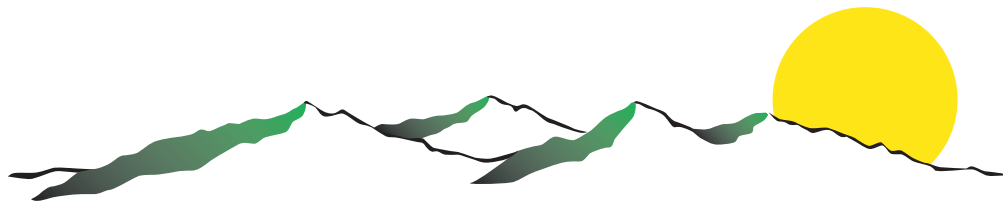




MEMBER HANDBOOK



Cascade Health Alliance, LLC

Oregon Health Plan



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OHA Language Access Statement

ENGLISH

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Program/contact: Cascade Health Alliance

Phone: 541-883-2947 / 1-888-989-7846

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FRENCH / FRANÇAIS

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JAPANESE / 日本語

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

LAO / ລາວ

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MARSHALLESE / KAJIN MAJEL

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电话： 541-883-2947 / 1-888-989-7846
电子邮箱： info@cascadecomp.com
我们会接听所有转接电话，或者您可以拨打 711。

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Chúng tôi chấp nhận tất cả các cuộc gọi chuyển tiếp hoặc quý vị có thể bấm số 711.

**Welcome to
Cascade Health Alliance, LLC
cascadehealthalliance.com**

2909 Daggett Ave, Suite 225
Klamath Falls, OR 97601

Customer Service 541-883-2947

Toll Free 1-888-989-7846

Impaired Relay 711

Fax 541-885-9858

Hours of Operation

Monday through Friday
8:00AM – 5:00PM

Dispensing Hours

Monday through Friday
8:30AM – 4:30PM

Lobby is wheelchair accessible.
Handicap parking is also available.

Alternate Format

If you need this handbook in another format, such as Large Print, Braille, Computer Disk, Audio Tape, or read to you in your language, call Customer Service to request the other format.

Language Access Services

If you need this handbook in Spanish or any other language, call Customer Service to request the other format.

Free qualified or certified health care interpreters for all languages are available by calling Customer Service.

Find a Provider

Find a list of our providers on our website at
www.cascadehealthalliance.com/find-a-provider

Dear Member,

Cascade Health Alliance (CHA) is a Coordinated Care Organization (CCO) with its own Board of Directors. We have a contract with Oregon to provide care to Oregon Health Plan (OHP) members. As a CCO, we bring together doctors, counselors, nurses, and dentists in Klamath County. CHA is owned by Cascade Comprehensive Care. We work with you and your health care team to keep you healthy.

CHA has been providing care to Klamath County residents for over 25 years. We believe everyone deserves quality care and respect. CHA is committed to patient-centered care, which means we focus on you and your family. We work with you and your providers to set goals and support healthy living choices. What you can expect from us:

- Access to a Nurse Case Manager
- Tools and support that you need to stay healthy
- Health care and advice that is easy to understand and follow
- Local resources that work together to improve your health and the delivery of care
- Sign and spoken language interpreters

CHA is also committed to the Americans with Disabilities Act, or ADA, and we make sure that our members with disabilities can access the services we provide. Under the ADA, you can:

- Bring a service animal to the doctor's office;
- Get large print;
- Have someone explain things to you.

Please read this book.

This handbook will help you use your Oregon Health Plan insurance. Your CHA ID card is included in your new member packet. You will also get an ID card from OHP. Take both of these cards to all of your provider visits. See page 10 for more information about your ID cards.

You can read the CHA Member Handbook at www.cascadehealthalliance.com/members-handbook/ any time. You may request a copy of the CHA Member Handbook at any time by calling Customer Service at 541-883-2947, Toll Free at 1-888-989-7846.

You can read the Oregon Health Plan Client Handbook at www.oregon.gov/OHA/healthplan. To have a copy sent to you, call OHP Customer Service at 1-800-699-9075, Relay 711 for the hearing impaired.

Member Rights and Responsibilities

You have the right to get provider names, locations, phone numbers, non-English languages spoken, and providers accepting new patients. This information is in the Provider Directory on our website at www.cascadehealthalliance.com. You may request a copy of the CHA Provider Directory at any time by calling Customer Service at 541-883-2947 or Relay 711.

As an OHP client, you have the right:

- To be treated with dignity and respect the same as any other patients;
- To have a language interpreter or a sign language interpreter available free of charge if requested;
- To get covered substance abuse treatment and family planning services without a referral;
- To have a friend, family member, or advocate with you during appointments and at other times as needed within clinical guidelines;
- To be actively involved in the development of your treatment plan;
- To receive information about your condition and covered and non-covered services, to allow an informed decision about proposed treatment(s);
- To consent to treatment or refuse services (except for court-ordered services) and be told the consequences of that decision;
- To receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency;
- To receive written materials translated in a language that you can understand;
- To receive written materials explained in a manner that is understandable to you;
- To receive necessary and reasonable services to diagnose the presenting condition;
- To receive covered services under OHP which meet generally accepted standards of practice and are medically appropriate;
- To obtain covered preventive services;
- To receive a referral to specialty providers for medically appropriate, covered services;
- To have a health record which documents conditions, services received and referrals made;
- To have access to your own health record, unless restricted by statute;
- To have your health records corrected;
- To transfer a copy of your health record to another provider;
- To give a friend, family member or advocate permission to access your health records;
- To be able to limit who can see your health records;
- To a statement of wishes (Advance Directive or Declaration of Mental Health Treatment) and a power of attorney for health care;
- To receive written notice before a denial of, or change in, a service level or benefit is made, unless such notice is not required by federal or state regulations;
- To know how to make a grievance or Appeal with CHA and receive a response;
- To request an administrative hearing with the Dept. of Human Services or Oregon Health Authority;
- To show your medical record or other evidence during the appeal and fair hearing process;
- To receive a notice of an appointment cancellation in a timely manner;
- To receive adequate notice of CHA privacy practices;
- To choose your provider;
- To make complaints and get a response without a bad reaction from CHA or your provider;
- To receive care when you need it, 24 hours a day, seven days a week;
- To help make decisions about your health care, including refusing treatment;
- To not be held down, kept away from other people or forced to do something you don't want to do.
- To ask the Oregon Health Authority Ombudsper-son for help with problems at 503-947-2346 or Toll Free 877-642-0450.

As an OHP client, you agree:

- To treat all providers and personnel with respect;
- To be on time for appointments made with providers;
- To request an interpreter at least 1 day before the appointment;
- To call in advance if you are going to be late or have to cancel your appointment;
- To seek periodic health exams, check-ups, and preventive services from your medical, dental or mental health providers;
- To use your PCP or clinic for diagnostic and other care, except in an emergency;
- To get a referral to a specialist from your PCP or clinic before seeking care from a specialist, unless self-referral is allowed;
- To use emergency and urgent care services appropriately;
- To give accurate information for inclusion in the clinical record;
- To help provider or clinic get health records from other providers. This may include signing a release of information form;
- To ask questions about conditions, treatments and other issues related to your care that you don't understand;
- To use information to make informed decisions about treatment before it is given;
- To help in the creation of a treatment plan with your provider;
- To follow prescribed, agreed-upon treatment plans;
- To tell your provider you have OHP coverage and to show your Oregon Health ID when asked;
- To call OHP Customer Service at 1-800-699-9075 to report:
 - A change of address or telephone number;
 - If someone in the family becomes pregnant;
 - The birth of a child;
- If any family members move in or out of the household;
- To pay for non-covered services you receive, if you signed the *Client Agreement to Pay* waiver, form OHP 3165;
- To report other health insurance at www.reportTPL.org;
- To assist OHP to find any other insurance to which you are entitled and to pay OHP the amount of benefits you received as a result of an accident or injury;
- To notify CHA or OHP of issues or grievances;
- To sign a release so that DHS/OHA and CHA can get information they need to respond to an administrative hearing request in an effective and efficient manner.



Getting Started

Service Areas

CHA currently serves members who live anywhere in Klamath County **EXCEPT** the following zip codes:

97731, 97733, 97737, 97739

Voluntary Service Areas include the communities of Beatty, Bonanza, Bly, Merrill, Sprague River and Malin.

Fee-for-Service (Open Card)

OHA wants you to get managed health care from a CCO. CCOs are designed to make sure you receive the best possible care within your community. CCOs can provide and cover some services that OHP cannot. Fee-for-service (FFS) is also known as “open card”. You can change to fee-for-service OHP at any time if:

- You are an American Indian or Alaska Native;
- You are also on Medicare in addition to OHP;
- You have an important medical reason that OHA approves; or,
- You live in a Voluntary Service Area.

Native Rights

Tribal members can receive their care from a tribal or Indian Health Service (IHS) clinic or wellness center. This is true whether you are in a CCO or not.

Choosing Your Primary Care Provider (PCP) / Primary Care Dentist (PCD)

Your PCP/PCD will provide most of your health care. He or she will arrange for all other medical/oral services and referrals. When you need to see a provider, your PCP/PCD should be the first one you call. If you need a specialist, tests, or hospital care, your PCP/PCD will arrange this for you. If you receive any of these services on your own, you will be responsible for payment, except in a true emergency.

You must choose a primary care provider (PCP)/primary care dentist (PCD) from the list we give you.

This is who you call when you have a medical or dental problem. It is very important to choose your PCP/PCD when you enroll. If you need help choosing a PCP/PCD, call Customer Service at 541-883-2947, Toll Free 1-888-989-7846, Relay 711 for hearing impaired.

After you choose a PCP/PCD, tell CHA who it is by calling Customer Service.



Getting Started

Finding a Provider

You can find a list of our providers, including specialists, on our website at www.cascadehealthalliance.com/find-a-provider. You can also call Customer Service if you want a printed copy. Once you see your PCP, you will need to stay with that PCP for 6 months before changing.

Changing Your Provider

If you would like to change your PCP, call customer service at 541-883-2947 for help.

AFTER YOU HAVE CHOSEN YOUR PCP/PCD AND NOTIFIED US:

It's a good idea to make an appointment to see your new PCP/PCD soon.

What to tell your provider's office to get established:

"Hello, my name is (your name) and I am insured through Cascade Health Alliance. I have been assigned to your clinic and need to set up an appointment to establish care."

If you do not choose a PCP/PCD within 30 days, we will assign a PCP/PCD to you so if you need medical care you will know who to call.

Patient-Centered Primary Care Home

We want you to get the best care possible. One way we try to do that is ask our providers to be recognized by the Oregon Health Authority as a Patient-Centered Primary Care Home (PCPCH). Your Primary Care Home and providers will work with you to improve care coordination that results in higher quality care to you. They will help you or your caregiver play an active role in your health. Patient-Centered Primary Care Homes are offered to all CHA members and CHA members with Medicare. Check our provider directory to find a PCPCH clinic.



Quick Guide

Emergencies

Take care of problems before they become serious. Call your provider when you are sick. Please do not wait until after hours to get care for you or your family. In an emergency, you can call your provider's office and talk to a nurse or provider any time. Many clinics have appointments that day. Some clinics have late hours and weekend appointments. If you use the emergency room and it is not a true emergency, you may have to pay the bill. You do not need permission or a referral to get care in an emergency. The only emergency room in Klamath County is located at Sky Lakes Medical Center, 2865 Daggett Avenue, Klamath Falls, OR 97601.

WHEN TO USE THE EMERGENCY ROOM?

A medical emergency is a type of sickness or injury. If you don't get health care right away, it may put your life or health in danger. Emergencies may also put a woman's unborn child at risk. Some medical emergencies are:

- New chest pain
- Passing out
- Bleeding that won't stop
- Rapid new severe pain
- Broken bones
- Choking or hard time breathing



If you don't know if your problem is an emergency, call your provider or 911. If the office is not open, you can still talk to the on call nurse or provider. For dental emergencies such as severe swelling or pain, call your dentist. If you really think you have a health emergency, we cover emergency care near where you are.

MENTAL HEALTH EMERGENCY

If you feel that you are a danger to yourself or others, that is a mental health emergency. Get help right away by calling 911, calling a Crisis Line, or visiting the ER.

National Suicide Prevention Hotline

1-800-273-TALK (8255)

24/7, toll-free hotline available to anyone in suicidal crisis or emotional distress

Klamath Basin Behavioral Health

541-883-1030

Crisis support available 24 hours a day/7 days a week.

Oregon Warmline

1-800-698-2392

Get free, confidential support from trained peers.

Oregon Youthline

1-877-968-8491 (call)

Text teen2teen to 839863

Get free teen to teen crisis support by calling or texting.

DENTAL EMERGENCY

A dental emergency is when you need same-day or immediate dental care. Emergencies may be:

- Severe toothache or pain
- Gum swelling
- An infection in your gums or teeth
- A tooth has been knocked out

For a dental emergency, please call your Primary Care Dentist (PCD). If you cannot reach your PCD or you do not have one, call CHA at 541-883-2947.

CARE AFTER AN EMERGENCY

Emergency care is covered until you are stable. Call your PCP or mental health provider for follow-up care. Follow-up care once you are stable is covered but not considered an emergency.

WHAT IS NOT AN EMERGENCY HEALTH CONDITION?

Sometimes a health problem needs care but is not an emergency. If you have a health problem and want to be seen, call your provider's office. They can check

Quick Guide

for open appointments and give you health advice.

Problems that are not emergencies include:

- Cough, sore throat, and earache
- Tooth pain
- Bladder infections
- Medication refills
- Pain lasting longer than 2 weeks
- Vomiting and diarrhea for less than 24 hours

Only go to the ER if you think you have a sickness or injury that threatens your life.

If you don't know, please call the emergency room or 911.

If You Need Care When You Are Away From Home

If you are traveling anywhere in the United States and have an emergency, go to the nearest emergency room or call 911. OHP does not cover emergency care in Mexico or Canada or other countries. Please call our office to arrange for more care if needed while you are still out of town. Call your doctor if you need follow-up when you return or to transfer your care.

- If you are injured or become ill away from home and you cannot wait for medical care until you return home, go to a provider's office or emergency room.
- Please call CHA Customer Service when you receive urgent care so we can arrange for follow-up or transfer of your care if needed.

Travel Outside of the United States

If you travel outside the United States (including Canada and Mexico), you are not covered.

AMBULANCE SERVICE IS ONLY FOR EMERGENCY USE.

An emergency medical condition means you have a very bad problem and you believe your health will be in serious danger if you don't get help right away.

This also includes your unborn child's health if you're pregnant. If you use the ambulance service for anything other than a real emergency **you may have to pay** for the service.

Urgent Care

We do not contract with any Urgent Care centers in Klamath Falls. They do not accept OHP. Call your provider's office for help if you are sick or hurt.

Your provider has someone available on call 24 hours a day, 7 days a week.

To speak to them, call your provider's office number.

If You Need Services Now

Call Customer Service at 541-883-2947, Toll Free 1-888-989-7846 or Relay 711 if you are unable to see a provider (PCP) in the first month of enrollment and need:

- Prescriptions
- Supplies
- Other necessary items
- Services

Important Phone Numbers

Oregon Department of Human Services (DHS)

Klamath Falls Branch

541-883-5511 or 1-800-249-6345,
TTY-Relay 711 for hearing impaired

CHA Customer Service

541-883-2947, Toll Free 1-888-989-7846, Relay 711

Oregon Health Plan Client Services

1-800-273-0557, Relay 711

Oregon Health Plan Customer Service

1-800-699-9075, Relay 711

211info

Free information about health, community, social services in Oregon.

Dial 211 on your phone or visit www.211info.org

Quick Guide

Your ID Cards

Each member on Cascade Health Alliance will get two ID cards. The Oregon Health Authority will send one Oregon Health ID Card and a coverage letter to each person on OHP. The CHA ID card will come from CHA with your new member packet. Please keep both ID cards and show them to all providers. You do not need to show the coverage letter to providers, but keep it because it lists coverage information for your household. If you lose either ID card, call CHA Customer Service or OHP Customer Service.

Who To Call

QUESTIONS OR NEED HELP?

We want to be sure that you understand the benefits and services you have under CHA. Call Customer Service at 541-883-2947 or Toll Free 1-888-989-7846, Relay 711 for the hearing impaired, for any of the reasons below. Office hours are 8:00AM - 5:00PM Monday through Friday.

- Get help choosing a provider (PCP) for you and each covered member of your family.
- Tell us the name(s) of your PCP/PCD choice(s).
- If you need services right away, before you have time to choose and see your PCP/PCD.
- Change to a different PCP/PCD.
- To get help with complex medical or special needs through our Intensive Care Manager, or ICM.
- Any complaints or concerns.

DENTAL QUESTIONS OR HELP

If you have dental coverage through CHA, call CHA Customer Service at 541-883-2947 or Toll Free 1-888-989-7846, Relay 711 for hearing impaired.

- To choose or change your Primary Care Dentist.
- If you cannot reach your dentist.
- If you need help getting to your appointments.
- If you have any complaints or concerns.
- If you receive a bill.

CALL THE OREGON HEALTH PLAN (OHP)

CUSTOMER SERVICE

Call 1-800-699-9075, Relay 711 for hearing impaired, or your Department of Human Services (DHS) worker if:

- You move or have any changes in your life after filling out your enrollment form.
- You lose your Oregon Health ID card.
- You are pregnant, or have a new baby.

Transitional/Continuity of Care

We will help you with health care services when you are new to the plan or change your CCO. You will still get the medical, dental, and behavioral health services and medicine that were approved for you. You will be able to see your current PCP for up to 90 days and your behavioral health provider for up to 180 days when you move. CHA will work with you to assign you with a Primary Care Provider and Primary Care dentist that best meets your health care needs.

Delivery of Babies When You're Away From Home

It is best for you to stay in CHA's service area during the last month of your pregnancy. If you must leave CHA's service area, CHA only pays for emergency care outside the service area. CHA will cover the delivery and the baby's newborn checkup but not prenatal care. CHA will also pay for any other emergency care involving you or your baby. Follow-up care for you and your baby are not covered while you are out of the area.

Appointments

How to Make an Appointment

Call your PCP clinic to request an appointment. If you have been referred to a specialist, follow your PCP's directions to make that appointment.

It is your responsibility to be on time for all appointments made with your PCP or Specialist. If you can't make it to the appointment, please call their office as soon as possible to cancel. Most providers expect 24 hour notice of cancellation.

The provider's office will tell you as soon as possible if they have to reschedule an appointment.



Missed Appointments

Please try to keep your appointments. If you miss one without notifying your provider, the office may try to call to find out why you did not show up. If they cannot reach you by phone, they may send a postcard asking you to call the office to reschedule.

If you miss three or more scheduled appointments in a row, the PCP office may call us and ask for you to be moved to another provider.



Getting Specialty Care

Your Primary Care Provider (PCP) must refer you for most specialty care programs. Your PCP may need to contact CHA for prior approval. Members have access to in network women's health specialists for women's health needs. Family planning services are available from any provider.

Indian Health Services

If you are an American Indian or Alaska Native, you can get your health care from a tribal clinic. If your provider is not in our network, they must follow the same rules as network providers. Only covered benefits will be paid for. If a service requires CHA's pre-approval, the provider must request it before providing the service.



OHP Benefits

Behavioral Health Care

COVERED MENTAL HEALTH CARE SERVICES

- Care coordination;
- Services needed in an emergency;
- Medications related to your mental illness;
- Hospital stays and care for a mental illness;
- Programs that teach you how to live on your own;
- Programs that teach you how to care for your mental illness;
- Programs to help with daily and community living;
- Services to make sure you are taking your medications right; and
- Services needed for treating symptoms of a mental illness.

MENTAL HEALTH PRESCRIPTIONS

Most medications that people take for mental illness are paid directly by the Oregon Health Plan (OHP). Please show your pharmacist your Oregon Health ID and your CHA ID cards. The pharmacy will know where to send the bill.

SUBSTANCE AND CHEMICAL DEPENDENCY PREVENTION AND TREATMENT

You do not need a referral to get help for problems with alcohol or drugs, you may refer yourself. You have options for both inpatient and outpatient treatment locally. A 24-hour care facility provides residential treatment for addiction. A residential facility can treat both adults and youth. Some facilities allow parents to bring their young children with them. Some of the covered outpatient and residential treatment services are:

- Screening, assessment and physical examination including urine tests
- Acupuncture
- Detoxification
- Individual, group, and family/couple counseling
- Medication

In addition to treatment, some medications are covered. Covered medications include:

- Methadone
- Narcan (naloxone)
- Suboxone (buprenorphine and naloxone combo)
- Subutex (buprenorphine)
- Oral Naltrexone
- Other medication services that help you cut down or stop using alcohol or drugs.

WRAPAROUND SERVICES

Wraparound services involve a team approach to helping children from birth to age 18 meet their behavioral health needs. A care coordinator works with the team, which includes families and youth, to develop a treatment plan. Schools and community agencies share resources and work together. This helps make sure the child's needs are met at home and in the community.

Dental Care

COVERED DENTAL SERVICES:

- 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 age 18–20
- Dentures:
 - Full dentures every 10 years
 - Partial dentures every five years
- Preventive services including cleanings, fluoride, varnish, sealants for children and exams
- Root canals on back teeth for children, pregnant women and adults age 18–20
- Routine services (check-ups, fillings, X-rays and tooth removal)
- Specialist care
- Urgent or immediate treatment

OHP Benefits

Medical Care

CHA does not have any moral or religious objections and covers all OHP covered services.

COVERED MEDICAL SERVICES:

- 24-hour emergency ambulance, care, X-ray and lab services
- Diabetes supplies and education
- Exams or tests (laboratory or X-ray) to find out what is happening with your health
- Eye health care
- Hearing aids and hearing aid exams
- Home health care
- Hospice
- Hospital stays and care
- Immunizations (shots)
- Medical care from a doctor (MD or DO), nurse practitioner (NP), or physician's assistant (PA)
- Medical equipment and supplies (DME)
- Physical, occupational and speech therapy (Limited to 30 visits per year)
- Chiropractic care (Limited to 30 visits per year)
- Some surgeries
- Specialist care
- Transportation to health care services
- Treatment for most major diseases
- Vision tests and eyeglasses for children and pregnant women only

PREVENTIVE SERVICES

We want to prevent health problems before they happen. You can make this an important part of your care. Please get regular check-ups and tests to find out what is happening with your health. Some examples of preventive services:

- Shots for children and adults
- Dental check-ups and fillings
- Prostate screenings for men

- Yearly check-ups
- Well-child exams

WOMEN'S HEALTH CARE SERVICES

Women have access to the following services without referral or authorization:

- Prenatal care
- Pregnancy (Obstetrics) care
- Newborn (postpartum) care
- Mammograms (breast X-rays)
- Annual well women exams
- PAP test
- Urinary tract infection (UTI) screening and treatment
- Sexually transmitted disease (STI/STD) screening and counseling
- Cervical cancer screenings
- Domestic violence screening and counseling
- Osteoporosis screening
- Birth control and family planning services

FAMILY PLANNING AND OTHER SERVICES

The following services are available without referral or authorization to women, men, and teens. You may see any CHA provider or Klamath County Health Department.

- Family Planning (birth control education and physical exam)
- Birth control, including condoms, birth control pills, IUD, and implants
- Sterilization services, including vasectomies and getting tubes tied
- Testing and counseling for AIDS and HIV

TRANSGENDER HEALTH

CHA respects the health care needs of all members. This includes trans women, trans men, gender nonconforming, two-spirit, and non-binary members. CHA offers gender transition services, such as hormone therapy, counseling, and some surgeries.

OHP Benefits

SERVICES THAT DO NOT REQUIRE REFERRAL FROM PCP

Preventive care is a very important part of the care you receive from your provider. This includes regular check-ups, immunizations (shots), and any studies to tell you what is wrong. Your PCP will mention these services. Please discuss your best schedule for health check-ups with your PCP. You do not need permission or a referral to get care in an emergency.

GETTING CARE OUT-OF-NETWORK OR OUT-OF-AREA

In most cases, you must see a specialist or other provider that is in the CHA network. Most providers in Klamath County are in our network. If care from a specialist is not available in Klamath County, your PCP will ask us if you can see an out-of-network provider. We will work with your PCP to see how soon you need to be seen and which specialist you need to see. If you or your PCP want a second opinion from another specialist, your PCP will refer you. We will not assign you to a PCP outside our network. Emergency care is never out-of-network.

Prioritized List of Health Services

OHP does not cover everything. The list of diseases and conditions that are covered is called the Prioritized List of Health Services. The diseases and conditions below the “funded line” usually are not covered by OHP. Something “below the line” could be covered if the patient has an “above-the-line” condition that could get better if their below-the-line condition gets treated.

Services Not Covered by Cascade Health Alliance

Some services are covered by OHP Fee-for-Service (Open Card) but are not covered by CHA. For more

information on these services, call OHP Customer Service at 1-800-699-9075.

Some examples of services not covered by CHA that may be covered by OHP:

- Mid-Wife or Doula home delivery
- Death with Dignity
- Private duty nursing

Prescriptions

Some medications need special approval to be filled by your pharmacist. CHA does not cover all drugs your provider might prescribe for you. Some limitations include:

- Muscle relaxers (maximum of four fills per year)
- Hormone replacement therapy (only available for members under age 62)
- Certain creams or ointments
- Opioids for chronic conditions
- Allergy medications

If CHA does not cover a certain drug, ask your provider about other options. Your provider might have to ask us. You can find CHA’s approved list of medications (Drug Formulary) on our website.

MEDICATIONS NOT ON CHA’S LIST OF COVER DRUGS

Any medicine that is not listed in the Drug List (also called Formulary) is called a non-formulary drug. If your doctor feels that you should get a medicine that is not on the Drug List, please ask your doctor to fill out a “Medication Prior Authorization Request Form”. This form is available on our website. You can also call us to have one printed for you. Ask your doctor to send the form to us. Also ask your doctor to send all your medical reports with the form. Cascade Health Alliance (CHA) clinical team will review the request and inform you of the decision. In some cases, the clinical team might suggest a different medication or deny the request.

OHP Benefits

FILLING YOUR PHARMACY PRESCRIPTION

- Your doctor will write you a prescription or send the prescription to your local pharmacy
- Bring your health coverage ID card with you and picture ID
- To find a list of pharmacies where you can get your prescription filled go to <https://cascadehealthalliance.com/find-a-provider/> or call customer service and ask for a list of pharmacies.
- CHA does not offer mail order pharmacy.

GETTING PRESCRIPTIONS OUT-OF-AREA OR OUT-OF-STATE

CHA cannot pay for your usual medicines out of Klamath County. If you are out of Klamath County and need a prescription filled call CHA Pharmacy Services at 541-883-2947.

MENTAL HEALTH PRESCRIPTIONS

Most medications that people take for mental illness are paid directly by the Oregon Health Plan (OHP). Please show your pharmacist your Oregon Health ID and your CHA ID cards. The pharmacy will know where to send the bill.

TRANSITIONS OF CARE FILLS

New to the plan and currently taking a medication? Contact CHA Pharmacy Services to see if it is a covered service. We may be able to cover this medication up to 90 days.



Additional Information

Alternatives for Treatment

As an OHP member, you have the right to talk to your provider about treatment options. Write down questions and ask your provider about options or alternatives.

Copays

CHA does not charge or collect copays for services provided to you. We do not require our providers to collect or charge them either. Medicare and other plans may pay for services but also charge the member a small fee. This is called a copay. You may have copays for services that are not covered by OHA. You can call CHA to see if a service is covered. If you are receiving a bill see the section on page 25 titled “What should I do if I get a bill.”

Disenrollment (Losing Your Coverage)

Cascade Health Alliance is the only Coordinated Care Organization for most of Klamath County. You may request disenrollment orally or in writing. This request can also be made by your representative. You might change your CCO if you move out of CHA’s service area. If you do that, please call your DHS worker at 541-883-5511 or 1-800-249-6345, TTY 711. If you don’t have a DHS case manager, call 1-800-699-9075.

You may be disenrolled from a health plan for various reasons including:

- If your personal situation changes and you are no longer eligible for OHP.
- If you move outside of the service area of the CCO.
- If you commit fraud or illegal acts.
- If you are abusive to staff or property.

Advance Directives and Declarations for Mental Health Treatment

CHA can help you fill out an Advance Directive or

Declaration for Mental Health Treatment. Community education may also be available. Call CHA for more information.

Medicare

WHEN YOU GO ON MEDICARE, YOUR OHP BENEFITS CHANGE OR END

As soon as you learn that you are or will be on Medicare, contact your local Aging and People with Disabilities (APD) or Area Agency on Aging (AAA) office. They will help you with this change. ` OHP members with Medicare have OHP with Limited Drug benefit. Changes for these members are listed in “Changes for OHP members with Medicare.” ` Other OHP members may no longer qualify for OHP once they get Medicare. For example, Qualified Medicare Beneficiaries will only get an Oregon Health ID so that OHA can pay for Medicare cost-sharing.

CHANGES FOR OHP MEMBERS WITH MEDICARE

OHP can help cover Medicare premiums, copays and other things Medicare does not cover (such as rides to appointments and dental care). Let us know before you go on Medicare so we can help.

YOUR PRESCRIPTION DRUG BENEFITS ARE DIFFERENT

Your OHP benefits do not include drugs that are covered by Medicare Part D.

If you qualify for Medicare Part D but choose not to enroll, you will have to pay for drugs that Medicare Part D would cover if you had it.

CHA has a Medicare Advantage plan with ATRIO Health Plans that includes Medicare Part D coverage. ATRIO also offer Dual Special Needs Plans (D-SNPs) that manage OHP and Medicare benefits for members who have special needs or need a lower-cost plan. You

Additional Information

may get a letter or phone call from the local APD/AAA office asking if you need help to make these choices. You may also call our customer service office at 541-883-2947.

OUT-OF-POCKET COSTS FOR MEDICARE MEMBERS

If you are a Qualified Medicare Beneficiary (QMB), you are not responsible for Part A or B copays, deductibles or coinsurance charges. You also do not have to pay for any services covered by Medicare Part A or B.

- QMB members with OHP coverage have the QMB + OHP with Limited Drug benefit package listed on their coverage letter.
- QMB members without OHP coverage have only the Qualified Medicare Beneficiary benefit package.

MEDICARE PART D

- Medicare Part D has copayments of \$1 to \$8.35 on covered drugs.
- OHP does not pay Medicare premiums, deductibles or copayments for Medicare Part D drug plans or services.

CHA will coordinate your Medicare services with your OHP covered services. If you get care from a non-CHA provider without a referral, you may have to pay the copay and deductible. You are not responsible for the coinsurance or deductible in an emergency.

Newborn Enrollment

Your newborn child will be covered by CHA. You must notify CHA of your baby's birth as soon as possible (preferably within 2 weeks). You must also tell your Department of Human Services (DHS) worker. **Tell both CHA and your Department of Human Services (DHS) worker as soon as possible after your baby is born.** Even if you are no longer eligible

for OHP, your child might be for a year after their birth.

Participating Providers

If you wish to see a list of CHA's providers or find out what their specialty is, you may ask CHA or your PCP. You can also see a list of CHA's providers at <https://cascadehealthalliance.com/find-a-provider/>. CHA will give you a list of contracted providers once a year or upon request. Just call Customer Service.

End-of-life Decisions and Advance Directives

Adults 18 years and older can make decisions about their own care, including refusing treatment. It's possible that someday you could become so sick or injured that you can't tell your providers whether you want a certain treatment or not. If you have written an Advance Directive, also called a Living Will, your providers can follow your instructions. If you don't have an Advance Directive, your providers may ask your family what to do. If your family can't or won't decide, your providers will give you the standard medical treatment for your condition.

If you don't want certain kinds of treatment like a breathing machine or feeding tube, you can write that down in an Advance Directive. It lets you decide your care before you need that kind of care - in case you are unable to direct it yourself, like if you are in a coma. If you are awake and alert your providers will always listen to what you want.

You can get an Advance Directive form at most hospitals and from many providers. You also can find one online at <https://healthcare.oregon.gov/shiba/topics/Pages/advance-directives.aspx>. If you write an Advance Directive, be sure to talk to your providers and your family about it and give them copies. They can only follow your instructions if they have them.

Additional Information

If you change your mind, you can cancel your Advance Directive anytime. To cancel your Advance Directive, ask for the copies back and tear them up, or write CANCELED in large letters, sign and date them. For questions or more information contact Oregon Health Decisions at 800-422-4805 or 503-692-0894, TTY 711.

Declarations for Mental Health Treatment

Oregon has a form for writing down your wishes for mental health care if you have a mental health crisis, or if for some reason you can't make decisions about your mental health treatment. The form is called the Declaration for Mental Health Treatment. You can complete it while you can understand and make decisions about your care. The Declaration for Mental Health treatment tells what kind of care you want if you ever need that kind of care but are unable to make your wishes known. Only a court and two doctors can decide if you are not able to make decisions about your mental health treatment.

This form allows you to make choices about the kinds of care you want and do not want. It can be used to name an adult to make decisions about your care. The person you name must agree to speak for you and follow your wishes. If your wishes are not in writing, this person will decide what you would want.

A declaration form is only good for three (3) years. If you become unable to decide during those three (3) years, your declaration will remain good until you can make decisions again. You may change or cancel your declaration when you can understand and make choices about your care. You must give your form to your Primary Care Physician and the person you name to make decisions for you.

For more information on the [Declaration for Mental Health Treatment](http://droregon.org/wp-content/uploads/declaration.pdf) go to the State of Oregon's website at: <http://droregon.org/wp-content/uploads/declaration.pdf>

Concerns

If your provider does not follow your wishes in your Advance Directive or Declaration for Mental Health Treatment, you can complain. A form for this is at www.healthoregon.org/hcrqi. Send your complaint to:

Health Care Regulation and Quality Improvement

800 NE Oregon St, #305

Portland, OR 97232

Email: Mailbox.hcls@state.or.us

Fax: 971-673-0556

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

Second Opinion

CHA will pay for a second opinion from a provider in our network. If one is not available, we can arrange for you to get one outside the network. Talk to your PCP or call CHA to get help.

Special Programs

QUIT TOBACCO

We know how hard it is to quit smoking and using other tobacco products. We want to help. When you're ready to quit, we're here to support you. We teach the American Lung Association's "Freedom from Smoking" program. Your doctor can prescribe free nicotine replacement products. Translink gives free rides to the classes. Each class runs for two months and we offer classes all year. There's also a pizza party in the last class!

A link to the schedule of quit smoking classes is on our website at www.cascadehealthalliance.com/our-signature-programs/. This schedule also includes classes offered by Sky Lakes Medical Center and Klamath Health Partnership.

Call CHA at 541-883-2947 to talk to someone about quitting any time Monday through Friday, 8:00AM to 5:00PM.

Additional Information

TRADITIONAL HEALTH WORKER

Some CHA members may be eligible for services from a THW. A THW can help you manage your health care if you have extra health problems that make it hard for you to improve your health. If you think you might qualify for the program, please call Sky Lakes Outpatient Care Management at 541-274-7250 and tell them you are a CHA member.

If you want assistance from our THW liaison, please call our Health Equity Manager at 541-851-2098 or email HE@casadecom.com.

GETTING A RIDE

Getting to your health care appointments is important. If you are having trouble making it to your provider appointments, transportation is available. Rides are available Monday through Friday from 7:00AM to 5:00PM.

Please call at LEAST twenty-four hours before your

appointment, same day services may be provided. You can ask for a ride 90 days in advance, and the request can be for a one-time ride or for reoccurring appointments. Drivers will get you to the location in enough time to check-in for your visit. Drivers will not drop you off more than fifteen (15) minutes before your location opens or closes for business.

You will need the following information before you call:

- Your Name
- Provider's Name
- Appointment Date
- Your Address
- Provider's Office Address
- Appointment Time
- Your Phone Number
- Provider's Phone Number
- Any Special Needs You Have



NEED A **RIDE** TO YOUR **DOCTOR'S APPOINTMENT** ?
WE CAN HELP.

Cascade Health Alliance (Oregon Health Plan) members can receive **FREE** medical transportation.

Call TransLink at **541-842-2060** to schedule your free ride!

1-888-518-8160 (Toll Free) • **541-734-9292** (TTY)

Additional Information

DIABETES CARE MANAGEMENT

Did you know that you can pick up all your diabetic supplies from our office?

We have staff trained to teach you to manage your diabetes. We can download your meter and send all your results to your doctor. We can also call your doctor if you need a new prescription for any of your supplies, including syringes, test strips, and lancets. Haven't had an eye or dental exam in a year? Let us know and we can help you get an appointment.

No appointment needed to pick up supplies! Stop by our office Monday through Friday from 8:30 AM to 4:30 PM to get your supplies.

INTENSIVE CASE MANAGEMENT (ICM)

Intensive Case Managers (ICMs) help people with special medical or other needs. Some types of members that use these services are people age 65 and older and people with disabilities. Call us if you need special medical supplies, equipment, or help getting care. The ICMs can be reached at 541-883-2947 or Relay 711 for hearing impaired.

MATERNITY CASE MANAGEMENT

We care about your health and your baby. Our CCO helps plan and manage your prenatal care. Case Managers can tell you about rewards you can earn when you do things that improve your health and the health of your baby. Some of those things are seeing your doctor, seeing a dentist, and taking your vitamins. We offer you pregnancy books to help you learn about what is happening in your body each week. You can also learn what is happening in your baby's body.

We help all pregnant moms, including those with health problems. We can help you if you have hypertension, diabetes in pregnancy, premature labor, abuse issues, homelessness, pre-eclampsia, drug problems and more. Call CHA Case Management at 541-883-2947.

RESPIRATORY CARE MANAGEMENT

If your doctor thinks you need a nebulizer, you can pick one up from our office. We will also give you all the supplies such as tubing, pediatric masks and medicine cups. Our trained staff will give you information on how to use your nebulizer correctly and how to clean it.

No appointment needed! Stop by our office Monday through Friday from 8:30AM to 4:30PM.

WELLNESS PROGRAM

Interested in losing weight or making the right food choices? CHA partners with the Sky Lakes Wellness Center for our Wellness Program. CHA members can attend for free after an evaluation. Talk to your primary care doctor to ask if this is the right program for you.

The program lasts one year and includes:

- 20 empowering group classes
- 5 body composition exams
- Regular visits with a doctor and dietician
- Regular lab tests
- Opportunities to win prizes!

Call CHA Pharmacy Services if you have questions at 541-883-2947.



Appeals and Complaints

How to Make a Grievance (Complaint)

If you are unhappy with CHA, your health care services or your provider, you can make a complaint. We will try to make things better. Just call Customer Service at 541-883-2947, Toll Free 1-888-989-7846, Relay 711, or send us a letter to the address on page 4. You can also fill out a Complaint form on the CHA website. Go to Members, choose Contact Us, “Click Here” to open the form. We will send you the decision for your complaint in writing within five (5) workdays. If more time is needed to get a decision, we will let you know in writing. All decisions will be made within 30 days and sent to you.

If you need help to make a complaint, file an appeal or ask for a hearing, let us know. Reasonable accommodations are available at no cost to you. We can sit down with you to answer questions and fill out forms. You can also use toll-free numbers for TTY/TTD and interpreter services, auxiliary aids and services from our office. If you need help from certified community health workers, peer wellness specialists, or personal health navigators, we can help get that set up too.

Appeals and Hearings

If we **deny, stop** or **reduce** a medical service your provider has ordered, we will mail you a **Notice of Adverse Benefit Determination (NOABD)** letter explaining why we made that decision. The letter will explain how to appeal (ask us to change our decision). You have a right to ask to change it through an appeal and a state fair hearing. **You must first ask for an appeal no more than 60 days from date on the NOABD.**

How to Appeal a Decision

In an appeal, a different health care professional at CHA will review your case. Ask CHA for an appeal by:

- Calling Customer Service at 541-883-2947, Toll Free 1-888-989-7846, Relay 711, or
- Writing CHA a letter and mailing it to us at:
CHA Appeals
2909 Daggett Ave., Suite 225
Klamath Falls, OR 97601
- Filling out and mailing CHA an Appeal and Hearing Request, OHP form number 3302
- You can ask your provider to appeal the decision for you.

If you want help with this, call and we can help you fill out an appeal form. You can ask someone like a friend or case manager to help you. You may also call the Public Benefits Hotline at 1-800-520-5292 for legal advice and help. You will get a **Notice of Appeal Resolution** from us in 16 days letting you know if the reviewer agrees or disagrees with our decision. If we need more time to do a review, we will send you a letter saying why we need up to 14 more days.

Continuation of Benefits

You can keep on getting a service that already started before our decision to stop it. You must ask us to continue the service **within 10 days** of getting the **Notice of Action-Adverse Benefit Determination** letter that stopped it. If you continue the service and the reviewer agrees with the original decision, you may have to pay the cost of the services that you received after the Effective Date on the **Notice of Action-Adverse Benefit Determination** letter.

How to Ask for a Faster Appeal

If you and your provider believe that you have an urgent medical problem that cannot wait for a regular appeal, tell us that you need an expedited (fast) appeal. We suggest that you include a statement from your provider or ask them to call us and explain why it is urgent. We will try to call you and will let you know in writing with a decision in seventy-two (72) hours.

Appeals and Complaints

Provider Appeals

With your permission a provider may appeal a decision for you.

How to Get an Administrative Hearing

If your appeal was denied you can ask for a state fair hearing with an Administrative Law Judge. You will have 120 days from the date on your **Notice of Appeal Resolution (NOAR)** to ask the state for a hearing. Your **NOAR** letter will have a Hearing Request form that you can send in. You can also ask us to send you a Hearing Request form, or call OHP Client Services at 800-273-0557, TTY 711, and ask for form number 3302.

At the hearing, you can tell the judge why you do not agree with our decision and why the services should be covered. You do not need a lawyer, but you can have one or someone else, like your doctor, with you. If you hire a lawyer you must pay their fees. You can ask the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292, TTY 711, for advice and possible representation. Information on free Legal Aid can also be found at www.oregonlawhelp.org.

A hearing often takes more than 30 days to prepare. While you wait for your hearing, you can keep on getting a service that already started before our original decision to stop it. You must ask us to continue the service within 10 days of getting the **Notice of Appeal Resolution** that stopped it. If you continue the service and the judge agrees with the original decision, you may have to pay the cost of the services that you received after the Effective Date on the original **Notice of Appeal Resolution**.

Faster Hearing

If you and your provider believe that you have an urgent medical problem that cannot wait for a regular hearing process, say that you need an expedited (fast) hearing and fax the Hearing Request form to the OHP

Hearings Unit. We suggest that you include a statement from your provider explaining why it is urgent. You should get a decision in 72 hours. The Hearings Unit's fax number is 503-945-6035.

Unfair Treatment

Do you think CHA or a provider treated you unfairly?

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

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

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 concerns or get more information, please contact our Compliance Officer at 541-883-2947, Toll Free 1-888-989-7846, Relay 711, or email complaints@cascadecomp.com.

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. Contact that office one of these ways:

Web: <http://www.hhs.gov/>

Email: OCRComplaint@hhs.gov

Phone: 800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue SW, Room 509F HHH Bldg,
Washington, D.C. 20201

Member's Responsibility for Charges

YOU MAY BE RESPONSIBLE FOR CHARGES

THAT INCLUDE:

- Medicare deductibles and co-insurance outside the CHA provider network.
- Non-covered services if you sign an OHP 3165 form (OHP Agreement to Pay). The OHP 3165 form states that the service you are going to have is not covered by OHP and that if you have the service, you will pay for it yourself. You can request a copy of the form from CHA or you can find one on our website at <https://cascadehealthalliance.com/>

Health care providers may not bill you for services that are not covered by OHP unless you sign an *Agreement to Pay* Form before the services are provided. The form must list all the costs of each service. It also must state what you were told about the service. Make sure you understand the forms and agree to pay the charges before you sign. Health care providers may not bill you more than Medicare or commercial rates. Call the provider who billed you if you have any questions about your bill.

Non-Covered Services

CHA will cover any benefits that are available under OHP, however not all treatments are covered. When you think you need treatment, contact your primary care provider. If you have questions about covered or non-covered services, contact Customer Service. The Benefit Package does not cover some treatments.

Conditions that are not always covered because they get better on their own include:

- Common childhood diseases
- Viral sore throats
- Common cold
- Tension headaches
- Flu

When you can put on an ointment, rest a painful joint, drink plenty of fluids, or eat a soft diet to treat a

condition, it is not covered. Some of these conditions are:

- Canker sores
- Sprains
- Upset stomach
- Diaper rash
- Sties
- Mild diarrhea
- Hives
- Sunburn
- Runny nose

We also do not cover services like:

- Breast reductions or implants
- Cosmetic surgery
- Circumcision or infertility services

Call Customer Service at 541-883-2947 for more information on our policies, procedures, clinical guidelines or other information about how we operate.



Member's Responsibility for Charges

You Could be Responsible

If you have a primary insurance plan or Medicare, you may have copays, coinsurance or deductibles for services that are covered by the primary payer but not covered by OHA that you would be responsible for. You can call CHA customer service to see if a service is covered.

What should I do if I get a bill?

Even if you don't have to pay, please do not ignore medical bills - call CHA right away. Many providers send unpaid bills to collection agencies and even sue in court to get paid. It is much more difficult to fix the problem once that happens. As soon as you get a bill for a service that you received while you were on OHP, you should:

1. Call the provider, tell them that you were on OHP, and ask them to bill CHA.
2. Call Customer Service at 541-883-2947, Toll Free 1-888-989-7846, Relay 711 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. You can appeal by sending your provider and CHA a letter saying that you disagree with the bill because you were on OHP at the time of the service. Keep a copy of the letter for your records.
4. Follow up to make sure we paid the bill.
5. If you receive court papers, call CHA right away. You may also call an attorney or the Public Benefits Hotline at 1-800-520-5292 for legal advice and help. There are consumer laws that can help you when you are wrongly billed while on OHP.



Compliance with Laws

CHA follows all state and federal laws for health care, privacy, and notification of changes that affect your care. As a CHA Member, you are entitled to written materials reflecting changes in state and federal laws within 90 days. CHA is committed to providing these materials to you as quickly as possible.

Thank you for trusting us with your care. We look forward to serving you!

Access to Your Health Plan Records

You can ask us for a copy of the records we have. We will provide a copy or summary usually within 30 days of your request. We will not charge you for the copies.

Access to Your Medical Records

You may see your own medical records. You may also ask to have your medical record changed or corrected. You must be given copies of your records within ten days of asking. Your provider may charge you for copying. To request copies of your medical records, call your provider's office. You may also request that a friend, family member or advocate have access to your medical records. You can ask your mental health provider for a copy of your mental health records. You can have copies unless your provider thinks this could cause serious problems.

Changes in Benefits or Services

If there will be a big change in your health care coverage, you will be notified at least 30 days before. You will have that time to prepare for the change. For example, if your clinic is closing, CHA will let you know with a letter.

Involvement in CCO Activities

CHA has a Community Advisory Council. We invite you to apply to serve on the Council. Most of the Council is Oregon Health Plan members. Other members will be people from government agencies and groups that provide OHP services. If you are interested in being a member of the Community Advisory Council, please call Community Relations at 541-883-2947 for an application.

Some CHA Board meetings are public. For more information, call Community Relations or look on our website.

Cultures and Backgrounds

CHA wants every member to reach their health goals and stay as healthy as possible. We know our members come from many different backgrounds and cultures and speak many different languages. We are here to help with your health care needs. We can help you get different services if you need them based on your race, culture, language, ability, religion, gender, sexual orientation, gender identity, veteran status or for other reasons. Please call Customer Service at 541-883-2947 or Toll Free at 1-888-989-7846, Relay 711 for hearing impaired.

Fraud, Waste and Abuse

CHA focuses on identifying, preventing and reporting cases of fraud, waste and abuse. We follow fraud, waste, and abuse policies, procedures, and all State and Federal laws to make sure that we protect our members and company from these threats. Fraud, waste and abuse are not the same as complaints about your care provider. Examples of fraud, waste and abuse are:

- Any case of theft, embezzlement or misuse of Title XIX or Title XXI program money
- Any practice that is not consistent with sound fiscal, business, or medical practices that causes unnecessary costs, reimbursement of services that are not medically necessary or do not meet professionally recognized standards for health care
- Providers that intentionally or recklessly make false statements about the credentials of persons providing care to Members

Compliance with Laws

- Providers that intentionally or recklessly report office visits or services that did not occur, or where products were not provided

You can report fraud, waste and abuse to CHA's Compliance Officer, or you can be anonymous when you report through CHA's website. There are "Whistleblower" laws that protect people who report fraud and abuse. You cannot lose your job, lose your coverage or be threatened, harassed or discriminated against for reporting. Please visit our website at www.cascadehealthalliance.com/contact, call us at 541-883-2947, or write to:

**Cascade Health Alliance, Attn: Compliance Officer,
2909 Daggett Ave, Ste 225, Klamath Falls, OR 97601**

Provider Incentives

Our providers are not paid to deny, limit, or discontinue your services. You have the right to get information on treatment alternatives. Your provider is not stopped by CHA from giving you this information.

We can pay providers a bonus or reward for keeping you healthy.

Your Records Are Private

We only share your records with people who need to see them for treatment and payment reasons. You can limit who sees your records. If there is someone you don't want to see your records, please tell us in writing. You can ask us for a list of everyone we have shared your records with.

A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your medical records and keeps them private. This is also called confidentiality. We have a paper called Privacy Notice that explains in detail how we use our members' personal information. We will send it to you if you ask. Just call Customer Service at 541-883-2947, or Toll Free at 1-888-989-7846 and ask for our Privacy Notice.

You can find our Privacy Notice on our website at: www.cascadehealthalliance.com/member-privacy.

If you have any complaints or questions about our Privacy Notice or you want to submit a complaint or written request about your privacy, contact:

CHA HIPAA Privacy Officer

2909 Daggett Ave., Suite 225

Klamath Falls, OR 97601

Telephone: 541-883-2947

Toll Free: 1-888-989-7846

Email: complaints@cascadecomp.com

Relay 711

The Americans with Disabilities Act of 1990 (ADA)

The Americans with Disabilities Act (ADA) ensures that people with disabilities get full and equal access to health care services and facilities. To gain full and equal access, people with disabilities have a right to reasonable changes (called "accommodations"). You can ask for an accommodation from your provider or CHA. For help with this, contact CHA at 541-883-2947 (TTY 711)



Privacy Notice

This notice describes how medical information about you may be used and shared and how you can get this information. **Please review it carefully.**
If you have any questions about this notice, contact our Privacy Officer at 541-883-2947.

Your Choices

You can tell us your choices about what we share for certain health information.

You have both the right and choice to tell us to: <ul style="list-style-type: none">• Share information with your family, close friends, and others involved with your care• Share information during a disaster	We <i>never</i> share or use your information for: <ul style="list-style-type: none">• Marketing purposes• Sale of your information• Most psychotherapy notes
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We may share your information if we believe it is in your best interest, if you have not told us not to.

How We Use Your Information

We use or share your health information in the following ways:

Help manage the health care treatment you receive

- We may use your health information for Prior Approval or Authorizations of treatment or services.
- We can use your health information and share it with professionals who are treating you.

Run our organization

- We can use and share your information to run our organization.

Pay for your health services

- We can use and share your health information as we pay for your health services.

Administer your plan

- We share your health information to Oregon Health Plan for plan administration.

Information not personally identifiable

- We may use or share your health information if it does not identify or tell who you are.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease;
- Helping with product recalls;
- Reporting bad reactions to medications;
- Reporting suspected abuse, neglect or domestic violence;
- Preventing or reducing a serious threat to anyone's health or safety including your own.

Do research

- We can use your information for health research. We will ask you for your permission if the researcher does not work for Cascade Health Alliance.

Comply with the law

- We will share information about you if state or federal laws require it, including the Oregon Health Authority (OHA), if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donations requests and work with a medical examiner or funeral director

- We can share health information about you with organ donor organizations.
- We can share health information with a coroner, medical examiner, or funeral director when a person dies.

Address worker's compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims;
- For law enforcement purposes or with a law enforcement official;

Privacy Notice

- With health agencies for activities required by law;
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable fee for these records.

Request confidential communication

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not. We will not ask you the reason for your request.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care. If we do agree, we will comply with your request whenever possible.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will verify this person has the right to act for you before we take any action.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records kept by this office if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.
- We may say “no” to your request if your request is not in writing or does not include a reason to support the request.

Get a list of those whom we have shared your information

- You can ask for a list (accounting) of the times we have shared your health information, who we shared it with, and why.
- We will show you all the releases except for those about treatment, payment, and health care operations. We will provide one accounting each year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer or Compliance Officer at 541-883-2947.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- You cannot lose your job, lose your coverage or be threatened, harassed or discriminated against for reporting.

Privacy Notice

Our Responsibilities

This section describes how Cascade Health Alliance (CHA) protects your information.

Our Role

- We are required by law to protect the privacy and safety of your health information. This includes chart notes, claim records, and other health related records.
- We will let you know promptly if the privacy or security of your information may have been exposed.
- We must follow the practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Our Limitations

- CHA follows federal and state privacy laws. These laws protect the privacy of substance use disorder, mental health conditions, and related treatments.
- These privacy rules may not protect information you ask us to give to someone else. The person who gets your information may not have to protect it. They might give your information to someone else without asking you.

Changes to the Terms of this Notice

- We can change the terms of this notice and changes will apply to all information we have about you. If we make a change, we will mail a copy to you. The new notice will be available on our website and in our office. The date will always be in the lower right corner. You can ask for a copy of the latest notice.

This Privacy Notice applies to Cascade Health Alliance and its contracted providers and organizations.

You can ask for a paper copy of this notice at any time.

To request this notice in another language, large print, or other format call 541-883-2947, 1-888-989-7846 or Relay 711 for hearing impaired.

Words to Know

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

CCO (Coordinated Care Organization) – A health plan that brings physical health, mental health, dental health, and other services together in one group. CCOs work with members to keep them healthy.

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

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

Emergency medical condition – An illness or injury that needs care right away. This can be bleeding that won't stop, severe pain or broken bones. It can be something that will cause some part of your body to stop working right.

An emergency mental health condition is feeling out of control, or feeling like hurting yourself or someone else.

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

ER and ED – Emergency room and emergency department, the place in a hospital where you can get care for a medical or mental health emergency.

Emergency services – Care that improves or stabilizes sudden serious medical or mental health conditions.

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.

Fee-for-Service (Open Card) – Health services for OHP members not in managed care (CCO) are paid directly by Oregon Health Authority.

Grievance – A complaint about a plan, provider or clinic. The law says CCOs must respond to each complaint.

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

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

Hearing – Asking the state to have an administrative law judge change your plan's decision and cover something your provider ordered.

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

Hospice services – Services to comfort a person who is dying and their family. Hospice is flexible and can include pain treatment, counseling and respite care.

Hospital inpatient and outpatient care – Hospital inpatient care is when the patient is admitted to a hospital and stays at least 3 nights. Outpatient care is surgery or treatment you get in a hospital and then leave afterward.

Words to Know

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

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

Non-emergent Medical Transportation (NEMT) – transportation to health care appointments and your pharmacy.

Non-participating provider – A provider who has not signed a contract with the CCO, and may not accept the CCO payment as payment-in-full for their services.

Notice of Action-Adverse Benefit Determination (NOA-ABD) – A denial of a requested physical, dental, behavioral health, or prescription service.

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

Physician services – Services that you get from a doctor.

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

Post Stabilization Services – Care that you might get after using emergency services when you have become stable. This care can be continued to keep you stable until you can follow-up with your PCP.

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

Prescription drugs – Drugs that your doctor tells you to take.

Primary care provider or Primary care physician (PCP) – Primary care provider or Primary care physician - also referred to as a local professional who takes care of your health. Your PCP can be a doctor, or nurse practitioner, the first person you call when you have health issues or need care. Your physician's assistant, osteopath, or sometimes a naturopath.

Primary care dentist (PCD) – The dentist you usually go to who takes care of your teeth and gums.

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

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 own home with home health care.

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

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



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Klamath Falls, OR 97601

Phone (541) 883-2947

Main Fax (541) 885-9858

CascadeHealthAlliance.com
