



CAREAssist Member Handbook

HIV CARE AND TREATMENT PROGRAM



PHARMACY SERVICES DIVISION
CAREAssist

Oregon Health Authority
HIV Care and Treatment Program



www.facebook.com/Prevent.HIV.OR



https://twitter.com/Prevent_HIV_OR

1-800-805-2313 (outside the Portland area)

971-673-0144 (inside the Portland area)

971-673-0372 (TTY)

www.healthoregon.org/careassist

IMPORTANT CONTACTS

My CAREAssist caseworker is:

_____ Phone _____

My HIV case manager is:

_____ Phone _____

My doctor is:

_____ Phone _____

My pharmacy is:

_____ Phone _____

My aging and disability caseworker is:

_____ Phone _____

Other:

_____ Phone _____

INTERPRETER SERVICES

We offer interpreter services at no charge. If you need an interpreter during your visit or phone call with CAREAssist, inform your caseworker. A CAREAssist staff person will provide an interpreter over the phone. Members who are deaf, hard of hearing or speech-impaired may dial TTY 971-673-0372.

SERVICIOS DE INTÉRPRETE

Ofrecemos servicios de intérprete sin cargo. Si necesita un intérprete durante su visita o llamada a CAREAssist, avísele al trabajador de su caso. Los empleados de CAREAssist le conseguirán un intérprete por teléfono. Si es sordo o tiene dificultad para oír o hablar, marque TTY 971-673-0372.

SERVICES D'INTERPRÈTES

Nous offrons des services d'interprètes gratuits. Si vous avez besoin d'un interprète lors de votre visite ou durant un appel téléphonique avec CAREAssist, informez votre assistant(e) social(e). Un personnel de CAREAssist vous fournira un interprète au téléphone. Les membres sourds, durs d'oreille ou malentendants peuvent composer à l'aide d'un ATS le 971-673-0372.

УСЛУГИ УСТНОГО ПЕРЕВОДА

Мы предлагаем бесплатные услуги устного перевода. Если вам необходим переводчик для вашей встречи или телефонного разговора с «CAREAssist», сообщите вашему сотруднику. Сотрудник программы «CAREAssist» предоставит переводчика по телефону. Участники программы, страдающие глухотой, имеющие проблемы со слухом или с нарушениями речи, могут звонить по номеру 971-673-0372.

ADEEGYADA TURJUMAANADA

Waxaanu bixinaa adeegyada turjumaanada adiga oo aan wax lacaga laga qaadin. Hadii aad u baahan tahay turjumaan markaad cusbitaalka timaadid ama telefoon u baahan tahay inaad dirtid waxaad la soo hadashaa CAREAssist, lana socodsii howl wadeenkaaga. Shaqaalaha CAREAssist ayaa ku siin doona turjumaan telefoonka ah. Dadka ka tirsan ee dhagala ama maqalku ku adag yahay ama xagga hadalka ka la'xaad-la waxay qaraaci karaan Mishiinka qaraaca qoraalka (TTY) 971-673-0372.

HUDUMA ZA TAFSIRI/UKALIMANI

Tunapeana huduma za tafsiri/ukalimani bila malipo. Kama wahitaji mtafsiri/mkalimani unapotebelea au unapopigia simu CAREAssist, mweleze mhudumu wako wa kesi. Mfanyikazi wa CAREAssist atakupatia mtafsiri/mkalimani katika simu. Mamba ambao ni viziwi, wenye matatizo ya kusikia au ya kuongea wanaweza kupiga simu ya TTY 971-673-0372.

DỊCH VỤ THÔNG DỊCH

Chúng tôi cung cấp dịch vụ thông dịch miễn phí. Nếu quý vị cần một thông dịch viên trong buổi khám bệnh hoặc điện đàm với CAREAssist, thông báo nhân viên phụ trách của quý vị. Nhân viên của CAREAssist sẽ cung cấp thông dịch viên qua điện thoại. Những thành viên bị điếc, có khó khăn về nghe hoặc phát âm có thể gọi điện thoại số TTY (điện thoại dành cho người điếc) 971-673-0372.

WELCOME TO CAREAssist

In 1987, the Oregon AIDS Drug Assistance Program (ADAP) began providing access to medications for people infected with HIV. In 1991, Oregon received its first funding from the federal government under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Every state in the United States receives federal funding to support ADAP, although the benefits and eligibility requirements vary state by state.

Many individuals are unable to afford the cost of medical treatment for HIV, which can average \$18,000 per year for one person. Even for people with health insurance, copays for doctors' appointments and medications can add up quickly. ADAP exists to help people access HIV medications in order to stay healthy.

CAREAssist is Oregon's version of ADAP. CAREAssist helps people living with HIV or AIDS pay for medication and other medical care expenses. It is important for you to remember that we are different from health insurance. We can help you maintain your health insurance by paying for your insurance premiums, your doctor visit copays and your medication copays.

The quality of care and service you receive is extremely important to us.

It is our hope that by providing CAREAssist services, Oregonians living with HIV/AIDS are empowered to effectively manage their HIV disease and improve their overall health and quality of life.

This document is intended to provide a brief description of the CAREAssist program and is not intended to reflect all program policies. For more information regarding the CAREAssist program, please call 971-673-0144 (inside the Portland area) or 1-800-805-2313 (outside the Portland area).

Living well with HIV means knowing what it takes to stay healthy. It is important to take medications as prescribed, see your doctor regularly, and have a healthy lifestyle.

“I had swelling in my brain that left scar tissue. I'm also diabetic. My doctors are wonderful along with CAREAssist. I'm a very grateful person to be alive. I take it a day at a time. My HIV is cared for by my meds, doctors, and the help of CAREAssist.”

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HIV CARE AND TREATMENT PROGRAM

Ryan White funding comes from the federal government to the state in many forms: Part A serves the Portland metropolitan area (Columbia, Washington, Clackamas, Multnomah and Yamhill counties) and Part B serves the rest of the state. Ryan White also funds Oregon's ADAP program, CAREAssist, which serves the entire state of Oregon.

CAREAssist is a service of the HIV Care and Treatment Program of the Oregon Health Authority (OHA). The HIV Care and Treatment Program runs several programs that help people living with HIV/AIDS gain access to HIV-related medical care and other supportive services.

*If you are a client of any of the following programs, **you are a client of the OHA HIV Care and Treatment Program:***

- CAREAssist (Oregon's AIDS Drug Assistance Program);
- Ryan White Program Part B-funded HIV Case Management (through your local HIV case manager), including financial assistance and State Managed Services;
- Oregon Housing Opportunities in Partnership (OHOP).

When you participate in any of these programs, we will collect information that includes, but is not limited to, information about you:

- Medical information, including HIV status, physician visit dates and lab results;
- Contact information, including name(s), address(es), and phone number(s);
- Demographic information, including your age, race and ethnicity;
- Sources and amounts of income, assets or financial assistance;
- Participation in our programs and other assistance programs in your community, such as food stamps or unemployment;
- Ongoing needs and your satisfaction with our programs and services.

For persons being served by Part B case management, we may also collect information from your Part B case manager and your Oregon Housing Opportunities in Partnership (OHOP) housing coordinator, including information on mental health, substance abuse, HIV-risk behaviors and social supports.

Membership in CAREAssist is voluntary, and you may cancel your membership anytime.

YOUR PRIVACY AND CONFIDENTIALITY

Your privacy is important to us. CAREAssist staff are required to keep your information confidential, whether it is oral, written or electronically transmitted. Our policies, procedures and other safeguards help protect your information from improper use and disclosure, as required by state and federal laws.

We will also use information from the following sources to verify the information we collect from you:

- Other Department of Human Services (DHS) and Oregon Health Authority (OHA) programs, including assistance programs run by the Aging and People with Disabilities program; the Self Sufficiency program; Cover Oregon and the Public Health Division and its HIV Data and Analysis Program.
- The Oregon Employment Department, including information regarding your reported wages and earnings or any compensation received through the Unemployment Insurance Center;
- The Oregon Department of Motor Vehicles, including your current address;
- Any other publicly available sources of information or specific sources of information that you have given us written permission to contact.

We use this information to:

- Determine whether you qualify for our programs and other assistance programs in your community;
- Provide program assistance (including HIV case management, OHOP housing assistance, and payment of health insurance premiums and drug copays);
- Offer you referrals to other assistance available in your community;
- Help us evaluate our programs, improve services and understand your needs;
- Attempt to contact you when you leave our program or are lost to follow-up;
- Meet the reporting requirements of the agencies that fund our program, such as the U.S. Health Resources and Services Administration (HRSA) and the U.S. Department of Housing and Urban Development (HUD).

CAREAssist SERVICES

CAREAssist provides a number of basic and supportive services to ensure your access to effective and affordable health care.

Basic program services	What CAREAssist provides
Insurance	The program may pay your health insurance premiums. If you are working, the program may be able to directly pay your employer for your premium.
Prescription copays	With few exceptions, the program covers all prescription copays and <i>is not limited to HIV-specific prescriptions.</i>
Prescriptions	The program pays the full cost for drugs listed in the CAREAssist formulary (the formulary is a list of prescription drugs that CAREAssist will cover). The formulary is used when there is a medication CAREAssist feels is important and no other source of coverage is available.
Medical service copays	The program pays copays, coinsurance and deductibles on medical services covered by your insurance, after your insurance has been billed. Each CAREAssist client’s maximum copay may vary from year to year based on available funding.

**Supportive
program
services**

What CAREAssist provides

**Pre-insurance
medication
coverage**

Pre-coverage medication is provided to any member whose insurance coverage for prescription drugs is delayed. CAREAssist staff must be able to verify acceptance by a health insurance plan prior to authorizing this benefit.

**Medication
therapy
management
(MTM)**

Some clients who indicate trouble refilling or adhering to medications may be eligible for adherence services and over the counter medications to help with side effects. Participation in MTM is optional and clients can opt out at any time.

**Tobacco
cessation
services**

CAREAssist clients who smoke and/or chew tobacco may receive additional free services from the Oregon Tobacco Quit Line at 1-800-QUIT-NOW (1-800-784-8669) and FREE nicotine-replacement therapy, including patches and gum. In addition, CAREAssist will pay for a prescribed medication to help you stop using tobacco when your insurance will not cover it.

BECOMING A MEMBER OF CAREAssist

ELIGIBILITY

- Members must have confirmed HIV status verified by a medical provider.
- Members must reside in Oregon and provide proof of a physical address (a P.O. box is not an acceptable address). If you are homeless, you must provide an address where you are able to receive mail.
- Applicants must have income that is at or below 400% of the federal poverty level (FPL). Documentation must be submitted to support income declaration.

INCOME ELIGIBILITY

CAREAssist uses the federal poverty level (FPL) guidelines to determine if you're eligible for assistance. The FPL is based on your income and family size. Each year the federal government updates the FPL tables. The latest FPL table can be found at www.healthoregon.org/careassist. Family members include persons related by birth, marriage, adoption or legally defined relationship. CAREAssist considers income from all sources for all family members. To determine your FPL, CAREAssist includes the following types of income:

- Work income/wages/salaries (overtime pay, tips, bonuses and commissions are all counted);
- Disability payments – short- and long-term;
- Self-employment income;
- Pension/retirement income;
- Unemployment insurance income;
- Child support;
- Any regular financial support from family or friends;
- Supplemental Security Income (SSI);
- Social Security Disability Insurance (SSDI) (before Medicare B is withheld);
- Inheritance;
- Life insurance annuity pay outs.

USING YOUR CAREAssist MEMBERSHIP

EXPLANATION OF MEDICAL INSURANCE PROVIDERS

You might be eligible for more than one type of insurance. If it is not obvious what insurance you are eligible for, please discuss the options with your CAREAssist caseworker or HIV case manager.

If you are considering a change in your medical insurance, it is very important that you first call your CAREAssist caseworker before making any changes.

Plans that appear less expensive might actually be more expensive for you and/or CAREAssist.

<p>Insurance provider</p> <p>MEDICAID OR OREGON HEALTH PLAN (OHP)</p> <p>Insurance for low-income and/or disabled individuals.</p>	
<p>Client</p> <p>Clients who are eligible for Medicaid MUST enroll in Medicaid.</p>	<p>CAREAssist</p> <p>CAREAssist will pay for copays if you have them.</p>

<p>Insurance provider</p> <p>MEDICARE</p> <p>Insurance for individuals 65 and older, or for those with a disability.</p>	
<p>Client</p> <p>Clients who are eligible for Medicare MUST enroll in Medicare A and B</p> <p>A = Hospital B = Medical care</p>	<p>CAREAssist</p> <p>CAREAssist cannot pay for Medicare Part B premiums but will pay copays. If you have not enrolled in Part B, CAREAssist will not make any payments for medical services.</p>

Insurance provider

**MEDICARE PART D and
MEDICARE ADVANTAGE DRUG PLANS**

Provides prescription drug coverage for individuals with Medicare.

Client

Medicare Part D — Drug coverage

Medicare Advantage drug plans: Optional plans that can cover drugs and out-of-pocket costs associated with Medicare.

CAREAssist

CAREAssist will pay premiums and prescription copays for Medicare Part D policies (Medicare Prescription Drug Plans [PDP] or Medicare Advantage Prescription Drug plans [MAPD]) and pay for prescriptions during the coverage gap or the “donut hole.”

Insurance provider

QUALIFIED HEALTH PLANS

If you are not eligible for OHP, Medicare or employee-based insurance, you should enroll in a Qualified Health Plan, purchased in or outside of the exchange.

Client

CAREAssist requires clients to enroll in Silver level Plans. If you qualify for a tax subsidy, you will need to elect to have the subsidy go towards your monthly premium.

CAREAssist

CAREAssist will pay the premium on all Silver level plans and copays on medical services and medications.

Insurance provider

VETERANS ADMINISTRATION (VA) COVERAGE

Insurance provided for those who have served in the military.

Client

VA coverage is only for those eligible; receipt of services through VA is not mandatory.

CAREAssist

CAREAssist will help veterans access services through the Veterans Administration by making copayments for pharmacy.

continued on next page

EXPLANATION OF MEDICAL INSURANCE PROVIDERS — continued

Insurance provider	COBRA or OTHER INSURANCE CONTINUATION	
	Insurance coverage available through your former employer after leaving your job.	
Client	CAREAssist	
COBRA is a continuation of a group policy that must be elected within 63 days of being offered. CAREAssist will help you determine if COBRA is the right coverage for you.	CAREAssist may pay premiums and copays if we determine it is adequate coverage.	

Insurance provider	GROUP POLICY	
	Insurance typically offered through your employer or a family member's employer.	
Client	CAREAssist	
CAREAssist requires clients to enroll in employer-based insurance as long as the plan meets coverage and expense requirements outlined in the Affordable Care Act.	CAREAssist will attempt to pay the employer directly for your portion of the premium. CAREAssist will also pay deductibles and copays.	

CONSIDERATIONS FOR PEOPLE WITH OHP

If you are on OHP, you are required to report life changes immediately. Failure to do so may put you at risk for losing your OHP and experiencing delays in care and treatment.

Here are the life events that must be reported to OHP:

- Get married or divorced;
- Change your name;
- Move or change your address;
- Change in income (up or down); or
- You become eligible for other insurance.

To report these changes, contact CAREAssist or 1-800-699-9075.

Because people on OHP do not typically have to pay for their health insurance or copays, you may wonder about the benefit of staying on CAREAssist when you have OHP.

Here are some other benefits of staying on CAREAssist, even if you have OHP:

- Your case manager may use CAREAssist to determine your eligibility for other services. This means potentially less paper work for you.
- CAREAssist can offer free resources, such as nicotine replacement therapy, if you want to quit tobacco.
- If you become ineligible for OHP, CAREAssist can help you access other insurance and ensure you don't experience a gap in medications.

“The help I get at CAREAssist has given me life. I'm able to have close to some kind of normal life. They are angels!”

EXPLANATION OF GROUPS

Based on your insurance, you will be placed in one of two defined groups, Group 1 (33102) or Group 2 (33202). If you are ineligible for insurance for an extended period of time you will be placed in the Uninsured Persons Program.

GROUP 1, (PRIVATE INSURANCE)

This group includes those insured through Medicare, Cobra, employer based insurance, and Qualified Health Plans purchased in or outside of the Health Insurance Exchange. CAREAssist can help pay for your:

- Insurance premium.
- Prescription copays, coinsurance and deductibles will be paid.
- Medical service copays, coinsurance and deductibles (including labs, office visits, emergency room visits, X-rays, etc.) on in-network services up to the annual program limit.
- Medications listed on the CAREAssist formulary while you are waiting for insurance to start, or if your insurance policy will not cover them.

GROUP 2, (PUBLIC INSURANCE)

This group includes those whose primary insurance is Medicaid (the Oregon Health Plan — OHP) or VA (Veterans Administration) benefits. CAREAssist can help pay for your:

- Pharmacy copays for OHP and VA services.
- Medical service copays (including labs, office visits, emergency room visits, X-rays, etc.) up to the annual limit. Most Group 2 members do not have copays on their medical services. If you do, CAREAssist will pay your portion of the costs after your primary coverage has paid.
- Medications listed on the CAREAssist formulary if OHP or the VA will not cover them.

UNINSURED PERSONS PROGRAM (UPP)

This group provides limited coverage for uninsured individuals until they are eligible for insurance. UPP clients are required to enroll in HIV Case Management services.

- Full cost coverage on CAREAssist formulary medications.
- Full cost coverage on allowable medical services.

BRIDGE PROGRAM

The Bridge Program is intended to help temporarily uninsured persons meet urgent HIV-related medication needs while applying for and enrolling in health insurance and CAREAssist.

- One 30-day supply of CAREAssist formulary medications.
- Full cost coverage on allowable medical services.

TOBACCO CESSATION SUPPORT

There is growing evidence that using tobacco can have a negative impact on the effectiveness of antiretroviral treatment.

CAREAssist members who smoke and/or chew tobacco and wish to quit are eligible to receive FREE nicotine replacement therapy and counseling services from the Oregon Tobacco Quit Line (1-800-QUIT-NOW or 1-800-784-8669). CAREAssist will also pay for prescription medication and nicotine replacement to help you quit. Call CAREAssist for more information.

Approximately 40% of PLWH in Oregon use tobacco, and the majority say they want to quit. CAREAssist is here to help you quit!

PHARMACY SERVICES

Ramsell Public Health Rx is the pharmacy benefits manager for CAREAssist. This means that Ramsell works with your pharmacy to pay for medications. You and/or your pharmacy should call Ramsell if you are having problems getting a medication filled. If you continue to have problems, you should let your CAREAssist caseworker know.

You are able to access medications in two ways: through the mail-order pharmacy where medications are delivered to your home; or through one of the approved pharmacies in the CAREAssist Network. Upon enrollment, you will work with your caseworker to determine which pharmacy you will use.

MAIL-ORDER PHARMACY

By using the mail-order pharmacy, all of your medications (both HIV and non-HIV medications) will be conveniently mailed to your home or any other location you choose.

Using the mail-order pharmacy is not only more convenient for you, but it may even improve your treatment adherence as you will be less likely to run out of your HIV medication. If you use the mail-order pharmacy, you will still be able to use a local store pharmacy for an urgently needed medication, such as a short-term antibiotic or pain medication. Some insurances may not allow you to use the CAREAssist mail-order service. If you are interested in enrolling in the mail-order pharmacy, call 1-888-206-1605.

NETWORK PHARMACY

If you prefer, you can get your medication at a store-based pharmacy such as Safeway or an independently owned pharmacy. There are two types of network pharmacies: in-network and out-of-network pharmacies. The type of medication and your insurance will determine which pharmacy you use.

An in-network pharmacy is required for all maintenance medications (such as your HIV medications) you are taking for a chronic condition, or anytime CAREAssist is paying your prescription's full cost. A list of in-network pharmacies can be found at www.oregon.gov/oha/pharmacy/CAREAssist/Documents/in%20network%20pharmacies.pdf.

An out-of-network pharmacy is allowed for clients who:

- Have been granted a program exception to use a specified pharmacy;
- Are filling an medication designated as “Acute” in the CAREAssist formulary, such as an antibiotic or a medication for pain (to determine if your short-term medication can be filled at an out-of-network pharmacy, call 1-888-311-7632);
- Have insurance that says medications must be filled at a specific pharmacy, such as an HMO like Kaiser.

To find an out-of-network pharmacy, use the Pharmacy Locator at www.ramsellcorp.com/individuals/or.aspx. (In-network pharmacies are in red and designated by an asterisk.) You will find a larger number of pharmacies if you enter your city instead of your zip code.

Please talk with your CAREAssist caseworker if you have a concern related to how you get your medications.

“I work with a case manager who makes all the contacts with CAREAssist. I have been very pleased with the CAREAssist program.”

FORMULARY

A “formulary” is a list of prescription drugs. Your insurance provider has a formulary of covered medications; in most cases, those are the medications available to you.

CAREAssist also has a formulary of medications. We review our drug formulary to ensure that medications are safe, effective and of good value. A list of current medications on our formulary is found at www.ramsellcorp.com/PDF/or_class_8.2013.pdf. If your doctor has prescribed a drug that your insurance will not pay for, CAREAssist may pay for the medication if it is on the CAREAssist formulary. The CAREAssist program may require pharmacies to dispense generic drugs that are equivalent to brand drugs, or another drug that has the same therapeutic value if approved by your doctor.

“In 2008, I applied for Social Security disability. It took almost 12 months before the claim was approved. I had no income and no idea how long it would take SSI for a decision. I wasn’t eating right. I was STRESSED OUT! But, the CAREAssist program was there for me. Thank you.”

YOUR CAREAssist MEMBER CARD

When you enroll in CAREAssist, you will receive a member card. You should carry this card with you when you go to the doctor’s office and when you visit a pharmacy to pick up your prescriptions. This card will notify your medical provider or your pharmacist that you are a member of CAREAssist.

This card gives your medical provider or pharmacist information on how to bill us for services you have received. However, possession of this card is not a guarantee of payment.

If you have lost your card, please call your CAREAssist caseworker, who will order a replacement.

STAYING A MEMBER OF CAREASSIST

RECERTIFICATION

Every six months you will receive a Client Eligibility Review (CER) in the mail. Because CAREAssist is a federally funded program, by law we have to reassess your eligibility every six months. This means you must provide proof of your income and your address to make sure you are still eligible to be a member of CAREAssist. If you do not return your CER on time, you may be restricted or terminated (see pages 24–26) from CAREAssist.

If you do not have a source of income or have questions about your assets, please call your CAREAssist caseworker. If you have trouble completing and sending your CER by the deadline, please call your CAREAssist caseworker to request an extension. A sample of the CER and instructions for completing this form can be found at www.oregon.gov/oha/pharmacy/CAREAssist/Pages/forms.aspx.

CHANGES IN INCOME

You must report any change in income to CAREAssist in your Client Eligibility Review (see page 11). If your income increases and you are worried that you might become ineligible for our services, know that CAREAssist has higher income limits than most other public assistance programs.

In most cases, changes in income will not change your eligibility for CAREAssist. If you are found to withhold income information from CAREAssist, you will be terminated from the program, even if the additional income would not have disqualified you from it. If you have concerns about increases in your income in terms of eligibility, please call your CAREAssist caseworker.

While CAREAssist does not require you to report changes in income outside of your CER, your insurance might. If you are on the Oregon Health Plan (OHP) or a Qualified Health Plan, you are required to report changes in income within 30 days. Contact CAREAssist or your HIV Case Manager for more information.

COST-SHARE

A cost-share is required of any member whose income is over 150% of the federal poverty level (FPL) (or about \$1,450/month for one person). The cost-share amount is roughly 2% of your family income (before taxes) and is paid monthly. Cost-share bills will start on the first full month of enrollment in CAREAssist. The CAREAssist program will send you a bill for your cost-share every month and payment will be due by the 21st day of that month. If you are more than one payment behind, your benefits may be restricted (see pages 24–26

for information regarding restriction). If your family income is less than 150% of the FPL, you will not have to pay a cost-share.

COST-SHARE ADJUSTMENT

If you are a CAREAssist member who pays cost-share and your income *drops* by 25% or more, or falls below 150% of the FPL (a current FPL table can be found at www.oregon.gov/oha/pharmacy/CAREAssist/Pages/Clients.aspx), you may be eligible to apply for a cost-share adjustment.

“Thanks for allowing me to submit this and for all of the medical help you have given me. Before CAREAssist, I could not afford my medication and my health was deteriorating. Thanks for caring!”

To apply for an adjustment you must submit a Cost-Share Adjustment Form along with proof of your change in income (such as a lay-off letter or proof of unemployment). You can find a cost-share adjustment form at www.oregon.gov/oha/pharmacy/pages/CAREAssist/Pages/forms.aspx or by asking your CAREAssist caseworker.

If your income increases, you do not need to tell us until your next Client Eligibility Review is due. However, if you are on the Oregon Health Plan or a Qualified Health Plan purchased through the Health Insurance Exchange, they may require you to report changes to income. Contact CAREAssist or your HIV case manager for more information. CAREAssist can help you report the income increase to your insurance.

APPLICATION FOR EXCEPTION

There are times when a client may need to request an exception to a CAREAssist policy. For example, if you failed to return your Client Eligibility Review (CER) or pay your cost-share on time because of special circumstances, you may be able to request an exception.

Generally, exceptions are only granted in the following four situations:

- There is a clear public health risk (e.g., you are a pregnant woman and the HIV status of your unborn baby is at risk if you don't take your HIV medications).
- You experienced an emergency health issue, documented by a physician (e.g., you were hospitalized).
- You experienced a documented catastrophe (e.g., your house burned down, or a natural disaster occurred).
- You experienced a mental health episode or impairment, documented at the time by a medical or mental health care provider.

For more information on whether your circumstance might be eligible for an exception, talk with your CAREAssist caseworker.

REFUNDS AND BILLING

After you see a doctor, you will receive a form in the mail from your insurance called the Explanation of Benefits (EOB). Depending on your insurance provider, it may also be called a Claims Processing Report. This is not a bill, but explains how much your insurance provider has paid for a service you received. A sample of what an EOB might look like can be found on the next pages. If there is any remaining balance after your insurance has paid, sometimes your doctor or provider will bill CAREAssist directly, and sometimes he or she will send the bill to you. It may take several weeks for this bill to arrive.

If you receive a bill for a deductible or copay that you think CAREAssist will cover, send both the bill and the EOB (that matches the service — look for matching dates of service) to CAREAssist and we will pay what you would owe the provider. Please do not send an EOB without a bill. If you send an EOB without a bill, or a bill without an EOB, we will mail the item back to you.

“I have never had a problem following my HIV treatment. Having almost died from PCP pneumonia, I am very aware that the meds saved my life.”

INSURANCE REFUNDS MADE TO CLIENTS

If you receive a refund from your insurance or medical provider for premiums or services paid by CAREAssist, you must contact CAREAssist to coordinate repayment. Failure to return these refunds to CAREAssist may result in loss of CAREAssist benefits.

TAXES

If you are required to file taxes, you must file. There are many agencies that provide free assistance for filing your taxes. Contact your case manager or CAREAssist for more information.

BILLING SAMPLE A: Explanation of Benefits (EOB)

SAMPLE

**PeaceHealth
Laboratories**

PO Box 77003
Eugene, OR 97401
800-826-3616, option 3

INVOICE

Federal Tax ID # 93-1284073
NPI # 1912957986

REC'D OCT 28 2010

ACCOUNT NUMBER EL02722631	PATIENT NAME	RESPONSIBLE PARTY
LAB WORK REQUESTED BY		

JOHN D WILSON MD - THE TRAVEL CLINIC

DATE	CPT-4	SERVICES	AMOUNT
09/30/10	86415	DRAWING FEE	15.15
09/30/10	87536	HIV-1 RNA PCR, ULTRA SENS	294.13
09/30/10	85415	BC/BS OF OREGON NOT APPROVED (10/20/2010)	-12.15
09/30/10	85415	BC/BS OF OREGON PAYMENT (10/20/2010)	-2.40
09/30/10	87536	BC/BS OF OREGON NOT APPROVED (10/20/2010)	-172.25
09/30/10	87536	BC/BS OF OREGON PAYMENT (10/20/2010)	-97.50

IF YOU HAVE INSURANCE COVERAGE
OR WISH TO PAY BY CREDIT CARD,
PLEASE COMPLETE & RETURN THE
BACK PORTION OF THIS INVOICE.

**Date of service
and amounts should
match your bill.**

YOU ARE RESPONSIBLE FOR PAYMENT OF YOUR ACCOUNT. THESE FEES HAVE
NOT BEEN INCLUDED ON ANY HOSPITAL BILL OR PHYSICIAN STATEMENT.

**PAY THIS
AMOUNT**

24.98

Please make checks payable to:



**PeaceHealth
Laboratories**

PO Box 77003
Eugene, OR 97401

Pay online at
www.peacehealthlabs.org/billing

Patient Financial Services

9 a.m. – 4:30 p.m.
Monday – Friday

ACCOUNT NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE	AMOUNT ENCLOSED
EL02722631	10/21/10	11/09/10	24.98	

541-341-8021
800-826-3616, option 3

EUGENE, OR

PAYMENT OPTIONS ON REVERSE

550081 03/10

BILLING SAMPLE B: Explanation of Benefits (EOB)

000000025
SAMPLE

Oregon Medical Insurance Pool
administered by
Regence BlueCross BlueShield of Oregon

Claims Processing Report



For Customer Service Please Call
PORTLAND 225-5336
1 800 452-7390
1 800 231-9027
VANCOUVER 696-2337

Insured:
ID Number: 000214007
Group Nbr: 10/05/2010
Date: 1
Page: 1

Patient: **Claim Number:**

Type of Service	Dates of Service	Billed Charge	Less Provider Discount	Less Amt Not Covered	Less Amt Applied To Deduct	Balance Eligible	Plan Pays At	OMIP Total Paid	Patient Balance	Comments
Provider: PEACEHEALTH DIAGNOSTIC LAB DIAGNOSTIC LAB	09/30/10 09/30	15.15 294.13	12.15 172.25			3.00 121.88	80% 80%	2.40 97.50	0.60 24.38	
TOTALS		309.28	184.40	0.00	0.00	124.88		99.90	24.98	

Comments 1 Because you chose a preferred provider, your balance has been reduced by \$ 184.40. If additional payments have already been made, your Patient Balance may be less than the amount shown on this report

Patient Summary	Benefit Year	Plan Limit	Year to Date	Remainder
Deductibles Medical	2010	\$ 500.00	\$ 500.00	\$ 0.00

Actual Benefits Paid \$	99.90
Lifetime Benefits - Plan Limit	\$ 2,000,000.00
Lifetime Benefits Paid to Date	\$ 27,943.34

Provider Payment Summary	
Payment will be sent to these providers(s)	Amount
PEACEHEALTH	\$ 99.90

Insured Payment Summary	
Your balance is	\$ 24.98

Date of service and amounts should match your bill.

For fast and accurate claims service, always use your Regence BlueCross BlueShield of Oregon identification card. This is not a bill. Please save for tax purposes. This is your only copy.

FORM OMIP 005 - Front (Rev. 12/08)

BILLING SAMPLE C: EXAMPLE OF DENIED claim

0000012-9

SAMPLE

Oregon Medical Insurance Pool
 administered by
 Regence BlueCross BlueShield of Oregon

Insured:
 ID Number: 000214007
 Group Nbr: 07/22/2010
 Date: 1
 Page: 1

Claims Processing Report

For Customer Service Please Call
 PORTLAND 225-5336
 1 800 452-7390
 1 800 231-9027
 VANCOUVER 696-2337

Claim Number: 018371352

Patient:

Type of Service	Dates of Service	Billed Charge	Less Provider Discount	Less Amt Not Covered	Less Amt Applied To Deduct	Balance Eligible	Plan Pays At	OMIP Total Paid	Patient Balance	Comments
Provider: JON E LUTZ MISCELLANEOUS DIAGNOSTIC LAB DIAGNOSTIC LAB DIAGNOSTIC LAB	06/28/10 06/28	9.83 13.10 50.65 31.20		9.83 13.10 50.65 31.20					9.83 13.10 50.65 31.20	1 1 1 1
TOTALS		104.78	0.00	104.78	0.00	0.00		0.00	104.78	

Comments 1 Waiting period for this condition has not been completed
 If additional payments have already been made, your Patient Balance may be less than the amount shown on this report

Patient Summary	Benefit Year	Plan Limit	Year to Date	Remainder
Deductibles Medical	2010	\$ 500.00	\$ 419.43	\$ 80.57

Actual Benefits Paid \$ 0.00

Provider Payment Summary
 Payment will be sent to these providers(s) Amount \$ 0.00

Lifetime Benefits - Plan Limit \$ 2,000,000.00
 Lifetime Benefits - Paid to Date \$ 844.80

Insured Payment Summary
 Your balance is \$ 104.78

For fast and accurate claims service, always use your Regence BlueCross BlueShield of Oregon identification card.
 This is not a bill. Please save for tax purposes. This is your only copy.

GENERAL INFORMATION

CASE MANAGEMENT AND CAREASSIST

Some CAREAssist members may also have an HIV case manager. Your HIV case manager may be affiliated with a hospital such as the Partnership Project, or a community-based organization such as HIV Alliance or your county health department. There are important differences between your CAREAssist caseworker and your HIV case manager. Both your CAREAssist caseworker and your HIV case manager work together as a team to help you be healthy. We support your independence and are here when you need help.

CAREAssist caseworkers

CAREAssist caseworkers are able to:

- Answer medical insurance-related concerns;
- Understand your pharmacy benefits;
- Make sure your insurance premium is paid;
- Answer questions related to cost-share;
- Tell you whether a medication is covered under the CAREAssist formulary.

HIV case managers

HIV case managers will refer you to or help you access a variety of support services, including:

- Treatment adherence counseling;
- Application to insurance and CAREAssist;
- Access to nutritional support and food;
- Transportation to medical appointments;
- Housing and utility assistance;
- Treatment for substance abuse and mental health;
- Application to other benefits, such as food stamps or Social Security.

TAKING CARE OF YOURSELF

CAREAssist is here to ensure you have access to HIV medication and medical care. Here are a few tips to make sure you're getting the most out of your treatment plan:

- Depending on your health status, you should have a CD4/viral load test run two to four times a year.
- Make sure you communicate with your doctor or HIV case manager if you have any concerns related to your care.
- It is extremely important that you take your medication as directed. Do not interrupt your medication plan without first discussing it with your doctor.
- CAREAssist has special programs for people who have difficulty adhering to their medication or dealing with side effects. Ramsell provides medication therapy management (MTM) to select members who seem to have problems taking medications as prescribed. This service is very helpful. Ramsell can provide some over-the-counter medicines that help with side effects you may be experiencing. You may receive a call or letter from Ramsell inviting you to participate in this program. Please don't hesitate to ask your CAREAssist caseworker for more information.
- CAREAssist knows you want to do your part in ending the HIV epidemic, and we also understand it can be difficult to change behaviors even when you really want to. You may feel reluctant to talk about your HIV status with your sex and/or needle-sharing partners. If you feel that you have put someone at risk for HIV, or are having a hard time keeping you and your partners safe, please talk with your HIV case manager, your CAREAssist caseworker or your doctor about your concerns. We are here to help you. There are programs that can notify your partners that they have been exposed to HIV without reporting your name or when the exposure occurred. Even if your partner is HIV-positive, it is important to use prevention strategies such as condoms and clean needles. Your partner may have a different strain of HIV or other infection that can complicate your treatment.

Thank you for taking care of your health!

EMERGENCY PREPAREDNESS

CAREAssist has an emergency preparedness plan, and urges you to be prepared.

Step 1: Get ready. Keep your medications and health information up to date, always refill as early as possible, and build an emergency kit for your home.

Step 2: Locate a pharmacy. If during a state declared emergency, you are unable to fill your prescriptions at your usual pharmacy, you will be able to fill your prescriptions at almost any pharmacy in the state.

Step 3: Medication. During an emergency, keep your medications with you. If you start running out of medications, do not skip doses to stretch them out.

More information can be found here: **www.oregon.gov/oha/pharmacy/CAREAssist/Documents/CAREassist%20Emergency%20Preparedness-4c.pdf**

LOSS OF COVERAGE

If you do not follow program requirements, your CAREAssist benefits could be restricted or terminated.

If you are terminated from CAREAssist, you will have to start paying for your insurance premiums, deductibles and copays. If you cannot afford to pay these things, you may lose your health insurance.

If you lose insurance, it is often difficult to obtain insurance again. For example, if you were on a Qualified Health Plan you cannot reenroll unless it is open enrollment or you have experienced a Qualifying Life Event (QLE). If you are terminated from CAREAssist, and are at risk for losing insurance coverage, please call your HIV case manager or CAREAssist caseworker for advice.

TERMINATION

The following activities will result in termination of all or some services provided by CAREAssist:

If you are no longer living in Oregon:

CAREAssist will:

Send you a letter of termination. We will stop paying for all premiums, deductibles and copays effective the date indicated on your termination letter.

To reapply for membership:

You may reapply once you re-establish residency in Oregon. Any expenses you pay during termination and reapplication will not be covered by the program.

If you no longer meet program eligibility for income:

CAREAssist will:

Send you a letter of termination. We will stop paying for all premiums, deductibles and copays effective the date indicated on your termination letter.

To reapply for membership:

You may reapply if you fall within the income limit. Any expenses you pay during termination and reapplication will not be covered by the program.

continued on next page

LOSS OF COVERAGE — continued

If you fail to provide necessary documentation, or fail to return a Client Eligibility Review (CER) within a stated timeline:

CAREAssist will:

Send a letter of termination. We will stop paying for all premiums, deductibles and copays effective the date indicated on your termination letter.

To reapply for membership:

You may reapply at any time. Any expenses you pay during termination and reapplication will not be covered by the program.

If you are found guilty of fraud or lying to the program:

CAREAssist will:

Send you a letter of termination. We will stop paying for all premiums, deductibles and copays effective the date indicated on your termination letter.

To reapply for membership:

You may reapply after a minimum of 6 months. Any expenses you pay during termination and reapplication will not be covered by the program.

RESTRICTED PERIOD

If you get more than one payment behind on your cost-share:

CAREAssist will:

ONLY pay insurance premiums and copays for medications that treat HIV, viral hepatitis and opportunistic infections. No other services (such as medical service copays) will be paid. If you are eligible for cost- share you will not be billed during the restricted period.

To reactivate full benefits:

If you pay the past due cost-share balance, you will be eligible for full benefits on the day. Please note that full benefits will not be retroactively restored. If you don't pay the balance, services will be restored after a three-month restriction period and you will not be asked to pay the past-due cost-share upon return.

If you have already been restricted for not paying your cost-share in the previous 12 months your benefits will remain restricted until the total outstanding balance has been paid. Full benefits are effective the day payment posts to your account and will not be retroactively restored.

FILING A COMPLAINT

It is the policy of the CAREAssist program to respond to concerns and complaints voiced by members, HIV case managers and other individuals about the administration of the CAREAssist program. You can raise any concerns or complaints and may do so without fear of retribution. Your complaints will be handled quickly and without judgment.

Whenever possible, verbal complaints will be resolved informally. Concerns and complaints will be resolved in the least formal manner using a variety of approaches, including meetings and telephone conversations. To discuss a complaint, please call CAREAssist at 1-800-805-2313.

FILING A GRIEVANCE

Grievances *may only be filed* for:

- a. Denial of eligibility to participate in the CAREAssist program;
- b. Denial of a request for CAREAssist program assistance;
- c. Denial of a request for exception;
- d. Termination of assistance for program violations.

If you believe it is necessary to file a formal grievance, information about that process can be found at **www.healthoregon.org/careassist**, or by talking with your HIV case manager or your CAREAssist caseworker.

FILING FOR A HEARING

If you are unable to resolve your concern through a complaint or grievance process, you may be eligible for a hearing. You can find a hearing request form at www.healthoregon.org/careassist.

FREQUENTLY ASKED QUESTIONS (FAQs)

Can CAREAssist help a member with medical visit copays, coinsurance and deductibles?

Yes. CAREAssist membership means you get help paying for doctor's office visits, lab tests, and any other insurance-covered services. A deductible usually happens at the beginning of the year and then copays follow that. CAREAssist sets an annual limit on these payments. Please visit www.healthoregon.org/careassist for this year's maximum benefit.

Will Careassist pay for any medical service my insurance covers?

CAREAssist will pay your part of the cost as long as the service is approved by your insurance provider. Sometimes that is a deductible amount that has to be paid before the insurance starts to pay. CAREAssist will pay that deductible if it is for a covered service. Typically, insurance pays 60 – 80% of the cost and then the doctor or lab service asks you for the rest. CAREAssist will pay all or part of the bill up to the maximum yearly amount.

Will CAREAssist only help with medical services related to my HIV?

Payments are made on all services, not just HIV-related care, with some exceptions. For example, CAREAssist will not pay deductibles or copays for vision services, and may only pay for outpatient services.

Are some bills too big or too small for CAREAssist to cover?

No. CAREAssist will pay your part of the cost no matter how small or large the amount is, up to the annual maximum benefit.

What is the deadline for submitting a bill to CAREAssist to cover?

Bills must be submitted within 12 months from the date of service and you must have been a CAREAssist member at the time the service occurred.

Can the doctor or lab bill CAREAssist directly?

Yes. The doctor or lab directly billing CAREAssist is the best way. Show your medical provider's billing staff your CAREAssist member card and tell them that CAREAssist is acting as a "secondary payer."

The address for mailing claims to CAREAssist is on the back of your member card. It is best to check occasionally with the billing staff to make sure that they still have CAREAssist listed as your "secondary payer."

What if the doctor or lab bill is sent to me?

If you get a bill from the lab or doctor, after your insurance has paid, it may mean CAREAssist has not been billed. If you want CAREAssist to pay, quickly send us the bill and the EOB that matches both the date and the amount owed.

If we do not get both the provider bill and the matching EOB, it will be sent back to you. We do not have the ability to track partial paperwork. Remember, the address to mail CAREAssist your claims is on the back of your member card.

Start saving the reports your insurance company sends you after each time your insurance is billed. These reports are called Explanation of benefits (EOBs) or claims processing reports keep all your EOBs in one place and save them for at least six months. It's a good idea to do this whether or not you ever have to send CAREAssist a bill.

How does CAREAssist get billed for my pharmacy copay?

Select a CAREAssist in-network pharmacy and present both your insurance and CAREAssist membership cards explaining that CAREAssist should be billed after insurance.

If you have any problems with this or if the pharmacy has questions, please contact your CAREAssist caseworker.

What if I paid for my copay myself? Will CAREAssist pay me back?

No, CAREAssist is unable to make payments directly to a client. In the event that you have paid a copay, deductible or premium out of your own pocket, you will not be reimbursed. To avoid this, make sure you provide your CAREAssist card to your doctor or pharmacist every time you receive a service or pick up a prescription. If you are being asked to pay something in advance, please contact CAREAssist before making a payment.

What do I do if I'm moving out of Oregon?

If you move permanently to another state outside of Oregon, you may be eligible for ADAP services in another state. All states in the United States have ADAP, although ADAP programs vary from state to state. You can find information about other ADAPs across the country at <http://locator.aids.gov>. If you maintain residency in Oregon, you will be able to stay in CAREAssist. Please let us know if this applies to you.

continued on next page

Can I access medications while on vacation?

Maybe. In most cases, you can obtain a vacation supply of medications prior to leaving on vacation. This must be authorized by your insurance provider. CAREAssist will not make copayments to any out-of-state pharmacy, so make sure you have enough medication before going out of town. If you're going out of town for more than a month and have concerns about paying your cost-share or returning your Client Eligibility Review (CER), please call your CAREAssist caseworker.

Will CAREAssist help me if I have to go to the emergency room while out of state?

Maybe. You should check with your primary insurance provider to find out if this is covered. The general rule of thumb is that if your primary insurance provider pays for the service, then CAREAssist will help you.

What if I am an Oregon resident but I want to attend school out of state?

Students who attend an out-of-state school are eligible for CAREAssist as long as they maintain their residency in Oregon and CAREAssist-approved insurance. Documentation of current full-time enrollment in an educational institution is required. For purposes of income eligibility, student loans are not considered income.

What if I go to jail or prison?

If you are incarcerated in a state or federal prison, you are no longer eligible for CAREAssist benefits. Benefits will be terminated and you may reapply upon release.

If you are in a city or county jail, you may remain on the program for up to 60-days from the first day of incarceration as long as your primary insurance is maintained and other eligibility criteria are met. Contact CAREAssist if you have difficulty accessing medications while in jail.

How can I get more involved with CAREAssist?

There are a number of ways you can become involved in CAREAssist and make your voice heard.

- Attend CAREAssist Advisory Committee meetings: As a member of CAREAssist, we welcome you to take part in this committee, which provides input and direction to the program related to CAREAssist client eligibility, program design and implementation. Meetings are held quarterly and are open to the public. For more information about the CAREAssist Advisory Committee, go to **www.oregon.gov/oha/pharmacy/CAREAssist/Pages/general.aspx** or ask your CAREAssist caseworker.
- CAREAssist conducts regular surveys to see how we're doing and to help us understand where we could improve our services. We welcome your responses, so please fill out and return any surveys that are mailed to you.

THE EIGHT MOST IMPORTANT THINGS YOU NEED TO KNOW ABOUT CAREAssist

Please help us help YOU keep CAREAssist. We want to pay for your health insurance premiums, your medications, and your medical deductibles and copayments for as long as you are eligible. It is the best way to manage your HIV and be as healthy as you can be.

- 1) We are not your health insurance. We pay insurance premiums, doctor visit copays and medication copays for you to help make your HIV medical care more affordable.
- 2) If you move or change phone numbers, tell us immediately (call 1-800-805-2313). If we cannot reach you, you may miss a deadline and lose CAREAssist.
- 3) Check your mail at least once a week. This is very important if you do not get mail at your home. Not picking up your mail will not excuse you for missing a CAREAssist deadline. If you have also given the program an e-mail address at which to contact you, make sure you check that account.
- 4) Depending on your income, you may have a monthly cost-share payment to help you support your CAREAssist benefits. Make cost-share payments on time, if you have them. If you are having difficulty paying your cost-share, please call your CAREAssist caseworker before your cost-share deadline.
- 5) Every six months you are required to renew your CAREAssist membership by completing and sending in your Client Eligibility Review (CER) form. We will mail the form to you with a due date. Be sure to return the form on time. If you can't get it to us on time, call us before the deadline to ask for an extension.
- 6) Sometimes we give you a deadline to call us, or to give us income or insurance documents. Always respond to these deadlines.
- 7) If your monthly insurance premium has changed, tell us immediately. If the premium has gone up and we don't know to pay the higher amount, you may lose your insurance.
- 8) If you lose your insurance, tell us immediately. We may be able to help you get other health insurance.

GLOSSARY OF WORDS TO KNOW

CAREAssist Client Eligibility Review (CER): Every member in CAREAssist will have his or her eligibility for the program reviewed at least every six (6) months. You will have to provide proof of your income and Oregon residency.

Copay (stands for copayment): It is a flat fee that a person pays for a medical service in addition to what insurance pays for.

Coinsurance: A fixed percentage of the cost of a service for which a person is responsible.

Cost-share: A person at 150% of the federal poverty level (FPL) and over must pay 2% of your monthly family income to maintain CAREAssist coverage.

Deductible: The amount an individual must pay out-of-pocket for health care expenses before insurance will cover the costs. A deductible is usually only charged for special services (X-ray, surgery, etc.).

Explanation of Benefits (EOB): A form from your insurance provider that explains how much your insurance provider paid for a service you received.

Federal poverty level (FPL): An income level set by the federal government that determines your eligibility. The FPL is calculated by income and number of persons in the household.

Formulary: A formulary is the list of prescription drugs that the CAREAssist program will cover at full price in the event that a member's insurance policy does not pay a portion of the cost.

Insurance: Insurance that pays for your medical-related expenses with a doctor or other medical professional.

Medication Therapy Management (MTM): Additional support for people with difficulty taking their medication. The program helps you to identify challenges and solutions for improving adherence.

Open Enrollment: Period of the year when individuals are eligible to enroll in health insurance. This typically occurs late fall to early winter of every year.

continued on next page

Oregon Housing Opportunities in Partnership (OHOP): OHOP provides rental assistance to eligible clients who live outside of the Portland metro area.

Premium: The amount of money charged by an insurance company to provide service to an individual.

Qualifying Life Event: A change in life that can make you eligible for insurance outside of open enrollment. Examples of qualifying life events include moving to a new state, certain changes in income or change in family size due to marriage or divorce.

Restricted status: This occurs if you get more than one payment behind on cost-share payments. This means that CAREAssist will continue to pay for your insurance, but will not pay any form of copayment for medical services or copayments for some prescriptions. Restricted status is imposed for a period of three months.

Third party administration (TPA): The part of your medical care copay and deductible bill that CAREAssist pays.

MEMBERS' RIGHTS AND RESPONSIBILITIES

Members' rights

- To receive services free of discrimination based on race, color, sex, gender, ethnicity, national origin, religion, age, class, sexual orientation, physical or mental ability.
- To be informed about services and options available in the programs for which you may be eligible.
- To have your records be treated confidentially
- To have access to a written grievance process
- To receive language assistance services, including access to translation and interpreter services at no cost.

Members' responsibilities

- Provide true, correct and complete information.
- Notify CAREAssist of changes in your name or address.
- Notify CAREAssist of changes in income, assets or eligibility.
- Notify CAREAssist of changes in your pharmacy or medical provider.
- Notify CAREAssist of changes in your medical insurance.
- Complete your Client Eligibility Review (CER) every six months.
- Cooperate with CAREAssist staff members.
- Maintain your medical insurance.
- If required by income, pay your cost-share every month.
- Mail in all bills and Explanation of Benefits (EOBs) to CAREAssist in a timely manner.



Please contact your CAREAssist caseworker if you have questions regarding this information.

1-800-805-2313 (outside the Portland area)

971-673-0144 (inside the Portland area)

971-673-0372 (TTY)

www.healthoregon.org/careassist

JOIN US ON FACEBOOK AND TWITTER

Stay “in the know.” Tell us your thoughts, and share important information with your social networks.

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact 1-800-805-2313 (voice) or 971-673-0372 (TTY), or email care.assist@state.or.us.