

Subject: Covered Services

Objective:

- I. To ensure that Tuality Health Alliance (THA) providers have a process to provide appropriate services to Oregon Health Plan (OHP) members.
- II. To ensure that any THA member can access services, when necessary, from an out of network provider.
- III. To affirm that no THA member may be billed by any provider for covered services.
- IV. To clarify that a THA member may, in limited circumstances, make arrangements to pay out of pocket for non-covered services.

Definitions:

Medically appropriate: services or medical supplies that are required for prevention, diagnosis, or treatment of sickness or injury, and that are consistent with the symptoms of a medical condition or treatment of a medical condition. Medically appropriate services follow standards of good medical practice and are recognized by the medical scientific community as effective. Medically appropriate services are not solely for the convenience of the member, provider of services, or medical supplies, and they are the most cost effective of the alternative levels of service or medical supplies that can be safely provided to the member in the provider's judgment.

Policy:

- I. THA shall reimburse THA network providers for covered healthcare services within the scope of services the provider is licensed and qualified to provide in accordance with applicable Federal and State regulations when medically appropriate and within the limitations established.
- II. Covered healthcare services are defined as the Oregon Health Evidence Review Commission (HERC) Prioritized List of Health Service (Prioritized List) generated and maintained by HERC. The most current Prioritized List can be found at <http://www.oregon.gov/oha/hpa/csi-herc/pages/index.aspx>.
- III. A THA provider may refer members to an out-of-network provider, subject to THA prior authorization approval, if the member may suffer unnecessary risk without treatment, or if necessary services are unavailable within the THA network.
- IV. For THA Network Providers reimbursement for services shall be based upon the Center for Medicare & Medicaid Services Resource Based Relative Value fee schedule as adjusted by the Geographic Adjustment Factor (GPCI) in effect on December 31 of the prior year.

- V. For Non-network Providers reimbursement for services shall be based upon the Oregon Health Authority Fee for Service Fee Schedule in effect on December 31 of the prior year.

- VI. THA may determine that other circumstances warrant out-of-network treatment for cultural, moral, or religious objections.

- VII. In exceptional circumstances, a member may decide to privately pay for a covered service. In this situation, the provider may bill the member if the provider informs the member in advance of all of the following:
 - a. The requested service is a covered service, and THA would pay the provider in full for the covered service;

 - b. The estimated cost of the covered service, including all related charges, the amount that THA would pay for the service, and that the provider cannot bill the member for an amount greater than the amount THA would pay;

 - c. That the member knowingly and voluntarily agrees to pay for the covered service;

 - d. The provider documents in writing, signed by the member or the member's authorized representative, indicating that the provider gave the member the information described above; that the member had an opportunity to ask questions, obtain additional information, and consult with others, and that the member agreed to privately pay for the service by signing an agreement incorporating all the information described above.

- VIII. A provider may bill a member for services that are not covered. Before providing non-covered services, the member must sign the provider completed Agreement to Pay (OHP 3165) or a facsimile containing all of the information and elements of the OHP 3165. The completed OHP 3165 or facsimile is valid only if the estimated fee does not change and the service is scheduled within thirty (30) days of the member's signature. Copies of the completed OHP 3165 or facsimile must be made available upon request by THA or Oregon Health Authority.

References: 42 CFR 438.206 (b) (4)

OAR 410-120-1160
 OAR 410-120-1200
 OAR 410-120-1280
 OAR 410-120-1295
 OAR 410-120-1340
 OAR 410-141-0520
 OAR 410-141-3420

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Health Share of Oregon – Tuality Health Alliance Contract