

June/July 2017



Oregon Health Plan
Member Handbook



1813 W Harvard Avenue | Suite 110 | Roseburg OR
97471

Member Services: 541-229-4UHA or 541-229-4842

Toll free 1-866-672-1551 TTY 541-440-6304

www.UmpquaHealth.com



If you need another language, large print, Braille, CD, tape or another format, call Member Services at 541-229-4842 | TTY 541-440-6304.

You can have a voice or sign language interpreter at your appointments if you want one. When you call for an appointment, tell your provider's office that you need an interpreter and in which language. Information on Health Care Interpreters is at www.Oregon.gov/oha/oei.

Si necesita la información en otro idioma, letra grande, Braille, CD, cinta de audio u otro formato, llame al departamento de Atención al Cliente al 541-229-4842 and TTY 541-440-6304. Si desea ver el Manual para Miembros, lo hallará en <http://www.umpquahealth.com/>.

Si desea que le enviemos un ejemplar del Manual para Miembros, llame al departamento de Atención al Cliente. Si desea, puede tener presente durante sus citas a un intérprete de idiomas o para sordomudos. Cuando llame para concertar una cita, indíquele al consultorio del proveedor que necesita un intérprete y para qué idioma. Hallara información sobre intérpretes especializados en el campo sanitario en www.Oregon.gov/oha/oei.



Welcome to Umpqua Health Alliance

Umpqua Health Alliance (UHA) wants to take good care of you and your family. Your health plan is not here to just take care of you when you are sick. Our goal is to help you and your family to get well and stay well. You will have an active role in this process.

Please take a few minutes to read this handbook carefully. It will answer many of the questions you may have about how to use your Oregon Health Plan (OHP) coverage, tell you what services are available and how to get those services. It also tells you what to do in an emergency and explains your rights and responsibilities. If you have any questions about your physical or mental health care benefits, please call Member Services at the phone numbers listed below. You can also find the UHA handbook online at <http://www.umpquahealth.com/ohp/> or request that a copy be sent to you at any time.

You may see the Oregon Health Plan Handbook at <https://apps.state.or.us/Forms/Served/he9035.pdf> or ask for one by calling 1-800-273-0557.

UHA will assign you or you may choose a Primary Care Provider (PCP) and a Primary Care Dentist (PCD). They will look after your health care needs, write prescriptions, refer you to specialty care, and admit you to the hospital if needed. Start your medical care by calling your PCP first and your dental care by calling your Dental Care Organization (DCO) or PCD.

Member Services Location and Hours of Operation

Umpqua Health Alliance Member Services office is located at:

1813 W Harvard Avenue, Suite 110, Roseburg

Hours of operation are:

Monday through Friday

8:00 am to 5:00 pm

Members may reach a person 24 hours a day, seven days a week by calling:

541-229-4UHA (541-229-4842) | Toll Free: 866-672-1551

TTY 541-440-6304 or 711

www.UmpquaHealth.com

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To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



Definitions

Acute Inpatient Psychiatric Care — Care you receive in a hospital. We must approve this type of care.

Administrative Hearing — A telephone conference with an Administrative Law Judge to review a decision called a Notice of Action with which you disagree.

Advance Directive — A form that allows you to have another person make health care decisions when you cannot. It also tells a doctor or medical personnel if you do not want any life saving help if you are near death.

Appeal — A request for UHA to review the Notice of Action decision if you disagree with it.

Case Management — Services to help you get care from other agencies.

Complaint — A Member or their representative's expression of dissatisfaction about any matter other than an "Action."

Consultation — Advice given from one professional to another involved in your care.

Daily Structure and Support — Programs to help you with daily tasks or to live in the community. They also help you get along with other people.

Dental Care Organization (DCO) — The organization that helps you obtain dental care and assigns you to a dentist in your area.

Emergency — A serious injury or sudden illness, including severe pain or a mental health problem that you believe might cause death or serious bodily harm if left untreated and that cannot wait until the following day.



Evaluation — A way to decide your need for mental health services.

Excluded Services — Services that are not covered. You may have to pay for these services. You will have to pay if you know the services are excluded and you agree to pay for and get the care anyway. This includes any service provided in an emergency care setting that you do not think is a true emergency.

Grievance — If you are dissatisfied with anything other than a Notice of Action.

Interpreter Services — Language or sign interpreters for persons who do not speak the same language as the provider or for persons who are hearing impaired.

Definitions

Job Opportunities and Basic Skills (JOBS) Treatment — Programs that help you function better in employment settings.

Limited Services — Physical and mental health services that are only partly covered. You may have to pay for these services. You will have to pay if you know the services are limited and you agree to get and pay for the care anyway. This includes services that go beyond those needed to find out what is wrong.

Medication Management — The ordering and monitoring of your medications. This does not include covering the cost of your medications.

Notice of Action — A letter describing a denial, or limited authorization of a requested service.

Primary Care Provider (PCP) — A participating provider that will provide or coordinate your medical care.

Primary Care Dentist (PCD) — A participating dentist that will provide or coordinate your dental care.

Residential Care Program — A facility providing room, board and mental health services. The program helps you function at home or school and in the community.

Second Opinion — An opinion from a doctor/healthcare provider other than a member's regular doctor/healthcare provider who gives the member his or her view about the member's health issue and how to treat it.

Skills Training — A program to help you function socially. It helps you manage money. It also helps you eat right and teaches you how to cook.

Therapeutic Group Home — A care setting that helps you develop home skills.

Therapy — Care meeting the goals of your treatment plan.

Treatment Foster Care — A program that helps you develop skills allowing you to live alone.

Urgent Care — A clinic that cares for UHA Members with serious physical and/or mental health problems, when your Primary Care Provider (PCP) is not available. You may use these services when your needs cannot wait for more than two days.



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What is the Oregon Health Plan (OHP)?

The Oregon Health Plan (OHP) is a program that pays for low-income Oregonians' health care. The State of Oregon and the US Government's Medicaid program pay for it. OHP covers doctor visits, prescriptions, hospital stays, dental care, mental health services, help with addiction to cigarettes, alcohol and drugs, and free rides to covered health care services. OHP can provide hearing aids, medical equipment and home health care if you qualify.

OHP Supplemental is for children through age 20, and pregnant women. It covers glasses and additional dental care.

CAWEM (Citizen Alien Waived Emergency Medical) covers emergency services for non-US citizens who are not on OHP. CAWEM Plus also covers childbirth. Customer Service can tell you which benefits you qualify for.

The Triple Aim

- ☆ Improve the lifelong health of all Oregonians
- ☆ Increase the quality, reliability and availability of care for all Oregonians
- ☆ Lower or contain the cost of care so it is affordable for everyone

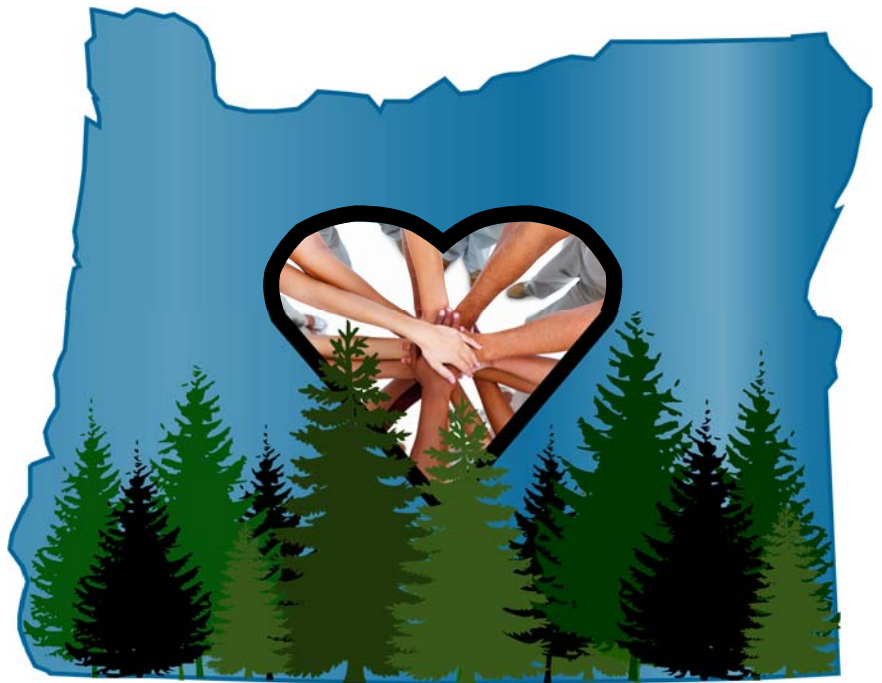
OHP does **not** cover everything. A list of the diseases and conditions that are covered, called the Prioritized List of Health Services, is online at www.oregon.gov/oha/herc/Pages/PrioritizedList.aspx. Other diseases and conditions usually are not covered by OHP. Those conditions could be covered if treating them will help a patient's covered condition.

If you have questions about coverage for you or your family, please call Member Services at the number listed above.

What is a Coordinated Care Organization (CCO)?

Umpqua Health Alliance is a Coordinated Care Organization (CCO). We are a group of all types of health care providers who work together for people on OHP in our community. Some groups in our CCO are:

- **Adapt**, a provider of alcohol and drug treatment, primary care services, and mental health services;
- **Advantage Dental Services**, a dental care provider;
- **ATRIO Health Plans**, a provider of Medicare Advantage and commercial insurance;
- **Mercy Medical Center**, the Roseburg area's community hospital;
- **Umpqua Community Health Center**, a Federally Qualified Health Center (FQHC);
- **Umpqua Health, LLC**, an association of physicians practicing in the community;
- **Umpqua Health Harvard, LLC**, a rural health center providing medical care; and
- **Willamette Dental Group**, a dental care provider.



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How We Coordinate Your Care

Umpqua Health Alliance coordinates the care you receive by instead of just treating you when you get sick, we work with you to help keep you healthy.

- We can work with you to prevent unnecessary trips to the hospital or emergency room.
- You will get the tools and support you need to help you stay healthy.
- Advice about your care will be easy to understand and follow.
- We will coordinate the care we provide by making it easy for all of your providers to share information that will help to get you healthy and help keep you healthy.
- All of your providers will work together, and with you, to improve your health and make sure all of your medical, dental and mental health needs are met.
- We will offer prevention programs to help keep you and your family from getting sick.

We sometimes provide services that FFS OHP doesn't cover. We want you to get the best care possible. One way we try to do that is ask our providers to be recognized by the Oregon Health Authority (OHA) as a Patient-centered Primary Care Home (PCPCH). That means they can receive extra funds to follow their patients closely, and make sure all their medical, dental and mental health needs are met. You can ask at your clinic or provider's office if it is a PCPCH.

How to Change CCOs

If you want to change to a different CCO, call OHP Customer Service at 503-378-2666 or 800-699-9075. There are several chances for you to change as long as another CCO is open for enrollment:

- If you do not want the CCO you've been assigned to, you can change during the first 90 days after you enroll.
- If you move to a place that your CCO doesn't serve, you can change CCOs as soon as you tell OHP Customer Service about the move. The number is 800-699-9075.
- You can change CCOs once each year.

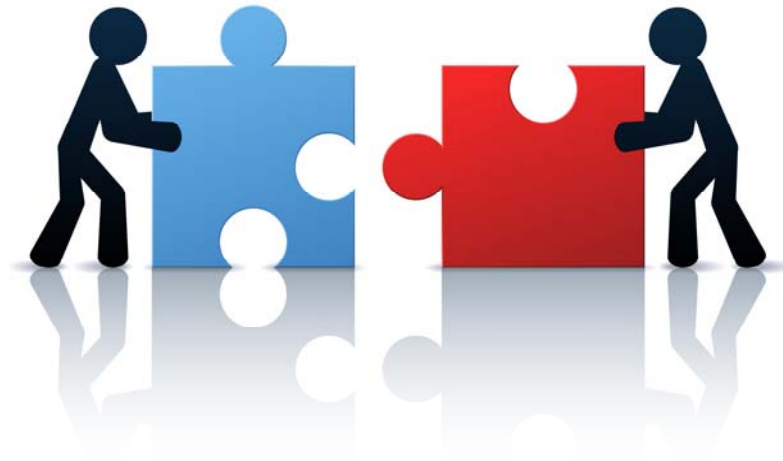
If you are a Native American or Alaska native, or are also on Medicare, you can ask to change or leave your CCO anytime.

When you have a problem getting the right care, please let us try to help you before changing CCOs. Call Member Service at the number listed above, and ask for a Care Coordinator. If you still want to leave or change your CCO, call OHP Customer Service. Their numbers are at 503-378-2666 and 800-699-9075.



Dual Eligible — Members with Medicaid & Medicare

Some people are eligible for both Medicaid and Medicare benefits. They are called Dual Eligible. If you are Dual Eligible, make sure your provider knows. Medicare should be billed first. You will then receive a Medicare Explanation of Benefits (EOB) in the mail. If your Medicare EOB denies any of your covered services, don't be alarmed. Contact Umpqua Health Alliance at 541-229-4842 and tell us that you received a bill. You are not responsible for paying the co-insurance and deductible for medical services. UHA will pay the rest of the charges for covered services. Your Provider will take care of sending UHA all of the information.



If you get care from a provider that is not listed in Umpqua Health Alliance's Provider Directory you may have to pay the bill. Only emergency care by an out-of-network provider would be covered. If you want to see a provider that is not in the Provider Directory, ask your PCP for a referral.

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Enrollment/Disenrollment

Newborn coverage — If you are covered by UHA, your newborn baby will also be covered. However, please enroll your baby enrolled in UHA as soon as possible (preferably within two weeks). You must tell OHP Client Services about your baby's birth. When your baby becomes eligible, OHP will send you a coverage letter. Even when you may no longer be eligible for coverage, your child may continue to be eligible.



Disenrollment — When you have a problem getting the right care, please let us try to help you before changing CCOs. Call Member Services at the number listed above and ask for a Care Coordinator. If you still want to leave or change your CCO, contact OHP Client Services at 800-699-9075.

A CCO may ask the Oregon Health Authority (OHA) to remove you from the plan if you:

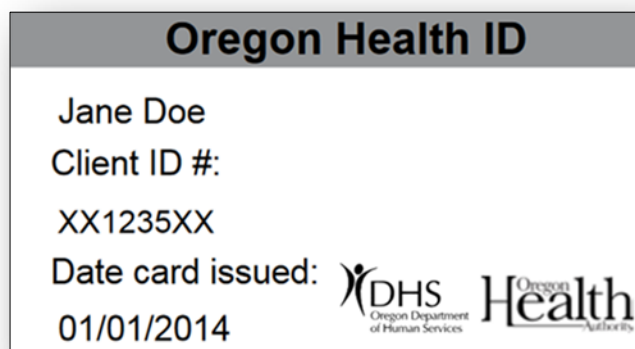
- Are abusive to CCO staff, property or your providers
- Commit fraud, such as letting someone else use your health care benefits
- Move outside of the service area of your plan

UHA does not determine disenrollment. OHA will review the Plan's request for disenrollment for the above reasons.

Changing Health Care Plans — Once you have selected a health care plan, you may only

change to a different plan at certain times. If there is a good reason for a change, call OHP Client Services or your health care provider.

OHP medical care ID card — The Oregon Health Plan sends you one Oregon Health ID card that has your name, client number and the date the card was issued. All eligible members in your household receive their own Oregon Health ID cards. You must keep it with you and show it to your PCP, pharmacy, hospital and all medical providers. If you lose your Oregon Health ID card, call OHP Client Services at 800-699-9075 for help.



OHP coverage letter — OHP also sends you a coverage letter with your benefit package and managed care enrollment information. The coverage letter shows information for everyone in your household who has a OHP Medical Care ID card. You do not need to take the coverage letter to your health care appointments or pharmacies.

OHP will send you a new coverage letter if you ask for one or if your coverage changes.

UHA medical care ID card — Each member of

Enrollment/Disenrollment (Continued)

UHA will also receive a UHA Medical ID Card. The UHA Medical ID card is sent out attached to a welcome letter within a week of your UHA enrollment. Please punch out the ID Card that is attached to the welcome letter and keep it with you at all times. Show the card whenever you need medical services.

Translation

All members have a right to know about and use our programs and services. We give these kinds of free help:

- Sign language;
 - Spoken language interpreters;
 - Materials in other languages;
- and
- Braille, large print, audio, and any way that works better for you.

If you need help or have questions, please call Member Services at the number listed above.

If you need an interpreter at your appointments, tell your provider's office that you need an interpreter and for which language. Information on certified Health Care Interpreters is at www.Oregon.gov/oha/oei



Native Rights

American Indians and Alaska natives can receive their care from an Indian Health Service (IHS) clinic or tribal wellness center. This is true whether you are in a CCO or have FFS (fee-for-service) OHP. The clinic must bill the same as network providers.

To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



What are Managed Care and Fee-For-Service?

The Oregon Health Plan (OHP) is a program that pays for low-income Oregonians' health care. The State of Oregon and the US Government's Medicaid program pay for it. OHP covers doctor visits, prescriptions, hospital stays, dental care, mental health services, help with addiction to cigarettes, alcohol and drugs, and free rides to covered health care services. OHP can provide hearing aids, medical equipment and home health care if you qualify.

OHP Supplemental is for children through age 20, and pregnant women. It covers glasses and additional dental care.

CAWEM (Citizen Alien Waived Emergency Medical) covers emergency services for non-US citizens who are not on OHP. CAWEM Plus also covers childbirth. Customer Service can tell you which benefits you qualify for.

OHP does not cover everything. A list of the diseases and conditions that are covered, called the Prioritized List of Health Services, is online at www.oregon.gov/oha/herc/Pages/PrioritizedList.aspx. Other diseases and conditions usually are not covered by OHP. Those conditions could be covered if treating them will help a patient's covered condition.

CCOs (Coordinated Care Organizations) are a type of managed care. The Oregon Health Authority (OHA) wants people on OHP to have their health care managed by private companies set up to do just that. OHA pays managed care companies a set amount each month to provide their members the health care services they need.

Health services for OHP members not in managed care are paid directly by OHA. This is called fee-for-service (FFS) because OHA pays providers a fee for services they provide. It is also called an open card. Native Americans, Alaska natives, people on both Medicare and OHP can be in a CCO, but can ask to change to FFS anytime. Any CCO member who has a medical reason to have FFS can ask to leave managed care. OHP Client Services at 800-273-0557 can help you understand and choose the best way to receive your health care.

Intensive Care Manager

UHA has an Intensive Care Manager (ICM) that is available Monday through Friday, 8:00 am to 5:00 pm, to assist Members who have complex medical needs or special needs. This program is designed to help coordinate health care services for persons who are 65 or older, blind, disabled, or children with special needs. Members who need assistance with medical supplies, equipment, scheduling appointments, or other health care needs can contact UHA's ICM. Providers, caseworkers, care providers, or family members can also let us know if someone is in need of assistance. Contact UHA's Member Services at 541-229-4842, TTY 711.

Care Helpers

There may be times when you need help getting the right care. Your primary care team may have people specially trained to do this. These people are called Care Coordinators, Community Health Workers, Peer Wellness Specialists, and Personal Health Navigators. Please call Member Services at the number listed above for more information.

Confidentiality — Your Records are Private

We only share your records with people who need to see them for treatment and payment reasons. You can limit who sees your records. If there is someone you don't want to see your records, please tell us in writing. You can ask for a list of everyone we have shared your records with.

A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your medical records and keeps them private. This is also called *confidentiality*. We have a paper called *Notice of Privacy Practices* that explains in detail how we use our Members' personal information. We will send it to you if you ask. Call Member Services and ask for our *Notice of Privacy Practices*.

Privacy is important to your health plan. All patient information is private. This includes anything in your medical record, and anything you give to us. It also includes anything you tell your Provider and clinical staff. If you need to have your medical records sent to another provider, you will need to sign a Records Release form. Chemical dependency and HIV information will not be released unless you give permission on the signed release form.



There are state and federal laws that protect Members' privacy. Health care information will not be released by UHA or our providers without your approval, except in an emergency or when required by state and federal regulations. However, your clinical records may be reviewed by the state or federal government to see if we gave you the best possible care.

To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



Our Nondiscrimination Policy

Umpqua Health Alliance and network providers must treat you fairly.

We and our providers must follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's:

- Age
- Color
- Disability
- Gender Identity
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation

To report your concern or get more information please contact UHA's Chief Compliance Officer one of these ways:

Web: <http://www.umpquahealth.com/team/michael-von-arx/>

Email: compliance@umpquahealth.com

Phone: 541-677-6121, TTY 711

By Mail: Umpqua Health Alliance,
Attention: Chief Compliance Officer
1813 W Harvard Avenue, Suite 448
Roseburg, OR 97471

You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR). Contact that office one of these ways:

Web: www.hhs.gov/

Email: OCRComplaint@hhs.gov

Phone: 1-800-868-1019, 800-537-7697 (TDD)

By Mail: OCR
200 Independence Avenue SW
Room 509F HHH Bldg
Washington, DC 20201

OHP Member Rights and Responsibilities

[OAR 410-141-0320, OAR 410-141-3300, 42 CFR 438.100]

As an OHP member, you will be -

- Be treated with respect and dignity, the same as other patients
- Choose your provider
- Tell your provider about all your health concerns
- Have a friend or helper come to your appointments, and an interpreter if you want one
- Actively help develop your treatment plan
- Get information about all of your OHP-covered and non-covered treatment options
- Help make decisions about your health care, including refusing treatment, except for court-ordered services
- Be free from any form of restraint or seclusion
- Complain about different treatment and discrimination
- Get a referral to a specialist if you need it, and for a second opinion if you want one
- Get care when you need it, any time of day or night, including weekends and holidays
- Get mental health and family planning services without a referral
- Get help with addiction to cigarettes, alcohol and drugs without a referral
- Get handbooks and letters that you can understand
- See and get a copy of your health records, unless your doctor thinks it would be bad for you
- Limit who can see your health records
- Get a *Notice of Action* letter if you are denied a service or there is a change in service level

- Get information and help to appeal denials and ask for a hearing
- Make complaints and get a response without a bad reaction from your plan or provider
- Ask the Oregon Health Authority Ombudsperson for help if a complaint or grievance was not resolved in your favor at 503-947-2346 or toll free 877-642-0450, TTY 711



As an OHP member, you agree to -

- Find a doctor or other provider you can work with and tell them all about your health
- Treat providers and their staff with the same respect you want
- Bring your medical ID cards to appointments, tell the receptionist that you have and any other health insurance.
- Let your provider know if you were hurt in an accident.
- Be on time for appointments
- Call your provider at least one day before if you can't make it to an appointment
- Have yearly check-ups, wellness visits and other services to prevent illness and keep you healthy
- Follow your providers' and pharmacists' directions, or ask for another choice
- Be honest with your providers to get the best service possible
- Call OHP Client Services at 800-699-9075 if you move, change phone numbers, are pregnant or no longer pregnant

To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



Other Things You Need to Know

Copy of your records — You may have a copy of your medical records. Your PCP has most of your records, so you can ask them for a copy. They may charge a reasonable fee for copies. You can ask us for a copy of the records we have. We may charge you a reasonable fee for the copies.

You can have a copy of your mental health records unless your provider thinks this could cause serious problems.

Physician incentives — We do not pay or reward our providers for limiting services and referrals. These are set forth in 42 CFR 438.

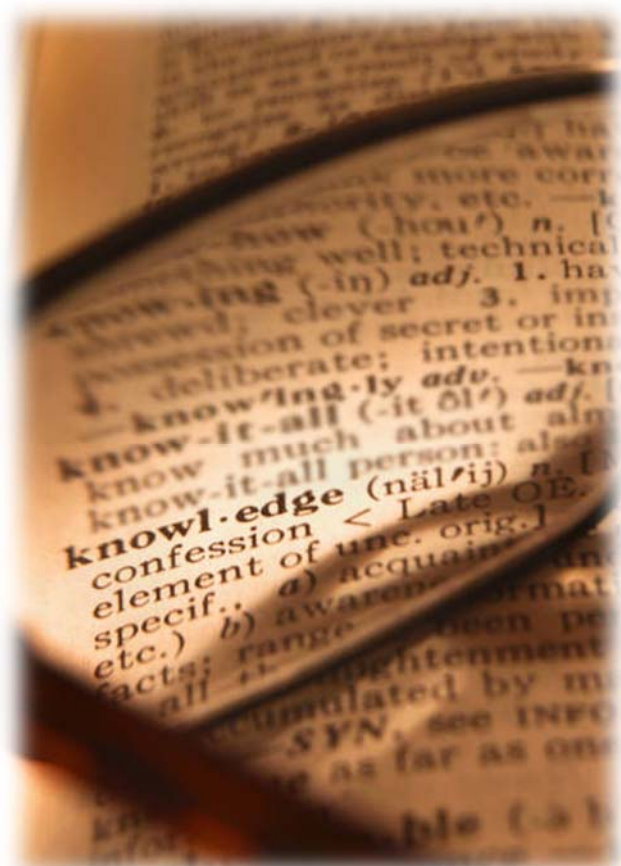
Involvement in CCO activities — Umpqua Health Alliance has a Community Advisory Council (CAC). We invite you to apply to serve on the Council. The Council includes members that are Oregon Health Plan Members. Other members are from government agencies and groups that provide OHP services.

We have several healthy living programs and activities for you to use. For more information about these services, please call Member Services.

Structure and operation — At your request, UHA will provide information on the structure and operation of UHA's organization.

Disease management & prevention programs — UHA providers have access to health education programs, including self-care, prevention, and disease self-management materials, in easy-to-read

formats and in Spanish. You can always ask your provider to print these materials for you, to help you be more involved in your health care and give you ideas on things you can do that will make you healthier. More prevention ideas and resources are listed on our website www.umpquahealth.com/.



Culturally Sensitive Health Education

We respect the dignity and the diversity of our members and the communities where they live. We want to serve the needs of people of all cultures, languages, races, ethnic backgrounds, abilities, religions, genders, sexual orientation, gender identification, and other special needs of our members. We want everyone to feel welcome and well-served in our plan.

We have several healthy living programs and activities for you to use. Our health education programs include self-care, prevention, and disease self-management. For more information about these services, please call Member Services at the number listed above.

Early childhood cavities can be prevented. Healthy baby teeth are important for good health and normal growth. Brush your baby's teeth every day. Never put your baby to bed with a bottle. Lift your baby's lip and check their front teeth regularly for white or brown spots. Be sure to bring any concerns to the attention of your Dental Care Provider or your PCP.



Child immunizations (shots) are also covered by UHA. Umpqua Community Health Center (UCHC) has clinics that provide immunizations to children and adults available Monday through Friday. Please call UCHC at 541-672-9596 for more information regarding immunization services and hours. You may also check with your pediatrician to see if they provide immunizations. Immunizations may also be obtained at the "Shots for Tots" Clinics held in Douglas County.

Asthma care and prevention is important. UHA has information that can be mailed to you. If you would like information sent to you, call Member Services and ask to speak to a nurse.

Women's annual exams are covered. The exam includes a general physical exam, pelvic exam, review of health history, evaluation of health screen tests (mammogram (breast x-ray), Pap smear, tests for sexually transmitted diseases) and discussion of any sexual concerns.

Support groups for various disorders (health problems) are available in Douglas County. If you have a disorder and would like to find out more about joining a support group, call Member Services. You can also ask about other social services that are available in Douglas County. One of UHA's nurse case managers will be available to answer your questions.

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Tobacco Use

Tobacco cessation products are covered by the Plan. The best thing you can do for your health and your family's health is to stop using tobacco. If you are interested in quitting smoking or chewing tobacco, please call Member Services. We have resources to help you quit.



Stop Smoking Programs

Oregon Quit Line:

English 1-800-QUIT-NOW (1-800-784-8669)

Español 1-855-DEJELO-YA

TTY 1-877-777-6534

Online www.quitnow.net/oregon

Other sources to consider to help stop smoking:

Smoke Free: <https://smokefree.gov>

Teen: <https://teen.smokefree.gov/>

VA: <https://smokefree.gov/tools-tips/smokefreevet-signup>

American Cancer Society:

Online: <http://www.cancer.org/healthy/stay-away-from-tobacco/guide-quit-smoking.html>

Freedom From Smoking

Online: <http://www.ffsonline.org/>

Toll Free: 1-800-586-4872

Nicotine Anonymous:

Online: <http://nicotine-anonymous.org/>

After Hours, Urgent, Emergency Care and Crises

After-hours, weekends, holidays – You have access to your PCP 24 hours a day, seven days a week. When the PCP’s office is closed, you can call their office number. An answering service will contact your provider or tell you what to do. If your PCP is not available, he or she will make arrange for someone else to take care of your medical needs or give you advice.

Urgent care – Always call your PCP’s office first about any health problem. Someone will be able to help you day and night, even on weekends and holidays. They will schedule an appointment as soon as one is available, give medical advice, or send you to the right place to get care. If you can’t reach your PCP’s office about an urgent problem or they can’t see you soon enough, you can go to *Evergreen Urgent Care* or *Umpqua Health Harvard* without an appointment.

Evergreen Urgent Care is open Monday through Friday from 7:00 am to 7:00 pm, and Saturday and Sunday from 9:00 am to 5:00 pm. Their phone number is 541-677-7200. *Umpqua Health Harvard* has a walk-in appointments available. Please call them at 541-440-6390 to see if a walk-in appointment is available.

Urgent problems are things like severe infections, sprains, and strong pain. If you don’t know how urgent the problem is, call your PCP.

Dental –Contact your Primary Care Dentist (PCD) for tooth pain. If you do not know who your PCD is, call the Dental Care Organization (DCO) listed on your UHA Member ID card.

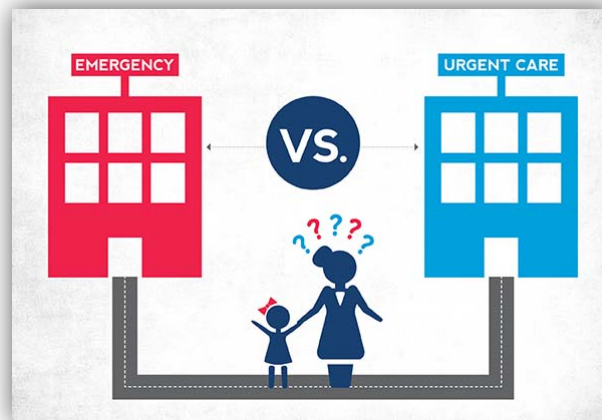
Emergencies and crises – If you think you have a real emergency, call 911 or go to the Emergency Room (ER) at the nearest hospital. You don’t need permission to get care in an

emergency. An emergency might be chest pain, trouble breathing, bleeding that won’t stop, broken bones, or a mental health emergency. Please don’t use the ER for things that can be treated in your doctor’s office. Sometimes ERs have a long, uncomfortable wait and

take hours to see a doctor, so you should only go there when you have to.

A mental health emergency is feeling or acting out of control, or a situation that might harm you or someone else. Get help right away. Do not wait until there is real danger. Call the Crisis Hotline at 800-866-9780, or call 911, or go to the ER.

Do not use the emergency room for routine care- Examples of routine care are colds, back pain, constipation, toothache and diaper rash. You should not wait until after office hours to contact your PCP or PCD for routine care. If you use the emergency room for routine care, you may have to pay the bill.



To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



Primary Care Provider (PCP)

UHA assigns a primary care provider once we are told of your enrollment. You may want to choose a different provider. A current list of participating providers and hospitals can be found on our website at www.umpquahealth.com/. This online list of providers allows you to search by provider or facility name, gender, and specialty. The provider list will also show which providers speak languages other than English. You may also call Member Services to check if your provider is a participating provider.

If you already have a PCP, see if they are on the list. If you do not have a PCP or your PCP is not on the list, pick a PCP from the list that is taking new patients.

If you are a new member of Umpqua Health Alliance, please contact us if the assigned PCP on your Member ID Card is incorrect.

If at any time you want to change your PCP, call Member Services at the number listed above. If you have a hearing impairment, please use TTY numbers listed above. You are allowed to change your PCP twice in a 365 day timeframe. Additional changes need to be approved by the UHA Medical Director. The change is effective the same day.



If you can't see a PCP in the first month of enrollment and need medication, supplies, or other services, contact Member Services at the number listed above. Make an appointment with your PCP as soon as possible to be sure that you receive any ongoing care that you need.

Specialists

Referrals to other Providers — When you need a specialist or another provider, talk to your PCP first. If you need to see a specialist, the PCP will refer you and decide what services and tests you may need. If Umpqua Health Alliance does not have the specialist you need, your PCP will request approval for you to see an out-of-network provider. If you see an out-of-network provider and you don't have a referral, you may have to pay for the services.

Services that do not require a referral—

Services that do not require a referral include emergency and urgent care, family planning, prenatal care, immunizations (shots), mental health services and outpatient treatment for chemical dependence (drug and alcohol problems). You may make your own appointments for the above services. Umpqua Health Alliance's service providers are listed in the Provider Directory at www.umpquahealth.com/.

Mental health services are available to all OHP Members. You do not need a referral to get mental health services from a network provider. Please call Member Services or go online at www.umpquahealth.com/ to find a provider.



Family planning and related services do not need a referral for the following:

- Family planning visits (physical exam, birth control education and supplies)
- Related services include: Pap smear, pregnancy test and screening for sexually transmitted diseases

To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



Covered Medical Services

Covered medical services include:

- Preventive services
- An exam or test (lab or x-ray) to find out what is wrong, whether the treatment or condition is covered or not
- Treatment for most major diseases
- 24-hour emergency care, lab and x-ray services
- Eye health care
- Chemical dependency (alcohol and drug) treatment
- Diabetic supplies and education
- Hospice
- Wigs for chemotherapy or radiation therapy patients.
- Stop smoking programs
- Labor, child birth and newborn care
- Some surgeries
- Most prescription drugs
- Family planning and related services (Even though you are on UHA, you can go to the County Health Department or any family planning clinic to receive these services.)
- Specialist care and referrals
- Emergency ambulance services
- Hospital care for covered conditions
- Medical equipment and supplies



Members will be notified of changes in access to benefits 30 days before the effective date of the change or as soon as possible.

Services That Are Not Covered

OHP covers reasonable services for diagnosing conditions, including the office visit to find out what is wrong. Once the problem is diagnosed, OHP may not cover follow-up visits if the condition or treatment is not funded on the Prioritized List of Health Services.

The Oregon Health Evidence Review Commission (HERC) developed the Prioritized List of Health Services. The HERC held many public meetings throughout Oregon to find out what health issues were important to Oregonians. Not all medical treatments are covered. The Commission then used that information to list all health care procedures in order of effectiveness. The Oregon Legislature did not fund conditions that ranked lower on the priority list, which means not all medical treatments are covered.

OHP does **not** pay for the following services:

- Treatment for conditions that get better on their own such as colds or flu
- Treatment for conditions for which home treatment works such as sprains, allergies, corns, calluses or some skin conditions
- Cosmetic surgeries or treatments
- Treatments that are not generally effective
- Services to help you get pregnant
- Treatment rendered outside of Oregon that are **not** emergencies or urgent care

**NOT COVERED****COVERED**

Call Member Services if you have any questions about your coverage.

To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



Billing Information

OHP members don't pay bills for covered services. Your medical or dental provider can send you a bill only if all of the following are true:

1. The medical service is something that your OHP plan does not cover
2. Before you received the service, you signed a valid Agreement to Pay, OHP form number 3165 (also called a waiver)
3. The form showed the estimated cost of the service
4. The form said that OHP does not cover the service

The form said you agree to pay the bill yourself

These protections usually only apply if the medical provider knew or should have known you had OHP. Always show your Umpqua Health Alliance ID card. These protections apply if the provider participates in the OHP program (but most providers do).

Sometimes, your provider doesn't do the paperwork correctly and won't get paid for that reason. That doesn't mean you have to pay. If you already received the service and we refuse to pay your medical provider, your provider still can't bill you. You may receive a notice from us saying that we will not pay for the service. That notice does not mean you have to pay. The provider will write-off the charges.

If we or your provider tell you that the service isn't covered by OHP, you still have the right to challenge that decision by asking for an appeal and a hearing.

What should I do if I get a bill?

Even if you don't have to pay, please do not ignore medical bills - call us right away. Many providers send unpaid bills to collection agencies and even sue in court to get paid. It is much more difficult to fix the problem once that happens. As soon as you get a bill for a service that you received while you were on OHP, you should:



Billing Information (Continued)

1. Call the provider, tell them that you were on OHP, and ask them to bill your CCO.
2. Call Member Services at the number listed above right away and say that a provider is billing you for an OHP service. We will help you get the bill cleared up. Do not wait until you get more bills.
3. You can appeal by sending your provider and us a letter saying that you disagree with the bill because you were on OHP at the time of the service. Keep a copy of the letter for your records.
4. Follow up to make sure we paid the bill.
5. If you receive court papers, call us right away. You may also call an attorney or the Public Benefits Hotline at 1-800-520-5292 for legal advice and help. There are consumer laws that can help you when you are wrongly billed while on OHP.

I was in the hospital and my plan paid for that, but now I am getting bills from other providers. What can I do?

When you go to the hospital or the emergency room, you may be treated by a provider who doesn't work for the hospital. For example, the emergency room doctors may have their own practice and provide services in the emergency room. They may send you a separate bill. If you have surgery in a hospital, there will be a separate bill for the hospital, the surgeon, and maybe even the lab, the radiologist, and the anesthesiologist. Just because we paid the hospital bill, it doesn't mean that we paid the other providers. Do not ignore bills from people who treated you in the hospital. If you get other bills, call each provider and ask them to bill your CCO. You should follow steps 1.-5. above for each bill you get.

When will I have to pay for medical services on OHP?

1. You may have to pay for services that are covered by OHP if you see a provider that does not take OHP or is not part of our provider network. Before you get medical care or go to a pharmacy, make sure that they are in our provider network.
2. You will have to pay for services if you weren't eligible for OHP when you received the service.
3. You will have to pay for services not covered by OHP if you sign a detailed Agreement to Pay for that specific service before you receive it.
4. Even if your service is covered by OHP, you may have to pay a copay. You can't be denied services if you can't pay the copay, but you will still owe the money to your provider.

To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



Pharmacy and Medication Coverage

Your prescription medications should be filled by a pharmacy listed in the Provider Directory at <http://www.umpquahealth.com/ohp/>. Give the pharmacist your prescription, your Oregon Health ID card and your UHA medical ID card. Certain medications require authorization or approval before being filled. Your provider will let UHA know that the medication needs authorization. If you have questions or need help getting a medication, please call Member Services.

Do not go to a pharmacy that is not listed in the Provider Directory or to an emergency room to get your prescriptions filled. If you do, you may have to pay the bill. Several of the pharmacies in the Provider Directory have extended hours for you to have your prescriptions filled at night or on the weekend.

Beginning January 1, 2017 UHA will no longer require any co-pays for prescription drugs and supplies. If the pharmacy asks for any co-pay's, please do not pay them.

If you do end up paying for your prescription, talk to your pharmacist about their reimbursement policy. UHA does NOT provide reimbursements.

Which medications are not covered?

- Medications not listed in the formulary or drugs removed from the formulary;
- Medications that do not have an FDA-approved use;
- Medications used to treat conditions that are not covered by the Oregon Health Plan (examples are fibromyalgia, allergic rhinitis and acne);
- Medications that are not medically necessary;
- Experimental or investigational medications;
- Medications to help you get pregnant;
- Medications used for weight loss;
- Cosmetic or hair-growth medications;
- Some medications you can buy without a prescription (sometimes called over-the-counter medications).



Pharmacy and Medication Coverage (Continued)

Filling your prescriptions. Your prescription medications should be filled by a pharmacy listed in the Provider Directory. Give the pharmacist your prescription, your Oregon Health ID card and your UHA medical ID card. Do not go to a pharmacy that is not listed in the Provider Directory or to an emergency room to get your prescriptions filled. If you do, you may have to pay the bill. Several of the pharmacies in the Provider Directory have extended hours for you to have your prescriptions filled at night or on the weekend.

Mental health prescriptions. Most medications that people take for mental illness are paid directly by the Oregon Health Authority (OHA). Please show your pharmacist your Oregon Health ID and your Umpqua Health Alliance ID cards. The pharmacy will know where to send the bill.



UHA Medication Formulary

Formulary. UHA has a list of covered drugs called a formulary. Pharmacists and doctors decide which drugs should be in the formulary. You can find the formulary on our website at

<http://www.umpquahealth.com/ohp/>

The drugs on the formulary can have additional requirements or limits on coverage that include:

- The use of generic drugs when available
- Prior authorization (pre-approval)
- Step therapy (trying other drugs first)
- Age restrictions
- Quantity limits

To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



Vision Services

UHA has limited vision services. Routine vision exams and glasses are covered for members who are pregnant or younger than 21. Members age 20 and younger can have an eye exam and new glasses (lenses and frames) every 12 months. Pregnant women (21 or older) can have an eye exam and new glasses (lenses and frames) every 24 months

UHA has eye doctors (optometrists and ophthalmologists) available for vision care. Please call Member Services if you need help finding an eye doctor.



Eye exams for the purpose of checking on your medical condition (for example, diabetes, glaucoma, or eye injuries and emergencies) are covered. If you think you need a medical eye exam, check with your PCP who may refer you to a specialist.

Dental Services

Dental services are part of your benefits. We will assign you to a Dental Care Organization (DCO) that will send you information to help you get started with your dental care and will let you know who your dentist is going to be.

Basic dental coverage includes:

- 24-hour emergency care
- Crowns: Stainless steel crowns on back teeth for adults age 21 and over; most other crowns for children, pregnant women and adults ages 18 to 20
- Dentures: Full dentures every 10 years; partial dentures every 5 years
- Preventive services including cleanings, fluoride, varnish, sealants for children
- Root canals on back teeth for children, pregnant women and adults age 18 to 20
- Routine services (check-ups, fillings, x-rays and tooth removal)
- Specialist care

For after-hours urgent or immediate dental needs, such as severe tooth pain, unusual swelling of the face or gums, or a knocked-out tooth, call the DCO listed on your Member ID card and they will help you.

Advantage Dental **1-866-268-9631**

Willamette Dental **1-855-433-6825**

Chemical Dependency and Substance Use

Outpatient services for alcohol and drug treatment are part of the basic benefit package for all Oregon Health Plan (OHP) Members. These services include outpatient treatment, intensive outpatient detoxification and methadone maintenance. You do not need a referral for outpatient chemical dependency services. Contact your PCP for treatment centers that are in-network.

Mental Health Services

Mental health services are available to all OHP Members. You can get help with depression, anxiety, family problems, and difficult behaviors, to name a few. We cover mental health assessment to find out what kind of help you need, case management, therapy, and care in a psychiatric hospital if you need it.

Important: *You do not need a referral to get mental health services from a network provider. Please go to our on-line Provider Directory at*

<http://www.umpquahealth.com/ohp/>.

Our mental health providers can help with lots of services including mental health assessment and evaluation, crisis intervention, and outpatient treatment for adults, youth & family. In addition, they provide services made to meet the needs of certain people that have been found to need special services.

Other mental health services that are covered are:

- Programs that teach you how to live on your own
- Services to make sure you are taking your medications right
- Services needed in an emergency or that are medically necessary
- Visits with a psychiatrist or other professional who can prescribe medication for mental illness
- Programs that teach you how to get along with other people
- Hospital care for a mental illness
- Programs that teach you how to get and keep a job
- Programs that teach you how to manage your mental condition
- Programs that help promote and maintain an optimal mental status



If you are having a Crisis, please contact our 24 Hour Crisis Line at 1-800-866-9780

To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



Mental Health Services (Continued)

Adapt



UHA partners with ADAPT (Alcohol Drug Abuse Prevention Training) to provide our community access to world class primary care, addictions treatment, and behavior health services to promote health and restore lives.

ADAPT provides person-centered care including:

- Patient Centered Primary Care Home (PCPCH)
- Psychiatric and behavioral health services
- Inpatient and outpatient specialty addiction care programs
- School and Community Prevention & Education

For more information, please contact your PCP or ADAPT at 541-672-2691. You can also check out their website at www.adaptoregon.org.



Adult Mental Health Services:

The Adult Mental Health Initiative (AMHI), or *Aim High*, is a program to help adults in residential settings get better mental health care. It also helps adults with mental illness get more and better services in the community. The goal is to keep people healthy outside of the State Hospital.

Children's Mental Health Services:

Children with behavioral challenges are served through Wraparound or intensive care coordination. Intensive care coordination services are individualized to meet the child's and family's needs. System of Care and Wraparound planning involve everyone in the child's life - schools, community organizations, doctors, criminal justice and others - in forming a team around the child and family to plan supportive services.

Hospital Services

Mercy Medical Center is your primary hospital. It is located at **2700 Stewart Parkway in Roseburg, Oregon**. If you need a service which they are not able to provide, you will be referred to a different hospital.

Ambulance Services

Please call your PCP to see if your medical condition requires emergency transport if you are not sure.

Ambulance services are only covered for emergencies. If you use the ambulance for something that you don't think is a real emergency, you may have to pay the bill.

Call 9-1-1 for ambulance service.



Care After an Emergency

Emergency care is covered until you are stable. Call your PCP, PCD, or mental health provider for follow-up care. Follow-up care once you are stable is covered but not considered an emergency.



Preventive Services

Preventing health problems before they happen is important. Umpqua Health Alliance's OHP Members are covered for preventive services to help you stay healthy. They include check-ups and any tests to find out what is wrong. Your provider will recommend a schedule for check-ups and when other services should be done.

Other preventive services include:

- Well-child exams
- Immunizations (shots) for children and adults (not for foreign travel or employment purposes)
- Routine physicals
- Women's exams and Pap smears
- Mammograms (breast x-rays) for women
- Prostate screenings for men
- Maternity and newborn care
- Colorectal screening
- Teeth cleaning
- Fluoride treatment
- Sealants
- X-rays of teeth

To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



Second Opinion

We cover second opinions. If you want a second opinion about your treatment options, ask your PCP to refer you for another opinion. If you want to see a provider outside our network, you or your provider will need to get approval from UHA first.

If you wish to receive a second opinion regarding your medical treatment options you can do so. As a member of Umpqua Health Alliance (UHA) you are allowed to get a second opinion at no cost to you as the member per UHA's Coordinated Care Organizations (CCO) contract with the Oregon Health Authority.

- UHA informs you of this right in the Member Handbook and via our Web site umpquahealth.com or by contacting the Primary Care Provider (PCP) or calling the UHA Member Service department at 541-229-4842 and they will be happy to assist you.
- You can seek a second opinion from a participating provider and may contact and schedule the appointment without prior approval from UHA.
- You may seek a second opinion from a non-participating provider. You can contact a non-participating provider and schedule a second opinion. You or the provider can contact UHA to receive further assistances.



Out-of-Town Care and Moving Out of the County

If you need care out-of-town — If you get sick or have an urgent dental need when you are away from home, call your PCP or PCD. If you need urgent care, find a local doctor who will see you right away. Ask that doctor to call your PCP or PCD to coordinate your care.

Out-of-town emergencies — If you have a real emergency when you are away from home, call 911 or go to the nearest Emergency Room. Your care will be covered until you are stable. For follow-up care after the emergency, call your PCP.

OHP covers emergency and urgent care anywhere in the United States, but not in Mexico, Canada, or anywhere outside the US. Immunizations (shots) required for foreign travel are also **not** covered.

Moving out of the county — Call OHP Client Services at 800-699-9075 immediately if you are moving out of Douglas County. They will help you make the change to another plan. You can also notify OHP that you moved by sending an email to OregonHealthPlan.Changes@state.or.us. If you do not tell OHP Client Services, you may not receive the care you need when you move.

Missed Appointments

Call your Provider's office as soon as you know you can't keep the appointment. This will allow your provider to schedule another appointment at that time. Ask your clinic or provider about their policy for missed appointments.



Updating Contact Information

If you change your address or phone number, please let OHP Client Services know. If they do not receive your updated contact information, it may result in you not receiving your re-enrollment packet, or other important information about your health care.

You can update your address and phone numbers by doing one of the following:

- Call OHP Client Member Services at: 800-699-9075
- Send an email to: OregonHealthPlan.Changes@state.or.us
- Log-in or create a profile on OregONEligibility: <https://one.oregon.gov/>

Getting a Ride



If you need help getting to your doctor, dentist, counselor, or pharmacy, Bay Cities Brokerage provides UHA members with Free Rides to covered appointments. The Free Rides are also called Non-Emergency Medical Transportation (NEMT). Reimbursement for driving yourself to your appointment is also available, or a friend or family member can take you.

BAY CITIES BROKERAGE

Bay Cities Brokerage contracts with local companies to provide medical transportation rides. You may have rides from different companies, depending on who is available.

In order to best ensure a ride is available for you, please call and schedule your ride as far in advance of your appointment as possible.

For more information check out their website at: <http://www.bca-ride.com>

Types of Service Offered : Rides are scheduled with the most cost-effective type of service to meet your needs. Based on the situation, this could be:

- Bus (ticket/pass) or Mass Transit
- Wheelchair van
- Car
- Secure transport
- Stretcher car
- Mileage reimbursement



Bay Cities Brokerage is a shared ride program so other passengers may be picked up and dropped off along the way. When possible, you may also be asked to schedule multiple appointments on the same day to avoid repeated trips. You may also be asked to have a friend or family member drive you to the appointment. They would receive mileage payment.

Please make sure to call Bay Cities 24 hours before your doctor's appointment. If you are needing an Out-of-Town ride to an appointment, please call within 2 business days. If you cancel or change your appointment, call right away to cancel or change your ride. **FOR ANY TRANSPORT REQUESTS TO THE EMERGENCY ROOM CALL 911.**

To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



Getting a Ride (Continued)

Scheduling a ride: Call Bay Cities Brokerage at **877-324-8109** to schedule your ride. Their call center is open Monday through Friday between 8:00 am to 5:00 pm.

Rides should always be scheduled at least two (2) business days in advance and no less than 24 hours, if possible.

Any trip request that is received after 4:00 pm the day prior to the appointment will not be authorized unless the doctor's office scheduled it after 4:00 pm and they can verify it.

They will arrange the most cost effective transportation for your needs. This may be a volunteer who gives rides to your health care appointments.

Mileage reimbursement: You can contact Bay Cities Brokerage to request a copy of Rider's Guide and get reimbursement forms. The Reimbursement amounts are as follows:

- Mileage: \$0.25/mile.
- Meal Reimbursements - If the travel is a minimum of (4) four hours outside of your local area. Members do not need to submit receipts for meals.
 - * Breakfast: \$3.00 - Travel must begin before 6:00 am.
 - * Lunch: \$3:50 - You must be gone the entire period from 11:30 am to 1:30 pm.
 - * Dinner: \$5:50 - Travel ends after 6:00 pm
- Lodging reimbursement is available if the travel begins before 5:00 am in order to reach a scheduled appointment or if travel from a scheduled appointment would end after 9:00 pm. Lodging is not reimbursed if the trip can be completed in one day or for multiple appointments on different days when they can be scheduled the same day.
 - * Lodging Amount: \$40.00 per night.



Please allow up to 30 days for processing reimbursement verification forms. Forms must be returned within 45 days following the members appointment. All reimbursement requests must have prior approval or they will not be processed.

Reimbursement Requests to the Emergency Room will NOT be authorized.

Contact Information:

Bay Cities Brokerage
Toll Free: 1-877-324-8109
Call Center: 541-672-5661

Mailing address:

Bay Cities Brokerage
1290 NE Cedar St.
Roseburg, OR 97471

How to Make a Complaint or Grievance

If you are very unhappy with Umpqua Health Alliance, your health care services or your provider, you can complain or file a grievance. We will try to make things better. Just call Member Services at the phone number listed above, or send us a letter to the address listed on the *front* page of this handbook. We will call or write back in one week to let you know that we are working on it.

We will call you in 5 days explaining how we will address your complaint. We will not tell anyone about your complaint unless you ask us to.

Appeals and Hearings

If we **deny**, **stop** or **reduce** a medical service your provider has ordered, we will mail you a **Notice of Action** letter explaining why we made that decision. The letter will explain how to appeal (ask us to change our decisions). You have a right to ask to change it through an appeal, a state fair hearing, or both. You must ask no more than 45 days from the date on the **Notice of Action** letter.

How to appeal a decision — In an appeal, a different health care professional at Umpqua Health Alliance will review your case. Ask us for an appeal by:

- Calling Member Services at the number listed above, or
- Writing us a letter

If you want help with this, call and we can fill out an appeal form for you to sign. If you have a DHS case worker you can ask them for help. You will get a **Notice of Appeal Resolution** from us in 16 days letting you know if the reviewer agrees or disagrees with our decision.

You can keep on getting a service that already started before our decision to stop it. You must ask us to continue the service within 10 days of getting the **Notice of Action** letter that stopped it. If you continue the service and the reviewer agrees with the original decision, you may have to pay the cost of the services that you received after the Effective Date on the **Notice of Action** letter.

If you need a fast appeal — If you and your provider believe that you have an urgent medical problem that cannot wait for a regular appeal, tell us that you need a fast (expedited) appeal. Include a statement from your provider or ask them to call us to explain why it is urgent. If we agree that it is urgent we will call you with a decision in 3 workdays.



To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



Appeals and Hearings (Continued)

Provider appeals — Your provider has a right to appeal for you when their physician's orders are denied by a CCO.

How to get an administrative hearing — You can have a state fair hearing with an Oregon Administrative Law Judge. You will have 45 days from the date on your **Notice of Action** or **Notice of Appeal Resolution** to ask the state for a hearing. Your **Notice of Action** letter will have a Hearing Request form that you can send in. You can also ask us to send you a Hearing Request form, or call OHP Client Services at 800-273-0557, TTY 711.

At the hearing, which will be held over the phone or in person, you can tell the judge why you do not agree with our decision and why the services should be covered. You do not need a lawyer, but you can have one or someone else, like your doctor, with you. If you hire a lawyer you must pay their fees. You can ask the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292, TTY 711, for advice and possible representation. Information on free Legal Aid can also be found at www.oregonlawhelp.org.



A hearing often takes more than 30 days to prepare. While you wait for your hearing, you can keep on getting a service that already started before our original decision to stop it. You must ask us to continue the service within 10 days of getting the **Notice of Action** that stopped it. If you continue the service and the judge agrees with the original decision, you may have to pay the cost of the services that you received after the Effective Date on the Original **Notice of Action**.

Fast (expedited) hearing — If you and your provider believe that you have an urgent medical problem that cannot wait for a regular hearing process, say that you need a fast (expedited) hearing and fax the Hearing Request form to the OHP Hearings Unit. Include a statement from your provider explaining why it is urgent. You should get a decision in 3 workdays. The Hearings Unit's fax number is 503-945-6035.

Members who are dissatisfied with the disposition of a complaint or appeal may present their complaints to the Oregon Health Authority (OHA) Ombudsman by calling toll-free (877) 642-0450. You may also find a complaint form at <https://apps.state.or.us/Forms/Served/he3001.pdf>. UHA will fully cooperate with the investigation, provide all requested records. UHA will follow any recommendation for resolution of the grievance given by the OHA's Ombudsman.

Declaration for Mental Health Treatment

Oregon has a form for writing down your wishes for mental health care if you have a mental health crisis, or if for some reason you can't make decisions about your mental health treatment. The form is called the Declaration for Mental Health Treatment. You can complete it while you can understand and make decisions about your care. The Declaration for Mental Health treatment tells what kind of care you want if you ever need that kind of care but are unable to make your wishes known. Only a court and two doctors can decide if you are not able to make decisions about your mental health treatment.

This form allows you to make choices about the kinds of care you want and do not want. It can be used to name an adult to make decisions about your care. The person you name must agree to speak for you and follow your wishes. If your wishes are not in writing, this person will decide what you would want.



A declaration form is only good for three (3) years. If you become unable to decide during those three (3) years, your declaration will remain good until you can make decisions again.

You may change or cancel your declaration when you can understand and make choices about your care. You must give your form to your Primary Care Physician and the person you name to make decisions for you.

For more information on the **Declaration for Mental Health Treatment** go to the State of Oregon's website at: <http://cms.oregon.gov/oha/amh/forms/declaration.pdf>

If your provider does not follow your wishes in your Declaration for Mental Health Treatment, you can complain. A form for this is at www.healthoregon.org/hcrqi. Send your complaint to:

Health Care Regulation and Quality Improvement

800 NE Oregon St, #305
Portland, OR 97232

Email: Mailbox.hcls@state.or.us

Fax: 971-673-0556

Phone: 971-673-0540; TTY: 971-673-0372

To Contact Member Services

Call 541-229-4UHA (541-229-4842)

TTY 541-440-6304 | 711



End-of-Life Decisions and Advance Directives (Living Wills)

Some providers may not follow Advance Directives. Ask your providers if they will follow yours. Adults 18 years and older can make decisions about their own care, including refusing treatment. It's possible that someday you could become so sick or injured that you can't tell your providers whether you want a certain treatment or not. If you have written an Advance Directive, also called a Living Will, your providers may follow your instructions. If you don't have an Advance Directive, your providers may ask your family what to do. If your family can't or won't decide, your providers will take the usual steps in treating your conditions.

If you don't want certain kinds of treatment like a breathing machine or feeding tube, you can write that down in an Advance Directive. It lets you decide your care before you need that kind of care - in case you are unable to direct it yourself, such as if you are in a coma. If you are awake and alert your providers will always listen to what you want.

You can get an Advance Directive form at most hospitals and from many providers. You also can find one online at https://www.oregon.gov/DCBS/shiba/Documents/advance_directive_form.pdf. If you write an Advance Directive, be sure to talk to your providers and your family about it and give them copies. They can only follow your instructions if they have them. Some providers and hospitals will not follow Advance Directives for religious or moral reasons. You should ask them about this.

If you change your mind, you can cancel your Advance Directive anytime. To cancel your Advance Directive, ask for the copies back and tear them up, or write CANCELLED in large letters, sign and date them.

For questions or more information contact Oregon Health Decisions at 800-422-4805 or 503-692-0894, TTY 711.

If your provider does not follow your wishes in your Advance Directive, you can complain. A form for this is at www.healthoregon.org/hcrqi. Send your complaint to:

Health Care Regulation and Quality Improvement
800 NE Oregon St, #305
Portland, OR 97232

Email: Mailbox.hcls@state.or.us

Fax: 971-673-0556

Phone: 971-673-0540; TTY: 971-673-0372



HEALTHY LIFESTYLE HWY





1813 W Harvard Avenue | Suite 110 |
Roseburg OR 97471



Member Services: 541-229-4UHA or 541-229-4842

Toll Free 866-672-1551 TTY 541-440-6304 or 711

www.UmpquaHealth.com