



Welcome to the
Umpqua Health
Alliance Provider
Panel

UHA Provider Orientation and Training Packet



Trainings are required for providers and office staff

- Umpqua Health Alliance will require attestation as evidence that providers/staff understand and comply with training requirements.
- A training tracker tool has been developed and is available upon request. The training tracker is an optional resource to help keep track of the required training.
- In order to meet state reporting requirements, Provider Relations may request training documentation.

Provider Training Questions & Answers

UHA policies and training resources are available on the UHA website:
<https://www.umpquahealth.com/provider-trainings/>

- * UHA Provider Orientation and Annual Refresher Training

- * UHA Required Provider Training/Annual Continuing Education

- * Additional Required Training for Behavioral Health Providers



Who is required to complete these trainings?

The **UHA Provider Orientation and Annual Refresher Training (slides 9-23)** slide deck provide training on ten topics to better acquaint you with UHA's processes and policies. Providers and office staff are required to read these materials, first at onboarding, and then annually as a refresher by their employment anniversary date.

The **UHA Required Provider Training (slide 24-37)** slide deck contains nine subjects under the Cultural Responsiveness and Implicit Bias heading. These training requirements are set by the Oregon Health Authority and should be completed by providers and office staff.

The **Additional Required Training for Behavioral Health Providers (Slides 38-39)** slide deck references three trainings that are required of Behavioral Health Providers. Since these subjects may have been required for certification or licensure, providing attestation of completion will satisfy this requirement.

Training Q & A continued...



When should these trainings be completed?

The **UHA Provider Orientation and Annual Refresher Training** should be completed within the first 30 days of employment, and annually as a refresher by employment anniversary.

The nine subjects contained in the **UHA Required Provider Training** slide deck (Cultural Responsiveness and Implicit Bias) are broken down into nine subsets and are due within 1 year from date of hire.

Do we need to track or report staff trainings?

Each office is responsible to track their own trainings, which must be documented in a way that UHA can request and receive up-to-date data at any time. A tracking tool is available for your use and contains all the needed fields.

What if our office already requires some of these trainings?

An attestation will suffice for trainings that have been offered by your practice that are completed as an alternative. This only applies to the Cultural Responsiveness and Implicit Bias training subjects and the behavioral health specific training. The trainings must align with the components of a Cultural Competence curriculum set forth by OHA's Cultural Competency Continuing Education criteria listed on OHA's website located at:

https://www.oregon.gov/oha/OEI/Documents/OHA%20CCCE%20Criteria_May2019.pdf

Provider Orientation and Training Materials

- Provider Orientation and Annual Refresher Training Slide Deck
- Provider Handbook
- Member Handbook
- Compliance Program
 - CO1 Fraud, Waste and Abuse
 - CO6 Compliance Training
 - CO21 External Risk Response Process
- Member Services Policies
 - MS1 Member Assignment and Reassignment
 - MS3 Member Rights
 - TPLR P&P Guidebook (F18 Third Party Liability Recovery)

Training Materials Continued

- Clinical Engagement Policies
 - CE01 Grievances
 - CE03 Wraparound
 - CE15 Specialty Health Care Services
 - CE19 Substance use Disorder Services
 - CE20 Appeals and Hearings
 - CE21 Adverse Benefit Determinations
 - CE28 Transition of Care
 - MS1 Member Assignment and Reassignment
 - TC1 Transitional Care for Acute Care

Provider Resources Overview

- UHA Website Provider Resources Page <https://www.umpquahealth.com/providers/>
- 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 Refresher Trainings

Provider Resources Overview

UHA Provider Network Staff

- Offers Provider Outreach
- Provides Education and Training
- Engages Providers in quality initiatives
- Provides Customer Service
- Builds and Maintains the Provider Network

The Provider Network can be reached by phone at 541-229-4782 or 541-229-7077, or by email at UHNProviderServices@umpquahealth.com

Training Topics

Grievance, Appeals and Hearings

Compliance

Member Rights

Transitions of Care

HIPAA

TCC Services

THW Services

TPLR

Wraparound Training

Child & Adolescent Needs & Strengths (only if providing screening)

Declaration for Mental Health Treatment



UHA Provider Orientation and Annual Refresher Training

Grievances, Appeals and Hearings

TRAINING REQUIREMENT

Review UHA Policies:

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

Also see:

- Provider Handbook Section 9.7
- Member Handbook

See Section Complaints &
Grievances/Appeals and Hearings





Grievance, Appeals, and Hearings

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

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

Provider Claim Appeals

Providers may appeal claims decisions, 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.

Compliance

TRAINING REQUIREMENT

Review UHA Policies:

- C01 – Fraud, Waste and Abuse
- CO6 – Compliance Training
- CO21 – External Risk Response Process

Also see:

- Provider Handbook Section 10





Compliance Hotline

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.

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

- 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

- 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

- 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:

- CE03 – Wraparound
- CE15 - Specialty Health Care Services
- CE16 – Intensive Care Coordination Services
- CE19 - Substance Use Disorder Services
- CE28 – Transition of Care
- MS1- Member Assignment and Reassignment
- TC1 – Transitional Care for Acute Care



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.



Wraparound Training (only if providing Wrap services)

Wraparound values and principles

Provider's Role

National Wraparound Implementation
Center nwic.org



Child & Adolescent Needs & Strengths Comprehensive Screening Certification

Only needed if providing screening

- <https://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/>





Welcome

to the Umpqua Health
Alliance Provider Panel

Umpqua Health Alliance (UHA)
Required Provider Training

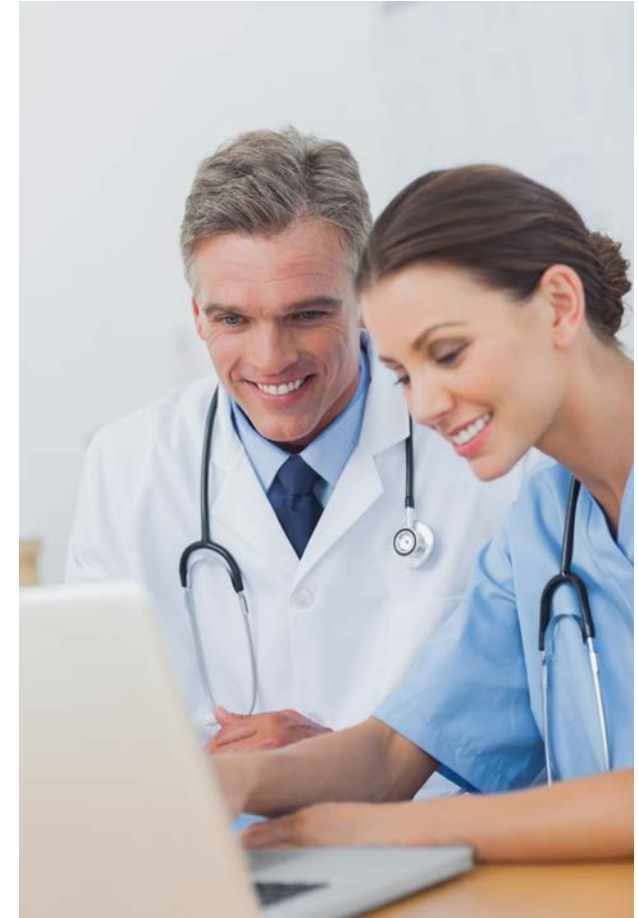


Trainings are required for providers and all office staff

- Trainings are to be completed at onboarding of new providers and staff.
- Umpqua Health Alliance will require attestation to ensure providers and staff meet training requirements
- A training tracker tool has been developed and is available upon request. The training tracker is an optional resource to help keep track of required trainings.

UHA Provider Network Required Training Subjects

- Cultural Responsiveness and Implicit Bias, including
 - Trauma Informed Care / Adverse Childhood Experiences
 - Language Access; Use of Health Care Interpreters
 - Implicit Bias
 - Addressing Structural Barriers and Systemic Oppression
 - Cultural Competency & Responsiveness
 - CLAS Standards
 - Uses of Data to Advance Health Equity, REAL + D
 - Universal Access and Accessibility in Addition to ADA
 - Health Literacy



Trauma Informed Care

Trauma Informed Oregon has created several free self-directed online training modules on the foundations of a trauma informed approach.

[Traumainformedoregon.org/tic-intro-training-modules/](https://traumainformedoregon.org/tic-intro-training-modules/)

- * Introduction
- * Module 1: What is Trauma Informed Care?
- * Module 2: Why is Trauma Informed Care Important?
- * Module 3: Trauma Specific, Trauma Sensitive, Trauma Informed
- * Module 4: A Brief Overview of NEAR Science

Adverse Childhood Experiences (ACEs)

- CDC Centers for Disease Control and Prevention
- “Adverse Childhood Experiences (ACEs)”



<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

Language Access, Use of Healthcare Interpreters

- HRSA Office of Civil Rights, Diversity and Inclusion:
Language Access: Are you meeting your obligations under the Civil Rights Act of 1964 and the Affordable Care Act?

<https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/technicalassistance/grantee-language-access-training-aug2018.pdf>

Association of American Medical Colleges:
Guidelines for Use of Medical Interpreter Services

<https://www.aamc.org/system/files/c/2/70338-interpreter-guidelines.pdf>



Implicit Bias

- University of Oregon Division of Equity and Inclusion

Implicit Bias Workshops

<https://inclusion.uoregon.edu/implicit-bias-workshop-recordings>



Addressing Structural Barriers and Systemic Oppression

- National EQUITY Project: The Lens of Systemic Oppression

<https://www.nationalequityproject.org/frameworks/lens-of-systemic-oppression>

Cultural Competency & Responsiveness

Oregon Medical Board

Cultural Competency: A Practical Guide for
Medical Professionals

<https://www.Oregon.gov/omb/Topics-of-Interest/Documents/CulturalCompetencyBooklet.pdf>



CLAS Standards

- HHS.gov National CLAS Standards
- <https://thinkculturalhealth.hhs.gov/clas>



Uses of Data to Advance Health Equity

REAL + D



CDC: A Practitioner's Guide for Advancing Health Equity, Community Strategies for Preventing Chronic Disease

[Cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-section1.pdf](https://www.cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-section1.pdf)

Universal Access and Accessibility in Addition to ADA

- University of North Carolina at Chapel Hill:
Universal Design

Removing Barriers to HealthCare PDF

<https://fpg.unc.edu/node/6264>



Health Literacy

US Department of Health & Human Services

Health Literacy Online, A Guide for Simplifying
the User Experience

<https://health.gov/healthliteracyonline/>





Declaration for Mental Health Treatment

A Declaration for Mental Health Treatment

- Allows patients to plan for the mental health treatments they would want if in crisis
- A Declaration form is used only when a person is unable to understand and make decisions about their mental health treatment
- Patients can describe the care they would want to receive, as well as the kind of care they do not want to receive

“Can I plan now for the mental health treatment I would want if I were in crisis?”

A Guide to Oregon’s Declaration for Mental Health Treatment

<https://www.clatsopbh.org/documents/declaration-of-mental-health-treatment-2017-156.pdf>

Additional Required Training for Behavioral Health Providers

Motivational Interviewing

Principles of Recovery

Integration



Training Links

Motivational Interviewing: CareOregon

<https://www.careoregon.org/providers/programs/MEDS-ed/motivational-interviewing-for-health-care-providers>

Principles of Recovery: SAMSHA

http://www.cibhs.org/sites/main/files/file-attachments/5._samsha_working_definition_of_recovery.pdf

Integration: National Institute of Mental Health

<https://www.nimh.nih.gov/health/topics/integrated-care/index.shtml>