



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

From: Jeff Wiseman, Vice President, MHT Contract Compliance

Date: March 29, 2023

Enclosed, please find the 2022 Annual Summary of The Health Plan. This information includes a description of The Health Plan and a summary of the appeals/grievance process. In addition, our Annual Member Overview has been provided; this was issued to all THP members and gives a high level summary of how members can connect with THP on different aspects of their health care.

Thank you.

2022 ANNUAL SUMMARY

Welcome to The Health Plan Mountain Health Trust program. We are 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;
- 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 nurses and perinatal care specialists. We have staff that ensure the quality of services you are receiving is of a high standard, those that help you with grievances and appeals should you disagree with a decision we have made, as well as other key staff to help you through your healthcare journey. The Health Plan is NCQA accredited.

If you have a 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 no 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 are still not happy with this decision, there is more you can do. You can file a complaint with the WV Department of Health and Human Resources or the WV Offices of the Insurance Commissioner.

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 a appeal or grievance.

We are here to help you. Please feel free to call toll free 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>