



WELCOME TO UMPQUA HEALTH ALLIANCE

THE COORDINATED CARE ORGANIZATION (CCO) FOR DOUGLAS COUNTY



OHP-UHA-23-093

WHAT TO EXPECT FROM THIS NEW MEMBER ORIENTATION:



- A better understanding of UHA and how it works
- What it means to be Full Benefit Dual Eligible (FBDE)
- The benefits included in your coverage
- How to access care
- What to do if you need extra help
- Extra services UHA offers
- How to get interpreter services
- What to do if you need to file a complaint, grievance, appeal, hearing, or need an Ombuds.
- How to contact UHA Customer Care for your healthcare needs.

WHO IS UHA?



- Just like the Oregon Health Plan (OHP), UHA covers your physical, dental and behavioral health care services (mental health and substance use disorder treatment) needs depending on your coverage type.
- UHA also helps with prescriptions and rides to care.
- UHA is a group of all types of health care providers who work together for people on OHP in our community.

- We cover all areas of Douglas County, with the exception of some areas of Reedsport, Gardiner, Winchester Bay, and Scottsburg.



HOW DOES A CCO WORK?



- UHA coordinates the care you receive from your providers. We work with you to help keep you healthy.
- We can work with you to prevent unnecessary trips to the hospital or ER.
- You will get the tools and support you need to help you stay healthy.
- We offer advice about your care that will be easy to understand and follow.
- We help coordinate the care we provide by making it easy for all of your providers to share information that will help get you healthy and help keep you healthy.
- All of your providers will work together, and with you, to improve your health and make sure all of your medical, dental, and behavioral health needs are met.
- We have prevention programs to help keep you and your family from getting sick.
- All CCOs offer the same benefits. Some offer extra services like new baby items and gym memberships.



HOW DOES A CCO WORK? (CONTINUED)



- Another way UHA coordinates your care is by asking our providers to be recognized by the Oregon Health Authority (OHA) as a Patient Centered Primary Care Home (PCPCH). This means that they can receive extra funds to follow their patients closely and make sure all of their healthcare needs are met.
- We will assign you a Primary Care Provider (PCP) of your choosing within our in-network providers. They will work with you and any specialists you may be referred to, to help get you the care you need. If at any time, you need to change your PCP, simply call Customer Care and we will help you make that change.
- Mental health services are covered to all OHP members. UHA does not assign you to a Mental Health provider. You do not need a referral to get mental health service from an in-network provider.
- Each member of your family must have a dentist that will be their primary care dentist (PCD). You will go to your PCD for most of your dental care needs. Your PCD will send you to a specialist if you need to go to one.
- You may choose to fill your medications at any of our contracted pharmacies.



WHAT IT MEANS TO BE FBDE



Some people who are on Medicare also qualify for Medicaid (OHP) coverage. These people are called Full Benefit Dual Eligible (FBDE), or Dual Eligible. **Providers will bill your Medicare and UHA.** UHA works with Medicare and has an agreement that all claims will be sent so we can pay.

If you have both, you are not responsible for:

- Co-pays
- Deductibles or
- Co-insurance charges for Medicare services, those charges are covered by UHA



There are times you may have to pay deductibles, co-insurance or co-pays if you choose to see a provider outside of the network. Contact your local Aging and People with Disabilities (APD) or Area Agency on Aging (AAA) office. They will help you learn more about how to use your benefits. Call the Aging and Disability Resource Connection (ADRC) at 855-673-2372 to get your local APD or AAA office phone number.

WHAT ARE MY BENEFITS?



- OHP and UHA cover a wide range of benefits. We cover physical health, behavioral health (or mental health), pharmacy (or prescription), dental, and non-emergent medical transportation (NEMT).
- For members birth to under age 21, UHA provides comprehensive and preventive health care services. This is also known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT).
 - Starting January 1, 2023, all medically necessary and medically appropriate services must be covered for members birth to under age 21, regardless of whether it was covered in the past (this includes things that are “below the line” on the Prioritized List).
 - Under EPSDT, UHA will not deny a service without first looking at whether it is medically necessary and medically appropriate for you.



PHYSICAL HEALTH CARE BENEFITS



Physical health benefits include but are not limited to:

- Preventative services
- Laboratory tests or x-rays
- Hearing aids and hearing aid exams
- Home health
- Hospice care
- Hospital care
- Immunizations and vaccines
- Labor and delivery for pregnancy
- Medical care from a physician, nurse practitioner or physician assistant
 - Such as routine check-ups or general appointments
- Medical equipment supplies
- Medical transportation
- Physical, occupational and speech therapy
- Prescription drugs
- Vision



BEHAVIORAL HEALTH CARE BENEFITS



Behavioral health means mental health and substance use treatment. Our behavioral health providers can help with services such as, but not limited to, mental health assessments and evaluations, crisis intervention, and outpatient treatments for adults, youth and families.

You do not need a referral to get behavioral health services from an in-network provider.

Some of the services UHA offers include:

- Programs that teach you how to live on your own
- Services that make sure you are taking your medications right
- Visits with a psychiatrist or other professional
- Medications to treat mental illnesses
- Hospital care for mental illness
- Programs that teach you how to get and keep a job
- Programs that teach you how to manage your mental condition
- Programs that help promote and maintain an optimal mental status



DENTAL BENEFITS



UHA works with Advantage Dental Services, LLC to provide your dental coverage. They are known as your Dental Care Group (DCG). They will send you information in the mail to help you get dental care and to tell you who your dentist is. Contact Advantage Dental at 866-268-9311.

Dental coverage includes, but is not limited to

- 24-hour emergency care
- Crowns for pregnant members or members under age 21 (benefits vary by type of crown, specific teeth requiring care, age and pregnancy status)
- Dentures for members 16 years and older (partial once every 5 years, complete once every 10 years)
- Preventative services including cleanings, fluoride treatment, and sealants for children
- Routine services including check-ups, fillings, x-rays, and tooth removals and emergency care
- Orthodontics in cases such as cleft lip and palate, handicapping malocclusion, or when speech, chewing and other functions are affected.



PHARMACY SERVICES



- UHA pays for most prescription medications. We do not pay for medications without a prescription. UHA also does not cover over-the-counter drugs. Some medications may require a prior authorization before we will cover it.
- You can go to any pharmacy listed in our Provider Directory, which can be found on our website portal.umpquahealth.com/ClientApp/pharmacies. We can also mail you a copy, free of charge.
- Our Medication Formulary can also be found on our website. This will give you a list of covered drugs. It will also tell you which medications will require a prior authorization.
- If you plan to travel out of state and need enough medications for your trip, UHA can provide a vacation override. UHA also covers some vaccines needed to travel.



Medication Therapy Management

If you need help filling your medicines or have any questions about them, our Medication Therapy Management program can help. Our UHA Pharmacy Services team wants to make sure your medicines are doing their job. If the pharmacy team or your provider thinks this program can help, we might contact you by phone or mail. If you are concerned about your medicines, you can ask for help too. To sign up, go to www.umpquahealth.com/pharmacy-services/ or call 541-229-7007.

NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)



If you need help getting to your medical appointments, the pharmacy, or to meetings like AA or WIC, please call Bay Cities Brokerage (BCB). They are our contracted NEMT provider. We pay for you to get a ride to all covered appointments. BCB also offers bus tickets and mileage reimbursement. To find out more about scheduling rides or setting up mileage reimbursement, please call BCB 877-324-8109. You can visit their website at <https://bca-ride.com>.

Please call at least 2 business days before the appointment to schedule a ride. This will help make sure BCB can meet your ride needs. You can also get a same or next-day ride. You or someone you know can set up more than one ride at a time for multiple appointments. You can schedule rides for future appointments up to 90 days in advance.



VISION SERVICES



These services provide support, tools, and solutions to help your ability to see. Examples include eye exams and glasses.

For non-pregnant adults (21+):

- Routine eye exams every 24 months
- Medical eye exams when needed
- Corrective lenses/accessories only for certain medial eye conditions

Members birth to under age 21, pregnant adults, adults up to 12 months post-partum are covered for:

- Routine eye exams every 24 months and when needed
- Medical eye exams when needed
- Corrective lenses/accessories when needed
 - Examples of medial eye conditions are aphakia, keratoconus, or after cataract surgery.

In-network services may require preapproval. Out-of-network services need preapproval.



HOW TO ACCESS YOUR CARE



Access means you can get the care you need. You can get access to care in a way that meets your cultural and language needs. If UHA does not work with a provider who meets your access needs, you can get these services out-of-network. UHA makes sure that services are close to where you live or close to where you want care. This means that there are enough providers in the area and there are different provider types for you to pick from



Contact your Primary Care Provider and get set up with an appointment. At your appointment, you can tell your PCP about any needs you have. They will either treat you or refer you to a specialist if further care is needed. If you need to be seen by an out-of-network provider, your PCP will send us a referral.

HELP MANAGING YOUR CARE



Care Coordination is 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. You get Care Coordination from places like your patient-centered primary care home (PCPCH), primary care provider, UHA, or other primary care teams.



UHA has staff that are part of your Care Coordination team. UHA staff are committed to supporting members with their care needs and can assist you with finding physical, developmental, dental, behavioral, and social needs where and when you need it. The purpose of Care Coordination is to help you get the best care for your needs. They will work together to help find out your health care needs and help you take charge of your health and wellness. They will connect you with community and social support resources that may help you.

Care Coordination services are available Monday through Friday 8:00 a.m. to 5:00 p.m. If you can't get Care Coordination services during normal business hours, UHA will give you other options.

- Call UHA Customer Care at 541-229-4842, TTY 541-440-6304 or TTY 711 to get more information about Care Coordination.

HEALTH-RELATED SERVICES



Health-Related Services (HRS) are extra services UHA offers. HRS help improve overall member and community health and well-being. HRS are flexible services for members and community benefit initiatives for members and the larger community.

Flexible services are support for items or services to help members become or stay healthy. Some examples flexible services are:

- Food supports, such as grocery delivery, food vouchers, or medically tailored meals
- Short-term housing supports, such as rental deposits to support moving costs, rent support for a short period of time, or utility set-up fees
- Items that support healthy behaviors, such as athletic shoes or clothing
- Other items that keep you healthy, such as an air conditioner or air filter



You can work with your provider to request flexible services or you can call Customer Care at 541-229-4842, TTY 541-440-6304 or TTY 711 and have a request form sent to you in the language or format that fits your needs. Flexible services are not a covered benefit for members and CCOs are not required to provide them. Decisions to approve or deny flexible services requests are made on a case-by-case basis.

HEALTH RELATED SOCIAL NEEDS



Health-Related Social Needs (HRSN) refer to barriers to health, like housing or access to food. Please contact UHA to see what free HRSN Services are available. HRSN Services include:

- **Housing Services:** Help with rent and utilities, to get or keep housing, moving costs, and home modifications. This will begin no sooner than November 1, 2024, and will be for members at risk of becoming houseless. For others, this service will start at a later date.
- **Climate Services:** Help to get health related air conditioners, heaters, air filters, portable power supplies and mini fridges. This will begin in March 2024.
- **Nutrition Services:** Includes nutrition education, medically tailored meals, meals or pantry stocking, fruit and vegetable prescriptions. This will begin January 1, 2025.

You must meet certain criteria to receive HRSN Services. To be screened for HRSN, please contact UHA. We can help you to schedule appointments for HRSN Services, including the screening.



I NEED AN INTERPRETER!



All members have the right to know about UHA's programs and services. If you speak another language, are Limited English Proficiency (LEP), or need sign language, you can receive interpreter services free of charge.

We provide the following communication and language assistance:

- Sign Language interpreters
- Spoken language interpreters for other languages
- Written materials in other languages
- Braille
- Large print
- Audio
- Auxiliary aids
- All other formats requested



If you are more comfortable speaking in another language or need sign language at your appointment, tell your doctor. They will contact UHA Customer Care to set up an interpreter for you. We have both audio and visual interpretation available for your appointments.

GRIEVANCES, COMPLAINTS AND APPEALS



UHA makes sure all members have access to a grievance system (complaints, grievances, appeals and hearings). We try to make it easy for members to file a complaint, grievance, or appeal and get info on how to file a hearing with the Oregon Health Authority. We have copies of our forms in our administrative offices. You can also get them from our website or ask for them to be sent to you by email, mail, or by phone by contacting UHA Customer Care.

- A **complaint** is letting us know you are not satisfied.
- A **dispute** is when you do not agree with UHA or a provider.
- A **grievance** is a complaint you can make if you are not happy with UHA, your healthcare services, or your provider. A dispute can also be a grievance.
- An **appeal** is when you disagree with our decision and want to ask us to change it.
- A **hearing** is when you disagree about a decision we made about your appeal, and you ask the state to review the decision.

You can also make a complaint with OHA or Ombuds. You can reach OHA at 1-800-273-0557 or Ombuds at 1-877-642-0450 or OHA.OmbudsOffice@odhsoha.oregon.gov. UHA will always fully cooperate with the investigation and will follow any recommendations for resolution given by the Ombuds.



WE ARE HAPPY YOU CHOSE UHA TO BE YOUR CCO!



If you have any questions or concerns, please contact our Customer Care team. We are open Monday – Friday, 8:00AM – 5:00PM.



Call us: 541-229-4842 | Toll-free 866-672-1551 | TTY 541-440-6304
Oregon Relay 711



Email us:
UHCustomerCare@umpquahealth.com



Fax us:
541-677-6038



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Visit our website:
www.umpquahealth.com



Get this information in any language or format for free. All interpretation services are free. Call 541-229-4842 (TTY 711).
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