

TUALITY HEALTH ALLIANCE

MEMBER HANDBOOK



The Mission of Tuality HealthCare

To provide health care to the community with respect for human dignity, and without regard for the recipient's ability to pay. We believe that compassion encourages healing, that knowledge is the foundation of wellness, and that attention to quality and fiscal stability will enable us to continue service to the community.

OREGON HEALTH PLAN
Updated on July 21, 2010

If you need this handbook or other informational materials in another form, such as: other language, computer disk, audiotape, large print, and Braille or oral presentation, please call our Member Services Department to request the format you need. You will not be penalized in any way for asking for this information.

Si usted necesita este folleto o cualquier otro material informativo en otro formato como lo son: otro lenguaje, disco de computadora, cinta magnetofónica, letras más grandes, Braille (lenguaje para sordo-mudos) o una presentación oral. Por favor, llame a nuestro Departamento de Servicios a los Miembros para pedir el formato que usted necesita. Usted no será penalizado de ninguna manera por solicitar esta información.

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Important Phone Numbers

THA Member Services Department.....(503) 844-8104
Or call our 800 number.....1-866-575-8104

EMERGENCY

An Emergency is a sudden illness or injury that is a serious threat to your health or that could result in permanent disability.

Go to nearest Emergency Room or **call**.....9-1-1

Tuality Community Hospital Emergency Room..... (503) 681-1182

Tuality Forest Grove Emergency Room.....(503) 359-6180

URGENT CARE

Call your PCP First for Instructions

Tuality At Aloha Urgent Care

7545 SE Tualatin Valley Highway, Aloha.....(503) 681-4223

Geneva Health Center & Urgent Care

3838 Pacific Ave, Forest Grove.....(503) 992-0288

Service Area

THA services the areas in the following zip codes:

Aloha/Beaverton	97006, 97007	Gaston	97119
Banks	97106	Hillsboro	97123, 97124
Buxton	97109	Manning	97125
Cornelius	97113	North Plains	97133
Forest Grove	97116	Timber	97144
Gales Creek	97117	Vernonia	97064

THA Member Services Department: 503-844-8104 or 1-866-575-8104

TTY/TDD: 1-800-735-2900

Monday – Friday 8:00 am – 5:00 pm

MEMBER'S RIGHTS AND RESPONSIBILITIES

I. THA Members have the following rights:

- A. To be treated with respect and dignity, with due consideration for his or her privacy.
- B. To be treated by providers the same as other people seeking health care benefits.
- C. To choose a Primary Care Physician as permitted in OAR 410-141-0060 or service site with the right to change those choices as permitted in OAR 410-141-0880.
- D. To go directly to mental health, chemical dependency or family planning services without getting a referral from a Primary Care Physician (PCP).
- E. To have a friend, family member, or advocate present during appointments and at other times as needed within clinical guidelines.
- F. To be actively involved in the development of his/her treatment plan.
- G. To be given information about his/her condition and covered and non-covered services to allow an informed decision about proposed treatment(s).
- H. To receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand regardless of cost or benefit coverage.
- I. To consent to treatment or refuse services, and to be told the consequences of that decision, except for court ordered services.

J. To receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency.

K. To have written materials explained in a manner that is understandable to the member. This includes enrollment notices, informational materials, and instructional materials for members or potential members in non-English languages when needed.

L. To receive necessary and reasonable services to diagnose your condition.

M. To receive covered services which meet generally accepted standards of practice and are medically appropriate

N. To obtain covered preventive services.

O. To have access to urgent and emergency services 24 hours a day, 7 days a week, including Primary Care Physicians, Obstetrician/Gynecologists, and Pediatricians.

P. To receive a referral to specialty providers including second opinions for medically appropriate covered services.

Q. To have a clinical record maintained which documents conditions, services received, and referrals made.

R. To have access to one's own medical record, unless restricted by statute.

S. To transfer a copy of his/her medical record to another provider.

T. To make a statement of wishes for treatment, including the right to accept or refuse medical, surgical, chemical dependency or mental health treatment and the right to have directives and power of attorney for health care.

U. To receive written notices before a denial of, or change in, a benefit or service level is made, unless such notice is not required by federal or state regulations.

V. To know how to make a complaint with THA and receive a response as defined in OAR-410-141-0260 through 0266.

W. To request an administrative hearing with the Department of Human Services.

X. To receive interpreter services free of charge.

Y. To receive a notice of an appointment cancellation in a timely manner.

Z. The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.

AA. Upon request, THA will provide you with information on the structure and operation of Tuality Health Alliance and any physician incentive plan.

II. THA members have the following responsibilities

A. To choose, or help with assignment to a Primary Care Physician (PCP).

B. To treat the PCP and clinic staff with respect.

C. To be on time for appointments made with practitioners and other providers and to call in advance either to cancel if unable to keep the appointment, or to let them know he/she expects to be late.

D. To seek periodic health exams and preventive services from his/her PCP.

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- E. To use his/her PCP for diagnostic care before seeking care from a specialist unless self referral to the specialist is allowed.
- F. To obtain a referral to a specialist from their PCP before seeking care from a specialist unless self referral to a specialist is allowed.
- G. To use urgent and emergency care appropriately and notify THA within 72 hours of an emergency.
- H. To give accurate information for inclusion in the medical record.
- I. To help the practitioner obtain medical records from other providers which may include signing a release of information.
- J. To ask questions about their conditions, treatments and other issues related to his/her care that are not understood.
- K. To use information to make informed decisions before receiving treatment.
- L. To help in the creation of a treatment plan with the PCP.
- M. To follow the prescribed agreed upon treatment plans.
- N. To tell the PCP that his/her health care is covered under the Oregon Health Plan before services are received and to show the PCP or other provider the Department of Human Services (DHS) Medical Care Identification Card.
- O. To notify the Department of Human Services (DHS worker) of a change of address or phone number
- P. To tell the DHS worker if the member becomes pregnant and to notify the DHS worker of the birth of the member's child.
- Q. To tell the DHS worker if any family members move in or out of the households.

R. To tell the DHS worker if there is any other insurance available.

S. To pay for Non-Covered Services under the provisions described in OAR 410-120-1200 and 410-120-1280.

T. To assist THA in pursuing any third party resources available, and to pay THA for treatment of an injury using money from a settlement received for that injury.

U. To bring issues or complaints to the attention of THA.

V. To sign a release of information so DHS and THA can get information that is needed to respond to an Administrative Hearing request in an effective and efficient manner.

If you need services now

Call our Member Services Department at (503) 844-8104 or 1-866-575-8104 or TTY 1-800-735-2900 if you are unable to see a PCP the first month of enrollment and need to obtain:

- ✓ Prescriptions
- ✓ Other necessary items
- ✓ Supplies
- ✓ Services

Who To Call

Questions or Need Help?

We want to be sure that you understand the benefits and services offered to you under the THA plan. Call our Member Services Department to:

- Get help to choose a PCP for you and each covered member of your family.
- Tell us the name(s) of your PCP choice(s).
- Get needed services right away before you have time to choose and see your PCP.
- Change to a different PCP.
- To arrange for assistance with complex medical and/or special needs through our Exceptional Needs Care Coordinator.
- Address any complaints or concerns.
- Arrange for an interpreter for a doctor's appointment.

Call Oregon Health Plan Eligibility office (OHP) at 1-800-699-9075 or your DHS worker if:

- You move or have other changes in your status after filling out your enrollment form.
- You lose your DHS Medical Care ID card.
- You learn you are pregnant or you have a new baby.

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Exceptional Needs Care Coordination (ENCC)

ENCC assists Plan members who have complex medical and/or special needs. ENCC helps coordinate health care services for person's age 65 or older or persons with disabilities. Persons who have special medical, supply or equipment needs or who will require support services in obtaining care may request help from our ENCC. Your ENCC Coordinator can be reached at (503) 844-8104 or 1-866-575-8104 or TTY 1-800-735-2900.

Your DHS Medical Care Identification Card (ID)

The Department of Human Services' Division of Medical Assistance Programs (DMAP) will issue you a DHS Medical Care Identification Card. You **must keep this card with you and show it to your doctor, pharmacy, hospital and all medical providers.** (If you lose your DHS Medical Care Identification card, contact your DHS worker immediately.)

THA Member ID Card

Once you choose your PCP(s), we will mail you and each THA member in your family a THA Medical ID (Identification) Card.

- This card is very important because it identifies you and has other important information for you, your doctor and other medical providers.
- It tells who **your PCP is**, his/her phone number and what to do in any emergency. You should present this card whenever you need medical services.
- If you lose your THA ID Card, please contact the Member Services Department (see phone number below.)

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Newborn Enrollment

Contact your DHS worker as soon as you know you are pregnant. Your newborn child will be covered by THA. However, your baby should be enrolled in THA as soon as possible (preferably within 2 weeks). You must notify THA of your baby's birth. You must also notify your DHS worker. **It is very important that you notify both THA and your DHS worker as soon as possible.**

- ✓ Even though you may no longer be eligible for coverage, your child may be eligible for coverage for one year after their date of birth.

Disenrollment

You may be disenrolled from a health plan for various reasons.

- Your personal situation may change and you are no longer eligible for the Oregon Health Plan.
- If you move outside of the service area of the health plan you must contact your DHS worker.
- If you commit fraudulent or illegal acts.
- If you miss too many appointments.
- If you are abusive to staff or property, the Plan could request you be disenrolled.

If you wish to disenroll from our plan and enroll in a different OHP plan, please call your caseworker or the OHP Helpline at 1-800-699-9075 for assistance.

Choosing your Primary Care Physician (PCP)

Your PCP will provide most of your health care. He or she will arrange for other medical services and referrals. When you need to see a doctor, your PCP should be the first one you call. If you need a specialist, tests or hospital care, your PCP will arrange this for you. If you seek any of these services on your own, you may be responsible for payment, except in an emergency that is a serious threat to your health. Mental health, chemical dependency, and family planning services, are among others. Please see page 18 for a complete list.

- You must choose a PCP from the list we have provided. This is who you would call when you have a medical problem. It is very important to select your PCP when you enroll. If you need help choosing a PCP, call our Member Services Department.
- After you have decided on a PCP, you need to contact their office to verify that he or she is accepting new patients. Occasionally a PCP's practice will be full and he or she is not able to take another member. In that case you need to choose another PCP from the list. You also need to notify Member Services of your selection. After you select a PCP, we encourage you to call them to discuss whether or not you should make an initial appointment.

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

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Appointments

Making an Appointment

It is the member's responsibility to be on time for appointments made with your PCP or Specialist. You need to call their office at least 24 hours before your appointment to cancel it. It is the responsibility of the Physician's office to notify you of any cancellation of an appointment as soon as possible.

*** If you need to have an interpreter, please tell the person who is scheduling at the time when you make the appointment.**

Missed Appointments

The PCP office will attempt to contact you to find out why you did not show up for a scheduled appointment. If you cannot be reached by phone, a postcard asking you to call the office to reschedule your appointment will be sent.

If three or more scheduled appointments are missed in a row, the PCP's office could call THA and ask for you to be moved to another PCP.

Emergency Care

Emergency care is covered 24 hours a day, 7 days a week. An emergency medical condition means you have symptoms that are severe. 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. Some examples of emergencies are:

- Trouble breathing
- Chest pain
- Severe cuts or burns
- Loss of consciousness/blackout
- Bleeding that does not stop
- Vomiting blood
- Broken bones

In order for your visit to be considered an emergency, your symptoms must make you believe your health is in danger.

If you believe you have an emergency medical condition, call 911 or go directly to the emergency room. If you are not sure your condition is an emergency, call your PCP. Your PCP may be able to see you in his office.

DO NOT go to the emergency room for care that should take place in your physician's office. Routine care for sore throats, colds, flu, back pain, and tension headaches is not considered an emergency. **Do not** wait until after office hours to get care for you and your family. You can call your physician ANYTIME day or night. Someone is always available to give you advice 24 hours a day, 7 days a week. Speak to the physician on-call even if he/she is not your usual doctor or nurse practitioner.

Emergency When You're Away From Home

If you are traveling and have an emergency, go to the nearest emergency room or call 9-1-1. Emergency services are only authorized as long as the emergency exists. If further care is needed while you are gone, contact THA to talk with your case manager.

Travel Outside of the United States

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

Delivery of Babies When You're Away From Home

If at all possible try to stay within your Plan's service area during the last 30 days of your pregnancy. However, if you must leave your Plan's service area, your Plan is only responsible for emergency care outside the Plan's service area. The Plan would cover the delivery and the baby's newborn checkup but not the prenatal care. The Plan will also pay for any other emergency care involving you or your baby. Follow – up care for mother and baby are **not** covered while you are out of the area.

Urgent Care

Urgent care is care needed to prevent serious harm to your health from an unforeseen illness or injury. Care for a condition that already exists is not considered "urgent care". Urgent care can happen during the day or after your PCP's office hours. For these services, please follow these steps:

- Call your PCP's office, 24 hours a day, 7 days a week.
- Your PCP and his or her medical staff will decide what care you need.

If you are injured or become ill and you cannot wait for medical care until you return home, go to a physician's office. Please notify our Member Services when you receive urgent care so we can arrange for follow-up or transfer of your care if needed.

Transportation

Ambulance

If it is an emergency, call 9-1-1. For non-emergency ambulance you must call your PCP or health plan for approval.

*Non-emergency ambulance is **not** covered for clients who have the Standard Package.*

Other forms of transportation

Oregon Health Plan may be able to assist you in providing transportation to your appointments. You would need to call them at 1-800-699-9075 ext 245, at least 48 hours before your appointment.

Tuality Community Hospital

If you live in the Hillsboro area, Tuality may also be able to assist you with door-to-door transportation **only** to and from all **Tuality facilities** and **Tuality physicians** through our Tuality Local Coach (TLC). The drivers and escorts will transport passengers in a TLC vehicle to help you get to your physician and hospital appointments. There are limitations and you will need to schedule before the appointment day. The phone number is 503-681-1818.

To schedule a ride, you will need to follow these basic guidelines:

- Call weekdays between 8:30 a.m. to 4:00 p.m.
- Schedule rides as soon as you know your appointment time.
- In order for TLC to serve you, please schedule doctor and hospital appointments between 9:00 a.m. to 3:00 p.m. Monday through Thursday and 9:00 a.m. to 12:00 noon, Friday.
- Be ready at least a half-hour before your scheduled pick-up time. ***Drivers cannot wait for people who are not ready.***
- All passengers must wear seat belts.
- A suggested donation of \$1.50 for each way is encouraged but not required. No one will be refused service.

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THA Facilities – Service Area: WASHINGTON COUNTY

Tuality Community Hospital

335 SE Eighth Avenue, Hillsboro 97123

Switchboard.....(503) 681-1111

Emergency..... (503) 681-1182

Tuality Forest Grove Hospital

1809 Maple Street, Forest Grove 97116

Switchboard.....(503) 357-2173

Emergency..... (503) 357-7161

THA

PO Box 925, Hillsboro 97123-0925

Member Services.....(503) 844-8104

Toll – Free Number.....1-866-575-8104

TTY.....1-800-735-2900

Tuality Medical Equipment & Supply

303 SE Seventh Avenue, Hillsboro 97123

Medical equipment/supplies.....(503) 681-1658

Tuality HealthPlace

1200 NE 48th Avenue, Hillsboro 97124

Physical, Occupation, Hand Therapy.....(503) 640-6064

Tuality Home Health Services

1809 Maple St., Forest Grove 97116

Also Coordinated ENCC Services.....(503) 357-2737

Tuality at Aloha (also Urgent Care)

7545 SE Tualatin Valley Highway

Hours: Mon – Sunday: 8:00am – 8:00pm

Urgent Care Center.....(503) 681-4223

THA Member Services Department: 503-844-8104 or 1-866-575-8104

TTY/TDD: 1-800-735-2900

Monday – Friday 8:00 am – 5:00 pm

Geneva Health Center & Urgent Care

3838 Pacific Ave, Forest Grove 97116

Hours: Mon – Fri: 9:00am – 7:00pm

Sat & Sun: 12:00pm – 6:00pm

.....(503) 992-0288

Medicare

If you are also eligible for Medicare, THA will coordinate your Medicare services with your Medicaid covered services. You are not responsible for paying the coinsurance and deductible unless you sought care from non-THA providers for services that were not an emergency or required a referral by a THA physician.

Advance Directives

The Advance Directive allows you to give instructions for health care physicians to follow if you become unable to direct your care. The Advance Directive lets you tell your physician to stop life-sustaining help if you are near death. This tells your physician that you do not want your life prolonged if you have an injury, illness or disease that two physicians agree you will not recover from. You will get care for pain and to make you comfortable no matter what choices you make.

The Advance Directive is only valid if you voluntarily sign it when you are of sound mind. Unless you limit the duration of the “Advance Directive” it will not expire. You also may revoke your “Advance Directive” at any time. You have the right to decide your own health care as long as you are able to, even if you have completed the “Advance Directive”. Completing the “Advance Directive” is your choice. If you choose not to fill out and sign the “Advance Directive” form, it will not affect your health plan coverage or your access to care.

The “Oregon Advance Directive” forms are available at no cost from THA or by contacting your local hospital. For more information about Advance Directives, call Member Services Department at (503) 844-8104. You may also find out more about “Advance Directives” by calling Oregon Health Decisions in Portland at (503) 241-0744 or 1-800-422-4805.

Confidentiality

There are federal and state laws that protect a member's privacy. No one may release information to anyone outside the Plan without the member's written permission. Plans and their providers will not release or disclose any information concerning you except for purposes directly related to the administration of the Oregon Health Plan (OHP).

Access to Records

You or your representative has a right to see and receive a copy of your medical records. Call your doctor or THA for assistance. You may be required to pay a reasonable fee for the cost of printing the record for you.

Physician Incentives

THA does not provide special financial incentives to our physicians to deny services. However, you are entitled to ask if the Plan has special financial arrangements with our physicians.

Complaints

THA physicians want to give you the best medical care possible. If you have a complaint with any part of your treatment, please follow these steps:

Contact your PCP or our Member/Customer Services in person, by phone or in writing to file an appeal. The staff will look into both medical and non-medical problems. We will get back to you within 5 working days. We have 45 days to give you a decision.

You need to give us consent to investigate your complaint. Without this consent, we may not be able to help you. All information about

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your complaint is confidential, including whether an Administrative Hearing was requested, whether continuing benefits were requested and provided, and the effect of the Final Order of the Administrative Hearing in THA's Quarterly Complaint/Appeal logs.

Appeals and Hearing Process

1. Please complete Tuality's appeal process before you request a hearing from DMAP.
2. An appeal must be filed with THA within 45 days from the date on the "**Notice of Action**". You will receive a resolution to your appeal most of the time within 16 days from the day THA receives the appeal. When THA needs extra information the resolution may take an additional 14 days.
3. If you want an Administrative Hearing, you also must ask for it within 45 days from the date shown on the "**Notice of Action**". You can get the Administrative Hearing (DHS443) form from your DHS worker or THA. If you believe your medical problem cannot wait for a review, tell your DHS worker. You may get a three-day expedited (fast) appeal.
4. If you need a language interpreter we will arrange one for you.
5. If an Administrative Hearing was requested, information regarding continuing benefits and the effect of the final Order of the Administrative Hearing will be included in THA's Quarterly Complaint/Appeal logs.

Member's Responsibility For Charges

The DMAP Member's possible responsibilities for charges include:

- 1) Medicare deductibles and co-insurance if the Member goes outside of the Plan.
- 2) Possible charges for non-emergent care, and non-covered services (including emergency room care that was not an emergency).

The patient may be asked to sign a waiver that lists the cost of each service. This form states the member was told about this information, understands the forms and has agreed to the possible charges.

Please call Member Services at 503-844-8104 if you have any questions regarding this.

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BENEFIT PACKAGES

Each client is assigned to a benefit package based on specific criteria. Members of your household may be assigned to different benefit packages. The current benefit packages are:

OHP Plus

OHP Plus covers a wider range of services which includes medical, dental, mental health, and chemical dependency services and focuses on preventive care. Copayments are not required when you see your PCP or specialist.

OHP Standard

OHP Standard is a reduced benefit package. You are assigned to OHP Standard if you do not meet the requirements for OHP Plus or other benefit packages through OMAP. **The OHP Standard benefit package does not have copayments.**

The Oregon Health Plan and THA may not cover all medical services; please consult with your PCP regarding medical care. If you have concerns or questions about what is covered or non-covered, please call THA at 503-681-1018 or 1-866-575-8104 or TTY: 1-800-735-2900.

Buy - Ups

A buy up is paying the difference on an item that is covered by the Oregon Health Plan in order to obtain a non-covered version of the item. Paying the difference between the two prices is **NOT ALLOWED**. If you pay the difference between the two prices, you will be responsible for the **entire** charge.

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Referrals

Remember to see your PCP first. If it is necessary for you to receive specialty care, you will need your PCP to refer you. Your PCP may need to contact THA Plan for approval for that referral.

The following services do not require a referral from your PCP:

- **Health Promotion for Children and Adults**

Preventive care is a very important part of the care you receive from your Primary Care Physician. Please discuss the recommended schedule for health check-ups with your physician.

Preventive Services:

- ◆ Maternity, newborn care
- ◆ Well-child exams
- ◆ Immunizations (shots)

Diagnostic Services:

- ◆ A medical examination to tell what is wrong with you by your PCP or to a specialist you're PCP has referred you to.
- ◆ Laboratory, x-ray and other appropriate testing to diagnosis

- **Family Planning**

Services including sterilization, birth control pills, and intrauterine device (IUD) are available through THA.

☞ **IMPORTANT**

- ◆ PCP referral is not required for family planning services if you choose a specialist from the THA provider panel
- ◆ Fertility treatment is not a covered service
- ◆ Abortions are covered, fee-for service, by DMAP

- **Vision Care**

THA is responsible for providing vision services including routine vision screening and glasses for members under age 21 or who are pregnant.

*Routine Vision services are **not** covered for members who have the Standard Package.*

To access these services you will need to go to:

The Hillsboro Eye clinic

512 East Main Street
Hillsboro, OR 97123
Phone (503) 640-3708

18
OR

Oregon Eye Specialists

18345 SW Alexander St #A
Aloha, OR 97006
Phone (503) 642-2505

Vision Benefits for routine exam and glasses are:

Adults (21 or older)

Every 2 years

Children (birth to 20)

As medically needed

You will need to contact your PCP for other problems, such as injury or infection. Your PCP will refer you for specialty care if needed. **Treatment for eye disease is covered for members who have the Standard Package.**

▪ **Hearing Aid Services**

Tuality Health Alliance is responsible for providing hearing services including exam, evaluations, treatment and materials for hearing aid fitting. To access this benefit, you will need to contact your PCP and he will refer you to a specialist if care is needed. These services require prior authorization.

*Hearing services are **not** covered for members who have the Standard Package.*

▪ **Mental Health Services**

Mental Health Services include an assessment, case management, therapy, medication management, and inpatient psychiatric care from the appropriate mental health organization (MHO) based on the county you live in. If you have questions, call Member Services for information regarding your mental health organization.

You do not need a referral from your PCP for Mental Health Services. *Standard plan members have mental health for **Outpatient services only.***

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Pre-Authorizations

You will need to see your PCP first. If it is necessary for you to have a surgery or inpatient stay, your PCP will need to send us an authorization request. The following will need pre-authorization:

- ◆ **Inpatient** surgeries.
- ◆ **Outpatient** surgeries at other hospitals
- ◆ **All** inpatient hospital stays.

Any questions, please call THA and you can speak to a Case Manager.

Standard Non-Covered Benefits

- ◆ Hospital services that are not for urgent or emergency care
- ◆ Acupuncture, except for treatment of chemical dependency
- ◆ Home health care
- ◆ Nutritional supplements taken by mouth
- ◆ Occupational therapy
- ◆ Physical therapy
- ◆ Private duty nursing
- ◆ Speech therapy
- ◆ Routine Vision and glasses
- ◆ Hearing Aid testing and supplies
- ◆ Most Durable Medical Equipment (DME)

Services under the non-covered section will not be covered, even if they have been prior authorized before. Remember that if the service is not a covered benefit, providers can bill you for these services.

Covered Benefits for Standard and Plus

Medical Surgical Care

- ◆ Medically appropriate treatments for acute and on-going care such as asthma, diabetes, and hypertension.
 - Cancer
 - Skilled Nursing Facility (SNF) – up to 20 days

THA Member Services Department: 503-844-8104 or 1-866-575-8104

TTY/TDD: 1-800-735-2900

Monday – Friday 8:00 am – 5:00 pm

Immunizations and Exam Schedule

Immunizations:

Shots (*called immunizations*) are covered for your children. See the list below of when to call your PCP for an appointment for your child.

- Birth (*before hospital discharge*)
- 2 Months
- 4 Months
- 6 Months
- 6 to 18 Months
- 12 to 16 Months
- 15 to 18 Months
- 4 to 6 Years of Age
- Every 10 years – diphtheria and tetanus

*Exams – General Exams for Women & Men:

Exam	Explanation	When
Age 2 to 6	Physical	Every year
Age 7 to 20	Physical	Every 2 years
Age 21 to 34	Physical	Every 4 years
Age 35 and Up	Physical	Every year

*Exams – Women Only:

Breast exam	Cancer Screen	Age 20-40	Every 3 years
		Over age 40	Every year
Mammogram (Breast x-ray)	Cancer Screen	Age 40-50	Every 2 years
Pelvic exam	Manual Exam		Every year
Pap smear	Lab test		Every year

*Exams – Men Only:

Prostate Exam	Cancer Screen	Over age 50	Every year
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***Note:** Services will be available from the date of your last exam.

Pharmacy

Prescriptions

Tell your PCP about all the prescription or non-prescription drugs you are taking. This includes over-the-counter medications you use like; aspirin, cough medicine, herbal supplements and nasal sprays.

You must use only Tuality Health Alliance contracted pharmacies to fill prescriptions. A few over-the-counter drugs may be covered when you a prescription from your PCP and authorized by your plan. Contact the Member Services Department for verification of pharmacies if not listed below.

For the best quality care; try to use the same pharmacy as much as possible. However, you will be served at any Tuality Health Alliance Plan Pharmacy listed in this handbook.

To manage an on-going health condition you will receive a 30-day supply of a drug you take regularly. This is the routine amount for such a prescription. Prescriptions are filled with generic drugs whenever possible. Certain medications may require a pre-authorization.

Be prepared to show your Tuality Health Alliance Identification Membership Card to the Pharmacist. Otherwise, they may refuse to fill your prescription or ask you to pay.

- Mental Health drugs are paid for through the State pharmacy system not by THA. Copays are required for Mental Health Drugs (e.g.; Prozac), which you will obtain through the state pharmacy.

If you are currently taking a prescription from a non-THA provider for a covered diagnosis, THA will allow a 30-day supply. You will need to see a THA PCP within 30 days to get your prescriptions updated. You may find that a prescription is not covered because your diagnosis is not covered so treatment is not covered.

Chemical Dependency Services

Outpatient chemical dependency treatment (*alcohol and drug*) services are part of the basic benefit package for all Oregon Health Plan members. These services include outpatient, intensive outpatient, and methadone maintenance.

A member may self refer or be referred by their PCP. An assessment will be done to decide what kind of treatment, if any is needed. To access the outpatient chemical dependency (*alcohol or drug*) services call:

CODA	503-648-0753
CRC Health Oregon (Hooper)	503-238-2067
De Paul Treatment Centers	503-535-1151
LifeWorks	503-645-3581
Western Psychological & Counseling	503-439-9531

If you are already getting mental health treatment and need chemical dependency treatment, ask your therapist to call Tuality Health Alliance. You may be able to get chemical dependency services at the same place you get your mental health treatment.

Tobacco Cessation

Tuality Health Alliance offers free Tobacco Cessation classes through the Tuality Health Education Center to help you quit. Ask your doctor to call Tuality Health Alliance so you can take these classes or call the Tuality Health Education Center yourself to get information. The number is 503-681-1700, TTY/TDD: 1-800-735-2900

Tuality Health Alliance also provides medications to help you quit. Just tell your doctor you are trying to quit and your doctor can prescribe the right medication for you.

Non-Covered Services (Exclusions for both plans):

Not all medical treatments are covered. When you think you need medical treatment, contact your PCP. If you have questions about covered or non-covered services, contact our Member Services. The Benefit Package does not cover treatments for the following:

- ◆ Conditions which tend to get better on their own, such as:
 - Measles
 - Mumps
 - Minor bump on the head
 - Viral sore throat
 - Dizziness
 - Common cold

- ◆ Conditions where a “home” treatment is effective, such as applying an ointment, resting a painful joint, drinking plenty of fluids, soft diet. Conditions include:
 - Canker sores
 - Corns/calluses
 - Diaper rash
 - Hives
 - Sprains
 - Sties
 - Sunburn

- ◆ Conditions where treatment is not generally effective, such as:
 - Some back surgery
 - TMJ surgery (pain in jaw joint)
 - Some transplants

- ◆ Other **not covered** services include, but are not limited to, the following:
 - Breast reduction or implants
 - Cosmetic surgery
 - Circumcision
 - Infertility services
 - Weight loss programs

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