



OREGON HEALTH PLAN (OHP)  
**HANDBOOK**

November 2015

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Tài liệu này khi được yêu cầu có thể được cung cấp trên một hình thức thay thế khác dành cho những người khuyết tật hoặc ngôn ngữ khác với Anh ngữ dành cho những người không thông thạo tiếng Anh. Để yêu cầu ấn bản này trên một hình thức hoặc ngôn ngữ khác, hãy liên lạc với Dịch Vụ Thân Chủ Chương Trình Y Tế Oregon (OHP) tại số điện thoại 1-800-273-0557 hoặc 711 dành cho TTY (điện thoại dành cho người điếc hoặc khuyết tật về phát âm). Vietnamese

Haddii la codsado waxaa la helayaa dukumeentigan oo ah noocyo kale oo loogu talagalay dadka naafada ah ama ku qoran luqad aan ahayn af Ingiriiska iyadoo loogu talagalay dadka aan ku hadlin luqadda af Ingiriiska. Si aad u codsato daabacaadan oo qaab ama luqad kale ah, la xiriiir Adeega Macmiilka Qorshaha Caafimaadka Oregon (OHP) 1-800-273-0557 ama 711 ee TTY. Somali

يمكن تزويد هذا المستند عند الطلب بتنسيق بديل للأفراد ذوي إعاقات أو بلغة أخرى غير اللغة الإنجليزية للأشخاص ذوي مهارات محدودة في اللغة الإنجليزية. لكي تطلب هذا النموذج بتنسيق آخر أو لغة أخرى، يجب عليك الاتصال بقسم خدمات الزبائن لدى خطة أوريغون الصحية (Oregon Health Plan: OHP) على رقم الهاتف 1-800-273-0557 أو 711 للاتصال عبر المبرقة الكاتبة (TTY). Arabic

ဒီစာရွက်စာတမ်းကို မသန်စွမ်းသူတွေက တခြားပုံစံတစ်မျိုးနဲ့ ဖြစ်စေ၊ အင်္ဂလိပ်စကားကျွမ်းကျင်မှု နည်းသူတွေက အင်္ဂလိပ်မဟုတ်တဲ့ တခြားဘာသာစကားနဲ့ ဖြစ်စေ တောင်းရင်ရနိုင်ပါတယ်။ ဒီထုတ်ဝေချက်ကို တခြားပုံစံတစ်မျိုးနဲ့ဖြစ်စေ၊ တခြားဘာသာစကားနဲ့ဖြစ်စေ တောင်းဆိုအတွက် အော်ရီဂွန် ကျန်းမာရေး အစီအစဉ် (OHP) ဝန်ဆောင်မှုရယူသူများ အတွက် ဝန်ဆောင်မှုဌာနကို 1-800-273-0557 မှာ ဒါမုမဟုတ် TTY အတွက် 711 မှာ ဆက်သွယ်နိုင်ပါတယ်။ Burmese

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ឯកសារនេះអាចត្រូវបានផ្តល់ជូនទៅតាមសំណើក្នុងទម្រង់ផ្សេងទៀតសំរាប់បុគ្គលដែលមានពិការភាព ឬ ជាភាសាផ្សេងទៀត ក្រៅពីភាសាអង់គ្លេស សំរាប់មនុស្សណាដែលមិនចេះអានភាសាអង់គ្លេស ។ ដើម្បីស្នើសុំការបោះពុម្ពនេះជាទម្រង់ ឬជាភាសាផ្សេង ចូរទាក់ទងទៅសេវាបំរើសមាជិក គម្រោងសុខភាពរដ្ឋអូរីហ្គិន (Oregon Health Plan - OHP) តាមរយៈលេខ 1-800-273-0557 ឬ 711 សំរាប់ TTY ។ Cambodian

ເອກະສານນີ້ສາມາດຈັດຫາໃຫ້ໄດ້ຕາມການຮ້ອງຂໍໂດຍຈັດຫາໃຫ້ໃນຮູບແບບອື່ນສໍາລັບບຸກຄົນທີ່ພິການ ຫຼື ໃນພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກິດສໍາລັບ ບຸກຄົນທີ່ມີຄວາມຊໍານານພາສາອັງກິດຈໍາກັດ. ຖ້າຫາກຕ້ອງການຮ້ອງຂໍສິ່ງຕື່ມນີ້ໃນຮູບແບບອື່ນ ຫຼື ພາສາອື່ນ, ຂໍໃຫ້ຕິດຕໍ່ ພະແນກບໍລິການລູກຄ້າຂອງ Oregon Health Plan (OHP) ທີ່ເບີໂທຣະສັບ 1-800-273-0557 ຫຼື 711 ສໍາລັບສາຍໂທຣ TTY. Lao

Acest document poate fi oferit la cerere într-un format diferit pentru persoanele cu dizabilități, sau în altă limbă decât engleza pentru persoanele cu cunoștiințe limitate de engleză. Pentru a solicita această publicație în alt format sau limbă, vă rugăm contactați Serviciul pentru clienți al Planului Medical Oregon (OHP) la 1-800-273-0557 sau 711 pentru TTY. Romanian

按殘障人士的需要，我們可以向其提供本文件的其他格式版本；按英語能力有限人士的請求，我們亦可以向其提供本文件英語以外的語言版本。如需索取以另一種格式或語言制定的本刊物，請致電 1-800-273-0557 或 711（聾啞人士專線），聯絡奧勒岡州健康計劃 (OHP) 客戶服務部。 Traditional Chinese

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# WELCOME TO THE OREGON HEALTH PLAN

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We are glad to serve you! The Oregon Health Plan (OHP) helps cover the health care costs of people with a low income and few savings. 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. Show them at each appointment.
- ▶ Choose a doctor and a dentist, make appointments with them, and call them first whenever you need care. They are your partners for good health!

- ▶ If you need help getting to an appointment, call your CCO or local ride service. OHP covers rides to appointments.
- ▶ Call ahead if you cannot make it. Your provider’s office will set up a new visit.

There are two ways that people get OHP:

- ▶ Through a coordinated care organization (CCO) that manages your health care and coverage; or
- ▶ Through your doctor, which is called “fee-for-service” (FFS). You and your doctor manage your health care.



## MANAGED CARE

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Your CCO manages and pays for your health care. For most people, CCOs pay for medical, dental and behavioral health 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; and
- ▶ Reproductive services (contraceptives, vasectomies, tubal ligations, abortions).

### What are the benefits of coordinated care organizations (CCOs)?

CCOs are set up so that 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.

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 like diabetes, asthma and heart disease, or for those with other health needs.

- ▶ CCOs may give some benefits that OHP does not cover, like 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;

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Helpful phone numbers:

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

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

- ▶ 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; and
- ▶ Give you advice that is easy to understand and follow.
- ▶ 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.

### ***Physician incentives***

CCOs and other plans may have physician incentives. Physician incentives reward physicians for keeping their patients healthy. Physician incentives cannot reward physicians for limiting the services or referrals they give you. Contact your CCO if you are interested in knowing more about what types of 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 Community Advisory Council, please call your CCO's customer service for an application.

### **Choosing a CCO**

You can choose a CCO right on your OHP application. In some cases, you may have more than one CCO choice available in your area. You can find a list of the CCOs in your county at [www.oregon.gov/OHA/healthplan/pages/plans.aspx](http://www.oregon.gov/OHA/healthplan/pages/plans.aspx). If a plan is open for enrollment, you can choose that CCO.

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.

### **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 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.

### **How to change 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.

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.

## FEE-FOR-SERVICE (FFS)

You and your doctor manage your health care. You can see any primary care provider, also called “PCP,” and specialist who will take your Oregon Health ID card. When you get services, OHA pays each provider a fee for the services you receive.

### If you want to receive services as a fee-for-service client

OHP wants you to get managed health care from a CCO. CCOs are designed to ensure you receive the best possible care coordination within your community. CCOs can provide 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.

### Copays

Some people on fee-for-service (FFS) OHP may have to pay up to \$3 for each prescription.

A \$3 copay may be required for the following types of health care visits:

- ▶ Primary care or specialty care visits;
- ▶ Home visits;
- ▶ Outpatient surgery, physical or occupational therapy, or speech therapy;

### Disenrollment

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.

- ▶ Vision exams;
- ▶ Acupuncture, chiropractic, naturopath and podiatry services;
- ▶ Hearing aid services;
- ▶ Mental health services; and
- ▶ 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 14 to learn more about this program);
- ▶ Emergency services; and
- ▶ Lab tests, shots, medical equipment or x-rays.

**If you cannot make a required copay, you will still get the prescription or service.** However, you may owe a debt to the pharmacy or health care provider for the copay.

## For Medicare members

If you go on Medicare, your OHP benefits and drug coverage may change. 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."

If you have Medicare and OHP, please remember:

- ▶ 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 [www.oregon.gov/OHA/healthplan/pages/plans.aspx](http://www.oregon.gov/OHA/healthplan/pages/plans.aspx).

- ▶ 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 out of your own pocket for drugs that Medicare Part D would cover if you had it. To learn more about OHP benefits, see page 10.

If you are a Qualified Medicare Beneficiary (QMB), you will find information on what the state will pay for on page 10. QMB members are not responsible for Part A or B copays, deductibles or coinsurance charges. QMB members are not responsible for paying 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 21–22.

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 26–27 to learn more about this program.



# COVERAGE LETTERS TELL YOU WHICH TYPE OF OHP YOU HAVE

The Oregon Health Authority (OHA) sends a coverage letter (see right) to all new clients. This letter gives you the name and phone number of your CCO. If there is no CCO name and number in your letter, you have fee-for-service (FFS) OHP.

You get a coverage letter when:

- ▶ You have a new CCO or other managed care plan, such as a mental health organization (MHO) or dental care organization (DCO);
- ▶ You get a new Oregon Health ID card; or
- ▶ Your name, benefits or household members change.

## Private insurance

Find the “Managed Care/TPR Enrollments” box on page 2 of your coverage letter. It will show if you are in a CCO and if you have private insurance in addition to OHP. (TPR means “third party resource,” also called “third party liability” or TPL.)

If you have other health insurance but your coverage letter does not show TPR, please tell the state. The state can sometimes pay the insurance premium. To report your TPL or other insurance and to apply for premium assistance, please go to [www.ReportTPL.org](http://www.ReportTPL.org). Follow the instructions to “Enter Health Insurance Now.”

Also, tell your health care providers about your private health insurance so they can correctly bill insurance, OHP and your CCO.

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

Helpful phone numbers:

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

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

## Identification cards

### 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; or
- ▶ You lose your ID card and need a new one.

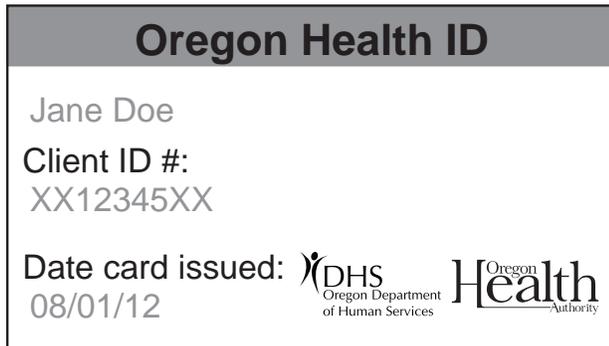
If you are not enrolled in a CCO, you may use your Oregon Health ID card to see any provider that will accept you as a client.

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 28) to learn more about when to call.

### CCO ID cards

CCOs also send ID cards. When you go to the doctor, please show both your Oregon Health ID and your CCO ID cards. Call your CCO’s customer service number if you lose your card.

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 haven’t been to the doctor in a year or more. Your provider will learn about your health needs, and you can get to know your provider so you feel comfortable calling if a problem comes up.



Front



Back

# YOUR NEEDS ARE IMPORTANT!

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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, your CCO or any of the following:

## 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 keep records about your health condition, the medicines you take and other information to make sure your medical, dental and behavioral care is right for you. Ask your providers if they are recognized PCPCHs.

## Care helpers

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

If you have fee-for-service (FFS), you can ask OHP for a health coach to help you get the care you need. Call OHP Care Coordination Services 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; or
- » Chronic pain.

The goal is to keep you healthier 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.

## Cultural sensitivity

### Cultural sensitivity and fair treatment (nondiscrimination)

OHP must respect the dignity and the diversity of our members and the communities where they live. By law, OHA and all its providers and plans must treat everyone fairly, no matter what their:

- ▶ Age;
- ▶ Cultural background;
- ▶ Marital status;
- ▶ Pregnancy status;
- ▶ Language;
- ▶ English ability;
- ▶ Race;
- ▶ Color;
- ▶ Ethnic background;
- ▶ Disability;
- ▶ Religion;
- ▶ Sex; and
- ▶ Sexual orientation.

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Helpful phone numbers:

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

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

If you want to learn more or think you are treated unfairly for any reason, please report it to the Oregon Health Authority:

- ▶ Call 1-844-882-7889, TTY 711; or
- ▶ Email [OHA.PublicCivilRights@state.or.us](mailto:OHA.PublicCivilRights@state.or.us); or
- ▶ Visit [www.oregon.gov/OHA/OEI](http://www.oregon.gov/OHA/OEI).

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

- ▶ U.S. Department of Justice  
Civil Rights Division  
950 Pennsylvania Avenue N.W.  
Washington, D.C. 20530  
1-888-736-5551; TTY 202-514-0716

or

- ▶ U.S. Health and Human Services  
Office of Civil Rights  
701 Fifth Avenue, Suite 1600, MS-11  
Seattle, WA 98104  
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 N.E. Oregon Street, Suite 1045  
Portland, OR 97232  
971-673-0764; TTY 711

## Language help

This handbook is available online in English, English large print, Russian, Vietnamese and Spanish at [www.oregon.gov/oha/healthplan/Pages/benefits.aspx](http://www.oregon.gov/oha/healthplan/Pages/benefits.aspx).

**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.

**You can have an interpreter (including sign language) in any language you need.** If you are a fee-for-service client, call OHP Client Services at 1-800-273-0557 and tell us what language

you need. This service is free. If you are a CCO member, tell your provider's office which language is best for you or call your CCO. Be sure to let them know of your language needs one or two days before your appointment.

For a list of health care interpreters and more information about the Health Care Interpreters Program, go to [www.oregon.gov/OHA/oei](http://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](mailto:OHA.PublicCivilRights@state.or.us).

**Please read all the letters that OHA and your CCO send you. Everything we send you must be available in a language and style that you can understand.** If you have problems reading what we send you, call your CCO or OHP Client Services and ask for 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. If you need 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.

**Fee-for-service (FFS) clients:**

Call OHP Client Services (number below).

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

The ADA is a law that makes sure people with disabilities can get all the services we offer. Under the ADA, you can:

- ▶ Bring a service animal to the doctor's office;
- ▶ Get large print;
- ▶ Have someone explain things to you.

## Native Americans and Alaska Natives

Native Americans and Alaska Natives can get their care from a tribal wellness center or Indian Health Services (IHS) clinic. This is true whether the native is 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.

### “Notice of Privacy Practices”

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 that organization’s “Notice of Privacy Practices.” If you have fee-for-service (FFS) OHP, 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.”

### Minor rights

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 [www.healthoregon.org/ysh](http://www.healthoregon.org/ysh). Click on “Access to Health Care.”

## 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 mental health records, unless your provider thinks this could cause serious problems.



# WHAT OHP COVERS

The OHP health care services you may receive are based on your benefit package(s). See your coverage letter to find out what type of coverage you have.

## Benefits covered under OHP Plus, OHP with Limited Drug and CAWEM Plus

This is not a full list of the services that OHP may cover. See pages 12–16 to learn more about covered services. If you want to know if a specific service is covered, ask your provider.

<b>Chemical dependency</b>	<b>Medical equipment and supplies</b>
<b>Dental care</b>	<b>Medical transportation</b>
<ul style="list-style-type: none"> <li>▶ Basic services including cleaning, fluoride varnish, fillings and extractions;</li> <li>▶ Urgent or immediate treatment;</li> <li>▶ Crowns for children, pregnant women and adults age 18–20;</li> <li>▶ Sealants, root canals on back teeth for children under age 21.</li> </ul>	<b>Mental health care</b>
<b>Hearing aids and hearing aid exams</b>	<b>Physical, occupational and speech therapy</b>
<b>Home health; private duty nursing</b>	<b>Prescription drugs</b>
<b>Hospice care</b> — not covered for CAWEM Plus clients	<ul style="list-style-type: none"> <li>▶ OHP with Limited Drug only includes drugs that Medicare Part D does not cover.</li> <li>▶ Note: If you are eligible for Medicare Part D but you choose not to enroll, you will have to pay out of your own pocket for drugs that Medicare Part D would cover if you had it.</li> </ul>
<b>Hospital care</b>	<b>Vision and eye care</b>
<ul style="list-style-type: none"> <li>▶ Emergency treatment;</li> <li>▶ Inpatient and outpatient care.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Medical services;</li> <li>▶ Services to correct vision for children, pregnant women and adults age 18–20;</li> <li>▶ Glasses for children, pregnant women and adults who have a qualifying medical condition such as aphakia or keratoconus, or after cataract surgery.</li> </ul>
<b>Immunizations</b>	
<b>Labor and delivery</b>	
<b>Laboratory and x-rays</b>	
<b>Medical care from a physician, nurse practitioner or physician’s assistant</b>	

## Other benefit packages

### Citizen-Alien Waived Emergency Medical (CAWEM)

This coverage is for documented and undocumented people who live in Oregon. They must meet OHP income limits but not federal Medicaid immigration requirements. CAWEM members are always on fee-for-service (FFA) OHP. They cannot enroll in a CCO.

Coverage is limited to:

- ▶ Emergency services in the United States (but not in Mexico or Canada), described on page 11;
- ▶ 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.

### Qualified Medicare Beneficiary (QMB)

If you are a QMB, the state will pay for your Medicare Part B premium, and cover 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.

# EMERGENCY CARE

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OHP pays for true emergencies — medical, dental and behavioral health. If you are in a true emergency, go to an emergency room or call 911. 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 an emergency?

Emergencies are sudden illnesses or injuries that need treatment right now. 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. If you think you are in an emergency, go to an emergency room or call 911. OHP covers emergency care all day and night, every day of the year.

## 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

Do not wait to get care if you don't have your Oregon Health ID or your CCO ID card. Tell the emergency room staff you are on OHP. If you are in a CCO, tell them your CCO's name. The emergency room staff will call your doctor if they need to know more about you.

### If you are outside of Oregon

OHP covers emergency care anywhere in the United States, but not in Mexico or Canada. If you have a true emergency while traveling, go to an emergency room or call 911. Out-of-state providers must enroll with OHP to receive payment.

OHP covers your emergency care until your condition is stable.

### Ambulance

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

## Follow-up to emergency or urgent care

Care that you get after the emergency is over is not an emergency; OHP does not cover follow-up care when you are out of state. You must get follow-up care from your regular doctor. You can ask the emergency doctor to call your regular doctor to arrange follow-up care.

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

# COVERED SERVICES

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## Diagnosis

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;
- ▶ Dental treatments for children and pregnant women;
- ▶ Mammograms (breast x-rays) for women;
- ▶ Pregnancy and newborn care;
- ▶ Women's annual exams;
- ▶ Prostate screenings for men;
- ▶ Yearly check-up for all ages;
- ▶ Well-child exams;
- ▶ 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.

## Medical services

Services covered by OHP Plus, CAWEM Plus and OHP with Limited Drug all include:

- ▶ 24-hour emergency care, x-ray and lab services;
- ▶ An exam or test (laboratory or x-ray) to find out what is happening with your health;
- ▶ Diabetic supplies and education;
- ▶ Emergency ambulance;

- ▶ Eye health care;
- ▶ Family planning;
- ▶ Hospice;
- ▶ Pregnancy, labor, delivery and newborn care;
- ▶ Medical equipment and supplies;
- ▶ Preventive services;
- ▶ Rides to appointments;
- ▶ Treatment for most major diseases;
- ▶ Some surgeries;
- ▶ Specialist care;
- ▶ Stop-smoking programs.

## Dental services

- ▶ Preventive services (cleanings, fluoride treatments, sealants for children);
- ▶ Routine services (fillings, x-rays);
- ▶ Dental check-ups;
- ▶ Tooth removal;
- ▶ Dentures;
- ▶ 24-hour emergency care;
- ▶ Specialist care.

## Behavioral health services

- ▶ Evaluations and consultations;
- ▶ Therapy;
- ▶ Medication;
- ▶ Care coordination;
- ▶ Medication management;
- ▶ Hospital stays;
- ▶ Residential treatment;
- ▶ Emergency services;
- ▶ Substance use disorder (addiction) treatment.

## **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.

## **AMHI services for community mental health treatment**

The Adult Mental Health Initiative (AMHI, or "Aim High") program helps adults in residential settings get better mental health care. It also helps adults with mental illness get more and better services in the community. The goal is to keep people who need mental health residential services in integrated, independent settings. Call your CCO or your local mental health program.

## **Pharmacy services**

### **Prescriptions**

Your CCO will cover all medical prescriptions and will let you know if any prescriptions require a copay.

OHP covers all behavioral health (mental health and substance use disorder) prescriptions on a fee-for-service (FFS) basis. FFS prescriptions may require up to a \$3 copay.

Please show both your Oregon Health ID and CCO ID cards to your pharmacy when picking up your prescriptions.

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 medicine's exact name;
- ▶ The dose you take;
- ▶ How many pills your doctor prescribes.

If your prescription is not paid for, you can:

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

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Helpful phone numbers:

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

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

Your doctor can also help you get the best covered drugs for your condition.

### **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.

Fee-for-service (FFS) clients 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. Mail-order prescriptions do not require copays. You can:

- ▶ Order prescriptions for the whole 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 doctor can send your prescription to OHP Home-Delivery Pharmacy Services. You can enroll yourself by calling 1-877-935-5797 (TTY 711). Customer service representatives are available 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 your prescription drugs from one pharmacy. Use the pharmacy noted on your coverage letter.

### **Exceptions allowed**

You may receive drugs from 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.

You may change your pharmacy enrollment. 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 (usually once a year);
- ▶ If the pharmacy on the coverage letter denies service to you.

### **Pregnancy care**

OHP covers pregnancy care. If you become pregnant, call OHP Customer Service at 1-800-699-9075 or TTY 711 right away.

Staff will make sure you do not lose medical 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; and
  - » 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).

## **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 test;
- ▶ 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.

There is no copay for any family planning services or supplies.

## **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	<a href="http://www.quitnow.net/oregon">www.quitnow.net/oregon</a>

## Medical transportation

OHP, CAWEM Plus and OHP with Limited Drug cover travel you need to get health care services (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.

### Rides to appointments

Keeping your health care appointments is important. If you cannot get to an appointment on your own, please call your CCO’s ride service or the transportation company that serves OHP clients free of charge in your county.

### Transportation brokerages

If you are not in a CCO, call a brokerage in your county to ask for rides to appointments for OHP-approved services. In most areas, you can also ask them to approve and reimburse your medical transportation costs.

To find the brokerage that serves you, go to [www.oregon.gov/OHA/healthplan/pages/nemt.aspx](http://www.oregon.gov/OHA/healthplan/pages/nemt.aspx).

### Travel costs

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

You need to get approval for transportation reimbursement before you go to your health care appointment. To get approval:

- ▶ Call your CCO’s ride service or your local transportation brokerage.



# SERVICES THAT ARE NOT COVERED OR LIMITED

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OHP does not cover all treatments for all health conditions. OHP has a list of covered treatments and conditions, called the “Prioritized List of Health Services.” It is online at [www.oregon.gov/OHA/HERC](http://www.oregon.gov/OHA/HERC).

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.

Please understand there may be times when you have to pay the bill. You only have to pay if you knew the service was not covered before you got it. You must sign an “Agreement to Pay” form before getting the service that shows the cost.

You may have to pay the bill if you:

- ▶ Get a health care service that is not covered;
- ▶ Use a provider that is not enrolled with OHP;
- ▶ Are in a CCO but use a non-network provider.

**Your provider should tell you if a service is limited or not covered. Ask about your choices.**

# IMPORTANT RIGHTS FOR ALL OHP CLIENTS

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This list does not include all rights. Others are explained in this handbook.

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;
- ▶ Help make decisions about your health care, including refusing treatment, without being held down, kept away from other people, or forced to do something you don’t want to do;
- ▶ A referral or second opinion, if you need it;
- ▶ Get care when you need it, any time of day or night;
- ▶ Behavioral health and family planning services without a referral;
- ▶ Help with addiction to cigarettes, alcohol and drugs without a referral;
- ▶ 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 Oregon Health Authority Ombudsperson with problems at 503-947-2346 or toll-free at 1-877-642-0450, TTY 711.

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Helpful phone numbers:

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

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

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# OHP CLIENT RESPONSIBILITIES

As an OHP client, 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 your medical ID cards to appointments. 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.
- ▶ Call your case manager when you move, are pregnant or are no longer pregnant.
- ▶ Report Medicaid fraud. Please tell us if you think you see fraud, like 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; or
  - » 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**  
PO 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](http://www.oregon.gov/dhs/abuse/Pages/fraud-reporting.aspx).



# USING YOUR OHP COVERAGE

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## Finding the right doctor

Choose your main doctor. If you see special doctors for certain things, you can find out who works with your coordinated care organization (CCO) or health plan. How do you decide which doctor 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 what doctors they like or don't like. This can help you choose.
3. If you need special help of any kind, always ask. You may need someone to translate for you at your visit, or you may need to find out if someone can translate when you call a doctor's office.
4. Choose a few doctors 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 and if they are near public transportation.
  - » Have your Oregon Health ID and CCO ID card handy when you call.
  - » Choose a doctor and make an appointment, even if you do not need to see a doctor right now. You can get to know the doctor and the people who work with the doctor.
  - » Write down the day and time of your appointment.
5. 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 your doctor visit.

## Urgent care

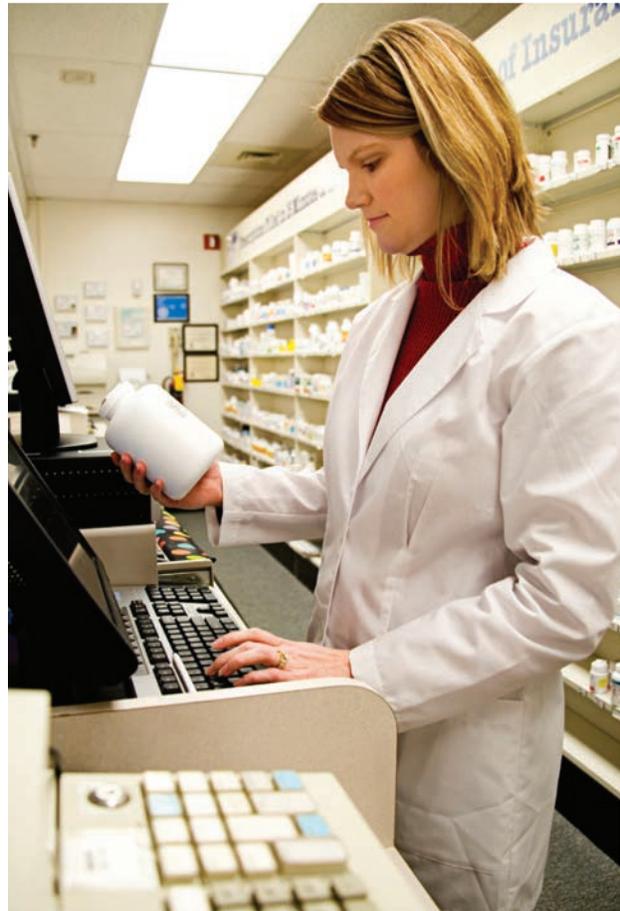
Urgent care is for non-life threatening situations. This could be:

- ▶ 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, like a driver's license or passport.
- ▶ Show your Oregon Health ID and CCO ID cards.
- ▶ Your doctor can send the prescription to your local drug store or pharmacy by computer.
- ▶ Some CCOs may send you your medicine by mail.



# IF YOU GET A BILL

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## OHP clients 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. Health care providers can send you a bill only if all of the following are true:

1. The provider is enrolled to bill OHP or your CCO;
2. The service is something that your CCO and OHP **do not** cover; and
3. Before you received the service, you signed an “Agreement to Pay” form (also called a “waiver”); and
  - a. The form showed the estimated cost of the service; and
  - b. The form said that OHP does not cover the service; and
  - c. The form said you agree 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. They also apply to providers that you see in an out-of-state emergency. OHP covers emergency services anywhere in the United States.

### **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.

**You may receive a notice saying that the service will not be paid.** 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 23–24).

## If you were in the hospital, you will get bills from other providers

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

## What to do when you get a bill

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. Call your CCO or OHP Client Services as soon as you receive a bill from a provider.

As soon as you get a bill for a service that you received while you were on OHP, follow these steps in this order:

1. Call the provider’s office right away. Tell the staff you were on OHP when you received the health care service. Give them your Oregon Health ID number, and ask them to bill your CCO or OHP.
2. If your provider continues to bill you, 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. They will help you get the bill cleared up.
3. If this bill is still not resolved, you can appeal by sending a letter to your CCO or OHA saying 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.

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Helpful phone numbers:

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

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

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 on OHP.

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

If you pay a health care bill yourself, you may not be repaid.

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.

If you are a Qualified Medicare Beneficiary (QMB), you are not responsible for copays, deductibles or coinsurance charges for Medicare services; providers should not bill you for these or request up-front payment.

## 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 on OHP 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.
- ▶ Even if OHP covers your service, you may have to pay a copay. 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.

## More billing information

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



# GRIEVANCE, APPEAL AND HEARING RIGHTS

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## 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 fee-for-service (FFS) client, call OHP Client Services.

## “Notice of Action”

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 OHA) 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.

## 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 “Service Denial Appeal and Hearing Request Form” (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 [www.oregon.gov/oha/healthplan/Pages/forms.aspx](http://www.oregon.gov/oha/healthplan/Pages/forms.aspx).

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 can 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.

## Provider appeals

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 people on fee-for-service (FFS) OHP can have a hearing with an Oregon administrative law judge. 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 “Service Denial Appeal and Hearing Request” form (DMAP 3302). 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 [www.oregon.gov/oha/healthplan/Pages/forms.aspx](http://www.oregon.gov/oha/healthplan/Pages/forms.aspx).

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, like 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](http://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**

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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.

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.hclc@state.or.us](mailto:mailbox.hclc@state.or.us)

You can find complaint intake forms and additional information at [www.healthoregon.org/hcrqi](http://www.healthoregon.org/hcrqi).

See below for more information about both of these forms.

### **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/insurance/shiba/topics/Pages/advancedirectives.aspx](http://www.oregon.gov/DCBS/insurance/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.”

## “Declaration for Mental Health Treatment”

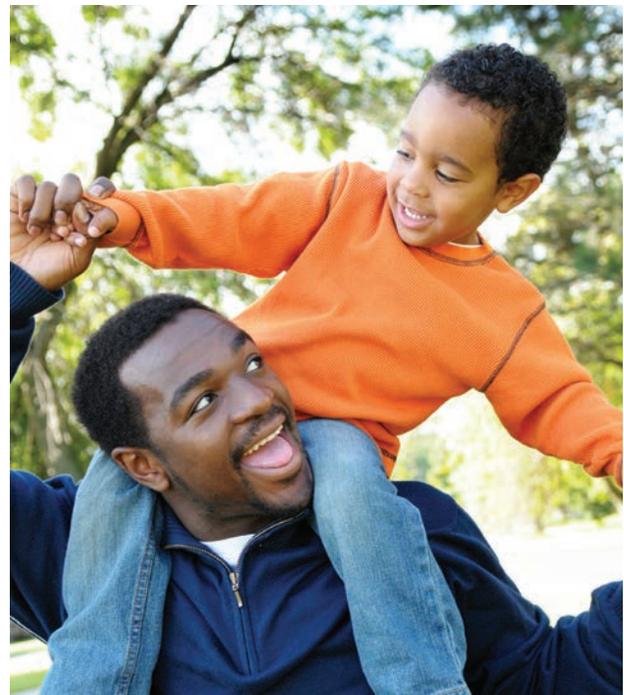
The “Declaration for Mental Health Treatment” tells what kind of care you want if you cannot make decisions about your mental health care. You can fill it out while you can understand and make decisions about your care. A court and two doctors can decide if you are not able to make decisions about your 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 [www.oregon.gov/oha/amh/forms/declaration.pdf](http://www.oregon.gov/oha/amh/forms/declaration.pdf).



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Helpful phone numbers:

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

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

# OTHER PAYERS FOR YOUR CARE

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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 to turn over medical payments you get from other sources. 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 OHA not to contact the other parent.

OHA 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 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

When a person on Medicaid who lives in a nursing home dies, OHA will sometimes ask a court to give the state some or all of the money in the person’s estate to pay for their long-term care services, support and medical benefits. Clients that need long-term care must have a needs and resource assessment. The Estate Recovery Program puts money received back into OHA and DHS programs to help other people.

### How the program works

#### *For clients who have had Medicaid or OHP any time after Oct. 1, 2013*

If the client who died was under 55 years old; and in a nursing home or care facility for people with intellectual or developmental disabilities for at least six months immediately prior to death, OHA will ask to recover only the benefits paid to the facility the client lived in.

If the client who died was 55 years or older; and receiving Medicaid to pay some or all of the cost of long-term care<sup>1</sup>, OHA will ask to recover all health care benefits, including OHP and the cost of the long-term care, that were paid during the time the client was receiving benefits.

- ▶ **Note:** This is to pay some or all of the cost of the long-term care. OHP benefits may include services received on a fee-for-service basis or monthly fees paid to a coordinated care organization.

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<sup>1</sup> Long-term care can be care in an assisted living facility; a group home; an adult foster home; the person’s or a relative’s home; a nursing home; a care facility; or the Oregon State Hospital.

## Surviving spouses and children

OHA will not make a claim against an estate until the surviving spouse<sup>2</sup> dies. When the spouse passes away, the claim may be made against the spouse's estate.

OHA will not file a claim against the estate if a minor child or a child of any age who is blind or permanently and totally disabled survives the client. The disability must meet Social Security Administration criteria for permanent and total disability. The child must be the client's natural or legally adopted child.

## Medicare Part D prescription drug coverage

Some people on OHP also have Medicare. The federal government charges OHA a monthly premium payment for Medicare Part D prescription drug coverage for clients who have both OHP and Medicare. OHA may recover this amount from the estate of these clients. Payments made to the federal government on or after Jan. 1, 2014, will only be recoverable if the client was 55 or older when the payments were made.

Any person receiving money or valuables from the client's estate may ask OHA to waive estate recovery if the person meets the requirements of a hardship waiver.

## 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



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<sup>2</sup> For information about how same-sex domestic partnerships or same-sex marriages may affect estate recovery, call the Estate Administration Unit at 1-800-826-5675.

# 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.

## 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;
- ▶ Get a copy of this handbook.

A phone call is the best way to contact OHP Customer Service.

**By telephone (toll-free):** 1-800-699-9075 (TTY 711)

**By email:** [oregonhealthplan.changes@dhsoha.state.or.us](mailto: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 and phone number.

## CCO members

If you are a CCO member and need help, call your CCO. The number is on your OHP coverage letter and CCO ID card. Your CCO's customer service 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).

## Fee-for-service (FFS) clients

For most things, FFS clients should call OHP Client Services at 1-800-273-0557 (TTY 711).

OHP Client Services staff help FFS clients with:

- ▶ General information about your medical and dental coverage;
- ▶ Problems getting care and quality of care;
- ▶ What you think is a wrong denial of covered benefits;
- ▶ Solve a problem or make a complaint;
- ▶ Questions about coordinated care;
- ▶ Medical bills from health care providers;
- ▶ Written materials you need such as this handbook;
- ▶ Changing an assigned pharmacy.

## 24-hour health care advice

Free of charge to OHP clients – 1-800-562-4620

For help finding a doctor or other health care provider, FFS clients can call the OHP Nurse Advice Line at 1-800-562-4620 (TTY 711).

## OHA Ombudsperson

1-877-642-0450

If OHP Customer Service, your CCO or OHP Client Services can't help you, you can call the OHA Ombudsperson at 1-877-642-0450 (TTY 711).

500 Summer St. N.E.  
Salem, Oregon 97301  
Fax: 503-947-2341

# MY OHP PHONE LIST

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## Managed care enrollment 1

CCO name \_\_\_\_\_

Phone \_\_\_\_\_

Dental plan \_\_\_\_\_

Phone \_\_\_\_\_

Mental health plan \_\_\_\_\_

Phone \_\_\_\_\_

## Managed care enrollment 2

CCO name \_\_\_\_\_

Phone \_\_\_\_\_

Dental plan \_\_\_\_\_

Phone \_\_\_\_\_

Mental health plan \_\_\_\_\_

Phone \_\_\_\_\_

## My health care providers 1

PCP's name \_\_\_\_\_

Phone \_\_\_\_\_

Dentist's name \_\_\_\_\_

Phone \_\_\_\_\_

Mental health provider \_\_\_\_\_

Phone \_\_\_\_\_

## My health care providers 2

PCP's name \_\_\_\_\_

Phone \_\_\_\_\_

Dentist's name \_\_\_\_\_

Phone \_\_\_\_\_

Mental health provider \_\_\_\_\_

Phone \_\_\_\_\_

# CCO LIST

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Service areas listed are general and not complete. To learn more about the CCOs open in your county, go to [www.oregon.gov/OHA/healthplan/pages/plans.aspx](http://www.oregon.gov/OHA/healthplan/pages/plans.aspx).

## **AllCare**

Southern Oregon

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

1-888-460-0185

## **Cascade Health Alliance**

Klamath County

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

1-888-989-7846

## **Columbia Pacific CCO**

Northern Coast

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

1-855-722-8206

## **Eastern Oregon CCO**

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

1-888-788-9821

## **FamilyCare, Inc.**

Portland Metro Area

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

1-800-458-9518

## **Health Share of Oregon**

Portland Metro Area

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

1-888-519-3845

## **InterCommunity Health Network (IHN)**

Mid-Willamette Valley

[www.samhealth.org/healthplans/members/ihncco/Pages/default.aspx](http://www.samhealth.org/healthplans/members/ihncco/Pages/default.aspx)

1-888-435-2396, option 1

## **Jackson Care Connect**

Jackson County

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

1-855-722-8208

## **PacificSource Community Solutions**

Central Oregon

[www.communitysolutions.pacificsource.com](http://www.communitysolutions.pacificsource.com)

1-800-431-4135

## **PacificSource Community Solutions**

Eastern Columbia Gorge

[www.communitysolutions.pacificsource.com](http://www.communitysolutions.pacificsource.com)

1-855-204-2965

## **Primary Health of Josephine County**

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

1-800-471-0304

## **Trillium Community Health Plan**

Lane County and Southern Coast

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

1-877-600-5472

## **Umpqua Health Alliance**

Southern Oregon

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

1-800-676-7735

## **Western Oregon Advanced Health**

Southern Coast

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

1-800-264-0014

## **Willamette Valley Community Health**

Mid-Willamette Valley

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

1-866-362-4794

## **Yamhill Community Care Organization**

Yamhill County

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

1-855-722-8205





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Helpful phone numbers:

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

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

OREGON HEALTH PLAN (OHP)  
**HANDBOOK**  
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