

Member Handbook

Your health benefits as a member of
the Oregon Health Plan and IHN-CCO

Updated Jan. 1, 2025

Help us improve this handbook

OHP wants to hear from you! We want to make sure you have the information you need. Your feedback can help IHN-CCO and OHP improve member handbooks.

Take the handbook survey! Scan the QR code or go to surveymonkey.com/r/tellOHP to answer a few questions.



SCAN FOR SURVEY

Handbook updates

New and returning members are mailed a handbook when they join IHN-CCO. You can find the most up-to-date handbook here IHNtogether.org/Handbook2025. If you need help or have questions about the handbook, please call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).

Getting started

We will send you a health survey to help IHN-CCO know what support you need. We will ask about your physical, behavioral, dental and social health care needs. To learn more about this survey, go to the “Survey about your health” section.

Complete and return your survey in any of these ways:

- Phone: **541-768-7863**, toll free **866-203-3435** (TTY **800-735-2900** or **711**)
- Fax: 541-768-9395
- Mail: IHN-CCO
PO Box 1310
Corvallis, OR 97339

HELPFUL TIPS

Some questions have been answered or can be asked here oregon.gov/oha/hsd/ohp/pages/client-questions.aspx

Refer to the end of this handbook for definition of words that may be helpful to know.

If you are looking for:

- Benefits. Go to the “Your benefits” section
- Primary Care Providers. Go to the “Primary care providers” section
- Prior Approvals and Referrals. Go to the “Your benefits” section
- Rights and Responsibilities. Go to the “Your Rights and responsibilities” section
- Rides to Care. Go to the “Free rides to care” section
- Care Coordination. Go to the “Getting help organizing your care” section
- Prescriptions. Go to the “Prescription medications” section

- Emergency Care. Go the “Emergency care” section
- How long it takes to get care. Go to the “Access to the care you need” section
- Grievances, Complaints and Appeals. Go to the “Grievances, complaints, appeals and fair hearings” section

Always carry your OHP and IHN-CCO member ID cards with you.

- Note: These will come separately. You will receive your OHP ID card before your IHN-CCO member ID card.

You can find your IHN-CCO 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 _____
- My nonemergent medical transportation (free ride to care) is _____
 - Their number is _____

Free help in other languages and formats.

Everyone has a right to know about IHN-CCO’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.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

You can 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. Every format has the same information. You will get materials within 5 days of your request. This help is free.

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.

IHN-CCO can email you materials.

You can ask by sending a message through your MyHealthPlan member portal at MyHealthPlan.samhealth.org. Please let us know which documents you would like emailed to you. You can find this member handbook on our website at:

IHNtogether.org/Handbook2025. If you need help or have questions, call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).

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 sign language and 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/EI.

If you need help, please call us at **541-768-7863** (TTY **800-735-2900** or **711**) or call OHP Client Services at **800-273-0557** (TTY **711**).

If you do not get the interpreter help you need from IHN-CCO, 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 document in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call **866-203-3435** or TTY **800-735-2900**. We accept relay calls.

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 **866-203-3435** o TTY **800-735-2900**. Aceptamos todas las llamadas de retransmisión.

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

Russian

Вы можете получить этот документ 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. **866-203-3435** или TTY **800-735-2900**. Мы принимаем звонки по линии трансляционной связи.

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 **866-203-3435** hoặc TTY (Đường dây Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) TTY **800-735-2900**. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

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

Arabic

يمكنكم الحصول على هذا وثيقة بلغات أخرى، أو مطبوعة بخط كبير، أو مطبوعة على طريقة برايل أو حسب الصيغة المفضلة لديكم. كما يمكنكم طلب مترجم شفهي. إن هذه المساعدة مجانية. اتصلو على **866-203-3435** أو المبرقة الكاتبة **TTY 800-735-2900**. نستقبل المكالمات المحولة.

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 **866-203-3435** ama TTY **800-735-2900**. Waa aqbalnaa wicitaanada gudbinta.

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 **866-203-3435** 或 TTY **800-735-2900**。我们会接听所有的转接来电。

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

您可獲得本信息函的其他語言版本、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 **866-203-3435** 或聽障專線 TTY **800-735-2900**。我們接受所有傳譯電話。

您可透過經認證的合格醫療保健口譯員取得協助。

Korean

이문서은 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 무료 지원해 드립니다. **866-203-3435** 또는 TTY **800-735-2900** 에 전화하십시오. 저희는 중계 전화를 받습니다.

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

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 **866-203-3435** ika TTY **800-735-2900**. Kich mi etiwa ekkewe keken relay.

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

Ukrainian

Ви можете отримати цей довідник іншими мовами, крупним шрифтом, шрифтом Брайля або у форматі, якому ви надаєте перевагу. Ви також можете попросити надати послуги перекладача. Ця допомога є безкоштовною. Дзвоніть по номеру телефону **866-203-3435** або телетайпу ТТУ **800-735-2900**. Ми приймаємо всі дзвінки, які на нас переводять.

Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

Farsi

می‌توانید این نامه را به زبان‌های دیگر، درشت‌خط، بریل یا قالب ترجیحی دیگری دریافت کنید. می‌توانید مترجم شفاهی نیز درخواست کنید. این کمک رایگان **866-203-3435** است. با - یا **TTY 800-735-2900** تماس بگیرید. تماس‌های رله را می‌پذیریم.

می‌توانید از یک مترجم شفاهی دارای گواهی و باکفایت در زمینه بهداشت و

Swahili

Unaweza kupata herufi hii kwa lugha zingine, kwa herufi kubwa, kwa lugha ya maandishi kwa vipofu au namna yeyote unayopendelea. Unaweza pia kuomba mkalimani. Msaada huu ni wa bure. Piga **866-203-3435** au TTY **800-735-2900**. Tunakubali simu za kupitisha ujumbe.

Unaweza pata usaidizi kutoka kwa mkalimani wa huduma ya afya aliyeidhinishwa na aliyehitimu.

Burmese

ဤစာကို အချားဘာသာစကားမ်း၊ ပုံ့ဝိပ္ပာလုံးဗုဒ္ဓကီး၊ မ်ကျမဋ္ဌ်းအတြက
ဘေရးလှ သို့မဟုတ် သငိုမိးဝိထကည့ ပုံစံပုဖုဒ့ ရယူနိုင်ပါသည်။ သင့်ည
စကားပုပန္တစဉ်းလည့း ဝေတာဒ့းဆိုနိုင်ပါသည်။ ဤအကူအညီသည်
အခမဲ့ပုဖုစွါသည်။ **866-203-3435** သို့မဟုတ် TTY **800-735-2900** ကို
ဖုနုံးဆက်ပါ။ ထပ္ပုဒ့းခေဒ့ဆိုမးမ်းကို ကြံးပိ္ပိ္ပိ္ လက်ခံပါသည်။

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Amharic

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ፍቃድ ካለው እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ ድጋፍ ማግኘት ይቻላል።

Romanian

Puteți obține această scrisoare în alte limbi, cu scris cu litere majuscule, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Sunați la **866-203-3435** sau TTY **800-735-2900**. Acceptăm apeluri adaptate persoanelor surdomute.

Puteți obține ajutor din partea unui interpret de îngrijire medicală certificat și calificat.

Our nondiscrimination policy

Discrimination is against the law. IHN-CCO must follow state and federal civil rights laws. We cannot treat people (members or potential members) unfairly in any of our programs or activities because of a person's:

- Age.
- Disability.
- National origin, primary language and proficiency of English language.
- Race.
- Religion.
- Color.
- Sex, sex characteristics, sexual orientation, gender identity or sex stereotypes.
- Pregnant or related conditions.
- Health status or need for services.

If you feel you were treated unfairly for any of the above reasons, you can make a complaint. This is also called filing a grievance.

Make (or file) a complaint with IHN-CCO in any of these ways:

- Phone: Call our Section 1557 Coordinator at **541-768-1555** (TTY 711)
- Fax: 541-768-9765
- Mail: Section 1557 Coordinator
PO Box 1310
Corvallis, OR 97339
- Email: SHPOCompliance@samhealth.org
- Web: [IHNtogether.org/Your-Benefits/How-Do-I](https://www.ihnccco.org/Your-Benefits/How-Do-I)

You can read our complaint process at [IHNtogether.org/Your-Benefits/How-Do-I](https://www.ihnccco.org/Your-Benefits/How-Do-I).

If you have a disability, IHN-CCO has these types of free help:

- Qualified sign language interpreters.
- Written information in large print, audio or other formats.
- Other reasonable modifications.

If you need language help, IHN-CCO has these types of free help:

- Qualified interpreters.
- Written information in other languages.

Need help filing a complaint? Need language help or reasonable modifications? Call Customer Service at **541-768-7863** or (TTY **800-735-2900** or **711**) to speak with a peer wellness specialist or personal health navigator. You also have a right to file a complaint with any of these organizations:

Oregon Health Authority (OHA) Civil Rights

- Phone: **844-882-7889** (TTY 711)
- Web: [oregon.gov/OHA/EI](https://www.oregon.gov/OHA/EI)

Need help? Call **541-768-7863** (TTY **800-735-2900** or **711**) or visit [IHNtogether.org](https://www.ihnccco.org).

- 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: oregon.gov/boli/civil-rights
- Email: BOLI_help@boli.oregon.gov
- 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: ocrportal.hhs.gov/ocr/smartscreen/main.jsf
- Phone: **800-368-1019** (TTY **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. You can ask us for a list of who we have shared your records with.

If you want us to share your records and information with someone, please complete the "Request for Health Plan Records Form". If you want to prevent someone from seeing your records, please use the "Request for Record Restriction Form". Visit IHNtogether.org/Your-Benefits/Forms to access either of these forms.

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 samhealthplans.org/Notice-of-Privacy-Practices.

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?

- Ask to send your record to another provider.
- 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 dental care provider.
 - Records from IHN-CCO.

You may be charged a reasonable amount for a copy of the requested records.

There may be times when the law restricts your access.

Psychotherapy notes and records prepared for court cases cannot be shared.

Providers may also not share records when, in their professional judgement, sharing records could cause substantial harm to you or another person.

If a provider denies you or your authorized representative copies of your medical records, the provider must give you a written notice. The notice must explain why the request was denied and explain your rights to have another provider review the denial. The notice will also tell you how to make a complaint to the provider or the Secretary of Health and Human Services.

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Welcome to IHN-CCO!

We are glad you are part of IHN-CCO. IHN-CCO 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 our company, how to get care and how to get the most from your benefits.

How OHP and IHN-CCO work together

The Oregon Health Plan (OHP) is free health care coverage for Oregonians. OHP is Oregon's Medicaid program. It covers physical, dental, social and behavioral health care services. 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. IHN-CCO is a CCO. IHN-CCO serves Linn, Benton and Lincoln counties.

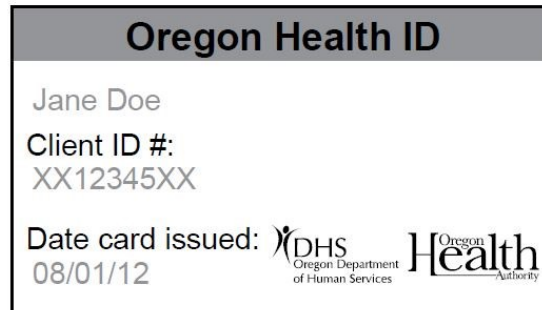
We work with other organizations to help manage some of your benefits, like dental services and rides to care. For a full list of these organizations and services, please see the "Contact Us" section on pages 21-26.

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 **541-768-7863** (TTY **800-735-2900** or **711**). When you ask for this information, we will send it within 5 business days.

All CCOs offer the same OHP benefits. Some offer extra services like new baby items and gym memberships. Learn more about IHN-CCO benefits in the "Your benefits" and "Extra services" sections.

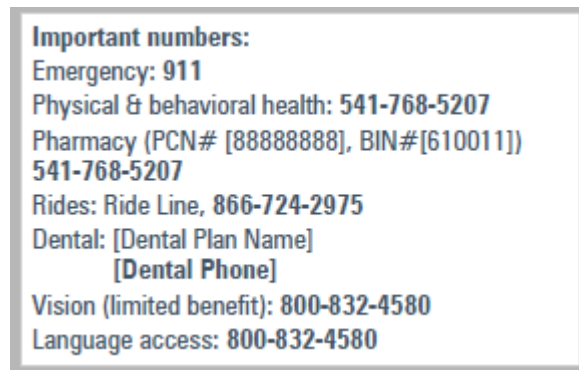
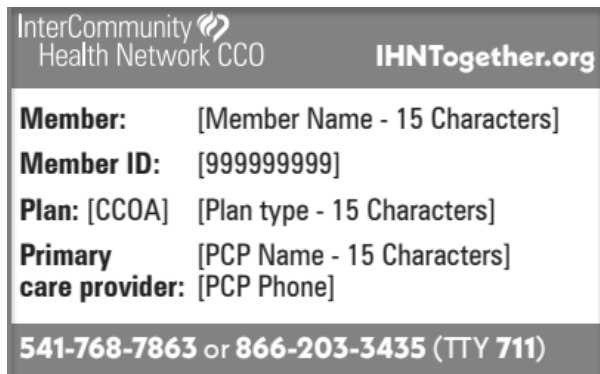
When you enroll in OHP, you will get an Oregon Health ID card. This is mailed to you with your coverage letter. Each OHP member in your household gets an ID card.

Your Oregon Health ID Card will look like this:



When you enroll in a CCO, you will also get a CCO ID card. This card is very important. It shows that you are a(n) IHN-CCO member and lists other information like important phone numbers. Your primary care provider will also be listed on your ID card.

Your IHN-CCO ID card will look like:



Be sure to show your IHN-CCO ID card each time you go to an appointment or the pharmacy.

Your coverage letter and IHN-CCO ID card will tell you what CCO you are enrolled in. They will also tell you what level of care your CCO plan covers. Use your ID card and the table below to see what type of care is covered for you.

CCO or OHP: Who organizes and pays for your care?			
Coverage type	Physical health	Dental health	Behavioral health
CCO-A	IHN-CCO	IHN-CCO	IHN-CCO
CCO-B	IHN-CCO	OHP	IHN-CCO
CCO-E	OHP	OHP	IHN-CCO
CCO-F*	Not covered	IHN-CCO	Not covered

CCO-G	OHP	IHN-CCO	IHN-CCO
Open card**	OHP	OHP	OHP

*CCO-F only covers dental health care unless you have CCO-F plus Open Card for physical and behavioral health.

**Open card is also called fee-for-service.

Learn more about organizing your care in the “Care Coordination” section or see what type of benefits are covered in the “Your Benefits” section.

Contact us

The IHN-CCO office is open Monday through Friday, from 8 a.m. to 5 p.m.

We’re closed on New Year’s Day (01/01/25), Martin Luther King Jr Day (01/20/25), President’s Day (02/17/25), Memorial Day (05/27/25), Independence Day (07/04/25), Labor Day (09/01/24), Thanksgiving (11/27/24), Friday after Thanksgiving (11/28/25) and Christmas (12/25/25).

In the event of an emergency and the office is closed you can still reach urgent and emergent services. Please contact Customer Service at **541-768-7863**, (TTY **800-735-2900** or **711**) or visit our website at IHNtogether.org for more details on getting the services you need.

Our office location is:

IHN-CCO 2300 NW Walnut Blvd Corvallis, OR 97330

Call toll free: **866-203-3435**, TTY **711**, or language access at **844-882-7889**.

Fax: 541-768-9395.

Online: IHNtogether.org

Mailing address:

IHN-CCO

PO Box 1310

Corvallis, OR 97339

Important phone numbers

- Medical benefits and care

Customer Service: **541-768-7863**. TTY users, please call **711**.

Hours: Monday through Friday, 8 a.m. to 8 p.m.

Learn more in the “Physical health benefits” section.

- **Pharmacy benefits**

Pharmacy Customer Service: **541-768-7863**. TTY users, call **711**.

Hours: Monday through Friday, 8 a.m. to 8 p.m.

Learn more in the “Prescription medications” section.

- **Behavioral health, drug, alcohol dependency or substance use disorder treatment benefits and care**

Customer Service: **541-768-7863**. TTY users, please call **711**.

Hours: Monday through Friday, 8 a.m. to 8 p.m.

Learn more in the “Behavioral health care benefits” section

Behavioral health treatment agencies

Benton County

Benton County Behavioral Health

530 NW 27th St., Corvallis, OR 97330

Phone: **541-766-6835**

Fax: 541-766-6186

Monday through Friday: 8 a.m. to 5 p.m.

Samaritan Mental Health - Corvallis

3509 NW Samaritan Drive, Suite 215

Corvallis, OR 97330

Phone: **541-768-5235**

Fax: 541-768-5201

Monday through Friday: 8 a.m. to 5 p.m.

<https://samhealth.org/mentalhealth>

Lincoln County

Lincoln County Behavioral Health — Child and Family

36 SW Nye St.

Newport, OR 97365

Phone: **541-265-4179**

Monday through Friday: 8 a.m. to 5 p.m. (closed from noon to 1 p.m.)

Some evenings are available by appointment only.

co.lincoln.or.us/hhs/page/lincoln-county-health-%20human-services

Lincoln County Behavioral Health — Adult Behavioral Health

51 SW Lee St.

Newport, OR 97365

Phone: **541-754-5960**

Monday through Friday: 8 a.m. to 5 p.m. (closed from noon to 1 p.m.)

Some evenings are available by appointment only.

Lincoln County Behavioral Health — Lincoln City

4422 NE Devils Lake Blvd., Suite 2

Lincoln City, OR 97367

Phone: **541-265-4196**

Fax: 541-994-1882

Monday through Friday: 8 a.m. to 5 p.m. (closed from noon to 1 p.m.)

Some evenings are available by appointment only.

Linn County

Linn County Mental Health Services

linncountyhealth.org/mental-health

Albany location:

445 3rd Ave. SW

Albany, OR 97321

Phone: **541-967-3866** or toll free **800-304-7468**. You can also call either of these numbers to reach the 24-hour crisis line any day of the week.

Monday, Wednesday, Thursday and Friday: 8:30 a.m. to 5 p.m.

Tuesday: 8:30 a.m. to 5 p.m.

Mail: PO Box 100

Albany, OR 97321

Lebanon location:

1600 S Main St.

Lebanon, OR 97355

Phone: **541-451-5932** or toll free **800-451-2631**. You can also call either of these numbers to reach the 24-hour crisis line any day of the week.

Monday through Friday: 8:30 a.m. to 5 p.m. (closed from noon to 1 p.m.)

Sweet Home location:

799 E Long St.

Sweet Home, OR 97386

Phone: **541-367-3888** or toll free **800-920-7571**. You can call either of these numbers to reach the 24-hour crisis line any day of the week.

Monday through Thursday: 8:30 a.m. to 5 p.m. (closed from noon to 1 p.m.)
Open some Fridays, call ahead to confirm

If you have a mental health emergency

Call a 24/7 crisis hotline:

Benton County: 888-232-7192

Lincoln County: 866-266-0288

Linn County: 866-266-0288

- or -

Call 911

988 Suicide and Crisis Lifeline

The **988 Suicide and Crisis Lifeline** is available 24 hours a day, seven days a week, every day of the year. It is for people having a behavioral health crisis. You can call, text or chat online at **[988lifeline.org](https://www.988lifeline.org)**. Calls may be answered in English or Spanish. Text and online chat are currently only available in English.

People can also dial **988** if they are worried about a loved one who may need crisis support.

The 988 Suicide and Crisis Lifeline is easy to remember, like 911. It offers a direct link to trained crisis counselors who will offer care and support for anyone experiencing mental health-related distress. This includes thoughts of suicide or self-harm, a substance use crisis or any other kind of behavioral health crisis. The counselor is part of a call center that is linked to a network of services, so the caller will be connected quickly with the right kind of help, from the right type of helper.

Dental benefits and care

You need to choose a clinic or dental office as your primary care dentist (PCD). Your PCD will arrange all your dental care. Your PCD will also send you to a specialist if you need to go. Please call your dental plan's customer service for your PCD's name, phone number, address and office hours. It is important to choose a provider office near your home. If you do not know which dental plan you are assigned to, call Customer Service for help. See the "Handbook updates" section. If you wish to change your PCD, contact your dental plan.

Advantage Dental Services

442 SW Umatilla Ave., Redmond, OR 97756

Phone: **866-268-9631** (TTY **866-268-9617**)

Monday through Friday: 8 a.m. to 5 p.m.

advantagedental.com

Capitol Dental Care

3000 Market St. NE, Suite 228, Salem, OR 97301

Phone: **800-525-6800** (TTY **800-735-2900**)

Monday through Friday: 7 a.m. to 6 p.m.

capitoldentalcare.com

MODA/ODS

601 SW 2nd Ave., Portland, OR 97204

Phone: **800-342-0526** (TTY **800-342-0526**)

Monday through Friday: 7:30 a.m. to 5:30 p.m.

odscompanies.com/ohp

Willamette Dental Group

6950 NE Campus Way, Hillsboro, OR 97124

Phone: **855-433-6825** option 2, (TTY **800-735-1232**)

Monday through Friday: 8 a.m. to 5 p.m.

Vision benefits and care

Customer Service at **541-768-7863**, TTY users, please call **711**.

Hours: Monday through Friday, 8 a.m. to 8 p.m.

Learn more in the "Physical health benefits" section.

Free rides to physical care, dental care or behavioral health care

Ride Line

Need help? Call **541-768-7863** (TTY **800-735-2900** or **711**) or visit [**IHNtogether.org**](http://IHNtogether.org).

You can get a freeride to physical care, dental care and behavioral health visits. Call **541-924-8738** to set up a ride. TTY users, please call **711**.
Hours: Monday through Friday, 8 a.m. to 5 p.m.
Learn more in the “Rides to care” section.

Ride Line call center is closed the following holidays:

- New Year’s day.
- Martin Luther King Jr. day.
- President’s day.
- Memorial day.
- Juneteenth.
- Independence day (also called: the Fourth of July).
- Labor day.
- Veterans day.
- Thanksgiving.
- Day after Thanksgiving.
- Christmas Eve (closed at noon).
- Christmas.

If the holidays listed falls on a Saturday, the Friday before is observed as the holiday. If the holidays listed falls on a Sunday, the following Monday is observed as a holiday.

Contact the Oregon Health Plan

OHP Customer Service can help:

- Change address, phone number, household status or other case 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 **secureemail.dhsoha.state.or.us/encrypt** to send an email to OHP.
 - For questions or changes about your OHP case, email **Oregon.Benefits@odhsoha.oregon.gov**.
 - For questions about CCOs or how to use your medical, email **Ask.OHP@odhsoha.oregon.gov**.

- Tell OHP your full name, date of birth, Oregon Health ID number, address and phone number.

Your Rights and Responsibilities

As a member of IHN-CCO 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 **541-768-7863** (TTY **800-735-2900** or **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 “You can make a complaint.” You can also call an Oregon Health Authority Ombudsperson at **877-642-0450** (TTY **711**). You can send them a secure email at 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. Minors 15 years and older can get medical and dental care without parental consent. To learn more, read “Minor Rights: Access and Consent to Health Care.” This booklet tells you the types of services minors of any gender can get on their own and how their health records may be shared. You can read it at 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.
- Not be held down or kept away from people because it would be easier to:
 - Care for you,
 - Punish you, or
 - Get you to do something you don't want to do.

You have the right to get this information

- Materials explained in a way and in a language you can understand. (See section “Free help in other languages and formats”).
- Materials, like this handbook, that tell you about CCOs and how to use the health care system.

- Written materials that tell you your rights, responsibilities, benefits, how to get services and what to do in an emergency.
- Information about your condition, treatments and alternatives, what is covered and what is not covered. This information will help you make good decisions about your care. Get 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 section “Health records”). You can:
 - Have access to your health records
 - Share your health records with a provider.
- Written notice mailed to you 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 mailed to you about providers who are no longer in-network. In-network means providers or specialists that work with IHN-CCO. (See section “Changes to IHN-CCO providers”).
- Be told in a timely manner if an appointment is canceled.

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 it will 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 such as online. (See section “Getting care by video or phone”).
- 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 section “Traditional health worker”). 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 section “Physical health benefits”).
- Urgent and emergency services 24 hours a day, 7 days a week without approval or permission. (See sections “Urgent care” and “Emergency care”).
- Referrals to specialty providers for covered coordinated services that are needed based on your health. (See section “Provider referrals and self-referrals”).
- Extra support from an OHP Ombudsperson (see section “Your rights and responsibilities” above this chart).

You have the right to do these things

- Choose your providers and to change those choices. (See section “Primary care providers (PCPs)”).
- Get a second opinion. (See section “Second opinions”).
- 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 section “End of life decisions”).
- Make a complaint or ask for an appeal. Get a response from IHN-CCO when you do this. (See section “Complaints, grievances, appeals and fair hearings”).
 - Ask the state to review if you don’t agree with IHN-CCO’s decision. This is called a hearing.
- Get free certified or qualified health care interpreters for all non-English languages and sign language. (See section “Free help in other languages and formats”).

Your responsibilities as an OHP member

You must treat others this way

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

You must report this information to OHP

If you get OHP, you must report certain changes about you and your household. Your OHP approval letter tells you what you must report and when.

You can report changes in one of these ways:

- Use your ONE online account at One.Oregon.gov to report changes online.
- Visit any Oregon Department of Human Services Office in Oregon. You can find a list of offices at oregon.gov/odhs/Pages/office-finder.aspx
- Contact a local OHP-certified community partner. You can find a community partner at healthcare.oregon.gov/Pages/find-help.aspx
- Call OHP Customer Service weekdays at **800-699-9075**.
- Fax to 503-378-5628
- Mail to ONE Customer Service Center, PO Box 14015, Salem, OR 97309.

There are other rights and responsibilities you have as an OHP member. OHP shared these when you applied. You can find a copy at oregon.gov/odhs/benefits/pages/default.aspx, under the “Rights and Responsibilities” link.

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 IHN-CCO.
- 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 called Record Request Form.
- Tell IHN-CCO 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 IHN-CCO get paid for services we gave you because of that injury.

American Indian and Alaska Native Members

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

- Tribal wellness centers.
- Indian Health Services (IHS) clinics. Find a clinic at [IHS.gov/findhealthcare](https://www.ihs.gov/findhealthcare)
- Native American Rehabilitation Association of the Northwest (NARA). Learn more or find a clinic at [NARAnorthwest.org](https://www.naranorthwest.org)

You can use other clinics that are not in our network. Learn more about referrals and preapprovals in the “Your benefits” section.

American Indian and Alaska Natives don't need a referral or permission to get care from these providers. These providers must bill IHN-CCO. 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 IHN-CCO any time and have OHP Fee-For-Service (FFS) pay for their care. Learn more about leaving or changing your CCO the “Changing CCOs and moving care” section.

If you want IHN-CCO to know you are an American Indian or Alaska Native, contact OHP Customer Service at **800-699-9075** (TTY **711**) or login to your online account at [ONE.Oregon.gov](https://www.ONE.Oregon.gov) to report this.

You may be assigned a qualifying tribal status if any one of the following are true. These questions are also asked on the OHP application:

- You are an enrolled member of a Federally Recognized Tribe or a shareholder in an Alaska Native Regional Corporation.
- You get services from Indian Health Services, Tribal Health Clinics or Urban Indian Clinics.
- You have a parent or grandparent who is an enrolled member of a Federally Recognized Tribe or a shareholder in an Alaska Native Regional Corporation or Village.

New members who need services right away

Members who are new to OHP or IHN-CCO may need prescriptions, supplies or other items or services as soon as possible. If you can't see your primary care provider (PCP) or primary care dentist (PCD) in your first 30 days with IHN-CCO:

- While you are waiting for an appointment, you can call Care Coordination at **541-768-7863** (TTY **800-735-2900** or **711**). They can help you get the care you need. Care coordination can help OHP members with Medicare, too. (See the "Care coordination" section to learn more)
 - If you are becoming a new Medicare enrollee, see the Members with OHP and Medicare section for more information.
- Make an appointment with your PCP as soon as you can. You can find their name and number on your IHN-CCO ID card.
- Call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**) if you have questions and want to learn about your benefits. They can help you with what you need.

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 IHN-CCO network. If you do not pick a provider within 90 days of becoming a member, IHN-CCO will assign you to a clinic or pick a PCP for you. IHN-CCO will notify your PCP of the assignment and send you a letter with your provider's information.

You can change your PCP at any time by calling Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**). We work with some providers, but not all of them. A current list of in-network PCPs can be found on our website at IHNtogether.org/FindCare or you can call our Customer Service.

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.

Don't forget to ask IHN-CCO about a dentist, mental health provider and pharmacy.

You can go to any in-network pharmacy. See the "Prescription medications" section for more details.

You can go to any in-network mental health provider. See the "Provider directory" section below for more details on how to find a provider.

It is important that you get regular dental exams and cleanings for preventive care. You need to choose a clinic or dental office as your primary care dentist (PCD). Your PCD will arrange all your dental care. Your PCD will also send you to a specialist if you need to go. Please call your dental plan's Customer Service for your PCD's name, phone number, address and office hours. It is important to choose a provider office near your home. If you do not know which dental plan you are assigned to, call Customer Service for help. If you wish to change your PCD, contact your dental plan. You can access provider directories for your dental plan by going to **IHNtogether.org/Dental**.

Each member of your family must have a dentist that will be their primary care dentist (PCD). You will go to your PCD for most of your dental care needs. Your PCD will send you to a specialist if you need to go to one.

Your PCD is important because they:

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

Please call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**) Monday through Friday, 8 a.m. to 8 p.m. if you would like to change your PCP, PCD or other providers. You can start seeing your new providers on the day this change is made.

In-network providers

IHN-CCO 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.

You may be able to see an out-of-network provider for primary care if:

- You are switching CCOs or move from OHP fee-for-service to a CCO (see section "Changing CCOs and moving care").

- You are American Indian or Alaskan Native (see section “American Indian and Alaskan Native members”).

Provider directory

You can choose your PCP, PCD, mental health, pharmacy and other providers from the provider directory at: [IHNtogether.org/FindCare](https://www.IHNtogether.org/FindCare). You can also call Customer Service 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 of the directory. You can get it in another format (such as other languages, large print or Braille) for free. Call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).

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 IHN-CCO member.
- Your name and IHN-CCO 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 in the “Free rides to care” section.

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.

Changing your PCP

You can change your PCP at any time by calling Customer Service. We work with some providers, but not all of them. A current list of in-network PCPs can be found on our website at IHNtogether.org/FindCare or you can call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).

Changes to IHN-CCO providers

We will tell you when one of your regular providers stops working with IHN-CCO. You will get a letter 30 days before the change happens. If this change was already made, we will send you a letter within 15 days after the change.

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 opinion, call IHN-CCO 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 IHN-CCO Customer Service for help. We will arrange the second opinion for free.

Survey about your health

Shortly after you enroll and if you have a health-related change, IHN-CCO may send you a survey about your health.

Complete and return your survey in any of these ways:

- Phone: **541-768-7863**, toll free **866-203-3435** (TTY **800-735-2900** or **711**)

- Fax: 541-768-9395
- Mail: IHN-CCO
PO Box 1310
Corvallis, OR 97339
- Email: IHNtogether.org/ContactUs

You can complete the survey by mail, phone or call Customer Service **541-768-7863** (TTY **800-735-2900** or **711**) to have a care coordination team member help you complete it.

The survey asks questions about your general health with the goal of helping reduce health risks, maintain health and prevent disease.

The survey asks about:

- Your access to food and housing.
- 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, dental health and medical history.
- Your primary language.
- Any special health care needs, such as high-risk pregnancy, chronic conditions, behavioral health disorders and disabilities, etc.
- If you want support from a care coordination team.

Your answers help us find out:

- If you need any health exams, including eye or dental exams.
- If you have routine or special health care 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 with Care Coordination. See section “Getting help organizing your care”.

A care coordination team member will look at your survey. They will call you to talk about your needs and help you understand your benefits.

If we do not get your survey, we will reach out to help make sure it is completed within 90 days of enrollment or sooner if needed. If you want us to send you a survey you can call IHN-CCO Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**) and we will send you one.

Your survey will be shared with your doctor or other providers to reduce how many times you are asked these questions. Sharing your survey also helps coordinate your care and services.

Members who are pregnant

If you are pregnant, OHP provides extra services to help keep you and your baby healthy. When you are pregnant, IHN-CCO can help you get the care you need. It can also cover your delivery and your care for one year after your pregnancy. We will cover after pregnancy benefits for a full year, no matter how the pregnancy ends.

Here's what you need to do when you find out you're pregnant:

- 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.** Child-birthing and Lamaze classes are covered if done at a hospital in IHN-CCO's service area. For more details, call IHN-CCO Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).
- Pregnancy Care Options** Please see the IHN Provider directory IHNtogether.org/FindCare where you can search by doula and midwife specialties.

After your pregnancy ends:

- Call OHP or ask the hospital to send a newborn notification to OHP.** OHP will cover your baby from birth. Your baby will also have IHN-CCO.
- Get a free nurse home visit with Family Connects Oregon.** It is nurse home visiting program that is free for all families with newborns. A nurse will come to you for a check-up, newborn tips and resources. For more details on Family Connects in your area visit FamilyConnectsOregon.org/linn-lincoln-and-benton.

Preventing Health Problems 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)
- Pap smear

- Pregnancy and newborn care
- Exams for wellness
- Prostate screenings for men
- Yearly checkups
- Well-child exams

A healthy mouth also keeps your heart and body healthier.

If you have any questions, please call IHN-CCO Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).

Get help organizing your care with Care Coordination

IHN-CCO can help organize your care. IHN-CCO has staff that are part of your care coordination team. IHN-CCO staff are committed to supporting members with their care needs. IHN-CCO can assist you with finding physical, dental, behavioral, developmental and social health care where and when you need it.

You may get care coordination from your patient-centered primary care home (PCPH), primary care provider, IHN-CCO or other primary care teams. You, your providers or someone speaking on your behalf can ask about care coordination for any reason, especially if you have a new care need or your needs are not being met. You can call the number below or visit IHNtogether.org/Care-Coordination for more information about care coordination.

Care Coordination's goal is to make your overall health better.

IHN-CCO must have processes in place that help us find your health care needs. We will help you take charge of your health and wellness.

Your care coordination team will:

- Help you understand your benefits and how they work.
- Use care programs to help you manage chronic health conditions such as diabetes, heart disease and asthma.
- Help with behavioral health issues including depression and substance use disorder.
- Help with finding ways to get the right services and resources to make sure you feel comfortable, safe and cared for.
- Help you identify people in your life or community that can be a support.
- Help you pick a primary care provider (PCP).
- Provide care and advice that is easy to follow.
- Help with setting up medical appointments and tests.
- Help you set up transportation to your doctor appointments.
- Help transition your care when needed.
- Help you get care from specialty providers.
- Help make sure your providers talk to each other about your health care needs.

- Create a care plan with you that meets your health needs.

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

- Help with finding housing.
- Help with rent and utilities.
- Nutrition services.
- Rides.
- Trainings and classes.
- Family support.
- Social services.
- Devices for extreme weather conditions.

Working together for your care

Your care coordination team will work closely with you. This team will have different people who will work together to meet your needs, like providers, specialists and community programs you work with. The team will connect you with community and social support resources that may help you. Your care team's job is to make sure the right people are part of your care to help you reach your goals. We will all work together to support you.

You may need a care plan

You and your care team will decide if a care plan is needed. This plan will help meet your needs and is made with you, your care team and providers. Your plan will list supports and services needed to help you reach your goals. This plan addresses medical, dental, cultural, developmental, behavioral and social needs so you have positive health and wellness results.

The plan will be reviewed and updated at least annually, as your needs change or if you ask for a review and update. You, your representative and your providers get a copy of your care plan. You, an authorized representative or provider can request a copy of your care plan or request development of a Care Plan by contacting Customer Service at **541-768-7863** or toll free **866-203-3435** (TTY **800-735-2900** or **711**).

Care Coordination hours and contact information

Care Coordination services are available Monday through Friday 8 a.m. to 5 p.m.

- Call IHN-CCO Care Management at **541-768-4877** if there is a change in your health needs or who you are working with so IHN-CCO can help coordinate your care.
- Call IHN-CCO Care Management at **541-768-4877** to get more information about Care Coordination.
- IHN-CCO will send a letter to your address on file to let you know who, from your care coordination team, is primarily responsible for coordinating your care and services.

- IHN-CCO will send you a letter if there is a change to who is mainly responsible for coordinating your care.

Members with Medicare

You can also get help with your OHP and Medicare benefits. A staff from IHN-CCO care coordination team 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.

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.

For members aged 21 and older:

Not all condition and treatment pairs are covered by OHP. There is a stopping point on the list called “the line” or “the funding level.” Pairs above the line are covered and pairs below the line are not. Some conditions and treatments above the line have certain rules and may not be covered.

For members under age 21:


All medically necessary and medically appropriate services must be covered, based on your individual needs and medical history. This includes items “below the line” on the Prioritized List as well as services that don’t appear on the Prioritized List, like Durable Medical Equipment. See section “Comprehensive and preventive benefits for members under age 21” for more information on coverage for members under 21.

Learn more about the Prioritized List at:

[oregon.gov/oha/hsd/ohp/pages/prioritized-list.aspx](https://www.oregon.gov/oha/hsd/ohp/pages/prioritized-list.aspx)

Direct Access

You do not need a referral or preapproval for some services. This is called direct access. See the charts below for services that are direct access and do not need a referral or preapproval.



No referral or preapproval needed

- **Emergency services** (Available 24 hours a day, 7 days a week)
For physical, dental or behavioral health
- **Urgent Care services** (Available 24 hours a day, 7 days a week)
For physical, dental or behavioral health
- **Women's Health Services**
For routine and preventive care
- **Sexual Abuse Exams**
- **Behavioral Health Assessment and Evaluation services**
- **Outpatient and Peer-Delivered Behavioral Health services**
From an in-network provider

See the Benefits Charts in the “Physical health benefits” section for more information.

Getting preapproval (sometimes called a “prior authorization”)

Some services, like surgery or inpatient services, need approval before you get them. This is to make sure that the care is medically needed and right for you. Your provider will take care of this and may submit information to us to support you getting the service. Even if the provider is not required to send us information, IHN-CCO may still need to review your case for medical reasons.

You should know that these decisions are based only on whether the care or service is right for you and if you are covered by IHN-CCO. IHN-CCO does not reward providers or any other persons for issuing denials of coverage or care. Extra money is never given to anyone who makes a decision to say no to a request for care. Contact IHN-CCO Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**) if you:

- Have questions.
- Need to reach our Utilization Management Department.
- Need a copy of the clinical guidelines.

You might not get the service if it is not approved. We review preapproval requests as quickly as your health condition requires. Most service 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 a faster decision called an “expedited service authorization”. Expedited service decisions are typically made within 72 hours, but there may be a 14-day extension. You have the right to complain if you don’t agree with an extension decision. See section “You can make a complaint” for how to file a complaint.

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.

See section “Prescription medications” to learn about prescriptions.

You do not need approval for emergency or urgent services or for emergency aftercare services. See the “Emergency care” section to learn about emergency services.



No preapproval is required for these services

- **Outpatient behavioral health services or peer delivered services (in network)**
- **Behavioral Health assessment and evaluation services**
- **Medication Assisted Treatment for Substance Use Disorder (first 30 days)**
- **Assertive Community Treatment (ACT) and Wraparound services (a screening is required).**

See the Benefits Charts in the “Behavioral health care benefits” section for more information.

Provider referrals and self-referrals

For you to get care from the right provider a referral might be needed. A **referral** is a written order from your provider noting the need for a service.

For example: If your PCP cannot give you services you need, they can refer you to a specialist. If preapproval is needed for the service, your provider will ask IHN-CCO for approval.

If there is not a specialist close to where you live or a specialist who works with IHN-CCO (also called in-network), they may have to work with the Care Coordination team to find you care out-of-network. To see an out-of-network provider, they must work with the Oregon Health Plan. 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.



Services that need a referral

- **Medication Assisted Treatment for Substance Use Disorder**
- **Specialist Services**
If you have special health care needs, your health care team can work together to get you access to specialists without a referral.
- **Wraparound Services**
- **If you use a dental care provider that is not your primary care dentist, you may need a referral for these services:**
 - Oral exams
 - Partial or complete dentures
 - Extractions
 - Root canal therapy

See the Benefits Charts in the “Physical health benefits section” for more information.

Some services do not need 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. Learn more about the Provider Directory in the “Provider directory” section.

Services you can self-refer to:

- Visits with your PCP
- Care for sexually transmitted infections (STIs)
- Immunizations (shots)
- Traditional health worker services
- Routine vision providers in the network
- Dental providers in the network
- Family planning services (including out-of-network)
- Mental health services for problems with alcohol or other drugs

- Assertive Community Treatment
- Behavioral Health services (in network)

See the Benefits Charts in the “Physical health benefits” section for more information.

Preapproval may still be needed for a service when you use self-referral. Talk with your PCP or contact Customer Service if you have questions about if you need a preapproval to get a service.

Benefits charts icon key



Services that need preapproval

Some services need approval before you get the service. Your provider must ask the CCO for approval. This is known as a preapproval.



Services that need a referral

A referral is a written order from your provider noting the need for a service. You must ask a provider for a referral.



No referral or preapproval needed






You do not need a referral or preapproval for some services. This is called direct access.





Physical health benefits





See below for a list of medical benefits that are available to you at no cost. Look at the “Service” column to see how many times you can get each service for free. Look At the “How to access” column to see if you need to get a referral or preapproval for the service. IHN-CCO will coordinate services for free if you need help.






If you see an * in the benefit charts, this means a service may be covered beyond the limits listed for members under 21 if medically necessary and appropriate.




For a summary of OHP benefits and coverage, please visit OHP.Oregon.gov/Benefits. You can get a paper or electronic copy of the summary by calling 800-273-0057.






Service	How to access	Who can get it
<p>Care Coordination services Care Coordination services can organize care activities, help you with chronic conditions and bring together your care team.</p> <p>Example: Case management</p> <p>See “Get help organizing your care” section for more information.</p>	<p> No referral or preapproval</p>	<p>All members</p>
<p>Comfort Care & Hospice Services End-of-life care like help managing symptoms and pain.</p> <p>Example: Hospice</p>	<p> No referral or preapproval</p>	<p>All members</p>
<p>Diagnostic Services Tests, exams or procedures to identify a condition or injury.</p> <p>Examples: Blood test or biopsy</p>	<p> No referral or preapproval</p>	<p>All members</p>
<p>Durable Medical Equipment Supplies and equipment that don't wear out.</p> <p>Examples: Walkers or diabetic supplies</p>	<p> Prior approval needed for billed amounts over \$500 or rental length greater than 3 months</p>	<p>All members</p>
<p>Early & Periodic Screening, Diagnosis and Treatment (EPSDT) services Care, screenings and assessments of physical and mental health development for members under 21. Example: Well care visits and Lead toxicity screening.</p>	<p> No referral or preapproval</p>	<p>Members ages 0-20 years old</p>





Service	How to access	Who can get it
<p>This includes coverage for all medically necessary and medically appropriate services for members under 21.</p> <p>Examples: Screenings or check-ups</p>	<p>for well child care, screenings and some assessments. Referrals or preapproval may be required for other services.</p>	
<p>Elective Surgeries/Procedures Surgeries and procedures that are not medically necessary or a result of an emergency.</p> <p>Example: Kidney stone removal</p> <p>May be limits depending on service.</p>	 <p>Prior approval needed</p>	
<p>Emergency Medical Transportation Ride to hospital because of an emergency.</p> <p>Example: Ambulance ride.</p>	 <p>No referral or preapproval</p>	<p>All members</p>
<p>Emergency Services Immediate medical care for an emergency.</p> <p>Example: Care when you have trouble breathing.</p>	 <p>No referral or preapproval</p>	<p>All members</p>
<p>Family Planning Services Care to help you plan the timing and number of children you have or do not have.</p> <p>Example: Birth control or annual exams.</p> <p>You can go to an out-of-network provider for family planning services and supplies. Sterilization requires consent form be fully completed by a provider and member within the required</p>	 <p>No referral or preapproval</p>	<p>All members</p>


Service	How to access	Who can get it
<p>timeframe before procedure. Call Customer Service at for details 541-768-7863 (TTY 800-735-2900 or 711).</p>		
<p>Gender Affirming Care Care to help support and affirm gender identity.</p> <p>Example: Hormone therapy</p> <p>Gender affirming care complies with non-discrimination laws.</p>	 No referral or preapproval	
<p>Hearing Services* These services include things to test hearing or help you hear better.</p> <p>Examples: Audiology or hearing aids</p> <p>Prior approval is required for hearing aids if billed amount is over \$500.</p> <ul style="list-style-type: none"> Adults who meet criteria are limited to one hearing aid every five years (two may be authorized if certain criteria are met). <p>Children who meet criteria are allowed two hearing aids every three years.*</p>	 Prior approval needed for billed amounts over \$500	All members
<p>Home Health Services Care in your home, often during an illness or after an injury.</p> <p>Example: Physical therapy</p>	 No referral or preapproval	All members
<p>Immunizations and Travel Vaccines Shots and vaccines to help keep you healthy.</p> <p>Example: Flu vaccine</p> <p>Immunizations for work, education or foreign travel are covered.</p>	 No referral or preapproval	All members

Service	How to access	Who can get it
<p>Interpreter Services Someone to help you in the spoken language or sign language of your choice.</p>	<p> No referral or preapproval</p>	<p>All members</p>
<p>Laboratory Services, X-Rays and other procedures These are tests your provider might use to check your health. Examples: Urine test or X-ray</p>	<p> Preapproval needed for some MRIs</p>	<p>All members</p>
<p>Maternity Services Care you get before, during and after a pregnancy. Example: Prenatal visit</p>	<p> No referral or preapproval</p>	<p>Pregnant members</p>
<p>Hospital Services Care you must get in a hospital. Examples: Chemo, Radiation or Pain Management Some services may require prior approval.</p>	<p> Preapproval needed</p>	<p>All members</p>
<p>Palliative Care Care for members with serious illnesses, which may include services such as care coordination, mental health services, social work services, spiritual care services, pain and symptom management and 24-hour clinical phone support.</p>	<p> Referral needed</p>	<p>Members with a serious illness and a life-limiting prognosis.</p>
<p>Pharmaceutical Services (Prescription Medication)</p>	<p>Prescription needed</p>	<p>All members</p>

Service	How to access	Who can get it
<p>Drugs you need to take to help keep or make you healthy.</p> <p>Example: Blood pressure medication</p> <p>Contraceptives: Up to a 90-days (three month supply) with a prescription.</p> <p>Other medications: Up to a 34-day (one month) supply with a prescription.</p> <p>Some prescribed drugs require prior approval.</p> <p>Mental health drugs are covered by OHP (not covered by IHN-CCO).</p>		
<p>Physical Therapy, Occupational Therapy, Speech Therapy</p> <p>Therapies focus on improving your ability to move your body or perform daily activities.</p> <p>Example: Exercises to improve balance after a fall.</p> <p>Prior approval needed if more than 30 visits per calendar year, per service.</p> <p>No limit on visits for the first year following a serious injury to the spinal cord, traumatic brain injury or a cerebral vascular injury.</p>	 Preapproval needed	All members
<p>Preventive services</p> <p>Regular care and screenings to keep you and your family healthy.</p> <p>Examples: physical examinations, immunizations, screenings (cancer, etc.), diabetes prevention, nutritional counseling, tobacco cessation services, etc.</p> <p>Routine physicals limited to once per year.</p>	 No referral or preapproval	All members
<p>Primary Care Provider Visits</p> <p>Visits with your doctor for checkups, screenings and non-urgent care.</p> <p>Example: Annual exam</p>	 No referral or preapproval	All members

Service	How to access	Who can get it
<p>Rides to care. Also called Non-Emergent Medical Transportation (NEMT) Services</p> <p>Free rides to care or other transportation help like bus passes and pay for mileage.</p> <p>Preapproval from Ride Line is required for reimbursement of mileage, meals and lodging to covered health services</p>	 <p>Preapproval from Ride Line is required for reimbursement</p>	<p>All members</p>
<p>Sexual Abuse Exams</p> <p>Exam after sexual abuse, can include gathering evidence and getting lab tests.</p> <p>Example: Physical exam</p>	 <p>No referral or preapproval</p>	<p>All members</p>
<p>Specialist Services</p> <p>Care from a provider who has special training to care for a certain part of the body or type of illness.</p> <p>Example: Cardiologist (heart specialist)</p> <p>Abortion (covered by OHP, not covered by IHN-CCO)</p> <p>A referral from your PCP to a specialist may be needed.</p>	 <p>No prior preapproval</p>  <p>Some services may require referral from your PCP</p>	<p>All members</p> <p>For those with special health care needs or LTSS, talk to Care Coordination to get direct access to specialists.</p>
<p>Surgical Procedures</p> <p>Care to physically treat, remove, or alter your body to keep or make you healthy.</p> <p>Example: Removing an inflamed appendix</p>		<p>All members</p>

Service	How to access	Who can get it
<p>Elective/planned surgeries performed in an operating room, surgical suite, hospital or ambulatory surgery center (ASC) require prior approval.</p> <p>Prior approval is not required for:</p> <ul style="list-style-type: none"> • Colonoscopies. • gastrointestinal (GI) endoscopies (with and without biopsies). • Ear, nose and throat (ENT) endoscopies (with or without biopsies). 	Preapproval needed	
<p>Telehealth Services Getting care by phone, video, or online.</p> <p>Examples: Virtual visits or email visits.</p>	 No referral or preapproval	All members
<p>Traditional Health Worker (THW) services Getting care or services from someone with similar life experiences. They can help you get care to support your well-being.</p> <p>Example: Peer Support Specialist</p>	 No referral required	All members
<p>Urgent Care Services Care you get when your health need is more urgent than a regular appointment.</p> <p>Examples: Sprains and strains</p> <p>Urgent care services are covered anywhere in the U.S. without prior approval. See section “Urgent care” for more details.</p>	 No referral or preapproval	All members
<p>Women’s Health Services (in addition to PCP) for routine and preventive care Care for women’s special health needs.</p> <p>Examples: Pap test, breast exam, or well-woman visit.</p>	 No referral or preapproval	All members


Service	How to access	Who can get it
<p>Vision Services</p> <p>Non-pregnant adults (21+) are covered for:</p> <ul style="list-style-type: none"> • Routine eye exams every 24 months • Medical eye exams when needed <ul style="list-style-type: none"> ○ Corrective lenses / accessories only for certain medical eye conditions <p>Members under 21*, pregnant adults, adults up to 12 months post-partum are covered for:</p> <ul style="list-style-type: none"> • Routine eye exams when needed • Medical eye exams when needed • Corrective lenses / accessories when needed <p>Examples of medical eye conditions are aphakia, keratoconus, or after cataract surgery.</p>	 <p>Preapproval required for contact lenses</p>	<p>Members under 21 and pregnant members</p> <p>As recommended for all others</p>






The table above is not a full list of services that need preapproval or referral. If you have questions, please call IHN-CCO Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).




Behavioral health care benefits

See below for a list of behavioral health benefits that are available to you at no cost. Behavioral health means mental health and substance use treatment. Look at the “Service” column to see how many times you can get each service for free. Look At the “How to access” column to see if you need to get a referral or preapproval for the service.

If you see an * in the benefit charts, this means a service may be covered beyond the limits listed for members under 21 if medically necessary and appropriate. IHN-CCO will coordinate services for free if you need help.

Service	How to access	Who can get it
<p>Assertive Community Treatment</p> <p>A team-based approach to help people with severe mental illness live in the community.</p> <p>Example: Crisis intervention</p> <p>No limits.</p>	 <p>No referral or prior approval</p>	<p>Members age 18 and above</p>

Service	How to access	Who can get it
<p>Wraparound Services Whole-person care that helps youth and their families reach their goals by putting them at the center of their care.</p> <p>Example: Support groups</p>	 No referral or prior approval	Children and youth that meet criteria
<p>Behavioral Health Assessment and Evaluation Services Tests and exams to help learn about possible behavioral health conditions.</p> <p>Example: Psychiatric diagnostic test</p> <p>No limits.</p>	 No referral or preapproval	All members
<p>Behavioral Health Psychiatric Residential Treatment Services (PRTS) Short-term or long-term stay for members to get behavioral health treatment.</p> <p>Example: Residential program</p>	 Preapproval needed	Youth under age 21
<p>Inpatient Substance Use Disorder Residential and Detox services Short-term or long-term stay for members to get treatment.</p> <p>Example: Alcohol use treatment</p>	 Preapproval needed	All members
<p>Medication Assisted Treatment (MAT) for Substance Use Disorder (SUD) Care using medicine, counseling and other therapies to help treat substance use.</p> <p>Example: Methadone</p>	 No referral or prior approval	All members

Service	How to access	Who can get it
<p>Outpatient and peer delivered behavioral health services from an in-network provider Behavioral health care that you can get without staying overnight. Example: Peer support services</p>	<p> No referral or preapproval</p>	<p>All members</p>
<p>Behavioral Health Specialist Services Care from a provider who has special training in certain behavioral health conditions. Example: Psychiatrist</p>	<p> No referral or prior approval</p>	<p>All members</p>
<p>Substance Use Disorder (SUD) services Care to help you overcome addiction and stay drug-free. Example: Detox counseling</p>	<p> Prior approval required for hospital, residential and detox services</p>	<p>All members</p>

The table above is not a full list of services that need preapproval or referral. If you have questions, please call IHN-CCO Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**)

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:

- Can help prevent pain.
- Healthy teeth keep your heart and body healthy, too.
- You should see your dentist once a year.

- When you're pregnant, keeping your teeth and gums healthy can protect your baby's health.
- Fixing dental problems can help you control your blood sugar.
- Children should have their first dental check-up by age 1.
- Infection in your mouth can spread to your heart, brain and body.



Your primary care dentist (PCD) may refer you to a specialist for certain types of care.





Types of dental specialists include:





- Endodontists (for root canals)
- Pedodontist (for adults with special needs and children)
- Periodontist (for gums)
- Orthodontist (in extreme cases, for braces)
- Oral surgeons (for extractions that require sedation or general anesthesia).



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 "Service" column to see how many times you can get each service for free. Look At the "How to access" column to see if you need to get a referral or preapproval for the service. If you see an * in the benefit charts, this means a service may be covered beyond the limits listed for members under 21 if medically necessary and appropriate.

Service	How to access	Who can get it
<p>Emergency and Urgent Dental care Care for dental problems that need immediate attention. No limits. Examples: Extreme pain or infection, bleeding or swelling, injuries to teeth or gums. No limits.</p>	<p> No referral or preapproval</p>	<p>All members</p>
<p>Oral Exams An oral exam is when the dentist does a check-up to look for any areas where additional care may be needed. This includes looking for cavities or gum disease. Members under 21 years old: Twice a year* All other members: Once a year</p>	<p> Referral needed if not seeing your primary care dentist</p>	<p>All members</p>

Service	How to access	Who can get it
<p>Oral Cleanings Dental cleanings help with long-term oral health. When you go for your routine cleaning, the plaque, tartar and bad bacteria are removed. This helps prevent cavities.</p> <p>Members under 21: Twice a year* or based on medical necessity and dental appropriateness. All other members: Once a year</p>	 No referral or preapproval	All members
<p>Fluoride varnish A treatment to help strengthen and protect teeth.</p> <p>Member under 21: Twice a year* High risk youth and adults: Up to four times per year* All other adults: Once a year*</p>	 No referral or preapproval.	All members
<p>Oral X-rays X-rays create a picture of your teeth and bones. Your dentist uses this to help review your oral health. Routine X-rays are covered once a year, more are covered if dentally or medically appropriate.</p> <p>Limited to once a year.</p>	 No referral or prior approval	All members
<p>Sealants Thin coatings painted on the back teeth (molars) that can prevent cavities (tooth decay) for many years.</p> <p>* Under Age 16. On Adult Back Teeth Once Every 5 Years</p>	 No referral or prior approval	Members under age 16*

Service	How to access	Who can get it
<p>Fillings A filling is used to treat a small hole, or cavity, in a tooth. There are no limitations. Replacement of a tooth-colored filling for a tooth not seen while smiling is limited to once every 5 years medical necessity and dental appropriateness*</p> <p>There are no limits.</p>	 No referral or preapproval.	All members*
<p>Partial or complete dentures Dentures replace missing teeth. There are two types of dentures: complete and partial dentures. Complete dentures are used when all the teeth are missing and partial dentures are used when some natural teeth are left.</p> <p>Partial: Once Every 5 Years Complete: Once Every 10 Years</p>	 Preapproval needed for partial and complete dentures	All members
<p>Crowns A dental crown is a tooth-shaped cap that restores a decayed, broken, weak or worn-down tooth. Dentists also use crowns to cover implants or root canals.</p> <p>Crowns are not covered for all teeth. Some Upper and Lower Front Teeth. 4 Crowns Every 7 Years. *</p>	 Referral needed if not seeing your primary care dentist	Pregnant members or members under age 21*
<p>Extractions Removing a tooth completely from its socket.</p> <p>Wisdom teeth are a limited benefit.</p> <p>No limit for other services</p>	 Referral needed if not seeing	All members

Service	How to access	Who can get it
	your primary care dentist	
<p>Root Canal Therapy A root canal is a dental procedure to repair and save your tooth when it's badly decayed, damaged, or infected, by removing the center of the tooth.</p> <p>All members: Coverage for front teeth and pre-molars Pregnant members: Additional coverage on first molars Members under 21: Additional coverage on first and second molars (not third molars/wisdom teeth)</p>	 Referral needed if not seeing your primary care dentist	All members
<p>Orthodontics Care to diagnose and treat teeth or jaws that do not align. Examples: For cleft lip and palate, or when speech, chewing and other functions are affected. It is required to have approval from your dentist and you cannot have any cavities or gum disease.</p> <p>Only covered in cases such as cleft lip and palate, or when speech, chewing and other functions are affected.*</p>	 Preapproval needed	Members under 21*

The table above is not a full list of services that need preapproval or referral. If you have questions, please call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).

Veteran and Compact of Free Association (COFA) Dental Program members

If you are a member of the Veteran Dental Program or COFA Dental Program (“OHP Dental”), IHN-CCO **only** provides dental benefits and free rides (NEMT) to dental appointments.

OHP and IHN-CCO do not provide access to physical health or behavioral health services or free rides for these services.

If you have questions regarding coverage and what benefits are available contact Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).

OHP Bridge for adults with higher incomes

OHP Bridge is a new benefit package that covers adults with higher incomes. OHP Bridge is free. People who can get OHP Bridge must:

- Be 19 to 64 years old;
- Have an income between 138 percent and 200 percent of the federal poverty level (FPL);
- Have an eligible citizenship or immigration status to qualify; and,
- Not have access to other affordable health insurance.

If you report a higher income when you renew your OHP, you may be moved to OHP Bridge. Learn more about OHP Bridge at oregon.gov/oha/hsd/ohp/pages/bridge.aspx.

OHP Bridge is almost the same as OHP Plus. There are a few things that OHP Bridge does not cover, including:

- Long-term services and supports (LTSS).
- Health related social needs (HRSN).

Health Related Social Needs Services

Health-Related Social Needs (HRSN) are social and economic needs that affect your ability to be healthy and feel well. These services help members who are facing major life changes. Get more information at: oregon.gov/OHA/HSD/Medicaid-Policy/Pages/HRSN.aspx

Please ask IHN-CCO to see what free HRSN benefits are available. HRSN benefits include:

- Housing Services: Help with rent and utilities, storage fees, home modifications and remediation services and services to support you as a tenant.
- Climate Services: Help to get health related air conditioners, heaters, air filtration devices, portable power supplies and mini-refrigerators.
- Nutrition Services: Help for people to have a healthy diet including nutrition education, funds to buy groceries, hot meals, or fruits and vegetables, or delivery of medically tailored meals for people with specific health conditions.

You may be able to get some or all of the HRSN benefits if you are an OHP Member and one or more of the below:

- Homeless or you have an income that is 30% or less than the area median income, and do not have resources or support networks to prevent homelessness;
- Discharged from an Institution for Mental Disease in the last 12 months;
- Released from incarceration in the last 12 months;
- Currently or was previously involved with the Oregon child welfare system;
- A Young Adult with Special Healthcare Needs; or

- An individual who transitioned to dual status with OHP and Medicare within the last nine months or will be transitioning to dual status within the next three months.

You must also meet other criteria. For questions or to be screened, please contact IHN-CCO. IHN-CCO can help you to schedule appointments for HRSN benefits.

Please note that to be screened and to get HRSN benefits, your personal data may be collected and used for referrals. You can limit how your information is shared.

If approved, you can choose how you get HRSN benefits. HRSN benefits are free to you and you can opt out at any time. If you get HRSN benefits, your care coordination team will work with you to make sure your care plan is updated. See the “Getting help organizing your care” section for Care Coordination and care plans.

If denied, you have the right to appeal the decision. See section “Complaints, grievances, appeals and fair hearings” for details on how to appeal.

Important Notes:

- Rides to care cannot be used for HRSN services.
- OHP Bridge does not cover HRSN Services.

In Lieu of Services (ILOS)

IHN-CCO offers services or settings that are medically appropriate alternatives to services covered by OHP. These are called “in lieu of services” (ILOS). They are offered as helpful options for members. IHN-CCO offers the following ILOS:

Peer and QMHA services: Alternative setting

1) Peer and Qualified Mental Health Associate Services: Alternative Setting — A substitute for Psychosocial Rehabilitation Services. This may be good for members needing treatment for mental health or substance use services or treatment.

2) Peer and QMHA Services offered at community groups and drop in centers. These are in addition to clinical and treatment centers. Services to provide support for health and recovery in person and in group settings.

Community health worker services: Alternative setting

1) Community Health Worker Services: Alternate setting is in place of CHW Services in an office. This may be good for members needing help with managing their health and social needs.

2) CHW services offered in community spaces. Example of these spaces are schools, community centers or your home. They can help you:

- Manage your health.
- Access housing.

- Food.
- Transportation resources.

Online diabetes self-management programs

1) Online diabetes self-management programs in place of in person diabetes self-management programs. This ILOS may be good for members 18 years and older with type 1 or type 2 diabetes.

2) Diabetes self-management programs: Support with diabetes management may be available online. These programs can provide group or individual sessions. They can help you control your blood glucose and build healthy habits.

Chronic disease self-management education programs: Alternative setting

1) Chronic disease self-management education programs: Used in place of in office chronic disease self-management education programs. This may be good for members with chronic diseases.

2) Chronic disease self-management education programs offered in community settings. There are programs for diabetes prevention and management. Also, programs for balance and fall prevention.

Infant mental health pre- and post-testing services

1) Infant mental health pre- and post-testing services in place of psychological testing. This may be good for infants at risk of not bonding. Also good for parents with risks around raising a child.

2) Infant mental health pre- and post-testing services in addition to psychological testing — testing can be used to develop a treatment plan. This may include:

- Tests.
- Questionnaires.
- Interviews.
- Assessments that help you understand the caregiver/child relationship.

Lactation consultations: Alternative setting, alternative billing

1) Lactation consultations — alternative setting, alternative billing in place of lactation consultation in clinics. This ILOS may be good for members with babies.

2) Lactation consultations offered in community settings in addition to in a clinic. Lactation consultations can support you with breast or chest feeding your baby. They can help you decide what options are best for you.

Deciding if an ILOS is right for you is a team effort. We work with your care team to make the best choice. The choice is yours. You do not have to take part in any of these programs. If you have

any questions about any of the benefits or services above you can call **541-768-7873** (TTY **800-735-2900** or **711**).

Deciding if an ILOS is right for you is a team effort. We work with your care team to make the best choice. The choice, however, is yours. You do not have to take part in any of these programs. If you have any questions about any of the benefits or services above, call **541-768-7863** (TTY **800-735-2900** or **711**).

Services that OHP pays for

IHN-CCO 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 (open card) program. CCOs sometimes call these services "non-covered" benefits. There are two types of services OHP pays for directly:

1. Services where you get care coordination from IHN-CCO.
2. Services where you get care coordination from OHP.

Services with IHN-CCO care coordination

IHN-CCO still gives you care coordination for some services. Care coordination means you will get free rides from Ride Line for covered services, support activities and any resources you need for non-covered services.

Contact IHN-CCO for the following services:

- Planned Community Birth (PCB) services include prenatal and postpartum care for people experiencing low risk pregnancy as determined by the OHA Health Systems Division. OHA is responsible for providing and paying for primary PCB services including at a minimum, for those members approved for PCBs, newborn initial assessment, newborn bloodspot screening test, including the screening kit, labor and delivery care, prenatal visits and postpartum care.
- Long term services and supports (LTSS) not paid by IHN-CCO.
- Family Connects Oregon services, which provides support for families with newborns. Get more information at [FamilyConnectsOregon.org](https://www.familyconnectsoregon.org).
- 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.

For more information or for a complete list about these services, call Care Management at **541-768-4877** or Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).

Services that OHP pays for and provides care coordination

Contact OHP for the following services:

- 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 Healthier Oregon Program members.
- Abortions and other procedures to end pregnancy.
- Doctor aided suicide under the Oregon Death with Dignity Act and other services.

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

You can still get a free ride from Ride Line for any of these services. See "Free rides to care" section for more information. Call Ride Line at **541-924-8738** or toll free **866-724-2975** to schedule a ride or ask questions.

Moral or Religious objections

IHN-CCO does not limit services based on moral or religious objections. There may be some providers within our network that have moral or religious objections. Please reach out to us at **541-768-7863** (TTY **800-735-2900** or **711**) if you have questions about this. We can help you find a provider who can provide the service.

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. IHN-CCO will make sure that your care is coordinated to meet your access needs. See section "Get help organizing your care with care management" for more information about Care Coordination. If IHN-CCO does not work with a provider who meets your access needs, you can get these services out-of-network. IHN-CCO 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.

IHN-CCO follows the state's rules about how far you may need to travel to see a provider. The rules are different based on the provider you need to see and the area you live in. Primary Care Providers are "Tier 1", meaning they will be closer to you than a specialist like Dermatology, who is "Tier 3". If you live in a remote area it will take longer to get to a provider than if you live in an urban area. If you need help with transportation to and from appointments, see "Free rides to care" section.

The chart below lists the tiers of providers and the time (in minutes) or distance (in miles) of where they are located based on where you live.

	Large Urban	Urban	Rural	County with Extreme Access Considerations
Tier 1	10 mins or 5 miles	25 mins or 15 miles	30 mins or 20 miles	40 mins or 30 miles
Tier 2	20 mins or 10 miles	30 mins or 20 miles	75 mins or 60 miles	95 mins or 85 miles
Tier 3	30 mins or 15 miles	45 mins or 30 miles	110 mins or 90 miles	140 mins or 125 miles

For more information about what providers fall into the different tiers, go to OHA’s Network Adequacy website at oregon.gov/oha/HSD/OHP/Pages/network.aspx

Not sure what kind of area you live in? See the map on the next page:

Area Types:
<ul style="list-style-type: none"> • Large Urban (3): Connected Urban Areas, as defined above, with a combined population size greater than or equal to 1,000,000 persons with a population density greater than or equal to 1,000 persons per square mile. • Urban (2): Less than or equal to 10 miles from center of 40,000 or more. • Rural (1): Greater than 10 miles from center of 40,000 or more with county population density greater than 10 people per square mile. • County with Extreme Access Concerns (4): Counties with 10 or fewer people per square mile.

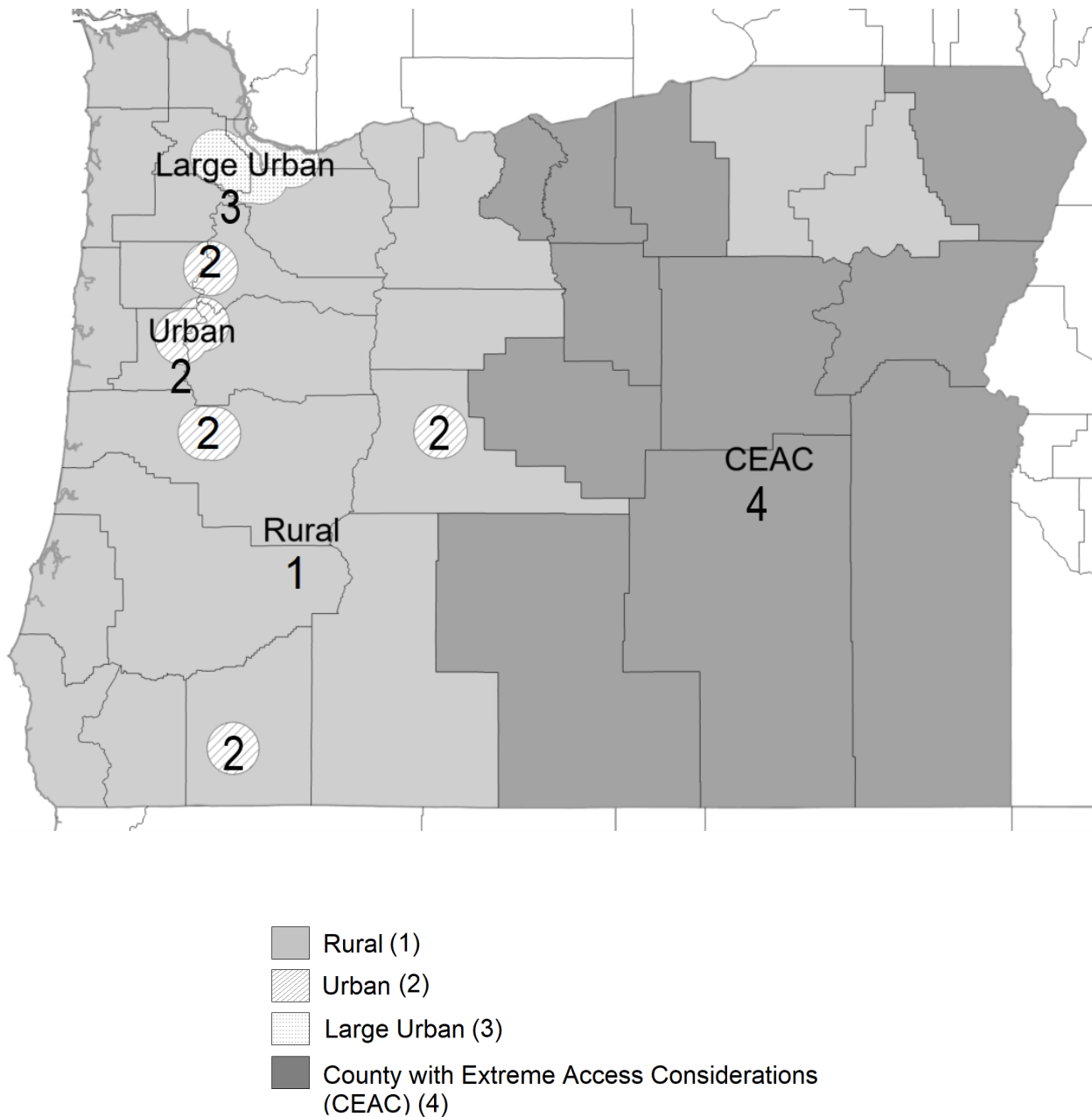


Figure 1: Map of geographic regions in Oregon as defined for network adequacy. Area distinctions include: Large Urban, Urban, Rural and County with Extreme Access Considerations (CEAC).

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 IHN-CCO at **541-768-7863** (TTY **800-735-2900** or **711**) to request accommodations. Providers also make sure office hours are the same for OHP members and everyone else.

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
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 health care for non-priority populations	Assessment within 7 days of the request, with a second appointment scheduled as clinically appropriate.
Urgent behavioral health care for all populations	Within 24 hours
Specialty behavioral health care 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	Immediate assessment and entry. If interim services are required because there are no providers with visits, treatment at proper level of care must take

Care type	Timeframe
tuberculosis, members at the risk of first episode psychosis and the I/DD population	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 health care 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 **541-768-7863** (TTY **800-735-2900** or **711**).

Comprehensive and preventive benefits for members under age 21

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program provides comprehensive and preventive health care services for OHP members from birth to age 21. This program provides you with the care you need for your health and development. These services can catch and help with concerns early, treat illness and support children with disabilities.

You do not have to enroll separately in EPSDT; if you are under age 21 and enrolled in OHP you will receive these benefits. Starting in 2025 Young Adults with Special Health Care Needs (ages 19 through 25) may also qualify for EPSDT benefits. Contact IHN-CCO for more information.

EPSDT covers:

- Any services needed to find or treat illness, injury or other changes in health.

- “Well-child” or “adolescent well visit” medical exams, screenings, and diagnostic services to determine if there are any physical, oral/dental, developmental and mental health conditions for members under age 21.
- Referrals, treatment, therapy and other measures to help with any conditions discovered.

For members under age 21, IHN-CCO has to give:

- Regularly scheduled examinations and evaluations of physical, mental health, developmental, oral/dental health, growth and nutritional status.
 - If IHN-CCO doesn’t cover oral/dental health, you can still get these services through OHP by calling **800-273-0557**.
- All medically necessary and medically appropriate services must be covered for members under 21, regardless of whether it was covered in the past (this includes things that are “below the line” on the Prioritized List). To learn more about the Prioritized list, see section “Benefits”.

Under EPSDT, IHN-CCO will not deny a service without first looking at whether it is medically necessary and medically appropriate for you.

- *Medically necessary* generally means a treatment that is required to prevent, diagnose or treat a condition or to support growth, development, independence and participation in school.
- *Medically appropriate* generally means that the treatment is safe, effective and helps you participate in care and activities. IHN-CCO may choose to cover the least expensive option that will work for you.

You should always receive a written notice when something is denied and you have the right to an appeal if you don’t agree with the decision. For more information, see “Grievances, complaints, appeals and fair hearings” section.

This includes *all* services:

- Physical Health.
- Behavioral Health.
- Dental Health.
- Social Health Care Needs.

If you or your family member needs EPSDT services, work with your primary care provider (PCP) or talk to a care coordinator by calling 541-768-7863 (TTY 800-735-2900 or 711). 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 needed dental services. All EPSDT services are free.

Help getting EPSDT services

- Call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).
- Call your dental plan to set up dental services or for more information.
- You can get free rides to and from covered EPSDT provider visits. Call **541-924-8738**, toll free **866-724-2975** to set up a ride or for more information.
- You can also ask your PCP or visit our website at: IHNogether.org/For-Children for a copy of the periodicity schedule. This schedule tells you when children need to see their PCP.

Screenings

Covered screening visits are offered at age-appropriate intervals (these include well child visits or adolescent well visits). IHN-CCO and your PCP follows the American Academy of Pediatrics and Bright Futures guidelines for all preventive care screenings and well child visits. Bright Futures can be found at: AAP.org/brightfutures. You can use the [Well Visit Planner](#) to prepare for these check-ups.

Your PCP will help you get these services and treatment when required by the guidelines.

Screening visits include:

- 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 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 6 years):
CDC.gov/vaccines/imz-schedules/downloads/parent-ver-sch-0-6yrs.pdf
 - Child Immunization Schedule (7 to 18 years):
CDC.gov/vaccines/imz-schedules/downloads/parent-version-schedule-7-18yrs.pdf
 - Adult Immunization Schedule (19+):
CDC.gov/vaccines/imz-schedules/downloads/adults-schedule-easy-read.pdf
- Health guidance and education for parents and children.

- Referrals for medically necessary physical and mental health treatment.
- Needed hearing and vision tests.
- And others.

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

EPSDT Referral, diagnosis and treatment

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.

IHN-CCO or OHP will also help with care coordination, as needed.

Screenings may find a need for the following services, as well as others:

- Diagnosis of and treatment for impairments 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 members under 21 years old who need them.

Treatments that are “below the line” on the Prioritized List of Health Services are covered for members under 21 if they are medically necessary and medically appropriate for that member (see more information above).

- If we 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 “Grievances, complaints, appeals and fair hearings” section.

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

For more information about EPSDT coverage, you can visit oregon.gov/EPSTDT and view a member fact sheet.

Traditional Health Workers (THW)

Traditional Health Workers (THW) provide support and 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 can also connect you with people and services in the community that can support 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 (CHW):** A community 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 (PHN):** A person who gives information, tools, and support to help you make the best decisions about your health and well-being, based on your situation.
- **Peer Support Specialist (PSS):** Someone who has life experiences with mental health and/or addiction and recovery. A PSS may also have been a support to a family member with mental health concerns and/or receiving addiction treatment. They give support, encouragement and help to those facing addictions and mental health issues.
- **Peer Wellness Specialist (PWS):** 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.

THW can help you with many things, like:

- Working with you and your care coordinator to find a new provider.
- Receiving the care you seek and need.
- Connecting you with others to explain your benefits.
- Providing information on mental health and/or addiction services and support.
- Information and referral about community resources you could use.
- Someone to talk to from your community.
- Go to provider appointments with you.

Call our THW liaison to request THW services or to find out more about THWs and how to use their services.

THW Liaison Contact Information:

Marta Francisco

Phone: **541-768-6401**

Email: **Transformation@samhealth.org**

Online: **IHNtogether.org/THW**

Need help? Call **541-768-7863** (TTY **800-735-2900** or **711**) or visit **IHNtogether.org**.

If we change the contact information for the THW liaison, you can find up-to-date information on our website at IHNtogether.org/THW.

You may also get access to or request THW services in other ways such as through your care team.

Extra services

Health-Related Services

Health-Related Services (HRS) are extra services IHN-CCO offers that are not regular OHP benefits. HRS help improve member and community health and well-being. HRS include flexible services for members and community benefit initiatives for the larger community. Because HRS are not regular OHP benefits, members do not have appeal rights for HRS the same way they do for covered services.

Flexible Services

Flexible services are items or services to help members stay healthy or become healthier. IHN-CCO Care Management team reviews requests for flexible services if:

- The service improves health outcomes.
- Prevents avoidable hospital readmissions.
- Begin, promote and increase wellness and health activities.
- Other options to non-Medicaid funded services.

IHN-CCO offers these flexible services:

- Education.
- Family resources.
- Food.
- Health information technology.
- Housing improvements.
- Housing services and supports.
- Legal supports and documentation.
- Mobility.
- Personal items.
- Physical activity.
- Prevention.
- Substance misuse and addictions.
- Transportation (not covered by non-emergency medical transportation).
- Other non-covered services.

Examples of other flexible services:

- 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 filtration device.

Learn more about health-related services at

sharesystems.dhsoha.state.or.us/DHSForms/Served/le4329.pdf

How to get flexible services for you or family member

You can work with your provider to request flexible services or you can call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**) and have a request form sent to you in the language or format that fits your needs.

Flexible services are not a covered benefit for members and CCOs are not required to provide them. Decisions to approve or deny flexible services requests are made on a case-by-case basis. The following may be required for your request to be approved.

- Flexible service request form.
- Flexible service integrated into member’s treatment plan/care plan*.
- Cost.
- Invoicing source or reimbursement method.
- Other resources researched if applicable.
- Anticipated outcomes and sustainability plan (must be measurable and integrated into treatment plan/care plan*).

*Flexible services must be integrated into a treatment plan/care plan. They must be clearly related to achieve a member’s treatment goals, as developed by the member’s care team. They must be documented within the member’s plan of care.

If your flexible service request is denied, you will get a letter explaining your options. You can’t appeal a denied flexible service but you have the right to make a complaint. Learn more about appeals and complaints in “Grievances, complaints, appeals and fair hearings” section.

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 211info.org website for help.

Community Benefit Initiatives

Community benefit initiatives are funding for programs and for the larger community, including CCO members, to improve community health and well-being.

IHN-CCO provides many community benefit initiatives through pilot programs. Some examples include:

- Navigation to Permanent Supportive Housing.
- Overcoming Obstacles to Dental Care.
- Culturally Responsive Peer Services.
- And many others. For more details on current IHN-CCO pilots in your area visit IHNtogether.org/Transforming-Health-Care.

Examples of other community benefit initiatives are:

- Classes for parent education and family support.
- Community-based programs that help folks access fresh fruits and veggies through farmers markets.
- Community-based programs that help folks get into or maintain safe and stable housing.
- 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.

Open Access Points

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

IHN has an agreement with Benton County Health Department. This agreement allows IHN members that live in Benton and East Linn County to be seen in this office without being assigned to this office as their Primary Care. Members can be seen at this office without a referral.

Please call the main clinic at **541-766-0123** (for Adults) or the Johnson Dental Clinic **541-257-2006** (for kids and pregnant members) if you would like to seek oral health care at this office. You must be assigned to Capital Dental.

Free rides to care

Getting a ride to covered services

IHN-CCO partners with Cascades West Ride Line to manage and provide all non-emergent medical transportation (NEMT) free rides to our members. Rides are covered if you are an IHN-

CCO or open card members. Prior approval from Ride Line is required for reimbursement of mileage, meals and lodging to covered health services. If Ride Line is not able to provide a ride, they may pay for gas. This may be for you, a family member or friend to drive you to your visit. If you must travel overnight for approved services, Ride Line may help pay for food and lodging. IHN-CCO and Ride Line cannot send you a bill for rides to or from covered services. This is true even if payment for the ride was denied. We can help you get a ride to services that are not covered if you have care management with us.

Scheduling a ride

You can get a ride 24 hours a day, every day of the year. This service is offered at no cost to you. You can schedule a trip with Ride Line on the same day or up to 90 days before your visit. It is best to give them as much notice as possible before you need your ride. When you call, you can schedule rides for more than one visit. These multiple ride requests may also be made up to 90 days before the ride is needed. A member representative may also call and make a trip request for you. A member representative may be:

- Your community health worker.
- Foster parent.
- Adoptive parent.
- Other provider delegated with this authority.

If you need to schedule a ride or receive prior approval for reimbursement, call Cascade West Ride Line at **541-924-8738**, toll free **866-724-2975** (TTY **711**) Monday through Friday, 8 a.m. to 5 p.m.

The customer service line with Ride Line offers qualified multi-lingual staff at minimum in English and Spanish. IHN-CCO offers free oral interpretation services via telephone for callers with limited English. Ride Line's call center also offers a TTY line for those who are hearing and/or speech impaired.

Ride Line call center is closed the following holidays:

- New Year's day.
- Martin Luther King Jr. day.
- President's day.
- Memorial day.
- Juneteenth.
- Independence day (also called: the Fourth of July).
- Labor day.
- Veterans day.
- Thanksgiving.
- Day after Thanksgiving.
- Christmas Eve (closed at noon).
- Christmas.

If the holidays listed falls on a Saturday, the Friday before is observed as the holiday. If the holidays listed falls on a Sunday, the following Monday is observed as a holiday.

When the call center is closed, a voice recorded answering machine will offer direct line transfers to operating dispatchers for urgent ride requests by county, at minimum, in English and Spanish. Select the county your pick-up address is located and your call will be redirected to the driving company servicing your area. If your call is non-urgent in nature, there is an option to leave a voicemail to request a callback the next business day. Please leave a discernible message and include a valid phone number for a return call. You may also leave a message to cancel a ride request. The call center has dedicated staff that will return your call the next business day. If your ride request is emergent in nature, please call **911**.

What to expect when you call

For Ride Line to choose the best service that meets your needs, they will ask you questions. Please be ready to answer the following when you call to schedule a ride:

- Your name.
- Your date of birth.
- Your address.
- Your preferred method and time of contact (phone, email, fax).
- Doctor or facility name.
- Doctor or facility address.
- Doctor or facility phone number.
- Date of your scheduled visit.
- Time of your scheduled visit.
- Pick up time after visit.
- Medical reason for visit (to confirm coverage).
- Level of mobility (walker, wheelchair, scooter).
- Functional independence (a physical or behavioral health disability that may require a personal care attendant, service animal, a secure transport, etc.).
- Any specific directions to your home or medical facility.

Ride Line is responsible for confirming rides with their drivers. Acceptable modifications to your trip request may be made to deliver the most cost-effective transport, but that also is appropriate to meet your needs. You will receive written notification of any modifications made to your NEMT service. Reasonable modifications include, but are not limited to, requiring you to:

- Use a specific transportation provider.
- Travel with an attendant.
- Use public transportation where available.
- Drive or locate someone to drive you and receive reimbursement.
- Confirm the ride with the NEMT provider on the day of or the day before the scheduled ride.

It may be needed for Ride Line to provide secure transport. Secure transport means a safe vehicle equipped with restraints to help with individuals having a crisis. This might include exhibiting signs and symptoms of wanting to harm themselves or those around them. Secure transports will take a member to an in-network facility that is able to treat your medical or behavioral health needs during crisis. One extra attendant may go with the member at no charge when medically needed. An example of when it might be needed is to give medications in-route or to satisfy legal requirements including, but not limited to, when a parent, legal guardian or escort is required during transport. Remember, call to cancel if plans change and you no longer need a ride.

Eligibility

Your answers to the questions above will be used to see if you qualify for rides. Ride Line will note trip information within their system within 24 hours. This will allow Ride Line to approve and schedule or deny a request for NEMT services (including all legs of the trip). This time will be reduced as needed to ensure the member arrives in time for their appointment. Confirmation details will be given during your request call. These details will be given no less than two (2) days prior to the scheduled pick up time. Ride Line is not responsible for making arrangements for the use of public transportation and mileage reimbursement requests. This applies to reimbursement requests through the use of Lyft, Uber, driving yourself or finding a ride from a friend. If you schedule a pick up less than two (2) days before the scheduled pick-up time, they will give you the details at the time of the request. They will also call you the day before your scheduled trip. These details will include:

- Your transport's name (the driving company assigned to transport you).
- The driver's name and phone number.
- Your pick-up date and time.
- Pick-up address.
- The name of your provider.
- The address of the provider's office.

Eligibility for a ride will be verified by:

- Checking enrollment status with the CCO and that you are eligible for services.
- Checking if your services are a covered OHP service or a Health-Related Service.
- Checking if the provider offering the services accepts IHN-CCO members.
- Making sure these services cannot be offered by a provider within our service area. If services are not offered by a provider in our service area, your trip is eligible for out of area providers.
- Checking that the transportation type is a covered NEMT service.

If you are a full benefit dual eligible member, Ride Line will make sure you have coverage with IHN-CCO. FBDE members can also get rides to Medicare covered services.

If you are enrolled in the Compact of Free Association (COFA) or the Veteran Dental Program, Ride Line will only offer rides related to your dental services.

Ride Line services

Ride Line will choose the best service to meet your needs. These services include the type of ride and the level of driver support. The following types of services are covered:

- Reimbursement.*
- Sedan.
- Wheelchair.
- Stretcher.
- Secure transport.
- Dial-a-Ride, Greyhound and Amtrak.
- Plane fare.*
- Food and lodging.*
- Driver will meet you at the curb of your pickup location.
- Driver support walking up and down one or two stairs.
- Driver support walking from your door to the vehicle.
- Driver support walking from the vehicle to the facility lobby.
- Type of trip requires prior approval from Ride Line.

Once approved by Ride Line, your trip will be given to a transport driver that meets your needs. On the day of your scheduled trip, their drivers may come to your door or the main entrance of the medical building. This is to let you know they are ready to transport you. Ride Line drivers may help you into the main lobby but will not go further into the building. If you need more help, you will need to bring someone to help you.

Service changes may be made to ensure you and the driver are safe. Changes to your service may happen when you:

- Have a medical condition that presents a direct threat to the driver or others in the vehicle.
- Threaten harm to the driver or others in the vehicle or create circumstances that put the driver or others in the vehicle at risk of harm.

Engage in behavior that, in the CCO's opinion, causes local medical providers or facilities to refuse to provide further services without modifying NEMT services in order to ensure providers will provide the covered services to you.

- Often cancel or do not show up for the scheduled Ride Line services.
Have a special condition that includes physical or behavioral health disabilities.

Changes to your services may be made to make sure that your covered service is carried out, despite any events that might come up that are out of our control. Ride Line will use their best judgement and will contact IHN-CCO if needed. You will receive written notice of any changes to your service.

At the very least, drivers will offer the approved level of help that is needed and has been approved. Examples of this are curb-to-curb, door-to-door or hand-to-hand help.

Ride Line drivers are not allowed to do the following:

- Enter your home or hospital room (except for hospital discharge).
- Help you get ready for the trip (such as getting dressed).
- Help you from bed to wheelchair or wheelchair to van.
- Change scheduled pick up times without written permission from Ride Line.
- Help you with any personal needs during your rides.
- Ask for or accept fares or tips.
- Ask for or sell any products or services.
- Make extra stops or run errands.

Reimbursement

If you need to schedule a ride or receive prior approval for reimbursement, call: Cascade West Ride Line Phone at **541-924-8738**, toll free **866-724-2975** (TTY **711**) Monday through Friday, 8 a.m. to 5 p.m.

Reimbursement for mileage, meals and lodging to covered health services requires prior approval from Ride Line. Call Ride Line customer service for more reimbursement information.

A packet will be mailed to you or made available for pick up. To get paid back for a ride, extra information is required. Your providers signature, from your appointment, is needed. All documentation must be returned to Ride Line before you will get reimbursed.

Ride Line may deny your request to be reimbursed if Ride Line gets your request more than 45 days after the trip happened. Rates for mileage, meals and lodging are set by the Oregon Health Authority. The table has the rates provided by OHA.

Ride Line must reimburse you within fourteen (14) days after receiving your reimbursement request. Ride Line must issue a Notice of Adverse Benefit Determination (NOABD) within fourteen (14) days if your request for reimbursement is denied for any reason. If your reimbursement request is incomplete, Ride Line shall take an additional fourteen (14) days to assist you in completing the form.

Reimbursement rates		
Service type	Reimbursement rate	Special considerations
Private car mileage	\$0.44 per mile	NA
Client meals Attendant meals	\$27 per day \$27 per day	NA
Breakfast for client Breakfast for attendant	\$6.50 \$6.50	Travel begins before 6 a.m.
Lunch for client Lunch for attendant	\$7.50 \$7.50	Travel must span the entire period from 11:30 a.m. to 1:30 p.m.
Dinner for client Dinner for attendant	\$13 \$13	Travel ends after 6:30 p.m.
Client lodging Attendant lodging	\$98 per night \$98 per night	The attendant lodging reimbursement only qualifies IF the attendant is

		staying in a separate room from the client.
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Ride Line may hold your reimbursement under the amount of \$10 until your amount is equal to or more than \$10.

Ride Line must reimbursement for meals when you travel:

- For a minimum of four hours- round trip.

Ride Line must reimburse for overnight stay (lodging) when:

- Travel before 5 a.m. would be required to reach your scheduled appointment.
- Your trip back from a scheduled appointment would happen after 9 p.m.
- Your provider documents a medical need.

Ride Line may reimburse you for lodging under additional circumstances after careful review and consideration with IHN-CCO.

Ride Line must reimburse for meals and lodging for one attendant, which may be a parent, to go with the Member if medically necessary. One attendant may be reimbursed if any of the following apply:

- The member is a minor child and unable to travel without an attendant.
- Your attending provider provides a signed statement indicating the reason an attendant must travel with you.
- You are mentally or physically unable to reach their medical appointment without assistance.
- You would be unable to return home without assistance after the treatment or service.

Ride Line may reimburse for meals and lodging for additional attendants or under additional circumstances after careful review and consideration with IHN-CCO.

In some cases, there may be more than one group that has reimbursed your NEMT travel. If this happens, Ride Line of IHN-CCO may recover overpayments made to you. Overpayments happen when Ride Line, IHN-CCO or other transportation company paid the member:

- For the ride, meal or lodging and another source already paid:
 - The member.
 - The ride, meal or lodging provider directly.

To travel directly to an appointment, but:

- You did not use the money for your appointment.
- You did not attend your appointment.
- You shared your ride with another member who was also reimbursed.
- You were reimbursed for public transportation tickets but you sold or gave your tickets/passes to someone else.

If someone or something other than yourself (or parent/guardian if the member is a minor) provides the ride, Ride Line may reimburse that person or entity directly.

Personal care attendant

A personal care attendant must go with you if you are not able to travel by yourself to your visits. You must provide your own personal care attendant. One personal care attendant can travel with you at no cost. Your personal care attendant must accompany you from your pick up location to the destination and then on the return trip. Ride Line only provides the ride and does not pay for wages, meals or other costs for your personal care attendant. Extra riders may have to pay a fare or a shared ride cost.

Children 12 years of age and younger and members with special physical and development needs must have one adult attendant with them at all times. Ride Line will determine if you require assistance and if the attendant meets the requirement for an attendant. This adult (18 years or older) can go with the member at no cost and may be:

- The child's parent or legal guardian.
- An adult relative.
- An adult expressly identified in writing by the parent or legal guardian as an attendant.
- A Department of Human Services employee or volunteer.

Children 13 years of age and older do not need an adult with them to use Ride Line. One adult may still travel with children under age 18 at no cost. Doctors may need an adult to give consent and be present for children under 18 to get care.

Ride Line is not able to supply specialty safety seats. Your personal care attendant shall provide and install safety seats based on your needs. Ride Line is unable to complete the ride request if the appropriate safety seat is not provided. Children weighing less than 40 pounds and who are four feet nine inches or shorter must be properly secured in a safety seat and installed by the adult attendant. If the individual weighs more than 40 pounds and who are four feet nine inches or shorter must also be properly secured in appropriate safety belt, harnesses or child safety system that meet all State laws. Children under two (2) years of age must be properly secured with a child safety system in a rear-facing position.

Pick up and drop off

Ride Line will make sure that the scheduled pick up time shall allow for travel time that will get you to your appointment on time. You will be picked up from your visit, at the scheduled time, if you scheduled a return time. If you did not schedule a return pick up time, you will need to call Ride Line. A driver will arrive within one hour of your call.

Details to know about your pick up and drop off:

- Drivers will let you know when they arrive.
- Drivers must wait for you for 15 minutes past your scheduled pick up time before leaving. The driver will leave if you are not in the car within 15 minutes of your pick up time. The driver will notify Ride Line before leaving.
- They may arrive earlier than your scheduled pick up time. You do not have to get into the car before your scheduled time.

- You will be dropped off at least 15 minutes before your scheduled visit. This will keep you from being late to your visit.
- Drivers will not drop you off more than one hour before your scheduled visit.
- Drivers are not allowed to drop you off for your visit more than 15 minutes before the facility opens or within 15 minutes of the facility closing. You, a guardian, a parent or a representative may request a different amount of time.
- Drivers will not drop off a member more than 15 minutes of their appointment starting.
- Drivers are not allowed to pick you up from your visit more than 15 minutes after the facility closes.
- Drivers will not drop you off at a facility that is closed.

Delays and unplanned schedule changes

Ride Line has contact with their drivers and will send cars as needed. If a driver has not arrived within 15 minutes from a scheduled pick up time, Ride Line will send another car. They will help you make it to your visit on time.

Ride Line has a way to handle unplanned schedule changes. This may happen when there is a high volume of rides scheduled. Ride Line may send another driver to help you get to your scheduled pick up or drop off site. Drivers will not change your scheduled pick up time without prior written permission from Ride Line.

The assigned driving company will provide updated information to drivers, monitor drivers' locations and solve pick up and drop off issues.

In case of bad weather

Ride Line puts the safety of you and their drivers first. If our area is having extreme weather that will affect your trip needs, someone will call you. Extreme weather includes:

- High heat.
- Extreme cold.
- Flooding.
- Heavy snowfall.
- Icy roads.
- Tornado warnings.
- Some other conditions.

Each car has a working air conditioner and heater. All cars also have snow chains. If bad weather prevents a driver from getting to you, Ride Line will call to cancel your trip.

If you need critical care, such as chemo or dialysis, Ride Line will call the facility. If it is open, Ride Line will send a driver. If it is closed, Ride Line will not send a driver. They will tell you to call **911**.

Ride Line customer service staff are trained to assist with your trip needs. This includes changes due to bad weather. Call Ride Line if you have questions or concerns about your ride.

Monitoring and documenting

IHN-CCO and Ride Line must keep all information necessary to give rides, including:

- The ride details.
- Your member ID.
- The pick up and drop off details.
- The reason for the ride.
- If you or your driver does not show up for the ride.
- Payment details of the ride.
- Complaint details.

Ride Line obeys the law to keep your information safe. All your information is kept private. Ride Line will only tell the driver the details needed to give you your ride. This includes medical details, such as if you use oxygen. Drivers will not share any of your information outside of the ride (unless required) except with:

- Ride Line.
- IHN-CCO.
- Oregon Health Authority.
- Oregon Department of Human Services.

IHN-CCO and Ride Line also ensure that all Ride Line cars and drivers meet the requirements found in the Oregon law. This law is called Vehicle Equipment and Driver Standards. All vehicles shall include, without limitation, the following safety equipment:

- First aid kit.
- Fire extinguisher.
- Roadside reflective or warning devices.
- Flashlight.
- Tire traction devices (when needed).
- Disposable gloves.

All equipment necessary to securely transport members using wheelchairs or stretchers in accordance with the Americans with Disabilities Act of 1990 (ADA), Section 405 of the Rehabilitation Act of 1973 and Oregon Revised Statute 659A.103.

Drivers must meet all requirements in this law, such as:

- Complete all required pre-employment screenings such as screening for any exclusions from participating in any federal programs.
- A verified Oregon driver's license with any required endorsements
- Pass required background checks.

Cars must maintain safety and comfort standards, such as:

- Have safety belts.
- Have fire extinguishers.
- Have first aid kits.
- Be smoke, aerosol and vape free.

- Be clean and free of trash.

A maintenance schedule will be followed for each vehicle that includes the maintenance that the vehicle manufacturer suggests. The vehicle must be in good working condition and shall include, but is not limited to, the following:

- Side and rearview mirrors.
- Horn.
- Heating, air conditioning and ventilation systems.
- Working turn signals, headlights, taillights and windshield wipers.

For more details, call Ride Line customer service at **541-924-8738**, toll free **866-724-2975** (TTY **711**).

Accidents and incidents

Ride Line shall inform IHN-CCO right away of any accidents and incidents. They need to be told when the driver or passenger are injured or there was a death. They also need to be told if there has been any abuse or alleged abuse by the driver during the ride.

We will submit a written accident or incident report to OHA. A copy of the police report will be sent when one is ready. This will take place within two business days of the accident or incident after we have been informed. We will help in any related inquiry.

The following information must be collected for reporting:

- The name of the driver.
- The name of the passenger.
- The location of the incident.
- The date and time of the incident.
- A description of the incident.
- Any injuries resulting from the incident.
- Whether the driver or passenger needed treatment at a hospital.

Member rights and responsibilities

Passenger rights:

- Get safe and reliable transportation services that meet your needs.
- Ask for interpretation services when talking to Customer Service and request materials in a language or format that meets your needs.
- File a grievance about your ride experience.
- Submit an appeal, ask for a hearing or ask for both if you feel you have been denied a service unfairly.
- Get a written notice when a ride is denied.
- To ensure you have a quality trip, our drivers will treat you and other passengers with respect and dignity.

Passenger responsibilities:

- Treat drivers and other passengers with respect.
- Call Ride Line as early as possible to schedule, change or cancel your transportation. At minimum an hour prior to your pickup time would be appreciated by driver staff.
- Use seat belts and other safety equipment as required by Oregon law.
- Ask for additional stops in advance. If you need to make a stop at a pharmacy or other location, we must approve that.
- Be ready at the scheduled time of your trip.
- Tell your providers about trip information to your doctors front office staff so that Ride Line may request end of appointment timeframe from the front office staff without the hurdle of HIPPA.

IHN-CCO has a process for documenting, responding to and addressing or resolving all grievances. You have the right to file a grievance with both Ride Line and IHN-CCO. Reasons you can file a grievance include but are not limited to:

- Driver or car safety.
- Quality of service.
- Interactions with providers and drivers (ex. rudeness).
- Access to service.
- Consumer rights.

If you need to file a complaint about being denied services (in full or in part), you may file an appeal with us. We will work with Ride Line to review the request.

There is no limit to how many times you can file a complaint. Neither Ride Line nor IHN-CCO can stop you from filing a complaint, even if you already filed the same complaint.

Ride Line and IHN-CCO will log, respond to and address your complaints. If your complaint includes a driver who did not show up for a scheduled ride, Ride Line will call you for follow up. Required follow up will include asking you:

- If you were harmed by missing your visit.
- Whether you need or needed to reschedule your visit.

You have the right to appeal if you are denied a ride to a visit. Before your denial is final, there will be a second review of your request. Ride Line will let you know about the denial at the time of the request. We will send you a letter within 72 hours. The letter will be mailed to you and to the provider where the visit was scheduled. This will happen as long as the provider is within the network and requested the transportation on the member's behalf.

IHN-CCO, Ride Line nor the drivers may bill you, a member, for transport to or from a covered service. This is true even if a denial of reimbursement for the transport was issued.

Ride Line, the associated driving companies, and the drivers cannot stop you from filing a grievance or appeal, cannot encourage you to withdraw your grievance or appeal, and cannot use your grievance or appeal against you.

For more details about your rights to file a grievance or appeal, please see the Grievance system information and appeal rights section.

For more details about getting a ride, go to IHNtogether.org/Transportation.

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. IHN-CCO will cover telehealth visits. Telehealth lets you visit your provider using a:

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

Teladoc is a telehealth service. It is available every day of the year, 24 hours a day, for members. It provides on-demand health care, including video visits, from a website or mobile app.

Teladoc is an option to get more immediate care when you are out of town or your primary care provider may not be available. Teladoc visits are free.

Teladoc providers can diagnose, treat and prescribe medication for non-emergency conditions. These include treatments for the flu, sore throats, eye infections, bronchitis and much more.

Go to teladoc.com/. First-time users will need to set up an account. You can follow the step-by-step directions on the website.

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

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 IHNtogether.org/FindCare. Select 'Yes' in the telehealth box shown in the picture below. This is not a complete list. You can also call your provider to check if they offer telehealth.

+ What kind of medical care are you looking for? Hide Options ^

Find a Provider Specialty / Organization Type ▼

Accepting New Patients
 Is Primary Care Provider
 Is Board Certified

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

When to use telehealth

IHN-CCO 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 temporarily away from home and cannot meet with your doctor in person.
- 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 the “Emergency care” section 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 private and secure. Each provider will have their own system for telehealth visits, but each system must follow the law.

IHN-CCO uses Teladoc for telehealth visits.

Learn more about privacy and the Health Insurance Portability and Accountability Act (HIPAA) in the “We keep your information private” section.

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 providers who respect your culture and language needs.
- Get qualified and certified interpretation services for you and your family. Learn more in the “You can have an interpreter” section.
- Get in-person visits, not just telehealth visits.
 - IHN-CCO will make sure you have the choice of how you get your visits. A provider cannot make you use telehealth unless there is a declared state of emergency or a facility is using its’ disaster plan.
- Get support and have the tools needed for telehealth.
 - IHN-CCO will help identify what telehealth tool is best for you.
 - CCO will ensure your provider conducts an assessment to see if telehealth is right for you. This includes, but is not limited to:
 - Need for alternate format;
 - Access to necessary device(s);
 - Access to a private and safe location;
 - Access to internet service;
 - Understanding of digital devices;
 - Cultural concerns.

Talk to your provider about telehealth. If you need or prefer in person visits and your provider is only a telehealth provider, let them know. They can refer you to another provider and tell IHN-CCO. You have a choice of how you receive your care and IHN-CCO can help coordinate care with another provider. You can also call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**). We are open Monday through Friday, 8 a.m. to 8 p.m.

If you need help getting access to technology for your telehealth visit, call Customer Service. Our THWs or Care Coordinators can help you find resource centers in your area. See “Traditional health workers (THW)” or “Get help organizing your care with Care Coordination” sections for more details.

Prescription medications

To fill a prescription, you can go to any pharmacy in IHN-CCO's network. You can find a list of pharmacies we work with in our provider directory at IHNtogether.org/FindCare.

For all prescriptions covered by IHN-CCO, bring to the pharmacy:

- The prescription.
- Your IHN-CCO ID card, Oregon Health ID card or other proof of coverage such as a Medicare Part D ID card or Private Insurance card. You may not be able to fill a prescription without them.

Covered prescriptions

IHN-CCO list of covered medications is at IHNtogether.org/Prescriptions.

- If you are not sure if your medication is on our list, call us. We will check for you.

If your medication is not on the list, tell your provider. Your provider can ask us to cover it.

- IHN-CCO needs to approve some medication on the list before your pharmacy can fill them. For these medications, your provider will ask us to approve it.

IHN-CCO also covers some over the counter (OTC) medications when your provider or pharmacy prescribes them for you. OTC medications are those you would normally buy at a store or pharmacy without a prescription, such as aspirin.

Asking IHN-CCO to cover prescriptions

When your provider asks IHN-CCO to approve or cover a prescription:

- Doctors and pharmacists at IHN-CCO will review the request from your provider.
- We will make a decision within 24 hours.
- If we need more information to make a decision, it can take 72 hours.

If IHN-CCO decides to not cover the prescription, you will get a letter from IHN-CCO. The letter will explain:

- Your right to appeal the decision
- How to ask for an appeal if you disagree with our decision. The letter will also have a form you can use to ask for an appeal.

Call IHN-CCO Pharmacy Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**) if you have questions.

Mail-order pharmacy

We have some in-network pharmacies that can mail some medications to your home address. This is called mail-order pharmacy. If picking up your prescription at a pharmacy is hard for you,

mail-order pharmacy may be a good option. Call IHN-CCO Pharmacy Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**) to:

- Learn more about mail-order pharmacy and
- Get set up with mail-order pharmacy.

OHP pays for behavioral health medications

IHN-CCO does not pay for most medications used to treat behavioral health conditions. Instead OHP pays for them. If you need behavioral health medications:

- IHN-CCO and your provider will help you get the medications you need.
- The pharmacy sends your prescription bill directly to OHP. IHN-CCO 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 IHN-CCO Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).

Prescription coverage for members with Medicare

IHN-CCO and OHP do not cover medications that Medicare Part D covers.

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 IHN-CCO ID card at the pharmacy.

If Medicare Part D does not cover your medication, your pharmacy can bill IHN-CCO. If OHP covers the medication, IHN-CCO will pay for it.

Learn more about Medicare benefits in the “Members with Medicare” section.

Getting prescriptions before a trip

If you plan to travel out of state, make sure you have enough medication for your trip. To do this, ask to get a prescription refill early. This is called a vacation override. Please call IHN-CCO at **541-768-7863**(TTY 711) to find out if this is a good option for you.

Hospitals

We work with the hospitals below for hospital care. You can get emergency care at any hospital. Some hospitals offer a full emergency room to help someone experiencing a mental health crisis, but you may go to any hospital for help.

Albany

Samaritan Albany General Hospital

1046 6th Ave. SW, Albany, OR 97321

541-812-4000 (TTY 800-735-2900)

www.samhealth.org/Albany

Full emergency room: Yes

Corvallis

Good Samaritan Regional Medical Center

3600 NW Samaritan Dr., Corvallis, OR 97330

541-768-5111 (TTY 800-735-2900)

www.samhealth.org/Corvallis

Full emergency room: Yes

Lebanon

Samaritan Lebanon Community Hospital

525 N Santiam Highway, Lebanon, OR 97355

541-258-2101 (TTY 800-735-2900)

www.samhealth.org/Lebanon

Full emergency room: Yes

Lincoln City

Samaritan North Lincoln Hospital

3043 NE 28th St., Lincoln City, OR 97367

541-994-3661 (TTY 800-735-2900)

www.samhealth.org/LincolnCity

Full emergency room: Yes

Newport

Samaritan Pacific Communities Hospital

930 SW Abbey St., Newport, OR 97365

541-265-2244 (TTY 800-735-2900)

www.samhealth.org/Newport

Full emergency room: Yes

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.

Need help? Call **541-768-7863 (TTY 800-735-2900 or 711)** or visit **IHNtogether.org**.

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 IHN-CCO 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 IHN-CCO Customer Service at **541-768-7863** (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 IHN-CCO member. You may get advice or a referral of somewhere else to call. You will get a call back from a IHN-CCO representative within 30-60 minutes after you called, to talk about next steps.

IHN-CCO also offers a Nurse Advice Line. When you have health questions, the Nurse Advice Line is available 24/7 to help you. The nurse advice line can help you:

- Understand why you're feeling the way you do.
- Decide the best place to go for care.
- Learn more about what your provider has said about your health.
- Explore your care options.
- Learn about the drugs your provider wants you to take.

Call the nurse advice line toll free at **844-219-3816** or TTY users call **800-735-2900**.

For emergencies, call **911** immediately.

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

Urgent care centers and walk-in clinics in the IHN-CCO area:

Albany

Samaritan Urgent Care Walk-In Clinic — Geary Street

1700 Geary St. SE, Albany, OR 97322

541-812-5500 (TTY **800-735-2900** or **711**)

Need help? Call **541-768-7863** (TTY **800-735-2900** or **711**) or visit **IHNtogether.org**.

Monday through Friday: 9 a.m. to 8 p.m.

Saturday: 9 a.m. to 6 p.m.

Sunday: 9 a.m. to 5 p.m.

Corvallis

Samaritan Urgent Care Walk-In Clinic — Corvallis

5234 SW Philomath Blvd., Corvallis, OR 97333

541-768-4970 (TTY **800-735-2900** or **711**)

Monday through Friday: 9 a.m. to 8 p.m.

Saturday: 9 a.m. to 6 p.m.

Sunday: 9 a.m. to 5 p.m.

SamCare Express — Corvallis

850 SW 26th St, Corvallis, OR 97331

541-768-5166 (TTY **800-735-2900** or **711**)

Monday through Friday: 7 a.m. to 6 p.m.

Saturday: 9 a.m. to 6 p.m.

Sunday: 9 a.m. to 5 p.m.

The Corvallis Clinic Immediate Care

3680 NW Samaritan Drive, Corvallis, OR 97330

541-754-1282 (TTY **800-735-2900** or **711**)

Monday through Friday: 8 a.m. to 7 p.m.

Saturday: 10 a.m. to 5 p.m.

Sunday: 10 a.m. to 5 p.m.

Depoe Bay

Samaritan Depoe Bay Clinic

531 N Highway 101, Suite A, Depoe Bay, OR 97341

541-765-3265 (TTY **800-735-2900** or **711**)

Monday through Friday: 8 a.m. to 6 p.m.

Lebanon

Samaritan Urgent Care Walk-In Clinic — Lebanon

35 Mullins Drive, Suite 2, Lebanon, OR 97355

541-451-7915 (TTY **800-735-2900** or **711**)

Monday through Friday: 9 a.m. to 8 p.m.

Saturday: 9 a.m. to 6 p.m.

Sunday: 9 a.m. to 5 p.m.

Lincoln City

Samaritan Coastal Clinic

825 NW Highway 101, Suite A, Lincoln City, OR 97367

541-996-7480 (TTY **800-735-2900** or **711**)

Monday through Friday: 8 a.m. to 1 p.m., 2 p.m. to 8 p.m.

Saturday: 9 a.m. to 1 p.m., 2 p.m. to 6 p.m.

Sunday: 9 a.m. to 1 p.m., 2 p.m. to 6 p.m.

Newport

Samaritan Pacific Walk-In Clinic

930 SW Abbey St., Newport, OR 97365

541-574-4860 (TTY **800-735-2900** or **711**)

Monday through Friday: 9 a.m. to 6:30 p.m.

Saturday: 9 a.m. to 5:30 p.m.

Sunday: 9 a.m. to 5:30 p.m.

Sweet Home

Sweet Home Family Medicine

679 Main St., Sweet Home, OR 97386

541-451-6250 (TTY **800-735-2900** or **711**)

Monday through Friday: 7:30 a.m. to 5:30 p.m.

Sunday 9 a.m. to 5:30 p.m.

Urgent dental care

Some examples of urgent dental care include:

- Tooth pain that wakes you up at night and makes it difficult to chew.
- A chipped or broken tooth.
- A lost crown or filling.
- Abscess (a pocket of pus in a tooth caused by an infection).

If you have an urgent dental problem call your primary care dentist (PCD)

If you cannot reach your PCD or you do not have one, call Customer Service **541-768-7863** (TTY **800-735-2900** or **711**). 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 IHN-CCO Customer Service within 3 days of receiving emergency care.
- You have a right to use any hospital or other setting within the United States.
- Emergency care includes 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 in the “Hospitals” section.

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 (that is not a childhood “wiggly” tooth).
- You have facial swelling or infection in the mouth.
- Bleeding from your gums that won't stop.

For a dental emergency, please call your primary care dentist (PCD). You will be seen within 24

hours. Some offices have emergency walk-in times. If you have a dental emergency and your dentist or PCP cannot help you, you don't need permission to get emergency dental care. You can go to the emergency room or call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**) for help to 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 in the "Emergency care" section.

If you have a dental emergency, call your dentist or dental plan first.

Advantage Dental Services: **866-268-9631** (TTY **866-268-9617**)

Capitol Dental Care: **800-525-6800** (TTY **800-735-2900**)

MODA/ODS: **800-342-0526** (TTY **800-342-0526** or **711**)

Willamette Dental Group: **855-433-6825** option 1 (TTY **800-735-1232**)

Your dental provider will manage your dental care and treatment.

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. IHN-CCO 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

You can call, text or chat 988. 988 is a Suicide and Crisis lifeline that you can get caring and compassionate support from trained crisis counselors 24 hours a day, 7 days a week.

If you have a mental health emergency

Call a 24/7 crisis hotline:

Benton County: **888-232-7192**

Lincoln County: **866-266-0288**

Linn County: **866-266-0288**

— or —

Call **911**

Respite (relief) services

We work with the following programs to provide relief services:

- **Janus House** — Helps members of our community who are at risk of going to the hospital due to behavioral health crises.
- **Jasper Mountain SAFE Center** — Helps to give short term respite for youth IHN-CCO members.
- **Morrison Child and Family Services** — Helps provide respite through certified foster homes for youth ages 2 to 17 in Benton, Lincoln and Linn counties.

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 IHN-CCO does 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.
- Crisis respite (short-term care).
- Short-term places to stay to get stable.

Need help? Call **541-768-7863** (TTY **800-735-2900** or **711**) or visit **IHNtogether.org**.

- 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, 24 hours a day, for members receiving intensive in-home behavioral health treatment.

See more about behavioral health services offered the “Behavioral health care benefits” section.

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!

If you want to talk with someone outside of IHN-CCO, call any of the following:

- See list of crisis lines on page in the
- National Suicide Prevention Lifeline: Call 988 or visit [988lifeline.org](https://www.988lifeline.org)
- The David Romprey Memorial Warmline: **800-698-2392**
- Crisis Text Line: Text 741741
- For teen suicide prevention: YouthLine: **877-968-8491** or text teen2teen to 839863

- You can also search 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 the “Behavioral health treatment agencies” section.

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 primary care 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

IHN-CCO 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.

To learn more about how you may be able to get a prescription refill before your trip see the “Prescription medication” section.

Emergency care away from home

You may need emergency care when away from home or outside of the IHN-CCO service area.

Call 911 or go to any emergency department. 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.

Do not pay for emergency care. If you pay the emergency room bill, IHN-CCO is not allowed to pay you back. See the “Bills for emergency care away from home or out of state” section 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 IHN-CCO ID card with you when you travel out of state.
2. Show them your IHN-CCO ID Card and ask them to bill IHN-CCO.
3. Do not sign any paperwork until you know the provider will bill IHN-CCO. Sometimes IHN-CCO cannot pay your bill if an agreement to pay form has been signed. To learn more about this form see the “Bills for emergency care away from home or out of state” section.
4. You can ask that the Emergency Room or provider’s billing office to contact IHN-CCO if they want to verify your insurance or have any questions.
5. If you need advice on what to do or need non-emergency care away from home, call IHN-CCO for help.

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 IHN-CCO can cover. IHN-CCO cannot pay for a service if the provider has not sent us a bill.

If you get a bill, please contact IHN-CCO Customer Service **541-768-7863** (TTY **800-735-2900** or **711**) right away.

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 IHN-CCO. 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. IHN-CCO pays for all covered, medically necessary and appropriate services in accordance with the Prioritized List of Health Services.

A IHN-CCO in-network provider (for a list of in-network providers see the “In network providers” section) or someone working for them cannot bill you or try to collect any money owed by IHN-CCO for services you are not responsible for covering.

Members cannot be billed for missed appointments or errors.

- Missed appointments are not billable to you 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, after IHN-CCO has paid, that’s called balance billing. It is also called surprise billing. The amount is the difference between the actual billed amount and the amount IHN-CCO pays. This happens most often when you see an out-of-network provider. You are not responsible for these costs.

If you have questions, call Customer Service **541-768-7863** (TTY **800-735-2900** or **711**).

For more information about surprise billing go to dfr.oregon.gov/Documents/Surprise-billing-consumers.pdf.

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

Call IHN-CCO for help right away at **541-768-7863** (TTY **800-735-2900** or **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 IHN-CCO, you will not have to pay any medical bills. Sometimes though, you do have to pay. When you need care, talk to your provider about options. The provider's office will check with IHN-CCO to see if a treatment or service is not covered. If you choose to get a service that is not covered, you may have to pay the bill.

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 IHN-CCO, another insurance or gave a name that did not match the one on the IHN-CCO ID at the time of or after the service was provided, so the provider could not bill IHN-CCO. Providers must verify your IHN-CCO 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 IHN-CCO you may have to pay for your services. Before you see a provider that is not in-network with IHN-CCO 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 “In network providers” section.

- **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 IHN-CCO. 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.
 - Always contact IHN-CCO Customer Service first to discuss what is covered. If you get a bill, please contact IHN-CCO 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, corns, calluses, etc.)
 - Cosmetic surgeries or treatments for appearance only.
 - Services to help you get pregnant.
 - Treatments that are not generally effective.
 - Orthodontics, except for handicapping malocclusion and to treat cleft palate in children.

If you have questions about covered or non-covered services, please contact IHN-CCO Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**).

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 IHN-CCO or OHP. The form is also called a waiver. You can only be billed for a service if you sign the Agreement to Pay form. Should not feel forced to sign the form. You can see a copy of the form at <https://bit.ly/OHPwaiver>.

You do not have to sign the Agreement to Pay form if you do not want to. If you are unsure if you should sign the Agreement to Pay form or have any question about if a benefit is covered, please contact IHN-CCO Customer Services at **541-768-7863** (TTY **800-735-2900** or **711**) for help. If IHN-CCO 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 the “Grievances, complaints, appeals and fair hearings” section.

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 covered and IHN-CCO would pay them in full for the covered service.
 - The estimated cost, including all related charges, the amount IHN-CCO would pay for the service. The provider cannot bill you for an amount more than IHN-CCO 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 IHN-CCO 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. You should not be billed for emergency or post-hospitalization care. Contact IHN-CCO Customer Service if you get a bill. We have resources to help.

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 IHN-CCO Customer Service as soon as possible at **541-768-7863** (TTY **800-735-2900** or **711**)

Hours: Monday through Friday: 8 a.m. to 8 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 IHN-CCO, contact Customer Service. Learn more about denials, your right to an appeal, and what to do if you disagree with us see "Grievances, complaints, appeals and fair hearings" section.
 - You can also appeal by sending IHN-CCO a letter saying that you disagree with the bill because you were on OHP at the time of service.

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 IHN-CCO.
- IHN-CCO pays for all covered services in accordance with the Prioritized List of Health Services, see the “Your benefits” section.
- For a brief list of benefits and services that are covered under your OHP benefits with IHN-CCO, who also covers case management and care coordination, see the “Your benefits” section. If you have any questions about what is covered, you can ask your PCP or call IHN-CCO Customer Service.
- No IHN-CCO 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 IHN-CCO for services you are not responsible for.
- Members are never charged for rides to covered appointments. See the “Free rides to care” section for more information. 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 IHN-CCO 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 section “Learn more about steps to ask for an appeal or hearing”.
- In the event of IHN-CCO 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:

- Copays
- Deductibles or
- Coinsurance charges for Medicare services, those charges are covered by OHP.

You may need to pay a copay for some prescription costs.

There are times you may have to pay deductibles, coinsurance or copays 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 IHN-CCO.

IHN-CCO 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 IHN-CCO. If they still say you owe money, call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**). We can help you.
- Learn about the few times a provider can send you a bill in the "There may be services you have to pay for" section.

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 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.

The CCO you have depends on where you live. The rules about changing or leaving a CCO are different when there's only one CCO in the area and when there are more CCOs in an area.

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.

Service areas with only one CCO:

Members with only one CCO in their service area may ask to disenroll (leave) a CCO and get care from OHP fee-for-service at any time for any of the following "with cause" reasons:

- 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.
- 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.

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**.

Service areas with more than one CCO:

Members with more than one CCO in their service area may ask to leave and change to a different CCO at any time for any of the following "with cause" reasons:

- 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**.
- 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.
- 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.

Members with more than one CCO in their service area may also ask to leave and change a CCO at any time for the following “without cause” reasons:

- Within 30 days of enrollment 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 OHP 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.

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: IHN-CCO wants to make sure you receive the best possible care. IHN-CCO 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 IHN-CCO.

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 Customer Service at **800-699-9075** or OHP Client Services **800-273-0557 (TTY 711)** from Monday through Friday, 8 a.m. to 5 p.m. PT. You can use your online account at

ONE.Oregon.gov or email OHP at Oregon.Benefits@odhsoha.oregon.gov. The effective date of disenrollment will be the first of the month following OHA’s approval of disenrollment.

You can get care while you change your CCO. See the section “When you need the same care when changing plans” to learn more.

IHN-CCO can ask you to leave for some reasons

IHN-CCO may ask OHA to remove you from our plan if you:

- Are abusive, uncooperative or disruptive to our staff or providers. Except 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 IHN-CCO staff. When the act or threat of violence seriously impairs IHN-CCO’s 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 section “Complaints, grievances, appeals and fair hearing” for how to make a complaint or ask for an appeal.

IHN-CCO 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 Residential 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 IHN-CCO disagrees with.

For more information or questions about other reasons you may be disenrolled, temporary enrollment exceptions or enrollment exemptions, call IHN-CCO at **541-768-7863** (TTY **800-735-2900** or **711**) 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 might still get the same services, prescription drug coverage and see the same providers even if not in-network. That means care will be coordinated when you switch CCOs or move from OHP fee-for-service to a CCO. This is sometimes called “Transition of Care.”

If you have serious health issues, need hospital care or inpatient mental health care, your new and old plans must work together to make sure you get the care and services you need.

When you need the same care while changing plans

This help is for when you have serious health issues, need hospital care or inpatient mental health care. Here is a list of some examples of when you can get this help:

- End-stage renal disease care.
- You’re a medically fragile child.
- Receiving breast and/or cervical cancer treatment program members.
- Receiving Care Assist help due to HIV/AIDS.
- Pre and Post-transplant care.
- You’re pregnant or just had a baby.
- Receiving 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:

Membership Type	How long you can get the same care
OHP with Medicare (Full Benefit Dual Eligible)	90 days
OHP only	30 days for physical and oral health* 60 days for behavioral health*

*Or until your new primary care provider (PCP) has reviewed your treatment plan.

If you are leaving IHN-CCO, we will work with your new CCO or OHP to make sure you can get those same services listed below.

If you need care while you change plans or have questions please call IHN-CCO Customer Service at: **541-768-7863** (TTY **800-735-2900** or **711**) Hours: Monday through Friday, 8 a.m. to 8 p.m. PST

IHN-CCO will make sure members who need the same care while changing plans get:

- Continued access to care and rides to care.
- Services from their provider even if they are not in the IHN-CCO network until one of these happen:
 - The minimum or approved prescribed treatment course is completed, or
 - Your provider decides your treatment is no longer 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 IHN-CCO Transition of Care Policy by calling Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**). It is also on our website in the “Transition of care” section at IHNtogether.org/MembersRights. 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.

The advance directive can be found here [IHNtogether.org/Advance-Directive](https://www.ihn.together.org/Advance-Directive).

See [IHNtogether.org/Health-Resources](https://www.ihn.together.org/Health-Resources) for more details.

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.
- The right to share, deny or accept types of medical care and the right to share your decisions about your future medical care.

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 IHN-CCO Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**). You can also view our policy on advance directives by going to [IHNtogether.org/Your-Benefits/How-Do-I](https://www.ihn.together.org/Your-Benefits/How-Do-I), and selecting “Get an Advance Directive?”

An Advance Directive User’s Guide is available. It provides information on:

- The reasons for an Advance Directive.
- The sections in the Advance Directive form.
- How to complete or get help with completing an Advance Directive.
- Who should be provided a copy of an Advance Directive.
- How to make changes to an Advance Directive.

To download a copy of the Advance Directive User’s Guide or Advance Directive form, please visit [oregon.gov/oha/ph/about/pages/adac-forms.aspx](https://www.oregon.gov/oha/ph/about/pages/adac-forms.aspx)

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 IHN-CCO 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.
- IHN-CCO will honor any choices you have listed in your completed and signed Advance Directive. If a doctor you work with has a moral objection to honoring your Advance Directive, please contact Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**). They can help you find a doctor that does not have a moral objection.

How to report if IHN-CCO 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

Online: oregon.gov/oha/PH/HLO/Pages/File-Complaint.aspx

You can make a complaint to the Health Facility Licensing and Certification Program if a facility (like a hospital) does not do what you ask in your advance directive.

Health Facility Licensing and Certification Program

Mail to: 800 NE Oregon Street, Suite 465

Portland, OR 97322

Email: mailbox.hclc@odhsoha.oregon.gov

Fax: 971-673-0556

Online:

oregon.gov/OHA/PH/ProviderPartnerResources/HealthcareProvidersFacilities/HealthcareHealthCareRegulationQualityImprovement/Pages/index.aspx

Call IHN-CCO Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**) to get a paper copy of the complaint form.

How to Cancel an Advance Directive

To cancel, ask for copies of your advance directive back so your provider knows it is no longer valid. Tear them up or 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 should get it?	For all adults over the age of 18	People with a serious illness or are older and frail and might not want all treatments
Does my provider need to approve/sign?	Does not require provider approval	Needs to be signed and approved by health care provider
When is it used?	Future care or condition	Current care and condition

To learn more, visit: 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 health care. 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 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 HealthOregon.org/hcrqi. Send your complaint to:

Health Care Regulation and Quality Improvement

800 N.E. Oregon St., #465

Portland, OR 97232

Email: Mailbox.HCLC@odhsoha.oregon.gov

Phone: **971-673-0540** (TTY **971-673-0372**)

Fax: 971-673-0556

Reporting Fraud, Waste and Abuse

We're a community health plan, and we want to make sure that health care 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 IHN-CCO takes this seriously.

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

- A provider charging you for a service covered by IHN-CCO.
- 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.

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

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 IHN-CCO. **We report all suspected fraud, waste and abuse committed by providers or members to the state agencies listed below.**

Call our hotline: **541-768-7863** (TTY **800-735-2900** or **711**) and ask to speak to the **Compliance Officer**.

Fax: 541-768-9791

Email: SHPOCompliance@samhealth.org

Write to: **Compliance Officer**
PO Box 1310,
Corvallis, OR 97339

OR

Report Member fraud, waste and abuse by calling, faxing or writing to:

ODHS Fraud Investigation Unit

Mailing Address: P.O. Box 14150 Salem, OR 97309

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

Fax: 503-373-1525 Attn: Hotline

Online: oregon.gov/odhs/financial-recovery/Pages/fraud.aspx

OR (specific to providers)

OHA Office of Program Integrity

Mailing Address: 500 Summer St. NE E-36 Salem, OR 97301

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

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

Secure Email: opi.referrals@oha.oregon.gov

OR

Medicaid Fraud Control Unit (MFCU)

Oregon Department of Justice

100 SW Market Street

Portland, OR 97201

Phone: **971-673-1880**

Email: Medicaid.Fraud.Referral@doj.state.or.us

Fax: 971-673-1890

Online: doj.state.or.us/consumer-protection/sales-scams-fraud/medicaid-fraud/

Need help? Call **541-768-7863** (TTY **800-735-2900** or **711**) or visit IHNtogether.org.

To report fraud online: Oregon.gov/dhs/abuse/Pages/fraud-reporting.aspx

Complaints, Grievances, Appeals and Fair Hearings

IHN-CCO 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 templates are also available. If you need help or would like more information beyond what is in the handbook contact us at:

IHN-CCO Customer Service

541-768-7863, toll free **866-203-3435** (TTY **800-735-2900** or **711**)

Monday through Friday: 8 a.m. to 8 p.m.

Visit us:

2300 NW Walnut Blvd., Corvallis, OR 97330

Monday through Friday: 8 a.m. to 5 p.m.

You can make a complaint

- A **complaint** is letting us know you are not satisfied.
- A **dispute** is when you do not agree with IHN-CCO or a provider.
- A **grievance** is a complaint you can make if you are not happy with IHN-CCO, your health care 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.

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 Customer Service at **866-203-3435** (TTY **800-735-2900** or **711**). You can also make a complaint with OHA or Ombuds. You can reach OHA at **800-273-0557** or Ombuds at **877-642-0450**.

or

Write:

IHN-CCO Appeals and grievances

PO Box 1310,
Corvallis, OR 97339

You may also find a complaint form at IHNtogether.org/Your-Benefit/How-Do-I.

Need help? Call **541-768-7863** (TTY **800-735-2900** or **711**) or visit IHNtogether.org.

You can file a complaint about any matter other than a 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 IHN-CCO

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 IHN-CCO.
- Care you were not sure about, but got anyway.
- Bills for services you did not agree to pay.
- Disputes on IHN-CCO 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 handle it.

If you are unhappy with how we handled your complaint, you can share that with OHP Client Services Unit at **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 211info.org website for help.

IHN-CCO, 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.

You can call, write a letter or fill out a form that explains why the plan should change its decision about a service.

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.

Don't agree with our decision?

Follow these steps:

- 1** **Ask for an appeal**
You must ask within 60 days of your denial letter's date. Call or send a form.
- 2** **Wait for our reply**
We have 16 days to reply. Need a faster reply? Ask for a fast appeal.
- 3** **Read our decision**
Still don't agree? You can ask the state to review. This is called a hearing.
- 4** **Ask for a hearing**
You must ask within 120 days of the appeal decision letter date.

Learn more about the steps to ask for an appeal or hearing:

Step 1

Ask for an appeal.

You must ask within 60 days of the date of the denial letter (NOABD).

Call us at **541-768-7863** (TTY **800-735-2900** or **711**) or use the Request to Review a Health Care Decision form. The form will be sent with the denial letter. You can also get it at <https://bit.ly/request2review>.

You can mail the form or written request to PO Box 1310, Corvallis, OR 97339.

You can also fax the form or written request to **541-768-9765**.

	<p>Who can ask for an appeal? You or someone with written permission to speak for you. That could be your doctor or an authorized representative.</p>
<p>Step 2</p>	<p>Wait for our reply. 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.</p> <p>To support your appeal, you have the right to:</p> <ul style="list-style-type: none"> • Give information and testimony in person or in writing. • Make legal and factual arguments in person or in writing. <p>You must do these things within appeal timeframes listed below.</p> <p>How long do you get to review my appeal? 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.</p> <p>What if I need a faster reply? You can ask for a fast appeal. This is also called an expedited appeal. Call us or fax the request form. The form will be 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.</p> <p>How long does a fast appeal take? 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.</p> <p>At your request or if we need more time, we may extend the timeframe for up to 14 days.</p> <p>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.</p>

	<p>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.</p>
<p>Step 3</p>	<p>Read our decision.</p> <p>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.</p>
<p>Step 4</p>	<p>Still don't agree? Ask for a hearing.</p> <p>You have the right to 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).</p> <p>What if I need a faster hearing? You can ask for a fast hearing. This is also called an expedited hearing.</p> <p>Use the online hearing form at https://bit.ly/ohp-hearing-form to ask for a normal hearing or a faster hearing.</p> <p>You can also call the state at 800-273-0557 (TTY 711) or use the request form that will be sent with the letter. Get the form at https://bit.ly/request2review. You can send the form to:</p> <p>OHA Medical Hearings 500 Summer St NE E49 Salem, OR 97301 Fax: 503-945-6035</p> <p>The state will decide if you can have a fast hearing 2 working days after getting your request.</p> <p>Who can ask for a hearing? You or someone with written permission to speak for you. That could be your doctor or an authorized representative.</p> <p>What happens at a hearing? 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.</p>

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.

Providers should not deny a service. They have to ask IHN-CCO if you can get approval for a service.

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 IHN-CCO doesn't meet the appeal timeline?

If we take longer than 30 days to reply to your appeal, 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 online hearing form at bit.ly/ohp-hearing-form.

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 **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.org.

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 or your authorized representative, with your written permission, can ask us to continue it during the appeal and hearings process.

You need to ask for this within 10 days of the date of notice or by the date the decision is effective, whichever is later. You can ask by phone, letter or fax.

- You can call us at **541-768-7863 (TTY 800-735-2900 or 711)**.
or

- Use the Request to Review a Health Care Decision form. The form will be sent with the denial letter. You can also get it at bit.ly/request2review.
- **Answer “yes” to the question about continuing services on box 8 on page 4 on the *Request to Review a Health Care Decision* form.**

You can mail the form to **Appeals and grievances PO Box 1310, Corvallis, OR 97339.**

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 also have Medicare? Do I have more appeal rights?

If you have both IHN-CCO and Medicare, you may have more appeal rights than those listed above. Call Customer Service at **541-768-7863** (TTY **800-735-2900** or **711**) for more information. You can also call Medicare at **800-633-4227** to find out more on your appeal rights.

What if I want to see the records that were used to make the decision about my service(s)?

You can contact IHN-CCO at **541-768-7863** (TTY **800-735-2900** or **711**) to ask for free copies of all paperwork used to make the decision.

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.

Coinsurance – 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.
- Prosthetics and orthotics.
- Low vision aids.
- Communication devices.
- Motorized wheelchairs.
- Assistive breathing machine.

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.

Early and Periodic Screening Diagnostic and Treatment (EPSDT) – The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program offers comprehensive and preventive health care services to individuals under the age of 21 who are covered by the Oregon Health Plan (OHP). EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat any physical, dental, vision, developmental, nutritional, and mental and behavioral health conditions. Coverage for EPSDT includes all services coverable under the Oregon Health Plan (OHP), when EPSDT Medically Necessary and EPSDT Medically Appropriate for the EPSDT individual.

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 health care 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 health care. After you sign up, a company or government agency pays for covered health services. Some insurance programs need monthly payments, called *premiums*.

Health Risk Assessment – 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 Outpatient Services– Care in a hospital that usually does not need an overnight stay.

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

Medicaid – A national program that helps with health care 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) Waiver – 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 bit.ly/OHPwaiver. Unsure if you signed a waiver form? You can ask your provider's office. For additional languages, please visit: 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.

Referral -- A referral is a written order from your provider noting the need for a service. work with your provider for a referral.

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 health care.

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 health care 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.

