



Welcome  
to Umpqua Health  
Alliance's Provider Panel

Umpqua Health Alliance (UHA) Provider Network's  
Provider Orientation Training

# UHA Provider Network's Provider Orientation Training Materials

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- Provider Orientation Training Slide Deck
- Provider Handbook
- Member Handbook
- Compliance Program
  - CO1 – Fraud, Waste, and Abuse
  - CO6 – Compliance Training
  - CO18 – Corrective Action Plan Process
  - Umpqua Health's Compliance Plan
  - Umpqua Health's Code of Conduct
  - Umpqua Health's Hotline Reporting Poster
- Member Services Policies
  - MS1 – Member Assignment and Reassignment
  - MS3 – Member Rights
- Clinical Engagement Policies
  - CE01 – Grievances
  - CE16 – Intensive Care Coordination Services
  - CE20 – Appeals and Hearings
  - CE21 – Adverse Benefit Determinations
  - CE28 – Transition of Care
- TPLR P&P Guidebook (F18 - Third Party Liability Recovery)
- Additional Training Resources
- Live Link Resource
- UHA Provider Required Training References
- UHA Subcontractor Required Training References
- UHA Contacts

# Slide Deck Training Objectives

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- Compliance Program
- Member Rights
- Transition of Care (TOC)
- Intensive Care Coordination (ICC)
- Grievance, Appeals, and Hearings
- Third Party Liability Recovery (TPLR)
- Cultural Responsiveness & Implicit Bias
- CLAS Standards
- Trauma Informed Care
- Motivational Interviewing
- Recovery Principles
- Traditional Health Workers (THW)
- Child & Adolescent Needs and Strengths (CANS)



# Provider Resources Overview

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- [UHA Website Provider Resources Page](#)
- [CIM Portal and Resources](#) (Eligibility and Prior Authorizations)
- Provider Communications and Education
  - Provider Newsletter
  - Email blasts
  - Ongoing educational opportunities
- [Provider Handbook](#)
- [Member Handbook](#)
- [Forms](#)
- [UHA Website Provider Orientation and Trainings](#)





# Provider Resources Overview

## UHA's Provider Network staff

- Provider Outreach
- Provider Education and Training
- Engage Providers in quality initiatives
- Provider Customer Service
- Builds and maintains the Provider Network

If you ever have questions, you can reach out to a Provider Network Representative by phone 541-229-7070 or email [UHNproviderservices@umpquahealth.com](mailto:UHNproviderservices@umpquahealth.com).



# Member Rights

## TRAINING REQUIREMENT

Review UHA policies:

- MS1 – Member Assignment and Reassignment
- MS3 – Member Rights

Also see:

- Provider Handbook
  - Section 8.2
- Member Handbook
  - See section OHP Member Rights and Responsibilities



# Member Rights

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- To be treated with dignity and respect.
- To be treated by providers the same as other people seeking health care benefits to which they are entitled.
- To select or change their PCP.
- To obtain behavioral health, chemical dependency, or family planning services without referral.
- To have a friend, family member, or advocate present during appointments and at other times as needed within clinical guidelines.
- To be actively involved in the development of their treatment plan.
- To receive information about their condition and covered and non-covered services, and to allow an informed decision about proposed treatment(s).
- To consent to treatment or refuse services and be told the consequences of that decision, except for court-ordered services.

# Member Rights

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- To receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency.
- To receive written materials explained in a manner which is understandable.
- To receive necessary and reasonable services to diagnose the presenting condition.
- To receive covered services under the OHP which meet generally accepted standards of practice and are medically appropriate.
- To obtain covered preventive services.
- To have access to care when they need it, 24 hours a day, 7 days a week.
- To have access to their own medical records, unless restricted by statute.
- To request changes to be made to their medical records.



# Member Rights

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- To transfer a copy of their medical records to another provider.
- To make a statement of wishes for treatment (Advance Directive) and obtain a Power of Attorney for health care.
- To know how to make a complaint, grievance or appeal and receive a response.
- To receive written notice before a denial, or change in, a benefit or service level is made, unless such notice is not required by Federal or State regulations.
- To request an “Administrative Hearing” with the DHS.
- To receive a notice of an appointment cancellation in a timely manner.
- To receive adequate OHA Notice of Privacy Practices (MSC 2090 (2/2014)).
- For problems that have not been resolved through OHP Client Services or other means, call the OHA Ombudsperson at 877.642.0450, TTY 711.

# Transition of Care (TOC)

## TRAINING REQUIREMENT

Review UHA policy:

- CE28 – Transition of Care



# Intensive Care Coordination

## TRAINING REQUIREMENT

Review UHA policy:

- CE16 – Intensive Care Coordination Services

Also see:

- Provider Handbook
  - Section 5.4.1



# Intensive Care Coordination (ICC)

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Who is eligible for ICC services?

- ICC services are available to UHA members with disabilities, complex medical issues, mental health issues, substance abuse disorder, prioritized populations, or special health care needs.

## Prioritized Populations

- Individuals with SPMI
- Children 0-5 at risk for maltreatment
- Children showing early signs of social/emotional or behavioral problems or have serious emotional disturbance (SED) diagnosis
- Individuals in Medication Assisted Treatment for SUD
- Pregnant women and parents with dependent children
- Children with neonatal abstinence syndrome
- Children in Child Welfare
- IV drug Users
- Individuals with SUD in need of withdrawal management
- Individuals with HIV/AIDS
- Individuals with tuberculosis
- Veterans and their families
- Individuals at risk for first episode of psychosis
- Individuals within the I/DD population



# Intensive Care Coordination (ICC)

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## Special Health Care Needs

### Older adults:

- Individuals who are blind, deaf, or hard of hearing or have other disabilities.
- Members with complex medical needs, high health care needs or multiple chronic conditions.
- Individuals receiving Medicaid-funded long term care, services and supports (LTSS)
- Individuals who exhibit inappropriate, disruptive, or threatening behaviors in a provider's office or clinic or other health care setting.
- Individuals with behavioral health issues including chemical dependency or SPMI
- Children with serious emotional disturbance (SED)

# Intensive Care Coordination (ICC)

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- ICC Activities
  - Early identification of members eligible for ICC services.
  - Assistance to ensure timely access and preventative, physical health, behavioral health, oral health, remedial, and supportive care and services.
- A provider will complete their assessment of the member and can submit a case management referral form found on the UHA website: <https://www.umpquahealth.com/wp-content/uploads/2018/08/case-manager-referral.fillable.pdf> and fax the completed form to 541-672-5881.
- An ICC Coordinator will reach out to the member in one (1) business day.
- The ICC Coordinator will complete UHA's general assessment with the member, create a care plan with the member and prioritize the interventions and goals based on the member's identified needs.
- The care plan will be shared with the provider at the member's discretion.
- ICC services are available to members during normal business hours, Monday through Friday.

# Grievance, Appeals, and Hearings

## TRAINING REQUIREMENT

Review UHA Policies:

- CE01 – Grievances
- CE20 – Appeals and Hearings
- CE21 – Adverse Benefit Determinations

Also see:

- Provider Handbook
  - Section 8.7
- Member Handbook
  - See Section Complaints and Grievances/Appeals and Hearings





# Grievance, Appeals, and Hearings

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## Member Appeals

Umpqua Health Alliance (UHA) members have the right to appeal the decision of denied, stopped or reduced medical service their provider has requested us to cover.

The request must be made no more than 60 calendar days from the date on the Notice of Action Benefit Denial (NOABD) letter that was sent to both the requesting provider and the member at the time of the decision. Members can ask for an appeal by:

- Calling Member Services at 541-229-4842; or
- Write a letter and fill out an Appeal and Hearing Request, OHP form 3302, to 500 SE Cass Ave, Suite 200 Roseburg, OR 97470; or
- Request the provider to appeal this decision by having their office call Member Services to set up a Peer to Peer phone meeting with the UHA Medical Director.





# Grievance, Appeals, and Hearings

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## **Member Hearings**

After an appeal, the member can ask for a state fair hearing with an Oregon Administrative Law Judge. They will have 120 days from the date on the Notice of Appeal Resolution (NOAR) to ask the state for a hearing. To request a hearing, members can fax the Appeal and Hearing Request form to the State Hearings Unit at 503-945-6035.

## **Member Grievances**

Members have the right to complain by filing a grievance with UHA by:

- Calling Member Services at 541-229-4842; or
- Writing a letter to 500 SE Cass Ave, Suite 200 Roseburg, OR 97470.

We must solve it and call or write the member within 5 workdays. If we can't solve it in 5 workdays, we will send a letter to explain why. If we need more time to address the complaint, we will send a letter within 5 workdays to explain why.

# Grievance, Appeals, and Hearings

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## **Provider Claim Appeals**

Providers may appeal claims decision, where the Provider is being held financially responsible for charges, within one year (365 days) from the date of service, on the basis of the following issues:

- Provider payment methodology;
- Medical necessity denial (if no PA was required);
- Contract/benefit plan limitation.

Written appeals should be submitted to PH Tech, Attn: UHA Appeals, PO Box 5308 Salem, OR 97304. The Provider's appeal will be reviewed within sixty (60) calendar days of receipt by UHA or as required by law.

# Third Party Liability Recovery (TPLR)

## TRAINING REQUIREMENT

Review UHA Policy:

- F18 - Third Party Liability Recovery

Also See:

- Provider Handbook
  - Section 7.3

If you encounter any of the following or have any questions regarding third party liability, please contact the TPR Department at 541.464.4175.

- Member has other insurance which is not noted by UHA.
- Member is pursuing a settlement for an injury or illness.
- Member is in police custody at the time treatment is rendered.



## Coordination of Benefits

- Current federal regulations require Medicaid to pay for health care only after the Member's other health resources have been exhausted. In other words, Medicaid is viewed as the payer of last resort. The requirement that third parties pay first is called Medicaid "third party liability" (TPL).
- In guidelines issued by the CMS, TPLs are defined as individuals, entities, insurers, or programs that may be liable to pay all or part of the expenditures for medical assistance provided under a state Medicaid plan.
- Third parties include private health insurance (e.g., commercial insurers, self-funded plans, or profit or non-profit pre-paid plans), Medicare, Champus, Champva, automobile insurance, state worker's compensation, and other Federal programs.
- Providers who have a patient mention their employer's name, Workman's Comp injury, and/or motor vehicle accident will need to complete [UHA's Member Accident Form](#) and the [Patient Coordination of Benefits Intake Form](#) and submit them to the UHA TPR Department.

\* Should any link on this slide not work please see the Live Link Resource Page.

# Additional Training Resources

- Office of Inspector General
  - [False Claims Act](#)
  - [Federal Anti-Kickback Statute](#)
    - [Commonly Used Anti-Kickback Statutes Safe Harbors](#)
    - [Comparison of the Anti-Kickback Statute and Stark Law Handout](#)
  - [Exclusion Authorities & Effects of Exclusion](#)
  - [Understanding Program Exclusions](#)
    - [Handout](#)
  - [Physician Self-Referral Law](#)
    - [Handout](#)
    - [Commonly Used Physician Self-Referral Law Exceptions](#)
  - [Navigating the Fraud and Abuse Laws](#)
  - [Federal Health Care Fraud and Abuse Laws](#)
  - [Importance of Documentation](#)
- OHA Approved Continuing Education
  - [Cultural Competence](#)
  - [Office of Equity and Inclusion Training Opportunities](#)
  - [THW](#)
  - [Motivational Interviewing](#)
- U.S. Department of Health & Human Services
  - [National CLAS Standards](#)



# Additional Training Resources

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- Child & Adolescent Needs & Strengths Comprehensive Screening Certification (if providing screening)
  - <https://www.schoox.com/login.php>
  - <https://praedfoundation.org/training-and-certification/>
- [Health Equity](#)
- Wraparound Training (if providing Wrap services)
  - Wraparound values and principles.
  - Provider's Role.
- Integration and Foundations of Trauma Informed Care are available at:  
<https://traumainformedoregon.org/tic-intro-training-modules/>
- Recovery Principles
  - SAMHSA's Blog Posts: <https://blog.samhsa.gov/>
    - <https://store.samhsa.gov/system/files/pep12-recdef.pdf>
    - <https://www.samhsa.gov/find-help/recovery>



# Compliance Hotline

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Umpqua Health encourages its providers to report any potential illegal, unethical, or otherwise inappropriate conduct by any person or entity.

To file a report (can be anonymous):

- Call (844) 348-4702
- [Submit a report online](#)

Umpqua Health prohibits any retaliation of any kind against any person or entity who reports, or assists in the investigation of, any suspected or potential misconduct.

*Note: If you know the name of the specific entity involved, please include that information in your report. After making your report, you will receive a report number that you may use to report additional information or inquire as to the status or resolution of your report. The company taking the report will pass on employment-related complaints to the Director of the Human Resources Department and all other complaints to the Chief Compliance Officer.*