

Objective:

To ensure Tuality Health Alliance (THA) members are allowed direct access to specific health care services as mandated by Oregon statutes and directed by contracted health plans.

Policy:

- I. It is not THA's policy to require a referral for self-referral care as defined by contracted health plans. These include but may not be limited to:
 - A. Biennial eye exams
 - B. Annual diabetic retinal exam
 - C. Mental Health
 - D. Chemical Dependency
 - E. Annual gynecological exam
 - F. Obstetrical care and some gynecological care

- II. **ORS 743.845:** Provides for coverage of women's health care services and allows direct access to a women's health care provider for all female members.
 - A. Covered services include the following, without a referral from the member's Primary Care Physician (PCP):
 1. Annual preventive women's health examinations
 2. Medically necessary follow-up visits resulting from a preventive women's health examination
 3. Pregnancy care
 - B. Women's health care providers include:
 1. Obstetricians
 2. Gynecologists
 3. Advance registered nurse practitioner specialists in women's health
 4. Physician assistants specializing in women's health
 5. Certified nurse mid-wives

- III. **ORS 743.727:** Coverage is mandated for annual mammograms for asymptomatic women aged 40 and over with or without a referral from their PCP or THA. Mammograms for the purpose of diagnosis in symptomatic or high-risk women will be covered at any time upon referral of the women's health care provider, with authorization from the PCP or THA.

- IV. The following services do not require referrals from the PCP when ordered by a women's health care provider:
- A. Mammograms, x-rays, ultrasounds
 - B. Complete blood counts, blood glucose tests, pregnancy tests, Rh factor tests
 - C. Antibody tests (such as HIV or measles)
 - D. Urinalysis, urine chemistry and urine cultures
 - E. Pathology for biopsies
 - F. Other health problems discovered and treated during the course of a woman's health care visit as long as it is within the practitioner's scope of practice.
- V. When self-directing to a health care provider, members must use the assigned facility (inpatient care, outpatient surgery, birthing center, home health) or participating provider as determined by their health plan.
- VI. THA OHP members are allowed free choice of providers by Statute for family planning services. These would be billed directly to the Office of Medical Assistance Providers (OMAP). CFR 431.51.

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THA Plan Director

THA Medical Director