



To: Susan Deel, Bureau for Medical Services
Stacey Shamblin, WV CHIP

From: Jeff Wiseman, Vice President, MHT Contract Compliance

Date: March 6, 2025

Enclosed, please find the 2024 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 2024.

Thank you.

2024 ANNUAL SUMMARY

The Health Plan (THP) is pleased to provide our 2024 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 2024.

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;
- 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 employees include Medical Directors, nurses, pharmacists, and social workers. Other workers are accountants, Human Resource staff, and Marketing employees. There are also Customer Service Representatives, Provider Relations Representatives, and certified smoking cessation counselors and perinatal care specialists. 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
- Scales and 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 diaper bag, lotion, rattle, blanket and other items
- \$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 (ages 45 and above)
- \$50 for completing a mammogram (ages 40 and above)

Key Highlights in 2024

The Health Plan is continuing to implement its new eligibility and claims system to best meet the needs of our member and provider community. For Mountain Health Trust, THP is tentatively scheduled to go live in August 2025.

In 2024, THP also partnered with several community partners on new initiatives to help bring additional support to our members. THP partnered with a local provider to implement a healthy food card program, and hosts an annual health fair in Wheeling, WV. We look forward to continuing to expand these partnerships/events in 2025.

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>