



JANUARY  
2019

# UMPQUA HEALTH ALLIANCE

Oregon Health Plan

## Member Handbook

**500 SE Cass Ave | Suite 101 | Roseburg OR 97470**

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

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

**[www.UmpquaHealth.com](http://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](http://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, indíquelo 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](http://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 get well and stay well. You will have an active role in staying healthy.

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, will 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. UHA also wants to protect the privacy of your personal health information (PHI). If you wish for someone to speak to Member Services about your health, please make sure to let us know. 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 800-273-0557.

UHA will assign you to 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:

**500 SE Cass Ave Suite 101, Roseburg, OR 97470**

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

Fax: 541-677-6038

**[www.UmpquaHealth.com](http://www.UmpquaHealth.com)**



# OHA Language Access Statement

## ENGLISH

You can get this document in other languages, large print, braille or a format you prefer free of charge.

Program/contact: Umpqua Health Alliance

Phone: 541-229-4842

Email: UHAMemberServices@umpquahealth.com

We accept all relay calls or you can dial 711.

## BOSNIAN / BOSANSKI

Možete besplatno dobiti ovaj dokument na drugim jezicima, štampan velikim slovima, Brajevim pismom ili u formatu koji želite. Program/kontakt: Umpqua Health Alliance

Telefon: 541-229-4842

E-pošta: UHAMemberServices@umpquahealth.com

Primamo sve specijalne telefonske pozive od ljudi sa problemima sa sluhom ili govorom ili možete birati 711.

## CAMBODIAN / ភាសាខ្មែរ

អ្នកអាចទទួលបានឯកសារនេះជាភាសាខ្មែរ ជាអក្សរធំ អក្សរសំរាប់ជនពិការភ្នែក ឬ ជាទម្រង់ណាមួយ ដែលអ្នកចង់បាន ដោយមិនគិតថ្លៃ។

កម្មវិធី/ទាក់ទងទៅ: Umpqua Health Alliance

ទូរស័ព្ទ: 541-229-4842

អ៊ីម៉ែល: UHAMemberServices@umpquahealth.com

យើងទទួលយកការបញ្ជូនទូរស័ព្ទឬអ្នកអាចចុចលេខ 711 ។

## FARSI / فارسی

شما می‌توانید این متن را به زبان‌های دیگر، با حروف درشت، خط بریل یا فرمتی که می‌خواهید، به طور رایگان دریافت کنید.

برنامه/تماس: Umpqua Health Alliance

تلفن: 541-229-4842

ایمیل: UHAMemberServices@umpquahealth.com

لما امر تماس د یاهریلتی را می‌پذیریم یمیل توامش. ایند ۷۱۱ تمایگیر سید.

## GERMAN / DEUTSCH

Sie können dieses Dokument kostenlos in verschiedenen Sprachen, extra großem Druck, Braille oder einem von Ihnen bevorzugten Format bekommen.

Programm/Kontakt: Umpqua Health Alliance

Telefon: 541-229-4842

E-Mail: UHAMemberServices@umpquahealth.com

Wir akzeptieren alle Relais-Anrufe oder Sie können 711 wählen.

## KOREAN / 한국어

본 문서는 다른 언어로도 제공되며, 큰 활자, 점자 등 귀하가 선호하시는 형식의 문서를 무료로 받아보실 수 있습니다.

프로그램/연락처: Umpqua Health Alliance

전화번호: 541-229-4842

이메일: UHAMemberServices@umpquahealth.com

청각/언어 장애인을 위한 통신중계 서비스 (relay calls)를 지원하고 있습니다. 또는 711 번으로 전화 주시기 바랍니다.

## ARABIC / اللغة العربية

يمكنكم الحصول على هذا المستند مجاناً في لغات أخرى، أو بخط كبير، أو بلغة البريل أو بصيغة تفضلونها.

البرنامج/الاتصال: Umpqua Health Alliance

تلفن: 541-229-4842

UHAMemberServices@umpquahealth.com

جميع المكالمات الهاتفية لمعالجة أيقظ بولامخ قسطات لا لاتصل المكتوب: (الجملة) (إلى) لا لاتصمركم أو يل بلرهم قبل 711. (تسن) (relay calls)

## BURMESE / မြန်မာ

ဤစာကို အခြားဘာသာစကားများ၊ ပုံနှိပ်စာလုံးကြီးများ၊ မျက်မြင်များအတွက် တရားရက် သို့မဟုတ် သင်္ကေတသက်သေသည့် ပုံစံတို့ဖြင့် အခမဲ့ရရှိပါသည်။

အစီအစဉ်/အဆက်အသွယ် - Umpqua Health Alliance

ဖုန်းနံပါတ် - 541-229-4842

အီးမေးလ် - UHAMemberServices@umpquahealth.com

တဆင့်ဆက်သွယ်သည့် ဖုန်းခေါ်ဆိုမှုများ အားလုံးကို ကွန်ရက်တို့ လက်ခံပါသည်။ သို့မဟုတ် 711 ကို သင်ဆက်နိုင်ပါသည်။

## CHUUKESSE / CHUUKESSE

Ke tongeni omw kopwe angei noum kapin ei taropwe, ese kamo, non fosun fonuom, ika non "large print" (weiweita ika mak mei kan mese watta), ika non "braille" (faniten ekewe mei chun), ika ren pwan ekoch sakkun pisekin ika angangen awewe.

Meeni pirokram/fo kopwe poporaus ngeni: Umpqua Health Alliance

For: 541-229-4842

Email: UHAMemberServices@umpquahealth.com

Aipwe etowa "relay calls", ika ke tongeni pwisin kori 7-1-1.

## FRENCH / FRANÇAIS

Vous pouvez obtenir ce document, sans frais, en d'autres langues, en gros caractères, en braille ou dans un format de votre choix.

Programme/contact : Umpqua Health Alliance

Téléphone : 541-229-4842

Email : UHAMemberServices@umpquahealth.com

Nous acceptons tous les appels relais, ou bien vous pouvez composer le 711.

## JAPANESE / 日本語

この資料は、他の言語に翻訳されたもの、大型活字、点字、その他ご希望のモードで、無料で入手可能です。

プログラム/連絡先 Umpqua Health Alliance

電話番号: 541-229-4842

電子メール: UHAMemberServices@umpquahealth.com

全ての電話リレーサービスを受け付けていますが、711にお電話いただいても結構です。

## LAO / ລາວ

ທ່ານສາມາດໄດ້ຮັບເອກະສານນີ້ເປັນພາສາອື່ນ, ຕົວໝີຂະໜາດໃຫຍ່, ຫົງສີ ໂພງສຳລັບຄົນຕາຍອດ ຫຼື ໃນຮບແບບທີ່ທ່ານຕ້ອງການໄດ້ໂດຍບໍ່ເສັຽຄ່າ.

ໂຄງການ/ຕິດຕໍ່: Umpqua Health Alliance

ໂທອະສັບ: 541-229-4842

ອີເມວ: UHAMemberServices@umpquahealth.com

ພວກເຮົາຍອມຮັບການໂທສຳລັບຄົນພິການ ຫຼື ທ່ານສາມາດໂທຫາ 711 ໄດ້.



# OHA Language Access Statement

## MARSHALLESE / KAJIN MAJEL

Kwomaroñ bōk peba in ilo kajin'ko jet, jeje kōn leta ko rekilep, ilo braille ak ilo bar juon wāween enman'lok ippam ejjel'ok wōñāan. Kōjela in program/kepaake: [Umpqua Health Alliance](#)  
Telpon: 541-229-4842  
Email: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)  
Kōmij bōk aolep kal'lok in relay ak kwomaroñ jiburi 711.

## POHNPEIAN / LOKAIA EN POHNPEI

Komwi kak alehda doaropwe wet ni lokaia tohrohr akan, ni nting laud, braille (preili: nting ohng me masukun), de ni ehu mwohmw tohrohr me komw kupwurki, ni soh pweipwei oh soh isipe. Pwurokirahm/koandak: [Umpqua Health Alliance](#)  
Nempehn Delepohn: 541-229-4842  
E-mail: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)  
Se kin alehda koahl karos me lelohng reht de komw kak eker 711.

## RUSSIAN / РУССКИ

Вы можете бесплатно получить текст этого документа на другом языке, набранный крупным шрифтом или шрифтом Брайля либо в предпочитаемом вами формате.  
Название программы и контактное лицо: [Umpqua Health Alliance](#)  
Телефон: 541-229-4842  
Эл. почта: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)  
Мы отвечаем на любые вызовы по линии трансляционной связи; кроме того, вы можете набрать номер 711.

## SOMALI / SOOMAALI

Waxaad heli kartaa dokumentigan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee braille ama qaabka aad doorbidaysa oo lacag la'aan ah. Barnaamijka/halka la iskala soo xiriiray: [Umpqua Health Alliance](#)  
Telefoonka: 541-229-4842  
Email-ka: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)  
Waa aqbalnaa wicitaanada gudbinta oo dhan ama waxaad wici kartaa 711.

## THAI / ไทย

คุณสามารถขอรับเอกสารนี้เป็นภาษาอื่น เป็นตัวอักษรขนาดใหญ่ ชัดเจน หรือรูปแบบที่คุณต้องการโดยไม่มีค่าใช้จ่าย  
โปรแกรม/ผู้ติดต่อ: [Umpqua Health Alliance](#)  
โทรศัพท์: 541-229-4842  
อีเมล: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)  
เราตอบรับสายโทรศัพท์แบบฟรีค่าและพูดตามทุกสายหรือคุณสามารถเลือกกดหมายเลข 711

## UKRAINIAN / УКРАЇНСЬКА

Ви можете отримати цей документ іншими мовами, великим шрифтом, шрифтом Брайля або в будь-якому форматі, якому ви надаєте перевагу.  
Програма/контактна особа: [Umpqua Health Alliance](#)  
Телефон: 541-229-4842  
електронна пошта: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)  
Ми приймаємо всі виклики через службу комутованих повідомлень або ви можете набрати 711.

## OROMO [CUSHITE] / AFAAN OROMOO

Galmee kana afaanoota biraatiin, barreefama qube gurguddaatiin, bireelii ykn barreefana warra qaroo dhabeeyyii ykn haala atii barbaadduun kanfaltii malee argachu ni dandeessa. Sagantaa/kontoraata: [Umpqua Health Alliance](#)  
Bilbila: 541-229-4842  
Imeelii: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)  
Waamicha bilbilaa hunda ni fudhanna ykn 711 irratti bilbilu ni dandeessa.

## ROMANIAN / ROMÂNĂ

Puteți obține acest document în alte limbi, într-un font mărit, în limbajul Braille sau într-un alt format preferat, în mod gratuit.  
Program/contact: [Umpqua Health Alliance](#)  
Telefon: 541-229-4842  
E-mail: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)  
Acceptăm toate apelurile prin serviciu de releu sau puteți suna la 711.

## SIMPLIFIED CHINESE / 简体中文

您可以免费获得本文件的其他语言版本，或者大号字体、盲文及您所喜欢格式的文本。  
计划/联系人: [Umpqua Health Alliance](#)  
电话: 541-229-4842  
电子邮箱: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)  
我们会接听所有转接电话，或者您可以拨打 711。

## SPANISH / ESPAÑOL

Puede obtener este documento en otros idiomas, en letra grande, en braille o en un formato que usted prefiera sin cargo.  
Programa/contacto: [Umpqua Health Alliance](#)  
Teléfono: 541-229-4842  
Correo electrónico: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)  
Aceptamos llamadas de retransmisión o puede llamar al 711.

## TRADITIONAL CHINESE / 繁體中文

您可以免費獲得本文件的其他語言版本，或者大號字體、盲文及您所喜歡格式的文本。  
計畫/連絡人: [Umpqua Health Alliance](#)  
電話: 541-229-4842  
電郵: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)  
我們會接聽所有傳譯電話，或者您可以撥打 711。

## VIETNAMESE / TIẾNG VIỆT

Quý vị có thể có tài liệu này miễn phí bằng ngôn ngữ khác, bản in khổ lớn, chữ nổi hoặc một định dạng khác.  
Chương trình/liên lạc: [Umpqua Health Alliance](#)  
Số điện thoại: 541-229-4842  
Email: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)  
Chúng tôi chấp nhận tất cả các cuộc gọi chuyển tiếp hoặc quý vị có thể bấm số 711.

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## Words to know

**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** — To ask a plan to change a decision you disagree with about a service your doctor ordered. You can write a letter for fill out a form explaining why the plan should change its decision; this is called *filing an appeal*.

**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.

**Copay or Copayment** — An amount of money that a person must pay themselves for health services. Oregon Health Plan members do not have copays. Private health insurance and Medicare sometimes have copays.

**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.

**Department of Human Services (DHS)** — manages the personnel-related services of recruitment, affirmative action, employee development and training, employee safety and risk management, and organization and leadership development. It also provides consultation and assistance in administering the department's classification, compensation, human resources policies, and labor contracts.

**Durable Medical Equipment (DME)** — Things like wheelchairs, walkers and hospital beds. They are *durable* because they last a long time. They don't get used up like medical supplies.

**Emergency Medical Condition** — An illness or injury that needs





## Words to know

care right away. This can be bleeding that won't stop, severe pain or broken bones. It can be something that will cause some part of your body to stop working right. An emergency mental health condition is feeling out of control, or feeling like hurting yourself or someone else.

**Emergency Transportation** — Using an ambulance or Life Flight to get medical care. Emergency medical technicians (EMT) give care during the ride or flight.

**Emergency Services** — Care that improves or stabilizes sudden serious medical or mental health conditions.

**ER and ED** — *Emergency Room* and *Emergency Department*., the place in a hospital where you can get care for a medical or mental health emergency.

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

**Excluded Services** — Things that a health plan doesn't pay for. Services to improve your looks, like cosmetic surgery, and for things that get better on their own, like colds, are usually excluded.

**Family Partner** — Also known as Family Support Specialist means an individual who is responsible for assessing mental health and substance use disorder service and support needs of a member of a coordinated care organization through community outreach, assisting members with access to available services and resources, addressing barriers to services and providing education and information about available resources for individuals with mental health or substance use disorders in order to reduce stigma and discrimination toward consumers of mental health and substance use disorder services and to assist the member in creating and maintaining recovery, health and wellness.

**Grievance** — A complaint about a plan, provider, or clinic. The law says CCO's must respond to each complaint.

**Health Insurance**—a program that pays for health care. After you sign up for the program, a company or government agency pays for covered health services. Some insurance programs require monthly payments, called *premiums*.

**Home Health Care** — Services you get at home to help you live better after surgery, an illness or injury. Help with medications, meals and bathing are some of these services.

**Hospital Inpatient and Outpatient Care** — Hospital inpatient care is when the patient is admitted to a hospital and stays at least 3



## Words to know

nights. Outpatient care is surgery or treatment you get in a hospital and then leave afterward.

**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.

**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.

**Medically Necessary** — Services and supplies that are needed to prevent, diagnose or treat a medical condition or its symptoms. It can also mean services that are accepted by the medical profession as standard treatment.

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

**Network** — The medical, mental health, dental, pharmacy and equipment providers that a coordinated care organization (CCO) contracts with.

**Network Provider** — Any provider in a CCO's network. If a member sees network providers, the plan pays the charges. Some network specialists require members to get a referral from their primary care provider (PCP)

**Non-network Provider** — A provider who has not signed a contract with the CCO, and pay not accept the CCO payment as payment-in-full for their services.

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

**Personal Care Services** — Services that must be prescribed by a physician or licensed practitioner of the healing arts in accordance with a plan of treatment or authorized for the individual in accordance with a service plan approved by the State or designee. The services are provided by an individual who is qualified to provide such services and who is not a legally responsible relative of the Individual. The services may be furnished in a home or other allowable location.

**Physician Services** — Services that you get from a doctor.

**Plan** — A medical, dental, mental health organization or CCO that pays for its members health care services.



## Words to know

**Preapproval (Preauthorization, or PA)** — A document that says your plan will pay for a service. Some plans and services require a PA before you get the service. Doctors usually takes care of this.

**Prescription Drugs** — Drugs that your doctor tells you to take.

**Prevention** — What you do to help keep you healthy and stop you from getting sick. For example, checkups and flu shots.

**Primary Care Provider or Primary Care Physician** — Also referred to as a “PCP”, this is a medical professional who takes care of your health. They are usually the first person you call when you have health issues or need care. Your PCP can be a doctor, nurse practitioner, physicians assistant, osteopath, or sometimes a naturopath.

**Primary Care Dentist (PCD)** — The dentist you usually go to who takes care of your teeth and gums.

**Provider**—Any person or agency that provides a health care service.

**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.

**Rehabilitation Services** — Special services to improve strength, function or behavior, usually after surgery, injury, or substance abuse.

**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.

**Skilled Nursing Care** — Help from a nurse with wound care, therapy, or taking your medicine. You can get skilled nursing care in a hospital, nursing home, or in your wn home with home health care.

**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.

**Specialist** — A medical professional who has special training to care for certain part of the body or type of illness.

**State Fair Hearing** — A Department hearing related to an Action, including a denial, reduction or termination of benefits that is held when requested by a UHA member. A hearing may also be held when requested by a UHA member who believes a claim for services was not acted upon within a reasonable timeframe or believes the payer took an action improperly.





***Words to know***

**Subcontractor** — Means any individual, entity, facility, or organization, other than a Participating Provider, that has entered into a subcontract with UHA or with any Subcontractor for any portion of the work under UHA.

**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** — Care that you need the same day for serious pain, to keep an injury or illness from getting much worse, or to avoid losing function in part of your body.

**Youth Partner** — An individual providing services to another individual who shares a similar life experience with the peer support specialist (addiction to addiction, mental health condition to mental health condition).

### ***What is the Oregon Health Plan (OHP)?***

The Oregon Health Plan (OHP) is a program that pays for the healthcare of low-income Oregonians. The State of Oregon and the US Government's Medicaid program pay for it. The OHP program covers doctors 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.

#### ***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 <http://www.oregon.gov/oha/HPA/CSI-HERC/Pages/Prioritized-List.aspx>. Some diseases and conditions usually are not covered by OHP. Those conditions could be covered if treating them will help a patient's covered condition.

Umpqua Health Alliance (UHA) is a Coordinated Care Organization (CCO). CCOs are a type of managed care. The Oregon Health Authority (OHA) wants people on OHP to have their health care managed by local healthcare networks consisting of all types of providers working together to deliver patient centered care. 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, or can ask to change to fee-for-service anytime. Any CCO member who has a medical reason to have FFS can ask to leave managed care. OHP member Services at 800-273-0557 can help you understand and choose the best way to receive your health care.

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

### ***OHP Now Covers Me!***

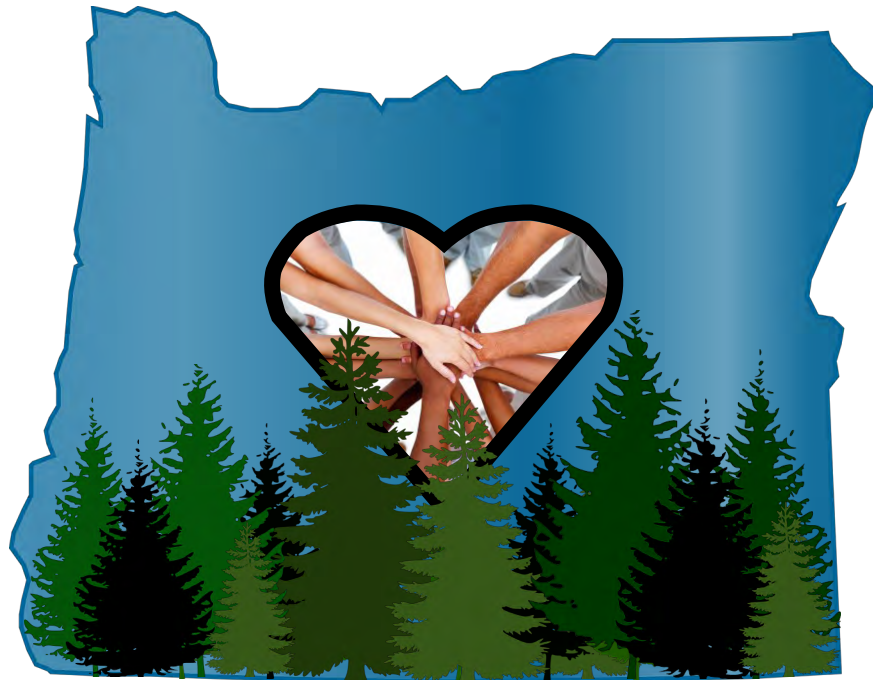
Starting Jan. 1, 2018, the Oregon Health Plan (OHP) is now available to more children and teens younger than 19, regardless of immigration status. This includes youth with Deferred Action for Childhood Arrivals (DACA) status and those previously only eligible for Citizen Alien Waived Emergent Medical (CAWEM or CAWEM Plus). All other OHP requirements for those under 19, such as household income, remain the same.

### ***What is a Coordinated Care Organization (CCO)?***

UHA is 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 insurance;
- **Mercy Medical Center**, the Roseburg area's community hospital;
- **Umpqua Community Health Center**, a Federally Qualified Health Center (FQHC);
- **Umpqua Health Harvard, LLC**, a rural health center providing medical care;
- **Umpqua Health Newton Creek, LLC**, a rural health center providing medical care;
- **Umpqua Health-Transitional Care Clinic**, a health center that provides care after being discharged from the hospital until you can get an appointment with your assigned PCP.





### *Where is my Coverage?*

Umpqua Health Alliance's network covers most of Douglas County with the exception of Reedsport and some of Drain/Yoncalla, and Glendale/Azalea areas.



## ***How We Coordinate Your Care***

Umpqua Health Alliance coordinates the care you receive. 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 ER.
- You will get the tools and support you need to help you stay healthy.
- We offer advice about your care that 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 want you to get the best care possible. Sometimes we provide health-related services (formerly called flexible services) that OHP doesn't cover. These are non-medical services that CCOs may pay for in special situations. Health-related services can be for one person, or for a community, to benefit the broader population. Call Member Services for more information.

Another way we coordinate your care 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***

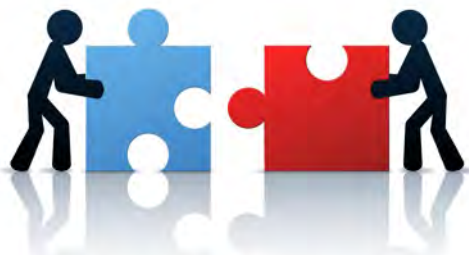
If you want to change to a different CCO, call OHP Customer Service at 503-378-2666 or 800-699-9075. If another CCO is open for enrollment, there are several chances for you to change:

- 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 Member Services about your 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 Services at the number listed above, and ask for a Care Coordinator. If you still want to leave or change your CCO, call OHP Member Services. Their numbers are 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 UHA Member Services 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.



## ***Enrollment/Disenrollment***

**Newborn Coverage** — If you are covered by UHA, your newborn baby will also be covered. However, please enroll your baby with 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.

**OHP Medical 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,

**Member Handbooks**—If you would like another copy of this Member Handbook, please give us a call at the number listed above. You can request a new one at any time, free of charge.

You can also find the online edition of the UHA Member Handbook on our website at

<https://www.umpquahealth.com/ohp/#ohp-services>

## ***Enrollment/Disenrollment (Continued)***

**UHA Medical ID Card** — Each member of 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 where ever you receive medical services.

<b>Front</b>	<p><b>Emergency</b> In case of a true emergency, call 911 or go to your nearest emergency room</p> <p><b>Urgent Care</b> Call your Primary Care Provider</p> <p><b>24 Mental Health Crisis Line</b> 800-866-9780</p>	<p><b>Member Name:</b> «first_name» «last_name»  <b>Member ID:</b> «member_number»</p> <p><b>Member Services:</b> 541-229-4UHA or 541-229-4842  <b>TTY Users:</b> 541-440-6304  <b>Website:</b> <a href="http://www.UmpquaHealth.com">www.UmpquaHealth.com</a></p>
	<b>Back</b>	<p><b>Primary Care Provider:</b> «provider_hdr»  <b>PCP Phone Number:</b> «provider_phone»</p> <p><b>Dental Care Organization:</b> «dental_name»  <b>DCO Phone Number:</b> «dental_phone»</p>

Once you have been transferred onto UHA, what do you do next?

- When you receive your UHA Member ID Card, it will list who your assigned PCP is and their contact phone number. Call your PCP to set up an appointment. Even if you do not feel ill, it's always a good idea to get to know your provider so that they can have all of your medical history already on hand in case you do get sick.

## ***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.

UHA is contracted with Cow Creek Tribe of Indians. They are located at 2371 NE Stephens St Suite 200 Roseburg, OR 97470. Their phone number is 541-672-8533.

## ***Communication and Language Assistance***

All members have a right to know about Umpqua Health Alliance's programs and services. We provide the following at no cost to you:

- Sign language interpreters
- Spoken language interpreters for other languages
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

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](http://www.Oregon.gov/oha/oei).



## ***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 doctors 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.



## ***Getting Started with OHP***

As a member of OHP, you will receive several letters in the mail. Some of the letters you will receive are:

- When you are first approved for OHP, this will include your OHP ID card;
- When they transfer your coverage to a CCO;
- If your benefit package changes in other ways;
- Once you are enrolled in a CCO (like UHA), you will receive your Member ID card as well as a Member Handbook.
- Your CCO will send out a letter for any benefit changes within 30 days of the change.
- OHP will send out multiple letters when it is time to re-enroll. They space them out as reminders to re-enroll.
- If OHP requires any more information from you. This could be regarding proof of income, or proof of residency. The letter will list the items they need.

## ***Your Opinion Matters***

Umpqua Health Alliance strives to better serve our community through meeting the health care needs of our members. In order for us to better understand how to help you as our member, we send out a Health Risk Assessment Survey (HRA) to all new members. Randomly selected members who have received care from our in-network providers may also receive a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. If you received either one of these surveys, please fill it out and mail it back. This information can help us recognize your health care concerns or needs, so that we may better serve you as our member.



## ***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 request a limit on who can see your records. Please contact us for more information.

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.

## ***Unfair Treatment***

Do you think Umpqua Health Alliance or a provider treated you unfairly?

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

- Age
- Color
- Disability
- Gender identity
- Marital status
- National origin
- Race
- Religion
- Sex
- Sexual orientation

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. We will make reasonable changes to policies, practices and procedures by talking with you about your needs

## ***Compliance***

To report your concerns or get more information please contact our diversity, inclusion and civil rights executive manager:

**Web:** [www.umpquahealth.ethicspoint.com](http://www.umpquahealth.ethicspoint.com)  
**Email:** [compliance@umpquahealth.com](mailto:compliance@umpquahealth.com)  
**Phone:** 844-348-4702, TTY 711  
**By Mail:** Umpqua Health Alliance  
Attention: Chief Compliance Officer  
3031 NE Stephens St.  
Roseburg, OR 97470

COMPLIANCE, FRAUD,  
WASTE, ABUSE & PRIVACY  
ARE EVERYONE'S  
RESPONSIBILITY

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/](http://www.hhs.gov/)  
**Email:** [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)  
**Phone:** 800-868-1019, 800-537-7697 (TDD)  
**By Mail:** U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue SW  
Room 509F HHH Bldg  
Washington, DC 20201



## ***Provider Availability, Time, and Distance Standards***

Umpqua Health Alliance (UHA) makes sure we have enough providers. We review grievances and appeals from members, member complaints received by Members Services, how services are used, and requests for out-of-network services, requests for special accommodations, requests for second opinions, community health assessments, and member satisfaction survey results. . UHA's providers are required to meet the following availability standards for appointment wait times.

Primary Care Providers (PCPs)	Specialists	Dental Care Providers (DCPs)	Behavioral Health Providers
<b>Availability Standards:</b> <ul style="list-style-type: none"> <li>Routine Apt: Within 4 weeks</li> <li>Urgent Apt: Within 72 hours</li> <li>Follow-up ER Visit: Within 74 hours</li> </ul>	<b>Availability Standards:</b> <ul style="list-style-type: none"> <li>Routine Apt: Within 4 weeks</li> <li>Urgent Apt: Within 72 hours</li> </ul>	<b>Availability Standards:</b> <ul style="list-style-type: none"> <li>Routine Care: Within 8 weeks * No longer than 12 weeks</li> <li>Urgent Care: Within 1-2 weeks</li> <li>Emergent Care: Within 1 business day</li> </ul>	<b>Availability Standards:</b> <ul style="list-style-type: none"> <li>Non-urgent Behavioral Health: Within 2 weeks from the date of the request</li> <li>Crisis: Same day</li> </ul>

### **Time and Distance Standards**

UHA makes sure that its provider network is meeting the following time and distance access standards.

Primary Care Providers (PCPs)	Specialists
<b>Standards:</b> <ul style="list-style-type: none"> <li>Travel time for member to PCP: 30 min urban/60 min rural</li> <li>Distance for member to PCP: 30 miles urban/60 miles rural</li> </ul>	<b>Standards:</b> <ul style="list-style-type: none"> <li>Dental: Within 80 min/60 miles of member</li> <li>Endocrinology: Within 100 min/75 miles of member</li> <li>Gynecology (OB/GYN): Within 80 min/60 miles of member</li> <li>Infectious Diseases: Within 100 min/75 miles of member</li> <li>Oncology (Medical/Surgical): Within 60 min/45 miles of member</li> <li>Oncology (Radiation/Radiology): Within 100 min/75 miles of member</li> <li>Mental Health: Within 60 min/45 miles</li> <li>Pediatrics: Within 80 min/60 miles of member</li> <li>Cardiology: Within 50 min/35 miles of member</li> <li>Rheumatology: Within 100 min/75 miles of member</li> <li>Hospitals: Within 80 min/60 miles of member</li> <li>Outpatient Dialysis: Within 80 min/60 miles of member</li> <li>Inpatient Psychiatric Facility Services: Within 100 min/75 miles of member</li> </ul>

***OHP Member Rights and Responsibilities***

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

**As an OHP member, you will -**

- Be treated with respect and dignity, the same as other patients
- Choose your provider
- Get services and supports that fit your culture and language needs
- Tell your provider about all your health concerns
- Have a friend or helper come to your appointments, and an interpreter if you want one
- Ask for services as close to home as possible, and in a non-traditional setting that is easier for you to use
- 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,
- 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 Ombudsman 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 UHA and any other health insurance, and tell them 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, are pregnant or no longer pregnant

## ***Other Things You Need to Know***

**Copy of Your Records** — You can have a copy of your medical records. Your doctor's office 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.

**Right to Change Your Records** — If you believe that medical information is missing from your records or is not accurate, you may ask your provider to make changes. To make changes to your records, you will need to send your provider a letter telling them what you would like to have changed and why you want the change.

They may deny your request to change your records due to the following reasons:

- They believe that the information is accurate and/or complete.
- You haven't given them your request in writing.
- The information was not created by your provider.



If your provider does not make the change, you have the right to appeal this decision. Please contact UHA Member Services to start that appeal.

**Physician Incentives** — We pay a bonus or reward our providers for keeping you healthy. We do not pay or reward our providers for limiting services and referrals.

**Involvement in CCO Activities** — Umpqua Health Alliance has a Community Advisory Council (CAC). We invite you to apply to serve on the Council. Most of the Council includes members are Oregon Health Plan Members. Other members are from government agencies and groups that provide OHP services. If you are interested in being a member of the CAC, please call Member Services at the number above for an application.

**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/](http://www.umpquahealth.com/).

**Fraud and Abuse** — Misuse of UHA and/or OHP costs all of us. The following actions are forms of



## ***Other Things You Need to Know (Continued)***

misuse:

- A person makes false statements regarding resources or income to eligibility workers.
- A provider bills Medicaid for services that the recipient never received.
- A person uses doctors or hospitals for social purposes rather than for needed health care.
- A person manipulates the program to acquire drugs or supplies for ineligible persons, or for personal gain.
- A person abuses narcotics purchased through the program.


If you believe there is fraud or abuse happening, please contact Member Services or Compliance (their contact information is located on page 18 of this Handbook).



**Third Party Recovery** — If you have been in an accident (Motor Vehicle or Workmans Comp) please go to [www.umpquahealth.com](http://www.umpquahealth.com) and fill out the Accident/Injury/Information form. Please follow these simple steps:

- Select OHP Members from the top menu
- Scroll down to MEMBER RESOURCES and select Accident/Injury/Information Form.

### **MEMBER RESOURCES**

 VISIT PATIENT PORTAL

- [Provider Directory](#)
- [UHA Pharmacy Directory](#)
- [Member Handbook](#)
- [Permission to Use and Share Protected Health Information \(PHI\) Form](#)
- [UHA Formulary](#)
- [Care alert formulary changes](#)
- [Advance Directive Form | \(Spanish\)](#)
- [Immunization Schedule | \(Spanish\)](#)
- [Quit For Life® Program](#)
- [Notice of Privacy Practices](#)
- [Accident / Injury / Information Form](#)



**Nurse Advice Hotline**

# Nurse Advice Line

## 888-516-6166

This service is for current Umpqua Health Alliance members only. This is not for emergencies. If you have an emergency, call 911.

**What is the Nurse Advice Line?**

It's a benefit that UHA provides for our members. They can speak with trained nurses at any time. These nurses are here for you to speak with about symptoms you may be having. They will help you with your next steps in care. This service is available any time of day or night, 7 days a week.

**What do they do?**

Tell the nurse your problem or concerns. They will quickly help you decide on the best care.

**What information do I need before I call?**

Caller's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Patient's Gender: \_\_\_\_\_

Callers Relationship to Patient: \_\_\_\_\_

Return Phone Number: \_\_\_\_\_

Member ID Number (Optional): \_\_\_\_\_



**Call today at 888-516-6166**

## ***New Day Program***

**About New Day** — New Day is a service of Umpqua Health Alliance for moms in Douglas County on the Oregon Health Plan. We help pregnant women struggling with substance abuse or other challenges.

We work together with you and your OB doctor, and other community providers and agencies to offer support and resources.

The New Day staff can help with:

- Evaluating your needs
- Emotional support
- Counseling
- Buprenorphine medication-assisted therapy (MAT)
- Methadone/Suboxone plan
- Drug treatment options
- Quitting smoking
- Making and keeping your appointments
- Finding resources

### **Are you Pregnant and Unsure What to do Next?**

Most importantly, see a doctor. You can:

- Call your OB/Gyn to make an appointment
- Call your PCP and get a referral
- Call UHA Member Services at 541-229-4842 and ask for help
- Ask your counselor, case manager, or any community partner for help
- Call New Day to make a self-referral at 541-537-0402 or 541-229-7049

Arrangements can also be made for a meeting place in the community.

Visit us on the web at [www.umpquahealth.com](http://www.umpquahealth.com).

Phone: 541-229-7049 | Fax Line: 541-459-5741

Please like us on Facebook:

<https://www.facebook.com/UmpquaHealth/>

**Substance Use During Pregnancy**—Lots of things can cause problems for babies before and after they are born, and sometimes those problems last a lifetime. Things like smoking, alcohol, substance abuse, marijuana, unsafe housing, poor nutrition, domestic violence, and stress are harmful to pregnant women and their children. The New Day program can help you deal with these things. Even small changes can make a BIG difference. We can help.

If you are currently using opiates like heroin or pain pills, or in a methadone or suboxone program, we can work with a doctor who specializes in MAT to help you get through your pregnancy safely. You want a healthy baby and we want to help get you there.



**Our Staff**—The New Day program is led by Mandy Rigsby, BA, NCAC II, CADC II, CGAC I Behavioral Support in Pregnancy.

### **Location**

500 SE Cass St. Ste. 200  
Roseburg, OR 97470

### **Referrals**

To make a referral to New Day, contact your provider and request they send it to Mandy Rigsby. Referrals can also be sent by phone, email or fax.

Office: 541-229-7049  
Cell: 541-537-0402  
Email: [mrigsby@umpquahealth.com](mailto:mrigsby@umpquahealth.com)  
Referral Fax: 541-229-8180



## ***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.

**Transgender Health**, UHA respects the healthcare needs of all of our members. This includes members who are or identify as:

- Trans Men
- Trans Women
- Two-Spirit
- Non-binary
- Gender Nonconforming

For more information on transition coverage, please contact Member Services at the number listed above.

## After Hours, Urgent, Emergency Care and Crises

**After-hours, Weekends, Holidays** – You have access to your PCP any time of day or night, every day of the year. 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 arrangements for someone else to take care of your medical needs or give you advice.

**Urgent Care** – Always call your doctors, or primary care provider's (PCP) office, first about any health problem. Someone will be able to help you day and night, even on weekends and holidays. 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 Newton Creek* 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 Newton Creek* has is open Monday through Friday 7:00 am to 6:00 pm. Their phone number is 541-229-7038.

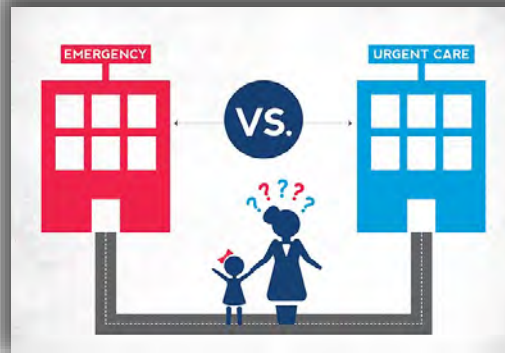
Urgent problems are things like severe infections, sprains, and strong pain. If you don't know how urgent the problem is, call your PCP.

**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 ER at the nearest hospital. You don't need prior approval 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 ER 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 ER for routine care, you may have to pay the bill.

## ***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.

There are so many good reasons to quit.

# WHAT'S YOURS?



**The Quit For Life® Program** helps people learn to live without tobacco for all kinds of reasons.

**Here's what you get when you join Quit for Life:**

**Quitting Aids** — We'll help you decide what type, dose and duration of nicotine substitute or other medication is right for you and teach you how to use it so it really works. You can receive **FREE** nicotine replacement therapy products (patches or gum) if it's part of your personalized Quitting Plan.

**Quit Guide** — We'll send you an easy-to-use workbook that you can reference in any situation to help you stick with your Quitting Plan.

**Quit Coach®** — You will have expert support and assistance whenever you need it, over the phone, from Coaches who specialize in helping people quit tobacco.

**Web Coach®** — You'll get access to a private, online community where you can complete activities, watch videos, track your progress, and join in discussions with others in the program. There are over 25,000 active members.

**Text2Quit<sup>SM</sup>** — This text message feature allows you to connect with your Quit Coach®, interact with Web Coach®, use medications correctly, manage urges, and avoid relapse – all from your supported mobile phone.

For more information or to enroll in the program, please call 1-866-QUIT-4-LIFE (1-866-784-8454) or go to <https://www.quitnow.net/ProgramLookup/>

\* This information is courtesy of [www.quitnow.net](http://www.quitnow.net)



## ***Tobacco Use (Continued)***

### **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](http://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-quitting-smoking.html>

#### **Freedom From Smoking**

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

**Toll Free:** 800-586-4872

#### **Nicotine Anonymous:**

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

### ***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/](http://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. 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 on-line in the Provider Directory at [www.umpquahealth.com/](http://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 on-line at [www.umpquahealth.com/](http://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



## ***Things to Remember at Your Appointment***

At your doctors appointment

- Always be on time, if for some reason you are unable to make your appointment, call their office and let them know. Preferably within 24 hours of your scheduled appointment.
- Relax, your doctor is here to help. Remember to breathe. Take slow, deep breaths.
- Make sure to talk to your doctor about any medical needs or concerns you may have.
- If you don't understand what your doctor is telling you, don't be afraid to ask them to repeat themselves or to have them explain it to you differently.

Before you leave your doctors appointment

- Make sure you know what the next treatment plan is. Do you need to follow up with your PCP or a specialist? Are there any tests that need to be ran? Do you have any prescriptions you need to pick up?
- Make sure you understand why and how you are to follow your treatment plan?
- Be sure you know when you are to follow up with your PCP or a specialist?



## ***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
- Wigs for chemotherapy or radiation therapy patients
- Hospice
- 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 Covered by the Oregon Health Plan***

Some services are covered only by the Oregon Health Plan, but are provided by other agencies.

These services include:

- Elective abortion and related services
- Hospice services for members who live in a nursing facility
- Long term care services—services which help to meet the needs of people with a chronic illness or disability who cannot care for themselves for a long period of time.

If you have any questions about these services, please contact Member Services at the number located at the top of the page.

## ***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**

If you have any further questions about what is covered, please contact UHA Member Services at the top of this page.

## 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
5. 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 (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 can 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:

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



***Billing Information (Continued)***

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 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 ER, you may be treated by a provider who doesn't work for the hospital. For example, the ER doctors may have their own practice and provide services in the ER. 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. You will have to pay for Ambulance services that are not for real emergencies.

## ***Pharmacy and Medication Coverage***

**Filling your Prescriptions.** Your prescription medications should be filled by a pharmacy listed in the Provider Directory at <http://www.umpquahealth.com/>. Give the pharmacist your prescription, your Oregon Health ID card and your Umpqua Health Alliance Medical ID cards. Certain medications require authorization or approval before being filled. Your provider will let UHA know that the medication needs approval. 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 ER 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 medical ID cards. The pharmacy will know where to send the bill.

## ***Pharmacy and Medication Coverage (Continued)***

### **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
- Medications that are not approved by the FDA
- Medications listed as less than effective by the FDA (DESI drugs)
- Experimental or investigational medications
- Medications to help you get pregnant
- Medications used for sexual dysfunction (including impotence)
- Medications used for weight loss
- Cosmetic or hair-growth medications
- Some medications you can buy without a prescription (sometimes called over-the-counter medications)
- Medications covered by Medicare Part D for dual eligible members
- Fluoride for members over 18 years old



## ***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

## ***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). They will send you information to help you get dental care and tell you 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

### **Advantage Dental**

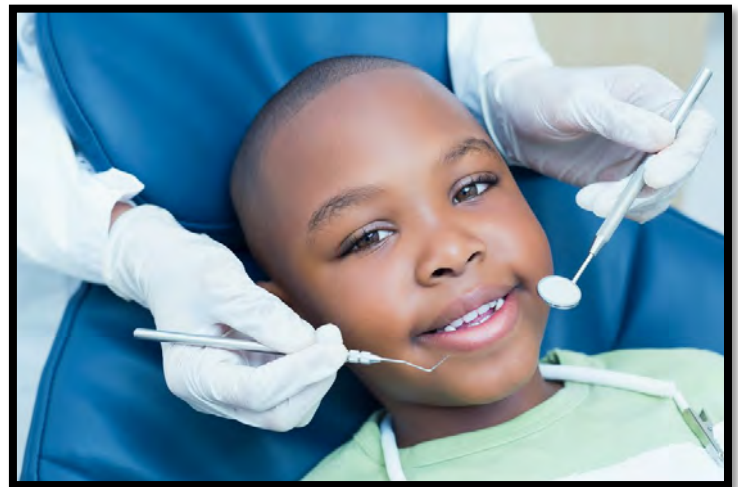
Phone number: 866-268-9631

Website: <https://www.advantagedental.com/>



## ***Dental Services***

**How to Get Dental Care** — When you and your family need dental services, please call your Primary Care Dentist (PCD). They are available 24 hours a day, seven days a week. PCDs will take care of most of your dental care. If you need to see a specialist, your PCD will refer you. If you need to see your dentist, please try calling during normal business hours. If you call after hours, there will be a message telling you where to call for urgent or emergency services. The on-call Customer Service Representative will call your PCD and arrange a time for them to call you back. The on-call Dentist may be the one returning your call. Even though they are not your PCD, let them guide you in taking care of your needs.



**How do I Make an Appointment?** — When you need to see your Dentist, call your Primary Care Dentist's office to schedule an appointment. When the receptionist answers, tell them who your PCD is, what your name is, and why you need to be seen. They will work with you to set up an appointment.



**If you are Unable to Keep Your Appointment**, make sure to call the dentist's office at least one day before your appointment. If you need a ride, please call UHA Member Services at the number above, or call Bay Cities Brokerage at 877-324-8109.

**If you miss three appointments without canceling, your PCD may no longer want to provide care for you or your family members.**

**Dental Prevention** — Preventative care is very important to your wellbeing. You can receive this care from your dentist. This includes regular checkups and cleanings. You can discuss your care with your dentist and schedule the necessary appointment for your care. Having dental prevention will help avoid tooth problems in the future.

**Care Away From Home** — Umpqua Health Alliance and your Dental Care Organization (DCO) do not pay for routine or follow-up care if you are outside of the coverage area. If you decide to get routine dental care while you are away from home, you may have to pay the bill.

**Dental Benefits and Services**

<b>Benefits</b>	<b>UHA</b> (for pregnant women and members under 21)	<b>UHA</b> (for all other adults)
<b>Emergency Services</b>		
Emergency Stabilization (in or out of the service area) Examples: * Extreme pain or infection * Bleeding or swelling * Injuries to the teeth or gum	✓	✓
<b>Preventative Services</b>		
Exams	✓	✓
Cleaning	✓	✓
Fluoride Treatment	✓	✓
X-rays	✓	✓
Sealants (Age 16 and Younger)	✓	Not Covered
<b>Restorative Services</b>		
Fillings	✓	✓
Partial Dentures	Limited	Limited
Complete Dentures	Limited	Limited
Crowns	Limited	Limited
<b>Oral Surgery and Endodontics</b>		
Extractions	✓	✓
Root Canal Therapy	✓	Limited

**Please note that the above services are not covered for everyone. Covered services depends on the dentist's diagnosis and treatment plan.**

## Dental Services



**Interpreter Services** — If you need an interpreter for your dental visit, please contact your DCO's Member Services. Interpreter services are available either by phone or in person. They will also be able to provide informational materials in an alternate format when requested.

**Intensive Care Coordination** — Intensive Care Coordination helps members that have special needs. This program helps members that are 65 and over and members with disabilities. They help you get the dental care you need. If you have special supply or equipment needs, or need support services, please call your DCO and ask for an Intensive Care Manager.

### What if I Have a Dental Emergency? —

Emergency care is available 24 hours a day, seven days a week. Prior approval is not required for a dental emergency. Call your PCD, if you are unable to reach your PCD, call your DCO. They can help you find an available emergency dentist. If you are unable to reach your PCD or DCO, call 911 or go to the ER. Tell the ER personnel the name of your PCD.

**Follow-up care is NOT an emergency. Call your PCD for follow-up care if needed.**



**How To Tell If You Have a Dental Emergency** — An emergency is when a service is needed immediately because of an injury or sudden illness. Examples of emergencies are heavy bleeding that does not stop, a tooth that has been knocked out, or an infection that makes it hard to breathe.

**Issues like cavities, broken teeth, and typical routine care are not considered emergencies.**

## ***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 assessments and evaluations, crisis intervention, and outpatient treatment for adults, youth and 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 800-866-9780**



***Mental Health Services (Continued)***

# Adapt



UHA partners with ADAPT (Alcohol Drug Abuse Prevention Training) to provide our community access to 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 <http://www.adaptoregon.org/>.

**Adult Mental Health Services:**

Choice Model Services coordinate care for adults with serious mental illness when they leave the Oregon State Hospital to live in the community. The Choice Model gets discharged clients the community services they need. This could be outpatient or residential treatment, adult foster care, or living in a supported apartment. The goal is to avoid going back to the state hospital.

**Children's Mental Health Services:**

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

***Mental Health Services (Continued)***

# Signs of Depression

## What is Depression?

Depression is a serious mental health illness often marked as feeling anxious or sad. These feelings are common but are usually for a short time. Depression is when these feelings don't go away and impede on your daily life.



## What are some of the symptoms of Depression?

If you are depressed you may feel:

- Sad
- Empty
- Anxious
- Hopeless
- Worthless
- Restless
- Helpless
- Irritable

## If I'm depressed, how do I help myself get better?

To help yourself feel better:

- Spend time with family and friends
- Engage in physical activities
- Don't take on everything all at once. Break things down into smaller, manageable projects

**For more information or if you need help, please don't wait.**

**Call or Text the info below**

## Teen Support

OregonYouthLine.org

Text: teen2teen to 839863

## Suicide Prevention Lifeline

1-800-273-TALK (8255)

1-888-628-9454 (Spanish)

## 24 Hour Crisis Line

1-800-866-9780

### ***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 is **not** a real emergency, you may have to pay the bill.

**Call 9-1-1** for ambulance service.



### ***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 other services.

#### **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 tests
- 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



### ***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. Please get follow-up care from your PCP or regular doctor.

## ***Second Opinion***

We cover second opinions. 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.

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.

- UHA informs you of this right in the Member Handbook and via our website at [www.umpquahealth.com/ohp/](http://www.umpquahealth.com/ohp/) or by contacting your 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 Member Services to receive further assistance.





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

**If You Need Care Out-of-Town** — If you get sick when you are away from home, call your PCP. If you need urgent care, find a local doctor who will see you right away. Ask that doctor to call your PCP to coordinate your care.

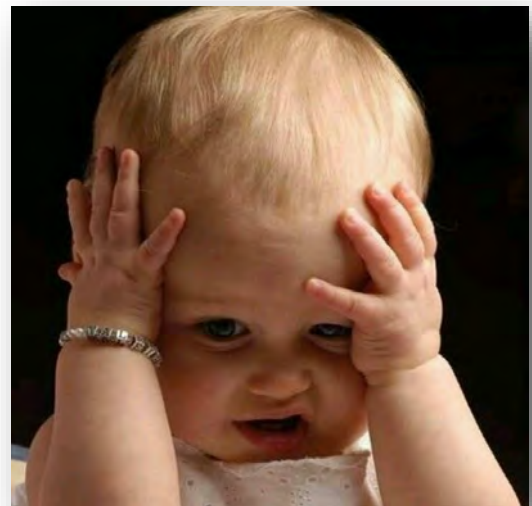
**Out-of-Town Emergencies** — If you have a real emergency when you are away from home, call 911 or go to the nearest ER. Your care will be covered until you are stable. For follow-up care after the emergency, call your PCP.

OHP covers emergency and urgent care anywhere in the United States, but not outside the US. That means OHP will not pay for any care you get in Mexico or Canada. 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@dhsosha.state.or.us](mailto:OregonHealthPlan.Changes@dhsosha.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 Services at 800-699-9075
- Send an email to: [OregonHealthPlan.Changes@dhsosha.state.or.us](mailto:OregonHealthPlan.Changes@dhsosha.state.or.us)
- Log-in or create a profile on OregONEligibility: <https://one.oregon.gov/>

## Getting a Ride



**BAY CITIES BROKERAGE**

If you need help getting to your appointments, please call Bay Cities Brokerage at 877-324-8109. We can pay for rides to OHP-covered services if you don't have a way to get to your doctor, dentist, or counselor, and in some emergencies, to your pharmacy. We may give you a bus ticket or taxi fare. Or we may pay you, a family member or friend for gas to drive you. If you have to travel overnight for approved services, we can help pay for food and lodging.

These rides are also called Non-Emergency Medical Transportation (NEMT). Bay Cities will provide a ride to fill prescription medications if the member needs to stop on the way home from a doctors appointment.

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 to 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 meets 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 doctors appointment. If you are needing an Out-of-Town ride to an appointment, please call within (two) 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 ER CALL 911.**

### ***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 from 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 doctors 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 - Travel must be 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. Proof of Appointment Forms must be returned within 45 days following the appointment. All reimbursement requests must have prior approval or they will not be processed.

**We only pay for emergency room care in true emergencies.**

**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 97470

## ***Complaints or Grievances***

If you are very unhappy with Umpqua Health Alliance, your health care services or your provider, you can complain or file a grievance at any time. We will try to make things better. Just call Member Services at the number above, or send us a letter to the address in the front of the handbook. We must solve it and call or write you in 5 workdays.

If we can't solve it in 5 workdays, we will send you a letter to explain why. If we need more than 30 more days to address your complaint, we will send you a letter within 5 workdays to explain why. We will not tell anyone about your complaint unless you ask us to. If we need even more time, we will send another letter within 5 days.

## ***Appeals and Hearings***

If we **deny**, **stop** or **reduce** a medical service your provider has requested us to cover, we will send you and the requesting provider a **Notice of Action Benefit Denial** letter explaining why we made that decision. You have a right to ask to change it through an appeal and a state fair hearing. You must first ask for an appeal no more than 60 calendar days from the date on the **Notice of Action Benefit Denial** letter.

**How to Appeal a Decision** — In an Appeal, a different health care professional at Umpqua Health Alliance will review your request. Ask us for an Appeal by:

- Calling Member Services at the number listed above; or
- Writing us a letter and sending it to the address on the front cover of this handbook
- Filling out an Appeal and Hearing Request, OHP for number 3302
- If you would like your provider to appeal this decision, have their office give us a call to set up a Peer to Peer. This is a phone meeting between your doctor and the UHA Medical Director.

If you want help with this, call and we can fill out an Appeal form for you to sign. You can ask someone like a friend or case manager to help you. You may also call the Public Benefits Hotline at 800-520-5292 for legal advice and help. An acknowledgement letter will be sent to inform you that we have received your appeal. 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. If we need more time to do a good review, we will send you a letter saying why we need up to 14 more days.

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 Benefit Denial** 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.



## ***Appeals and Hearings (Continued)***

**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. We suggest that you include a statement from your provider or ask them to call us and explain why it is urgent. If we agree that it is urgent we will call you with a decision in 3 workdays. .



**How to Get an Administrative Hearing** — After an appeal, you can ask for a state fair hearing with an Oregon Administrative Law Judge. You will have 120 days from the date on your **Notice of Appeal Resolution (NOAR)** to ask the state for a hearing. Your **NOAR** letter will have a form that you can send in. Once we receive your hearing request, UHA will date-stamp it with the date of receipt and then forward it to OHA within 2 business days. You can also ask us to send you an Appeal and Hearing Request form, or call OHP Client Services at 800-273-0557, TTY 711, and ask for form number 3302.

At the hearing, 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](http://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 **Notice of Action** decision to stop it. You must ask the state to continue the service within 10 days of getting our **Notice of Appeal Resolution** that confirmed our denial. 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 date on the original **Adverse Benefit Determination**.

**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 Appeal and Hearing Request form to the OHP Hearings Unit. We suggest that you include a statement from your provider explaining why it is urgent. You should get a decision from the State Hearings Unit in 3 workdays. The Hearing 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 at 877-642-0450.

## ***Appeals and Hearings (Continued)***

You may also find a complaint form at <https://apps.state.or.us/Forms/Served/he3001.pdf>. UHA will fully cooperate with the investigation. UHA will follow any recommendation for resolution of the grievance given by the OHA 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 (PCP) or Mental Health Provider 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 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](http://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](mailto:Mailbox.hcls@state.or.us)

Fax: 971-673-0556

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

## ***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 ages 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/oha/PH/ABOUT/Documents/Advance-Directive.pdf>. If you write an Advance Directive, be sure to talk to your Primary Care Provider, Mental Health 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](http://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](mailto:Mailbox.hcls@state.or.us)

Fax: 971-673-0556

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





# HEALTHY LIFESTYLE HWY









500 SE Cass Ave | Suite 101 |  
Roseburg OR, 97470



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

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

**[www.UmpquaHealth.com](http://www.UmpquaHealth.com)**