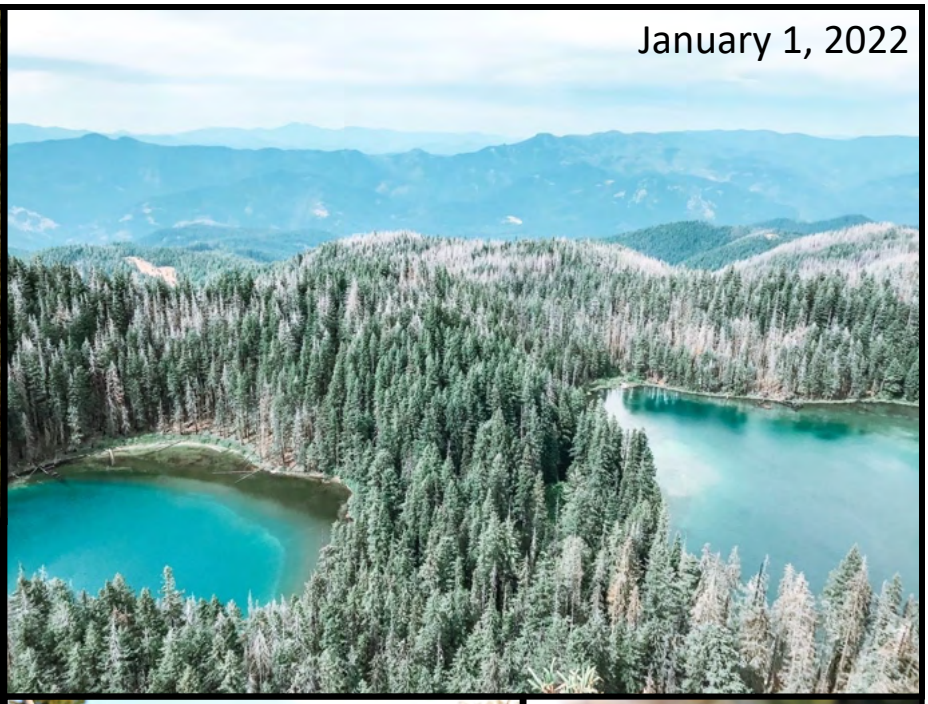
January 1, 2022



2022

UMPQUA HEALTH ALLIANCE

Oregon Health Plan

Member Handbook

500 SE Cass Ave Suite 101 Roseburg, OR 97470
Customer Care: 541-229-4UHA or 541-229-4842
Toll-Free: 1-866-672-1551 TTY 541-440-6304
www.UmpquaHealth.com

UHA Non-Discrimination Notice

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

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.

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

Web: www.umpquahealth.ethicspoint.com

Email: 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

You 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: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

Email: OCRComplaint@hhs.gov

Phone: 800-368-1019, 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

UHA Non-Discrimination Notice

To report your concern, you can also fill out the Report of Discrimination Form in your preferred language at:

https://www.oregon.gov/oha/OEI/Pages/Public-Civil-Rights.aspx

You can Mail, Fax, or Email the completed form to:
Email: OHA.PublicCivilRights@state.or.us
Fax: 1-971-673-1330
Mail: OHA Office of Equity and Inclusion
Attn: Diversity, Inclusion & Civil Rights Manager
421 SW Oak St, Suite 750
Portland, OR 97204

If you need help or for more information:
Phone: 1-844-885-7889
TTY: 711

To find UHA's Complaint form, please go to: https://www.umpquahealth.com/ohp/

More resources where you can file a complaint:

If it is within 180 days of the alleged discrimination

US Department of Justice Civil Rights Division
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530
1-888-736-5551 or 202-514-0716 (TTY)

US Health and Human Services Office of Civil Rights Michael Leoz, Regional Manager Office for Civil Rights U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103

Customer Response Center: (800) 368-1019
Fax: 202-619-3818
TDD: 1-800-537-7697
Email: ocrmail@hhs.gov

Within one year of alleged discrimination

Oregon Bureau of Labor and Industries (BOLI)
800 NE Oregon Street, Suite 1045
Portland, OR 97232
1-971-673-0764 or 711 (TTY)
Email: crdemail@boli.state.or.us

If you need another language, large print, Braille, CD, tape or another format, call Customer Care at 541-229-4842, toll free 866-672-1551, or TTY 541-440-6304. Members may access free sign and oral interpreters, as well as translations and materials, such as Provider Directories, Member Handbooks, Appeals and Grievance Notices, Denials and Termination Notices, and any other items, in alternate formats free of charge. All written materials can be provided within 5 business days.

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

Si necesita otro idioma, impresión grande, Braille, CD, cinta u otro formato, llame al servicio de atención al cliente al 541-229-4842, número gratuito 866-672-1551, o TTY 541-440-6304. Los miembros pueden acceder gratuitamente a intérpretes de letreros e intérpretes orales, así como a traducciones y materiales, como directorios de proveedores, manuales de miembros, avisos de apelaciones y reclamaciones, avisos de denegación y rescisión, y cualquier otro elemento, en formatos alternativos de forma gratuita. Todos los materiales escritos se pueden proporcionar en un plazo de 5 días hábiles.

Puede tener un intérprete de voz o lenguaje de signos en sus citas si lo desea. Cuando llame a una cita, dígale a la oficina de su proveedor que necesita un intérprete y en qué idioma. La información sobre los intérpretes de atención médica se encuentra en www.Oregon.gov/oha/oei.

Welcome to Umpqua Health Alliance

Umpqua Health Alliance (UHA) wants to take good care of you and your family. Your health plan is not here to just take care of you when you are sick. Our goal is to help you and your family 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, it 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 Customer Care 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 Customer Care at the phone numbers listed below. You can also find the UHA handbook online at https://www.umpquahealth.com/umpqua-health-member-handbook/ or request that a copy be sent to you free of charge at any time. We will mail you a copy within 5 business days. If you wish to get your communications from UHA electronically, please call us and let us know. You must approve this change.

You may see the Oregon Health Plan Handbook at
https://aix-xweb1p.state.or.us/es_xweb/DHSforms/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). A Dental Care Organization (DCO) will be assigned to you. 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 DCO or Primary Care Dentist (PCD).

We now have Face-to-Face meetings now available via Zoom:

Our Face-to-Face Orientation can be used to help new members learn more about their coverage through UHA. You can also schedule a meeting with us if you have questions about your coverage but would like to meet someone face-to-face.

If you would like to schedule a meeting, please contact UHA Customer Care at 541-229-4842, or click the link on our website: https://www.umpquahealth.com/ohp/benefits/ and click the button that says, "Zoom Meeting for Face-to-Face Orientation".

www.UmpquaHealth.com

Customer Care Location and Hours of Operation

Umpqua Health Alliance Customer Care 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: 1-866-672-1551

Office Closures:

- New Year's Day
- Memorial day
- Independence day
- Labor Day
- Veterans Day
- Thanksgiving
- Day After Thanksgiving
- Christmas Eve (Half-day)
- Christmas Day

For Non-Emergent Medical Transportation, call:

MTM

Toll-Free:

1-800-735-1188

For Dental benefits, call:

Advantage Dental DCO

Toll-Free:

866-268-9631

Behavioral Health 24-hour crisis line:

Toll-Free:

1-800-866-9780

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: UHCustomerCare@umpquahealth.com
We accept all relay calls or you can dial 711

Korean

이 문서는 다른 언어,대형 인쇄물,점자 또는 원하는 형식으로 무료로 받을 수 있습니다.
프로그램/연락처:Umpqua Health Alliance
전화 번호: 541-229-4842
이메일:UHCustomerCare@umpquahealth.com
우리는 모든 릴레이 전화를 받거나 711로 전화를 걸 수 있습니다.

Bosnian / Bosanski

Ovaj dokument možete dobiti na drugim jezicima, velikim ispisom, brajicom ili formatom koji želite besplatno.
Program/kontakt: Umpqua Health Alliance
Telefon: 541-229-4842
Email: UHCustomerCare@umpquahealth.com
Prihvaćamo sve relejne pozive ili možete birati 711

Burmese

sainsai i hcarrwathcartam ko aahkyarr bharsarhcakarrmyarr, ponenhaiut hcarlone kyee, myetmamyin hcar shoetmahote sain nhaitsaatsaw ponehcan hpyang rashi ninesai.
aahceaahcain / saatswalraan: Umpqua Health Alliance
hponenanparat: 541-229-4842
Email: UHCustomerCare@umpquahealth.com
laat sang kam hkawsomhu aarrloneko laathkan parsai. shoetmahotesain 711 ko hkawso ninesai

Thai

คุณสามารถรับเอกสารนี้ในภาษาอื่น ๆ พิมพ์ขนาดใหญ่ อักษรเบรลล์ หรือรูปแบบที่คุณต้องการได้ฟรี
โปรแกรม/ติดต่อ: Umpqua Health Alliance
โทรศัพท์: 541-229-4842
อีเมล: UHCustomerCare@umpquahealth.com
เรายอมรับการโทรทั้งหมดหรือคุณสามารถกด 711

Russian / русский

Вы можете получить этот документ на других языках, больших шрифтах, шрифте Брайля или формате, который вы предпочитаете, бесплатно.
Программа/контакт: Umpqua Health Alliance
Телефон: 541-229-4842
Электронная почта: UHCustomer-Care@umpquahealth.com
Мы принимаем все ретрансляторы или вы можете набрать 711

OHA Language Access Statement

Cambodian / Khmer

anak ach ttuol ban eksar nih chea pheasaea phsaengtiet kar baohpoump thom aksaar bre l ru tomrng na del anak penhchett daoy itkitathlai.
kammovithi /tomneaktomnng: Umpqua Health Alliance
toursapt: 541-229-4842
aimel: UHCustomerCare@umpquahealth.com
yeung ttuol yk kar haw banhchoun bant teangoasa ryy anak ach choch 711

Chuukese

Ke tongeni omw kopwe angei noum kapin ei taropwe, ese kamo, non fosun fonuom, ika non “large print” (weiweita ika mak mei kan mese watte), ika non “braille” (faniten ekewe mei chun), ika ren pwan ekoch sakkun pisekin ika an-gangen aawewe.
Meeni pirokram/io kipwe poporaus ngeni:
Umpqua Health Alliance
Fon: 541-229-4842
Email: UHCustomerCare@umpquahealth.com
Aipwe etiwa “relay calls”, ika ke tongeni pwisin kori 7-1-1.

Farsi / Persian

شما می توانید این سند را به زبان های دیگر، چاپ بزرگ، خط بریل یا فرمت مورد نظر خود رایگان دریافت کنید.
اتحاد بهداشتدرمان Alliance Health Umpqua
تلفن: ۵۴۱—۴۸۴۲-۲۲۹
ایمیل: UHCustomerCare@umpquahealth.com
ما همه تماس های رله را قبول می کنیم یا می توانید با 711 تماس بگیرید

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 Delepwohn: 541-229-4842
Email: UHACustomerCare@umpquahealth.com
Se kin alehda koahl karos me lelohng reht de komw kak eker 711.

Ukrainian / Українська

Ви можете отримати цей документ іншими мовами, великим шрифтом, шрифтом Брайля або форматом, який ви віддаєте перевагу безкоштовно.
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Телефон: 541-229-4842
Електронна пошта: UHCustomer-Care@umpquahealth.com
Приймаємо всі ретрансляційне дзвінки або можна 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: UHCustomerCare@umpquahealth.com
Waamicha bilbilaa hunda ni fudhanna ykn 711 irratti bilbilu ni dandeessa.

OHA Language Access Statement

Romanian / RomÂnĂ

Puteți obține acest document în alte limbi, imprimare mare, braille sau un format pe care îl preferați gratuit.
Program/Contact: Umpqua Health Alliance
Telefon: 541-229-4842
E-mail: UHCustomerCare@umpquahealth.com
Acceptăm toate apelurile de releu sau puteți apela 711

Spanish / Español

Puede obtener este documento en otros idiomas, en letra grande, en braille o en el formato que prefiera de forma gratuita.
Programa/Contacto: Umpqua Health Alliance
Teléfono: 541-229-4842
Correo electrónico: UHCustomerCare@umpquahealth.com
Aceptamos todas las llamadas de retransmisión o puede marcar 711

Simplified Chinese / 简体中文

您可以免费获得其他语言的文档，大型印刷品，盲文或您喜欢的格式。
方案/联系人：Umpqua Health Alliance
电话号码：541-229-4842
电子邮件：UHCustomerCare@umpquahealth.com
我们接受所有中继电话，或者您可以拨打711

Vietnamese / Tié

Bạn có thể lấy tài liệu này bằng các ngôn ngữ khác, in lớn, chữ nổi hoặc định dạng bạn thích miễn phí.
Chương trình/liên hệ: Umpqua Health Alliance
Điện thoại: 541-229-4842
Email: UHCustomerCare@umpquahealth.com
Chúng tôi chấp nhận tất cả các cuộc gọi chuyển tiếp hoặc bạn có thể quay số 711

Traditional Chinese / 繁體中文

您可以使用其他語言、大型列印、點字或您喜歡的格式免費取得此文件。
計劃/聯絡方式:Umpqua Health Alliance
電話號碼：541-229-4842
電子郵件：UHCustomerCare@umpquahealth.com
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Lao

thansamad ao ekasan sabab nipenphasa un phim hainy phimsa mong ru hubaebb thithan-tongkan odnybo siakha
aephnngan kan tidto Umpqua Health Alliance
boeoth 5412294842
imev UHCustomerCare@umpquahealthcom
phuakhao nyomhab kan oth songto thukthan ru thansamadkod 711

OHA Language Access Statement

Japanese / 日本人

この文書は、他の言語、大きな印刷物、点字または好きな形式で無料で入手できます。
プログラム/お問い合わせ: Umpqua Health Alliance
電話: 541-229-4842
メール：UHCustomerCare@umpquahealth.com
私たちはすべてのリレーコールを受け入れるか、711をダイヤルすることができます

Marshallese / Kajin Majel

Kwomaroñ bōk in ilo kajin ko jet, jeje kōn leta ko rekiļep, ilo braille ak ilo bar juon wāween eṃṃanļọk ippaṃ ejjeļọk wọñāān.
Kōjeļāin program/kepaake: Umpqua Health Alliance
Telpon: 541-229-4842
Email: UHCustomerCare@umpquahealth.com
Kōmij bōk aolep kaļļọk in relay ak kwomaroñ jiburi 711.

Arabic

يمكنك الحصول على هذه الوثيقة بلغات أخرى، طباعة كبيرة، برايل أو شكل تفضله مجانا.
البرنامج/Umpqua Health Alliance
الاتصال:
الهاتف: 4842-229-541
البريد الإلكتروني: UHCustomerCare@umpquahealth.com
نحن نقبل جميع مكالمات الترحيل أو يمكنك الاتصال بـ 711

Somali / Soomaali

Waxaad dokumentigan ku heli kartaa luqado kale, daabac weyn, braille ama qaab aad doorbidayso lacag la'aan ah.
Barnaamijka/xidhiidh: Umpqua Health Alliance
Telefoonka: 541-229-4842
Email: UHCustomerCare@umpquahealth.com
Aqbalayno dhammaan wicitaanada Relay ama waxaad wici kartaa 711

French / Français

Vous pouvez obtenir ce document dans d'autres langues, en gros caractères, en braille ou dans un format que vous préférez gratuitement.
Programme/contact: Umpqua Health Alliance
Téléphone: 541-229-4842
Courriel: UHCustomerCare@umpquahealth.com
Nous acceptons tous les appels de relais ou vous pouvez composer le 711

German / Deutsch

Sie erhalten dieses Dokument in anderen Sprachen, Großdruck, Blindenschrift oder einem von Ihnen bevorzugten Format kostenlos.
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Wir akzeptieren alle Relaisgespräche oder Sie können 711 wählen

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Words to Know

Acute Inpatient Psychiatric Care — Care you get from a hospital designated to meet the needs of people who have emotional and behavioral issues that put them at risk of harming themselves or others. Emergency inpatient psychiatric care does not need prior approval.

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

Advance Directive — A form that allows you to describe your wishes concerning medical treatment at the end of life.

Adverse Benefit Determination (ABD): When prior approval of a requested service is limited or denied. This includes determinations based on:

- the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
- the reduction, suspension, or stopping of a previously authorized service or the denial of payment for a service;
- failure to provide services in a timely manner, as defined by the State;
- the failure of UHA to act within the timeframes provided in §438.408(b)(1) and (2) regarding the standard outcome of grievances and appeals;
- the denial of a member's request to exercise his or her right, under §438.52(b)(2)(ii), to obtain services outside the network if they are a resident of a rural area with only one managed care organization;
- and the denial of a member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.

Appeal — When you ask your plan to review a decision the plan made about covering a health care service. If you do not agree with a decision the plan made, you can appeal it and ask to have the decision reviewed.

Balance Billing— When a provider bills an insurance, and bills the member for the rest of what was not paid.

Care Coordination—The organized coordination of a member's health care services, support activities, and resources.

Case Management — Services to help you connect with providers for dental, medical, and/or behavioral health needs.

Complaint — Also known as a grievance, it's a way for you to tell us if you are unhappy with UHA, a provider, or a clinic. We must respond to each complaint.

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

Coordinated Care Organization (CCO) — OHP has local health plans that help you use your benefits. These plans are called Coordinated Care Organizations or CCO's. CCO's have providers who work together in your community.

Words to Know

Copay or Copayment — Medicare and other plans may pay for services but also charge the member a small fee. This fee is called a copay. OHP and UHA do not 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.

Declaration of Mental Health Treatment — 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.

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) — State agency in charge of programs such as Supplemental Nutrition Assistance Program (SNAP) and Medicare. DHS and OHA work together to make sure you have the care you need.

Devices for Habilitation and Rehabilitation—Equipment to help you benefit from habilitation and/or rehabilitation therapy services or meet other clinical or functional needs. Examples include walkers, crutches, canes, glucose monitors, prosthetics and orthotics, oxygen machines, infusion pumps, low vision aids, augmentative communication devices, and complex rehabilitation technologies. These are items like motorized wheelchairs and assistive breathing machines.

Durable Medical Equipment (DME) — Medical equipment such as wheelchairs and hospital beds. They are durable because they last and they do not get used up like medical supplies.

Emergency Dental Condition— A condition that is potentially life threatening and requires immediate care. This may include severe tooth pain, unusual swelling, or infection.

Emergency Medical Condition — An illness or injury that needs care right now. A physical health example is bleeding that will not stop or a broken bone. A mental health example is feeling out of control or feeling like hurting yourself.

Emergency Medical Transportation — Using an ambulance to get care. Emergency medical technicians (EMT) give you care during the ride or flight. This happens when you call 911.

Emergency Room Care — Care you get when you have a serious medical issue and it is not safe to wait. This care happens in an Emergency Room (ER).

Emergency Services — Care you get during a medical crisis. These services can help make you stable when you have a serious condition.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) - Checkups for members from age 0 to 21. These checkups are to find and treat medical problems. If a problem is found, a provider will refer for further

Words to Know

care.

ER and ED — *Emergency Room* and *Emergency Department*, the place in a hospital where you can get care right now.

Estate Recovery — After an OHP member dies, OHA will ask to be paid back for services that OHP covered after age 55 for people in long-term care. This is known as estate recovery and is required by Federal and State law. Some of the money from estate recovery goes into DHS programs to help other people. Some is returned to the federal government so Oregon may continue to get federal money for Medicaid programs.

Evaluation — A way to decide your need for physical, dental, or 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. A person who is in charge of assessing the mental health and substance use disorder services and support needs of a member. This is done through community outreach. They help members with mental health or substance abuse disorders. They help:

- get access to available services and resources
- focus on barriers to services
- and provide education and information

This is to reduce the stigma and prejudice toward people who use 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.

Habilitation Services and Devices — Services and devices that teach daily living skills. An example is speech therapy for a child who has not started to talk.

Health Insurance — A plan or program that pays for some or all of its members' health care costs. A company or government agency makes the rules for when and how much to pay.

Health Risk Screening — A survey will be conducted to assess your overall health and provide individual assistance if needed. This survey will ask you about your emotional, physical, and behavioral health. It will ask about living conditions and your family history. UHA will use this information to connect you with resources and support that will help your overall health.

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.

Home Health Care — Services you get at home to help you live better. For example, you may get help after

Words to Know

surgery, an illness or injury. Some of these services help with medicine, meals, and bathing.

Hospice Services — Services to comfort a person and their family during end-of-life care.

Hospital Inpatient and Outpatient Care — Inpatient care is when you get care and stay at a hospital for at least three nights. Outpatient care is when you get care at a hospital but, do not need to stay overnight.

Hospitalization — When someone is checked into a hospital for care.

In Lieu of Service (ILOS)— Services and settings that are offered as an option for members. These are for services that are not usually covered by OHP. **UHA does not currently offer any ILOS services.**

Intensive Care Coordination—Some members with special health care needs (e.g., older adults, disabled individuals, individuals with multiple and chronic conditions, children with behavioral problems, individuals using IV drugs, women with high risk pregnancy, veterans and their families, and those with HIV/AIDS or tuberculosis) will receive additional assistance and resources to help them manage their health.

Intensive Care Coordination Plan (ICCP) — Collective, all-inclusive, unified and interdisciplinary-focused written documentation. This document includes details of the supports, desired outcomes, activities, and resources required for an individual getting ICC Services. The goal is to achieve and maintain personal goals, health, and safety. It identifies certain assignments for the functions of specific care team members. It also addresses relevant medical, social, cultural, developmental, behavioral, educational, spiritual, and financial needs in order to achieve optimal health and wellness outcomes.

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.

Iris— Provides Advance Care Planning services to members dealing with serious illness. They help members complete advance directives.

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

Long-term Care or Long-Term Services and Supports (LTSS) — Medicaid funded long-term services and supports services. These include a range of social and health services to eligible adults. Eligible adults are aged, blind, or have disabilities for extended periods of time. This includes nursing homes, behavioral health care, and state psychiatric hospitals.

Medicaid — A national program that helps with the healthcare costs for people with low income. In Oregon, it's called the Oregon Health Plan.

Medically Necessary — Services and supplies that your doctor says you need. You need them to prevent, diagnose or treat a condition or its symptoms. It can mean services that a provider accepts as normal treatment.

Medicare — A health care program for people 65 and older, or people with disabilities at any age.

Words to Know

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

Network — The group of providers that UHA contracts with to provide services. They are the doctors, dentists, therapists, and other providers that work together to keep you healthy.

Network Provider — A provider UHA contracts with for services. If you see network providers, UHA will pay. Also called a "**Participating Provider**".

Notice of Appeal Resolution (NOAR) - A letter that tells you when a decision is made about your appeal.

Non-Network Provider — A provider that does not have a contract with UHA. These providers may not accept UHA's payment for their services. You might have to pay if you see a non-network provider. Also called a "**Non-Participating Provider**".

Notice of Action (NOA)— Our written response to you denying any request for service or payment for service.

OHP Agreement to Pay (OHP 3165 or 3166) Waiver—A form that you sign if you agree to pay for the services that OHP does not pay for. It is only good for the exact dates and service that is listed on the form. For more information, please see the Billing Information section of this handbook.

Participating Provider — A provider UHA chooses to have a contract with. If you see network providers, UHA will pay. This is also called a "**Network Provider**".

Personal Care Services — A benefit that helps members with everyday tasks. These tasks are important activities of daily living. The services are provided by someone who is qualified to provide such services and who is not a legally responsible relative of the member. The services may be furnished in a home or other similar location.

Physician Services — Services that you get from a doctor.

Plan — A company that arranges and pays for health care services. Most plans have physical, dental and mental health care.

Post-Stabilization Care — This is care you get after you have gotten emergency medical services. It helps to improve or fix your health issues, or stop it from getting worse. It does not matter whether you get the emergency care in or outside of our network. We will cover services medically necessary after an emergency. You should get care until your condition is stable.

Preapproval (Preauthorization, or PA) — Permission for a service. This is usually a document that says UHA will pay for a service. Some plans and services require this before you get care.

Premium — What a person pays for insurance.

Prescription Drug Coverage — Health insurance or plan that helps pay for medications.

Words to Know

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

Prevention — What is done to help keep you healthy and stop you from getting sick. This can be check-ups and flu shots.

Primary Care Dentist (PCD) — The main dentist who takes care of your teeth and gums.

Primary Care Provider or Primary Care Physician (PCP) — The medical professional who takes care of your health. This is usually the first person you call when you have health issues or need care. Your PCP can be a doctor, nurse practitioner, physician's assistant, osteopath, or sometimes a naturopath.

Provider — A licensed person or group that offers health care services. Examples are a doctor, dentist or therapist.

Rehabilitation Services and Devices — Special services and devices to help you get back to better health. These help usually after surgery, injury, or substance abuse.

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

Second Opinion — An opinion from a doctor/healthcare provider that is not your regular doctor/healthcare provider. They give you their view about your 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 home.

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.

Special Health Care Needs — Members who have high health care needs, multiple chronic conditions, mental illness, or substance use disorders and may also:

- Have functional disabilities,
- Live with health or social conditions that place them at risk of developing functional disabilities (like serious chronic illnesses, or certain environmental risk factors such as homelessness or family problems that lead to the need for placement in foster care), or
- Are a member that is identified by OHA who needs priority care.

Specialist — A provider trained to care for a certain part of the body or type of illness. Some specialists require a prior approval.

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 and social skills.

Words to Know

Therapy — Care you receive to try and aid a health problem. Therapy can be a treatment for dental, medical, or behavioral health.

Transition of Care — Some members who change OHP plans can still get the same services and see the same providers as before. That means care will not change when you switch to a different CCO or move onto/from OHP fee-for-service. If you have serious health issues, your new and old plans must work together to make sure you get the care and services you need.

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

Urgent Care — Care that you need the same day. It could be for serious pain, to keep you from feeling 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. It can be Managed Care or Fee-For-Service. The State of Oregon and the US Government's Medicaid program pay for it. The OHP program covers:

- Doctor's visits
- Prescriptions
- Hospital stays
- Dental care
- Mental health services
- Help with addiction to cigarettes
- Drug and alcohol treatment
- Free rides to covered health care services

OHP can cover hearing aids, medical equipment, and home health care if you qualify.
OHP Supplemental is a benefit for children through age 20, and pregnant women. It covers glasses and other 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 covered services, called the Prioritized List of Health Services, is online at https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx. To find the most up-to-date list, please look for the "Current Prioritized List and Associated Documents" section. From there, under "Documents", the newest Prioritized List will have a current date next to the name. The lines below 471 are not funded. Those services may be covered, if treating them will help a covered condition.

Umpqua Health Alliance (UHA) is a Coordinated Care Organization (CCO). CCO's 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. CCO's consist of all types of providers. They work together to provide patient centered care. OHA pays CCO's a set amount each month to give their members the health care services they need.

Health services for OHP members not in a CCO are paid directly by OHA. This is called Fee-For-Service (FFS). FFS means OHA pays providers a fee for services they give. It is also called an Open Card. Native Americans, Alaska Natives, and people on both Medicare and OHP can be on a CCO or Open Card. Any CCO member who has a medical reason to have FFS can ask to leave managed care. OHP Client Services can help you understand and choose the best way to get your health care. Their number is 1-800-273-0557.

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

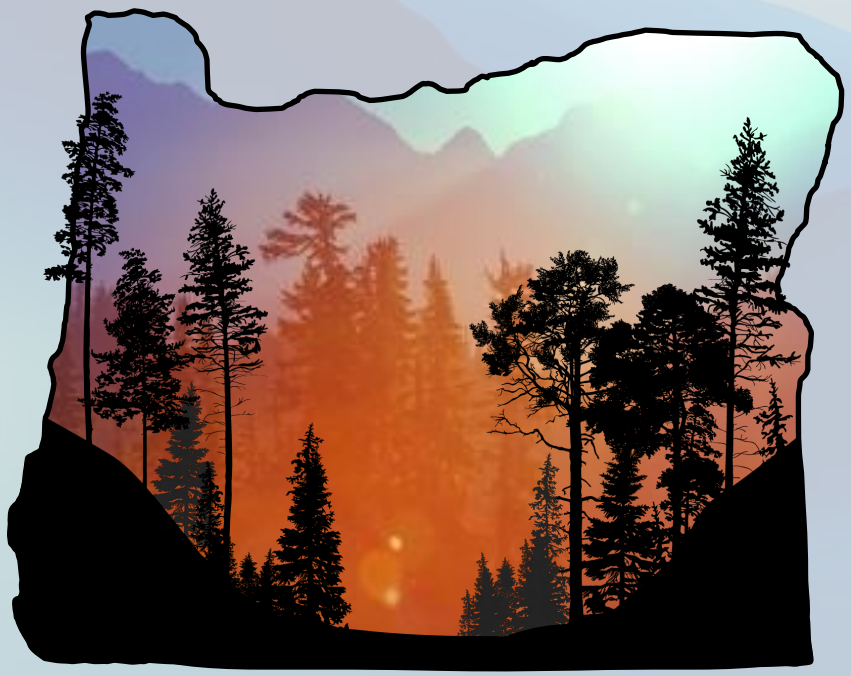
OHP Now Covers Me

The Oregon Health Plan (OHP) is available to children and teens younger than 19, no matter the immigration status. This includes youth with Deferred Action for Childhood Arrivals (DACA) status and those who were only eligible for Citizen Alien Waived Emergent Medical (CAWEM or CAWEM Plus). All other OHP requirements for those under 19, such as household income, stay the same.

What is a Coordinated Care Organization (CCO)?

UHA is a group of all types of health care providers. They work together for people on OHP in our area. 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, 866-268-9631
- **ATRIO Health Plans**, a provider of Medicare Advantage insurance, 877-672-8620
- **Aviva Health**, a Federally Qualified Health Center (FQHC)
- **Cow Creek Health & Wellness Center**, an Indian Health Service Clinic providing medical care for tribal members as well as the general public, 800-929-8229
- **Mercy Medical Center**, the community hospital in Roseburg;
- **Umpqua Health Newton Creek, LLC,** a Rural Health Clinic (RHC) 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 some areas in Reedsport, Gardiner, Winchester Bay, and Scottsburg.

How We Coordinate Your Care

UHA coordinates the care you get. 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 unneeded 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 is easy to understand and follow.
- We will coordinate the care we give by working with your providers. We give them information that will help you get healthy and help keep you healthy.
- All of your providers will work together, with you, to improve your health. They make sure all of your medical, dental, and mental health needs are met.
- We offer prevention programs to help keep you and your family from getting sick.

How We Coordinate Your Care

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 CCO's may pay for in special situations. Health-related services can be for one person, or for a community, to benefit the broader population. For more information, call UHA Customer Care. UHA does not currently cover any "In Lieu of Service" (ILOS) services. You can also find more information on Page 55 and 56.

Another way we coordinate your care is by asking our providers to be recognized by OHA as a Patient Centered Primary Care Home (PCPCH), or other primary care team. That means they can get extra funds to follow their patients closely. They make sure all your medical, dental, and mental health needs are met. You can ask your clinic or provider's office if they are a PCPCH.

UHA's Care Coordinators can help you understand the healthcare system. We have experts in many different areas of healthcare. These experts are here for you and your family members. Want to know more? Call Customer Care at the number above and ask for Care Coordination. Our goal is to be a partner on your journey toward better health and wellness.

Dual Eligible—Members with Medicare & Medicaid

Some people have both Medicaid and Medicare benefits. They are called Full Benefit Dual Eligible (FBDE). OHP helps cover Medicare premiums, co-pays for office visits, and other things Medicare does not cover. UHA covers rides to appointments, mental health services, and dental care. Let us know before you go onto Medicare so we can help.

UHA is joined with a Medicare Advantage plan called ATRIO Health Plans. This plan has Medicare Part D coverage. ATRIO also offers Dual Special Needs Plans (D-SNPs). This plan manages OHP and Medicare benefits for members who have special needs or need a lower-cost plan. You may get a letter or phone call from the local APD office. They will ask if you need help getting the right plan.

If you are Dual Eligible, make sure your provider knows. Medicare should be billed first. You will get a Medicare Explanation of Benefits (EOB) in the mail. If Medicare denies any of your covered services, don't worry. Call UHA Customer Care and let us know you got a bill. You are not liable for paying the co-insurance, co-pay, or deductible for covered services. UHA will pay the rest of the charges for covered services. Your provider will send UHA all of the bills. UHA will coordinate your Medicare services with your OHP covered services.

If you get care from a provider that is not in UHA's network, you may have to pay the bill. Out-of-network services are only covered for emergency care. If you want to see a provider that is not in UHA's network, ask your PCP for a referral. You can find a list of our providers in the Provider Directory. This can be found at https://www.umpquahealth.com/ohp/. Click on "Find a Provider" on the drop down menu named OHP MEMBERS.

Please contact UHA's Customer Care if you have any questions or need help. Our number is listed at the top of the page. You can also call Toll-Free at 1-866-672-1551. If you would like to know more about getting help with coordinating your care, please see the Intensive Care section of this handbook on Page 45.

Dual Eligible

The benefits of having Medicare and OHP

Why choose Umpqua Health Alliance?

Umpqua Health Alliance's (UHA) goal is to help you have a healthier life. We have a local office here in Roseburg. Our staff will work with you one-on-one. Douglas County has a small feeling of community.

We offer a number of classes and programs for better health. There are diabetes classes to help you manage the disease. We have a Community Advisory Council where members and county residents give advice on how to better address the needs of the residents in Douglas County.

What does UHA cover that Medicare doesn't?

We offer dental and hearing aids. We also offer free rides. This includes rides to your doctor appointments or mileage reimbursement. Some Medicare plans may not cover vision. UHA offers vision coverage for some medical diagnoses such as Cataracts, Diabetes, and Glaucoma. Medicare doesn't always cover the Durable Medical Equipment (DME) and supplies you need. UHA contracts with many suppliers for items like incontinence supplies, diabetic supplies, oxygen, and CPAP machines.

Do I have Co-pays?

No, UHA does not require co-pays for any covered benefits except for Medicare Part D. If there is a medication that Medicare doesn't cover, if it's covered by UHA, we will cover the co-pay.

Am I required to have a Primary Care Provider (PCP)?

Yes, UHA requires you to have a PCP. You do have the freedom to pick whomever you want in our network. UHA will assign you a PCP in the first week of your enrollment with us. If you do not like your provider or want to change your provider, you can give us a call and we will be happy to change it for you.

How many Providers do you have in your network?

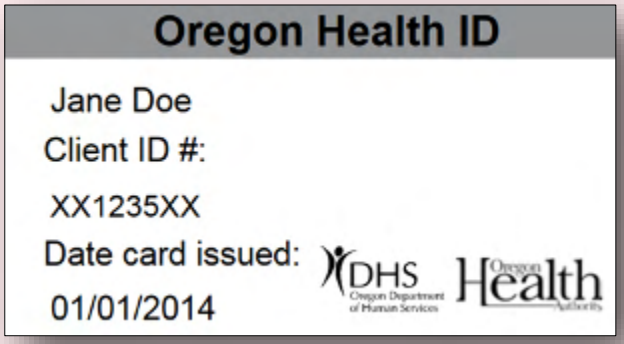
UHA contracts with over 400 providers and clinics in Douglas County alone, including mental health providers and specialists. We also work with hundred of providers outside of Douglas County to get the care you need.

You can find all of our network providers on our website www.umpquahealth.com or call UHA Customer Care at 541-229-4842. We can send you a list of our providers that are in our network.

Enrollment / Member Communication

When you enroll with OHP, you will get letters in the mail letting you know how the coverage works. You will get the following in the mail:

OHP Coverage Letter — OHP sends you a letter with your benefit package and CCO information. It also shows you the coverage for everyone in your home who is eligible for OHP. You do not need to take the letter to your appointments or pharmacy. OHP will send you a new letter if you ask for one or if your plan changes.

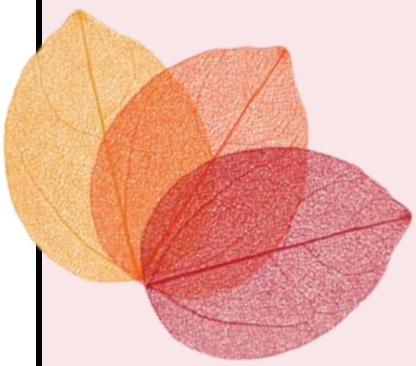


OHP Medical ID Card — OHP also sends you an Oregon Health ID. This card has your name, client number, and the date the card was issued. All eligible members in your household get their own ID card. You must keep it with you and show it to all of your medical providers. If you lose your ID card, call OHP Customer Services at 1-800-699-9075 for help.

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

Member Handbooks — If you would like another copy of this 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 version of our handbook on our website at https://www.umpquahealth.com/ohp/. It is located under the MEMBER FORMS/ NOTICES section.

Newborn Coverage — If you are covered by UHA, your newborn will also be covered. However, please enroll your baby as soon as possible. You must tell OHP Customer Services about your baby's birth. Call them at 1-800 -699-9075. When your baby is eligible, OHP will send you a coverage letter. Even if you are not eligible for coverage, your child may still be covered.



Enrollment / Member Communication

Coordinated Care Organization (CCO) Enrollment—Most people with OHP benefits are enrolled in a CCO. Your CCO pays for your health care. For most people, the CCO pays for medical, dental, and behavioral health (mental health and substance use disorder treatment) services. Your OHP coverage letter and UHA ID Card lists the type of care your CCO covers. Below is a list of coverage types UHA offers:

- **CCOA:** Medical, dental, and behavioral.
- **CCOB:** Medical and behavioral health care. OHP pays for dental care.
- **CCOG:** Dental and behavioral health care. OHP pays for medical care.
- **CCOE:** Behavioral health care only. OHP pays for medical and dental care.

UHA Member ID Card

Front

Emergency In case of a true emergency, call 911 or go to your nearest emergency room **Nurse Advice Line:** 1-888-516-6166 **Dental Emergency:** 1-866-268-9631 **24-hour Mental Health Crisis Line** 1-800-866-9780	Umpqua Health Alliance - CCOA **Member Name:** «first_name» «last_name» **Member ID:** «member_number» **Customer Care:** 541-229-4842 **Toll Free:** 1-866-672-1551 **TTY Users**: 541-440-6304 | 711 **Website**: www.UmpquaHealth.com

Back

Primary - Dental - Mental Health «provider_office_name» «provider_ph_hdr» «dental_name» «dental_phone» **You have Mental Health coverage** **Routine Vision coverage for ages 20 and younger.**	**Non-Emergent Medical Transportation:** MTM: 1-855-735-1188 **Pharmacy Billing** Bin Number: 003585 Group/PCN Number: 38920 **If you need language assistance,** call Linguava at 503-265-8515, 711, or UHA Customer Care at 541-229-4842

How to Change CCO's

If you want to change to a different CCO, call OHP Client Services at 1-800-273-0557 or 1-800-699-9075. You can also request to change to another CCO by writing. If another CCO in your area is open for enrollment, you may be able to switch. There are several chances for you to change, which include but are not limited to:

- 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 have been on OHP before, you can change during the first 30 days after you enroll.
- When you renew your OHP coverage (usually once a year).
- After you have been enrolled in a CCO for six months.
- Once a year, for any reason.
- If you move to a place that your CCO does not serve. To update your address, please inform OHP Customer Services at 1-800-699-9075. They will confirm whether you need to be placed in a different CCO.
- If you are a Native American or Alaska Native, you can ask to change or leave your CCO anytime.
- If you are on Medicare, you can ask to change or leave your CCO anytime. However, you must have a CCO for dental and mental health care.

Disenrollment — UHA does not control disenrollment. UHA may ask OHA to remove you from the plan if you:

- Are abusive to CCO staff, property, or your providers.
- Commit fraud, for example letting someone else use your benefits.
- Move outside of the service area of your plan.
- Lose OHP eligibility.

OHA will review any request for disenrollment by the CCO for the reasons above.

Other reasons you might choose to leave UHA's CCO on your own may be:

- When we do not cover a service that you want or need.
- You need "related" services to be done at the same time.
    - i.e., a C-section and tubal ligation.
    - Not all related services are available in our network. Your PCP decides if getting the services separately would cause you unnecessary risk.

When you have a problem getting the right care, please let us try to help you before you change CCO's. Call Customer Care at the number listed above and ask for a Care Coordinator. If you still want to leave, change your CCO, or have any questions about your options for disenrollment, please contact OHP Client Services at 1-800-273-0557.

Moving Out of the County — Call OHP Customer Services at 1-800-699-9075 right away if you are moving out of Douglas County. They will help you change to another plan. You can also let OHP know you moved by sending an email to Oregon.Benefits@dhsoha.state.or.us. If you do not tell OHP that you moved, you may not get the care you need.

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.

A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your medical records and keeps them private. This is also called *confidentiality*. UHA has a confidentiality policy called *Notice of Privacy Practices (NOPP).* This policy explains in detail how we use our member's Personal Health Information (PHI). We will send you the policy if you ask. Call Customer Care at the number listed at the top of the page to request a copy of the *NOPP*. We will send it to you, free of charge, within 5 business days.

Privacy is important to your health plan. All PHI 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 your privacy. PHI 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.

Copays

Do I have a copay? No, UHA does not have copays. You do not have to pay to see a provider, to fill your medicine, or for any other covered service. If your provider asks for a copay, do not pay it. Please call Customer Care first. Our number is at the top of the page.

Some people who also have Medicare coverage may have a small copay for prescriptions.

Updating Contact Information

If you change your address or phone number, please let OHP Client Services know. If they do not get your updated information, it may result in you not getting your renewal packet. You may also not get other important information about your health care.

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

- Call OHP Customer Services at 1-800-699-9075.
- Send an email to: Oregon.Benefits@dhsoha.state.or.us
- Log-in or create a profile on OregONEligiblity: https://one.oregon.gov/.

Communication and Language Assistance

All members have a right to know about Umpqua Health Alliance's programs and services.

Members or potential members who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English are called Limited English Proficient or LEP. Anyone who is LEP may be entitled to language assistance for healthcare services/ encounters or benefits.

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
- Auxiliary Aids and other formats

All written materials can be provided within 5 business days. If you need help or have questions, please call Customer Care at 541-229-4842, toll free at 1-866-672-1551, TTY 541-440-6304 or 711.

If you feel more comfortable speaking a different language, please tell your doctor's office or call our Customer Care. We can have a free qualified or certified interpreter available to you for your doctor visit. We also have many doctors in our network who speak or sign other languages. You may also ask for our documents in your preferred written language by calling our Customer Care team.

Culturally Sensitive Health Education

We respect the dignity and the diversity of our members and the areas 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 on our plan.

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 Customer Care at the number listed above.

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 Customer Care 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. Aviva Health has clinics that provide shots to children and adults. They are available Monday through Friday. Please call Aviva Health at 541-672-9596 for more information regarding shots, services, and hours. You may also check with your pediatrician to see if they provide shots. Shots may also be obtained at the "Shots for Tots" clinics held in Douglas County.

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 Customer Care. You can also ask about other social services that are available in Douglas County. One of UHA's nurse case managers will be able to answer your questions.

Native Rights

American Indians and Alaska Natives can get their care from an Indian Health Service (IHS) clinic or tribal wellness center. You can be seen by a Native American Rehabilitation Association of the Northwest (NARA) if referred by an IHS or tribal wellness center. This is true whether you are in a CCO or have FFS. The clinic must bill the same as network providers.

UHA is contracted with **Cow Creek Health and Wellness**.

Address: 2371 NE Stephens St Suite 200
Roseburg, OR 97470
Phone: 541-672-8533, Toll-Free 1-800-929-8229

Access to Care

All members must be able to have ongoing primary care that meets their needs. A PCP is chosen to be responsible for coordinating your care.

When medically appropriate, UHA and our in-network providers are to be available 24 hours a day, 7 days a week. Members who should get this priority care are:

- Pregnant women and IV drug users
- Members with opioid use
- Veterans and their families
- Members who need Medication Assisted Treatment

Compliance / Fraud, Waste, and Abuse

Umpqua Health Alliance is committed to doing the right thing.

We have a Fraud, Waste, and Abuse (FWA) Plan that we must follow. This plan is to ensure that we are complying with State and Federal laws and regulations. Some of the laws are the State's False Claims Act and the Federal False Claims Act.

Examples of Fraud:

- Billing for services that were not done.
- Providing inaccurate diagnosis to justify doing tests and surgeries that aren't medically necessary.
- Letting someone else use your insurance benefits.

Examples of Waste:

- A doctor ordering tests that are not necessary.
- Mail order pharmacy sending medications to a member without confirming they are still needed.
- Going to the Emergency Room (ER) when you could have gone to your PCP.

Examples of Abuse:

- When a doctor provides treatment that does not match up with the original diagnosis (the reason you went to the doctor in the first place).
- Billing for an office visit that was 45 minutes long when they only saw the patient for 15 minutes.
- Letting someone use your prescription medications.

Compliance / Fraud, Waste, and Abuse

Please help us. Report health care fraud if you suspect it. You do not need to give your name when you make a report. Whistleblower laws protect people who report fraud, waste, and abuse. You will not lose your coverage if you make a report. It is illegal to harass, threaten, or discriminate against someone who reports fraud, waste, or abuse.

Where to report a case of Fraud, Waste, or Abuse by a Provider:

Medicaid Fraud Control Unit (MFCU)
Oregon Department of Justice
100 SW Market St
Portland, OR 97201
Phone: 971-673-1880

OR

OHA Office of Program Integrity (OPI)
3406 Cherry Ave. NE
Salem, OR 97303-4924
Fax: 503-378-2577
Hotline: 1-888-FRAUD01 (888-372-8301)
Website: https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx

Where to report a case of Fraud, Waste, or Abuse by a Member:

DHS Fraud Investigation Unit
PO Box 14150
Salem, OR 97309
Hotline: 1-888-FRAUD01 (888-372-8301)
Fax: 503-373-1525 Attn: Hotline
Website: https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx

Unfair Treatment

Do you think UHA or a provider treated you unfairly? We must follow state and federal civil rights laws. We cannot treat people unfairly for any reason 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 feasible changes to policies, practices, and procedures. We will talk with you about your needs.

To make a report on discrimination or get more information, please call the number at the top of this page, or send a letter to:

UHA Customer Care
500 SE Cass Ave Suite 101
Roseburg OR 97470

You also have the right to file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, UHA Nondiscrimination, Diversity, Inclusion and Civil Rights Executive Manager, Oregon Health Authority (OHA) Civil Rights, Bureau of Labor and Industries Civil Rights Division (BOLI). Please seepages 32-34 for contact information to make a report.

Compliance / Fraud, Waste, and Abuse

To report your concerns or get more information please contact UHA's Nondiscrimination, Diversity, Inclusion and Civil Rights Executive Manager:

Web: www.umpquahealth.ethicspoint.com
Email: 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

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: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Email: 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

To report your concern, you can also fill out the Report of Discrimination Form in your preferred language. You can get these forms at: https://www.oregon.gov/oha/OEI/Pages/Public-Civil-Rights.aspx

You can Mail, Fax, or Email the completed form to:

Email: OHA.PublicCivilRights@state.or.us
Fax: 971-673-1330
Phone: 844-882-7889, 771 TTY
By Mail: OHA Office of Equity and Inclusion
Attn: Diversity, Inclusion & Civil Rights Manager
421 SW Oak St, Suite 750
Portland, OR 97204

To find UHA's form, please go to: https://www.umpquahealth.com/appeals-and-grievances/

Fill out the UHA Complaint Form and mail it to:
UHA Customer Care
500 SE Cass Ave Suite 101
Roseburg, OR 97470

You can also call UHA Customer Care Monday—Friday, 8:00AM—5:00PM to file a complaint over the phone. To find out more information about how to file a complaint, please see page 57 of this handbook.

Compliance / Fraud, Waste, and Abuse

More resources where you can file a complaint:

If it is within 180 days of the alleged discrimination

US Health and Human Services Office of Civil Rights
Michael Leoz, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103

Customer Response Center: (800) 368-1019
Fax: 202- 619-3818
TDD: 1-800-537-7697
Email: ocrmail@hhs.gov

OR

US Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530
Phone: 888-736-5551 or 202-514-0716 (TTY)

Within one year of alleged discrimination

Oregon Bureau of Labor and Industries (BOLI)
800 NE Oregon Street, Suite 1045
Portland, OR 97232
Phone: 1-971-673-0764 or 711 (TTY)
Email: crdemail@boli.state.or.us

Other relevant policy and procedures for non-discrimination:

- Oregon Administrative Rules - Nondiscrimination policy and procedures
- Notice under the Americans with Disabilities Act (ADA)
- OHA Request for Modification Policy
- OHA Director's Civil Rights Memo
- OHA Nondiscrimination Policy for the Public Poster
- OHA Language Access Policy for the Public Poster

UHA's Nondiscrimination policy complies with all state and federal laws including:

- Title VI of the Civil Rights Act of 1964
- Americans with Disabilities Act of 1990 (as amended)
- Section 504 of the Rehabilitation Act of 1973
- Oregon Revised Statute Chapter 659A
- Section 1557 of the Affordable Care Act

The laws can all be found online at: https://www.oregon.gov/oha/OEI/Pages/Public-Civil-Rights.aspx.

Provider Availability, Time, and Distance Standards

UHA makes sure we have enough providers. We do this by:

- Reviewing grievances and appeals from members.
- The types of member complaints filed.
- How services are used.
- Requests for out-of-network services.
- Requests for special accommodations.
- Requests for second opinions.
- Community health assessments.
- Member satisfaction survey results.

UHA's providers are required to meet the following availability standards for appointment wait times.

Primary Care Providers (PCPs) or PCPCH:

Routine Appt: Within 4 weeks.
Urgent Appt: Within hours.
Follow up ER visit: Within 72 hours.

Specialists:

Routine Appt: Within 4 weeks.
Urgent Appt: Within 72 hours.

Dental Care Providers:

For Routine Care: Within 8 weeks
For Urgent Care (Adults, non-pregnant members): Within 2 weeks, or as needed per initial screening.
For Urgent Care (Children or Pregnant members): Within 1 week.
Emergent Care: Within 24 hours.

Behavioral Health Providers:

Non-urgent behavioral health: Within 7 days from the date of request
Urgent behavioral health: Within 24 hours
Specialty care for Priority Populations:

If you cannot be seen within the above timelines, the office must put you on a waitlist, and must try to get you in within 72 hours from being put on the list. They must provide services for you as close as possible to the care you are used to.

This might include:

- Referrals
- Methadone Support
- HIV/AIDS testing
- Outpatient Substance Use services
- Manage withdrawals
- Evaluations and other services

For Pregnant Women, Veterans and their families, Children ages birth through five, Children with serious emotional disturbance, individuals with HIV/AIDS or Tuberculosis, Individuals at risk of first episode psychosis, and the I/DD population:

Immediate assessment and entry.

If you need care in the meantime because an office cannot get you in, they must provide the same level of care that you are used to. They must also try to get you in within 120 days from being put on the waitlist.

Provider Availability, Time, and Distance Standards

For IV Drug users, including Heroin: Immediate entry and assessment.
Admission for services in residential care: within 14 days of request.
If you cannot be seen, and you need care while you wait, admission must take place within 120 days of being put on a waitlist.

For Opioid Use Disorder: Within 72 hours.

Medication Assisted Treatment: As quickly as possible, and not more than 72 hours.

Time and Distance Standards
UHA makes sure that its provider network is meeting the following time and distance access standards. For all providers: Acceptable travel times and distances may not exceed the following:

- In urban areas, 30 miles, 30 minutes
- In rural areas, 60 miles, 60 minutes

Douglas County is a rural community. For more information, please contact Customer Care at the number listed above.

Primary Care Providers (PCPs) or PCPCH

Standards:
- Travel time for member to PCP: 30 min urban/60 min rural
- Distance for member to PCP: 30 miles urban/60 miles rural

Specialists

Standards:
- Dental: Within 60 min/60 miles of member
- Endocrinology: Within 60 min/60 miles of member
- Gynecology (OB/GYN): Within 60 min/60 miles of member
- Infectious Diseases: Within 60 min/60 miles of member
- Oncology (Medical/Surgical): Within 60 min/60 miles of member
- Oncology (Radiation/Radiology): Within 60 min/60 miles of member
- Behavioral Health: Within 60 min/60 miles
- Pediatrics: Within 60 min/60 miles of member
- Cardiology: Within 60 min/60 miles of member
- Rheumatology: Within 60 min/60 miles of member
- Hospitals: Within 60 min/60 miles of member
- Outpatient Dialysis: Within 60 min/60 miles of member
- Inpatient Psychiatric Facility Services: Within 60 min/60 miles of member
- Pharmacy: Within 60 min/60 miles of member

OHP Member Rights and Responsibilities

{OAR 410-141-3590, OAR 410-141-3585, and 42 CFR 438.100}

Rights

Access

- To have access to covered services. The same that is available to other patients.
- Get emergency and urgent care when you need it without a prior authorization. Any time of day or night, including weekends and holidays.
- To have needed and reasonable services to diagnose the current problem.
- To choose a diverse provider, if available within the network, in any settings. One that is also easy for families to access.
- To be treated by in-network providers with the same dignity and respect as other people who get care, not on OHP.
- Get information about all of your covered and non-covered care options. This is to allow you to make good choices about your care.
- To get community based care that is in as natural and serene of a place as possible. This includes oversight, care coordination, transition and discharge planning by UHA. This is in hopes of keeping you out of the hospital.
- Get help with addiction to cigarettes, covered mental health, substance use disorder treatment, family planning, or related services without a referral.
- Get a referral to a specialist for covered services. To get a referral or a second opinion at no cost to you, with UHA's policies followed. To receive care at places that offer equal access to males and females under the age of 18. This includes services and care available through human services and the juvenile corrections program provided by or funded by the State of Oregon (ORS 417.207).

Care

- To choose a Primary Care Provider (PCP) and be able to change your provider as allowed by UHA's policies.
- To get notice of canceled appointments in a timely manner.
- Help make decisions about your health care. This includes refusing care, except when court ordered.
- To have one source of person-centered care and services that give you choices, independence, dignity, and that meet the standards of medical care and fitting to your medical needs.
- To have regular contact with a care team. They are responsible for managing your care.
- To help get health care, local and social support services, and statewide services. Your care team may include: the use of certified or qualified health care interpreters, and certified traditional health workers. These include community health workers, peer wellness specialists, peer support specialists, doulas, and personal health navigators. This is to provide cultural and language help in making decisions about your care and services.
- Actively help make a treatment plan. To have your family involved. To talk openly with your provider about treatment choices that are medically necessary for your conditions, no matter the cost or benefit coverage.
- To have a clinical record that notes conditions, services you got, and referrals made.

OHP Member Rights and Responsibilities

{OAR 410-141-3590, OAR 410-141-3585, and 42 CFR 438.100}

- To execute a statement of wishes for treatment. This includes the right to accept or refuse medical, surgical, or behavioral health treatment and the right to execute directives and powers of attorney for health care established under ORS 127.
- To execute a Declaration of Mental Health Treatment in accordance with ORS 127.703, and to file a complaint if a Declaration of Mental Health Treatment is not followed.
- To get covered preventative services.

Support

- To get services and supports that fit your cultural and language needs and provided in your community. This means in a way that respects your culture. Including the use of auxiliary aids. This is to help those with disabilities get access to health information as required by law (Section 1557 of the PPACA).
- To get written materials that tell you about your:
    - Rights and responsibilities
    - Benefits available
    - How to access services
- What to do in an emergency
- Have a friend or helper come to your appointments and other times as allowed by clinical rules.
- To have written materials explained in a way that you understand. This includes how coordinated care works and how to get services in the coordinated health care system.
- To get free certified or qualified health care interpreter services, and to have information given to you in a way that works for you. For example, you can get information in other languages, in Braille, in large print, or other formats such as electronic, audio, or video.
- To have care coordination and transition planning from UHA in a language you understand and in a way that respects your culture.
- To get information according to the law (42CFR438.10) within 30 days after your enrollment and within the timeframe Medicare requires for FBDE members. You have the right to get this information at least once a year.
- UHA will make sure staff who have contact with potential members are fully trained on plan policies. The training will include the policies on Enrollment, Disenrollment, Fraud, Waste and Abuse, Grievances and Appeals, and Advance Directives. Also including the Certified and Qualified Health Care Interpreter services available and the in-network medical practices and facilities who have bilingual providers or staff.

Nondiscrimination

- To be treated with dignity and respect.
- To be free from any form of restraint or seclusion.
- To freely exercise your rights. The exercising of those rights will not change the way UHA, our network providers, or the State Medicaid agency treats you.

OHP Member Rights and Responsibilities

{OAR 410-141-3590, OAR 410-141-3585, and 42 CFR 438.100}

- Know how to make complaints and get a response without a bad reaction from the plan or provider.
- Complain about different treatment and discrimination.
- The ability to make a report if you believe your rights are being denied, your health information isn't being protected, or you feel that you have been discriminated against. You may do one or more of the following:
    - File a complaint with UHA
    - File a complaint with the Client Services Unit for the Oregon Health Plan
    - Get written notice of UHA's nondiscrimination policy and process
    - Ask for and get information on the structure and operation of UHA or any physician incentive plan
- To request a hearing.
- To get information and help to appeal denials and ask for a hearing.
- Get a Notice of *Adverse Benefit Determination (NOABD)* letter if you are denied a service or there is a change in service level.
- To know that your medical record is confidential, with exceptions determined by law. To get a notice that tells you how your health information may be used and shared. With the right to decide if you want to give permission before your health information can be used or shared for certain purposes.
- To transfer a copy of your clinical record to another provider.
- To have access to your own clinical record unless restricted by law. To get a copy, and have corrections made to your health record.
- To exercise all rights, even if the member is a child, as defined by OARs. There are times when people under age 18 may want or need to get health care services on their own. To learn more about the rights of a minor, please go here: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf.
- Ask the Oregon Health Authority Ombudsman for help if a complaint or grievance was not resolved in your favor. You can call them at 877-642-0450, TTY 711. You can also fax them at 503-934-5023, or email them at OHA.OmbudsOffice@dhsoha.state.or.us.

Responsibilities

Getting Care

- Find a doctor or other provider you can work with. Tell them all about your health.
- Help the provider or clinic get clinical records from other providers. This may include signing a Release of Information.
- Give accurate information to your provider for your medical records.
- Help make a treatment plan with your provider and follow the agreed upon plan. Be actively engaged in your health care.
- Use information provided by UHA's providers or care teams to make informed decisions about care before it is given.
- Follow your providers and pharmacist's directions. Ask questions about conditions, treatments, and other issues related to care that you do not understand.

OHP Member Rights and Responsibilities

{OAR 410-141-3590, OAR 410-141-3585, and 42 CFR 438.100}

- Call your provider at least one day before if you can't make it to an appointment.

Things You May Have to Pay for

- To pay for services not covered by OHP described in OAR 410-120-1200 (Excluded Services and Limitations) and 410-120-1280 (Billing).
- To pay your monthly OHP premium on time if you have one.
- To help UHA find any third-party coverage you have. Pay UHA back for benefits we paid, for an injury or any recovery you may have gotten due to that injury.

What to Do Next

- Have yearly check-ups, wellness visits, and other services to prevent illness and keep you healthy.
- Be on time for appointments. Call ahead of time to cancel if you can't keep the appointment or if you think you'll be late.
- Bring your Medical ID Cards to appointments. Tell the receptionist or provider that you have UHA/OHP or any other health insurance before you receive services. Tell them if you were hurt in an accident.
- Treat providers, their staff, and UHA with the same respect you want.
- Obtain a referral to a specialist from the PCP or clinic before seeking care from a specialist (unless self-referral to the specialist is allowed).
- Proper use of urgent and emergency services. As well as notify your PCP or clinic within 72 hours of using emergency services.
- Use your PCP or clinic for all your non-emergent medical care. Only use the ER for emergencies.
- Call OHP Customer Services at 1-800-699-9075 if you are pregnant or no longer pregnant. Also tell them when your child is born.
- Call OHP Customer Services at 1-800-699-9075 or tell your Authority worker of a change in address or phone number. Also tell them if any family member moves in or out of the household.
- To bring issues, complaints, or grievances to the attention of UHA.
- Tell the Department or Authority worker if you have any other insurance coverage.

Getting Started with OHP

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

- When you are first approved for OHP, this will include your OHP ID card.
- When OHP transfers your coverage to a CCO.
- If your benefit package changes in other ways.
- Once you are enrolled in a CCO, you will get 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 or as soon as possible.
- 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.

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

- When you get your UHA Member ID Card, it will list who your assigned PCP office 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.

Things to Remember at Your Appointment

At your doctor's appointment:

- Always be on time, if for some reason you are unable to make your appointment, call their office and let them know. Preferably at least 24 hours before 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.
- You can write a list of your medical needs or concerns to bring with you to your appointment.
- If you do not 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 doctor's 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.
- Do you know when you are to follow up with your PCP or a specialist?

Transition of Care (TOC)

Care while you change plans—Some members who change OHP plans can still get the same services and see the same providers. That means care will not change when you switch CCO plans or move to/from OHP fee-for-service. If you have serious health issues, your new and old plans must work together to make sure you get the care and services you need.

Transition of Care (TOC)

Transition Period—You will still get the medical, dental, behavioral health services, and drugs that were approved for you. The transition time frames are the shorter of:

- 30 days for physical and oral health; or
- 60 days for behavioral health; or
- Until the new physical, oral, or behavioral health provider, depending on the type of care needed, reviews your treatment plan.
- 90 days for members who are dually eligible for Medicaid and Medicare.

We will work with you to assign you to a Primary Care Physician (PCP), Primary Care Dentist (PCD), and behavioral health provider that best meets your health care needs. Please schedule an appointment with these providers in the first month of your coverage, if possible.

Who can get the same care while changing plans?

There is help for members who have serious health issues, need hospital care, or inpatient mental health care. Members who need this care are:

- End stage renal disease care;
- Medically fragile children;
- Breast and Cervical Cancer Treatment program members;
- Prenatal or postpartum care;
- Any member who, without continued access to services may suffer serious health issues or be at risk of going to the hospital or an institution;
- Members receiving CareAssist assistance due to HIV/AIDS;
- Transplant services;
- Radiation or chemotherapy.

If you need care while you change plans, please call UHA Customer Care at the number listed above. You can learn more about our Transition of Care policy at https://www.umpquahealth.com/ohp/. It is under the Member Forms/Notices section.

Primary Care Provider (PCP)

UHA assigns a PCP once we are told of your enrollment. You may choose a different in-network provider at any time. A current list of participating providers and hospitals can be found in the Provider Directory. You can find this on our website at www.umpquahealth.com/ohp/. Go to "Find a Provider" to search by provider or facility name, gender, and specialty. It will also show which providers are accepting new patients or speak languages other than English. You can also call Customer Care to check if your provider is a participating provider. If they are not on the list, or if you do not have a PCP, pick a PCP from the list that is accepting new patients.

If at any time you want to change your PCP, call Customer Care at 541-229-4842. If you have a hearing impairment, please use TTY numbers listed above. The change is effective the same day.

If you would like a copy of our PCP Assignment Policy, including information on changing PCP's, please call Customer Care. We will mail you a copy, free of charge, within 5 business days.

There is a limit to your freedom of choice of our in-network PCP's. Some PCP's are not accepting new patients. UHA is also unable to assign to PCP's that are not in our coverage area.

If you can't see a PCP in the first month of enrollment and need medication, supplies, or other services, contact Customer Care. Make an appointment with your PCP as soon as you can to be sure that you get any ongoing care that you need.

Care Coordination

Care Coordination - The organized coordination of a member's health care services, support activities, and resources. Care Coordination occurs between, and among, two or more participants deemed responsible for the member's health outcomes. This includes, at minimum, the member (and their family/caregiver as appropriate) and the member's assigned Care Coordinator.
Care Coordinators are here to help you with your healthcare and social needs. They offer help in navigating you through the healthcare system, and provide options to connect you with resources. These resources include housing, transportation, Temporary Assistance for Needy Families (TANF), Women, Infants and Children (WIC), in-home caregivers, United Community Action Network (UCAN), Uplift, interpreter/translation services, and much more. Any member may get help from a care coordinator.

What services can Care Coordination offer?

- Free transportation to and from appointments
- **Flexible spending** (see page 55 for more information)
- Coordination of services among providers
- Resources for free services
- Referrals to internal and external programs
- Access to free cell phones

Also, all Full Benefit Dual Eligible (FDBE) members have Integrated Care Coordination with Medicare available to them. This includes being sent an initial and annual health risk screening that is combined with a behavioral health screening. An Integrated Care Coordinators (ICC) offer continuous care management to those members who are not designated as needing Intensive Care Coordination. The ICC's work with UHA's Medicare partners to provide coordinated care.
To get connected, talk to your provider, call Customer Care at 541-229-4842 and ask for your Care Coordinator, or email Care Coordination at Casemanagement@umpquahealth.com. We're here to help you explore healthcare opportunities!

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 Traditional Health Workers (THW). THW is a blanket term for public health workers who work in the community under the direction of a licensed medical provider. They are known as Care Coordinators. Examples of these helpers are:

- Birth Doulas: Helps women and their family with pre-natal, childbirth and post-partum care.
- Personal Health Navigators (PHN): Helps patients make good health care decisions.
- Peer Support Specialists (PSS): Focus on recovery from addiction/mental health conditions.
- Peer Wellness Specialists (PWS): Focus on recovery from addiction/mental health and physical conditions.
- Community Health Workers (CHW): Helps people and their community to achieve positive health outcomes.
- Family Support Specialist (FSS): Helps parents with children who have a mental health condition.
- Youth Support Specialist (YSS): Helps youth get treatment for addiction/mental health and other supportive services.

Care Coordination

UHA's has the staff below who are Traditional Health Workers:

- Lisa Ketchum is a Behavioral Health CHW (care helper). She can be reached by calling 541-464-4887.
- Sarah Hubbard is a Behavioral Health CHW (care helper). She can be reached by calling 541-817-2758.
- Heather Carter is a Transitional Care CHW (care helper). She can be reached by calling 541-673-8982.
- Jennifer Herrera is a Integrated Care CHW (care helper). She can be reached by calling 541-391-2440.

You will get a notice if the name and/or the contact information for UHA's THW staff changes on our website. You can find these notices at https://www.umpquahealth.com/case-management/. You can also call Customer Care and ask for updated information.

Intensive Care Coordination

Intensive Care Coordination - An Intensive Care Coordinator (ICC) helps members that have complex medical needs, special healthcare needs, or behavioral healthcare needs. This program is designed for people who have:

- High health care needs;
- Multiple chronic conditions;
- Medicaid-funded long-term care services and supports (LTSS);
- Mental illness or at risk of first episode psychosis, and those with an Intellectual and Developmental Disability (IDD);
- Substance Use Disorder and are receiving medication assisted treatment, or are IV drug users in need of withdrawal management;
- HIV/AIDS or tuberculosis;
- Children ages 0-5 who have early signs of social, emotional, or behavioral problems, or a diagnosis of Severe Emotional Disturbance;
- Women who have been diagnosed with a high-risk pregnancy;
- Children with neonatal abstinence syndrome;
- Children in Child Welfare;
- Older adults or someone who is hard of hearing, deaf, blind, or has other disabilities; and
- Veterans and their families, or are a member who OHA says needs priority care.

If you are someone who has one or more of the needs described above, you will be assessed for ICC services. This assessment will be done within 10 calendar days of completing a Health Risk Assessment (HRA) screening or sooner if needed due to your health condition. The ICC assessment will add to the answers you have given in the HRA assessment. We will ask about your physical, oral, social, cultural, developmental, behavioral, educational, spiritual, and financial needs. UHA ICC will talk with you about the answers to the questions and work with you to develop a care plan that is unique to you. They will work with other UHA coordinators and departments to make sure you are connected to all services you need to reach optimal health. The UHA ICC will also work with physical, oral, and mental health network providers, community support agencies, and other case managers that you work with outside of UHA to make sure you reach your overall health goals. For more information on the Health Risk Assessment screening, see page 47.

Intensive Care Coordination (cont.)

UHA's ICC will help you work through the healthcare system. ICC services are provided in addition to the general care coordination UHA offers. See page 44 for more information on care coordination that is available to all members. The additional ICC services include the following:

- Help you understand how UHA works.
- Find a provider who can help with special health care needs.
- Get a timely appointment with a primary care provider, dentist, specialist, or other health care provider.
- Get equipment, supplies or services you need.
- Coordinate care among all of your doctors, other providers, community support agencies, and social service agencies.
- Provide an extensive health assessment.
- Develop an Intensive Care Coordination Plan (ICCP). An ICCP helps you and your team in reaching and keeping your health goals.
- Making sure the services and supports on a person's care plan are helping them and their family.

To get help from an ICC, please contact UHA's Customer Care at the number listed above, or Toll Free at 866-672-1551. Anyone who qualifies for ICC services is assigned to an ICC care coordinator within 3 business days of the request for help.

ICC's also can help if you are new to Medicare and are within the first month of your enrollment. If you need help getting services because you are unable to get an appointment with a provider, or get new orders for drugs, DME supplies, and other necessary items or services, please contact UHA and ask for Care Coordination. The ICC's are available Monday through Friday, 8:00 a.m. to 5:00 p.m.

Your Opinion Matters

Umpqua Health Alliance strives to better serve our community through meeting the health care needs of our members. Randomly selected members who have gotten care from our in-network providers may also get a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. If you get this survey, please take a few minutes to answer the questions. This information can show us your health care concerns or needs, so that we may better serve you as our member.

Health Risk Screening Assessment

All new UHA members will get a health risk assessment survey by mail. This is included in the new member packet. UHA asks that all newly enrolled members complete the survey. If you haven't filled out the form already, please take a few minutes to answer the questions and mail it back to us. Our address is:

UHA Customer Care
500 SE Cass Ave Suite 101
Roseburg, OR 97470

If you do not send the completed survey back by mail, a Care Coordinator will attempt to reach you by phone or by text. UHA will make three attempts to complete this survey within 90 days of enrollment, or sooner for members who have special health care needs. You will get another survey annually or if there is a change in your health status.

These answers help us understand your current health issues or concerns. Once we have a completed survey, UHA's Care Coordinators may reach out to you with information or resources based on your answers. You may qualify for Intensive Care Coordination services, please see page 45 for more information.

UHA's Care Coordinators may share your survey answers with your provider and other case managers you work with. UHA will only share information that is needed to support your needs. We will ask for your permission before sharing sensitive diagnosis information. By sharing your survey answers, we can work closer with your healthcare team to give you better whole-person service and care.

If you would like to speak to a Care Coordinator or complete your health assessment over the phone, please call 541-229-4842 (TTY: 711), 8 a.m. to 5 p.m., Monday through Friday and ask for Care Coordination.

Covered Medical Services

Covered Medical Services Include but are not limited to:

Covered Services without Charge	Amount, duration and scope of benefits
Behavioral Health Services Applied Behavioral Analysis Care Coordination Services Intensive Care Coordination Services Interpreter Services Urgent Care Services	All members No prior authorization/referral required
Emergency Medical Transportation	All members Ambulance rides covered for emergencies only.
Pharmaceutical Services (Prescription Drugs)	All members Some medications may require prior authorization. For more information see page 70.
Diagnostic Services Emergency Services Outpatient Hospital Services (such as Chemo, Radiation, Pain management) Office visits Telehealth Services (such as telemedical services, virtual visits, email visits)	All members Some services may require prior authorization.
Dental Services (Including emergency dental services)	For CCOA and CCOG members. Some services may require prior authorization. For more information, please see pages 72-74.
Durable Medical Equipment (Such as medical supplies, diabetic supplies, medical appliances, prosthetics and orthotics)	Some services may require prior authorization. For more information, please see our PA Grid at https://www.umpquahealth.com/prior_authorizations/
Vision Services	Members 0-20 can have one routine eye exam and pair of glasses per year. Members on pregnancy tier can have one routine eye exam per year, and one pair of glasses every 24 months. Members 21+ who are not on the pregnancy tier are eligible for one medical eye exam per year, with a qualifying medical diagnosis, such as, but not limited to: diabetes, glaucoma, cataracts, or injury.

Covered Medical Services (continued)

Covered Services without Charge	Amount, duration, and scope of benefits
Comfort Care Services Hearing Services (such as audiology and hearing aids) Home Health Services Hospice Services Inpatient Hospital, Rehabilitative, and Habilitative Services Laboratory Services Maternity Services Preventive Services (such as check ups, immunizations or annual screenings) Physical Therapy, Occupational Therapy, and Speech Therapy Substance Use Disorder (SUD) Services Surgical Procedures	CCOA and CCOB members. Some services may require prior authorization
Early and Periodic Screening, Diagnosis, and Treatment Services	Members from birth to 20 can receive EPSDT service. For more information on these services, please see page 51.

UHA will notify members of changes in access to benefits by mail. We will notify you of any changes in contracted providers as well. Notification will be sent the later of 30 calendar days before the date of the change, or 15 days after we receive notice of the change. UHA does not deny or reduce the amount, duration, or scope of a required service solely because of your diagnosis, type of illness, or condition. If you would like a free copy of UHA's summary of benefits, please contact Customer Care at 541-229-4842.

Family Planning Services:

You do not need a referral for family planning services and supplies. You can go to any OHP provider that is willing to provide these services.

Examples of family planning services and supplies are:

- Appointments for birth control, including emergency contraception
- Abortion
- Tubal Ligation
- Pregnancy testing and counseling
- Vasectomy
- Testing and treatment for sexually transmitted diseases

You can get more information about how to get these services by calling Customer Care or your PCP. You can also call the Oregon Reproductive Health Program at (971) 673-0355. This program works with over 165 clinics a over the state to offer free or low cost reproductive health services and birth control for women, men, and teens who need them. This program seeks to reduce unintended pregnancy in Oregon by giving access to information, services, and resources necessary to ensure that all pregnancies are healthy, well-timed, and intended.

Services That Are Not Covered

OHP's covered benefits and treatments are based off of a list of conditions and services. These are ranked by the Health Evidence Review Commission (HERC). This list is called the Prioritized List of Health Services. The HERC held many public meetings all over Oregon to find out what health issues were important to Oregonians. Covered benefits are based on where the conditions and treatments fall on the list. Not all medical care is covered. The Oregon Legislature did not fund conditions that ranked lower on the priority list. This means not all medical care is covered. The services that have been proven to help you are covered.

OHP also covers services to diagnose a condition, including conditions that are not on the list. This means we cover the office visit to find out what is wrong. Once the problem is diagnosed, UHA may not cover follow-up visits. If the condition or treatment is not funded on the Prioritized List of Health Services, we will not cover it.

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 normally effective.
- Services to help you get pregnant.
- Treatment rendered outside of Oregon that are **not** emergencies or urgent care.
- Services you got outside the United States, including Mexico and Canada.

If you have any questions about what is covered, please call UHA Customer Care. Our phone number is at the top of this page.

Preventive Services

Preventing health problems before they happen is important. UHA's members are covered for preventive services to help them stay healthy. This includes check-ups and any tests to find out what is wrong. Your provider will suggest 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

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT

The EPSDT program offers well child exams. These exams are to help find medical, vision, and dental problems. An EPSDT visit or check-up may be done to find these health issues, so a referral can be made for further care. EPSDT stands for:

Early

Checking for and finding issues early

Periodic

Checking health regularly. How often depends on the child's age.

Screening

Providing tests to find possible issues for:

Physical Mental Vision

Dental Hearing Development

And others

Diagnosis

Performing tests to see if you have any health issues, so they can be treated.

Treatment

Correcting, controlling, or reducing health problems found.

When should a child have an EPSDT screening?

All children from birth to age 20 and enrolled in Medicaid should have a yearly visit. Children who need EPSDT services should get them in a timely manner. They should be given within six months after requested. This time-frame includes the beginning of the EPSDT care.

What is covered by the EPSDT program?

An EPSDT screening can be done at regular check-ups and is covered at no cost to you. It includes:

A health and development screening. This includes:

- Mental Development
- Physical development
- Screening for
  - Acute
  - Episodic
  - Chronic illness
  - Chronic conditions.
- Assessment of nutritional status
- Hearing and vision testing. Treatment for vision and hearing issues. This includes glasses and hearing aids.
- General unclothed physical exam that includes an exam of teeth and gums.
- Dental screenings and care as early as needed
- For pain relief
- Infections
- Restoration of teeth
- Maintenance of dental health
- Referral to dentist who can provide the exam
- Immunizations
- Health Education. This includes advice for member's health as they grow.
- Other lab tests. These tests include tests for anemia and sickle cell, as well as others. The testing that is done depends on age and risk.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT

What is covered under EPSDT? (cont.)

- Well-Child exams or screening tests for EPSDT members:
  - At every stage of member's life
  - Testing from birth through 20
- Lead testing:
  - Children must have a blood lead test at age 12 months and 24 months.
  - Any child who is between ages 24 and 72 months with no record of a previous screening must have a test done.
  - Completing a risk survey does not meet the requirement for children under Medicaid.

Any child with lead poisoning can have help through Case Management.

- Health Education. This includes advice for member's health as they grow.
- Other lab tests. These tests include tests for anemia and sickle cell, as well as others. The testing that is done depends on age and risk. Well-Child exams or screening tests for EPSDT members:
  - At every stage of member's life
  - Testing ages 0-21

If during the test, an issue is discovered, a referral to a provider will be made for further care. These screenings become part of your health history. They also include information from other providers.

The provider who does the screening must:

- Explain why a referral is needed
- Help find a provider who can treat the issue
- Help make an appointment for care

UHA covers visits for screenings. The kind of screenings that will be done depends on a member's age. UHA follows the rules of the American Academy of Pediatrics and Bright Futures.

Immunizations are covered as advised by the Advisory Committee on Immunization Practices (ACIP):

American Academy of Pediatrics schedule for Preventive Pediatric Health Care can be found here – https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

The OHA's EPSDT Fact Sheet can be found here – https://www.oregon.gov/oha/HSD/BH-Child-Family/SOCAC/EPSDT%20fact%20sheet-OR%20Final.pdf

- EPSDT includes covered services on the Prioritized List.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT

Where do I go to get these services?

EPSDT screening services can be done by:

- MD's
- DO's
- PA's
- NP's
- Any licensed care provider.

Any member who is signed up with a PCP can receive EPSDT services.

To find an EPSDT provider, you can:

- Call your doctor
- Look at the Provider Directory: https://www.physicianehs.com/searchProvider.cfm
- If you need help finding a doctor, call Customer Care

Do you need a ride to an EPSDT appointment?

Members are eligible to receive free rides through MTM. If you need help setting up a ride, call Customer Care at the number at the top of this page.

For more information on rides with MTM:

call UHA Customer Care: 541-229-4842

Toll-free: 1-866-672-1551

TTY: 541-440-6304

To schedule a ride:

Call MTM: 1-855-735-1188

Or go online: https://memberportal.net/?

For any questions, or if you need help with EPSDT:

Customer Care: 541-229-4842

Toll-Free: 1-866-672-1551

TTY: 541-440-6304 or 711

For more information:

https://www.umpquahealth.com/wp-content/uploads/2021/09/epsdt-flyer-final.pdf

Services Covered by the Oregon Health Plan

UHA does not cover everything. Some services are only available through OHP. These have no out-of-pocket costs to members. If you have any questions about these services and how to obtain them, please contact Customer Care at the number located at the top of the page. You can also call OHP at 1-800-699-9075. OHP may be covering a service, UHA will still provide the Non-Emergent Medical Transportation (NEMT), see pages 84-86 for more details. Some of these services are:

- Abortion and related services.
- Hospice services for members who live in a skilled nursing facility (This is not covered for CAWEM Plus members).
- Death with Dignity.
- School-based services that are covered services provided under the Individuals with Disabilities Education Act (IDEA). This includes **Family Connects Oregon**, a free support program for families.
    - For more information on Family Connects Oregon, visit their website: https://www.familyconnectsoregon.org/for-parents
- Administrative examinations requested or authorized by another government agency, CAF, SPD, AMH, OYA, SCF branch office or approved by the Health Systems Division.
- Services provided to Citizen Alien Waived Emergency Medical (CAWEM) recipients or CAWEM Plus-CHIP Prenatal Coverage for emergency medical services only.

The above services have care coordination provided by OHP, to reach the KEPRO Care Coordination team, call 1-800-562-4620 for more information. There are some services that UHA does not cover and still provides care coordination. Some examples of these services include:

- Long term care services and supports excluded from the CCO's payment as required by law (ORS 414.631).
- 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. Estate recovery applies, see Words to Know on page 14.
- Out-of-hospital birth services including prenatal and postpartum care for women meeting criteria defined in OAR 410-130-0240.
- Assisting members in gaining access to certain behavioral health service. Examples of such services include, but are not limited to:
    - Certain drugs for some behavioral health conditions
    - Therapeutic group home reimbursement for members under 21 years of age
    - Long term psychiatric care for members 18 years of age and older
    - Personal care in adult foster homes for members 18 years of age and older

For more information on these certain Behavioral Health services, or for a complete list of services, call UHA Customer Care at 541-229-4842.

UHA does not have any known moral or religious objection to covering a service. You can contact OHP Client Service at 1-800-273-0557 to learn how to get the services covered by OHA listed above.

HEALTH-RELATED SERVICES REQUESTS

If you currently get your Oregon Health Plan through a Coordinated Care Organization (CCO) like Umpqua Health Alliance, you have the right to ask for Health-Related Services (HRS) or "Flexible Services".

What are Flexible Services?
These are things or services that are not covered through the Oregon Health Plan.
You can find the HRS form on our website at: www.umpquahealth.com/behavioral-health/
Examples are:

- Gym memberships
- Help with rent
- Cell phones or phone cards

What is considered a covered HRS?

A service must meet the following criteria:

- Increase the likelihood of desired health outcomes
- Be designed to improve health quality
- Prevent avoidable hospital readmissions
- Improve patient safety, reduce infection and mortality rates
- Implement, promote, and increase wellness and health activities

Who can request Health-Related Services?

All requests must come from a provider. This includes but is not limited to:

- Primary Care Physicians
- Specialists
- Surgeons
- Case Managers
- Behavioral Health Providers
- Hospital Discharge Planners
- Dental Providers

What happens with incomplete forms?

Any incomplete forms will not be reviewed. Below are examples of incomplete forms:

- Medical documentation is not attached with request
- Alternative resources have not been pursued first
- Request form does not contain enough information
- Request form is not signed by a provider
- The item/service is a covered benefit through UHA
- The member is not currently eligible on UHA

Once the form has been completed, please send it to UHA via the following options:

Fax: Attn: **Case Management at (541) 229-8180**

Secure Email: UHACaseManagement@UmpquaHealth.com

Mail: **UHA Case Management**
500 SE Cass Ave Suite 101
Roseburg, OR 97470

If a flexible service request is denied, UHA will notify you by mail. If you do not agree with this decision, you have a right to file a complaint (grievance) with UHA.

You do not have appeal or hearing rights if your flexible services request is denied by UHA.

IN LIEU OF SERVICE (ILOS)

What is ILOS?

ILOS are services and settings that are sometimes offered as an option for member. These are options for services that are not usually covered by OHP but are needed by the member. ILOS can also be used to receive a service at a place that is not usually covered.

Currently, UHA does not offer any ILOS services.

Deciding if an ILOS is right for you is a team effort. We work with your care team to make the best choice. The choice, however, is yours. You do not have to take part in these programs.

If you would like to receive ILOS, please contact Customer Care and ask for Care Coordination. A team of health workers can help you find the services that you need.

If an ILOS is no longer going to be offered, UHA will let you know by mail at least 30 days before the change happens. Members have a right to file an appeal, or a grievance, for covered services that are fully or partially denied. For more information on appeals and grievances, please see page 57-61.

If you have any questions about any of the benefits or services above, call UHA Customer Care at:

Phone: 541-229-4842

Toll-Free: 1-866-672-1551

TTY: 541-440-6304

Grievances, Appeals, and Hearings

Umpqua Health Alliance (UHA) cares about you and your health. UHA and our providers will not stop you from filing a complaint, appeal or hearing. If you tell us your concerns, we will not punish you. We will not take away your coverage (disenrollment) or your provider. Our team will look into each of your concerns and keep it private. We will try to find a solution. You, your provider, or someone you choose, with your written consent, can also file a grievance (complaint), appeal, or hearing for you. You can ask for a copy of the paperwork used to make the decision at any time, free of charge.

We will provide you with help to complete forms and other steps needed to file a grievance (complaint), appeal, or hearing. This could be:

- Help from a qualified community health worker (i.e. peer specialist or personal navigator) or care coordination services.
- Interpreter services or auxiliary (added help or support) aids and services.
- A letter in a different language or format.
- Explaining the grievance (complaint), appeals, and hearings process or providing policies or documents.

We can also give you more information about how we handle grievances and appeals. Copies of our notice template are also available. If you need help or would like more information beyond what is in the handbook, contact us by phone, mail, email or by visiting our website below.

Call our Customer Care team	Write or email	OHP Client Services Unit (CSU)
Monday – Friday, 8:00AM – 5:00PM Phone: 541-229-4842 Toll free: 866-672-1551 TTY: 541-440-6304 Website: https://www.umpquahealth.com/appeals-and-grievances/	Umpqua Health Alliance Attn: Grievance and Appeals 500 SE Cass Ave, Suite 101 Roseburg, OR 97470 UHAGrievance@umpquahealth.com	800-273-0557 **OHA's Ombudsperson** 503-947-2346 or toll free at 877-642-0450

Grievances (Complaints)

If you are unhappy with your care you can file a complaint unless it is about a denied service. For example, if you feel you were not treated with respect or did not receive the quality of care you deserve.

We will try to get all the facts about the issues. We will ask you to submit any information you have. We will also reach out to others that are a part of the complaint.

We will try to solve your issue within five (5) working days. If we need more information or time to look into your issue, or you ask us for more time, we will tell you in a letter. We will then resolve the complaint within 30 days. We will try to reach you with the resolution by phone and mail.

If you are not happy with how we handled your grievance, you can contact the OHP Client services, or an OHA Ombudsperson at the numbers above.

Appeals

If we deny, stop, or reduce a medical service your provider has ordered, we will send you a written Denial of Service Request explaining why we made that decision. This notice is also known as a Notice of Adverse Benefit Determination. **This is not a bill for you to pay.** We will also let your provider know about our decision.

If your provider tells you that a service is not covered or that you will have to pay for a service, you can contact us and ask for a Denial of Service Request. Once you have the notice, you can request an appeal.

Requesting an Appeal

If you disagree with our decision and would like us to change it, you can request an appeal. You have a right to request an appeal. If you have a representative, they may request an appeal for you with your written permission. Your provider may also appeal our decision if you give them permission in writing to do so.

An appeal request can be made either orally or in writing. To request an appeal call us at the number below. Or you can complete and send us the Request to Review a Healthcare Decision form (OHP 3302) attached to the original notice by mail or fax. If you have questions, you can also email us at UHAGrievance@umpquahealth.com.

Call UHA Customer Care	Mail	Fax
Phone: 541-229-4842 Toll-Free: 866-672-1551 TTY: 541-440-6304 or 711	Umpqua Health Alliance Attn: Grievance and Appeals 500 SE Cass Ave Suite 101	541-677-5881

Appeal Review

Once we get your appeal request, we will look at the original decision. A new doctor will look at your medical records and the service request to see if we followed the rules correctly. You can provide any more information you think would help us make our decision. Once that review is done, we will send you our decision notice in writing. This notice is called a Notice of Appeal Resolution. We will also attach a hearing request form in case you do not agree with the outcome.

Appeal Timeframes

You have 60 days from the date on the Denial of Service notice to file an appeal.

Once we get your request, we have 16 days to make our decision for a standard appeal. If you need more time, or if we need more time to make a decision, we can extend the timeframe by 14 days. If we extend the timeframe, we will do our best to let you know orally. We will always send a written notice to let you know why we needed more time. You have a right to file a grievance if you disagree with the extension.

Appeals

Fast or "Expedited" Appeals & Timeframes

A fast or "expedited" appeal can be requested if you or your provider thinks that waiting for a standard appeal could seriously harm you. If you qualify for a fast appeal, we will make our decision as quickly as your health requires. We will take no more than 72 hours from the time we receive your appeal request.

We will do our best to reach you and your provider by phone to let you know our decision. We will always send our decision in writing.

If we need more information and it is in your best interest, we can extend the timeframe by up to 14 days. If we extend the timeframe, we will do our best to let you know by phone. We will always send a letter to let you know why we need more time. You have a right to file a grievance if you disagree with the extension.

Contested Case Hearings

If you disagree with our appeal decision or we went beyond the required timeframes to make our decision you can request a hearing with an Oregon Administrative Law Judge. It is your right to request a hearing. At the hearing, you can tell the judge why you do not agree with our decision about your appeal. The judge will make the final determination.

Your representative, if you have one, or the provider who initially requested the appeal may also request a hearing on your behalf if they have your permission in writing.

Timeframes

You have 120 days from the date on the Notice of Appeal Resolution to request a hearing.

To request a hearing send the Request to Review a Healthcare Decision form (OHP 3302) attached to the notice we sent you to:

OHA-Medical Hearings
500 Summer St NE E49
Salem, OR 97301
Fax: 503-945-6035

Hearings (Continued)

Fast or "Expedited" Hearings

The hearings process takes time. If you need a fast or "expedited" hearing because waiting for a standard hearing could seriously harm you, be sure to note that on the Request to Review a Healthcare Decision form (OHP 3302). The Oregon Health Authority's Medical Hearings Unit will review your request for an expedited hearing. If the request is denied, you will get a letter within two days to let you know.

Representation in a Hearing

You have the right to have another person of your choosing represent you in the hearing, for example a friend, family member, lawyer, or your medical provider. You also have the right to represent yourself if you choose. If you hire a lawyer, you must pay their fees. For advice and possible no-cost representation, call the Public Benefits Hotline at 1-800-520-5292; TTY 711 (a partnership between Legal Aid of Oregon and Oregon Law Center). Information about free legal help can also be found at www.OregonLawHelp.com .

Continuation of Benefits & Services

If we close or reduce a service or benefit you were already receiving, you can keep getting the full benefit during the appeal and hearings process. You have to let us know that you want the full service or benefit to continue when you request the appeal or hearing. You have 10 days from the date of the Notice of Adverse Benefit Determination or the Notice of Appeal Resolution letter to request that your benefits continue.

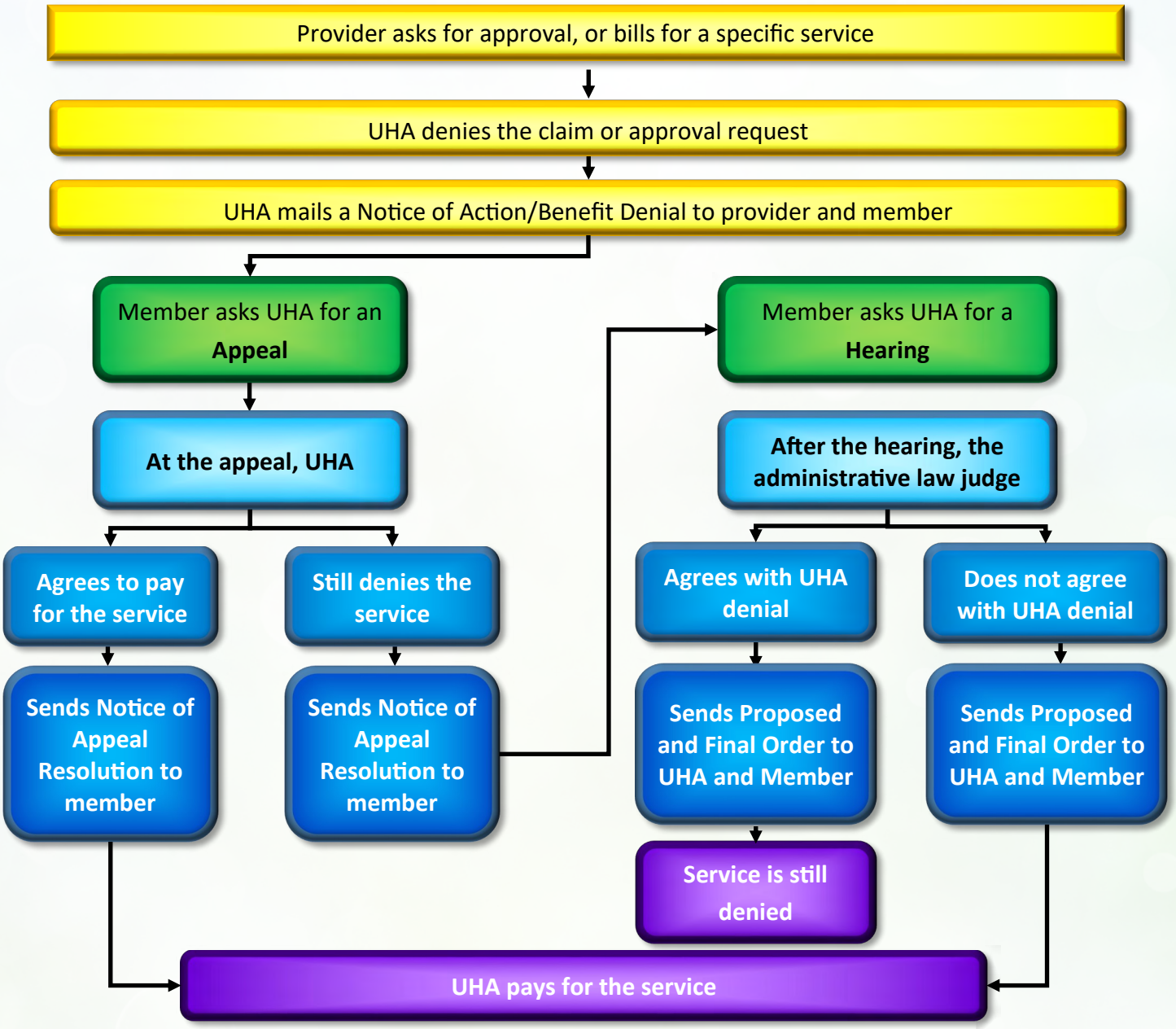
If our decision is upheld in the appeal or hearing process, you may need to pay for the service or benefit you received during that time. If our decision is reversed in the appeal or hearing, and you kept getting the benefit during that time, we will go back and pay for it.

If our decision is reversed in the appeal or hearing and you were not receiving the service or benefit, we will approve or provide the service or benefit as quickly as your health requires. We will take no more than 72 hours from the day we get notice that our decision was reversed.

Peer-to-Peer Meeting

In some cases, if your provider asked UHA to cover a service or supply that was denied, they can ask for a peer-to-peer meeting. This means they can ask to talk to our Medical Director about the denial. If fitting, UHA will schedule a time to talk. You may still file an appeal while your doctor works on this.

Flowchart for Appeals and Hearings



Billing Information

OHP Members Do Not Pay Bills for Covered Services. Your healthcare provider can send you a bill only if all of the following are true:

1. The service is something that UHA or OHP plans do not cover.
2. Before you got the service, you signed a valid Agreement to Pay, OHP form number 3165 & 3166 (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.

This form usually only applies if the healthcare 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). The completed form is only good if:

- The estimated fee does not change
- The service is planned within 30 days of signing,
- The date on the form matches the date of service

Sometimes your provider does not do the paperwork correctly and will not get paid for that reason. That does not mean you have to pay. If you already got the service and we refuse to pay your healthcare provider, your provider still cannot bill you. You may get 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.

It is against the rules for provider who accepts OHP to:

- Bill a member for:
  - Missed appointments
  - Provider mistakes and billing errors
  - Balance Billing, or Surprise Billing—When a provider bills your insurance and sends you a bill for what is left
- Send a member's bill to a collection agency
- Or maintain civil action against a member to collect money owed

If we or your provider tell you that the service is not covered by OHP, you still have the right to ask for an appeal and a hearing.

What Should I Do if I Get a Bill?

Even if you do not 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 harder to fix the problem once that happens. As soon as you get a bill for a service that you got 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/UHA.
2. Call UHA Customer Care at the number listed above right away and say that a provider is billing you for an OHP service. We will help you get the bill cleared up. Do not wait until you get more bills.
3. If needed, you can appeal by sending UHA a letter (with a copy of the bill) 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.

Billing Information

4. Follow up to make sure we paid the bill.
5. If you get 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 laws that can help you when you are wrongly billed while on OHP.

I was in the Hospital and my Plan Paid for That, but Now I am Getting Bills from Other Providers. What can I do?

When you go to the hospital or the Emergency Room (ER), you may be treated by a provider who does not 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, maybe even the lab, the radiologist, and the anesthesiologist. Just because we paid the hospital bill, it does not 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 on page 62 for each bill you get.

Steps to take (if possible) to prevent getting a bill from an out of state provider:

1. Make sure you have your UHA member ID card with you when you travel out of state.
2. Present your card as soon as you can and ask if they are willing to bill UHA (Medicaid/OHP).
3. Contact UHA to let us know what happened and ask for advice on what to do.
4. Do not sign any forms until you know the provider is willing to bill UHA (Medicaid/OHP).
5. If at all possible, have UHA staff speak with the provider's office regarding coverage while you are there.

When Will I Have to Pay for Healthcare Services on OHP?

In times of emergency the steps above are not always possible. Being prepared and knowing what steps need to be taken during an emergency can resolve billing issues while at the provider's office in that state. Taking these steps can avoid the added stress of getting bills for services that UHA will cover, when the provider will not bill UHA.

You may have to pay for services that are covered by OHP if you choose to see a provider that does not take OHP. Before you get medical care or go to a pharmacy, make sure that they are in network or a provider that accepts OHP. The provider's office should tell you up-front if a service or treatment is not covered and how much it costs. To be responsible to pay, you must first sign and date an Agreement to Pay form to say you will pay the bill for the non-covered service or treatment. Tell the provider's office and your caseworker right away if you have other insurance, such as Medicare or private insurance.

Bring the ID Card for your other insurance to each appointment. Your provider must bill any other insurance before they can bill us for your services. We will only pay the provider after the other insurance has paid, except in some special cases.

You may also have to pay if you were not eligible on UHA or OHP when you received the service. Some hospitals and healthcare providers allow payment plans. Call their office to see what they offer. The phone number should be listed on your bill.

Specialists

Referrals to other Providers — When you need a specialist, Physical or Behavioral Health specialists, or both, talk to your PCP first. If you need to see a specialist, your PCP will refer you. Intensive Care Coordinators can also help refer you to these specialists, if appropriate. They will also decide what services and tests you may need. If UHA does not have the specialist you need, your PCP will ask for an approval (Prior Authorization or PA) for you to see an out-of-network (OON) provider. If you see an OON provider and you do not have a PA, you may have to pay for the services.

Services that do not Require a Referral — UHA covers some services without a referral. Even if provided by an OON provider. This includes:

- 24/7 Emergency and urgent care
- Family planning services and supplies
- Prenatal care
- Shots for children
- Health risk screenings
- Intensive care coordination services
- Exams for sexual abuse
- Behavioral health peer delivered services
- In-network behavioral health assessment and evaluations
- Assertive Community Treatment and Wraparound services
- Outpatient behavioral health services
- The first 30 days of outpatient treatment for chemical dependence (drug and alcohol problems)

Self-Referrals –You can refer yourself to in-network specialists who offer the above care. You can do this by finding a provider in our network, calling them, and setting up an appointment. You do not need a PA. You can also self-refer to the following:

- In-network Behavioral Health specialists
- Traditional Health Worker (THW) services (please see page 45 of this handbook for more information)
- Health risk screening for Intensive Care Coordination (ICC) services
- Intensive Care Coordination (ICC) services
- Sexual abuse exams
- Covered family planning services from out-of-network providers

Direct Access – The removal of the **physician referral or PA for specialists** is required by state law to access the services below:

- Female members may go to any in-network women's health specialists for covered services needed for women's routine and preventive health care services.
    - This is in addition to the member's chosen PCP if they are not a women's health specialist.
- Members with Special Health Care Needs (SHCN) or who are getting Long-Term Services and Supports (LTSS).
    - This is for medically appropriate care from a specialist. This includes care from a physical health and/or behavioral health specialists, for treatment of the member's condition. Including needs found with the help of an Intensive Care Coordinator.
- Intensive Care Coordination (ICC) - All members have direct access to ICC services. Please see the ICC section on page 45 of this handbook for more information.

Specialists

Prior Authorizations (PA) - Most covered services can be accessed without a PA from UHA if the services are provided by an in-network provider. However, some services that your provider order may need a PA. A PA is a request for approval before you get the service. Below is a list of some services that require a PA, including, but not limited to:

- Skilled Nursing Facilities (SNF)
- Referrals to out of network providers
- Referrals to dermatology
- Chiropractic services
- Acupuncture services
- Physical, occupational, and speech therapy after the first 8 visits
- Durable medical equipment (DME) that cost more than $500
- Additional diabetic supplies
- Planned inpatient procedures and hospitalizations
- Inpatient mental health services.
- Elective procedures
- Some outpatient procedures that are done in a provider office
- Outpatient procedures that are done in a surgery center or hospital
- Genetic testing
- Sleep studies done in a facility
- MRIs
- Comprehensive Dental Services

Your provider will submit a PA to us. They can call us if they need help getting one. If you need to know if a service needs a PA, call Customer Care. For more information on if a service requires a PA/Referral, please visit www.umpquahealth.com/ohp/. You can find it in the Member Forms/Notices section under "Prior Authorizations". If you would like a copy of our PA/Referral Policy, please contact Customer Care at the number listed above. We can mail you a copy, free of charge, within 5 business days.
An approved PA is not a guarantee of payment. Payment is based on benefits in effect at the time of service, member eligibility, and medical necessity.

How long does it take to get a PA? UHA follows all state rules when making a decision on requests for services. Some services need to be reviewed quicker than others per the state rules. Below is how long it can take for some services to be authorized.
Service Time for Review (in business days):

- 2 days - Substance Use Disorders (SUD) Detoxification and Residential Treatment
- 2 days - Skilled Nursing Facility
- 72 hours - Behavioral Health Inpatient or Residential Services
- 72 hours - Expedited Requests (member's health is at immediate risk. I.e. loss of life, limb, or eyesight is imminent)
- 24 hours - Prescription Drugs

Any service not listed above is a standard request and will be reviewed within 14 days of UHA getting the request.

Second Opinion

UHA covers second opinions for medical, dental, or mental health care needs. As a member of UHA you are allowed to get a second opinion at no cost to you. This is due to UHA's CCO contract with OHA.

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

- UHA informs you of this right in the Member Handbook on pages 36-39. You can also call your PCP or UHA Customer Care at the number listed above. They will be happy to help you.
- You can get a second opinion from an in-network provider. You can call and schedule the appointment without a PA from UHA.
- You may seek a second opinion from a non-network provider. You can call them and make an appointment. You or the provider can contact UHA Customer Care to get further help.

Telemedicine/Telehealth—e.g., video and patient portal

What is telemedicine/telehealth? Telemedicine or telehealth services are health care services provided to patients using secure electronic communications. UHA and our contracted providers will comply with HIPAA and the Authority's Confidentiality and Privacy Rules and security protections in regards to telemedicine communication and related records as per OAR 410-130-0610 (7)(a-e). Examples of telehealth are:

- Secure email
- Patient portals
- Online audio/video conferencing
- E-visits

This can be used for physical, behavioral, or oral health needs.

Telehealth allows you to get the care you need in a way the fits your needs. It also allows you to avoid clinical and public places. Some examples of when it is a good choice to use telehealth are:

- Routine health care
- Wellness visits
- Medication consultation
- Eye exams
- Mental health counseling

Also, there are some times when telehealth will not work. For example:

- Care that requires a hands on physical
- When the provider needs to do an in-person exam or test

To schedule a telehealth visit, call your providers office and ask if it is an option. Most health providers have telehealth visits available. UHA allows any telehealth services that can be done virtually on any platform, covered by the Oregon Administrative Rules (OAR). To get these services, you will need to use a device that supports the technology. UHA members still qualify for interpreter services, even with Telehealth. If you would like to know more, please see page 30 for more information.

Telemedicine/Telehealth—e.g., video and patient portal

To use telehealth services, you will need a smartphone, tablet, or computer/laptop with internet access. You will need to supply your own device. UHA does not provide or support these technologies. This service is provided by our contracted providers.

Do you need help finding a provider that offers telehealth? Below is a list of community health centers that can provide services that meet your needs. Also, you can look on-line in the Provider Directory at www.umpquahealth.com/ohp/ or you can request that a copy be mailed to you, free of charge, at any time.

Evergreen Family Medicine: Has telehealth available through video call and phone call.
What services are offered as telehealth? All established patient visits. If a patient feels more at ease, they can schedule their follow-up via telehealth. New patients are required to be seen in-person for first visit.

Aviva Health: Has telehealth available through video call and phone call.
What services are offered as telehealth? All services available (such as wellness visits, medication refills, behavioral health). New patients are required to be seen in-person for first visit.

Cow Creek: Has telehealth available for over the phone visits only.
What services are offered as telehealth? Behavioral health therapy, psychiatry, medical nutrition therapy (dietician services in general and Diabetes Prevention Program (DPP)), and primary care visits (clinician approved, as needed).

Umpqua Health Newton Creek: Has telehealth available through video call and phone call.
What services are offered as telehealth? Mental health visits only. Most physical health visits are done in person. It is up to the provider if they will see a member via telehealth. If the visit is for a physical exam (i.e. back pain) it is asked that members be seen in person.

Adapt Primary Care: Has telehealth available through a website called doxy.me.
What services are offered as telehealth? All services available (such as wellness visits, medication refills, behavioral health). To access this service for free, please go here: https://doxy.me/sign-in. This may not work in all browsers.

As a CCO, UHA is required to make sure our contracted providers have telehealth services available and do not limit anyone to only allow telehealth visits. Telehealth services still must meet your needs and be culturally and linguistically appropriate as if you had an in-person visit. Do you need an interpreter or help in another language or format? Tell your provider's office when you make the telehealth appointment. If you need more help finding a telehealth provider, call UHA Customer Care at 541-229-4842.

Missed Appointments

Call your provider's office as soon as you know you can't make your appointment. This will allow them to reschedule you at that time. Ask your provider's office about their policy for missed appointments.

After Hours, Urgent, Emergency Care, and Crises

After-hours, Weekends, Holidays — You have access to your PCP 24 hours a day, 365 days a year. When the PCP's office is closed, you can call them. An answering service will contact your provider or tell you what to do. If your PCP can not be reached, they will get someone else to take care of your medical needs or give you advice.

Urgent Care — If you can't reach your PCP's office about an urgent problem, or they can't see you soon enough, you can go to the Urgent Care 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 is open 7 days a week, 7:00 am to 7:00 pm. Their phone number is 541-229-7038.

Urgent care does not require pre-approval and is covered for in network and out of network within the United States. Urgent problems are things like severe infections, sprains, and strong pain. If you do not 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 Member ID card.

- Advantage Dental customer service is open Monday through Thursday, 8:00 am to 6:00 pm, Friday from 8:00 am to 5:00 pm. They also provide 24 Hour Afterhours Call system. Their phone number is 1-866-268-9631.

Emergency Services — An emergency medical condition means you believe your health will be in serious danger if you do not get help right away. This includes your unborn baby, if you are pregnant. An emergency might be, but is not limited to:

- Chest pain
- Trouble breathing
- Bleeding that will not stop
- Broken bones
- Mental health emergency

If you believe you have an emergency, call 9-1-1 or go directly to the emergency room (ER). You do not need prior approval to get care in an emergency. You can go to any hospital or ER within the United States.

- Mercy Medical Center has a 24-hour emergency room. They are located at 2700 NW Stewart Parkway, Roseburg OR, 97471. Their phone number is 541-673-0611.

Crisis Services — A mental health emergency is the feeling of being out of control, or being in 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 1-800-866-9780. They are open 24-hours a day, 7 days a week. You can also call 911, or go to the ER. The Crisis Hotline is ran by Compass Behavioral Health. They offer mental health evaluations and interventions, treatment determinations, client protective service investigations, Intensive In-Home Behavioral Health Treatment (IIBHT) for children, and have a mobile community crisis response team.

After Hours, Urgent, Emergency Care, and Crises

Compass Behavioral Health's mobile crisis team works closely with the Roseburg Police Department. On this team is two qualified mental health professionals. They respond along with police. They are available 7 days a week during high risk times. They respond to calls in, and around the City of Roseburg. The mental health workers will provide acute mental health stabilization and assessment. They also connect people with proper mental health treatment. This helps stop needless trips to the hospital or jail time for people going through a mental health crisis. If you are getting Intensive In-Home Behavioral Health Treatment (IIBHT), there are crisis response services available 24 hours a day.

Important! You do not need a referral or prior approval from UHA or your provider to call the crisis line or to get emergency services. You can use those services at any time you feel you are having an emergency. Ask your PCP, counselor, therapist, or mental health doctor to make a crisis plan for you. This plan will help you avoid crisis and know what to do in a crisis.

Do not use the ER for Routine Care — Examples of routine care are:

- colds
- back pain
- constipation
- toothache
- 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.

Out-of-Town 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. Some examples of emergencies are:

- Chest pain
- Vomiting blood
- Severe burns or cuts
- High fevers
- Seizures
- Numbness in legs, arms, or face

For a helpful diagram with some examples of the difference between emergency, urgent, and routine care is, please see page 91 in this handbook.

Your care will be covered until you are stable. For follow-up care after the emergency, call your PCP.

Traveling Out-of-State — Emergency and urgent care are covered anywhere in the United States. Be aware that even though UHA covers an ER visit in another state, this does not mean that they are willing to bill us. You could get a bill for these services. Do not ignore bills that you may get from your visit.

If you get a bill for out-of-town or out-of-state emergencies, UHA will try to help you resolve the issue. Call UHA Customer Care right away at 541-229-4842 if you receive a bill from out-of-state or out-of-town services. For more information on what to do if you receive a bill, see page 62.

Traveling Out-of-the Country — OHP does **not** cover any care outside of the US. This means OHP will not pay for any care you get in Mexico or Canada. Shots required for foreign travel are also **not** covered.

Pharmacy and Medication Coverage

Filling your Prescriptions. You must use a participating network pharmacy when filling your drugs. An in-network pharmacy is a pharmacy that has agreed to work with our members. To check if your pharmacy is in our network, you can use the "Find A Pharmacy" tool on our website, www.umpquahealth.com. Most drugs are limited to a 30-day supply at a participating network pharmacy.

Do not go to a pharmacy that is not listed in the Provider Directory or to an ER to get your prescriptions filled. UHA may only pay for medications from pharmacies/providers that are enrolled with the Oregon Health Plan (OHP). Many of these pharmacies have extended hours for you to have your prescriptions filled in the evenings or on weekends.

UHA does not pay for medications without a prescription. We also do not cover over-the-counter drugs. Certain medications may require pre-approval for UHA coverage. If you have been prescribed a medication that is one of these or is not on our formulary (see UHA Medication Formulary section on the next page), your doctor may submit a request for approval. This does not verify coverage. UHA will notify you, the pharmacy, and doctor if the request has been approved or denied. If the request is denied you may appeal the denial. Or you may choose to pay for this medicine out of pocket. The cost may not be repaid in this case. To get non-formulary drugs or over-the-counter drugs, you will need to pay out of pocket as UHA does not cover these.

For medication delivery, call the pharmacy and ask about delivery. Some pharmacies may deliver to your home. They will let you know what you need to do to set this up.

Postal Prescription Services (PPS) is also available to all of our members, so that you can get your prescriptions through the mail.

- Please visit their website at www.ppsrx.com.
- Call at 1-800-552-6694.

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.

Pharmacy and Medication Coverage

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 card. The pharmacy will know where to send the bill.

If you have questions or need help getting a medication, please call Customer Care. A copy of the Provider Directory can be requested by calling Customer Care at any time, at no cost to you. We will mail it to you within 5 business days.

The Medication Therapy Management (MTM) program offers help to members who use multiple medications to treat chronic diseases. Our UHA Clinical Pharmacy team provides MTM services to help our members get the most benefit from their medications as possible. If the pharmacy team or your provider thinks you would benefit from MTM you may be contacted by phone or mail. You may request MTM services if you have a concern with one or more of your medications. To sign up for MTM you may fill out the MTM referral form located on the www.umpquahealth.com/pharmacy-services/ webpage or call 541-229-7007.

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 www.umpquahealth.com/ohp/. It is located in the Member Forms/Notices section. It is called "UHA Formulary".

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 Customer Care 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
From DentaQuest

Contact **Advantage Dental** today to find out who your dentist is!
Phone number: 1-866-268-9631
Website: https://www.advantagedental.com/

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.

Dental Prevention — Routine dental care is very important to your health. You can get this care from your dentist. This includes regular checkups and cleanings. You can discuss your care with your dentist and schedule the needed appointments for your care. Having dental routine care 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 Services

Benefits	UHA (for pregnant women and members under 21)	UHA (for all other adults)
Emergency Services		
Emergency Stabilization (in or out of the service area) Examples: • Extreme pain or infection • Bleeding or swelling • Injuries to the teeth or gum	✓	✓
Preventative Services		
Exams	✓	✓
Cleaning	✓	✓
Fluoride Treatment	✓	✓
X-rays	✓	✓
Sealants (Age 15 and Younger)	✓	Not Covered
Restorative Services		
Fillings	✓	✓
Partial Dentures	Limited	Limited
Complete Dentures	Limited	Limited
Crowns	Limited	Limited
Oral Surgery and Endodontics		
Extractions	✓	✓
Root Canal Therapy	✓	Not Covered

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 if you need it.

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 Customer Care at the number above, or call MTM at 1-855-735-1188.

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

Intensive Care Coordination — The Intensive Care Coordination program helps members that are 65 and over or who have Special Health Care Needs. They help you get the dental care you need. If you have special supply needs, or want 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 a dentist who will see you. If you are unable to reach your PCD or DCO, call 911 or go to the ER. Tell the ER staff 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 right away 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 Abuse

Outpatient services for alcohol and drug treatment are part of the basic benefit plan 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 to find a treatment center that is in-network.

Mental Health Services

UHA partners with ADAPT (Alcohol Drug Abuse Prevention Training) to provide our community access to primary care, addictions treatment, and behavioral health services to promote health and restore lives. ADAPT provides person-centered care which includes:

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

adapt

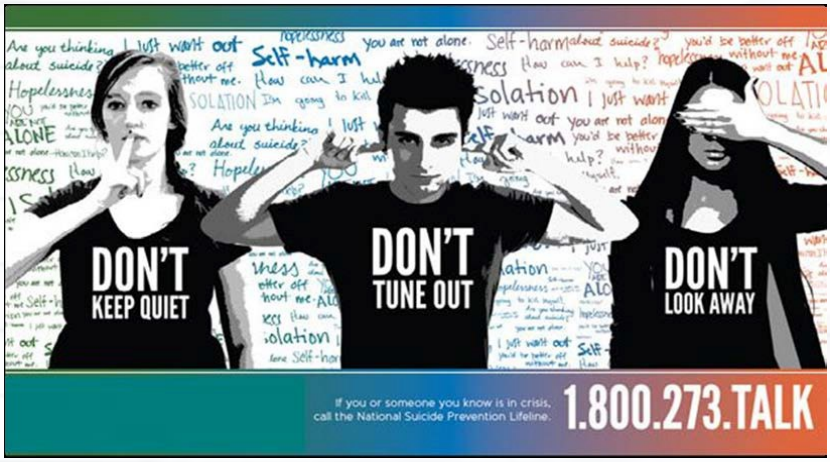
They can help you with:

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

Mental Health Services

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 do not 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 do not wait.

Call or Text the info below:

Teen Support
https://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

Mental Health Services

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

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/. Click on "Find A Provider" under the OHP MEMBER drop down menu.

Our mental health providers can help with lots of services. This includes mental health assessments and evaluations, crisis intervention, and outpatient treatment for all ages. Also, they provide services that meet the needs of people who need special services.

Other mental health services that are covered:

- 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 needed
- Visits with a psychiatrist or other provide who can prescribe drug 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 keep you in good mental health

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

Adult Mental Health Services:
Choice Model Services coordinates care for adults with serious mental illness when they leave the Oregon State Hospital. This program helps discharged members get the community services they need to live. 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 needs 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. This includes schools, local programs, doctors, the criminal justice system, and others. This forms a team around the child and family to plan support services.

Tobacco Use

Tobacco cessation products are covered by UHA. The best thing you can do for your health and your family's health is to stop using tobacco. If you want to quit smoking or chewing tobacco, please call UHA Customer Care. We have resources to help you quit.

Did you know?

Within 12 hours of quitting, the carbon monoxide levels in your blood return to normal.

1 Year after you quit, your risk of heart disease is cut in half.

5 Years after you quit smoking, your risk of having a stroke is the same as a non-smoker.

adapt

Adapt has a patient-centered care approach geared towards helping people with their nicotine use.
They offer:

- Assessment for tobacco use
- One on one counseling
- Custom treatment plans
- Services for youth and adults
- Information about stop smoking medications
- Mayo Clinic's quit guide "My Path to a Smoke Free Future"
- Relapse prevention and education
- Referrals to additional support services when needed

Contact Adapt today to get started on your road to a tobacco free life!

Phone: 541-492-0152
Online: www.adaptoregon.org
Address: 621 W Madrone St, 2nd Floor
Roseburg, OR 97470

Stop Smoking Programs

Oregon Quit Line:
English: 1-800-QUIT-NOW (1-800-784-8669)
Español: 1-855-DEJELO-YA
TTY: 1-877-777-6534
Online: www.quitnow.net/oregon

Other Sources to Consider to Help Stop Smoking:

Smoke Free: https://smokefree.gov
Teen: https://teen.smokefree.gov/
VA: https://smokefree.gov/tools-tips/smokefreevet-signup

Freedom from Smoking:
Online: https://www.freedomfromsmoking.org/
Toll Free: 800-586-4872

Nicotine Anonymous:
Online: http://nicotine-anonymous.org/

Hospital Services

Mercy Medical Center is your primary hospital. It is located at:
2700 Stewart Parkway
Roseburg, OR 97471
541-673-0611, TTY 541-677-2143
https://www.chimercyhealth.com/index.html

If you need a service which they are not able to provide, you will be referred to a different hospital.

UHA is also contracted with the following hospitals outside of Douglas County:

Sacred Heart University District Hospital Eugene
1255 Hillyard St.
Eugene, OR 97401
541-686-7300
https://www.peacehealth.org/sacred-heart-university-district

Sacred Heart Riverbend
3333 Riverbend Dr.
Springfield, OR 97477
541-222-7300
https://www.peacehealth.org/sacred-heart-riverbend

Ambulance Services

If you are unsure if you should use an ambulance, call your PCP. 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.

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 is not an emergency. Please get follow-up care from your PCP or regular doctor.

Care Transitions

We offer a program called Care Transitions to help you when you are being discharged from the hospital. The Care Transition team can:

- Answer any questions you may have about leaving the hospital.
- Answer questions about the drugs your doctor gives you.
- Help arrange your doctor visits.
- Help set up support for you or your family members if needed.

Also, if you need help going home from after you leave a facility, please call and let us know. You can reach a member of the Care Transition team at 541-229-7051.

Post-Stabilization Services

Post-stabilization care is the care you get after an emergency and until your condition is stable. Post-Stabilization Services are available at any hospital and are provided without preauthorization. For more information about our hospitals, please see the Hospital Services section on this page. If you get emergency care at a hospital that is out-of-network and are needing care after your condition is stable:

- You must return to an in-network hospital to get your care covered, or
- You must get approval in advance to get your care covered.

After you get emergency treatment, call your PCP or mental health provider to arrange for more follow-up care if you need it.

Post stabilization and emergency services never require an authorization. Providers of long term care facilities that wish to request authorization can call 541-229-4842 during normal business hours. The call will be answered by UHA's Customer Care team. If calling after normal business hours, you can leave a message or speak with UHA's Nurse Triage line.

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, 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
- Stop 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 Customer Care at the number listed above, or toll free at 866-672-1551 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 https://www.umpquahealth.com/new-day/.
Phone: 541-229-7049
Fax Line: 541-459-5741

Substance Use During Pregnancy — Lots of things can cause problems for babies before and after they are born. Sometimes those problems last a lifetime. 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. 101
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
Referral Fax: 541-229-8180

New Beginnings Program

About New Beginnings—New Beginnings is a program offered by Umpqua Health Alliance for Oregon Health Plan members in Douglas County. We focus on children before birth to age five. We work with the child, family, care providers, and community partners to offer support and resources. The New Beginnings staff create and strengthen partnerships so you can use community resources. This includes:

- Counseling
- Primary care physicians
- Family development centers
- Child Advocates
- Abuse prevention services
- Early Intervention Specialists
- Schools and childcare services
- Hospitals
- Housing and food assistance programs
- Women, Infants and Children (WIC)
- Dentists
- Transportation needs

Do you have a young child? —Most importantly, go to well child visits. You can also:

- Call your child's doctor to make an appointment
- Call UHA Customer Care at (541) 229-4842
- Ask your counselor, case manager or any community partner for help
- Call New Beginnings at (541) 673-1462

The Early Years—The first few years of a child's life are important for the physical and social development of that child. Children in poverty or who lack stable housing and healthy foods can have a hard time coping.

Every parent wants what is best for their child, and that's where New Beginnings can help. Together, through coordinated care, each child's unique needs will be identified and addressed. New Beginnings will also help parents create a solid foundation for Douglas County children to grow and thrive.

Location

500 SE Cass Avenue, Suite 101
Roseburg, OR 97470
We can also meet with you at a different location.

Referrals

To make a referral to New Beginnings program, please contact New Beginnings staff at one of the following:

Office: (541) 673-1462
Email: CaseManagement@umpquahealth.com
Fax: (541) 229-8180

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 Customer Care 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. We will send you more information about provider payments upon your request. We will mail it out to you, free of charge, within 5 business days.

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 that 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 Customer Care at the number above. You can ask for an application.

Structure and Operation — At your request, UHA will provide information on the structure and operation of UHA's organization. We will mail it out to you, free of charge, within 5 business days.

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 ideas on things you can do that will make you healthier. More prevention ideas and resources are listed on our website and in our Member Newsletter at: https://www.umpquahealth.com/ohp/.

Other things You Need to Know

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

- A person makes false statements regarding resources or income to eligibility workers.
- A provider bills Medicaid for services that the recipient never got.
- 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 UHA Customer Care at the number at the top of the page, or UHA's Compliance team (their contact information is located on pages 32-34 of this Handbook).

Third Party Recovery — If you have been in an accident (Motor Vehicle or Workman's Comp) please go to www.umpquahealth.com/third-party-recovery/ and fill out the Accident/Injury/ Information form.

FORMS

- Coordination of Benefits Intake Form
- Member Accident Form

Other Insurance — If you get or lose other health insurance, call OHP Customer Service at 1-800-699-9075, TTY 711 and tell them. You can also let Customer Care know. You are also required to help find any other insurance to which you are entitled. Be sure to bring the ID Card for all of your insurances to each appointment with you. Your provider must bill any other insurance first. We will only pay the bill after all other insurances have paid, except in some special cases. If you get payments as a result of an accident or an injury, you must return the amount of benefits you got to UHA.

Hardship Waivers — Any person getting money or valuables after a UHA member dies may ask OHA to waive Estate Recovery. The person must meet the requirements of a hardship waiver. There are important deadlines for hardship waivers. Please contact the Estate Administration Unit right away.

To learn more about Estate Recoveries:

- Read the Estate Recovery Program brochure (MSC 9093) at https://apps.state.or.us/Forms/Served/me9093.pdf.
- Also see Oregon Administration Rules 461-135-0832 to 461-135-0847.

If you still have questions, contact:
DHS Estate Administration Unit
PO BOX 14021, Salem, OR 97301
1-800-826-5675 (toll-free inside Oregon)
503-378-2884 / TTY: 711
Fax: 503-78-3137

Getting a Ride

If you need help getting to your appointments, please call MTM at 1-855-735-1188. 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). MTM will provide a ride to fill prescription medications if the member needs to stop on the way home from a doctor's appointment.

MTM 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.

NEMT Complaints and Concerns: The NEMT program is committed to quality customer service. If you have a complaint or concern, you should call MTM at 1-855-735-1188. You can also contact UHA with any complaints or concerns. Complaints and appeals are recorded within UHA and reviewed by the Appeals and Grievances team. UHA will look into and resolve all complaints within 30 calendar days. You will also get a letter about the outcome.

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

UHA prefers NEMT services be scheduled at least two business days in advance; however, services may be scheduled up to 90 days in advance. We will also schedule same day NEMT transportation if medically necessary. 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.
We only pay for emergency room care in true emergencies.

Getting a Ride

Scheduling a ride: You or your representative can call Medical Transportation Management (MTM) at 1-855-735-1188 to schedule your ride. Their call center is open Monday through Friday, from 8 am—5 pm. If calling after hours, there is a 24-hour hotline available.

You can also go on their website: https://memberportal.net/?planCode=UHA or use their MTM Mobile App.

Medical trips are covered and provided 24 hours a day, 365 days a year. In accordance with OAR 410-141-3920:

- Same day for NEMT Services,
- Up to 90 days in advance,
- Multiple NEMT services at one time for multiple appointments up to 90 days in advance.
- After hours, weekends, or holidays may be more difficult to arrange. If you have an appointment during that time, please make sure to call MTM ahead of time. They will need to arrange a ride for you.

When to be Ready: It's very important to make sure you are ready for your appointment. When you schedule your ride, the representative will give you the time when your driver will arrive. The transportation driver may arrive 15 minutes before, or 15 minutes after your scheduled pick-up time. Please make sure to give yourself enough time when scheduling to allow for this extra time. If your driver does not arrive in that timeframe, please call MTM right away.

For return trips, once you call the driver to let them know you're ready to be picked up, they will meet you within one (1) hour. Return trips cannot be pre-scheduled. If they do not pick you up in that timeframe, please call MTM right away.

If you miss your scheduled ride, you MUST call MTM at the number at the bottom of the page. Do NOT call the transportation driver to reschedule.

If you are not ready when the driver arrives, they will wait 15 minutes. After 15 minutes, the driver may go to their next scheduled pickup and you will need to reschedule with MTM.

If your driver arrives before your scheduled pickup, you do not have to leave early. The 15 minutes will start at the scheduled pickup time.

MTM drivers are not permitted to drop you off more than 15 minutes of the business opening or closing.

Contact Information:
Toll-Free Phone: 1-855-735-1188
TTY: 711
Website: https://memberportal.net/?planCode=UHA

Mailing address:
MTM
16 Hawk Ridge Circle
Lake Saint Louis, MO 63367

Riders Guide: The Riders Guide and MTM policies and procedures are available on their website or you can request a copy be sent to you by calling UHA Customer Care at the number above or contact MTM at 1-855-735-1188.

- MTM Riders Guide can be found at: https://www.umpquahealth.com/ohp/
  - You can find it by scrolling down under Member Forms/Notices.

Getting a Ride

Mileage reimbursement: You can contact MTM 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.

Passenger Rights and Responsibilities: When you use NEMT services, you have the right to:

- Get the transportation you need.
- Request interpreter services if needed (during the ride or when scheduling).
- Request written materials about NEMT in a language or format that meets your needs.
- Report concerns or complaints to UHA. See page 55-58 for more information on how to file a complaint.

Also, when you are using NEMT services, you are responsible to:

- Treat the driver and other passengers with respect.
- Call to schedule, make a change, or cancel your ride as soon you possibly can.
- Follow the laws and wear your seatbelt.

OHP members have many rights, please see pages 36-39 for more information on member rights.

Riders Guide: To better help you understand the NEMT program, UHA has a Riders Guide. The Riders Guide is available on our website at: https://www.umpquahealth.com/ohp/ or you can call UHA Customer Care and request a free copy be sent to you.

Ride Denials: Some rides may not be covered because UHA has not approved it. For example: You want to go to a doctor that is not in Douglas County. UHA needs an approved Prior Authorization (PA) before a ride can be approved. To find out if you have an approved PA, you can call your doctor or UHA's Customer Care at the number at the top of the page.

You may also get a ride denial if you have been put on a limited ride policy because of too many no shows. See UHA's Riders Guide to learn about the no show policy.

MTM will either approve and schedule or deny your ride within 24 hours of getting the request. If your ride is denied, you will get a Notice of Adverse Benefit Determination (NOABD) letter.

Before mailing out your NOABD, UHA must provide a second review by another employee when the first reviewer denies the ride. UHA will send out the NOABD within 72 hours of the denial. This letter will go out to you, and the provider or other third party you were scheduled to see.

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

Someday you may get so sick or injured that you can't tell your providers if you want certain care or not. Adults ages 18 years and older can make decisions about their own care, including refusing care. If you don't want certain kinds of care, like a breathing machine or feeding tube, you can write that down in an Advance Directive (also called a Living Will). It lets you decide what care you want before you need it. This is in case you are unable to tell them yourself (such as if you are in a coma). If you are awake and alert your providers will always listen to what you want.

If you have written an Advance Directive your providers may follow your wishes. Some providers may not follow them. Ask your providers if they will follow yours. If you don't have an Advance Directive, they may ask your family what to do. If your family can't or will not decide, your providers will take the usual steps in caring for you. You can get an Advance Directive form at https://www.oregon.gov/oha/PH/ABOUT/Documents/Advance-Directive.pdf. Most hospitals and providers have them as well. If you write one, be sure to talk to your PCP, Mental Health Provider, and your family about it. You also should give them copies. They can only follow your plans if they have them. Some providers and hospitals will not follow them 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 it, ask for the copies back and tear them up. You can also write CANCELLED in large letters, sign, and date them.

You will not be treated differently for not having an Advance Directive. UHA does not limit the use of 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. You can file a grievance through UHA. Please see the Grievance section of this handbook on page 55. If you think UHA did not follow Advance Directive requirements (meaning UHA or subcontractors did not inform you about your rights regarding an Advance Directive), you can file a complaint with OHP. You can do this by calling their Customer Service at 800-699-9075. You can also file through the **Health Care Regulation and Quality Improvement** office. You can get a complaint form here: https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/HEALTHCAREPROVIDERSFACILITIES/HEALTHCAREHEALTHCAREREGULATIONQUALITYIMPROVEMENT/Documents/ALLFACILITIESComplaintIntakeForm.pdf

You can send your complaint form to:

Health Care Regulation and Quality Improvement
800 NE Oregon St, #305
Portland, OR 97232
Email: Mailbox.hcls@state.or.us
Fax: 971-673-0556
Phone: 971-673-0540; TTY: 971-673-0372

Or

Umpqua Health Alliance
Attn: Grievance and Appeals
500 SE Cass Ave, Suite 101
Roseburg, OR 97470
Email: UHAGrievance@umpquahealth.com
Fax: 541-677-6038
Phone: 541-229-4842
Toll-Free: 1-866-672-1551, TTY 711

We are required to update this handbook within 90 days from the date of any change in state law that affects the information in this handbook about Advance Directives. If you would like a copy of our Advance Directives Policy or Advance Directive form, please call Customer Care at the number above. We will mail you a copy free of charge.

IRIS HEALTHCARE (ADVANCE CARE PLANNING)

Do you need help creating an Advance Care Plan?

Iris is our partner for providing Advance Care Planning. They provide help to members dealing with serious illness. Their health experts help members talk to their loved ones or care givers to create a plan for member's care. This service is offered by phone or video.

Iris Empower is a free Advance Care planning tool for people in Douglas County.

Empower is a way to make care plans online.

It helps users with:

- Making healthcare choices
- Making advance directives
- Sharing plans with family members
- Sharing plans with care teams

If you would like to make an advance care plan:

- Follow the link on UHA's website:

https://www.umpquahealth.com/advanced-care-planning-empower/

- Contact UHA Customer Care with the numbers at the top of this page.

If you would like to contact Iris Health Care

Phone: 512-895-9544 or

(Toll-Free) 1-800-845-2081

Email: getinfo@irishealthcare.com
Online: https://www.irishealthcare.com/

Declaration for Mental Health Treatment

Oregon has a form for writing down your wishes for mental health care. This form is for if you have a mental health crisis, or if you can't make decisions about your mental health care. It is called the Declaration for Mental Health Treatment. You should complete it while you can understand and make decisions about your care. This form tells your providers what kind of care you want if you are not able tell them. Only a court or two doctors can decide if you are not able to make decisions about your mental health care.

This form allows you to make choices about the kinds of care you 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.

This form is only good for three years. If you are not able to make decisions in those three years, it will be in place until you can again. You may change or cancel the form when you can understand and make choices about your care. You must give your form to your 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, call Customer Care. Our number is at the top of the page. You can also go to the State of Oregon website at: https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/le9550.pdf.

If you don't think we followed regulation about sharing information with you on Declaration for Mental Health Treatment, you can complain. You can file a grievance through UHA. Please see Grievance section of this handbook on page 55. You can file a complaint with OHP by calling their Customer Service at 1-800-699-9075. You can also file through the **Health Care Regulation and Quality Improvement** office.

To find the complaint form for the Quality Improvement office, please follow this link: https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/HEALTHCAREPROVIDERSFACILITIES/HEALTHCAREHEALTHCAREREGULATIONQUALITYIMPROVEMENT/Documents/ALLFACILITIESComplaintIntakeForm.pdf

You can send your complaint form to:

Health Care Regulation and Quality Improvement
800 NE Oregon St, #305
Portland, OR 97232
Email: Mailbox.hcls@state.or.us
Fax: 971-673-0556
Phone: 971-673-0540; TTY: 971-673-0372

Or

Umpqua Health Alliance
Attn: Grievance and Appeals
500 SE Cass Ave, Suite 101
Roseburg, OR 97470
Email: UHAGrievance@umpquahealth.com
Fax: 541-677-6038
Phone: 541-229-4842
Toll-Free: 1-866-672-1551, TTY 711

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

I'm sick or hurt,
Where should I go?

Emergency rooms should be used for very serious or life-threatening problems, when you need medical care now and cannot wait.

Examples include, but are not limited to:

- Chest pain
- Vomiting blood
- Severe burns and cuts
- High fevers
- Seizures
- Numbness in leg, arm, or face

Urgent care clinics should be used for common illnesses and minor injuries. This is for when you need care today but cannot get in to see your PCP. Check with your PCP first to see if they can see you.

Examples include, but are not limited to:

- Flu-like symptoms
- Earaches
- Sprains and minor broken bones
- Minor cuts or burns
- Back and body pain
- Migraines

For most of your health problems, you should schedule an appointment with your Primary Care Provider (PCP). They know your health history, and can care for most medical needs.

Examples include, but are not limited to:

- Medication refills
- Regular physicals
- Vaccinations
- Medical screenings
- Advice on a new or worsening health problem

OHP-UHA-19-075

Where OHP members can find urgent care in Roseburg:

Evergreen Family Medicine

2570 NW Edenbower Blvd.

Monday - Friday 7AM - 7PM

Saturday- Sunday 9AM - 5PM

(541) 957-1111

Umpqua Health Newton Creek

3031 NE Stephens St.

Daily 7AM - 7PM

(541) 229-7038

The right care, at the right place, at the right time.

UMPQUA HEALTH ALLIANCE

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UMPQUA HEALTH
ALLIANCE

500 SE Cass Ave | Suite 101
Roseburg OR, 97470

UHA's mission works to achieve health equity for all population groups by allocating resources towards designing policies and programs to create greater social justice in health.

Customer Care: 541-229-4UHA or 541-229-4842
Toll Free 866-672-1551 | TTY 541-440-6304 or 711
www.UmpquaHealth.com