Columbia Pacific CCO

Member Handbook

Updated July 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 Columbia Pacific CCO and OHP improve member handbooks.

Take the handbook survey! Scan the QR code or go to www.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 Columbia Pacific CCO. You can find the most up-to-date handbook at ***colpachealth.org/handbook***. If you need help or have questions, call Customer Service at 855-722-8206.

Getting started

We will send you a health survey to help Columbia Pacific 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: 855-722-8206
- Fax: 503-416-1313
- Mail: Columbia Pacific CCO
  315 SW Fifth Ave
  Portland, OR 97204
- Email: ***customerservice@careoregon.org***

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

If you are looking for:

- Benefits. Go to page 32
- Primary care providers. Go to page 25
- Prior approvals and referrals. Go to page 34
- Rights and responsibilities. Go to page 20
- Free trips to care. Go to page 61
- Care coordination. Go to page 30
- Prescriptions. Go to page 68

- Emergency care. Go to page 70
- How long it takes to get care. Go to page 54
- Grievances, complaints and appeals. Go to page 91
- Always carry your OHP and Columbia Pacific Member ID cards with you.
    - Note: These will come separately, and you will receive your OHP ID card before your Columbia Pacific member ID card.

Your Member ID card has the following information:

- Your name
- Your ID number
- Your plan information
- Your primary care clinic name and information
- Customer Service phone number
- Language Access phone number

Free help in other languages and formats.

Everyone has a right to know about Columbia Pacific 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 find this member handbook on our website at ***colpachealth.org/handbook***. If you need help or have questions, call Customer Service at 855-722-8206.

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 five days of your request. This help is free. Every format has the same information. Examples of member materials are:

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

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

Columbia Pacific CCO can email you materials.

You can ask for materials electronically. Fill out the secure contact form on our website at ***colpachealth.org/contact-us***. Please let us know which documents you would like emailed to you. You can also call Customer Service at 855-722-8206.

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/OEI***.

If you need help, please call us at 855-722-8206 or call OHP Client Services at 800-273-0557 or TTY 711. See page 91 for "Complaint, appeal and hearing rights."

If you do not get the interpreter help you need from Columbia Pacific CCO, call the state's Language Access Services Program coordinator at 844-882-7889 or TTY 711, or email ***LanguageAccess.Info@odhsoha.oregon.gov***

English

You can get this handbook in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 855-722-8206 or TTY 711. 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 855-722-8206 o TTY 711. Aceptamos todas las llamadas de retransmisión. Usted puede obtener ayudar de un intérprete certificado y calificado en atención de salud.

Russian

Вы можете получить это 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. 855-722-8206 или TTY 711. 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 855-722-8206hoặc TTY (Đường dây Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) 711. 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 nhật 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 المفضّلة لديكم. كما يمكنكم طلب مترجم شفهي. إن هذه المساعدة مجانية. اتصلو على 855-722-8206 أو المبرقة الكاتبة 711. 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 855-722-8206 ama TTY 711. 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 855-722-8206 **或** TTY 711。**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 855-722-8206 或聽障專線 711。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. 855-722-8206 또는 TTY 711 에 전화하십시오. 저희는 중계 전화를 받습니다. 공인 및 자격을 갖춘 의료서비스 전문 통역사의 도움을 받으실 수 있습니다.

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 855-722-8206 sau TTY 711. Acceptăm apeluri adaptate persoanelor surdomute.

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

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 855-722-8206 ika TTY 711. Kich mi etiwa ekkewe keken relay. En mi tongeni kopwe angei aninis seni emon mi certified ika qualified ren chon chiaku ren health care.

Amheric

ይህንን ደብዳቤ በሌሎች ቋንቋዎች፣ በትልቅ ህትመት፣ በብሬይል ወይም እርሶ በሚመርጡት መልኩ ማግኘት ይችላሉ። በተጨማሪም አስተርጓሚ መጠየቅም ይችላሉ። ይህ ድጋፍ የሚሰጠው በነጻ ነው። ወደ 855-722-8206 ወይም TTY 711 ይደውሉ። የሪሌይ ጥሪዎችን እንቀበላለን።

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

Burmese

ဤစာကို အချားဘာသာစကားမ်ား၊ ပုံနှိပ်စာလုံးၾကီး၊ မ်က္မျမင္မ်ားအတြက် ေဘရးလ္ သို႔မဟုတ္ သင္ပိုမိုနွစ္သက္သည့္ ပုံစံျဖင့္ ရယူနိုင္ပါသည္။ သင္သည္ စကားျပန္တစ္ဦးလည္း ေတာင္းဆိုနိုင္ပါသည္။ ဤအကူအညီသည္ အခမဲ့ျဖစ္ပါသည္။ 855-722-8206 သို႔မဟုတ္ 711 ကို ဖုန္းဆက္ပါ။ ထပ္ဆင့္ေခၚဆိုမႈမ်ားကို ကၽြႏု္ပ္တို႔ လက္ခံပါသည္။

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သင္သည္ သင္တန္းဆင္းလက္မွတ္ရွိနွင့္ အရည္အခ်င္းရွိသည့္ က်န္းမာေရး ေစာင့္ေရွာက္မွဳ စကားျပန္ဆိုမွလည္း အကူအညီရယူနိုင္ပါသည္။

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 855-722-8206 au TTY 711. Tunakubali simu za kupitisha ujumbe.

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

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 است. با 855-722-8206 تماس بگیرید. تماس‌های رله را می‌پذیریم.711 TTY یا

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

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 855-722-8206 або телетайпу 711. Ми приймаємо всі дзвінки, які на нас переводять. Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

Our nondiscrimination policy

Discrimination is against the law. Columbia Pacific 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 Columbia Pacific CCO in any of these ways:

- Phone: Call our Section 1557 Coordinator at 855-722-8206 or TTY 711
- Fax: 503-416-1313
- Mail: Columbia Pacific CCO
  Attn: Grievance Coordinator
  315 SW Fifth Ave
  Portland, OR 97204
- Email: ***customerservice@careoregon.org***
- Web: ***colpachealth.org/contact-us***

You can read our complaint process at colpachealth.org/members/member-resources.

If you have a disability, Columbia Pacific 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, Columbia Pacific 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 855-722-8206 or TTY 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 or TTY 711
- Web: ***oregon.gov/OHA/EI***
- Email: ***OHA.PublicCivilRights@odhsoha.oregon.gov***
- Mail: Office of Equity and Inclusion Division
  421 SW Oak St, Suite 750
  Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division

- Phone: 971-673-0764
- Web: *www.oregon.gov/boli/civil-rights*Email: ***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 email ***customerservice@careoregon.org***. You can ask us for a list of who we have shared your records with.

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 ***link.careoregon.org/cpc-privacy***.

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 Columbia Pacific.

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.

Table of contents

Welcome to Columbia Pacific CCO!

We are glad you are part of Columbia Pacific. We are happy to help with your health. We want to give you the best care we can. We are a group of all types of health care providers who work together for people on the Oregon Health Plan (OHP) in your community. This model is known as a coordinated care organization, or CCO.

With a CCO, you can get all of your health care services from the same plan. This includes physical, dental and mental health care and substance use treatment services.

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 Columbia Pacific 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 (mental health and substance use disorder treatment). OHP will also help with prescriptions and getting to appointments.

OHP has local health plans that help you use your benefits. The plans are called coordinated care organizations or CCOs. Columbia Pacific is a CCO. We serve Clatsop, Columbia and Tillamook counties. Columbia Pacific is operated by CareOregon, an insurance provider that supports Medicaid members.

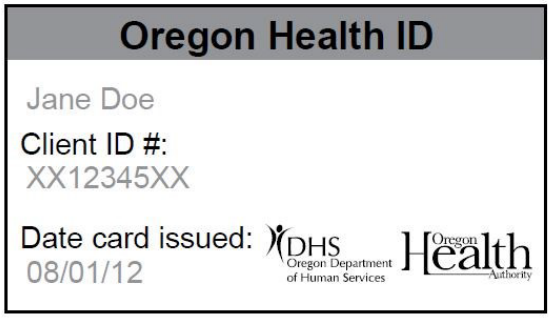
We work with other organizations to help manage some of your benefits, like dental services and transportation benefits. For a full list of these organizations and services, please see the "Contact Us" section.

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 855-722-8206. 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 Columbia Pacific benefits in the "Your benefits" and "Extra Services" sections.

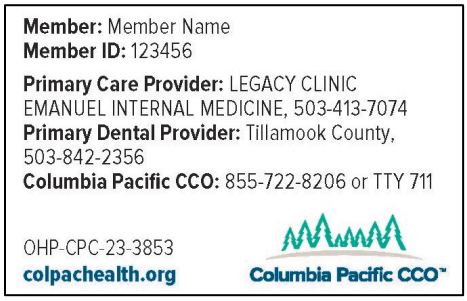
When you enroll in OHP, you will get an Oregon Health ID card. This is mailed to you with your coverage letter. Each OHP member in your household gets an ID card.

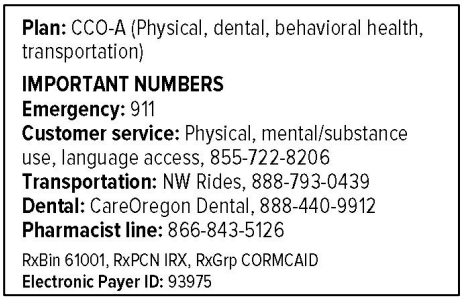
Your Oregon Health ID Card will look like this:



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

Your Columbia Pacific CCO ID card will look like this:





Be sure to show your Columbia Pacific Member ID card each time you go to an appointment or the pharmacy.

Your coverage letter and Columbia Pacific Member ID card will tell you what CCO you are enrolled in. They will also tell you what level of care your 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	Columbia Pacific CCO	Columbia Pacific CCO	Columbia Pacific CCO
CCO-B	Columbia Pacific CCO	OHP	Columbia Pacific CCO
CCO-E	OHP	OHP	Columbia Pacific CCO
CCO-F*	Not covered	Columbia Pacific CCO	Not covered
CCO-G	OHP	Columbia Pacific CCO	Columbia Pacific 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.

Community Advisory Council (CAC)

Because each CCO is unique to its community and has its own local leaders, the voices of the community are very important. Columbia Pacific CCO has a CAC in each county it serves, made up of members like you, as well as providers and community members. The CAC is your voice in the health plan.

Most CAC members (more than half) are Columbia Pacific CCO members. This gives you the chance to take an active role in improving your own health and that of your family and others in your community.

Some of the CAC's duties include:

- Sharing expertise about how to improve health in clinics and in the community
- Finding ways to improve existing Columbia Pacific CCO programs, as well as suggesting future programs
- Advising the board of directors on how to help us respond to members' needs and plan for community health
- Organizing activities and projects for other Columbia Pacific CCO members and the community on health care issues
- Helping with a Community Health Needs Assessment and Community Health Improvement Plan for everyone living in the Columbia Pacific CCO area

For more information about the CAC or to apply, visit ***colpachealth.org/CAC*** or call Customer Service at 855-722-8206. TTY users can call 711. You also can send an email to ***CACCoordinator@colpachealth.org***

Contact us

The Columbia Pacific CCO office is open Monday through Friday from 8 a.m. to 5 p.m.

We're closed on:

- New Year's Day*: January 1, 2025
- Martin Luther King, Jr. Day: January 20, 2025
- Memorial Day: May 26, 2025
- Juneteenth*: June 19, 2025
- Independence Day*: July 4, 2025
- Labor Day: September 1, 2025
- Thanksgiving Day: November 27, 2025

- The day after Thanksgiving: November 28, 2025
- Christmas Eve*: December 24, 2025
- Christmas*: December 25, 2025

For starred holidays: If the holiday falls on a weekend, we are closed on the nearest weekday.

If we have an emergency office closure, CPC will contact you via text message, phone call and/or email. This will also be announced on social media. CPC will have signs on our administrative office doors as well.

Our office location and mailing address is:

Columbia Pacific CCO
315 SW Fifth Ave
Portland, OR 97204

Call toll-free: 855-722-8206 or TTY 711

Fax: 503-416-1313

Online: ***colpachealth.org***

Important phone numbers

- **Medical benefits and care**
  Call Customer Service: 855-722-8206. TTY users, please call 711.
  Hours: Monday through Friday, 8 a.m. to 5 p.m.
  Learn about medical benefits and care in the "Physical health benefits" section.
- **Pharmacy benefits**
  Optum RX – Toll-free: 800-356-3477
  Hours: 24 hours a day
  Learn about pharmacy benefits and care in the "Prescription medications" section.
- **Behavioral health, drug, alcohol dependency, or substance use disorder treatment benefits and care**
  Call Customer Service: 855-722-8206. TTY users, please call 711.
  Hours: Monday through Friday, 8 a.m. to 5 p.m.
  Learn about behavioral health benefits in the "Behavioral health care benefits" section.
- **Dental benefits and care**
  Advantage Dental - Toll-free: 866-268-9631
  Hours: Monday through Friday, 8 a.m. to 5 p.m.
  CareOregon Dental - Toll-free: 888-440-9912
  Hours: Monday through Friday, 9 a.m. to 5 p.m.
  ODS - Toll-free: 800-342-0526
  Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m.

Willamette Dental - Toll-free: 855-433-6825
Learn about dental benefits in the "Dental benefits" section.
Hours: Monday through Friday, 7 a.m. to 5:30 p.m.

- **Help getting to appointments**
  NW Rides - Toll-free: 888-793-0439
  Hours: Monday through Friday, 8 a.m. to 5 p.m.
  Learn about transportation benefits and care on page 62.

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: Toll-free 800-699-9075 or TTY 711
- Web: ***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 Columbia Pacific 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 855-722-8206.

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 91. You can also call an Oregon Health Authority Ombudsperson at 877-642-0450 or 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 page 3)
- 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. (This Member Handbook is one good source for this.)
- 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 page 13) 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 Columbia Pacific. (See page 26)
- Be told in a timely manner if an appointment is cancelled.

You have the right to get this care

- Care and services that put you at the center. Get care that gives you choice, independence and dignity. This care will be based on your health needs and 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 page 66)
- Care coordination, community-based care, and help with care transitions in a way that works with your culture and language. This will help keep you out of a hospital or facility.
- Services that are needed to know what health condition you have.
- Help to use the health care system. Get the cultural and language support you need (see page 3). This could be:
    - Certified or qualified health care interpreters.
    - Certified traditional health workers.
    - Community health workers.
    - Peer wellness specialists.
    - Peer support specialists.
    - Doulas.
    - Personal health navigators.
- Help from CCO staff who are fully trained on CCO policies and procedures.
- Covered preventive services. (See page 30)
- Urgent and emergency services 24 hours a day, seven days a week without approval or permission. (See page 70)
- Referrals to specialty providers for covered coordinated services that are needed based on your health. (See page 33)
- Extra support from an OHP Ombudsperson (see page 20)

You have the right to do these things

- Choose your providers and to change those choices. (See page 26)
- Get a second opinion. (See page 28)
- Have a friend, family member or helper come to your appointments.
- Be actively involved in making your treatment plan.
- Agree to or refuse services. Know what might happen based on your decision. A court-ordered service cannot be refused.
- Refer yourself to behavioral health or family planning services without permission from a provider.

- Make a statement of wishes for treatment. This means your wishes to accept or refuse medical, surgical, or behavioral health treatment. It also means the right to make directives and give powers of attorney for health care, listed in ORS 127. (See page 86)
- Make a complaint or ask for an appeal. Get a response from Columbia Pacific CCO when you do this. (See page 91)
    - Ask the state to review if you don't agree with Columbia Pacific's decision. This is called a hearing.
- Get free certified or qualified health care interpreters for all non-English languages and sign language. (See page 4)

Your responsibilities as an OHP member

You must treat others this way

- Treat Columbia Pacific 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: www.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 www.oregon.gov/odhs/benefits/pages/default.aspx, under the "Rights a nd 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 Columbia Pacific.
- Use urgent or emergent services appropriately. Tell your primary care provider within 72 hours if you do use these services.
- Help providers get your health record. You may have to sign a form for this, called [Authorization of Disclosure of Protected Health Information (PHI)].
- Tell Columbia Pacific 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 Columbia Pacific 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***
- Native American Rehabilitation Association of the Northwest (NARA). Learn more or find a clinic at ***naranorthwest.org***

You can use other clinics that are not in our network. Learn more about referrals and preapprovals on page 34.

American Indian and Alaska Natives don't need a referral or permission to get care from these providers. These providers must bill Columbia Pacific 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 Columbia Pacific any time and have OHP Fee-For-Service (FFS) pay for their care. Learn more about leaving or changing your CCO on page 82.

If you want Columbia Pacific 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 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 Columbia Pacific 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 dental provider (PDP) in your first 30 days with Columbia Pacific:

- While waiting for an appointment, you can call Care Coordination at 855-722-8206. 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 Columbia Pacific ID card.
- Call Customer Service at 855-722-8206 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 Columbia Pacific network. If you do not pick a provider within 90 days of becoming a member, Columbia Pacific will assign you to a clinic or pick a PCP for you. Columbia Pacific will notify your PCP of the assignment and send you a letter with your provider's information.

We can help you find a PCP whose office is convenient for you and who accepts new patients. You may also look in the Primary Care Clinics section of our provider directory, available online at ***colpachealth.org/providerdirectory***

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 Columbia Pacific about a dentist, mental health provider and pharmacy. Learn how to find a provider in the "Provider directory" section below.

We have four dental care plans that we partner with. You will be assigned to one of these four. They are:

- Advantage Dental Service
- CareOregon Dental
- ODS
- Willamette Dental Group

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. You will find your dental plan assignment on your Columbia Pacific Member ID card.

Your dentist is important because they:

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

Please call Customer Service at 855-722-8206 or TTY 711 8:30 a.m. to 5:30 p.m. Monday through Friday if you would like to change your PCP, dentist or other providers. You can start seeing your new PCP, dentist or other providers on the day this change is made.

In-network providers

Columbia Pacific 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 page 82).

- You are American Indian or Alaskan Native (see page 24).

Provider directory

You can choose your PCP or other providers from the provider directory at ***colpachealth.org/providerdirectory***. You can also call Customer Service for help at 855-722-8206 or TTY 711. 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 855-722-8206 or TTY 711.

You may choose a primary dental provider (PDP) from your dental plan's provider directory, found on their website. Or you can call their customer service number and they will help you. Some dental plans assign you to a PDP. That dental office name and number may be listed on your Columbia Pacific Member ID card.

Advantage Dental Service
Provider Directory: ***providerportal.advantagedental.com/provider/search***
Customer Service: Toll-free 866-268-9631 or TTY 711

CareOregon Dental
Provider Directory: ***careoregondental.org/member-resources/find-a-dentist***
Customer Service: Toll-free 888-440-9912 or TTY 711

ODS
Provider Directory: ***modahealth.com/ProviderSearch/faces/webpages/home.xhtml***
Customer Service: Toll-free 800-342-0526 or TTY 711

Willamette Dental Group
Provider Directory: ***locations.willamettedental.com***
Customer Service: Toll-free 855-433-6825 or TTY 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 Columbia Pacific CCO member.
- Your name and Columbia Pacific Member 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.

We can help get you to your appointment. Learn more about free transportation options on page 62.

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. If you need help, call Customer Service at 855-722-8206 or TTY 711.

Changes to Columbia Pacific CCO providers

We will tell you when one of your regular providers stops working with Columbia Pacific. 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

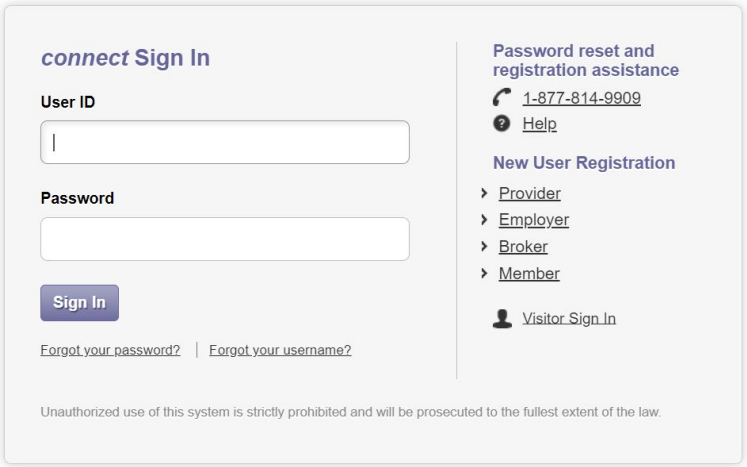
You have a right to get a second opinion about your condition or treatment. Second opinions are free. If you want a second opinion, call Columbia Pacific Customer Service and tell us you want to see another provider.

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 Columbia Pacific Customer Service for help. We will arrange the second opinion for free.

Survey about your health

Shortly after you enroll or if you have a health-related change, Columbia Pacific will mail you a survey about your health. This is called a Health Risk Assessment.

You can complete the survey by mail or by calling us at 855-722-8206 or TTY 711 to have a care coordination team member help you complete it. To take the survey online, please go to colpachealth.org/members/member-portal



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.
- Whether you want a member of our care coordination team to contact you.

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 page 30 for care coordination.

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 Columbia Pacific Customer Service at 855-722-8206 or TTY 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, Columbia Pacific 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 and ask us about your pregnancy benefits.** Call 800-699-9075 or 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.

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 be covered by Columbia Pacific CCO.
- ☐ **Get a free nurse home visit with Family Connects Oregon.** It is a 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.

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 heathier.

If you have any questions, please call us at 855-722-8206 or TTY 711.

Get help organizing your care with care coordination

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

You get care coordination from your patient-centered primary care home (PCPCH), primary care provider, Columbia Pacific 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 ***colpachealth.org/care-coordination*** for more information about care coordination.

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

Columbia Pacific 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 connecting with housing resources
- Help with rent and utilities
- Nutrition services
- Transportation
- Trainings and classes
- Family support
- Social services
- Devices for extreme weather conditions

Working together for your care

The purpose of care coordination is to make your overall health better. We will work together to help find out your health care needs and help you take charge of your health and wellness.

Your care coordination team will work closely with you. This team will include different people who will work together to meet your needs, such as 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. If for some reason your assigned care coordinator changes, the current care coordinator will notify you beforehand, or you will receive a notice through your member portal.

You may need a care plan

You and your assigned 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, and as your needs change, or if you ask for a review and update. You, your representatives, and your providers will get a copy of your care plan; to request additional copies, contact Customer Service.

You, an authorized representative or provider can request a copy of your care plan or request development of a care plan by Columbia Pacific CCO.

Care coordination hours and contact information

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

- All Columbia Pacific members have a designated care coordination team, known as your regional care team. You will receive a welcome packet that explains how to contact your regional care team. This team can help you coordinate services.
- Call Columbia Pacific CCO Customer Service at 855-722-8206 to get more information about care coordination.

Members with Medicare

You can also get help with your OHP and Medicare benefits. Staff from the Columbia Pacific 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. Oregon decides what services to pay for 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 age 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:

Medically necessary and medically appropriate services can 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 page 55 for more information on coverage for members under 21.

Learn more about the Prioritized List at ***link.careoregon.org/ohp-prioritized-list***

Direct access

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

No referral or preapproval needed

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

These services do not need a referral or preapproval:

- Emergency services (for physical, dental or behavioral health) available 24 hours a day, 7 days a week
- Urgent care services (for physical, dental or behavioral health) available 24 hours a day, 7 days a week
- 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)
- Care coordination services (available for all members)

See the Benefits Charts on page 38 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. Sometimes your provider may submit information to us to support you getting the service. Even if the provider is not required to send us information, Columbia Pacific 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 Columbia Pacific. Columbia Pacific 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 Columbia Pacific Customer Service at 855-722-8206 or TTY 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 page 90 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 page 68 to learn more about prescriptions.

You do not need approval for emergency or urgent services or for emergency aftercare services. See page 72 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 on page 38 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 primary care provider (PCP) or primary dental provider (PDP) cannot give you services you need they can refer you to a specialist. If preapproval is needed for the service, your provider will ask Columbia Pacific CCO for approval.

If there is not a specialist close to where you live or a specialist who works with Columbia Pacific (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/PDP can perform the services you need. If you think you might need a referral to a health care specialist, ask your PCP/PDP. You do not need a referral if you are having an emergency.

Services that need a referral

- Medication-assisted treatment for substance use disorder (the first 30 days of treatment do not need preapproval)
- 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 dental services:
  - Oral exams
  - Partial or complete dentures
  - Extractions
  - Root canal therapy

See the Benefits Charts on page 38 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 our provider directory on page 26.

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
- Visits with your primary dental provider (PDP)
- Family planning services (including out-of-network)
- Mental health services for problems with alcohol or other drugs

- Assertive Community Treatment (ACT)
- Behavioral health services (in-network)

See the Benefits Charts on page 38 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. Columbia Pacific CCO will coordinate services for free if you need help.

A star (*) in the benefit charts means a service may be covered beyond the limits listed for members under 21, if medically necessary and appropriate. Please see page 56 to learn more.

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
Care coordination services Care coordinators learn about your needs, make sure your providers talk to each other, and help with supplies and additional services. No limit, frequency and intensity based on situation/need, See page 30 for more information.	 No referral or preapproval	All members

Service	How to access	Who can get it
Comfort care Comfort care helps relieve pain and improve the quality of life for people who have a terminal illness or who are dying. Examples include reducing tests, medicine to help with pain, and providing emotional support. As recommended.	 No referral or preapproval	All members
Hospice services Hospice is medical care designed for the end of someone's life. Hospice services are covered for clients who have been certified as terminally ill. Examples include care at home, medicine to help with pain, and social services. Based on OHP guidelines, call Customer Service for details.	 Preapproval needed	
Diagnostic and laboratory services These services help find a diagnosis. Examples include things like blood tests, urine tests and X-rays. As recommended, check with your PCP or mental health provider. Ask your PCP about blood draws and X-rays. Authorization required for CT scans or MRIs. Services are subject to Diagnostic Guidelines on the Prioritized List of Health Services.	 Referral or preapproval required for some services	All members
Durable medical equipment Durable medical equipment (DME) includes supplies and equipment that don't wear out. Examples include walkers, diabetic supplies and prosthetics. Based on OHP guidelines, call Customer Service.	 Preapproval needed for some equipment	All members
Early and periodic screening, diagnosis and treatment (EPSDT) services EPSDT covers all medically necessary and medically appropriate services for members under 21, including screenings and assessments of physical and mental health development for members under 21. Examples include well-child visits, vaccines, dental care and more. See page 56 for more information.	 No referral or preapproval for well child care, screenings and some assessments. Referrals or	Members ages 0-20 years old

Service	How to access	Who can get it
	preapproval may be required for other services.	
Elective surgeries/procedures These are surgeries and procedures you choose to have — that is, they are not medically necessary — and can be scheduled in advance. Examples may include plastic surgery, wart or mole removal, and some joint replacement. Contact Customer Service about limits.	 Preapproval or referral needed	
Emergency medical transportation An example of this type of transportation is an ambulance. It can take you to a hospital or provider's when you have an emergency need. No limit.	 No referral or preapproval	All members
Emergency services This is immediate medical help, often in a hospital, when you have an emergency, or when urgent care or your provider's office are not available. Examples include trouble breathing or bleeding that won't stop. No limit; not covered outside U.S. or U.S. territories.	 No referral or preapproval	All members
Family planning services These services help you plan for having children (or deciding not to), including the number and timing of your children. No limit. Some examples are birth control and annual exams.	 No referral or preapproval	All members
Gender-affirming care This care helps people who need treatment related to their gender transition or dysphoria (sense of unease or wrongness). Examples include puberty suppression, primary care and specialist doctor visits, mental health care visits, hormone therapy, lab work, and some surgeries. Coverage is based on OHP guidelines and certain requirements must be met to receive services.	 Referral or preapproval required for some services	All members.

Service	How to access	Who can get it
Hearing services * These services include things to test hearing or help you hear better, like audiology and hearing aids. Members 21 years and older who meet criteria are limited to one hearing aid every five years (two may be authorized if certain criteria are met). Members under 21 years old who meet criteria are allowed two hearing aids every three years, or as medically necessary.	Preapproval needed	All members
Home health services These services are provided in your home, often during an illness or after an injury. Examples include things like physical therapy and occupational therapy. Limits are based on OHP guidelines. Call Customer Service for details.	Preapproval needed	All members
Immunizations and travel vaccines Vaccines to help keep you healthy — like yearly flu or COVID shots — or that you might need before you travel. No limit for vaccines recommended by the CDC.	No referral or preapproval	All members
Inpatient hospital services Care you get when you stay in the hospital. Number of days based on your health plan's approval. Examples why someone might need inpatient care include broken bones, severe burns, and some chronic disease treatment. Approval is based on whether the service needed is covered or medically necessary/appropriate.	Preapproval needed	All members
Interpreter services Having someone at your appointments, on health care calls, or for other health care-related needs who can interpret in the language of your choice. No limit.	No referral or preapproval	All members
Maternity services Examples of maternity care include prenatal visits with your provider, newborn care (first 28 days after birth), birth and delivery, and postpartum care (care for the birthing parent for up to six months after the baby is born). No limit.	No referral or preapproval	Pregnant members

Service	How to access	Who can get it
Non-emergent medical transportation (NEMT) services These services help you get to your health care appointments. Examples include mileage reimbursement, transit passes, and rides. See page 61 for more information, including details about services.	 Preapproval needed	All members
Outpatient hospital services Medically necessary services in a hospital that do not require a hospital stay. Examples include chemo, radiation, and pain management. As recommended. Services are subject to the Prioritized List of Health Services.	 Referral or preapproval required for some services	All members
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.	 Referral needed	Members with a serious illness and a life-limiting prognosis.
Pharmaceutical services (prescription medication) The drugs you need to take to help keep or make you healthy. Many drugs are available with a prescription. A full list of prescription drugs can be found in our formulary at ***colpachealth.org/druglist***. You may need authorization in addition to your prescription. Your doctor will let you know. Some mental health prescription drugs are paid for by OHP. They are not paid for by Columbia Pacific CCO like other prescription drugs. Your pharmacist will know where to send the bill. Ask your provider about which prescriptions are covered.	 Prescription needed	All members
Physical therapy, occupational therapy, speech therapy These services help you recover normal function for movement and speech. A total of 30 visits per year of rehabilitative therapy and a total of 30 visits per year of habilitative therapy (physical, occupational and speech therapy) are covered when medically appropriate. Additional visits may be approved based on OHP Guidelines and medical necessity. Additional visits, not to exceed 30 visits per year of rehabilitative therapy and 30 visits per year of habilitative	 Preapproval needed	All members

Service	How to access	Who can get it
therapy, may be authorized in cases of a new acute injury, surgery, or other significant change in functional status. Children under age 21 may have additional visits authorized beyond these limits if medically appropriate*. Massage therapy (CPT 97124), chiropractic, and acupuncture is included in these service limits.		
Preventive services Preventive services are appointments to keep you healthy before you get sick. Some examples are physical examinations, screenings (cancer, etc.), diabetes prevention, nutritional counseling, tobacco cessation services, etc.	 No referral or preapproval	All members
Primary care provider (PCP) visits Your PCP knows your health best and is often the first provider you see when you're sick. Examples of PCP visits include normal checkups, non-urgent medical problems, and preventive care. No limit, but you must be assigned to a PCP. See page 25 for more information.	 No referral or preapproval	All members
Sexual abuse exams These take place after sexual abuse, and often include a physical exam and lab tests. You have direct access to these exams. See page 33 for details.	 No referral or preapproval	All members
Specialist services These are services beyond the routine care you receive from your PCP. Examples include a cardiologist for heart problems, an orthopedist for bone problems, or an endocrinologist for hormone problems or severe diabetes. Coverage is based on OHP guidelines and certain requirements must be met to receive services.	 Referral or preapproval required for some services	All members. For those with special health care needs or LTSS, talk to Care Coordination to get direct access to specialists.
Surgical procedures There are many types of surgery that may be medically necessary. Examples include heart surgery, tumor removal, or surgery to repair broken bones. Coverage is based on OHP	 Preapproval needed	All members

Service	How to access	Who can get it
guidelines and certain requirements must be met to receive services. Contact Customer Service for limits.		
Telehealth services Telehealth includes appointments by video, email, phone call, or a device like a smartphone, tablet or computer. See page 66 for more information.	 No referral or preapproval	All members
Traditional health worker (THW) services These services offer help from someone with similar life experiences. Examples of THWs include birth doulas, community health workers, peer support specialists, peer wellness specialist and personal health navigators. See page 58 for more information.	 **No referral required**	All members
Urgent care services These are medical services you receive when your PCP or other normal provider is not available, because your need is more urgent. No limit. See page 70 for more information.	 No referral or preapproval	All members
Women's health services (in addition to PCP) for routine and preventive care Examples of women's health services include mammograms, hormone therapy, and gynecology. Coverage is based on OHP guidelines and certain requirements must be met to receive services.	 No referral or preapproval	All members
Routine vision services * Non-pregnant adults (21+) are covered for: • Routine eye exams every 24 months • Medical eye exams when needed • Corrective lenses/accessories for certain conditions Members under 21*, pregnant adults, adults up to 12 months postpartum are covered for: • Routine eye exams when needed, and at least every 24 months • Medical eye exams when needed • Corrective lenses/accessories when needed	Contact Customer Service	Members and pregnant members As recommended for all others Referral or preapproval may be required for treatment of some conditions

Service	How to access	Who can get it
Examples of medical eye conditions are aphakia, keratoconus, or after cataract surgery.		

The table above is not a full list of services that need preapproval or referral. If you have questions, please call Columbia Pacific CCO Customer Service at 855-722-8206 or TTY 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, substance use and problem gambling 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. Columbia Pacific CCO will coordinate services for free if you need help.

A star (*) in the benefit charts means a service may be covered beyond the limits listed for members under 21, if medically necessary and appropriate. Please see page 50 to learn more.

Service	How to access	Who can get it
Care coordination services Care coordinators learn about your needs, make sure your providers talk to each other, and help with supplies and additional services. No limit, frequency and intensity based on situation/need, See page 30 for more information.	 No referral or preapproval	All members
Assertive Community Treatment (ACT) ACT is a community-based service for people with severe, lasting mental illness. Examples of ACT include crisis intervention, substance use treatment, and job support services. There are no limits for members to receive ACT services.	preapproval needed	All members
Wraparound services These services surround people or families to address multiple types of needs like health care, social needs, and more. An example of wraparound services is a family-driven, youth-guided, process in which a care coordinator organizes support in a youth's life. This might include family, friends, neighbors	 Referral required	Children and youth who meet medical criteria

Service	How to access	Who can get it
and coaches, or professional support like a therapist or child welfare worker. There are no limits for members.		
Behavioral health assessment and evaluation services This may include questions, mental and physical exams, and other ways providers learn about patients and their possible mental health conditions, such as gambling or substance abuse.	 No referral or preapproval	All members
Behavioral health psychiatric residential treatment services (PRTS) These services offer a place where members can stay on a short- or long-term basis while they receive mental health treatment. Call Customer Service about limits.	 Referral and screening required	Youth under 21 years of age
Inpatient substance use treatment residential and detox services These services offer a place where members can stay on a short- or long-term basis while they receive substance use treatment. No limit.	 No referral or preapproval	All members
Medication-assisted treatment (MAT) for substance use disorder (SUD) This treatment uses medicine, counseling and other therapies to help treat substance use. No preapproval needed for the first 30 days of treatment.	 Referral needed	All members
Outpatient and peer-delivered behavioral health services from an in-network provider These are mental health or substance use treatment services provided by a provider in our network, which do not require a hospital stay. Examples of these services include counseling, therapy and peer support services.	 No referral or preapproval	All members
Behavioral health specialist services These are special services for certain mental health or substance use treatment needs. Examples of behavioral health	 Preapproval needed	All members

Service	How to access	Who can get it
specialists include psychiatry, psychologists, music therapists and social workers.		
Substance use disorder (SUD) services These are services that help treat substance use, like detox, therapeutic communities, and counseling. Preapproval may be required for out-of-area providers.	Preapproval and referral may be needed	All members
Outpatient problem gambling treatment services These services may include counseling, skills therapy, and support groups.	No referral or preapproval	All members
Non-emergent medical transportation (NEMT) services These services include mileage reimbursement, transit passes, and rides to your health care appointments. See page 61 for more information, including details about services.	Preapproval needed	All members

The table above is not a full list of services that need preapproval or referral. If you have questions, please call Columbia Pacific CCO Customer Service at 855-722-8206 or TTY 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:

- It 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 checkup by age 1.
- Infection in your mouth can spread to your heart, brain and body.

Your primary dental provider (PDP) may refer you to a specialist for certain types of care. Types of dental specialists include:

- Endodontists (for root canals)
- Pediodontist (for adults with special needs, and children)
- Periodontist (for gums)
- Orthodontist (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 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.

A star (*) in the benefit charts means a service may be covered beyond the limits listed for members under 21, if medically necessary and appropriate. Please see page 56 to learn more.

Service	How to access	Who can get it
Care coordination services Care coordinators learn about your needs, make sure your providers talk to each other, and help with supplies and additional services. No limit, frequency and intensity based on situation/need, See page 30 for more information.	No referral or preapproval	All members
Emergency and urgent dental care Examples: extreme pain or infection, bleeding or swelling, injuries to teeth or gums. No limits.	No referral or preapproval	All members
Oral exams * Dental providers check the health of your teeth and gums and perform an oral cancer screening. Members under 21 years old: Twice a year. All other members: Once a year, more covered if medically necessarily and dentally appropriate.	No referral or preapproval if you see your primary dentist	All members
Oral cleanings * Dental hygienists clean your teeth and gums. Members under 21: Twice a year. All other members: Once a year.	No referral or preapproval if you see your primary dentist	All members

Service	How to access	Who can get it
Fluoride varnish * Dental providers apply a thin coating of fluoride on your teeth to protect them. Members under 21: Twice a year. Members 21 and older: Once a year. Any high-risk members: Up to four times per year.	 No referral or preapproval if you see your primary dentist	All members
Oral X-rays X-rays taken of your mouth that help providers get a deeper view of your teeth. Once a year, more covered if medically necessarily and dentally appropriate.	 No referral or preapproval if you see your primary dentist	All members
Sealants * A thin plastic coating used to fill in the grooves on your molars. Under age 16: On adult back teeth once every five years.	 No referral or preapproval if you see your primary dentist	Members under age 16
Fillings Silver or tooth-colored material used to fill cavities. No limits. Replacement of a tooth-colored filling for a tooth not seen while smiling is limited to once every 5 years.	 No referral or preapproval if you see your primary dentist	All members
Partial or complete dentures Dentures are false teeth. Partial dentures fill in spaces from missing teeth. Complete dentures are used when you are missing all of your upper and/or lower teeth. Partial: Once every five years. Complete dentures: Once every 10 years. Only available for qualifying members or incidents, call your dental health plan for details	 Preapproval needed	Members age 16 or older

Service	How to access	Who can get it
Crowns * Crowns are caps for damaged teeth. Benefits vary by type of crown, specific teeth requiring care, age, and pregnancy status. Contact your dental health plan. Crowns are not covered for all teeth. Four crowns are covered every 7 years.	Preapproval needed	Pregnant members or members under age 21
Extractions Pulling a tooth that needs to be removed to keep you healthy. Authorization may be required for wisdom teeth; may also be required for other extractions.	Preapproval may be needed	All members
Root canal therapy * A root canal is a procedure that repairs decayed or infected teeth. Under 21: Not covered on third molars (wisdom teeth). Pregnant members: Covered on first molars. All other members: Only on front teeth and pre-molars.	Preapproval needed	All members
Orthodontics In cases such as cleft lip and palate, or when speech, chewing and other functions are affected. You must have approval from your dentist and have no cavities or gum disease.	Preapproval needed	Members under 21*
Non-emergent medical transportation (NEMT) services These services include mileage reimbursement, transit passes, and rides to your health care appointments. See page 61 for more information, including details about services.	Preapproval needed	All members

The table above is not a full list of services that need preapproval or referral. If you have questions, please call Customer Service at 855-722-8206 or TTY 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"), Columbia Pacific CCO **only** provides dental benefits and free trips (NEMT) to dental appointments.

OHP and Columbia Pacific do not provide access to physical health or behavioral health services or free trips for these services.

If you have questions regarding coverage and what benefits are available, contact Columbia Pacific Customer Service at 855-722-8206 or TTY 711.

OHP Bridge for adults with higher incomes

OHP Bridge is a new Oregon Health Plan (OHP) benefit package that covers adults with higher incomes. People who can get OHP Bridge must:

- Be 19 to 65 years old;
- Have an income between 138% and 200% of the federal poverty level (FPL);
- Have an eligible citizenship or immigration status to qualify; and,
- Not have access to other affordable health insurance.

Learn more about OHP Bridge eligibility at *OHP.Oregon.gov/bridge*

OHP Bridge is almost the same as OHP Plus.

The two benefit packages are almost the same. There are a few things that OHP Bridge does not cover. To learn more about what OHP Bridge does not cover, please see the table below.

OHP Bridge covers	OHP Bridge does not cover

• Medical, dental, and behavioral health care
  ○ Learn more on pages 48
• Help with trips to care
  ○ Learn more on page 61
	• Long-term services and supports
	• Health-related social needs
	  ○ Learn more on page 49

OHP Bridge is free to members.
Just like OHP Plus, OHP Bridge is free to members. That means no premiums, no co-payments, no coinsurance, and no deductibles.

OHP members with income changes may be moved to OHP Bridge automatically.
If you have OHP now, you don't have to do anything to get OHP Bridge. If you report a higher income when you renew your OHP, you may be moved to OHP Bridge.

People who do not have OHP right now can apply for OHP Bridge.
Go to Benefits.Oregon.gov to apply. You can also use that link to find information about how to apply in person, get application help, or to get a paper application. To apply over the phone, call the ONE Customer Service Center at-800-699-9075 (toll-free, all relay calls are accepted).

Services that OHP pays for

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

1. Services where you get care coordination from Columbia Pacific.

2. Services where you get care coordination from OHP.

Health-Related Social Needs

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: https://www.oregon.gov/OHA/HSD/Medicaid-Policy/Pages/HRSN.aspx

Please ask Columbia Pacific 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 Related Supports: 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 health care needs; or

You must also meet other criteria. For questions or to be screened, please contact Columbia Pacific CCO. We 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 page 30 for Care Coordination and care plans. Please note that if you are denied HRSN services you have the right to appeal.

Important Notes:

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

Services with Columbia Pacific care coordination

Columbia Pacific still gives you care coordination for some services. Care coordination means you will get free trips from NW Rides for covered services, support activities and any resources you need for non-covered services.

Contact Columbia Pacific 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 Columbia Pacific CCO.
- Family Connects Oregon services, which provides support for families with newborns. Get more information at ***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.
- And other services.

For more information or for a complete list about these services, call Customer Service at 855-722-8206 or TTY 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 trip option from NW Rides for any of these services. See page 61 for more information. Call NW Rides at 888-793-0439 or TTY 711 to schedule a trip or ask questions.

Moral or religious objections

Columbia Pacific CCO does not limit services based on moral or religious objections. There may be some providers within our network that might have moral or religious objections. Please reach out to us at 855-722-8206 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. Columbia Pacific CCO will make sure that your care is coordinated to meet your access needs. See pages 30 for more information about Care Coordination.

If Columbia Pacific CCO does not work with a provider who meets your access needs, you can get these services out-of-network. Columbia Pacific 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.

Columbia Pacific 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, which 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 pages 61.

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.

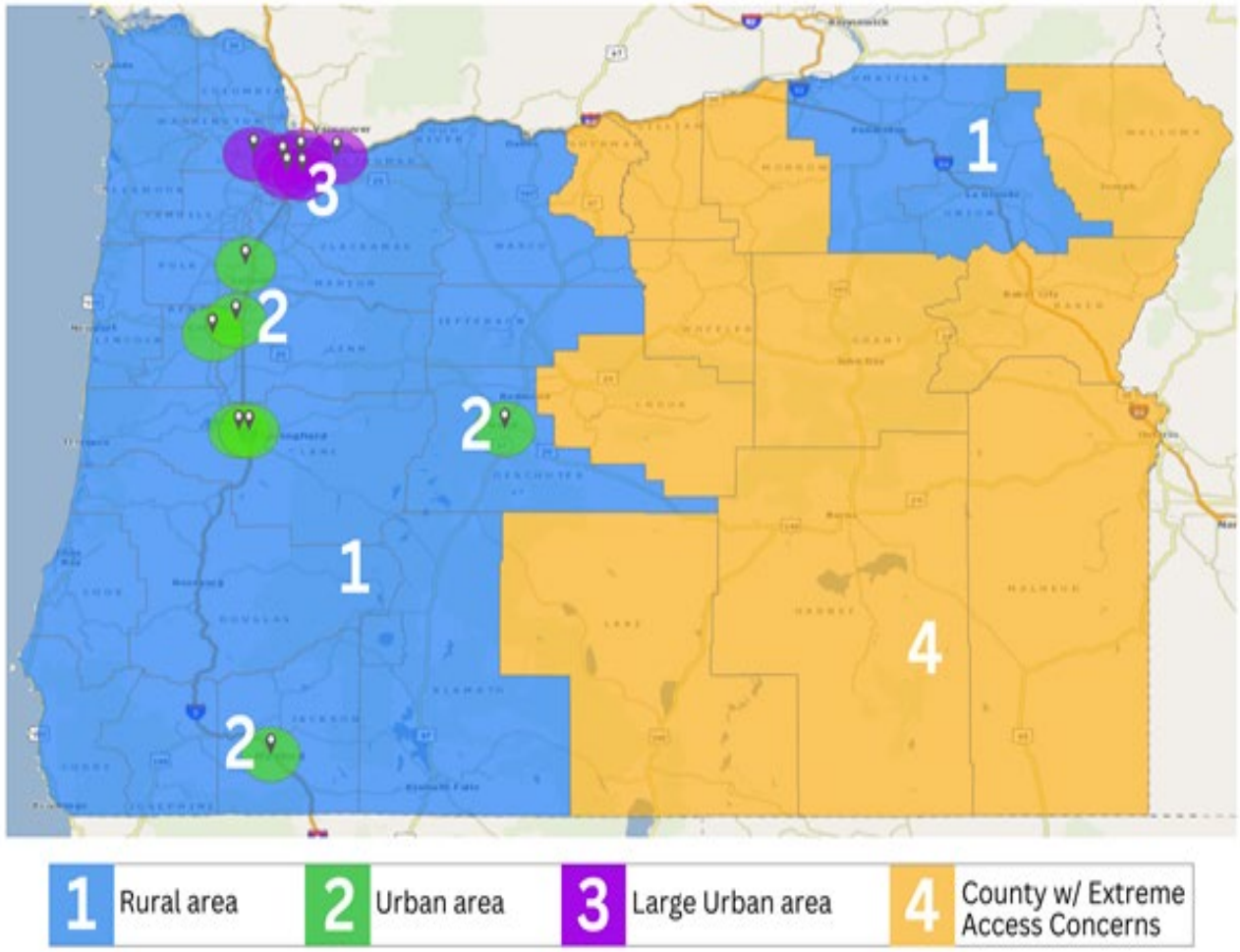
	Large urban	Urban	Rural	County with extreme access concerns
Tier 1	10 mins or 5 miles	25 mins or 15 miles	30 mins or 20 miles	40 mins or 30 miles
Tier 2	20 mins or 10 miles	30 mins or 20 miles	75 mins or 60 miles	95 mins or 85 miles
Tier 3	30 mins or 15 miles	45 mins or 30 miles	110 mins or 90 miles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

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

Area types

- **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.

Not sure what kind of area you live in? See the map below:



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 Columbia Pacific CCO at 855-722-8206 or TTY 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 four 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 eight weeks unless there is a clinical reason to wait longer
Urgent oral care	Within two weeks.
Dental emergency services	Seen or treated within 24 hours
Oral and dental care for pregnant people	
Routine oral care	Within four weeks unless there is a clinical reason to wait longer
Urgent dental care	Within one week
Dental emergency services	Seen or treated within 24 hours
Behavioral health	
Routine behavioral health care for non-priority populations	Assessment within seven 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*	

Care type	Timeframe
Pregnant people, veterans and their families, people with children, unpaid caregivers, families, and children ages 0-5 years, members with HIV/AIDS or tuberculosis, members at the risk of first episode psychosis and the I/DD population	Immediate assessment and entry. If interim services are required because there are no providers with visits, treatment at proper level of care must take place within 120 days from when patient is put on a waitlist.
IV drug users including heroin	Immediate assessment and entry. Admission for services in a residential level of care is required within 14 days of request, or, placed within 120 days when put on a waitlist because there are no providers available.
Opioid use disorder	Assessment and entry within 72 hours
Medication-assisted treatment	As soon as possible, but no more than 72 hours for assessment and entry.

* For specialty behavioral 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 855-722-8206 or TTY 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 Columbia Pacific 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, 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, Columbia Pacific CCO has to give:

- Regularly scheduled examinations and evaluations of physical, mental health, developmental, oral/dental health, growth and nutritional status.
    - If Columbia Pacific doesn't cover your 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 page 35.

Under EPSDT, Columbia Pacific 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. Columbia Pacific 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 page 91.

This includes *all* services:

- Physical health
- Behavioral health
- Dental health and
- 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 855-722-8206 or TTY 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 855-722-8206 or TTY 711. They can also help you set up dental services or give you more information.
- Call your dental plan to set up dental services or for more information.
- You can get free trips to and from covered EPSDT provider visits. Call NW Rides at 888-793-0439 to set up a ride or for more information.
- You can also ask your PCP or visit our website ***at*** colpachealth.org/epsdt for 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). Columbia Pacific 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 18 years): ***link.careoregon.org/CDC-child-vaccines***
    - Adult immunization schedule (19+): http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html
- Health guidance and education for parents and children.
- Referrals for medically necessary physical and mental health treatment.
- Needed hearing and vision tests.

- And others.

Covered visits also include unscheduled checkups 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.

Columbia Pacific 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 page 91.

Columbia Pacific 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/EPSDT*** and view a member fact sheet. Columbia Pacific CCO also has information at ***colpachealth.org/epsdt***.

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 who 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 wellbeing, based on your situation.
- **Peer support specialist (PSS):** Someone who has life experiences with mental health, 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.

THWs can be found in community-based organizations and in clinics and are a free benefit. No referral is needed. For more info or to get connected to a local THW, contact our THW Liaison at 503-416-3453 or by email at ***colpacthwliaison@careoregon.org***. If the name or contact info for the THW Liaison changes, you can find up-to-date details on our website at ***colpachealth.org/members/more-services/traditional-health-workers***. To get connected to peer delivered services, ask your provider if they have peers that can be added to your treatment team. You can also visit ***traditionalhealthworkerregistry.oregon.gov*** to find contact info for peer support specialists.

Extra services

Health-related services

Health-related services (HRS) are extra services Columbia Pacific 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. Columbia Pacific CCO offers flexible services including:

- A cell phone for better access to providers
- Food or farmers market vouchers
- Items that improve mobility
- Sleep aids

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
- Mobile phones or devices for accessing telehealth or health apps
- Items that support healthy behaviors, such as athletic shoes or clothing
- Other items that keep you healthy, such as an air conditioner or air filtration device

Learn more about health-related services at ***sharedsystems.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 855-722-8206 or TTY 711 to get help requesting a flexible service.

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. If your flexible service request is not funded, 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 on page 91.

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 211 or visit ***211info.org*** 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.

Examples of 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.

Getting to health care appointments

Free trips to appointments for all Columbia Pacific CCO members.

If you need help getting to an appointment, call NW Rides. You can get a free trip to any physical, dental, pharmacy or behavioral health visit that is covered by Columbia Pacific CCO.

You or your representative can ask for help with a trip. We may give you a bus ticket, money for a taxi, or have a driver pick you up. We may reimburse you if you, a family member, or a friend can drive you. There is no cost to you for this service. Columbia Pacific will never bill you for trips to or from covered care.

Schedule a trip

Call NW Rides at 888-793-0439 or TTY 711

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

Closed on: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas

Please call at least two business days before the appointment to schedule a trip. This will help make sure we can meet your needs. **If you have urgent needs after hours or on a holiday, call us at 888-793-0439 and our after hours call center will help you.**

You can get a same or next-day ride. Please call NW Rides.

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

What to expect when you call

NW Rides has call center staff who can help with rides in your preferred language and in a way that you can understand. This help is free.

The first time you call we will tell you about the program and talk about your transportation needs. We will ask about your physical ability and if you will need someone to travel with you.

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

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

We will check to see if you are with Columbia Pacific CCO and if your appointment is for a service that's covered. Your trip will be approved or denied during your scheduling call. Trip requests for appointments outside of Columbia Pacific's service area may take longer to approve or deny. Your trip details will be confirmed during your scheduling call. If you schedule a driver provided ride, we will give you information about who is assigned to your ride ahead of time. Ride assignment is subject to change.

If you request a ride less than two days before the scheduled pick-up time, we will give you the phone number of the company who will arrange for your pick-up. We may also give you the name and phone number of the driver who will pick you up. You will get details about your ride request in a way you choose (phone call, email, fax).

Pick up and drop off

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

They will drop you off for your appointment at least 15 minutes before it starts.

- **First appointment of the day:** We will drop you off no more than 15 minutes before the office opens.
- **Last appointment of the day:** We will pick you up no later than 15 minutes after the office closes, unless the appointment is not expected to end within 15 minutes after closing.

- **Asking for more time:** You may ask to be picked up earlier or dropped off later than these times. Your representative, parent or guardian can also ask us.
- **Call if your driver has not arrived by 10 minutes after pickup time:** If your driver has not arrived by 10 minutes after your scheduled pickup time, call NW Rides. Staff will let you know if the driver is on their way. Drivers must tell the dispatcher before leaving from the pick-up location.
- **Call if you don't have a pickup time:** If there is no scheduled pickup time for your return trip, call us when you are ready. Your driver will be there within one hour after you call.

NW Rides is a shared ride program. Other passengers may be picked up and dropped off along the way. If you have several appointments, you may be asked to schedule them on the same day. This will help us to make fewer trips.

You may ask to have a friend or family member drive you to the appointment. They can get reimbursed (paid) for the miles they drive.

You have rights and responsibilities as a rider

You have the right to:

- Get safe and reliable transportation that meets your needs.
- Be treated with respect.
- Ask for interpretation services when talking to customer service
- Get materials in a language or format that meets your needs.
- Get a written notice when a trip is denied.
- File a complaint about your trip experience.
- Ask for an appeal, ask for a hearing, or ask for both if you feel you have been denied a trip service unfairly.
- Bring along a few items if needed, but not too many. For example, you might bring:
    - Three grocery bags, or
    - One box of food, or
    - Two carry-on items

Your responsibilities are to:

- Treat drivers and other passengers with respect.
- Call us as early as possible to schedule, change or cancel a trip.
- Use seat belts and other safety equipment as required by law (example: car seats).
- Ask for any additional stops, like the pharmacy, in advance.
- Keep track of your belongings during a trip. Don't leave your things in a NW Rides vehicle during your appointment, even if you think the same vehicle will be used for your return trip. Check the seats and floor before exiting to ensure belongings are removed.

- Make changes to a trip or cancel a trip before the trip. To do this, please call NW Rides at 503-861-0657 or 888-793-0439 as far in advance as you can.
- Request additional stops in advance with NW Rides. This includes pharmacy stops. Drivers are only allowed to make stops that have been approved.
- Be ready for your pick-up at the time NW Rides gives you. When you're on time for the pickup, it helps the driver get you to your appointment on time. It also helps drivers stay on time for their other rides.
- Agree not to be under the influence of or take drugs or alcohol during trips.
- Agree not to smoke or vape in or near NW Rides vehicles or drivers. Please stay at least 25 feet from the vehicle.
- Agree not to engage in illegal activity in or near NW Rides vehicles or drivers, or other members.
- Wear a seat belt, which is an Oregon law.
- Agree to comply with additional rules in a public health emergency, such as wearing a mask.
- Never abuse or intimidate drivers or other passengers. This is not allowed in any case.
- Not engage in behavior that discriminates against drivers, other passengers or any NW Rides staff or drivers.
- Agree to always keep service animals under control. Service animals are not permitted on passenger seats.
- Provide the correct size child safety seat for any child traveling with you, install the seat, and secure the child in the seat. Refer to the NW Rides Rider's Guide for information on when safety seats are required. Please remove the child safety seat from the vehicle at the end of each trip. No personal items should remain in the vehicle while members are in their appointments.

Cancel or change your trip

Call NW Rides when you know you need to cancel or reschedule your trip, at least two hours before the pick-up time.

You can call NW Rides 8 a.m. to 5 p.m. Monday through Friday. Leave a message if you can't call during business hours. Call NW Rides if you have any questions or ride changes. If you have urgent needs after hours, call NW Rides at 888-793-0439 and our after-hours call center will help you.

When you don't show up

A "no-show" is when you aren't ready to be picked up on time for a trip NW Rides provides. Your driver will wait at least 15 minutes after the scheduled pick-up time before leaving. We may restrict your future rides if you have too many no-shows.

Having a restriction means we might limit the number of rides you can make, limit you to one driver, or require calls before each ride. We may also limit your NEMT service to use of public transit or having someone else drive you.

If your trip is denied

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

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

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

Complaints

You have the right to make a complaint or grievance at any time, even if you have made the complaint before. Some examples of a complaint or grievance are:

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

Learn more about complaints, grievances, appeals and hearings on page 91.

Rider's Guide

Get the NW Rides Rider's Guide at ***nwconnector.org/nw-rides***. You or your representative can also call Customer Service at 855-722-8206 or TTY 711 to ask for a free paper copy. It will be sent in five business days. The paper copy can be in the language and format you prefer.

The guide has more information, like:

- Wheelchairs and mobility help
- Vehicle safety
- Driver duties and rules
- What to do in an emergency or if there is bad weather
- Long distance appointments
- Meal and lodging reimbursement

Getting care by video or phone

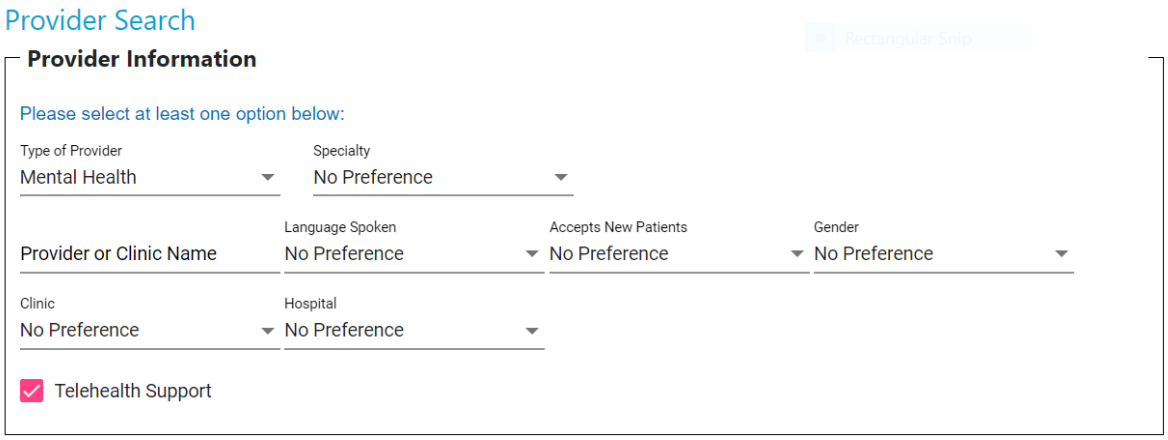
Telehealth (also known as telemedicine and teledentistry) is a way for you to get care without going into the clinic or office. Telehealth means you can have your appointment through a phone call or video call. Columbia Pacific CCO will cover telehealth visits. Telehealth lets you visit your provider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

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

Telehealth visits are all free. For video appointments, you need a smartphone, computer or tablet with a camera and a secure internet connection. Ask your provider whether health-related services or items are available to support your health care needs. If you have questions or want to know more about telehealth visits, call our Customer Service at 855-722-8206 or TTY 711. 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 check our Provider Directory at ***colpachealth.org/providerdirectory***—whether or not a provider offers telehealth is listed in that provider's details.



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

When to use telehealth

Columbia Pacific 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 page 70 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.

Learn more about privacy and the Health Insurance Portability and Accountability Act (HIPAA) on page 11.

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 that respect your culture and language needs.
- Get qualified and certified interpretation services for you and your family. Learn more on page 4.
- Get in-person visits, not just telehealth visits.
    - Columbia Pacific 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.
    - Columbia Pacific will help identify what telehealth tool is best for you.
    - Columbia Pacific 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 Columbia Pacific CCO. You have a choice of how you receive your care and Columbia Pacific can help coordinate care with another provider. You can also call Customer Service at 855-722-8206 or TTY 711. We are open 8 a.m. to 5 p.m. Monday through Friday.

Prescription medications

To fill a prescription, you can go to any pharmacy in Columbia Pacific's network. You can find a list of pharmacies we work with in our provider directory at ***colpachealth.org/druglist***.

For all prescriptions covered by Columbia Pacific, bring these items to the pharmacy:

- The prescription.
- Your Columbia Pacific Member 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

Columbia Pacific's list of covered medications is at ***colpachealth.org/druglist***.

- 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.

- Columbia Pacific 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.

Columbia Pacific 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 Columbia Pacific CCO to cover prescriptions

When your provider asks Columbia Pacific to approve or cover a prescription:

- Doctors and pharmacists at Columbia Pacific 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 Columbia Pacific decides to not cover the prescription, you will get a letter from Columbia Pacific. 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 Columbia Pacific Customer Service at 855-722-8206 or TTY 711 if you have questions.

Mail-order pharmacy

Optum RX 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. Visit ***colpachealth.org/for-members/medications*** or call Columbia Pacific Customer Service at 855-722-8206 or TTY 711 to:

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

OHP pays for behavioral health medications

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

- Columbia Pacific and your provider will help you get the medications you need.
- The pharmacy sends your prescription bill directly to OHP. Columbia Pacific 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 Columbia Pacific Customer Service at 855-722-8206 or TTY 711.

Prescription coverage for members with Medicare

Columbia Pacific 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 Columbia Pacific Member ID card at the pharmacy.

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

Learn more about Medicare benefits on page 81.

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 Columbia Pacific at 855-722-8206 or 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.

Adventist Health Tillamook
Full emergency room: Yes
1000 Third St, Tillamook
503-842-4444 or TTY 711, ***adventisthealth.org***

Columbia Memorial Hospital
Full emergency room: Yes
2111 Exchange St, Astoria
503-325-4321 or TTY 711, ***columbiamemorial.org***

Providence Seaside Hospital
Full emergency room: Yes
725 S Wahanna Rd, Seaside
503-717-7000 or TTY 711, ***providence.org***

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, seven days a week without preapproval.

You do not need a referral for urgent or emergency care. For a list of urgent care centers and walk-in clinics see below.

Urgent physical care

Some examples of urgent physical care are:

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

If you have an urgent problem, call your primary care provider (PCP). You can call anytime, day or night, on weekends and holidays. Tell the PCP office you are a Columbia Pacific 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 Columbia Pacific Customer Service at 855-722-8206 or TTY 711.

If you don't know if your problem is urgent, still call your provider's office, even if it's closed. Find contact information in the Provider Directory at ***colpachealth.org/find-a-provider***. If you call your provider after hours, you may get an answering service. Leave a message and say you are a Columbia Pacific member. You may get advice or a referral of somewhere else to call. You will get a call back from a Columbia Pacific representative within 30-60 minutes after you called, to talk about next steps. All providers in our network offer after-hours help — you can reach them 24 hours a day, seven days a week. For non-urgent advice and appointments, please call during business hours.

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

Legacy Urgent Care
475 S Columbia River Hwy, St. Helens
503-397-7119

Columbia Memorial Hospital Urgent Care
2265 Exchange St, Astoria
503-338-4050

Columbia Memorial Hospital Urgent Care
1639 SE Ensign Lane, Suite B103, Warrenton
503-338-4500

Urgent Care NW
2120 Exchange St, Suite 111, Astoria
503-325-0333

Adventist Tillamook Urgent Care
1100 3rd St, Tillamook
503-842-5546

Adventist Tillamook Urgent Care
10445 Neahkahnie Creek Rd, Manzanita
503-368-6244

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 dental provider (PDP). If you cannot reach your PDP or if it is after hours, the answering service will forward your call to an on-call dentist, who will call you back. If

you do not have a dentist yet, you can call the dental customer service on your Columbia Pacific CCO Member ID card and they will help you find urgent dental care, depending on your condition. You should get an appointment within two weeks, or one 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, seven 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 Columbia Pacific CCO Customer Service within three 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 on page 71.

Dental emergencies

A dental emergency is when you need same-day dental care. This care is available 24 hours a day and seven 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)
- Facial swelling or infection in the mouth
- Bleeding from your gums that won’t stop

For a dental emergency, please call your primary dental provider (PDP). 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 for help finding emergency dental care.

If none of these options work for you, call 911 or visit the Emergency Room**. If you need an ambulance ride, please call 911.** See a list of hospitals with emergency rooms on page 71.

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. Columbia Pacific 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 are experiencing a mental health crisis, your care is fully covered. You do not need approval to call the crisis line or get emergency services. Please call one of the following crisis numbers:

- Clatsop County: 503-325-5724 or TTY 711
- Columbia County: 503-782-4499 or TTY 711
- Tillamook County: 503-842-8201 ext. 294 or TTY 711

There are walk-in and drop-off crisis centers in Columbia and Tillamook counties:

- Columbia County Mental Health: 58646 McNulty Way, St Helens
    - For adults: 1-3 p.m. Monday and Tuesday, 9-11 a.m. Thursday and Friday
    - For youth: 9-11 a.m. Monday, 3-5 p.m. Thursday
- Tillamook Family Counseling Center: 906 Main Ave, Tillamook, 8 a.m. to 5 p.m. Monday through Friday

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 Columbia Pacific 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
- 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 on page 43.

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. 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 Columbia Pacific, call any of the following:

- See the list of crisis lines on page 43
- National Suicide Prevention Lifeline: Call 988 or visit ***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.

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- YouthLine: 877-968-8491 or text teen2teen to 839863

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

Columbia Pacific 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
- The service is cost-effective

To learn more about how you may be able to get a prescription refill before your trip, see page 68.

Emergency care away from home

You may need emergency care when away from home or outside of the Columbia Pacific 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, Columbia Pacific is not allowed to pay you back. See page 81 for what to do if you get billed.

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

1. Make sure you have your Oregon Health ID card and your Columbia Pacific CCO Member ID card with you when you travel out of state.
2. Show them your Columbia Pacific Member ID card and ask them to bill Columbia Pacific.
3. Do not sign any paperwork until you know the provider will bill Columbia Pacific. Sometimes Columbia Pacific cannot pay your bill if an agreement to pay form has been signed. To learn more about this form, see page 77.
4. You can ask the emergency room or provider's billing office to contact Columbia Pacific 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 Columbia Pacific at 855-722-8206 or TTY 711 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 Columbia Pacific can cover. Columbia Pacific cannot pay for a service if the provider has not sent us a bill.

Bills for services

OHP members do not pay bills for covered services

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

Columbia Pacific pays for all covered, medically necessary and appropriate services in accordance with the Prioritized List of Health Services (see page 33). Services must be medically or orally appropriate.

A Columbia Pacific in-network provider (for a list of in-network providers see page 25) or someone working for them cannot bill you or try to collect any money owed by Columbia Pacific 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 Columbia Pacific 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 Columbia Pacific 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 at 855-722-8206 or TTY 711. For more information about surprise billing, visit ***dfr.oregon.gov/Documents/Surprise-billing-consumers.pdf***

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

Call Columbia Pacific CCO for help right away, at 855-722-8206 or TTY 711.

You can also call your provider's billing office and make sure they know you have OHP.

There may be services you have to pay for

Usually, with Columbia Pacific 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 Columbia Pacific to see if a treatment or services is not covered. If you chose 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 Columbia Pacific, another insurance or gave a name that did not match the one on the Columbia Pacific Member ID card at the time of or after the service was provided, so the provider could not bill Columbia Pacific. Providers must verify your Columbia Pacific 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 Columbia Pacific, you may have to pay for your services. Before you see a provider that is not in-network with Columbia Pacific, you should call Customer Service or work with your PCP. Prior approval may be needed or there may be a provider in-network that can fit your needs. For a list of in-network Providers see page 27.
- **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 Columbia Pacific. 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 Columbia Pacific Customer Service first to discuss what is covered. If you get a bill, please contact Columbia Pacific 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 Columbia Pacific Customer Service at 855-722-8206 or TTY 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 Columbia Pacific 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. You should not feel forced to sign the form. You can see a copy of the form at ***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 Columbia Pacific CCO Customer Services at 855-722-8206 or TTY 711 for help. If Columbia Pacific or your provider tell you that the service is not covered by OHP, you still have the right to challenge that decision by filing an appeal and asking for a hearing. See page 91.

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

- The form must have the estimated cost of the service. This must be the same as on the bill.
- The service is scheduled within 30 days from the date you signed the form.
- The form says that OHP does not cover the service.
- The form says you agree to pay the bill yourself.
- You asked to privately pay for a covered service. If you choose to do this, the provider may bill you if they tell you in advance the following:
    - The service is a covered and Columbia Pacific would pay them in full for the covered service,
    - The estimated cost, including all related charges, the amount Columbia Pacific would pay for the service. The provider cannot bill you for an amount more than Columbia Pacific 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 Columbia Pacific 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 Columbia Pacific 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 Columbia Pacific Customer Service as soon as possible at 855-722-8206 or TTY 711. Hours: 8 a.m. to 5 p.m. Monday through Friday
- 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 Columbia Pacific, contact Customer Service. Learn more about denials, your right to an appeal, and what to do if you disagree with us on page 91.
    - You can also appeal by sending Columbia Pacific 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 Columbia Pacific.
- Columbia Pacific pays for all covered services in accordance with the Prioritized List of Health Services, see page 34.
- For a brief list of benefits and services that are covered under your OHP benefits with Columbia Pacific, who also covers case management and care coordination, see page 34. If you have any questions about what is covered, you can ask your PCP or call Columbia Pacific Customer Service.
- No Columbia Pacific 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 Columbia Pacific for services you are not responsible for.
- Members are never charged for rides to covered appointments. See page 61. 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 Columbia Pacific or your provider tell you that the service is not covered by OHP, you still have the right to challenge that decision by filing an appeal and asking for a hearing. See page 91.
- In the event of Columbia Pacific closing, you are not responsible to pay for services we cover or provide.

Members with OHP and Medicare

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

If you have both, you are not responsible for:

- Co-pays
- Deductibles
- Co-insurance charges for Medicare services

Those charges are covered by OHP.

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

There are times you may have to pay deductibles, co-insurance or co-pays if you choose to see a provider outside of the network. Contact your local Aging and People with Disabilities (APD) or Area Agency on Aging (AAA) office. They will help you learn more about how to use your benefits. Call the Aging and Disability Resource Connection (ADRC) at 855-673-2372 to get your local APD or AAA office phone number.

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

Providers will bill your Medicare and Columbia Pacific CCO.
Columbia Pacific 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 Columbia Pacific. If they still say you owe money, call Customer Service at 855-722-8206 or TTY 711. We can help you.
- Learn about the few times a provider can send you a bill on page 79.

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 Indians and Alaska Natives with proof of Indian Heritage who want to get care somewhere else 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.
- 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.
- 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, you have 90 days after that letter date.
- After you have been with the same CCO for six months.
- When you renew your OHP.
- If you lose OHP for less than two 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.
- Upon automatic re-enrollment if the temporary loss of Medicaid eligibility has caused you to miss the annual disenrollment opportunity.
- Whenever a member's eligibility is re-determined by OHA.
- When OHA has imposed sanctions on the CCO, including the suspension of all new enrollment (consistent with 42 CFR 438.702(a)(4).
- Also, full benefit dual-eligible members and members who are American Indian/Alaska Native beneficiaries may change plans or disenroll to fee-for-service at any time.
- 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: Columbia Pacific CCO wants to make sure you receive the best possible care. Columbia Pacific 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 Columbia Pacific.

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 or TTY 711 from 8 a.m. to 5 p.m. Monday through Friday. You can use your online account at ***ONE.Oregon.gov*** or email OHP at ***Oregon.Benefits@odhsoha.oregon.gov***.

You can get care while you change your CCO. See page 86 to learn more.

Columbia Pacific CCO can ask you to leave for some reasons

Columbia Pacific may ask OHA to remove you from our plan if you:

- Are abusive, uncooperative or disruptive to our staff or providers, unless 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 Columbia Pacific staff. When the act or threat of violence seriously impairs Columbia Pacific'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 page 91 for how to make a complaint or ask for an appeal.

Columbia Pacific 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 or ask for an appeal or hearing.
- You make a decision about your care that Columbia Pacific disagrees with.

For more information or questions about other reasons you may be disenrolled, temporary enrollment exceptions or enrollment exemptions, call Columbia Pacific at 855-722-8206 or TTY 711, or call 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 who, 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 dental health* 60 days for behavioral health*

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

If you are leaving Columbia Pacific 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 Columbia Pacific Customer Service at 855-722-8206 or TTY 711. Our hours are 8 a.m. to 5 p.m. Monday through Friday.

Columbia Pacific CCO will make sure members who need the same care while changing plans get:

- Continued access to care and trips to care.
- Services from their provider even if they are not in the Columbia Pacific 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 Columbia Pacific Transition of Care Policy by calling Customer Service at 855-722-8206 or TTY 711. It is also on our website at ***colpachealth.org/members/transition-of-care***. 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**.

You can view our full advance directive policies at ***link.careoregon.org/advance-directive-policy***. Columbia Pacific makes advance directive training available to staff. This training helps staff provide education, support and resources to members, so members are aware of their rights about advance directives.

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 Columbia Pacific Customer Service at 855-722-8206 or TTY 711.

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***

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 Columbia Pacific 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.
- Columbia Pacific will honor any choices you have listed in your completed and signed Advance Directive.

How to report if Columbia Pacific 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 or TTY 711
Hours: Monday through Friday, 8 a.m. to 5 p.m.

Mail a complaint to:
1430 Tandem Ave NE, Suite 180
Salem, OR 97301
Email: ***hlo.info@odhsoha.oregon.gov***
Online: ***www.oregon.gov/oha/PH/HLO/Pages/Regulatory-Compliance.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:
www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/HEALTHCAREPROVIDERSFACILITIES/HEALTHCAREHEALTHCAREREGULATIONQUALITYIMPROVEMENT/Pages/complaint.aspx

Call Columbia Pacific Customer Service at 855-722-8206 or TTY 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 and tear them up. You can also write CANCELED in large letters, sign, and date them. For questions or more info contact Oregon Health Decisions at 800-422-4805, 503-692-0894 or TTY 711.

What is the difference between a POLST and an 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?	All adults over age 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 three years. If you become unable to decide during those three 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 ***link.careoregon.org/or-declaration-mental-health***

If your provider does not follow your wishes in your form, you can complain. A form for this is at ***www.oregon.gov/oha/PH/HLO/Pages/Regulatory-Compliance.aspx***. 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 or 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 Columbia Pacific CCO takes this seriously.

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

- A provider charging you for a service covered by Columbia Pacific 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.

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

Columbia Pacific CCO
Attn: FWA
315 SW Fifth Ave
Portland, OR 97204
Call: 855-722-8206 or TTY 711
Fax: 503-416-3662
Email: ***customerservice@careoregon.org***

If you wish, you can also make an anonymous report by calling Ethics Point at 888-331-6524 or filing a report at ***ethicspoint.com***

OR

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

ODHS Fraud Investigation Unit
P.O. Box 14150
Salem, OR 97309
Hotline: 1-888-FRAUD01 (888-372-8301)

Fax: 503-373-1525 Attn: Hotline
Online: www.oregon.gov/odhs/financial-recovery/Pages/fraud.aspx

OR (specific to providers)

OHA Office of Program Integrity
500 Summer St. NE E-36
Salem, OR 97301

Hotline: 1-888-FRAUD01 (888-372-8301)
Online: www.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
Fax: 971-673-1890

E-mail: Medicaid.Fraud.Referral@doj.state.or.us
Online: www.doj.state.or.us/consumer-protection/sales-scams-fraud/medicaid-fraud/

To report fraud online: ***link.careoregon.org/oha-report-fraud***

Complaints, grievances, appeals and fair hearings

Columbia Pacific 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 template are also available. If you need help or would like more information beyond what is in the handbook, call Customer Service at 855-722-8206 or TTY 711.

You can make a complaint

- A **complaint** is letting us know you are not satisfied.
- A **dispute** is when you do not agree with Columbia Pacific or a provider.
- A **grievance** is a complaint you can make if you are not happy with Columbia Pacific, 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 855-722-8206 or TTY 711, or send us a letter to the address below. 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 to:

Columbia Pacific CCO
Attn: Appeals and Grievances
315 SW Fifth Ave
Portland, OR 97204

You may also find a complaint form on the bottom of the page at ***colpachealth.org/contact-us***

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 Columbia Pacific.

Examples of reasons you may file a complaint are:

- Problems making appointments or getting a trip.
- Problems finding a provider near where you live.
- Not feeling respected or understood by providers, provider staff, drivers or Columbia Pacific CCO.
- Care you were not sure about but got anyway.
- Bills for services you did not agree to pay.
- Disputes on Columbia Pacific 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 five business days from the day we receive your complaint.

If we need more time, we will send you a letter within five 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 211 or visit ***211info.org*** website for help.

Columbia Pacific 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.
- 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 about a service. 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.

To support your appeal, you have the right to:

- Give information and testimony in person or in writing.
- Make legal and factual arguments in person or in writing.

You must do these things within appeal timeframes listed below.

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 855-722-8206 or TTY 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***. You can mail the form or written request to: Columbia Pacific CCO Attn: Appeals and Grievances

	315 SW Fifth Ave Portland, OR 97204 You can also fax the form or written request to 503-416-8118. **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.
Step 2	**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. To support your appeal, you have the right to: • Give information and testimony in person or in writing. • Make legal and factual arguments in person or in writing. You must do these things within appeal timeframes listed below. **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. **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 ***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 one business day, to let you know we have received your request for a fast appeal. **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. At your request or if we need more time, we may extend the timeframe for up to 14 days. 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.

	If you don't agree with a decision to extend the appeal timeframe, or if a fast appeal is denied, you have the right to file a complaint.
Step 3	**Read our decision.** 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.
Step 4	**Still don't agree? Ask for a hearing.** 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). **What if I need a faster hearing?** You can ask for a fast hearing. This is also called an expedited hearing. Use the online hearing form at ***bit.ly/ohp-hearing-form*** to ask for a normal hearing or a faster hearing. You can also call the state at 800-273-0557 or TTY 711, or use the request form that will besent with the letter. Get the form at ***bit.ly/request2review***. You can send the form to: OHA Medical Hearings 500 Summer St NE E49 Salem, OR 97301 Fax: 503-945-6035 The state will decide if you can have a fast hearing two working days after getting your request. **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. **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.

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 Columbia Pacific 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 Columbia Pacific 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 or TTY 711, or use the online hearing form at ***bit.ly/request2review***.

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

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

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

Can I still get the benefit or service while I'm waiting for a decision?
If you have been getting the benefit or service that was denied and we stopped providing it, you 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 855-722-8206 or TTY 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:

Columbia Pacific CCO
Attn: Appeals and Grievances
315 SW Fifth Ave
Portland, OR 97204

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 Columbia Pacific CCO and Medicare, you may have more appeal rights than those listed above. Call Customer Service at 855-722-8206 or TTY 711 for more information. You can also call Medicare at 800-MEDICARE (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 Columbia Pacific at 855-722-8206 or TTY 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 treatment. It can change your mood, thinking or how you act.

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

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

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

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

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

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

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

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

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

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

- Walkers
- Canes
- Crutches
- Glucose monitors
- Infusion pumps
- 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 – 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 care –When surgery or treatment is performed in a hospital and then you leave after.

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.

Non-emergent medical transportation (NEMT) – Trips to health care appointments provided by our partner NW Rides.

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 checkup 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 dental provider (PDP) – 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.

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 different types of THWs:

- 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.

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