

Lipa Member Handbook

Large Print Version

Lane Oregon Health Plan

Lipa

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Front Cover

If you need this booklet in another language, large print, Braille, on tape, or another format, call 1-877-600-5472 or TTY 1-877-600-5473.

For ease of use, a graphic containing the translation of the above paragraph into various languages and appearing in the standard version of the Lipa Member Handbook has been removed from this page.

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Welcome!

(This section appears on page 3 of the standard print version.)

Lane Individual Practice Association, Inc. (Lipa) would like to welcome you to the Oregon Health Plan. Lipa has a long history working with the Oregon Health Plan in Lane County. In fact, Lipa has been working with State sponsored health care since 1989.

The health care you receive is important to Lipa. Our goal is to provide you with a health plan that meets your needs. Our office is located at 1800 Millrace Drive, Eugene, Oregon. Any questions you may have regarding benefits or claims payment are handled right here locally.

To ensure that you receive the most out of your membership with Lipa, we encourage you to take a few minutes and read this handbook.

Note: This handbook gives you important information about Plus and Standard benefit packages. Please refer to your Oregon Health Plan Client Handbook for a complete list of covered and non-covered services. To find out if you have Plus or Standard benefits, refer to 9a or 9b of your (mauve and white) Division of Medical Assistance Programs (DMAP) Medical Care Identification (ID).

Questions About the Oregon Health Plan

(This section appears on page 3 of the standard print version.)

When Do You Call Lipa?

Lipa wants to make sure you receive the services you need. Our Customer Service Representatives are available Monday through Friday, from 8:00 am to 5:00 pm, to answer your calls. During these hours, please feel free to call our Customer Service Representatives:

- 1)If you want to change your Primary Care Provider**
- 2)If you need help finding a Primary Care Provider**

3)If you have questions about a claim

4)If you have questions about your benefits

5)If you need a new Lipa Identification card

6)If you need an interpreter for a medical appointment

7)If you have a complaint about your medical coverage

For these questions or others, please call Lipa Customer Service at (541) 485-2155 or 1-877-600-5472 (toll free). For TTY services (hearing impaired), please call 1-877-600-5473. If you need help outside of Lipa hours, you may leave us a message or you may call your PCP. Your PCP has phone coverage 24 hours a day, 7 days a week. Do not call Lipa if you are having an emergency. Call 911.

When Do You Call Your Caseworker

- 1)If you have recently moved or had a name change**

- 2)If you have become pregnant**

- 3)If you have recently had a baby**

- 4)If you need to find out if you are still eligible or will be eligible next month**

- 5)If you need transportation to or from a medical appointment**

- 6)If you have not received your Division of Medical Assistance Programs (DMAP) Care Identification form this month**

- 7)If you want to change your managed care plan**

8) If you want to report an error on your Division of Medical Assistance Programs (DMAP) Care Identification such as incorrect spelling, or to change your address and phone number

Interpreter Services

(This section appears on page 4 of the standard print version.)

If you need an interpreter for doctors' visits or to assist you with questions, please contact a Lipa Customer Service Representative at (541) 485-2155 or 1-877-600-5472 (toll free). For TTY services (hearing impaired), please call 1-877-600-5473. Interpreters can be available either by telephone or in person.

Alternate Format

(This section appears on page 4 of the standard print version.)

We would be happy to provide this Lipa Member Handbook, the Lipa Provider Directory, or other informational materials in another form, such as:

- 1) Other Language**
- 2) Large Print**
- 3) Computer Disk**
- 4) Braille**
- 5) Audio Tape**
- 6) Oral Presentation**

Please call our Customer Service Department at (541) 485-2155 or 1-877-600-5472 to request the format you need. For TTY services (hearing impaired), please call 1-877-600-5473. You will not be penalized in any way for asking for this information.

If You Need Services Now

(This section appears on page 5 of the standard print version.)

Please call our Customer Service Department if you are unable to see a PCP the first month of enrollment and need to obtain:

- 1) Prescriptions**
- 2) Supplies**
- 3) Other necessary items**
- 4) Services**

Enrollment/Disenrollment

(This section appears on page 5 of the standard print version.)

Newborn Enrollment

Contact your Department of Human Services (DHS) worker as soon as you know you are pregnant.

You must notify Lipa of your baby's birth. You must also notify your DHS worker. It is very important that you notify both Lipa and your DHS worker as soon as possible. Even though you may no longer be eligible for coverage, your child may be eligible for health coverage for one year after the date of birth.

Disenrollment

Lipa may ask DMAP that you be disenrolled for various reasons:

1) You might move outside of the service area of our health plan. If you move outside of the service area, you must contact your DHS worker.

2) If you miss too many appointments.

3) If you commit fraudulent or illegal acts, or you are abusive to staff or property.

Changing Health Plans

Once you have selected a health care plan, you may change, without cause, to another plan after six months. To change to another health plan, call your DHS worker.

DMAP Medical Care Identification

The Division of Medical Assistance Programs (DMAP) will issue you a Medical Care Identification form each month you are eligible for the Oregon Health Plan. The form is a full sheet of paper printed on both sides. You must keep this form with you and show it to your doctor, the pharmacy, hospital, and all medical providers. (If you lose or damage your DMAP Medical Care Identification, contact your DHS worker.)

Plan Identification Card

You will also receive a Lipa Medical Identification (ID) card. This card is very important because it identifies you and has other important information for you and your provider. It tells who your primary care provider is, and what to do in an emergency. You should present this card whenever you need medical services. If you lose your Lipa ID card, please contact our Customer

Service Department at (541) 485-2155 or 1-877-600-5472. For TTY services (hearing impaired), please call 1-877-600-5473.

If You Also Have Medicare

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

How You Get Health Care

(This section appears on page 6 of the standard print version.)

Primary Care Provider (PCP)

You must use your PCP for all routine health care and to get specialty and hospital care. Call Lipa's Customer Service Department to tell us the PCP(s) that you want to use for you and your family members. There is a list of our providers in the Lipa Provider Directory.

Important:

You must call Lipa before you see a new PCP. Your new selection will be effective the first of the month following your request to change. If you do not choose a PCP within 30 days, one will be

chosen for you. This PCP will be your PCP until you choose one on your own.

Lipa encourages you to maintain an ongoing, close relationship with your PCP. However, occasionally it may be necessary for you to change your PCP. Lipa will authorize up to three (3) member-initiated PCP changes in a twelve (12) month period. Any member-initiated PCP change beyond the authorized three will require approval from Lipa.

Here are a few important steps that will help you in selecting your PCP:

1) First, select a PCP from the Lipa Provider Directory for each enrolled member of your family. Family members may select different PCPs if they wish.

2) If the PCP you choose is new to you, you should call the office to see if he or she is taking new patients at this time. Sometimes the status of a provider changes after the directory is printed. You may also want to ask about office hours, on-call providers or call sharing, referral practices and hospital privileges.

3) Once you've made your selection, call the PCP and introduce yourself to the office as a new Lipa patient.

4) If you need help selecting a PCP for yourself or your family, you may call the Lipa Customer Service Department for assistance.

PCP Referral

You must have a referral from your PCP in order to see another health care provider, except in cases of emergency. Some services also require

health plan approval before you can receive the service. The provider offering you the service is responsible for obtaining that request for approval and also for letting you know when the approval is received. If you do not have a referral or authorization, you may be refused service or have to pay for the services. Your PCP can make a referral for you at any hour of the day or night when you need care right away. Your PCP has phone coverage 24 hours a day, 7 days a week. Exception: You may access mental health or chemical dependency treatment without a referral.

Specialists

Specialists participating with Lipa include nearly all the specialists in Lane County. If your PCP thinks you need to see a specialist, your PCP will refer you. You must have a referral from your PCP before seeing a specialist. Some services also require health plan approval before you can

receive the service. The provider offering you the service is responsible for obtaining that request for approval and also for letting you know when the approval is received. If you do not have a referral, or in certain cases an authorization, you may have to pay for the visit on your own.

Exceptions: A woman may go to her OB/GYN doctor for her annual exam, or for pregnancy services without a referral.

Family Planning and Related Services

Family planning and related services are available to women, men and teens. You do not need a referral from your PCP to get the services. Family planning services include:

1) Family planning visits (includes physical exam and contraceptive education)

2) Contraceptive supplies

Related services include:

1) Pap smear

2) Pregnancy test

3) Screenings for sexually transmitted diseases (STDs)

Visions Services

If you are a Lipa Plus member, you have a routine vision benefit. “Routine” benefit includes vision exam, lens, frame, and fitting. You may go to any optical provider that accepts the Oregon Health Plan.

If you are a Plus member 20 years old or younger, you are eligible for an eye exam and glasses every 12 months. If you are a Plus member 21 years or older, you are eligible for an eye exam and glasses every 24 months.

Replacement of glasses is not a covered benefit for adults without a prior authorization.

A referral is required to a specialist for services not related to routine vision care or eye care.

Standard members do not have a benefit for routine vision care.

Hospital Care

Routine hospital care should be provided by a hospital that participates with Lipa. See the Lipa Provider Directory. Lipa Standard members have limited hospital care. Call the Lipa Customer Service Department at (541) 485-2155 or 1-877-600-5472 for more information. For TTY services (hearing impaired), please call 1-877-600-5473.

Emergency Care

Emergencies are severe symptoms that lead you to believe your health will be in serious danger if you do not get help right away. This includes your unborn child if you are pregnant.

Emergency care is covered 24 hours a day, 7 days a week. Some examples of emergencies are:

- 1) Trouble breathing**
- 2) Chest pain**
- 3) Severe cuts or burns**
- 4) Loss of consciousness or blackout**
- 5) Vomiting blood**
- 6) Bleeding that does not stop**
- 7) Broken bones**

If you have an emergency, immediately call 911 or go to the nearest emergency room. From the hospital, as soon as possible, have someone call your PCP.

Remember: You should not use the hospital emergency room for routine care. If you do, you may have to pay the bill.

Ambulance Services

Ambulance services are covered in cases of emergency. If you use an ambulance for something that is not an emergency, you may have to pay the bill.

Urgent Care

Urgent care is care needed to prevent serious harm to your health from an unforeseen illness or an injury. Care for a condition that already exists or care that can be foreseen is not considered to be “urgent care.”

Call your provider. Your provider has phone coverage 24 hours a day, 7 days a week and will

give you advice on what to do. You can also call the Lipa Customer Service Department at (541) 485-2155 or 1-877-600-5472 for more information. For TTY services (hearing impaired), please call 1-877-600-5473.

Pharmacy Providers

Pharmacies who participate with Lipa are listed in the Lipa Provider Directory. If you go to a non-participating pharmacy, you may be refused service or be expected to pay. Lipa has a formulary for prescription drugs. A formulary is a list of prescription medications that are covered by Lipa. Please call a Lipa Customer Service Representative or your PCP for information regarding non-formulary or over-the-counter prescriptions.

Responsibility for Charges

(This section appears on page 10 of standard print version.)

You may be responsible for charges if you go to providers outside of the Lipa area for non-emergent care and non-covered services.

Utilization Management

(This section appears on page 10 of standard print version.)

Lipa has a program called “utilization management” (UM). UM uses two methods to review the health care you and your family members receive. We look at services to make sure they are fitting for your health condition. We

also want to be sure that the services you receive are in line with what most other providers would do.

1) Preauthorization – We review certain services before you have them. The review tells three things: (1) what benefits you would get, (2) whether you medically need the service, and (3) whether the level of care and the length of stay meet Lipa guidelines.

2) Case Management – We help you with medical needs and options for major services (complex, chronic illness, and injuries).

While we work closely with our providers to promote your health services, your PCP is responsible for managing your health care needs.

You and Your PCP

(This section appears on page 10 of the standard print version.)

Scheduling Appointments

To see your Lipa PCP for routine checkups or when you are ill:

- 1) Call your PCP to make an appointment.**

- 2) Schedule regular checkups with your PCP to learn more about your health care needs and to prevent major illness.**

- 3) Remember, you must contact your PCP for all your health care needs.**

Cancelled Appointments

If you cannot make it to a scheduled appointment, call your PCP as soon as you can. If you miss appointments and do not call your PCP, you may prevent another patient from receiving a needed appointment, and you may be asked to choose a new PCP.

Changing Your PCP

Lipa encourages you to maintain an ongoing, close relationship with your PCP. However, occasionally it may be necessary for you to change your PCP. Lipa will authorize up to three (3) member-initiated PCP changes in a twelve (12) month period. Any member-initiated PCP change beyond the authorized three will require approval from Lipa.

If you want to change the PCP listed on your Lipa ID card, call Lipa's Customer Service Department

at (541) 485-2155 or 1-877-600-5472. For TTY services (hearing impaired), please call 1-877-600-5473.

A new Lipa ID card will be sent to you with the name of your new PCP on it. Once you receive your new ID card, please destroy your old ID card.

You must have a referral from your PCP before you can see a specialist. If you do not have a referral, Lipa may not pay for the care you receive. You may have to pay for the specialist's bill.

Exceptional Needs Care Coordinator (ENCC)

The ENCC assists members who have complex medical and/or special needs, members age 65 or older, or members with disabilities or those who require support in obtaining care. To contact the ENCC, call (541) 485-2155 or 1-877-600-5472. For

TTY services (hearing impaired), please call 1-877-600-5473.

Complaints and Appeals

(This section appears on page 12 of the standard print version.)

Lipa providers want to give you the best medical care possible. If you are not satisfied with any aspect of the health care you receive through Lipa, we want to know about it. This includes medical care, prescriptions, supplies or equipment. Help begins with a phone call to one of our Customer Service Representatives. You can also ask your caseworker or other representative to call us for assistance.

How to Contact Lipa with a Complaint

Lipa Customer Service is available from 8:00 am to 5:00 pm, Monday through Friday. Call 1-877-600-5472 (toll free) or (541) 485-2155. If you are hearing impaired, call TTY services at 1-877-600-5473. You can also contact us in writing. Our mailing address is:

Lipa

PO Box 11740

Eugene, OR 97440

You may at any time call our Confidential Complaint Hotline at 1-877-367-1332. Calling our complaint hotline ensures your complaint will be handled directly by our Complaint Coordinator. It guarantees that no other Lipa employee will hear your complaint.

Here are important rights you should know about

If You Are Not Happy with a Service You Received

You may have a problem with the care or service a Lipa health care provider gave you. The problem could be medical or non-medical. Call us immediately, and we'll try to resolve the problem with a phone call. We can also send you a form to complete so you can file a more formal complaint. If you need help, call us and we will help you complete the form. In addition, we can help you review your medical files.

Providing your complaint in writing gives us your consent to look closely at the complaint and your records. We keep your complaint confidential. After we receive your complaint, we'll get back to you within 5 working days to let you know we

received it. We give you a decision within 30 calendar days.

If a Service is Denied

If we deny a service, we'll send you a letter explaining why the service was denied. We'll also send you forms to use if you want to appeal our decision or request an Administrative Hearing through DMAP. You have up to 45 days from the date of the letter to appeal our decision or request an Administrative Hearing. If you need help completing either form, please call us and we will help. When you return the completed appeal form, please provide any extra information you have that could help us with the decision. We'll get back to you within 16 days from the date we receive your appeal. Your caseworker or representative can ask for a faster review if you have an urgent problem and the regular appeal time causes you a hardship.

If Your Appeal Is Denied

You have a right to ask for an Administrative Hearing through Division of Medical Assistance Programs (DMAP). You have 45 calendar days from the date on the Notice of Action letter or the Notice of Appeal Resolution letter to request an Administrative Hearing. You will receive a Notice of Hearing Rights (DMAP 3030) and Administrative Hearing Request (DHS 443) with your Notice of Action letter and any Notice of Appeal Resolution letter.

Confidentiality

(This section appears on page 13 of the standard print version.)

There are federal and state laws that protect your privacy. No one may release your information to anyone outside the plan without your written

permission. Lipa and health care providers will not release or disclose any information concerning you for any purpose unless directed by you, or for purposes directly related to the administration of the OHP.

Physician Reimbursement

(This section appears on page 13 of the standard print version.)

You are entitled to ask if Lipa has special financial arrangements with physicians that can affect the use of referrals and other services that you might need. To get this information, call our Customer Service Department at (541) 485-2155 or 1-877-600-5472 and request information about our physician payment arrangements. For TTY services (hearing impaired), please call 1-877-600-5473.

Advance Directive

(This section appears on page 14 of the standard print version.)

If you are an adult, you have the right to know about any medical treatment your doctor recommends for you and to refuse it if you choose. However, a serious illness or sudden injury could leave you unable to make decisions or express your wishes. In such a situation, your relatives would have to decide what you would want.

Oregon has a law that allows you to say in writing, ahead of time, how you would want to be treated if you were seriously ill or injured. The legal documents used to do this are called Advance Directives. The Advance Directive lets you name a person to direct your health care when you cannot do so. This person is called your health

care representative. Your health care representative does not need to be a lawyer or health care professional. It should be someone with whom you have discussed your wishes in detail. Your health care representative must agree in writing to represent you.

The Advance Directive allows you to give instructions for health care providers to follow if you become unable to direct your care. The Advance Directive lets you tell your doctor to stop life-sustaining help if you are near death. This tells your doctor that you do not want your life prolonged if you have an injury or illness or disease that two doctors 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 Lipa, or by contacting your local hospital. For more information about Advance Directives, call the Lipa Customer Service Department at (541) 485-2155 or 1-877-600-5472 (toll free). For TTY services (hearing impaired), please call 1-877-600-5473. Or contact Oregon Health Decisions in Portland at

(503) 241-0744 or 1-800-422-4805.

Prepaid Health Plan Member Rights and Responsibilities

(This section appears on page 15 of the standard print version.)

As a Member, You Shall Have the Following Rights:

- 1) To be treated with dignity and respect;**

- 2) To be treated by providers the same as other people seeking health care benefits to which you are entitled;**

- 3) To select or change your Primary Care Provider (PCP);**

4) To obtain mental health, chemical dependency, or family planning services without a referral;

5) To have a friend, family member, or advocate present during appointments and at other times as needed within clinical guidelines;

6) To be actively involved in the development of your treatment plan;

7) To be given information about your condition and covered and non-covered services to allow an informed decision about proposed treatment(s);

8) To consent to treatment or refuse services and be told the consequences of that decision, except for court ordered services;

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

10) To have written materials explained in a manner that is understandable;

11) To receive necessary and reasonable services to diagnose the presenting condition;

12) To receive covered services under the Oregon Health Plan that meet generally accepted standards of practice and are medically appropriate;

13) To obtain covered preventive services;

14) To have access to urgent and emergency services 24 hours a day, 7 days a week;

15) To receive a referral to specialty practitioners for medically appropriate covered services;

16) To have a clinical record maintained that documents conditions, services received and referrals made;

17) To have access to your clinical record, unless restricted by statute;

18) To transfer a copy of your clinical record to another provider;

19) To make a statement of wishes for treatment and obtain a power of attorney for health care;

20) 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;

21) To know how to make a complaint with the plan and receive a response from the plan;

22) To request an administrative hearing with the Department of Human Services;

23) To receive interpreter services;

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

As a Member, You Shall Have the Following Responsibilities:

1)To choose your provider or clinic once enrolled;

2)To treat all plan providers and personnel with respect;

3) To be on time for appointments made with providers and to call in advance either to cancel, if unable to keep the appointment, or if you are going to be late;

4) To seek periodic health exams and preventive services from your Primary Care Provider (PCP) or clinic;

5) To obtain services consistently from your PCP except in an emergency or upon referral from your PCP;

6) To obtain a referral to a specialist from your PCP or clinic before seeking care from a specialist unless self-referral to the specialist is allowed;

- 7) To use urgent and emergency care appropriately and notify the plan or your PCP within 72 hours of an emergency;**
- 8) To give accurate information to be included in the clinical record;**
- 9) To help the provider or clinic obtain clinical records from other providers, which may include signing a release of information;**
- 10) To ask questions about conditions, treatments, and other issues related to your care that you do not understand;**
- 11) To use information to make informed decisions about treatment before it is given;**
- 12) To help in the creation of a treatment plan with the provider;**

13) To follow prescribed agreed-upon treatment plans;

14) To tell the provider that your health care is covered under the Oregon Health Plan before services are received and, if requested, to show the provider the DMAP Medical Care Identification Form;

15) To tell your DHS worker of a change of address or phone number;

16) To tell your DHS worker if anyone covered on your Medical Care ID becomes pregnant and to notify your DHS worker of the birth of the child;

17) To tell your DHS worker if any family members move in or out of the household;

18) To tell your DHS worker if there is any other insurance available;

19) To pay for non-covered services;

20) To pay the monthly OHP premium on time if so required;

21) To assist the plan in pursuing any third-party resources available for an injury, and to reimburse the plan any benefits paid for an injury;

22) To bring issues or complaints to the attention of the plan;

23) To sign a release allowing DHS and the plan to get information pertinent to an Administrative Hearing request, so that the plan may respond to the request in an effective and efficient manner.

Notice of Privacy Practices

(This section appears on page 17 of the standard print version.)

As your contractor for Oregon Health Plan (OHP), Lane Individual Practice Association (Lipa) provides you with health services. Lipa staff must collect information about you to provide these services. Lipa knows that information we collect about you and your health is private. Lipa is required to protect this information by federal and state law. We call this information “Protected Health Information” (PHI).

The Notice of Privacy Practices tells you how Lipa may use or disclose information about you. Not all situations will be described. Lipa is required to give you notice of our privacy practices for the information we collect and keep about you. Lipa

is required to follow the terms of the notice currently in effect.

How Lipa May Use and Disclose Information Without Your Authorization

1) For Treatment. Lipa may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.

2) For Payment. Lipa may use or disclose information to get payment or to pay for the health care services you receive. For example, Lipa may provide PHI to bill the OHP for health care provided to you.

3) For Health Care Operations. Lipa may use or disclose information in order to manage its programs and activities. For example, Lipa may

use PHI to review the quality of services you receive.

4) For Mental Health Treatment. Lipa may disclose or exchange certain information with other OHP managed care plans for the purpose of treatment activities. This information is limited to: Oregon Health Plan member name; Medicaid recipient number; performing provider number; hospital provider name and attending physician name; diagnosis; dates of service; procedure code; revenue code; quantity of units of service provided; medication prescription and monitoring.

5) Appointments and Other Health Information. Lipa may send you reminders for medical care checkups. Lipa may send you information about health services that may be of interest to you.

6) For Public Health Activities. Lipa is a contractor to DHS, the public health agency that keeps and updates vital records, such as births and deaths, and tracks some diseases.

7) For Health Oversight Activities. Lipa may use or disclose information to inspect or investigate health care providers.

8) As Required by Law and For Law Enforcement. Lipa will use and disclose information when required or permitted by federal or state law, or by court order.

9) For Abuse Reports and Investigations. Lipa is required by law to receive and investigate reports of abuse.

10) For Government Programs. Lipa may use and disclose information for public benefits under other government programs. For example, Lipa

may disclose information for the determination of Supplemental Security Income (SSI) benefits.

11) To Avoid Harm. Lipa may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

12) For Research. Lipa uses information for studies and to develop reports. These reports do not identify specific people.

13) Disclosures to Family, Friends and Others Who Are Involved In Your Medical Care. Lipa may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

Other Uses and Disclosures Require Your Written Authorization. For other situations, Lipa will ask for your written authorization before using or

disclosing information. You may cancel this authorization at any time in writing. Lipa cannot take back any uses or disclosures already made with your authorization.

Other Laws Protect PHI. Many Lipa programs have other laws for the use and disclosure of information about you. For example, you must give your written authorization for Lipa to use and disclose your chemical dependency treatment records.

Your PHI Privacy Rights

You have the following rights regarding health information Lipa maintains about you:

1) Right to See and Get Copies of Your Records.

In most cases, you have the right to look at or get copies of your records. You must make the

request in writing. You may be charged a fee for the cost of copying your records.

2) Right to Request a Correction or Update of Your Records. You may ask Lipa to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.

3) Right to Get a List of Disclosures. You have the right to ask Lipa for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

4) Right to Request Limits on Uses or Disclosures of PHI. You have the right to ask that Lipa limit how your information is used or disclosed. You must make the request in writing and tell Lipa what information you want to limit and to whom you want the limits to apply. Lipa is not required to agree to the restriction(s). You can request that the restriction(s) be terminated in writing or verbally.

5) Right to Revoke Permission. If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

6) Right to Choose How We Communicate with You. You have the right to ask that Lipa share information with you in a certain way or in a

certain place. For example, you may ask Lipa to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

7) Right to File a Complaint. You have the right to file a complaint if you do not agree with how Lipa has used or disclosed information about you.

8) Right to Get a Paper Copy of this Notice. You have the right to ask for a paper copy of this notice at any time.

How to Contact Lipa to Review, Correct, or Limit Your Protected Health Information (PHI)

You may contact Lipa or the Lipa Privacy Officer at the address listed at the end of this notice to:

1) Ask to look at or copy your records

2) Ask to limit how information about you is used or disclosed

3) Ask to cancel your authorization

4) Ask to correct or change your records

5) Ask for a list of the times Lipa disclosed information about you

Lipa may deny your request to look at, copy or change your records. If Lipa denies your request, Lipa will send you a letter that tells you why the request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with Lipa or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to File a Complaint or Report a Problem

You may contact Lipa at the address, phone numbers or email listed below, or the U.S.

Department of Health and Human Services, Office for Civil Rights, if you want to file a complaint or to report a problem with how Lipa has used or disclosed information about you. Your benefits will not be affected by any complaints you make. Lipa cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

Lipa

Privacy Officer

P.O. Box 11740

Eugene, Oregon 97440-1740

Phone: (541) 762-9086

Toll Free: 1-877-600-5472

TTY: 1-877-600-5473

Fax: (541) 434-1291

Email: privacyofficer@lipa.net

Office of Civil Rights

Department of Health and Human Services

2201 Sixth Avenue-Mail Stop RX-11

Seattle, WA 98121

Phone: (206) 615-2290

Toll Free: 1-800-368-1019

TTY: 1-800-537-7697

Fax: (206) 615-2297

For More Information

If you have any questions about this notice or need more information, please contact the Lipa Privacy Officer.

In the future, Lipa may change its Notice of Privacy Practices. Any changes will apply to information Lipa already has, as well as information Lipa receives in the future. A copy of the new notice will be posted at Lipa as required by law. You may ask for a copy of the current

notice any time you visit or contact Lipa, or get it on-line at www.lipa.net.

Important Information About the Lipa Provider Directory

(This section appears on page 21 of the standard print version.)

In order to give Lipa members the most up-to-date list of providers and services, the Lipa Provider Directory is a separate book. This book will automatically be sent to all new Lipa Members and to existing members upon request. If at any time you need a copy of the Provider Directory or a current list of providers you can get this information two ways:

1) Call our Customer Service Department and ask for a copy of the Provider Directory. The phone numbers are: (541) 485-2155, or toll free 1-877-

**600-5472. For TTY services (hearing impaired),
please call 1-877-600-5473.**

**2) Go to the Lipa Website and get a current list of
providers online. Our website is: www.Lipa.net.**

Lipa

PO BOX 11740

EUGENE, OR 97440-1740

LOCAL: (541) 485-2155

TOLL FREE: 1-877-600-5472

TTY: 1-877-600-5473

www.Lipa.net

Lane Oregon Health Plan

Lipa Member Handbook

Large Print Version

By Lane Individual Practice

Association, Inc.

Rev (08/28/08)

Back Cover