

Member Handbook

2020

Your health plan. Your choice.

Visit: HealthShareOregon.org/OHP

health

share

Health Share of Oregon

Health Share Customer Service

www.HealthShareOregon.org

Call: 503-416-8090 Toll Free: 888-519-3845 TTY/TDD: 711 Fax: 503-459-5749

2121 SW Broadway #200, Portland, OR 97201

Office Hours: Monday-Friday 8:00 a.m.-5:00 p.m. Our office is wheelchair accessible.

You can get this handbook in different languages, large print, electronic format, audio tape, oral presentation (face-to-face or on the phone), or Braille. If you would like a different format, please call Health Share Customer Service at 503-416-8090. The toll-free number is 888-519-3845. Our TTY/TDD number is 711. www.healthshareoregon.org

Puede recibir este manual en otros idiomas, en letra grande, en formato electrónico, en audio, en presentación oral (en persona o por teléfono) o en Braille. Si desea recibir esta información en un formato distinto, sírvase llamar a Servicio al Cliente de Health Share al 503-416-8090. La línea sin costo es 1-888-519-3845. Nuestro número para personas con dificultad para escuchar (TTY/TDD) es 711. También visite nuestro sitio web: www.healthshareoregon.org

Вы можете получить этот справочник на разных языках, с текстом, набранным крупным шрифтом или шрифтом Брайля, в электронном формате, в виде звукозаписи и в виде устной презентации (лично или по телефону). Если вы желаете получить его в другом формате, пожалуйста, позвоните в отдел обслуживания клиентов организации Health Share по телефону 503-416-8090. Номер для бесплатного вызова по телефону: 1-888-519-3845. Номер нашего телетайпа (TTY/TDD): 711. www.healthshareoregon.org

Quý vị có thể nhận được cuốn sổ tay này bằng các ngôn ngữ khác, chữ in cỡ lớn, định dạng điện tử, băng âm thanh, trình bày bằng lời nói (trực tiếp hoặc qua điện thoại) hay chữ nổi Braille. Nếu quý vị muốn có định dạng khác, vui lòng gọi đến Phòng Dịch Vụ Khách Hàng của Health Share theo số 503-416-8090. Số điện thoại miễn phí là 1-888-519-3845. Số TTY/TDD của chúng tôi là 711. www.healthshareoregon.org

您可以获得本手册的其他语言、大字体、电子格式、录音带、口头陈述 (面对面或通过电话)、或盲文版本。如果您想要本手册的其他格式, 请联系 Health Share 客服中心, 电话 503-416-8090。免费电话号码是 1-888-519-3845。我们的 TTY/TDD 号码是 711。
www.healthshareoregon.org

Waxaad heli kartaa buug gacmeedkaan oo kuqoran luuqado kaladuwan, far waawayn, qaab elektaroonig ah, cajalad cod ah, sharaxaad afka ah (si fool ka fool ah ama khadka taleefanka), ama farta Indhoolka. Hadaad doonayso in qaab gaar ah lagugu siiyo, fadlan wac Adeegga Macaamiisha ee Health Share 503-416-8090. Nambarka lacag la'aanta ah waa 1-888-519-3845. Nambarka TTY/TDD waa 711. www.healthshareoregon.org

يمكنك الحصول على هذا الدليل بلغات أخرى أو بطبعة كبيرة أو بتنسيق إلكتروني أو في شريط صوتي أو في عرض شفوي (سواء وجهًا لوجه أو على الهاتف) أو بطريقة بريل. وإذا كنت تريد الحصول على تنسيق آخر، فيُرجى الاتصال بخدمة عملاء Health Share على الرقم 503-416-8090. ويمكن الاتصال بالرقم المجاني 1-888-519-3845. وللتواصل من خلال رقم TTY/TDD، يُرجى الاتصال بالرقم 711. www.healthshareoregon.org

អ្នកអាចទទួលបានកូនសៀវភៅណែនាំនេះជាភាសាផ្សេង អក្សរធំៗ ក្នុងបម្រើក
កាសែតថតសំឡេង ការបង្ហាញដោយផ្ទាល់មាត់ (ជួបមុខដោយផ្ទាល់ ឬនិយាយបង្ហាញតាមទូរសព្ទ)
ឬអក្សរសម្រាប់មនុស្សពិការភ្នែក។ ប្រព័ន្ធកែវកម្មអ្នកចង់បានជាទម្រង់ផ្សេង សូមបម្រើ
ទៅសេវាកម្មបម្រើសេវាសមាជិក Health Share តាមរយៈទូរសព្ទលេខ 503-416-8090។
លេខទូរសព្ទដោយឥតគិតថ្លៃ គឺលេខ 1-888-519-3845។ លេខ TTY/TDD របស់ យើងគឺ 711។
www.healthshareoregon.org

이 안내서는 다른 언어, 큰 활자, 전자 매체 형식, 오디오 테이프, 구두 설명 (직접 대면 또는 전화
상) 또는 점자로 받아 보실 수 있습니다. 만일 다른 형식으로 된 안내서를 원한다면,
Health Share 고객센터 전화 503-416-8090으로 연락주시기 바랍니다. 수신자 부담 전화번호는
1-888-519-3845입니다. TDD/TTY 사용자 번호는 711 입니다. www.healthshareoregon.org

Acest manual este disponibil în limbi diferite, tipar mărit, format electronic, casetă audio,
prezentare orală (în persoană sau prin telefon), sau Braille. Dacă doriți un format diferit, vă
rugăm sunați Serviciul pentru clienți al Health Share la (503)-416-8090. Numărul gratuit este
1-888-519-3845. Numărul nostru TTY/TDD este 711. www.healthshareoregon.org

Koj tuaj yeem txais phau ntawv qhia no ua lwm hom lus, ua hom ntawv loj, ua ntawv hluav
taws xob, ua suab kaw lus, hais qhia kias ntawv ncauj (tiv ntsej tiv muag los sis hauv xov
tooj), los sis ua cov ntawv Braille rau cov tsis pom kev. Yog koj xav tau ua lwm hom ntawv,
thov hu rau Health Share Tus Neeg Pab Cuam Cov Neeg Siv ntawm 503-416-8090. Tus xov
tooj hu dawb yog 1-888-519-3845. Peb tus xov tooj TTY/TDD yog 711.
www.healthshareoregon.org

คุณคู่มือนี้ได้ในภาษาอื่น แผ่นพิมพ์ขนาดใหญ่ รูปแบบอิเล็กทรอนิกส์ เทปเสียง การนำเสนอปากเปล่า
(แบบต่อหน้าหรือทางโทรศัพท์) หรืออักษรเบรลล์ หากต้องการรูปแบบอื่น โปรดโทรหาฝ่ายบริการลูกค้า
ของ Health Share ที่ 503-416-8090 หมายเลขสำหรับโทรฟรี คือ 1-888-519-3845 หมายเลข
TTY/TDD ของเรา คือ 711. www.healthshareoregon.org

तपाईं यो पुस्तिका अन्य भाषाहरू, ठूलो प्रिन्ट, वदियुतीय ढाँचा, अडियो टेप, मौखिक प्रस्तुति
(प्रत्यक्ष वा फोनमा) वा ब्रेल ढाँचामा पनि प्राप्त गर्न सक्नुहुन्छ। तपाईंलाई फरक ढाँचा मन
पर्छ भने कृपया Health Share को ग्राहक सेवाको टेलिफोन 503-416-8090 मा सम्पर्क गर्नुहोस्।
हाम्रो नि:शुल्क टेलिफोन नम्बर 1-888-519-3845 हो। हाम्रो TTY/TDD नम्बर 711 हो।
www.healthshareoregon.org

Unaweza kupata kijitabu hiki katika lugha mbalimbali, maandishi makubwa, kwa njia ya
kielektroniki, kanda za sauti, mawasilisho ya mdomo (ana-kwa-ana au kwa simu), au Braille.
Kama utapendelea muundo wa aina tofauti, tafadhali piga simu Huduma ya Wateja ya
Health Share kwenye namba 503-416-8090. Namba ya bila malipo ni 1-888-519-3845.
Namba yetu ya TTY/TDD ni 711. www.healthshareoregon.org

Ovaj priručnik možete dobiti u raznim formatima, uključujući razne jezike, veliki tisak, kompjuterski format, audio traku, usmene prezentacije (licem u lice ili telefonom) i Brailleovo pismo. Ako ga želite u drugačijem formatu, molimo Vas da nazovete Službu za korisnike programa Health Share na 503-416-8090. Besplatni broj je 1-888-519-3845. Naš TTY/TDD broj za gluhoonijeme je 711. www.healthshareoregon.org

ይህንን የመመሪያ መጽሀፍ በተለያዩ አይነት ቋንቋዎች፣ በትላልቅ አትሞች፣ በኤሌክትሮኒክ ቅርጾች፣ በድምጽ ቱፕ፣ በቃል ገለጻ (ፊት ለፊት ወይም በስልክ) ወይም በብራይል ሊያገኙት ይቻላል። ከዚህ የተለየ ቅርጽ የሚፈልጉ ከሆነ እባክዎን ለ Health Share የደንበኛ አገልግሎት ክፍል በ 503-416-8090 ላይ ይደውሉ። የነዳው ስልክ ቁጥር 1-888-519-3845 ነው። የእኛ TTY/TDD ስልክ ቁጥር 711 ነው። www.healthshareoregon.org

Makukuha mo ang hanbuk na ito sa iba ‘t ibang wika, malaking printa, elektronikong pormat, audio tape, berbal na presentasyon (harapan o sa telepono), o Braille. Kung gusto mo ng ibang pormat, pakitawagan ang Serbisyo sa Kustomer ng Health Share sa 503-416-8090. Ang walang bayad na numero ay 1-888-519-3845. Ang aming numero sa TTY/TDD ay 711. www.healthshareoregon.org

Barullee kana Afaan Adda Addaatiin, Maxaansaa heeduu, Foormaatii Elektiroonikii, waraabbii rekoordiitiin, Afaaniin, baayyinaan argachuu Dandeessu, (qaamaa fi, bilbilaan), ykn Bireeliidhaan argachuu dandeessu. Yoo ammo Foormaatii Addaa argachuu kan barbaaddan ta’e karaa Health Share Tajaajila Maammilootaatiin Lakk. Bilbilaa 503-416-8090. Kana bilbiluudhaan dubbisaa! Kaffaltii malee ammo Lakk. 1-888-519-3845. Bilbiluu dandeessu Lakk. TTY/TDD keenya 711 dha. Teessoon Weebsaayitii keenya: www.healthshareoregon.org

သင့်အနေနှင့် ဤလက်စွဲစာအုပ်အား ဘာသာစကားအမျိုးမျိုးဖြင့်လည်းကောင်း၊ ပုံနှိပ်စာလုံးအကြီးဖြင့်လည်းကောင်း၊ အီလက်ထရောနစ် ပုံစံဖြင့်လည်းကောင်း၊ အသံဖိုင်ဖြင့်လည်းကောင်း၊ (မျက်နှာချင်းဆိုင် သို့မဟုတ် ဖုန်းမှတစ်ဆင့်) နှုတ်ဖြင့် တင်ဆက်ပြောကြားပေးခြင်းဖြင့် လည်းကောင်း သို့မဟုတ် မျက်မမြင်စာဖြင့်လည်းကောင်း ရယူနိုင်ပါသည်။ အကယ်၍ အခြားသော ပုံစံတစ်ခုဖြင့် သင် အလိုရှိပါက ကျေးဇူးပြု၍ Health Share သုံးစွဲသူဝန်ဆောင်မှုဌာန ဖုန်းနံပါတ် 503-416-8090 သို့ ခေါ်ဆိုနိုင်ပါသည်။ အခွန်အခမဲ့နံပါတ်မှာ 1-888-519-3845 ဖြစ်ပါသည်။ ကျွန်ုပ်တို့၏ TTY/TDD နံပါတ်မှာ 711 ဖြစ်သည်။ www.healthshareoregon.org

میتوانید این کتابچه راهنما را به زبان های مختلف ، و با فرمت های دیگر مانند چاپ درشت، لوح فشرده ، نوار صوتی ، ارائه شفاهی (حضور یا تلفنی) یا خط بریل دریافت کنید. چنانچه مایل به دریافت کتابچه راهنما با فرمت دیگری هستید، لطفاً از طریق شماره Health Share با خدمات مشتریان 503-416-8090 تماس بگیرید. شماره تماس رایگان 1-888-519-3845 است. TTY/TDD (مخصوص ارتباط ناشنوایان) 711 است. www.healthshareoregon.org

Welcome to Health Share

Last Update
January 2020

Health Share of Oregon works with the Oregon Health Plan (OHP) to coordinate your care at a local level. As a member of Health Share you can choose from our network of health plans and service providers. We work with you to make it easier for you to get the most out of your OHP coverage.



Call Health Share to:

- Help you find or change a health plan
- Help resolve issues with your health plan(s)
- Find the right resources so you can get the care you need
- Figure out how to use your benefits



This handbook has information about health plan choices, health care benefits, and more. You can ask for a new handbook at any time. We will mail one to you for free. You can also find a copy online at healthshareoregon.org/handbook.

Health Share Customer Service

www.HealthShareOregon.org

Call: 503-416-8090 Toll Free: 888-519-3845 TTY/TDD: 711 Fax: 503-459-5749

2121 SW Broadway #200, Portland, OR 97201

Office Hours: Monday-Friday 8:00 a.m.-5:00 p.m. Our office is wheelchair accessible.

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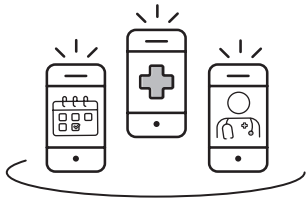
Your Health Plan Options

As a Health Share member, you can choose the health plans and providers that are right for you and your family. No matter which health plans you choose, your benefits are the same and at no cost to you.



Change Your Health Plans

To change your medical or dental health plans, call Health Share Customer Service. We'll work with you to find a plan that works for you.



Call Your Health Plans to:

- Make appointments
- Get care
- Find doctors or other health care providers



Medical Plans

CareOregon

503-416-4100 or 800-224-4840 careoregon.org

Kaiser Permanente NW

503-813-2000 or 800-813-2000 kp.org

Legacy Health PacificSource

877-500-2680 legacyhealthpacificsource.pacificsource.com

OHSU Health

844-827-6572 ohsu.edu/healthshare

Providence Health & Services

503-574-8200 or 800-898-8174 providencehealthplan.com/ohp



Dental Plans

Advantage Dental Services

866-268-9631 advantagedentalservices.com

CareOregon Dental

503-416-1444 or 888-440-9912 careoregondental.org

Kaiser Permanente NW

503-813-2000 or 800-813-2000 kaiserpermanentedentalnw.org

ODS Community Health Dental Plan

503-243-2987 or 800-342-0526 modahealth.com/members

Willamette Dental Group

503-952-2000 or 855-433-6825 willamettedental.com



Mental Health & Substance Use Care

You can receive mental health and substance use treatment through your primary care provider and it is covered by CareOregon.

CareOregon

503-416-4100 or 800-224-4840 careoregon.org

Getting Started

Your Health Share ID Card

When you become a Health Share member, we will mail you a Member ID Card within 30 days. Your Member ID Card lists your health plans and their contact information. It also lists your primary care provider (PCP)—that's your main doctor and usually the best place to start for your medical care needs.

Keep your card with you at all times.
You'll need it for:

- Medical appointments
- Dental appointments
- Counseling or other mental health or substance use care
- Prescription drugs
- Emergencies

If you lose your ID card, or need care before you get your card in the mail, call Health Share customer service at 503-416-8090 or 888-519-3845 (TTY/TDD 711).

We can email you a temporary ID card while you wait for a new one.

Sample Health Share ID Card

Name MEMBER NAME HERE
Member ID ABC1234 Language ENGLISH
For urgent care, call your PCP 24 hours/day In an emergency, call 911 or go to the hospital
Health Share of Oregon www.healthshareoregon.org 503-416-8090 or 888-519-3845 TTY/TDD 711
health share Health Share of Oregon

2 Medical Plan Medical Plan Name Here 503-000-0000 RxBIN/Rx PCN: 000000/XYZ Rx Grp: 000000	Dental Plan Dental Clinic Here 503-000-0000
4 Primary Care Provider (PCP) PCP/Clinic Name Here 503-000-0000	
5 Mental Health & Substance Use Plan CareOregon 800-224-4840	

- 1** This is the month and year your card was issued
- 2** Call here for Medical Care & prescription drugs
- 3** Call here for Dental Care
- 4** Call here to make an appointment with your main doctor
- 5** Call here for Mental Health & Substance Use Care

When to call the Oregon Health Plan

The Oregon Health Plan (OHP) is Oregon's Medicaid program. It provides no cost health coverage for people who qualify. In order to make sure you receive vital information about your coverage, please call OHP if you:



- Change your address, phone number or name
- Become pregnant or have a baby
- Have other health insurance coverage
- Want to change your coordinated care organization (i.e. Health Share)
- Move outside of Health Share's service area (Clackamas, Multnomah and Washington counties)

Your Oregon Health ID Card

In addition to your Health Share ID card, you will get a coverage letter and ID card from the Oregon Health Plan. This is your Oregon Health ID Card. This card is for your records. Please keep this card in a safe place.

If you have questions about your Oregon Health ID Card, or need a new one, call OHP Customer Service at 800-273-0557 (TTY/TDD 711).

Sample Oregon Health ID Card

Oregon Health ID	
<p>Jane Doe</p> <p>Client ID #: XX12345XX</p> <p>Date card issued: 08/01/12</p> <p> </p>	<p>Clients – Coverage questions? Call 800-273-0557.</p> <hr/> <p>Providers – This card does not guarantee coverage. Verify coverage at: https://www.or-medicaid.gov or by calling 866-692-3864.</p> <p>Billing questions? Call 800-336-6016.</p>

OHP Client Services

ohp.oregon.gov

Call: 800-273-0557 TTY/TDD: 711 Fax: 503-378-5628 Call wait times vary.

Office Hours: Monday through Friday, 8:00 a.m.-5:00 p.m.

Medical Care & Benefits

When you become a Health Share member, you'll be assigned to one of these medical health plans. You can choose to change your plan if you want (plan choice depends on availability).



Medical Benefits Include:

- Primary care services
- Doctor visits
- Prescription drugs
- Pregnancy care
- Some vision services
- Most hospital services
- Urgent and emergency care



Medical Benefits

Call your medical health plan (listed on your Health Share ID card) to get care and services.

Doctor Visits	Authorization/Referral?	Limits to Care?
Primary Care (PCP) visits	No authorization/referral required	No limit, but you must be assigned to a PCP
Specialist visits	Yes, referral required from PCP	Number of visits based on your health plan's approval
Preventative Services	Authorization/Referral?	Limits to Care?
Well-child visits for babies, children, and teens	No authorization/referral required	As recommended
Routine physicals	No authorization/referral required	As recommended
Well-women visits	No authorization/referral required	As recommended
Mammograms (breast x-rays)	Yes, referral required from PCP	As recommended
Family planning	No authorization/referral required	No limit
Prostate exams	No authorization/referral required	No limit
Stop smoking	No authorization/referral required	Two quit attempts per year. Contact your physical health plan
Sexually transmitted infection (STI) screening	No authorization/referral required	No limit
Testing and counseling for HIV and AIDS	No authorization/referral required	No limit

Medical Benefits

Prescription Drugs	Authorization/Referral?	Limits to Care?
<p>Many drugs are available with a prescription.</p> <p>A full list of prescription drugs can be found on your health plan's "formulary."</p> <p>To find your health plan's formulary visit: healthshareoregon.org/formularies</p>	<p>You may need approval, also called "prior authorization", in addition to your prescription.</p> <p>Your doctor will let you know if you need authorization.</p>	<p>Limits vary by prescription drug. Contact your physical health plan for more info.</p>
<p>Mental health prescription drugs are not covered by your physical or mental health plan. They are covered by OHP. Your pharmacist will know where to send the bill.</p>	<p>Contact OHP</p>	<p>Contact OHP</p>
Laboratory and X-Ray	Authorization/Referral?	Limits to Care?
Blood draw	Yes, referral required	No limit
X-Rays	Yes, referral required	No limit
CT Scans	Yes, referral required	No limit
MRI	Yes, referral required	No limit
Immunization/Shots	Authorization/Referral?	Limits to Care?
Vaccines	No authorization/referral required	Doctor-recommended vaccines only. Contact your physical health plan.

Medical Benefits

Pregnancy Care	Authorization/Referral?	Limits to Care?
Prenatal visits with your provider	No authorization/referral required	No limit
Postpartum care (care for the mother after the baby is born)	No authorization/referral required	No limit
Routine vision services (pregnant women qualify for vision care)	Contact your physical health plan	Contact your physical health plan
Assistance with breast feeding, including breast pumps	No authorization/referral required	Contact your physical health plan
Labor and delivery	No authorization/referral required	Contact your physical health plan
Hospital Stays	Authorization/Referral?	Limits to Care?
Emergencies	No authorization/referral required	No limit
Scheduled surgery	Yes, referral required	Contact your physical health plan
Vision	Authorization/Referral?	Limits to Care?
Routine eye exams	Contact your physical health plan	For pregnant women and people age 20 or younger only
Eye glasses	Contact your physical health plan	For pregnant women, those with a qualifying medical condition and people age 20 or younger only
Medical eye exams	Yes, authorization required	Contact your physical health plan

Medical Benefits

PT/OT/ST	Authorization/Referral?	Limits to Care?
Physical therapy (PT)	Yes, authorization required	Contact your physical therapist
Occupational therapy (OT)	Yes, authorization required	Contact your occupational therapist
Speech therapy (ST)	Yes, authorization required	Contact your speech therapist
Other Specialty Services	Authorization/Referral?	Limits to Care?
Medical equipment and supplies	Yes, authorization required	Approval based on OHP guidelines. Contact your physical health plan
Hearing aids and exams	Yes, authorization required	Approval based on OHP guidelines. Contact your physical health plan
Home health	Yes, authorization required	Approval based on OHP guidelines. Contact your physical health plan
Skilled nursing facilities	Yes, authorization required	Approval based on OHP guidelines. Contact your physical health plan
Hospice	Yes, authorization required	Approval based on OHP guidelines. Contact your physical health plan
Chiropractor	Yes, authorization required	Approval based on OHP guidelines. Contact your physical health plan
Acupuncture	Yes, authorization required	Approval based on OHP guidelines. Contact your physical health plan
Hormone therapy / sex reassignment surgery	Yes, authorization required	Approval based on OHP guidelines. Contact your physical health plan

Medical Benefits

Specialty Care

- A specialist is a doctor or other health care provider who treats special health conditions. This can be a medical, dental, mental health, or substance use condition (for example, a cardiologist treats heart disease).
- If you think you need to see a specialist, make an appointment with your main medical, dental, mental health, or substance use provider. Look on your Health Share ID card to see who your main provider is for each area of care.
- Your providers are here to support you and will work with you to figure out which special services you need. They will refer you to the right specialist, if needed.
- In most cases, you must see a specialist who works with your health plan. This is called an “in-network” provider. However, sometimes you or your doctor will want to see a specialist who does not work with your health plan. This is called an “out-of-network” provider. In this case, your medical, dental, mental health, or substance use plan will ask if you can see an out-of-network provider and the cost will be covered.
- If you have already seen a specialist and have questions, make an appointment with your main medical, dental or mental health or substance use provider to discuss your questions. If you or your provider want a second opinion, they will refer you to another specialist.

Transgender Health

Health Share is committed to the health and wellness of all our members. We are here to answer your questions and help you access services covered by OHP, including hormone therapy and some surgical services.



Call us! 503-416-8090 or 888-519-3845 (TTY 711)

Medical Benefits

Pregnancy Care

While health is always important, it is especially important while you're pregnant. Routine prenatal care is important for your health and your baby's health.

Health Share covers:

- Prenatal care (care for you before your baby is born)
- Labor and delivery
- Postpartum care (care for you after your baby is born)
- Care for your newborn baby

Extra Benefits

You can get extra health benefits when you're pregnant, like eye glasses and extra dental benefits. If you become pregnant, please call the Oregon Health Plan (OHP) right away to let us know. This will help us ensure you get all the extra important benefits.

Steps to take when you become pregnant

1. Call OHP and tell them you're pregnant: 800-699-9075
2. Make a prenatal appointment. Call your primary care provider (listed on your Health Share ID card) to make the appointment. If you want, you can pick your own OB/GYN or prenatal care provider from your health plan's network of providers. Your medical plan's provider directory has a list of doctors and midwives to choose from.

Steps to take when your baby is born

1. Call OHP to enroll your baby in OHP coverage: 800-699-9075
2. Choose a primary care provider (PCP) for your baby. Call the medical plan listed on your ID card (your baby will be enrolled on the same plan as you). They can help you find a doctor for your baby.

Medical Benefits

Pharmacy

Health plans use a medication list referred to as a “formulary” to show you what prescription medications they cover. Pharmacists and doctors decide which medications should be on the formulary based on a number of factors. The formulary is updated several times throughout the year. To find your most up-to-date health plan’s formulary, visit: healthshareoregon.org/members/my-health-plan/prescriptions

Filling Prescriptions

You can fill a prescription at any of the pharmacies your health plans work with.

To find a list of pharmacies your health plans work with, visit:

healthshareoregon.org/members/my-health-plan/prescriptions

If your health plan doesn’t cover a specific medication, talk to your doctor. They can work with you to figure out a medication that will work for you and is covered by your health plan.

TIP Show your Health Share ID card when you fill prescriptions.

Pharmacy Coverage Limits

The following medications are not covered:

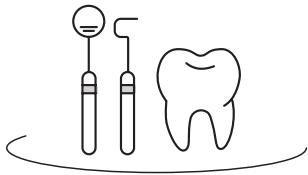
- Medications not listed in your plan’s formulary
- Medications used to treat conditions that are not covered by OHP
- Most mental health medications are covered directly by OHP, not your health plan (if you have Medicare, you may have a small copayment for your medication).

Some medications have limits or rules of coverage. This could mean:

- Using generic medications when available
- Needing approval or “prior authorization”
- Age limits
- Quantity limits

Dental Care & Benefits

When you become a Health Share member, you are assigned to one of these dental health plans. You can choose to change your plan if you want (plan choice depends on availability).



Dental Benefits Include:

- Teeth cleanings
- Exams
- Fillings
- Dentures and more

Advantage Dental



CareOregon Dental™



KAISER
PERMANENTE®



Willamette
Dental Group 

Dental Benefits

Call your dental health plan (listed on your Health Share ID card) to get care and services. You can get a free exam and teeth cleaning once every year. Approval or prior authorization may be required.

Dental Benefits	Authorization/Referral?	Limits to Care?
Exams, cleanings, x-rays	No authorization/referral required	One exam each year for adults Two exams each year for pregnant women and members under 21
Basic restorative care (Fillings)	No authorization/referral required	No limit
Dentures and Partial	Yes, authorization/referral required	Only available for qualifying members or incidents Call your dental health plan for details
Sealants	No authorization/referral required	Every 5 years for children (under 16) with permanent molars
Stainless Steel Crowns	No authorization/referral required	Approval based on OHP guidelines. Contact your physical health plan
Extractions (removing teeth)	Authorization required for wisdom teeth. Not required for other extractions.	For molars (back teeth) only
Urgent or immediate dental treatment (Emergency)	No authorization/referral required	No limit

Mental Health & Substance Use Benefits

As a Health Share member, your mental health and substance use care is managed by CareOregon.



Mental Health & Substance Use Benefits Include:

- Counseling/therapy
- Drug and alcohol treatment
- Detoxification

There are many options for support. Call CareOregon at 503-416-4100 or 800-224-4840 or talk to your PCP to get care and services.



*The easiest way to find
health and human services.*



TEXT
zip to 898211



DIAL
211



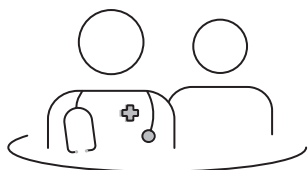
SEARCH
211info.org

Free. Live. Confidential.

Mental Health & Substance Use Benefits

Mental Health	Authorization/Referral?	Limits to Care?
Outpatient counseling/therapy	No authorization/referral required	No limit
Specialty mental health services (exceptional needs services)	Yes, authorization/referral required	Call CareOregon
Residential Treatment	Yes, authorization/referral required	Call CareOregon
Mental health drugs are not covered by your physical or mental health plan. They are covered by OHP. Your pharmacist will know where to send the bill	Contact OHP	Contact OHP
Alcohol and drug services	Authorization/Referral?	Limits to Care?
Outpatient counseling/therapy	No authorization/referral required	No limit
Residential Treatment	Yes, authorization/referral required	Call CareOregon
Detoxification	No authorization/referral required	No limit

Get the Care You Need



Medical Care

Your primary care provider (PCP) is part of your medical plan (listed on your Health Share ID card).

Your PCP could be a:

- Clinic
- Nurse practitioner
- Physician assistant
- Doctor

Your PCP can help with:

- Regular check-ups
- Prescriptions
- Normal aches and pains
- Ongoing care (such as asthma or diabetes)
- Referrals to specialty care

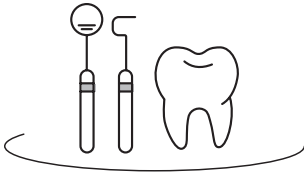
Your PCP should be your first call when you need care.

Healthy Families Begin with WIC

You may qualify for food assistance, nutrition and breastfeeding education, and more.



To learn more, visit healthoregon.gov/wic.



Dental Care

Your dental plan is listed on your Health Share ID card. Your dental provider may also be listed on your ID card. Dental care is just as important as other types of health care.

As a Health Share member, you can get:

- Cleanings
- X-rays and exams
- Fillings
- Dentures, and more

Contact your dental plan to access these services.



Mental Health & Substance Use Care

You can ask your primary care provider (PCP) or call a provider directly about getting mental health or substance use care.

For help finding mental health or substance use care, you can also call CareOregon at 503-416-4100 or 800-224-4840.

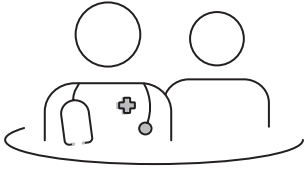
These services are available to Health Share members:

- Counseling
- Detoxification services
- Medication management
- Residential treatment

You may need a referral for some of these services.

Be sure to look at the benefits pages (starting on page 13) to learn more about when and how often you can get certain benefits.

Get Care in the Right Place

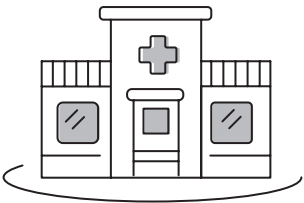


Primary Care Office

Why primary care?

- Regular check-ups
- Immunizations (shots)
- Prescriptions
- Normal aches and pains
- On-going treatment/care (such as asthma or diabetes)
- Referrals to specialty care
- Behavioral health services

Call your PCP to make an appointment

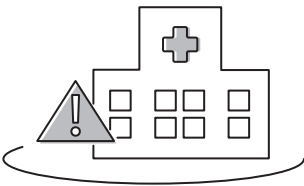


Urgent Care Clinic

Why urgent care?

- Severe flu, fevers
- Minor cuts and injuries
- Other health issues that can't wait for a primary care appointment

Call your PCP with urgent health questions. They can help even after normal office hours.



Emergency Room (ER)

What's an emergency?

- Chest pain/heart attack
- Broken bones
- Major bleeding that won't stop
- Mental health crisis (like feeling out of control) that could harm you or someone else

In an emergency call 911 or go to the nearest hospital.



Need help getting to Health Care Appointments?

Worried about how to get to your appointments? We can help with that. Call Ride to Care to find out what your options are. Plan a trip to your next health care appointment—it's free and easy. Ride to Care is a Health Share program that provides free trips to health care appointments that we cover. Depending on your needs, you may get help paying for gas, tickets to ride the bus or MAX, or private rides in a taxi or wheelchair accessible van. Ride to Care staff, call center and drivers are local, and here for you—every day of the week. And though same-day transportation may be available, we ask that you call at least two business days before your appointment.

To get help, contact Ride To Care: 503-416-3955 local 855-321-4899 toll-free
TTY/TDD 711 Or visit www.ridetocare.com

Ride To Care has interpreters available for non-English speaking customers. This service is free. When the call is answered, say the language that you speak and stay on the line. A Ride To Care representative and an interpreter will help you.

The Oregon Tobacco Quit Line is free to all Oregonians.

Call 800-QUIT-NOW (800-784-8669)
or go to quitnow.net/oregon

**Ready to quit tobacco? The Quit Line
can help you make your own plan.**



SMOKEFREE
oregon

Emergencies



What is a health emergency?

An emergency means that you think your life will be in danger if you don't get help right away. You should not go to the emergency room for routine or urgent care that your primary care provider (PCP) can help with. You do not need permission, or prior approval, for any emergency services.

What to expect at an urgent care clinic or emergency room

Urgent care clinics and emergency rooms see people with the worst injuries or sickness first. If you go in with a simple health issue, you could end up waiting longer to see a doctor. After you get emergency or urgent care, staff will likely tell you where to go for follow-up care. If they don't tell you, please call your PCP to schedule follow-up care.

Emergencies outside of the United States

Health Share covers emergency and urgent care any place in the United States. Health Share does not cover emergency and urgent care if you are outside of the United States, like Mexico or Canada.



Dental Emergencies

An urgent care clinic or emergency room are only for very serious problems. If you're not sure, call your dentist or dental health plan before going to an urgent care clinic or emergency room. They will help you make the right choice for your dental problem.

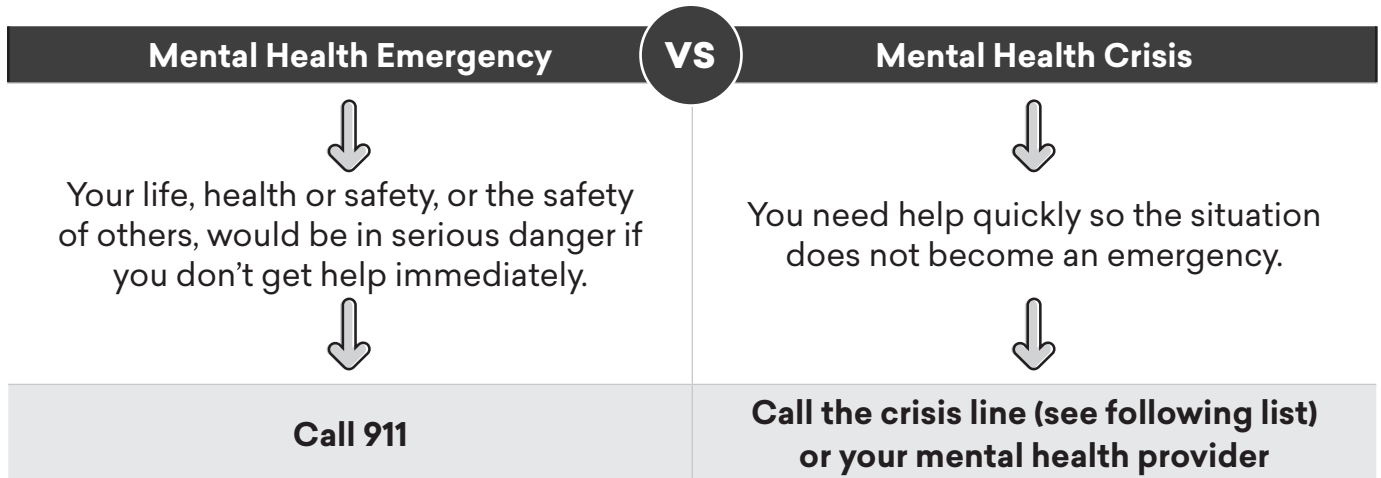
Help after hours

If your dental plan or office is closed, the answering service will relay your message to the on-call dentist who will call you back.

If you don't have a dentist, call the closest office in your dental plan's provider directory and they will help you.

You can find your dental plan's provider directory online at healthshareoregon.org/members/my-health-plan/dental-benefits

Mental Health Emergencies & Crises



If you have a mental health provider, such as a counselor, they will tell you how to reach them during a crisis. If you are having a crisis, follow the plan you made with your counselor.

Mental Health Crisis Lines

Clackamas County Centerstone

(503) 655-8585 (TTY: 800-735-2900)

Multnomah County

(503) 988-4888 or 800-716-9769 (TTY: 503-988-5866)

Washington County

(503) 291-9111 or 800-995-0017 (TTY: 800-735-2900)

Oregon Warmline

800-698-2392 Free to all Oregonians to get confidential support from trained peers.

Oregon Youthline

Call: 877-968-8491 Text: teen2teen to 839863 Free and confidential 24-hour teen-to-teen crises, counseling and referral line for youth.

Suicide & Crisis Hotline

800-SUICIDE (784-2433)

Trans Lifeline

877-565-8860

Lifeline For Vets

888-777-4443

Take Control of Your Care



Get to know your providers

If you are seeing your PCP or other providers for the first time, make an appointment as soon as possible. This way, your providers can learn about you and your health history before you have a health problem.

The more your provider knows you, the better they can help you get the care you need. Remember, this is your time, so make sure to ask all of your questions with your provider. It will also help you avoid any delays the first time you need to use your benefits.

Before your appointment, write down any:

- Questions you have for your PCP or other providers
- History of family health problems
- Prescriptions, over-the-counter drugs, vitamins or supplements you take

TIP Use the “NOTES” worksheet on page 58 to write down questions and info for your PCP and other providers.

Making Appointments



Primary Care Appointments

When you don't feel well or need a check-up, call your PCP. They will make an appointment or help you decide what kind of care you need.

When you call your PCP for an appointment, be sure to:

- Call during the office or clinic hours
- Tell them that you are a Health Share member
- Give them your name and Health Share ID number
- Tell them what kind of appointment you need

TIP Call in advance for routine appointments that are not urgent. If you are sick and need to see someone that same day, tell the clinic's staff person.

Availability

You should normally be able to get a routine or follow-up appointment within one month. If you have an urgent issue, you should be able to get an appointment within 2 days. If you have questions about these time frames, please call Health Share Customer Service for help at 503-416-8090 or 888-519-3845 (TTY/TDD: 711).

After-hours care (evenings, weekends and holidays)

Your PCP looks after your care 24 hours a day, seven days a week.

Even if the PCP's office is closed, call the office or clinic phone number. You will speak with someone who will contact your PCP or give you advice on what to do.

Sometimes your PCP may not be available. They will make sure another provider is always available to give you the care or advice you need.

New members who need services immediately

If you are a new Health Share member and need to get medical care or prescriptions right away, please call Health Share Customer Service at 503-416-8090 or 888-519-3845 (TTY/TDD: 711). We will help you.

Making Appointments



Mental Health & Substance Use Appointments

These services can include:

- Mental health assessment
- Case management
- Therapy or counseling
- Inpatient psychiatric care
- Programs that teach life and social skills
- Outpatient and residential alcohol and substance abuse treatment
- Alcohol and substance use disorder counseling
- Medication assisted treatment for opioid disorders
- Detoxification services

You do not need a referral for routine outpatient mental health or substance use services. Call your provider to make a routine appointment. For additional information, call CareOregon at 503-416-4100 or 800-224-4840 to find someone to meet your needs.



Dental Appointments

- Call your dentist during office hours. You can find the phone number on your member ID card or by calling Health Share Customer Service.
- Tell the office you are a Health Share member, which dental plan you are with and why you want to see a dentist.
- Remember to take your Health Share Member ID Card with you to the appointment.

Missing a health care appointment

If you need to miss an appointment, call the office or clinic to cancel as soon as possible. They will help you schedule another appointment, and someone else may be able to use your cancelled time slot. Each clinic has its own policy about when you miss an appointment. Ask your clinic about its policy.

Changing your Provider



Changing Primary Care Providers

If you would like a different PCP than the one listed on your Health Share ID card, please call your physical health plan listed on your Health Share ID card.

Your physical health plan can help you find a PCP that is easiest for you to visit. They have the most up-to-date information about which providers are accepting new patients and which providers are not.

TIP When you choose a new PCP, the change happens right away. However, it might take a few days for your new PCP to get information about you. If you or the PCP's office staff have questions about your PCP assignment or plan benefits, please call your physical health plan.



Changing Mental Health & Substance Use Providers

If you want a new or different mental health or substance use provider, call CareOregon customer service at 503-416-4100 or 800-224-4840 to find someone to meet your needs.



Changing Dentists

If you would like a different dentist than the one listed on your Health Share ID card, you can choose a dentist from your dental plan's provider directory. You can find their directory online at healthshareoregon.org/directories. You can also call your dental plan's customer service and they will help you choose a new dentist.

Frequently Asked Questions

I'm a new member. I have questions. Who can I talk to? Our Customer Service staff is happy to help you. Call Health Share Customer Service at 503-416-8090, toll-free 888-519-3845 or TTY/TDD 711.

How do I change my primary care provider (PCP), dentist or mental health provider?

To change your clinics, doctors or other providers, please call your physical, dental, mental health or substance use plans and tell them you want to switch providers. They will let you know what providers are available.

How do I change my physical or dental health plan? To change your physical or dental health plan, please call Health Share Customer Service. *More information: page 8*

I want to see a specialist. What should I do? Talk to your health care provider to figure out if you should see a specialist. If you should, they will give you a referral.

More information: page 17

I want to see a mental health or substance use provider. What should I do? For routine care, you can contact a provider from the directory directly. For more complex care or for help finding the right provider for your needs, call CareOregon at 503-416-4100 or 800-224-4840

More information: page 25

Why was I assigned to a provider when I already have a provider? If you already have a relationship with a provider who is contracted with us, call Health Share Customer Service. We will be happy to update our records.

More information: page 33

Does my plan cover dental services? Yes, OHP provides some dental benefits.

More information: page 20

Who do I call for dental services? Call the dental provider or dental health plan listed on your Health Share Member ID Card.

More information: page 10

Does my plan cover vision services? OHP covers routine vision services for children, pregnant women and for limited medical situations.

More information: page 15

I am pregnant and I want to begin my prenatal care right away. How can I find an OB/GYN who will deliver my baby at a hospital that I choose?

You can find an OB/GYN using the provider directory of your physical health plan, or by calling Health Share Customer Service. They can also tell you which hospitals your OB/GYN is associated with.

More information: page 18

If any of these apply, who should I tell?

- I just moved.
- I have a new baby.
- I changed my name.

If you have an OHP caseworker, call them and let them know immediately. If you don't have a caseworker, call OHP Customer Service at 800-699-9075.

More information: page 11

I'm a new member and want to know if my medications are covered. Who should I ask?

Please talk to your doctor about the medications you need or you can check our formulary to see if your medication(s) are listed. If you are new to Health Share and are unable to fill a prescription, you may qualify for a transitional supply. Please call your physical health plan to find out if you qualify.

More information: page 19

I don't have a car or access to public transportation. I need support getting to my appointments. Who can I talk to?

Ride to Care provides help to get to health care appointments for members who don't have other options.

More information: page 27

How can I be sure that I can see the doctor or provider I want as an OHP or Health Share member?

Health Share has the largest OHP provider network in Clackamas, Multnomah, and Washington counties. We work with you to build a team that will give you the best care to meet your needs. To choose a new doctor or provider, call your physical health plan listed on your Health Share ID Card.

More information: page 10

My provider sent me a bill. What should I do? Don't pay the bill. Call Health Share Customer Service immediately.

More information: page 36

Other Things You Should Know

Paying for Care

Be sure to let your provider's office know right away that you are a Health Share member.

When you schedule your first appointment, tell the staff person that you have Health Share or other medical insurance.

Health Share does not charge you a copay for health care visits. If your provider asks you to pay a copay for your visit or service, do not pay it. Ask your provider's staff to call Health Share Customer Service at 503-416-8090 or 888-519-3845 (TTY/TDD: 711).

Do not pay bills for covered services

If your health care provider sends you a bill, don't pay it. Call Health Share Customer Service right away.

Exceptions

Generally, under Health Share you will not have to pay any medical bills. However, there are a few exceptions. You have to pay if:

- You receive health care services outside of Oregon that are not true emergencies or urgent care.
- A health plan other than Health Share (called a third-party payer) sends you a bill for services performed by a provider that are not covered by OHP.
- You choose to have health care services that the provider and Health Share tell you are not covered by Health Share. In this case, the provider must:
 - Tell you the cost of each service and that you will be responsible for paying for each service.
 - Ask you to sign a written form that says:
 - › You were told this information
 - › You agreed to pay for non-covered services

You might also have to pay a copay if your doctor has prescribed certain types of mental health drugs for you.

There are some services that Health Share does not pay for, but that the Oregon Health Authority will pay for. This includes services such as abortions and physician-assisted suicide. For more information about these services, call OHP Client Services at 1-800-273-0557.

You Can Have an Interpreter at Appointments

It is important that you and your family get the care you need in the language you prefer. Interpretation is free of charge and always available to you.

Do you or your child need an interpreter?

It is your legal right to have an interpreter at your medical, dental, and mental health and substance use appointments. It is also your right to get some written information in a language you can read. This is free of charge and always available to you.

When you call for an appointment, tell your provider's office that you need an interpreter. Tell them which language you need. Or you can call Health Share Customer Service at 503-416-8090 (TTY/TDD: 711) and we can help you get an interpreter for a medical appointment.

If you need sign language interpretation, tell the clinic staff or call Health Share Customer Service. They will make sure there is a sign-language interpreter at your appointment. There is no cost to you for this service.

Culturally Relevant Health Education

We want everyone to feel welcome and well served as a member of Health Share. 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 more.

Your provider or clinic can make adjustments to your care based on cultural values, language, religion, gender, or other concerns you might have. If you have any questions, call Health Share Customer Service at 503-416-8090 (TTY/TDD: 711).

Care Outside the United States

Health Share will not cover any health care you receive outside of the United States. This includes Canada and Mexico.

New Technology

OHP decides if new technologies or new uses of current technologies are included in your benefit package. If you don't know if a service is covered, please call Health Share Customer Service.

Intensive Care Coordination Services

Intensive Care Coordination Services (ICCS)—formerly called Exceptional Needs Care Coordination—can help you if you are disabled, or if you have:

- Multiple chronic conditions
- High health care needs
- Special health care needs

ICCS helps Health Share members who are older, or have special needs or disabilities, to:

- Understand how your health plan works
- Find a provider who can help you with your special health care needs
- Get a timely appointment with your PCP, specialist or other health care provider
- Get needed equipment, supplies or services
- Coordinate care among your doctors, other providers, community support agencies and social service organizations

Call your physical health plan. They will put you in touch with a staff member who is specially trained to meet your particular needs.

Care Helpers

There may be times when you need help getting the right care. Traditional Health Workers are specially trained to help you. They are called Care Coordinators, Community Health Workers, Peer Support Specialists, Peer Wellness Specialists and Personal Health Navigators. Call your health plan if you'd like to find out more about getting a care helper.

Members With Both Medicaid and Medicare

Some people are eligible for both Medicaid (OHP) and Medicare. If you have both Medicaid (OHP) and Medicare, you may be required to pay deductibles and co-insurance if you choose to see a provider outside of Health Share's network.

For more information on which benefits are paid for by Medicare and which by Medicaid (OHP), call Health Share Customer Service.

Indian Health Services

American Indians and Alaska Natives can receive their care from an Indian Health Services (IHS) clinic or tribal wellness center.

If you see an IHS provider that is not in your health plan's network, they still must follow these rules:

- Only covered benefits will be paid.
- If a service requires a preauthorization, they must ask for it before providing the service.
- You may also call Health Share Customer Service for help.

Provider Incentives and Reimbursement

Your Health Share health plans make authorization (payment) decisions about medical and surgical services, home health services, pharmacy, and other benefits.

These decisions are based only on:

- Appropriate care
- Coverage guidelines and rules

Health Share does not reward staff for denying prior authorization requests.

Health Share does not reward providers for giving less care.

You have the right to ask if Health Share has special financial arrangements with our providers that can affect referrals and other services. To find out about our physician payment arrangements, call Health Share Customer Service.

Be Ready for School!

If you have a 5-year-old who will be starting Kindergarten this fall, you can take a few simple steps to help them be ready to learn.

Stay healthy. Keep up with your child's health care appointments (Health Share pays for these services).

- Visit your primary care provider for a check-up
- Get all the immunizations (shots) your child needs to start school
- Get a dental exam and cleaning
- Get a vision screening
- Get a lead test

Practice healthy habits. Make sure your child eats healthy food, exercises, gets lots of sleep, brushes their teeth and washes their hands regularly.

Develop basic skills. Recognize letters, numbers, colors and shapes. Play with and read to your child every day.

Be social. Encourage your child to share, express feelings, practice taking turns, and follow simple directions.

Talk about kindergarten. Before school begins, visit the school and check out the classroom and playground with your child.



Help Me Grow

Advancing Developmental Promotion, Early Detection & Linkage to Services

To learn more, visit healthshareoregon.org/commitment-to-health/investment-in-health



SNAP

SNAP offers food benefits to low-income individuals and families. **To find out if you qualify, and to apply, visit oregon.gov/DHS/assistance/food-benefits**



How to Change Your Health and Dental Plans

To change your medical or dental health plans, call Health Share Customer Service. We'll work with you to find a plan that works for you.

How to Disenroll or Change CCOs

We value you as a patient. If you ever have problems or are unhappy with our services or care, please let us know. We'd like to work with you to make it better before you change your CCO. Call Health Share Customer Service and a Member Navigator can help you resolve concerns. If you still want to change to a different CCO, call OHP Customer Service at 800-273-0557 (TTY/ TDD 711).

There are several reasons you can change CCOs as long as another CCO is open for enrollment.

Most OHP members can only change CCO once per year:

- If you are not new to OHP, you can change CCOs during the first 30 days after you re-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 where your current CCO doesn't offer service, you can change CCOs by telling OHP Customer Service that you moved.
- If you also have Medicare or are an American Indian or Alaska Native, you can change CCOs at any time.
- If you have an important reason that is approved by OHP, you can change CCOs at any time.

Health Share may ask OHP to remove you from Health Share. This could happen if you:

- Are abusive to us or your providers
- Commit fraud, such as letting someone else use your health care benefits
- Move out of our service area
- Lose OHP coverage/eligibility

Member Rights & Responsibilities

Health Share Members Have the Following Rights:

- To be treated with dignity, respect, and privacy
- To be treated by participating providers the same as other people seeking health care benefits, and to be encouraged to work with your care team, including providers and community resources appropriate to your needs
- To be free from discrimination in receiving benefits and services to which you are entitled
- To receive equal access to appropriate treatment, services, and facilities for both males and females under 18 years of age. This includes homeless youth and those in gangs, as required by ORS 417.270
- To choose a primary care provider (PCP), primary care dentist (PCD), mental health provider or clinic, and to make changes to these as allowed in Health Share's administrative policies
- To get behavioral health or family planning services without a referral from a PCP or other provider
- To have a friend, family member, or advocate with you during appointments (within clinical guidelines)
- To be actively involved in the development of your treatment plan; to talk honestly with your provider about appropriate or medically necessary treatment choices for your conditions, regardless of the cost or benefit coverage
- To be told information about your condition and covered and non-covered services in a way that you can understand, so you can make an informed decision about proposed treatments
- To consent to treatment or refuse services, and be told the effect of that decision, except for court-ordered services
- To receive written materials describing rights, responsibilities, benefits, how to access services, and what to do in an emergency
- To have written materials explained in a way that you understand, including how coordinated care works and how to get services in the coordinated health care system
- To receive services and support in a language you understand, and in a way that respects your culture

- To choose providers, if available within the network, that are in non-traditional settings and accessible to families, diverse communities, and underserved populations
- To receive care coordination and transition planning from Health Share in a language you understand and in a way that respects your culture, to make sure community based care is provided in as natural and integrated an environment as possible, and in a way that keeps you out of the hospital if possible
- To receive necessary and reasonable services to diagnose your condition
- To receive integrated, person-centered care and services that provide choice, independence, and dignity, and that meet accepted standards of medically appropriate care
- To receive the level of service that you expect and deserve, as approved by your providers
- To have a consistent and stable relationship with a care team that is responsible for managing your care
- To receive assistance in accessing health care, community and social support services, and statewide resources, including qualified health care interpreters, advocates, community health workers, peer wellness specialists, and personal health navigators who are part of your care team. This is to provide cultural and language assistance in making decisions about your care and services
- To receive covered preventive services
- To have access to urgent and emergency services 24 hours a day, 7 days a week without prior authorization
- To receive a referral to specialty providers for medically appropriate covered services, following the CCO's referral policy
- To have a clinical record that documents conditions, services received, and referrals made
- To have access to your own clinical record unless restricted by statute, and to receive a copy and have corrections made to your health information
- To know that information in your medical record is confidential, with exceptions determined by law; to receive a notice that tells you how your health information may be used and shared; to decide if you want to give your permission before your health information can be used or shared for certain purposes; and to get a report on when and why your health information was shared for certain purposes
- To transfer of a copy of your clinical record to another provider
- To write a statement of wishes for treatment, including the right to accept or refuse medical, surgical, dental, or behavioral health treatment
- To write advance directives and powers of attorney for health care established under ORS 127

- To be free from any form of restraint or seclusion (isolation) that is not medically necessary or is used by staff to bully or punish you. Staff may not restrain or isolate you for the staff's convenience. You have the right to report violations to Health Share and to the Oregon Health Plan – see the Complaints section on page 50
- To receive written notices before denials or changes in benefits or services if a notice is required by federal or state regulations
- To be able to make a complaint or appeal to the health plan or Health Share and receive a response
- To ask for a contested case hearing
- To receive qualified health care interpreter services; and to have information provided in a way that works for you. For example, you can get information in other languages, in Braille, in large print or other formats such as electronic. If you have a disability, we must give you information about the plan's benefits in a way that is best for you
- To receive notice of an appointment cancellation in a timely manner
- To get a second opinion
- To receive information about Health Share, our providers, and services
- To make recommendations about Health Share's member rights and responsibilities policy
- To ask for and receive information on the structure and operation of Health Share or any physician incentive plan
- To know that if you believe your rights are being denied or your health information isn't being protected, you can do one or both of the following:
 - File a complaint with your provider or health insurer
 - File a complaint with the Client Services Unit for the Oregon Health Plan

Health Share Members Have the Following Responsibilities:

- Help choose a primary care provider (PCP) or clinic, a primary care dentist (PCD), and a primary mental health provider if needed
- Treat Health Share staff, providers, and clinic staff members with respect
- Be on time for appointments, and call in advance if you expect to be late, or to cancel if unable to keep the appointment
- Seek periodic health exams and preventive services from your PCP, PCD or clinic
- Use your PCP or clinic for diagnostic and other care except in an emergency
- Get a referral to a specialist from your PCP or clinic before seeking care from a specialist unless self-referral to the specialist is allowed

- Use urgent and emergency services appropriately, and tell your PCP or clinic within three (3) days of using emergency services
- Give accurate information that may be included in the clinical record
- Help the provider or clinic get clinical records from other providers which may include signing an authorization for release of information
- Ask questions about conditions, treatments, and other issues related to your care that you do not understand
- Use information provided by Health Share providers or care teams to make informed decisions about a treatment before you receive it
- Help your providers make a treatment plan
- Follow treatment plans and take an active role in your health care
- Tell your providers that your health care is covered under the OHP before you receive services and, if asked, show the provider your Oregon Health ID card
- Call OHP Customer Service to tell them if you change your address or phone number
- Call Health Share Customer Service and OHP Customer Service if you become pregnant, and when the baby is born
- Tell OHP Customer Service if any family members move in or out of your household
- Call Health Share Customer Service if you have any other insurance available
- Assist your health plan in getting any third party resources that are available, and reimburse the health plan for benefits it paid for an injury if you receive a settlement for that injury
- Call Health Share at 503-416-1460 with any issues, complaints or grievances.
- Stat. Auth.: ORS 414.032, 414.615, 414.625, 414.635, 414.651, Stats. Implemented: ORS 414.610 – 685 OL 2011, Ch 602 Sec. 13, 14, 16, 17, 62, 64 (2), 65, HB 3650, Hist.: DDMAP 16-2012(Temp), f. & cert. ef. 3-26-12 thru 9-21-12; DDMAP 37-2012, f. & cert. ef. 8-1-12

Health Share of Oregon receives money from the Federal government to provide you the best health services and coverage possible. It is against Federal law for Health Share of Oregon to discriminate against you based on:

- | | |
|--|---|
| • Age | • Sex |
| • Color | • Sexual Orientation |
| • Country of Origin | • Your participation in any program or activity through Health Share; or any programs associated with Health Share |
| • Disability | • Any services or benefits you're receiving from any programs or activities at Health Share, or any programs associated with Health Share |
| • Gender Identity or Gender Expression | |
| • Genetic Information | |
| • Protected Veteran Status | |
| • Race | |
| • Religion | |

Advance Directives and Declaration for Mental Health Treatment

Advance directives

If you are an adult 18 years and older, you can make decisions about your own care. That includes refusing treatment.

If you are awake and alert, your providers will always listen to what you want. If you become so sick or injured that you can't tell your providers whether or not you want a certain treatment, an advance directive (also called a living will) that you have written beforehand lets you decide what kind of care you want. If you are admitted to a hospital, the staff may talk to you about advance directives.

A good advance directive describes the kind of treatment you would want depending on how sick you are. For example, the directive would describe what kind of care you want if you have an illness from which you are unlikely to recover or if you are permanently unconscious. If you do not want certain kinds of treatment, like CPR, a breathing machine or feeding tube, you can write these instructions in an advance directive.

If you don't have an advance directive, your providers may ask your family what to do. If your family can't or won't decide, your providers will take the usual steps in treating your conditions.

You can get an advance directive form at most hospitals and from many providers. You also can find one online at healthcare.oregon.gov/Pages/index.aspx

If you write an advance directive, be sure to talk to your providers and your family about it and give them copies. They can only follow your instructions if they have them.

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 write "cancelled" in large letters, and sign and date them.

If you feel the instructions in your advance directive have not been followed, you may file a complaint with the agency below:

Oregon Public Health Division

Health Care Regulation and Quality Improvement

P.O. Box 14450 Portland, OR 97293 Phone: 971-673-0540 Fax: 971-673-0556

Email: mailbox.hclrc@state.or.us

Information on the complaint process and complaint forms is available at this website:
healthcare.oregon.gov/Pages/index.aspx

NOTE For religious reasons, some of our health plans and hospitals do not allow providers to follow every advance directive. You should ask them about this.

For questions or more information, contact Oregon Health Decisions at
oregonhealthdecisions.org.

Declaration for Mental Health Treatment

Oregon has a form called a Declaration for Mental Health Treatment. This form is a legal document. It allows you to make decisions now about future mental health care in case you are unable to make your own care decisions.

Only a court and two (2) doctors can decide that you cannot make your own care decisions.

You may also use this form to name an adult who can make mental health choices for you when you cannot make them for yourself.

This person must agree in writing to represent you, and they must follow your wishes. If no one knows your wishes, the person you name must make decisions that are in your best interest.

A Declaration of Mental Health Treatment is good for three (3) years. If you become unable to make decisions, this document will remain in effect until you are able to make your own decisions.

You may change or cancel your Declaration at any time as long as you are capable of making decisions for yourself.

It is important to give this form to your doctor and a copy to the person who represents you.

You can get this form by:

- Calling the State of Oregon at 503-945-5763. TTY: 800-875-2863
- Asking for a copy from your current provider
- Downloading from: healthcare.oregon.gov/Pages/index.aspx

For information on the complaint process for either advance directives or declarations, please visit this website: oregon.gov/oha/ph/ProviderPartnerResources/HealthcareProvidersFacilities/HealthcareHealthCareRegulationQualityImprovement/Pages/complaint.aspx.

About The Oregon Health Plan (OHP)

The Oregon Health Plan (OHP) is a program that pays for health care for low-income Oregonians. The State of Oregon and the U.S. Government's Medicaid program pay for it.

The state contracts with several coordinated care organizations (CCOs) to provide health care services to people with OHP. Health Share of Oregon is one of those CCOs.

When you apply for OHP and become eligible to receive services, OHP decides the benefits that you qualify to receive. If you don't know which benefits you qualify for, you can call OHP Client Services at 800-699-9075.

OHP does not cover everything. This year, OHP covers 469 diseases and conditions. The list of these diseases and conditions is called the Prioritized List of Health Services. You can read this online at healthcare.oregon.gov/Pages/index.aspx.

OHP also has a client handbook. To read or print the OHP Handbook online, visit: <https://apps.state.or.us/Forms/Served/he9035.pdf> or talk to your case worker and ask them to send you the OHP Handbook.

Managed Care and Fee-For-Service (FFS)

Managed care is a type of health plan where members only see certain doctors or go to certain clinics or hospitals. Coordinated Care Organizations (CCOs) are a type of managed care.

OHP pays CCOs a fixed amount each month to provide the health care services their members need. Most OHP members must receive care from a CCO. Health Share is a CCO.

OHP pays providers directly for the health services of OHP members who are not in managed care. This is called Fee-for-Service (FFS) or Open Card.

Native Americans and Alaska Natives on OHP and members who are eligible for both Medicare and Medicaid can choose to be a member of a CCO or to have FFS.

OHP wants you to get your health care from a CCO because CCOs can provide some services that FFS can't. However, if you are eligible for FFS and would prefer to have Open Card, call OHP Customer Service at 800-273-0557.

What is a Coordinated Care Organization (CCO)?

Health Share is a Coordinated Care Organization (CCO). CCOs are a group of all types of health plans, doctors, hospitals, dentists, counselors, and social service agencies who work together to serve people on OHP. With a CCO, you can get all of your health care plans and services coordinated by one organization.

The Goal: Improve or Maintain Your Health

CCOs provide you with more support to improve or maintain your health. CCOs also work closely with community and social service agencies. If you have obstacles to good health, we can help. We can connect you with people who can help with homelessness, hunger, multiple health conditions or anything else that makes it hard to stay healthy.

Patient-Centered Primary Care Home (PCPCH)

We want you to get the best care possible. One way we try to do that is by asking our providers to be recognized by the Oregon Health Authority as a patient-centered primary care home (PCPCH). This is a clinic that has been recognized for their commitment to patient-centered care.

PCPCHs receive extra funds to:

- Pay close attention to their patients
- Better coordinate your care to help get you the services you need, when you need them
- Listen to your concerns and answer your questions
- Offer after-hours help and alternatives to going to the emergency room

You can ask your PCP clinic if it is a PCPCH.

Complaints & Appeals

Complaints (Grievances)

Health Share's health plans and providers want to give you the best possible care. But if you have a complaint about any part of your care, you can call, write or visit Health Share Customer Service. Our staff will work to address your concerns and resolve them within five (5) business days. If your complaint needs further attention, you will receive a call or letter within five (5) business days. We will provide a final answer to you within 30 calendar days. If you need help completing forms or knowing how to proceed, you can call Health Share at 503-416-1460.

You may also contact your provider directly to talk about your concerns or file a complaint with OHP Client Services by calling 800-273-0557 or the Oregon Health Authority's Ombudsman at 503-947-2346 or toll free at 877-642-0450.

Appeals

If we deny, stop, or reduce a service for physical health, dental, or mental health or substance use that your provider has ordered, we will mail you a Notice of Adverse Benefit Determination letter within 30 days or as soon as possible before the change happens, telling you why we made that decision.

The letter will explain how to appeal the decision, should you want to. Follow the instructions on the Notice of Adverse Benefit Determination letter to start the appeal process through Health Share. You must provide the appeal within 60 days from the date on the Notice of Adverse Benefit Determination letter.

If you choose to file an appeal, health care professionals with clinical expertise on your condition will review it. We will mail you a Notice of Appeal Resolution as quickly as your health condition requires but not longer than 16 days after the date of your request. You can ask for this timeline to be extended by another 14 days.

You can keep getting a service that already started before our decision to deny, stop, or reduce it. You must ask us to continue the service within 10 days of getting the Notice of Adverse Benefit Determination letter that stopped it.

The health care professional could decide that our original decision was correct. In that case, you may have to pay for the services you received after the Effective Date on the Notice of Adverse Benefit Determination letter.

Administrative Hearings

If you are not satisfied with the appeal, you may ask for an administrative hearing from the Oregon Health Authority.

Your Notice of Appeal Resolution letter will have a Hearing Request form that you can mail in, to ask the state for a hearing. You can also ask Health Share to send you a Hearing Request form, or call OHP Client Services at 800-273-0557 (TTY/TDD: 711) to ask for a form.

There are also instructions on the Notice of Appeal Resolution for how to ask for an administrative hearing with the Oregon Health Authority.

You must ask for the hearing within 120 days from the date of the decision notice (Notice of Action or Notice of Appeal Resolution, whichever is later).

If you request a hearing, OHA will schedule it within 90 days of your request.

At the hearing, you can explain why you do not agree with the Plan's decision. You can tell the judge why the services you or your doctor asked for should be covered.

You do not need to hire a lawyer, but you can have a lawyer with you, or have someone else help you at the hearing. You can fill out the section in the hearing request form to name a representative who will speak for you at the hearing. The representative can be anyone you choose, including your provider.

Make sure that the representative you name is willing and able to speak on your behalf at the hearing. You can also have witnesses testify.

Neither OHA nor Health Share will pay for the cost of a lawyer. You may be able to get legal help here:

- Call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292 for advice and possible representation. TTY users can dial 711.
- Legal aid information can also be found at oregonlawhelp.org.

PLEASE NOTE If your provider is contracted with Health Share, they can also file an appeal with your written permission to have services covered for you. Your provider can also support your appeal by sending us your medical records when we ask for them, or by including them with the appeal.

If your provider files the appeal, and if our decision is still to deny coverage, your provider may ask for an administrative hearing if you give your written permission. Having a provider file an appeal or hearing request on your behalf does not extend your 60 calendar days to file an appeal.

If your problem is solved at any step in this process, contact the Health Share Appeals Coordinator or the Hearings Representative (contact information below).

Our mailing address is: Health Share of Oregon Attn: Appeals & Grievances
2121 SW Broadway, Suite 200 Portland, OR 97201 Or, you may fax your appeal form to 503-459-5749. Attention: Health Share Appeals Coordinator.

Expedited Appeals for Urgent Medical Problems

If you believe your medical problem cannot wait for a regular appeal, ask Health Share or OHA for an expedited (fast) appeal or hearing. You should include a statement from your provider about why it is urgent. Or you can ask your provider to call us. If we agree that it is urgent, we will call you with a decision within 72 hours.

Also, you may send a request for an expedited (fast) hearing to OHA. Write to OHA at this address: Oregon Health Authority Health Systems Division Attn: Hearings Unit, 500 Summer St, NE, E49 Salem, OR 97301-1079 Fax: 503-945-6035 Phone: 503-945-5772 or 800-527-5772 TTY/TDD: 711

The OHA Medical Director will review your medical records and decide if your medical problem cannot wait for the regular hearing process. You should get a decision within three (3) business days.

IMPORTANT Health Share's Customer Service staff can help you file a complaint and ask for an appeal or hearing. If you need help, please call Health Share at 503-416-1460 or 888-519-3845 (TTY/TDD 711) and ask to speak to a Customer Service Representative.

Or you may ask the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) for advice and possible representation. Call 800-520-5292. You can also find legal aid information at www.oregonlawhelp.org.

When you ask for an appeal or hearing, you can keep getting the service if you tell Health Share within 10 days of the date on the Notice of Action. However, you could be responsible for payment of services received during the appeal or hearing process if the decision to deny or limit the service is upheld.

Dual-eligible Members (Health Share and Medicare)

If you are enrolled in both Health Share and Medicare, you may have more appeal rights. Contact Health Share Customer Service for more information.

Fraud, Waste, and Abuse

We are all hurt by fraud, waste, and abuse in the health care system. Every dollar that is spent on fraudulent, abusive, or wasteful activities is money that can't be spent where it is needed most.

Health Share will investigate and refer suspected cases of fraud.

Here's how you can report it:

You can call the Health Share Compliance Hotline at 503-416-1459. This is anonymous and you don't have to say who you are.

You can call the State of Oregon Department of Human Services (DHS) Fraud Investigation Hotline at 888-372-8301.

You can fill out and send us the Fraud, Waste, and Abuse form available on the Health Share website: healthshareoregon.org/members/get-help/member-rights/appeals-and-grievances.

The law protects people who report fraud and abuse. You cannot lose your job, lose your coverage, or be threatened, harassed, or discriminated against for reporting fraud or abuse.

Your Health Records are Private

Your provider only shares your health records with people who need to see them for treatment and payment reasons. You can limit who sees your health records. If there is someone you don't want to see your health records, please tell your provider in writing. You can ask your provider for a list of everyone your provider has shared your health records with.

A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your health records and keeps them private. This is also called confidentiality. Health Share's Notice of Privacy Practices explains how we use our member's personal information. We will send it to you if you ask. Just call Health Share Customer Service and ask for our Notice of Privacy Practices.

Your Right to Inspect and Copy Your Health Records

You and your legal representatives have the right to review and get a copy of your health and dental records. Your PCP has most of your records, so you can ask them for a copy. They may charge a reasonable fee for copies.

Right to Change Your Records

If you think that medical information your provider has about you is not accurate or something is missing, you may ask your provider to make changes. You would need to send them a letter telling them what you want to have changed and why you want the change. They may tell you that they won't make the change for one of these reasons:

- You haven't given them your request in writing.
- The information was not created by your provider.
- They believe the information is accurate and complete.

If they do not make the change, they can tell you how to ask your health plan to review that decision.

Discrimination is Against the Law

Health Share of Oregon must follow state and federal civil rights laws. We cannot treat people unfairly in any of our programs or activities because of a person's:

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

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. This includes receiving written material in other formats that work for you (large print, audio, Braille, etc.)

If you don't speak English, this also includes free interpretation services and written information/material in the language you speak. Columbia Pacific CCO will make reasonable changes to policies, practices and procedures by talking with you about your needs.

To report concerns or to get more information, please contact our Grievance Coordinator one of these ways:

Civil Rights Manager / Director of Compliance and Quality Assurance

2121 SW Broadway, Suite 200

Portland, OR 97201

Phone: 503-416-1460

Fax: 503-459-5749

Email: info@healthshareoregon.org

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

Web: hhs.gov

Email: OCRComplaint@hhs.gov

Phone: Toll free 800-368-1019 or TTY/TDD 711

Mail: 200 Independence Ave SW

















Room 509F HHH Bldg

Washington DC 20201

Worksheet

My Prescriptions

Bring this chart with you to the doctor's office.

Prescription Drug Name & Strength	When & How Many				How it is Working	
					You	Provider Response
Reason for Taking					  	
	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Other				Notes	
Reason for Taking					  	
	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Other				Notes	
Reason for Taking					  	
	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Other				Notes	
Reason for Taking					  	
	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Other				Notes	

If this chart does NOT match your medication instructions given to you by your doctor or pharmacist, please let your doctor know.

Worksheet

My Health Plans and Doctors

Write down what health plans and doctors you have here. Some are listed on your Health Share ID card. If they're not listed, call us. We can help.



My Physical Health Plan

Phone: _____

My Primary Care Provider (PCP): _____

Phone: _____

Other doctor: _____ Phone: _____

Other doctor: _____ Phone: _____



My Dental Health Plan

Phone: _____

Dental Provider: _____ Phone: _____



My Mental Health & Substance Use Plan

Phone: _____

My Primary Care Provider (PCP): _____

Phone: _____

Other provider: _____ Phone: _____

Worksheet

HEALTH TIP It's important to see your PCP regularly. Here are some common health screenings you should ask about:

Developmental Screening	Age 0-36 Months
Adolescent Well-care Visits	Age 12-21 Years
Depression Screening	Age 12+ Years
Well Women Visits	Age 15-65 Years
Colorectal Cancer Screenings	Age 51-70 Years

My Health Notes

Do you have questions for your doctors or health plans? Write them down here. Refer to them when you call Customer Service, or take them with you to your doctor appointments.

Get Involved in Health Share of Oregon's Community Advisory Council

Share Your Voice!

Want to have a voice in your own health care? Passionate about the health of your community? Committed to improving health care for everyone? We're looking for you!

What We're About

Transparency: Council meetings are every month, are open to the public, and include public comment

Leadership: The Council Chair serves on Health Share's Board of Directors

Accountability: Health Share's CEO and executive leadership fully participate in every meeting

Dedication: The Council volunteers hundreds of hours to improve the health of their communities

Collaboration: The Council values authentic partnership with community members above all else

Ways To Share & Get Involved

Join the Council

Come to a Council meeting

Learn more about the Council

Share with the Council



Interested?

(503) 416-1460 | info@healthshareoregon.org
healthshareoregon.org/about-us/community-advisory-council

Glossary

Appeal

A request to change our decision if we deny, stop, or reduce a service for physical health, dental, or mental health or substance use that your provider has ordered.

Copay

A flat rate you'll pay to a medical provider for receiving care **(Health Share does not charge copays for health care visits).**

Durable Medical Equipment (DME)

Medical equipment used at home to improve your quality of life—like wheelchairs and nebulizers.

Emergency medical condition

A medical condition that means your life will be in danger if you don't get help right away.

Emergency transportation

Transportation options, like ambulances, where you can receive medical care while in transit.

ER and ED

Emergency Room (ER) and Emergency Department (ED) are medical facilities specifically designed to care for patients with emergency medical conditions.

Emergency services

Medical providers that specialize in providing care to people experiencing emergency medical conditions.

Excluded services

Health care services that are not covered by the Oregon Health Plan.

Glossary

Grievance

An official complaint about any experience you have as a Health Share Member that you feel is wrong or unfair.

Rehabilitation services

Health care services that help you relearn thinking, feeling, or physical abilities resulting from a medical condition.

Health insurance

A type of insurance that helps cover the cost of any medical, dental and mental health and substance use services.

Home health care

A range of medical services that can be provided in your home to help you recover from an illness or injury.

Hospice services

A type of medical care for individuals who are extremely sick or terminally ill.

Hospital inpatient and outpatient care

Hospital **inpatient care** is the length of time you must stay overnight in a hospital when you are admitted under a doctor's orders and **outpatient care** occurs when you don't have to spend the night after receiving care.

Medically necessary

A health care service or supply that's required to diagnose or treat your medical needs, like an injury or an illness.

Network

The doctors, clinics, hospitals and other facilities and providers who work with your health plans, including medical, dental, and mental health and substance use plans.

Glossary

Network provider

A specialist or health care provider who works with your health plan.

Non-network provider

A specialist or health care provider who does not work with your health plan.

Physician services

The medical services that are offered by an individual licensed under state law to practice medicine.

Plan

The terms, coverage and benefits of your health insurance plan, such as the Oregon Health Plan.

Preapproval (preauthorization)

A requirement that you or your physician receive approval from your health care provider before receiving medical treatment.

Prescription drugs

All drugs that require you to have a medical prescription from a physician.

Primary care provider

This is your main health provider or health care practitioner who treats you for common medical problems, often a doctor, physician assistant, or nurse practitioner.

Primary care dentist

The dentists who regularly treats and manages your oral health care.

Provider

A health care professional who is authorized to practice by the State within the limits of their skills (examples: doctor, nurse, dentist, counselor, etc.).

Glossary

Skilled nursing care

Treatment provided when a patient's health care needs can only be met by a licensed nurse.

Specialist

A doctor or other health care provider who treats special health conditions. This can be a medical, dental, mental health, or substance use condition. For example, a cardiologist treats heart disease.

Urgent care

Clinics that see people with the worst injuries or sickness first, after which you are likely told where to go for follow-up care.



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