



OREGON HEALTH PLAN (OHP)  
**HANDBOOK**

January 2023

# WHO TO CALL FOR HELP

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If you have a question or concern about your health care, there is someone to call for help.

## Coordinated care organization (CCO) members

If you need help, call your CCO. The number is on your Oregon Health Plan coverage letter and CCO ID card. See page 53 for a list of all CCO phone numbers.

Your CCO will help you:

- ▶ Find a doctor, dentist or other provider
- ▶ Get the right care
- ▶ Solve a problem
- ▶ Review a decision the CCO made to deny or end a health care service you wanted
- ▶ Understand your medical, dental and behavioral health coverage
- ▶ Take care of bills from health care providers
- ▶ Make a complaint about a service or the way you were treated at a health care appointment.

## Oregon Health Plan (OHP) Client Services

All OHP members should use OHP Client Services to:

- ▶ Ask OHA to review a decision OHA or the CCO made to deny or end a health care service you wanted.

CCO members should use OHP Client Services to:

- ▶ File a complaint about your CCO.
- ▶ Ask about changing or leaving your CCO.

If you are not in a CCO, call OHP Client Services for help. OHP Client Services will help you:

- ▶ Understand medical and dental coverage
- ▶ Solve a problem or complaint
- ▶ Understand coordinated care
- ▶ Take care of bills from health care providers
- ▶ Get materials you need, such as this handbook
- ▶ Change an assigned pharmacy.

Call OHP Client Services at 800-273-0557 (TTY 711).

## Oregon Eligibility (ONE) Customer Service

All OHP members should use ONE Customer Service to:

- ▶ Change address, phone number, family status or other information
- ▶ Replace a lost Oregon Health ID card
- ▶ See if they are still covered by OHP
- ▶ Get help with applying or renewing benefits
- ▶ Get local help from a community partner (or visit [www.OregonHealthCare.gov](http://www.OregonHealthCare.gov)).

**Contact ONE Customer Service by**

- ▶ **Telephone** (the best way to reach us):  
800-699-9075 toll-free (TTY 711)

## Care coordination for fee-for-service members

*If you are American Indian or Alaska Native*

Call CareOregon Tribal Care Coordination at 844-847-9320 (TTY 711).

[Learn more about this service.](#)

## *All other fee-for-service members*

Call the 24-hour nurse advice line at 800-562-4620 (TTY 711) to:

- ▶ Ask for a health coach
- ▶ Talk to a nurse any time about your health and where to go for care
- ▶ Find a doctor or other health care provider (Monday through Friday, 8 a.m. to 5 p.m. only).

## English

You can get this letter in other languages, large print, Braille or a format you prefer. You can ask for a certified and qualified health care interpreter. This help is free. Call 800-273-0557 or TTY 711. We accept relay calls.

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## Russian / Русский

Это письмо можно получить на других языках, крупным шрифтом, шрифтом Брайля или в предпочтительном для вас формате. Вы можете запросить услуги сертифицированного и квалифицированного медицинского переводчика. Они предоставляются бесплатно. Позвоните по телефону 800-273-0557 или телетайпу 711. Мы принимаем звонки диспетчерской службы для лиц с нарушениями слуха.

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## Simplified Chinese / 简体中文

您可获取该信函的其他语言版本，还可选择大字体、盲文或其他您偏好的格式。您可寻求一名通过认证且拥有资质的医疗口译员的协助。该协助为免费服务。致电 800-273-0557 或 TTY 711。我们接受所有转接来电。

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## Spanish / Español

Puede obtener esta carta en otros idiomas, en letra grande, en braille o en el formato que prefiera. Usted puede solicitar un intérprete médico certificado y calificado. Este servicio es gratuito. Llame al 800-273-0557 o TTY 711. Aceptamos llamadas de retransmisión.

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## Vietnamese / Tiếng Việt

Quý vị có thể nhận tài liệu này bằng các ngôn ngữ khác, bản in lớn, chữ nổi hoặc một định dạng quý vị muốn. Quý vị có thể yêu cầu một thông dịch viên chăm sóc sức khỏe có đủ năng lực và được chứng nhận. Sự trợ giúp này là miễn phí. Gọi 800-273-0557 hoặc TTY 711. Chúng tôi chấp nhận tất cả các cuộc gọi chuyển tiếp.

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## Traditional Chinese / 繁體中文

您可獲取該信函的其他語言、大字體、盲文或您優選格式的版本。您可尋求一名通過認證且擁有資質的醫療口譯員的協助。該協助為免費服務。致電 800-273-0557 或 TTY 711。我們接受所有轉接來電。

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Arabic / عربي

يمكنك الحصول على هذا الخطاب مترجمًا إلى لغات أخرى، أو مكتوبًا بحروف كبيرة، أو بطريقة برايل، أو بالتنسيق الذي تفضله. يمكنك طلب مترجم رعاية صحية مؤهل ومعتمد. هذه المساعدة مجانية. يمكنك الاتصال على الرقم 800-273-0557 أو الهاتف النصي 711. نقبل المكالمات المُرحلة.

Somali / Somali

Waxaad warqadan ku helaysaa luuqado kale, far waawayn, farta indhoolka ama qaab aad adiggu dooranayso. Waxa aad dalban kartaa turjubaan leh aqoon iyo shahaado daryeelka caafimaad. Kaalmadani waa bilaash. Wac 800-273-0557 ama TTY 711. Waxa aad aqbali kartaa adeega gudbinta taleefanka.

Korean / 한국어

이 편지는 다른 언어, 대형 인쇄물, 점자 또는 원하는 형식으로 받을 수 있습니다. 공인된 자격을 갖춘 의료 통역사를 요청할 수 있습니다. 통역 서비스는 무료로 제공받으실 수 있습니다. 800-273-0557 혹은 TTY 711으로 연락 주십시오. 중계 전화도 받습니다.

Burmese / မြန်မာ

ဤစာကို အခြားဘာသာစကားများ၊ စာလုံးပုံကြီးသည့်ပုံနှိပ်စာ၊ မျက်မမြင်စာ သို့မဟုတ် သင်လိုချင်သည့် ပုံစံဖြင့် ရယူနိုင်ပါသည်။ အသိအမှတ်ပြုလက်မှတ်ရ အရည်အချင်းပြည့်မီသော ကျန်းမာရေးစောင့်ရှောက်မှု စကားပြန်တစ်ဦးကို တောင်းဆိုနိုင်ပါသည်။ ဤအကူအညီသည် အခမဲ့ဖြစ်ပါသည်။ 800-273-0557 သို့မဟုတ် TTY 711 သို့ ခေါ်ဆိုပါ။ ထပ်ဆင့်ခေါ်ဆိုမှုများကို ကျွန်ုပ်တို့ လက်ခံသည်။

Nepali / नेपाली

तपाईंले यो पत्र अन्य भाषाहरू, ठूलो प्रिन्ट, ब्रेल लिपि वा आफूले चाहेको ढाँचामा प्राप्त गर्न सक्नुहुन्छ। तपाईंले प्रमाणित र योग्य स्वास्थ्य सेवा दोभाषेका लागि सोध्न सक्नुहुन्छ। यो मद्दत निःशुल्क छ। 800-273-0557 वा TTY 711 मा फोन गर्नुहोस्। हामी रिले फोनहरू स्वीकार गर्दछौं।

Karen / ကညီ

နမူနာလံာ်ပရၢအံၤလၢ ကျိာ်အဂၤ, လံာ်လၢ တၢ်ကွဲးအီၤအဖျါာ်ဖးဒိာ်, ပုၤမဲာ်တထံာ်တၢ် အလံာ် မ့တမ့ၢ် အက့ၢ်အဂီၢ်တမံၤမံၤလၢ န ဘာ်သးအီၤန့ၢ်လီၤ. နယု ပုၤကတိၤကျိးထံ တၢ်လၢ အအိာ်ဒီးလံာ်အာ်သး ဒီးတၢ်အိာ် ဆူာ်အိာ်ချ့တၢ်ကွၢ်ထွဲ အပုၤကတိၤကျိးထံ တၢ်လၢ အကံၢ်စီထီာ်ဘးသ့န့ၢ်လီၤ. တၢ်မၤ စၢၤအံၤအကလီၤလီၤ. ကိး 800-273-0557 မ့ တမ့ၢ် TTY 711. ပတူၢ်လိာ် တၢ်ကိးဆုၢ်တၢ် ကတိၢ်လၢညါတတီၤသ့လီၤ.

Romanian / Română

Puteti obtine acest document in diferite limbi, tipărit într-un format mai mare, în format braille sau într-un format solicitat de dvs. Puteti solicita un interpret certificat și calificat în domeniul medical. Această asistență este gratuită telefonați la 800-273-0557 sau TTY 711. Preluăm toate apelurile redirectionate.

Hmong / Lus Hmoob

Koj tuaj yeem tau txais tsab ntawv no ua lwm hom lus, luam ntawv loj, Braille lossis hom ntawv koj nyiam. Koj tuaj yeem thov ib tus neeg txhais lus uas muaj ntawv pov thawj thiab tsim nyog rau kev pabcuam kev noj qab haus huv. Qhov kev pab no yog dawb xwb. Hu rau 800-273-0557 lossis TTY 711. Peb txais relay hu.

Cambodian / ខ្មែរ

អ្នកអាចទទួលបានលិខិតនេះជាភាសាផ្សេងទៀត អក្សរពុម្ពធំ អក្សរស្លាប ឬទម្រង់ដែលអ្នកចង់បាន។ អ្នកអាចស្នើសុំអ្នកបកប្រែផ្ទាល់មាត់ខាងថែទាំសុខភាពដែលមានការបញ្ជាក់ និងគុណវឌ្ឍន៍។ ជំនួយនេះគឺឥតគិតថ្លៃ។ ហៅទូរសព្ទទៅលេខ 800-273-0557 ឬ TTY 711។ យើងទទួលយកការហៅបញ្ជូនបន្ត។

Farsi / فارسی

می توانید این سند را به زبان های دیگر، حروف بزرگ، خط بریل و یا فرمت های دلخواه دیگر، دریافت کنید. شما می توانید درخواست کنید تا یک مترجم مسلط و دارای گواهینامه ترجمه (در حوزه سلامت و بهداشت عمومی) برای تان فراهم شود. این کمک رایگان است. با شماره 800-273-0557 یا TTY 711. ما تماس های باز ارسال شده را می پذیریم.

Mien / lu Mien

Meih corc haih zipv longc naaiv zeiv fienx gorngv benx da'nyeic fingz waac, aamx bieqc domh zeiv-daan, nzangc-pokc bun mbiutc hluc, a'fai benx da'nyeic nyungc sou-daan dugh meih eix duqv longc wuov. Meih corc haih tov heuc lorx maaih sou-gorn faan waac nyei mienh aengx caux haih faan waac mbiaangc gorngv goux zorc baengc jauv-louc faan waac bun muangx. Naaiv se benx wang-henh nzie weih bun. Korh waac lorx 800-273-0557 a'fai TTY 711. Yie mbuo laengz tengx bungz fangx-nangh buangh hmien douc waac lorx doic.

Lao / ພາສາລາວ

ທ່ານສາມາດຮັບເອົາໜັງສືສະບັບນີ້ເປັນພາສາອື່ນໆ, ຮູບແບບພິມໃຫຍ່, ພາສາເບຣອ ຫຼື ຮູບແບບທີ່ທ່ານຕ້ອງການ. ທ່ານສາມາດຮ້ອງຂໍລ່າມແປພາສາສໍາລັບການດູແລສຸຂະພາບທີ່ໄດ້ຜ່ານການຢັ້ງຢືນ ແລະ ມີຄຸນສົມບັດ. ການຊ່ວຍເຫຼືອນີ້ແມ່ນບໍ່ເສຍຄ່າ. ໂທຫາ 800-273-0557 ຫຼື TTY 711. ພວກເຮົາຮັບການໂທແບບອີເລ.

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## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

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## Need help?

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Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

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**Need help?**

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.



# WELCOME TO THE OREGON HEALTH PLAN



**We are glad to serve you!** The Oregon Health Plan (OHP) is for people who can't pay for health insurance on their own. OHP covers medical, dental and behavioral health (mental health and substance use disorder) care. OHP also covers rides to appointments.

To get started, here are some things every OHP member needs to know.

## GLOSSARY

Use this glossary to help you understand words and acronyms used in Oregon Health Plan materials.

**Advocate:** A person who gives you support or helps protect your rights.

**Appeal:** When you ask your plan to change a decision you disagree with about a service your doctor ordered. You can call, write a letter or fill out a form that explains why the plan should change its decision. This is called filing an appeal.

**Authorized representative:** A person you say can make decisions and sign things for you. This person could be a family member or guardian. If you want an authorized representative, you must fill out a special form.

**Behavioral health care:** Treatment for mental health conditions or substance use disorders.

**Benefits:** The services that your health care plan pays for.

**Community partner:** A person or organization that helps people apply for health care. Community partners are local. Help is free.

**Coordinated care organization (CCO):** A CCO is a local group of health care providers. They are doctors, counselors, nurses, dentists and others who work together in your community. CCOs help make sure OHP members stay healthy.

**Copay or copayment:** Medicare and other plans may pay for services but also charge the member a small fee. This fee is called a copay. OHP does not have copays.

**Durable medical equipment (DME):** Medical equipment such as wheelchairs and hospital beds. They are durable because they last. They do not get used up like medical supplies.

**Eligible:** To meet conditions or requirements for a program.

**Enroll:** To join.

**Emergency medical condition:** An illness or injury that needs care right now. A physical health example is bleeding that won't stop or a broken bone. A mental health example is feeling out of control or feeling like hurting yourself.

**Emergency medical transportation:** Using an ambulance to get to care. Emergency medical technicians (EMT) give you care during the ride or flight. This happens when you call 911.

**Emergency room care:** Care you get when you have a serious medical issue and it is not safe to wait. This care happens in an emergency room (ER).

**EPSDT:** The Early and Periodic Screening, Diagnostic, and Treatment benefit. This benefit is for children and teens through age 20. Covered screenings follow the Bright Futures schedule at <https://brightfutures.aap.org>. Screening visits are also known as “well-child checks.”

**ER and ED:** Emergency room and emergency department. This is the place in a hospital where you can get care right now.

**Emergency services:** Care you get during a medical crisis. These services help make you stable when you have a serious condition.

**Excluded services:** Things that a health plan doesn't pay for. Services to improve your looks, such as cosmetic surgery, and for things that get better on their own, such as colds, are usually excluded.

**Fee-for-service:** Health care covered by the Oregon Health Authority (OHA). When you are not enrolled in a CCO, you are a fee-for-service member because OHA pays for your care. OHA covers any service not covered by the CCO.

**Grievance:** A formal complaint you can make if you are not happy with your CCO, your health care services, or your provider. OHP calls this a complaint. The law says CCOs must respond to each complaint.

**Habilitation services and devices:** Services and devices that teach daily living skills. An example is speech therapy for a child who has not started to speak.

**Health insurance:** A plan or program that pays for some or all of its members' health care costs. A company or government agency makes the rules for when and how much to pay.

**Hearing:** When you ask the Oregon Health Authority (OHA) to review a decision OHA or your plan made about covering a health care service. Hearings are held by an administrative law judge who is not part of your CCO or the Oregon Health Plan.

**Home health care:** Services you get at home to help you live better. For example, you may get help after surgery, an illness or injury. Some of these services help with medicine, meals and bathing.

**Hospice services:** Services to comfort a person during end-of-life care.

**Hospital inpatient and outpatient care:** Inpatient care is when you get care and stay at a hospital for at least three nights. Outpatient care is when you get care at a hospital but do not need to stay overnight.

**Hospitalization:** When someone is checked into a hospital for care.

**Household:** Family that lives with you. This may be your spouse, children or other dependents who you can claim on your taxes.

**Medicaid:** A national program that helps with health care costs for people with low incomes. In Oregon, it's part of the Oregon Health Plan.

**Medically necessary:** Services and supplies that your doctor says you need. You need them to prevent, diagnose or treat a condition or its symptoms. It can mean services that a provider accepts as standard treatment.

**Medicare:** A health care program for people 65 or older. It also helps people with disabilities of any age.

**Network:** The group of providers that a CCO contracts with to provide services. They are the doctors, dentists, therapists and other providers that work together to keep you healthy.

**Network provider:** A provider the CCO contracts with for services. If you see network providers, the CCO pays. Also called a **"participating provider."**

**Non-network provider:** A provider that does not have a contract with the CCO. These providers may not accept the CCO payment for their services. You might have to pay if you see a non-network provider. Also called a **"non-participating provider."**

**Notice of Adverse Benefit Determination:** A letter that tells you when a decision is made about your health care.

**Open enrollment:** A time of year when you can sign up for private health care. You can apply for OHP at any time during the year.

## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

**Oregon Department of Human Services (ODHS):** State agency in charge of programs such as Supplemental Nutrition Assistance Program (SNAP) and Medicare. ODHS and OHA work together to make sure you have the care you need.

**Oregon Health Authority (OHA):** The state agency that is in charge of OHP and other health services in Oregon.

**Oregon Health Plan (OHP):** Oregon's medical assistance program. It helps people with low incomes get access to care.

**Patient-centered primary care home (PCPCH):** A health care clinic that focuses on the patient or member. It includes different providers all in one place.

**Physician services:** Services you get from a doctor.

**Plan:** A company that arranges and pays for health care services. Most plans have physical, dental and mental health care.

**Preapproval (preauthorization):** Permission for a service. This is usually a document that says your plan will pay for a service. Some plans and services require this before you get the care.

**Preferred Drug List (PDL):** A list of medications that are covered by OHP.

**Premium:** What a person pays for insurance.

**Prescription drug coverage:** Health insurance or plan that helps pay for medications.

**Prescription drugs:** Medications that your doctor tells you to take.

**Prevention:** What you do to help keep you healthy and stop you from getting sick such as checkups and flu shots.

**Primary care provider or primary care physician (PCP):** The medical professional who takes care of your health. This is usually the first person you call when you have health issues or need care. Your PCP can be a doctor, nurse practitioner, physician's assistant, osteopath or sometimes a naturopath.

**Primary care dentist:** The main dentist who takes care of your teeth and gums.

**Provider:** A licensed person or group that offers a health care service. Examples are a doctor, dentist or therapist.

**Renewal:** OHP members must make sure they still qualify for health benefits. This is called renewing. It happens every year.

**Rehabilitation services:** Services to help you get back to full health. These help usually after surgery, injury or substance abuse.

**Skilled nursing care:** Help from a nurse with wound care, therapy or taking your medicine. You can get skilled nursing care in a hospital, nursing home or in your own home.

**Specialist:** A provider trained to care for a certain part of the body or type of illness.

**Urgent care:** Care that you need the same day. It could be for serious pain, to keep you from feeling much worse, or to avoid losing function in part of your body.

# IMPORTANT RIGHTS

This lists some of your rights as an Oregon Health Plan member. To learn more, go to [OHP.Oregon.gov](http://OHP.Oregon.gov). Click "[Your rights.](#)"

## You have the right to

- ▶ Be treated with dignity and respect, the same as other patients
- ▶ Choose your health care providers
- ▶ Tell your provider about all your health concerns
- ▶ Have a friend or helper come to your appointments
- ▶ Get an interpreter if you want one
- ▶ Get information on all your covered and non-covered treatment options
- ▶ Help make decisions about your health care, including refusing treatment
- ▶ Not have people hold you down or keep you away from others as a way to:
  - » Make you do something you don't want to do
  - » Make caring for you easier for your providers
  - » Punish you for something you said or did
- ▶ A referral or second opinion, if you need it
- ▶ Get care when you need it, any time of day or night
- ▶ Behavioral health (mental health and substance use disorder treatment) and family planning services without a referral
- ▶ Help with addiction to cigarettes, alcohol and drugs without a referral
- ▶ Get handbooks and letters you can understand
- ▶ See and get a copy of your health records, unless your doctor thinks it would be bad for you
- ▶ Limit who can see your health records
- ▶ A Notice of Adverse Benefit Determination if you are denied a service or your service level changes
- ▶ Information and help to appeal CCO denials and/or ask for a hearing
- ▶ Make complaints and get a response without bad treatment from your plan or provider
- ▶ Free help from the OHA Ombuds Program.

## OHA's nondiscrimination policy

OHA, its providers and its CCOs must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- ▶ Age
- ▶ Color
- ▶ Disability
- ▶ Gender identity
- ▶ Health status
- ▶ Marital status
- ▶ National origin
- ▶ Race
- ▶ Religion
- ▶ Sex and
- ▶ Sexual orientation.

## How to report discrimination

If you feel you were treated unfairly for any of the above reasons, contact the civil rights manager in one of these ways:

- ▶ **Web:** [www.oregon.gov/OHA/OEI](http://www.oregon.gov/OHA/OEI)
- ▶ **Email:** [OHA.PublicCivilRights@odhsoha.oregon.gov](mailto:OHA.PublicCivilRights@odhsoha.oregon.gov)
- ▶ **Phone:** 844-882-7889, TTY 711
- ▶ **Mail:** OHA Office of Equity and Inclusion  
421 SW Oak St., Suite 750  
Portland, OR 97204

You can also contact the Bureau of Labor and Industries Civil Rights Division in one of these ways:

- ▶ **Web:** [www.oregon.gov/boli/workers/Pages/complaint.aspx](http://www.oregon.gov/boli/workers/Pages/complaint.aspx)
- ▶ **Email:** [crdemail@boli.state.or.us](mailto:crdemail@boli.state.or.us)
- ▶ **Phone:** 971-673-0764
- ▶ **Mail:** Bureau of Labor and Industries  
Civil Rights Division  
800 NE Oregon St., Suite 1045  
Portland, OR 97232

## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

## Important rights

You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Contact that office one of these ways:

- ▶ **Web:** [www.hhs.gov](http://www.hhs.gov)
- ▶ **Email:** [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)
- ▶ **Phone:** 800-368-1019; TTY 800-537-7697
- ▶ **Mail:** 200 Independence Ave SW, Room 509F  
HHH Building  
Washington, DC 20201

## Language access

Everyone has a right to understand Oregon Health Authority (OHA) programs and services by using one of the following:

- ▶ Sign language interpretation
- ▶ Spoken language interpretation services
- ▶ Written translations
- ▶ Braille, large print, audio and other preferred formats

OHA, all OHP providers and CCOs will help with language and other needs. This help is free. If you need help, please tell your CCO and OHA. We want to get you the help you need, in the way that is best for you.



You can show providers a card that tells them the kind of language help you need. Find and print the card you need at [OHP.Oregon.gov](http://OHP.Oregon.gov) (click “Preferred Language Cards”).

## Written material

**We can give you information in a different language.** You can get a free paper copy of this handbook by calling OHP Client Services at 800-273-0557 (TTY 711). Just call and tell us the language you need.

**Everything you get must be in a language and style you can understand.** If you need another language, braille, large print or someone to read something to you in your language, please tell us.

- ▶ **If you are in a CCO,** call the customer service number on your CCO ID card.
- ▶ **If you are not in a CCO,** call OHP Client Services at 800-273-0557 (TTY 711).

You can ask for letters, prescription labels and other important documents in the language that is right for you.

## Interpreters

**You can have an interpreter (including sign language) in any language you need.** This service is free. Tell your provider’s office which language is best for you. Be sure to let them know of your language needs one or two days before your appointment.

Do you want to know if your interpreter is qualified and/or certified in Oregon? If so, go to [www.oregon.gov/OHA/oei](http://www.oregon.gov/OHA/oei).

## If you need help

If you are having problems getting help in the language you need, please tell your CCO or OHP Client Services (see page 35–37, “Complaint, appeal and hearing rights”). If you still need help after that, contact OHA’s Language Access Services Program coordinator:

- ▶ **Phone:** 844-882-7889, TTY 711
- ▶ **Email:** [Languageaccess.info@odhsoha.oregon.gov](mailto:Languageaccess.info@odhsoha.oregon.gov)

## Rights of minors (under age 18)

There are times when people under age 18 (minors) may want or need to get health care services on their own. To learn more, read “Minor Rights: Access and Consent to Health Care.” This booklet tells you the types of services minors can get on their own and how minors’ health care information may be shared.

You can read this booklet online at [OHP.Oregon.gov](https://www.ohp.oregon.gov). Click on “[Minor rights and access to care](#).”

## Disability rights (Americans with Disabilities Act, or ADA)

The Americans with Disabilities Act (ADA) ensures that people with disabilities get full and equal access to health care services and facilities. To gain full and equal access, people with disabilities have a right to reasonable changes (called “accommodations”).

You can ask for an accommodation from OHA or your CCO. For help with this, contact OHA’s Office of Equity and Inclusion. Email [OHA.PublicCivilRights@odhsoha.oregon.gov](mailto:OHA.PublicCivilRights@odhsoha.oregon.gov) or call 844-882-7889 (TTY 711).

## American Indian and Alaska Native members

OHP members who are American Indians or Alaska Natives can get their care from a tribal wellness center, Indian Health Services (IHS) clinic or the Native American Rehabilitation Association of the Northwest (NARA). This is true even if they are in a CCO.

## Your health care records

### *Keeping your records private*

A law, the Health Insurance Portability and Accountability Act (HIPAA), protects your health care records and keeps them private. This is also called “confidentiality.” A paper called “Notice of Privacy

Practices” explains OHP members’ rights to keep their personal information private and how their personal information is used.

To get a copy, call your CCO and ask for its “Notice of Privacy Practices.” If you are a fee-for-service member, you can find this notice online at <https://apps.state.or.us/Forms/Served/me2090.pdf>. You can also call OHP Client Services and ask for the “Notice of Privacy Practices.

### *A copy of your records*

You can get a copy of the following records:

- ▶ Medical records from your doctor
- ▶ Dental records from your dentist’s office
- ▶ Records from your CCO.

Your providers and CCO may charge a reasonable fee for copies.

You can add something you think is missing from your records. You can also have a copy of your behavioral health records, except for parts your provider thinks could cause you harm to see or read.

## EPSDT services

Children and teens through age 20 have the right to health care that:

- ▶ Includes preventive, dental, mental health, developmental, and specialty services,
- ▶ Prevents illnesses, and
- ▶ Finds and treats health issues early.

They also include treatment for issues found during these screenings. OHP will cover services that:

- ▶ Are medically necessary, and
- ▶ Federal Medicaid law allows states to cover.

To learn more, see page 17 (Oregon Health Plan benefits).

## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# YOUR RESPONSIBILITIES

When you applied for OHP, you agreed to give ODHS/OHA true, correct and accurate information when asked for it. This page tells you more about other things you need to do as an OHP member.

To learn more about all OHP member responsibilities, go to [OHP.Oregon.gov](http://OHP.Oregon.gov) (click “[Your rights](#)”).

As an OHP member, you agree to:

- ▶ Find a doctor and dentist or other provider you can work with and tell that provider about your health
  - ▶ Treat providers and their staff with the same respect you want
  - ▶ Bring your medical ID cards to appointments (Oregon Health I.D, CCO or plan ID, Medicare ID cards, private insurance)
  - ▶ Tell the receptionist you have OHP and any other health insurance
  - ▶ Tell the staff if you were hurt in an accident
  - ▶ Be on time for appointments
  - ▶ Call your provider at least one day before if you can't make it to an appointment
  - ▶ Have yearly checkups, wellness visits and other services to prevent illness and keep you healthy
  - ▶ Follow your providers' and pharmacists' directions, or ask for another choice
  - ▶ Be honest with your providers to get the best service
  - ▶ Report these changes to OHP as soon as possible. To report changes, you can call 800-699-9075 (TTY 711). You can also report changes in person, by fax, or by mail. To learn more, go to [OHP.Oregon.gov](http://OHP.Oregon.gov) (click “[Report changes](#)”).
    - » You have a new name or address
    - » Someone moves in or out of your household
    - » You marry, divorce, become pregnant or have a child
    - » Your job income goes up or down \$100 or more a month
    - » Your other monthly income (e.g., child support, unemployment benefits) goes up \$50 or more
  - » You get or lose other health insurance
  - » You are injured by another person, business or governmental agency, or have a claim for personal injury
  - » Your immigration status changes
  - » You get or lose Medicare coverage
  - » A death in the household
  - » Changes in tax filing status or tax dependents.
- ▶ Read all letters that ODHS/OHA and your CCO send you. If you have problems reading the information, call your CCO or OHP Client Services and ask for help.
  - ▶ Report Medicaid fraud. Please call, email or write us if you think you see fraud, such as:
    - » Charging for a service you didn't get
    - » Someone using another person's ID to get OHP benefits.

## *To report provider fraud:*

### **Provider Audit Unit**

P.O. Box 14152  
3406 Cherry Avenue N.E.  
Salem, OR 97309-9965  
Phone: 888-372-8301  
Fax: 503-378-2577

## *To report client fraud:*

### **ODHS Investigations Unit**

P.O. Box 14150  
Salem, OR 97309  
Phone: 888-372-8301  
Fax: 503-373-1525

You can also report client and provider fraud online at [www.oregon.gov/dhs/abuse/Pages/fraud-reporting.aspx](http://www.oregon.gov/dhs/abuse/Pages/fraud-reporting.aspx).

## Page 11 **Need help?**

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.



# COVERAGE LETTERS TELL YOU ABOUT YOUR BENEFITS

You will get a coverage letter from the Oregon Health Authority (OHA) when:

- ▶ You first get benefits
- ▶ Your benefits change
- ▶ You join a new coordinated care organization (CCO)
- ▶ You join a new dental plan (if your CCO does not cover your dental care)
- ▶ You get or lose other health insurance
- ▶ You have changes in your name or household members
- ▶ You ask for a new Oregon Health ID card or coverage letter.

If you do not get a letter within two weeks of getting benefits, call OHP Client Services at 800-273-0557 (TTY 711). This letter tells you important information, as shown on pages 13–14.



## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# SAMPLE LETTER

5503 XX#### XX P2 EN AT

PO BOX #####  
 SALEM, OR 97309  
 DO NOT FORWARD: RETURN IN 3 DAYS

Branch name/Division: OHP/CAF

Worker ID/Telephone: XX/503-555-5555

JOHN DOE  
 123 MAIN ST  
 HOMETOWN OR 97000

This is the worker  
 at OHA or ODHS  
 who can help you.

## Keep this letter!

**This letter explains your Oregon Health Plan (OHP) benefits.**

**This letter is just for your information. You do not need to take it to your health care appointments.**

**We will only send you a new letter if you have a change in your coverage, or if you request one.**

Welcome to the Oregon Health Plan (OHP). **This is your new coverage letter.**

This letter lists coverage information for your household. This letter does not guarantee you will stay eligible for services. This letter does not override decision notices your worker sends you.

We will send you a new letter and a Medical ID card any time you request one or if any of the information in this letter or on your Medical ID card changes. To request a new letter or Medical ID, call your worker.

The enclosed yellow sheet includes a chart that describes the services covered for each benefit package and a list of helpful phone numbers.

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

Reason for letter:

Managed care plan or Primary Care Manager enrollment changed for:  
 Doe, Timothy - 08/1/2010

Names were changed for:  
 Doe, Jane - 08/1/2010

The letter will be the same each time, except for this part. This is the new information.

This is page 2 of your letter. It tells you about your CCO and other coverage that OHA knows about.

The following chart lists coverage information for everyone who is eligible in your household. See the enclosed Benefit Package chart for information about what each benefit package covers. Letters in the Managed Care/TPR enrollments section refer to the plans listed on the Managed Care/TPR Enrollment page.

Name	Date of birth	Client ID#	Copays?	Benefit package	Managed Care/TPR enrollment
John Doe	01/01/1968	xx1234xx	No	OHP Plus	A, B, C
Jahn Doe	02/01/1969	xx1235xx	No	OHP with Limited Drug	A, B, C, G, H, I
Tim Doe	03/01/2006	xx1236xx	No	OHP Plus	B, C, D, F
Kathy Doe	04/01/2007	xx1237xx	No	OHP Plus	B, C, E, G, H

These types of coverage will be listed as a letter in the “Managed Care/TPR enrollment” column:

- ▶ Your CCO
- ▶ Other coverage known to OHA, such as private insurance or Medicare
- ▶ Assigned pharmacy, for fee-for-service members enrolled in the Pharmacy Management Program (see page 31 of this handbook to learn more)

Page 3 of your letter lists the name and phone number that goes with each letter in this column.

## Benefits

There are three types of benefits that may be on a coverage letter:

- ▶ **Citizenship Waived Medical (CWM):** Covers only emergency services (see page 17).
- ▶ **Qualified Medicare Beneficiary:** Covers only Medicare cost-sharing (see page 17).
- ▶ **Oregon Health Plan (OHP):** OHP Plus, OHP with Limited Drug, OHP Supplemental and CWM Plus benefits (see pages 17–24).
- ▶ **OHP Dental:** Dental-only benefits for COFA Dental Program and Veteran Dental Program members (see page 20).

## Coordinated care organization (CCO) enrollment

Most people with OHP benefits are enrolled in a CCO. Your CCO pays for your health care. Your CCO

can help you with travel to get health care services. For most people, the CCO pays for medical, dental and behavioral health (mental health and substance use disorder treatment) services.

Your coverage letter lists the type of care your CCO covers:

- ▶ **CCOA:** Medical, dental and behavioral health care
- ▶ **CCOB:** Medical and behavioral health care. OHA pays for dental care
- ▶ **CCOG:** Dental and behavioral health care. OHA pays for medical care
- ▶ **CCOE:** Behavioral health care only. OHA pays for medical and dental care.
- ▶ **CCOF:** Dental care only. OHA pays for medical and behavioral health care for most members. OHA does not pay for medical and behavioral health care for COFA Dental Program or Veteran Dental Program members.

## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

Coverage letters tell you about your benefits

## Private insurance

Some people have both private insurance and OHP. Private insurance is other health insurance, such as plans you buy on your own or get from your job. Your coverage letter calls this type of insurance TPR. This means “third-party resource.” It is also called “third-party liability” (TPL).

If we know about your insurance, it will be listed as a letter in the “Managed Care/TPR enrollment” box on page 2 of your coverage letter.

**You must report when you get or lose health coverage, such as private insurance, within 30 days of the change.** To report coverage changes, please go to [www.ReportTPL.org](http://www.ReportTPL.org).

If you have to pay for your private insurance, that is called paying a “premium.” The Oregon Health Insurance Premium Payment (HIPP) program may be able to help pay for the premium. To learn more and apply for premium help, go to [www.OregonHIPP.org](http://www.OregonHIPP.org).

If you have private health insurance and OHP, your insurance plan must work with pharmacies that can also bill OHP. If your pharmacy says they can bill your insurance, but not OHP, tell your insurance plan. Ask the plan to tell you which pharmacies also bill OHP.

## Oregon Health ID

When you first join, you get an ID card for each person in your family. This is the last page of the coverage letter. A sample ID card is shown below.

Did you get yours in the mail? We will send you a new card if:

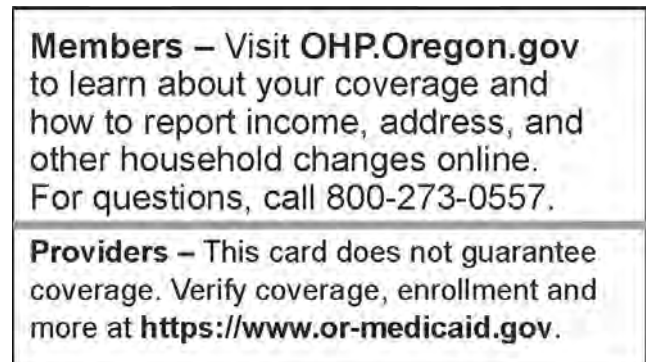
- ▶ Your name changes
- ▶ Your ID number changes or
- ▶ You ask for a new card.

If you are not enrolled in a CCO, you may use your Oregon Health ID card to see any provider that agrees to bill OHA for services.

If your Oregon Health ID card is not correct or you do not get one after joining OHP, call OHP Client Services right away. See “Who to call for help” (page II) to learn more about when to call.



Front



Back

### Page 15 Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# REPORT ALL CHANGES

## How to keep your coverage

Each year, we need to find out if you still qualify for benefits. You may need to give us more information to help us check. If you need to do this, OHP will send you a renewal letter.

The letter will tell you what to send us and when to send it. When you get your letter, do what it says right away so you don't lose your benefits.

Be sure to tell us when you move.

- ▶ This way, we will have your current address whenever we need to send you a letter.
- ▶ Privacy laws require that we update your address only when you tell us yourself.

## How to keep getting letters from ODHS and OHA

ODHS, OHA and CCOs send letters about your benefits. They will use the mailing address you gave ODHS/OHA when you first applied for benefits. **If you can't get mail at this address, please send us an address change.** Give us an address where you can pick up your mail.

## How to send an address change

The best way to tell us about an address change is to send it through your free, secure online account at [ONE.Oregon.gov](http://ONE.Oregon.gov). To learn how to sign up for and use your ONE account, visit [OHP.Oregon.gov](http://OHP.Oregon.gov) (click "Learn more about using an online OHP account").

You can also use any of these ways to tell us about an address change. For each person in your household with a change, give the individual's Oregon Health ID, name and address:

- ▶ Ask a community partner for help. Community partners are clinics, hospitals and other service organizations that help people apply for the Oregon Health Plan. To find a partner near you:
  - » Go to [www.OregonHealthCare.gov](http://www.OregonHealthCare.gov) and click "[Find local help.](#)" You can search by ZIP code for partners near you.
- ▶ Call 800-699-9075. Listen carefully to find out which number to press for address changes.
- ▶ Send by fax or mail. Learn more at [OHP.Oregon.gov](http://OHP.Oregon.gov) (click "Report Changes").

## How to get OHP for your new baby

Call ONE Customer Service as soon as you can. Call 800-699-9075, TTY 711. Once you do this, OHP will cover your baby until his or her first birthday.

When you call, give the following information about your baby:

- ▶ Date of birth
- ▶ Name
- ▶ Sex
- ▶ Social Security number (when your baby gets one)
- ▶ The baby's primary care provider
- ▶ The CCO you want your baby enrolled in.

You will receive a new coverage letter listing your baby and an Oregon Health ID card for your baby. Call ONE Customer Service if you do not get these within two weeks.

## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# COVERED SERVICES

In general, health care services are covered only when they are in your benefit package and are:

- ▶ Supplied in the United States by providers who accept the Oregon Health ID card and
- ▶ Medically necessary. This means the service is important to keep you healthy or help you get better. To learn more, read pages 25-26 (“Services that are limited or not covered”).

Page 2 of your coverage letter lists your benefit package(s). The following pages list services by benefit package.

## Citizenship Waived Medical (CWM) benefits

CWM is for adults who do not qualify for OHP due to immigration status. It covers emergency services only.

- ▶ This means medical attention that you need right away because of serious danger to your health, body parts or how your body functions.
- ▶ CWM does not cover follow-up care after emergencies, even if the hospital says you should get care like this.

CWM members cannot enroll in a CCO. This means that CWM members need to get emergency care from a hospital that accepts the Oregon Health ID and agrees to bill OHA for the services they provide.

OHA also covers these services for CWM members:

- ▶ Female sterilization services (such as getting tubes tied)
- ▶ Abortion services
- ▶ Treatment for end-stage renal disease (kidney failure)
- ▶ Cancer treatment
- ▶ Behavioral health crisis services

## *If you are on CWM and become pregnant*

Call OHP at 800-699-9075 (TTY 711) to sign up for CWM Plus benefits. While you are pregnant, CWM Plus gives you full OHP benefits (pages 17–24), including dental and vision care. CWM Plus also gives you follow-up care for 60 days after the baby is born.

## Qualified Medicare Beneficiary (QMB) benefit

This is for Medicare members who do not meet OHP income limits, but do meet income limits for QMB. QMB covers only your Medicare Part B premium, and Part A and Part B deductibles and copays. We send the payments to your provider. Because we do this, your providers must not ask you to pay for them at any time or charge you later.

## Oregon Health Plan benefits

This is a summary of Oregon Health Plan benefits. You have these benefits if you have OHP Plus, OHP with Limited Drug, or the CWM Plus benefit package. If you want to know if a specific service is covered, ask your provider.

## *Emergency care*

Emergency care, such as ambulance and emergency room services, is covered only when it is for a true emergency. These are sudden illnesses or injuries that need treatment right away. Not being treated right away could cause severe problems or death.

- ▶ Examples of a medical emergency are appendicitis, severe pain that won't go away with home treatment, broken bones, heart attack, bleeding that won't stop, stroke or concussion.

- ▶ Examples of a dental emergency are an adult tooth that falls out, severe tooth pain or serious infection.
- ▶ Examples of a behavioral health emergency are feeling out of control or thinking about hurting yourself or others.

If you are pregnant, OHP also covers your unborn baby for true emergency care.

### **Diagnostic services**

OHP covers health care services to find out about your health. If you have a health problem, we will pay for services to find out what is wrong. Some examples of diagnostic services:

- ▶ Health care visits to find out if you have a health problem
- ▶ Blood tests, lab services, X-rays.

### **Second opinions**

OHP will pay for a second opinion if you want one. You can ask to see another OHP provider or specialist. CCO members must have the CCO's approval to see a provider outside of the plan's network.

### **Preventive services**

We want to prevent health problems before they happen. You can make this an important part of your care. Please get regular checkups and tests to find out what is happening with your health.

Some examples of preventive services:

- ▶ Shots for children and adults
- ▶ Dental checkups and fillings
- ▶ Mammograms (breast X-rays) for women
- ▶ Pregnancy and newborn care
- ▶ Women's annual exams
- ▶ Prostate screenings for men
- ▶ Yearly checkups

### **Screenings (EPSDT well-child checks through age 20)**

OHP covers services to regularly check your child's health and development, such as:

- ▶ Head-to-toe physical exams
- ▶ Hearing and vision checks
- ▶ Mental and behavioral health checks
- ▶ Dental checks
- ▶ Lab tests
- ▶ Growth and development checks
- ▶ Nutrition checks (eating habits)

These checks happen during regular doctor visits. They can also happen at other times if a health problem occurs between visits.

If your child needs follow-up visits or special appointments, OHP covers those too.

Regular checks and follow-up care helps find and treat health problems right away. This helps your child stay healthy.



### **Need help?**

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

## Covered services

### **Behavioral health care**

#### **Mental health care**

- ▶ Care coordination
- ▶ Emergency services
- ▶ Evaluations and consultations
- ▶ Hospital stays
- ▶ Medication management
- ▶ Medication
- ▶ Peer-delivered services
- ▶ Residential treatment
- ▶ Therapy

#### **Peer-delivered services**

Peer-delivered services are services from a peer support specialist or peer wellness specialist. These are people who have lived through some of the same things you have. They can:

- ▶ Show you how to get the right services for you and your family
- ▶ Go to meetings with you
- ▶ Support you in your recovery
- ▶ Support you in parenting children with special physical or behavioral health needs.

#### **Substance use disorder (addiction) treatment**

You do not need a referral to get help for problems with alcohol or drugs.

Some of the covered outpatient and residential treatment services are:

- ▶ Screening, assessment and physical examination including urine tests
- ▶ Acupuncture
- ▶ Detoxification and
- ▶ Individual, group and family or couple counseling.

Covered medications include:

- ▶ Methadone
- ▶ Suboxone
- ▶ Buprenorphine
- ▶ Vivitrol and
- ▶ Other medication services that help you cut down or stop using alcohol or drugs.

A 24-hour care facility provides residential treatment for addiction. A residential facility can treat both adults and youth. Some facilities allow parents to bring their young children with them. Ask your CCO about treatment programs.

#### **Wraparound services for children and families**

Wraparound services involve a team approach to services that help children birth up to age 18 meet their behavioral health needs. The wraparound team includes a care coordinator, family and youth support specialists, families and youth.

Together, they develop a treatment plan. Schools and community agencies share resources and work together. This helps make sure the child's needs are met at home and in the community.

To get wraparound services, call your child's CCO.

#### **Care coordination**

Care coordination means that you get help making sure your medical, dental and behavioral health care all work together to keep you healthy.

We want you to get all the care you need to stay healthy. If you need help getting the right care, please ask your health care providers or your CCO for help. Here are some other ways you can get help.

- ▶ CCO members can call their CCO for care coordination services. See page 49, ("Care helpers") to learn more.



- ▶ American Indian or Alaska Native members can call CareOregon Tribal Care Coordination at 844-847-9320 (TTY 711).
- ▶ All other members can call OHP Care Coordination at 800-562-4620 (TTY 711).

Community health workers and personal health navigators work with local clinics, CCOs and communities. They:

- ▶ Know about local resources and cultural needs, and
- ▶ Give patients the tools and support they need to make good health care choices.

### **Dental care**

OHP covers dental care. Dental benefits are for members of all ages. Seeing a dentist to take care of your teeth can help prevent pain. Healthy teeth also keep your heart and body healthier.



Dental care is important for everyone. It's even more important if you are pregnant or have diabetes.

### **Dental benefits for all members**

- ▶ Diagnostic care:
  - » Checkups
  - » X-rays
- ▶ Preventive care:
  - » Cleaning and fluoride varnish
  - » Restorative care - Treatment for cavities and other problems including:
    - » Fillings

- » Extractions (having a tooth pulled)
- » Stainless steel crowns on back teeth
- » Full dentures every 10 years
- ▶ Partial dentures every five years
- ▶ Specialist care
- ▶ Emergency or urgent care

### **Additional dental benefits during pregnancy**

Dental care during pregnancy is important for the health of your baby. OHP covers these services during pregnancy.

- ▶ Additional teeth cleanings, as needed
- ▶ Prefabricated crowns
- ▶ Root canals on back teeth

These benefits end 12 months after the pregnancy ends.

### **Additional dental benefits for children (ages 0-20)**

It is important to take care of your child's teeth starting with your baby's first tooth. OHP covers more benefits to find and treat dental problems as early as possible.

- ▶ Checkups, exams and screenings according to the Bright Futures schedule at <https://brightfutures.aap.org>
- ▶ Additional teeth cleanings, sealants, crowns, and root canals (with limitations)
- ▶ Counseling to help you and your child take care of their teeth
- ▶ Diagnosis of dental problems found during checkups
- ▶ Referral to specialists
- ▶ Follow-up care

### **Need help?**

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

## Covered services

- ▶ Any treatment for mouth or jaw deformities that prevent your child from:
  - » Chewing food properly,
  - » Speaking properly, or
  - » Using their mouth properly.
- ▶ Braces, if a doctor or dentist finds that your child's teeth:
  - » Cause problems that hurt your child's overall health,
  - » Prevent your child from chewing food properly, or
  - » Prevent your child from speaking properly.
  - » OHP does not cover braces that only improve your child's appearance.
- ▶ Hospital care
  - » Emergency treatment
  - » Inpatient and outpatient care
- ▶ Immunizations (shots)
- ▶ Medical care from a doctor, nurse practitioner or physician assistant
- ▶ Medical equipment and supplies
- ▶ Physical, occupational and speech therapy
- ▶ Some surgeries
- ▶ Specialist care
- ▶ Treatment for most major diseases

### *Veteran Dental and COFA Dental program members:*

OHP covers:

- ▶ Dental benefits for all members (listed on page 20)
- ▶ Rides to dental appointments
- ▶ Some drugs your dentist may prescribe, such as antibiotics or pain relief medications

### *Medical care*

- ▶ 24-hour emergency care and ambulance services
- ▶ Diabetes supplies and education
- ▶ Exams or tests (laboratory or X-ray) to find out what is happening with your health
- ▶ Eye health care
- ▶ Family planning
- ▶ Hearing aids and hearing aid exams
- ▶ Hospice care (This is not covered for CWM Plus members.)

### *Family planning and other services*

The following family planning services are available to women, men and teens:

- ▶ Family planning visits (physical exam and birth control education)
- ▶ Birth control, including condoms, birth control pills, immediate post-partum IUD and implants
- ▶ Sterilization services, including vasectomies, getting tubes tied, immediate post-partum IUD and implants

Other services include:

- ▶ Women's annual exam
- ▶ Pregnancy testing
- ▶ Screenings for sexually transmitted diseases (STDs)
- ▶ Abortion, and
- ▶ Testing and counseling for AIDS and HIV.

You can go to any of the following places for family planning services: (If you are in a CCO, you may need a doctor's referral for family planning services provided outside of the CCO's network.)

- ▶ A county health department
- ▶ A family planning clinic or
- ▶ Any provider that will take your Oregon Health ID.

### *Transgender health*

OHP respects the health care needs of all members. This includes trans women, trans men, gender nonconforming, two-spirit and non-binary members.

OHP covers gender affirming services, such as hormone therapy, counseling and some surgeries. To learn more, contact your CCO or OHP Client Services.

### *Pregnancy care*

OHP covers pregnancy care. If you become pregnant, tell ONE Customer Service right away.

We will make sure you do not lose health coverage before your baby is born and will sign you up for more benefits.

- ▶ For OHP Plus members, these benefits are added vision and dental services. These benefits continue for 12 months after the pregnancy ends.
- ▶ For CWM members, these benefits are CWM Plus benefits. They are the same as OHP Plus benefits for pregnant members. CWM Plus benefits continue for 60 days after the pregnancy ends.

You also need to tell ONE Customer Service if a pregnancy ends. Their phone number is 800-699-9075.



### *Doula services*

OHP also covers doula services. A doula is a birth companion who provides personal, nonmedical support to women and families throughout a woman's pregnancy, childbirth and post-partum experience.

### *Important!*

- ▶ If you are pregnant or think you might be, it is important that you see a health care provider right away.
- ▶ Get regular pregnancy checkups.
- ▶ Keep your appointments and follow your doctor's advice.
- ▶ Make an appointment with your dentist. Have all needed dental care. Keeping your teeth healthy will help keep you and your baby healthy.
- ▶ Do not use alcohol or drugs before, during or after pregnancy. It can harm your baby even before it's born. If you need help for alcohol and drug use, talk to your doctor or call an addictions treatment center in your CCO's network.
- ▶ Smoking during pregnancy can harm your baby. Talk to your doctor to get help to quit. You can also call the Oregon Tobacco Quit Line at 800-784-8669.
- ▶ Your provider can refer you to a specialist if you need one.
- ▶ Your provider can give you vitamins that will:
  - » Keep you and your baby healthy during your pregnancy, and
  - » Help prevent birth defects.

### **Need help?**

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

## Covered services

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### *Planned community births:*

If you don't want to have your baby at a hospital, you can ask for a planned community birth. These births:

- ▶ Can be at your home or a local birthing center.
- ▶ Are planned with a Licensed Direct Entry Midwife, Certified Nurse Midwife, Nurse Practitioner or a doctor.

The person you choose to plan your birth will provide care during pregnancy, labor and delivery.

You will need to ask your doctor for a community birth. Do this as soon as possible: No later than week 24 of your pregnancy is best.

### *Follow-up care*

OHP also covers follow-up care after pregnancy for mother and baby. This includes newborn visits, well child visits, post-partum care and breastfeeding support.

Remember: When the baby is born, let us know. Also tell us the CCO you want for your baby. See page 16 (Report changes).

### *Newborn and well child visits*

Your new baby will need checkups to track growth and development. The first checkup should be no more than five days after the baby is born. The doctor will let you know when your baby should have future checkups.

### *Post-partum care*

This is care for you after your baby is born. This is important for you and your baby. You can learn about recovering from birth, family planning and your feelings about being a new mother. Please talk to your provider or CCO to set up this appointment.

### *Prescriptions*

OHP covers behavioral health (mental health and substance use disorder) prescriptions for both FFS and CCO members. OHP also covers medical prescriptions for FFS members. Your CCO will cover most medical prescriptions.

OHP also covers drugs your dentist may prescribe.

- ▶ Moda Health will cover these drugs for Veteran Dental and COFA Dental members.
- ▶ OHP or your CCO will cover these drugs for other OHP members.

Both OHP and your CCO have lists of the prescription drugs they will cover.

- ▶ If you are in a CCO, this list is called a "formulary." To get this list, call your CCO's customer service for the list, or look for it on the CCO's website.
- ▶ OHP's list is the Preferred Drug List. You can find this list at [www.orpdl.org](http://www.orpdl.org).

To look up your medication, you should know:

- ▶ The medication's exact name
- ▶ The dose you take and
- ▶ How much your provider prescribes.

### Medicare prescription coverage

OHP with Limited Drug covers only certain drugs that Medicare Part D does not cover.

- ▶ If you have OHP with Limited Drug, your Medicare Part D drug plan will cover most of your prescriptions.
- ▶ OHP will pay for the ones that OHP covers, but Part D doesn't cover.

If you choose not to enroll in a Part D drug plan, you will have to pay for drugs that Medicare Part D would cover if you had it. This means that unless you enroll in a Part D drug plan, you will pay out-of-pocket for most of your prescriptions.

### Rides for covered services

OHP pays for travel you need to get health care that OHP covers. This benefit is also called “non-emergent medical transportation” or “NEMT.” This is usually travel by taxi, bus or a local ride service.

In some cases, OHP may pay you back for travel costs, such as gas, meals and lodging.

OHP will only pay your travel costs if your ride service approves them before you go to your appointment or pharmacy. To get approval, call your ride service or your CCO.



To find your local ride service, call your CCO or go to [OHP.Oregon.gov](http://OHP.Oregon.gov). Click “[Rides to appointments](#).”

### Stop-smoking programs

OHP pays for services and medications to help you stop smoking, such as:

- ▶ Nicotine replacement therapy (such as nicotine gum or patch)
- ▶ Tobacco cessation medications (such as Chantix and Zyban) and
- ▶ Counseling.

To learn more, talk to your primary care provider.

### Oregon Quit Line

English 800-QUIT-NOW (800-784-8669)

Español 855-DEJELO-YA

TTY 877-777-6534

Online [www.quitnow.net/oregon](http://www.quitnow.net/oregon)

### Vision and eye care

OHP covers medical care for your eyes and tests to see if something is wrong with your eyes.

In general, OHP does not cover services to correct vision (such as eye exams and glasses), except for these times:

- ▶ If you have a medical eye condition such as aphakia or keratoconus, or just had cataract surgery, OHP will cover glasses or contact lenses.
- ▶ For children, pregnant adults of any age and adults age 18–20, OHP covers eye exams and glasses or contact lenses.

Other vision services need to be approved by OHP or your CCO.

### Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# SERVICES THAT ARE LIMITED OR NOT COVERED

The Oregon Health Plan (OHP) does not cover all treatments for all health conditions.

- ▶ Some services are limited. This means they are only covered for certain conditions.
- ▶ Some services are not covered. This means they are not part of an OHP benefit package, or they are not usually covered for any condition.

OHP has a list of covered treatments and conditions, called the “Prioritized List of Health Services.” It is online at [OHP.Oregon.gov](https://www.ohp.org). Click “[Prioritized List of Health Services](#).”

## Prior authorization

Prior authorization means OHP or your CCO must approve a service before you can get it. Services that may need approval include:

- ▶ Dental services
- ▶ Durable medical equipment and supplies (such as wheelchairs, hospital beds, breast pumps)
- ▶ Home health care
- ▶ Hospital stays
- ▶ Imaging services (such as MRIs)
- ▶ Medical equipment and supplies (such as diabetic supplies, diapers, catheters)
- ▶ Out-of-state services
- ▶ Physical or occupational therapy
- ▶ Physical health drugs not listed on the Preferred Drug List or your CCO’s formulary
- ▶ Speech and language services
- ▶ Specialty services
- ▶ Transplants
- ▶ Vision services for non-pregnant adults age 21 and over
- ▶ Services not covered according to the Prioritized List of Health Services.

**Note:** This is not a full list of the services that may need prior authorization. Your doctor will know if a service needs it.

Behavioral health services do not need prior authorization.

## Examples of non-covered services

Some things OHP does not pay for are:

- ▶ Treatment for conditions that you can take care of at home or that get better on their own (colds, corns, calluses and some skin conditions)
- ▶ Cosmetic surgeries or treatments that are for appearance only
- ▶ Treatments that do not usually work
- ▶ Services to help you get pregnant and
- ▶ Services that OHP or your CCO decide are not necessary based on a medical review.

**Sometimes, OHP will cover treatment for a condition that is not usually covered.** This happens if the patient has a covered condition that could get better if the condition that isn’t covered is treated.

**Services from non-OHP providers are not covered.** This means you may need to pay the bill if you:

- ▶ Use a provider that does not accept OHP or
- ▶ Are in a CCO but use a provider who is not in the CCO’s network.

## For children or youth under age 21:

**OHP or your CCO must cover all services needed for their health and development.** This includes services that are limited or not covered for adults. Beginning January 1, 2023, OHP may cover some services for children and youth that weren't covered before.

If OHP members under age 21 need a service:

- ▶ Ask their health care provider about getting the service.
- ▶ The provider will consider personal needs and medical history.
- ▶ They may need to ask OHP or your CCO for approval.

## What to do if you want to get a non-covered service

There may be times when you want to receive a service that is not covered. When this happens, you can:

### *Look for other ways to get the service*

- ▶ Get a second opinion. You may find another provider who will charge you less for the service.
- ▶ For prescriptions, you can:
  - » Ask your doctor if there's a less expensive medication
  - » Ask if an equivalent drug is covered
  - » Ask if this prescription needs approval
  - » Ask your doctor for samples from the drug company and
  - » Apply for free medication from the drug company's Patient Assistance Program.
- ▶ For other health care services, ask your provider if:
  - » The provider has tried all other covered options available for treating your condition and

- » There is a hospital, medical school, dental school, service organization, free clinic or county health department that might provide this service or help you pay for it.

### *Agree to pay for a non-covered service*

To get a service that is not covered by OHA or your CCO/plan, you and your provider must sign a form before you receive the service. The form must list:

- ▶ The name or description of the service
- ▶ The estimated cost of the service
- ▶ A statement that OHP does not cover the service and
- ▶ Your signature agreeing to pay the bill yourself.

OHP has three Agreement to Pay forms for providers to use. Providers can use different forms, but only if they say the same things as these forms.

- ▶ [Agreement to Pay for Health Services](#) (OHP 3165)
- ▶ [Agreement to Pay for Pharmacy Services](#) (OHP 3166)
- ▶ [Agreement to Pay for Planned Community Birth Services](#) (OHP 4109)

Ask your provider if you can get a reduced rate for the service or a discount as a person paying for services privately.

There may be services from other providers — such as hospital, anesthesia, therapy, lab or X-ray services — that go with the service you want. You will have to pay for these too. Ask your provider for the names and phone numbers of the other providers. Contact those providers to find out their charges.

**Your provider should tell you if a service is limited or not covered. Ask about your choices. If you get a bill for a service that you thought was covered, see pages 38–40.**

## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# USING YOUR BENEFITS

Now that you have OHP, here are some things to help you get the care you need:

- ▶ Keep your Oregon Health ID and CCO cards in your wallet. You may be asked to show them at each appointment.
  - » If it is your first month of OHP and you do not have your ID cards yet, call OHP Client Services.
  - » Client Services can look up your ID number and send you a new Oregon Health ID if you need it.
  - » Client Services can also tell you who your CCO is, if you have one.
- ▶ Choose a primary care provider: This is the doctor, nurse or other provider you want to see first when you have health care needs. (You can also choose a behavioral health provider to be your first contact for care.)
- ▶ Make appointments to meet them and get a checkup. Don't wait until you are sick.
- ▶ To stay healthy, make a plan with your providers. Get checkups every year.

## Finding the right provider

Choose your primary care provider (PCP), primary care dentist (PCD) and behavioral health provider. Your PCP, PCD and behavioral health provider are important because they:

- ▶ Are your first contacts when you need medical, dental or behavioral health care, unless it's an emergency
- ▶ Manage your medical, dental and behavioral health services and treatments and
- ▶ Arrange your specialty and hospital care.

## *Patient-centered primary care homes*

One way to get the best possible care is to choose a patient-centered primary care home. This is a type of health care clinic that makes you the important part of your care. They keep records about your health, the medicines you take and your needs. They make sure your medical, dental and behavioral care is right for you.

To find a local primary care home, visit [OHP.Oregon.gov](http://OHP.Oregon.gov). Click "[Find a patient-centered primary care home.](#)"

## *Choosing your own providers*

How do you decide who is right for you? Here are some things to think about:

1. To find a PCP, PCD or behavioral health provider:
  - » If you are in a CCO, check the provider directory on your CCO's website. You can also call your CCO. To find a PCD, call the dental plan listed on your CCO ID card.
  - » If you are not in a CCO, call OHP Care Coordination at 800-562-4620 (Monday through Friday, 8 a.m. to 5 p.m.).
  - » If you already have a provider you like, ask your CCO or OHP Care Coordination if you can keep seeing that provider. If your provider is not a CCO or OHP provider, ask your provider to become an OHP provider. If your provider is with another CCO in your area, ask your CCO or OHP Client Services about changing your CCO.
2. Talk to your family, friends and other people you know. Ask who they like or don't like. This can help you choose.
3. If you need special help of any kind, always ask. For example, does the clinic speak your language? You may need someone to translate for you at your health care visit.



4. Choose a few providers you think you like. Call their office and ask:
  - » If they will take a new patient
  - » If they will accept your coverage (OHP, your CCO and any other coverage you may have),
  - » Where they are
  - » When they are open
  - » How far away they are from you and
  - » If they are near public transportation.
5. Choose a provider and make an appointment, even if you feel that you do not need to.
6. If you see special health care providers for certain things, find out who works with your CCO, doctor and/or dentist.
7. Remember: If you do not like the provider after your appointment, you can choose another one. To do this, call your CCO or OHP Care Coordination.

- ▶ Then it will be easier to get help if you have a health problem.

It may take some time to get your first appointment. You can get to know the provider and the people who work in the provider's office.

Have your Oregon Health ID, CCO ID and any other health coverage ID cards handy when you call.

### ***Before the visit***

Get these things ready so that you can bring them to your visit:

- ▶ A list of all medicines you take, including each one's dosage
- ▶ A list of the diseases or conditions you know you have
- ▶ A list of things you want to ask the provider. (You can use the Doctor Visit Planning Tool on page 29 to do this.)
- ▶ Your Oregon Health ID, CCO ID and any other health coverage cards (such as Medicare or private health insurance IDs). If you can't find your cards, you can still go to your health care visit.

### ***If you need help getting to your appointment***

Keeping your health care appointments is important. If you do not have your own car, you might:

- ▶ Take the bus
- ▶ Ask a friend or relative to drive you or
- ▶ Find a volunteer from a community service agency.

If you still need help, call your CCO or local ride service. Do this at least two days before the appointment. To find your local ride service, go to [OHP.Oregon.gov](https://www.ohp.oregon.gov). Click "[Rides to appointments.](#)"

## **Health care appointments**



### ***Making appointments***

It is a good idea to make an appointment to see your new provider as soon as you receive your Oregon Health ID and CCO cards. If you have not been to the doctor in a year or more, it is even more important to do this.

- ▶ Your provider will learn about your health needs, and you will get to know your provider.

### **Need help?**

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# Doctor Visit Planning Tool

Fill out the top half of this form before you go to the doctor

Why did you come to the doctor today?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any questions about your medication?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What else would you like to talk to your doctor about today?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ask your doctor to fill out the bottom half of this form during your appointment

Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

What steps should I follow to improve my health?

\_\_\_\_\_

\_\_\_\_\_

What else should I do for my health?

**Schedule:**

- Yearly wellness exam
- Eye Exam
- Dental screening
- Mammogram
- Colonoscopy
- Immunization
- Other: \_\_\_\_\_

**Get a screening for:**

- Alcoholism
- Mental well-being
- Cholesterol
- Diabetes
- Sexually transmitted infection
- Other: \_\_\_\_\_

**Lifestyle change:**

- Exercise more
- Eat healthier foods
- Stop smoking
- Other: \_\_\_\_\_

Is anyone hurting you? Yes  No

Do you like your support workers? Yes  No

Is anyone stealing from you? Yes  No

Do we need to review what we talked about? Yes  No



### *If you need someone to translate for you during the visit*

Call the office. Ask for a health care interpreter. To learn more, read page 9 (“Language access”).

### *If you cannot keep the appointment*

Let your provider know ahead of time. Your provider’s office will set up a new visit.

### *At the appointment*

Be sure your providers know whom to bill. Do this by giving them all your health coverage information — including private insurance, OHP and CCO information — at each visit.

- ▶ By law, OHP pays for health care costs last. This means that other insurance will pay for services first. OHP pays whatever costs are left, and when there is no other insurance.
- ▶ If you are getting treatment for a personal injury covered by Workers Compensation, auto insurance, or a personal settlement, tell your provider about this coverage.
- ▶ If your providers know about all your health coverage, they must bill the coverage. They also cannot charge you for any part of the bill that your coverage already paid.
- ▶ Your providers can only bill insurance or OHP if they know about it. If they don’t know about your insurance or OHP, they may bill you and expect you to pay.

Tell your provider why you made this visit. Listen carefully to everything your provider says, and answer all the questions he or she asks. Take notes of what your doctor tells you.



You can also ask questions. Here are four good questions to ask:

1. Do you have ideas about how I can be healthier?
2. What do I need to do?
3. Why do I need to do this?
4. When do I need to come back?

If you are confused about anything, ask questions. Your providers are there to answer them. Be sure you know what you need to do after your visit. Ask for a printout of notes from your visit.

### *If you need special help of any kind, always ask*

You may be asked to fill out or sign forms. If you do not understand them, ask for help. Your provider’s office must help you get information in the way that best works for you.

### *After your appointment*

After your appointment, your provider will bill your health coverage, in this order:

- ▶ Private health insurance
- ▶ Medicare
- ▶ OHP (your CCO, dental plan and/or OHA)

Your provider is responsible for billing correctly. If your provider knows about all your health coverage, you should not have to help your provider’s office correct any billing problems. See pages 38–40 (“If you get a bill”) to learn more.

## **Need help?**

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

## Prior authorization requests

Ask your provider to ask OHP or your CCO if you can get certain services. This is called a “prior authorization request.” You and your provider will get a Notice of Adverse Benefit Determination if the request is denied.

- ▶ If you think OHP should cover the service, you can ask your CCO or OHA to review the request again. The CCO review is called an appeal. The OHA review is called a hearing. See pages 35–36, (“Complaint, appeal and hearing rights”) to learn more.
- ▶ If, after CCO and OHA review, OHP will still not cover the service, you can choose to pay for the service yourself. See pages 25–26 (“Services that are limited or not covered”) to learn more.

## Filling prescriptions

- ▶ Bring a picture ID with you, such as a driver’s license or passport.
- ▶ Show all your health coverage ID cards. If you don’t have your cards yet, tell the pharmacy you have OHP.
- ▶ Your doctor can send the prescription to your local drug store or pharmacy by computer.

### *If you have Medicare:*

OHP only pays for covered drugs that Medicare Part D does not cover. To learn more about Medicare and OHP, see page 41.

### *If you have private insurance:*

If you have private health insurance and OHP, your insurance plan must work with pharmacies that can also bill OHP. If your pharmacy says they can bill your insurance, but not OHP, tell your insurance plan. Ask the plan to tell you which pharmacies also bill OHP.

## Home-delivery pharmacy

Your CCO may have a mail-order prescription service. Call your CCO’s customer service for information.

If you are not in a CCO, you can use the OHP Home-Delivery Pharmacy Services program to get medications in the mail, at home or at your clinic. You can:

- ▶ Fill prescriptions by mail or phone, or have your provider send the prescription for you
- ▶ Get a three-month supply at one time if prescribed by your health care provider and
- ▶ Get them delivered within eight to 10 days.

To sign up for this service, call 800-552-6694 (Monday through Friday from 6 a.m. to 6 p.m. or Saturday from 9 a.m. to 2 p.m.).



## Pharmacy Management Program

If you are assigned to the Pharmacy Management Program, you must get all of your prescriptions filled at one walk-in pharmacy. Use the pharmacy noted on your coverage letter (see pages 12–15). It will be on the “Managed Care/TPR enrollment” page of your coverage letter under “Pharmacy management.”

### Using a different pharmacy

You may fill your prescriptions at a different pharmacy if you have an urgent need and:

- ▶ Your pharmacy is not open
- ▶ You cannot get to your pharmacy, even using the OHP ride service or
- ▶ Your pharmacy does not have the prescribed drug in stock.

### Changing your assigned pharmacy

If you do not want to use the pharmacy shown on your coverage letter, you must change it within 30 days. Call OHP Client Services (800-273-0557, TTY 711) to do this. You can change pharmacies:

- ▶ If you move
- ▶ When you renew your OHP or
- ▶ If the pharmacy on the coverage letter denies service to you.

## Emergency care



You do not need approval before you get care in a true emergency. However, if you use an ambulance or an emergency room and it is not a true emergency, you may have to pay the bill.

Emergency rooms care for people with true emergencies. This means if it is not a true emergency, you can have a very long wait, sometimes many hours, before you see someone.

### If you can't find your ID cards

Go to an emergency room or call 911. Do not wait because you don't have your ID cards. Tell the emergency room staff you are an OHP member. If you are in a CCO, tell them your CCO's name. Also tell them about any other health coverage you have. The emergency room staff will call your doctor if they need to know more about you.

### Ambulance

If you have no way to get to an emergency room, call 911 for an ambulance.

## Urgent care

Urgent care means that you need care soon, but do not need to go to an emergency room. Reasons to use urgent care could be:

- ▶ Burns
- ▶ Ear infections
- ▶ Sprains
- ▶ Broken bones.

You do not need an appointment to go to urgent care.

### Urgent care or emergency room?

If you don't know whether to go to urgent care or the emergency room, follow these steps. If you need an interpreter, please let the clinic know.

1. Call your doctor or dentist.
2. If you can't reach your doctor or dentist, call your CCO or dental plan.
3. If you aren't in a CCO, call OHP's advice line at 800-562-4620 (TTY 711). Nurses are there all day and night, every day of the year. A nurse can help you decide where to go. The nurse may tell you to go to an urgent care center or wait to see your regular doctor or dentist.

## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

## Using your benefits

### **Getting follow-up care**

Call your doctor or dentist as soon as possible after you get urgent or emergency care. Tell them where you were treated and why. Your doctor or dentist will manage your follow-up care and schedule an appointment if you need one.

Care you get after the emergency is over is not an emergency. If you are still out of state and need follow-up care, call your CCO or OHP Client Services. They will tell you what you need to do.

### **Getting services outside Oregon**

OHP may pay for services you get outside Oregon when:

- ▶ It is a medical emergency or
- ▶ The service is not readily available in Oregon, and your CCO or OHA approved the service.

OHP will not cover **any** health care services you get outside the United States, including Canada and Mexico.

For all services you get outside Oregon, the provider must accept OHP. If the provider does not accept OHP, you must pay for the services.

### ***If you need services outside Oregon:***

- ▶ In an emergency, make sure the hospital knows you are an OHP member. Show your CCO ID and your Oregon Health ID card.
- ▶ If it's not an emergency, your CCO or OHA must approve the service first. Out-of-state services require prior authorization. See page 25, "Prior authorization" to learn more.



# DECISION NOTICES

If your CCO or OHA denies, stops or reduces coverage for a medical, dental, behavioral health or transportation service your provider has ordered, you will receive a Notice of Adverse Benefit Determination in the mail. This letter explains why the provider made that decision.

These notices are important because they allow you to ask your CCO or OHA to review coverage decisions if you do not agree with them. To learn more about how to ask for this review, read pages 35–37 (“Complaint, appeal and hearing rights”).

## What decision notices need to say:

Every notice must:

- ▶ Clearly state that it is a Notice of Adverse Benefit Determination
- ▶ List a date of notice
- ▶ List an effective date
- ▶ List the provider who has requested the service, treatment or item
- ▶ Clearly explain why the CCO or OHA made the coverage decision
- ▶ List the Oregon Administrative Rules used to make the decision
- ▶ Give you a contact number to get information that was used to deny the requested service or item and
- ▶ Include a telephone number to call if you have questions about the information in the notice, and give your appeal and hearing rights.

In addition, the notice must include information about:

- ▶ Your hearing rights, if you are not in a CCO
- ▶ How to appeal the decision, if you are in a CCO
- ▶ If a service/item is stopped, how you can keep getting it while you wait for the appeal or hearing
- ▶ How to ask for an expedited (fast) appeal or hearing.

## If you are denied services but did not receive a notice:

If your health care provider tells you that you will need to pay for a service that is not covered, ask to get a Notice of Adverse Benefit Determination that shows the service is not covered. Once you have it, you can ask for an appeal with your CCO or a hearing with OHA (if you are not enrolled in a CCO).

If you did not receive a notice, ask your CCO or OHA to send you one.

## These notices do not mean you have to pay.

These notices are to let you know that your CCO or OHA will not cover the service.

- ▶ First, you can ask the CCO and OHA to review that decision. To learn more, see pages 35–37 (“Complaint, appeal and hearing rights”).
- ▶ If you still want the service, you would need to agree to pay for the service before your provider can give you the service or bill you for it. To learn more, read pages 25–26 (“Services that are limited or not covered”).

## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# COMPLAINT, APPEAL AND HEARING RIGHTS

## How to file a complaint

Please tell us if you are unhappy with the Oregon Health Plan (OHP) or your CCO, provider or services. You can do this at any time. For example, you can tell us about:

- ▶ Problems making an appointment
- ▶ Problems finding a provider near you
- ▶ Not feeling respected or understood
- ▶ Treatment you weren't sure about, but got anyway or
- ▶ Bills for services you did not agree to pay.

## If you are in a CCO

Call the CCO's customer service number or send the CCO a letter. Your CCO member handbook lists the ways you can file a complaint.

The CCO will call or write back in five days to let you know that staff are working on it. If the CCO needs more time, the letter will say so. The CCO must address your complaint within 30 days.

## If you are not in a CCO, or you do not agree with how your CCO addressed your complaint

Call OHP Client Services at 800-273-0557. You can also fill out and mail the OHP Complaint Form ([OHP 3001](#)). You can find this form at [OHP.Oregon.gov](#). Click "[Complaints and appeals](#)."

## Appeals and hearings

If you get a Notice of Adverse Benefit Determination (Notice) that tells you a service is going to be stopped, reduced or denied and you do not agree with it, ask your CCO or OHA to review the decision. The letter will explain how to do this.

- ▶ The CCO review is called an "appeal."
- ▶ The OHA review is called a "hearing" or "state fair hearing."

After the appeal or hearing, the decision may change, or it may stay the same.

Only CCO members can ask for appeals.

## How to appeal a CCO decision

Call your CCO or complete the Request for Denial of Medical Services form ([OHP 3302](#)). Your CCO will include this form when it sends you the notice.

- ▶ You have a right to ask the CCO for an appeal within 60 days of the date on the notice.
- ▶ Within 16 days, the CCO will review its decision and send you a Notice of Appeal Resolution (NOAR). It will tell you if the CCO's decision has changed or stayed the same.
- ▶ Call your CCO if you want help asking for an appeal.

## Asking for continued services

If the notice is about a service you are already getting, you may be able to ask to keep getting the service if you:

- ▶ Ask your CCO to continue the service and
- ▶ Ask within 10 days of the effective date on the notice.

If you receive the notice after the effective date, please call your CCO for instructions.

If the reviewer agrees with the original decision, you may have to pay for services you receive after the effective date on the notice.

## Asking for a fast (expedited) appeal

You and your provider may believe that you have an urgent medical, dental or mental health problem that cannot wait for a regular appeal. If so, tell your CCO that you need a fast (expedited) appeal.



Call or fax your request to your CCO. Include a statement from your provider or ask the provider to call and explain why it is urgent. If your CCO agrees that it is urgent, a staff person will call you with the decision in 72 hours (three days).

### ***How to get a state fair hearing***

All OHP members can have a hearing with an Oregon administrative law judge.

- ▶ At the hearing, you can tell the judge why you do not agree with the decision and why you think OHP should cover the service(s). You do not need a lawyer, but you can have one. You can also ask someone else — such as your doctor, friend or relative — to be with you.
- ▶ If you hire a lawyer, you must pay the lawyer's fees. You can call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292, TTY 711, for advice and possible representation. Find information on free legal help at [www.oregonlawhelp.org](http://www.oregonlawhelp.org).

You can find the hearing forms listed below at [OHP.Oregon.gov](http://OHP.Oregon.gov). Click "[Complaints and appeals](#)."

### ***If you are in a CCO***

You can have a hearing only when:

- ▶ You have completed your CCO's appeal process, and the appeal did not change the original decision or
- ▶ The CCO took longer than 16 days to make an appeal decision.

You will have 120 days from the date on your Notice of Appeal Resolution (NOAR) to ask OHA for a hearing.

Use the online hearing form at <https://bit.ly/ohp-hearing-form> to ask for a hearing. You can also complete the [MSC 443](#) or [OHP 3302](#) form. The CCO will include this form as part of the NOAR.

### ***If you are not in a CCO***

You will have 60 days from the date on your notice to ask for a hearing.

You can ask for a hearing by completing the MSC 443 form.

### ***If you need a fast (expedited) hearing***

You and your provider may believe that you have an urgent medical problem that cannot wait for a regular state hearing.

Use the online hearing form at <https://bit.ly/ohp-hearing-form> to ask for a fast hearing. You can also fax your hearing request form ([OHP 3302](#)) to the OHP Hearings Unit at 503-945-6035. Include a statement from your provider explaining why it is urgent. If OHP agrees that it is urgent, the Hearings Unit will call you in 72 hours (three days).

### ***Your provider can help***

When a CCO or OHA denies coverage of services that your provider ordered, your authorized representative or your provider can help you ask for an appeal or hearing.

## **OHA Ombuds Program**

If you have completed the complaint, appeals and hearing steps and are not happy with how OHP or your CCO addressed your concerns, you can ask the [OHA Ombuds Program](#) for help:

Mail: 500 Summer St. N.E.  
Salem, Oregon 97301

Fax: 503-947-2341

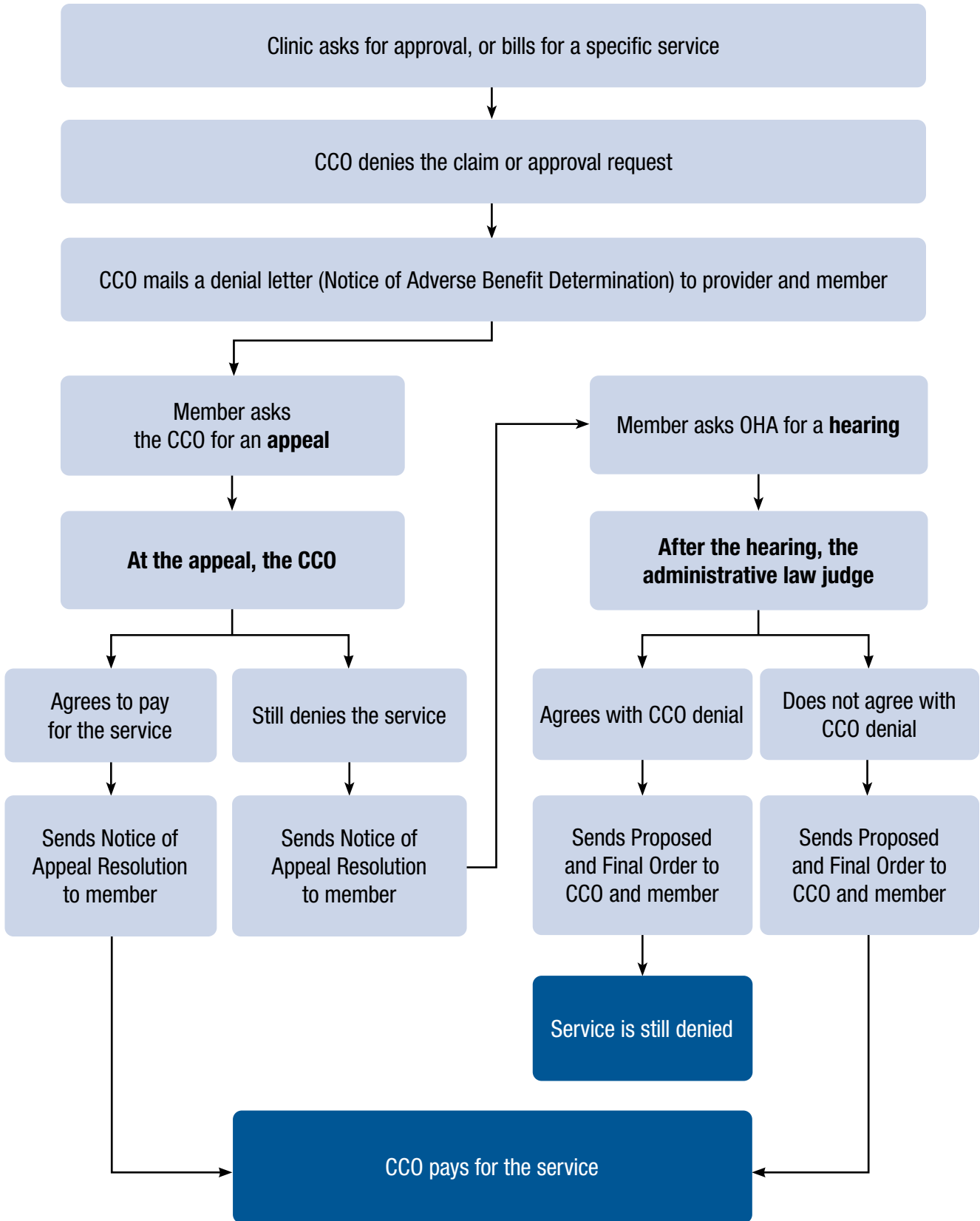
Toll-free: 877-642-0450 (TTY 711)

## **Need help?**

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# FLOWCHART FOR APPEALS AND HEARINGS



# IF YOU GET A BILL

You may get a bill for health care services. Before you pay the bill, find out if you really have to pay it. You can call your provider, CCO or OHP Client Services to do this.

**Even if you think you don't have to pay, do not ignore health care bills.** Many providers send unpaid bills to collection agencies. Some sue patients in court to be paid. It is much harder to fix the problem once that happens.

Take action right away. This section tells you how to take care of bills you may get.

## OHP and CWM members do not pay for services that Medicaid covers

Providers must not bill patients for services that Medicaid covers. State law (Oregon Revised Statute 414.066) says that providers must not bill members for services. OAR 410-120-1280(4-5) explains when providers can and cannot bill members for services.

Because of these laws, providers can hold you responsible for payment only if all of the following are true:

1. The provider accepts OHP and
2. The service is something that your CCO, OHA or other health coverage **does not** cover and
3. Before you received the service, you signed an Agreement to Pay form (also called a "waiver"). That form lists all the same things as OHP's Agreement to Pay forms (OHP 3166 for pharmacy services, OHP 4109 for planned community birth services, or OHP 3165 for other health care services), including:
  - a. The estimated cost of the service and
  - b. A statement that OHP does not cover the service and

- c. Your signature agreeing to pay the bill yourself.

These laws protect you. They usually apply only if you showed the provider's office your ID card(s), or if the office should have known you are on OHP.

**Please give your providers all health coverage information, including OHP, CCO and private health insurance, so the office can bill correctly.**

If you already received the service and the service is covered, your provider cannot expect you to pay for a covered service. This is true even if OHP, your CCO or private health insurance does not pay.

**If you are a Qualified Medicare Beneficiary (QMB), you are not responsible for copays, deductibles or coinsurance charges for Medicare services.** OHP covers these. Providers must not bill you for these or ask you to pay them.

### *For covered services you want to pay privately:*

If you ask to pay privately for a covered service, you are responsible to pay if, before you received the service:

- ▶ The provider told you all of the following:
  - » The service is covered.
  - » Who covers it (OHA, your CCO/plan, or other payer).
  - » The provider would be paid in full for the service.
  - » The estimated cost of the service, including all related charges.
  - » The amount the provider would be paid for the service.
  - » The provider cannot bill you for more than the amount paid.
- ▶ You signed an agreement to pay for the service, and received a copy of it. This agreement must:
  - » List the information your provider told you about the service.

### Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

## If you get a bill

- » State that you got to ask questions, get more information, and ask your caseworker or client representative about the service.
- » Say that you agree to privately pay for the service.

The provider cannot bill your CCO, OHA or other payers for any services you pay for under this agreement.

## Letters you may get

Your provider may send you a statement that shows how much your CCO or plan, OHP or private health insurance was billed. Other payers may also send you statements about how they paid the bill. A payer statement is known as an “Explanation of Benefits” (EOB).

These letters are for your information. You do not need to do anything. They will say things such as:

- ▶ “This is not a bill.”
- ▶ “Do not pay.”
- ▶ “Your insurance has been billed.”
- ▶ “You don’t need to do anything at this time.”

If you get a letter that looks like a bill but does not say these things, your provider may not know about your health coverage. Call your provider right away to give this information. The provider can then bill correctly.

You should not have to help your provider’s office correct billing problems. If your provider asks you to help in this way, call your CCO or OHP Client Services.

### ***If you were in the hospital, you could get statements from other providers***

If you go to a hospital, you could get many billing statements from the hospital and the surgeon and for other services such as lab and X-rays. You will probably get statements from any other doctors who gave you medication or care while you were there. Again, these may not mean that you have to pay.

## What to do when you get a bill

You may get a bill for services that OHP or your private health insurance should cover. Act as soon as you get a bill for a service you received while you were an OHP member. Follow these steps in this order:

1. Call the provider’s office right away. Note all the health coverage you had, including OHP, when you received the service. Give the provider’s office all your ID numbers, including your Oregon Health ID, CCO member ID and private health insurance ID. Ask staff to bill these resources.
2. If you get a second bill, call your CCO or OHP Client Services right away. State your Oregon Health ID number. Say that a provider is billing you for an OHP service.
  - » If you have private insurance, also tell your insurance company about the bill. They will help you get the bill paid.
  - » If asked, be ready to send a copy of the bill to your CCO, OHP or your insurance company.
3. If this bill is still a problem, you can appeal by sending a letter to your CCO or OHP.
  - » Write OHP at P.O. Box 14015, Salem, OR 97309.
  - » Find your CCO’s address on its website or your member ID card. See page 53 for a list of CCO websites.
  - » If you have private health insurance, check with your insurance company about its appeal process.
  - » Say in the letter that you do not agree with the bill because you had OHP coverage at the time.
  - » Keep a copy of the letter with a copy of the medical bill(s) for your records.
4. Call the provider to make sure the bill is paid.

5. If you receive court papers about a bill, call your CCO or OHP Client Services right away. You also may call a lawyer or the Public Benefits Hotline at 800-520-5292 (TTY 711) for legal advice and help. There are consumer laws that protect you when you are wrongly billed while an OHP member.

If your CCO does not solve the billing problem, call OHP Client Services for help.

If you do get a bill from a collection agency, follow steps 1 through 5 above. Your CCO and OHP Client Services can only help with collection agency bills if you tell us the provider, patient and date of service.

## When you must pay

- ▶ If the provider you saw does not take OHP (Before you get medical care or go to a pharmacy, make sure the provider accepts your insurance card(s) and is in the provider network.)
- ▶ If you were not an OHP member when you received services
- ▶ If, before you receive a service, you sign an Agreement to Pay form for a service that OHP does not cover
- ▶ If you have private insurance and the insurance company pays you (not the provider) back for health care services. (You must give the payment back to the provider. If OHP paid the provider for this same service before this happens, you must give the payment you received to OHP.)

If you do have to pay a bill, call your provider. Ask if there are any hardship options to help you pay the bill.

## More billing information

These rules list how providers must work with OHA, CCOs, plans and members to get paid for services to OHP members. You can find these rules at [OHP.Oregon.gov](https://www.oregon.gov/OHP) (click “Rules about covered services”).

- ▶ General rules (Division 120 – Medical Assistance Programs): 410-120-0000 through 410-120-1980
- ▶ Oregon Health Plan rules (Division 141, Oregon Health Plan): 410-141-3500 through 410-141-3965

You can find more information about billing, paying for services, appeals and hearings at [OHP.Oregon.gov](https://www.oregon.gov/OHP).



## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# THE OREGON HEALTH PLAN AND MEDICARE

## When you go on Medicare, your Oregon Health Plan benefits change or end

As soon as you learn that you are or will be on Medicare contact the ONE Customer Service Center at 1-800-699-7095 (711 TTY) or the [ODHS office nearest you](#). They will help you with this change.

- ▶ Some OHP members with Medicare have the OHP with Limited Drug benefit. Changes for these members are listed in “Changes for OHP members with Medicare.”
- ▶ Other OHP members may no longer qualify for OHP once they get Medicare. For example, Qualified Medicare Beneficiaries will only get an Oregon Health ID so that OHA can pay for Medicare cost-sharing (see “Out-of-pocket costs for Medicare members”).

## Changes for Oregon Health Plan members with Medicare

OHP can help cover Medicare premiums, copays and other things Medicare does not cover (such as rides to appointments and dental care). Let us know before you go on Medicare so we can help.

### Your CCO enrollment

OHP enrolls Medicare members in CCOs with medical, dental and behavioral health coverage. If you get Medicare while you are on OHP, your CCO enrollment will not change. You do not have to get medical care through your CCO.

To learn more, call your local CCO and learn more about how Medicare and OHP benefits can work together. You can find a list of the CCOs in your county at [OHP.Oregon.gov](#). Click “[Find a health plan](#) (CCO).”

### Your prescription drug benefits

Your OHP benefits do not include drugs that are covered by Medicare Part D.

If you qualify for Medicare Part D but choose not to enroll, you will have to pay for drugs that Medicare Part D would cover if you had it. To learn more about OHP benefits, see pages 17–24.

### Your CCO choices

Many CCOs have a Medicare Advantage plan that includes Medicare Part D coverage. CCOs may also offer Dual Special Needs Plans (D-SNPs) that manage OHP and Medicare benefits for members. These plans have low out-of-pocket costs. They manage Medicare and Medicaid benefits to give members integrated care.

- ▶ You may get a letter or phone call from ODHS asking if you need help to make these choices.
- ▶ You may also call the Aging and Disability Resource Connection (ADRC) at 855-673-2372 or the ONE Customer Service Center at 1-800-699-9075 (711 TTY). You can call and ask for “choice counseling.”

## Out-of-pocket costs for Medicare members

If you are a **Qualified Medicare Beneficiary (QMB)**, you are **not** responsible for Part A or B copays, deductibles or coinsurance charges. You also do not have to pay for any services covered by Medicare Part A or B. To learn more about what to do if a provider expects you to pay a bill, see pages 38–40.

- ▶ QMB members with OHP coverage have the **QMB + OHP with Limited Drug** benefit package listed on their coverage letter.
- ▶ QMB members without OHP coverage have only the **Qualified Medicare Beneficiary** benefit package.

## Page 41 Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

## Medicare Part D

- ▶ Medicare Part D has copayments of \$1.30-\$8.95 on covered drugs.
- ▶ OHP does not pay Medicare premiums, deductibles or copayments for Medicare Part D drug plans or services.

## Show all ID cards at your provider visits

These include your Medicare ID, Oregon Health ID, Medicare Advantage ID, CCO/plan ID, Medigap card and Medicare Part D plan card.

## If you are in a nursing home while you are on the Oregon Health Plan

The Estate Recovery Program may collect money from your estate when you die. This money will help repay the state for your care. See pages 43–44 to learn more about this program.

## Help for Medicare members

- ▶ Call the Aging and Disability Resource Connection (ADRC) at 855-673-2372 or the ONE Customer Service Center at 1-800-699-9075 (711 TTY).
- ▶ You can also call the Senior Health Insurance Benefits Assistance (SHIBA) line at 800-722-4134. SHIBA counselors will help you understand and make decisions about your care.



## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# PAYMENT RECOVERY

When you applied, you agreed that any other medical payments you receive would go to the state. This is called “assignment of rights.” When the state collects these other payments, it is called “payment recovery.”

The state will keep the money it collects from other payers. This money helps other people get the care and services they need. You can also find information about payment recovery at [OHP.Oregon.gov](http://OHP.Oregon.gov) (click “[Your rights](#)”).

## Estate recovery

After an OHP member dies, ODHS will ask to be paid back for services that OHP covered after age 55 for people in long-term care. This is known as “estate recovery.” Federal and state law require this.

Some of the money from estate recovery goes into ODHS programs to help other people. Some is returned to the federal government so Oregon may continue to receive federal money for Medicaid programs.

### *When does estate recovery apply?*

Estate recovery applies only when OHP has paid for some or all of the cost of a member’s long-term care using Medicaid funds. Long-term care can be:

- ▶ An assisted living facility
- ▶ A residential care facility
- ▶ An adult foster home
- ▶ In-home care
- ▶ A nursing facility
- ▶ An intermediate care facility for people with intellectual or developmental disabilities or
- ▶ Other similar long-term care.

### *What benefits are recoverable?*

All Medicaid benefits paid since age 55 during the member’s long-term care, such as:

- ▶ All long-term care benefits
- ▶ Provider payments for services received on a fee-for-service basis
- ▶ Monthly fees paid to a coordinated care organization
- ▶ Medicare copays, coinsurance, premiums and deductibles paid before Jan. 1, 2010 and
- ▶ The monthly fee that OHA paid to Medicare for the member’s Part D prescription coverage.

### *If the OHP member was married:*

- ▶ ODHS will not make a claim to recover Medicaid benefits until the OHP member’s spouse dies.
- ▶ After that, ODHS will make the claim against the spouse’s estate to the extent allowed by law.

### *If the OHP member was in a domestic partnership:*

Contact the Estate Administration Unit to learn more.

### *If the OHP member has any children:*

ODHS will not make a claim to recover Medicaid benefits if any living children are:

- ▶ Under age 21 or
- ▶ Blind or permanently and totally disabled. The disability must meet the Social Security Administration’s definition of permanent and total disability.

This only applies to the OHP member’s natural or legally adopted children.



## ***If the OHP member is American Indian or Alaska Native:***

ODHS will not make a claim to recover Medicaid benefits from tribal resources, such as:

- ▶ Interest and income from tribal land or resources
- ▶ Tribal property, including tribal property in or near a recognized reservation or
- ▶ Items of unique religious, spiritual, traditional and cultural significance.

To learn more, see Oregon Administrative Rule 461-135-0837.

## ***Hardship waivers***

Any person receiving money or valuables after the OHP member dies may ask ODHS to waive estate recovery. The person must meet the requirements of a hardship waiver. There are important deadlines for hardship waivers. Please contact the Estate Administration Unit right away.

## ***To learn more about estate recovery***

This is a summary of how estate recovery works for benefits received on or after Oct. 1, 2013. The law and rules may change without warning. To learn more, such as how it works for Medicaid benefits received before Oct. 1, 2013:

- ▶ [Read the Estate Recovery Program brochure \(MSC 9093\)](#).
- ▶ Also see Oregon Administrative Rules 461-135-0832 to 461-135-0847.

If you still have questions, contact:

**ODHS Estate Administration Unit**  
P.O. Box 14021, Salem, OR 97301  
800-826-5675 (toll-free inside Oregon)  
503-378-2884 / TTY: 711  
Fax: 503-378-3137.

## **Medical support**

If a child living in your home is on the Oregon Health Plan and one or both parents are not living with you, you gave the state permission to:

- ▶ Find out about your child's absent parent(s) and
- ▶ Sign up your child for the parent's health insurance or have the parent(s) pay for the child's OHP coverage.

If you have safety concerns about absent parents, tell us not to contact them. To do this, call ONE Customer Service at 800-699-9075 (TTY 711).

## **Personal injury or accidents**

If you have a claim or intend to file a claim for an accident, injury or medical malpractice, please tell us right away. Filing a claim means that someone else might need to pay back OHP for any health care payments related to your claim.

- ▶ This could be from their private insurance, car insurance or another source.
- ▶ This applies from the date of your injury to the date the claim is paid.

If you do not tell us about a claim or any payments you get from a claim, OHA or your CCO may take legal action against you. We may file suit or seek an overpayment against you, or you may lose your benefits.

## ***To report a personal injury***

Report current claims or your intent to file a claim at [www.reportinjury.org](http://www.reportinjury.org). If you have questions, contact:

**ODHS Personal Injury Liens Unit**  
P.O. Box 14512, Salem, OR 97309  
Toll-free 800-377-3841  
503-378-4514 (Salem) TTY 711

If you are in a CCO, you must also tell the CCO about the claim. Contact information for CCOs in on page 53.

## **Need help?**

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# MAKING DECISIONS ABOUT YOUR HEALTH CARE

You can make decisions about your own care. You can even refuse treatment. If you are awake and alert, you can tell your providers what you want. But what if you can't tell them? This could happen if your mind or body gets too sick or injured.

There are three types of forms you can complete to make sure your wishes are known:

- ▶ **For end-of-life decisions**, the advance directive (living will) and Physician Orders for Life-Sustaining Treatment (POLST)
- ▶ **For care during a mental health crisis**, the Declaration for Mental Health Treatment.

Completing these forms is your choice. If you choose not to fill out and sign these forms, this will not affect your health plan coverage or your access to care. See below for more information about these forms.

You can also find these forms at [OHP.Oregon.gov](http://OHP.Oregon.gov) (click "[Your rights](#)").

## End-of-life decisions

### *Advance directive (living will)*

This form lets you decide and write down what you want for your care before you need it. You may not want certain kinds of treatment, such as a breathing machine or feeding tube that will keep you alive. You can write that in an advance directive.

You can get a free advance directive form from most providers and hospitals. You can also [find one online](#).

If you complete an advance directive, be sure to let your family and providers know about it. Give them copies. They can only follow your instructions if they have them.


The advance directive also lets you name a person to direct your health care. This person is called

your "health care representative." Your health care representative does not need to be a lawyer or health care professional. You should choose someone who knows your wishes in detail. The person you choose must agree in writing to be your health care representative.

If you change your mind, you can cancel your advance directive anytime. To cancel it, ask for the copies back and tear them up. Or, you can write, "CANCELED" on the form in large letters, sign and date all copies. If your provider or hospital has an electronic copy, ask the staff to delete it.

For questions or more information, call Oregon Health Decisions at 800-422-4805 or 503-692-0894, TTY 711.

**Note:** Some providers may not follow advance directives for religious reasons. You should ask your providers if they will follow your advance directive.



OFFICE OF THE DIRECTOR  
Office of the State Public Health Director

### Oregon Advance Directive for Health Care

**This Advance Directive form allows you to:**

- Share your values, beliefs, goals and wishes for health care if you are not able to express them yourself.
- Name a person to make your health care decisions if you could not make them for yourself. This person is called your health care representative and they must agree to act in this role.

**Be sure to discuss your Advance Directive and your wishes with your health care representative.** This will allow them to make decisions that reflect your wishes. It is recommended that you complete this entire form.

**The Oregon Advance Directive for Health Care form and Your Guide to the Oregon Advance Directive are available on the Oregon Health Authority's website.**

- In sections 1, 2, 5, 6 and 7 you appoint a health care representative.
- In sections 3 and 4 you provide instructions about your care.

**The Advance Directive form allows you to express your preferences for health care.** It is not the same as Portable Orders for Life Sustaining Treatment (POLST) as defined in ORS 127.663. You can find more information about the POLST in Your Guide to the Oregon Advance Directive.

**This form may be used in Oregon to choose a person to make health care decisions for you if you become too sick to speak for yourself or are unable to make your own medical decisions.** The person is called a health care representative. If you do not have an effective health care representative appointment and you become too sick to speak for yourself, a health care representative will be appointed for you in the order of priority set forth in ORS 127.635 (2) and this person can only decide to withhold or withdraw life sustaining treatments if you meet one of the conditions set forth in ORS 127.635 (1).

**This form also allows you to express your values and beliefs with respect to health care decisions and your preferences for health care.**

**If you have completed an advance directive in the past, this new advance directive will replace any older directive.**

1 OHA390501042022

Page 1 of Oregon's advance directive form

## Page 45 Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

## Physician Orders for Life-Sustaining Treatment (POLST)

This form is for patients who:

- ▶ Are expected to die within one year
- ▶ Are likely to have a medical crisis and
- ▶ Want providers to know what emergency treatments they do and do not want.

The patient's doctor would decide if POLST fits their needs. Learn more about this form on the [POLST website](#).

Healthy patients should use an advance directive rather than a POLST to make their end-of-life treatment wishes known.

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT			
Physician Orders for Life-Sustaining Treatment (POLST)			
Follow these medical orders until orders change. Any section not completed implies full treatment for that section.			
Patient Last Name:		Patient First Name:	Patient Middle Name: Last 4 SSN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address: (street / city / state / zip):		Date of Birth: (mm/dd/yyyy) / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
<b>A</b> <i>Check One</i>	<b>CARDIOPULMONARY RESUSCITATION (CPR):</b> <i>Unresponsive, pulseless, &amp; not breathing.</i>		
	<input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR If patient is not in cardiopulmonary arrest, follow orders in B and C.		
<b>B</b> <i>Check One</i>	<b>MEDICAL INTERVENTIONS:</b> <i>If patient has pulse and is breathing.</i>		
	<input type="checkbox"/> <b>Comfort Measures Only.</b> Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.</i> <b>Treatment Plan:</b> Provide treatments for comfort through symptom management.		
	<input type="checkbox"/> <b>Limited Treatment.</b> In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital if indicated. Generally avoid the intensive care unit.</i> <b>Treatment Plan:</b> Provide basic medical treatments.		
<input type="checkbox"/> <b>Full Treatment.</b> In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. <i>Transfer to hospital and/or intensive care unit if indicated.</i> <b>Treatment Plan:</b> All treatments including breathing machine.			
<b>Additional Orders:</b> _____			
<b>C</b> <i>Check One</i>	<b>ARTIFICIALLY ADMINISTERED NUTRITION:</b> <i>Offer food by mouth if feasible.</i>		
	<input type="checkbox"/> Long-term artificial nutrition by tube. <input type="checkbox"/> Defined trial period of artificial nutrition by tube. <input type="checkbox"/> No artificial nutrition by tube. <b>Additional Orders (e.g., defining the length of a trial period):</b> _____		
<b>D</b> <i>Must Fill Out</i>	<b>DOCUMENTATION OF DISCUSSION: (REQUIRED)</b> <i>See reverse side for add'l info.</i>		
	<input type="checkbox"/> Patient (If patient lacks capacity, must check a box below) <input type="checkbox"/> Health Care Representative (legally appointed by advance directive or court) <input type="checkbox"/> Surrogate defined by facility policy or Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion- see reverse side) Representative/Surrogate Name: _____ Relationship: _____		
<b>E</b>	<b>PATIENT OR SURROGATE SIGNATURE AND OREGON POLST REGISTRY OPT OUT</b>		
	Signature: <i>recommended</i>		This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box: <input type="checkbox"/>
<b>F</b> <i>Must Print Name, Sign &amp; Date</i>	<b>ATTESTATION OF MD/DO/NP/PA (REQUIRED)</b>		
	By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's <b>current</b> medical condition and preferences.		
	Print Signing MD / DO / NP / PA Name: <i>required</i>	Signer Phone Number:	Signer License Number: <i>(optional)</i>
MD / DO / NP / PA Signature: <i>required</i>	Date: <i>required</i>	Office Use Only:	
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION E			
<small>© CENTER FOR ETHICS IN HEALTH CARE, Oregon Health &amp; Science University 2014</small>			

Page 1 of the POLST form

### Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

## Declaration for Mental Health Treatment

This form tells what kind of care you want if you cannot make decisions about your mental health care. You can fill it out while you can understand and make decisions about your care. A court and two doctors can decide if you are not able to make decisions about your mental health treatment.

In the Declaration for Mental Health Treatment, you make choices about the kinds of care you want and do not want. It can be used to name an adult to make decisions about your care. The person you name must agree to speak for you and to follow your wishes. If your wishes are not known, this person will decide what you would want.

A declaration form is good for only three years. If you become unable to decide your care during those three years, your declaration will remain good until you can make decisions again. You may change or cancel your declaration when you can understand and make choices about your care. You must give your form to your primary care provider and the person you name to make decisions for you.

The [OHA 9550](#) contains the instructions and form for making a [Declaration for Mental Health Treatment](#).

## If your wishes are not followed

If your provider does not follow your wishes as stated in these forms, you can call 971-673-0540 or TTY 711 or send a complaint to:

### Health Care Regulation and Quality Improvement

800 N.E. Oregon St., #465

Portland, OR 97232

Email: [mailbox.hclc@odhsoha.oregon.gov](mailto:mailbox.hclc@odhsoha.oregon.gov)

You can find complaint intake forms and additional information at [OHP.Oregon.gov](http://OHP.Oregon.gov). Click "[Complaints and appeals](#)."

**Declaration for Mental Health Treatment**

I, \_\_\_\_\_, being an adult of sound mind, willfully and voluntarily make this **Declaration** for mental health treatment. I want this **Declaration** to be followed if a court or two physicians determine that I am unable to make decisions for myself because my ability to receive and evaluate information effectively or communicate decisions is impaired to such an extent that I lack the capacity to refuse or consent to mental health treatment. "Mental health treatment" means treatment of mental illness with psychoactive medication, admission to and retention in a health care facility for a period up to 17 days, convulsive treatment and outpatient services that are specified in this **Declaration**.

**Choice of Decision Maker**

If I become incapable of giving or withholding informed consent for mental health treatment, I want these decisions to be made by: (INITIAL ONLY ONE)

My appointed representative consistent with my desires, or, if my desires are unknown by my representative, in what my representative believes to be my best interests.

By the mental health treatment provider who requires my consent in order to treat me, but only as specifically authorized in this **Declaration**.

Page 2 of 9

*Page 1 of Oregon's Declaration for Mental Health Treatment*

# COORDINATED CARE ORGANIZATION MEMBERS



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## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# COORDINATED CARE ORGANIZATION MEMBERS

Coordinated care organizations (CCOs) are plans in your area that help you use your Oregon Health Plan (OHP) benefits. A CCO has a local group of providers like doctors, counselors and dentists who work together to keep you healthy.

This means that no matter where you get care, your CCO knows you. Your CCO can work with you to make sure you stay healthy.

This section is an overview of how CCOs help OHP members. CCO members can read their CCO member handbook to learn more.

## How CCOs take care of you

Instead of just treating you when you get sick, CCOs work with you to keep you healthy. CCOs can help you manage your health conditions. There may be added services for members with chronic conditions such as diabetes, asthma and heart disease, or for those with other health needs.

- ▶ CCOs may give and cover some benefits that OHP does not cover, such as weight loss classes.
- ▶ You and your family can get medical, dental and behavioral health care when you need it.

CCOs can:

- ▶ Give you a health care team to work with
- ▶ Help your caregivers and family members join your team
- ▶ Help you avoid testing or services you already had or don't really need
- ▶ Give you the tools and support you need to stay healthy and
- ▶ Give you advice that is easy to understand and follow.

## Care helpers

CCOs have care helpers. These people are trained to help you get the right care based on your family's special needs.

There are many kinds of care helpers, such as intensive care managers, community health workers, outreach workers, peer support specialists, peer wellness specialists (including family support and youth support specialists), health coaches and personal health navigators.

## What care helpers can do for you

A care helper could help you:

- ▶ Find a doctor, dentist, food or shelter
- ▶ Plan for leaving the hospital
- ▶ Manage medications
- ▶ Get equipment you need
- ▶ Manage a medical condition such as:
  - » Diabetes
  - » Asthma
  - » Chronic obstructive pulmonary disease (COPD)
  - » Congestive heart failure
  - » Coronary artery disease
  - » Depression or
  - » Chronic pain.

The goal is to keep you healthy at home. People who get this kind of help use the emergency room less. They stay in their own home longer. A health coach may work with you to have better health. You may learn a better way to work with your doctors and get all the services you need.

## *Intensive Care Coordination Services (ICCS)*

Also known as Exceptional Needs Care Coordination, ICCS can help CCO members who are disabled or have:

- ▶ Several chronic conditions
- ▶ High health care needs or
- ▶ Special health care needs.

ICCS helps CCO members who are older or have special needs or disabilities to:

- ▶ Understand how their CCO works
- ▶ Find a provider who can help with special health care needs
- ▶ Get a timely appointment with a primary care provider, dentist, specialist or other health care provider
- ▶ Get equipment, supplies or services they need, and
- ▶ Coordinate care among all of a member's doctors, other providers, community support agencies and social service agencies.

### *To ask for a care helper:*

Call your CCO's customer service.

## *Rewarding providers for keeping you healthy*

CCOs may reward your providers for keeping you well. They cannot reward your providers for limiting the services or referrals they give you. If you want to know about the rewards your CCO gives, ask the CCO.

## *Join in CCO activities*

Your CCO has a community advisory council (CAC). Most of the council members are OHP members. Other members are from local agencies and groups that serve OHP members.

All CCO members are welcome to come to CAC meetings. You can learn what your CCO is doing for

your community. You can let your CCO know how it's doing, as a community member or as a CAC member.

If you are interested in being a CAC member, please call your CCO's customer service for an application.

To learn more about CACs, visit [OregonCAC.com](http://OregonCAC.com).

## **When you join a CCO**

Your CCO will send you a welcome packet in the mail. It will have your CCO ID cards and member handbook.

Your CCO may list your dental plan on the CCO ID card, or your dental plan may send you its own ID card.

- ▶ Each family member may choose a different PCP and PCD.
- ▶ If you do not choose a PCP or PCD, your CCO may choose them for you.

Your CCO will mail you a letter about your PCP. It will tell you your PCP's name and contact information. If you want to change your PCP, ask your CCO.

Your CCO or dental plan will also mail you a letter about your PCD.

## *If you don't get a welcome packet or lose your ID card*

Call your CCO's customer service for a new packet and CCO ID card.

## **What CCOs cover**

Your CCO pays for your health care. For most people, CCOs pay for medical, dental and behavioral health (mental health and substance use disorder treatment) services.

If your CCO plans to change how you get covered services, the CCO will send you a letter at least 30 days before the change. Changing your primary care provider is one example of such a change.

## **Need help?**

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

## Coordinated care organization members

### ***CCOs cover services from providers in their network***

You must use providers who are in the CCO's provider network. A network is a group of providers who agree to serve the CCO's members.

Your CCO will tell you if you must use any specific providers in order to get certain services. Otherwise, you are free to choose a network provider that works for you. Ask your CCO about the providers you can use.

### ***Specialty care***

Specialty care is care that you cannot get from your PCP. In most cases, if you need specialty care, your PCP needs to refer you to a specialist. Your CCO can tell you what services need a referral from your PCP.

However, you do not need a referral for these things. Instead, you can see any provider in your CCO's network for:

- ▶ Help to stop smoking
- ▶ Help with addiction to alcohol or drugs (substance use disorder services)
- ▶ Mental health services and
- ▶ Reproductive services (contraceptives, vasectomies, tubal ligations, abortions).

Your CCO may also need to approve specialty care.

### ***If you want to get a service your CCO does not cover***

You will need to pay for the service if it is not provided by a network provider or is not a service the CCO covers.

To learn more, see pages 25–26 (“Services that are limited or not covered”).

## **When you can change your CCO**

American Indian and Alaska Native members can join, change or leave their CCO anytime.

All other members can change at these times as long as there is another open CCO in their area:

- ▶ If you are new to the Oregon Health Plan, during the first 90 days after you enroll
- ▶ If you have been on OHP before, during the first 30 days after you enroll in a CCO
- ▶ If you move to a place that your CCO doesn't serve, as soon as you tell ONE Customer Service about the move
- ▶ When you renew your OHP coverage (usually once each year)
- ▶ If you have an important OHP-approved medical reason
- ▶ For any other reason, one time each year.

For Medicare members, the change will happen as soon as OHA approves it. For all other members, it will happen at the end of that month.

**Note:** Only some parts of Oregon have more than one CCO. This means you can't change CCOs in most counties.

### ***To find your local CCOs***

Go to [OHP.Oregon.gov](http://OHP.Oregon.gov) and click “[Find a health plan \(CCO\)](#).” You can then find a list of the CCOs in your county. The list tells you if a plan is open or closed for enrollment.

- ▶ If a plan is open, you can choose that CCO.
- ▶ If a plan is closed, you cannot choose that CCO.



### **Tips for choosing a CCO and dental plan**

- ▶ Call the doctor's office or clinic you have now (if you have one). Ask which OHP plan the provider takes.
- ▶ Find out if the CCO's providers are near where you live.
- ▶ Find the CCOs listed for your area. Call them or go to their websites to learn which doctors, nurses, clinics, hospitals, pharmacies, dentists and mental health providers you can use.

### **If you do not choose a CCO when you renew or apply for OHP**

OHA will choose a CCO for you unless you are American Indian or Alaska Native. OHA will choose a CCO in your area that is open to new members.

CWM and CWM Plus members are not eligible to be enrolled in a CCO.

### **If you are enrolled in Medicare**

OHA will enroll you in a CCO that covers medical, dental and behavioral health care. You don't have to get your medical care through the CCO. If you want to change this, you need to tell us.

To learn more about how the Oregon Health Plan and Medicare work together, see pages 41–42.

### **If you are American Indian or Alaska Native**

OHA will not enroll you in a CCO. OHA will pay for your medical, dental and behavioral health care. You don't have to get your medical care through the CCO. If you want to change this, you need to tell us.

### **How to change CCOs**

If you want to change your CCO, call OHP Client Services at 800-273-0557, TTY 711.

- ▶ If you want to change because of a problem getting the right care, please let your CCO try

to help you first. Just call your CCO's customer service and ask for a care helper.

- ▶ If you still want to leave or change your CCO after that, call OHP Client Services.

## **If you want fee-for-service Oregon Health Plan**

OHP wants your CCO to coordinate your medical, dental and behavioral health care. But you can ask for fee-for-service OHP at these times:

- ▶ **American Indian, Alaska Native and Medicare members** can change to fee-for-service OHP at any time by calling OHP Client Services at 800-273-0557 (TTY 711).
- ▶ **All other OHP members** can only choose fee-for-service OHP if they have an important medical reason for doing this.
  - » First, call your CCO and ask for help. You may not need to be in fee-for-service OHP to get the help you need.
  - » If your CCO can't help, call OHP Client Services. Staff will mail you a *Request for Temporary Fee-for-Service Coverage* form (OHP 416) to complete.
  - » Give the form to your primary care provider. Your provider will fill out the form and ask OHA to approve giving you fee-for-service OHP.

## **Being removed from your CCO**

Your CCO may ask OHA to remove you if you:

- ▶ Are abusive to CCO staff or your providers or
- ▶ Commit fraud, such as letting someone else use your health care benefits.

### **Need help?**

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# CCO LIST

This lists the CCOs that serve each part of Oregon. To learn more about the CCOs open in your county, go to [OHP.Oregon.gov](http://OHP.Oregon.gov). Click “[Find a health plan](#) (CCO).” You can learn about the pharmacies, hospitals and dental plans that work with the CCOs near you.

## ***Advanced Health***

Southern Coast

[www.advancedhealth.com](http://www.advancedhealth.com)

800-264-0014 or 541-269-7400

## ***AllCare CCO***

Southern Oregon and Curry County

[www.allcarehealth.com/medicaid](http://www.allcarehealth.com/medicaid)

888-460-0185

## ***Cascade Health Alliance***

Klamath County

<https://cascadehealthalliance.com>

888-989-7846 or 541-883-2947

## ***Columbia Pacific CCO***

Northern Coast

[www.colpachealth.org](http://www.colpachealth.org)

855-722-8206 or 503-488-2822

## ***Eastern Oregon CCO***

[www.eocco.com](http://www.eocco.com)

888-788-9821 or 503-765-3521

## ***Health Share of Oregon***

Portland Metro Area

[www.healthshareoregon.org](http://www.healthshareoregon.org)

888-519-3845 or 503-416-8090

Five different medical plans serve Health Share of Oregon members:

800-224-4840 (CareOregon)

800-813-2000 (Kaiser Permanente NW)

877-500-2680 (Legacy/PacificSource)

844-827-6572 (OHSU Health)

800-898-8174 (Providence Health Services)

## ***InterCommunity Health Network***

Mid-Willamette Valley

[www.ihntogether.org](http://www.ihntogether.org)

888-832-4580 or 541-768-4550

## ***Jackson Care Connect***

Jackson County

[www.jacksoncareconnect.org](http://www.jacksoncareconnect.org)

855-722-8208

## ***PacificSource Community Solutions***

Central Oregon, Columbia Gorge

Lane, Marion and Polk counties

<https://communitysolutions.pacificsource.com>

800-431-4135

Local numbers:

Central Oregon and Columbia Gorge: 541-382-5920

Lane, Marion and Polk Counties: 503-210-2515

## ***Trillium Community Health Plan***

Portland Metro Area

Lane, Linn and Douglas counties

[www.trilliumchp.com](http://www.trilliumchp.com)

877-600-5472 or 541-485-2155

## ***Umpqua Health Alliance***

Douglas County

<https://www.umpquahealth.com/ohp/>

866-672-1551 or 541-229-4842 (541-229-4UHA)

## ***Yamhill Community Care***

Yamhill, Polk and Washington counties

[www.yamhillcco.org](http://www.yamhillcco.org)

855-722-8205

# FEE-FOR-SERVICE (FFS) OR OPEN CARD MEMBERS



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## Need help?

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.

# FEE-FOR-SERVICE (FFS) MEMBERS

If your coverage letter does not list a CCO or plan for your medical, dental or behavioral health care, you get your benefits as a fee-for-service member.

- ▶ When Oregon Health Plan (OHP) members first join, they are in fee-for-service for a couple of weeks before getting enrolled in a CCO.
- ▶ Some people will stay in fee-for-service and not be in a CCO. Examples include:
  - » People with CWM and CWM Plus benefits and
  - » People who have private insurance with full medical coverage.
- ▶ Some people can choose to be in fee-for-service or be in a CCO, such as American Indian and Alaska Native people.
- ▶ Members with Medicare can change or leave the CCO they use for medical care at any time. However, members with Medicare must use a CCO for dental and mental health care.

When you get services as a fee-for-service member, this does not mean you pay for the services. OHA pays each provider a fee for the covered services you receive.

## If you only have fee-for-service benefits

You manage your health care with providers who have agreed to bill OHA for services to fee-for-service members.

### *If you need help finding a provider*

Call 800-562-4620 (Monday through Friday, 8 a.m. to 5 p.m.).

### *If you need care coordination help*

If you are American Indian or Alaska Native, call CareOregon Tribal Care Coordination at 844-847-9320 (TTY 711).

All other fee-for-service members can call 800-562-4620 (TTY 711).

## If you also have other medical coverage

Your other medical coverage will manage your health care. Your providers should bill your other coverage first.

- ▶ Ask your insurance company which providers you can see.
- ▶ Tell your providers that you now have OHP as your secondary insurance. Show your Oregon Health ID card.

# MY OREGON HEALTH PLAN PHONE LIST

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Use this page to write down names and phone numbers you might need later.

Call your primary care provider or dentist first whenever you need care. They are your partners for good health!

## *My OHP health plans*

CCO name \_\_\_\_\_ Phone \_\_\_\_\_  
Dental plan \_\_\_\_\_ Phone \_\_\_\_\_  
Mental health plan \_\_\_\_\_ Phone \_\_\_\_\_

## *Other health coverage (if you have it)*

Plan name \_\_\_\_\_ Phone \_\_\_\_\_  
Plan name \_\_\_\_\_ Phone \_\_\_\_\_  
Plan name \_\_\_\_\_ Phone \_\_\_\_\_

## *My health care providers*

Primary care provider \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Mental health provider \_\_\_\_\_ Phone \_\_\_\_\_  
Pharmacy \_\_\_\_\_ Phone \_\_\_\_\_  
OHP ride service \_\_\_\_\_ Phone \_\_\_\_\_

## *Other health care providers*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

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### **Need help?**

Fee-for-service (FFS) members: Call OHP Client Services – 800-273-0557 (TTY 711).

Coordinated care organization (CCO) members: Call the phone number listed on your CCO member ID.



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OREGON HEALTH PLAN (OHP)  
**HANDBOOK**