



MEMBER HANDBOOK



Oregon Health Plan



Revised 1/25/22

Table of Contents

Welcome to Cascade Health Alliance, LLC	6	Disenrollment (Losing Your Coverage)	43
Member Rights and Responsibilities	8	Provider Network Adequacy	44
<u>Non-Discrimination</u>	<u>12</u>	Travel Time and Distance	45
Getting Started	13	Advance Directives and Declarations for Mental Health Treatment	45
Service Areas	13	Medicare	46
Fee-for-Service	13	Newborn Enrollment	47
Native Rights	13	Participating Providers	47
Choosing your Primary Care Provider (PCP)	13	End-of-Life Decisions and Advance Directives	47
Finding a Provider	14	Declarations for Mental Health Treatment ...	48
Changing Your Provider	14	Concerns	48
Patient-Centered Primary Care Home	14	Second Opinion	48
Quick Guide	26	Special Programs	48
Emergencies	26	Appeals and Complaints	59
If You Need Care When You're Away From Home	28	How to Make a Grievance (Complaint)	59
Travel Outside of the United States	28	Appeals and Hearings	59
Urgent Care	28	How to Appeal a Decision	59
If You Need Services Now	28	Continuation of Benefits	60
Important Phone Numbers	29	How to Ask for a Faster Appeal	60
Your ID Cards	29	How to Get an Administrative Hearing	60
Health Risk Screening Tool (HRA)	29	Faster Hearing	60
Who to Call	29	Member's Responsibility for Charges	61
Transitional/Continuity of Care	30	Non-Covered Services	61
Care Coordination and Other Services	32	You Could be Responsible	62
Delivery of Babies When You're Away From Home	33	What Should I Do if I Get a Bill?	62
Appointments	34	Compliance with Laws	63
How to Make an Appointment	34	Access to Your Health Plan Records	63
Missed Appointments	34	Access to Your Medical Records	63
Getting Specialty Care	34	Changes in Benefits or Services	63
Indian Health Services	35	Involvement in CCO Activities	63
Telemedicine	35	Cultures and Backgrounds	63
OHP Benefits	36	Fraud, Waste and Abuse	63
Behavioral Health Care	36	Provider Incentives/Payment Methodologies ...	64
Dental Care	37	Your Records Are Private	64
Medical Care	38	The Americans with Disabilities Act of 1990 (ADA)	65
Prioritized List of Health Services	39	Privacy Notice	66
Not Covered by Cascade Health Alliance	40	Your Choices	66
Prescriptions	41	How We Use Your Information	66
Additional Information	42	Your Rights	67
Culturally Sensitive Health Education	42	Our Responsibilities	68
Alternatives for Treatment	42	Words to Know	69
Copays	42		
When Can You Change Your CCO	43		



Language Access Statement

ENGLISH

You can get this letter in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 541-883-2947 / 1-888-989-7846 or TTY 711. We accept relay calls.

You can get help from a certified and qualified health care interpreter.

ARABIC / اللغة العربية

يمكنكم الحصول على هذا الخطاب بلغات أخرى، أو مطبوعة بخط كبير، أو مطبوعة على طريقة برايل أو حسب الصيغة المفضلة لديكم. كما يمكنكم طلب مترجم شفهي. إن هذه المساعدة مجانية. اتصلو على 541-883-2947 / 1-888-989-7846 أو المبرقة الكاتبة 711. نستقبل المكالمات المحولة.

يمكنكم الحصول على المساعدة من مترجم معتمد ومؤهل في مجال الرعاية الصحية.

CHUUKESE / CHUUKESE

En mi tongeni angei ei taropwe non pwan ew fosun fenu, mese watte mak, Braille ika pwan ew format ke mwochen. En mi tongeni pwan tingor emon chon chiaku Ei aninis ese fokkun pwan kamo. Kokori 541-883-2947 / 1-888-989-7846 ika TTY 711. Kich mi etiwa ekkewe keken relay.

En mi tongeni kopwe angei aninis seni emon mi certified ika qualified ren chon chiaku ren health care.

GERMAN / DEUTSCH

Sie können dieses Dokument in anderen Sprachen, in Großdruck, in Brailleschrift oder in einem von Ihnen bevorzugten Format erhalten.

OHA Language Access Statement

Sie können auch einen Dolmetscher anfordern. Diese Hilfe ist gratis. Wenden Sie sich an 541-883-2947 / 1-888-989-7846 oder per Schreibtelefon an 711. Wir nehmen Relaisanrufe an.

Sie können die Hilfe eines zertifizierten und qualifizierten Dolmetschers für das Gesundheitswesen in Anspruch nehmen.

HMONG

Koj txais tau tsab ntawv no ua lwm yam lus, ua ntawv loj, ua lus Braille rau neeg dig muag los sis ua lwm yam uas koj nyiam. Koj kuj thov tau kom muaj ib tug neeg pab txhais lus. Txoj kev pab no yog ua pub dawb. Hu #Qhov Chaw Pab Neeg# los sis TTY 711. Peb txais tej kev hu xov tooj rau neeg lag ntseg.

Koj yuav tau kev pab los ntawm ib tug kws txawj txhais lus rau tib neeg mob.

JAPANESE / 日本語

この書類は、他の言語に翻訳されたもの、拡大文字版、点字版、その他ご希望の様式で入手可能です。また、通訳を依頼することも可能です。本サービスは無料でご利用いただけます。541-883-2947 / 1-888-989-7846 または TTY 711までお電話ください。電話リレーサービスでも構いません。認定または有資格の医療通訳者から支援を受けられます。

KOREAN/한국어

이 서신은 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 무료 지원해 드립니다. 541-883-2947 / 1-888-989-7846 또는 TTY 711에 전화하십시오. 저희는 중계 전화를 받습니다.

공인 및 자격을 갖춘 의료서비스 전문 통역사의 도움을 받으실 수 있습니다.

MARSHALLESE / KAJIN MAJEL

Kwomaroñ bōk leta in ilo kajin ko jet, kōn jeje ikkillep, ilo braille ak bar juon wāwein eo emmanloḵ ippaḵ. Kwomaroñ kajjitōk bwe juon ri ukōt en jipañ eok. Ejjeloḵ wōḡāān jipañ in. Kaaltok 541-883-2947 / 1-888-989-7846 ak TTY 711. Kwomaroñ kaaltok in relay.

Kwomaroñ bōk jipañ jān juon ri ukōt ekōmālim im keiie āinwōt ri ukōt in ājmour.

.....
PORTUGUESE

Esta carta está disponível em outros idiomas, letras grandes ou braile, se preferir. Também poderá solicitar serviços de interpretação. Essa ajuda é gratuita. Ligue para 541-883-2947 / 1-888-989-7846 ou use o serviço TTY 711. Aceitamos encaminhamentos de chamadas.

Você poderá obter a ajuda de intérpretes credenciados e qualificados na área de saúde.

.....
RUSSIAN / РУССКИ

Вы можете получить это письмо на другом языке, напечатанное крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги переводчика. Эта помощь предоставляется бесплатно. Звоните по тел. 541-883-2947 / 1-888-989-7846 или ТТУ 711. Мы принимаем звонки по линии трансляционной связи.

Вы можете получить помощь от аккредитованного и квалифицированного медицинского переводчика.

.....
SIMPLIFIED CHINESE / 简体中文

您可获取本文件的其他语言版、大字版、盲文版或您偏好的格式版本。您还可要求提供口译员服务。本帮助免费。致电#客户服务部# 或TTY 711。我们会接听所有的转接来电。

您可以从经过认证且合格的医疗口语翻译人员那里获得帮助。

.....

SOMALI / SOOMAALI

Waxaad heli kartaa warqadan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee Braille ama qaabka aad doorbidayso. Waxaad sidoo kale codsan kartaa turjubaan. Taageeradani waa lacag la'aan. Wac 541-883-2947 / 1-888-989-7846 ama TTY 711. Waa aqbalnaa wicitaanada gudbinta.

Waxaad caawimaad ka heli kartaa turjubaanka daryeelka caafimaadka oo xirfad leh isla markaana la aqoonsan yahay.

.....

SPANISH / ESPAÑOL

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente 541-883-2947 / 1-888-989-7846 o TTY 711. Aceptamos todas las llamadas de retransmisión.

Usted puede obtener ayudar de un intérprete certificado y calificado en atención de salud.

.....

TAGALOG

Makukuha mo ang liham na ito sa iba pang mga wika, malaking letra, Braille, o isang format na gusto mo. Maaari ka ring humingi ng tagapagsalin. Ang tulong na ito ay libre. Tawagan ang 541-883-2947 / 1-888-989-7846 o TTY 711. Tumatanggap kami ng mga relay na tawag.

-

Makakakuha ka ng tulong mula sa isang sertipikado at kwalipikadong tagapagsalin ng pangangalaga sa kalusugan.

TRADITIONAL CHINESE / 繁體中文

您可獲得本信函的其他語言版本、大字版、盲文版或您偏好的格式。您也可申請口譯員。以上協助均為免費。請致電 541-883-2947 / 1-888-989-7846 或聽障專線 711。我們接受所有傳譯電話。

您可透過經認證的合格醫療保健口譯員取得協助。

VIETNAMESE / TIẾNG VIỆT

Quý vị có thể nhận tài liệu này bằng một ngôn ngữ khác, theo định dạng chữ in lớn, chữ nổi Braille hoặc một định dạng khác theo ý muốn. Quý vị cũng có thể yêu cầu được thông dịch viên hỗ trợ. Sự trợ giúp này là miễn phí. Gọi #CustomerService # hoặc TTY (Đường dây Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) 711. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

Quý vị có thể nhận được sự giúp đỡ từ một thông dịch viên có chứng nhận và đủ tiêu chuẩn chuyên về chăm sóc sức khỏe.

**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

CHA will be closed on
New Year's Day,
Martin Luther King Day,
Memorial Day,
Independence Day,
Veteran's Day,
Thanksgiving and Christmas.

Dispensing Hours

Monday through Friday
8:30am – 4:30pm

Lobby is wheelchair accessible.
Handicap parking is also available.

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 free of charge

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.

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. This service is available to all enrolled members and potential members.

Find a Provider

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

You can read the CHA Member Handbook at www.cascadehealthalliance.com/for-members/member-handbook/ any time. You or your representative can request a copy of the CHA Member Handbook to be mailed to you within 5 workdays, free of charge. Call member services at 541-883-2947 or Toll Free at 1-888-989-7846. If you would like a copy emailed to you, call Member Services. You will need to give Member Services staff your email address and approve that it is okay for CHA to email you.

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

As a member of CHA you have certain rights. There are also certain things you are responsible for. If you have any questions about the rights and responsibilities listed here, contact us at: 541-883-2947.

You have the right to exercise your member rights without any adverse action or discrimination. If you feel like your rights have not been respected, you can file a grievance. You can also contact an Ombudsperson through the Oregon Health Authority at 1-877-642-0450 TTY 711.

There are times when people under age 18 (minors) may want or need to get health care services on their own. To learn more, read “Minor Rights: Access and Consent to Health Care.” This booklet tells you the types of services minors can get on their own and how minors’ health care information may be shared. You can read this booklet online at OHP.Oregon.gov. Click on “Minor rights and access to care.”

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/1e9541.pdf>

You have the right to:	You agree to:
Be treated with dignity, respect, and consideration for your privacy.	Choose or help to choose a primary care provider and primary care dentist.
Be treated by providers the same way as other people seeking healthcare.	Treat CHA staff, providers, and clinic staff with respect.
Choose your providers and to change those choices.	Be on time for appointments.
Refer yourself directly to behavioral health or family planning services without getting a referral from your PCP or another provider.	Call ahead if you expect to be late or cancel your appointment if you can't make it.
Have a friend, family member, or helper come to your appointments.	Get your yearly checkups, wellness visits, and preventative care to keep you healthy.
Be involved in creating your treatment plan.	Use your PCP for your healthcare needs unless it's an emergency.
Get information about your condition, what is covered, and what is not covered, so you can make good decisions about your treatment. Get this information in your language and in a format that works for you.	Use urgent and emergency care appropriately.

Accept or refuse treatments and be told what might happen based on your decision. A court-ordered service cannot be refused.	Let your PCP know within 72 hours if you used emergency services.
Get written materials that tell you your rights, responsibilities, benefits, how to get services, and what to do in an emergency.	Get a referral from your PCP to see a specialist if you need it. There are some cases where you don't need a referral.
Get materials explained in a way that you can understand them and in your language.	Be honest with your providers so they can give you the best care.
Learn about CCOs and the health care system.	Help you provider get your health record. You may need to sign an authorization to release your records.
Get services that consider your cultural and language needs and are close to where you live. If available, you can get services in non-traditional settings.	Ask questions if anything is unclear.
Get care coordination, community-based care, and help with care transitions in a way that works with your language and culture to reduce the need for hospital or nursing facility visits.	Use information from CHA your providers, or care team to make the best choices for you about your health.
Get the services that are needed to diagnose your health condition.	Help your provider create your treatment plan.
Get person-centered care and services that give you choice, independence, and dignity. This care will be based on your health needs and meet generally accepted standards of practice.	Follow directions from your providers or ask for another option.
Have a stable relationship with a care team that is responsible for your overall care management.	Let your provider know you have OHP and bring your medical ID cards to appointments.
Get help to use the healthcare system and get resources you need. This could include: 1. Certified or qualified health care interpreters 2. Certified traditional health workers 3. Community health workers 4. Peer wellness specialists 5. Peer support specialists 6. Doulas 7. Personal health navigators	Tell Oregon Health Plan (OHP): 1) You change your phone number. 2) You change your address. 3) If you become pregnant and when you give birth. 4) If any family moves in or out of your home. 5) If you have any other insurance available.
Get covered preventative services.	Pay for non-covered services.

Get urgent and emergency services 24 hours a day, seven days a week without prior authorization.	Help CHA get money back from any money you get because of an injury. The amount is only up to what we paid in benefits related to that injury.
Get a referral to specialty providers for covered coordinated services that are needed based on your health.	Bring issues, complaints, or grievances to CHA's attention.
Have a clinical record kept that keeps track of your conditions, the services you get, and referrals.	
Have access to your clinical records. There may be times when the law restricts your access.	
Transfer your clinical record to another provider.	
Have your clinical record corrected or changed to be more accurate.	
Make a statement of your wishes for treatment. It can have your wishes to accept or refuse medical, surgical, or behavioral health treatment. It can also give instructions and powers of attorney for your care.	
Get written notice of a denial or change in a benefit before it happens. You may not get a notice if one isn't required by federal or state regulations.	
File a grievance or an appeal.	
Ask for hearing if you disagree with a decision made by [insert CCO name] or OHP.	
Get certified or qualified health care interpreter services, including sign language interpretation.	
Get a notice of an appointment cancellation in a timely manner.	
Not be held down or kept away from people to get you to do something you do not want to do, used as a way to punish you, or make it easier to care for you.	

Be treated fairly and file a complaint of discrimination if you feel you've been treated unfairly because of your:

- Age
- Color
- Disability
- Gender Identity
- Marital status
- Race
- Religion
- Sex
- Sexual Orientation

Share information with Cascade Health Alliance electronically. You can choose to do this or not.

Non-Discrimination

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.

If you have any concerns or complaints about language access, please contact Member Services at 541-883-2947 and ask for the Appeals and Grievances department.

To report concerns or to get more information about the Grievance and Appeal System, related policies, procedures, or for help filling out a complaint, please contact Member services at 541-883-2947 and ask for the Appeals and Grievances department. You can also call Toll Free 1-888-989-7846, Relay 711, email complaints@cascadecomp.com or fill out a complaint on the CHA website at <https://www.cascadehealthalliance.com/forms/complaint-form/> You also have the right to file a civil

rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, Oregon Health Authority (OHA) Civil Rights dept or the Bureau of Labor and Industries Civil Rights division.

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
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Oregon Health Authority (OHA) Civil Rights Web:

www.oregon.gov/OHA/OEI,

email: OHA.PublicCivilRights@state.or.us

Phone: (844)882-7889, 711 TTY

Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division Email: crdemail@boli.state.or.us
Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

Getting Started

Service Areas

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

97731, 97733, 97737, 97739

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

Native Rights

Native American and Alaska Native members can receive their care from a tribal or Indian Health Services (IHS) clinic or wellness center or from the Native American Rehabilitation Association of the Northwest (NARA). 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/for-members/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. If you need help finding a PCPCH clinic, call Member Services at 541-883-2947.



For more information on services you may qualify for, or to make a referral for services provided by Cascade Health Alliance (CHA), please contact Case Management by phone at 541-882-2947, or at info@cascadecomp.com. You can also access our Member Handbook online at www.cascadehealthalliance.com/for-members/member-benefits/

What is a “prior authorization”? OHP does not cover all conditions and services. To make sure we are within the bounds of OHP, we require a special review for some services. Our Utilization Analysts will look at the request, the provider notes, and the Oregon rules to make sure what is requested is a covered benefit. This review is called “prior authorization” (PA). We will notify you by mail if the requested service is denied. We will notify the requesting provider right away if it is approved.

Covered Services without Charge	Amount, duration, and scope of benefits
Care Coordination	<ul style="list-style-type: none"> • All Members • No PA/referral required • Members may call Cascade Health Alliance directly for assistance. Referrals may be made by providers or community agencies.
Case Management	<ul style="list-style-type: none"> • All Members • No PA/referral required • Referrals may come from provider, care team, community partner or member
Comfort Care Services	<ul style="list-style-type: none"> • All Members • No PA required if care is provided by hospital or hospice
Dental Services	<ul style="list-style-type: none"> • All Members • No PA Required <ul style="list-style-type: none"> ○ Cleanings ○ Crowns <ul style="list-style-type: none"> ▪ Stainless steel crowns covered for all members ○ Oral Exam ○ Removal of teeth <ul style="list-style-type: none"> ▪ Allowed for any tooth if done in general dentist office ○ X-Rays • PA Required <ul style="list-style-type: none"> ○ Complete Dentures <ul style="list-style-type: none"> ▪ Covered only once every ten years

	<ul style="list-style-type: none"> ○ Denture repairs ○ Endodontist <ul style="list-style-type: none"> ▪ Root canals and re-treatment of root canals ○ Oral Surgeons <ul style="list-style-type: none"> ▪ Authorization required for all dental services ○ Out of area <ul style="list-style-type: none"> ▪ All services outside Klamath County ○ Out of area Emergency services <ul style="list-style-type: none"> ▪ Example: Broken tooth, swollen face, infection, etc ○ Partial Dentures <ul style="list-style-type: none"> ▪ Covered only once every five years ○ Pediatric Consult <ul style="list-style-type: none"> ▪ Authorization required from General dentist to specialist ○ Sedation dentistry <ul style="list-style-type: none"> ▪ All services done in office surgical suite or hospital setting
<p>Diagnostic Services:</p>	<ul style="list-style-type: none"> ● All members ● No PA required for: <ul style="list-style-type: none"> ● Pregnancy tests, routine labs and diagnostics, sweat chloride test (Performed at SLMC or Asante), EKG, Holter Monitor, Pulmonary Function test, KUB, Nuchal Translucency Scan, Transthoracic Echo, EEG, Pacemaker Checks, Video Swallow Study, Colonoscopy, upper or lower endoscopy and EMB. ● Prior Authorization required for all other diagnostic services EXCEPT: Gastroenterology Consultants (Medford, OR) are allowed diagnostic testing completed during first three visits/upper or lower endoscopy performed at a facility in Medford Oregon and

	<ul style="list-style-type: none"> • Any Medford Oregon cardiologist is allowed TEE/TTE/stress tests/echo/EKG/holter monitor/doppler/heart cath performed in clinic or at a facility in Medford Oregon • Your provider may also be able to tell you what services require authorization.
Durable Medical Equipment	<ul style="list-style-type: none"> • All Members • All DME requests need a provider order and current chart notes. • The following items may be dispensed by CHA: Incontinence supplies, diabetic supplies and nebulizers. • No PA is required for DME dispensed by PCP, Klamath Orthopedic Clinic or SLMC under \$300.00 and/or standard and two wheeled walkers • No PA is required for BP monitor/cuff or finger pulse oximeter (detailed prescription from ordering provider required). Provider may send order directly to dispensing company. • No PA required for Hearing aid batteries- up to 60 individual batteries per hearing aid in a 12 month period. (must meet OHP criteria for a hearing aid).
<p>Early and periodic screening, Diagnosis and Treatment (EPSDT) services</p> <ul style="list-style-type: none"> • Early: Assessing and identifying problems early • Periodic: Checking children's health at periodic, age-appropriate intervals • Screening: Providing physical, behavioral, developmental, dental, hearing, vision, and other screening tests to detect potential problems and to make best referrals for needed care. 	<ul style="list-style-type: none"> • All members between birth and up to age 21. • We want to prevent health problems before they happen. You can make this an important part of child-wellness by getting regular check-ups and tests to find out what is happening with their health. Other preventative services are shots for children, dental check ups and fillings, well-child exams and other comprehensive screenings. • No PA required for services in this class if with a local provider. • EPSDT is key to ensuring that children and adolescents receive

<ul style="list-style-type: none"> • Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and • Treatment: Control, correct or reduce health problems found. 	<p>appropriate preventive, dental, mental health, and developmental, and specialty services.</p> <ul style="list-style-type: none"> • Ask your child’s provider if there is need for further testing or referral as a result of their comprehensive health exam. • If you have questions about EPSDT services, transportation, or other questions that your provider cannot answer, please call Cascade Health Alliance Case Management at the number listed above. • Transportation services through Translink are available at no cost to get your child to these important visits. Call CHA if you need assistance scheduling rides. • Members should try and coordinate rides for medical appointments with Translink at least 24 hours in advance for local appointments; a week in advance for out of area appointments. • Same day rides may be available and may be requested.
<p>Emergency Medical Transportation/ Emergency Services</p>	<ul style="list-style-type: none"> • All members • No PA is required for emergency services • There is no limit on number of emergency services CHA pays for in a calendar year. A CHA case manager will reach out to you if you have more than 4 visits to make sure you have access to the care you need.
<p>Hearing Services</p>	<ul style="list-style-type: none"> • All members • No PA required for an annual basic or comprehensive hearing exam with a local provider • No PA required for Hearing aid batteries- up to 60 individual batteries per hearing aid in a 12 month period. (must meet OHP criteria for a hearing aid). • PA required for Hearing Aids

Home Health Services	<ul style="list-style-type: none"> • All members • PA required (submitted by Home Health agency after assessment and care plan are developed. • No PA required for the first 6 visits with a local provider, then PA required • Members must be home bound and require skilled nursing care and therapy to be provided in the home.
Hospice Services	<ul style="list-style-type: none"> • All members • No PA is required • Hospice will notify CHA of admission to and discharge from hospice services • If a member on hospice finds their health improves and they want to pursue treatment, they can discharge from hospice and CHA medical benefits resume with no gap in coverage.
Inpatient hospital services	<ul style="list-style-type: none"> • All Members • No PA required if: hospital stay is urgent or medical treatments have been authorized • Transition of Care nurse will reach out to hospitalized members and can follow them for 30 days post discharge to help with resources, so they get the services they need.
Inpatient Rehabilitation	<ul style="list-style-type: none"> • All members • PA required with justification of why inpatient rehab is the best choice for care. • PA is needed for transfer to Skilled nursing facility, Transitional care unit, Long Term acute care, acute rehab, respite, burn centers. • Authorization will require current provider order, supporting clinical documentation and current ICD-10/CPT codes required.)
Inpatient habilitative	<p>Habilitative services help a person keep, learn, or improve skills and functioning for daily living.</p> <ul style="list-style-type: none"> • All members

	<ul style="list-style-type: none"> • PA required with justification of why inpatient habilitative care is the best choice. <p>Authorization will require current provider order, supporting clinical documentation and current ICD-10/CPT codes required.)</p>
Intensive Care Coordination (ICC) services	<ul style="list-style-type: none"> • All members • No PA needed or referral required • Referrals may come from provider, care team, community partner or member. There is a referral form on our website, members may call Case Management • by phone at 541-882-2947, or at info@cascadecomp.com.
Interpreter services	<ul style="list-style-type: none"> • All members • No PA needed • At no cost • Our provider network has been trained on how to use our language service provider. • Audio/video interpretation is available 24/7 on-demand.
Laboratory Services	<ul style="list-style-type: none"> • All members • No PA required for Pregnancy tests (should this also be mentioned in maternity care and well woman care?), routine labs and diagnostics, sweat chloride test. (Performed at SLMC or Asante) • Prior Authorization required for all other diagnostic services
Maternity Services	<ul style="list-style-type: none"> • All Members • No PA required except for referrals for out of network providers; for Midwife care and for breast pumps. • CHA covers pregnancy tests, prenatal care, diagnostic testing, routine lab work, ultrasound, referrals, delivery and postpartum care and visits. No auth is required for in network providers. CHA covers services provided by in

	<p>network Doulas during pregnancy and post-partum care.</p> <ul style="list-style-type: none"> • CHA offers a Maternity Incentive program for those members who complete tasks during pregnancy such as having a dental screening, taking prenatal vitamins and enrolling in WIC and completing 3 update calls with the Maternity Case Management team.
<p>Non-emergent Medical Transportation (NEMT)</p>	<ul style="list-style-type: none"> • All members • Members should try and coordinate rides for medical appointments with Translink at least 24 hours in advance for local appointments; a week in advance for out of area appointments. • Same day rides may be available and may be requested. • May include medical taxi or local bus vouchers for transportation. • Requires prior authorization and coordination with Sky Lakes Outpatient Care Management for air transport, non-emergent ambulance transport, or out of state transport. • NEMT Services are available for covered services with and without care coordination. Services not covered by CHA may be covered by OHP with and without care coordination through other programs • NEMT Services are covered for Health related services such as: <ul style="list-style-type: none"> ○ Non covered pharmacy ○ Durable medical equipment pick-up ○ Non covered incontinence supply pickup. ○ Please call CHA if you have any questions on which Health Related Services qualify. • For FBDE members: NEMT travel to a Medicaid or Medicare covered appointment within

	<p>or outside the service area if the request is for a Covered Service or Health-Related Service that is not available within our area.</p>
Office Visits	<ul style="list-style-type: none"> • All members • No PA Required • No limit or cost for medically indicated office visits with your primary care provider. • One evaluation and two follow up visits are covered for local or in network specialists or for second opinions.
Outpatient Hospital Services such as Pain management, chemotherapy, radiation	<ul style="list-style-type: none"> • All members • PA required • Outpatient hospital services often indicate a member would benefit from case management support. If you need assistance coordinating your care, please call us at contact Case Management by phone at 541-882-2947, or email a request to info@cascadecomp.com.
Pharmaceutical Services (Prescription Drugs)	<ul style="list-style-type: none"> • All members • Some medications need special approval to be filled by your pharmacist. • CHA does not cover all drugs your provider might prescribe for you • For more information, please refer to Page 25 of the Member Handbook
Physical Therapy/Occupational Therapy/Speech Therapy	<ul style="list-style-type: none"> • For members age 13 and older: • No Prior Authorization needed for services after initial evaluation or surgery. The amount of post-surgery visits is different for each situation. If you have more questions about visit limits please contact Case Management at 541-883-2947 • Members age 12 and younger, per episode of care (12 month calendar year) if: • No Prior Authorization needed for services after initial evaluation or surgery. The amount of post-

	<p>surgery visits is different for each situation. If you have more questions about visit limits please contact Case Management at 541-883-2947</p>
<p>Behavioral Health (BH) Services</p>	<ul style="list-style-type: none"> • All members • No PA required for: <ul style="list-style-type: none"> ○ Adult and child outpatient BH treatment ○ BH assessment and evaluation services ○ BH emergency services/BH emergency department visits ○ BH mobile crisis response – provided by Klamath Basin Behavioral Health (KBBH) ○ BH urgent services – same day appointments provided by KBBH ○ Wraparound services for youth – provided by Lutheran Community Services (LCS) ○ Assertive Community Treatment (ACT) ○ Adult MH respite care ○ MAT for SUD in the first 30 days of treatment ○ Behavioral Health peer delivered services ○ Sexual abuse exams • PA required for: <ul style="list-style-type: none"> ○ Applied Behavioral Analysis – for members with Autism Spectrum Disorder (diagnosed by a physician or psychologist) ○ Child residential BH treatment ○ Out of Area (OOA) adult and child outpatient BH services ○ OOA BH Hospitalization

Psychiatric Emergency Services	<ul style="list-style-type: none"> • For all members • No Prior Authorization required No referral required
Substance Use (SUDS) Services	<ul style="list-style-type: none"> • All members • No PA required for: <ul style="list-style-type: none"> • Adult and child outpatient SUDS treatment • SUDS assessment and evaluation services • Medication-Assisted treatment (MAT): no PA for first 30 days of treatment • PA required for: <ul style="list-style-type: none"> • Adult and child residential treatment • Out of Area (OOA) adult and child outpatient SUDS treatment
Surgical Procedures	<ul style="list-style-type: none"> • All Members • Non-emergency surgical procedures require prior authorization for all members. Surgery must meet OHA guidelines for approval. • Emergency hospitalization/surgery is a covered benefit for all members
Telehealth	<ul style="list-style-type: none"> • Telehealth visits are a covered benefit for all members.
Preventive services: Some examples include: Well-baby care, immunizations, family planning, women’s health, screenings, diabetes prevention, nutritional counseling or tobacco cessation services.	<ul style="list-style-type: none"> • All members • No PA needed • At no cost • The limits and length of preventive services may change please contact customer service by phone at 541-882-2947 or email us at info@cascadecomp.com for more information.

<p>Traditional Health Worker Services</p>	<ul style="list-style-type: none"> • All members • No prior authorization needed for services for the following THW types: peer support specialists, peer wellness specialists, community health workers, patient health navigators, and doulas • Home deliveries from doulas and/or midwives are not a covered benefit • Patient Health Navigators contracted through Sky Lakes Outpatient Care Management • Community Health Workers contracted through Klamath Health Partnership (capitated rate) • Doulas contracted through Rogue Valley Doulas (capitated rate) • There are PSS, PWS, CHW working in community based organizations in our service area, billing itemized fee-for-service • CHA THW Liaison is Heather Robinson 541-851-2063
<p>Outpatient Habilitative Care – Intensive In-Home Behavioral Health Treatment (IIBHT)</p>	<ul style="list-style-type: none"> • Prior authorization required • For children through age 20 who need a higher level of support than outpatient care, and for children with intellectual and/or developmental disabilities • Provided through KBBH (capitated rate) • 4 to 6 hours of services per week
<p>Urgent Care Services</p>	<ul style="list-style-type: none"> • Local urgent care services are covered for all members, with no limit for medically necessary visits.
<p>Vision Services</p>	<ul style="list-style-type: none"> • Annual routine vision exam and hardware with in-area providers for members birth to age 20. • In area ophthalmology are allowed one annual diabetic medical eye exam for members twenty-one and older or up to three medical eye exams for members age birth to age 20. • Medical eye exams DO NOT cover exam for prescription glasses. • Corneal Transplants performed locally and/or in Medford Oregon.

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. You do not need permission or a referral to get care in an emergency.

• There is no limit on number of emergency services CHA pays for in a calendar year. A CHA case manager will reach out to you if you have more than 4 visits to make sure you have access to the care you need. Sky Lakes Medical Center is the contracted hospital in our service area.

Sky Lakes Medical Center
2865 Daggett Avenue, Klamath Falls, OR 97601
541-882-6311, website skylakes.org

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 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.

After Hours Care

Our provider network is available after hours to triage urgent care and emergency calls from you or your long-term care provider or facility. The clinics or provider will return urgent calls appropriate to the member's condition but in no event more than 30 minutes after receipt. If there is not enough information to determine if the call is urgent, the clinic or provider will return the call within 60 minutes to fully understand the request. If there is enough information to determine that the call may be emergent in nature, the clinic or provider return the call. The function may be subcontracted to providers but the provider's triage system should follow the requirements noted above.

Quick Guide

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/7days 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.

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 for open appointments and give you health advice

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.

Quick Guide

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.
- While CHA covers emergency, room visits anywhere within the United States, not all providers who give you care during an emergency are willing to bill your CCO. This means you may receive a bill for those services. Do not ignore bills from people who treated you in the hospital. If you get other bills, CHA will help you resolve the issue.

Steps to take if possible, during an out of state emergency room visit:

- 1) Make sure you have your CHA card with you when you travel out of state
- 2) Present your card and ask if they are willing to bill CHA
- 3) Contact CHA and ask to speak with a case management nurse for advice
- 4) Do not sign any paperwork until you know the provider is willing to bill CHA
- 5) If possible, have CHA speak with the providers office while you are there

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.

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

Quick Guide

Important Phone Numbers

Sky Lakes Medical Center

541-882-6311

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

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.

Health Risk Screening Tool (HRA)

We want to get to know our members. A Health Risk Screening tool was sent in your New Member Packet. Please fill it out and return it to our office. CHA will use it to help you with your health care needs. You will receive an HRA yearly or sooner if your health condition changes.

The Health Risk Assessment as a tool to see if there are any additional services that we may be able to help you with. We also use the form to gather information about our community. CHA will contact the member if the need to share any new HRA information needs to be communicated to their provider. After review, the HRA may be used to get the member access to additional services.

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.

Quick Guide

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.

Ninety days for members who are dual eligible for Medicaid and Medicare.

For other members, the shorter of:

Thirty days for physical and oral health and 60 days for behavioral health or until your new PCP (oral or behavioral health provider, as applicable to medical care or behavioral health care services) reviews your treatment plan.

CHA provides continued access to care to, at minimum, the following members:

- Medically Fragile Children.
- Breast and Cervical Cancer Treatment program members.
- Members receiving CareAssist assistance

due to HIV/AIDS

- Members receiving services for end stage renal disease, prenatal or postpartum care, transplant services, radiation, or chemotherapy services; and
- Any members who, in the absence of continued access to services, may suffer serious detriment to their health or be at risk of hospitalization or institutionalization.

CHA will honor any written documentation of CHA provides continued access to care to, at minimum, the following members:

- Medically Fragile Children.
- Breast and Cervical Cancer Treatment program members.
- Members receiving CareAssist assistance due to HIV/AIDS;
- Members receiving services for end stage renal disease, prenatal or postpartum care, transplant services, radiation, or chemotherapy services; and,
- Any members who, in the absence of continued access to services, may suffer serious detriment to their health or be at risk of hospitalization or institutionalization.

CHA will honor any written documentation of prior authorization of ongoing covered services CCO obligation to make available to the member services and prescription drug coverage consistent with the access they previously had including permitting the member to retain their current provider, even if that provider is not in the CCO network; prior authorization of ongoing covered services CCO obligation to make available to the member services and prescription drug coverage consistent with the access they previously had including permitting the member to retain their current provider, even if that provider is not in the CCO network;

Quick Guide

You can view our policy on Transition of Care on our website: <https://www.cascadehealthalliance.com/for-members/transition-of-care/>

CARE WHILE YOU CHANGE PLANS:

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

WHO CAN GET THE SAME CARE WHILE CHANGING PLANS?

This help is for members who have serious health issues, need hospital care, or inpatient mental health care. For example, members who need end-stage renal disease care, medically fragile children, prenatal or postpartum care, transplant services, radiation, or chemotherapy services.

If you need care while you change plans, please call 541-883-2947 or visit www.cascadehealthalliance.com. Learn more about this special type of continued care in our Transition of Care policy: <https://www.cascadehealthalliance.com/for-members/transition-of-care/>

A Transition of Care nurse will reach out to hospitalized members and can follow them for 30 days post discharge to help with resources, so they get the services you need.

Access to Care Timelines

Physical Health:

Emergency care: Immediately or referred to an emergency department depending on the member's condition.

Urgent care: Within 72 hours or as indicated in initial screening

Well care: Within four weeks

Oral Health:

Emergent oral care: Seen or treated within 24 hours

Routine oral care: Within eight weeks, unless there is a documented special clinical reason that makes a period of longer than eight weeks appropriate.

Oral and Dental care for children and non-pregnant individuals: Urgent dental care within two weeks.

Oral and Dental care for pregnant individuals: urgent dental care within one week.

Behavioral Health:

Urgent behavioral health care for all populations: Within 24 hours

Routine behavioral health care for non-priority populations: assessment within seven days of the request, with a second appointment occurring as clinically appropriate.

Specialty behavioral health care for priority populations:

Pregnant women, veterans and their families, women with children, unpaid caregivers, families, and children ages birth through five years, individuals with HIV/AIDS or

Quick Guide

tuberculosis: Immediate assessment and entry. If interim services are necessary due to capacity restrictions, treatment at appropriate level of care must commence within 120 days from placement on a waitlist.

IV drug users including heroin: Immediate assessment and entry. Admission for treatment in a residential level of care is required within 14 days of request. If interim series are necessary due to capacity restrictions, admission must commence within 120 days from placement on a waitlist.

Opioid use disorder: Assessment and entry within 72 hours.

Medication assisted treatment: As quickly as possible, not to exceed 72 hours for assessment and entry.

Children with serious emotional disturbance: Any limits that the OHA may specify in the contract or in sub regulatory guidance.

Routine behavioral health care for non-priority populations: Assessment within seven days of the request, with a second appointment occurring as clinically appropriate.

Female members do not need a referral or prior authorization to women's health specialists within the provider network for routine and preventive health care services. If your PCP is the designated PCP is not a women's health specialist.

If a timeframe cannot be met due to lack of capacity, the you will be placed on a waitlist and provided interim services within 72 hours. Interim services must be comparable to the original services requested based on the level of care and may include referrals, methadone

maintenance, HIV/AIDS testing, outpatient services for substance use disorder, risk reduction, residential services for substance use disorder, withdrawal management, and assessments or other services described in OAR 309-019-0135;

541-883-2947 or visit www.cascadehealthalliance.com to learn more about this.

Care Coordination and Other Services

CHA helps members find providers. Our Customer Service and Case Management Teams help members access physical, behavioral, and oral health care and connect members to local resources and supports. Members are referred to Case Management (CM) when:

Your provider asks us to help you.

The Health Risk Assessment (in your new member packet) may prompt us to call You may ask for a CM if you need help understanding benefits or your medical care. You can self-refer for a Health Risk Screening for ICC Service

A nurse or other staff will contact you by phone, video conferencing, or text message. CM works with you, your provider, and other local agencies to help you and remove or reduce barriers to care. We want to help you identify and meet your health goals.

TYPES OF CARE COORDINATION INCLUDE:

General Case Management: for members with medical conditions and those needing guidance after a hospitalstay.

Behavioral Health Case Management: for those who want help finding a mental health provider or treatment for substance use.

Pediatric Case Management: Helping families of

Quick Guide

children with serious illness

Intensive Case Coordination (ICC): for those with more serious conditions

Maternity Case Management: help for all pregnant moms and their newborns

Dual Eligible Care Coordination: help with coordinating Medicaid and Medicare benefits

Case Management includes an RN assessment, usually by phone, of your health and needs. Together, you set goals and create a plan to meet those goals. This might (may) include finding a provider, getting lab work done or helping you keep medical appointments. The RN will stay in touch with you as often as your needs require.

For help with coordination of care, call Member Services at 541-883-2947 and ask to speak to a care coordinator.

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.

Quick Guide

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.

If you need help with making appointments contact Member Service at 541-883-2947 and ask for a Care Coordinator.

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.

Members enrolled in ICC, receiving LTSS, or with Special Health Care Need do not need a prior authorization for specialists or medically appropriate care or behavioral health services, or both, for treatment of your identified needs.



Quick Guide

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.

Telemedicine

All of our major clinics have telehealth appointments available please contact CHA customer service if you have any questions, Contact your provider to see if a phone or video appointment is best for you.

A telehealth appointment is an appointment by phone or video, so that you do not have to leave home. Telehealth appointments may be available for physical, behavioral health and even some dental appointments. Here are some reasons you might want a telehealth appointment:

- You Have simple needs or questions for you provider that might not require an in-person visit
- You have a prescription that needs to be refilled, but it requires a check-in with your provider.
- You do not feel comfortable leaving home because of the coronavirus (COVID-19) or other health issues.

Telehealth is safe and easy because you can meet with a provider from wherever you're most comfortable. For video appointments, you need:

- A smart phone, computer or tablet with a camera and a microphone.
- A strong internet connection – either Wi-Fi or connected by wire.
- Headphones if you need privacy during your visit.

If you need a language interpreter, including sign language, be sure to let your provider know and one

will be provided for you. If you have questions or want to know more about telehealth visits, call Member Services at 541-883-2947 or Relay 711.

Telehealth services are culturally and linguistically appropriate. This is noted in the Provider directory at:

<https://res.cloudinary.com/dpmykpsih/image/upload/cascade-health-site-355/media/f1d5d9380e6a47b0bf22c2d61a7165d3/providerdirectory11152021.pdf>

Providers are prohibited from limiting a member to the exclusive use of telehealth.

Here are some ways to help your phone or video appointment go smoothly:

- Find a quiet, private space so you can talk freely.
- Use a headset or headphones if you can.
- If possible, make sure your phone or computer has a camera
- Get your phone tablet or computer ready a few minutes early. You may have to download an app to connect to your provider.
- Remember that video uses a lot of cell phone data if you're not on Wi-Fi.

If available, providers in our service area use state of the art security and encryption software protocols to assure that data integrity and privacy is maintained during the telehealth visit.

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.
- Access to mobile crisis services
- 24-hour crisis response is available for members receiving In-Home Behavioral Health Treatment
- If you would like therapy or counseling, you do not need an authorization request for in-network providers. You may also refer yourself. If you need help now, the Klamath County Crisis team provides 24 hour, 7 days a week, 365 day a year mental health crisis services for children, adolescents, adults, and families. They can be contacted at 541-883-1030.



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.

OHP Benefits

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
- MAT for SUD within the first 30 days of treatment
- Assertive Community Treatment
- MAT for SUD does not require PA;
- Urgent services-24/7 do not require PA
- ACT services do not require PA

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. This service does not require a PA.

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
- CHA does cover midwifery and doula services, Doula as THW services. Midwifery care must be established before 28 weeks and there screening tests that must be completed.

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

Members are free to choose the method of family planning and the provider that best meets their needs. The following services are available without referral or

OHP Benefits

authorization to women, men, and teens. You may see any Oregon Medicaid provider, including any 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
- Sexual Abuse Exams

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.

SELF-REFERRALS, DIRECT ACCESS - SERVICES THAT DO NOT REQUIRE A REFERRAL FROM YOUR 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. A referral is not needed for a behavioral health assessment or care of mental health concerns in either a clinic or behavioral health setting. 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 a patient has an “above-the-line” condition that would get better if their below-the-line condition gets treated.

Early and periodic screening, Diagnosis and Treatment (EPSDT) services is an example of a prioritized service.

OHP Benefits

Services Not Covered by Cascade Health Alliance

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

CHA members have access to these services through OHA and other related programs. For more information on how to access these services please contact CHA customer Service at 541-883-2947.

Examples of non-covered services with care coordination, services CHA can help you get access too:

- Private duty Nursing
- Certain drugs for some behavioral health conditions
- Long Term services and supports not covered by CHA
- Therapeutic group home from members under 21
- Long term Psychiatric care for members 18 and older
- Personal care in adult foster home for members 18 and older
- Out-of-hospital birth (OOHB) services include prenatal and postpartum care for women experiencing low risk pregnancy as determined by the OHA Health Systems Division. OHA is responsible for providing and paying for primary OOHB services including at a minimum, for those members approved for OOHBs, newborn initial

- assessment, newborn bloodspot screening test, including the screening kit, labor and delivery care, prenatal visits, and postpartum care.
- Family Connects Oregon services.
- Assisting members in gaining access to certain behavioral health services.

For more information or for a complete list about certain behavioral health services, call CHA Member Services at: 541-883-2947.

Examples of non-covered services without care coordination:

- School-Base Health Services
- Administrative examinations
- Services provided to Citizen/Alien Waived Emergency Medical recipients
- Services provided to CAWEM Plus-CHIP Prenatal Coverage for CAWEM
- Abortions
- Hospice services for members who reside in a Skilled Nursing Facility;
- Death with Dignity

For more information contact KEPRO Care Coordination team at 800-562-4620

OHP Benefits

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

Certain Over-the-Counter (OTC) products such as multivitamins and pain relief medications may be covered if warranted. Examples of covered options can be found on CHA's approved list of drugs.

If CHA does not cover a certain drug, ask your provider about other options. Your provider might have to ask us. You can see the CHA preferred drug list at:

<https://res.cloudinary.com/dpmykpsih/image/upload/cascade-health-site-355/media/f13f15bebda1459da592f4ae264c5ece/2021-cha-formulary-updated-10-14-2021-member.pdf>.

MEDICATIONS NOT ON CHA'S LIST OF COVERED 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.

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 www.cascadehealthalliance.com/for-members/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.

OHP Benefits

In Lieu of Services: In Lieu of Services (ILOS) are services determined by the state to be medically appropriate and cost-effective substitutes for covered services or settings under the State Medicaid Plan. CHA is not currently participating in the ILOS program for 2022

Health Related Services: Health-related services are non-covered services that are offered as a supplement to covered benefits for Oregon Health Plan to improve care delivery.

CHA supports members through:

Flex-Funds. Flex Funds are used to support member treatment plans to assist in improving overall member health and wellness as defined in. If you feel you could benefit from Flex-Fund Request, please speak with your provider to submit this form.

Some examples could be:

- Purchased good and/or services necessary to meet the identified needs to member/family as part of the treatment plan
- Non-prescription nutritional items of services (e.g. training in health food preparation)
- Educational services, both group and individual

Denial of Flex Fund request requires the review of a CHA Case Manager and may be sent to the Chief Medical Officer (CMO) for second level review. The CM Department must notify the provider and member of the decision. Denial of Flex Funds is noted in the request and in member's chart. If member is open to Case Management, the CM is notified, and denial is noted in CM chart notes under category heading "Flexible Funds". No appeal or reconsideration rights are allowed under the Flex Fund policy. However, a member has the right to file a grievance in case of a denial for Flex Funds. A written notice of denial will be sent to the member with their right to file a grievance

Customer Service: 541-883-2947

Community Benefit Initiatives (CBI): CBI are programs geared to improving the health or quality of care for an entire community. In CHA's CBI funding, we aim partner with organizations who help us address social determinants of health and improve health equity. CBI programs are not only for CHA CCO members.

Some examples could be:

- Helping fund a community park
- Local training programs for Traditional Health Workers
- Donations to the food bank.

Culturally Sensitive Health Education

We respect the dignity and the diversity of our members and the communities where they live. We want to make sure our services address the needs of people of all cultures, languages, races, ethnic backgrounds, abilities, religions, genders, sexual orientations, and other special needs of our members. We want everyone to feel welcome and well-served in our plan. Our health education programs include self-care, prevention, and disease self-management. Please call Member Services at 541-883-2947, 711 for more 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 37 titled "What should I do if I get a bill."

Additional Information

When Can You Change Your CCO

Medicare members, American Indian members and Alaska Native members can join, change, or leave their CCO anytime. All other members can change at these times as long as another CCO in their area is open for enrollment:

- You can change plans during the first 30 days after you enroll.
- If you are new to OHP, you can change CCOs during the first 90 days after you enroll.
- If you move to a place that your CCO doesn't serve, you can change CCOs as soon as you tell OHP Customer Service about the move.
- You can change CCOs when you renew your OHP coverage. This usually happens once each year.
- You can change CCOs if you have an important OHP-approved medical reason.
- You can also change CCOs for any reason one time each year. For Medicare members, the change will happen as soon as OHP approves it. For all other members, it will happen at the end of that month.
- For other questions about enrollment, call OHP Client Services at 1-800-273-0557, TTY 711.

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.

: OHA or CHA honors such requests including, but not limited to, the following reasons:

Without cause:

A member may request to change their CCO enrollment after they have been enrolled with a plan for at least six months.

A member has one additional opportunity to request a plan change during the eligibility period if none of the above options can be applied.

With cause, at any time, as follows:

Due to moral or religious objections the CCO does not cover the service the member seeks.

When the member needs related services (for example a Caesarean section and a tubal ligation) to be performed at the same time, not all related services are available within the network, and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk.

Other reasons including, but not limited to, poor quality of care, lack of access to covered services, or lack of access to participating providers who are experienced in dealing with the specific member's health care needs. Examples of sufficient cause include, but are not limited to:

- The member moves out of the service area;
- Services are not provided in the member's preferred language;
- Services are not provided in a culturally appropriate manner; or
- The member is at risk of experiencing a lack of continuity of care.

A CCO cannot request disenrollment of a member solely for reasons related to, but not limited to:

- An adverse change in the member's health status;
- Utilization of health services;
- Uncooperative or disruptive behavior resulting from the member's special needs;
- Whose protected class, medical condition or

Additional Information

history indicates probable need for substantial future medical services
Physical, intellectual, developmental or mental disability.

For more information or for questions about other disenrollment circumstances, temporary enrollment exceptions or enrollment exemptions, call CHA at 541-883-2947 or OHP Client Services at either 1-800-273-0557 or 800-699-9075.

Members will receive a written notice of disenrollment rights at least 60 days before the start of each enrollment period.

CCO-Initiated Requests for Disenrollment (CCO may request, but may not disenroll without OHA review and approval)

CCO-initiated requests for disenrollment include, but are not limited to, the following reasons:

When a member:

Commits a fraudulent or illegal act related to participation in the OHP such as, permitting use of their medical ID card by others, altering a prescription, theft, or other criminal acts;

Is uncooperative or disruptive, except when such behavior is the result of the member's special health care needs or disability; or

Has committed an act of, or made a credible threat of, physical violence directed at a health care provider, the provider's staff, other patients, or the CCO staff, so that it seriously impairs the CCO's ability to furnish services to either this particular member or other members.

If OHA approves the disenrollment, the member will receive a notice to that effect and that they can file a

grievance if they are dissatisfied with the process or request a hearing if they disagree with the decision to disenroll.

Provider Network Adequacy

All contracted providers must ensure that members have access to routine, urgent, and emergency care and services 24 hours a day, seven days a week.

- Appropriately trained staff will field members' calls to providers
- Trained staff will call 911 if a member has a serious health crisis, emergency, or accident.
- If the problem is less urgent, trained staff provides immediate advice and/or schedules an appointment as soon as Medically Necessary.

Provider must document all member contact in the member's permanent record.

CHA monitors its network across the provider types including: primary care, adult and pediatric; OB/GYN; Behavioral health (mental health and substance use disorder), adult and pediatric; Specialist (as designated by the State), adult, and pediatric; Hospital; Pharmacy; Pediatric dental

Additional Information

CHA shall prioritize timely access to care for Prioritized Populations as, access to care is provided to certain Members as follows:

Pregnant women and IV drug users must be provided with an immediate assessment and intake;

Those with opioid use disorders must be provided with an assessment and intake within seventy-two (72) hours;

Veterans and their families must be provided with an immediate assessment and intake;

Those requiring Medication Assisted Treatment (MAT) must be provided with an assessment and induction no more than seventy-two (72) hours but Contractor shall undertake and document efforts to provide care as soon as possible and consider providing ICC Services as applicable .

Assist such Members in navigating the health care system and utilize Community resources such as Hospitals, Peer Support Specialists, and the like, as needed until assessment and induction can occur;

Ensure Providers provide interim services daily until assessment and induction can occur and barriers to medication are removed. In no event shall Contractor or its Provider require Members to follow a detox protocol as a condition of providing such Members with assessment and induction;

Provide such Members with an assessment that includes a full physical as well as a bio-psycho-social spiritual assessment and prescribe and deliver any necessary medication taking into consideration the results of such assessment and also the potential risks and harm to the Member in light of the presentation and circumstances; and

(d) Provide no less than two (2) follow up appointments to such Members within one (1) week after the assessment and induction.

Travel Time and Distance

For routine travel time from a member residence to providers, CHA must assure that members in rural areas travel no more than 60 miles, 60 minutes, or the community standard and in urban areas, 30 miles, or 30 minutes;. Routine travel time or distance to Patient-Centered-Primary-Care-Home (PCPCH) or Primary Care Provider (PCP) will not exceed the community standard for accessing healthcare for 90 percent of members within the service area.

To assure timely access, CHA has contracted with healthcare providers in Chiloquin and Klamath Falls. CHA also maintains a provider contract with Cascades East Family Practice Clinic, which provides mobile health clinics throughout Klamath County.

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.

Additional 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 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.

Additional Information

- 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 www.cascadehealthalliance.com/for-members/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

If you are an adult 18 years and older, you can make decisions about your own care.

That includes refusing treatment. If you are awake and alert, your providers will always listen to what you want. If you become so sick or injured that you can't tell your providers whether or not you want a certain treatment, an advance directive (also called a living will) that you have written beforehand lets you decide what kind of care you want. If you are admitted to a hospital, the staff may talk to you about advance directives. A good advance directive describes the kind of treatment you would want depending on how sick you are. For example, the directive would describe what kind of care you want if you have an illness from which you are unlikely to recover or if you are permanently unconscious. If you do not want certain kinds of treatment, like CPR, a breathing machine or feeding tube, you can write these instructions in an advance directive. 100 SW Market Street Portland, OR 97201

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 take the usual steps in treating your conditions.

You can get an advance directive form at most hospitals and from many providers. You also can find one online at <https://www.oregon.gov/oha/PH/ABOUT/Documents/Advance-Directive.pdf>

or you can call CHA Customer Service at 541-883-2947, Toll Free 1-888-989-7846 or TTY/TDD 711, to get a hard copy of the form mailed to you.

If you write an advance directive, be sure to talk to your providers and your family about it and

to follow every advance directive. However,

Additional Information

give them copies. They can only follow your instructions if they have them.

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 “cancelled” in large letters, and sign and date them.

If you think CHA did not follow advance directive requirements, you can complain.

To do so, fill out this form: <https://www.cascadehealthalliance.com/forms/complaint-form/>. You can also file a complaint with CHA or OHA. File a complaint with Cascade Health Alliance by calling call Customer Service at

541-883-2947, Toll Free 1-888-989-7846 or TTY/TDD 711, or send us a letter to Cascade Health Alliance Compliance Department: 2909 Daggett Ave, Suite 225 Klamath Falls, OR 97601

File a complaint with OHA through the Oregon Public Health Division office of Health Care

Regulation and Quality Improvement. Call 971-673-0540, email mailbox.hclc@state.or.us, or

fax at 971-673-0556. Send mail to P.O. Box 14450 Portland, OR 97293. Complaint forms can be

found at: <https://www.cascadehealthalliance.com/forms/complaint-form/>

OHP Complaint forms are available in:

- English
- Spanish

Information on the complaint process and complaint forms is available at this website: oregonhealthcare.gov

NOTE: For religious reasons, some health plans and hospitals do not allow providers

CHA, our plans, and hospitals do not have any moral or religious objections to any services.

For questions or more information, contact Oregon Health Decisions at oregonhealthdecisions.org

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.

Additional Information

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 you think CHA did not follow advance directive requirements, you can file a complaint with OHA. 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.

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. You do not

Additional Information

need a referral (you can self-refer) from your doctor to call.

If you want assistance from our THW liaison, please visit our website for contact information: <https://www.cascadehealthalliance.com/for-members/member-resources/>. If the THW liaison changes, CHA will notify you by mail.

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.

You or your representative can call to schedule a ride.

Not permit drivers to drop Members off at an appointment no less than fifteen (15) minutes prior to their appointment time or to the office or other facility opening for business, unless requested by the member or, as applicable, the Member's guardian, parent, or representative; and

Not permit drivers to pick up Members from an appointment more than 15 minutes after the office or facility closes, or as requested by the member, or as applicable, the Member's guardian, parent, or representative.

Your Rights and Responsibilities (NEMT)

You have the right to receive safe and reliable transportation services that are appropriate for your needs.

You have the right to ask for interpretation services when talking to Customer Service and request materials in a language or format that meets your needs.

You have the right to schedule NEMT rides up to 90 days in advance. You have the right to schedule more than 1 NEMT ride at a time for appointments, such as Dr. appointments that are on-going, up to 90 days in advance.

You have the right to schedule same-day NEMT rides. If you are unhappy with the service Cascade Health Alliance or TransLink provides, you have the right to make a complaint.

You have the right 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.

You have the right to provide feedback, including if you have concerns or complaints about the service you received, please let us know. Cascade Health Alliance and TransLink can improve services through feedback from our customers.

You have the right to file an appeal when a ride is denied.

Cascade Health Alliance and TransLink cannot bill a member for transport to or from covered medical services, even if Cascade Health Alliance and TransLink denied reimbursement for the transportation services. CHA and TransLink will not preclude members from making complaints or grievances that have been made previously or from filing or submitting, the same complaint or Grievance to both the NEMT Subcontractor and CCO.

CHA and TransLink 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, or veteran status.

Additional Information

As a passenger, your responsibilities include:

- Treating drivers and other passengers with respect.
- Calling us as early as possible to schedule, change or cancel your transportation.
- Using seat belts and other safety equipment as required by Oregon law.
- Requesting additional stops in advance.

How to Make a NEMT Grievance (Complaint)

If you are unhappy with or you feel that you have been treated unfairly by Cascade Health Alliance, your health care services or your provider, you can make a complaint. You can have someone help you file a complaint. Your provider or representative can do this with your consent. You can let us know if you have a concern about denied services, driver/vehicle safety, quality of service, fairness of service and access to services.

There are several ways to file a complaint:

1. Call Cascade Health Alliance Customer Service at 541.883.2947 or Toll Free at 1.888.989.7846, 711 TTY
2. Call TransLink Customer Service Toll Free at 1.888.518.8160, 711 TTY
3. Send us a letter to:
Cascade Health Alliance
2909 Daggett Avenue, Ste 225
Klamath Falls, OR 97601
4. Fill out a complaint form on the Cascade Health Alliance website at <https://www.cascadehealthalliance.com/forms/complaint-form/>
5. Email us at: AppealsandGrievances@cascadecomp.com
6. Fill out a complaint form on the OHA website at <https://www.oregon.gov/oha/hsd/ohp/pages/complaints-appeals.aspx>
7. Mail your complaint to OHP Client Services at PO Box 14015, Salem OR 97309
8. Call OHA Toll Free at 1.800.273.0057, 711 TTY.
9. Whether you file a complaint with Cascade Health Alliance, TransLink, or OHA, you will get a decision letter about your complaint from us 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.

You can report any kind of discrimination to CHA or our Non-Discrimination Coordinator through the following ways:

1. Call Cascade Health Alliance Customer Service at 541.883.2947 or Toll Free at 1.888.989.7846, 711 TTY
2. Call TransLink Customer Service Toll Free at 1.888.518.8160, 711 TTY
3. Send us a letter to:
Cascade Health Alliance
2909 Daggett Avenue, Ste 225
Klamath Falls, OR 97601
4. Fill out a complaint form on the Cascade Health Alliance website at <https://www.cascadehealthalliance.com/forms/complaint-form/>
5. Email us at Compliance@cascadecomp.com
6. Oregon Health Authority (OHA) Civil Rights
Web: www.oregon.gov/OHA/OEI
Email: OHA.PublicCivilRights@state.or.us
Phone: (844) 882-7889, 711 TTY
Mail: Office of Equity and Inclusion Division,
421 SW Oak St., Suite 750,
Portland, OR 97204
7. Bureau of Labor and Industries Civil Rights
Division Phone: (971) 673-0764
Email: crdemail@boli.state.or.us

Additional Information

Mail: Bureau of Labor and Industries
Civil Rights Division,
800 NE Oregon St.,
Suite 1045, Portland, OR 97232

8. U.S. Department of Health and Human Services Office for Civil Rights (OCR) Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Phone: (800) 368-1019, (800) 537-7697 (TDD)
Email: OCRComplaint@hhs.gov Mail: Office for Civil Rights,
200 Independence Ave. SW, Room 509F, HHH Bldg.,
Washington, DC 20201

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.

For more information about NEMT, go to <https://www.cascadehealthalliance.com/for-members/member-resources/> and click on the green “Learn More on Their Website!!” button in the middle of the page or go to <https://www.rvtd.org/Page.asp?NavID=23> for the Translink Program Guide.

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
- NEMT Services are available for covered services with and without care coordination.
 - NEMT Services are covered for Health-related services such as:
 - Non covered pharmacy
 - Durable medical equipment pick-up
 - Non covered incontinence supply pickup.
 - Please call CHA if you have any questions on which Health Related Services qualify.

For FBDE members: NEMT travel to a Medicaid or Medicare covered appointment within or outside the service area if the request is for a Covered Service or Health-Related Service that is not available within our area.

Additional Information



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!

DENIAL OF NEMT SERVICE

Prior to mailing a notice of adverse benefit determination to a member, the CCO will provide a secondary review by another employee when the initial screener denies a ride. The CCO will mail, within 72 hours of the denial, a Notice of Adverse benefit determination to: the member denied a ride; and the provider the member had an appointment scheduled with provided the provider is part of CHA's network and requested the transportation on the members behalf. To appeal any denial, see the Appeals and complaints section.

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 COORDINATION (ICC)

Intensive Case Coordinators help people with special medical or other needs. ICCs work closely with members and their providers. ICC helps members who have greater needs and fewer resources to reach and keep up their goals for health and safety. Members who may benefit from ICC may include: Older adults, members who are hard of hearing, deaf, blind or have other disabilities, members who have complex health needs or women who have been diagnosed with high a high-risk pregnancy. ICC will address medical, social, cultural, learning, and other needs to help reach the best health outcomes with our members. Like CM, it involves talking with you to assess your needs, strengths, and any barriers to care. ICC also sets goals and works with your providers and community partners to help you meet those goals. ICCs check in by phone, text, video chat or email every week if needed and arrange for care meetings with you and your medical team.

Additional Information

“Intensive Care Coordination Plan” (ICCP) means collaborative, comprehensive, integrated, and interdisciplinary-focused written documentation that includes details of the supports, desired outcomes, activities, and resources required for an individual receiving ICC Services to achieve and maintain personal goals, health, and safety.

The ICCP identifies explicit assignments for the functions of specific care team members and addresses interrelated physical, oral, social, cultural, developmental, behavioral, educational, spiritual, and financial needs in order to achieve optimal health and wellness outcomes.

The ICCP is developed within 10 days of enrollment in the ICC program and is updated every 90 days or sooner if the member's health care needs change.

Integration and Care Coordination services are available during normal business hours, Monday through Friday.

When ICC services are provided to the member, CHA ensures that the member's ICC Care Coordinator's name and telephone number are available to the member or member's representative.

Would you like support from a CHA Case Manager?

Call **541-883-2947** to enroll. You do not need a referral or prior authorization for ICC services.

The ICCS can be reached at 541-883-2947 or Relay 711.

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. CHA covers pregnancy tests, prenatal care, diagnostic testing, routine lab work, ultrasound, referrals, delivery and postpartum care and visits. No auth is required for in network providers. CHA covers services provided by in network Doulas during pregnancy and post-partum care. CHA does cover midwifery and doula services, Doula as THW services. Midwifery care must be established before 28 weeks and there screening tests that must be completed.

CHA offers a Maternity Incentive program for those members who complete tasks during pregnancy such as having a dental screening, taking prenatal vitamins and enrolling in WIC and completing 3 update calls with the Maternity Case Management team.

We help all pregnant moms, including those with health problems. No PA required except for referrals for out of network providers; for Midwife care and for breast pumps. 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

Additional Information

cups. Our trained staff will give you information on how to use your nebulizer correctly and how to clean it.

Early and periodic screening, Diagnosis and Treatment (EPSDT) services:

A special program for members aged birth through 20 years.

Early: Assessing and identifying problems early and prevent worsening conditions

Periodic: Checking children's health at periodic, age-appropriate intervals

Screening: Providing physical, behavioral, developmental, dental, hearing, vision, and other screening tests to detect potential problems and to make best referrals for needed care.

Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and

Treatment: Control, correct or reduce health problems found.

What is an EPSDT screening?

Please ask your provider if additional screenings would be covered by EPSDT services.

Screenings are done by Physicians (MD or DO), nurse practitioners, licensed physician assistants and other licensed health professionals (continuing care providers). These screenings are intended to screen for and treat identified physical, dental, developmental and mental health conditions. Many of these screenings occur during regularly scheduled appointments.

A screening includes:

- Comprehensive unclothed physical exam, so the provider can assess skin changes, muscle and bone growth.
- Full health and developmental history and screening. This includes assessment of both physical and mental health

development.

- Preventive lab tests based on child's age and risk, including lead toxicity testing. Children have blood lead screening at age 12 months and 24 months. Children between ages 24 and 72 months who haven't had blood lead screening must receive one. Lab tests can include checking for anemia or other blood disorders.
- Any appropriate laboratory tests based on age and risk
- Nutritional screening
- Guidance and health counseling or education for parents and children to prevent common illness or injury.
- Referrals for medically necessary health and mental health treatment
- Age-appropriate immunizations (please see Child and Adult recommended immunization schedules found here: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html> <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>)

The frequency of these visits will follow the schedule recommended by the American Academy of Pediatrics and Bright Futures guidelines. This schedule is designed for children with no signs of important health problems and who are growing and developing as expected. Additional visits may be necessary if development or health vary from the expected. Developmental, psycho-social and chronic disease issues for children and adolescents may require extra counseling and treatment visits. Your provider should discuss this with you, and make those referrals if they are needed.

To see how often and what kind of screenings Bright Futures recommends see the [PERIODICITY SCHEDULE 2021.indd \(aap.org\)](#) in Appendix ___ of this Member handbook.

Additional Information

What about Dental Care?

Cascade Health Alliance can help families find a dentist for their care. If you need help finding a provider, a dental case manager may be able to assist you to access oral health care.

To learn more about the recommended visit and dental screening schedule for children, adolescents, and young adults, please see the table at:

<https://www.oregon.gov/oha/HSD/OHP/Tocols/OHP-Recommended-Dental-Periodicity-Schedule.pdf>.

Did you know?

Cascade Health Alliance requires providers who offers EPSDT services to have a written agreement with the member or member's authorized representative, signed by both parties, that reflects member's obligations under EPSDT. This agreement also includes that the member or member's representative agrees that the provider to be the member's regular source for EPSDT services for a stated period. This way, one provider is responsible for following a patient and will have a good understanding of how they are growing and developing. They will be more likely to notice changes early, than if the member is seeing many different providers who don't share their medical records. The primary provider will have the member's health history from all other providers. Early and Periodic Screening, Diagnosis and Treatment also covers provider services for acute, episodic, or chronic illnesses or conditions. It isn't just for screening visits. For any questions please contact CHA case management at 541-883-2947.

What if my child or I are referred for additional services?

The screening provider must explain the need for the referral to the member, member's parent, or guardian. If you agree to the referral, the provider should help you find someone who offers that care and help you make an appointment. If you need extra help with appointments, scheduling or transportation, a Cascade Health Alliance Case Manager will assist you.

Cascade Health Alliance can provide referral assistance for social services, education, and nutrition assistance programs. Cascade Health Alliance can help you access supports that are not covered by EPSDT, such as Supplemental Nutrition Assistance Program (SNAP) or other social service programs and supports.

If your child's provider recommends referral to a specialist for additional care under the EPSDT program, Cascade Health Alliance expects that the member will be seen within 6 months of the time of referral. If you feel there is a delay, please call us, and a case manager will assist you. CHA or OHA will make care coordination available for EPSDT Services as needed.

Where can I learn more about EPSDT?

If you would like more information on Early, Periodic Screening, Diagnosis and Treatment, please check the EPSDT Fact Sheet, at <https://www.oregon.gov/oha/HSD/BH-Child-Family/SOCAC/EPSDT%20fact%20sheet-OR%20Final.pdf>

If you have questions about EPSDT services, transportation, or other questions that your provider cannot answer, please call Cascade Health Alliance Case Management at 541-882-2947.

Additional Information

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.

Early and periodic screening, Diagnosis and Treatment (EPSDT) services:

- Early: Assessing and identifying problems early and prevent worsening conditions
- Periodic: Checking children's health at periodic, age-appropriate intervals
- Screening: Providing physical, behavioral, developmental, dental, hearing, vision, and other screening tests to detect potential problems and to make best referrals for needed care.
- Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and
- Treatment: Control, correct or reduce health problems found.
- EPSDT services are available to all members between birth and age 20. There is no charge for these exams or screenings. EPSDT makes sure children and adolescents receive appropriate preventive, vision, dental, mental health, developmental and specialty services. Most exams are done every year (well child exams, for



Additional Information

example). Dental exams should be done every 6 months. Talk with your provider about their preferred frequency for childhood screening and vaccinations.

- You can make prevention an important part of child/youth/young adult-wellness by getting regular check-ups and tests to look for changes in health. Other preventative services are routine vaccinations, vision screening, dental checkups and fillings, well-child exams and other comprehensive exams.

- No PA required for services in this class and there is no charge to members.

- Need a ride getting to these visits? Transportation services through Translink are available at no cost to get your child to these important visits. Call CHA if you need help scheduling rides.

- After your child's visit, ask the provider if there is need for further testing or referral as a result of their comprehensive health exam.

- If you have questions about EPSDT services, transportation, or other questions that your provider cannot answer, please call Cascade Health Alliance Case Management at the number listed above.

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. You can have someone help you file a complaint. Your provider or representative can do this with your consent. There are several ways to file a complaint: 1) Call CHA Customer Service at 541-883-2947 or Toll Free at 1-888-989-7846, Relay 711. 2) Send us a letter to the address on Page 9. 3) Fill out a complaint form on the CHA website at www.cascadehealthalliance.com/forms/complaint-form/. 4) Fill out a complaint form on the OHA website at www.oregon.gov/hsd/ohp/pages/complaints. 5) Mail your complaint to OHP Client Services at PO Box 14015, Salem OR 97309. 6) Call OHA Toll Free at 1-800-273-0057, Relay 711. If you file a complaint, you will get a decision letter about your complaint from us 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.**

If you are denied service(s) and did not receive a written NOABD, or your provider tells you that you will need to pay for a service that was denied, you can ask for a copy of the denial notice that shows the service is not covered by calling CHA Customer Service. Once you receive the denial, you can ask for an appeal.

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.

If there is a 14-day extension of your appeal, you will receive a phone call and a letter from CHA. If we do not meet the timelines for a decision of a standard appeal or 14-day extension of an appeal, then you or your provider have the right to ask for a Contested Case Hearing. To ask for a hearing, follow the instructions under "How to Get an Administrative Hearing".

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 Adverse Benefit Determination (NOABD)** letter that stopped it. If you continue the service and the reviewer agrees with the original decision, you will not have to pay the cost of the services you received during the review period. After the notice of appeal resolution (NOAR) is issued, services will no longer be covered by CHA.

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 within seventy-two (72) hours.

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 (NOAR)** 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 NOAR.

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. CHA will send the relevant documentation to OHA within two working days.

OHA will decide within two working days from the date of receiving the relevant documentation whether the member is entitled to an expedited contested case hearing. You will receive OHA's decision within 2 working days from the date they received the relevant information from CHA.

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 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 is any 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, marital status, 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 including the State's False Claims Act and the Federal False Claims Act, to make sure 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

Compliance with Laws

healthcare

- Providers that intentionally or recklessly make false statements about the credentials of persons providing care to Members
- 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/forms/report-fraud-waste-or-abuse/, call us at 541-883-2947, or write to: **Cascade Health Alliance, Attn: Compliance Officer, 2909 Daggett Ave, Ste 225, Klamath Falls, OR 97601**

If you do not want to report Fraud Waste or Abuse to CHA, you can also Report to:

For Fraud Waste or abuse by a provider, contact:

Medicaid Fraud Control Unit (MFCU)

Oregon Department of Justice

100 SW Market Street

Portland, OR 97201

Phone: 971-673-1880

Fax: 971-673-1890

OHA Office of Program Integrity (OPI)

3406 Cherry Ave. NE

Salem, OR 97303-4924

Fax: 503-378-2577

Hotline: 1-888-FRAUD01 (888-372-8301)

[https://www.oregon.gov/oha/FOD/PIAU/Pages/](https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx)

Report-Fraud.aspx

To report fraud, waste, or abuse by a member:

DHS Fraud Investigation Unit PO

Box 14150

Salem, OR 97309

Hotline: 1-888-FRAUD01 (888-372-8301)

Provider Incentives/Payment

Methodologies

CHA offers a variety of payment methodologies, including alternative payments and quality-based 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/privacy-policy/

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@cascaedcomp.com

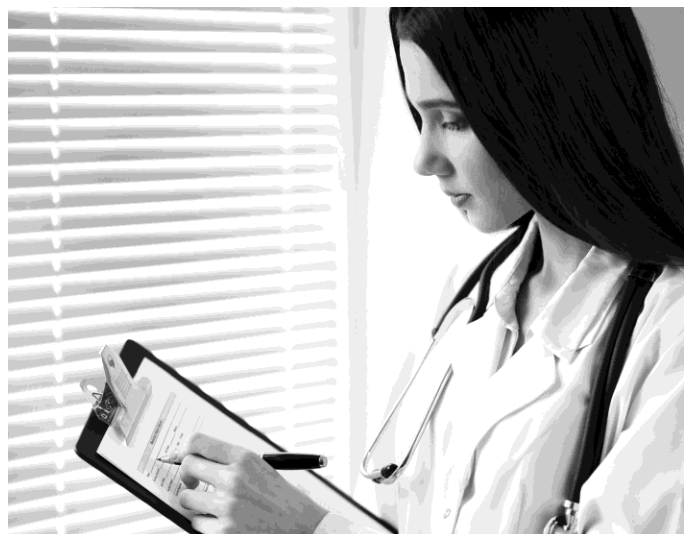
Relay 711

Cascade Health Alliance, LLC

Privacy Notice

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.

<p>You have both the right and choice to tell us to:</p> <ul style="list-style-type: none">• Share information with your family, close friends, and others involved with your care• Share information during a disaster	<p>We <i>never</i> share or use your information for:</p> <ul style="list-style-type: none">• Marketing purposes• Sale of your information• Most psychotherapy notes
---	---

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. If a member on hospice finds their health improves and they want to pursue treatment, they can discharge from hospice and CHA medical benefits resume with no gap in coverage.

Words to Know

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.

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.



2909 Daggett Ave, Suite
225 Klamath Falls, OR
97601 Phone (541) 883-
2947
Main Fax (541) 885-9858

CascadeHealthAlliance.com
