



To: Anita Mallett, Bureau for Medical Services

Susan Deel, Bureau for Medical Services

Stacey Shamblin, WV CHIP

From: Jeff Wiseman, Vice President, MHT Contract Compliance

Date: March 12, 2026

Enclosed, please find the 2025 Annual Summary of The Health Plan. This information includes a description of The Health Plan, member processes and incentives, and key initiatives that were undertaken during calendar year 2025.

Thank you.

2025 ANNUAL SUMMARY

The Health Plan (THP) is pleased to provide our 2025 Annual Report to the WV Department of Health Services (DoHS). This report provides an overview of THP, the appeals and grievance process for members, a summary of our value-added benefits for members, and key highlights of 2025.

Overview

The Health Plan is a Health Maintenance Organization (HMO). We pay for covered health care services for WV Medicaid and WV CHIP members. Those services include routine, urgent, and emergency care. We cover well-child/adolescent visits, maternity services, family planning services, behavioral health services, hospitals services, amongst many other services as defined by WV Medicaid and WVCHIP. This care can be rendered by many providers in their offices. It can also be in hospitals or in urgent care centers. For a complete summary of covered services that are available to our members, as well as co-pay information, participating providers, and other information on what The Health Plan offers, please visit healthplan.org.

Our team of dedicated Customer Service agents and health education/outreach specialists are here to assist you with your needs. Our team can help you with a variety of needs, including, but not limited to:

- Finding a primary care doctor near your home that is best suited for you;
- Explaining the services that are available to you;
- Providing information about value added services we offer, as well as providing you directly with tools to help you be successful;
- Issuing replacement ID cards and providing you with materials to help support your healthcare journey
- Helping to coordinate your care with a specialist; and,
- Referring you to programs that can help you with utility expenses, food insecurities, and other social needs.

The Health Plan employs a wide range of staff from Medical Directors to claim analysts to outreach liaisons, all of which play an important role in helping to provide you with the best experience possible. We have staff that ensure the quality of services you are receiving is of a high standard. The Health Plan is NCQA accredited.

Grievance and Appeal Process

If you have an appeal or grievance about The Health Plan or your medical treatment, our Appeals Coordinator can help you. You can call 888.613.8385 or write to us. You may file a grievance (compliant) regarding any issue, including, but not limited to:

- The kinds of health care services you receive;
- Denied health care services;
- The way your doctor or The Health Plan's staff treats you.

We try to make sure that your grievances are handled quickly. We may try to solve your problem over the phone. We might also need to get more information from you at times. The Appeals Coordinator can explain each step to you. They will let you know what we are doing about your problem.

If you are unhappy for any of the above reasons, ask us to look into the problem. We will try to fix it for you. If you are not satisfied with that decision, you can request a State Fair Hearing if it is within 120 days of the date of your notice of resolution from THP.

If you believe your benefits were unfairly denied, reduced, delayed or stopped, you have the right to file an appeal with The Health Plan. You also have the right to appeal any adverse decision. You have the right to be represented by anyone you choose, such as an attorney, your healthcare provider or a family member, with written consent.

- To file an appeal, you can call The Health Plan at 888.613.8385.
- To file an appeal in writing, you will need to fax or mail it to The Health Plan.
- If you file an appeal in writing, you will need to send us a letter that has:
 - Your name
 - Your provider's name
 - The date of service
 - Your mailing address
 - The reason why we should change our decision
 - A copy of any information that you think supports your appeal, such as written comments, additional documents, records or information related to your appeal

If you call and give your appeal over the phone, The Health Plan will acknowledge your appeal verbally at the time of receipt and also in a letter within five (5) calendar days. Be sure to read the letter carefully and keep it for your records.

You must file an appeal verbally or in writing within sixty (60) calendar days from the date of the adverse benefit determination or adverse decision by The Health Plan.

If you have a complaint about quality or correctness of care, write or call our Quality Improvement (QI) Department. You have the right, as a member, to submit a formal, written complaint to the QI Department. Please see your Member Handbook for more complete details about what to do if you have an appeal or grievance.

Value Added Services

In addition to benefits offered by WV Medicaid and WVCHIP, The Health Plan also provides members with additional incentives, including life coach services, health coaching and gift cards for completing preventive health activities. Our life coach team is available to assist you with activities such as job seeking, resume development, financial questions, and other non-health related needs you may have. Our health coach team is here to assist you with your health care needs. They can provide you with materials about different medical conditions, help coordinate appointments for you with medical specialists and provide other health care support services.

Members also have access to the incentives listed below:

- Specialized care management services and supports
- Blood pressure cuffs for pregnant members and those with chronic conditions
- \$25 gift card for completing diabetic (HbA1c) lab testing
- \$25 for completing a diabetic eye exam
- \$25 for completing a colorectal screening
- Assistance with applying for SSI
- \$25 for completing the THP tobacco cessation course
- Quit smoking packets with workbook, relaxation exercises and quit smoking survival kit
- \$25 for completing enrollment into the Children with Special Health Care Needs program with the WV Bureau for Public Health
- Access to Teladoc, our online, telehealth provider for non-emergent care
- \$100 for completion of six (6) prenatal visits
- \$50 for completing a post-partum visit within 7 to 84 days of delivery
- Access to one week's worth of prepared meals for new moms following delivery (mailed directly to member)

- New baby kit, inclusive of items for mom and baby
- \$25 for completing a dental exam (under 21 years of age)
- \$25 for completing a well-visit (under 21 years of age)
- \$25 for completing a Health Risk Assessment (under 21 years of age)
- \$25 for completing HPV vaccine (ages 9 to 13)
- \$25 for completing a cervical cancer screening
- \$50 for completing a mammogram (ages 40 and above)

Key Highlights in 2025

The Health Plan continued to meet our members where it most helped in 2025. From our expansion of partnerships with entities that provided in home healthcare support to members to our commitment with community partners both physically and financially, we strived to find ways that best assisted you. We will continue these efforts in 2026, as significant changes to the Medicaid program are on the horizon with implementation of requirements under federal law H.R. 1 to be in place by January 1, 2027. Educational information will be shared throughout 2026 to highlight these changes and steps you need to take to retain your health insurance coverage.

In 2025, we also implemented a new prior authorization platform for our providers. We believe this new tool will provide more value to our provider partners and allow for information to be exchanged more easily to better support your health care needs.

We also want to continue hearing from you on what we can improve upon. THP continues to host quarterly Member Advisory Committees to gather feedback from you on our policies, value-added services, etc. If you would like to participate on the Committee, give our Customer Service team a call and we'd be happy to have you. You will receive a \$25 gift card for your participation.

Need Assistance?

We are here to help you. Please feel free to call our customer service team toll-free at 888.613.8385 or TDD/TTY: 711 Monday through Friday from 8:00 a.m. to 5:00 p.m.

To learn more about your rights and responsibilities, please visit the following link: <https://healthplan.org/legal/member-rights-and-responsibilities>