Health-Related Services Request Form

UMPQUA HEALTH ALLIANCE

Complete the form below to request Health-Related Services flexible spending and fax to Case Management at (541) 229-8180. For questions, please call Case Management at (541) 672-1685.

SUPPORTING DOCUMENTATION IS REQUIRED TO BE SUBMITTED WITH ALL REQUESTS

Member Information			
First name:	Last name:	Member ID:	DOB:
Address:	City:	State:	Zip:
Mailing address (if different than above):		☐ Minor Parent or Guardian:	Phone number:

Requestor Information			
Date requested:	Requestor name:	Requestor Agency:	Phone number:

Requested Services					
Item/service requested:	Vendor/source:	Cost:	☐ One-time cost	☐ Ongoing cost	Duration of service/item:
☐ Alternative funding options have been exhausted. Please list resources pursued:					
☐ Treatment plan How does this service/item relate to the member's treatment plan?					
How will the cost of this health-related service offset future medical costs for this member?					
What is the sustainability plan? What is the plan after this item/service is paid for? What is the follow-up?					
Other Important Information (optional):					

Health-related services are non-covered services under the Oregon health Plan that are intended to improve care delivery and overall member and community health and well-being. Any medical service covered under the Oregon State Plan cannot be categorized as a health-related service or other non-covered services that meet HRS definition under OARS 410-141-3000 and 410-141-3150.

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Umpqua Health Alliance Administrative Use Only			
Service Category:	☐ Training and education ☐ Programs to improve community or public health	☐ Care coordination ☐ Housing Supports	☐ Home/living environment ☐ Food/Social Resources ☐ Transportation ☐ Other
Program Involved:	☐ SPMI ☐ Intensive Case Management	☐ Hep C ☐ Special Health Care Needs	☐ Diabetes ☐ New Day ☐ New Beginnings
Meets <u>one</u> of the following criteria: .	☐ Improve health outcomes compared to a baseline and reduce health disparities among specified populations. ☐ Prevent avoidable hospital readmissions through a comprehensive program for hospital discharge.	☐ Improve patient safety, reduce medical errors, and lower infection and mortality rates. ☐ Implement, promote, and increase wellness and health activities.	☐ Support expenditures related to health information technology and meaningful use requirements necessary to accomplish the activities above that are set forth in 45 CFR 158.151 that promote clinic community linkage and referral processes or support other activities as defined in 45 CFR 158.150.
Meets <u>all</u> requirements:	☐ Likely improve health outcomes. ☐ Lacking billing and encounter codes. ☐ Health related. ☐ Consistent with care plan.	☐ Likely to be cost-effective alternative. ☐ No other community resources are available.	☐ For gym membership renewal, a minimum of 4 visits must be attempted each month.
YTD prior HRS funds expended:	☐ **Approved** ☐ **Refused**	**Date of decision:**	**Medical Director Signature:**