



At The Health Plan, we want you to understand your health insurance. This document is a short description about your health benefits and how to use the health care services offered to you.

# Communicating With Us Is Easy

If you have a question about your insurance plan or have a health problem, you can reach out to us by calling, emailing, finding your answer on our website or in the secure member portal. Language assistance and TDD/TTY (Telecommunications Device for the Deaf/Teletype) is also available.

Please **CALL** if you need help with any of the following concerns:

- Checking the status of a claim
- Questions about your benefits or effective dates
- Getting a referral or prior authorization
- Replacing a lost member ID card
- Signing up for My Plan the secure member portal ([myplan.healthplan.org](http://myplan.healthplan.org)) or getting help logging in
- Choosing a new Primary Care Provider (PCP) or changing to a different PCP
- Using a Telehealth provider
- Finding specialty care or hospital services
- Finding a pharmacy near you
- Reviewing your pharmacy formulary (list of covered drugs)
- Filing a complaint or appealing a decision
- Understanding your member rights & responsibilities

Our customer service representatives, nurses, and pharmacists will be happy to help you at one of the phone numbers listed to the right. Please have your member ID number ready when you call for faster service. Your ID number is located on the front of your insurance card and starts with the letter H.

Important Member Support Numbers	
<b>Medicare</b> (SecureCare HMO, SecureChoice PPO, SecureCare SNP)	<b>1.877.847.7907</b>
<b>Mountain Health Trust</b> (WV Medicaid and WVCHIP)	<b>1.888.613.8385</b>
<b>Commercial</b> (HMO, POS, PPO, or PEIA)	<b>1.888.847.7902</b>
<b>Behavioral Health Services</b>	<b>1.877.221.9295</b>
<b>Pharmacy Services</b>	<b>1.800.624.6961, ext. 7914</b>
<b>Nurse Information Line</b>	<b>1.866.NURSEHP (1.866.687.7347)</b>
<b>General Numbers</b>	
<b>THP Main Office</b>	<b>1.800.624.6961</b>
<b>TDD/TTY (Hearing Impaired Access)</b>	<b>711</b>
<b>Fraud Hotline</b>	<b>1.877.296.7283</b>



You can **EMAIL** us at [information@healthplan.org](mailto:information@healthplan.org) if you have non-emergency questions or need general information. You will get an answer within 24 hours during normal business hours, Monday – Friday 8 a.m. to 5 p.m. EST. Please allow at least 24 hours during the week for someone to read your messages and answer your questions.



Our **WEBSITE** has information to help you understand your health insurance coverage, our privacy practices, your rights and responsibilities, finding doctors, hospitals and pharmacies, how to sign up for free health programs and more. Just visit [healthplan.org](http://healthplan.org) to find answers and help with your questions.



From our website, you may also log into MyPlan, the **SECURE MEMBER PORTAL**, at [myplan.healthplan.org](http://myplan.healthplan.org), to see information about your co-pays, deductibles, and payments on your office visits. You can even print a new ID card, search to find a new doctor or change your primary care provider (PCP.)



All of these actions can also be performed on the MyPlan **Mobile App** – The Health Plan, available on iPhone and Android devices.



Download on the App Store

GET IT ON Google Play

## What To Do In An Emergency?

Emergency services are provided by a hospital and include emergency transportation. Emergency services are offered 24 hours a day, 7 days a week both in and out of network.

Emergency services are used to assess and treat urgent medical conditions. True emergency services are covered without prior authorization.

If you have general health concerns, The Health Plan has a registered nurse on call to answer your health-related questions 24 hours a day, 7 days a week at **1.866.NURSEHP (1.866.687.7347)**.



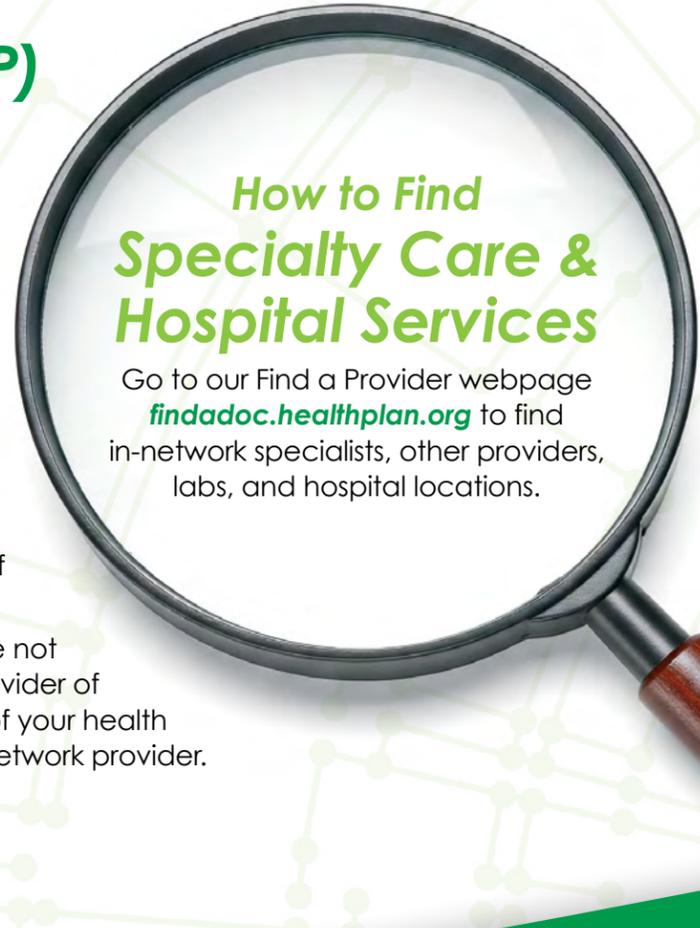
If you are experiencing a true emergency, **CALL 911** immediately or go to the nearest emergency room.

## How to Select a Primary Care Provider (PCP)

A primary care provider (PCP) takes care of your routine health care needs. Each member of The Health Plan chooses a PCP from the provider directory. Customer Service can help you select a provider to fit your needs. If you do not pick a PCP for yourself, we may choose one for you. If you have a chronic illness, you may be able to select a specialist as your PCP. Your PCP's name and address may be printed on your member ID card if it is required for your benefit plan.

You can change your PCP for any reason, at any time. If your PCP leaves our network, we will make a good faith effort to let you know by mail within 30 days. We can assign you a new PCP, or you can pick a new one yourself within 30 days of receiving the notice.

Medicare and Commercial members with a PPO plan are not required to select a PCP and can see the health care provider of their choice. If you choose an in-network provider, more of your health care costs will be covered than if you choose an out-of-network provider.



### How to Find Specialty Care & Hospital Services

Go to our Find a Provider webpage [findadoc.healthplan.org](https://findadoc.healthplan.org) to find in-network specialists, other providers, labs, and hospital locations.

## How to Get Information About Providers Who Participate in Our Network

In-network doctors, specialists, or hospitals are listed in our provider directory. For results, search by your insurance type. You can look up providers at [findadoc.healthplan.org](https://findadoc.healthplan.org) by:

- Name
- Specialty
- Medical group affiliations
- Languages spoken
- Gender
- Hospital affiliations
- Accepting new patients
- Office location

You can also compare hospitals to see their location and phone number, accreditation status, and quality data. Questions about a provider's education or training may be answered by our Customer Service team by calling **1.800.624.6961**.



## How to Get Language Assistance

If you don't speak English, language assistance services are available to you, free of charge.

- Medicare members please call **1.877.847.7907 (TDD/TTY: 711)**
- Mountain Health Trust (Medicaid/WVCHIP) members please call **1.888.613.8385 (TDD/TTY: 711)**
- Commercial members please call **1.888.847.7902 (TDD/TTY: 711)**

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

- Miembros de Medicare por favor llame al **1.877.847.7907 (TDD/TTY: 711)**
- Miembros de Medicaid/WVCHIP por favor llame al **1.888.613.8385 (TDD/TTY: 711)**
- Miembros de Commercial por favor llame al **1.888.847.7902 (TDD/TTY: 711)**



We can provide documents in other languages, and other formats, including large print, at no cost to you. Call us toll-free at **1.800.624.6961 (TDD/TTY: 711)** to request a special copy.



## We Want to Serve You Well!

Please call us so we can keep your personal information and life changes up to date, such as:

- You have new contact information or changes in your name, address, phone number or email
- You are pregnant or have given birth
- You have changes in other health insurance coverage
- You have been admitted to a nursing home
- You have any liability claims in process, such as claims from an automobile accident
- You received care at an out-of-area or out-of-network hospital or emergency room
- You have a caregiver or other representative who needs to speak on your behalf
- WV Medicaid and WVCHIP members, you must also update your information with the WV Department of Human Services (formerly WV DHHR). WV Department of Human Services will send you important information in the mail about your benefits that you must complete on a regular basis.

## How to Talk to a Nurse

The nurse information line gives you access to a nurse, 24 hours a day, 7 days a week. To speak with a nurse, you can call **1.866.NURSEHP (1.866.687.7347)**.

Our nurses can help you access services or with getting emergency care out of the area.

You can also fill out the form on our website at [healthplan.org/for-you-and-family/get-care/talk-nurse](https://healthplan.org/for-you-and-family/get-care/talk-nurse) to have a nurse contact you. It can take up to 24 hours before you get a response if you submit the online form.

Please Note: The nurse information line is not meant to replace any services offered by your health care providers.



## How to Use a Telehealth Provider

The Health Plan provides telehealth services to our members. Telehealth services are available 24 hours a day, 7 days a week. There may be times when you are traveling, when your provider's office is closed, or when you are not able to get transportation to a provider's office. In these types of situations, you can use your telehealth benefits. You will need to use the appropriate link for your insurance plan in the table to the right to set up an account. A provider will be able to see you by video conferencing or talk to you on the phone, at no cost to you. If you need help, you can call the phone number listed to the right for your plan.

### Medicare, Medicaid & WVCHIP

TelaDoc
<a href="https://teladoc.com/thehealthplanofwv">teladoc.com/thehealthplanofwv</a>
<b>1.800.TELADOC (1.800.835.2362)</b> (TDD/TTY 711)

Commercial
HealthiestYou
<a href="https://healthiestyou.com">healthiestyou.com</a>
<b>1.866.703.1259 (TDD/TTY 711)</b>

## How to Quit Using Tobacco

One of the most important actions you can take to keep yourself healthy is to quit using tobacco. All tobacco users are encouraged to quit. If you need help quitting and are interested in tobacco cessation agents, you will need to see your physician for a prescription. The Health Plan offers members tobacco cessation classes to help you stop smoking, rubbing, or chewing. Coverage for tobacco cessation classes is free for most members. Contact the THP Tobacco Cessation Coaches at **1.888.450.6023** to learn more about the Tobacco Cessation program.



## How to Sign Up for Free Clinical Programs

The Health Plan has many free clinical programs led by professional staff to help you reach your health goals.

We offer **Health, Wellness and Prevention Programs** to give you education, tools, and support if you need help with improving what you eat, reaching a healthy weight, getting more physical activity, managing stress, recognizing and taking care of depressive symptoms, or with tobacco cessation. We can also help you with things such as finding shelter, food or transportation. If you would like to fill out a health risk assessment to see if you are eligible for a program, or if you already know you have a need in any of these areas, you can sign up without a doctor referral by calling one of our Health Coaches at **1.877.903.7504** from 8 a.m. to 5 p.m. EST, Monday through Friday.

**Pregnancy Care Programs** are open to both high and low risk members, as well as to members who may want to talk about family planning or birth control options. All pregnant members are eligible for Pregnancy Care Programs and any member needing help with family planning may sign up for this free program by filling out a form at [healthplan.org/pregnancy-enrollment-form](https://healthplan.org/pregnancy-enrollment-form) or by calling Clinical Services at **1.877.236.2288** from 8 a.m. to 5 p.m. EST, Monday through Friday and saying you are interested in joining the pregnancy care program.



**Chronic Disease Management Programs** are available to help educate you and support provider treatment plans for members learning to live with and manage diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, and asthma. If you need help with any of these conditions, you may be eligible for this free program.

Members may sign up by filling out a form online at [healthplan.org/for-you-and-family/get-care/clinical-programs-and-enrollment](https://healthplan.org/for-you-and-family/get-care/clinical-programs-and-enrollment) or by calling Clinical Services at **1.800.776.4771** from 8 a.m. to 5 p.m. EST Monday through Friday and saying you are interested in joining a chronic disease management program.

**Medical or Behavioral Health Case Management Programs** are here to fill in the gaps between moderate to high-risk members and providers. The program goals include helping you understand your disease or condition, managing your symptoms, helping you follow medication routines, providing you resources or community service to support your care, and helping you control and reach the best possible level of health. Members are able to join case management programs based on their needs and risk levels. You can sign up without a doctor's referral by filling out a form online at [healthplan.org/for-you-and-family/forms/member-case-management](https://healthplan.org/for-you-and-family/forms/member-case-management) or by calling Clinical Services at **1.800.624.6961, ext. 7644** from 8 a.m. to 5 p.m. EST Monday through Friday, and saying you are interested in joining a case management program.



## How to Transition to Other Care if Your Benefits Run Out

If your covered benefits run out (are exhausted) and you still need care, The Health Plan will help you find alternative options and other resources for continuing your care and how to obtain it. Contact Clinical Services at **1.800.624.6961, ext. 7644** from 8 a.m. to 5 p.m. EST, Monday through Friday and ask to enroll in a transitional care program.



## How to File an Appeal, Grievance, or Complaint

### Filing An Appeal

If you think an incorrect decision was made in your health care coverage or that your benefits were unfairly denied, reduced, delayed, or stopped, you have the right to file an appeal (second review) with The Health Plan. This appeal can be requested by you, an authorized person acting on your behalf, or your provider.

You can file an appeal by phone, fax, email or in writing to The Health Plan's Customer Service Department. To make the process easier, you can fill out and submit the Member Complaint and Appeals form located at [healthplan.org/application/files/7816/5782/4797/Complaint\\_\\_Appeal\\_Form78.pdf](https://healthplan.org/application/files/7816/5782/4797/Complaint__Appeal_Form78.pdf).

You may also send us any additional documents, records, or information that are important to your appeal.

Requirements and deadlines for filing an appeal will vary depending on your benefit plan. Please note the following timeframes that may affect your appeal:

	Medicare (SecureCare/SecureChoice)	Mountain Health Trust (Medicaid/WVCHIP)	Commercial (HMO, PPO, POS or PEIA)
Filing Period	File within 65 days from the date of the decision	File within 60 days from the date of the decision	File within 180 days from the date of the decision
Address	1110 Main Street Wheeling, WV 26003	1110 Main Street Wheeling, WV 26003	1110 Main Street Wheeling, WV 26003
Phone	<b>1.877.847.7907</b>	<b>1.888.613.8385</b>	<b>1.888.847.7902</b>
Fax	<b>740.699.6163</b>	<b>740.699.6163</b>	<b>740.699.6163</b>
Email	<a href="mailto:information@healthplan.org">information@healthplan.org</a>	<a href="mailto:information@healthplan.org">information@healthplan.org</a>	<a href="mailto:information@healthplan.org">information@healthplan.org</a>

### Filing a Grievance or Complaint

Members may file a grievance verbally or in writing if you are not happy with The Health Plan, a provider, or if you don't agree with our decision about an appeal. If you have questions about the appeals or grievance process, please call the Customer Service number listed above for your plan.

You can make a complaint any time, verbally or in writing, about anything that does not involve coverage or payment disputes, such as the quality of the care you received. If your problem is about the plan's coverage or payment, please refer to the appeal process above.

To file a complaint or a grievance, please call us using one of the customer service numbers listed for your insurance plan. You can also write to us by mail or fax using the address or fax number above. To make the process easier, you can fill out and submit the Member Complaint and Appeals form found on our website at [healthplan.org/application/files/7816/5782/4797/Complaint\\_\\_Appeal\\_Form78.pdf](https://healthplan.org/application/files/7816/5782/4797/Complaint__Appeal_Form78.pdf).

## How to Receive Care Through Utilization Management

Utilization management makes sure you get high quality, cost-effective care and tries to avoid hospital stays and medical tests that are not needed. Led by our team of medical directors, our nurses do a complete review of your medical history and work together with the whole health care team. By understanding your needs, our nurses can work for improved quality of care and avoid patient problems during a hospital stay. We want to get you home sooner when the timing is right, and to make sure your care needs are handled after you get home. Simply call us at the number listed below for your plan, to talk with a representative who can look over your situation and offer help.

If you don't speak English, language assistance and TDD/TTY are available to you to talk about utilization management concerns, free of charge.

- **Medicare** members please call **1.877.847.7907 (TDD/TTY: 711)**
- **Mountain Health Trust (Medicaid/WVCHIP)** members please call **1.888.613.8385 (TDD/TTY: 711)**
- **Commercial** members please call **1.888.847.7902 (TDD/TTY: 711)**



## How to Understand and Complete an Advance Directive

Advance 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 advance 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.

You should be asked if you have an advance directive:

- When talking with your doctor about end-of-life care
- When you enter a hospital or nursing facility
  - When you receive home health or hospice care from a provider
  - When you enroll in an insurance plan

You should give your doctor and your power of attorney (if you have one) a copy of the form.

For basic information about advanced directives, download our Understanding Advance Directives flyer at [healthplan.org/for-you-and-family/planning-ahead/understanding-advance-directives](https://healthplan.org/for-you-and-family/planning-ahead/understanding-advance-directives) or call the THP Health Coaches at **1.877.903.7504 (TDD/TTY: 711)** to request an Advance Directives packet be mailed to you.



## How to Have Your Medication Reviewed



We want you to get the most out of your medications. You can have one of our clinical pharmacists review your recently filled medications, free of charge, and check for:

- Potential serious drug interactions
- Correct dosing
- Possible cost-saving opportunities

To have your medications reviewed, enter your name and member ID in the Medication Review form located at [healthplan.org/for-you-and-family/pharmacy/medication-review](https://healthplan.org/for-you-and-family/pharmacy/medication-review), or call the Pharmacy Services team at **1.800.624.6961, ext. 7914**.

Within 7 days, you will get a letter with the results of your medication review, as well as any suggestions made by our clinical pharmacists. Please note this is a limited medication review based only on the prescriptions filled recently using your ID card from The Health Plan. If you would like a more complete review, which would include all your prescription medications, over-the-counter drugs, vitamins and supplements, please contact The Health Plan Pharmacy Services at **1.800.624.6961, ext. 7914**.

\*For Mountain Health Trust (Medicaid and WVCHIP) members: The Health Plan does not cover your pharmacy medicines. If you have any questions about these types of medications or your benefits, please call the Member Services number below for your plan:

- Gainwell (Medicaid): **1.888.483.0801**
- Express Scripts (WVCHIP): **1.855.230.7778**

## How to Get Help with Drug Costs



As a member, you have access to our Pharmacy Services team who can work with you to lower your prescription costs. They can help you apply for any benefit assistance from outside resources that you may be qualified to get. These resources may include: a drug manufacturer, community foundations, and Medicare support. They may also make sure you are taking full advantage of your pharmacy benefit to save money on your prescriptions. Please call our Pharmacy Services Department at **1.800.624.6961, ext. 7914** Monday – Friday, 8 a.m. - 5 p.m. EST.

## How to Get a Prior Authorization for a Non-Formulary Medication



You or your doctor may ask for an exception to order a drug that is not on our formulary list if the drug is medically necessary.

A faster decision can be requested if you have a condition that may seriously risk your life, health, ability to get back to your normal function, or you are undergoing a current course of treatment using a non-formulary drug. The Health Plan will make these decisions based on the timeframes listed below:

Request Type	Medicare	Medicaid	Commercial
Medical Drug Standard	72 Hours	5 Business Days	7 Calendar Days
Medical Drug Urgent	24 Hours	2 Business Days	72 Hours
Pharmacy Drug Standard	72 Hours	Not Applicable	7 Calendar Days
Pharmacy Drug Urgent	24 Hours	Not Applicable	72 Hours

\* A medical drug is obtained at the provider's office or hospital. A pharmacy drug is obtained at a pharmacy.

The exception process can be started by you or your doctor by calling the Pharmacy Services Department at **1.800.624.6961, ext. 7914** or emailing [pharmacyservices@healthplan.org](mailto:pharmacyservices@healthplan.org) or by filling out the online Formulary Exception Request form at [healthplan.org/formulary-exception-request-form](https://healthplan.org/formulary-exception-request-form).

## How to View a List of Covered Medications

The Health Plan offers many benefits that cover generic, brand name, and non-formulary medicine choices. Our formularies are created to meet your needs in a clinical cost-effective manner.

You can view your plan's list of covered medications (formulary) as an online tool. This tool shows each medicine's formulary status and pricing details. Go to our website and choose Online Pharmacy in the secure member portal at [myplan.healthplan.org](https://myplan.healthplan.org). Please keep in mind that some drugs may be subject to coverage rules.

NOTE: We may add or remove drugs from our formulary during the year. To ask questions about a drug on the list of covered medications, please contact our Pharmacy Services Department at **1.800.624.6961, ext. 7914**, 24 hours a day, 7 days a week. We may also update policies throughout the year. The most up-to-date policies are located on the secure portal located at [myplan.healthplan.org](https://myplan.healthplan.org) - search under "Policies."

# Your Experiences and Health Outcomes

## Quality Improvement

The Health Plan and our Quality Improvement Department are always looking for ways to help our members improve their health care quality and their experiences. We want to give you the highest quality level of health care by working with your doctors and other health care professionals. You can ask for a copy of our quality improvement program report by calling **1.800.624.6961 (TDD/TTY: 711)** to learn how we are improving care and services for you. You can also see the progress we are making to reach our quality improvement goals.

**Surveys:** Member and provider experience surveys are reviewed to help us understand the quality of your experiences with The Health Plan and your health care professionals. We have several different member experience surveys that may be sent to you during the year. Some surveys may come to you from our partner, Press Ganey. We value your opinion on the performance of your health care providers and The Health Plan. Completing these surveys with your honest opinion allows us to make improvements for you.

We also monitor and evaluate the timeliness of your care needs by checking how long it takes you to get appointments with your PCP and specialists. We regularly check to make sure your doctors have plans in place for you to contact them after normal office hours, if necessary.

**HEDIS®:** The Health Plan collects information and clinical data for Health care Effectiveness Data and Information Set (HEDIS®). The results are used to develop new programs, plans, and goals to improve your health outcomes and experiences.

**NCQA®:** Your satisfaction and wellbeing are our main focus. We work together to identify areas to monitor and measure clinical quality and overall quality of care and service. This information is used to develop plans to improve the safety and quality of your care. We follow the National Committee for Quality Assurance (NCQA®) standards to make sure we meet the industry standards for quality in every area of our organization.

To learn more about health plan accreditation or HEDIS, visit [NCQA.org](https://www.ncqa.org).

# You Spoke, We Listened!

At The Health Plan, we want to give our members the best experience possible. To do that, we need to know what you think.

## Thank You for Sharing Your Thoughts

We know you are busy, and we deeply appreciate the time you take to fill out our surveys. Your answers help us understand what you like and what we should improve. Every survey helps us learn something new.

## How Your Feedback Helps Us Improve

You have told us what is working well and what areas we can improve. Three things you said we are doing well include:

- Getting Care Quickly
- Getting Needed Care
- Customer Service

**Below are three areas that you said we can improve.**

### Rating of Health Plan

The Health Plan has a Member Advisory Committee made with members like you. In the committee meetings, we ask questions about your experiences as a member. If you want to join this committee, please email us at [information@healthplan.org](mailto:information@healthplan.org) for details and include your member ID.

### Rating of Health Care

The Health Plan has a team dedicated to member experience that meets monthly to improve our services based on the answers you provide.

### Rating of Specialist

Member complaints about your providers are reviewed to look for patterns so that we can address issues in real time.

**These are efforts we are taking because you told us what would help. Your voice makes a real difference.**

### What's Next

We will keep sending surveys throughout the year, and we hope you keep sharing your thoughts with us. When you speak, we listen and take action.

### Thank You for Helping Us Grow

We are grateful for your ideas and honesty. Your feedback helps us make better choices for everyone. If you ever want to share more suggestions, we are here to listen.



## Opting Out of Programs

We understand and respect your desire for privacy. Any member not wishing to participate in The Health Plan's clinical or behavioral health programs may choose to opt out of the programs without penalty or interruption of your benefit plan. Also, if you do not want to be contacted by THP for other Plan Business (for example, to hear about other plans offered by THP) or from our vendor partners, please call Customer Service at **1.800.624.6961** and explain that you would like to opt out of a specific program or contact list. Our Customer Service Representatives or Member Advocates will be happy to help remove your name.



## Information We Collect About You

The Health Plan is required to collect specific information about you. We use this data to help coordinate your treatment and care, to properly pay your claims, for quality improvement in your health care services and programs, and to understand how we can serve you better.

## The Health Plan's Privacy Practices

The privacy and security of your health information is very important to The Health Plan. We have policies and procedures in place to ensure that your information is well protected.

The Health Plan's Notice of Privacy Practices (Notice) describes how your medical information may be used and disclosed and how you can get access to this information. The Notice also describes your rights under HIPAA. Because we have recently updated our Notice, we have included a copy for your review. You can also access the Notice on our website by clicking the "HIPAA Notice of Privacy Practices" link at the bottom of the web page.

To help you exercise your rights, the following forms are available on our website:

- Request to Amend Protected Health Information:  
[healthplan.org/application/files/9216/5530/2876/Request\\_to\\_Amend\\_PHI\\_V062022.pdf](https://healthplan.org/application/files/9216/5530/2876/Request_to_Amend_PHI_V062022.pdf)
- Request for an Accounting of Disclosures:  
[healthplan.org/application/files/2516/5530/2907/Request\\_for\\_Accounting\\_Form\\_V062022.pdf](https://healthplan.org/application/files/2516/5530/2907/Request_for_Accounting_Form_V062022.pdf)
- Privacy Complaint:  
[healthplan.org/application/files/8016/3914/8221/Privacy\\_Complaint\\_Form.pdf](https://healthplan.org/application/files/8016/3914/8221/Privacy_Complaint_Form.pdf)
- Individual Request for Access to Protected Health Information:  
[healthplan.org/application/files/7616/5530/2173/Request\\_for\\_Access\\_V062022.pdf](https://healthplan.org/application/files/7616/5530/2173/Request_for_Access_V062022.pdf)
- Authorization to Disclose Protected Health Information:  
[healthplan.org/application/files/7316/5530/4534/Authorization\\_V062022.pdf](https://healthplan.org/application/files/7316/5530/4534/Authorization_V062022.pdf)
- Request for Restriction on Uses/Disclosures of PHI:  
[healthplan.org/application/files/6716/5530/3207/Request\\_for\\_Restriction\\_V062022.pdf](https://healthplan.org/application/files/6716/5530/3207/Request_for_Restriction_V062022.pdf)
- Confidential Communications for Protected Health Information:  
[healthplan.org/application/files/9716/5530/3207/Confidential\\_Communications\\_V062022.pdf](https://healthplan.org/application/files/9716/5530/3207/Confidential_Communications_V062022.pdf)

Our Customer Service Department is also available to assist you with any questions or concerns. You can call them at **1.800.624.6961 (TDD/TTY: 711)**.

## Members Rights and Responsibilities

To learn about your rights and responsibilities as a member, visit our website or log into [myplan.healthplan.org](https://myplan.healthplan.org), the secure member portal, to locate your Member Handbook in the Group Documents under the Library section. You can also call Customer Service at **1.800.624.6961** to ask for a printed copy.

## Reporting Health Care Fraud

Health care fraud affects everyone. It impacts the quality of all health care and results in higher costs to the consumer, employer, and taxpayer. Losses due to health care fraud cost our country billions of dollars a year. Health care fraud also harms people individually when services are recommended that are inappropriate or provided by someone who is not certified to provide such services.

The most common types of health care fraud include:

- Services Not Rendered: Claims submitted for services that were never received or performed.
- Duplicate Billing: Submitting the same claim more than once for the same service.
- Medically Unnecessary Services: Performing services that the patient does not need, in order to increase payments.
- Drug Diversion: The illegal distribution of prescription drugs.
- Upcoding: Billing for more costly services or items than what was actually delivered to the patient.

The Affordable Care Act of 2010 improved healthcare anti-fraud enforcement. Among other things, this law made it easier for the government to get back money obtained by fraudulent practices, made obstruction of a fraud investigation a crime, and increased penalties for health care fraud offenses.

You may report a provider or entity that you feel may be involved in potentially fraudulent activity with the Healthcare Fraud Form at [healthplan.org/report-healthcare-fraud](https://healthplan.org/report-healthcare-fraud).

You do not have to include your contact information if you wish to remain anonymous. You can also call The Health Plan's Fraud, Waste and Abuse/Compliance Hotline at **1.877.296.7283** or email [siv@healthplan.org](mailto:siv@healthplan.org).



## Health Information Networks

The Health Plan participates in one or more state health information networks including the West Virginia Health Information Network (WVHIN) and the Ohio Health Information Partnership (through CliniSync.) We may access and/or share your information with these state information networks to better coordinate your care. For more information on the WVHIN including how to opt out, go to [wvhin.org/patients/](https://wvhin.org/patients/) or visit the WVHIN website at [wvhin.org](https://wvhin.org). For more information on the Ohio Health Information Partnership including how to opt out, go to [clinisync.org/member-resources/policies-documents/](https://clinisync.org/member-resources/policies-documents/) or visit the CliniSync website at [clinisync.org](https://clinisync.org).

## THP Wellness Exhibition

This year's 4th Annual THP Wellness Exhibition was a huge success, with more than 600 people attending! The event had many different health screenings and wellness services, and everyone was excited to take part. It showed just how interested our community is in staying healthy and preventing illness. At the fair, people could get their blood pressure checked, be screened for colorectal cancer risks, monitor their blood sugar, and even learn about mental health. These services were provided by healthcare professionals from local clinics and organizations.

In addition to the screenings, attendees had the chance to talk with experts about topics like nutrition, fitness, stress management, and ways to prevent diseases. Many people shared positive feedback, saying they were thankful for the helpful resources available. It's clear that our community values the chance to take charge of their health, and we are excited to keep supporting these efforts.

We're already looking forward to next year's event, which we are planning for November 2026. We hope to have even more healthcare partners and offer more services to make the event even better. Stay tuned for more details as we plan and thank you for helping make this year's event such a success!



## Moving?

Are you moving or have you recently moved? Please make sure to update your address with The Health Plan. Simply call **1.800.624.6961** and ask to speak with one of the Customer Service Representatives for your individual plan. We will make the change right away and you won't miss out on any important information about your health insurance. If you are a Medicaid or WVCHIP member, also remember to update your information with the WV Department of Human Services by calling **1.877.716.1212**.



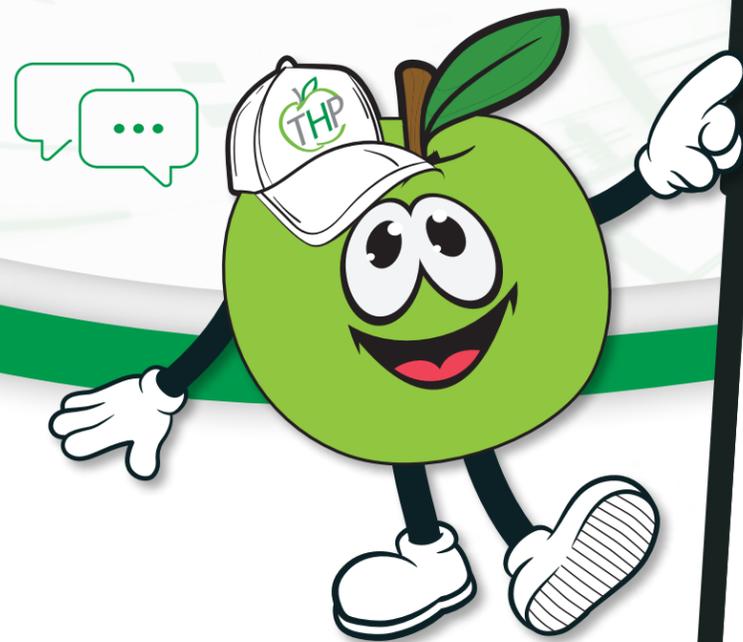
## Text Messaging

From time to time, you may receive a text message from 681.312.3409 about wellness and preventive screenings listed below:

- Flu Clinic invite - lets them know flu clinic date/time specifics
- Flu vaccine reminder - reminder to get flu vaccine during flu season
- Dental benefit reminder- reminder of recent dental benefit change
- Well child visits - reminder to get annual visit
- Health Fair invite - lets them know date/time specifics of health fair
- Pharmacy term/OON- notify of pharmacy OON from recent prescription fill. Resources to find in-network pharmacy
- Newsletter - alerts when quarterly newsletter is posted to website

### Medicaid coverage Text Messages from 681.312.3409

- Lost coverage - this goes out at the beginning of the month to (termed) members to either renew coverage or help find new coverage
- Redetermination - reminder to complete renewal process to keep coverage
- Last Chance - sent about 1 week prior to coverage termination to remind to complete renewal process to keep coverage



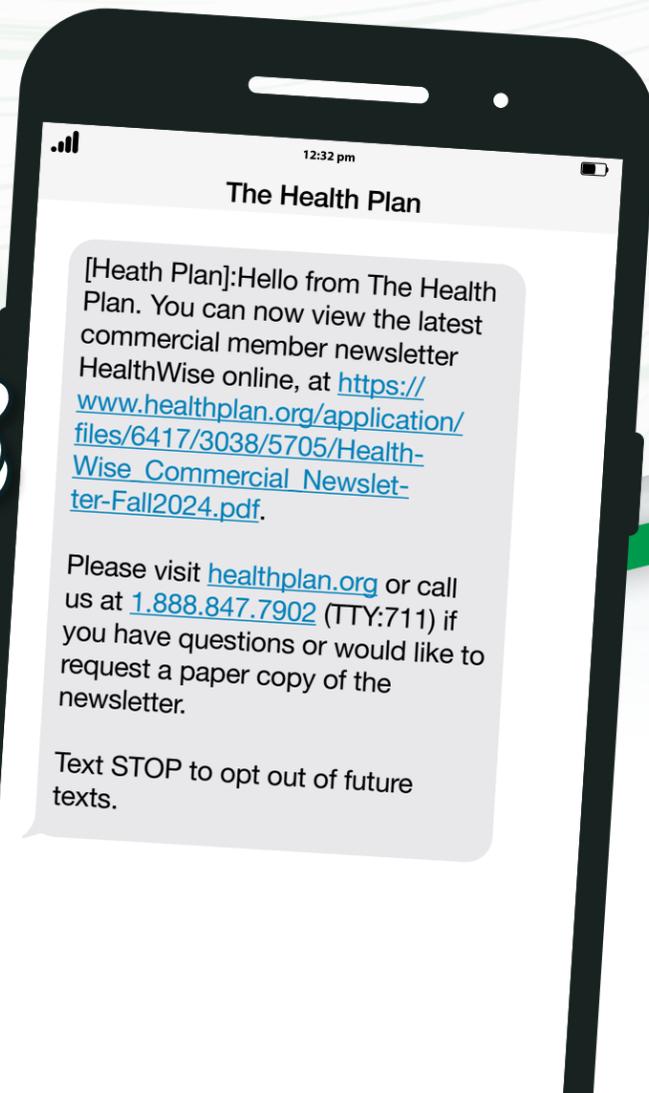
### Post Visit Survey Communications

You may receive a survey after visiting your provider. This survey will ask you about your experience and give you the opportunity to provide feedback.

The Health Plan is always working to improve member experience. The answers you provide will help THP provide you and your family excellent health care.

These surveys will be sent by our vendor, Press Ganey. Surveys will be sent to members by email, text message, or mail. If you receive a survey by email it will come from [noreply@patients.pgsurveying.com](mailto:noreply@patients.pgsurveying.com). If you receive a survey by text it will come from 91994.

These are legitimate correspondence from The Health Plan and are not spam messages, and we encourage you to respond or interact as we strive to improve your health experiences.



## Spam Call

The Health Plan's phone number, which begins with area code "740" could show up as "suspected spam" on your cell phone due to your phone carrier's system identifying the incoming number as likely to be a spam call.

Steps to prevent THP phone number from showing up as suspected spam would be to add the specific number into your contacts and the next time that number will display as The Health Plan on your incoming call phone screen.



## Email Notifications

Do you want to waste less paper and save more trees, but do not want to miss out on important information from The Health Plan? Simply call 1.800.624.6961 and ask to speak with one of the Customer Service Representatives for your individual plan. Give them your email address and sign up to use the member portal where you can find information about your plan, explanation of benefits, provider directories and much more. You can choose to get most of your information electronically and keep it at your fingertips for when you need to see it. Adding an email address can save you time and put you in control of overseeing your health insurance plan.





**Medicaid Member Services:**

**1.888.613.8385 (TTY:711)**

Calls to this number are free.

**Hours of Operations**

8:00 am to 5:00 pm,  
Monday through Friday.

**Medicare Member Services:**

**1.877.847.7907 (TTY:711)**

Calls to this number are free.

**Hours of Operations**

October 1 to March 31,  
8:00 am to 8:00 pm,  
7 days a week,  
April 1 to September 30,  
8:00 am to 8:00 pm,  
Monday through Friday.

**Commercial Member Services:**

**1.888.847.7902 (TTY:711)**

Calls to this number are free.

**Hours of Operations**

8:00 am to 5:00 pm,  
Monday through Friday.

Member Services also has free language interpreter services available for non-English speakers.





## Recommended Child & Adolescent Immunization Schedule



**B**  
BIRTH

- Hepatitis B (Hep B) Dose 1

**2**  
MONTHS

- Hepatitis B (Hep B) Dose 2
- Rotavirus (RV) Dose 1
- Diphtheria, Tetanus & Pertussis (DTap/Tdap) Dose 1
- Haemophilus Influenzae (Hib) Dose 1
- Pneumococcal (PCV13) Dose 1
- Poliovirus (IPV) Dose 1

**4**  
MONTHS

- Rotavirus (RV) Dose 2
- Diphtheria, Tetanus & Pertussis (DTap/Tdap) Dose 2
- Haemophilus Influenzae (Hib) Dose 2
- Pneumococcal (PCV13) Dose 2
- Poliovirus (IPV) Dose 2

**6**  
MONTHS

- Hepatitis B (Hep B) Dose 3
- Diphtheria, Tetanus & Pertussis (DTap/Tdap) Dose 3
- Haemophilus Influenzae (Hib) Dose 3 & 4
- Pneumococcal (PCV13) Dose 3
- Influenza (Flu) Annual
- COVID-19 Annual

**12  
TO 18**  
MONTHS

- Diphtheria, Tetanus & Pertussis (DTap/Tdap) Dose 4
- Pneumococcal (PCV13) Dose 4
- Poliovirus (IPV) Dose 3
- Measles, Mumps, Rubella (MMR) Dose 1
- Chicken Pax (Varicella) Dose 1
- Hepatitis A (Hep A) Dose 1 & 2
- Influenza (Flu) Annual
- COVID-19 Annual

**4  
TO 6**  
YEARS

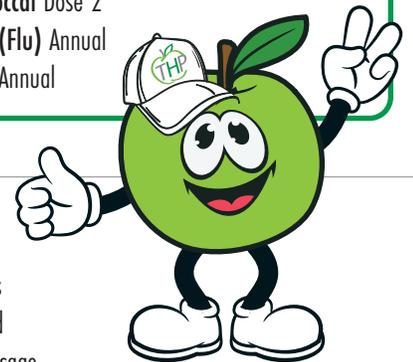
- Diphtheria, Tetanus & Pertussis (DTap/Tdap) Dose 5
- Poliovirus (IPV) Dose 4
- Measles, Mumps, Rubella (MMR) Dose 2
- Chicken Pax (Varicella) Dose 2
- Influenza (Flu) Annual
- COVID-19 Annual

**11  
TO 12**  
YEARS

- Diphtheria, Tetanus & Pertussis (DTap/Tdap) Booster
- Meningococcal Dose 1
- Human Papillomavirus (HPV) Ask Dr.
- Influenza (Flu) Annual
- COVID-19 Annual

**16**  
YEARS

- Meningococcal Dose 2
- Influenza (Flu) Annual
- COVID-19 Annual



Based on the most recent CDC guidelines. Depending on your child's needs, their doctor might recommend an alternative vaccine schedule or dosage. Please consult your child's doctor for specific advice about your child's immunization schedule. This is not an official immunization record. Ask your child's doctor for a record of the vaccines your child has received.

\*You should always speak with your child's pediatrician regarding the vaccines that are recommended for your child.



# Recommended Child/Adolescent Immunization Schedule



Vaccine	Birth	2 mos	4 mos	6 mos	12-18 mos	4-6 yrs	11-12 yrs	16 yrs
Hepatitis B (Hep B)	Dose 1	Dose 2		Dose 3				
Rotavirus (RV)		Dose 1	Dose 2					
Diphtheria, Tetanus & Pertussis (DTap/Tdap)		DTap Dose 1	DTap Dose 2	DTap Dose 3	DTap Dose 4	DTap Dose 5	Tdap Booster	
Haemophilus Influenzae (Hib)		Dose 1	Dose 2	Dose 3-4				
Pneumococcal (PCV13)		Dose 1	Dose 2	Dose 3	Dose 4			
Poliovirus (IPV)		Dose 1	Dose 2	Dose 3		Dose 4		
Measles, Mumps, Rubella (MMR)					Dose 1	Dose 2		
Chicken Pox (Varicella)					Dose 1	Dose 2		
Hepatitis A (Hep A)					Dose 1&2			
Meningococcal							Dose 1	Dose 2
Human Papillomavirus (HPV)							Ask Dr.	
Influenza (Flu)				Ask Dr.	Yearly →			
COVID-19				Ask Dr.				

Based on the most recent CDC guidelines. Depending on your child's needs, their doctor might recommend an alternative vaccine schedule or dosage. Please consult your child's doctor for specific advice about your child's immunization schedule. This is not an official immunization record. Ask your child's doctor for a record of the vaccines your child has received.

\*You should always speak with your child's pediatrician regarding the vaccines that are recommended for your child.

## Focus on Health & Wellness

Adopting a healthy lifestyle is the best preventive medicine. Below are a few suggestions to help you enjoy the best health and quality of life possible.

- Be proactive about your health by staying on top of necessary screenings and health care visits.
- No smoking or smokeless tobacco.
- No illicit or street drugs.
- Limit alcohol.
- Eat a high-fiber, low-fat, low-sodium diet. Limit red meat.
- Drink six 8-ounce glasses of water daily.
- Get 30 to 60 minutes of physical activity most days of the week.
- Ask your doctor what your ideal body mass index (BMI) is and then work to attain or maintain it.
- Keep your blood pressure in check. The ideal is 120/80.
- Get seven to eight hours of sleep every night.
- Wear at least 15 SPF sunblock when outside. Have your doctor check any changes in moles.
- Manage stress. Find a hobby you enjoy. Make time for your family and friends. Set realistic goals at home and work. Learn to say "No." Give yourself enough time to get things done.
- Always wear your seatbelt when driving or riding in a car. Wear a helmet when riding an ATV or bicycle.
- Change the battery in your smoke and CO2 detector every six months. Check it monthly.



**The Health Plan**  
1110 Main Street  
Wheeling, WV 26003  
1.800.624.6961

[healthplan.org](http://healthplan.org)



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That means you go to see your doctor annually when you are **well**.

The Health Plan covers the following examinations and services for its members. Members should verify coverage prior to obtaining services. We encourage you to use this guide to help you schedule visits with your primary care physician (PCP).

Advances in childhood immunization vaccines have decreased the number of overall immunizations your child may receive. This is due to the increasing number of combination vaccines now available.

**Your child's doctor can best advise you on the appropriate age and the expected number of immunizations for each disease. Most immunizations start at 2 months of age.**

Please be sure to make and keep your child's appointment with their doctor.

## Adult Preventive Screening Guidelines

(Age 19+) This schedule is a suggested timeline for routine screenings. Talk with your healthcare provider for specific personal guidance. More frequent screenings may be recommended based on your personal health history.

### Adult Screening Guidelines

#### Check-up

Annually age 19+

- Alcohol screening & counseling.
- Obesity screening & counseling.
- Tobacco screening & counseling.
- Depression screening & counseling including pregnant and postpartum people.
- Substance/recreational drug screening & counseling.

#### Cholesterol Screening

Age 19 and over: at least every five years.

#### HIV Screening

Age 15–65. All pregnant people.

#### Hepatitis C

Adults born between 1945-1965.

#### Glucose Screening

Age 45 and over: every three years.

#### Colorectal Cancer Screening

Age 45–75.

- **Colonoscopy**  
Age 45 and over: every 10 years.
- **Colonography**  
Age 45+: every five years.
- **Sigmoidoscopy**  
Every five years beginning at age 45.
- **Digital Rectal Exam and three specimens for fecal occult**  
Annually for age 45 and older.
- **Cologuard**  
Age 45-75: every 3 years.

#### Lung Cancer Screening

Age 55–77 with annual low-dose CT scan per physician advisement.

#### Skin Cancer Screening Counseling

Age 6 months to 24 years with fair skin types.

#### Chlamydia Screening

Age 24 and younger and for those at increased risk. Repeat screening for pregnant people in third trimester with elevated risk.

#### Routine Mammogram

Age 40 and over: annually.

#### Pap Smear (Cervical Cancer Screening)

Age 21–29: every three years.  
Age 30–65: every three to five years.

#### Pap Smear & Human Papillomavirus (HPV)

Age 30–65: every three to five years.

#### Osteoporosis Screening

60+ or younger with risk factors.

#### Abdominal Aortic Aneurysm Screening

Age 65–75 smokers

#### DRE - Digital Rectal Exam

Annually for age 50 and older



### Adult Immunization Guidelines

#### Chicken Pox Immunization

Healthy adults who have not had chicken pox.

#### HPV Immunization

Ages 19–26, if not already vaccinated; series of two to three shots, depending on age at initiation.

#### Influenza Immunization

Annually.

#### Tetanus-Diphtheria-Pertussis (Td/Tdap) Immunization

Administer to adults who previously did not receive a dose as an adult or child, followed by a booster every 10 years.

#### Hepatitis A Immunization

Administer to adults who have specific risk or lack of risk factor but who desire protection.

#### Hepatitis B Immunization

Administer to adults who have specific risk or lack of risk factor but who desire protection.

#### MMR - Measles, Mumps, and Rubella Immunization

1 or 2 doses, with no evidence of immunity.

#### Pneumonia Immunization

Per physician advisement.

#### Meningococcal Immunization

Per physician advisement.

#### Herpes Zoster Immunization

Per physician advisement.

#### COVID-19 Immunization

Per physician advisement.

### Childhood Screening Guidelines (Birth to 18 Years Old)

#### Check-up Schedule:

- Newborn
- 3-5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3-21 years, annually

#### Recommended Childhood Screenings

##### Hearing Screening:

Newborn, 3–5 days, 4–6, 8, 10–18 years annually

#### Developmental and Behavioral Health Screenings

##### Developmental

9, 18, 30 months

##### Autism Spectrum Disorder Screening

18 & 24 months

##### Developmental Surveillance

Newborn, 3–5 days, 1, 2, 4, 6, 12, 15, 24 months, 3–18 years annually

##### Depression Screening

12–18 years annually

### Childhood Immunization Guidelines

#### Diphtheria-Tetanus-Pertussis Immunization

2, 4, 6, 15–18 months, 4–6 years

#### Hemophilus Influenza Immunization (Hib)

2, 4, 6, 12–15 months

#### Hepatitis A Immunization

12–23 months

#### Hepatitis B Immunization

Birth, 1–2 & 6–18 months

#### Pneumococcal Conjugate Immunization (PCV)

2, 4, 6, 12–15 months

#### Polio Immunization (IPV)

2, 4, 6–18 months, 4–6 years

#### Rotavirus Immunization

2 & 4 months; third dose may be necessary with an age limit of 6 months

#### Human Papillomavirus Immunization (HPV)

11–12 years initiation and through age 18. Number of doses is dependent on age of initial vaccination

#### Meningococcal Immunization (MCV)

11–12 years, booster at 16 years

#### Seasonal Influenza Immunization

Annually

#### Chicken Pox Immunization

12–15 months, 4–6 years

#### Measles, Mumps, Rubella Immunization (MMR)

12–15 months, 4–6 years

#### COVID-19 Immunization

Per physician advisement

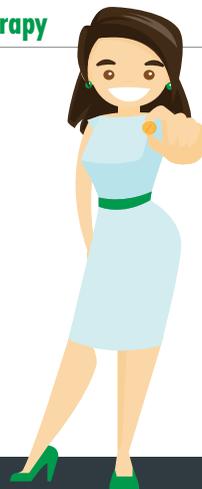
### Adult Preventive Medications Therapy

#### Low-Dose Aspirin

Age 50–59 for prevention of cardiovascular disease and colorectal cancer with risk factors per physician advisement

#### Statin Therapy

Adults with history of cardiovascular disease or diabetes per physician advisement





## Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

#### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### Get a copy of health and claims records:

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records:

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request but we will tell you why in writing within 60 days.

#### Request confidential communications:

- You can ask us to contact you in a specific way, such as by a different phone number or different mailing address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

#### Ask us to limit what we use or share:

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request and we may say “no” if it would affect your care.

#### Get a list of those with whom we have shared information:

- You can ask for a list (accounting) of the times we have shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will promptly provide you with a paper copy.

#### Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has the authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated:**

- You can file a complaint if you feel we have violated your rights by contacting us at 1.800.624.6961 (TTY: 711). You can also contact us through our website at [healthplan.org](http://healthplan.org).
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1.877.696.6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

#### **For certain health information, you can tell us your choices about what we share.**

If you have a preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, we may go ahead and share information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.*

#### **In these cases, we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

We can use or share your health information in the following ways.

#### **Help manage the health care treatment you receive:**

- We can use your health information and share it with professionals who are treating you.
- We can use and share your health information to coordinate your care.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

*Example: We may participate in health information exchanges for the purpose of coordinating your care.*

#### **Run our organization:**

- We can use and disclose your information to run our organization and contact you when necessary.
- We may contract with individuals and entities called business associates to perform various functions on our behalf or to provide services to you.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

*Example: We use health information about you to develop better services for you.*

*Example: We contract with a business associate to help us manage your health plan's prescription benefits.*

#### **Pay for your health services:**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*



### **Administer your plan:**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan and we provide your company with certain statistics to explain the premiums we charge.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

### **Help with public health and safety issues:**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research:**

We can use or share your information for health research.

### **Comply with the law:**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see we are complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director:**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests:**

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

### **Respond to lawsuits and legal actions:**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Substance use treatment records:**

We will not share your substance use treatment records for civil, criminal, administrative, or legislative proceedings against you unless you provide your consent in writing, or we receive a court order.

We can use and share your substance use treatment records for treatment, payment, and operations if your substance use treatment provider gets your consent.

We can share your substance use treatment records for oversight purposes if the requestor agrees not use the records against you.

### **Fund Raising**

We may contact you for fund raising purposes, but you have the right to opt out of such communications.

### **State or other federal laws:**

We will follow other laws if they have greater limits on how we disclose your information.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.



- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share information other than as described here unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind.

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website. We will mail a copy of the updated notice to you in our next annual mailing.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Effective date

This Notice of Privacy Practices became effective April 2003 and is amended effective January 2026.

Our privacy official may be contacted at 1.800.624.6961, ext. 7693 or [hipaa@healthplan.org](mailto:hipaa@healthplan.org). Hearing impaired can call 711.



## ***Discrimination is Against the Law***

The Health Plan of West Virginia (The Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex (consistent with the scope of sex discrimination as described by applicable law).

The Health Plan does not exclude people or treat them less favorably because of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex.

The Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Director, Health Equity & Wellness.

If you believe that The Health Plan of West Virginia has failed to provide these services or discriminated in another way on the basis of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex, you can file a grievance with: Director, Health Equity & Wellness, 1110 Main Street, Wheeling, West Virginia 26003, Phone: 740.699.6142, TTY: 711, Fax: 740.699.6163, [civilrightscoordinator@healthplan.org](mailto:civilrightscoordinator@healthplan.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director, Health Equity & Wellness is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1.800.368.1019, 1.800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at The Health Plan's website: [healthplan.org](http://healthplan.org).



1110 Main Street, Wheeling, WV 26003-2704 | [healthplan.org](http://healthplan.org)

### **English**

**ATTENTION:** If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1.877.847.7907 (TTY: 711) or speak to your provider.

### **Spanish**

Español

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1.877.847.7907 (TTY: 711) o hable con su proveedor.

### **Chinese (Simplified)**

中文 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1.877.847.7907 (TTY: 711) 或咨询您的服务提供者。

### **Chinese (Traditional)**

中文

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1.877.847.7907 (TTY: 711) 或與您的提供者討論。

### **German**

Deutsch

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1.877.847.7907 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

### **Arabic**

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1.877.847.7907 (TTY: 711) أو تحدث إلى مقدم الخدمة.

## Pennsylvania Dutch

Hinweis: Wenn du Pennsylvania Deitsch redst, kannst du kostenlose Sprachhilfe-Dienste nutzen. Auwersichtliche Hilfsmittel und Dienste, um Information in zugängliche Formate zu geben, sind auch kostenlos verfügbar. Ruf 1.877.847.7907 (TTY: 711) an oder red mit deinem Anbieter für Hilfe.

## Russian

РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1.877.847.7907 (TTY: 711) или обратитесь к своему поставщику услуг.

## French

Français

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1.877.847.7907 (TTY: 711) ou parlez à votre fournisseur.

## Vietnamese

Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1.877.847.7907 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

## Korean

한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1.877.847.7907 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

## Cushite (Oromo)

HUBACHIISA: Afaan Oromoo dubbattu yoo ta'eef, tajaajilli gargaarsa Afaan Hiikuu (Turjumaanaa) bilisaan kan isiniif dhiyaatu ta'a. Gargaarsi walqabataa fi tajaajilli sirrii ta'ee fi odeeffannoo bifa unkaalee dhaqqabamoo ta'aaniin kennuunis bilisaan ni argama. 1.877.847.7907 (TTY: 711) irratti bilbilaa ykn dhiyeessaa keessan waliin haasa'aa.

## Japanese

日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1.877.847.7907 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

## Italian

Italiano

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1.877.847.7907 (TTY: 711) o parla con il tuo fornitore.

## Dutch

Nederlands

LET OP: als je Nederlands spreekt, zijn er gratis taalhelpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1.877.847.7907 (TTY: 711) of spreek met je provider.

## Ukrainian

українська мова

УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1.877.847.7907 (TTY: 711) або зверніться до свого постачальника.

## Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii gratuite de asistență lingvistică. De asemenea, sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru a furniza informații în formate accesibile. Sunați la 1.877.847.7907 (TTY: 711) sau vorbiți cu furnizorul dvs.

## Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1.877.847.7907 (TTY: 711) o makipag-usap sa iyong provider.



# PATIENT NOTICE

Your health care provider has agreed to participate in the West Virginia Health Information Network (WVHIN), a Health Information Exchange (HIE). The WVHIN's HIE provides the fast and secure exchange of test results and reports among hospitals, labs, x-ray facilities, doctors and insurance companies.

## **WHO WILL HAVE ACCESS TO MY HEALTH RECORD?**

Doctors, hospitals, pharmacies, insurance companies and other health care providers that are participants of the WVHIN's HIE will be able to see your health records when they are treating you or when paying for your health care. They may receive an alert when you become hospitalized or are seen for emergency care.

## **WHAT INFORMATION IS IN MY ELECTRONIC MEDICAL RECORD?**

Your health care provider uses an electronic medical record to keep track of the treatment provided to you. This electronic record may include your...

- medical history
- lab and imaging results
- medications
- allergies
- known drug reactions
- doctor's and nurse's notes

WVHIN's HIE **is not** a complete record of your health history. It is simply a way for your health care providers to access the health information they need to provide you with the best possible care.

## **WHAT ABOUT MY SENSITIVE HEALTH RECORDS?**

Federal and State laws protect the privacy of certain kinds of medical records. These include...

- drug or alcohol abuse treatment records
- psychotherapy notes
- goods and services that you have paid for out-of-pocket and request to keep private

When required by law, your consent will be obtained before the WVHIN's HIE will allow the sharing of your sensitive health records.

## **WHAT ARE THE BENEFITS TO ME?**

WVHIN's HIE allows doctors and hospitals, pharmacies, insurance companies and other health care providers to view all of your available health records in order to provide you with better care, to coordinate your care, and/or to ensure proper payment is made for the services you receive. WVHIN's HIE may prevent you from having to fill out the same forms and carry your lab, x-ray results and medications to different doctors. Sharing your health record through the WVHIN's HIE may prevent you from having to have tests repeated. Most importantly, sharing your health record through

the WVHIN's HIE may allow your doctors to have access to life saving information in the event of a medical emergency.

### **ARE THERE PRIVACY RISKS AND HOW IS MY PRIVACY PROTECTED?**

Doctors, hospitals and anyone else who is treating you are already responsible for keeping your health records private. The only added risk is that your health record will now be seen through the computer rather than by mail or fax.

The WVHIN uses modern technology to keep your health records private and safe. The WVHIN protects your privacy by...

- encrypting your health record so only the people who need to see it can
- tracking who looks at your health record through the WVHIN's HIE
- requiring use of passwords

### **DO I HAVE TO PARTICIPATE IN THE WVHIN?**

To allow your health record to be shared through the WVHIN's HIE you do not need to take action.

If you do not wish to participate you must Opt-Out. Opting-out means that doctors and other health care providers **will not** be able to access your health record through the WVHIN's HIE. You have several options for opting out of the WVHIN's Health Information Exchange. You may visit the WVHIN website at [www.wvhin.org](http://www.wvhin.org) or ask your health care provider for a Request to Opt-Out form.

### **EVEN IF YOU CHOOSE NOT TO PARTICIPATE (OPT-OUT):**

The WVHIN will keep your personal information (name, address, birth date, etc.) on file in its Master Patient Index to permanently record your decision to opt-out.

Your doctor or health care provider will still be able to use the WVHIN's HIE to report and/or view...

- communicable diseases
- immunization data
- quality reports
- other required public health information to state and federal agencies.
- dispensed controlled substances

It is important to understand that choosing to opt-out of the WVHIN's HIE **does not** mean your health information cannot be shared electronically. Health care providers may use other electronic methods such as secure email or electronic lab results delivery to share patient information. Read your health care provider's notice of privacy practices for more information.

### **IF I HAVE CHOSEN TO OPT-OUT CAN I CHANGE MY MIND?**

If you have previously submitted a Request to Opt-Out, you can change your mind. Please contact the WVHIN about reversing your Request to Opt-Out.

Please talk to your health care provider if you have questions about the WVHIN, or visit our website at [www.wvhin.org](http://www.wvhin.org).