

Oregon Health Plan (OHP)

Handbook – **Draft for review**

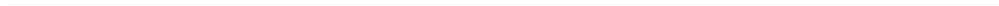
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August 2015



You can have this handbook in another way that works better for you. Please call Oregon Health Plan (OHP) Client Services at 800-273-0557 (TTY 711), or OHP Customer Service at 800-699-9075 (TTY 711). We will get you the information in large print, braille, audio, on your computer or in a different language. English

DRAFT



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*Fee-for-service (FFS) clients: call OHP Client Services – 800-273-0557 (TTY 711)
CCO members: call the CCO phone number on your CCO ID card*

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CCO members: call the CCO phone number on your CCO ID card*

Welcome to the Oregon Health Plan

The Oregon Health Plan helps cover the health care costs of people with a low income and few savings. It is paid for by state and U.S. governments. In other states, this kind of help is called Medicaid and the Children's Health Insurance Program (CHIP).



We are glad to serve you!

There are two ways that people get OHP medical, dental and behavioral health (mental health and substance use disorder) services. They are:

- Managed by a Coordinated Care Organization (CCO), or
- Managed by you and your doctor, which is called "fee-for-service" (FFS).

Managed care

Your CCO manages and pays for your health care: medical, dental and behavioral services. 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;
- ▶ Give you a health care team to work with;
- ▶ Help all of your care-givers, including family members, become part of your team;
- ▶ Share information to avoid repeat or unneeded testing;

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

CCO members: call the CCO phone number on your CCO ID card

- ▶ Give you the tools and support you need to stay healthy; and
- ▶ Give you advice that is easy to understand and follow.

Choosing a CCO

When you apply for, or renew, your OHP coverage, you can choose a CCO in your area. You can find a list of the CCOs in your county at 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, OHP will choose a CCO for you. When OHP chooses the CCO, this is called auto-assignment.

Primary care provider

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

- ▶ Your CCO will give you 30 days to choose a PCP. After 30 days, the CCO may choose one for you. Ask your CCO for a list of providers, or look at the provider directory on their 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.

To coordinate your medical and dental care, your PCP and PCD are your first contact 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.

Physician incentives

CCOs and other plans do not pay or reward their providers for limiting services and referrals. Contact your CCO if you are interested in any physician incentives it provides.

Involvement in CCO activities

Your CCO has a Community Advisory Council (CAC). Most of the council members are OHP members. Other members are from government agencies and groups that provide OHP services. If you are interested in being a member of the Community Advisory Council, please call your CCO's customer service for an application.

How to change CCOs

If you want to change to a different CCO, call OHP Client Services at 800-273-0557, TTY 711. There are several chances for you to change as long as another CCO in your area is open for enrollment:

- ▶ If you or a family member does not want the CCO you've been auto-assigned to, you can change 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 each time we find that you meet the requirements for OHP. This is called recertification and usually happens about the same time once each year.
- ▶ If you are also on Medicare, you can change or leave your CCO anytime.
- ▶ If you are an American Indian or Alaska native, you can change or leave your CCO anytime.
- ▶ You can change if you have an important medical reason that is approved by OHP.
- ▶ You can change CCOs for any reason one time during each enrollment period.

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

Disenrollment

When you have a problem getting the right care, please let your CCO try to help you before you change CCOs. Just call your CCO's customer service and ask for a care helper. If you still want to leave or change your CCO, call OHP Client Services.

Your CCO may ask the OHP to remove you if you:

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

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 services you receive.

Copays

Some FFS OHP Plus adult clients may have to pay up to \$3 for prescription drugs (for each filled 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;
- ▶ Vision exams;
- ▶ Acupuncture, chiropractic, naturopath and podiatry services;
- ▶ Hearing 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 Program (see page 4 to learn more about this program);
- ▶ Emergency services; and
- ▶ Lab tests, shots, durable medical equipment or x-rays.

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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.

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

OHP wants you to get managed health care from a CCO. 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 is approved by OHP.

How you know which type of OHP you have

The Oregon Health Authority (OHA) sends a Coverage Letter (see below) 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).

Please read all Coverage Letters

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, address or household members change.

<p>5503 XX#### XX P2 ENAT PO BOX ##### SALEM, OR 97309 DO NOT FORWARD: RETURN IN 3 DAYS</p> <p>Branch name/Division: OHP/CAF Worker ID/Telephone: XX/503-555-5555</p> <p>JOHN DOE 123 MAIN ST HOMETOWN OR 97000</p> <p>Welcome to the Oregon Health Plan (OHP). This is your new coverage letter.</p> <p>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.</p> <p>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 changes. To request a new letter or Medical ID, call your worker.</p> <p>The enclosed yellow sheet includes a chart that describes the services covered for each benefit package and a list of helpful phone numbers.</p> <p>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.</p> <p>Reason for letter:</p> <p>A Medical ID was requested for: DOE, JOHN – 08/01/2012 DOE, JANE – 08/01/2012 DOE, TIMOTHY – 08/01/2012</p>	<p>Keep this letter!</p> <p>This letter explains your Oregon Health Plan (OHP) benefits.</p> <p>This letter is just for your information. You do not need to take it to your health care appointments.</p> <p>We will only send you a new letter if you have a change in your coverage, or if you request one.</p>
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*Fee-for-service (FFS) clients: call OHP Client Services – 800-273-0557 (TTY 711)
CCO members: call the CCO phone number on your CCO ID card*

Private insurance

Find the "Managed Care/TPR" 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. 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.

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, please call OHP Customer Service right away at 800-699-9075 (TTY 711). See "Who to Call for Help" (page 30) to learn more about when to call.

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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 them so you feel comfortable calling if a problem comes up.

Your needs are important!

We want you to get all the care you need to stay healthy. If you have any problems getting the right care, you can get help if you ask for it.

Patient-Centered Primary Care Homes (PCPCHs)

We want you to get the best care. One way we do that is to ask our providers to be patient-centered primary care homes (PCPCH). PCPCHs make sure all your medical, dental and behavioral health needs are met. Ask your providers if they are recognized PCPCHs.

Care helpers

CCOs have people specially trained to help you get the right care. These people are called 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 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 like:
 - ✓ 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

All OHP providers must respect the dignity and diversity of our members and the communities where they live. We want to make sure our services meet the needs of people of all cultures, languages, races, ethnic backgrounds, abilities, religions, genders, sexual orientations and other

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special needs. If you think you are not treated well, please call your CCO or OHP Client Services to file a complaint.

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.

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

You can have an interpreter in any language you need. Call OHP Client Services at 800-273-0557 and tell us what language you need.

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.

FFS clients: Call OHP Client Services (number below).

Interpreter and translation services

You can have a language interpreter (including sign language) when you need it for your health care. This service is free. Let your provider's office know which language is best for you. You should always try to let your provider's office know about your language needs 1 or 2 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.

If you are denied an interpreter or translation services, you can contact OHA's Office of Equity and Inclusion at 971-673-1240 or email OHA.ClientCivilRights@dhsaha.state.or.us.

Disability rights (Americans with Disabilities Act, or ADA)

The ADA is a law that makes sure people with disabilities can get the services we provide. 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 or not 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 members' rights to keep their personal information private, and how their personal information is used.

To get a copy, call your CCO and ask for their "Notice of Privacy Practices." If you have 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 (click on "Access to Health Care").

A copy of your records

Your doctor has most of your records, so ask 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 13–18 to learn more about covered services. If you want to know if a specific service is covered, ask your provider.

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Chemical dependency

Dental

- ▶ Basic services including cleaning, fluoride varnish, fillings and extractions;
- ▶ Urgent or immediate treatment;
- ▶ Crowns for pregnant women and children under age 21;
- ▶ Sealants, root canals on back teeth for children under age 21

Hearing aids and hearing aid exams

Home health; private duty nursing

Hospice care – not covered for CAWEM Plus clients

Hospital care

- ▶ Emergency treatment;
- ▶ Inpatient and outpatient care

Immunizations

Labor and delivery

Laboratory and x-rays

Medical care from a physician, nurse practitioner or physician assistant

Medical equipment and supplies

Medical transportation

Mental health

Physical, occupational and speech therapy

Prescription drugs

- ▶ OHP with Limited Drug only includes drugs that are not covered by Medicare Part D.
- ▶ **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.

Vision

- ▶ Medical services;
- ▶ Services to correct vision for pregnant women and children under age 21;
- ▶ Glasses for pregnant adults and adults who have a qualifying medical condition such as aphakia or keratoconus, or after cataract surgery.

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 (FFS) OHP. They cannot enroll in a CCO.

Coverage is limited to:

- ▶ Emergency services in the United States (but not in Mexico or Canada), described below.
- ▶ Labor and delivery. If you are on CAWEM and become pregnant, call OHP at 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.

Emergency care

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 getting treated right way 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 is knocked 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.

These are just some examples; there are many other kinds of emergencies.

If you are pregnant, you and your unborn baby are covered for true emergency care. If you think you are in an emergency, go to an emergency room or **call 911**. Emergency care is covered 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 your dentist or the clinic know.

1. **Call your doctor or dentist.**
2. **If you can't reach your doctor or dentist, call your CCO or dental plan.**
3. **If you aren't in a CCO, call OHP's advice line at 800-562-4620 (TTY 711).** Nurses are there all day and night, every day of the year. A nurse can help you decide if you should go to an emergency room. They 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. This includes travel outside of Oregon. Out-of-state providers must enroll with OHP to receive payment.

Emergency care is covered 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 and is not covered 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

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 abuse 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.

Residential treatment for addiction is provided in a 24-hour care facility. 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:

*Fee-for-service (FFS) clients: call OHP Client Services – 800-273-0557 (TTY 711)
CCO members: call the CCO phone number on your CCO ID card*

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

AMHI services for mental health treatment

The Aim High (AMHI) 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 healthy outside of the Oregon State Hospital. Call your CCO or your local mental health program.

Pharmacy services

Prescriptions

Your CCO will cover all physical health prescriptions. Your CCO 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 prescription approval
- ▶ Ask for samples from a pharmaceutical drug program

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

Home-delivery pharmacy

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

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 8 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 the home-delivery service. You can enroll yourself by calling 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;
- ▶ 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 (800-273-0557; TTY 800-375-2863) to change pharmacies.

You can change pharmacies:

- ▶ If you move;
- ▶ When we re-determine your eligibility for OHP (usually once a year);
- ▶ If the pharmacy on the Coverage Letter denies service to you.

Pregnancy care

Pregnancy care is covered by OHP. If you become pregnant, call OHP Customer Service at 800-699-9075, or TTY 711 right away. Staff will make sure you do not lose medical coverage before your baby is born and 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 unborn baby. If you need help for alcohol and drug use, talk to your doctor or call an addictions treatment center in your CCO's network.
- ▶ Smoking during pregnancy can harm your baby. Talk to your doctor to get help to quit. You can also call the Oregon Tobacco Quit Line at 800-784-8669.
- ▶ Your provider can refer you to a specialist if you need one.
- ▶ Your provider can give you vitamins that will:
 - ✓ Keep you and your baby healthy during your pregnancy; and
 - ✓ Help prevent birth defects.



Newborn care

Call OHP Customer Service as soon as you can after your baby is born; within two weeks is best. Call 800-699-9075, TTY 711.

Your baby will be covered by OHP 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;
- ▶ Your primary care provider;
- ▶ Social Security number (when your baby gets one);
- ▶ Your primary care provider;
- ▶ Your CCO (so we can 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);
- ▶ Abortions;
- ▶ 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, your CCO may require a doctor's referral.

- ▶ 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	800-QUIT NOW (800-784-8669)
Español:	855-DEJELO-YA
TTY	877-777-6534
Online	www.quitnow.net/oregon

Medical transportation

OHP and CAWEM Plus cover travel you need to get covered health care services (also called non-emergent medical transportation, or NEMT).

Rides to appointments

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

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

If you cannot get to your health care appointments this way, please call your CCO's ride service or the transportation company that serves OHP clients free of charge in your county. These companies, called transportation brokerages, are listed at www.oregon.gov/OHA/healthplan/pages/nemt.aspx.

Travel costs

In some cases, you may be reimbursed (paid 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;
- ▶ If you live in Yamhill, Marion or Polk County, and you are not a member of Willamette Valley Community Health (WVCH) or FamilyCare CCO, contact your local DHS or Area Agency on Aging office or OHP Customer Service (800-699-9075, TTY 711).

Transportation brokerages

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.

Services that are not covered or limited

OHP does not cover all treatments for all health conditions. OHP has a list of the treatment and conditions that are covered, called the Prioritized List of Health Services. It is online at 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 covered if the patient has a covered condition that could get better if the 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

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 877-642-0450, TTY 711.

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 possible.
- ▶ Call your case worker when you move, are pregnant or no longer pregnant.

Using your OHP coverage

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 part of your CCO. Call or visit the CCO'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, 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.

Ask for a print-out 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 picture ID with you.
- ▶ Show your Oregon Health 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

OHP clients do not pay for OHP-covered services

Two federal laws (42 CFR 438.106(c) and 42 CFR 447.15) prohibit providers from billing you for covered services. Your health care providers can send you a bill only if **all** of the following are true:

1. Your 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 they should have known you are on OHP. They also help the provider bill OHP on time.

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 you are asked to help in this way, call your CCO or OHP Client Services.

You may be told 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 26-27).

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, 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 get paid. It is much more difficult to fix the problem once that happens. Be sure to act 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 that the staff you were on OHP. 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. Give them 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.
4. Call the provider to make sure the bill is paid.
5. If you receive court papers about a bill, call your CCO or OHP Client Services right away. You also may call a lawyer or the Public Benefits Hotline at 800-520-5292 (TTY 711) for legal advice and help. There are consumer laws that protect you when you are wrongly billed while 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 get paid back.

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

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 weren't eligible for OHP when you received services.
- ▶ You will have to pay if you sign an "Agreement to Pay" form for a service that OHP does not cover before you receive it.
- ▶ Even if your service is covered by OHP, 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.

Grievance, appeal and hearing rights

How to make a complaint or grievance

If you are unhappy with OHP, your CCO, your provider or services you receive, you can complain or file a grievance. If you are in a CCO, call its customer service or send the CCO a letter. The CCO will call or write back in 5 days to let you know that staff are working on it. If more time is needed, the letter will say so. They must address your complaint within 30 days. If you are a 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;
- ▶ Call or write to OHP if you have FFS OHP.

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, calling OHP Client Services or online at 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 let you know if the reviewer agrees or disagrees with the OHP or your CCO’s decision. In the meantime, you may be able to keep getting the service that is being stopped 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 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, they will call you with the decision in three workdays.

Provider appeals

Your provider has a right to appeal for you when their physician's orders are denied by a CCO.

How to get a state fair hearing

CCO members and people on 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 also 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.

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 the services should be covered. 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. Or you can call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292, TTY 711, for advice and possible representation. Information on free legal help can also be found at www.oregonlawhelp.org.

If you need a fast (expedited) hearing

You and your provider may believe that you have an urgent medical problem that cannot wait for a regular hearing. Fax your hearing request form to the OHP Hearings Unit at 503-945-6035. Include a statement from your provider explaining why it is urgent. If the OHP Medical Director agrees that it is urgent, the Hearings Unit will call you in three workdays.

Making decisions about your health care

If you are age 18 or older, you can make decisions about your own care. You can even refuse treatment. If you are awake and alert, you can tell your providers what you want. But what if you can't tell them? This could happen if your mind or body get too sick or injured. There are two types of forms you can complete to make sure your wishes are known:

- ▶ Advance Directives (living wills), for end-of-life decisions;
- ▶ Declaration of Mental Health Treatment, for 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 NE Oregon St., #305

Portland, OR 97232

E-mail: mailbox.hcls@state.or.us

Complaint intake forms and additional information can be found at www.healthoregon.org/hcrqi.

More information about both of these forms is listed below.

End-of-life decisions and Advance Directives (living wills)

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.

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

For questions or more information contact Oregon Health Decisions at 800-422-4805 or 503-241-0744, TTY 711.

Note: For religious reasons some providers may not follow Advance Directives. 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 your wishes known. Only a court and two doctors can decide if you are not able to make decisions about your mental health treatment. You can fill it out while you can understand and make decisions about your care.

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.

Other payers for your care

By law, OHP (Medicaid/CHIP) pays for health care costs last. This means that other insurance will pay for your services first. OHP pays when there is no other insurance.

When you applied for OHP, you agreed to turn over medical payments you get from other sources. If we pay for your medical bills, this money would help to pay us back.

OHP will keep any money it collects for health care from:

- ▶ The absent parent ;
- ▶ Other insurance companies you or an absent parent has.

Cash medical support (assignment of rights)

If your child is on OHP the state is paying for his or her health care. When you applied for OHP, you gave the state permission to:

- ▶ Find out who your child's other parent is; and
- ▶ Arrange for your child to receive health care coverage through the parent not living in your household.

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

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:

Personal Injury Liens Unit

P O Box 14512
Salem, OR 97309
Toll Free 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 money recovered by the Estate Recovery Program is put back into OHA/DHS programs to help other people.

How the program works

For clients who have been on Medicaid/OHP since Oct. 1, 2013

If the client was:	Estate recovery will seek to recover:
<ul style="list-style-type: none">▶ Under 55 years; and▶ In a nursing home or care facility for people with intellectual or developmental disabilities for at least six months immediately prior to death.	Only the benefits paid to the facility the client lived in.
<ul style="list-style-type: none">▶ 55 years or older; and▶ Receiving Medicaid to pay some or all of the cost of long-term care in:<ul style="list-style-type: none">✓ An assisted living facility;✓ A residential care facility;✓ An adult foster home;✓ The person's or a relative's home;✓ Nursing facility;✓ Intermediate care facility for people with intellectual or developmental disabilities;✓ Other similar long-term care.	<p>All healthcare benefits, including OHP and the cost of the long-term care, that were paid during the time the client was receiving benefits.</p> <p>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.</p>

Surviving spouses and children

OHA will not make a claim against an estate until the surviving spouse¹ 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 the client is survived by a minor child, or a child of any age who is blind or permanently and totally disabled. The disability must meet Social Security Administration criteria for permanent and total disability. The child must be a natural or legally adopted child of the Medicaid recipient.

¹ For information about how same sex domestic partnerships or same-sex marriages may affect estate recovery, call the Estate Administration Unit.

Medicare Part D prescription drug coverage

Some people on OHP also have Medicare. The federal government charges OHA a monthly payment for Medicare Part D prescription drug coverage for clients who receive 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
800-826-5675 (toll-free inside Oregon)
503-378-2884
TTY: 711
Fax: 503-378-3137 (Salem)

Who to call for help

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

OHP Customer Service

There are **two** ways to contact OHP Customer Service:

1. **By telephone (toll-free):** 800-699-9075 (TTY 711)
 - ▶ To change your address, phone number, family status or other information;
 - ▶ To replace a lost Oregon Health ID card;
 - ▶ To see if you or your children are still covered by OHP;
 - ▶ To solve a problem or make a complaint;
 - ▶ To get a copy of this handbook.



2. **By email:** oregonhealthplan.changes@dhsosha.state.or.us

Use the DHS/OHA secure email site at <https://secureemail.dhsosha.state.or.us/encrypt> to send your email to OHP.

Existing members can only email changes in your address, phone number, family status, CCO or other information. When you send your email to us, you must include your full name, date of birth, medical 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;
- ▶ 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 800-273-0557 (TTY 711).

Fee-for-service (FFS) clients

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

OHP Client Services staff helps FFS clients with:

*Fee-for-service (FFS) clients: call OHP Client Services – 800-273-0557 (TTY 711)
CCO members: call the CCO phone number on your CCO ID card*

- ▶ 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;
- ▶ Questions about coordinated care;
- ▶ Medical bills from health care providers;
- ▶ Written materials you need like this handbook;
- ▶ Changing an assigned pharmacy.

24-hour health care advice – free of charge to OHP clients – 800-562-4620

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

OHA Ombudsperson — 877-642-0450

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

500 Summer St NE
 Salem, Oregon 97301
 Fax: 503-947-2341

My OHP phone list

Managed care enrollment

CCO name _____ **Phone** _____

Dental plan _____ **Phone** _____

Mental health plan _____ **Phone** _____

My healthcare providers

PCP's name _____ **Phone** _____

Dentist's name _____ **Phone** _____

Mental health provider _____ **Phone** _____