

Secure Connection



Summer 2022

Health and Wellness or Prevention Information

Staying in the Network

What does "Staying in the Network" mean for our HMO members?

The Health Plan has contracts with providers and facilities to create an in-plan network. The network that is created allows you to get quality care at a price you can afford. All members with The Health Plan's Medicare HMO plan must use providers and facilities that are in-network for services that are offered in plan. Your HMO plan requires that you choose a primary care provider, or PCP. Your PCP can treat common illnesses and injuries. They can also take care of your preventative care and educate on vaccines and health information. If you ever need to see a specialist, your PCP can direct you to one.

Some services may need prior authorization by THP before they can be received. An in-network PCP is familiar with our network and will be able to find what services are available and where it is best for you to receive care. If a referral is needed for you to see a specialist in-network, your PCP will make those appointments. If you need to see a specialist outside the network, your PCP will get a prior authorization for you. You may need to see an in-network provider before you can get approval to see an out-of-network provider. Using in-network providers along with your PCP can ensure high quality care and keep your cost low. In-network providers that your PCP refers you to allow you to have a consistent care plan made. Your PCP is the best provider to help you manage your health and coordinate your care. Using in-network providers also prevents you from getting balance bills or large bills for a service being done by an out-of-network provider. Visit healthplan.org to find a list of in-network providers in your area. You can also call our customer service line at 1.877.847.7907 to have a list of providers mailed to you. 



Patient Portals

Thinking about registering on your provider's patient portal but not sure "what's in it for me"? Patient portals are secure and most allow you to manage and schedule your doctor appointments, request medication refills prescribed by your doctor, view test results, send secure messages and photos to your care team, and make payments. Once you've established your patient portal account you can communicate with your provider without waiting for your doctor's office to open. 

Contact Us

1.877.847.7907 (TTY: 711)

October 1 – March 31

8 a.m. to 8 p.m., 7 days a week

April 1 – September 30

8 a.m. to 8 p.m., Monday-Friday



Telehealth Service from Teladoc

There can be many reasons why you can't leave your home to seek medical advice or care from a doctor. Maybe you are traveling and need assistance. Whatever the reason, you can now access care from your smart phone or computer 24/7 with THP's telehealth service, Teladoc. Don't have a smart phone or a computer? No worries, medical help is just a phone call away. Call 1.800.TELADOC (1.800.835.2362) anytime to speak with a licensed doctor by phone. There is no cost to you to talk with a Teladoc provider.

Teladoc doesn't replace your primary care doctor and should be used for non-emergency illnesses only. Don't wait until an urgent need arises to register, do it today from your computer or smartphone or download the app. Use this link to register: teladoc.com/thehealthplanofwv. 



For a list of partners that The Health Plan works with, please reach out to our customer service department to have one mailed to you.

Advanced Directives

Advanced Directives allow you to make decisions about your care in case you ever become unable to speak for yourself. A living will and health care power of attorney are the two most common forms of advanced directives. A living will describes your wishes for medical care. A health care power of attorney names a person who can make medical decisions for you if you are unable. These documents allow you to state your choices for health care. You can say "yes" to the treatment you want and "no" to the treatment you do not want.

"Five Wishes" is a living will and can be referred to as an advanced directive. Five Wishes talks about your personal, emotional, and spiritual needs as well as your medical wishes. Five Wishes lets you say exactly how you wish to be treated if you get seriously ill. This process is easy to complete. For more information, please contact the Health Coaches at 1.877.903.7504 Monday through Friday from 8 a.m. to 5 p.m. 



Follow up After Emergency Room Visit

We want to remind our members to see their doctor within 7 days of going to the emergency room (ER). Making, and keeping, an appointment with your doctor lets them find out what made you go to the ER. It gives them an opportunity to come up with a plan to keep you out of the ER in the future. If you had lab work done at the ER, your doctor can talk with you about the results that didn't come back before you left. If you need any repeat lab work, your doctor can order it at that time as well. You can tell your doctor what medicines were given to you at the ER at this appointment. Your doctor will know if anything will react with what you are already taking. 



Pharmacy:

Transition Supply & Prior Authorization

The Health Plan partners with Express Scripts® to help process your medication as quickly and smoothly as possible. Express Scripts is a Pharmacy Benefit Manager (PBM). They allow The Health Plan to provide and manage your healthcare benefits such as transition supply fills and prior authorizations. A transition supply fill allows you to get a drug you are already taking but that is not on your plan's formulary (list of covered drugs) or has certain restrictions on it. Members will receive a 30-day supply for transition fills. If you are in a Long-Term Care facility, you will receive a 90-day supply unless your prescription is written for fewer days. These fills last until you have used the entire transition day supply. The temporary fill gives you time to work with your doctor to either change your medication or request the extra steps needed to receive the drug.

One of the common restrictions on covered drugs is called a prior authorization. A prior authorization is a list of criteria that must be met for The Health Plan to approve your medication. The list of criteria was created to make sure your medication is safe and appropriate. This means that you will need to get approval from The Health Plan before you fill your prescription after the transition supply fill.

To find out if you qualify for a transition fill or if your drug needs a prior authorization, you may visit healthplan.org or call The Health Plan. ●



Supplements and Herbal Products

Did you know that over-the-counter supplements and herbal products are not controlled by the Food and Drug Administration (FDA)? This includes vitamins, probiotics, and different herbal supplements.

Since these items are not tested by the FDA, there is little data to support their benefit, quality, and any possible drug interactions. A good tip to keep in mind is to look for products with a "USP" seal. These items have been studied by an independent company that checks the quality of supplements. Talk to your doctor or pharmacist with any questions about supplements and herbal products, or you may visit our website at healthplan.org. ●



Member Rights and Responsibilities

The Provider Practitioner Manual describes the member rights and responsibilities in Sections 3 and 5. This manual is available on THP's corporate website, healthplan.org. To obtain a copy please contact the Customer Service department at 1.877.847.7907. ●

How to Report Fraud Waste and Abuse

Contact us if you suspect fraud, waste, or abuse has occurred. Our FWA/Compliance Hotline is 1.877.296.7283. ●

Medication Therapy Management

Did you know you may qualify for a service that can help you stay on track with your health? This service is called Medication Therapy Management, or MTM. The Health Plan provides this service through our partnership with Enhanced Medication Services, LLC (EMS).

If you qualify for MTM, you will receive a phone call from The Health Plan or from our partner EMS. A pharmacist will speak with you one-on-one to review your medications for safety, drug interactions, and side effects. They can also answer any questions or concerns you have.

MTM aims to help you and your doctor make sure your medicines are working together to improve your health. And guess what, it's FREE! ●

Cinnamon Apple salad with Pecans and Simple Vinaigrette Dressing



Simple Vinaigrette

Ingredients (makes 10 servings of 2 tablespoons each)

- 1/3 cup plus 2 tablespoons any kind of vinegar (balsamic, white, cider, red wine)
- 1 teaspoon honey
- 1 teaspoon lemon juice
- 1 teaspoon garlic, minced
- 1 teaspoon onions, minced
- 1 tablespoon Dijon mustard
- Chopped fresh or dried herbs (basil, thyme, rosemary, parsley, etc.) for taste
- Salt and pepper to taste
- 2/3 cup extra-virgin olive oil

Directions

Whisk together vinegar, honey, lemon juice, garlic, onion, Dijon mustard, herbs, and salt and pepper.

Cinnamon Apple Salad

Ingredients (makes 1 serving)

- 1 Granny Smith apple, diced
- Dash cinnamon
- 2 cups romaine lettuce
- Thinly sliced red onion to taste
- 2 tablespoons toasted pecans
- 2 tablespoons Simply Vinaigrette

Directions

Toss apple with cinnamon. Arrange romaine on a plate and top with the apples, onions, and pecans. Drizzle with vinaigrette dressing.



1110 Main Street
Wheeling, WV 26003-2704

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