

Member Handbook

2019



www.healthshareoregon.org

Call
503-416-8090

Toll Free
1-888-519-3845

TTY/TDD: 711

FAX: 503-459-5749

Broadway Plaza, Suite #200
2121 SW Broadway, Portland, OR 97201

Office hours: Monday through Friday 8 a.m. to 5 p.m. Our office is wheelchair accessible.



Name:

Health Share ID:

Keep this handbook in a safe place for your records.

You can get this handbook in different languages, large print, electronic format, audio tape, oral presentation (face-to-face or on the phone), or Braille. If you would like a different format, please call Health Share Customer Service at 503-416-8090. The toll-free number is 1-888-519-3845. Our TTY/TDD number is 711. www.healthshareoregon.org

Puede obtener el presente manual en diferentes idiomas, letra grande, formato electrónico, cinta de audio, presentación verbal (en persona o por teléfono) o Braille. Si le gustaría recibir un formato diferente, sírvase llamar al Departamento de Atención al Cliente de Health Share al 503-416-8090. El número para llamadas gratuitas es el 1-888-519-3845. Nuestro número de TTY/TDD (para personas con problemas de audición) es el 711. www.healthshareoregon.org

Этот справочник предлагается на различных языках и в различных форматах, в том числе в виде текста, набранного крупным шрифтом или шрифтом Брайля, в электронном формате, в формате звукозаписи, а также посредством чтения вслух (лицом к лицу или по телефону). Если Вы желаете получить справочник в другом формате, пожалуйста, позвоните в отдел обслуживания клиентов организации Health Share по тел. 503 416 8090. Бесплатный вызов: 1 800 519 3845. Номер службы трансляции для глухих (телетайпа): 711. www.healthshareoregon.org

Quý vị có thể nhận cuốn cẩm nang này bằng những ngôn ngữ khác nhau, in khổ lớn, hình thức điện tử, băng thâu âm, thuyết trình (diện đối diện hoặc qua điện thoại), hoặc chữ nổi Braille. Nếu quý vị muốn có hình thức khác, xin gọi điện thoại cho Dịch Vụ Thân Chủ Health Share tại số 503-416-8090. Số miễn phí 1-888-519-3845. Số TTY/TDD (điện thoại dành cho người điếc hoặc khuyết tật về phát âm) của chúng tôi là 711. www.healthshareoregon.org

此手冊提供不同格式的版本，包括各種語言、大號字體、電腦磁片、錄音磁帶、口頭演講（面對面或透過電話）和盲文字體等版本供您選擇。假如您想要一種不同的版本，請致電 Health Share 客戶服務部：503-416-8090。免費電話：1-800-519-3845。我們的聽障/語障號碼為 711。 www.healthshareoregon.org

Buugan waxaa la helayaa isagoo oo ku qoran luqado kale, far waawayn, cajalada la duubo, hadal jeedin dhinaca afka ah (oo fool ka fool ah ama telefoon ah), ama farta dadka indhaha aan qabin wax ku akhriyaan ee Braille. Haddii aad rabto isagoo u qoran qaabkale, fadlan wac Adeega Macmiilka Health Share 503-416-8090. Khadka bilaashka ahi waa 1-800-519-3845. Lambarkayaga TTY/TDD waa 711. www.healthshareoregon.org

يمكنكم الحصول على هذا الكتيب بلغات مختلفة أو بحروف كبيرة أو بتنسيق إلكتروني أو شريط تسجيل صوتي أو بعرض تقديمي شفهي (وجهاً لوجه أو على الهاتف) أو بلغة البريل. إذا كنتم تودون الحصول على تنسيق مختلف، فيرجى الاتصال بقسم خدمات الزبائن في Health Share على الرقم 503-416-8090. رقم الاتصال المجاني هو 1-800-519-3845. رقم TTY/TDD هو 711. www.healthshareoregon.org

이 안내서는 다른 언어나 큰 활자, 전자 매체 형식, 음성 테이프, 구두 설명 (직접 대면 또는 전화) 및 점자로 된 것을 이용할 수도 있습니다. 만일 다른 체재로 된 안내서를 원한다면, Health Share 고객센터 전화 503-416-8090번으로 연락하시기 바랍니다. 수신자 부담 전화번호는 1-800-519-3845번입니다. 언어 장애인/청각 장애인용(TTY/TDD) 번호는 711번입니다. www.healthshareoregon.org

می توانید این کتابچه راهنما را به زبان های مختلف، و با فرمت های دیگری مانند چاپ درشت، لوح فشرده، نوار صوتی، ارائه شفاهی (حضور یا تلفنی) یا خط بریل دریافت کنید. چنانچه مایل به دریافت کتابچه راهنما با فرمت دیگری هستید، لطفاً از طریق شماره Health Share با خدمات مشتریان 503-416-8090 تماس بگیرید. شماره تماس رایگان 1-800-519-3845 است. شماره TTY/TDD (مخصوص ارتباط ناشنویان) 711 است. www.healthshareoregon.org

Acest manual este disponibil in limbi diferite, tipar mărit, format electronic, casetă audio, prezentare orală (în persoană sau prin telefon) sau Braille. Dacă doriți un format diferit, vă rugăm sunați Serviciul pentru Clienți al Health Share la 503-416-8090. Linia gratuită este 1-800-519-3845. Numărul nostru TTY/TDD este 711. www.healthshareoregon.org

ဒီလက်စွဲစာအုပ်ကို တခြားဘာသာစကားတွေ၊ စာလုံးကြီး၊ အီလက်ထရွန်းနစ် ပုံစံ၊ တီပီခွေ၊ (မျက်နှာချင်းဆိုင် ဒါမှမဟုတ် ဖုန်းကနေ) ပါးစပ်နဲ့ပြောပြတာ၊ ဒါမှမဟုတ် မျက်မမြင်တွေအတွက် ဘရေလ်တို့နဲ့ ရနိုင်ပါတယ်။ တခြားပုံစံတမျိုးနဲ့ လိုချင်ရင် Health Share of Oregon ကို 503-416-8090 မှာ တယ်လီဖုန်းဆက်ပါ။ အခမဲ့တယ်လီဖုန်းနံပါတ်က 1-800-519-3845 ပါ။ တွန့်တို့ရဲ့ TTY/TDD နံပါတ်က 711 ပါ။ www.healthshareoregon.org

Muaj phau ntawv no ua lwm yam, kuj hais txog lwm yam lus, ntawv loj loj, hauv daim disc rau lub computer, kaw hauv kab xev, kev hais lus (tim ntsej tim muag los sis hauv xov tooj), los sis lus Braille. Yog koj xav tau phau no ua lwm yam li no, thov hu mus rau Health Share hauv Oregon Qhov Chaw Pab Tswv Cuab nyob ntawm 503-416-8090. Tus naj npawb xov tooj hu pub dawb yog 1-800-519-3845. Peb tus naj npawb TTY/TDD yog 711. www.healthshareoregon.org

អ្នកអាចទទួលបានឯកសារចែកជូននេះជាភាសាផ្សេង, អក្សរធំៗ, ក្នុងទម្រង់អេឡិចត្រូនិក, ការសែតថតសម្លេង, ការបង្ហាញដោយផ្ទាល់ (ជួបមុខដោយផ្ទាល់ ឬ និយាយបង្ហាញតាមទូរស័ព្ទ), ឬ អក្សរសំរាប់មនុស្សពិការភ្នែក ។ ប្រសិនបើអ្នកចង់បានទម្រង់ផ្សេង, សូមមេត្តាទូរស័ព្ទទៅសេវាកម្មបំរើសមាជិក Health Share តាមរយៈលេខ 503-416-8090 ។ លេខទូរស័ព្ទដោយឥតគិតថ្លៃគឺលេខ 1-800-519-3845 ។ លេខ TTY/TDD របស់យើងគឺ 711 ។ www.healthshareoregon.org

तपाईं यो पुस्तिका अन्य भाषाहरु, ठूलो प्रिन्ट, विद्युतीय ढाँचा, अडियो टेप, मौखिक प्रस्तुति (प्रत्यक्ष वा फोनमा), वा ब्रेली ढाँचामा पनि प्राप्त गर्न सक्नुहुन्छ । तपाईंलाई फरक ढाँचा मन पर्छ भने कृपया हेल्थ शेयरको ग्राहक सेवाको टेलिफोन 503-416-8090 मा सम्पर्क गर्नुहोस् । हाम्रो निःशुल्क टेलिफोन नम्बर 1-888-519-3845 हो । हाम्रो TTY/TDD नम्बर 711 हो । www.healthshareoregon.org

ທ່ານສາມາດຂໍຮັບປຶ້ມຄູ່ມືນີ້ໄດ້ໃນພາສາຕ່າງໆ, ຕົວພິມໃຫຍ່, ຮູບແບບອິເລັກໂຕຣນິກ, ເທັບພັງ, ການນຳສະເໜີປາກເປົ່າ (ແບບຕົວຕໍ່ຕົວ ຫຼື ທາງໂທລະສັບ), ຫຼື ພາສາເບຣລ. ຖ້າຫາກ ທ່ານຕ້ອງການຮູບແບບອື່ນ, ກະລຸນາໂທໄປທີ່ ພະແນກລູກຄ້າຂອງ Health Share ທີ່ເບີໂທ 503-416-8090. ເບີໂທຟຣີແມ່ນ 1-800-519-3845. ເບີໂທ TTY/TDD ຂອງພວກເຮົາແມ່ນ 711. www.healthshareoregon.org

Unaweza kupata kitabu hiki kwa lugha tofauti, herufi kubwa, mfumo wa dijitali, kanda za sauti, maelezo kupitia mazungumzo (ana-kwa-ana au kwa simu), au Braille. Kama wapendelea aina tofauti, tafadhali pigia simu Huduma ya Wateja ya Health Share katika 503-416-8090. Namba ya bila malipo ni 1-888-519-3845. Namba yetu ya TTY/TDD ni 711. www.healthshareoregon.org

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

ይህን የእጅ መጽሐፍ በተለያዩ ቋንቋዎች፣ በትልቅ አትም፣ በኮምፒውተር ዲስክ፣ በካሴት፣ በቃል መግለጫ (በአካል ወይም በስልክ) ወይም በብሬይል ማግኘት ይችላሉ። ከዚህ የተለየ ቅርጽ የሚፈልጉ ከሆነ እባክዎ ለሌልዝ ሺር የደንበኛ አገልግሎት ክፍል በ503-416-8090 ላይ ይደውሉ። ነጻ ስልክ የመደወያው ቁጥር 1-888-519-3845 ነው። መስማት የማይችሉ ሰዎች (TTY/TDD) የሚደውሉበት ቁጥራችን 711 ነው። www.healthshareoregon.org

Makukuha mo ang handbook na ito sa iba't ibang wika, naka-print sa malalaking letra, elektronikong format, audio tape, berbal na presentasyon (harapan o sa telepono), o sa Braille. Kung gusto mo ng ibang format, pakitawagan ang Serbisyo sa Kustomer ng Health Share sa 503-416-8090. Ang walang-bayad na numero ay 1-888-519-3845. Ang aming numero sa TTY/TDD ay 711. www.healthshareoregon.org

Barruu kana afaan adda addaatiin, maxxansa gurguddaan, bifa elektronikiiin/imeeylii, kaassettaan, sagaleen (qaamaan haasofsiisuu ykn bilbilaan), Breeyliin argachuu ni dandeessa. Bifa kabiraa yoo barbaadde, mee Tajaajila Maammila Health Share jedhii 503-416-8090 irratti bilbili. Lakkofsa bilbilaa 1-888-519-3845 irratti tola bilbiluun ni danda'ama. Lakkofsi bilbilaa kan namoota dhagahuu hindandeenye (TTY/TDD) 711 dha. www.healthshareoregon.org

health

share

WELCOME TO HEALTH SHARE

About Health Share

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

Call Health Share to:

- Help you find or change
 - A physical health plan
 - A dental health plan
 - Mental health and substance use care
- Help resolve issues with your health plans
- Make sure the health care information you get is easy to understand and follow
- Find the right resources so you can get care, such as free rides to appointments
- Make sure your doctors, dentists, counselors, health plans and others are working together to coordinate your care

HEALTH SHARE
CUSTOMER SERVICE

www.healthshareoregon.org

Call
503-416-8090

Toll Free
1-888-519-3845

TTY/TDD: 711

FAX: 503-459-5749

Broadway Plaza, Suite #200
2121 SW Broadway, Portland, OR 97201

Office hours:
Monday through Friday 8 a.m. to 5 p.m.
Our office is wheelchair accessible.

Health Plans Available through Health Share

As a Health Share member, you can choose one of the below physical and dental health plans. Your mental health and substance use benefits are managed through a partnership between Clackamas, Multnomah and Washington counties, and your plan is based on the county where you live.

Your health plans are listed on your Health Share ID card (see page 12). You can change your physical and dental health plans at any time.

Change Your Health Plans

To change your physical or dental health plan, call Health Share Customer Service. We will work with you to find a plan that works best for you. (Mental health plans are determined based on the county you live in.)

Call Your Health Plans to:

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



Physical Health Plans

CareOregon

(503) 416-4100 or 1-800-224-4840
www.careoregon.org

Kaiser Permanente NW

(503) 813-2000 or 1-800-813-2000
www.kp.org

Providence Health Assurance

(503) 574-8200 or 1-800-898-8174
www.ProvidenceHealthPlan.com/OHP

Tuality Health Alliance

(503) 844-8104 or 1-866-575-8104
www.tuality.org/tha



Mental Health and Substance Use Plans

Clackamas County (Centerstone)

(503) 742-5335 or 1-888-651-2134
 Crisis Line: (503) 655-8585
www.clackamas.us/behavioralhealth

Multnomah County

(503) 988-5887 or 1-888-620-4555
 Crisis Line: (503) 988-4888
www.multco.us/mhas

Washington County

(503) 291-1155
 Crisis Line: (503) 291-9111
www.co.washington.or.us/HHS/MentalHealth



Dental Health Plans

Advantage Dental Services

1-866-268-9631

www.advantagedentalservices.com

CareOregon Dental

(503) 416-1444 or 1-888-440-9912

www.careoregon.org/dental

Kaiser Permanente Dental

(503) 813-2000 or 1-800-813-2000

www.kaiserpermanentedentalnw.org

ODS Community Health Dental Plan

(503) 243-2987 or 1-800-342-0526

www.modahealth.com/members

Willamette Dental Group

(503) 952-2000 or 1-855-433-6825

www.willamettedental.com

Oregon Health Plan Client Services

Monday – Friday, 8 a.m. to 5 p.m.

Phone: 1-800-273-0557

FAX: 503-378-5628

Call wait times vary. When call volume is high, you may experience a longer wait time.

Call OHP if you:

- Change your address, phone number or name
- Become pregnant or have a baby
- Have other health insurance coverage
- Want to change your CCO
- Move outside of Health Share's service area

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GETTING STARTED

This handbook has information about how to get the care you need. Please look through this handbook and keep it in a safe place. This way, you can check it later if you have questions.

You can ask us for a new handbook at any time. We will mail one to you for free. You can also find a copy online at www.healthshareoregon.org/handbook.

Your Health Share ID Card

When you become a Health Share member, we will send you a Health Share ID card.

You should keep your Health Share ID card with you at all times.

Keep your card with you for:

- Medical appointments
- Dental appointments
- Counseling or other mental health appointments
- Picking up prescription drugs
- Emergencies

SAMPLE HEALTH SHARE ID CARD

The diagram shows a sample Health Share ID card with the following information:

- Name:** Jane Doe
- Member ID:** ABC1234 **Language:** English
- Primary Care Provider (PCP):** Jennifer Smith
503-000-0000
- Physical Health:** Health Share/CareOregon
Rx BIN/Rx PCN: 000000/00 Rx Grp: XXXX
1-800-000-0000 | 503-000-0000 (TTY/TDD 711)
- Mental Health & Substance Use:** Health Share/Washington
1-800-000-0000 | 503-000-0000 (TTY/TDD 711)
- Dental Health:** Health Share/Willamette Dental
1-800-000-0000 | 503-000-0000 (TTY/TDD 711)

Callouts on the left side of the card point to the following fields:

- Your member ID number
- Your primary care provider (PCP)
- Physical health plan
- Mental health & substance use plan
- Dental health plan

If you lose your Health Share ID card or need care before you get your card, call Health Share Customer Service at (503) 416-8090 or 1-888-519-3845 (TTY/TDD 711). We can email you a temporary card while you wait for a new one.

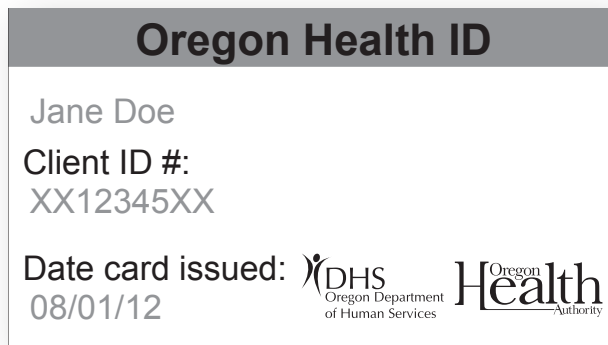
Your Oregon Health ID Card

In addition to your Health Share ID card, you will also get an ID card from the Oregon Health Plan. This is called your Oregon Health ID Card.

This card is for your records only. You should keep this card in a safe place. You don't need this card for health care appointments or when picking up prescription drugs (except some mental health drugs).

If you have questions about your Oregon Health ID card, or need a new one, you should call OHP Customer Service at 1-800-273-0557 (TTY/TDD 711).

OREGON HEALTH ID CARD



Clients – Coverage questions? Call 800-273-0557.

Providers – This card does not guarantee coverage. Verify coverage at: <https://www.or-medicaid.gov> or by calling 866-692-3864.

Billing questions? Call 800-336-6016.

OHP Coverage Letter

OHP will send you a coverage letter for everyone in your household. This letter tells you your:

- Caseworker name and phone number
- Benefit package
- Copays (if any)
- Managed care enrollment information (i.e. Health Share)

This letter is for your records. You should keep it in a safe place. You do not need to take it to health care appointments or to the pharmacy.

OHP will send you a new coverage letter if you ask for one, or if your coverage changes. If you have questions about this letter, please call OHP Client Services at 1-800-273-0557 (TTY/TDD 711).

GET THE CARE YOU NEED



Physical Health

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

Your PCP could be a:

- Nurse practitioner
- Physician assistant
- Doctor

Your PCP can help with:

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

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



Dental Care

Your dental health plan is listed on your Health Share ID card.

Dental care is just as important as other types of health care. As a Health Share member, you can get:

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

Contact your dental health plan to access these services.



Mental Health & Substance Use

Mental health and substance use services are covered through a partnership between Clackamas, Multnomah and Washington counties. These services are available to everyone:


- Counseling
- Medication management
- Detox services
- Residential treatment

Contact the county where you live to access these services. You do not need a referral from your PCP.

Be sure to look at the benefits page (page 24) to learn more about when and how often you can get certain benefits.

My Health Plans and Doctors

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


 **My Physical Health Plan:** _____

Phone: _____

My Primary Care Provider (PCP): _____ **Phone:** _____


Other doctor: _____ Phone: _____

Other doctor: _____ Phone: _____

 **My Dental Health Plan:** _____

Phone: _____

Dental Provider: _____ **Phone:** _____

 **My Mental Health & Substance Use Disorder Plan:** _____

















Phone: _____

Mental Health Provider: _____ **Phone:** _____

Other provider: _____ Phone: _____

My Prescriptions

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

Drug Name & Strength	When & How Many				How Is It Working?	
					You	Provider Response
Why Taking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	   Notes:	
	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Other <input type="radio"/> As Needed					
Why Taking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	   Notes:	
	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Other <input type="radio"/> As Needed					
Why Taking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	   Notes:	
	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Other <input type="radio"/> As Needed					
Why Taking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	   Notes:	
	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Other <input type="radio"/> As Needed					

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

HEALTH TIP

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

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

My Health Notes

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

Blank lined area for writing notes.

GET CARE IN THE RIGHT PLACE



Primary Care Office



Urgent Care Clinic



Emergency Room (ER)

Why primary care?

- Regular check-ups
- Immunizations (shots)
- Prescriptions
- Normal aches and pains
- On-going treatment/care (i.e. diabetes or asthma)
- Referrals to specialty care

Why urgent care?

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

What's an emergency?

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

Call your PCP to make an appointment.

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

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



Emergencies

What is a health emergency?

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

What to expect at an urgent care clinic or emergency room

Urgent care clinics and emergency rooms see people with the worst injuries or sickness first. If you go in with a simple health issue, you could end up waiting longer to see a doctor.

When you get emergency or urgent care, the staff may tell you where to go for follow-up care. If they don't tell you, call your PCP to schedule follow-up care.

Out of town emergencies

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



Dental Emergencies

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

Help after hours

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

If you don't have a dentist, call the closest office in your dental plan's provider directory and they will help you. You can find your dental plan's provider directory online at www.healthshareoregon.org/directories.



Mental Health Emergencies & Crises

Mental Health Emergency

vs.

Mental Health Crisis

Your life, health or safety, or the safety of others, would be in serious danger if you don't get help immediately.

You need help quickly so the situation does not become an emergency.

Call 911

**Call the crisis line (see below)
or your mental health provider**

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

Mental Health Crisis Lines

Clackamas County Centerstone

503-655-8585
(TTY: 1-800-735-2900)

Multnomah County

503-988-4888 or
1-800-716-9769
(TTY: 503-988-5866)

Washington County

503-291-9111 or
1-800-995-0017
(TTY: 1-800-735-2900)

Oregon Warmline

1-800-698-2392

Free to all Oregonians to get free, confidential support from trained peers.

Oregon Youthline

Call: 1-877-968-8491

Text: teen2teen to 839863

Free and confidential 24-hour teen-to-teen crises, counseling and referral line for youth.

Suicide & Crisis Hotline

1-800-SUICIDE (784-2433)

TAKE CONTROL OF YOUR CARE

Get To Know Your Doctors

If you are seeing your PCP or other providers for the first time, make an appointment as soon as possible. This way, your providers can learn about you and your medical history before you have a medical problem. This will help you avoid any delays the first time you need to use your benefits.

Before your appointment, write down any:

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

TIP Use the “NOTES” worksheet on page 17 to write down questions and info for your PCP and other providers.

Making Appointments



Primary care appointments

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

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

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

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

Availability

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

After-hours care (evenings, weekends and holidays)

Your PCP looks after your care 24 hours a day, seven days a week. Even if the PCP's office is closed, call the office or clinic phone number. You will speak with someone who will contact your PCP or give you advice on what to do.

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

New members who need services immediately

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



Mental health & substance use appointments

You do not need a referral from your PCP for mental health and substance use services. These services can include:

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

To make an appointment, call your mental health and substance use plan. This is run by the county you live in: Clackamas, Multnomah or Washington County. It is also listed on your Health Share ID Card.



Dental appointments

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

Missing a health care appointment

If you need to miss an appointment, call the office or clinic to cancel as soon as possible. They will schedule you another appointment. Each clinic has its own policy about when you miss an appointment. Ask your clinic about its policy.

Change Your Doctor



Changing primary care providers

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

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

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



Changing mental health & substance use providers

If you want a new or different mental health or substance use provider, call your mental health and substance use plan that's listed on your Health Share ID Card. They can help you find someone to meet your needs.



Changing dentists

You can choose a dentist from your dental plan's provider directory. You can find their directory online at www.healthshareoregon.org/directorries. You can also call your dental plan's customer service and they will help you choose a dentist. Your dental plan is listed on your Health Share ID card.

MY HEALTH BENEFITS

MY HEALTH BENEFITS

Physical Health Care

When you become a Health Share member, you can choose one of these physical health plans.*



Your physical health plan will manage your physical health benefits, including your:

- Primary care
- Most specialty care
- Most hospital services
- Urgent and emergency care
- Most prescription drugs

*Plan choice depends on availability

Physical Health Benefits

The benefits below are available to most Health Share members. For a benefit to be covered, your health plan must work with a doctor, or provider, who has agreed to work with Health Share.

To find out if you can get a certain benefit, call your physical health plan (see page 8).

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



Physical Health Benefits

Prescription Drugs	Authorization/Referral?	Limits to Care?
<ul style="list-style-type: none"> • Many drugs are available with a prescription. • A full list of drugs can be found on your health plan's "formulary". • To find your health plan's formulary visit: www.healthshareoregon.org/formularies 	<ul style="list-style-type: none"> • You may need approval, also called "prior authorization", in addition to your prescription. • Your doctor will let you know if you need authorization. 	Limits vary by drug. Contact your physical health plan for more info.

Mental health drugs **are not** covered by your physical or mental health plan. They are covered by OHP. Your pharmacist will know where to send the bill.

Contact OHP

Contact OHP

Laboratory and X-Ray	Authorization/Referral?	Limits to Care?
Blood draw	Yes, referral required	No limit
X-Rays	Yes, referral required	No limit
CT Scans	Yes, referral required	No limit
MRI	Yes, referral required	No limit

Immunizations/Shots	Authorization/Referral?	Limits to Care?
Vaccines	No	Doctor-recommended vaccines only. Contact your physical health plan.



Physical Health Benefits

Pregnancy Care	Authorization/Referral?	Limits to Care?
Prenatal visits with your provider	No	No
Postpartum care (care for the mother after the baby is born)	No	No
Routine vision services (pregnant women qualify for vision care)	Contact your physical health plan	Contact your physical health plan
Assistance with breast feeding, including breast pumps	No	Contact your physical health plan
Labor and delivery	No	Contact your physical health plan

Hospital Stays	Authorization/Referral?	Limits to Care?
Emergencies	No	No
Scheduled surgery	Yes, authorization required	Contact your physical health plan

PT/OT/ST	Authorization/Referral?	Limits to Care?
Physical therapy (PT)	Yes, authorization required	Up to 30 combined visits (PT, OT, ST) per calendar year with covered medical condition
Occupational therapy (OT)	Yes, authorization required	Up to 30 combined visits (PT, OT, ST) per calendar year with covered medical condition
Speech therapy (ST)	Yes, authorization required	Up to 30 combined visits (PT, OT, ST) per calendar year with covered medical condition

Vision	Authorization/Referral?	Limits to Care?
Routine eye exams	Contact your physical health plan	For pregnant women and people age 20 or younger only
Eye glasses	Contact your physical health plan	For pregnant women and people age 20 or younger only
Medical eye exams	Yes, authorization required	Contact your physical health plan



Physical Health Benefits

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



Specialty Care

A specialist is a doctor or other provider who treats special health conditions. Some examples are cardiologists for heart disease or orthopedic surgeons for bone and joint problems.

If you think you need to see a specialist or other provider, make an appointment with your PCP first. Your PCP will know which services and tests you need and will refer you to the right specialist, if needed.

In most cases, you must see a specialist who works with your health plan (also called “in-network”). If you want to see a specialist who does not work with your health plan (out-of-network), or your health plan does not work with the right kind of specialist you need, your PCP will ask if you can see an out-of-network provider.

If you have already seen a specialist and you have questions, make an appointment with your PCP to discuss them. If you or your PCP want a second opinion about your treatment options, your PCP will refer you to another specialist.

MY HEALTH BENEFITS

Pharmacy

Physical health plans use what is called a “formulary” to show you what drugs they cover. Pharmacists and doctors decide which drugs should be in the formulary.

To find your health plan’s formulary visit: www.healthshareoregon.org/formularies

Filling a prescription

You can fill a prescription at any of the pharmacies your physical health plan works with. You can find a list of pharmacies that your physical health plan works with in their provider directory.

You can find your plan’s provider directory online at www.healthshareoregon.org/directories. You can also call your physical health plan for help.

TIP You should show your Health Share ID card when you fill a prescription.

Coverage limitations

These drugs are not covered by your physical health plan:

- Drugs that are not listed on your health plan’s formulary
- Drugs that are used to treat conditions that are not covered by OHP
- Most mental health drugs are covered directly by OHP, not your health plan. (If you have Medicare, they may ask for you to pay a small co-pay.)

Some drugs on the formulary have limits on coverage. This could mean:

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

Questions to ask your provider about prescriptions

If your physical health plan doesn’t cover the specific drug, talk to your provider. Ask them if another drug on your physical health plan’s formulary would work for you.

MY HEALTH BENEFITS



Pregnancy Care

Health care while you are pregnant is very important. Prenatal care is important for your health and your baby's health.

Health Share covers:

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

Health Share also covers some services for pregnant women that are not related to her baby, such as eye glasses and extra dental benefits. **It is important to call OHP Customer Service right away to tell them you are pregnant. This way, we will know that you can get these extra services.**

Steps to take when you become pregnant:

As soon as you know you are pregnant, call OHP Customer Service at 1-800-699-9075. You should also call OHP Customer Service when your pregnancy ends.

Call your PCP and make an appointment for prenatal care. If you prefer, you can pick your own obstetrician or prenatal care provider from your Health Share physical health plan's network of providers. Your physical health plan's Provider Directory has a list of doctors and midwives who can deliver your baby.

Steps to take as soon as possible after your baby is born:

- Call OHP Customer Service to enroll your baby in OHP
- If you received all your medical care from an obstetrician or prenatal care provider during your pregnancy, you need to choose a PCP now. Call your physical health plan's customer service. They can help you find a PCP near you.

Healthy Families begin with WIC

You may qualify for food assistance, nutrition and breastfeeding education, and more. To learn more, visit www.healthoregon.gov/wic.



MY HEALTH BENEFITS


Dental Health Care


When you become a Health Share member, you will be assigned to one of these dental health plans:





Your dental health plan will manage your dental care, including:

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




TEXT
 zip to 898211


DIAL
 211


SEARCH
 211info.org

Free. Live. Confidential.



Dental Health Benefits

Your dental health plan will manage your dental health benefits. **You can get a free exam and teeth cleaning once every year.**

The benefits below are available to most Health Share members. For a benefit to be covered, your dental plan must work with a dentist, or dental provider, who has agreed to work with Health Share.

To find out if you can get a certain benefit, call your dental health plan (see page 9).

Dental Benefits	Authorization/Referral?	Limits to Care
Exams, cleanings, x-rays	No	<ul style="list-style-type: none"> • One exam each year for adults • Two exams each year for pregnant women and members under 21
Basic restorative care (Fillings)	No	No limit
Dentures and Partial	Yes, approval (or authorization) required	Only available for qualifying members or incidents. Call your dental health plan for details.
Sealants	No	Every 5 years for children (16 and under) with permanent molars
Stainless Steel Crowns	Yes, approval (or authorization) required	For molars (back teeth) only
Extractions (removing teeth)	Authorization required for wisdom teeth. Not required for other extractions.	No limit. This benefit does not apply to orthodontics
Urgent or immediate dental treatment (Emergency)	Not required	No limit

MY HEALTH BENEFITS



Mental Health & Substance Use

When you become a Health Share member, your mental health and substance use care is covered by the county in which you live.



The county you live in will manage your mental health and substance use benefits, such as:

- Mental health treatment and services
- Drug and alcohol treatment services
- Counseling and therapy



The Oregon Tobacco Quit Line is free to all Oregonians.

Call **1-800-QUIT-NOW** (1-800-784-8669)

or go to www.quitnow.net/oregon/

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

SMOKEFREE
oregon



Mental Health & Substance Use Benefits

The benefits below are available to most Health Share members. For a benefit to be covered, your county must work with a mental health provider who has agreed to work with Health Share.

To find out if you can get a certain benefit, call your mental health and substance use plan (see page 8).

Mental Health	Authorization/Referral?	Limits to Care?
Outpatient counseling/therapy	No	No
Specialty mental health services (Exceptional needs services)	Yes, approval, or "authorization", is required	Call your mental health and substance use plan
Residential treatment	Yes, authorization required	Call your mental health and substance use plan
Mental health drugs are not covered by your physical or mental health plan. They are covered by OHP. Your pharmacist will know where to send the bill.	Contact OHP	Contact OHP

Alcohol and Drug Services	Authorization/Referral?	Limits to Care?
Outpatient counseling/therapy	No	No
Residential treatment	Yes, authorization required	Approval based on OHP guidelines. Call your mental health and substance use plan for details
Detox	No	No

MY HEALTH BENEFITS

Get Rides to Appointments



Plan a trip to your next health care appointment--it's free and easy. Ride to Care is a Health Share program that provides free trips to health care appointments that we cover. Depending on your needs, you may get help paying for gas, tickets to ride the bus or MAX, or private rides in a taxi or wheelchair accessible van.

Ride to Care staff, call center and drivers are local, and here for you--every day of the week. And though same-day transportation may be available, we ask that you call at least two business days before your appointment to set up a ride.

To schedule a ride, contact Ride To Care:

- 503-416-3955 local
- 855-321-4899 toll-free
- TTY/TDD 711
- Or visit www.ridetocare.com

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

FREQUENTLY ASKED QUESTIONS

I'm a new member. I have questions.

Our Customer Service staff would be happy to help you. You can call Health Share Customer Service at (503) 416-8090, toll-free 1-888-519-3845 or TTY/TDD 711.

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

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

How do I change my physical or dental health plan?

To change your physical or dental health plan, please call Health Share Customer Service. Mental Health plans are based on the county you live in.

More information: page 7

I want to see a specialist. What should I do?

If you and your PCP decide you should see a specialist, your PCP will give you a referral.

More information: page 14

I want to see a mental health or substance use provider. What should I do?

You do not need a referral from your PCP. You may contact a provider directly (see how on page 8 of this handbook) or call your mental health and substance use plan's customer service.

More information: page 8

Why was I assigned to a provider when I already have a doctor?

If you already have an established relationship with a PCP who is contracted with us, just give us a call. We'll be happy to update our records.

More information: page 7

Does my plan cover dental services?

Yes, OHP provides some dental benefits.

More information: page 31

Who do I call for dental services?

Call the dental health plan listed on your Health Share Member ID Card.

More information: page 9

Does my plan cover vision services?

OHP covers routine vision services for children, pregnant women and for limited medical situations.

More information: page 27

My doctor sent me a bill. What should I do?

Don't pay the bill. Call Health Share Customer Service immediately.

More information: page 39

I am pregnant and would like to begin my prenatal care right away. How can I find an OB/GYN who will deliver my baby at the hospital of my choice?

You can call your physical health plan and ask which hospitals your OB/GYN is associated with.

More information: page 30

I just moved. I have a new baby. I changed my name. Who do I tell?

Tell your caseworker as soon as possible. If you don't have a caseworker, call OHP Customer Service at 1-800-699-9075.

More information: page 9

Be ready for school!

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

- **Stay healthy.** Keep up with your child's health care appointments (Health Share pays for these services!).
 - Visit your primary care provider for a check-up
 - Get all the immunizations (shots) your child needs to start school
 - Get a dental exam and cleaning
 - Get a vision screening
 - Get a lead test
- **Practice healthy habits.** Make sure your child eats healthy food, exercises, get lots of sleep, brushes their teeth and washes their hands regularly.
- **Develop basic skills.** Recognize letters, numbers, colors and shapes. Play and read to your child every day.
- **Be social.** Encourage your child to share, express feelings, practice taking turns, and follow simple directions.
- **Talk about kindergarten!** Before school begins, visit the school and check out the classroom and playground with your child.



I'm a new member and would like to know if my medications are covered.

Please talk to your doctor about the medications you need. If you are new to Health Share and are unable to fill a medication, you may qualify for a transitional supply. Please call your physical health plan to find out if you qualify.

More information: page 26

I don't have a car or access to public transportation, how can I get to my appointments?

Ride to Care provides free rides to medical appointments for members without other options.

More information: page 35

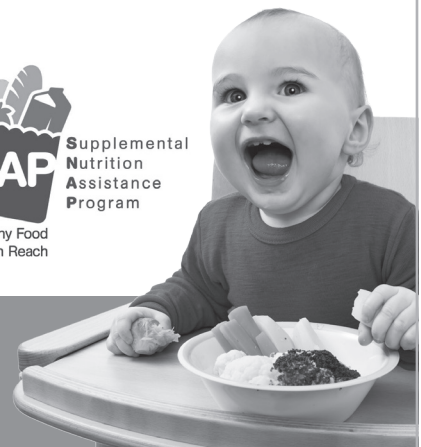
How can I be sure that I can see the doctor I want as an OHP or Health Share member?

Health Share has the largest OHP provider network in Clackamas, Multnomah and Washington counties. We work with you to build a team that will get you the best quality care to meet your needs.

To choose a new doctor or provider, call your physical health plan listed on your Health Share ID Card.

More information: page 8

SNAP offers food benefits to low-income individuals and families.



To find out if you qualify, and to apply, visit www.oregon.gov/DHS/assistance/food-benefits

OTHER THINGS YOU SHOULD KNOW

Paying for Care

Be sure to let your provider's office know right away that you are a Health Share member. When you schedule your first appointment, tell the staff member that you have Health Share or other medical insurance.

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

OHP members don't pay bills for covered services

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

Exceptions

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

- You receive health care services outside of Oregon that you did not think were true emergencies or urgent care.
- Another health plan other than Health Share (called a third-party payer) sent

you a bill for services performed by your provider

- You choose to have health care services that the provider and Health Share tell you are not covered by Health Share. In this case, the provider must:

- Tell you the cost of each service and that you will be responsible for paying for each service.
- Ask you to sign a written form that says:
 - You were told this information
 - You agreed to pay for non-covered services

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

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

You Can Have an Interpreter at Appointments

Do you or your child need an interpreter? It is your legal right to have an interpreter at your medical, dental and mental health and substance use appointments. It is also your right to get some written materials and information in a language you can read. This is a free service for members who do not speak English or do not feel comfortable speaking it.

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

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

Culturally-relevant Health Education

We want everyone to feel welcome and well-served as a member of Health Share. We want to make sure our services address the needs of people of all cultures, languages, races, ethnic backgrounds, abilities, religions, genders, sexual orientations and other needs of our members.

Your provider or clinic can make adjustments for you based on cultural values, language,

religion, gender, or other concerns you might have. If you have any questions, call Health Share Customer Service at 503-416-8090 (TTY/TDD: 711).

Care Outside the United States

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

New Technology

OHP decides if new technologies or new uses of current technologies are included in your benefit package. If you have questions about whether a service is covered, please call Health Share Customer Service.

Intensive Care Coordination Services

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

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

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

- Understand how your health plan works
- Find a provider who can help you with your special health care needs

- Get a timely appointment with your PCP, specialist or other health care provider
- Obtain needed equipment, supplies or services
- Coordinate care among your doctors, other providers, community support agencies and social service organizations

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

Care Helpers

There may be times when you need help getting the right care. There are workers who are specially trained to help you. They are called Care Coordinators, Community Health Workers, Peer Support Specialists, Peer Wellness Specialists and Personal Health Navigators. Call your health plan for help requesting a care helper.

Members with Both Medicaid and Medicare

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

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

Indian Health Services

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

If you see an IHS provider that is *not* in your health plan's network, they must follow the same rules as network providers. These rules are:

- Only covered benefits will be paid.
- If a service requires a preauthorization, they must request it before providing the service.

You may also call Health Share Customer Service for help.

Provider Incentives and Reimbursement

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

These decisions are based only on:

- Appropriate care
- Coverage guidelines and rules

Health Share does not reward staff for denying prior authorization requests. Health Share does not use financial incentives that reward providers for giving less care.

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

How to Disenroll or Change CCOs

When you have a problem getting the right care, please let us try to help you before changing CCOs. Call Health Share Customer Service and ask for our Member Navigator. If you still want to change to another CCO, call OHP Customer Service at 800-273-0557 (TTY/TDD 711).

There are several reasons you can change CCOs as long as another CCO is open for enrollment. Most OHP members can only change CCO once per year:

- If you are not new to OHP, you can change CCOs during the first 30 days after you re-enroll.
- If you are new to OHP, you can change CCOs during the first 90 days after you enroll.
- If you move to a place where your current CCO doesn't offer service, you can change CCOs as soon as you tell OHP Customer Service that you moved.
- If you also have Medicare or are an American Indian or Alaska Native, you can change CCOs any time.
- If you have an important reason that is approved by OHP, you can change CCOs at any time.

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

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

MEMBER RIGHTS & RESPONSIBILITIES

Health Share Members Have the Following Rights:

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

- To choose providers, if available within the network, that are in non-traditional settings and accessible to families, diverse communities, and underserved populations
- Receive care coordination and transition planning from Health Share in a language you understand and in a way that respects your culture, to ensure that community-based care is provided in as natural and integrated an environment as possible, and in a way that keeps you out of the hospital
- Receive necessary and reasonable services to diagnose your condition
- Receive integrated, person-centered care and services that provide choice, independence and dignity, and that meet generally accepted standards of medically appropriate practice
- Receive the level of service that you expect and deserve, as approved by your providers
- Have a consistent and stable relationship with a care team that is responsible for comprehensive care management
- Receive assistance using the health care delivery system and accessing community and social support services and statewide resources, including but not limited to certified or qualified health care interpreters, advocates, community health workers, peer wellness specialists and personal health navigators who are part of your care team. This is to provide cultural and language assistance appropriate to your need to participate in making decisions about your care and services
- Obtain covered preventive services
- Have access to urgent and emergency services 24 hours a day, 7 days a week without prior authorization;
- Receive a referral to specialty providers for medically appropriate covered services, following the CCO's referral policy
- Have a clinical record that documents conditions, services received, and referrals made
- To have access to your own clinical record unless restricted by statute, and to receive a copy and have corrections made to your health information
- To know that information in your medical record is confidential, with exceptions determined by law; to receive a notice that tells you how your health information may be used and shared; to decide if you want to give your permission before your health information can be used or shared for certain purposes and to get a report on when and why your health information was shared for certain purposes
- Transfer of a copy of the clinical record to another provider
- Write a statement of wishes for treatment, including the right to accept or refuse medical, surgical, dental or behavioral health treatment
- Write advance directives and powers of attorney for health care established under ORS 127
- To be free from any form of restraint or seclusion (isolation) that is not medically necessary or is used by staff to bully

or punish you. Staff may not restrain or isolate you for the staff's convenience. You have the right to report violations to Health Share and to the Oregon Health Plan – see the Complaints section on page 51.

- Receive written notices before denials or changes in benefits or service levels if a notice is required by federal or state regulations
- Be able to make a complaint or appeal with the health plan or Health Share and receive a response
- Request a contested case hearing
- Receive qualified health care interpreter services; and to have information provided in a way that works for you. For example, you can get it in other languages, in Braille, in large print or other format such as electronic. If you have a disability, we must give you information about the plan's benefits in a way that is best for you
- Receive notice of an appointment cancellation in a timely manner
- The right to obtain a second opinion
- To receive information about Health Share, our providers and services
- To make recommendations about Health Share's member rights and responsibilities policy
- To request and receive information on the structure and operation of Health Share or any physician incentive plan
- To know that if you believe your rights are being denied or your health information isn't being protected, you can do either or both of the following:

- File a complaint with your provider or health insurer.
- File a complaint with the Client Services Unit for the Oregon Health Plan.

Health Share Members Have the Following Responsibilities:

- Help choose a PCP or clinic, a primary care dentist (PCD), and a Primary Mental Health Provider if needed
- Treat Health Share staff, providers, and clinic staff members with respect
- Be on time for appointments, and call in advance to cancel if unable to keep the appointment or if you expect to be late
- Seek periodic health exams and preventive services from your PCP, PCD or clinic
- Use your PCP or clinic for diagnostic and other care except in an emergency
- Obtain a referral to a specialist from your PCP or clinic before seeking care from a specialist unless self-referral to the specialist is allowed
- Use urgent and emergency services appropriately, and tell your PCP or clinic within 3 days of using emergency services
- Give accurate information that may be included in the clinical record
- Help the provider or clinic obtain clinical records from other providers which may include signing an authorization for release of information

- Ask questions about conditions, treatments, and other issues related to your care that you do not understand
- Use information provided by Health Share providers or care teams to make informed decisions about a treatment before you receive it
- Help your providers make a treatment plan
- Follow treatment plans as agreed and take active part in your health care
- Tell your providers that your health care is covered under the OHP before you receive services and, if requested, show the provider your Oregon Health ID card
- Call OHP Customer Service to tell them of a change of address or phone number
- Call Health Share Customer Service and OHP Customer Service if you become pregnant, and when the baby is born
- Tell OHP Customer Service if any family members move in or out of the household
- Call Health Share Customer Service if there is any other insurance available
- Assist your health plan in pursuing any third party resources available, and reimburse the health plan the amount of benefits it paid for an injury if you receive a settlement for that injury
- Bring issues, complaints and grievances to the attention of the health plan or Health Share
- Stat. Auth.: ORS 414.032, 414.615, 414.625, 414.635, 414.651

Stats. Implemented: ORS 414.610 – 685 OL 2011, Ch 602 Sec. 13, 14, 16, 17, 62, 64 (2), 65, HB 3650

Hist.: DDMAP 16-2012(Temp), f. & cert. ef. 3-26-12 thru 9-21-12; DDMAP 37-2012, f. & cert. ef. 8-1-12

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

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

Advance Directives and Declaration for Mental Health Treatment

Advance directives

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

If you are awake and alert your providers will always listen to what you want. It's possible that someday you could become so sick or injured that you can't tell your providers whether you want a certain treatment or not. An advance directive, also called a living will, lets you decide what kind of care you want in the event you can't tell your providers what you want. If you are admitted to a hospital, the staff may talk to you about advance directives.

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

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

You can get an advance directive form at most hospitals and from many providers. You also can find one online: www.oregon.gov/

DCBS/insurance/shiba/Documents/advance_directive_form.pdf

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

If you change your mind, you can cancel your advance directive anytime. To cancel your advance directive, ask for the copies back and tear them up, or write "cancelled" in large letters, sign and date them.

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

Oregon Public Health Division

Health Care Regulation and Quality Improvement

P.O. Box 14450

Portland, OR 97293

Phone: 971-673-0540

Fax: 971-673-0556

Email: mailbox.hclc@state.or.us

Information on the complaint process and complaint forms is available at this website: <http://public.health.oregon.gov/ProviderPartnerResources/HealthcareProvidersFacilities/HealthcareHealthCareRegulationQualityImprovement/Pages/complaint.aspx>.

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

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

Declaration for mental health treatment

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

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

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

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

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

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

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

You may request this form by:

- Calling the State of Oregon at 1-503-945-5763. TTY: 1-800-875-2863.
- Requesting a copy from your current provider.
- Downloading from <http://www.oregon.gov/oha/amh/forms/declaration.pdf>

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

ABOUT THE OREGON HEALTH PLAN (OHP)

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

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

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

OHP does not cover everything. This year, OHP covers 469 diseases and conditions. The list of these diseases and conditions is called *the Prioritized List of Health Services*. You can read this online at www.oregon.gov/oha/herc/pages/prioritized-list-overview.aspx.

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

Managed Care and Fee-For-Service (FFS)

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

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

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

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

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

What is a Coordinated Care Organization (CCO)?

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

The Goal: Improve or Maintain Your Health

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

Patient-Centered Primary Care Home (PCPCH)

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

PCPCHs receive extra funds to:

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

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

TRANSGENDER HEALTH

Health Share is committed to the health and wellness of all our members.

We are here to answer your questions and help you access services covered by OHP, including hormone therapy and some surgical services.



Call us! 503-416-8090 or 1-888-519-3845 (TTY 711)

COMPLAINTS & APPEALS

Complaints (Grievances)

Health Share's health plans and providers want to give you the best possible care. But if you have a complaint about any part of your care, you can call, write or visit Health Share Customer Service. Our staff will work to address each of your concerns and resolve them within five (5) business days. If your complaint needs more follow up, you will receive a call or letter within five (5) business days. We will provide a final answer to you within 30 calendar days.

If you need assistance in completing forms or knowing how to proceed, you can call Health Share's Customer Service at 503-416-8090 or 1-800-519-3845 (TTY/TDD 711).

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

Appeals

If we deny, stop or reduce a physical health, dental, or mental health or substance use service that your provider has ordered, we will mail you a Notice of Adverse Benefit

Determination letter telling you why we made that decision.

You may ask to appeal. The letter will explain how to appeal. Follow the instructions on the *Notice of Adverse Benefit Determination* letter to begin the appeal process through Health Share. You must file the appeal within 60 days from the date on the Notice of Adverse Benefit Determination letter.

(You may also choose to ask for a hearing through OHP. See "Administrative Hearings" instructions below.)

If you choose to file an appeal, health care professionals with clinical expertise in your condition will review it. We will mail you a *Notice of Appeal Resolution* as quickly as your health condition requires but no longer than within 16 days after the date of your request. You can ask for this timeline to be extended by another 14 days.

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

The health care professional could decide that our original decision was correct. In that case, you may have to pay the cost of the services

that you received after the Effective Date on the Notice of Adverse Benefit Determination letter.

Administrative Hearings

If you are not satisfied with the original decision or the appeal, you may request an administrative hearing from the Oregon Health Authority.

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

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

You must make your request within 120 days from the date of the decision notice (*Notice of Action* or *Notice of Appeal Resolution*, whichever is later).

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

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

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

hearing. The representative can be anyone you choose, including your provider.

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

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

- Call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 1-800-520-5292 for advice and possible representation. TTY users can dial 711.
- Legal aid information can also be found at www.oregonlawhelp.org.

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

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

If your problem is solved at any step in this process, contact the Health Share Appeals Coordinator or the Hearings Representative (contact information on page 53).

Expedited Appeals for Urgent Medical Problems

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

Our mailing address is:

Health Share of Oregon
Attn: Appeals and Grievances
 2121 SW Broadway, Suite 200
 Portland, OR 97201

Or, you may fax your appeal form to 503-459-5749, Attention: Health Share Appeals Coordinator.

Also, you may send a request for an expedited (fast) hearing to OHA. Write to OHA at this address:

Oregon Health Authority
 Health Systems Division,
 Attn: Hearings Unit
 500 Summer St NE E49
 Salem, OR 97301-1079

FAX 503-945-6035
 Phone 503-945-5772 or 800-527-5772
 TTY/TDD: 711

The OHA Medical Director will review your medical records and decide if your medical problem cannot wait for the regular hearing

process. You should get a decision within three business days.

IMPORTANT Health Share's Customer Service staff can help you file a complaint and ask for an appeal or hearing. If you need help, please call Health Share at 503-416-8090 or 888-519-3845 (TTY/TDD 711) and ask to speak to a Customer Service Representative.

Or you may ask the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) for advice and possible representation. Call 1-800-520-5292. Legal Aid information can also be found at www.oregonlawhelp.org.

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

Dual-eligible members (Health Share and Medicare)

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

Fraud, Waste and Abuse

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

Health Share will investigate and refer suspected cases of fraud.

Here's how you can report it:

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

You can call the State of Oregon Department of Human Services (DHS) Fraud Investigation Hotline at 1-888-372-8301.

You can fill out and send us the Fraud, Waste and Abuse form available on the Health Share website (www.healthshareoregon.org).

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

Your Health Records are Private

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

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

Your Right to Inspect and Copy Your Health Records

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

Right to Change Your Records

If you think that medical information your provider has about you is not accurate or something is missing, you may ask your provider to make changes. You would need to send them a letter telling them what you would like to have changed and why you want the change.

They may tell you that they won't make the change for one of these reasons:

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

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

Discrimination is Against the Law

Health Share of Oregon complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health

Share of Oregon does not exclude people or treat them differently because of race, color national origin, age, disability, or sex.

Health Share of Oregon:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact our Customer Service staff or Civil Rights Coordinator, the Senior Manager of Compliance and Quality Assurance.

If you believe that Health Share of Oregon has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator, the Senior Manager of Compliance and Quality Assurance.

Civil Rights Manager / Senior Manager of Compliance and Quality Assurance

2121 SW Broadway, Suite 200
Portland, OR 97201

Phone: 503-416-4962

Fax: 503-459-5749

Email: info@healthshareoregon.org

HEALTH SHARE
CUSTOMER SERVICE

www.healthshareoregon.org

Call
503-416-8090

Toll Free
1-888-519-3845

TTY/TDD: 711

FAX: 503-459-5749

**Broadway Plaza, Suite #200
2121 SW Broadway, Portland, OR 97201**

Office hours:

Monday through Friday 8 a.m. to 5 p.m.
Our office is wheelchair accessible.



Health Share of Oregon

GET INVOLVED IN HEALTH SHARE OF OREGON'S COMMUNITY ADVISORY COUNCIL

SHARE YOUR VOICE!

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

WAYS TO SHARE & GET INVOLVED

- Join the Council
- Learn more about the Council
- Come to a council meeting
- Share with the Council

WHAT WE'RE ABOUT

- **Transparency:** Council meetings are every month, are open to the public, and include public comment
- **Leadership:** The Council Chair serves on Health Share's Board of Directors
- **Accountability:** Health Share's CEO and executive leadership fully participate in every meeting
- **Dedication:** The Council volunteers hundreds of hours to improve the health of their communities
- **Collaboration:** The Council values authentic partnership with community members above all else

INTERESTED?

503-416-1460

info@healthshareoregon.org

www.healthshareoregon.org/about-us/community-advisory-council

HealthShareOregon.org

Customer Service: **503-416-8090**

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