



OREGON HEALTH PLAN (OHP)
HANDBOOK

March 2017

ENGLISH

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Email: oregonhealthplan.changes@dhsosha.state.or.us
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البريد الإلكتروني (الإيميل): oregonhealthplan.changes@dhsosha.state.or.us
نستقبل جميع المكالمات الهاتفية المعمولة بواسطة خدمات الاتصال المكتوب (relay calls) أو يمكنكم الاتصال بالرقم 711.

SOMALI / SOOMAALI

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Barnaamijka/halka la iskala soo xiriirayo:
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Email-ka: oregonhealthplan.changes@dhsosha.state.or.us
Waa aqbalnaa wicitaanada gudbinta oo dhan ama waxaad wici kartaa 711.

KOREAN/한국어

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तपाईं यो फारम पैसा नतिरिक्न अन्य भाषाहरु, ठुलो अक्षर, ब्रेल वा तपाईंले चाहेको अन्य तरिकाले पनि पाउन सक्नुहुन्छ ।
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KAREN/ကညီကျိၚ်

နမူနာလံာ်တီလံာ်မိတခါအံလောကျိၚ်အကတဖၢ်.လံာ်ဖျၢၣ်လၢအဒိၣ်.လံာ်လၢပုၤမဲၢ်တထံၣ် တၢ်အဂီၢ်မ့တမ့ၢ်လံာ်အက့ၢ်အဂီၢ်နအဲၣ်ဒီးဘၣ်သးအီၤအသိးလၢတလိၣ်ဟ့ၣ်အပူၤဘၣ် သ့ဝဲန့ၣ်လီၤ.
တၢ်ရဲၣ်တၢ်ကျဲၤ.တၢ်ဆဲးကျိး--Oregon Health Plan (OHP) Client Services
လီၤတဲစိနီၢ်ဂံၢ်-1-800-273-0557
အံ့မ့လ်- oregonhealthplan.changes@dhsosha.state.or.us
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HMONG/LUS HMOOB

Koj txais tau daim ntawv no ua lwm yam lus, ua ntawv loj, ua lus braille rau neeg dig muag los sis uas lwm yam uas koj nyiam lawv ua pub dawb.
Kev pab/tus neeg uas tiv tauj: Oregon Health Plan (OHP) Client Services
Xov tooj: 1-800-273-0557
Tsab Email: oregonhealthplan.changes@dhsosha.state.or.us
Peb txais cov kev hu xov tooj rau neeg lag ntseg los sis koj mam li hu 711 los tau.

MIEN/MIENH

Naaiv zeiv sou meih haih lorz duqv fiev dieh nyung nzaangc nyei, nzaangc-hlo, hluo nyei nzaangc fai dieh nyung ei meih qiex zuqc nyei maiv zuqc cuotv nyaanh.
Program/jiu tong: Oregon Health Plan (OHP) Client Services
Douc waac hoc: 1-800-273-0557
Email: oregonhealthplan.changes@dhsosha.state.or.us
Yie mbuo zipv nzengc relay call fai meih heuc 711.

CAMBODIAN / ភាសាខ្មែរ

អ្នកអាចទទួលបានឯកសារនេះជាភាសាដទៃទៀត ជាអក្សរធំៗ អក្សរសំរាប់ជនពិការភ្នែក ឬ ជាទម្រង់ណាមួយ ដែលអ្នកចង់បាន ដោយមិនគិតថ្លៃ។
កម្មវិធី/ទាក់ទងទៅ: Oregon Health Plan (OHP) Client Services
ទូរស័ព្ទ: 1-800-273-0557
អ៊ីមែល: oregonhealthplan.changes@dhsosha.state.or.us
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LAO / ລາວ

ທ່ານສາມາດໄດ້ຮັບເອກະສານນີ້ເປັນພາສາອື່ນ, ຕົວພິມຂະໜາດໃຫຍ່, ໜັງສືໂພງສຳລັບຄົນຕາບອດ ຫຼື ໃນຮູບແບບທີ່ທ່ານຕ້ອງການໄດ້ໂດຍບໍ່ເສັຽຄ່າ.
ໂຄງການ/ຕິດຕໍ່: Oregon Health Plan (OHP) Client Services
ໂທອະສັບ: 1-800-273-0557
ອີເມວ: oregonhealthplan.changes@dhsosha.state.or.us
ພວກເຮົາຍອມຮັບການໂທສຳລັບຄົນພິການ ຫຼື ທ່ານສາມາດໂທຫາ 711 ໄດ້.

WHO TO CALL FOR HELP

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

OHP Customer Service

All OHP members should use OHP 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

Contact OHP Customer Service by:

- ▶ **Telephone** (the best way to reach us): 1-800-699-9075 toll-free (TTY 711)
- ▶ **Email:** oregonhealthplan.changes@dhsoha.state.or.us. Use the DHS/OHA secure email site at <https://secureemail.dhsoha.state.or.us/encrypt> to send your email to OHP. Include your full name, date of birth, Oregon Health ID number, address and phone number.

Coordinated care organization (CCO) members

If you need help, call your CCO. The number is on your OHP coverage letter and CCO ID card. See page V for a list of all CCO phone numbers. Your CCO will help you:

- ▶ Find a doctor or other provider
- ▶ Get the right care
- ▶ Solve a problem
- ▶ Ask for an appeal
- ▶ 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

To change your CCO, call OHP Client Services at 1-800-273-0557 (TTY 711).

If you do not have a CCO

If you need help, call OHP Client Services at 1-800-273-0557 (TTY 711).

OHP Client Services will help you:

- ▶ Understand medical and dental coverage
- ▶ Ask for a State Fair Hearing
- ▶ 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

24/7 Nurse Advice Line

FFS members can also call the 24-hour nurse advice line at 1-800-562-4620 (TTY 711) to:

- ▶ Find a doctor or other health care provider
- ▶ Ask for a health coach
- ▶ Talk to a nurse any time about their health and where to go for care

OHA Ombudsperson

If the resources on this page can't help you, you can ask the OHA Ombudsperson for help:

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

Fax: 503-947-2341

Toll-free: 1-877-642-0450 (TTY 711)

CCO LIST

Service areas listed are general and not complete. To learn more about the CCOs open in your county, go to OHP.Oregon.gov. Click "[Find a health plan](#) (CCO)."

AllCare

Southern Oregon and Curry County
www.allcarehealthplan.com
1-888-460-0185

Cascade Health Alliance

Klamath County
www.cascadehealthalliance.com
1-888-989-7846

Columbia Pacific CCO

Northern Coast
www.colpachealth.org
1-855-722-8206

Eastern Oregon CCO

www.eocco.com
1-888-788-9821

FamilyCare, Inc.

Portland Metro Area
www.familycareinc.org
1-800-458-9518

Health Share of Oregon

Portland Metro Area
www.healthshareoregon.org
1-888-519-3845 (main)
1-800-224-4840 (CareOregon)
1-800-813-2000 (Kaiser Permanente NW)
1-800-898-8174 (Providence Health Services)
1-866-575-8104 (Tuality Health Alliance)

InterCommunity Health Network

Mid-Willamette Valley
www.samhealth.org/healthplans/members/ihncco/Pages/default.aspx
1-888-435-2396, option 1

Jackson Care Connect

Jackson County
www.jacksoncareconnect.org
1-855-722-8208

PacificSource Community Solutions

Central Oregon
www.communitysolutions.pacificsource.com
1-800-431-4135

PacificSource Community Solutions

Eastern Columbia Gorge
www.communitysolutions.pacificsource.com
1-855-204-2965

Primary Health of Josephine County

www.primaryhealthjosephine.org
1-800-471-0304

Trillium Community Health Plan

Lane County and Southern Coast
www.trilliumchp.com
1-877-600-5472

Umpqua Health Alliance

Southern Oregon
www.umpquahealthalliance.org
1-800-676-7735

Western Oregon Advanced Health

Southern Coast
www.woahcco.com
1-800-264-0014

Willamette Valley Community Health

Mid-Willamette Valley
www.wvchealth.org
1-866-362-4794

Yamhill Community Care

Yamhill County
www.yamhillcco.org
1-855-722-8205

Helpful phone numbers:

Fee-for-service (FFS) members: Call OHP Client Services – 1-800-273-0557 (TTY 711).

CCO/plan members: Call the phone number listed on your CCO/plan ID.

MY OHP PHONE LIST

Use this page to write down names and phone numbers for easy reference.

Call your primary care provider and 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 _____

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WELCOME TO THE OREGON HEALTH PLAN



We are glad to serve you! The Oregon Health Plan (OHP) helps cover the health care costs of people with low incomes. State

and U.S. governments pay for it. In other states, this kind of help is called “Medicaid.” It’s also called the “Children’s Health Insurance Program (CHIP).”

How to get started using OHP

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 must show them at each appointment.
- ▶ Choose a primary care provider and a dentist (see page 26 to learn how).
- ▶ Make appointments to meet them and get a checkup. Don’t wait until you are sick.
- ▶ If you need help getting to an appointment, call your CCO or local ride service. OHP covers rides to appointments. See page 18 to learn more.
- ▶ Call ahead to your provider if you cannot make it. Your provider’s office will set up a new visit.

It is a good idea to make an appointment to see your new provider as soon as you receive your ID card(s). This is especially true if you have not been to the doctor in a year or more. Your provider will learn about your health needs, and you will get to know your provider. That will help you feel comfortable calling your provider if a problem comes up.

To learn more about using your OHP coverage, see page 26.

Renew your OHP each year

You need to renew your OHP every year. Everyone will renew at different times — your letter will tell you when.

When you get your letter, do what it says right away so you don’t lose coverage.

There are two ways that people get OHP:

- ▶ Through a coordinated care organization (CCO) that works with you to manage your health care and coverage (see page 7 for how to learn which CCO you have); or
- ▶ Through your doctor, which is called “fee-for-service” (FFS). You and your doctor manage your health care. This is also called “open card.” If you have full medical coverage through private insurance, you will have FFS OHP.



COORDINATED CARE ORGANIZATIONS

If your coverage letter lists a CCO (see page 7), you get OHP through a coordinated care organization (CCO). All your providers — doctors, nurses, counselors, dentists — work together to prevent disease and improve your health and the health of everyone on OHP in their communities.

How CCOs take care of you

Instead of just treating you when you get sick, CCOs work with you to keep you healthy and help you manage your health conditions. For example, 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:

- ▶ Help prevent emergencies and trips to the hospital and emergency room
- ▶ Give you a health care team to work with
- ▶ Help all of your caregivers, including family members, become part of your team
- ▶ Share information to avoid repeat or unneeded testing
- ▶ Give you the tools and support you need to stay healthy
- ▶ Give you advice that is easy to understand and follow

What CCOs cover

Your CCO manages and pays for your health care. For most people, CCOs pay for medical, dental and behavioral health (mental health and substance use disorder treatment) services. Some people have CCOs only for dental or mental health. The Oregon Health Authority (OHA) pays the CCO a fee every month to take care of many of your health care needs. You must use providers who are in the CCO's provider network.

For most specialty care, you need a referral from your doctor before seeing a specialist, even if that specialist is in the CCO's network. However, you don't need a referral to see providers in your CCO's network for the following:

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

Choosing a CCO

You can choose a CCO right on your OHP application.

In some cases, you may have more than one CCO choice in your area. You can find a list of the CCOs in your county on page V and information about the CCOs at OHP.Oregon.gov (click “[Find a health plan \(CCO\)](#).” The list tells you if a plan is open or closed for enrollment. If a plan is open for enrollment, you can choose that CCO. If a plan is closed for enrollment, you cannot choose that CCO. OHP will assign you to an open CCO in your area.

You may have one CCO for your physical care and another for dental and/or behavioral health care.

If you do not choose a CCO, are not enrolled in Medicare, and are not American Indian or Alaska Native, OHP will choose a CCO for you.

Tips for choosing a CCO and dental plan

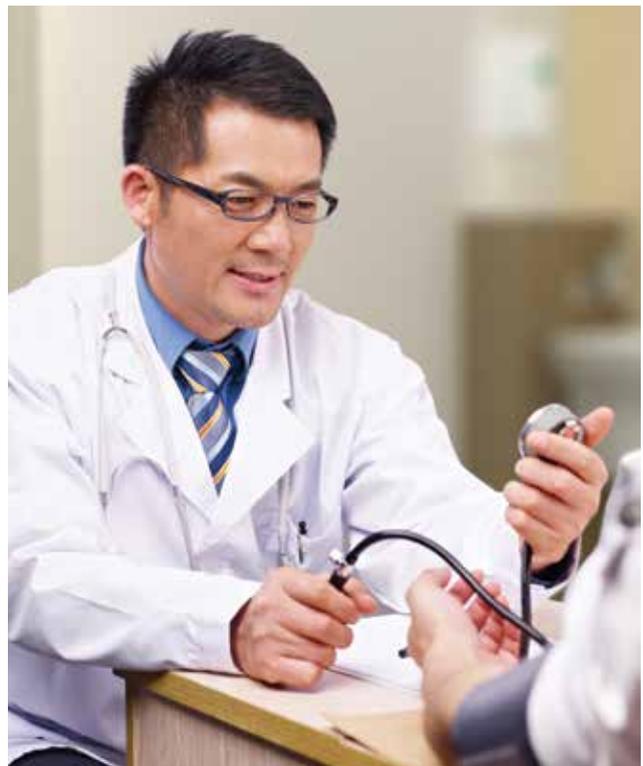
- ▶ Call the doctor or clinic you have now (if you have one). Ask which plan they take.
- ▶ Find out if the providers in the plan are near where you live.
- ▶ Find the plans listed for your area. Call the plans or go to their websites to learn which doctors, nurse practitioners, clinics, hospitals, pharmacies, dentists and mental health providers are in the plan.
- ▶ Call the plan’s member services department to learn the rules for going to a specialist.

Choosing a primary care provider

When you enroll in a CCO, you choose a primary care provider (PCP) and primary care dentist (PCD). Each family member may choose a different PCP and PCD. Your PCP and PCD will manage your medical and dental services and treatments.

- ▶ Your CCO will give you 30 days to choose a PCP. After 30 days, the CCO may choose one for you. Ask your CCO for a list of providers, or look at the provider directory on the CCO’s website.
- ▶ If you have a provider that you want to keep, find out if the provider is in your CCO’s provider network. If not, ask your provider to join the network.

Your PCP and PCD are your first contacts when you need medical or dental care, unless it’s an emergency. Your PCP arranges all your specialty and hospital care. You can also choose a behavioral health provider to be your first contact for care.



When you can change your CCO

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

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

- ▶ You can change plans during the first 30 days after you enroll.
- ▶ If you are new to OHP, you can change CCOs during the first 90 days after you enroll.
- ▶ If you move to a place that your CCO doesn't serve, you can change CCOs as soon as you tell OHP Customer Service about the move.
- ▶ You can change CCOs when you renew your OHP coverage. This usually happens once each year.
- ▶ You can change CCOs if you have an important OHP-approved medical reason.
- ▶ You can also change CCOs for any reason one time each year.

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

Changing CCOs

If you want to change to a different CCO, call OHP Client Services at 1-800-273-0557, 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.

Being removed from your CCO

Your CCO may ask OHP 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.

If you have private insurance with full medical coverage, OHA will remove you from your CCO once this coverage is confirmed by the DHS/OHA Health Insurance Group.

Rewarding doctors for keeping you healthy

CCOs and other plans may have physician incentives. These reward your doctors for keeping you well. Doctors cannot be rewarded for limiting the services or referrals they give you.

Contact your CCO if you want to know about any physician incentives it provides.

Involvement in CCO activities

Your CCO has a Community Advisory Council (CAC). Most of the council members are OHP members. Other members are from government agencies and groups that provide OHP services.

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

FEE-FOR-SERVICE (FFS) OR OPEN CARD

If your coverage letter does not list a CCO or plan for your medical, dental or mental health care, you receive services as a fee-for-service (FFS) member. This is also known as “open card.”

- ▶ When you first join OHP, you will be an FFS member for a couple of weeks before you are enrolled in a CCO.
- ▶ Some people will stay FFS members and not be in a CCO. For example, people who have private insurance with full medical coverage do not need to be in a CCO.

When you get services as an FFS member, OHP pays each provider a fee for the covered services you receive.

If you only have OHP coverage

As an FFS member, you and your doctor manage your health care. You can see any primary care provider (also called a “PCP”) and specialist who will take your Oregon Health ID card.

If you have other medical coverage

Your other medical coverage (not OHP) will manage your health care. Ask your insurance company which providers you can see.

- ▶ Tell current providers that you now have OHP as your secondary insurance, and ask if they will accept FFS (“open card”) OHP.
- ▶ If your providers are able to bill both your insurance company and OHP, OHP may be able to pay for things that your insurance company can't.

If you are in a CCO but want to receive services as an FFS member

OHP wants you to get managed health care from a CCO. CCOs are designed to make sure you receive the best possible care within your community. CCOs can provide and cover some services that OHP cannot. But you can change to fee-for-service OHP at any time if:

- ▶ You are an American Indian or Alaska Native
- ▶ You are also on Medicare in addition to OHP or
- ▶ You have an important medical reason that OHP approves



FOR MEDICARE MEMBERS

If you go on Medicare, your OHP benefits may change. OHP can help cover Medicare premiums, copays and other things Medicare does not cover. When you go on Medicare, it's important to let us know so we can help you use your coverage in the best way.

- ▶ Oregon's Aging and People with Disabilities (APD) program helps people learn about Medicare and OHP benefits.
- ▶ You may get a letter or phone call from the local APD or Area Agency on Aging (AAA) office asking if you need help to make these choices.
- ▶ You may also call the Aging and Disability Resource Connection (ADRC) at 1-855-673-2372 to get your local APD or AAA office phone number. You can call and ask for "choice counseling."
- ▶ You can also call the Senior Health Insurance Benefits Assistance (SHIBA) line at 1-800-722-4134. SHIBA counselors will help you understand and make decisions about your care.

If you have Medicare and OHP, please remember:

- ▶ **OHP will enroll you in a CCO for mental and dental health.** If you want to choose a CCO for your medical care, you will have to ask for this. To learn more, call OHP Customer Service at 1-800-699-9075. You can also 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 OHP benefits do not include drugs that are covered by Medicare Part D.** If you are eligible 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 11–19.

- ▶ **Show all Medicare and Medicaid 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 a Qualified Medicare Beneficiary (QMB), you are not responsible for Part A or B copays, deductibles or coinsurance charges, or 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 29–31.

If you are in a nursing home while you are on OHP, 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 36–37 to learn more about this program.

Cost-sharing requirements for Medicare members

- ▶ Different, mandatory copayments of \$1 to \$6.50 apply to Medicare Part D drugs.
- ▶ OHP does not pay Medicare premiums, deductibles or copayments for Medicare Part D drug plans or services.



Helpful phone numbers:

Fee-for-service (FFS) members: Call OHP Client Services – 1-800-273-0557 (TTY 711).

CCO/plan members: Call the phone number listed on your CCO/plan ID.

COVERAGE LETTERS TELL YOU WHICH TYPE OF OHP YOU HAVE AND CHANGES TO YOUR COVERAGE

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

- ▶ You first join OHP
- ▶ There are any changes in your OHP benefits
- ▶ You have a new CCO
- ▶ 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

This letter tells you important information, as shown below.

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

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

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

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

Coverage letters tell you which type of OHP you have and changes to your coverage

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
Jane Doe	02/01/1968	XX1235XX	No	OHP with Limited Drug	A, B, C, G, H, I
Timothy 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

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

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 17 to learn more)

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

Private insurance

Private insurance is other health insurance, such as plans you buy on your own or get from your job. Sometimes OHP can help pay for the insurance premium. Your coverage letter calls this type of insurance TPR. This means “third-party resource.” It is also called “third-party liability” (TPL).

If you have reported private insurance to us, 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.

If your private insurance has a premium, the Health Insurance Premium Payment Program (HIPP) may be able to help pay for it. To learn more and apply for premium help, go to www.OregonHIPP.org.

Tell your health care providers about all the health coverage you have, including private insurance and OHP. 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 (see pages 29-31 to learn more).

Helpful phone numbers:

Fee-for-service (FFS) members: Call OHP Client Services – 1-800-273-0557 (TTY 711).

CCO/plan members: Call the phone number listed on your CCO/plan ID.

Identification cards

When you go to a doctor, pharmacy or hospital, you must show your Oregon Health ID, your CCO/plan ID and any other insurance cards (such as Medicare or private insurance).

If you can't find your cards, you can still go to the doctor. Be sure to tell them about each type of coverage you have.

Oregon Health ID

OHA sends each person on OHP an Oregon Health ID card.

Did you receive your Oregon Health ID card in the mail? We can send you a new card if:

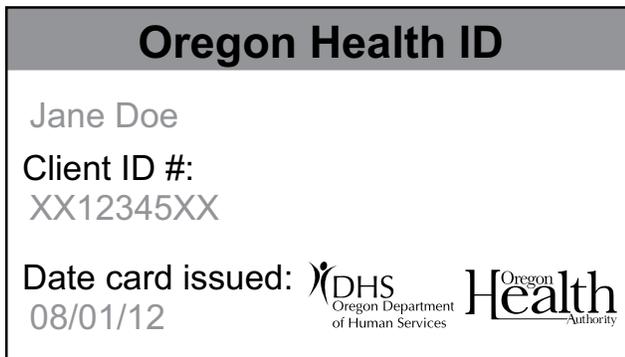
- ▶ Your name changes
- ▶ Your ID number changes
- ▶ You lose the card and need a new one

If you are not enrolled in a CCO, you may use your Oregon Health ID card to see any provider that accepts OHP.

If your Oregon Health ID card is not correct, or you get a new card with your name but a different client ID, call OHP Customer Service right away at 1-800-699-9075 (TTY 711). See "Who to call for help" (page IV) to learn more about when to call.

CCO ID cards

CCOs also send ID cards. Call your CCO's customer service number if you lose your card.



Front



Back

YOUR NEEDS ARE IMPORTANT

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

Patient-centered primary care homes (PCPCHs)

One way we help you get the best possible care is to ask our providers to be patient-centered primary care homes (PCPCH). PCPCHs get to know you and your needs. They keep records about your health, the medicines you take and other information to make sure your medical, dental and behavioral care is right for you. To find a local PCPCH, visit OHP.Oregon.gov. Click "[Find a patient-centered primary care home](#)."



Care helpers

CCOs have people specially trained to help you get the right care. They are called intensive care managers, community health or outreach workers, peer wellness specialists, health coaches or personal health navigators. Please call your CCO's customer service for more information.

If you are a FFS member, you can ask for a health coach to help you get the care you need. To do this, call OHP Care Coordination at 1-800-562-4620 (TTY 711).

What can a care helper do for me?

A care helper could help you:

- ▶ Find a doctor, food or shelter
- ▶ Plan for leaving the hospital
- ▶ Manage medications
- ▶ Get equipment you need
- ▶ Stay in your own home longer
- ▶ Manage a medical condition such as:
 - » Diabetes
 - » Asthma
 - » Chronic obstructive pulmonary disease (COPD)
 - » Congestive heart failure
 - » Coronary artery disease
 - » Depression
 - » 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 independent in their 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)

This was formerly called Exceptional Needs Care Coordinator Services. ICCS can help CCO members who are disabled or have:

- ▶ Several chronic conditions
- ▶ High health care needs
- ▶ 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 physician, specialist or other health care provider

Helpful phone numbers:

Fee-for-service (FFS) members: Call OHP Client Services – 1-800-273-0557 (TTY 711).

CCO/plan members: Call the phone number listed on your CCO/plan ID.

- ▶ Get equipment, supplies or services they need
- ▶ Coordinate care among all of a member's doctors, other providers, community support agencies and social service agencies

Call your CCO's customer service and ask for a staff member who is specially trained to meet your particular need.

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.

WHAT OHP COVERS

The health care services that OHP may cover are based on your benefit package(s). See page 2 of your coverage letter to find out what type of coverage you have. For any service that OHP covers, the provider must be enrolled as an OHP (Oregon Medicaid) provider.

Emergency care

OHP pays for true emergencies — medical, dental and behavioral health — all day and night, every day of the year. Emergencies are covered anywhere in the United States, but not in Mexico or Canada. You do not need approval before you get care in a true emergency.

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 can have a very long wait, sometimes many hours, before you see a doctor.

What is a true emergency?

True emergencies 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 a tooth that falls out, severe tooth pain or serious infection.
- ▶ Examples of a behavioral health emergency are feeling out of control or threatening to hurt yourself or others.

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

What if you don't know if it's a true emergency?

If you don't know if you have a true emergency, 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 1-800-562-4620 (TTY 711). Nurses are there all day and night, every day of the year. A nurse can help you decide if you should go to an emergency room. The nurse may tell you to go to an urgent care center or wait to see your regular doctor or dentist.

What to do in a true emergency

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 Oregon Health ID or your CCO ID card. 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.

If you are outside of Oregon

Go to an emergency room or call 911. Make sure to tell them you are an OHP (or "Oregon Medicaid") member. If you have a CCO or other health care coverage, tell them that, too.

Ambulance

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

After an emergency: 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 that 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. They will tell you what you need to do.



BENEFITS COVERED UNDER OHP PLUS, OHP WITH LIMITED DRUG AND CITIZEN-ALIEN WAIVED EMERGENCY MEDICAL (CAWEM) PLUS

This is a summary of the most common OHP services. See pages 14–19 to learn more about these and other covered services. If you want to know if a specific service is covered, ask your provider.

Diagnostic services

Preventive services

Behavioral health care

- ▶ Mental health care
- ▶ Substance use disorder (chemical dependency) treatment

Dental care

- ▶ Basic services including exams, cleanings, fillings, tooth removal, fluoride
- ▶ Urgent or immediate treatment
- ▶ Crowns and dentures (with limitations)
- ▶ Sealants, root canals on back teeth for children under age 21 (with limitations)

Medical care

- ▶ Emergency care
- ▶ Exams, tests, laboratory and X-rays
- ▶ Family planning services
- ▶ Hearing aids and hearing aid exams
- ▶ Home health
- ▶ Private duty nursing
- ▶ Hospice care — not covered for CAWEM Plus clients
- ▶ Hospital care
 - » Emergency treatment
 - » Inpatient and outpatient care
- ▶ Immunizations (shots)
- ▶ Medical care from a physician, nurse practitioner or physician's assistant
- ▶ Medical equipment and supplies
- ▶ Physical, occupational and speech therapy
- ▶ Pregnancy, labor, delivery and newborn care
- ▶ Transgender health

Prescription drugs

- ▶ OHP with Limited Drug covers only those drugs that Medicare Part D does not cover.
- ▶ Note: If you are eligible 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.

Rides to appointments

Stop-smoking programs

Vision and eye care

- ▶ Medical care
- ▶ Glasses to treat a qualifying medical condition such as aphakia or keratoconus, or after cataract surgery
- ▶ Services, exams and glasses to correct vision — for children, pregnant women and adults age 18–20

Diagnostic services

OHP covers doctor visits to find out about your health. If you have a health problem, we will pay for services to find out what is wrong.

Preventive services

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

Some examples of preventive services:

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

Behavioral health care

Mental health care

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

The Choice Model

The Adult Mental Health Initiative (AMHI) is now the Choice Model. The Choice Model offers more and better treatment options for adults with mental illness. Mental health providers coordinate care with medical and other providers to treat the whole



person. There are more choices for person-centered services and supports in the community.

The goal is for adults with mental illness to have as much independence as possible in their communities. That means less care in institutions. The Choice Model also lets local and state agencies help design treatment options. Call your CCO or your local mental health program to learn more.

Substance use disorder (addiction) treatment

You do not need a referral to get help for problems with alcohol or drugs. If you are in a CCO, check with the plan. If you are not in a plan, you can see any provider that will take your Oregon Health ID. Covered medications include:

- ▶ Methadone
- ▶ Suboxone
- ▶ Buprenorphine
- ▶ Vivitrol
- ▶ 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.

Some of the covered outpatient and residential treatment services are:

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

Wraparound services for children and families

Wraparound services involve a team approach to helping children birth to 18 meet their behavioral health needs. A care coordinator works with the team, which includes families and youth, to 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.

Dental care

- ▶ 24-hour emergency care
- ▶ Crowns:
 - » Stainless steel crowns on back teeth for adults age 21 and over
 - » Most other crowns for children, pregnant women and adults age 18–20
- ▶ Dentures:
 - » Full dentures every 10 years
 - » Partial dentures every five years
- ▶ Preventive services including cleanings, fluoride, varnish, sealants for children
- ▶ Root canals on back teeth for children, pregnant women and adults age 18–20
- ▶ Routine services (check-ups, fillings, X-rays and tooth removal)
- ▶ Specialist care

Medical care

- ▶ 24-hour emergency ambulance, care, X-ray and lab 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
- ▶ Immunizations (shots)
- ▶ Medical care from a doctor, nurse practitioner or physician's assistant
- ▶ Medical equipment and supplies
- ▶ Physical, occupational and speech therapy
- ▶ Some surgeries
- ▶ Specialist care
- ▶ Treatment for most major diseases

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 supplies, including condoms and birth control pills
- ▶ Sterilization services (vasectomies and getting tubes tied)

Other services include:

- ▶ Women's annual exam
- ▶ Pregnancy testing
- ▶ Screenings for sexually transmitted diseases (STDs)
- ▶ Abortion
- ▶ 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 the CCO's network.

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

Pregnancy care

OHP covers pregnancy care. If you become pregnant, call OHP Customer Service at 1-800-699-9075 or TTY 711 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. You also need to call OHP Customer Service if a pregnancy ends.

Important!

- ▶ If you are pregnant, or think you might be, it is important that you see a health care provider right away.
- ▶ Regular pregnancy check-ups are important.
- ▶ Keep your appointments and follow your doctor's advice.
- ▶ Do not use alcohol or drugs before or during 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 1-800-784-8669.
- ▶ 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
 - » Help prevent birth defects

Newborn care

After your baby is born, call OHP Customer Service as soon as you can. Call 1-800-699-9075, TTY 711. OHP will cover your baby until his or her first birthday.

You will receive a new coverage letter listing your baby, and an Oregon Health ID card for your baby. Call OHP Customer Service if you do not receive these.

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

- ▶ Date of birth
- ▶ Name
- ▶ Sex
- ▶ Social Security number (when your baby gets one)
- ▶ Your primary care provider
- ▶ Your CCO (to enroll your newborn)

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 also covers gender transition medical and surgical services. To learn more, contact your CCO or OHP Client Services.

Prescriptions

Your CCO will cover all medical prescriptions.

OHP covers behavioral health (mental health and substance use disorder) prescriptions for both FFS and CCO members.

Please show both your Oregon Health ID and CCO ID cards to your pharmacy when picking up your prescriptions. Also show ID cards for any other current health coverage you have.

Your CCO has a list called a “formulary” of the prescription drugs it covers. Call your CCO’s customer service for the list, or look for it on the CCO’s website. Not all medications are on this list.

To look up your medication, you should know:

- ▶ The medication’s exact name
- ▶ The dose you take
- ▶ How many pills your doctor prescribes

If your prescription is not covered, you can:

- ▶ Ask your doctor if there’s a less expensive medication
- ▶ Ask if this prescription needs preapproval
- ▶ Ask your doctor for samples from the drug company
- ▶ Apply for free medication from the drug company’s Patient Assistance Program

You can ask your doctor if the medication you get is covered. If it isn’t, you can ask for one that is covered.



Medicare prescription coverage

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

If you choose not to enroll in a Part D drug plan, you will have to pay out-of-pocket for most of your prescriptions.

Home-delivery pharmacy

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

FFS members can use the OHP Home-Delivery Pharmacy Services program to order and receive medications in the mail. You can receive them at home or at your clinic. You can:

- ▶ Order prescriptions for all OHP members in your family
- ▶ Order refills by mail or phone
- ▶ Have delivery within eight to 10 days
- ▶ Order up to a three-month supply at one time, as prescribed by your health care provider

Your provider can send your prescription to OHP Home-Delivery Pharmacy Services. You can enroll yourself by calling 1-877-935-5797 (TTY 711), Monday through Friday, from 7:30 a.m. to 5:30 p.m.

Pharmacy Management Program

If you are assigned to the Pharmacy Management Program, you must get all of your prescriptions filled at one pharmacy.

Use the pharmacy noted on your coverage letter. If you have an assigned pharmacy, 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
- ▶ 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 (1-800-273-0557; TTY 711) to change pharmacies.

You can change pharmacies:

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

Rides to appointments

OHP, CAWEM Plus and OHP with Limited Drug cover travel you need to get health care covered by OHP. This benefit is also called “non-emergent medical transportation” or “NEMT.”

OHP does not cover rides to appointments if you are a Qualified Medicare Beneficiary (QMB).

If you do not have your own car, you might:

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

If you are in a CCO

Keeping your health care appointments is important. If you cannot get to an appointment on your own, please call your CCO’s ride service.

If you are not in a CCO

Call the OHP ride service in your county (also known as a “brokerage”).

To find the brokerage that serves you, go to OHP.Oregon.gov. Click “[Rides to appointments](#).”

Travel costs

In some cases, OHP may pay you back the cost of going to appointments for covered services, including gas, meals and lodging.

This can happen only if your ride service approves it before you go to your appointment. To get approval, call your ride service.



Helpful phone numbers:

Fee-for-service (FFS) members: Call OHP Client Services – 1-800-273-0557 (TTY 711).

CCO/plan members: Call the phone number listed on your CCO/plan ID.

Stop-smoking programs

OHP pays for services to help you stop smoking. Talk to your primary care provider for more information.

Oregon Quit Line

English 1-800-QUIT-NOW (1-800-784-8669)

Español 1-855-DEJELO-YA

TTY 1-877-777-6534

Online 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. If you have a medical eye condition such as aphakia or keratoconus, or just had cataract surgery, OHP will cover glasses.

OHP covers services to correct vision (such as eye exams and glasses) only for children, pregnant adults of any age, and adults age 18–20.

BENEFITS COVERED UNDER CAWEM AND QMB

Citizen-Alien Waived Emergency Medical (CAWEM)

This coverage is for people from other countries who now live in Oregon but do not have an immigration status that qualifies them for Medicaid. They meet OHP income limits but not federal Medicaid immigration requirements. CAWEM members are always FFS members. They cannot enroll in a CCO.

Coverage is only for:

- ▶ Emergency services in the United States (but not in Mexico or Canada), described on pages 11 and 12;
- ▶ Labor and delivery. If you are on CAWEM and become pregnant, call OHP at 1-800-699-9075 (TTY 711) to sign up for CAWEM Plus benefits.

The service provider(s) must be enrolled with OHP (Oregon Medicaid).

Qualified Medicare Beneficiary (QMB)

If you are a QMB, OHP will only cover your Medicare Part B premium, and Part A and Part B deductibles and copays.

You are not responsible for copays, deductibles or coinsurance charges for Medicare services; providers should not bill you for these or request payment upfront.



SERVICES THAT ARE LIMITED OR NOT COVERED

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 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.gov). Click “[Prioritized List of Health Services](#).”

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, mild flu, sprains, seasonal allergies, 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
- ▶ Weight loss programs (some CCOs cover weight loss programs)

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 another 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 is not enrolled with OHP or
- ▶ Are in a CCO but use a non-network provider

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.
- ▶ Ask your provider if:
 - » The provider has tried all other covered options available for treating your condition
 - » There is a hospital, medical 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 all of the same things as the “OHP Client Agreement to Pay for Health Services” form (OHP 3165), such as:

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

You can see a copy of this form at <https://apps.state.or.us/Forms/Served/he3165.pdf>.

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 29-31.

IMPORTANT RIGHTS FOR ALL OHP MEMBERS

This list does not include all rights. To learn more, go to OHP.Oregon.gov. Click "[Your rights](#)."

You have the right to:

- ▶ Be treated with dignity and respect, the same as other patients
- ▶ Choose your provider
- ▶ Tell your provider about all your health concerns
- ▶ Have a friend or helper come to your appointments, and an interpreter if you want one
- ▶ Get information on all your OHP-covered and non-covered treatment options
- ▶ Everyone has a right to understand Oregon Health Authority (OHA) programs. See pages 22 and 23 to learn more
- ▶ 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 that 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 Action" letter if you are denied a service or there is a change in service level
- ▶ Information and help to appeal denials and ask for a hearing
- ▶ Make complaints and get a response without bad treatment from your plan or provider
- ▶ Free help from the OHA Ombudsperson

Being treated with respect

Cultural sensitivity and fair treatment (nondiscrimination)

OHA 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
- ▶ National origin
- ▶ Color
- ▶ Race
- ▶ Disability
- ▶ Religion
- ▶ Gender identity
- ▶ Sex
- ▶ Marital status
- ▶ Sexual orientation

To report your concern or get more information please contact the civil rights manager in one of these ways:

- ▶ **Web:** www.oregon.gov/OHA/OEI
- ▶ **Email:** OHA.PublicCivilRights@state.or.us
- ▶ **Phone:** 1-844-882-7889, 711 TTY
- ▶ **Mail: Office of Equity and Inclusion**
421 SW Oak St, Ste 750
Portland OR 97204-1821

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
- ▶ **Email:** OCRComplaint@hhs.gov
- ▶ **Phone:** 1-800-368-1019; TTY 1-800-537-7697
- ▶ **Mail:** 200 Independence Ave SW, Rm 509F
HHH Building
Washington DC 20201

Within six months of the unfair treatment, you can send complaints to:

- ▶ **Civil Rights Division**
U.S. Department of Justice
950 Pennsylvania Ave NW
Washington DC 20530
1-888-736-5551; TTY 202-514-0716
or
- ▶ **Office for Civil Rights**
U.S. Department of Health and Human Services
90 7th St, Ste 4-100
San Francisco CA 94103
1-800-368-1019; TTY 1-800-537-7697

Within one year of the unfair treatment, you can send a complaint to:

- ▶ **Oregon Bureau of Labor and Industries (BOLI)**
800 NE Oregon St, Ste 1045
Portland OR 97232
971-673-0764; TTY 711

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

If you need assistance please contact:
Language Access Services Program Coordinator

- ▶ **Phone:** 1-844-882-7889, 711 TTY
- ▶ **Email:** Languageaccess.info@state.or.us

Language help

You have a right to get letters, prescription labels and other important documents in the language that is right for you. You can also have an interpreter.

OHA, all OHP providers and CCOs will help with language and other needs.

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 1-800-273-0557 (TTY 711). Just call and tell us the language you need.

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

- ▶ **CCO members:** Call the CCO number on your CCO ID card.
- ▶ **FFS members:** Call OHP Client Services 1-800-273-0557 (TTY 711).

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 confirm your interpreter is qualified and/or certified in Oregon? If so, go to www.oregon.gov/OHA/oei.

If you are denied an interpreter or translation services, you can contact OHA's Office of Equity and Inclusion at 1-844-882-7889 (TTY 711) or email OHA.PublicCivilRights@state.or.us.

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. Click on "[Minor rights and access to care.](#)"

Disability rights (Americans with Disabilities Act, or ADA)

The Americans with Disabilities (ADA) law ensures that people with disabilities get full and equal access to health care services and facilities. People with disabilities have a right to reasonable changes to gain equal access. You can request an accommodation from OHA or your CCO. For help with this, contact OHA's Office of Equity and Inclusion. Email OHA.PublicCivilRights@state.or.us or call 1-844-882-7889, 711 TTY.

Native Americans and Alaska Natives

OHP members who are Native Americans or Alaska Natives can get their care from a tribal wellness center or Indian Health Services (IHS) clinic. This is true even if they are in a CCO. CCOs can pay tribal and IHS providers the same as if they were in the CCO's provider network, even if they are not in the network.

Your medical records

Keeping your medical records private

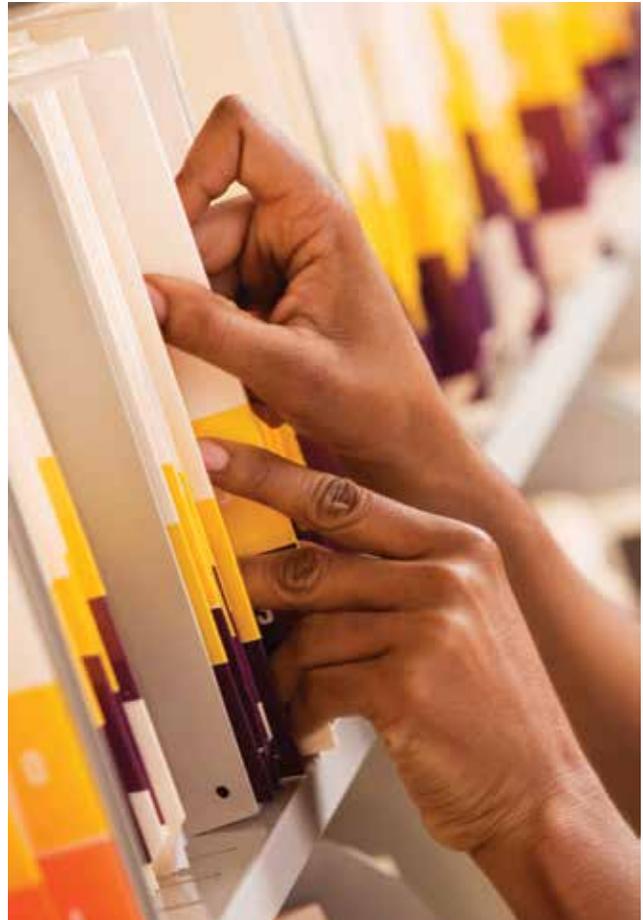
A law called the “Health Insurance Portability and Accountability Act (HIPAA)” protects your medical records and keeps them private. This is also called “confidentiality.” A paper called “Notice of Privacy Practices” explains in detail OHP members’ rights to keep their personal information private, and how their personal information is used.

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

A copy of your records

Your doctor has most of your records, so ask that office for a copy of your medical record. You can ask your CCO for a copy of its records. The provider and CCO may charge a reasonable fee for copies.

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



YOUR RESPONSIBILITIES AS AN OHP MEMBER

When you applied for OHP, you agreed to give OHA true, correct and accurate information, when OHA asks you 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 (click “Your rights”).

As an OHP member, you agree to:

- ▶ Find a doctor or other provider you can work with and tell that provider all about your health
- ▶ Treat providers and their staff with the same respect you want
- ▶ Bring all your medical ID cards to appointments (Oregon Health ID, CCO/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 check-ups, 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 at 1-800-699-9075 (TTY 711) as soon as possible:
 - » You have a new name or address
 - » 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 (child support, unemployment benefits) goes up \$50 or more
- » You get or lose other health insurance
- » You receive money for an injury
- ▶ Read all letters that OHA and your CCO send you. If you have problems reading what we send you, call your CCO or OHP Client Services and ask for help.
- ▶ Report Medicaid fraud. Please tell us if you think you see fraud, such as charging for a service you didn't get or someone using another person's ID to get OHP benefits. Call or write to the following 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:

DHS Provider Audit Unit

P.O. Box 14152
3406 Cherry Avenue N.E.
Salem, OR 97309-9965
Phone: 1-888-372-8301
Fax: 503-378-2577

To report client fraud:

DHS Investigations Unit

P.O. Box 14150
Salem, OR 97309
Phone: 1-888-372-8301
Fax: 503-373-1525

You can also report client and provider fraud online at www.oregon.gov/dhs/abuse/Pages/fraud-reporting.aspx.

USING YOUR OHP COVERAGE

Finding the right provider

Choose your main doctor (also called your primary care provider) and dentist (or primary care dentist). How do you decide who is right for you? Here are some things to think about:

1. Choose a provider that is in your CCO's provider network. Check the provider directory or visit the provider's website.
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, you may need someone to translate for you at your health care visit.
4. Choose a few providers you think you like. Call them and ask:
 - » If they will take a new patient
 - » If they will accept your CCO or Oregon Health ID
 - » Where they are
 - » When they are open
 - » How far away they are from you
 - » If they are near public transportation
5. Choose a doctor and make an appointment, even if you do not need to see a doctor right now. It may take some time to get your first appointment. You can get to know the doctor and the people who work with the doctor.
 - » Have your Oregon Health ID and CCO ID card handy when you call.
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 doctor after your appointment, you can choose another one.

Staying healthy

- ▶ Make a plan with your doctor about your health care.
- ▶ Call your doctor's office and set up a date and time for a check-up every year.

Before you go to the doctor

Get these things ready so that you can bring them to your doctor's 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 doctor
- ▶ Your Oregon Health ID and CCO ID cards

At the appointment

If you need someone to translate for you, or if you need special help of any kind, always ask. Listen carefully to everything your doctor says. 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. Do I need to come back again soon?

If you are confused about anything, ask questions. Your doctors and nurses are there to answer your questions.

Ask for a printout of notes from your doctor visit.

Prior authorization

At your appointment, your doctor may want you to get services covered only under special conditions. Some of the services that may need prior authorization include:

- ▶ Dental services
- ▶ Durable medical equipment and supplies (such as wheelchairs, hospital beds, breast pumps)
- ▶ Home health care
- ▶ Hospital stays
- ▶ 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 Oregon Medicaid Preferred Drug List or your CCO/plan's drug list (also known as formulary)
- ▶ Speech and language services
- ▶ Transplants
- ▶ Vision services

Note: The above is not a complete list of the services that may require prior authorization. Your doctor will know if a service requires prior authorization.

How prior authorization works

Before you can get the service, your doctor will ask OHP or your CCO/plan if you can get the service. This is called a “prior authorization” request.

If the request is approved, you can get the service and OHP will cover it.

If it is denied, OHP will not cover the service. You can only get the service if you agree to pay for the service. OHP or your CCO/plan will send you a Notice of Action that explains why they denied the request. See page 32 (“Notice of Action”) to learn more.

After your appointment

After your appointment, your provider will bill your CCO/plan or OHP. Enrolled providers must accept the payment they receive and not charge you for any part of the bill; this applies if you have told them about your OHP coverage and your CCO/plan at the time of service.

Your provider is responsible for billing correctly. If you have told your provider about all the health coverage you have, including OHP, you should not have to help your provider's office correct any billing problems. See “If you get a bill” (pages 29-31) to learn more.

Urgent care

Urgent care is for non-life threatening situations that need help now, before you can get to a regular appointment. This could be:

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

You can go to urgent care without an appointment. Urgent care is a good option when your doctor's office is closed or you can't get an appointment, on the weekend or late at night. Urgent care can save you time and money instead of going to the emergency room.



How to get your prescriptions filled

- ▶ Bring a picture ID with you, such as a driver's license or passport.
- ▶ Show your Oregon Health ID and CCO 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.
- ▶ Some CCOs may send you your medicine by mail.
- ▶ See pages 17–18 to learn more.

Getting services outside Oregon

OHP may approve payment for services provided outside Oregon under certain conditions, such as a medical emergency (see “Emergency care,” pages 11–12) or if the service is not readily available in Oregon.

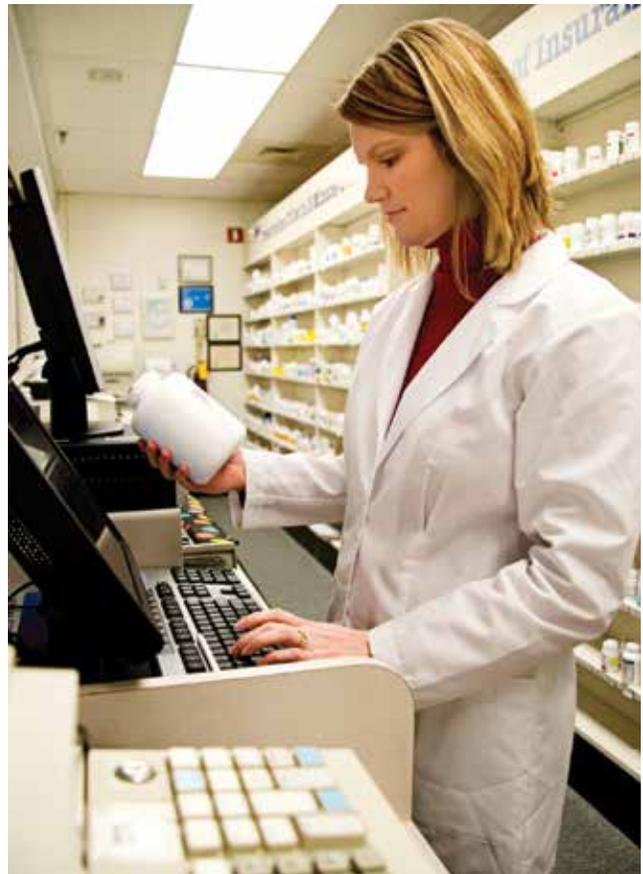
For non-emergency services, your CCO/plan or OHA must approve your going out of state to receive the service.

For all services you get outside Oregon, the provider must be enrolled with OHP (Oregon Medicaid) as an active provider. If the provider does not enroll, you must pay for the services.

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

If you need services outside of Oregon:

- ▶ Make sure your CCO/plan has approved the service. Your CCO/plan may not pay for services it does not authorize first.
- ▶ Tell the provider that you are an OHP (Oregon Medicaid) member. Show the provider your CCO/plan ID and your Oregon Health ID card.



IF YOU GET A BILL

You may get a bill for services that OHP should cover. Before you pay the bill, find out if you really have to pay it.

OHP members do not pay for OHP-covered services

Two federal laws (42 CFR 438.106(c) and 42 CFR 447.15) prohibit all providers from billing patients for services that are covered by Medicaid. Providers enrolled with OHP (Oregon Medicaid) or your CCO can hold you responsible for payment only if all of the following are true:

1. The service is something that your CCO and OHP **do not** cover and
2. Before you received the service, you signed an “Agreement to Pay” form (also called a “waiver”) that lists all the same things as the “OHP Client Agreement to Pay for Health” (OHP 3165) form, 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, or if the office should have known you are on OHP.

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

If you already received the service and OHP or your CCO does not pay your provider, your provider may not expect you to pay for a covered service.

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 should not bill you for these or ask you to pay them up-front.

OHP covers only the services of enrolled OHP (Oregon Medicaid) and CCO providers. Services by other providers are not covered.

Letters you may get

Your provider may send you a billing statement that shows how much your CCO/plan or OHP was billed. Examples of what the form should say are:

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

The above is general information and you do not need to do anything if you get a letter like this. But you should save this letter and any others like it you receive.

If you get a letter that does not say these things, your provider may not know you have OHP or other health coverage. Call your provider right away to give your coverage information. Then the provider can bill OHP and any other coverage you have.

You may get a letter saying that OHP or other payers will not pay for the service. That notice does not mean you have to pay. 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.

Your provider may tell you that OHP doesn’t cover a service you received. If so, you can challenge that decision. You can file an appeal and ask for a hearing (see pages 32–33).

If you were in the hospital, you will 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 that 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 should cover. As soon as you get a bill for a service that you received while you were an OHP member follow these steps in this order:

1. Call the provider's office right away. Tell them about all the health coverage you had, including OHP, when you received the health care service. Give them all your health care ID numbers, including your Oregon Health ID number and CCO member ID number. Ask them to bill your CCO or OHP.

2. If you get a second bill, call your CCO or OHP Client Services right away. Give them 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 cleared up.
 - » 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 not resolved, 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 V (at the start of this handbook) for a list of CCO websites.
 - » Say in the letter that you disagree with the bill because you had OHP coverage at the time of the service. 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 1-800-520-5292 (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 resolve the billing problem, call OHP Client Services for help.

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 more difficult to fix the problem once that happens.

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

- ▶ You may have to pay for services 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.
- ▶ You will have to pay if you were not an OHP member when you received services.
- ▶ You will have to pay 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 to your provider. If you do have to pay a bill, call your provider. Ask if they have any hardship options to help you pay the bill.

Copays

Even if OHP covers your service, you may have to pay a copay for services you received before Jan. 1, 2017.

- ▶ You can't be denied services if you can't make your copay.
- ▶ However, you will still owe the money to your provider and the provider can bill you for it.

Starting Jan. 1, 2017, there are no OHP copays.

For services received before Jan. 1, 2017, a copay of no more than \$3 may be required for the following types of health care services:

- ▶ Prescriptions, primary care or specialty care visits
- ▶ Home visits
- ▶ Outpatient surgery, physical or occupational therapy, or speech therapy
- ▶ Vision exams
- ▶ Acupuncture, chiropractic, naturopath and podiatry services
- ▶ Hearing aid services
- ▶ Behavioral health services
- ▶ Some prescriptions
- ▶ Services you get in an emergency room that are not an emergency

You do not have to pay a copay for:

- ▶ Family planning services, such as birth control pills
- ▶ Prescription drugs for nicotine replacement therapy
- ▶ Prescription drugs ordered through the OHP Home-Delivery Pharmacy Services Program (see page 17 to learn more about this program)
- ▶ Emergency services
- ▶ Lab tests, shots, medical equipment or X-rays

More billing information

You can find more information about billing, paying for services, appeals and hearings at OHP.Oregon.gov.

GRIEVANCE, APPEAL AND HEARING RIGHTS

How to make a complaint or grievance

You can complain or file a grievance if you are unhappy with OHP or your CCO, provider or services. If you are in a CCO, call its customer service or send the CCO a letter.

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 a FFS member call OHP Client Services.

“Notice of Action” (NOA)

If your CCO or OHP denies, stops or reduces a medical, dental or behavioral health service your provider has ordered, you will receive a “Notice of Action” letter in the mail. This letter explains why they made that decision.

The letter will explain how to appeal (through your CCO) or request a hearing (through OHP) to ask to have the decision changed. You have a right to ask for both an appeal and a state fair hearing at the same time. You must ask no more than 45 days from the date on the “Notice of Action” letter.

Important information about NOAs

Receiving an NOA is important because it allows you to request an appeal from your CCO/plan or a hearing with OHA if you do not agree with the decision. 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 Action” that shows the service is not covered. Once you have it, you can ask for an appeal with your CCO/plan or a hearing with OHP.

If you did not receive an NOA, ask your CCO/plan or OHP to send you one.

NOA content

The NOA you receive from OHA and your plans may look different, but every NOA must:

- ▶ Clearly state that it is a Notice of Action
- ▶ 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/plan or OHA decided not to approve the request
- ▶ List the Oregon Administrative Rules that the decision to deny were based on
- ▶ Give you a contact number to get information that was used to deny the requested service or item
- ▶ Include a telephone number to call if you have questions about the information in the NOA, or your appeal and hearing rights

In addition, the NOA must include information about:

- ▶ Your hearing rights (all OHP members have the right to a hearing, even if you’re in a CCO/plan and are also requesting an appeal)
- ▶ How to appeal the decision, if you are in a CCO or plan
- ▶ How you can continue to receive the service/item while you wait for the appeal or hearing
- ▶ Getting an expedited (fast) appeal or hearing

How to appeal a decision

In an appeal, your CCO will ask a health care professional to review your case. To ask for an appeal:

- ▶ Call or write your CCO’s customer service.

You can ask for an appeal and a hearing by completing the “Appeal and hearing request for denial of medical

services” (DMAP 3302). Your CCO will include this form when it sends you a “Notice of Action” letter.

You also can get this form in your preferred language by calling your CCO or OHP Client Services or by going to OHP.Oregon.gov. Click “[Complaints and appeals](#).”

Call your CCO if you want help asking for an appeal.

You will get a “Notice of Appeal Resolution” from your CCO within 16 days. It will tell you if the reviewer agrees or disagrees with your CCO’s decision.

In the meantime, 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 of Action” letter

If you receive the letter 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 of Action” letter.

If you need 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.

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 three workdays.

Your provider can help

Your provider has a right to appeal for you when a CCO denies the provider’s physician’s orders.

How to get a state fair hearing

CCO members and FFS members can have a hearing with an Oregon administrative law judge. A CCO member can have a hearing only after asking for an appeal, which resulted in the appeal not changing the original decision. You will have 45 days from the date on your “Notice of Action” or “Notice of Appeal Resolution” to ask OHP for a hearing.

You can ask for a hearing by completing the (DMAP 3302) form. Your CCO will include this form when it sends you a “Notice of Action” letter. You can get this form in your preferred language by calling your CCO or OHP Client Services. You can also find it online at OHP.Oregon.gov. Click “[Complaints and appeals](#).”

If you are enrolled in a CCO, you can request an appeal and a hearing at the same time.

At the hearing, you can tell the judge why you do not agree with the decision and why you think OHP should cover the services. You do not need a lawyer, but you can have one or ask someone else, such as your doctor, 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 1-800-520-5292, TTY 711, for advice and possible representation. Find information on free legal help at www.oregonlawhelp.org.

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.

Fax your hearing request form to the OHP Hearings Unit at 503-945-6035. Include a statement form (DMAP 3302) to your provider explaining why it is urgent. If OHP agrees that it is urgent, the Hearings Unit will call you in three workdays.

MAKING DECISIONS ABOUT YOUR HEALTH CARE

If you are age 18 or older, 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 two types of forms you can complete to make sure your wishes are known:

- ▶ “Advance Directive” (living will), for end-of-life decisions
- ▶ “Declaration for Mental Health Treatment,” during a mental health crisis

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 both of these forms.

If your provider does not follow your wishes as stated in either of these forms, you can call 971-673-0540 or TTY 971-673-0372 or send a complaint to:

Health Care Regulation and Quality Improvement

800 N.E. Oregon St., #305

Portland, OR 97232

Email: mailbox.hclrc@state.or.us

You can find complaint intake forms and additional information at OHP.Oregon.gov. Click “[Complaints and appeals](#).”

End-of-life decisions and “Advance Directive” (living will)

An “Advance Directive” 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 at www.oregon.gov/DCBS/shiba/topics/Pages/advancedirectives.aspx.

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 1-800-422-4805 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.”

Helpful phone numbers:

Fee-for-service (FFS) members: Call OHP Client Services – 1-800-273-0557 (TTY 711).

CCO/plan members: Call the phone number listed on your CCO/plan ID.



“Declaration for Mental Health Treatment”

The “Declaration for Mental Health Treatment” 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.

For more information on the “Declaration for Mental Health Treatment,” go to https://apps.state.or.us/es_xweb/DHSforms/Served/le9550.pdf.

OTHER PAYERS FOR YOUR CARE

By law, OHP (Medicaid) 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.

When you applied for OHP, you agreed that any other medical payments you receive would go to the state. This is called “assignment of rights.”

If your child is on OHP, you gave the state permission to:

- ▶ Find out who your child’s other parent is and
- ▶ Sign your child up for the other parent’s health insurance

If you have safety concerns about the other parent, tell OHP not to contact the other parent.

OHP will keep the money it collects from other payers. This money helps other people get the care and services they need.

Personal injury or accidents

If you have a claim or intend to file a claim for an accident or injury, please tell us right away. Someone else might need to pay for your health care bills. This could be from their private insurance, car insurance or another source. This applies from the date of your injury to the date of a settlement.

If you do not tell us of your accident, OHP or your CCO can take legal action. We may ask for a judgment against you to collect the cost of medical services that we paid for your injury.

To report a personal injury

Report current claims or your intent to file a claim to:

DHS Personal Injury Liens Unit

P.O. Box 14512

Salem, OR 97309

Toll Free 1-800-377-3841

503-378-4514 (Salem)

TTY 711

Estate recovery

After an OHP member dies, OHA will sometimes ask to be paid back. This is known as “estate recovery.” This is required by federal and state law.

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

This is a summary of how estate recovery works for OHP benefits received on and after Oct. 1, 2013.

- ▶ To learn more, such as how it works for OHP benefits received before October 1, 2013, read the Estate Recovery Program brochure (MSC 9093) at <https://apps.state.or.us/Forms/Served/me9093.pdf>.
- ▶ If you still have questions, contact:

DHS Estate Administration Unit

P.O. Box 14021

Salem, OR 97301

1-800-826-5675 (toll-free inside Oregon)

503-378-2884

TTY: 711

Fax: 503-378-3137.

Note: The law and rules may change without warning.

What benefits are recoverable?

The following applies to individuals who were receiving Medicaid/OHP benefits on or after October 1, 2013:

If the member was:	Estate recovery will seek to recover:
Under 55 years, and In a nursing facility or intermediate care facility for individuals with intellectual or developmental disabilities for at least six months immediately prior to death.	Only the benefits paid to the facility.
55 years or older, and In long-term care including: <ul style="list-style-type: none"> ▶ Assisted living facility ▶ Residential care facility ▶ Adult foster home ▶ In-home care ▶ Nursing facility ▶ Intermediate care facility for people with intellectual or developmental disabilities ▶ Other similar long-term care 	All health care benefits including OHP and long-term care paid during the time the member was receiving long-term care. OHP benefits may include services received on a fee-for-service basis or monthly fees paid to a coordinated care organization.
Receiving Medicare Part D prescription coverage and OHP at the same time	The monthly fee that OHA paid to Medicare for the member’s Part D coverage

If the OHP member was married:

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

According to federal law this only applies to marriages, not domestic partnerships.

If the OHP member has any children:

OHA will not make a claim to recover 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 children who are the OHP member’s natural or legally adopted children.

Hardship waivers

Any person receiving money or valuables after the OHP member dies may ask OHA to waive estate recovery if the person meets the requirements of a hardship waiver. There are important deadlines for hardship waivers. Please contact the Estate Administration Unit immediately.

OTHER RESOURCES FOR OHP MEMBERS

Oregon Administrative Rules

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.

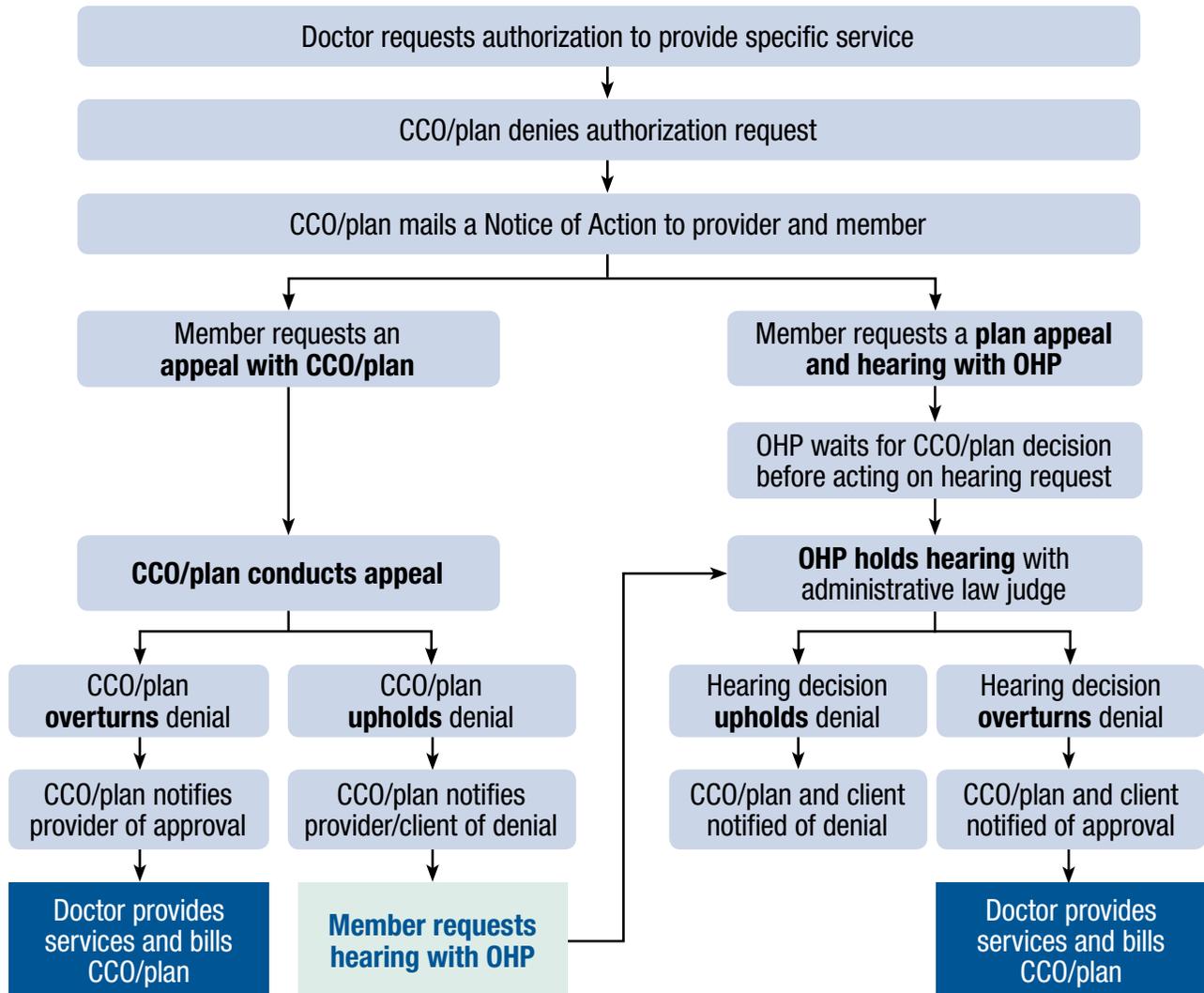
- ▶ General rules: 410-120-0000 – 410-120-1980
- ▶ Oregon Health Plan (MCO and CCO) rules: 410-141-0000 – 410-141-3420

Appeal and hearings flow chart

When a service is denied, CCO and health plan members can:

- ▶ Ask for an appeal first, then a hearing if the appeal upholds the denial; or
- ▶ Ask for an appeal and a hearing at the same time. OHP will wait until the appeal decision is made and hold the hearing if the appeal upholds the denial; or
- ▶ Choose not to ask for a hearing after the appeal.

The following chart shows the steps you need to take if you want to ask for an appeal, a hearing, or both an appeal and hearing:



Helpful phone numbers:

Fee-for-service (FFS) members: Call OHP Client Services – 1-800-273-0557 (TTY 711).

CCO/plan members: Call the phone number listed on your CCO/plan ID.

OREGON HEALTH PLAN (OHP)
HANDBOOK