Who Has My Records?

"Could you send the records to my primary care physician (PCP)?"

This is an important question that you should ask every time you visit an emergency room, urgent care center, or are admitted to the hospital. Since your PCP is responsible for all aspects of your care, it is important to make sure they are informed of any medical care that you received. Keeping your PCP aware of any tests, treatments, or medications ordered by another provider can help to prevent potentially dangerous interactions and ensures you receive the most complete care.

Rewards Program

Earn a CVS Select gift card for completing certain services

The Health Plan is excited to announce that we are implementing a reward program. This means you will be able to earn a CVS Select gift card for completing certain services that will help keep you healthy. Examples are a well visit, prenatal and postnatal visits, and visits for certain disease management. The first step is for the provider to send us the claim. We will notify you by letter. Next, you sign up on our website and complete a short survey. You will then be able to receive the gift card. You can purchase health-related products from the CVS store or their website. If you have any questions, please call toll-free 1.855.577.7124 or TDD: 1.800.622.3925.

Prenatal Care is Important

Prenatal care can help you have a healthy pregnancy. It is important to see your doctor as soon as you find out you are pregnant. Always keep all of your doctor appointments. This will let the doctor know how the baby is doing. It can also help to identify small problems early.

At your first prenatal visit, your doctor will:

- Give you a pregnancy test
- Do a physical exam, pelvic exam and pap smear
- Test your urine
- Draw blood for lab work

You doctor will ask you about your health; the kinds of foods you eat; allergies you may have; medicines, vitamins, or herbs you take; your family medical history; and previous pregnancies or problems.

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Introducing Our New Look

We introduce to you, a new logo that is vibrant, personal, and energetic. Our new image reflects the trust and confidence that you have come to count on from us. Our new colors show we are enthusiastic and passionate about the health of you, our members. The apple is a symbol of good health. It remains as a sign of our pledge to the health of the communities we serve.

Our rebranding is more than a new identity. It is more than a name revision. It reflects our ongoing commitment as a community health company.

We are committed to advancing the quality of care that you receive. We want to provide you superior service. We will give you a clinically-driven, technology-enhanced, customer-focused platform. We will develop and implement products and services. These products and services will manage and improve the health and well-being of our members. We will do this through a team of health care experts and partners across our area.
Always Someone To Turn To . . .

Our nurses are here for you

There is always someone to turn to. This means whatever time of day or night a health concern arises.

The Nurse Information Line provides members with access to a nurse 24 hours a day, 7 days a week. It has been a feature of The Health Plan since 1994.

You will speak with a registered nurse if you have concerns about a specific issue. The nurse can help if you need assistance accessing services or obtaining urgent/emergent care out of the area. The nurse information line is not meant to replace any services offered by our health care providers. This includes after hours assistance.

You can contact the nurse information line by calling a nurse directly at 304.639.8597. You can also call the Health Plan’s St. Clairsville office toll-free at 1.800.624.6961 or 740.695.3855.

Medicaid Fraud

Medicaid fraud happens when Medicaid is billed for services or supplies you did not have. Watch out for providers bill for services not provided, bill both Medicaid and the private insurance company for treatment, bill for a brand-name substitute when a generic substitute was given, or bill for more expensive procedures than were performed.

When you receive health care services, mark the dates on a calendar. If you get any bills, call The Health Plan.

If you think a charge is wrong, you can call the doctor and ask about it. If you have contacted the doctor or hospital and still think Medicaid is being charged for something you did not receive, call 1.800.286.3932. Call this number if you do not know the provider on the claim.

Renew Medicaid eligibility

Medicaid Coverage

You don’t want to lose your health care coverage. Please be sure that you renew your Medicaid eligibility when it’s time. We will remind you to contact your caseworker. If you do not have Medicaid coverage, you do not qualify for The Health Plan. Eligibility is determined by the state. You must do this at the time of your Medicaid anniversary date so there is no break in your health care coverage.

A brief, but . . .

Important Message

If a Health Plan representative leaves a message on your phone or if you receive a postcard asking you to call us, please do so. This is important! We are calling to give you helpful information or to ask an important question. We might call to update your address and phone number. The call will usually be brief, but we need to talk to you or we wouldn’t have left a message and sent a postcard.

“Our call is important. Please call us back as soon as possible.”

Block Vision

Remember to get an annual, routine eye exam. This is an important part of your good health. Look on our website to find a Block Vision provider and make an appointment. If you have questions about a vision provider, please call Block Vision at 1.800.879.6901. You must use a Block Vision provider for this service.

An annual summary is available for your review. This is the financial statement of our plan. We send this summary to each local DHHR office in which we manage care. You can see it there. Also, feel free to call The Health Plan for this information.

Children’s Dental Services

Members age 0-21 are covered

Effective January 1, 2014 The Health Plan began covering the dental benefit for members who are ages 0-21. This is a great chance for us to help you improve your dental health. Brush your teeth every meal or at least twice a day. This should be a habit you continue all your life. Make sure that you’re seeing your dentist on a regular basis every six months. We contract with a company, Scion Dental, to handle this benefit. You can call Scion Dental at 1-888-983-4698 or TTY at 1-800-508-6975 for any dental questions. Free translation services are available if needed. You can also go to their website at sciondental.com. If you are out of the area and have an emergency need for children’s dental services, please call Scion Dental for help. Always show both your Health Plan ID card and your WV medical card at the dentist’s office. This will help the dentist get paid for the care he/she gave you.