Mercer, Monongalia, Morgan, Nicholas, Ohio, Preston, Putnam, Raleigh, Randolph, Upshur, Wetzel, and Wood
Cardiologists	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Morgan, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Roane, Summers, Taylor, Tucker, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, and Wyoming
Chiropractic	Barbour, Berkeley, Boone, Brooke, Cabell, Fayette, Greenbrier, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, Mineral, Monongalia, Monroe, Nicholas, Ohio, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Taylor, Upshur, Wayne, Wetzel, Wood, and Wyoming
Dentist – Pediatric Only	Kanawha, Monongalia, Putnam, and Raleigh
Dermatologists	Berkeley, Boone, Braxton, Brooke, Cabell, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, McDowell, Mercer, Mineral, Mingo, Monongalia, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Taylor, Upshur, Wetzel, Wood, and Wyoming
Dialysis	Berkeley, Boone, Braxton, Cabell, Fayette, Gilmer, Grant, Greenbrier, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Mason, McDowell, Mercer, Mineral, Monongalia, Nicholas, Ohio, Preston, Putnam, Raleigh, Randolph, Taylor, Upshur, Wetzel, Wood, and Wyoming
Durable Medical Equipment (DME)	Berkeley, Brooke, Cabell, Calhoun, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mercer, Mineral, Monongalia, Nicholas, Ohio, Pleasants, Preston, Putnam, Raleigh, Randolph, Roane, Wetzel, Wood, and Wyoming
Endocrinology	Berkeley, Brooke, Cabell, Greenbrier, Hampshire, Hancock, Harrison, Jefferson, Kanawha, Logan, Marshall, Mason, Mercer, Monongalia, Nicholas, Ohio, Putnam, Raleigh, Wayne, Wetzel, and Wood
Gastroenterologist	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Fayette, Gilmer, Greenbrier, Hampshire, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Morgan, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Taylor, Upshur, Wayne, Wirt, Wood, and Wyoming
General Surgery	Barbour, Berkeley, Braxton, Brooke, Cabell, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, and Wyoming



Provider or Facility Type	Location(s) by County
Hematology	Berkeley, Boone, Braxton, Brooke, Cabell, Fayette, Gilmer, Grant, Greenbrier, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, McDowell, Mineral, Mingo, Monongalia, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Summers, Taylor, Upshur, Wayne, Wetzel, Wirt, Wood, and Wyoming
Home Health Services	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Doddridge, Grant, Greenbrier, Hampshire, Hancock, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marshall, Mason, Mercer, Monongalia, Ohio, Pendleton, Preston, Raleigh, Randolph, Roane, Taylor, Upshur, Wetzel, Wirt, and Wood
Hospital Services / Acute Care Hospital	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Fayette, Grant, Greenbrier, Hampshire, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Morgan, Nicholas, Ohio, Pocahontas, Preston, Putnam, Raleigh, Randolph, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, and Wood
Hospital with Acute Care Services to Pediatric Patients in Medical and Surgical Units	Berkeley, Brooke, Cabell, Greenbrier, Harrison, Kanawha, Lewis, Logan, Marion, Marshall, Mason, Mercer, Monongalia, Ohio, Putnam, Raleigh, Randolph, and Wood
Hospital with Obstetric Services	Berkeley, Brooke, Cabell, Grant, Greenbrier, Harrison, Jefferson, Kanawha, Lewis, Logan, Marshall, Mercer, Monongalia, Ohio, Raleigh, Randolph, Upshur, and Wood
Hospital with Neo-Natal Intensive Care Unit	Berkeley, Cabell, Kanawha, Marion, Monongalia, and Putnam
Laboratory	Berkeley, Cabell, Greenbrier, Hancock, Harrison, Kanawha, Logan, Marion, Marshall, Mercer, Monongalia, Ohio, Pendleton, Putnam, Raleigh, Summers, Tyler, Webster, Wetzel, Wood, and Wyoming
Licensed Independent Clinical Social Worker (LCSW)	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Fayette, Gilmer, Grant, Greenbrier, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, Mercer, Mineral, Mingo, Monongalia, Monroe, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Roane, Summers, Taylor, Upshur, Wayne, Webster, Wetzel, Wirt, and Wood
Nephrology	Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Fayette, Gilmer, Greenbrier, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Roane, Taylor, Upshur, Wayne, Webster, Wetzel, Wood, and Wyoming
Neurologist	Berkeley, Boone, Braxton, Brooke, Cabell, Fayette, Gilmer, Greenbrier, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Taylor, Upshur, Wayne, Wetzel, Wood, and Wyoming
Neurosurgery	Berkeley, Braxton, Cabell, Fayette, Gilmer, Greenbrier, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, McDowell, Mercer, Mineral, Mingo, Monongalia, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Roane, Taylor, Tyler, Upshur, Wayne, Wood, and Wyoming
OBGYN and/or Certified Nurse Midwife	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Summers, Taylor, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, and Wyoming
Occupational Therapy	Brooke, Cabell, Fayette, Greenbrier, Harrison, Jackson, Jefferson, Kanawha, Lewis, Marion, Mason, Mercer, Mineral, Monongalia, Nicholas, Ohio, Preston, Putnam, Raleigh, Ritchie, Wayne, Wetzel, Wirt, and Wood



Provider or Facility Type	Location(s) by County
Oncologist	Berkeley, Boone, Braxton, Brooke, Cabell, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Summers, Taylor, Upshur, Wayne, Wetzel, Wirt, Wood, and Wyoming
Ophthalmologist	Berkeley, Braxton, Brooke, Cabell, Fayette, Gilmer, Grant, Greenbrier, Hancock, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Summers, Taylor, Tucker, Upshur, Wetzel, Wood, and Wyoming
Pediatric Oral Surgeon	Berkeley, Cabell, Kanawha, Lincoln, Marion, Monongalia, Putnam, Raleigh, Wayne, and Wood
Pediatric Orthodontist	Harrison, Kanawha, Marion, Monongalia, Raleigh, Randolph, and Upshur
Orthopedic	Berkeley, Braxton, Cabell, Gilmer, Greenbrier, Harrison, Jackson, Jefferson, Kanawha, Lewis, Marion, Marshall, McDowell, Mineral, Mingo, Monongalia, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Taylor, Upshur, Wood, and Wyoming
Orthopedic Surgeon	Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Roane, Summers, Taylor, Upshur, Wayne, Wetzel, Wirt, Wood, and Wyoming
Orthotics / Prosthetics	Berkeley, Brooke, Cabell, Calhoun, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mercer, Mineral, Monongalia, Nicholas, Ohio, Pleasants, Preston, Putnam, Raleigh, Randolph, Roane, Wetzel, Wood, and Wyoming
Otolaryngologist / Otorhinolaryngologic	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Fayette, Gilmer, Grant, Greenbrier, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Taylor, Upshur, Wayne, Wetzel, Wood, and Wyoming
Outpatient Substance Abuse Disorder (SUD) Provider	Berkeley, Boone, Braxton, Brooke, Cabell, Fayette, Gilmer, Hancock, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, Mingo, Monongalia, Monroe, Ohio, Putnam, Raleigh, Taylor, Tucker, Upshur, Wayne, Wirt, and Wood
Pathology	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Roane, Summers, Taylor, Tucker, Upshur, Wayne, Wetzel, Wood, and Wyoming
Pediatrician / Pediatric Primary Care Physician	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, and Wyoming
Physical Therapy	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Fayette, Grant, Greenbrier, Hampshire, Hancock, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Summers, Tucker, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, and Wyoming
Plastic Surgery	Berkeley, Brooke, Cabell, Fayette, Greenbrier, Hampshire, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marshall, Mason, Mercer, Mineral, Monongalia, Nicholas, Ohio, Putnam, Raleigh, Taylor, Upshur, Wayne, Wetzel, and Wood



Provider or Facility Type	Location(s) by County
Podiatry	Barbour, Berkeley, Braxton, Brooke, Cabell, Doddridge, Fayette, Greenbrier, Hampshire, Hancock, Harrison, Jackson, Jefferson, Kanawha, Lewis, Logan, Marion, Marshall, Mason, Mercer, Mingo, Monongalia, Morgan, Nicholas, Ohio, Putnam, Raleigh, Randolph, Ritchie, Roane, Tucker, Tyler, Upshur, Wetzel, Wood, and Wyoming
Primary Care Physician (PCP)	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, and Wyoming
Psychiatrist	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Clay, Doddridge, Greenbrier, Hampshire, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Mason, Mercer, Mingo, Monongalia, Monroe, Nicholas, Ohio, Pleasants, Pocahontas, Putnam, Raleigh, Randolph, Ritchie, Summers, Tucker, Upshur, Wayne, Wirt, and Wood
Psychologist	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Clay, Fayette, Gilmer, Greenbrier, Hancock, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Upshur, Wayne, Wetzel, Wirt, Wood, and Wyoming
Pulmonologist	Berkeley, Boone, Braxton, Brooke, Cabell, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Morgan, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Roane, Taylor, Tyler, Upshur, Wetzel, Wirt, Wood, and Wyoming
Radiology Services	Barbour, Berkeley, Braxton, Brooke, Cabell, Calhoun, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Roane, Taylor, Upshur, Wayne, Wetzel, Wirt, Wood, and Wyoming
Thoracic Surgery	Berkeley, Braxton, Brooke, Cabell, Fayette, Gilmer, Greenbrier, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Summers, Taylor, Upshur, Wayne, Wetzel, Wood, and Wyoming
Urology	Berkeley, Brooke, Cabell, Greenbrier, Harrison, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mercer, Mineral, Mingo, Monongalia, Nicholas, Ohio, Preston, Putnam, Raleigh, Randolph, Upshur, Wayne, Wetzel, Wirt, and Wood



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If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: P.O. Box 24030 Fresno, CA 93779), **1-800-648-7817, TTY: 711, Fax: 859-425-3379** (CA HMO customers: **860-262-7705**), **CRCoordinator@aetna.com**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019, 1-800-537-7697 (TDD)**.

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TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة ائتمانك.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره زبده روی کارت شناسایی خود تماس بگیرید.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obula, kpọọ nọmba nọ na kaadi njirimara gi
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Yoruba	Láti ráyèsí àwọn iṣẹ̀ èdè fún ọ̀ lófèṣẹ̀, pe nọmbà tó wà lóri kààdì idánimọ̀ rẹ̀.