

Informational Materials and Education of Members

Members shall receive Member Handbooks. Distribution shall occur within 14 calendar days of the Member's effective date of coverage with the Contractor. Member handbooks shall incorporate the elements included in this Contract. The Contractor shall review the Member handbook for accuracy at least yearly or as otherwise specified in this Contract, updating with new or corrected information as needed to reflect the Contractor's internal changes and any regulatory changes. Each version of the Member handbook shall be submitted to the DMAP Materials Coordinator prior to distribution along with the completed Review Tool. OHA will approve the handbook when it incorporates all of the elements below.

Review Tool

Date initially submitted: _____

Contractor: _____

Status of Document on this date of review:

- Approved
- Not Approved, Revise and Resubmit

Item Number	Page Number Reference in Plan Handbook (Contractor's Comments)	Requirement	For OHA Use Only Item Approved Yes/No	For OHA Use Only Comments	For OHA Use Only
1		6 th Grade language, 12 point font or larger, sentences 25 words or less in length.			
2		Tag line translation in all required languages (located on the front cover, page 1 or 2 of the handbook).			
3		Alternate formats and a statement of availability of written material translations.			
4		Plan ID card information.			
5		How to make an appointment.			
6		How to access interpreter services.			
7		Telephone number, including TTY/Oregon Relay, for gathering more information on the topics listed below.			

Item Number	Page Number Reference in Plan Handbook (Contractor's Comments)	Requirement	For OHA Use Only Item Approved Yes/No	For OHA Use Only Comments	For OHA Use Only
8		How Members choose and use Providers, including; Contractor office addresses, hours of operation, availability of adaptations for Members with disabilities and ADA compliance and non-English languages by current contracted Providers in the Member's service area. Information should include hospitals.			
9		Any restrictions on the Member's freedom of choice and use of PCPs.			
10		Explanation of Covered and Non-Covered Services and how to access those services.			
11		Disenrollment Process (voluntary and involuntary).			
12		How to access Transportation Services as part of OHP benefit.			
13		Member rights and responsibilities, as specified in 42 CFR Section 438.100.			
14		Transitional procedures for new Members to obtain services in the first month of enrollment with Contractor if they are unable to see a new Provider and get new orders during that period.			
15		How to obtain prescription medication.			
16		Urgent/Emergent Care and how after-hours and emergency coverage are provided , including: a. What constitutes an emergency and use of 911;			

Item Number	Page Number Reference in Plan Handbook (Contractor's Comments)	Requirement	For OHA Use Only Item Approved Yes/No	For OHA Use Only Comments	For OHA Use Only
		<ul style="list-style-type: none"> b. Reasonable layperson language re: emergencies; c. The fact that prior authorization is not required for emergency services; d. How to access urgent care services and advice; e. Crisis Services; f. Urgent and Emergent care away from home; g. Post-stabilization services, with reference to the definitions in 42 CFR Section 438.114 (a); h. The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization care services covered under the contract and 42 CFR Section 422.113 (c) and as related to Emergency Medical Condition that are provided after an Member is stabilized in order to maintain the stabilized condition or under the circumstances to improve or resolve the Member's condition. 			
17		How and where Members can access OHP benefits that are not covered under this Contract and could include cost sharing. Information about required disclosures and the need for written agreement if Member wants to pay for services that are not covered under this Contract.			
18		Use of the referral system, including what services must be preauthorized and how to obtain a referral.			

Item Number	Page Number Reference in Plan Handbook (Contractor's Comments)	Requirement	For OHA Use Only Item Approved Yes/No	For OHA Use Only Comments	For OHA Use Only
19		How to obtain copies of Member records, including whether Contractor charges for copying.			
20		Explain Confidentiality policies, including HIPAA Notice of Privacy Practices.			
21		<p>Advance Directives:</p> <ul style="list-style-type: none"> a. As set for in 438.6 (i) (2) – all contracts must require the provision to adult Members of written information about advance directive policies, including a description of Member rights under applicable State law; b. Information must reflect changes in State law as soon as possible, but no later than 90 days after the effective date of the change. c. Contractor's policies for implementation of those rights, including a statement of any limitation regarding the implementation of advanced directives as a matter of conscience. 			
22		Declaration of Mental Health Treatment in accordance with ORS 127.703 or other applicable law, specify how this is handled within your plan.			
23		Provision of educational and pharmacological help for substance abuse and tobacco cessation, including HELP Line number.			
24		Grievance System Information: Grievance, Appeal and Fair Hearing			

Item Number	Page Number Reference in Plan Handbook (Contractor's Comments)	Requirement	For OHA Use Only Item Approved Yes/No	For OHA Use Only Comments	For OHA Use Only
		<p>procedures and timeframes, as provided in 42 CFR Sections 438.400 – 438.424.</p> <p>Provide a State approved description including the following:</p> <ul style="list-style-type: none"> a. The right to file grievances, appeals and administrative hearings; b. The toll-free numbers that the Member can use to file a grievance or appeal by phone; c. The requirements and timeframes in the filing process for grievances and appeals; d. The availability of assistance in the filing process; e. The method of obtaining a hearing; f. The rules that govern representation at the hearing; g. The right to have an Attorney or representative present at the hearing and the availability of free legal help through Legal Aid Services and Oregon Law Center, including the telephone number of the Public Benefits Hotline, 1-800-520-5292, TTY 711; h. The fact that when requested by the Member; <ul style="list-style-type: none"> 1. Benefits will continue if the Member files an appeal or a request for State Fair Hearing within the timeframes specified for filing; and 2. The Member may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the Member; and 3. Appeal rights available to providers to challenge the failure of the organization to cover a service 			

Item Number	Page Number Reference in Plan Handbook (Contractor's Comments)	Requirement	For OHA Use Only Item Approved Yes/No	For OHA Use Only Comments	For OHA Use Only
25		<p>Information available upon request including the following:</p> <ul style="list-style-type: none"> a. Information on the structure and operation of the Managed Care Organization, and b. Practitioner Incentive Plans as set forth in 42 CFR 438.6. 			
26		Member written materials shall reflect changes in state and federal laws within 90 days.			
27		Annual notification of Member participation in Mental Health Organization activities.			
28		Handbook date (month and year) located on the front cover			