TheHealthPlan

Chapter 1

About Us & Communicating With Us

Provider Manual

As of July 1, 2026

Welcome

The Health Plan of West Virginia Inc. dba The Health Plan (THP) appreciates its practitioners, hospitals, and ancillary providers and value your dedication and commitment to serve our community.

About Us

THP is a not-for-profit, 501(c)(4) corporation, chartered in West Virginia and headquartered in Wheeling. A Board of Directors represented by citizens of the communities in which we serve governs THP. The plan holds HMO Certificates of Authority in both Ohio and West Virginia. THP currently employs over 500 people throughout three office locations: Wheeling, Charleston, West Virginia, and Massillon, Ohio.

THP has been developing and implementing products and services that manage and improve the health and well-being of its members through a team of health care professionals and partners from across communities since 1979.

Communicating with Us

Our dedicated staff at THP will assist practitioners and members when issues, questions, or concerns arise. THP's hours of operation are 8 a.m. to 5 p.m. EST Monday through Friday.

We've compiled a quick reference guide that lists important contacts.

Customer Service – Assistance with Benefits, Eligibility, and Claims	
Commercial	1.888.847.7902
Self-Funded	1.888.816.3096
Medicare Advantage	1.877.847.7907
Mountain Health Trust (MHT) including WV Medicaid and WV Children's Health Insurance Program (WVCHIP)	1.888.613.8385
Behavioral Health	1.877.221.9295
Coordination of Benefits (COB)	1.800.624.6961, ext. 7903
eviCore Healthcare	1.800.918.8924
Emergency Nurse Line (24/7)	1.866.687.7347

Email Contacts	
Electronic Data Interchange (EDI)	edi@healthplan.org
Provider Data Quality (PDQ)	pdq@healthplan.org
Helpful Web Links	
Provider Manual	healthplan.org/providers/resources/provider-manual
THP Corporate Website	healthplan.org
THP Secure Provider Portal	myplan.healthplan.org
Provider Directory	findadoc.healthplan.org/
Practice Management Consultant	https://www.healthplan.org/providers/overview/meet-practice-management-consultant

Provider Portal

THP's MyPlan Provider Portal offers self-service options and resources. Access the secure provider portal at myplan.healthplan.org to log in or register.

1. **View and Submit Claim Status**
   - Check claim status on all professional, institutional, and dental claims submitted to THP regardless of submission method i.e., clearinghouse, portal.
   - Submit professional, institutional, and dental claims through the Axiom TransShuttle link on MyPlan.
     - Practitioners will need to register with this tool to data enter original, void, or corrected professional, institutional, or dental claims for THP members. Secondary claims are also supported.

2. **View and Submit Prior Authorizations**

   Effective July 1, 2024: To comply with West Virginia prior authorization requirements, practitioners submitting prior authorization for MHT, Commercial, and PEIA plan members are required to submit prior authorizations through a health insurer's secure provider portal. Fax and phone prior authorization requests are not accepted.

   - Medical and Behavioral Health, Durable Medical Equipment (DME), and Medical Pharmacy prior authorization requirement lists available
   - Submit inpatient and outpatient prior authorizations through THP portal and depending on the patient's plan and procedure code, practitioners will be redirected through a single sign on to Helios or informed via a display message to visit EviCore to complete the authorization request and upload supporting documentation and notes.
   - Status of authorizations submitted via THP portal can be obtained by accessing MyPlan and clicking Manage my Authorizations under Authorizations.
     - Status of eviCore authorizations can also be obtained by accessing eviCore.com/provider

3. **Search Patients**
    - Access member demographic information and ID card and verify coverage, network, copays, and deductibles.
4. **Member Roster**
    - PCPs: View and download all current or previous attributed members

5. **Remittance**
    - View and download paper remittance copies

6. **Resource Library**
    - Training and Education
        - General provider portal guide
        - General and Behavioral Health Toolkits
        - Prior authorization submission via provider portal user guide
        - Claims submission via provider portal user guides
        - Cultural Competency and Social Determinants of Health (SDoH)
        - Dual Eligible Special Needs Plan (D-SNP)
        - SDoH Provider Incentive Program
    - Onboarding and Data Quality Forms
        - Credentialing
        - Practice Update
        - Practitioner Term
        - Remittance/Pay-To Update
    - Additional Forms
        - Specialist as PCP
        - Documentation cover sheet

7. **Dual Eligible Special Needs Plan (D-SNP) Model of Care (MOC) Training**
    - Medicare Advantage participating practitioners: View and attest to required training each calendar year

8. **Manage my Members**
    - Prior Authorizations
    - Member Rosters
    - Quality measures tracker
    - Hospital admission, discharge, and transfer information