

HOW TO KEEP YOUR BENEFITS



Report changes

Read letters from OHP and do what they say. Call if you have questions.

Call ONE Customer Service or visit a community partner if you:

- ▶ Move or get a new phone number (OHA does not forward mail to new addresses).
- ▶ Get married or divorced.
- ▶ Get or lose a job.
- ▶ Get pregnant.
- ▶ Have a baby.

You may be able report changes online at **ONE.Oregon.gov**. This system is available in English and Spanish. Learn more at **OHP.Oregon.gov**.



Renew each year

If you want to keep your OHP, you may need to renew your benefits. Everyone will renew at different times — you will get a letter, email or text notice when this time comes.

When you get your notice, do what it says right away.

WHO TO CALL FOR HELP

Learn more at **OHP.Oregon.gov**.

Call OHP Customer Service at 800-699-9075 (TTY 711) if you:

- ▶ Have questions about eligibility.
- ▶ Become pregnant or your pregnancy ends.
- ▶ Change mailing addresses, email addresses or phone numbers.

Call your CCO if you:

- ▶ Need help making an appointment.
- ▶ Need help finding a provider or want to change your provider.
- ▶ Need a new CCO ID card or CCO member handbook.
- ▶ Have questions about coverage or services offered.
- ▶ Get a bill.

Call OHP Client Services at 800-273-0557 (TTY 711) if you:

- ▶ Want to change your CCO or enroll in one.
- ▶ Need a new Oregon Health ID card or *OHP Handbook*.
- ▶ Get a bill and are not in a CCO.
- ▶ Need help making an appointment and are not in a CCO.
- ▶ Have questions about coverage and are not in a CCO.

OHA follows state and federal civil rights laws. It does not treat people unfairly in any of its programs because of a person's race, color, disability, national origin, religion, sex, sexual orientation, gender identity, marital status or age. You may file a complaint if you believe OHA treated you differently for any of these reasons.



ABOUT YOUR COVERAGE LETTER

- ▶ What your letter means..... 1
- ▶ Your benefits..... 2
- ▶ Using your benefits..... 3
- ▶ How to keep your benefits 4
- ▶ Who to call for help..... 4

To learn more, read the *OHP Handbook* at **OHP.Oregon.gov**. To get a copy of the handbook, call OHP Client Services at 800-273-0557. You can also email OHP Client Services at **Ask.OHP@odhsoha.oregon.gov**.

WHAT YOUR LETTER MEANS

Page 1 will be the same each time, except for the bottom of the page. The “Reason for letter” section tells you what changed.

We have listed the reason you are being sent this letter below. The date the information is effective is listed next to your name.

Reason for letter:

Health plan enrollment changed for:
Doe, Jane - 1/1/2023

Page 2 lists everyone in your household and their:

- ▶ Benefit package: Covered benefits
- ▶ Managed Care/TPR enrollment: This column lists, as a letter:
 - Managed care: The health plans that cover benefits for OHP members
 - TPR: Other health coverage, such as private health insurance

Name	Benefit Package	Managed Care/TPR enrollment
John Doe	OHP Plus	A, B
Jane Doe	OHP Plus	A, B, C

Page 3 tells you about each letter listed on page 2, with plan names and phone numbers.

If you have OHP benefits, these codes tell you what types of care your plan(s) cover:

- ▶ **CCOA:** Medical, dental and mental health
- ▶ **CCOB:** Medical and mental health
- ▶ **CCOE:** Mental health
- ▶ **CCOG:** Dental and mental health
- ▶ **CCOF:** Dental

If these codes are not listed, then you have fee-for-service (FFS or “open card”) OHP. If you are American Indian or Alaska Native, you may have a CCOF for dental care, and have FFS medical and dental care.

Managed Care/TPR enrollment

Plan Information	Plan Information
A CCOB - Mental CCO NAME 1-800-555-5555	B CCOF - Dental Care CCO NAME 1-866-555-5555
D MAJOR MEDICAL PLAN NAME 1-800-555-1234 YOUR ID NUMBER	

LEARN ABOUT YOUR BENEFITS

Check with your provider or coordinated care organization (CCO) to see if a specific service is or is not covered. A complete list of covered services is available in the *OHP Handbook*.

Benefits for OHP Plus, OHP with Limited Drug and CWM Plus members

These services are covered only when provided by enrolled OHP and CCO providers:

- ▶ **Screenings, checkups, tests and follow-up care for children and youth up to age 21** (also known as EPSDT). OHP covers all services needed for the child's health and development. Health care providers work with you to decide what is appropriate for your child's needs.
- ▶ **Physical health:** Doctor visits, preventive services to help you stay healthy, tests to find out about your health, treatment for most major diseases, emergency ambulance and 24-hour emergency care, family planning services, and pregnancy, newborn and postpartum care.
- ▶ **Behavioral health:** Mental health and counseling, and help with addiction to tobacco, alcohol and drugs. (You do not need a referral from your primary care provider for these services.)
- ▶ **Dental health:** Cleanings and preventive treatments, dental check-ups and x-rays, fillings, tooth removal, 24-hour emergency care.
- ▶ **Prescriptions:** OHP with Limited Drug only includes drugs not covered by Medicare Part D.
- ▶ **Eye care:** Medical care; glasses or contact lenses to treat a qualifying medical condition such as aphakia or keratoconus, or after cataract surgery.
- ▶ **Vision care:** Exams and glasses or contact lenses; other services to improve vision (only for children under age 21 and pregnant adults). For other adults, routine vision exams are covered every 24 months.
- ▶ **Other needs:** OHP can pay for hearing aids, medical equipment, home health care, skilled therapy, hospital care, and rides to health care appointments.

What's not covered: OHP does not cover treatment for all health conditions. Some things OHP does not pay for are:

- ▶ Treatment for conditions that get better on their own
- ▶ Cosmetic surgeries or treatments that are for appearance only
- ▶ Treatments that do not usually work
- ▶ Services to help you get pregnant
- ▶ Weight loss programs

Other benefit packages:

- ▶ **Citizenship Waived Medical (CWM):** Emergency medical, dental and transport services. CWM covers these services only when provided by enrolled OHP (Oregon Medicaid) providers. For CWM members, OHA also covers female sterilization services (such as getting tubes tied).
- ▶ **Qualified Medicare Beneficiary (QMB):** If your coverage letter shows only the QMB benefit, this means that your Medicare providers can bill OHA for Medicare premiums and copayments (except for Medicare Part D) and deductibles.
- ▶ **OHP Dental (dental-only benefits):** Cleanings and preventive treatments, dental check-ups and x-rays, fillings, tooth removal, 24-hour emergency care, and some denture coverage.

If you want a service that your benefits do not cover:

- ▶ Look for other ways to get the service. Get a second opinion; ask your provider and your CCO about your choices.
- ▶ If you still want the service, you and your provider must complete an "Agreement to Pay" form before you get the service. This means you agree to pay for the service yourself.

NEW TO OHP? START USING YOUR OHP BENEFITS

The Oregon Health Plan (OHP) pays for health care for low-income Oregonians. To make sure you get the care you need when you need it, here are some things you can do.

Most OHP members are enrolled in a coordinated care organization (CCO).

CCOs are groups of providers and plans for OHP members. A CCO takes care of all your OHP medical, dental and mental health care.

Most counties only have one CCO.

- ▶ **New OHP members** will get enrolled in a CCO about two or three weeks after they get their first coverage letter. They will get a new coverage letter once they are in a CCO.
- ▶ **Once enrolled in a CCO**, you will get a new member packet from your CCO. It tells you about your primary care provider, your CCO and health benefits.

After that, if there is another CCO in your area that you would rather be in, you need to call OHP Client Services at 800-273-0557 within 30 to 90 days.

If you have OHP Plus benefits, you are required to be in a CCO unless:

- ▶ You are American Indian or Alaska Native. You can still get care through Indian Health Services or a tribal health center as a CCO member. Call us if you want to enroll in a CCO for OHP Plus or OHP Dental benefits.
- ▶ You get care from a provider not in your CCO, and changing providers would negatively affect your health.
- ▶ You are in your last 3 months of pregnancy and want to stay with your current provider.

Pick your provider

If you are in a CCO:

- ▶ You can contact your CCO and choose a different primary care provider.
- ▶ You can also choose a dentist and a mental health care provider if you like.

If OHA covers your care:

- ▶ You can see any doctors or other health providers who accept OHP coverage.
- ▶ If you need help finding a provider who accepts OHP, please call OHP's 24/7 Nurse Advice Line at 800-562-4620.

Get to know your providers before you get sick

Once you know who your providers are, make appointments with them for your first check-up.

- ▶ That way, they know about you and your health care needs.
- ▶ Then if you do get sick, your providers will know more and your care will be better.

Before you see your provider:

- ▶ Write down any questions you have.
- ▶ Be ready to tell them about your family's health history and any medications you take.

This will help you and your doctor form a relationship and talk about your health care needs.