# 2023 Member Handbook

health share

Health Share of Oregon

**Your health plan. Your choice.**

HealthShareOregon.org

# Health Share of Oregon

## Member Handbook

**Health Share Customer Service**
**www.HealthShareOregon.org**
Call: 503-416-8090  Toll Free: 888-519-3845  TTY/TDD: 711  Fax: 503-459-5749
2121 SW Broadway #200, Portland, OR 97201
Office Hours: Monday-Friday 8:00 a.m.-5:00 p.m. Our office is wheelchair accessible.

Published on Jan. 1, 2023

# Handbook Updates

**This handbook is up to date. We review and update our handbook each year. The last change was made on 1/1/2023. Health Share of Oregon will send you a member handbook within 14 days from when Oregon Health Authority (OHA) notifies us that you are enrolled in Oregon Health Plan (OHP), as is required by federal law. At times changes are made to state and federal laws that affect your benefits. When this happens, we will send you an updated handbook within 90 days.**

## HELPFUL TIPS

- Refer to the end of handbook for definition of words that may be helpful to know
- Always carry your OHP and Health Share member ID cards with you.
  - **Note:** These will come separately, and you will receive your OHP ID card before your Health Share member ID card.

You can find your Health Share ID Card in the welcome packet with this member handbook. **Your ID card has the following information:**

- Your Name
- Your ID number
- Your Plan Information
- Your Primary Care Provider Name and Information
- Customer Service Phone Number
- Language Access Phone Number
- My Primary Care Provider is
- Their number is_____
- My Primary Care Dentist is
- Their number is_____
- Other Providers I have are
- Their number is_____


**ID card example**

## Free help in other languages and formats

Everyone has a right to know about Health Share's programs and services. All members have a right to know how to use our programs and services.

### We give these kinds of free help:

- Sign language interpreters
- Qualified and certified spoken language interpreters for other languages
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

You can find this member handbook on our website at: healthshareoregon.org/handbook If you need help or have questions, call Customer Service at 503-416-8090, or toll free at 888-519-3845 (TTY/TDD 711).

## Get information in another language or format

You or your representative can get member materials like this handbook or CCO notices in other languages, large print, Braille or any format you prefer. You will get materials within 5 days of your request. This help is free. Every format has the same information.

**Examples of member materials are:**

- This handbook
- List of covered medications
- List of providers
- Letters, like complaint, denial, and appeal notices

Your use of benefits, complaints, appeals, or hearings will not be denied or limited based on your need for another language or format.

You can ask for materials electronically. Please let us know which documents you would like emailed to you by emailing us at info@healthshareoregon.org You can also call Customer Service at 888-519-3845.

## You can have an interpreter

You, your representative, family members and caregivers can ask for a certified and qualified health care interpreter. You can also ask for written interpreters or auxiliary aids and services. These services are free. Tell your provider's office if you need an interpreter at your visit. Tell them what language or format you need. Learn more about certified Health Care Interpreters at Oregon.gov/OHA/OEI.

If you  need, please call us at 888-519-3845 or call OHP Client Services at 800-273-0557 (TTY 711). See page 93 for "Complaint, appeal and hearing rights."

If you do not get the interpreter help you need, call the state's Language Access Services Program coordinator at 844-882-7889, TTY 711 or email:

LanguageAccess.Info@odhsoha.oregon.gov.

## ENGLISH

You can get this handbook in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 503-416-8090, or toll free at 888-519-3845 (TTY/TDD 711). We accept relay calls.

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You can get help from a certified and qualified health care interpreter.

## SPANISH

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente 888-519-3845 o TTY 711. Aceptamos todas las llamadas de retransmisión.

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Usted puede obtener ayudar de un intérprete certificado y calificado en atención de salud.

## RUSSIAN

Вы можете получить это письмо на другом языке, напечатанное крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги переводчика. Эта помощь предоставляется бесплатно. Звоните по тел. 888-519-3845 или TTY 711. Мы принимаем звонки по линии трансляционной связи.

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Вы можете получить помощь от аккредитованного и квалифицированного медицинского переводчика.

## VIETNAMESE

Quý vị có thể nhận tài liệu này bằng một ngôn ngữ khác, theo định dạng chữ in lớn, chữ nổi Braille hoặc một định dạng khác theo ý muốn. Quý vị cũng có thể yêu cầu được thông dịch viên hỗ trợ. Sự trợ giúp này là miễn phí. Gọi 888-519-3845 hoặc TTY (Đường dây Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) 711. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

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Quý vị có thể nhận được sự giúp đỡ từ một thông dịch viên có chứng nhật và đủ tiêu chuẩn chuyên về chăm sóc sức khỏe.

## ARABIC

يمكنكم الحصول على هذا الخطاب بلغات أخرى، أو مطبوعة بخط كبير، أو مطبوعة على طريقة برايل أو حسب الصيغة المفضّلة لديكم. كما يمكنكم طلب مترجم شفهي. إن هذه المساعدة مجانية. اتصلوا على 888-519-3845 أو المبرقة الكاتبة 711. نستقبل المكالمات المحولة.

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يمكنكم الحصول على المساعدة من مترجم معتمد ومؤهل في مجال الرعاية الصحية.

## SOMALI

Waxaad heli kartaa warqadan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee Braille ama qaabka aad doorbidayso. Waxaad sidoo kale codsan kartaa turjubaan.  Taageeradani waa lacag la’aan. Wac 888-519-3845 ama TTY 711. Waa aqbalnaa wicitaanada gudbinta.

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Waxaad caawimaad ka heli kartaa turjubaanka daryeelka caafimaadka oo xirfad leh isla markaana la aqoonsan yahay.

## SIMPLIFIED CHINESE

您可获取本文件的其他语言版、大字版、盲文版或您偏好的格式版本。您还可要求提供口译员服务。本帮助免费。致电 888-519-3845 或TTY 711。我们会接听所有的转接来电。

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您可以从经过认证且合格的医疗口语翻译人员那里获得帮助。

## TRADITIONAL CHINESE

您可獲得本信函的其他語言版本、大字版、盲文版或您偏好的格式。您也可申請口譯員。以上協助均為免費。請致電 888-519-3845 或聽障專線711。我們接受所有傳譯電話。

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您可透過經認證的合格醫療保健口譯員取得協助。

## KOREAN

이 서신은 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 무료 지원해 드립니다. 888-519-3845 또는 TTY 711에 전화하십시오. 저희는 중계 전화를 받습니다.

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공인 및 자격을 갖춘 의료서비스 전문 통역사의 도움을 받으실 수 있습니다.

## HMONG

Koj txais tau tsab ntawv no ua lwm yam lus, ua ntawv loj, ua lus Braille rau neeg dig muag los sis ua lwm yam uas koj nyiam. Koj kuj thov tau kom muaj ib tug neeg pab txhais lus. Txoj kev pab no yog ua pub dawb. Hu 888-519-3845 los sis TTY 711. Peb txais tej kev hu xov tooj rau neeg lag ntseg.

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Koj yuav tau kev pab los ntawm ib tug kws txawj txhais lus rau tib neeg mob.

## MARSHALLESE

Kwomaroñ bk leta in ilo kajin ko jet, kn jeje ikkillep, ilo braille ak bar juon wāwein eo eṃṃanḷọk ippaṃ. Kwomaroñ kajjitk bwe juon ri ukt en jipañ eok. Ejjeḷọk wṇāān jipañ in. Kaaltok 888-519-3845 ak TTY 711. Kwomaroñ kaaltok in relay.

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Kwomaroñ bk jipañ jān juon ri ukt ekmālim im keiie āinwt ri ukt in ājmour.

## CHUUKESE

En mi tongeni angei ei taropwe non pwan ew fosun fenu, mese watte mak, Braille ika pwan ew format ke mwochen. En mi tongeni pwan tingor emon chon chiaku Ei aninis ese fokkun pwan kamo. Kokori 888-519-3845 ika TTY 711. Kich mi etiwa ekkewe keken relay.

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En mi tongeni kopwe angei aninis seni emon mi certified ika qualified ren chon chiaku ren health care.

## TAGALOG

Makukuha mo ang liham na ito sa iba pang mga wika, malaking letra, Braille, o isang format na gusto mo. Maaari ka ring humingi ng tagapagsalin. Ang tulong na ito ay libre. Tawagan ang 888-519-3845 o TTY 711. Tumatanggap kami ng mga relay na tawag.

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Makakakuha ka ng tulong mula sa isang sertipikado at kwalipikadong tagapagsalin ng pangangalaga sa kalusugan.

## GERMAN

Sie können dieses Dokument in anderen Sprachen, in Großdruck, in Brailleschrift oder in einem von Ihnen bevorzugten Format erhalten. Sie können auch einen Dolmetscher anfordern. Diese Hilfe ist gratis. Wenden Sie sich an 888-519-3845 oder per Schreibtelefon an 711. Wir nehmen Relaisanrufe an.

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Sie können die Hilfe eines zertifizierten und qualifizierten Dolmetschers für das Gesundheitswesen in Anspruch nehmen.

## PORTUGUESE

Esta carta está disponível em outros idiomas, letras grandes ou braile, se preferir. Também poderá solicitar serviços de interpretação. Essa ajuda é gratuita. Ligue para 888-519-3845 ou use o serviço TTY 711. Aceitamos encaminhamentos de chamadas.

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Você poderá obter a ajuda de intérpretes credenciados e qualificados na área de saúde.

## JAPANESE

この書類は、他の言語に翻訳されたもの、拡大文字版、点字版、その他ご希望の様式で入手可能です。また、通訳を依頼することも可能です。本サービスは無料でご利用いただけます。888-519-3845または TTY 711 までお電話ください。電話リレーサービスでも構いません。

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認定または有資格の医療通訳者から支援を受けられます。

**Health Share of Oregon must follow state and federal civil rights laws.**

# Our nondiscrimination policy

Health Share 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
- Disability
- Gender identity
- Marital status
- National origin
- Race
- Religion
- Color
- Sex
- Sexual orientation
- Health status and need for services

If you feel you were treated unfairly for any of the above reasons you can make a complaint or grievance.

**Make (or file) a complaint with Health Share in any of these ways:**
**Phone:** 503-416-1459 (TTY 711) **Fax:** 503-459-5749
**Mail:** 2121 SW Broadway, Suite 200
Portland, OR 97201
**Email:** info@healthshareoregon.org
**Web:** http://www.healthshareoregon.org/members/get-help/member-rights/appeals-and-grievances

Need help filing a complaint? Call Customer Service, a peer wellness specialist, or personal health navigator. You also have a right to file complaint with any of these organizations:

## Oregon Health Authority (OHA) Civil Rights

**Phone:** 844-882-7889, TTY 711
**Web:** www.oregon.gov/OHA/OEI
**Email:** OHA.PublicCivilRights@odhsoha.oregon.gov
**Mail:** Office of Equity and Inclusion Division
421 SW Oak St., Suite 750
Portland, OR 97204

## Bureau of Labor and Industries Civil Rights Division

**Phone:** 971-673-0764
**Web:** www.oregon.gov/boli/civil-rights
**Email:** crdemail@boli.state.or.us
**Mail:** Bureau of Labor and Industries Civil Rights Division
800 NE Oregon St., Suite 1045
Portland, OR 97232

## U.S. Department of Health and Human Services Office for Civil Rights (OCR)

**Web:** https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
**Phone:** 800-368-1019, TDD: 800-537-7697
**Email:** OCRComplaint@hhs.gov
**Mail:** Office for Civil Rights
200 Independence Ave. SW, Room 509F, HHH Bldg.
Washington, DC 20201

# We keep your information private

We only share your records with people who need to see them. This could be for treatment or for payment reasons. You can limit who sees your records. Tell us in writing if you don't want someone to see your records or if you want us to share your records with someone. Email info@healthshareoregon.org to let us know. You can ask us for a list of who we have shared your records with

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A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your medical records and keeps them private. This is also called confidentiality. We have a paper called Notice of Privacy Practices that explains how we use our members' personal information. We will send it to you if you ask. Just call Customer Service and ask for our Notice of Privacy Practices. You can also see it at www.healthshareoregon.org/privacy-policy.

# Health records

A health record has your health conditions and the services you used. It also shows the referrals that have been made for you.

## What can you do with health records?

- Send your record to another provider as needed.
- Ask to fix or correct your records.
- Get a copy of your records, including, but not limited to:
  - Medical records from your provider
  - Dental records from your dentist
  - Records from Health Share

There may be times when the law restricts your access. You may be charged a reasonable amount for a copy of the requested records.

## Some records cannot be shared

A provider cannot share records when, in their professional judgement, sharing the records could cause a "clear and immediate" danger to you, others, or to society. A provider also cannot share records prepared for a court case.

# What's in this handbook

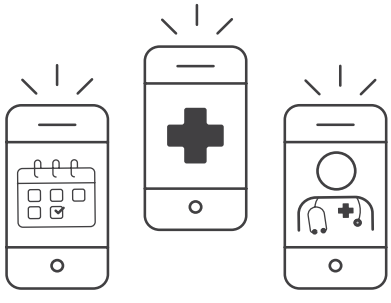
# Welcome to Health Share!

We are glad you are part of Health Share. Health Share is happy to help with your health. We want to give you the best care we can.

It is important to know how to use your plan. This handbook tells you about Health Share, how to get care, and how to get the most from your benefits.

## Contact us.

The Health Share office is open Monday through Friday, from 8:00 a.m. to 5:00 p.m.



**Health Share office**
2121 SW Broadway #200
Portland, OR 97201
**Call toll free:** 888-519-3845 TTY 711
**Fax:** 503-459-5749
**Online:** HealthShareOregon.org

**We're closed** on New Year's Day, Martin Luther King Jr. Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving, Friday after Thanksgiving, and Christmas.

# How OHP and Health Share work together

The Oregon Health Plan (OHP) is free health care coverage for Oregonians. OHP is Oregon's Medicaid program. It covers physical, dental, and behavioral health care services (mental health and substance use disorder treatment). OHP will also help with prescriptions and rides to care.

OHP has local health plans that help you use your benefits. The plans are called coordinated care organizations or CCOs. Health Share is a CCO.

CCOs organize and pay for your health care. We pay doctors or providers in different ways to improve how you get care. This helps make sure providers focus on improving your overall health. You have a right to ask about how we pay providers. Provider payments or incentives will not change your care or how you get benefits. For more information, call Customer Service at 888-519-3845 (TTY/TDD 711).

All CCOs offer the same OHP benefits. Some offer extra services like new baby items and gym memberships. Learn more about Health Share benefits on page 30.

## Medical Plans

| | |
|---|---|
| **CareOregon** | |
| 800-224-4840 | careoregon.org |
| **Kaiser Permanente NW** | |
| 800-813-2000 | kp.org |
| **Legacy Health PacificSource** | |
| 877-500-2680 | pacificsource.com/medicaid/about-medicaidohp/our-coordinated-care-organizations |
| **OHSU Health** | |
| 844-827-6572 | ohsu.edu/health-services |
| **Providence Health Assurance** | |
| 800-898-8174 | providencehealthplan.com/health-share-providence-ohp |

# Dental Plans

| | |
|---|---|
| **Advantage Dental Services** | |
| 866-268-9631 | advantagedentalservices.com |
| **CareOregon Dental** | |
| 888-440-9912 | careoregondental.org |
| **Kaiser Permanente NW** | |
| 800-813-2000 | kaiserpermanentedentalnw.org |
| **ODS Community Health Dental Plan** | |
| 800-342-0526 | modahealth.com/members |
| **Willamette Dental Group** | |
| 855-433-6825 | willamettedental.com |

# Behavioral Health, Mental Health & Substance Use Disorder Treatment

You can receive mental health care and substance use disorder treatment through an in-network behavioral health provider or your primary care provider and it is covered by CareOregon.

| | |
|---|---|
| **CareOregon** | |
| 800-224-4840 | careoregon.org |

**You can get a free trip to physical care, dental care, and behavioral health visits. Call 503-416-3955 local or 855-321-4899 toll-free to set up a ride. TTY users, please call 711. Hours: Monday through Friday, 8 a.m. to 5 p.m. Our customer service team is not available on holidays. These include: : New Year's Day, Memorial Day, Junteenth, Fourth of July, Labor Day, Thanksgiving, the Friday after Thanksgiving, and Christmas. Learn more about rides to care on page 64.**

# Contact the Oregon Health Plan

OHP Customer Service can help:

- Change address, phone number, family status or other information
- Replace a lost Oregon Health ID card
- Get help with applying or renewing benefits
- Get local help from a community partner

**How to contact OHP Customer Service**

- **Call:** 800-699-9075 toll-free (TTY 711)
- **Web:** www.OHP.Oregon.gov
- **Email:** Use the secure email site at https://secureemail.dhsoha.state.or.us/encrypt to send your email to Oregon.Benefits@odhsoha.oregon.gov.
    - Tell us your full name, date of birth, Oregon Health ID number, address and phone number.

# Your Rights and Responsibilities

As a member of Health Share you have rights. There are also responsibilities or things you have to do when you get OHP. If you have any questions about the rights and responsibilities listed here, call Customer Service at 888-519-3845 TTY 711.

You have the right to exercise your member rights without a bad response or discrimination. You can make a complaint if you feel like your rights have not been respected. Learn more about making complaints on page 114. You can also call an Oregon Health Authority Ombudsperson at 877-642-0450 (TTY 711). You can send them a secure email at http://www.oregon.gov/oha/ERD/Pages/Ombuds-Program.aspx.

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 their health records may be shared. You can read it at www.OHP.Oregon.gov. Click on “Minor rights and access to care.” Or go to: sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf

# Your rights as an OHP member

## You have the right to be treated like this

- Be treated with dignity, respect, and consideration for your privacy.
- Be treated by providers the same as other people seeking health care.
- Have a stable relationship with a care team that is responsible for managing your overall care.
    - **You have the right to:**
        - › Not have people hold you down or keep you away from others as a way to:
            - Make you do something you don't want to do
            - Make caring for you easier for your providers
            - Punish you for something you said or did

## You have the right to get this information

- Materials explained in a way and in a language you can understand (see page 4-13)
- Materials that tell you about CCOs and how to use the health care system. (Member Handbook is one good source for this)
- Written materials that tell you your rights, responsibilities, benefits, how to get services, and what to do in an emergency (Member Handbook is one good source for this)
- Information about your condition, what is covered, and what is not covered, so you can make good decisions about your treatment. You can ask for this information in a language and a format that works for you.
- A health record that keeps track of your conditions, the services you get, and referrals. (see page 15)
    - Have access to your health records
    - Share your health records with a provider.
- Written notice of a denial or change in a benefit before it happens. You might not get a notice if it isn't required by federal or state rules.
- Written notice about providers who are no longer in-network. (see page 49)
- Be told in a timely manner if an appointment is cancelled.

## You have the right to get this care

- Care and services that put you at the center. Get care that gives you choice, independence, and dignity. This care will be based on your health needs and meet standards of practice.
- Services that consider your cultural and language needs and are close to where you live. If available, you can get services in non-traditional settings.
- Care coordination, community-based care, and help with care transitions in a way that works with your culture and language. This will help keep you out of a hospital or facility.
- Services that are needed to know what health condition you have.
- Help to use the health care system. Get the cultural and language support you need. (See page 51). This could be:
    - Certified or qualified health care interpreters.
    - Certified traditional health workers.
    - Community health workers.
    - Peer wellness specialists.
    - Peer support specialists.
    - Doulas.
    - Personal health navigators.
- Help from CCO staff who are fully trained on CCO policies and procedures.
- Covered preventive services. (See page 29).
- Urgent and emergency services 24 hours a day, 7 days a week without approval or permission. (see page 79).
    - › Referrals to specialty providers for covered coordinated services that are needed based on your health. (see page 31).

## You have the right to do these things

- Choose your providers and to change those choices. (see page 47)
- Have a friend, family member, or helper come to your appointments.
- Be actively involved in making your treatment plan.
- Agree to or refuse services. Know what might happen based on your decision. A court-ordered service cannot be refused.
- Refer yourself to behavioral health or family planning services without permission from a provider.
- Make a statement of wishes for treatment. This means your wishes to accept or refuse medical, surgical, or behavioral health treatment. It also means the right to make directives and give powers of attorney for health care, listed in ORS 127. (See page 107).
- Make a complaint or ask for an appeal. Get a response from Health Share when you do this. (see page 114)
  - Ask the state to review if you don't agree with Health Share's decision. This is called a hearing.
    - › Get free certified or qualified health care interpreters for all non-English languages and sign language (see page 5).

# Your responsibilities as an OHP member

## You must treat others this way

- Treat Health Share staff, providers, and others with respect.
  - › Be honest with your providers so they can give you the best care.

## You must tell OHP this information

Call OHP at 800-699-9075 (TTY 711) when you:

- Move or change your mailing address.
- If any family moves in or out of your home.
- Change your phone number.
- Become pregnant and when you give birth.
- Have other insurance.

## You must help with your care in these ways

- Choose or help choose your primary care provider or clinic.
- Get yearly checkups, wellness visits, and preventive care to keep you healthy.
- Be on time for appointments. If you will be late, call ahead or cancel your appointment if you can't make it.
- Bring your medical ID cards to appointments. Tell the office that you have OHP and any other health insurance. Let them know if you were hurt in an accident.
- Help your provider make your treatment plan. Follow the treatment plan and actively take part in your care.
- Follow directions from your providers' or ask for another option.
- If you don't understand, ask questions about conditions, treatments, and other issues related to care.
- Use information you get from providers and care teams to help you make informed decisions about your treatment.
- Use your primary care provider for test and other care needs, unless it's an emergency.
- Use in-network specialists or work with your provider for approval if you want or need to see someone who doesn't work with Health Share.
- Use urgent or emergent services appropriately. Tell your primary care provider within 72 hours if you do use these services.
- Help providers get your health record. You may have to sign a form for this.
- Tell Health Share if you have any issues, complaints, or need help.
- Pay for services that are not covered by OHP.
- If you get money because of an injury, help Health Share get paid for services we gave you because of that injury.

# Members who are pregnant

If you are pregnant, OHP provides extra services to help keep you and your baby healthy. When you are pregnant, Health Share can help you get the care you need. It can also cover your delivery and your care for one year after your pregnancy.

**Here's what you need to do before you deliver:**

- ☐ **Tell OHP that you're pregnant as soon as you know.** Call 800-699-9075 (TTY 711) or login to your online account at ONE.Oregon.gov
- ☐ **Tell OHP your due date.** You do not have to know the exact date right now. If you are ready to deliver, call us right away.
- ☐ **Ask us about your pregnancy benefits.** You can get extra benefits when you're pregnant, like eyeglasses and extra dental benefits

**After you deliver:**

- ☐ **Call OHP or ask the hospital to send a newborn notification to OHP.** OHP will cover your baby from birth. Your baby will also haveHealth Share.

# American Indian and Alaska Native Members

American Indians and Alaska Natives have a right to choose where they get care. They can use providers that are not part of our CCO, like:

- Tribal wellness centers.
- Indian Health Services (IHS) clinics.
- Native American Rehabilitation Association of the Northwest (NARA).

**American Indian and Alaska Natives don't need a referral or permission to get care from these providers.** These providers must bill Health Share. We will only pay for covered benefits. If a service needs approval, the provider must request it first. American Indian and Alaska Natives have the right to leave Health Share any time and have OHP Fee-For-Service (FFS) pay for their care. Learn more about leaving or changing your CCO on page 101.

# New members who need services right away

Members who are new to OHP or Health Share may need prescriptions, supplies, or other items or services as soon as possible. This includes members who are newly enrolled with Health Share and also on Medicare. If you have Medicare, you can learn more in the "Members with OHP and Medicare" section on page 99. If you can't see your primary care provider (PCP) in your first 30 days with Health Share:

- **Call Health Share Customer Service** at 503-416-8090. The toll-free number is 888-519-3845. Our TTY/TDD number is 711. They can help you get the care you need. (See page 51 for Care Coordination)
- **Make an appointment with your PCP** as soon as you can. You can find their name and number on your Health Share ID card.
- **Call Customer Service** at 503-416-8090 if you have questions and want to learn about your benefits. They can help you with what you need.

# Survey about your health

Health Share will send new members a survey about their health within 90 days. This survey is called a Health Risk Screening. You will receive the screening in the mail. For long-term care or long-term service or support, the survey will be sent within 30 days or as soon as your health allows.

The Health Risk Screening is a survey with questions about your general health with the goal of helping reduce health risks, maintain health, and prevent disease.

**The survey asks about:**

- Your habits (like exercise, eating habits, and if you smoke or drink alcohol).
- How you are feeling (to see if you have depression or need a mental health provider).
- Your general well-being and medical history.
- Your primary language.

**Your answers help us find out:**

- If you need any health exams, including eye or dental exams.
- If you have routine or special healthcare needs.
- Your chronic conditions.
- If you need long-term care services and supports

- Safety concerns.
- Difficulties you may have with getting care.
- If you need extra help from care coordination or intensive care coordination.
  See page 51 for care coordination and intensive care coordination.

A Care Management team member (Nurse, Licensed Clinical Social Worker, Clinical Support Coordinator, or Pharmacist) will look at your survey. They will call you to talk about your needs and help you understand your benefits.

You will be sent a new survey every year or if your health changes.
If we do not get your survey, we will reach out to help make sure it is completed. If you want us to send you a survey you can call Health Share Customer Service at 503-416-8090 , and we will send you one.

Your survey may be shared with your doctor or other providers. Health Share will ask for your permission before sharing your survey with providers.

# Prevention is Important

We want to prevent health problems before they happen. You can make this an important part of your care. Please get regular health and dental checkups to find out what is happening with your health.

**Some examples of preventive services:**

- Shots for children and adults
- Dental checkups and cleanings
- Mammograms (breast X-rays) for women
- Pregnancy and newborn care
- Women's annual exams
- Prostate screenings for men
- Yearly checkups
- Well-child exams

A healthy mouth also keeps your heart and body heathier. If you have any questions, please call us at 503-416-8090 , or 711 (TTY).

# Your benefits

## How Oregon decides what OHP will cover

Many services are available to you as an OHP member. How Oregon decides what services to pay for is based on the Prioritized List of Health Services. This list is made up of different medical conditions (called diagnoses) and the types of procedures that treat the conditions. A group of medical experts and ordinary citizens work together to develop the list. This group is called the Oregon Health Evidence Review Commission (HERC). They are appointed by the governor.

The list has combinations of all the conditions and their treatments. These are called condition/treatment pairs.

The condition/treatment pairs are ranked on the list by how serious each condition is and how effective each treatment is. Not all condition and treatment pairs are covered by OHP. There is a stopping point on the list called "the line." Pairs above the line are covered and pairs below the line are not. Some conditions and treatments above the line have certain rules.

**Learn more about the Prioritized List at:**
www.oregon.gov/oha/hsd/ohp/pages/prioritized-list.aspx

## Getting approval, also called prior authorization (PA)

Some services need approval before you get the service. This is known as a "prior authorization (PA)" or "preapproval". Your provider works with Health Share to ask for preapproval for a service. If you have any questions about preapproval of a service, contact Health ShareCustomer Service at 503-416-8090.

You might not get the service if it is not approved. We review PA requests as quickly as your health condition requires. Most decisions are made within 14 days. Sometimes a decision may take up to 28 days. This only happens when we are waiting for more information. If you or your provider feel following the standard time frame puts your life, health or ability to function in danger, we can make an "expedited service authorization" decision. Expedited service decisions are typically made within 72 hrs. but there may be a 14-day extension. You have the right to complain if you don't agree with an extension decision. See page 114 to learn how to file a complaint.

You do not need approval for emergency or urgent services or for emergency aftercare services. See page 87 to learn about emergency services.

## Provider referrals and self-referrals

To get some services, you will need to have a referral from your primary care provider (PCP). A referral is a written order from your provider noting the need for a service.

If your PCP cannot give you services you need, they can refer you to a specialist. If there is not a specialist close to where you live or who works with Health Share (also called in-network), they may have to work with the Care Coordination team to find you care out-of-network. There is no extra cost if this happens.

A lot of times your PCP can perform the services you need. If you think you might need a referral to a health care specialist, ask your PCP. You do not need a referral if you are having an emergency and cannot reach your PCP. Some services do not require a referral from your provider. This is called a self-referral. A self-referral means you can look in the provider directory to find the type of provider you would like to see. You can call that provider to set up a visit without a referral from your provider. Learn more about the Provider Directory on page 49.

Whether you can self-refer or need a referral to see a specialist, you may still need preapproval for the service. Talk with your PCP or contact Customer Service if you have questions about if you need a preapproval to get a service.

## Direct Access

You have "direct access" to providers when you do not need a referral or preapproval for a service. You always have direct access to emergency and urgent services. See the charts below for services that are direct access and do not need a referral or preapproval.

## Physical health benefits

See below for a list of medical benefits that are available to you at no cost. Look at the "Amount, duration, and scope" column to see how many times you can get each service for free. Health Share will coordinate services for free if you need help.

| Service | Amount, duration, and scope of benefits | Referral or preapproval required? |
|---|---|---|
| Care Coordination Services | No limit | Direct access (no approval/ referral required) |
| Case Management Services | No limit | Direct access (no approval/ referral required) |
| Comfort Care & Hospice Services | Approval based on OHP guidelines. Contact your medical plan. | Yes, approval required, also called "prior authorization" |
| Diagnostic services | Approval based on OHP guidelines. Contact your medical plan. | No referral required. Certain procedures may need preapproval. |
| Durable Medical Equipment Some examples are: Medical supplies (including diabetic supplies), Medical appliances, prosthetics and orthotics | Approval based on OHP guidelines. Contact your medical plan. | No referral required. May need preapproval. |

| Service | Amount, duration, and scope of benefits | Referral or preapproval required? |
|---|---|---|
| Early & Periodic Screening, Diagnosis and Treatment (EPSDT) services | No limit | Direct access (no approval/ referral required) |
| Elective surgeries/ procedures | Contact your medical plan | Yes, approval/referral required, also called "prior authorization" |
| Emergency medical transportation | No limit | Direct access (no approval/ referral required) |
| Emergency Services | No limit | Direct access (no referral or approval is required) |
| Family Planning Services Some examples are: birth control and annual exams. | No limit | Direct access (no referral or approval is required). |
| Health Risk Screening for Intensive Care Coordination | No limit | No referral required. May need preapproval. |
| Hearing Services Some examples are: Audiology and Hearing Aids | Approval based on OHP guidelines. Contact your medical plan. | Yes, approval required, also called "prior authorization" |
| Home Health Services | Approval based on OHP guidelines. Contact your medical plan | Yes, approval required, also called "prior authorization" |
| Inpatient Hospital Services | No limit | No approval/referral required for emergent (urgent) admission. Approval/referral required for routine admission (like a planned surgery) |
| Intensive Care Coordination (ICC) Services | No limit | No referral required. May need preapproval. |
| Interpreter Services | No limit | Direct access (no approval/ referral required) |

| Service | Amount, duration, and scope of benefits | Referral or preapproval required? |
|---|---|---|
| Laboratory Services, X-Rays, and other procedures | No limit | Direct access (no approval/ referral required) |
| Maternity Services | No limit | Direct access (no approval/ referral required) |
| Trips to care. Also called Non-Emergent Medical Transportation (NEMT) services | No limit | Yes, approval/referral required. This is also called “prior authorization” |
| Outpatient Hospital Services Some examples are: Chemo, Radiation, and Pain Management | No limit | Yes, approval required. For pain management you will be referred to a full pain management system |
| Physical Health Specialists for those with special health care needs receiving ICC and LTSS services. | No limit | No referral is required. May need preapproval. |
| Physical Therapy Occupational Therapy Speech Therapy | Contact your physical, occupational, or speech therapist | Yes, approval required, also called “prior authorization” |
| Prescription Medication | Limits vary by prescription drug. Contact your medical plan for more info. | You may need preapproval, also called “prior authorization”, in addition to your prescription. Your doctor will let you know if you need preapproval. |

| Service | Amount, duration, and scope of benefits | Referral or preapproval required? |
|---|---|---|
| Preventive services. Some examples are: physical examinations, well-baby care, immunizations, women's health (mammogram, gynecological exam, etc.), screenings (cancer, etc.), diabetes prevention, nutritional counseling, tobacco cessation services, etc. | Depending on the service, limits may be as recommended by your provider | May need preapproval, depending on the service. Check with your plan or provider. |
| Primary Care Provider Visits | No limit, but you must be assigned to a PCP | Direct access (no referral or approval is required) |
| Sexual Abuse Exams | No limit | Direct access (no referral or approval is required) |
| Specialist Services | No limit | No referral is required.<br>May need preapproval. |
| Surgical procedures | Contact your medical plan | Yes, approval/referral required, also called "prior authorization" |
| Telehealth Services<br>Some examples are: Telemedical services, Virtual visits, and Email visits | No limit | Direct access (no referral or approval is required) |
| Traditional Health Worker (THW) services | No limit | No referral is required. May need preapproval. |
| Urgent Care Services | No limit | Direct access (no referral or approval is required) |
| Women's Health Services (in addition to PCP) for routine and preventative care | No limit | Direct access (no referral or approval is required) |
| Vision Services | Contact your medical plan | Contact your medical plan |

The table above is not a full list of services that need preapproval. If you have questions about preapprovals, please call Health Share Customer Service at 503-416-8090.

# Mental health care benefits

See below for a list of behavioral health benefits that are available to you at no cost. Look at the "Amount, duration, and scope" column to see how many times you can get each service for free. Health Share will coordinate services for free if you need help.

| Service | Amount, duration, and scope of benefits | Referral or preapproval required? |
|---|---|---|
| Assertive Community Treatment and Wraparound Services | No limit | Direct access (no referral or approval is required) |
| Behavioral Health Assessment and Evaluation Services | No limit | Direct access (no referral or approval is required) |
| Behavioral Health Psychiatric Residential Treatment Services (PRTS) | Approval based on OHP guidelines. Contact your medical plan. | Yes, approval required, also called "prior authorization" |
| Outpatient and peer delivered behavioral health services from an in-network provider | No limit | Direct access (No referral or approval is required) |
| Prescription Medication (Behavioral Health Specific). | Some mental health prescription drugs are paid for by OHP. They are not paid for by Health Share, like other prescription drugs. Ask your provider about limits | Ask your provider about approvals |
| Specialist Services | Number of visits based on your health plan's approval | For those with special health care needs receiving ICC or LTSS: No referral is required. Others may need approval. |
| Surgical procedures | Contact your medical plan | Yes, approval required, also called "prior authorization" |

The table above is not a full list of services that need preapproval. If you have questions about preapprovals, please call Health Share Customer Service at 503-416-8090.

# Substance use treatment benefits

See below for a list of substance use treatment benefits that are available to you at no cost. Look at the "Amount, duration, and scope" column to see how many times you can get each service for free. Health Share will coordinate services for free if you need help.

| Service | Amount, duration, and scope of benefits | Referral or preapproval required? |
|---|---|---|
| Assertive Community Treatment and Wraparound Services | No limit | Direct access (No referral or approval is required) |
| Inpatient Substance Use Disorder Residential and Detox services | No limit | Call CareOregon |
| Medication Assisted Treatment (MAT) for Substance Use Disorder (SUD) | You may get medication assisted treatment without provider approval for the first 30 days of treatment | No preapproval required for first 30 days of treatment. May require a referral |
| Substance Use Disorder (SUD) services | No limit | Direct access (No referral or approval is required) |

The table above is not a full list of services that need preapproval. If you have questions about preapprovals, please call Health Share Customer Service at 503-416-8090

# Dental Benefits

All Oregon Health Plan members have dental coverage. OHP covers annual cleanings, x-rays, fillings, and other services that keep your teeth healthy.

**Healthy teeth are important at any age. Here are some important facts about dental care:**

- Healthy teeth can help keep your heart and body healthy, too.
- To stay healthy, see your dentist at least once a year.
- When you're pregnant, keeping your teeth and gums healthy can protect your baby's health.
- Regular dental cleanings can help you control your blood sugar.
- Complete a dental check-up after baby's first tooth erupts or by their first birthday.

**Please see the table below for what dental services are covered**

All covered services are free. These are covered as long as your provider says you need the services. Look at the "Amount, duration and scope" column to see how many times you can get each service for free.

**Sometimes you may need to see a specialist. Some of the dental services that may need to be referred to a specialist are:**

- Oral Surgery
- Hospital-based dental care
- Root canals
- Dentures

| **Covered Services** | **Amount, duration, and scope of benefits** *(*indicates an example for the covered benefit)* | **Referral or Preapproval required?** *(*indicates an example for the covered benefit)* |
|---|---|---|
| Emergency and Urgent Dental care (extreme pain or infection, bleeding or swelling, injuries to teeth or gums) | No Limits | Direct access (No referral or approval is required) |
| **Benefits for Pregnant People and those under 21 years old** | | |
| Routine oral Exams | Two exams each year for pregnant people and members under 19 | No approval/referral required |
| Dental Cleanings | Twice every 12 months for pregnant people and members under 19 | No approval/referral required |
| Fluoride treatment | Call your dental plan for details | Call your dental plan for details |
| Routine oral X-rays | Once every 12 months | No approval/referral required |
| Sealants | Every five years for children 15 and under with permanent molars | No approval/referral required |

| Covered Services | Amount, duration, and scope of benefits *(*indicates an example for the covered benefit)* | Referral or Preapproval required? *(*indicates an example for the covered benefit)* |
|---|---|---|
| Fillings | No limit | No approval/referral required |
| Partial dentures | Only available for qualifying members or incidents. Call your dental health plan for details. | Yes, approval/referral required |
| Complete dentures | Only available for qualifying members or incidents. Call your dental health plan for details. | Yes, approval/referral required |
| Stainless Steel Crowns | Coverage based on OHP guidelines. Call your dental health plan for details. | No approval/referral required |
| Extractions (removing teeth) | Call your dental plan for details | Approval required for impacted wisdom teeth. May not be required for other extractions. |
| Root Canal Therapy | Coverage based on OHP guidelines. Call your dental plan for details. | Call your dental plan for details. |
| **Benefits for Adults (Not Pregnant)** | | |
| Routine oral Exams | Once every 12 months for adults age 19 and older | No approval/referral required |
| Dental Cleanings | At least once every 12 months | No approval/referral required |
| Fluoride treatment | Call your dental plan for details. | Call your dental plan for details. |
| Routine oral X-rays | Once every 12 months | No approval/referral required |
| Fillings | No limit | No approval/referral needed |

| **Covered Services** | **Amount, duration, and scope of benefits** *(*indicates an example for the covered benefit)* | **Referral or Preapproval required?** *(*indicates an example for the covered benefit)* |
|---|---|---|
| Partial dentures | Only available for qualifying members or incidents. Call your dental health plan for details. | Yes, approval/referral required |
| Complete dentures | Only available for qualifying members or incidents. Call your dental health plan for details | Yes, approval/referral required |
| Stainless Steel Crowns | Coverage based on OHP guidelines. Call your dental health plan for details. | No approval/referral required |
| Extractions (removing teeth) | Call your dental plan for details | Approval required for impacted wisdom teeth. May not be required for other extractions. |
| Root Canal Therapy | Coverage based on OHP guidelines. Call your dental plan for details. | Call your dental plan for details. |

The above is not a full list of services that need preapproval. If you have questions about preapprovals, please call your dental plan. Your dental plan is listed on the back of your member ID card.

## Services that OHP pays for

Health Share pays for your care, but there are some services that we do not pay for. These are still covered and will be paid by the Oregon Health Plan's Fee-For-Service program. CCOs sometimes call these services "noncovered" benefits. **There are two types of services OHP pays for directly:**

1. Services where you get care coordination from Health Share.
2. Services where you get care coordination from OHP.

## Services with Health Share care coordination

Health Share still gives you care coordination for some services. Care coordination means you will get free trips from Ride to Care for covered services, support activities and any resources you need for non-covered services.

**Health Share will coordinate your care for the following services:**

- Planned Community Birth (PCB) services including prenatal and postpartum care for people who have low-risk pregnancies. OHP decides what "low-risk pregnancy" means.
- Long term services and supports (LTSS) not paid by Health Share
- Family Connects Oregon services
- Helping members to get access to behavioral health services. Examples of these services are:
  - Certain medications for some behavioral health conditions
  - Therapeutic group home payment for members under 21 years old
  - Long term psychiatric (behavioral health) care for members 18 years old and older
  - Personal care in adult foster homes for members 18 years and older
- And other services

For more information or for a complete list about these services, call Customer Service at 503-416-8090, or toll free at 888-519-3845 (TTY/TDD 711).

## Services that OHP pays for and provides care coordination

**OHP will coordinate your care for the following services:**

- Doctor aided suicide under the Oregon Death with Dignity Act
- Comfort care (hospice) services for members who live in skilled nursing facilities

- School-based services that are provided under the Individuals with Disabilities Education Act (IDEA). For children who get medical services at school, such as speech therapy.
- Medical exam to find out if you qualify for a support program or casework planning
- Services provided to Citizen Waived Medical members or CWM Plus-CHIP Prenatal Coverage for CWM
- Procedure to end pregnancy
- And other services

Contact OHP's KEPRO Care Coordination team at 800-562-4620 for more information and help with these services.

You can still get a free trip from Ride to Care for any of these services. See page 64 for more information. Call Ride to Care at 503-416-3955 local 855-321-4899 toll-free TTY/TDD 711 to schedule a ride or ask questions.

## Veterans and Compact of Free Association (COFA) Dental Program members

If you are a member of the Veterans Dental Program or COFA Dental Program, Health Share only provides dental benefits and free rides to dental appointments.

OHP and Health Share do not provide access to physical health or behavioral health services or free rides for these services, which are non-covered services without care coordination.

If you have questions regarding coverage and what benefits are available contact Customer Service at 888-519-3845.

## Moral or Religious objections

Health Share does not limit services based on moral or religious objections.

# Access to the care you need

Access means you can get the care you need. You can get access to care in a way that meets your cultural and language needs. If Health Share does not work with a provider who meets your access needs, you can get these services out-of-network. Health Share makes sure that services are close to where you live or close to where you want care. This means that there are enough providers in the area and there are different provider types for you to pick from.

We keep track of our network of providers to make sure we have the primary care and specialist care you need. We also make sure you have access to all covered services in your area.

**We make sure you have access to all covered services within a fair travel time and distance**

- **Urban area:** Access to providers within 30 miles, or 30 minutes of where you live. Urban area means you live in or near a city.
- **Rural area:** Access to providers within 60 miles, or 60 minutes of where you live. Rural area means you do not live in or near a city.

Our providers will also make sure you will have physical access, reasonable accommodations and accessible equipment if you have physical and/or mental disabilities. Contact Health Share Customer Service at 503-416-8090 to request accommodations. Providers also make sure office hours are the same for OHP members and everyone else.

## Rides to care

You can get free rides to covered appointments. See page 64 to learn how you can get free rides. Call Ride to Care at 503-416-3955 for help or to schedule a ride.

## Pick a provider

You have the right to choose your provider and where you get your health care. You can pick from the list of providers who work with Health Share. The list of providers is called the Health Share Provider Directory. Learn more about the directory on page 49.

## Help organizing your care

Care coordination means you will get help to schedule your visits, get support and resources. Learn more about care coordination on page 51 or call Customer Service at 503-416-8090.

## How long it takes to get care

We work with providers to make sure that you will be seen, treated or referred within the times listed below:

| Care type | Timeframe |
|---|---|
| **Physical health** | |
| Regular appointments | Within 4 weeks |
| Urgent Care | Within 72 hours or as indicated in the initial screening. |
| Emergency Care | Immediately or referred to an emergency department depending on your condition. |
| **Oral and dental care for children and non-pregnant people** | |
| Regular oral health appointments | Within 8 weeks unless there is a clinical reason to wait longer. |
| Urgent oral care | Within 2 weeks. |
| Dental Emergency services | Seen or treated within 24 hours |

| Care type | Timeframe |
|---|---|
| **Oral and dental care for pregnant people** | |
| Routine oral care | Within 4 weeks unless there is a clinical reason to wait longer. |
| Urgent dental care | Within 1 week |
| Dental emergency services | Seen or treated within 24 hours |
| **Behavioral health** | |
| Routine behavioral healthcare for non-priority populations | Assessment within 7 days of the request, with a second appointment scheduled as clinically appropriate. |
| Urgent behavioral healthcare for all populations | Within 24 hours |
| **Specialty behavioral healthcare for priority populations*** | |
| Pregnant people, veterans and their families, people with children, unpaid caregivers, families, and children ages 0-5 years, members with HIV/AIDS or tuberculosis, members at the risk of first episode psychosis and the I/DD population | Immediate assessment and entry. If interim services are required because there are no providers with visits, treatment at proper level of care must take place within 120 days from when patient is put on a waitlist. |
| IV drug users including heroin | Immediate assessment and entry. Admission for services in a residential level of care is required within 14 days of request, or, placed within 120 days when put on a waitlist because there are no providers available. |
| Opioid use disorder | Assessment and entry within 72 hours |
| Medication assisted treatment | As soon as possible, but no more than 72 hours for assessment and entry. |

*** For specialty behavioral healthcare services if there is no room or open spot:**

- You will be put on a waitlist.
- You will have other services given to you within 72 hours.
- These services will be temporary until there is a room or an open spot.

If you have any questions about access to care, call Customer Service at 503-416-8090.

## Second opinions

You have a right to get a second opinion about your condition or treatment. Second opinions are free. If you want a second opinioncall Health Share Customer Service and tell us you want to see another provider.

If there is not a qualified provider within our network and you want to see a provider outside our network for your second opinion, contact Health Share customer service for help. We will  arrange the second opinion for free.

# Primary care providers (PCPs)

## A primary care provider is who you will see for regular visits, prescriptions and care. You can pick one, or we can help you pick one.

Primary care providers (PCPs) can be doctors, nurse practitioners and more. You have a right to choose a PCP within the Health Share network. If you do not pick a provider within 30 days, Health Share will assign you a clinic or pick a PCP for you. Health Share will send you a letter with your provider's information.

### In-network providers

Health Share works with some providers, but not all of them. Providers that we work with are called in-network or participating providers. Providers we do not work with are called out-of-network providers. You may be able to see out-of-network providers if needed, but they must work with the Oregon Health Plan.
Your PCP will work with you to help you stay as healthy as possible.

**They keep track of all your basic and specialty care needs. Your PCP will:**

- Get to know you and your medical history.
- Provide your medical care.
- Keep your medical records up-to-date and in one place.

## Your PCP will refer you to a specialist or admit you to a hospital if needed

Each member of your family on OHP must pick a PCP. Each person can have a different PCP.

If you do not pick a PCP we will pick one for you, please call Customer Service if you would like to change your PCP. You may be able to start seeing your new PCP on the same day this change is made, please let Customer Service know if you have an upcoming appointment.

Don't forget to ask Health Share about a dentist, mental health provider, and pharmacy. Health Share members are assigned to CareOregon for Mental and Behavioral Health Care.

We assign your dental plan based on who you have seen in the past year and half. If you haven't seen anyone, we assign you to a plan that works closely with your medical health plan. If your primary care provider is a Federally Qualified Health Center (FQHC) you will be assigned to CareOregon Dental. If you would like to change your dental plan, call Health Share Customer Service.

You will be assigned a primary dental provider (also known as a primary care dentist). If you have received dental care recently, you will be assigned accordingly. You will go to them for most of your dental care needs. They will send you to a specialist if you need to go to one.

**Your dentist is important because they:**

- Are your first contact when you need dental care.
- Manage your dental health services and treatments.
- Arrange your specialty care.

You will go to your dentist for most of your dental care needs. They will send you to a specialist if you need to go to one.

### Changes to your PCP

If there is a change and your PCP is no longer contracted with Health Share, we will send you a letter 30 days before the change happens. If this change was already made, we will send you a letter within 15 days of the change.

# Provider directory

You can choose your PCP from the provider directory at: www.providers.healthshareoregon.org. You can also call Customer Service or your medical health plan for help.

**Here are examples of information you can find in the Provider Directory:**

- If a provider is taking new patients.
- Provider type (medical, dental, behavioral health, pharmacy, etc).
- How to contact them.
- Video and phone care (telehealth) options.
- Language help (including translations and interpreters).
- Accommodations for people with physical disabilities.

You can get a paper copy. You can get it in another format (such as other languages, large print, or Braille) for free. Call Customer Service at 503-416-8090 to get a copy of the directory in a different format.

# Make an appointment

## You can make an appointment with your provider as soon as you pick one.

Your PCP should be your first call when you need care. They will make an appointment or help you decide what kind of care you need. Your PCP can also refer you to other covered services or resources. Call them directly to make an appointment.

If you are new to your PCP, make an appointment for a check-up. This way they can learn about you and your medical history before you have an issue or concern. This will help you avoid any delays the first time you need to use your benefits.

**Before your appointment, write down:**

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

Call for an appointment during office hours and tell them:

- You are a Health Share member.
- Your name and Health Share ID number.
- What kind of appointment you need.
- If you need an interpreter and the language you need.

Let them know if you are sick and need to see someone that day.

**You can get a free ride to your appointment.** Learn more about free rides to care on page 64.

# Missed appointments

Try not to miss appointments. If you need to miss one, call your PCP and cancel right away. They will set up another visit for you. If you don't tell your provider's office ahead of time, they may not agree to see you again.

Each provider has their own rules about missed appointments. Ask them about their rules.

# Get help organizing your care with Care Coordination

You can get care coordination from your patient-centered primary care home (PCPCH), primary care provider, or other primary care team. You can talk to your provider or Health Share Customer Service to ask for a care coordinator.

The purpose of this service is to make your overall health better. We will help find out your health care needs and help you take charge of your health and wellness. You can ask us for a care coordinator. Your representative can also ask for you. Call Customer Service at 503-416-8090 or 888-519-3845 (TTY/TDD 711). Monday-Friday 8:00 a.m.-5:00 p.m.

## Working together for your care

Your care coordinator team will work closely with you and your provider. They will connect you with community and social support resources that may help you. They will create a plan to make sure your care team is working together to provide your care, and to follow-up after your care.

We want to help make sure anyone who gives you care can focus on helping you stay well and improve your health. Your care team will work together to manage and organize your services. This will help make sure you get the best care for your needs.

**The nurses and case managers of the care team have special training in many health conditions. They can help you with:**

- Diabetes.
- Heart failure.
- Asthma.
- Depression.
- High blood pressure.
- And other conditions.

**This care team is also ready to help you with your approvals and other needs. They can:**

- Help you understand your benefits and how they work.
- Help you pick a primary care provider (PCP).
- Provide care and advice that is easy to follow.
- Help you understand the coordinated health care system.
- Help you get behavioral health services.
- Help make sure your providers talk to each other about your health care needs.

**Your care team can help find other resources in your community, like help for non-medical needs. Some examples are:**

- Safe housing.
- Healthy foods.
- Rides.
- Trainings and classes.
- Family support, or
- Social services.

# Members with Medicare

You can also get help with your OHP and Medicare benefits. A care coordinator works with you, your providers, your Medicare Advantage plan and/or your caregiver. We partner with these people to get you social and support services, like culturally specific community-based services.

# Intensive Care Coordination

You may qualify for Intensive Care Coordination (ICC) services if you need more help. ICC services give extra support to those who need it.

**Some people who qualify for ICC services may be:**

- Older adults, those who are hard of hearing, deaf, blind or have other disabilities.
- Those with high healthcare needs, multiple chronic conditions, or severe and persistent mental illness (SPMI).
- Individuals receiving Medicaid-funded long-term care services and supports (LTSS).
- Those who are in medication-assisted treatment (MAT) for Substance Abuse Disorder (SUD).
- People who have been diagnosed with a high-risk pregnancy.
- IV drug users.
- Those who have a SUD in need of withdrawal management.
- Individual with HIV/AIDS or who has tuberculosis.
- Veterans and their families.
- Those at high risk of first episode psychosis.
- Those within the intellectual and development disability (IDD) population.
- And others.

**Intensive Care Coordination can also help children:**

- Age 0-5 who show early signs of social/emotional or behavioral problems or have a Serious Emotional Disorder (SED) Diagnosis.
- Who have neonatal abstinence syndrome.
- In Child Welfare.

You and your ICC coordinator will make a plan called an Intensive Care Coordination plan (ICCP). This plan will be made within 10 days of starting the ICC program. It will help you meet your needs. It will also help you keep personal health and safety goals. Your care plan will list supports and services needed to help you reach your goals. The care plan will be updated every 90 days, or sooner if your health care needs change. You can get a copy of your plan.

You will have an ICC team to help you. This team will include different people who will work together to meet your needs, such as providers and specialists you work with. This plan addresses medical, social, cultural, developmental, behavioral, educational, spiritual, and financial needs so you have positive health and wellness results. Your care team's job is to make sure the right people are part of your care plan to help you reach your goals. We will all work together to support you.

**Your ICC care coordinator can also:**

- Access resources to make sure you feel comfortable, safe, and cared for.
- Use care programs to help you manage chronic health conditions.
- Help with medical issues such as diabetes, heart disease and asthma.
- Help with behavioral health issues including depression and substance use disorder.
- Create a treatment plan with you.

Call Health Share Customer Service at 503-416-8090 to get an ICC care coordinator. Health Share will make sure that you or your representative get your ICC care coordinator's name and phone number.

Intensive care coordination services are available Monday through Friday 8:00 a.m. to 5:00 p.m. If you can't get ICC services during normal business hours, Health Share will give you other options.

# Special screening and preventive care

## for members under age 21

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services are comprehensive and preventive health care services for children from birth to age 21. This benefit provides you with services that can prevent and detect if there are conditions or health concerns in early stages. It can reduce the risk of illness, disability or other medical/mental health care that may be needed.

**The EPSDT program offers:**

- "Well-child" medical exams, screening, and diagnostic services to determine if there are any physical, dental, developmental, and mental health conditions for members 0 to age 21.
- It also covers health care, treatment, and other measures to correct or help any conditions discovered.

For eligible EPSDT members, Health Share has to give:

- Regularly scheduled examinations and evaluations of the general physical and mental health, growth, development, and nutritional status of infants, children, and youth under the age of 21.

If you or your family member needs EPSDT services, work with your primary care provider (PCP). They will help you get the care you need. If any services need approval, they will take care of it. Work with your primary care dentist for any dental EPSDT services. All EPSDT services are free to members until the age of 21. Health Share and OHP covers EPSDT regular screening visits at age-appropriate times. Once you ask for a screening, treatment will usually start within 6 months.

## Help getting EPSDT services

- Call Customer Service at 503-416-8090,
- Call the dental plan listed on your ID card to set up dental services or for more information.
- You can free get rides to and from covered EPSDT provider visits. Call 503-416-3955 to set up a ride or for more information.
- You can also find this information on our website at: www.healthshareoregon.org/members/my-health-plan/medical-benefits

## Screenings

OHP covers EPSDT screening visits at age-appropriate times. OHP follows the American Academy of Pediatrics and Bright Futures guidelines. Bright Futures can be found at: https://brightfutures.aap.org/Pages/default.aspx.

The Bright Futures Guidelines provide guidance for all preventive care screenings and well-child visits.

**Screening visits must have:**

- Developmental screening.
- Lead testing:
  - Children must have blood lead screening tests at age 12 months and 24 months. Any child between ages 24 and 72 months with no record of a previous blood lead screening test must get one.
  - Completion of a risk assessment questionnaire does not meet the lead screening requirement for children in OHP. All children with lead poisoning can get follow up case management services.

- Other needed laboratory tests (such as anemia test, sickle cell test, and others) based on age and client risk.
- Assessment of nutritional status.
- Overall unclothed physical exam with an inspection of teeth and gums.
- Full health and development history (including review of both physical and mental health development).
- Immunizations (shots) that meet medical standards:
  - Child Immunization Schedule (birth to 18 years): https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html
  - Adult Immunization Schedule (19+): https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html
- Health guidance and education for parents and children.
- Referrals for medically necessary physical and mental health treatment.
- Needed hearing and vision tests.
- Recommended services and screenings at certain ages, until age of 21. See the Bright Futures schedule here: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
- And others.

EPSDT visits also include unscheduled check-ups or exams that can happen at any time because of illness or a change in health.

## EPSDT Referral, diagnosis and treatment

You can get EPSDT services from a physician (MD or DO), nurse practitioners, licensed physician assistants, and other licensed health professionals (continuing care providers). These providers can also give a direct referral to a dentist to provide dental services. The timing and types of dental services can be found here: www.oregon.gov/oha/HSD/OHP/Tools/OHP-Recommended-Dental-Periodicity-Schedule.pdf

Your primary care provider may refer you if they find a physical, mental health, substance abuse, or dental condition. Another provider will help with more diagnosis and/or treatment.

The screening provider will explain the need for the referral to the child and parent or guardian. If you agree with the referral, the provider will take care of the paperwork.

Health Share or OHP will also help with care coordination, as needed.

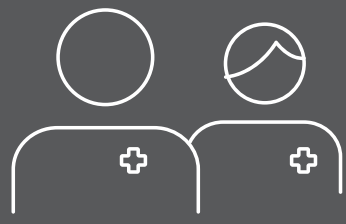
**Screenings may find a need for the following services:**

- Diagnosis of and treatment for defects in vision and hearing, including eyeglasses and hearing aids.
- Dental care, at as early an age as necessary, needed for relief of pain and infections, restoration of teeth and maintenance of dental health.
- Immunizations. (If it is determined at the time of screening that immunization is needed and appropriate to provide at the time of screening, then immunization treatment must be provided at that time.)

These services must be provided to eligible EDPST who need them.

Health Share will give referral help to members or their representatives for social services, education programs, nutrition assistance programs, and other services.

Health Share will give referral help to members or their representatives for social services, education programs, nutrition assistance programs, and other services. To get referral help, contact Health Share Customer Service at 888-519-3845.



# Traditional Health Workers (THW)

Traditional Health Workers (THW) help with questions you have about your health care and social needs. They help with communication between your health care providers and other people involved in your care. They also connect with people and services in the community that can help you.

There are a few different kinds of traditional health workers:

- **Birth Doula:** A person who helps people and their families with personal, non-medical support. They help through pregnancy, childbirth, and after the baby is born.

- **Community Health Worker:** A public health worker understands the people and community where you live. They help you access health and community services. A community health worker helps you start healthy behaviors. They usually share your ethnicity, language, or life experiences.

- **Personal Health Navigator:** A person who gives information, tools, and support to help you make the best decisions about your health and wellbeing, based on your situation.

- **Peer Support Specialist:** Someone who has life experiences with mental health, addiction and recovery. Or they may have been a parent of a child with mental health or addiction treatment. They give support, encouragement, and help to those facing addictions and mental health issues. They can help you through the same things.

- **Peer Wellness Specialist:** A person who works as part of a health home team and speaks up for you and your needs. They support the overall health of people in their community and can help you recover from addiction, mental health, or physical conditions.

- **Tribal Traditional Health Workers:** Someone who helps tribal or urban Indian communities improve their overall health. They provide education, counseling, and support which may be specific to tribal practices.

**THW can help you with many things, like:**

- Finding a new provider.
- Receiving the care you need.
- Understanding your benefits.
- Providing information on behavioral health services and support.
- Advice on community resources you could use.
- Someone to talk to from your community.

Email our THW liaison to find out more about THW's and how to use their services.

## THW Liaison Contact Information:

**Traditional Health Worker Liaison**
thw.info@healthshareoregon.org.

If we change the contact information for the THW liaison, you may find up-to-date information on our website at: www.healthshareoregon.org/members/get-help. If you would like help over the phone, call Health Share Customer Service.

# Extra services

## Health-Related Services

Health-Related Services (HRS) are extra services Health Share offers. HRS help improve overall member and community health and well-being. HRS are flexible services for members and community benefit initiatives for members and the larger community. The Health Share HRS program aids in the best use of funds to address social risks factors, like where you live, to improve community well-being. Learn more about health-related services at www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx.

## Flexible Services

Flexible services are support for items or services to help members become or stay healthy. Requirements to get these services can vary between health plans.

**Examples of flexible services your plan might offer include:**

- Food supports, such as grocery delivery, food vouchers, or medically tailored meals
- Short-term housing supports, such as rental deposits to support moving costs, rent support for a short period of time, or utility set-up fees
- Temporary housing or shelter while recovering from hospitalization
- Items that support healthy behaviors, such as athletic shoes or clothing
- Mobile phones or devices for accessing telehealth or health apps
- Other items that keep you healthy, such as an air conditioner or air filter

# Community Benefit Initiatives

Community benefit initiatives are services and supports for members and the larger community to improve community health and well-being.

Health Share offers many community benefit initiatives. Our community health improvement plan aims to improve access to care and food access. It also has a goal to provide supportive housing and improve chronic conditions and social connections.

**To do this, we may offer community benefit initiatives to those who qualify. A few examples include:**

- Coordination services to support youth and families in the foster care system
- Help for families seeking services for youth with developmental or behavioral health conditions such as autism
- Access to oral health resources such as toothbrush kits
- Improved connection to community resources, such as healthy food, that can help meet your needs
- Outreach to support seniors and increase social connections

**Examples of other community benefit initiatives are:**

- Classes for parent education and family support
- Community-based programs that help families access fresh fruits and veggies through farmers markets
- Active transportation improvements, such as safe bicycle lanes and sidewalks
- School-based programs that support a nurturing environment to improve students' social-emotional health and academic learning
- Training for teachers and child-specific community-based organizations on trauma informed practices

# How to get health-related services for you or family member

You can work with your provider to request HRS or you can call Customer Service at 503-416-8090 and have a request form sent to you in the language or format that fits your needs.

Decisions to approve or deny flexible services requests are made on a case-by-case basis. If your flexible service request is denied, you will get a letter. You can't appeal a denied flexible service but you have the right to make a complaint. Learn more about appeals and complaints on page 114.

If you have OHP and have trouble getting care, please reach out to the OHA Ombuds Program. The Ombuds are advocates for OHP members and they will do their best to help you. Please email OHA.OmbudsOffice@odhsoha.oregon.gov or leave a message at 877-642-0450.

Another resource for supports and services in your community is 211 Info. Call 2-1-1 or go to the 211 Info website for help.

## Oral Health Community Care

We proudly support members getting oral health services in community settings. Health Share members are served in community settings by an organization called DENTAL3. DENTAL3 sends dental hygienists with a special permit into schools, Head Start and other community locations to complete dental assessments. They also provide some preventive services while they are there, like fluoride or dental sealants and help people understand how to take care of their teeth.

Services you get in the community should be free to you if they are covered on your plan. If you aren't sure, you can ask the person who is doing the services. or you can call Health Share.

## Open Access Points

In most regions in Oregon, we have special agreements with Federally Qualified Health Centers (FQHC), Rural Community Health Centers (RCHC), Indian Health Care Providers (IHCP) and Indian Health Service clinics (IHS). These special agreements allow our members to be seen in these types of facilities without being assigned to that facility and without a referral.

If you would like to have your oral health care done at one of these types of facilities, you can call the facility and ask if they work with Health Share as an "Open Access Point". You can also call Member Services and ask for a current list of Open Access Points in your region.  Call OHP member services at 1-800-273-0557.

# Free trips to care

## Free ways to get you to your appointments for all Health Share members.

If you need help getting to an appointment, call Ride to Care for a transport options. Ride to Care provides free non-emergent (not for an emergency) medical transportation, or NEMT. NEMT is a benefit for eligible Health Share of Oregon members. NEMT gets you to health care visits that Health Share pays for. The visits could be to a doctor, dentist, mental health counselor or other provider. You can get a free ride to any physical, dental, pharmacy, or behavioral health visit that is covered by Health Share.

You or your representative can ask for a ride. We may give you a bus ticket, money for a taxi, or have a driver pick you up. We may pay gas money to you, a family member, or a friend to drive you. There is no cost to you for this service. Health Share will never bill you for rides to or from covered services.

## Schedule a ride

**Call Ride to Care at 503-416-3955 (TTY 711)**

**Hours:** 8 a.m. to 5 p.m. Monday through Friday, except holidays. Holidays include New Year's Day, Memorial Day, Juneteenth, Fourth of July, Labor Day, Thanksgiving, the Friday after Thanksgiving, and Christmas.

Please call at least 2 business days before the appointment to schedule a ride. This will help make sure we can meet your ride needs.

## You can get a same or next-day trips. Please call Ride to Care

You or someone you know can set up more than one ride at a time for multiple appointments. You can schedule trips for future appointments up to 90 days in advance.

## What to expect when you call

Health Share has Ride to Care staff who can help in your preferred language and in a way that you can understand. This help is free. The first time you call we will tell you about the program and talk about your ride needs. We will ask about your physical ability and if you will need someone to travel with you.

**When you call to schedule a ride, we will ask for:**

- Your full name.
- Your address and phone number.
- Your date of birth.
- Name of the doctor or clinic you need to visit.
- Date of appointment.
- Time of appointment.
- Pick-up time after appointment.
- If you need an attendant to help you.
- Any other special needs (like a wheelchair or service animal).

We will check to see if you are with Health Share and if your appointment is for a service that's covered. You will get more information about your ride within 24 hours. You will get information about your ride request in a way you choose (phone call, email, fax).

## Pick up and drop off

If you qualify for vehicle-provided rides, here is what to expect. You'll get the ride company or driver's name and number before your appointment. Your driver will contact you at least 2 days before your ride to confirm details. They will pick you up at your scheduled time. Please be on time. If you are late, they will wait for 15 minutes after your scheduled time. That means if your ride is scheduled for 10 a.m., they will wait for you until 10:15 a.m.

**We will drop you off for your appointment at least 15 minutes before it starts**

- **First appointment of the day:** We will drop you off no more than 15 minutes before the office opens.
- **Last appointment of the day:** We will pick you up no later than 15 minutes after the office closes, unless the appointment is not expected to end within 15 minutes after closing.
- **Asking for more time**: You must ask to be picked up earlier or dropped off later than these times. Your representative, parent or guardian can also ask us.
- **Call if you don't have a pickup time:** If there is no scheduled pickup time for your return trip, call us when you are ready. Your driver will be there within 1 hour after you call.

Ride to Care is a shared ride program. Other passengers may be picked up and dropped off along the way. If you have several appointments, you may be asked to schedule on the same day. This will help us to make fewer trips.
You may ask to have a friend or family member drive you to the appointment. They can get reimbursed (paid) for the miles they drive.

## You have rights and responsibilities as a rider

**You have the right to:**

- Get a safe and reliable ride that meets your needs.
- Be treated with respect.
- Ask for interpretation services when talking to customer service
- Get materials in a language or format that meets your needs.
- Get a written notice when a ride is denied.
- File a complaint about your ride experience.
- Ask for an appeal, ask for a hearing, or ask for both if you feel you have been denied a ride service unfairly.

**Your responsibilities are to:**

- Treat drivers and other passengers with respect.
- Call us as early as possible to schedule, change, or cancel a ride
- Use seatbelts and other safety equipment as required by law (example: car seats).
- Ask for any additional stops, like the pharmacy, in advance.

## Cancel or change your ride

Call Ride to Care when you know you need to cancel or reschedule your ride, at least 2 hours before the pick-up time.

You can call the Ride to Care Monday through Friday, 8:00 a.m. to 5:00 p.m. Leave a message if you can't call during business hours. Call Ride to Care if you have any questions or ride changes.

## When you don't show up

A "no-show" is when you aren't ready to be picked up on time. Your driver will wait at least 15 minutes after the scheduled pick-up time before leaving. We may restrict your future rides if you have too many no-shows.
Having a restriction means we might limit the number of rides you can make, limit you to one driver, or require calls before each ride.

## If your ride is denied

You will receive a call to let you know that your ride is denied. All denials are reviewed by two staff members before sent to you. If your ride is denied, we will mail you a denial letter within 72 hours of the decision. The notice states the rule and reason for the denial.

You can ask for an appeal with Health Share if you do not agree with the denial. You have 60 days from the date of the denial notice to request an appeal. After the appeal, if the denial stands you also have the right to request a State hearing.

We will mail your provider a letter as well, if the provider is part of our provider network and they requested the transportation on your behalf.

You have the right to make a complaint or grievance at any time.

**Some examples of a complaint or grievance are:**

- Concerns about vehicle safety
- Quality of services
- Interactions with drivers and providers (such as rudeness)
- Ride service requested was not provided as arranged
- Consumer rights

Learn more about complaints, grievances, hearings, and appeals on page 114.

## Rider Guide

Get the Ride to Care Rider Guide at: http://ridetocare.com. You or your representative can also call Customer Service at 503-416-3955 to ask for a free paper copy.
It will be sent in 5 business days. The paper copy can be in the language and format your prefer.

**The guide has more information, like:**

- Transportation services
- Wheelchairs and mobility help.
- Vehicle safety.
- Driver duties and rules.
- What to do in an emergency or if there is bad weather.
- Long distance appointments.
- Mileage, meal, and lodging reimbursement.

# Getting care by video or phone

Telehealth (also known as telemedicine and teledentistry) is a way for you to get care without going into the clinic or office. Telehealth means you can have your appointment through a phone call or video call. Health Share will cover telehealth visits. **Telehealth lets you visit your provider using a:**

- Phone (audio)
- Smart phone (audio/video)
- Tablet (audio/video)
- Computer (audio/video)

These are all free. If you do not have internet or video access, talk to your provider about what will work for you.

You may also be eligible for discounts on phone and internet service. To learn more, visit www.oregon.gov/puc/Pages/Oregon-Lifeline.aspx.

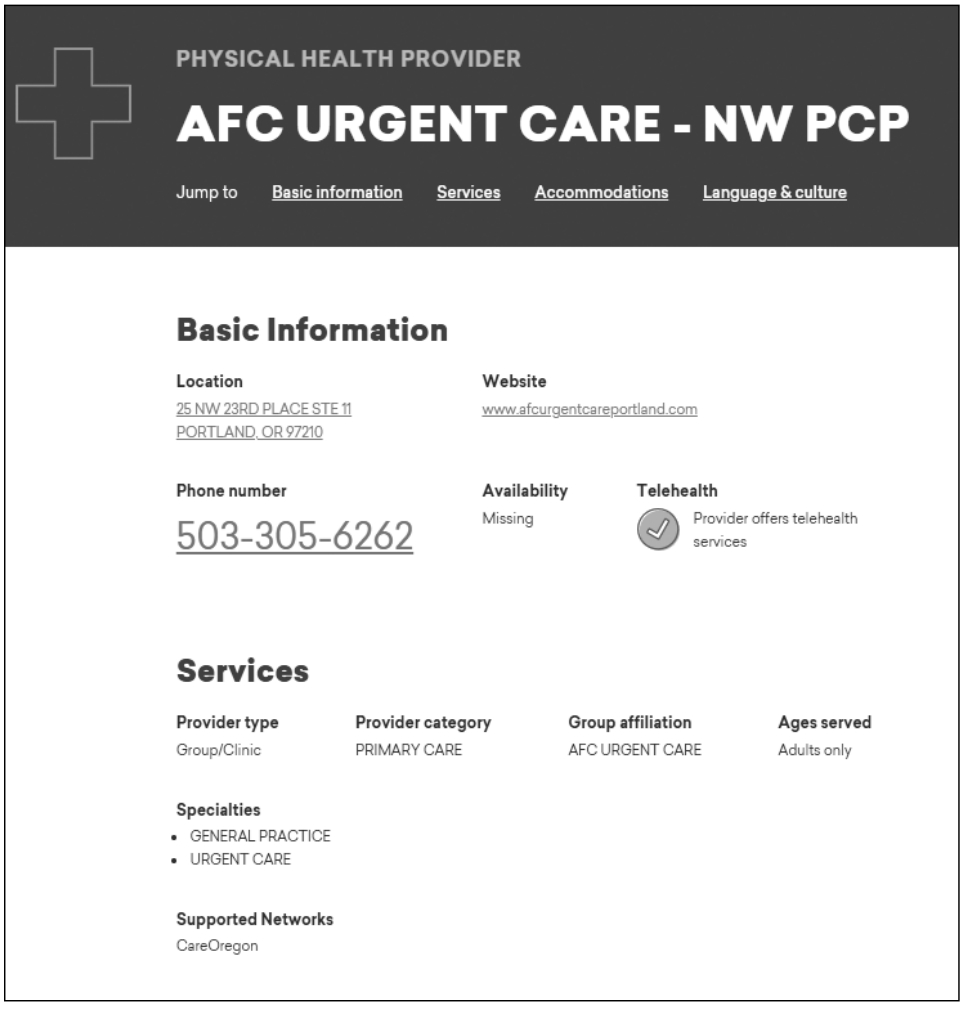
We provide health care supports to members with limited English proficiency (LEP), deaf and hard of hearing members, and their families. We do this by using qualified and certified health care interpreters, embedded or third-party interpreter services. You can get free interpretation services in by phone, on-site, or through video remote interpreting.

To request health care supports, call your plan's Customer Service. You can find this on your ID card, or view a full list on page 20. Or, you can call Health Share Customer Service.

## How to find telehealth providers

Not all providers have telehealth options. You should ask about telehealth when you call to make your appointment. You can also check our provider search tool at https://providers.healthshareoregon.org. Search for a provider. When you click on the provider, it will bring you to a detailed page. This page will show if the provider offers telehealth services.

**See an example of what this page looks like below:**




If you have any audio or video problems with your telehealth visit, please be sure to work with your provider.

# When to use telehealth

Health Share members using telehealth have the right to get the physical, dental, and behavioral health services they need.

**Some examples of when you can use telehealth are:**

- When your provider wants to visit with you before refilling a prescription.
- Counseling services.
- Following up from an in-person visit.
- When you have routine medical questions.
- If you are quarantined or practicing social distancing due to illness.
- If you are not sure if you need to go into the clinic or office.

Telehealth is not recommended for emergencies. If you feel like your life is in danger, please call 911 or go to the nearest emergency room. See page 75 for a list of hospitals with emergency rooms.

If you do not know what telehealth services or options your provider has, call them and ask.

## Telehealth visits are private

Telehealth services offered by your provider are secure. Each provider will have their own system for telehealth visits, but each system must follow the law.
Learn more about privacy and the Health Insurance Portability and Accountability Act (HIPAA) on page 15.

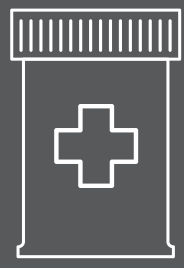
Make sure you take your call in a private room or where no one else can listen in on your appointment with your provider.

**You have a right to:**

- Get telehealth services in the language you need.
- Have a providers that respects your culture and language needs.
- Get qualified and certified interpretation services. Learn more on page 5.
- Get in-person visits, not just telehealth visits.
- Get support and have the tools needed for telehealth.

Talk to your provider about telehealth. You can also Customer Service at 888-519-3845 (TTY 711). We are open Monday through Friday, 8:00 a.m. to 5:00 p.m.

# Prescription medications



If you need a prescription filled, you can go to any pharmacy in your medical plan's network. A list of pharmacies we work with can be found in our provider directory at: https://providers.healthshareoregon.org.

Take both your Health Share ID card and Oregon Health ID card to the pharmacy. You may not be able to fill a prescription without them.

## What prescriptions are covered

The list of prescriptions medications covered by Health Share is at: www.healthshareoregon.org/members/my-health-plan/prescriptions. If you are not sure if your medication is on our list, call us to check for you.

If you need a preapproval for a prescription, we will make a decision within 24 hours. If we need more information to make a decision, it can take 72 hours.

Some medications your provider has prescribed may not be on our list. You can ask us to cover it as an exception. If you want an exception, tell your provider. Our Health Share doctors and pharmacists will review the exception for approval.

When a request is denied, you will get letter from Health Share . The letter will have appeal rights and appeal request form you can use if you disagree with our decision. Call Health Share Customer Service at 888-519-3845(TTY 711) if you have questions.

## Over-the-Counter (OTC) medications.

OTC medications are those you can buy at any store or pharmacy without a prescription, such as aspirin. Some over the counter (OTC) medications are covered by Health Share. For Health Share to pay for these you will need a prescription from your provider. Bring the prescription, along with your Health Share ID card and Oregon Health ID card to the pharmacy when picking up an OTC prescription.

## Mail-order pharmacy

Some medications can be mailed to your home address. This is called mail-order pharmacy. If you have a hard time going to the pharmacy to pick up your prescriptions, this may be a good option for you. Health Share members can use a mail-order pharmacy. To learn more and get set up with mail-order pharmacy, call Health Share Pharmacy Customer Service at 888-519-3845 (TTY 711). You can also learn more about mail-order pharmacies by visiting: www.healthshareoregon.org/about/blog/your-prescription-medication-when-and-where-you-need-it.

## OHP pays for behavioral health medications.

Most medications used to treat behavioral health conditions are paid for by OHP, not Health Share. The pharmacy sends your prescription bill directly to OHP. Health Share and your provider will help you get the behavioral health medications you need. Talk to your provider if you have questions. You can also call Health Share Customer Service at 888-519-3845.

## Prescription coverage for members with Medicare

Health Share and OHP do not cover medications that are covered by Medicare Part D. If you qualify for Medicare Part D but choose not to enroll, you will have to pay for these medications. If you have Part D, show your Medicare ID card and your Health Share ID card at the pharmacy.

If your medication is not covered by Medicare Part D, your pharmacy can bill Health Share to see whether the medication is covered under OHP. Health Share will pay for all other covered services.

Learn more about Medicare benefits on page 99.

# Services we do not cover

Not all medical care is covered by OHP or Health Share. When you need care, talk to your primary care provider about options. If you choose to get a service that is not covered, you may have to pay the bill. The provider's office should tell you if a treatment or service is not covered. They will tell you how much it costs.

You only pay if you sign a form before you get the service that says you agree to pay for it. The form must name or describe the service, list the approximate cost, and include a statement that OHP does not cover the service. Learn more about bills on page 94.

Always contact Health Share Customer Service first to discuss what is covered. If you get a bill, please contact Health Share Customer Service right away. **Examples of some non-covered services:**

- Some treatments like over the counter medications, for conditions that you can take care of at home or that get better on their own (colds, mild flu, sprains, seasonal allergies, corns, calluses, etc.)
- Cosmetic surgeries or treatments for appearance only.
- Services to help you get pregnant.
- Treatments that are not generally effective.
- Orthodontics, except to treat cleft lip/palate, certain craniofacial conditions, or handicapping malocclusion in children.
- Dental implants

If you have questions about covered or non-covered services, please contact Health Share Customer Service at 888-519-3845 (TTY 711).

# Hospitals

**We work with the hospitals below for regular hospital care. You can get emergency care at any hospital.**

## Network Hospitals

**Adventist Health Portland**
10123 SE Market St
Portland, OR 97216
503-257-2500 (TTY/TDD 711)|
http://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 Good Samaritan Medical Center**
1015 NW 22nd Ave.
Portland, OR 97210
503-413-7711
https://www.legacyhealth.org/Doctors-and-Locations/hospitals/legacy-good-samaritan-medical-center

**Legacy Emanuel Medical Center**
2801 N Gantenbein Ave
Portland, OR 97227
503-413-2200 (TTY/TDD 711)
https://www.legacyhealth.org/Doctors-and-Locations/hospitals/legacy-emanuel-medical-center

**Legacy Meridian Park Medical Center**
19300 SW 65th Ave
Tualatin, OR 97062
503-692-1212 (TTY/TDD 711)
https://www.legacyhealth.org/Doctors-and-Locations/hospitals/legacy-meridian-park-medical-center

**Legacy Mt Hood Medical Center**
24800 SE Stark St
Gresham, OR 97030
503-674-1122 (TTY/TDD 711)
https://www.legacyhealth.org/Doctors-and-Locations/hospitals/legacy-mount-hood-medical-center

**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

**Providence Milwaukie Hospital**
10150 SE 32nd Ave
Milwaukie, OR 97222
503-513-8390 (TTY/TDD 711)
https://www.providence.org/locations/or/milwaukie-hospital

**Providence Portland Medical Center**
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/

**Randall Children's Hospital at Legacy Emanuel Medical Center**
2801 N. Gantenbein Ave.
Portland, OR 97227
503-276-6500
https://www.legacyhealth.org/Doctors-and-Locations/hospitals/randall-childrens-hospital-at-legacy-emanuel

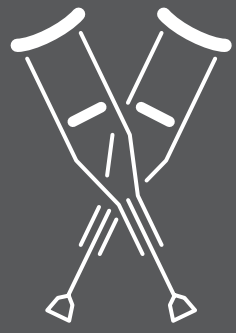
**Shriners Hospitals for Children**
3101 SW Sam Jackson Park Rd
Portland, OR 97239
503-294-3230 (TTY/TDD 711)
https://www.shrinerschildrens.org/en/locations/Portland

**Unity Center for Behavioral Health**
1225 NE 2nd Ave
Portland, OR 97232
503-944-8000 (TTY/TDD 711)
https://unityhealthcenter.org/

**Vibra Specialty Hospital**
10300 NE Hancock St
Portland, OR 97220
503-257-5500 (TTY/TDD 711)
https://vshportland.com/

# 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 Salmon Creek Medical Canter
- 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
- 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



# Urgent care

An urgent problem is serious enough to be treated right away, but it's not serious enough for immediate treatment in the emergency room. These urgent problems could be physical, behavioral or dental.

**You can get urgent care services 24 hours a day, 7 days a week without preapproval.** You do not need a referral for urgent or emergency care. For a list of urgent care centers and walk-in clinics see below.

## Urgent physical care.

**Some examples of urgent physical care are:**

- Cuts that don't involve much blood but might need stitches.
- Minor broken bones and fractures in fingers and toes.
- Sprains and strains.

**If you have an urgent problem, call your primary care provider (PCP).**
You can call anytime, day or night, on weekends and holidays. Tell the PCP office you are a Health Share member. You will get advice or a referral. If you can't reach your PCP about an urgent problem or if your PCP can't see you soon enough, go to an urgent care center or walk-in clinic. You don't need an appointment. See below list of urgent care and walk-in clinics.

If you need help, call Health Share  Customer Service at 888-519-3845 (TTY 711).

**If you don't know if your problem is urgent, still call your provider's office, even if it's closed.** You may get an answering service. Leave a message and say you are a Health Share member. You may get advice or a referral of somewhere else to call.

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.

If you have a dental emergency after hours, call your dental plan or dental office. If the 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 plan and they will help you. You can find your dental plan's provider directory online at healthshareoregon.org/members/my-health-plan/dental-benefits.

**After Hours Care (evenings, weekends, and holidays)**
Your Primary Care Provider (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. If your call is not answered when you call your plan phone line for after-hours care, a representative will return your call. You will receive a call back no more than 30 minutes after calling if your call is urgent. If they don't have enough information to tell if it is urgent, you will receive a call back within 60 minutes.

Each Medical Plan has a different phone line for after-hours care. Your Medical Plan is listed on your Health Share ID card.

**Kaiser**
For Kaiser members, a registered nurse is available by phone about any health concern 24/7 and has access to your health information. If you're unsure of what kind of care you might need, call 1-800-813-2000.

**Legacy PacificSource**
Have a health-related question but don't need a doctor right away? You can speak with a registered nurse any time, around the clock. They can answer many common questions and guide you to appropriate care. Call 855-834-6150.

**Providence Health Assurance**
Providence members can call ProvRN around the clock to ask questions about their health. To use ProvRN have your member number available and call 503-574-6520 or 800-700-0481.

**OHSU Health**
For care, call OHSU at 503-494-7551.

**CareOregon**
If you're sick or injured and need after-hours advice, call your primary care clinic's regular phone number or your dental plan's phone number. The person who answers your call will either contact your doctor or a different doctor at the clinic, or advise you on what to do.

For non-urgent advice and appointments, please call during business hours.

# Urgent care centers and walk-in clinics in the Health Share area:

Network Urgent Care Centers and Walk-in Clinics in Washington, Multnomah, and Clackamas Counties. **Call for operating hours.**

## AFC Urgent Care – Multiple Locations

**AFC Urgent Care – Beaverton**
14278 SW Allen Blvd
Beaverton, OR 97005
Washington County
503-305-6262

**AFC Urgent Care – NE**
7033 NE Sandy Blvd
Portland, OR 97213
Multnomah County
503-305-6262

**AFC Urgent Care – NW**
25 NW 23RD Place STE 11
Portland, OR 97210
Multnomah County
503-305-6262

**Beaverton Medical and Dental Office - Kaiser**
4855 SW Western Ave.
Beaverton, OR 97005
Washington County
1-800-813-2000

**Brave Care NE Portland**
6924 NE Sandy Blvd
Portland, OR 97213
Multnomah County
503-963-7963

**Care Essentials by Kaiser Permanente** Multiple Locations

**Care Essentials Hawthorne - Kaiser**
3060 SE Hawthorne Blvd., Suite 1
Portland, OR 97214
Multnomah County
855-235-0491

**Care Essentials Pearl - Kaiser**
1035 NW Northrup St.
Portland, OR 97209
Multnomah County
855-235-0491

**Clackamas County Urgent Mental Health Walk-in Clinic**
11211 SE 82nd Ave STE O
Happy Valley, OR 97086
Clackamas County
503-722-6200

**Columbia Urgent Care Mall 205**
9710 SE Washington St STE B
Portland, OR 97216
Multnomah County
503-261-8000

**Express Care OR LLC**
4823 Meadows Rd STE 127
Lake Oswego, OR 97035
Clackamas County
844-626-7768

**Interstate Medical Office South - Kaiser**
3500 N. Interstate Ave.
Portland, OR 97227
Multnomah County
800-813-2000

**Legacy Urgent Care Good Samaritan Urgent Care Center**
1015 NW 22nd Ave
Portland, OR 97210
Multnomah County
(503) 413-8026

**Legacy GoHealth Clinic Cedar Hills Urgent Care Center**
2870 SW Cedar Hills Blvd
Beaverton, OR 97005
Washington County
(503) 646-9222

**Legacy GoHealth Urgent Care Gresham**
2850 SE Powell Valley Rd
Gresham, OR 97080
Multnomah County
(503) 666-5050

**Legacy GoHealth Clinic Barbur**
7461 SW Barbur Blvd Ste B
Portland, OR 97219-2809
Multnomah County
(971) 202-2099

**Legacy GoHealth Clinic Fairview**
22262 NE Glisan St
Gresham, OR 97030-8553
Multnomah County
(503) 489-2024

**Legacy GoHealth Clinic Johnson Creek**
9361 SE 82nd Ave
Happy Valley, OR 97086
Clackamas County
(971) 202-2090

**Legacy GoHealth Clinic Lake Oswego**
3 Monroe Pkwy Ste X
Lake Oswego, OR 97035
Clackamas County
(503) 676-3748

**Legacy GoHealth Clinic Lombard**
1440 N Lombard St Ste B
Portland, OR 97217
Multnomah County
(503) 465-4875

**Legacy GoHealth Clinic N Williams**
3505 N Williams Ave
Portland, OR 97227-1437
Multnomah County
(971) 202-2910

**Legacy GoHealth Clinic Oregon City**
1900 McLoughlin Blvd Ste 127
Oregon City, OR 97045-2078
Clackamas County
(503) 305-6159

**Legacy GoHealth Clinic Pearl District**
1244 NW Marshall St.
Portland, OR 97209-2805
Multnomah County
(971) 232-8620

**Legacy GoHealth Clinic Raleigh Hills**
4800 SW 76th Ave.
Portland, OR 97225-1804
Multnomah County
(971) 808-0665

**Legacy GoHealth Clinic Sherwood**
21430 SW Langer Farms Pkwy Ste 158
Sherwood, OR 97140-9141
Washington County
(971) 808-0655

**Legacy GoHealth Urgent Care**
**West Linn Urgent Care Center**
21900 Willamette Dr., Ste.209
West Linn, OR 97068
Clackamas County
971-274-0038

**Mt. Talbert Medical Office - Kaiser**
10100 SE Sunnyside Rd.
Clackamas, OR 97015
Clackamas County
503-813-2000

**OHSU Family Medicine at Richmond**
Walk-in Clinic
4212 SE DIVISION ST STE 150
Portland, OR 97206
Multnomah County
503-418-1500

**Outside In**
1132 SW 13TH AVE
Portland, OR 97203
Multnomah County
503-535-3860

# PMG Immediate Care – Multiple Locations

**PMG Bridgeport Immediate Care**
18040 SW Lower Boones Ferry RD
STE 100
Tigard, OR 97224
Washington County
503-216-0700

**PMG Canby Immediate Care**
200 S HAZEL DELL WAY
Canby, OR 97013
Clackamas County
503-263-9500

**PMG Gateway Immediate Care**
1321 NE 99TH AVE STE 100
Portland, OR 97220
Multnomah County
503-215-9900

**PMG Happy Valley Immediate Care**
16180 SE Sunnyside Rd STE 102
Happy Valley, OR 97015
Clackamas County
503-582-4900

**PMG Scholls**
**Immediate Care**
12442 SW Scholls Ferry Rd STE 100
Tigard, OR 97223
Clackamas County
503-215-9900

**PMG Sherwood Immediate Care**
16770 SW Edy Rd STE 102
Sherwood, OR 97140
Washington County
503-216-9600

**PMG Tanasbourne Immediate Care**
10670 NE Cornell Rd STE 101
Hillsboro, OR 97124
Washington County
503-216-9360

# Tuality Medical Group – Multiple Locations

**Tuality Medical Group**
**Hillsboro**
7545 SE Tualatin Valley Hwy
Hillsboro, OR 97123
Washington County
503-681-4223

**Tuality Medical Group**
**Forest Grove**
1809 Maple St
Forest Grove, OR 97116
Washington County
503-359-6180

**Tuality Physicians Group**
900 SE Oak St STE 202
Hillsboro, OR 97123
Washington County
503-640-3724

# Outside the Tri-County Area:

**North Lancaster Medical Office**
**Kaiser**
2400 Lancaster Dr. NE
Salem, OR 97305
Marion County
800-813-2000

**Quick Care Clinic**
1275 Edgewater St NW
Salem, OR 97304
Marion County
503-378-7526

**Silverton Urgent Care**
335 Fairview St
Silverton, OR 97381
Marion County
503-873-4115

**Urgent Care NW – Astoria**
2120 Exchange St STE 111
Astoria, OR 97103
Clatsop County
503-325-0333

# Urgent dental care

**Some examples of urgent dental care include:**

- A toothache.
- A chipped or broken tooth.
- A lost crown or filling.

**If you have an urgent dental problem call your primary care dentist (PCD).**
If you cannot reach your dentist or you do not have one, call Health Share Customer Service at 888-519-3845.. They will help you find urgent dental care, depending on your condition. You should get an appointment within 2 weeks, or 1 week if you're pregnant, for an urgent dental condition.

# Emergency care

**Call 911 if you need an ambulance or go to the emergency room when you think you are in danger.** An emergency needs immediate attention and puts your life in danger. It can be a sudden injury or a sudden illness. Emergencies can also cause harm to your body. If you are pregnant, the emergency can also cause harm to your baby. **You can get urgent and emergency services 24 hours a day, 7 days a week without preapproval. You don't need a referral.**

## Physical emergencies

Emergency physical care is for when you need immediate care, and your life is in danger. Some examples of medical emergencies include:

- Broken bones.
- Bleeding that does not stop.
- Possible heart attack.
- Loss of consciousness.
- Seizure.
- Severe pain.
- Difficulty breathing.
- Allergic reactions.

**More information about emergency care:**

- Call your PCP or Health Share Customer Service within 3 days of receiving emergency care.
- You have a right to use any hospital or other setting, within the United States.
- An emergency is covered in the United States. It is not covered in Mexico or Canada.

- Emergency care provides post stabilization (after care) services. After care services are covered services related to an emergency condition. These services are given to you after you are stabilized. They help to maintain your stabilized condition. They help to improve or fix your condition.

See a list of hospitals with emergency rooms on page 75.

## Dental emergencies

A dental emergency is when you need same-day dental care. This care is available 24 hours a day and 7 days a week. A dental emergency may require immediate treatment.

**Some examples are:**

- A tooth has been knocked out.
- You have severe swelling or infection in the mouth.
- You have severe tooth pain. This means pain that keeps you from sleeping, or does not stop when you take over-the-counter medicine such as aspirin or Tylenol.

For a dental emergency, please call your dentist. 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 plan and they will help you. You will be seen within 24 hours. Some offices have emergency walk-in times. If you cannot reach your dentist or you do not have one, call Customer Service at 888-519-3845. They will help you find emergency dental care.

If none of these options work for you, call 911 or visit the Emergency Room. If you need an ambulance ride, please call 911. See a list of hospitals with emergency rooms on page 75.

View your dental plan provider directory at https://providers.healthshareoregon.org/find-a-provider/dental-health.

## Behavioral health crisis and emergencies

A behavioral health emergency is when you need help right away to feel or be safe. It is when you or other people are in danger. An example is feeling out of control. You might feel like your safety is at risk or have thoughts of hurting yourself or others.

**Call 911 or go to the emergency room if you are in danger.**

- Behavioral health emergency services do not need a referral or preapproval. Health Share offers members crisis help and services after an emergency.
- A behavioral health provider can support you in getting services for improving and stabilizing mental health. We will try to help and support you after a crisis.
- Local and 24-hour crisis numbers, walk-in and drop-off crisis centers

Need urgent mental health support? Call your county's mental health crisis line 24/7. If you are someone you know is experiencing a mental health crisis, you can also call or text: 988 or visit 988lifeline.org to chat with a crisis counselor 24 hours a day, 7 days a week.

**Clackamas County:** 503-655-8585
**Multnomah County:** 503-988-4888
**Washington County:** 503-291-9111

Or visit the following locations for urgent mental health treatment:

**Unity Center for Behavioral Health – Psychiatric Emergency Service**
Open 24/7
1225 NE 2nd Ave
Portland, OR 97232
503-944-8000

**Cascadia Urgent Mental health Walk-in Center (Multnomah County)**
Open 7 days a week
from 7 a.m. – 10:30 p.m.
4212 SE Division, Suite 100
Portland, OR 97206
503-963-2575

**Clackamas County Urgent Mental Health Walk-in**
Clinic Open M-F
9 a.m. – 7 p.m.,
Weekends 10 a.m. – 7 p.m.
11211 SE 82nd Ave., Suite O
Happy Valley, OR 97086
503-742-5335

**A behavioral health crisis** is when you need help quickly. If not treated, the condition can become an emergency. Please call one of the 24-hour local crisis lines above or call 988 if you are experiencing any of the following or are unsure if it is a crisis. We want to help and support you in preventing an emergency.

**Examples of things to look for if you or a family member is having a behavioral health emergency or crisis:**

- Considering suicide.
- Hearing voices that are telling you to hurt yourself or another person.
- Hurting other people, animals or property.
- Dangerous or very disruptive behaviors at school, work, or with friends or family.

**Here are some things Health Share can do to support stabilization in the community:**

- A crisis hotline to call when a member needs help
- Mobile crisis team that will come to a member who needs help.
- Walk-in and drop-off crisis centers (see below)
- Crisis respite (short-term care)
- Short-term places to stay to get stable
- Post stabilization services and urgent care services. This care is available 24 hours a day and 7 days a week. Post Stabilization care services are covered services, related to a medical or behavioral health emergency, that are provided after the emergency is stabilized and to maintain stabilization or resolve the condition.
- Crisis response services for members receiving intensive in-home behavioral health treatment 24 hours a day.

See more about behavioral health services offered on page 36.

# Suicide prevention

If you have a mental illness and do not treat it, you may risk suicide. With the right treatment, your life can get better.

## Common suicide warning signs

Get help if you notice any signs that you or someone you know is thinking about suicide. At least 80% of people thinking about suicide want help. You need to take warning signs seriously.

**Here are some suicide warning signs:**

- Talking about wanting to die or kill oneself.
- Planning a way to kill oneself, such as buying a gun.
- Feeling hopeless or having no reason to live.
- Feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Giving away prized possessions.
- Thinking and talking a lot about death.
- Using more alcohol or drugs.
- Acting anxious or agitated.
- Behaving recklessly.
- Withdrawing or feeling isolated.
- Having extreme mood swings.

Never keep thoughts or talk of suicide a secret!

**You can also get help by:**

- Dialing 988
- Checking your local phone search tool by calling 211. They can connect you with urgent mental health support.
- Searching for your county mental health crisis number online. They can provide screenings and help you get the services you need. For a list of additional crisis hotlines, see page 88, or go to www.healthshareoregon.org/members/my-health-plan/mental-health-substance-use.

**Follow-up care after an emergency**

After an emergency, you may need follow-up care. This includes anything you need after leaving the emergency room. Follow-up care is not an emergency. OHP does not cover follow-up care when you are out of state. Call your primary care provider or dentist office to set up any follow-up care.

- You must get follow-up care from your regular provider or regular dentist. You can ask the emergency doctor to call your provider to arrange follow-up care.
- Call your provider or dentist as soon as possible after you get urgent or emergency care. Tell your provider or dentist where you were treated and why.
- Your provider or dentist will manage your follow-up care and schedule an appointment if you need one.

# Care away from home

## Planned care out of state

**Health Share will help you locate an out of state provider and pay for a covered service when:**

- You need a service that is not available in Oregon
- Or if the service is cost effective

## Emergency care away from home

You may need emergency care when away from home or outside of the Health Share service area. Call 911 or go to any emergency room. You do not need preapproval for emergency services. Emergency medical services are covered throughout the United States, this includes behavioral health and emergency dental conditions. We do not cover services outside the United States, including Canada and Mexico.

**Do not pay for emergency care. If you pay the emergency room bill, Health Share is not allowed to pay you back. See page 94 for what to do if you get billed.**

## Please follow steps below if you need emergency care away from home

1. Make sure you have your Oregon Health ID Card and Health Share ID card with you when you travel out of state.

2. Show them your Health Share ID Card and ask them to bill Health Share.

3. Do not sign any paperwork until you know the provider will bill Health Share.

4. You can ask that the Emergency Room or provider's billing office to contact Health Share if they want to verify your insurance or have any questions.

5. Please call your PCP if you need nonemergency care away from home.

In times of emergency the steps above are not always possible. Being prepared and knowing what steps to take for emergency care out of state may fix billing issues while you are away. These steps may help prevent you being billed for services that Health Share can cover. Health Share cannot pay for a service if the provider has not sent us a bill.

# Bills for services

## OHP members do not pay bills for covered services

When you set up your first visit with a provider, tell the office that you are with Health Share . Let them know if you have other insurance, too. This will help the provider know who to bill. Take your ID card with you to all medical visits.

No Health Share in-network provider  or someone working for them can bill a member, send a member's bill to a collection agency, or maintain a civil action against a member to collect any money owed by Health Share for services you are not responsible for to the contracted provider. If you receive a bill or a notice from a collection's agency, please contact Customer Service at 1-888-519-3845. For a list of in-network providers see page 49.

### Members cannot be billed for missed appointments or errors

- Missed appointments are not an OHP (Medicaid) service and are not billable to the member or OHP.
- If your provider does not send the right paperwork or does not get an approval, you cannot get a bill for that. This is called provider error.

## Members cannot get balance or surprise billing

When a provider bills for the amount remaining on the bill that's called balance billing. It is also called surprise billing. The amount is the difference between the actual billed amount and the amount Health Share pays. This happens most often when you see an out-of-network provider. Members are not responsible for these costs.

If you have questions, call Customer Service 1-888-519-3845  For more information about surprise billing go to https://dfr.oregon.gov/Documents/Surprise-billing-consumers.pdf.

## If your provider sends you a bill, do not pay it

Call Health Share for help right away 1-888-519-3845 [555-555-5555], (TTY 711).  You can also call your provider's billing office and make sure they know you have OHP.

## There may be services you have to pay for

Usually, with Health Share you will not have to pay any medical bills. Sometimes though, you do have to pay.

**You have to pay the provider if:**

- You get routine care outside of Oregon. You get services outside Oregon that are not for urgent or emergency care.
- You don't tell the provider you have OHP. You did not tell the provider that you have Health Share, another insurance, or gave a name that did not match the one on the Health Share ID at the time of or after the service was provided, so the provider could not bill Health Share. Providers must verify your Health Share eligibility at the time of service and before billing or doing collections. They must try to get coverage info prior to billing you.
- You continue to get a denied service. You or your representative requested continuation of benefits during an appeal and contested case hearing process, and the final decision was not in your favor. You will have to pay for any charges incurred for the denied services on or after the effective date on the notice of action or notice of appeal resolution.

- You get money for services from an accident. If a third-party payer, like car insurance, sent checks to you for services you got from your provider and you did not use these checks to pay the provider.
- We don't work with that provider. When you choose to see a provider that is not in-network with Health Share you may have to pay for your services. Before you see a provider that is not in-network with Health Share you should call Customer Service or work with your PCP, prior approval may be needed or there may be a provider in-network that can fit your needs. For a list of in-network Providers see page 49.
- You choose to get services that are not covered. You have to pay when you choose to have services that the provider tells you are not covered by Health Share. **In this case:**
  - The service is something that your plan does not cover.
  - Before you get the service, you sign a valid Agreement to Pay form. Learn more about the form below.

## You may be asked to sign an Agreement to Pay form

An agreement to pay form is used when you want a service that is not covered by Health Share or OHP. The form is also called a waiver. You can see a copy of the form at https://bit.ly/OHPwaiver.

**The following must be true for the Agreement to Pay form to be valid:**

- The form must have the estimated cost of the service. This must be the same as on the bill.
- The service is scheduled within 30 days from the date you signed the form.
- The form says that OHP does not cover the service.
- The form says you agree to pay the bill yourself.
- You asked to privately pay for a covered service. If you choose to do this, the provider may bill you if they tell you in advance the following:
  - The service is a covered and Health Share would pay them in full for the covered service.
  - The estimated cost, including all related charges, the amount Health Share would pay for the service. The provider cannot bill you for an amount more than Health Share would pay; and,
  - You knowingly and voluntarily agree to pay for the covered service.

- The provider documents in writing, signed by you or your representative, that they gave you the information above, and:
  - They gave you a chance to ask questions, get more information, and consult with your caseworker or representative.
  - You agree to privately pay. You or your representative sign the agreement that has all the private pay information.
  - The provider must give you a copy of the signed agreement. The provider cannot submit a claim to Health Share for the covered service listed on the agreement.

## Bills for emergency care away from home or out of state

Because some out of network emergency providers are not familiar with Oregon's OHP (Medicaid) rules, they may bill you. Contact Health Share Customer Service if you get a bill. We may have resources to help if you have been wrongfully billed.

**Call us right away if you get any bills from out of state providers.** Some providers send unpaid bills to collection agencies and may even sue in court to get paid. It is harder to fix the problem once that happens. As soon as you receive a bill:

- Do not ignore medical bills.
- Contact Health Share Customer Service as soon as possible at 503-416-8090(TTY 711). Hours: Monday-Friday 8:00 a.m.-5:00 p.m.
- If you get court papers, call us right away. You may also call an attorney or the Public Benefits Hotline at 800-520-5292 for free legal advice. There are consumer laws that can help you when you are wrongfully billed while on OHP.
- If you got a bill because your claim was denied by Health Share, contact Customer Service. Learn more about denials, your rights, and what to do if you disagree with us on page 114.

## Important tips about paying for services and bills

- We strongly urge you to call Customer Service before you agree to pay a provider.
- If your provider asks you to pay a copay, do not pay it! Ask the office staff to call Health Share.
- Health Share pays for all covered services in accordance with the Prioritized List of Health Services, see page 30.
- For a brief list of benefits and services that are covered under your OHP benefits with Health Share, who also covers case management and care coordination, see page 30. If you have any questions about what is covered, you can ask your PCP or call Health Share customer service.
- No Health Share in-network provider or someone working for them can bill a member, send a member's bill to a collection agency, or maintain a civil action against a member to collect any money owed by Health Share for services you are not responsible for.
- Members are never charged for rides to covered appointments. See page 64. Members may ask to get reimbursements for driving to covered visits or get bus passes to use the bus to go to covered visits.
- Protections from being billed usually only apply if the medical provider knew or should have known you had OHP. Also, they only apply to providers who work with OHP (but most providers do).
- Sometimes, your provider does not fill out the paperwork correctly. When this happens, they might not get paid. That does not mean you have to pay. If you already got the service and we refuse to pay your provider, your provider still cannot bill you.
- You may get a notice from us saying that we will not pay for the service. That notice does not mean you have to pay. The provider will write off the charges.
- If Health Share or your provider tell you that the service is not covered by OHP, you still have the right to challenge that decision by filing an appeal and asking for a hearing. See page 114.
- In the event of Health Share closing, you are not responsible to pay for services we cover or provide.

# Members with OHP and Medicare

Some people have OHP (Medicaid) and Medicare at the same time. OHP covers some things that Medicare does not. If you have both, Medicare is your main health coverage. OHP can pay for things like medications that Medicare doesn't cover.

**If you have both, you are not responsible for:**

- Co-pays
- Deductibles or
- Co-insurance charges for Medicare services, those charges are covered by OHP.

You may need to pay a co-pay for some prescription costs.

There are times you may have to pay deductibles, co-insurance or co-pays if you choose to see a provider outside of the network. 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.

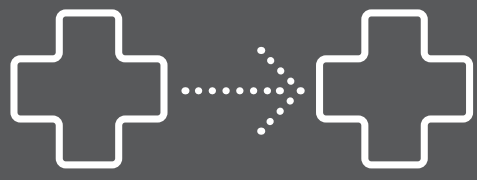
Call Customer Service to learn more about which benefits are paid for by Medicare and OHP (Medicaid), or to get help finding a provider and how to get services.

## Providers will bill your Medicare and Health Share

Health Share works with Medicare and has an agreement that all claims will be sent so we can pay.

- Give the provider your OHP ID number and tell them you're covered by Health Share. If they still say you owe money, call Customer Service at 503-416-8090, (TTY 711). We can help you.
- Learn about the few times a provider can send you a bill on page 94.

Members with Medicare can change or leave the CCO they use for physical care at any time. However, members with Medicare must use a CCO for dental and behavioral health care.



# Changing CCOs and moving care

**You have the right to change CCOs or leave a CCO if you have an approved reason**

If you do not have a CCO, your OHP is called Fee-For-Service or open card. This is called "fee-for-service" because the state pays providers a fee for each service they provide. Fee-for-service members get the same types of physical, dental, and behavioral health care benefits as CCO members.

## When you can change or leave a CCO

The CCO you have depends on where you live. Some areas have more than one CCO. In those areas, there are rules about when you can change your CCO. **You can choose to change or disenroll (leave) during these times:**

- Within 30 days if:
  - You don't want the plan you were enrolled in, or
  - You asked for a certain plan and the state put you in a different one.
- In the first 90 days after you join the CCO, or
  - If the state sends you a "coverage" letter that says you are part of the CCO after your start date, then you have 90 days after that letter date.
- After you have been with the same CCO for 6 months.
- When you renew your OHP.

- If you lose OHP for less than 2 months, are reenrolled into a CCO, and missed your chance to pick the CCO when you would have renewed your OHP.
- When a CCO is suspended from adding new members.
- At least once every 12 months if the options above don't apply.

## If any of following happens, you can change or leave at any time:

- The CCO has moral or religious objections about the service you want.
- You have a medical reason. When related services are not available in network, and your provider says that getting the services separately would mean unnecessary risk. Example: a Caesarean section and a tubal ligation at the same time.
- Other reasons including, but not limited to, poor care, lack of access to covered services, or lack of access to network providers who are experienced in your specific health care needs.
- You move out of the service area.
    - If you move to a place that your CCO does not serve, you can change plans as soon as you tell OHP about the move. Please call OHP at 800-699-9075 or use your online account at ONE.Oregon.gov.
- Services are not provided in your preferred language.
- Services are not provided in a culturally appropriate manner; or
- You're at risk of having a lack of continued care.

## Some people can ask to change or leave a CCO at any time. These members are:

- Members with Medicare and OHP (Medicaid) can change or leave the CCO they use for physical care at any time. However, members with Medicare must use a CCO for dental and behavioral health care.
- American Indian and Alaska Native with proof of Indian Heritage who want to get care somewhere else. They can get care from an Indian Health Services facility, tribal health clinic/program, or urban clinic and OHP fee-for-service.

You can ask about these options by phone or in writing. Please call OHP Client Services at 800-273-0557 or email Oregon.Benefits@odhsoha.oregon.gov.

# How to change or leave your CCO

**Things to consider:** Health Share wants to make sure you receive the best possible care. Health Share can give you some services that FFS or open card cannot. When you have a problem getting the right care, please let us try to help you before leaving Health Share.

If you still wish to leave there must be another CCO available in your service area for you to switch your plan.

**Tell OHP if you want to change or leave your CCO.** You and/or your representative can call OHP Client Services at 800-273-0557 (TTY 711) from Monday through Friday, 8 a.m. to 5 p.m. PT. Use your online account at ONE.Oregon.gov or email Oregon.Benefits@odhsoha.oregon.gov.

You can get care while you change your CCO. See page 28 to learn more.

# Health Share can ask you to leave for some reasons

**Health Share may ask OHA to remove you from our plan if you:**

- Are abusive, uncooperative, or disruptive to our staff or providers. Unless when the behavior is due to your special health care need or disability.
- Commit fraud or other illegal acts, such as letting someone else use your health care benefits, changing a prescription, theft, or other criminal acts.
- Are violent or threaten violence. This could be directed at a health care provider, their staff, other patients, or Health Share staff. When the act or threat of violence seriously impairs Health Share ability to furnish services to either you or other members.

We have to ask the state (Oregon Health Authority) to review and approve removing you from our plan. You will get a letter if the CCO ask to disenroll (remove) you has been approved. You can make a complaint if you are not happy with the process or if you disagree with the decision. See page 114 for how to make a complaint or ask for an appeal.

**Health Share cannot ask to remove you from our plan because of reasons related to (but not limited to):**

- Your health status gets worse.
- You don't use services.
- You use many services.
- You are about to use services or be placed in a care facility (like a long-term care facility or Psychiatric Residental Treatment Facility)
- Special needs behavior that may be disruptive or uncooperative.
- Your protected class, medical condition or history means you will probably need many future services or expensive future services.
- Your physical, intellectual, developmental, or mental disability.
- You are in the custody of ODHS Child Welfare.
- You make a complaint, disagree with a decision, ask for an appeal or hearing.
- You make a decision about your care that Health Share disagrees with.

For more information or questions about other reasons you may be disenrolled, temporary enrollment exceptions or enrollment exemptions, call Health Share at 503-416-8090 or OHP Client Services at 800-273-0557.

You will get a letter with your disenrollment rights at least 60 days before you need to renew your OHP.

# Care while you change or leave a CCO

Some members who change plans can still get the same services, prescription drug coverage and see the same providers even if not in-network. That means care will not change when you switch CCOs or move from OHP fee-for-service to a CCO. This is sometimes called "Transition of Care." You can read more about Transition of Care on our website at www.healthshareoregon.org/members/get-help/transition-of-care-2 .

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. Here is a list of some examples of those who can get this help:**

- Members who need end-stage renal disease care.
- Medically fragile children.
- Breast and cervical cancer treatment program members.
- Members getting Care Assist help due to HIV/AIDS.
- Members who had a transplant.
- Members who are pregnant or just had a baby.
- Members getting treatment for cancer.
- Any member that if they don't get continued services may suffer serious detriment to their health or be at risk for the need of hospital or institution care.

**The timeframe that this care lasts is:**

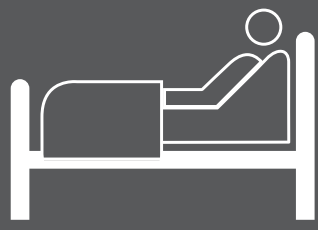
- 90 days for members who have both Medicare and OHP (Medicaid).
- For other members, whatever timeframe is shorter:
  - 30 days for physical and oral health and 60 days for behavioral health, or
  - Until the member's new PCP reviews their care plan.

**Health Share will make sure members who need the same care while changing plans get:**

- Continued access to care and rides to care.
- Allow services from their provider even if they are not in the Health Share network until one of these happen:
  - The minimum or approved prescribed treatment course is completed, or
  - The reviewing provider decides that the care is no longer medically needed. If the care is by a specialist, the treatment plan will be reviewed by a qualified provider.
- Some types of care will continue until complete with the current provider. These types of care are:

- Care before and after you are pregnant/deliver a baby (prenatal and postpartum).
- Transplant services until the first year post-transplant.
- Radiation or chemotherapy (cancer treatment) for their course of treatment.
- Medications with a defined least course of treatment that is more than the transition of care timeframes above.

You can get a copy of the Health Share Care Coordination Policy, call Customer Service at 503-416-8090. It is also on our website at https://www.healthshareoregon.org/coordinated-care-policy. Please call Customer Service if you have questions.



# End of life decisions

## Advance directives

All adults have the right to make decisions about their care. This includes the right to accept and refuse treatment. An illness or injury may keep you from telling your doctor, family members or representative about the care you want to receive. Oregon law allows you to state your wishes, beliefs, and goals in advance, before you need that kind of care. The form you use is called an **advance directive.**

Learn more about Advance Directives through your health plan.

**OHSU Health**
Visit: www.ohsu.edu/health/instructions-filling-out-advance-directives

**Kaiser**
Visit: healthy.kaiserpermanente.org/oregon-washington/health-wellness/life-careplan/who-to-tell

**Legacy Health PacificSource**
Visit: www.legacyhealth.org/patients-and-visitors/about-your-care/your-hospital-stay/checking-in/advance-directive-and-POLST

**Providence**
Visit: www.providencehealthplan.com/health-share-providence-ohp/advanced-directives-and-declaration-for-mental-health-treatment

**CareOregon**
You can get an Advance Directive form at no cost by calling CareOregon Customer Service at 800-224-4840, TTY 711. You can also get it from Oregon Health Decisions by calling toll-free 800-422-4805.

**An advance directive allows you to:**

- Share your values, beliefs, goals and wishes for health care if you are unable to express them yourself.
- Name a person to make your health care decisions if you could not make them for yourself. This person is called your health care representative and they must agree to act in this role.
- Allows you the right to deny or accept medical treatment or surgeries and the right to make decisions about your medical care.

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 CANCELED in large letters, sign and date them.

For religious reasons, some health plans and hospitals do not allow providers to follow every advance directive. That is not the case at Health Share. At 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 www.oregonhealthdecisions.org.

## How to get more information about Advance Directives

We can give you a free booklet on advance directives. It is called "Making Health Care Decisions". Just call us to learn more, get a copy of the booklet and the Advance Directive form. Call Health Share Customer Service at 503-416-8090.

To download the Advance Directive form, please visit: https://www.oregon.gov/oha/ph/about/pages/adac-forms.aspx

To view Health Share's Advanced Directives and Declaration for Mental Health Treatment Policy, visit: healthshareoregon.org/advanced-directives-policy. You may also call Health Share Customer Service to request a paper copy be sent to you.

You also can learn about advance directives by calling Oregon Health Decisions at: 503-692-0894 or 800-422-4805 (TTY users, please call 711). Hours: Monday through Thursday, 9 a.m. to 3 p.m. PT.

**Other helpful information about Advance Directives**

- Completing the advance directive is your choice. If you choose not to fill out and sign the advance directive, your coverage or access to care will stay the same.
- You will not be treated differently by Health Share if you decide not to fill out and sign an advance directive.
- If you complete an advance directive be sure to talk to your providers and your family about it and give them copies.
- Health Share will honor any choices you have listed in your completed and signed Advance Directive.

## How to complain if Health Share did not follow advance directive requirements

You can make a complaint to the Health Licensing Office if your provider does not do what you ask in your advance directive.

**Health Licensing Office**
503-370-9216 (TTY users, please call 711)
**Hours:** Monday through Friday, 8 a.m. to 5 p.m. PT

**Mail a complaint to:**
1430 Tandem Ave NE, Suite 180
Salem, OR 97301
**Email:**
hlo.info@odhsoha.oregon.gov

Call Health Share Customer Service at 888-519-3845(TTY 711) to get a paper copy of the complaint form.

You can find complaint forms and learn more at: www.oregon.gov/oha/PH/HLO/Pages/file-complaint.aspx.

## How to Cancel an Advance Directive

To cancel, ask for copies of your advance directive back and tear them up. You can also write CANCELED in large letters, sign, and date them. For questions or more info contact Oregon Health Decisions at 800-422-4805 or 503-692-0894 (TTY 711).

## What is the difference between a POLST and advance directive?

**Portable Orders for Life-Sustaining Treatment (POLST)**

A POLST is a medical form that you can use to make sure your wishes for treatment near the end of life are followed by medical providers. You are never required to fill out a POLST, but if you have serious illnesses or other reasons why you would not want all types of medical treatment, you can learn more about this form. The POLST is different from an Advance Directive:

| | Advance Directive | POLST |
|---|---|---|
| **What is it?** | Legal document | Medical order |
| **Who can get it?** | For all adults over the age of 18 | Anyone of any age with a serious illness |
| **Does my provider need to approve/sign?** | Does not require provider approval | Needs to be signed and approved by healthcare provider |
| **When is it used?** | Future care or condition | Current care and condition |

To learn more, visit: https://oregonpolst.org/
Email: polst@ohsu.edu or call Oregon POLST at 503-494-3965.

## Declaration for Mental Health Treatment

Oregon has a form for writing down your wishes for mental healthcare. The form is called the Declaration for Mental Health Treatment. The form is for when you have a mental health crisis, or you can't make decisions about your mental health treatment. You have the choice to complete this form, when not in a crisis, and can understand and make decisions about your care.

**What does this form do for me?**
The form tells what kind of care you want if you are ever unable to make decisions on your own. Only a court and two doctors can decide if you cannot make decisions about your mental health.

This form allows you to make choices about the kinds of care you want and do not want. It can be used to name an adult to make decisions about your care. The person you name must agree to speak for you and follow your wishes. If your wishes are not in writing, this person will decide what you would want.

A declaration form is only good for 3 years. If you become unable to decide during those 3 years, your form will take effect. It will remain in effect until you can make decisions again. You may cancel your declaration when you can make choices about your care. You must give your form both to your PCP and to the person you name to make decisions for you.

To learn more about the Declaration for Mental Health Treatment, visit the State of Oregon's website at https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/le9550.pdf

If your provider does not follow your wishes in your form, you can complain. A form for this is at www.healthoregon.org/hcrqi. **Send your complaint to:**

**MAIL:** Mark clearly on the envelope ***CONFIDENTIAL*** and send to:
Health Facility Licensing and Certification Program
`800 NE Oregon Street, Suite 465
Portland, OR 97232
**E-MAIL:** mailbox.hclc@odhsoha.oregon.gov
**FAX:** (971) 673-0556

# Reporting Fraud, Waste, and Abuse

We're a community health plan, and we want to make sure that healthcare dollars are spent helping our members be healthy and well. We need your help to do that.

If you think fraud, waste, or abuse has happened report it as soon as you can. You can report it anonymously. Whistleblower laws protect people who report fraud, waste, and abuse. You will not lose your coverage if you make a report. It is illegal to harass, threaten, or discriminate against someone who reports fraud, waste, or abuse.

## Medicaid Fraud is against the law and Health Share takes this seriously

**Some examples of fraud, waste and abuse by a provider are:**

- A provider charging you for a service covered by Health Share
- A provider billing for services that you did not receive
- A provider giving you a service that you do not need based on your health condition

**Some examples of fraud, waste and abuse by a member are:**

- Going to multiple doctors for prescriptions for a drug already prescribed to you
- Someone using another person's ID to get benefits

## How to make a report of fraud, waste and abuse

You can make a report of fraud, waste and abuse a few ways:

Call, fax, submit on-line or write directly to Health Share. **We report all suspected fraud, waste, and abuse committed by providers or members to the state agencies listed below.**

**Call our compliance hotline:**
503-416-1459
**Fax:** 503-459-5749

**Get a complaint form:** www.oregon.gov/oha/PH/HLO/Pages/file-complaint.aspx
**Write to:** Health Share
**Attn:** Compliance
2121 SW Broadway #200
Portland, OR 97201

**—OR—**

**Report Member fraud, waste and abuse by calling, faxing or writing to:**
DHS Fraud
Investigation Unit
P.O. Box 14150
Salem, OR 97309
**Hotline:** 1-888-FRAUD01 (888-372-8301)
**Fax:** 503-373-1525
**Attn:** Hotline

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

**—OR— (specific to providers)**

**OHA Office of Program Integrity**
3406 Cherry Avenue NE
Salem, OR 97303-4924
**Hotline:** 1-888-FRAUD01 (888-372-8301)
**Fax:** 503-378-2577
**Website:**
www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx.

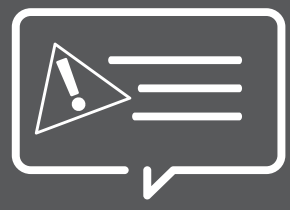
**—OR—**

**Medicaid Fraud Control Unit (MFCU)**
Oregon Department
of Justice
100 SW Market Street
Portland, OR 97201
**Phone:** 971-673-1880
**Fax:** 971-673-1890

To report client and provider fraud online: www.oregon.gov/dhs/abuse/Pages/fraud-reporting.aspx

Health Share is committed to preventing fraud, waste, and abuse. We will follow all related laws, including the State's False Claims Act and the and the Federal False Claims Act

# Complaints, Grievance, Appeals and Fair Hearings



Health Share  makes sure all members have access to a grievance system (complaints, grievances, appeals and hearings). We try to make it easy for members to file a complaint, grievance, or appeal and get info on how to file a hearing with the Oregon Health Authority.

Let us know if you need help with any part of the complaint, grievance, appeal, and/or hearings process. We can also give you more information about how we handle complaints/grievances and appeals. Copies of our notice template are also available.
**If you need help or would like more information beyond what is in the handbook contact us at:**

**Email:** info@healthshareoregon.org
**Mail:** Civil Rights Manager
2121 SW Broadway, Suite 200
Portland, OR 97201
**Phone:** 503-416-1459 (TTY/TDD 711)
**Fax:** 503-459-5749

You may also visit our website at: www.healthshareoregon.org/members/get-help/member-rights/appeals-and-grievances

## You can make a complaint

- A complaint is letting us know you are not satisfied.
- A dispute is when you do not agree with Health Share or a provider.
- A grievance is a complaint you can make if you are not happy with Health Share, your healthcare services, or your provider. A dispute can also be a grievance.

To make it easy, OHP uses the word complaint for grievances and disputes, too. If you are not happy with Health Share, your healthcare services, or your provider, you can complain or file a grievance. You have a right to make a complaint if you are not satisfied with any part of your care. We will try to make things better. Just call Health Share Customer Service at 503-416-8090, or toll Free: 888-519-3845 TTY/TDD: 711.

**You can also make a complaint with OHA or Ombuds. You can reach OHA at**
1-800-273-0557 or Ombuds at 1-877-642-0450.
**or Write:**
**Mail:** Civil Rights Manager
2121 SW Broadway, Suite 200
Portland, OR 97201

You may also find a complaint form at www.healthshareoregon.org/members/get-help/member-rights/appeals-and-grievances

You can file a complaint about any matter other than a notice of denial for service or benefits and at any time orally or in writing. If you file a complaint with OHA it will be forwarded to Health Share.

**Examples of reasons you may file a complaint are:**
- Problems making appointments or getting a ride
- Problems finding a provider near where you live
- Not feeling respected or understood by providers, provider staff, drivers or Health Share
- Care you were not sure about, but got anyway
- Bills for services you did not agree to pay
- Disputes on Health Share extension proposals to make approval decisions
- Driver or vehicle safety
- Quality of the service you received

A representative or your provider may make (file) a complaint on your behalf, with your written permission to do so.

We will look into your complaint and let you know what can be done as quickly as your health requires. This will be done within 5 business days from the day we got your complaint.

If we need more time, we will send you a letter within 5 business days. We will tell you why we need more time. We will only ask for more time if it's in your best interest. All letters will be written in your preferred language. We will send you a letter within 30 days of when we got the complaint explaining how we will address it.

If you are unhappy with how we handled your complaint or grievance, you can share that with the Oregon Health Authority's Client Services Unit at 1-800-273-0557 or please reach out to the OHA Ombuds Program. The Ombuds are advocates for OHP members and they will do their best to help you. Please email OHA.OmbudsOffice@odhsoha.oregon.gov or leave a message at 877-642-0450.

Another resource for supports and services in your community is 211 Info. Call 2-1-1 or go to the 211 Info website for help.

**Health Share, its contractors, subcontractors, and participating providers cannot:**

- Stop a member from using any part of the complaint and appeal system process or take punitive action against a provider who ask for an expedited result or supports a member's appeal.
- Encourage the withdrawal of a complaint, appeal, or hearing already filed; or
- Use the filing or result of a complaint, appeal, or hearing as a reason to react against a member or to request member disenrollment.

# You can ask us to change a decision we made

**This is called an appeal.**

If we deny, stop, or reduce a medical, dental or behavioral health service, we will send you a denial letter that tells you about our decision. This denial letter is also called a Notice of Adverse Benefit Determination (NOABD). We will also let your provider know about our decision.

**If you disagree with our decision, you have the right to ask us to change it.** This is called an appeal because you are appealing our decision.

| | Follow these steps if you do not agree with our decision |
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| **Step 1** | **Ask for an appeal.**<br>You must ask within 60 days of the date of the denial letter (NOABD).<br>Call us at 503-416-1459 (TTY/TDD 711) or use the Request to Review a Health Care Decision form. The form was sent with the denial letter. You can also get it at https://bit.ly/request2review.<br>**You can mail the form to:**<br>Health Share of Oregon<br>Grievance Department<br>2121 SW Broadway, Suite 200<br>Portland, OR 97201<br>You can also fax the form to 503-459-5749.<br>**Who can ask for an appeal?**<br>You or someone with written permission to speak for you. That could be your doctor or an authorized representative. |
| **Step 2** | **Wait for our reply.**<br>Once we get your request, we will look at the original decision. A new doctor will look at your medical records and the service request to see if we followed the rules correctly. You can give us any more information you think would help us review the decision.<br>**How long do you get to review my appeal?**<br>We have 16 days to review your request and reply. If we need more time, we will send you a letter. We have up to 14 more days to reply.<br>**What if I need a faster reply?**<br>You can ask for a fast appeal. This is also called an expedited appeal. Call us or fax the request form. The form was sent with the denial letter. You can also get it at https://bit.ly/request2review. Ask for a fast appeal if waiting for the regular appeal could put your life, health or ability to function in danger. We will call you and send you a letter, within 1 business day, to let you know we have received your request for a fast appeal. |

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| **Step 2 (cont)** | **How long does a fast appeal take?**<br>If you get a fast appeal, we will make our decision as quickly as your health requires, no more than 72 hours from when the fast appeal request was received. We will do our best to reach you and your provider by phone to let you know our decision. You will also get a letter.<br>At your request or if we need more time, we may extend the timeframe for up to 14 days.<br>If a fast appeal is denied or more time is needed, we will call you and you will receive written notice within two days. A denied fast appeal request will become a standard appeal and needs to be resolved in 16 days or possibly be extended 14 more days.<br>If you don't agree with a decision to extend the appeal time frame or if a fast appeal is denied, you have the right to file a complaint. |
| **Step 3** | **Read our decision.**<br>We will send you a letter with our appeal decision. This appeal decision letter is also called a Notice of Appeal Resolution (NOAR). If you agree with the decision, you do not have to do anything.<br>**Still don't agree? Ask for a hearing.**<br>You can ask the state to review the appeal decision. This is called asking for a hearing. You must ask for a hearing within 120 days of the date of the appeal decision letter (NOAR).<br>**What if I need a faster hearing?**<br>You can ask for a fast hearing. This is also called an expedited hearing.<br>Use the online hearing form at https://bit.ly/ohp-hearing-form to ask for a normal hearing or a faster hearing. |

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| **Step 3** | You can also call the state at 800-273-0557 (TTY 711) or use the request form that was sent with the letter. Get the form at https://bit.ly/request2review. **You can send the form to:**<br>OHA Medical Hearings<br>500 Summer St NE E49<br>Salem, OR 97301<br>Fax: 503-945-6035<br>The state will decide if you can have a fast hearing 2 working days after getting your request. **Who can ask for a hearing?**<br>You or someone with permission to speak for you. That could be your doctor or an authorized representative.<br>**What happens at a hearing?**<br>At the hearing, you can tell the Oregon Administrative Law judge why you do not agree with our decision about your appeal. The judge will make the final decision. |

# Questions and answers about appeals and hearings

## What if I don't get a denial letter? Can I still ask for an appeal?

You have to get a denial letter before you can ask for an appeal.

If your provider says that you cannot have a service or that you will have to pay for a service, you can ask us for a denial letter (NOABD). Once you have the denial letter, you can ask for an appeal.

## What if Health Share doesn't meet the appeal timeline?

If we take longer than 30 days to reply, you can ask the state for a review. This is called a hearing. To ask for a hearing, call the state at 800-273-0557 (TTY 711) or use the request form that was sent with the denial letter (NOABD). Get the form at https://bit.ly/request2review.

## Can someone else represent me or help me in a hearing?

You have the right to have another person of your choosing represent you in the hearing. This could be anyone, like a friend, family member, lawyer, or your provider. You also have the right to represent yourself if you choose. If you hire a lawyer, you must pay their fees.

For advice and possible no-cost representation, call the Public Benefits Hotline at 1-800-520-5292; TTY 711. The hotline is a partnership between Legal Aid of Oregon and the Oregon Law Center. Information about free legal help can also be found at OregonLawHelp.com

## Can I still get the benefit or service while I'm waiting for a decision?

If you have been getting the benefit or service that was denied and we stopped providing it, you can ask us to continue it during the appeal and hearings process. Ask for this within 10 days of the date of the notice or by the date this decision is effective, whichever is later.
**Ways you can ask:**

- You can ask by phone, letter, or fax.
- You can also use the enclosed Request to Review a Health Care Decision form.

The form was sent with the letter. You can also get it at https://bit.ly/request2review.
Please answer "yes" to the question about continuing services on box 8 on page 4 on the Request to Review a Health Care Decision form.

### Do I have to pay for the continued service?

If you choose to still get the denied benefit or service, you may have to pay for it. If we change our decision during the appeal, or if the judge agrees with you at the hearing, you will not have to pay.

If we change our decision and you were not receiving the service or benefit, we will approve or provide the service or benefit as quickly as your health requires. We will take no more than 72 hours from the day we get notice that our decision was reversed.

## What if I don't get a denial letter? Can I still ask for an appeal?

If you have both Health Share and Medicare, you may have more appeal rights than those listed above. Call Customer Service at 503-416-8090 (TTY 711) for more information. You can also call Medicare at 1-800-633-4227 to find out more on your appeal rights.

# Words to Know

**Appeal** – When you ask your plan to change a decision you disagree with about a service your doctor ordered. You can call, write a letter or fill out a form that explains why the plan should change its decision. This is called filing an appeal.

**Advance Directive** – A legal form that lets you express your wishes for end-of-life care. You can choose someone to make health care decisions for you if you can't make them yourself.

**Assessment** – Review of information about a patient's care, health care problems, and needs. This is used to know if care needs to change and plan future care.

**Balance bill (surprise billing)** - Balance billing is when you get a bill from your provider for a leftover amount. This happens when a plan does not cover the entire cost of a service. This is also called a surprise bill. OHP providers are not supposed to balance bill members.

**Behavioral health** – This is mental health, mental illness, addiction and substance use disorders. It can change your mood, thinking, or how you act.

**Copay or Copayment** – An amount of money that a person must pay for services like prescriptions or visits. OHP members do not have copays. Private health insurance and Medicare sometimes have copays.

**Care Coordination** – A service that gives you education, support and community resources. It helps you work on your health and find your way in the health care system.

**Civil Action** – A lawsuit filed to get payment. This is not a lawsuit for a crime. Some examples are personal injury, bill collection, medical malpractice, and fraud.

**Co-insurance** – The amount someone must pay to a health plan for care. It is often a percentage of the cost, like 20%. Insurance pays the rest.

**Consumer Laws** – Rules and laws meant to protect people and stop dishonest business practices.

**Coordinated care organization (CCO)** – A CCO is a local OHP plan that helps you use your benefits. CCOs are made up of all types of health care providers in a community. They work together to care for OHP members in an area or region of the state.

**Crisis** – A time of difficulty, trouble, or danger. It can lead to an emergency situation if not addressed.

**Declaration of Mental Health Treatment** – A form you can fill out when you have a mental health crisis and can't make decisions about your care. It outlines choices about the care you want and do not want. It also lets you name an adult who can make decisions about your care.

**Deductible** – The amount you pay for covered health care services before your insurance pays the rest. This is only for Medicare and private health insurance.

**Devices for habilitation and rehabilitation** – Supplies to help you with therapy services or other everyday tasks. Examples include:

- Walkers
- Canes
- Crutches
- Glucose monitors
- Infusion pumps
- Assistive breathing machine
- Prosthetics and orthotics
- Low vision aids
- Communication devices
- Motorized wheelchairs

**Diagnosis** – When a provider finds out the problem, condition, or disease.

**Durable medical equipment (DME)** – Things like wheelchairs, walkers and hospital beds that last a long time. They don't get used up like medical supplies.

**Emergency dental condition** - A dental health problem based on your symptoms. Examples are severe tooth pain or swelling.

**Emergency medical condition** – An illness or injury that needs care right away. This can be bleeding that won't stop, severe pain or broken bones. It can be something that will cause some part of your body to stop working. An emergency mental health condition is the feeling of being out of control or feeling like you might hurt yourself or someone else.

**Emergency medical transportation** – Using an ambulance or Life Flight to get medical care. Emergency medical technicians give care during the ride or flight

**ER or ED** – It means emergency room or emergency department. This is the place in a hospital where you can get care for a medical or mental health emergency.

**Emergency room care** – Care you get when you have a serious medical issue and it is not safe to wait. This can happen in an ER.

**Emergency services** – Care that improves or stabilizes sudden serious medical or mental health conditions.

**Excluded services** – What a health plan does not pay for. Example: OHP doesn't pay for services to improve your looks, like cosmetic surgery or things that get better on their own, like a cold.

**Federal and State False Claims Act** – Laws that makes it a crime for someone to knowingly make a false record or file a false claim for health care.

**Grievance** – A formal complaint you can make if you are not happy with your CCO, your healthcare services, or your provider. OHP calls this a complaint. The law says CCOs must respond to each complaint.

**Habilitation services and devices** – Services and devices that teach daily living skills. An example is speech therapy for a child who has not started to speak.

**Health insurance** – A program that pays for healthcare. After you sign up, a company or government agency pays for covered health services. Some insurance programs need monthly payments, called premiums.

**Health Risk Screening** – A survey about a member's health. The survey asks about emotional and physical health, behaviors, living conditions and family history. CCOs use it to connect members to the right help and support.

**Home Health Care** – Services you get at home to help you live better after surgery, an illness or injury. Help with medications, meals and bathing are some of these services.

**Hospice services** – Services to comfort a person who is dying and to help their family. Hospice is flexible and can be pain treatment, counseling and respite care.

**Hospital inpatient and outpatient care** – Inpatient: When you are admitted to a hospital and stay at least three (3) nights. Outpatient: When surgery or treatment is performed in a hospital and then you leave after.

**Hospitalization** – When someone is checked into a hospital for care.

Intensive care coordination – Some members with special healthcare needs will get more help and resources to reach healthy results. An example of someone with special healthcare needs may be:

- Older adults
- People with disabilities
- People with multiple or chronic conditions
- Children with behavioral problems
- People using IV drugs
- People with high-risk pregnancy
- Veterans and their families
- People with HIV/AIDS or tuberculosis

**Medicaid** – A national program that helps with healthcare costs for people with low income. In Oregon, it is called the Oregon Health Plan.

**Medically necessary** – Services and supplies that are needed to prevent, diagnose or treat a medical condition or its symptoms. It can also mean services that are standard treatment.

**Medicare** – A health care program for people 65 or older. It also helps people with certain disabilities of any age.

**Network** – The medical, mental health, dental, pharmacy and equipment providers that have a contract with a CCO.

**In-Network or Participating Provider** – Any provider that works with your CCO. You can see in-network providers for free. Some network specialists require a referral.

**Out-of-Network Provider** – A provider who has not signed a contract with the CCO. The CCO doesn't pay for members to see them. You have to get approval to see an out-of-network provider.

**OHP Agreement to Pay (OHP 3165 or 3166) Wavier** - A form that you sign if you agree to pay for a service that OHP does not pay for. It is only good for the exact service and dates listed on the form. You can see the blank waiver form at https://bit.ly/OHPwaiver. Unsure if you signed a waiver form? You can ask your provider's office. For additional languages, please visit: www.oregon.gov/oha/hsd/ohp/pages/forms.aspx

**Physician services** – Services that you get from a doctor.

**Plan** – A health organization or CCO that pays for its members' health care services.

**POLST** – Portable Orders for Life-Sustaining Treatment (POLST). A form that you can use to make sure your care wishes near the end of life are followed by medical providers.

**Post-Stabilization Services** – Services after an emergency to help keep you stable, or to improve or fix your condition

**Preapproval (prior authorization, or PA)** – A document that says your plan will pay for a service. Some plans and services require a PA before you get the service. Doctors usually take care of this.

**Premium** – The cost of insurance.

**Prescription drug coverage** – Health insurance or plan that helps pay for medications.

**Prescription drugs** – Drugs that your doctor tells you to take.

**Preventive care or prevention** – Health care that helps keep you well. Examples are getting a flu vaccine or a check-up each year.

**Primary care provider (PCP)** – A medical professional who takes care of your health. They are usually the first person you call when you have health issues or need care. Your PCP can be a doctor, nurse practitioner, physician's assistant, osteopath or sometimes a naturopath.

**Primary care dentist (PCD)** – The dentist you usually go to who takes care of your teeth and gums.

**Provider** – Any person or agency that provides a health care service.

**Rehabilitation services** – Services to help you get back to full health. These help usually after surgery, injury, or substance abuse.

**Representative** – A person chosen to act or speak on your behalf.

**Screening** – A survey or exam to check for health conditions and care needs.

**Skilled nursing care** – Help from a nurse with wound care, therapy or taking your medicine. You can get skilled nursing care in a hospital, nursing home or in your own home with home healthcare.

**Specialist** – A medical provider who has special training to care for a certain part of the body or type of illness.

**Suicide** – The act of taking one's own life.

**Telehealth** – Video care or care over the phone instead of in a provider's office.

**Transition of care** – 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. This is called transition of care. 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.

**Traditional health worker (THW)** – A public health worker who works with healthcare providers to serve a community or clinic. A THW makes sure members are treated fairly. Not all THWs are certified by the state of Oregon. There are six (6) different types of THWs, including:

- Community health worker
- Peer wellness specialist
- Personal health navigator
- Peer support specialist
- Birth doula
- Tribal Traditional Health Workers

**Urgent care** – Care that you need the same day for serious pain. It also includes care to keep an injury or illness from getting much worse or to avoid losing function in part of your body.

**Whistleblower** – Someone who reports waste, fraud, abuse, corruption, or dangers to public health and safety.

health share

Health Share of Oregon

**HealthShareOregon.org**

Customer Service: 503-416-8090

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