

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 any way that is best for you. This includes, but is not limited to, different languages, large print, and alternative formats. Oral presentations, sign language interpretation, and Braille are also available. All formats, auxiliary aids, and services are free to members and member representatives. You will receive a handbook within 5 business days of your request. Call Health Share Customer Service at 503-416-8090. The toll-free number is 888-519-3845. Our TTY/TDD number is 711. Our team will help you get what you need. 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. Nambarkeena 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 (ដូចមុខដោយផ្ទាល់ ឬនិយាយបង្ហាញតាមទូរសព្ទ) ឬអក្សរសម្រាប់មនុស្សពិការភ្នែក។ ប្រពិការភ្នែកបើអ្នកចង់ បានជាទម្រង់ផ្សេង សូមបម្រើទៅសេវាកម្មបម្រើសេវាសមាជិក Health Share តាមរយៈទូរសព្ទលេខ 503-416-8090។ លេខទូរសព្ទដោយឥតគិតថ្លៃ គឺលេខ 1-888-519-3845។ លេខ TTY/TDD របស់យើងគឺ 711។ www.healthshareoregon.org

이 안내서는 다른 언어, 큰 활자, 전자 매체 형식, 오디오 테이프, 구두 설명 (직접 대면 또는 전화상) 또는 점자로 받아 보실 수 있습니다. 만일 다른 형식으로 된 안내서를 원한다면, Health Share 고객센터 서비스 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 kiag 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

คุณคู่มือนี้ได้ภาษาอื่น แผ่นพิมพ์ขนาดใหญ่ รูปแบบอิเล็กทรอนิกส์ เทปเสียง การนำเสนอปากเปล่า (แบบต่อหน้าหรือทางโทรศัพท์) หรือ อักษรเบรลล์ หากต้องการรูปแบบอื่น โปรดโทรหาฝ่ายบริการลูกค้าของ Health Share ที่ 503-416-8090 หมายเลขสำหรับโทรฟรี คือ 1-888-519-3845 หมายเลข TTY/TDD ของเรา คือ 711. www.healthshareoregon.org

तपाईं यो पुस्तक अन्त्य भाषाहरू, ठूलो प्रिन्ट, वदियुतीय ढाँचा, अडियो टेप, मौखिक प्रस्तुति (प्रत्यक्ष वा फोनमा) वा ब्रेल ढाँचामा पनपि प्राप्त गर्न सक्नुहुन्छ। तपाईंलाई फरक ढाँचा मन परेछ भने कृपया Health Share को ग्राहक सेवाको टेलिफोन 503-416-8090 मा सम्पर्क गर्नुहोस्। हाम्रो नःशुल्क 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 gluhojeme je 711. www.healthshareoregon.org

ደህንን የመመሪያ መጽሀፍ በተለያዩ አይነት ቋንቋዎች፣ በትላልቅ እትሞች፣ በኤሌክትሮኒክ ቅርጾች፣ በድምጽ ቴፕ፣ በቃል ገለጻ (ፊት ለፊት ወይም በስልክ) ወይም በብራይል ሊያገኙት ይችላሉ። 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၍ အင်

You can view this handbook online at
www.healthshareoregon.org/members/my-health-plan/member-handbook
 When you click the “download handbook” button, an electronic copy will download. By clicking the “download button” you agree to have an electronic copy downloaded to your device. You can get the handbook in any digital form. If you would like a copy emailed to you for free, call Health Share Customer Service. If you approve, they will send it to you.

Welcome to Health Share

ဆားသော ပုံစံတစ်ခုဖြင့် သင် အလိုရှိပါက ကျေးဇူးပြု၍ Health Share သုံးစွဲ
သုဝန်ဆောင်မှုဌာန ဖုန်းနံပါတ် 503-416-8090 သို့ ခေါ်ဆိုနိုင်ပါသည်။ အခွန်
အခမဲ့နံပါတ်မှာ 1-888-519-3845 ဖြစ်ပါသည်။ ကျွန်ုပ်တို့၏ TTY/TDD နံ
ပါတ်မှာ 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. شماره TTY/TDD (مخصوصاً ارتباط ناشنوايان) 711 است.
www.healthshareoregon.org

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. Find doctors, counselors, dentists, and more: HealthShareOregon.org/directories. Need a provider list mailed to you? Call 503-416-8090.

Office Hours and Holiday Office Closures Health Share Customer Service

Office Hours: Monday-Friday 8:00 a.m.-5:00 p.m. Our office is wheelchair accessible.
Holiday Office Closures: The call center is closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas.

Ride to Care

Office Hours: Monday-Friday 8:00 a.m.-5:00 p.m.
Holiday Office Closures: The call center is closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas. Fourth of July, Labor Day, Thanksgiving and Christmas.

Health Share Customer Service www.HealthShareOregon.org

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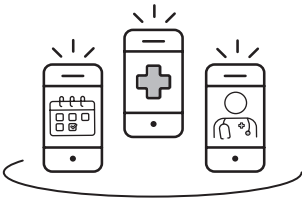
Your Health Plan Options

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 Assurance		
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		odscommunitydental.com/members
Willamette Dental Group		
503-952-2000 or 855-433-6825		willamettedental.com

Mental Health & Substance Use Care

You can receive mental health care and substance use treatment through an in-network mental health provider or 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

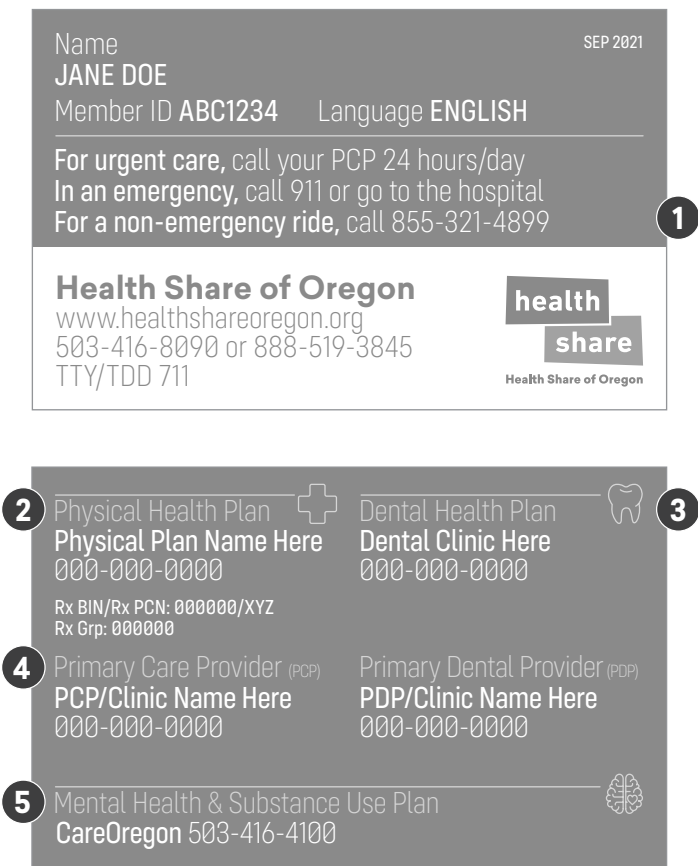
When you become a Health Share member, we will mail you a Member ID Card within 30 days. Your Member ID Card lists your health plans and their contact information. It also lists your primary care provider (PCP)—that’s your main doctor and usually the best place to start for your medical care needs.

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



- 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:

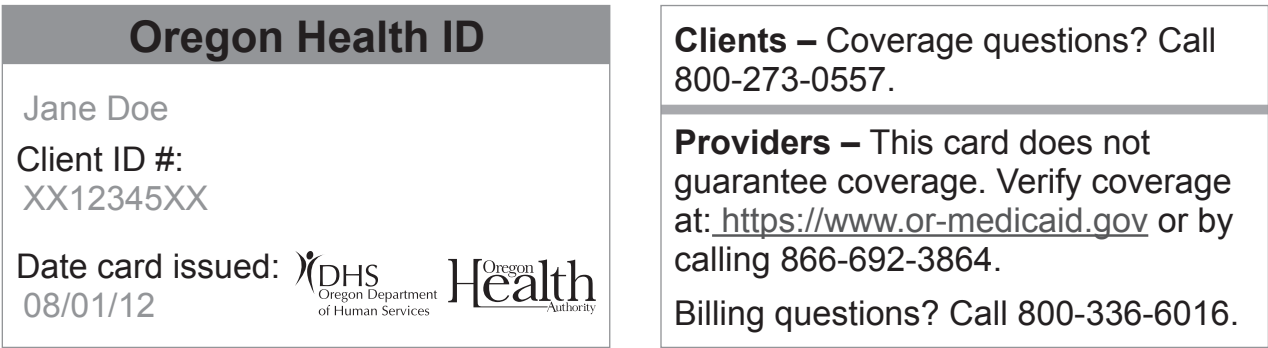
- Change your address, phone number or name
- Become pregnant or have a baby
- Have other health insurance coverage
- Want to change your coordinated care organization (i.e. Health Share)
- Move outside of Health Share’s service area (Clackamas, Multnomah and Washington counties)

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



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.

Access to Care

Access to quality health care services is important. It helps you stay healthy and prevent disease. It also helps us achieve health equity. At Health Share, we provide coverage and health services in a timely manner, at a location near you. We also make sure you have access to dental and behavioral health care, and any prescriptions you need. You deserve to choose a provider you trust and can communicate with, and we will help make that happen. If you need care in a different language or information in a different format, we will help you, at no charge.

Having access to quality health care services helps you be physically, mentally, and socially healthy. It can also improve your quality of life. Our goal is to make sure that you can access quality care easily, in the way that is best for you.

Medical Care & Benefits

If you have questions about when a referral is needed, or how to request one, please call your medical health plan for more information. If you want to access any OHP benefits not covered, call OHP Customer Service at 800-699-9075 to learn more.

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

Your medical health plan can approve or authorize specialty care. They may also give you a referral to specialty care. Call your medical health plan to learn more. You will be notified of any changes in your access to benefits in 30 days or less before the change takes effect.



Medical Benefits

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

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

*Members who need access to women’s health specialists for women’s routine and preventative health care services do not need approval before getting care. Also, in these cases, the limit to care for specialists does not apply. There is no limit to this care. If your PCP is not a women’s health specialist you may see one in addition to your PCP.

Medical Benefits

Prescription Drugs	Approval/Referral?	Limits to Care?
Many drugs are available with a prescription. A full list of prescription drugs can be found on your health plan’s “formulary.” To find your health plan’s formulary visit: healthshareoregon.org/formularies	You may need preapproval, also called “prior authorization”, in addition to your prescription. Your doctor will let you know if you need preapproval.	Limits vary by prescription drug. Contact your medical plan for more info.
Mental health prescription drugs are not covered by your medical or mental health plan. They are covered by OHP. Your pharmacist will know where to send the bill.	Contact OHP	Contact OHP
Laboratory and X-Ray	Approval/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	Approval/Referral?	Limits to Care?
Vaccines	No approval/referral required	Doctor-recommended vaccines only. Contact your medical plan.

Medical Benefits

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

Medical Benefits

PT/OT/ST	Approval/Referral?	Limits to Care?
Physical therapy (PT)	Yes, approval required	Contact your physical therapist
Occupational therapy (OT)	Yes, approval required	Contact your occupational therapist
Speech therapy (ST)	Yes, approval required	Contact your speech therapist
Other Specialty Services	Approval/Referral?	Limits to Care?
Medical equipment and supplies	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Hearing aids and exams	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Home health	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Skilled nursing facilities	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Hospice	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Chiropractor	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Acupuncture	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Hormone therapy / sex reassignment surgery	Yes, approval required	Approval based on OHP guidelines. Contact your medical 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 provider will ask Health Share 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. You will not be charged for getting a second opinion.

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 when 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 them 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 drug 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

When you look at the medication (or drug) list you’ll see both “generic” and “brand” medications. Generic medications use the same ingredients as brand name, and work just as effectively. If you want a brand name medication instead of a generic option, contact your medical plan and request preapproval.

Filling Prescriptions

Our family of plans offer many pharmacy locations and options within Clackamas, Multnomah, and Washington counties. Visit HealthShareOregon.org to learn more.

Contact your medical plan for information about mail order pharmacy options. If you do not see your medication listed on the formulary, call your provider. In many cases, a similar medication should be available. However, if you or your provider believe that none of the medications on your plan’s formulary will work for your condition, you can ask for a preapproval. This means your provider must explain why your medication is medically necessary. Check your medical plan’s formulary to learn what drugs they cover. Medical plan formularies can be found online at: www.healthshareoregon.org/members/my-health-plan/prescriptions If you need a printed copy of your plans formulary, please contact your plan or Health Share Customer Service.

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.

Medical Benefits

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).
- Over-the-counter medications, unless you have a prescription from a doctor.

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

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

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.



Medical Benefits

Transition of Care while you change plans

Some members who change OHP plans can still get the same services and see the same providers. That means care will not change when you switch CCO plans or move to/from OHP fee-for-service. If you have serious health issues, your new and old plans must work together to make sure you get the care and services you need.

Who can get the same care while changing plans?

This help is for members who have serious health issues, need hospital care or inpatient mental health care. For example, members who need end stage renal disease care, prenatal or postpartum care, transplant services, radiation, or chemotherapy services. It is also for new Medicare members. We will honor your preapproved care and services for a time. This is to make sure you get the help you need.

If you need care while you change plans, please call Health Share Customer Service at 503-416-8090, or toll free at 888-519-3845 (TTY/TDD 711) or visit HealthShareOregon.org. You can learn more about transition of care by visiting www.healthshareoregon.org/transition-of-care.

Health Risk Screening

Soon after you start with Health Share, you will receive a health risk screening from your plan. You will get one every year. If your condition changes, you may get it more than once per year. Your plan will mail you a form or call you to complete the screening. When you are done, they may share some health resources with you to help. They may also contact your primary care doctor, so you can get the best care.

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



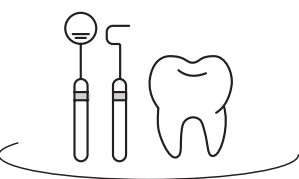
SNAP

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



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™



ODS

Willamette Dental Group

Dental Benefits

Call your dental health plan or, if you have CareOregon, your primary dental provider (listed on your Health Share ID card) to get care and services. You can get a free exam and teeth cleaning once every year. Preapproval from your dental health plan may be required.

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

Mental Health & Substance Use Benefits

As a Health Share member, your mental health and substance use care are managed by CareOregon. You may receive mental health care and substance use treatment through your primary care provider or through providers in the CareOregon network. Approvals and referrals for some services are required by CareOregon. However, you do not need approval for Assertive Community Treatment and Wraparound services.



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.

211info★

211

The easiest way to find health and human services.

TEXT

zip to 898211

DIAL

211

SEARCH

211info.org

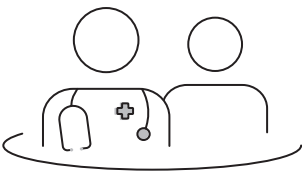
Free. Live. Confidential.

Mental Health & Substance Use Benefits

Mental Health Services	Approval/Referral?	Limits to Care?
Outpatient counseling/therapy	No approval/referral required	No limit
Specialty mental health services (exceptional needs services)	Yes, approval/referral required	Call CareOregon
Residential Treatment	Yes, approval/referral required	Call CareOregon
Mental health drugs are not covered by your medical or mental health plan. They are covered by OHP. Your pharmacist will know where to send the bill	Contact OHP	Contact OHP
Behavioral Health Assessment and evaluation services (including Assertive Community Treatment services)	No approval/referral required	No limit

Substance Use	Approval/Referral?	Limits to Care?
Outpatient counseling/therapy	No approval/referral required	No limit
Residential Treatment	No approval/referral required. No limit.	Call CareOregon
Detoxification	No approval/referral required	No limit
Medication Assisted Treatment	No approval/referral required	You may get medication assisted treatment without provider approval for the first 30 days of treatment.

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).

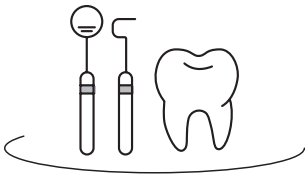
Your PCP could be a:

- 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.



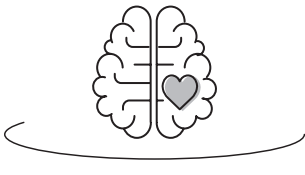
Dental Care

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
- Fillings
- X-rays and exams
- 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.

Telehealth

Telehealth is getting care over phone or video. Now, many providers are using telemedicine for health needs and checkups. Contact your provider to learn what telehealth options they offer.

Healthy Families Begin with WIC

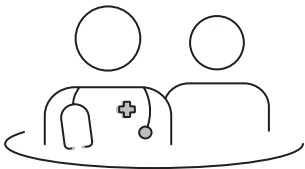
You may qualify for food assistance, nutrition and breastfeeding education, and more.



To learn more, visit healthoregon.gov/wic.

Be sure to look at the benefits pages (starting on page 19) to learn more about when and how often you can get certain benefits.

Get Care in the Right Place

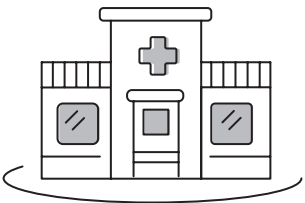


Primary Care Office

Why primary care?

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

Call your PCP to make an appointment



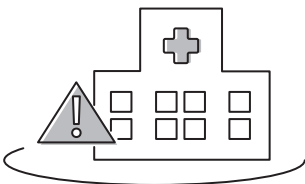
Urgent Care Clinic

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, and even if you're away from home.

The medical plan listed on your member ID card works with certain urgent care clinics. Call or visit their website for a full list of clinics. If you have an emergency after-hours, call 911 or your plan provider for urgent care services or advice. You do not need preapproval for urgent care services.



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.

In an emergency, you can go to any hospital. For a list of hospitals Health Share works with, see page 80. You do not need preapproval for emergency services.

Self Referral

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.

Self-referral means that you do not need to get approval from your Primary Care Physician to access an assessment or service. To refer yourself, simply call the in-network provider you would like to see and set up an appointment. You can refer yourself for a Behavioral Health Assessment, evaluation services (including sexual abuse exams), Traditional Health Worker services, Indian Health Care services, Women's Health Specialist for women's routine and preventative health care services, Intensive Care Coordination (ICC) services, and Mental Health Services in your provider network. You can also refer yourself for covered family planning services. One example would be contraceptives (birth control). You can use providers in or out of network for covered family planning services and supplies. We do not require (ask) that you get a referral before choosing a family planning provider. If you would like to use an out-of-network provider or service, call Health Share Customer Service at 503-416-8090, or toll free at 888-519-3845 (TTY/TDD 711). We will help make sure that you have everything you need to access (get) your services and supplies. You may also get medication assisted treatment without provider approval for the first 30 days of treatment. You can also get primary care services in a mental health setting and mental health services in a primary care setting without provider approval. To learn more about what mental health services are covered, call CareOregon at 800-224-4840.



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 staff and drivers are local, and here for you—every day of the week. You can call and book a same-day appointment. When possible, we ask that you call two or more business days before your appointment. When you call, we will ask if you need us to make any special modifications to your trip based on needs, history, or circumstances.

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

Do you speak a language other than English? Ride to Care offers interpreters for non-English speakers. Interpreters are free for Health Share members.

How to Ask for an interpreter

1. Call Ride to Care at 503-416-3955 or toll-free at 855-321-4899; TTY 711.
2. You will hear menu options. Press 3 to check or schedule a trip for that same day. Press 2 for all other trips. Press 4 to file a complaint or grievance.
3. When a Ride to Care representative comes on the line, say the language that you speak. Stay on the line.
4. An interpreter will join the call.

Important Choose an option first. Then state your language. For a medical emergency or ambulance, call 911.

You can have a representative. You or they can schedule:

- Rides up to 90 days ahead of time
- Multiple rides at one time. These can be up to 90 days ahead of time.
- Same-day rides

Drivers will:

- Drop you off no earlier than 15 minutes before your appointment. This is unless you request otherwise.
- Pick you up no more than 15 minutes after the office closes, unless requested.

As a Ride to Care user, you have the right to:

1. Receive safe and reliable transportation services that are appropriate for your needs.
2. Ask for interpretation services when talking to Customer Service and request Ride to Care materials in a language or format that meets your needs.
3. File grievances about your Ride to Care experience.
4. Submit an appeal, ask for a hearing, or ask for both if you feel you have been denied a service unfairly.

As a Ride to Care passenger, your responsibilities include:

- 1. Treating drivers and other passengers with respect.
- 2. Calling us as early as possible to schedule, change or cancel your transportation.
- 3. Using seat belts and other safety equipment as required by Oregon law.

Riders who cause a safety risk or misuse the service may receive a service change. If this happens, we will help you find other options to get to appointments. We will not bill you for transport to or from covered medical services. We will not do this even if we denied reimbursement for the transportation service.

Grievances and feedback

You and your authorized (approved) representative have the right to file a grievance about Ride to Care’s services or processes. You can file a grievance or submit other feedback by calling Ride to Care during office hours. Within 5 days a letter will be sent to you. If you feel you have been denied service unfairly, you have the right to an appeal, a hearing, or both. If you are denied a service, Ride to Care will tell you verbally why the request was denied. Before we mail any denial letters, we have a second Health Share employee review it. Within 72 hours of denial, we will mail you and the ride provider a letter.

For more information about Ride to Care visit [RideToCare.com](https://www.healthshareoregon.org/members/schedule-ride). For an electronic copy of the Rider’s Guide visit: www.healthshareoregon.org/members/schedule-ride

Telehealth

Telehealth is getting care over phone or video. An e-visit is another option. This means you can visit your provider online. You may talk to them over the phone. Or, you may see them over video. You do not have to go to their office. You can get care from somewhere else. Many providers and clinics are offering telehealth options. We encourage you to contact your provider to learn what telehealth options they offer. Some plan directories may show that certain providers provide telehealth services. We suggest calling your provider to check if they provide telehealth services.

Each provider uses their own secure telehealth system to provide care. These systems are similar to other video technology you may use, like Zoom. You need access to a phone, tablet, or computer with a camera and microphone. You will also need a secure WiFi connection. Ask your provider whether Health-Related Services or items are available to support your health care needs. Some programs may assist with the costs of phones and phone plans. To learn more about these visit www.healthshareoregon.org/community-resources.

If you have questions, call Health Share Customer Service at 503-416-8090, or toll free at 888-519-3845 (TTY/TDD 711). You have a right to receive physical, behavioral, and oral health care through telehealth, when medically appropriate. For example, if you need to check in with your provider for a prescription refill, or if you have a question about issues from your last visit, you can use telehealth. Health Share will work with your provider to help make sure you can use telehealth if you need it. This means we will make sure you have what you need to use telehealth services comfortably. It is important to us that you get care in the language you want, in a way that respects your culture. If you speak another language, or are deaf or hard of hearing, we will make sure you get the support you need. Call Health Share Customer Service and we will help make sure you have an interpreter.

Telehealth is one option, but your provider cannot ask that you only use telehealth. If you need an interpreter, or other health care support contact Health Share Customer Service (more information on pg. 54).

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.

Getting care after an emergency

Once you are stabilized after an emergency, providers may give services to improve or resolve your condition. These services are called poststabilization services. They are available for members on a twenty-four (24)-hour, seven (7)-day-a-week basis. To access poststabilization services, call your PCP. If you don't have a PCP, call your plan.

Emergencies outside of Oregon

Though Health Share covers you anywhere in the United States, you should be aware of what can happen if you are traveling outside of Oregon and have an emergency. Even if we have approved an emergency room visit in another state, this does not mean all providers who give you care are willing to bill Health Share. This means you could receive a bill for those services. Do not ignore bills from people who treated you in the hospital. If you get other bills, Health Share will help you resolve the issue.

Emergencies

Steps to take if possible during an out of state emergency room visit:

1. Make sure you have your Health Share ID card with you when you travel out of state
2. Present your card as soon as you can and ask if they are willing to bill Health Share (Medicaid)
3. Contact Health Share Customer Service. Discuss the situation and ask for advice on what to do
4. Do not sign any paperwork until you know the provider is willing to bill Health Share (Medicaid)
5. If at all possible, have Health Share speak with the providers office while you are there

During emergencies the steps above are not always possible. However, being prepared and knowing what steps need to be taken during an emergency can resolve billing issues while you are still at the providers office in that state. Taking these steps can help you avoid the stress of receiving bills from the provider for services that Health Share will cover.

What should I do if I get a bill?

Please do not ignore medical bills – call us right away. Many providers send unpaid bills to collection agencies. Some may even sue in court to get paid. It is harder to fix the problem once that happens. As soon as you get a bill for a service that you received while you were a Health Share member, you should:

1. Call Health Share Customer Service right away and say that a provider is billing you for an OHP service. We will help you get the bill cleared up. Do not wait until you get more bills.
2. If applicable, you can appeal by sending Health Share a letter saying that you disagree with the bill because you were on OHP at the time of the service. Keep a copy of the letter for your records.
3. Follow up to make sure we paid the bill.
4. If you receive court papers, call us right away. You may also call an attorney or the Public Benefits Hotline at 800-520-5292 for legal advice and help. There are consumer laws that can help you when you are wrongfully billed while on OHP.

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

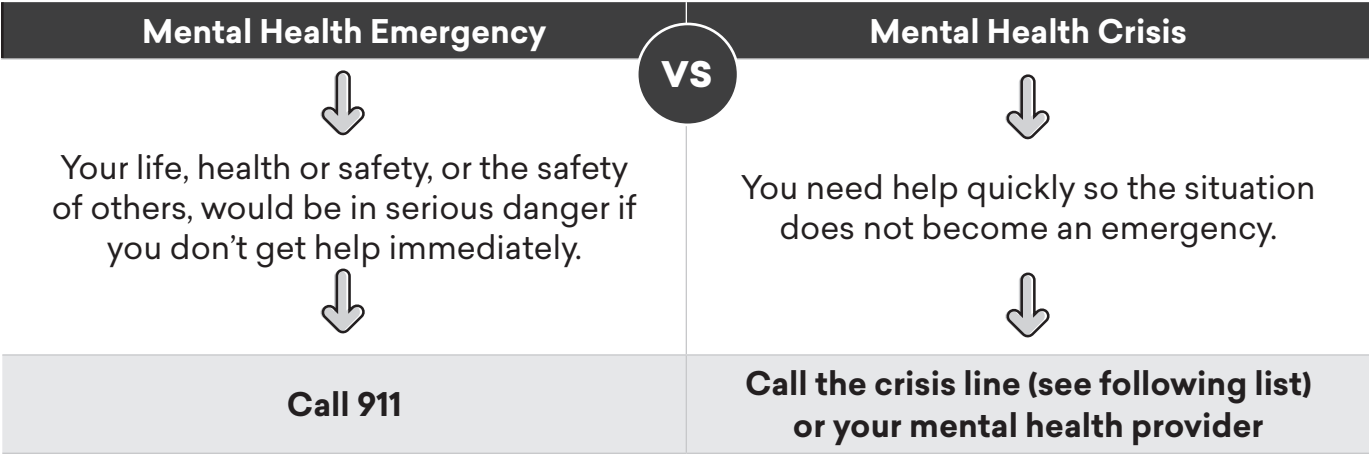
If your dental plan or dentist's office is closed, the answering service will relay your message to the on-call provider who will call you back.

If you don't have a dentist, call your dental provider 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

You do not need preapproval for mental health emergencies.

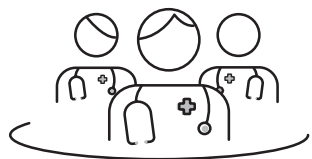


If you have a mental health provider, such as a counselor, they will tell you how to reach them during a crisis. If you are having a crisis, follow the plan you made with your counselor. If you are receiving Intensive In-Home Behavioral Health Treatment, crisis response services are available 24 hours a day.

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 92 to write down questions and info for your PCP and other providers.

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.

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're a new Health Share member or new to Medicare you may need medical care, prescriptions (drugs) supplies, or other necessary items or services. If you need any of these during your first month of enrollment and can't meet with a PCP, Primary Care Dentist (PDP) or other provider, we can help. Call Health Share Customer Service at 503-416-8090 or 888-519-3845 (TTY/TDD: 711). We will help you get any necessary (needed) health-related services you need right away. If you are new to Health Share or Medicare, we will help you and give you information. It is important to us that you have a smooth transition.

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 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 medical 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. You may also visit healthshareoregon.org/directories to find providers in your area that are accepting new patients.

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 medical 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. You can also visit www.healthshare-bhplan-directory.com to find a provider in the network.



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 www.healthshareoregon.org/directories. You can also call your dental plan's customer service and they will help you choose a new dentist. Or, you may visit healthshareoregon.org/directories to find dentists in your area that are accepting new patients.

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, mental health, or substance use provider?

To change your clinics, doctors or other providers, please call your medical, 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 medical or dental health plan? To change your physical or dental health plan, please call Health Share Customer Service. *More information: page 11*

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 24

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 32

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 49

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

More information: page 35

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 16

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

More information: page 22

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 medical plan, or by calling Health Share Customer Service. They can also tell you which hospitals your OB/GYN is associated with.

More information: page 25

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 17

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 medical plan to find out if you qualify.

More information: page 26

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 38

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 medical plan listed on your Health Share ID Card.

More information: page 16

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

More information: page 52

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 Agreement to Pay form that says::
 - › You were told this information
 - › You agreed to pay for non-covered services
 - › That the service is not covered by OHP
 - › The cost for each service

To learn more about services that the Oregon Health Authority will pay for, call OHP Customer Service at 800-699-9075. There are some services that Health Share does not pay for, but that the Oregon Health Authority will pay for. Though we don’t pay for certain services, we can still help you get care through care coordination. These services include:

- Out-of-hospital birth for members with low-risk pregnancies. This includes prenatal and postpartum care
- Certain long-term services and supports
- Certain drugs for some behavioral health conditions
- Therapeutic group homes for members under 21
- Long term psychiatric care for members 18 or older
- Personal care in adult foster homes for members 18 or older

Care coordinators may be able to help you get certain services, like transportation to appointments. For more information or for a complete list, call Health Share Customer Service at at 503-416-8090, or toll free at 888-519-3845 (TTY/TDD 711).

There are some services we don’t pay for that the KEPRO Care Coordination Team can help you access. Call the KEPRO Care Coordination Team at 800-562-4620.

These services include:

- Physician-assisted suicide
- Abortions
- Hospice for members who live in a Skilled Nursing Facility
- School-Based Health Services that are covered by the Individuals with Disabilities Education Act
- Services provided to Citizen/Alien Waived Emergency Medical (CAWEM) recipients or Children’s Health Insurance Coverage (CHIP) for CAWEM
- Certain requested or authorized (approved) administrative exams

For more information about these services, call OHP Client Services at 1-800-273-0557.

Do you or your child need an interpreter?

Everyone has a legal right to get information in a language you can understand. 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
- For example, you may benefit from ICCS if you:
- Have a high-risk pregnancy
 - Have HIV/AIDS or tuberculosis
 - Are a veteran

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 medical plan. They will put you in touch with a staff member who is specially trained to meet your particular needs. You don’t need prior approval for these services.

Other people who help you with your care (like your doctor, or a caseworker) can also call. Your medical plan also contacts new members when they first enroll in Health Share to ask some basic questions about your health (this is called a Health Risk Screening). These help us give you the best care. You can self-refer for a Health Risk Screening for ICCS. Learn more about Health Risk Screenings on pg. 28. If your answers to those questions show that you might benefit from ICCS, your medical plan may refer you automatically. Your plan may also refer you if they see things that suggest you may be having problems with your health (like going to the emergency room a lot, or getting a new diagnosis of a serious medical condition).

You will first receive an assessment for ICCS. This will help your plan decide if ICCS is the right service for you, and what needs you may have that can be helped though ICCS. A staff member who is specially trained will review your medical records. They will also contact you and ask questions about your health, your living situation, and challenges you

may be facing. If your plan decides that you should be signed up for ICCS, a Coordinator will be assigned to you within three (3) business days, and will contact you within five (5) business days after you are signed up to let you know about your ICCS services.

Once you start ICCS, you and your Coordinator will work together to create a Care Team. These are people who help you with your health and other needs, and it includes both you and your Coordinator from your plan. The Care Team can include people like your doctor, your dentist, your mental health counselor, your caseworkers, family members or friends who support you, and anyone else who you think might help meet your goals. You, your Coordinator, and your Care Team will then work together to create a Care Plan, which is a list of the goals that you hope to meet through ICCS to improve your health, and what steps will be taken to meet those goals. Your Care Plan can have goals related to your medical, social, cultural, developmental, behavioral, educational, spiritual, and financial needs. Each member of your Care Team will have a role in helping you meet your goals. Your Care Team will also meet together regularly to review your Plan, and to add, remove, or change goals to make sure your needs are still being met.

Care Coordination

All members have access to Care Coordination services. Care Coordinators can help you understand how to get care and use your benefits. They also coordinate with your plan and providers to help you get the care you need. Your Care Coordinator can serve as your main point of contact to get health care and social services. Social services may include housing, a job, and food assistance. They will make sure you get the care that works best for you. Health Share will work with your Care Coordinator to make sure you get the care you need.

Behavioral Health care coordination is available by contacting Health Share Customer Service, or by referral from a provider. Multiple levels of care coordination are available, depending on your needs. Behavioral Health care coordinators communicate with multidisciplinary care teams. This is to make sure your care includes your physical and oral health needs. Care Coordination is also available for Dual Eligible Members. A Care Coordinator can help you access services covered by Health Share and help you understand your Medicaid benefits.

Contact your physical, dental, or behavioral health plan to ask about care coordination. They will help you. If you have questions, call Health Share Customer Service at 503-416-8090. The toll-free number is 888-519-3845. Our TTY/TDD number is 711.

Traditional Health Workers

There may be times when you need help getting the right care. Traditional Health Workers are specifically trained to help you. There are five specialty types of Traditional Health Workers:

- **Doula:** A (birth) doula is a birth companion who provides personal, nonmedical support to women and families throughout a woman's pregnancy, childbirth, and post-partum experience.
- **Peer Support Specialist (PSS):** A Peer Support Specialist is an individual who provides support services to a current or former consumer of mental health or addiction treatment
- **Peer Wellness Specialist (PWS):** A Peer Wellness Specialist is an individual who has lived experience with a psychiatric condition(s) plus intensive training, who works as a part of a person-driven, health home team, integrating behavioral health and primary care to assist and advocate for individuals in achieving well-being.
- **Personal Health Navigator (PHN):** A Personal Health Navigator is an individual who provides information, assistance, tools, and support to enable a patient to make the best health care decisions.
- **Community Health Worker (CHW):** A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. They work with members to connect them to needed services.

Call your plan if you'd like to find out more about getting a Traditional Health Worker to help you. Health Share has a Traditional Health Worker Liaison, Ayni Amir, who can be reached at Amira@healthshareoregon.org. For updated information on the name and contact information of our Traditional Health Worker Liaison, visit: www.healthshareoregon.org/members/get-help.

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 most Medicare members, your medical care will be provided by Medicare, and we will provide your dental and behavioral health coverage. However, if you would like your medical care to be covered by us, you can. To do so, contact the Oregon Health Plan. If you are Full Benefit Dual Eligible—meaning you qualify for both Medicare and Medicaid—contact your local Aging and People with Disabilities (APD) or Area Agency on Aging (AAA) office. They will help you learn more about how to use your benefits. Call the Aging and Disability Resource Connection (ADRC) at 855-673-2372 to get your local APD or AAA office phone number. To access services coordinated or covered by Health Share, call Health Share Customer Service at 503-416-8090 or toll free at 888-519-3845. If you are new to Medicare, we will make sure you have what you need during the transition. Learn more in the “Take Control of Your Care” section (pg. 47). If you have questions, call Health Share Customer Service.

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, Native American Rehabilitation Association of the Northwest (NARA), 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 preapproval, 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 approval (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 preapproval 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 help serve members best, some providers offer alternative (different) payment methods. Providers that reflect our priorities can be eligible for monetary incentives. To find out more about our physician payment arrangements, call Health Share Customer Service.

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 Client Services at 800-273-0557 (TTY/ TDD 711).

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

Times OHP members can change CCOs:

- When you renew your OHP coverage, you can change CCOs. Normally this is once each year.
- If you have been with your CCO for 6 months, you can ask to change.
- 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. Call them at 1-800-699-9075 to tell them. To change, call OHP Client Services at 1-800-273-0557 or 800-699-9075.
- 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.
- For any other reason. One time each year.

You can choose to have fee-for-service if you have a medical reason that is OHP-approved. First call Health Share Customer Service. Ask us for help. If our team can't help you, call OHP Client Services for help at 1-800-273-0557.

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

Member Rights & Responsibilities

Health Share Members Have the Following Rights:

- To be notified of any changes in your access to benefits in 30 days or less.
- To have access to Assertive Community Treatment and Wraparound services without approval.
- There are times when people under age 18 (minors) may want or need to get health care services on their own. To learn more, read "Minor Rights: Access and Consent to Health Care." This booklet tells you the types of services minors can get on their own and how minors' health care information may be shared. You can read this booklet online at [OHP.Oregon.gov](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf). Click on "Minor rights and access to care." Or, view it at <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf>.
- 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 get services and supports in whatever way you need and close as possible to where you live or seek services and to get care and services in a timely manner
- 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 mental 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
- Members have a right to know if a service will not be provided based on moral or religious grounds. Call OHP Customer Service at 800-699-9075 (TTY 711) to learn more about how to get these services.
- 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. Your providers and care team understand our policies. These include our Enrollment, Disenrollment, and Fraud, Waste and Abuse, Grievance and Appeal, and Advance Directive policies. They also understand that providers must work with translators.
- To receive covered preventive services
- To have access to urgent and emergency services 24 hours a day, 7 days a week without approval
- To have access to Assertive Community Treatment and Wraparound services without approval.
- 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 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 mental 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 71
- 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. You will not be discriminated against for exercising your rights.
- 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 at no cost to you. You can get a second opinion from your plan provider. If you choose a provider outside your plan, we will help arrange it for you, at no cost.

- To receive information about Health Share, our providers, and services. You will receive information about Health Share no more than 30 days after you enroll. You have a right to request Health Share information at least once a year. If you are a dual-eligible member (Health Share and Medicare) you may receive information from both plans. This could be a summary of benefits and provider directories.
- 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 access an OHP ombudsperson. They can advocate for you and make sure you receive good care.
- To get your information electronically, when you want.
- 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

You can get this handbook, and these rights, in different languages, large print, electronic format, audio tape, oral presentation (face-to-face or on the phone), or in 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.

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

- Self-referral means that you do not need to get approval from your Primary Care Physician to access an assessment or service. To refer yourself, simply call the in-network provider you would like to see and set up an appointment. You can refer yourself for a Behavioral Health Assessment, evaluation services (including sexual abuse exams), Women's Health Specialist for women's routine and preventative health care services, Intensive Care Coordination (ICC) services, Traditional Health Worker services, Indian Health Care services, and Mental Health Services in your provider network. You can also refer yourself for covered family planning services. You can use providers in or out of network for these services. You may also get medication assisted treatment without provider approval for the first 30 days of treatment. You can also get primary care services in a mental health setting and mental health services in a primary care setting without provider approval. To learn more about what mental health services are covered, call CareOregon at 800-224-4840.
- 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 approval (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
- Color
- Country of Origin
- Disability
- Gender Identity or Gender Expression
- Genetic Information
- Protected Veteran Status
- Race
- Religion
- Sex
- Marital status
- Sexual Orientation
- Your participation in any program or activity through Health Share; or any programs associated with Health Share
- Any services or benefits you’re receiving from any programs or activities at Health Share, or any programs associated with Health Share

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 <https://www.oregon.gov/oha/PH/ABOUT/Documents/Advance-Directive.pdf> or you can call Health Share Customer Service at 503-416-8090, 1-888-519-3845 or TTY/TDD 711, to get a hard copy of the form mailed to you.

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 think Health Share did not follow advance directive requirements, you can complain. To do so, fill out this form: healthshareoregon.org/hcrqi. You can also file a complaint with Health Share or OHA. File a complaint with Health Share by calling call Customer Service at 503-416-8090, 1-888-519-3845 or TTY/TDD 711, or send us a letter to the Health Share of Oregon Grievance Department 2121 SW Broadway, Suite 200 Portland, OR 97201

File a complaint with OHA through the Oregon Public Health Division office of Health Care Regulation and Quality Improvement. Call 971-673-0540, email mailbox.hclrc@state.or.us, or fax at 971-673-0556. Send mail to P.O. Box 14450 Portland, OR 97293. Complaint forms can be found at: healthshareoregon.org/members/get-help/member-rights/appeals-and-grievances

OHP Complaint forms are available in:

- English
- Spanish
- Russian
- Vietnamese

Information on the complaint process and complaint forms is available at this website: oregonhealthcare.gov

NOTE Note: For religious reasons, some health plans and hospitals do not allow providers to follow every advance directive. However, Health Share, our plans, and hospitals do not have any moral or religious objections to any services.

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

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.hclc@state.or.us

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 or 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: https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/le9550.pdf

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 barriers 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 let you know why we need more time to review your complaint.

If you need help completing forms or knowing how to proceed, you can call Health Share at 503-416-1460 or toll-free at 888-519-3845. You have the right to file a verbal complaint. To file one, call Health Share Customer Service.

First, file your complaint with Health Share. If your complaint has been filed with Health Share and you are not satisfied with the outcome you can 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 medical, dental, or mental health or substance use that your provider has ordered, we will mail you a Notice of Action - Benefit Denial (NOABD) 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 Action - Benefit Denial (NOABD) letter to start the appeal process through Health Share. You must provide the appeal within 60 days from the date on the Notice of Action - Benefit Denial (NOABD) 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. If we need to gather extra information, Health Share may ask for extra time to do so.

If Health Share does not process your appeal within 16 days or by the extended appeal timeframe, this means that the appeal process has been exhausted and you can file for an administrative hearing. You don't have to file your own appeal. If you wish, an authorized (approved) representative can file an appeal for you.

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 Action - Benefit Denial (NOABD) 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 Action - Benefit Denial (NOABD).

If you are denied services and didn't get a written denial notice, you can ask Health Share for one. You can also ask for one if your health care provider tells you that you need to pay for a service that is not covered. When you get the written denial, you can ask Health Share for an appeal. You have the right to file a verbal appeal. To file one, call Health Share Customer Service.

For more information about Grievance and Appeal system, policies, and procedures, you can call Health Share at 503-416-1460 or toll-free at 888-519-3845.

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 Appeal Resolution).

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 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 Appeal Resolution letter that stopped it.

The judge 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 Appeal Resolution.

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.

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.

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 you lose an appeal, 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 not solved at any step in this process, contact the Health Share Appeals Coordinator or the Hearings Representative (contact information on the next page).

Expedited Appeals

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.

We will mail a letter confirming our decision within 3 days. We can extend that up to 14 days if you request for longer, or if we can prove that it is in your best interest. If we do have to ask for more time, we will call and tell you as soon as we can. We will write to you about our need for more time within 2 days. If you don't agree, you can file a grievance (complaint). We may give you an expedited (fast) appeal but not approve the services or items asked for. If this happens, you have a right to ask for an expedited (fast) contested case hearing. We will send you a Notice of Appeal Resolution. We will also send you Hearing Request and Information forms.

If we don't approve your requested expedited (fast) appeal we will still review your appeal. We will review it in the normal amount of time instead. If this is the case, we will call you, and write to you within 2 days to let you know.

Expedited Contested Case Hearing

After filing an appeal or expedited (fast) appeal you can ask for an expedited (fast) review of Health Share. You can do this by asking for an expedited (fast) contested case hearing. You can get this if you believe your problem can't wait for a regular appeal.

We will send your proof to OHA in two working days. In two days, they will decide if you can get an expedited (fast) contested case hearing. If OHA denies your request for an expedited (fast) contested case hearing we will call you, and write you in two days to let you know.

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 committed to complying with all applicable laws, including, without limitation, Oregon's False Claims Act and the federal False Claims Act Examples of 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.

Fraud is the wrongful or criminal deception intended to result in financial or personal gain. For example, a provider billing for services or supplies that were not provided.

Waste is the overuse of services or other practices that directly or indirectly, result in unnecessary costs to the Medicaid Program. For example, ordering an MRI first instead of ordering a less expensive x-ray.

Abuse is when someone accidentally gives false information to the Government or a Government contractor to get money or a benefit. For example, accidentally billing a follow-up visit as a higher paying new patient visit.

For a complete list of examples of fraud, waste, and abuse, visit: www.healthshareoregon.org/providers/provider-resources/fraud-waste-abuse.

Health Share will investigate and refer suspected cases of fraud. Here’s how you can report it:

Members have the right to report Fraud, Waste, and Abuse anonymously and are protected under the applicable whistle-blower laws.

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

To report fraud, waste, or abuse by a provider you can contact the following:

Medicaid Fraud Control Unit (MFCU)

Oregon Department of Justice

100 SW Market Street

Portland, OR 97201

Phone: 971-673-1880

Fax: 971-673-1890

OHA Office of Program Integrity (OPI)

3406 Cherry Ave. NE

Salem, OR 97303-4924

Fax: 503-378-2577

Hotline: 1-888-FRAUD01 (888-372-8301)

www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx

As a member, you can report through the DHS Fraud Investigation Unit

DHS Fraud Investigation Unit

PO Box 14150

Salem, OR 97309

Hotline: 1-888-FRAUD01 (888-372-8301)

Fax: 503-373-1525 Attn: Hotline

www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx

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. You may request that your records be corrected or amended.

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. Health Share 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 Civil Rights Manager one of these ways:

Civil Rights Manager
2121 SW Broadway, Suite 200
Portland, OR 97201
Phone: 503-416-1460 (TTY/TDD 711)
Fax: 503-459-5749
Email: info@healthshareoregon.org

Find our complaint form online at: www.healthshareoregon.org/members/get-help/member-rights/appeals-and-grievances

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: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
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

You also have a right to file a complaint with the Oregon Health Authority (OHA) Office of Civil Rights. Contact that office in one of these ways:

Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Phone: (844) 882-7889, 711 TTY
Mail: Office of Equity and Inclusion Division, 421 SW Oak St.,
Suite 750, Portland, OR 97204

You also have a right to file a complaint with the Bureau of Labor and Industries Civil Rights Division. Contact that office in one of these ways:

Phone: (971) 673-0764
Email: crdemail@boli.state.or.us
Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St.,
Suite 1045, Portland, OR 97232

Words To Know

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.

Approval

A requirement that you or your physician receive authorization from your care provider before receiving treatment. Approval is the same as authorization.

Authorization

A requirement that you or your physician receive approval from your care provider before receiving treatment. Authorization is the same as approval.

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.

Words To Know

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.

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.

Words To Know

Medical Eye Exam

A medical eye exam is so your doctor can diagnose or treat an eye disease or injury.

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.

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 or prior authorization)

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.

Words To Know

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.).

Skilled nursing care

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

Telehealth

Getting care over phone or video.

Routine Eye Exam

A routine eye exam is to check your vision, screen for disease, or update a glasses or contact prescription.

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.

Network Hospitals

As a Health Share member, you can visit any of the following hospital networks:

Hospitals in the tri-county area:

- **Adventist Health Portland**
10123 SE Market St
Portland, OR 97216
503-257-2500 (TTY/TDD 711)
www.adventisthealth.org/portland/
- **Hillsboro Medical Center**
335 SE 8th Ave
Hillsboro, OR 97123
503-681-1111 (TTY/TDD 711)
<https://tuality.org/location/hospitals/>
- **Kaiser Sunnyside Medical Center**
10180 SE Sunnyside Rd
Portland, OR 97015
800-813-2000 (TTY/TDD 711)
<https://healthy.kaiserpermanente.org/oregon-washington/facilities/sunnyside-medical-center-100249>
- **Kaiser Permanente Westside Medical Center**
2875 NE Stucki Ave
Hillsboro, OR 97124
800-813-2000 (TTY/TDD 711)
<https://healthy.kaiserpermanente.org/oregon-washington/facilities/kaiser-permanente-westside-medical-center-303481>
- **Legacy Devers Eye Institute – Multiple Locations**
 - Good Samaritan
Good Samaritan Building 2 1040 N.W. 22nd Ave, First Floor
Portland, OR 97210
503-413-8202 (TTY/TDD 711)
 - Tualatin
7021 S.W. Nyberg St., Suite 210
Tualatin, OR 97062
503-413-8202 (TTY/TDD 711)
 - Emanuel
Legacy Emanuel Medical Center
Medical Office Building 3 300 N. Graham St., Suite 300
Portland, OR 97227
503-413-8202 (TTY/TDD 711)
<https://www.legacyhealth.org/services-and-resources/services/adult/eye-care/locations-and-providers.aspx>

Network Hospitals

- **Legacy Emanuel Medical Center (includes Randall Children’s Hospital)**
2801 N Gantenbein Ave
Portland, OR 97227
503-413-2200 (TTY/TDD 711)
<https://www.legacyhealth.org/locations/hospitals/legacy-emanuel-medical-center/emanuel-services.aspx>
- **Legacy Good Samaritan Medical Center - Rehabilitation Unit**
1015 NW 22nd Ave
Portland, OR 97210
503-413-7711 (TTY/TDD 711)
<https://www.legacyhealth.org/locations/hospitals/legacy-good-samaritan-medical-center.aspx>
- **Legacy Meridian Park Medical Center**
19300 SW 65th Ave
Tualatin, OR 97062
503-692-1212 (TTY/TDD 711)
<https://www.legacyhealth.org/locations/hospitals/legacy-meridian-park-medical-center.aspx>
- **Legacy Mt Hood Medical Center**
24800 SE Stark St
Gresham, OR 97030
503-674-1122 (TTY/TDD 711)
<https://www.legacyhealth.org/locations/hospitals/legacy-mount-hood-medical-center.aspx>
- **Legacy Transplant Services**
1130 NW 22nd Avenue, Suite 400
Portland, OR 97210
503-413-6555 or 877-622-8030 (TTY/TDD 711)
<https://www.legacyhealth.org/locations/clinics/specialty-clinics/legacy-transplant-services.aspx>
- **Northwest Gastroenterology Clinic & Endoscopy Center**
 - Westside Clinic
1130 NW 22nd Avenue, Suite 410
Portland, OR 97210
503-229-7137 (TTY/TDD 711)
 - Eastside Clinic
501 North Graham Street, Suite 465
Portland, OR 97227
503-229-7137 (TTY/TDD 711)
<https://www.nwgastro.net/>
- **Oregon Health & Science University (OHSU)**
3181 SW Sam Jackson Park
Portland, OR 97239
503-494-8311 (TTY/TDD 711)
<https://www.ohsu.edu/visit/ohsu-hospital-portland>

Network Hospitals

- **OHSU Casey Eye Institute - Facility**
515 SW Campus Dr.
Portland, Oregon 97239
503-494-3000 (TTY/TDD 711)
<https://www.ohsu.edu/casey-eye-institute>
- **OHSU Liver & Pancreas Transplant**
3270 SW Pavilion Loop
Portland, Oregon 97239
503-494-8500 (TTY/TDD 711)
<https://www.ohsu.edu/transplant/ohsu-liver-and-pancreas-transplant-clinic-marquam-hill>
- **Providence Milwaukie Hospital**
10150 SE 32nd Ave
Milwaukie, OR 97222
503-513-8390 (TTY/TDD 711)
<https://oregon.providence.org/location-directory/p/providence-milwaukie-hospital/>
- **Providence Milwaukie Medical Center - Psychiatric Unit**
10150 SE 32nd Ave
Milwaukie, OR 97222
Phone: 503-513-8080 (TTY/TDD 711)
<https://oregon.providence.org/location-directory/s/senior-psychiatric-unit-at-providence-milwaukie-hospital/>
- **Providence Portland Medical Center (includes Inpatient Psychiatry and Rehabilitation Unit)**
4805 NE Glisan St
Portland, OR 97213
503-215-1111 (TTY/TDD 711)
<https://oregon.providence.org/location-directory/p/providence-portland-medical-center/>
- **Providence St. Vincent Medical Center**
9205 SW Barnes Rd
Portland, OR 97225
503-216-1234 (TTY/TDD 711)
<https://oregon.providence.org/location-directory/p/providence-st-vincent-medical-center/>
- **Providence Willamette Falls Hospital**
1500 Division St
Oregon City, OR 97045
503-656-1631 (TTY/TDD 711)
<https://oregon.providence.org/location-directory/p/providence-willamette-falls-medical-center/>
- **Shriners Hospitals for Children**
3101 SW Sam Jackson Park Rd
Portland, OR 97239
503-294-3230 (TTY/TDD 711)
<https://www.shrinershospitalsforchildren.org/portland>

Network Hospitals

- **Unity Center for Behavioral Health**
1225 NE 2nd Ave
Portland, OR 97232
503-944-8000 (TTY/TDD 711)
<https://www.unityhealthcenter.org/>
 - **Vibra Specialty Hospital**
10300 NE Hancock St
Portland, OR 97220
503-257-5500 (TTY/TDD 711)
<https://www.vibrahealthcare.com/portland/>
- Hospitals outside the tri-county area:**
- Adventist Health Tillamook
 - Aesthetic Surgery Center of Eugene, Inc.
 - Asante Ashland Community Hospital LLC
 - Asante Rogue Valley Medical Center - Rehabilitation Unit
 - Asante Rogue Valley Medical Center Behavioral Health Unit
 - Asante Three Rivers Medical Center LLC
 - Columbia Memorial Hospital
 - Lake District Hospital
 - Legacy Silverton Medical Center
 - Longview Surgical Center, LLC DBA Pacific Surgical Center
 - Lucile Packard Hospital for Children
 - McKenzie Surgical Center, LP
 - Northwest Center for Plastic Surgery, LLC
 - Oasis Palliative Care
 - Oregon Endoscopy Center, LLC
 - Oregon Eye Surgery Center, Inc
 - Oregon Imaging Centers, LLC
 - Oregon SurgiCenter, LLC
 - Orthopedic Healthcare Ancillary Services, LLC DBA Slocum Surgery Center
 - PeaceHealth DBA Cottage Grove Community Medical Center
 - PeaceHealth DBA Sacred Heart Medical Center - RiverBend
 - PeaceHealth DBA Sacred Heart Medical Center - University District
 - PeaceHealth Harbor Medical Center
 - PeaceHealth Sacred Heart Medical Center at Riverbend

Network Hospitals

Hospitals outside the tri-county area:

- PeaceHealth Sacred Heart Medical Center University District
- PeaceHealth St. John Medical Center
- Providence Hood River Medical Center
- Providence Medford Medical Center
- Providence Medford Medical Center - Rehabilitation Unit
- Providence Newberg Medical Center
- Providence Seaside Hospital
- RiverBend Ambulatory Surgery Center, LCC DBA Day Surgery at RiverBend
- Salem Health Specialty Clinic - Dallas
- Salem Health Medical Clinic - Monmouth
- Salem Health OB Hospitalists
- Salem Health Specialty Clinic - Dallas
- Salem Hospital
- Salem Hospital Regional Rehab Center
- Santiam Hospital
- Santiam Memorial Hospital
- Skyline ASC
- Spine Surgery Center of Eugene, LLC
- St John Medical Center Rehab Services
- West Valley Hospital
- Willamette Surgery, PC
- Willamette Valley Medical Center, LLC

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

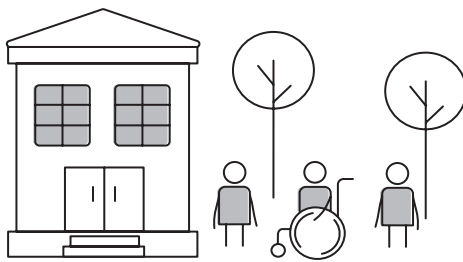
Ways To Share & Get Involved

Join the Council

Come to a Council meeting

Learn more about the Council

Share with the Council



Interested?

(503) 416-1460 | info@healthshareoregon.org
<https://www.healthshareoregon.org/about/community-advisory-council>

Worksheets

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	<div><input type="radio"/> Daily</div> <div><input type="radio"/> Weekly</div> <div><input type="radio"/> Other</div>				Notes	
Reason for Taking	<div><input type="radio"/> Daily</div> <div><input type="radio"/> Weekly</div> <div><input type="radio"/> Other</div>				Notes	
Reason for Taking	<div><input type="radio"/> Daily</div> <div><input type="radio"/> Weekly</div> <div><input type="radio"/> Other</div>				Notes	
Reason for Taking	<div><input type="radio"/> Daily</div> <div><input type="radio"/> Weekly</div> <div><input type="radio"/> Other</div>				Notes	

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

Worksheets

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:

Worksheets

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.