

Douglas County Individual Practice Association

2009

Member Handbook

Standard Plan

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If you need this booklet in another language, large print, Braille, on tape, or another format call Member Services at 541.672.1685 or 1.800.676.7735 / TTY 541.440.6304 or TTY 1.888.877.6304.

Si necesita este folleto en otro idioma, letra mas grande, Braille cinta de audio, o wn otro tipo de formato, llame al 541.672.1685 or 1.800.676.7735/ TTY 541.440.6304 or TTY 1.888.877.6304.

DOUGLAS COUNTY INDIVIDUAL PRACTICE ASSOCIATION

2009 MEMBER HANDBOOK

Standard Plan

WELCOME TO DCIPA!

DCIPA wants to take good care of you and your family. Your health plan is not here to just take care of you when you are sick. Our goal is to help you and your family to get well and stay well.

Take a few minutes to read this handbook carefully. It will answer many of the questions you may have about how to use your health plan coverage. You should also read the Oregon Health Plan Client Handbook that the State of Oregon sent to you. It has general information on the Oregon Health Plan that is not in this Handbook. Your eligibility for Standard coverage was determined by the Division of Medical Assistance Programs (DMAP). It is a reduced benefit package as compared to the Plus coverage.

DCIPA is a managed care health plan. You will be assigned to a clinic or a primary care provider (PCP). They will look after your health care needs, write prescriptions, refer you to specialty care, and admit you to the hospital if needed. Start your medical care by calling your PCP first.

PRIMARY CARE PROVIDER (PCP)

DCIPA randomly assigns a primary care provider once we are notified of your enrollment. You may want to choose a different provider. Look in the Provider Directory that you received along with this handbook. If you already have a doctor, see if they are on the list. If you do not have a doctor or your doctor is not on the list, pick a doctor from the list that is taking new patients.

If you decide to change your PCP, fill out the selection card in this packet called the Primary Care Provider Selection card and mail it. The selection card is stamped and addressed. If you notify Member Services within 10 days of enrollment, your PCP change will be immediate. After that, your change will be effective the first day of the following month. You have 30 calendar days after PCP assignment to change to another PCP.

If at any time you want to change your PCP call Member Services. You are allowed to change twice a year. Additional changes need to be approved by the medical director. It usually takes 30 days to change your PCP, so you need to let Member Services know right away. They will let you know when it is okay to see your new provider. Call Member Services at 541.672.1685 or 1.800.676.7735 / TTY 541.440.6304 or TTY 1.888.877.6304.

INTERPRETER SERVICES

If you speak another language or are hearing impaired, we will help you get interpreter services either by telephone or in person. You can call Member Services and they will make arrangements for interpreter services at the time of your appointment. They can help you get a PCP that speaks the same language if one is available in the Provider Directory. Your provider's staff can also assist you with interpreter services provided by DCIPA. For TTY service (hearing impaired), call TTY 1.541.440.6304 or TTY 1.888.877.6304.

ALTERNATIVE FORMAT

DCIPA can provide this Member Handbook and other materials in other forms including: other languages, large print, computer disk, audio tape, oral presentation, and Braille.

NEED SERVICES IMMEDIATELY

If you can't see a PCP in the first month of enrollment and need to obtain medication, supplies, or other services, contact Member Services call 541.672.1685 or 1.800.676.7735 / TTY 541.440.6304 or TTY 1.888.877.6304.

Make an appointment with your primary care provider as soon as possible to be sure that you receive any ongoing care that you need.

ENROLLMENT/DISENROLLMENT

Newborn Coverage

Your newborn baby will be covered by DCIPA. However, your baby should be enrolled in DCIPA as soon as possible (preferably within two weeks). You must notify DCIPA of your baby's birth. You must also notify your Department of Human Services (DHS) worker. DMAP sends you a coverage letter that lists your worker's ID and phone number. It is very important that you notify DCIPA and your DHS worker right away. Even when you may no longer be eligible for coverage, your child may continue to be eligible.

Changing health care plans

Once you have selected a health care plan, you may only change to a different plan after six months. If there is a good reason for a change before that time, contact your DHS worker.

Disenrollment

You can be disenrolled from DCIPA for the following reasons:

- If you move outside of the service area of your Plan
- If you miss too many appointments
- If you commit fraudulent or illegal acts
- If you abuse Plan staff or property

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DCIPA does not determine disenrollment. DMAP will review the Plan's request for disenrollment for the above reasons.

DHS Medical Care ID Card and DCIPA Medical Card ID

The Division of Medical Assistance Programs (DMAP) sends you one Medical Care ID card that has your name, client number and the date the card was issued. All eligible members in your household receive their own Medical Care ID cards. You must keep it with you and show it to your PCP, pharmacy, hospital, and all medical providers. If you lose your DHS Medical Care ID card, contact your DHS worker for help.

Each member of DCIPA will also receive a Medical ID card. The ID card is located at the back of this handbook. Please complete the card, cut it out and keep it with you at all times. Present the card whenever you need medical services.

DMAP Coverage Letter

DMAP also sends you one coverage letter that has your worker's ID and phone number, your benefit package, your copay requirements and managed care enrollment information.

The coverage letter shows information for everyone in your household who has a DHS Medical Care ID card. You do not need to take the coverage letter to your health care appointments or pharmacies.

DMAP will send you a new coverage letter if you ask for one or if your coverage changes.

Missed appointments

Call your PCP's office as soon as you know you can't keep the appointment. This will allow your provider to schedule another appointment at that time. Ask your clinic or provider about their policy for missed appointments.

SPECIALISTS

Referrals to other providers

When you need a specialist or another provider, talk to your PCP first. If you need to see a specialist, the PCP will refer you and decide what services and tests you may need. If DCIPA does not have the specialist you need, your PCP will request authorization for you to see an out-of-network provider. If you see an out-of-network provider and you don't have a referral, you may have to pay for the services.

Services that do not require a referral

Services that do not require a referral include family planning, prenatal care, immunizations (shots), outpatient treatment for chemical dependency/drug and alcohol problems. You may make your own appointments for the above services. DCIPA's service providers are listed in the Provider Directory.

Family planning and related services do not need a referral for the following:

- ◆ Family planning visits (physical exam, contraceptive education and supplies)
- ◆ Related services include: Pap smear, pregnancy test and screening for sexually transmitted diseases.

VISION SERVICES

Standard members are **not** covered for eye exams, lenses or frames. You do have coverage for eye disease or injury. A referral to a specialist is needed from you PCP.

HOSPITAL CARE

Standard members have limited hospital care. Authorized care will be provided at Mercy Medical Center in Roseburg. Call our Member Services for more information.

AFTER HOURS, URGENT, EMERGENCY CARE AND AMBULANCE SERVICE

After-hours weekends, holidays

You have access to your PCP 24 hours a day, seven days a week. When the PCP's office is closed, you can call their office number. An answering service will contact your provider or tell you what to do. If your PCP is not available, he/she will make arrangements with another provider to take care of your medical needs or give you advice.

Urgent Care

Urgent care services are not for serious medical problems. You should not go to the emergency room for urgent care. Call your PCP first. You can call your PCP anytime including nights or weekends. They will schedule an appointment as soon as one is available, give medical advice, or send you to the right place to get care. Urgent care problems include earaches, bladder infections, bad sore throats, sprains, among other health issues. Contact your Mental Health Organization (MHO) for a mental health crisis or your Dental Care Organization (DCO) for dental pain. Contact numbers for your MHO and DCO are listed on your DMAP Coverage Letter.

Emergency medical care

An emergency is a serious injury or sudden illness, including severe pain that you believe might cause death or serious bodily harm if left untreated. An emergency medical condition can also be a serious problem with a bodily function or with a part of your body such as your heart. Other examples of emergencies are chest pain, loss of consciousness, broken bones, severe burns, trouble breathing and bleeding that does not stop. This also includes your unborn child's health if you are pregnant. For an emergency call **9-1-1** or go to the nearest emergency room. Emergency care is covered 24 hours a day, seven days a week. **Mercy Medical Center** is your primary hospital.

It is **located at 2700 Stewart Parkway in Roseburg Oregon**. If a service is required which they are not able to provide, you will be referred to a different hospital.

Follow-up emergency or urgent care

Call your PCP after emergency or urgent care as soon as possible. Let them know where you were treated and why. Your PCP will schedule follow-up care or transfer your care if needed.

Do not use the emergency room for routine care

Examples of routine care are colds, back pain, constipation, toothache and diaper rash. You should not wait until after office hours to contact your PCP for routine care. If you use the emergency room for routine care, you may have to pay the bill.

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Ambulance Services

Ambulance services are only covered for emergencies. If you use the ambulance for something that is not an emergency, you may have to pay the bill. **Call 9-1-1** for ambulance service.

TYPES OF SERVICES

Preventive Services

Preventing health problems before they happen is important. DCIPA's OHP members are covered for preventive services to help you stay healthy. They include check-ups and any tests to find out what is wrong. Your provider will recommend a schedule for check-ups and when other services should be done.

Other preventive services include the following:

- ◆ Well-child exams
- ◆ Immunizations (shots) for children and adults (**not** for foreign travel or employment purposes)
- ◆ Routine physicals
- ◆ Pap smears
- ◆ Mammograms (breast x-rays) for women
- ◆ Prostrate screenings for men
- ◆ Maternity and newborn care

Covered medical services include:

- ◆ Preventive services
- ◆ An exam or test (lab or x-ray) to find out what is wrong, whether the treatment or condition is covered or not
- ◆ Treatment for most major diseases
- ◆ 24-hour emergency care, lab and x-ray services
- ◆ Eye health care
- ◆ Chemical dependency (alcohol and drug) treatment
- ◆ Diabetic supplies and education
- ◆ Some durable medical equipment such as oxygen, ventilators, suction pumps, tracheostomy supplies, urology supplies and ostomy supplies
- ◆ Hospital care is limited to urgent and emergency services
- ◆ Ambulance service is limited to emergencies only
- ◆ Hospice
- ◆ Stop smoking programs
- ◆ Labor, delivery and newborn care
- ◆ Some surgeries
- ◆ Most prescription drugs

- ◆ Family planning and related services,. (Even though you are on DCIPA, you can go to the county health department or any family planning clinic to receive these services).
- ◆ Abortions (covered by the Division of Medical Assistance Programs (DMAP) under certain circumstances)
- ◆ Specialist care and referrals

Non-Covered Services

OHP covers reasonable services for diagnosing conditions, including the office visit to find out what is wrong. Once the problem is diagnosed, OHP may not cover follow-up visits if the condition or treatment is not funded on the Prioritized List of Health Services.

The Oregon Health Services Commission (HSC) developed the Prioritized List of Health Services. HSC held many public meetings throughout Oregon to find out what health issues were important to Oregonians. Not all medical treatments are covered. The Commission then used that information to list all health care procedures in order of effectiveness. The Oregon Legislature did not fund conditions that ranked lower on the priority list.

Standard coverage does **not** pay for the following services:

- | | |
|--|--|
| <ul style="list-style-type: none"> ◆ Treatment for conditions that get better on their own such as colds or flu ◆ Treatment for conditions for which home treatment works such as sprains, allergies, corns, calluses or some skin conditions ◆ Treatments that are generally not effective | <ul style="list-style-type: none"> ◆ Hospital services, other than emergency care ◆ Hearing and vision services ◆ Home health care ◆ Services to help you get pregnant ◆ Occupational and physical therapy ◆ Cosmetic surgeries or treatment |
|--|--|

OTHER THINGS YOU NEED TO KNOW

Emergency care 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 for as long as the emergency exists. Call your PCP to arrange for care if it is needed while you are gone. Also, let your PCP know if follow-up care is needed when you return home.

Urgent care when you are away from home

You can go to an urgent care facility or physician's office if you get injured or become ill when you are away from home. The emergency room should not be used unless there aren't other choices available. Call your PCP when you return home if follow-up care is needed.

Travel outside of the United States

If you travel outside the United States (including Canada and Mexico), any health care services you get in another country are **not** covered by DMAP or DCIPA. Immunizations (shots) required for foreign travel are also **not** covered.

Moving out of the county

Call your DHS worker immediately if you are moving out of the county. They will help you make the change to another health plan. If you do not tell your DHS worker, you may not receive the care you need when you move.

PHARMACY

Your prescription medications should be filled by a pharmacy listed in the Provider Directory. Give the pharmacist your prescription, your DHS Medical Care ID Card and your DCIPA Medical ID Card. Certain medications require authorization before being filled. Your provider will let DCIPA know that the medication needs authorization. If you have questions regarding the process, call Member Services.

Do not go to a pharmacy that is not listed in the Provider Directory or to an emergency room to get your prescriptions filled. If you do, you may have to pay the bill. Several of the pharmacies in the Provider Directory have extended hours for you to have your prescriptions filled at night or on the weekend.

CONFIDENTIALITY

Confidentiality is important to your health plan. DCIPA and your PCP will treat your medical information confidentially. If you need to have your medical records sent to another provider, you will need to sign a Records Release form. Chemical dependency and HIV information will not be released unless permission is noted on the signed release form.

There are state and federal laws that protect members' privacy. Health care information will not be released by your health plan or their providers unless directed by the member. Your clinical records may be looked at by the state and federal government to monitor quality of care.

COMPLAINTS AND APPEALS

You have the right to complain if you are not satisfied with any matter. The following is a description of the complaint and appeals process.

- ◆ Complaint – a member or their representative's expression of dissatisfaction about any matter other than an "Action".
- ◆ Appeal – a request by a member or representative to review an "Action".
- ◆ Action – a denial or limited authorization of a requested covered service; reduction, suspension or termination of a previously authorized service; denial of payment for a service; failure to provide services in a timely manner; failure of the health plan to act within the

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timeframes; denial of a request to obtain covered services outside of the health plan's participating provider panel.

- ◆ Administrative Hearing -- A Department of Human Services (DHS) hearing is related to an Action, including a denial, reduction, or termination of benefits that is held when requested by the Oregon Health Plan (OHP) Client or DMAP Member. A hearing may also be held when requested by an OHP Client or DMAP Member who believes a claim for services was not acted upon with reasonable promptness or believes the payor took an action erroneously.

DCIPA providers want to give you the best medical care possible. If you have a problem with any part of your treatment, follow these steps:

- ◆ Contact your PCP or Member Services by phone or in writing to let them know about your complaint or appeal. The Grievance Department will look in to all concerns, both medical and non-medical.
- ◆ Oral appeals must be followed by a written and signed statement. Send it to DCIPA, 1813 W Harvard Suite 206, Roseburg, OR 97471. You will be notified in writing that your appeal was received. It will be sent out within five days of the date it was received. DCIPA is allowed 30 days to give you a decision on a complaint and 45 days on an appeal. If the time is not enough for DCIPA to do the investigation, you will be notified. You need to give DCIPA written consent to investigate your complaint. Without the signed consent form we may not be able to help you. Your information will be handled confidentially. We will get back to you within 5 working days of you filing a complaint. We have 30 days to give you a decision. You need to give us consent to look into your complaint. Without this consent, we may not be able to help you. All information about your complaint is confidential.
- ◆ If you have been denied a service by DCIPA, you may request an appeal, through DCIPA or an Administrative Hearing through DMAP within 45 days from the date of the decision notice. You will be notified in writing that your appeal was received. Oral appeals must be followed by a written and signed statement. Send it to DCIPA, 1813 W Harvard Suite 206, Roseburg, OR 97471. DCIPA will review your appeal and give you a decision within 16 days of receiving your written statement. If the time is not enough for DCIPA to do the investigation, you will be notified.
- ◆ If you are not satisfied with the decision you receive on the Notice of Appeal Resolution, you have the right to request an Administrative Hearing from DMAP. Paperwork will be enclosed with the letter that will start the hearing process. If you have already started an Administrative Hearing you may contact your Hearings Representative for questions.
- ◆ During this process, if your problem is resolved, you will need to contact either DCIPA or the DMAP Hearings Representative.
- ◆ Urgent Medical Problems: You may qualify for an Expedited (fast) Appeal or Administrative Hearing if the time required for the regular appeal could put your life, health, or ability to function at serious risk. If you believe your medical problem cannot wait for a review you can

ask for an Expedited Appeal or hearing by contacting either DCIPA or the DMAP Hearings Representative.

- ◆ If you need help in filling out the forms or writing a letter to DCIPA, please contact DCIPA or your DHS worker.
- ◆ If you need an interpreter, one will be arranged for you at no charge.

Access to clinical records

Access to clinical records is available to members unless the provider believes the information would be harmful to the member. If you are unable to make health care decisions on your own, someone you name may get your records. If you think part of your medical record is incorrect, you may ask to add a statement to correct the record. Providers are required to make copies available within 10 working days from the date of the request. You may be asked to pay a reasonable duplication fee.

Physician reimbursements

You are entitled to ask if the health plan has special financial arrangements with our physicians that can affect the use of referrals and other services. Call Member Services at 1.541.672.1685 or 1.800.676.7735 or TTY 1.541.440.6304 or TTY 1.888.877.6304.

Dental plans

Dental coverage for standard members is only for emergency care. Dental services are not handled by DCIPA. Contact your DHS worker or Dental Care Organization (DCO) that is listed on your DMAP Coverage Letter.

Chemical Dependency Treatment

Outpatient chemical dependency services for alcohol and drug treatment are part of the basic benefit package for all Oregon Health Plan (OHP) members. These services include outpatient treatment, acupuncture, intensive outpatient detoxification and methadone maintenance. You do not need a referral for chemical dependency services.

Mental health

Mental health services are provided by Mental Health Organizations (MHO). The MHO is based in the county you live in. See your DMAP Coverage Letter for the name and number of your MHO.

Mental health services include an assessment, case management, therapy, medication management and inpatient psychiatric care from your assigned MHO.

EXCEPTIONAL NEEDS CARE COORDINATOR (ENCC)

Exceptional Needs Care Coordination is a case management program for members aged, blind, or disabled. The ENCC is available to help you get medical care and services, solve problems with providers, and to help locate community services that are available.

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DUAL ELIGIBLE - MEMBERS WITH MEDICAID & MEDICARE

Some people are eligible for both Medicaid and Medicare benefits. They are called dual eligibles. If you are dual eligible, make sure your provider knows. Medicare should be billed first. You will then receive a Medicare Explanation of Benefits (EOB). If your Medicare EOB denies any of your covered services, don't be alarmed. Send DCIPA your EOB. You are not responsible for paying the co-insurance and deductible for medical services. You are responsible for co-insurance for pharmacy. DCIPA will pay the balance of the charges for covered services.

If you seek care from a provider that is not listed in the Provider Directory you may have to pay the bill. Only emergency care by another provider would be covered. If you want to see a provider that is not in the Provider Directory, ask your PCP.

ADVANCE DIRECTIVE

An advance directive tells your providers what kind of care you would like to have if you become unable to make medical decisions. You can make a request that will describe what kind of care you would want depending on how sick you are. An advance directive usually tells your provider what treatment(s) you don't want if you have an illness you are unlikely to recover from. You can also say what kind of treatment you want no matter how ill you are. To get a copy of Oregon's Advance Directive booklet call Member Services and they will mail it to you.

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.

MEMBER'S RIGHTS AND RESPONSIBILITIES

Member's Rights:

- ◆ To be treated with dignity and respect.
- ◆ To be treated by providers the same as other people seeking health care benefits to which you are entitled.
- ◆ To have a language interpreter with you during appointments at no charge to you.
- ◆ To obtain covered substance abuse treatment, family planning, or related services without referral.
- ◆ To choose or change your PCP.
- ◆ To have a friend, family member or advocate present during appointments and at other times as needed within clinical guidelines.
- ◆ To be actively involved in the development of your treatment plan.
- ◆ To be given information about your condition and covered and non-covered services to allow an informed decision about proposed treatment(s).
- ◆ To consent to treatment or refuse services and be told the consequences of that decision, except for court ordered services.

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- ◆ To receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency.
- ◆ To have written material explained to you in a manner that is understandable.
- ◆ To receive necessary and reasonable services to diagnose the presenting problems.
- ◆ To receive covered services under the Oregon Health Plan that meet generally accepted standards of practice that are medically appropriate.
- ◆ To obtain covered preventive services.
- ◆ To have access to urgent and emergency services 24 hours a day, seven days a week.
- ◆ To receive a referral to specialty practitioners for medically appropriate covered services.
- ◆ To have a clinical record maintained that documents conditions, services received and referrals made.
- ◆ To have access to one's own clinical record, unless restricted by statute.
- ◆ To transfer a copy of your medical records to another provider.
- ◆ To sign advance directive forms that explain your care decision if you become unable to make these decisions for yourself.
- ◆ 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.
- ◆ To know how to appeal a decision or file a complaint with the plan and receive a response.
- ◆ To request an Administrative Hearing with the Department of Human Services.
- ◆ To receive notice of appointment cancellation in a timely manner.
- ◆ To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation and to report any violations to DCIPA or to the Oregon Health Plan.

Member's Responsibilities:

- ◆ To treat all plan providers and staff with respect.
- ◆ To choose your PCP as soon as possible after you become a member of the Plan.
- ◆ To be on time for your appointments with providers and to let them know as soon as possible that you cannot keep an appointment or will arrive late.
- ◆ To get routine health exams and preventive services from your PCP.
- ◆ To follow your provider's treatment plan after you have agreed upon your care.
- ◆ To ask questions about conditions, treatments and other issues related to your care that you don't understand.
- ◆ To participate in your health care decisions, unless you choose to give that responsibility to a friend or family member.
- ◆ To obtain a referral to a specialist from your PCP or clinic before seeking care from a specialist unless self referral is allowed.
- ◆ To use urgent and emergency services only when appropriate.
- ◆ To contact your PCP within 72 hours after an emergency.

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- ◆ To call your PCP's office when you need non-emergency medical care.
- ◆ To provide true and complete information to your health care providers about your medical history to be included in your clinical record.
- ◆ To help your provider obtain information, such as your medical records, from other providers. You may be asked to sign a Medical Record Release form.
- ◆ To use information to make informed decisions about treatment before it is given.
- ◆ To tell the provider that your health care is covered under the Oregon Health Plan (OHP) before services are received and, if requested, to show the practitioner or their provider your DHS Medical Care ID card.
- ◆ To pay for non-covered services.
- ◆ To pay the monthly OHP premium on time if required.
- ◆ To assist DCIPA in pursuing any third-party resources available and to pay the Plan the amount of benefits it paid for an injury from any recovery received from that injury.
- ◆ To bring issues and complaints to the attention of the Plan.
- ◆ To contact DCIPA immediately if you suspect any fraud or abuse.
- ◆ To tell your DHS worker about any changes in your household including: a change in your home address or phone number, when a family member moves in or out of your house, when a member of your family is eligible for other medical insurance, or when a family member becomes pregnant or has a child.
- ◆ To sign a release so that DHS and your Plan can get information that applies and is needed to respond to an Administrative Hearing request in an effective and efficient manner.

NOTICE OF PRIVACY PRACTICES

DCIPA is a contractor for the Oregon Health Plan (OHP). We provide you with health services and our staff is required to collect medical information about you to provide the services. DCIPA understands that the information is private. State and federal laws require us to protect this information.

The Notice of Privacy Practices (PHI) tells you how your medical information may be used and disclosed. It also tells you how you can get access to this information. DCIPA is required to give you notice of our privacy practices for the information. Not all of the situations will be described.

- ◆ **Treatment.** DCIPA may use or disclose information with health care providers who are involved in your health care.
- ◆ **Payment.** DCIPA may use or disclose medical information to get paid or so that the provider of your services gets paid.
- ◆ **Health Care Operations.** DCIPA may use or disclose health information in order to operate the business of being a health plan.
- ◆ **Coordination of Care.** This allows us to talk to your provider, agencies or facilities providing service to you. We can see if you are seeing the right provider for your health

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issues and that you are receiving the right care. When you go to a service provider that is not your PCP for after hours care, information may be shared to coordinate your care.

- ◆ **Quality Improvement.** DCIPA may use or disclose information to make sure that our members get quality health care.
- ◆ **Research.** DCIPA may use or disclose information for studies and to develop reports. Specific people are not identified.
- ◆ **Family and Friends.** DCIPA may use or disclose your medical information to your family or friends who are involved in your medical care with your approval.
- ◆ **Notification Regarding Health Information.** DCIPA may notify you about alternative treatments, medications or services that may be of interest to you.
- ◆ **Public Health Reasons.** DCIPA is a contractor to Department of Human Services (DHS) which is the public health agency that keeps and updates vital records, such as births and deaths and tracks some diseases.
- ◆ **Oversight of Health Care.** DCIPA may use or disclose information to investigate health care providers.
- ◆ **Law Enforcement As Required By Law.** DCIPA may disclose health information when required by federal or state law or by court order.
- ◆ **Fraud and Abuse Reports.** DCIPA is required by law to receive and investigate reports of fraud and abuse.
- ◆ **For Government Programs.** DCIPA may use information for public benefits under other government programs.
- ◆ **To Avoid Harm.** DCIPA may disclose information to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- ◆ **Other Types Of Uses And Disclosures Require Your Written Authorization.**
- ◆ **Other Laws Protect PHI.** You must give written permission for DCIPA to use or disclose alcohol or drug treatment or HIV.

You have PHI rights regarding medical information that DCIPA keeps for you. All requests should be in writing with a reason for the request.

- ◆ **Right to See and Get Copies of Your Records.** There may be a fee for the cost of copying your records.
- ◆ **Right to Request a Correction of Your Records.** You may ask to add a statement to correct or update your medical record if you think the record is incorrect.
- ◆ **Right to Get a List of People that DCIPA Disclosed Information to.**
- ◆ **Right to Revoke Permission.** You have the right cancel an authorization that you have signed allowing your information to be disclosed.
- ◆ **Right To Choose How DCIPA Communicates With You.** You may choose to have information sent to an address other than your home.
- ◆ **Right to File a Complaint.** You may file a complaint if you disagree with how DCIPA used or disclosed information about you.

To contact Member Services call 541.672.1685 or 1.800.676.7735/ TTY 541.440.6304 or TTY 1.888.877.6304

- ◆ **Right to a Paper Copy of DCIPA PHI Notice.** Contact Member Services for a copy.

If you have questions about this notice or would like to make a request, contact Member Services at 541.672.1685 or 1.800.676.7735 / TTY 541.440.6304 or TTY 1.888.877.6304. They will have DCIPA's Privacy Officer contact you.

PREVENTION PROGRAMS

Tobacco cessation products are covered by the Plan. The best thing you can do for your health and your family's health is to stop smoking. When you are ready to quit, there is help available! Call the Oregon Tobacco Quit Line at 1.800.784.8669 or TTY 1.877.777.6534 is a toll-free number that provides free support for Oregonians.

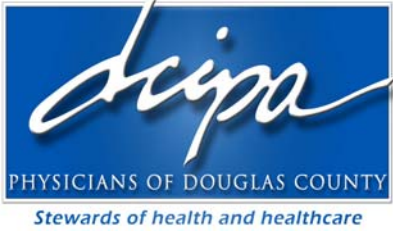
Early childhood cavities can be prevented. Healthy baby teeth are important for good health and normal growth. Brush your baby's teeth every day. Never put your baby to bed with a bottle. Lift your baby's lip and check their front teeth regularly for white or brown spots. Be sure to bring any concerns to the attention of your dental care provider or your PCP.

Childhood immunizations (shots) are also covered by the Plan. The Douglas County Health Department has clinics available three days a week. Call 541.440.3516 or 1.800.234.0985 to find out when the clinics are available. Wednesday's clinics have evening hours available. Immunizations may also be provided by the "Shots for Tots Clinics" held in Douglas County or by your child's PCP.

Women's annual exams are covered. The exam includes a general physical exam, pelvic exam, review of health history, evaluation of health screen tests (mammogram (breast x-ray), Pap smear, tests for sexually transmitted diseases) and discussion of any sexual concerns.

Asthma care and prevention is important. DCIPA has a variety of educational information that can be mailed to you. If you would like information sent to you, call Member Services and ask to speak to a nurse.

Support groups for various disorders are available in Douglas County. If you have a disorder and would like to find out more about joining a support group, call Member Services. You can also ask about other social services that are available in Douglas County. One of DCIPA's nurse case managers will be available to answer your questions.



Douglas County Individual Practice Association
 1813 W Harvard Suite 206
 Roseburg OR 97471
 541.672.1685
 1.800.676.7735

Member Name

Member ID

Primary Care Provider

PCP's Phone Number

Your preferred hospital is:

MERCY MEDICAL CENTER
2700 Steward Parkway
Roseburg OR 97471

Cut out and fold into thirds.

Primary Care Provider Access

You have access to your PCP 24 hours a day 7 days a week. When your PCP's office is closed, you can call the office number. An answering service will contact your provider or tell you what to do. If your PCP is not available, arrangements will be made with another provider to take care of your medical needs or give you advice.

Emergency

In case of a true emergency, call **9-1-1** or go to your nearest emergency room. Call your PCP as soon as possible to let them know what happened.

Oregon Tobacco Quit Line
 Toll free: 1.800.784.8669 or
 TTY 877.777.6534

Questions

For questions about your health care plan, call DCIPA's Member Services at 541.672.1685 or 1.800.676.7735 TTY 541.440.6304 or TTY 1.888.877.6304.

Visit our web site at
www.dcipa.com .

This is the back side of the card.

DMAP Approved with Changes by Sue Burlison on April 28, 2009.