



**eoocco**

EASTERN OREGON  
COORDINATED CARE  
ORGANIZATION



2024

# EOCCO Member Handbook

Updated January 1, 2024

## Handbook Updates

This handbook is up to date. We review and update our handbook each year. The last change was made on January 1, 2024. EOCCO will send a member handbook to newly enrolled or reenrolled members within 14 days from when Oregon Health Authority (OHA) notifies us that you are enrolled in Oregon Health Plan (OHP), as is required by federal law. At times changes are made to state and federal laws that affect your benefits. When this happens, we will send you an updated handbook within 90 days. You can find the most up to date handbook at [www.eocco.com](http://www.eocco.com). If you need help or have questions, call Customer Service at 1-888-788-9821. TTY/OREGON RELAY/Oregon Relay users, please call 711.

## HELPFUL TIPS

- Refer to the end of handbook for definition of words that may be helpful to know
- Always carry your OHP and EOCCO member ID cards with you.
  - Note: These will come separately, and you will receive your OHP ID card before your EOCCO member ID card.
- You can find your EOCCO ID Card in the welcome packet with this member handbook. Your ID card has the following information:
  - Your Name
  - Your ID number
  - Your Plan Information
  - Your Primary Care Provider Name and Information
  - Customer Service Phone Number
  - Language Access Phone Number
  - Non-Emergent Medical Transportation (NEMT) Phone Number
- My Primary Care Provider is \_\_\_\_\_
  - Their number is \_\_\_\_\_
- My Primary Care Dentist is \_\_\_\_\_
  - Their number is \_\_\_\_\_
- Other Providers I have are \_\_\_\_\_
  - Their number is \_\_\_\_\_

## Free help in other languages and formats.

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

We give these kinds of free help:

- Sign language interpreters

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

You can find this member handbook on our website at our homepage on [www.eocco.com](http://www.eocco.com) or [www.eocco.com/-/media/EOCCO/PDFs/member\\_handbook\\_eg.pdf](http://www.eocco.com/-/media/EOCCO/PDFs/member_handbook_eg.pdf) where you can download and print. If you need help or have questions, call Customer Service at 1-888-788-9821. TTY/OREGON RELAY/Oregon Relay users, please call 711.

### **Get information in another language or format.**

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

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

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

You can ask for materials electronically or in print. Please let us know which documents you would like mailed or emailed to you by calling Customer Service at 1-888-788-9821. TTY/OREGON

RELAYTTY/OREGON RELAY/OREGON RELAY users, please call 711. If you request an electronic copy of our Member Handbook or any other documents, customer service will ask for your permission to email it to you. Your email address will only be used with your approval.

### **You can have an interpreter.**

You, your representative, family members and caregivers can ask for a certified and qualified health care interpreter. An interpreter can be in-person or through a phone or video call. You can also ask for written interpreters, sign-language, 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 [www.oregon.gov/oha/ei](http://www.oregon.gov/oha/ei).

If you need an interpreter, please call EOCCO Customer Service at 1-888-788-9821 (TTY/OREGON RELAY users, please call 711) or call OHP Client Services at 800-273-0557 (TTY/OREGON RELAY users, please call 711). See page 91 for "Complaint, appeal and hearing rights."

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

[LanguageAccess.Info@odhsoha.oregon.gov](mailto:LanguageAccess.Info@odhsoha.oregon.gov)

### **Obtenga información en otro idioma o formato.**

Usted o su representante pueden obtener los materiales para miembros como este manual o avisos de CCO en otros idiomas,

letra grande, Braille o cualquier formato que prefiera. Recibirá los materiales dentro de los 5 días posteriores a su solicitud. Esta ayuda es gratuita. Cada formato cuenta con la misma información. Ejemplos de materiales para miembros son:

- Este manual
- Listado de medicamentos cubiertos
- Listado de proveedores
- Cartas, como avisos de quejas, denegación y apelaciones.

El uso de beneficios, quejas, apelaciones o audiencias no serán denegados o limitados en función de su necesidad de otro idioma o formato.

Puede solicitar materiales en formato electrónico o impresos. Por favor, háganos saber qué documentos le gustaría que se le enviaran por correo postal o por correo electrónico llamando a servicio de atención al cliente al 1-888-788-9821 (TTY/OREGON RELAY 711). Si solicita una copia electrónica de nuestro manual para miembros o cualquier otro documento, nuestro servicio al cliente le solicitará su aprobación para enviarlo por correo electrónico. Su dirección de correo electrónico solo se utilizará con su autorización.

## **Usted puede tener un intérprete en su idioma.**

Usted, su representante, familiares y cuidadores pueden solicitar los servicios de un intérprete de atención médica calificado y certificado. Los servicios de interpretación pueden ser provistos en persona o a través de un teléfono o videollamada. También puede solicitar servicios de traducción, lenguaje de señas o servicios auxiliares. Estos servicios son gratuitos.

Informe al consultorio de su proveedor si necesita un intérprete durante su visita. Dígales qué idioma o formato necesita. Obtenga más información sobre los intérpretes de atención médica certificados en [Oregon.gov/OHA/OEI](https://Oregon.gov/OHA/OEI).

Si necesita un intérprete, llame al servicio de atención al cliente de EOCCO al 1-888-788-9821 o llame a servicios al cliente de OHP al 800-273-0557 (TTY/OREGON RELAY 711). Para información sobre "Derechos de quejas, apelaciones y audiencias consulte" la página 83.

Si no obtiene la ayuda que necesita de un intérprete, llame al coordinador del Programa de Servicios de Acceso Lingüístico del estado al 844-882-7889, TTY/OREGON RELAY 711 o envíe un correo electrónico a: [LanguageAccess.Info@odhsoha.oregon.gov](mailto:LanguageAccess.Info@odhsoha.oregon.gov)

### English

You can get this document in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 1-888-788-9821 or TTY/OREGON RELAY 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 1-888-788-9821 o TTY/OREGON RELAY 711.

Aceptamos todas las llamadas de retransmisión.

-

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

## Russian

Вы можете получить это письмо на другом языке, напечатанное крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги переводчика. Эта помощь предоставляется бесплатно. Звоните по тел. 1-888-788-9821 или TTY/OREGON RELAY 711. Мы принимаем звонки по линии трансляционной связи.

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Вы можете получить помощь от аккредитованного и квалифицированного медицинского переводчика.

## Vietnamese

Quý vị có thể nhận tài liệu này bằng một ngôn ngữ khác, theo định dạng chữ in lớn, chữ nổi Braille hoặc một định dạng khác theo ý muốn. Quý vị cũng có thể yêu cầu được thông dịch viên hỗ trợ. Sự trợ giúp này là miễn phí. Gọi 1-888-788-9821 hoặc TTY/OREGON RELAY (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 nhận và đủ tiêu chuẩn chuyên về chăm sóc sức khỏe.

## Arabic

يمكنكم الحصول على هذا الخطاب بلغات أخرى، أو مطبوعة بخط كبير، أو مطبوعة على طريقة برايل أو حسب الصيغة المفضلة لديكم. كما يمكنكم طلب مترجم شفهي. إن هذه المساعدة مجانية. اتصلو على 1-888-788-9821 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 1-888-788-9821 ama TTY/OREGON RELAY 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1-888-788-9821 或TTY/OREGON RELAY 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**1-888-788-9821**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

이 서신은 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 무료 지원해 드립니다. **1-888-788-9821** 또는 **TTY/OREGON RELAY 711**에 전화하십시오. 저희는 중계 전화를 받습니다.

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

## Hmong

Koj txais tau tsab ntawv no ua lwm yam lus, ua ntawv loj, ua lus Braille rau neeg dig muag los sis ua lwm yam uas koj nyiam. Koj kuj thov tau kom muaj ib tug neeg pab txhais lus. Txoj kev pab no yog ua pub dawb. Hu **1-888-788-9821** los sis **TTY/OREGON RELAY 711**. Peb txais tej kev hu xov tooj rau neeg lag ntseg.

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

## Marshallese

Kwomaroñ bōk leta in ilo kajin ko jet, kōn jeje ikkillep, ilo braille ak bar juon wāwein eo em̄man̄loḵ ippam̄. Kwomaroñ kajjitōk bwe juon ri ukōt en jipañ eok. Ejje!ḵ wōñāān jipañ in. Kaaltok **1-888-788-9821** ak **TTY/OREGON RELAY 711**. Kwomaroñ kaaltok in relay.

Kwomaroñ bōk jipañ jān juon ri ukōt ekōmālim im keiie āinwōt ri ukōt in ājmour.

## Chuukese

En mi tongeni angei ei taropwe non pwan ew fosun fenu, mese watte mak, Braille ika pwan ew format ke mwochen. En mi tongeni pwan tingor emon chon chiaku Ei aninis ese fokkun pwan kamo. Kokori 1-888-788-9821 ika TTY/OREGON RELAY 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.

## Tagalog

Makukuha mo ang liham na ito sa iba pang mga wika, malaking letra, Braille, o isang format na gusto mo. Maaari ka ring humingi ng tagapagsalin. Ang tulong na ito ay libre. Tawagan ang 1-888-788-9821 o TTY/OREGON RELAY 711. Tumatanggap kami ng mga relay na tawag.

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

## German

Sie können dieses Dokument in anderen Sprachen, in Großdruck, in Brailleschrift oder in einem von Ihnen bevorzugten Format erhalten. Sie können auch einen Dolmetscher anfordern. Diese Hilfe ist gratis.

Wenden Sie sich an 1-888-788-9821 oder per Schreibtelefon an 711.

Wir nehmen Relaisanrufe an.

-

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

## Portuguese

Esta carta está disponível em outros idiomas, letras grandes ou braile, se preferir. Também poderá solicitar serviços de interpretação. Essa ajuda é gratuita. Ligue para 1-888-788-9821 ou use o serviço TTY/OREGON RELAY 711. Aceitamos encaminhamentos de chamadas.

-

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

### Japanese

この書類は、他の言語に翻訳されたもの、拡大文字版、点字版、その他ご希望の様式で入手可能です。また、通訳を依頼することも可能です。本サービスは無料をご利用いただけます。1-888-788-9821 または TTY/OREGON RELAY 711までお電話ください。電話リレーサービスでも構いません。

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認定または有資格の医療通訳者から支援を受けられます。

## Our nondiscrimination policy.

EOCCO must follow state and federal civil rights laws. We cannot treat people (including members or potential members) unfairly in any of our programs or activities because of a person's:

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

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

Make (or file) a complaint with EOCCO in any of these ways:

- **Phone:** 1-888-788-9821 (TDD/TTY/OREGON RELAY users, please call 711)
- **Fax:** 503-412-4003
- **Mail:** EOCCO  
Attention: Appeal Unit  
PO BOX 40384  
Portland, OR 97240

You can find complaint forms here:

### Web:

- English: [www.eocco.com/-/media/EOCCO/PDFs/complaint\\_form.pdf](http://www.eocco.com/-/media/EOCCO/PDFs/complaint_form.pdf)
- Spanish: [www.eocco.com/-/media/EOCCO/PDFs/Member/Resources/complaint\\_formSpanish.pdf](http://www.eocco.com/-/media/EOCCO/PDFs/Member/Resources/complaint_formSpanish.pdf)

Nick Gross coordinates our nondiscrimination work:

Nick Gross, Chief Compliance Officer

Phone: 503-952-5033 (TTY/OREGON RELAY users, please call 711)

Email: [eoccocompliance@eocco.com](mailto:eoccocompliance@eocco.com)

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

Call Customer Service: 1-888-788-9821. TTY/OREGON RELAY users, please call 711.

Hours: Monday through Friday, from 7:30 a.m. to 5:30 p.m. PT.

## Oregon Health Authority (OHA) Civil Rights

Need help? Call 1-888-788-9821 (TTY/OREGON RELAY 711) or visit [www.eocco.com](http://www.eocco.com)

- Phone: 844-882-7889, TTY/OREGON RELAY users, please call 711
- Web: [www.oregon.gov/OHA/OEI](http://www.oregon.gov/OHA/OEI)
- Email: [OHA.PublicCivilRights@odhsoha.oregon.gov](mailto: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 (BOLI) Civil Rights Division**

- Phone: 971-673-0764 (TTY/OREGON RELAY users, please call 711)
- Web: <https://www.oregon.gov/boli/civil-rights/Pages/default.aspx>
- Email: [BOLI\\_help@boli.oregon.gov](mailto: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: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- Phone: 800-368-1019, TDD: 800-537-7697
- Email: [OCRComplaint@hhs.gov](mailto: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: [www.eocco.com/-/media/EOCCO/PDFs/forms/shared/PHI-disclosure-EOCCO.pdf](http://www.eocco.com/-/media/EOCCO/PDFs/forms/shared/PHI-disclosure-EOCCO.pdf)

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 [www.eocco.com/Privacy-Practices-Notice](http://www.eocco.com/Privacy-Practices-Notice)

## **Health records.**

EOCCO and your providers keep a health record that 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 dentist
- Records from EOCCO
- You can ask either your provider or EOCCO for the copies. We may charge a reasonable fee for copies.
- You may also ask EOCCO to send a copy of your records to a different provider. EOCCO keeps your health records secure.
- There may be times when the law restricts your access.

**Some records cannot be shared.**

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

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## Welcome to EOCCO!

We are glad you are part of Eastern Oregon Coordinated Care Organization (EOCCO). EOCCO is happy to help with your health. We want to give you the best care we can.

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

### How OHP and EOCCO work together

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

OHP has local health plans that help you use your benefits. The plans are called coordinated care organizations (CCOs). EOCCO is a CCO. EOCCO works with other organizations to help manage certain parts of your benefit, for example dental and transportation. For a full list of the organizations and descriptions of the services they offer see pages 19-20.

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 1-888-788-9821. All CCOs offer the same OHP benefits. Some offer extra services like new baby items and gym memberships. Learn more about EOCCO benefits on page 29.

### What counties does EOCCO serve?

EOCCO offers care in these counties:

- Baker
- Gilliam
- Grant
- Harney
- Lake
- Malheur
- Morrow
- Sherman
- Umatilla
- Union
- Wallowa
- Wheeler

### Contact us.

The EOCCO office is open Monday through Friday, from 7:30 a.m. to 5:30 p.m. PT. EOCCO's customer service team can help you:

- Find providers
- Learn about benefits
- Find out if services are covered
- Answer questions about care outside of the state when traveling
- How to get copies of materials at no cost
- Understand your rights
- When to contact OHP

- Appeals and grievances
- And all other topics found in this handbook

We're closed on New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving and Christmas Day. When a public holiday falls on a Saturday we will be closed the Friday before. When a public holiday falls on a Sunday, we will be closed the Monday after.

**Our office location and mailing address is:**

EOCCO  
601 S.W. Second Ave.  
Portland, OR 97204

**Call toll free:** 1-888-788-9821 (also for language access) or TTY/OREGON RELAY users, please call 711

**Fax:** 503-948-5577

**Email:** EOCCOmedical@eocco.com

**Online:** [www.eocco.com](http://www.eocco.com)

**Important phone numbers.**

- Medical benefits and care  
Call Customer Service: 1-888-788-9821. TTY/OREGON RELAY users, please call 711.  
Hours: Monday through Friday, from 7:30 a.m. to 5:30 p.m. PT.  
Learn about medical benefits and care on page 30
- Pharmacy benefits  
Pharmacy Customer Service: 1-888-474-8539. TTY/OREGON RELAY users, call 711.  
Hours: Monday through Friday, from 8:00 a.m. to 5:00 p.m. PT.  
Learn about pharmacy benefits on page 65
- Behavioral health, drug, alcohol dependency, or substance use disorder treatment benefits and care  
Customer Service: 1-888-788-9821. TTY/OREGON RELAY users, please call 711.  
Hours: Monday through Friday, from 7:30 a.m. to 5:30 p.m. PT.  
Learn about behavioral health benefits on page 37
- Dental benefits and care
  - Advantage Dental  
[www.advantagedental.com](http://www.advantagedental.com)  
866-268-9631 (TTY/OREGON RELAY users, please call 711)  
Hours: Monday through Thursday, 8 a.m. to 6 p.m.; Friday, 8 a.m. to 5 p.m.
  - ODS Community Dental  
[www.odscommunitydental.com/members](http://www.odscommunitydental.com/members)  
800-342-0526 (TTY/OREGON RELAY users, please call 711)  
Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m.

Learn about dental benefits and your plan on page 40

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

You can get a free ride to physical care, dental care, and behavioral health visits. This is called Non-Emergent Medical Transportation (NEMT). Greater Oregon Behavioral Health Inc. (GOBHI) offers NEMT for all services listed here. Call them at 877-875-4657 to set up a ride.

TTY/OREGON RELAY users, please call 711.

The office is open Monday through Friday, 8 a.m. to 5 p.m. PT (9 a.m. to 6 p.m. MT). Your NEMT provider may be closed on: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving and Christmas Day. Learn more about rides to care on page 46

## Contact the Oregon Health Plan.

OHP Customer Service can help:

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

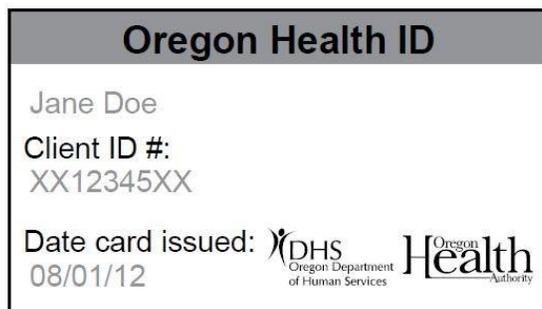
### How to contact OHP Customer Service.

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

## Oregon Health ID card

When you enroll in OHP, you will get an Oregon Health ID card. This is mailed to you from the OHA. Each OHP member in your household gets an ID card. Take your ID card with you to appointments and the pharmacy. If you lose your ID card, contact your Department of Human Services (DHS) caseworker. They can help you get a new one. You can also call the OHA Client Services at 800-273-0557. Their office hours are Monday through Friday, 8 a.m. to 5 p.m. PT. TTY/OREGON RELAY users, please call 711.

### Your Oregon Health ID Card will look like this:

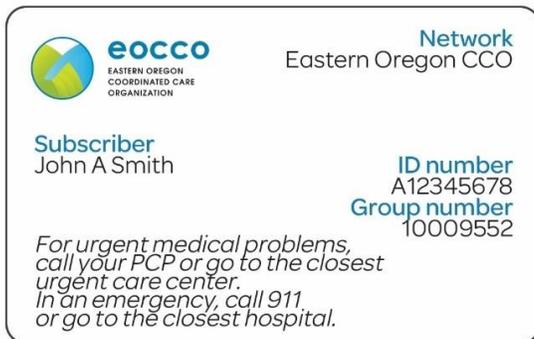


## EOCCO ID Card

Each member of EOCCO also gets an EOCCO ID card. This card is very important. It shows that you are an EOCCO member and lists other information. It lists important phone numbers. Be sure to show your EOCCO ID card and Oregon Health ID card each time you go to the appointments or pharmacy.

Your primary care provider (PCP) will also be listed on your ID card. If you are a new member, the PCP section will state 'Call to pick your PCP'.

### Your EOCCO ID card will look like:



## Your Rights and Responsibilities.

As a member of EOCCO 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 1-888-788-9821 (TTY/OREGON RELAY users, please call 711).

You have the right to exercise your member rights without a bad response or discrimination. You can make a complaint if you feel like your rights have not been respected. Learn more about making complaints on page 91. You can also call an Oregon Health Authority Ombudsperson at 877-642-0450 (TTY/OREGON RELAY users, please call 711). Please go to this website to send a secure email [www.oregon.gov/oha/ERD/Pages/Ombuds-Program.aspx](http://www.oregon.gov/oha/ERD/Pages/Ombuds-Program.aspx).

There are times when people under age 18 (minors) may want or need to get health care services on their own. To learn more, read "Minor Rights: Access and Consent to Health Care." This booklet tells you the types of services minors can get on their own and how their health records may be shared. You can read it at [www.OHP.Oregon.gov](http://www.OHP.Oregon.gov). Click on "Minor rights and access to care." Or go to: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf>

### Your rights as an OHP and EOCCO member.

#### You have the right to:

- 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, to punish you, or to get you to do something you do not want to do.

### **You have the right to get:**

- Materials explained in a way and in a language you can understand. (see pages 2-6.)
- Materials that tell you about CCOs and how to use the health care system. The Member Handbook is one good source for this.
- Written materials that tell you your rights, responsibilities, benefits, how to get services, and what to do in an emergency. The Member Handbook is one good source for this.
- Information about your condition, what is covered, and what is not covered, so you can make good decisions about your treatment. 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)
  - 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 is not required by federal or state rules.
- Written notice mailed to you about providers who are not in-network anymore. (see page 52)
- Updated as soon as possible if an appointment is cancelled.

### **You have the right to get these services and care**

- Care and services that focus on you. Get care that gives you a choice, independence, and dignity. This care will be based on your health needs and meet the standards of practice.
- Services that consider your cultural and language needs and are close to where you live. If available, you can get services in non-traditional settings.
- Care coordination, community-based care, and help with care transitions in a way that works with your culture and language. This will help keep you out of a hospital or facility.
- Services that are needed to know what health condition you have.
- Help to use the health care system. Get the cultural and language support you need. (See page 59). 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 in CCO policies and procedures.
  - Covered preventive services. (see page 28).
  - Urgent and emergency services 24 hours a day, 7 days a week without approval or permission. (see page 69).
  - Referrals to specialty providers for covered coordinated services that are needed based on your health. (see page 30).

### **You have the right to do these things**

- Choose your providers (see page 51)
- Change your providers (see page 52)
- Have a friend, family member, or helper come to your appointments.
- Be actively involved in making your treatment plan. EOCCO, OHA, in-network providers and other EOCCO partners will not treat you differently based on your choices.
- 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 88).
- Make a complaint or ask for an appeal. Get a response from EOCCO when you do this. (see page 91)
  - Ask the state to review if you don't agree with EOCCO's decision. This is called a hearing.
- Get free certified or qualified health care interpreters for all non-English languages and sign language (see pages 2-3).
- Get a second opinion. To learn more, see page 50.

## Your responsibilities as an OHP and EOCCO member.

### **You must treat others this way**

- Treat EOCCO staff, providers, and others with respect.

- Be honest with your providers so they can give you the best care.

### **You must tell OHP this information**

Call OHP at 800-699-9075 (TTY/OREGON RELAY users, please call 711) when you:

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

### **You must help with your care in these ways**

- Choose or help choose your primary care provider or clinic.
- Get yearly checkups, wellness visits, and preventive care to keep you healthy.
- Be on time for appointments. If you will be late, call ahead or cancel your appointment if you cannot make it.
- Bring your medical ID cards to appointments. Tell the office that you have EOCCO/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 (PCP) for tests and other care needs unless it is 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 EOCCO.
- Use urgent or emergency services appropriately. Tell your primary care provider (PCP) within 72 hours if you use these services.
- Help providers get your health record. You may have to sign a form for this.
- Tell EOCCO 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 EOCCO get paid for services we gave you because of that injury.

## Private insurance

Some people have two types of insurance. They have both private insurance and EOCCO. Private insurance is insurance you can buy through the market or get from your job. On your coverage letter, it is called a “third-party resource” (TPR). It is also called a “third-party liability” (TPL). When OHA knows that you have private insurance, it will be on your coverage letter.

You must tell us when you get or lose health coverage, such as private insurance. You must tell OHA within 30 days of the change. To report coverage changes, please go to [www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/Pages/tpl-hig.aspx](http://www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/Pages/tpl-hig.aspx).

You can also call the Health Insurance Group (HIG) at 503-378-6233 (TTY/OREGON RELAY users, please call 711) to learn more. Their office hours are Monday through Friday, from 8 a.m. to 5 p.m. PT. Or you can email them at [TPR.REFERRALS@dhsoha.state.or.us](mailto:TPR.REFERRALS@dhsoha.state.or.us).

Tell your PCP or other healthcare providers about any health plans you have. This includes private insurance and EOCCO.

- By law, Medicaid pays for healthcare costs last. That means that other insurances will pay for services first. That is your primary coverage. EOCCO pays whatever costs are left when there is no other insurance. In these cases, the payment from primary coverage is not more than what we would pay if we were the only coverage. Sometimes OHP will pay for services that EOCCO does not cover.

If you pay monthly for your private insurance, the Health Insurance Premium Payment Program (HIPP) may help pay for it. To learn more or to apply for premium help, visit: [www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/Pages/tpl-hipp.aspx](http://www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/Pages/tpl-hipp.aspx)

If EOCCO becomes aware that a provider was paid by a third-party carrier, then EOCCO will ask the provider for a refund. EOCCO will ask the provider for a refund once we have made sure that the provider got a payment from another third-party carrier. Examples of a third-party carrier may be motor vehicle accident insurance or workers comp.

## American Indian and Alaska Native Members.

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

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

You can use other clinics that are not in our network. You also do not need a referral or preapproval. Learn more about referrals and preapprovals starting on page 29.

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

Find a clinic by visiting <https://www.ihs.gov/findhealthcare/>.

Contact information for NARA:

Clinic	Specialty	Contact Info
<b>Physical Health</b>		
NARA Indian Health Clinic	<ul style="list-style-type: none"> <li>Indian Health Clinic</li> <li>All ages</li> </ul>	Location: 15 N. Morris St. Portland, OR 97227 Phone: 503-230-9875
NARA Wellness Center	<ul style="list-style-type: none"> <li>All ages</li> </ul>	Location 12360 E. Burnside St. 2nd floor Portland, OR 97233 Phone: 971-279-4800
<b>Behavioral Health</b>		
NARA of the NW – Youth Residential Treatment Center	<ul style="list-style-type: none"> <li>Teens age 13 to 17</li> <li>Residential Alcohol and Drug Treatment</li> </ul>	Location: 620 N.E. Second St. Gresham, OR 97030 Phone: 971-274-5740
ENARA of the NW – Residential Treatment Center	<ul style="list-style-type: none"> <li>Adults Age 18 to 25</li> <li>Adults Age 26 to 64</li> <li>Native American pregnant &amp; postpartum Women</li> </ul>	Location: 17645 N.W. St. Helens Hwy. Portland, OR 97231 Phone: 503-621-1069  Website: <a href="https://www.naranorthwest.org/services/">https://www.naranorthwest.org/services/</a>
Visit <a href="http://www.naranorthwest.org">www.naranorthwest.org</a> to learn more and to see a full list of clinics.		

Clinic	Specialty	Contact Info
Indian Health Services (IHS)	<ul style="list-style-type: none"> <li>Indian Health Clinic</li> </ul>	Location: Portland Area Indian Health Service 1414 NW Northrup Street, Suite 800 Portland, OR 97209  Phone: 503-414-5555 Fax: 503-414-5554  Website: <a href="https://www.ihs.gov/portland/">https://www.ihs.gov/portland/</a>
Yellowhawk Tribal Health Center	<ul style="list-style-type: none"> <li>Tribal health Center</li> <li>All ages</li> </ul>	Location: 46314 Timíne Way, Pendleton, Oregon 97801

		<p>Mailing Address: PO Box 160, Pendleton, Oregon 97801</p> <p>888. YEL.HAWK or 888.935.4295</p> <p>Phone: 541.966.9830</p> <p>Website: <a href="https://yellowhawk.org/">https://yellowhawk.org/</a></p>
Burns Paiute Tribe	<ul style="list-style-type: none"> <li>• Tribal Health center</li> <li>• All ages</li> </ul>	<p>Location: 100 Pasigo St., Burns 97720</p> <p>Phone: 541-573-2088</p> <p>Email: <a href="mailto:Beverly.Beers@burnspaiute-nsn.gov">Beverly.Beers@burnspaiute-nsn.gov</a></p> <p>Website: <a href="https://burnspaiute-nsn.gov/">https://burnspaiute-nsn.gov/</a></p>

American Indian and Alaska Native with proof of Indian Heritage who want to get care somewhere else. They can get care from an Indian Health Services facility, tribal health clinic/program, or urban clinic and OHP fee-for-service.

## New members who need services right away.

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

- Request a care coordinator by calling EOCCO Customer Service 888-788-9821. Our office hours are Monday through Friday, 7:30 a.m. to 5:30 p.m. PT. TTY/OREGON RELAY users, please call 711. Make an appointment with your PCP as soon as you can. You can find their name and number on your EOCCO ID card.
- EOCCO will help with your transition to our plan. We can help you get prescriptions, supplies, or other services you may need while you wait to see your PCP. You can also learn more about transition of care on page 85.
- If you are transitioning to a Medicare plan or getting Medicare along with your EOCCO coverage, we will work with you to make sure you get the services that you need during this time.
- Call Customer Service at 1-888-788-9821 (TTY/OREGON RELAY users, please call 711) if you have questions and want to learn about your benefits. They can help you with what you need.

## Survey about your health.

EOCCO will send new members a survey about their health *shortly after you enroll, EOCCO will mail you a survey about your health.* Please complete this form and mail it back. EOCCO uses your answers to help you get the right care. If you do not mail it back, EOCCO will call you to answer these questions. You can also call EOCCO at 800-592-8283 and we can help you fill out the form.

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

The survey asks about:

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

Your answers help us find out:

- If you need any health exams, including eye or dental exams.
- If you have routine or special 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 from care coordination. See page 53 for care coordination

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

You will be sent a new survey every year or if your health changes.

You or your representative can ask for a copy of the survey if think you need extra support from our care team (Care Management & Intensive Care Management). See page 53-56 to learn more.

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

## Members who are pregnant

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

[Here's what you need to do before you deliver:](#)

- Tell OHP that you're pregnant as soon as you know.** Call 800-699-9075 (TTY/OREGON RELAY users, please call 711) or login to your online account at <https://ONE.Oregon.gov>.

- Tell OHP your due date.** You do not have to know the exact date right now. If you are ready to deliver, call us right away.
- Ask us about your pregnancy benefits.** You may call EOCCO Customer Service at 888-788-9821 for details. Our office hours are Monday through Friday, 7:30 a.m. to 5:30 p.m. PT. TTY/OREGON RELAY users, please call 711.

After you deliver:

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

## Prevention is Important

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

Some examples of preventive services:

- Shots/Vaccines for children and adults
- Dental checkups and cleanings
- Mammograms (breast X-rays) for women
- Pregnancy and newborn care
- Annual exams for reproductive health
- Prostate screenings for men
- Yearly checkups
- Well-child exams

A healthy mouth also keeps your heart and body healthier.

If you have any questions, please call us at 888-788-9821 (TTY/OREGON RELAY users, please call 711).

## Your benefits.

### How Oregon decides what OHP & EOCCO will cover.

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

### For members age 21 and older:

OHP does not cover everything. You can see a list of the conditions that are covered. This is called the Prioritized List of Health Services. The lines below 472 are not funded. This means they are usually not covered. Something that is not funded can be covered if it will help a funded condition. Please note that not all above the line (funded) conditions and treatments are covered. There may be situations where some requirements must be met.

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

### **For members under age 21:**

All medically necessary and medically appropriate services must be covered, based on your individual needs and medical history. This includes items “below the line” on the Prioritized List as well as services that don’t appear on the Prioritized List, like Durable Medical Equipment. See EPSDT on page 56 for more information on coverage for members under 21.

Learn more about the Prioritized List at:

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

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

Some services need approval before you get the service. This is known as a “prior authorization (PA)” or “preapproval”. Your provider works with EOCCO to ask for preapproval for a service. If you have any questions about preapproval of a service, contact EOCCO Customer Service at 1-888-788-9821 (TTY/OREGON RELAY users, please call 711).

You might not get the service if it is not approved. We review PA requests as quickly as your health condition requires. Most decisions are made within 14 days. Sometimes a decision may take up to 28 days. This only happens when we are waiting for more information. If you or your provider feel following the standard time frame puts your life, health or ability to function in danger, we can make an “expedited service authorization” decision. Expedited service decisions are typically made within 72 hours but there may be a 14-day extension. You have the right to complain if you do not agree with an extension decision. See page 91 to learn how to file a complaint.

You do not need approval for emergency or urgent services or for emergency aftercare services. See page 72 to learn about emergency services.

## **Provider referrals and self-referrals.**

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

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

A lot of times your PCP can perform the services you need. If you think you might need a referral to a health care specialist, ask your PCP. You do not need a referral if you are having an emergency and cannot reach your PCP. Some services do not require a referral from your provider. This is called a self-referral. A **self-referral** means you can look in the provider directory to find the type of provider

you would like to see. You can call that provider to set up a visit without a referral from your provider. Learn more about the Provider Directory on page 52. You may self-refer for:

- In-network behavioral health services
- In-network inpatient or residential behavioral health services
- Please see the benefit charts starting on page 31.

In-network behavioral health services.

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

**Direct Access.**

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

**Physical health benefits.**

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

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

Service	How to access	Who can get it
<p><b>Care Coordination Services</b></p> <p>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. No Limits. See page 54 for more information.</p>	<ul style="list-style-type: none"> <li>• Available to all members</li> <li>• No limit</li> <li>• Please see page 54 for more information</li> <li>• No referral or preapproval required</li> </ul>	<ul style="list-style-type: none"> <li>• Available to all members</li> <li>• No limit</li> <li>• Please see page 54 for more information</li> </ul>
<p><b>Comfort Care &amp; Hospice Services</b></p> <p>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.</p>	<p>Preapproval is required.</p>	<p>All members</p>

<p><b>Diabetes Self-Management</b></p> <p>People with diabetes must monitor their health regularly. It's the activities and behaviors an individual undertakes to control and treat their condition. Diabetes self-management typically occurs in the home. Some examples are blood glucose meters, strips, and lancets. This also includes diabetes prevention, blood pressure monitoring, weight management tools, nutritional and other coaching.</p>	<p>No referral or preapproval required</p>	<ul style="list-style-type: none"> <li>• All members 18 years and older with Type I and Type II Diabetes.</li> <li>• This is considered an In-lieu of Service. Please see page 60 for more information</li> </ul>
<p><b>Diagnostic services</b></p> <p>Healthcare visits or tests to find out if you have a healthcare problem. Some examples are X-rays, lab services, and blood tests. The number of visits depends on medical necessity.</p>	<p>A referral or preapproval may be required</p>	<p>All members</p>
<p><b>Durable Medical Equipment</b></p> <p>Things like wheelchairs, walkers and hospital beds that last a long time. They don't get used up like medical supplies.</p> <p>Some examples are: Medical supplies (including diabetic supplies), Medical appliances, prosthetics, and orthotics.</p>	<p>Preapproval may be required</p>	<p>All members</p>
<p><b>Early &amp; Periodic Screening, Diagnosis and Treatment (EPSDT) services</b></p> <p>Comprehensive and preventive health care services for children under age 21.</p> <p>Example: well baby care</p>	<p>Referral may be required</p>	<ul style="list-style-type: none"> <li>• Covered for members from birth to age of 21</li> <li>• Please see page 56 for more information</li> </ul> <p>The number of visits depends on medical necessity</p>
<p><b>Elective surgeries/procedures</b></p>	<p>Preapproval may be required</p>	<p>All members</p>

<p>Elective surgeries/procedures can be scheduled in advance and are not emergencies. Examples are joint surgery, hernia surgery or breast surgery.</p>		
<p><b>Emergency medical transportation</b></p> <p>Examples are Ambulance transport or air ambulance transport to a hospital for an emergency condition. No limit.</p>	<p>No referral or preapproval is required.</p>	<p>All members</p>
<p><b>Emergency Services</b></p> <p>An emergency is a condition that puts your life in danger. Call 911 or go to the emergency room when you think you are in danger. No limits. Please see page 72 for more information.</p>	<p>No referral or preapproval is required.</p>	<p>All members.</p>
<p><b>Family Planning Services</b></p> <p>To anticipate and attain your desired number of children and the spacing and timing of their births. family planning services can be obtained from out of network providers.</p> <p>Some examples are birth control and annual exams.</p>	<p>Direct access even if the provider is out-of-network (No referral or preapproval is required).</p>	<p>All members</p>
<p><b>Gender Affirming Care</b></p> <p>Gender-affirming care is care those respects and validates a transgender, non-binary, or intersex person's experience. In terms of accessing transition-related treatment, gender-affirming care refers to interventions that support people in their gender transition.</p>	<p>Preapproval may be required for select services.</p>	<p>All members</p>

<p>Services typically include:</p> <ul style="list-style-type: none"> <li>• Hormone therapy</li> <li>• Mental health therapy</li> <li>• Pre-and post-surgical pelvic physical therapy</li> <li>• Primary care visits</li> <li>• Puberty blockers</li> <li>• Specialist doctor visits</li> <li>• Surgical site hair removal (laser and electrolysis)</li> <li>• Surgical top and bottom procedures</li> <li>• Lab work</li> </ul>		
<p><b>Hearing Services</b></p> <p>The diagnosis, prevention, treatment, or cure of a hearing condition, illness, injury, or disease.</p> <p>Some examples are Audiology and Hearing Aids</p> <p>Hearing tests are covered once every 12-months.</p> <p>Hearing aids are covered every three years for birth age through – age 20.</p> <p>Hearing aids are covered every 5 years for adults 21 and older.</p> <p>60 batteries are covered in a 12-month period.</p>	<ul style="list-style-type: none"> <li>• A referral may be required.</li> <li>• Preapproval needed for hearing aids.</li> <li>• No preapproval needed for hearing tests or hearing aid batteries</li> </ul>	
<p><b>Home Health Services</b></p> <p>Services you get at home to help you live better after surgery, an illness or injury. Skilled nursing, physical therapy, and occupational therapy are some of these services. The number of visits depends on medical necessity.</p>	<ul style="list-style-type: none"> <li>• Preapproval is required.</li> </ul>	<p>All members</p>

<p><b>Inpatient Hospital Services</b></p> <p>When you are admitted to a hospital and stay at least three (3) nights. No benefit limitations for treatment of covered services</p>	<p>Preapproval is required unless it is an emergency.</p>	<p>All members</p>
<p><b>Interpreter Services</b></p> <p>The transfer of communications from a person's preferred spoken language into English. Examples include: phone interpretation when you call EOCCO or your provider, in person interpreters when you visit your providers, or phone/online interpreters for telehealth visits.</p>	<p>No referral or preapproval is required</p>	<p>All members</p> <ul style="list-style-type: none"> <li>• Family members, caregivers, or someone you now can also ask for translation or interpreter services for you.</li> <li>• EOCCO Customer Service can help you get the services listed above. Call them at 888-788-9821.</li> </ul>
<p><b>Laboratory Services, X-Rays, and other procedures</b></p> <p><b>Exams or tests to find out what is happening with your health.</b></p> <p>A few examples of labs and tests are blood draws, X-rays, CT scans, and MRIs. The number of visits depends on medical necessity.</p>	<p>Preapproval may be required.</p>	<p>All members</p>
<p><b>Maternity Services</b></p> <p>The education, support, and care for women and newborns before and throughout pregnancy, during labor and birth, and after birth.</p> <p>Prenatal visits (care while you are pregnant) are covered. Postpartum care (care for the mother after the baby is born) is covered. Labor and delivery are covered.</p>	<p>No referral or preapproval is required</p>	<p>All members</p>

<p><b>Rides to care. Also called Non-Emergent Medical Transportation (NEMT) services</b></p> <p>Rides to care provides transportation to mental and behavioral health services for Members who need transportation assistance.</p>	<p>No referral or preapproval is required</p>	<ul style="list-style-type: none"> <li>• All members</li> <li>• Please see page 46 for more information</li> </ul>
<p><b>Outpatient Hospital Services</b></p> <p>Outpatient care is when you get care at the hospital, but do not need to stay overnight.</p> <p>Some examples are Chemo, Radiation, and Pain Management. The number of visits depends on medical necessity.</p>	<p>Preapproval may be required.</p>	<p>All members</p>
<p><b>Pharmaceutical Services (Prescription Medication)</b></p> <p>A medicine that can only be made available to a patient on the written instruction of an authorized health professional.</p> <p>Examples of prescription medicines include blood pressure tablets, cancer medicine and strong painkillers.</p>	<p>May need preapproval</p>	<ul style="list-style-type: none"> <li>• EOCCO does not cover all prescriptions.</li> <li>• To find a list of drugs covered by EOCCO, visit <a href="http://www.eocco.com/members/your-resources/pharmacy">www.eocco.com/members/your-resources/pharmacy</a></li> <li>• Please visit page 66 for more information on prescription medication</li> </ul>
<p><b>Physical Therapy Occupational Therapy Speech Therapy–</b></p> <p>Services to help you get back to full health. These usually help after surgery or injury. These services can also teach daily living skills. An example is speech therapy for a child who has not started to speak.</p> <p>The number of visits for therapy are limited to a combined 30 visits</p>	<p>Referral and Preapproval may be required.</p>	<p>All members</p>

<p>per calendar year for members 21 years of age and older and 60 combined visits for members through age 20.</p> <p>Additional visits may be approved based on medical necessity.</p>		
<p><b>Physical Examinations</b></p> <p>Annual physical exam – Once per calendar year for adults</p> <p>A physical exam checks your overall health. Your healthcare provider will evaluate the basic function of your organs, address any concerns, update your vaccinations, and help you get healthy or maintain good health.</p>	<p>No referral or preapproval is required for annual exam</p>	<p>All members</p>
<p><b>Immunizations and Travel vaccines (shots)</b></p> <p>The process of giving a vaccine to a person to protect them against disease.</p> <p>Unlimited if medically necessary</p>	<ul style="list-style-type: none"> <li>• No referral needed</li> <li>• Some immunizations (shots) may require preapproval</li> </ul>	<p>All members</p>
<p><b>Screenings (cancer, etc.)</b></p> <p>Medical tests that doctors use to check for diseases and health conditions before there are any signs or symptoms.</p> <p>The number of visits depends on medical necessity</p>	<p>Some screenings may require a referral</p>	<p>All members</p>
<p><b>Diabetes Prevention, nutritional counseling, tobacco cessation services</b></p> <p><b>Diabetes Prevention:</b></p> <p>An evidence-based year-long lifestyle change program to help participants at risk for type 2 diabetes adopt sustainable,</p>	<p>Referral or preapproval may be required</p>	<p>All members</p>

<p>healthy lifestyle choices and achieve weight loss.</p> <p><b>Nutritional Counseling</b></p> <p>A two-way interaction through which a patient and the member of the medical team interpret the results of a nutritional assessment, identify patient's nutritional problems, needs and goals, discuss ways to meet these goals, and agree on future steps and the frequency of monitoring.</p> <p><b>Tobacco Cessation Services</b></p> <p>Basic and intensive treatment that aims to support people who smoke to stop smoking. Also covers Prescriptions commonly used for quitting smoking &amp; tobacco use</p> <p>The number of visits depends on medical necessity.</p>		
<p><b>Primary Care Provider Visits</b></p> <p>A health care practitioner who sees people that have common medical problems. This person is most often a doctor. However, a PCP may be a physician assistant or a nurse practitioner. Your PCP is often involved in your care for a long time</p>	<p>No referral or preapproval is required</p>	<p>All members</p>
<p><b>Sexual Abuse Exams</b></p> <p>Is a forensic exam of a sexual assault patient by a health care provider</p>	<p>Direct Access. No preapproval or referral is required.</p>	<p>All members</p>
<p><b>Specialist Services</b></p> <p>A medical provider who has special training to care for a certain part of the body or type of illness. The number of visits depends on medical necessity. Some examples include:</p>	<ul style="list-style-type: none"> <li>• A referral and preapproval may be required.</li> <li>• Members on Special Healthcare Needs plans do not require</li> </ul>	<p>All members.</p>

dermatologist (skin provider), cardiology (heart provider), and orthopedics (bone provider).	a referral but may need preapproval.	
<p><b>Surgical procedures</b></p> <p>Surgical procedures may be covered if it is approved for treatment of a covered condition.</p> <p>Some examples include: appendix removal, tonsil removal, health surgeries, organ transplants, hip and knee replacement.</p>	Referral and preapproval may be required.	All members
<p><b>Telehealth Services</b></p> <p>Sometimes called telemedicine. This service lets your health care provider care for you without an in-person office visit. Telehealth is done primarily online with internet access on your computer, tablet, or smartphone.</p> <p>Some examples are Telemedical services, Virtual visits, and Email visits.</p> <p>Each provider will offer different telehealth services.</p>	No referral or preapproval is required.	<ul style="list-style-type: none"> <li>• All members</li> <li>• For more information on telehealth services, please see page 64.</li> </ul>
<p><b>Traditional Health Worker (THW) services</b></p> <p>Trusted individuals from their local communities who may also share socioeconomic ties and lived life experiences with health plan members. Members can have direct access.</p>	No referral is required.	All members
<p><b>Urgent Care Services</b></p> <p>Services that treat illness or injury that does not appear to be life – threatening, but also can't wait until the next day, or for primary care doctor to see them. Some examples include a cold, cuts that</p>	Direct access (No referral or preapproval is required)	All members

don't involve much blood but might need stitches, minor broken bones, sprains, and strains.		
<p><b>Women's Health Services (in addition to PCP) for routine and preventative care</b></p> <p>A branch of medicine that focuses on the treatment and diagnosis of diseases and conditions that affect a woman's physical and emotional well-being. Some examples include contraceptive care, cancer screenings, and breast exams.</p>	Direct access (No referral or preapproval is required)	All members
<b>Vision Services</b>		
<p><b>Eye Exam</b></p> <p>An examination that checks your vision and eye health.</p> <p>Pregnant people (21 or older) may have an eye exam every 24 months.</p> <p>Non-pregnant adults can also have a routine eye exam every 24 months.</p> <p>Children and pregnant people (20 and younger) may have an eye exam every 12 months.</p>	May need referral for non-routine services	<ul style="list-style-type: none"> <li>All members</li> </ul>
<p><b>Glasses (Lenses &amp; Frames)</b></p> <p>Eyeglasses have hard plastic or glass lenses supported by plastic or metal frames. The frame holds the lenses in front of the eyes using a bridge over the person's nose and temples that rest over the ears. They correct vision by increasing or reducing focusing power to the cornea and eye lens.</p> <p>Pregnant people (21 or older) may get new glasses every 24 months.</p>	May need referral and preapproval	<ul style="list-style-type: none"> <li>All members</li> </ul>

Children and pregnant people (20 and younger) may get new glasses every 12 months.		
<b>Contact Lenses</b> Medical devices worn directly on the cornea of the eye to correct refractive errors and perform this function by adding or subtracting focusing power to the eye's cornea and lens	May need referral and preapproval	These are covered if you have the condition keratoconus

The table above is not a full list of services that need preapproval. If you have questions about preapprovals, please call EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711). Our office hours are Monday through Friday, 7:30 a.m. to 5:30 p.m. PT

## Behavioral health care benefits.

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

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

Service	How to access	Who can get it
<b>Assertive Community Treatment</b> Assertive Community Treatment (ACT) is a comprehensive, team-based care model for people who have had multiple hospitalizations or crisis services due to serious and persistent mental illnesses and who require additional support and care. ACT is provided for people age 18 and older. People receiving ACT services may interact with the care team on a daily or almost daily basis (4 or more contacts per week). There are no limits for members to receive ACT services and is based on individual needs.	Must complete screening and on-line referral form. No preapproval is required	Based on individual needs

<p><b>Behavioral Health Assessment and Evaluation Services</b></p> <p>Behavioral Health Assessment and Evaluation Services are processes that help behavioral health providers gather information to develop a diagnosis and plan of care. This includes interviews, gathering information from family members and possibly other outside sources like caseworkers or other service providers.</p>	<ul style="list-style-type: none"> <li>• Direct access</li> <li>• No referral or preapproval is required</li> </ul>	<p>All members</p>
<p><b>Behavioral Health Psychiatric Residential Treatment Services (PRTS)</b></p> <p>PRTS services are intensive clinical, residential behavioral health services designed to help children and youth under the age of 21 who are experiencing serious emotional and mental health symptoms. These services are provided in residential settings and may last a week or more than three months depending on the person's need and recommendations of the care team.</p> <p>Length of stay depends on medical necessity or medical appropriateness</p>	<ul style="list-style-type: none"> <li>• Certificate of Need (CON) required</li> <li>• Preapproval is required.</li> </ul>	<p>21 years and under</p>
<p><b>Care Coordination Services</b></p> <p>Care Coordination includes communication between the person being served, family, community resources and all involved providers or agencies. Care coordination helps people with better service and life transitions while accessing health services.</p>	<ul style="list-style-type: none"> <li>• Direct access</li> <li>• No referral or preapproval required</li> </ul>	<ul style="list-style-type: none"> <li>• All members</li> <li>• Please see page 53 for more information</li> </ul>
<p><b>Crisis Respite</b></p> <p>Crisis respite services are provided within a residential treatment facility and designed to help a person stabilize after a mental health crisis.</p>	<p>No preapproval is required</p>	<p>All members</p>

<p>This service is usually short-term, three to five days, and is for the purpose of helping a person become more calm and ready to return to their home and community-based behavioral health care.</p> <p>Length of stay based on medical necessity or medical appropriateness up to 30 days.</p>		
<p><b>Early Assessment Support Alliance (EASA)</b></p> <p>EASA is a network of individuals and programs that provide rapid identification, support, assessment and treatment for teens and young adults who are experiencing early signs of psychosis. EASA includes peer support provided by youth and young adults. EASA services are more intensive at first and may include daily contact.</p>	<p>Must complete screening</p>	<p>All members</p>
<p><b>Eating Disorder Treatment (Inpatient, Partial Hospitalization)</b></p> <p>Inpatient and partial hospitalization for eating disorders may include any combination of the following: therapy, medical care and monitoring, nutritional counseling, and medication. These services are provided in residential settings. The goal is to help a person stabilize both physically and mentally and be ready for the next phase of treatment in the community. The length of stay varies depending on individual needs and the recommendation from a person's care team.</p> <p>The number of visits depends on medical necessity</p>	<p>Preapproval is only required for out of network visits</p>	<p>All members</p>

<p><b>Intensive In-Home Behavioral Health Treatment (IIBHT)</b></p> <p>IIBHT is a program offering services and supports delivered in a community setting to children, infant to 20 years of age, and their family. Services typically include skills training, individual and family therapy, case management, in-home support, 24/7 crisis response, medication management, and peer services for both youth and family members. The minimum number of service hours provided by an IIBHT provider is four planned hours per week of in-home or community-based services.</p>	<p>Must complete screening</p>	<p>All members</p>
<p><b>Inpatient Psychiatric Hospitalization</b></p> <p>Inpatient psychiatric hospitalization services are designed to diagnose and treat people of all ages with serious and acute mental health needs. This service is provided in a hospital setting and lasts as long as needed based on the clinical care team which includes a psychiatrist and other medical staff.</p> <p>Length of stay based on medical necessity or medical appropriateness.</p>	<p>Preapproval is required</p>	<p>All members</p>
<p><b>Mental Health Crisis Services</b></p> <p>Mental health crisis services are a combination of services, support, and treatment for people experiencing a behavioral health crisis. Services may be provided anywhere in the community where a person may be in crisis including hospitals, jails, schools, or local businesses to name a few.</p>	<ul style="list-style-type: none"> <li>• Direct Access</li> <li>• No referral or preapproval required</li> </ul>	<p>All members</p>

<p><b>Outpatient and Peer Delivered Behavioral Health Services from an <u>in-network provider</u></b></p> <p>Outpatient and peer delivered behavioral health services include community-based, non-residential services and support such as individual counseling and therapy, group therapy, case management, and outreach support for people of all ages. These services are designed to help people overcome challenges related to mental health conditions and achieve individual recovery goals.</p>	<ul style="list-style-type: none"> <li>• Direct access</li> <li>• (No referral or preapproval is required)</li> </ul>	<p>All members</p>
<p><b>Outpatient and Peer Delivered Behavioral Health Services from an <u>out of network provider</u></b></p> <p>Outpatient and peer delivered behavioral health services from an out of network provider are the same services as those described above. Out of network providers do not have an agreement with the CCO, but OHP Members have the right to request services from an out of network provider for various reasons. For instance, an out of network provider may be more accessible to the Member or may provide services in a language preferred by the Member.</p>	<ul style="list-style-type: none"> <li>• Direct access</li> <li>• Preapproval is required</li> </ul>	<p>All members</p>
<p><b>Prescription Medication (Behavioral Health Specific)</b></p> <p>Prescription medications to treat behavioral health conditions may include anti-depressants, anti-anxiety medications or other medications that help reduce symptoms of mental illness.</p>	<p>Preapproval may be required</p>	<ul style="list-style-type: none"> <li>• Not all prescriptions are covered.</li> <li>• Most medications for Behavioral Health are paid by the OHA.</li> </ul>

<p><b>Rides to care. Also called Non-Emergent Medical Transportation (NEMT) services</b></p> <p>Rides to care provides transportation to mental and behavioral health services for Members who need transportation assistance.</p>	<p>No referral or preapproval is required</p>	<ul style="list-style-type: none"> <li>• All members</li> <li>• Please see page 46 for more information</li> </ul>
<p><b>Systems of Care and Wraparound Services</b></p> <p>Systems of Care is a set of services and supports for youth and families who have health or other challenges. It is also a program for youth and families that are at risk of having challenges. These services help families overcome barriers in the system and function better in life</p> <p>Wraparound is a team planning process. It uses Systems of Care to help youth and their families reach a common goal.</p>	<ul style="list-style-type: none"> <li>• Must complete screening</li> <li>• No preapproval required</li> <li>• Referral is required</li> <li>• The referral form for every county in the EOCCO service area is available on the EOCCO website under “Services and Support”.</li> </ul>	<p>Children and youth that meet medical criteria</p>
<p><b>Specialist Services such as Electroconvulsive therapy (ECT), Transcranial magnetic stimulation (TMS), Neuropsychological and psychological evaluations</b></p> <p>ECT is a treatment that sends an electric current through the brain. ECT is used to treat people with severe depression, acute mania and schizophrenic syndromes.</p> <p>TMS is a procedure using magnetic fields to stimulate nerve cells in the brain to improve symptoms of major depression when other treatments have been unsuccessful.</p> <p>Psychological evaluation, or testing, is a process used to diagnose psychiatric and developmental conditions such as anxiety, depression, ADHD, and autism spectrum disorders.</p>	<p>Preapproval is required</p>	<p>All members</p>

Neuropsychological evaluations – also called neuropsychological testing – includes in-depth assessment of skills and abilities that are linked to brain function. This includes memory, visual-spacial skills, social-emotional functioning, attention, problem-solving, IQ and visual-spacial skills.		
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The table above is not a full list of services that need preapproval. If you have questions about preapprovals, please call EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711). Our office hours are Monday through Friday, 7:30 a.m. to 5:30 p.m. PT.

### Substance use treatment benefits.

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

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

Treatment includes:

- Counseling office visits
- Medical assisted treatment (MAT)
- Synthetic opiate and methadone treatment
- Suboxone and naltrexone treatment
- Detoxification services
- Residential treatment services

Service	How to access	Who can get it
<p><b>Medication Assisted Treatment for Substance Use Disorders (also known as “Medications for Opioid Use Disorders (MOUD) and Alcohol Use Disorders (AUD)”</b></p> <p>Food and Drug Administration (FDA) approved medications for the treatment of opioid disorders include Buprenorphine, Methadone, and Naltrexone. FDA approved medications for the treatment of alcohol use disorders include Naltrexone, Acamprosate, and Dilsulfuram. When medications are</p>	<p>No preapproval required for first 30 days of treatment. May require a referral.</p>	<p>All members</p>

<p>prescribed to treat opioid and alcohol use disorders there are usually more frequent contacts with a healthcare professional in the beginning.</p> <p>Medications are more effective when used in combination with “talk” therapy provided by a counselor or therapist. Medications used to treat opioid and alcohol use conditions may be needed for a shorter term or may be needed for an extended period of time based on the severity of symptoms and length of time a person has used substances.</p>		
<p><b>Residential Substance Use Disorder Services for both in network and out of network providers</b></p> <p>Residential substance use disorder treatment is provided by programs that deliver therapy and rehabilitation in a home-like setting for people with more serious substance use related life challenges. Residential substance use disorder treatment is available to children and youth over the age of 12 and adults over 18. A person may stay in a residential treatment program for one week or up to three months depending on their needs.</p>	<p>Preapproval is required</p>	<p>All members</p>
<p><b>Substance Use Withdrawal Management (also known as Detox) Services for both in network and out of network</b></p> <p>Withdrawal management (aka detox) services provide people who are experiencing acute symptoms of withdrawal from substances a safe, supportive and caring environment to “clear” all substance out of their system. Withdrawal management services may be less or more</p>	<p>Preapproval is required</p>	<p>All members</p>

<p>intensive based on the person's need.</p>		
<p><b>Outpatient Substance Use Disorder (SUD) and Problem Gambling services, including peer services for in network providers</b></p> <p>Outpatient and peer delivered behavioral health services include community-based, non-residential services and support such as individual counseling and therapy, group therapy, case management, and outreach support for people of all ages. These services are designed to help people overcome symptoms related to substance use and problem gambling conditions and achieve individual recovery goals. Peer delivered services must driven by a plan of care.</p>	<ul style="list-style-type: none"> <li>• Direct access</li> <li>• No referral or preapproval is required</li> </ul>	<p>All members</p>
<p><b>Outpatient Substance Use Disorder (SUD) and Problem Gambling services from an out of network provider</b></p> <p>Outpatient and peer delivered behavioral health services from an out of network provider are the same services as those described above. Out of network providers do not have an agreement with the CCO, but OHP Members have the right to request services from an out of network provider for various reasons. For instance, an out of network provider may be more accessible to the Member or may provide services in a language preferred by the Member.</p>	<ul style="list-style-type: none"> <li>• Direct access</li> <li>• Preapproval is required</li> </ul>	<p>All members</p>
<p><b>Rides to care. Also called Non-Emergent Medical Transportation (NEMT) services</b></p> <p>Rides to care provides transportation to covered substance use disorder</p>	<p>No referral or preapproval is required</p>	<ul style="list-style-type: none"> <li>• All members</li> <li>• Please see page 53 for more information</li> </ul>

services for Members who need transportation assistance.		
<b>Care Coordination Services</b> Care Coordination includes communication between the person being served, family, community resources and all involved providers or agencies. Care coordination helps people with better service and life transitions while accessing health services.	Direct access No referral or preapproval required	<ul style="list-style-type: none"> <li>• All members</li> <li>• Please see page 44 for more information</li> </ul>

The table above is not a full list of services that need preapproval. If you have questions about preapprovals, please call EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711). Our office hours are Monday through Friday, 7:30 a.m. to 5:30 p.m. PT

## 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.

EOCCO works with two dental care plans:

- Advantage Dental
- ODS Community Dental

Your assigned plan will be listed on your EOCCO ID card. If you need care right away and do not know which plan you have, please call:

EOCCO Customer Service

888-788-9821 (TTY/OREGON RELAY users, please call 711)

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

The county you live in will determine which plan provides your dental benefits. See the list below.

Advantage Dental

[www.advantagedental.com](http://www.advantagedental.com)

866-268-9631 (TTY/OREGON RELAY users, please call 711)

Hours: Monday through Thursday, 8 a.m. to 6 p.m.; Friday, 8 a.m. to 5 p.m.

Counties served include Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, and Wheeler

ODS Community Dental

[www.odscommunitydental.com/](http://www.odscommunitydental.com/)

800-342-0526 (TTY/OREGON RELAY users, please call 711)

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

Counties served include Baker, Grant, Malheur, Umatilla, Union, Wallowa, and Wheeler

For information on Veterans and COFA dental plans, please see page (44)

### Changing dental care plans

If you didn't choose the dental plan you are assigned to, you may change it. You may change your dental plan twice per year. To request to switch, please call: EOCCO Customer Service 888-788-9821 (TTY/OREGON RELAY users, please call 711) Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PT

**Important: A CCO member may see a different dentist in the same dental plan (ODS or Advantage Dental).**

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

- Healthy teeth keep your heart and body healthy, too.
- You should see your dentist once a year.
- When you're pregnant, keeping your teeth and gums healthy can protect your baby's health.
- Fixing dental problems can help you control your blood sugar.
- Children should have their first dental check-up by age 1.

### Please see the table below for what dental services are covered.

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

Sometimes you may need to see a specialist. Common dental services that need to be referred to a specialist are:

- Oral Surgery
- Hospital or surgery center
- Root canals
- Gum issues
- In office sedation

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

Covered Services	How to Access	Who can get it
<b>Emergency and Urgent Dental care</b>  Examples: extreme pain or infection, bleeding or	No referral or approval is required	All members

swelling, injuries to teeth or gums		
<b>Benefits for Pregnant People and those under 21 years old</b> Members under 21 can receive additional services treatments beyond the quantity limits		
<b>Oral Exams</b> A problem focused, periodic, or comprehensive exam. Two exams every 12 months for pregnant people and members under 21.	No preapproval required. Referral needed if not your PCD.	Members under 21 and pregnant people
<b>Oral Cleanings</b> A cleaning. Two cleanings every 12 months for pregnant people and members under 21.	No preapproval required. Referral needed if not your PCD.	Members under 21 and pregnant people
<b>Orthodontics</b> Example: Braces In cases such as cleft lip and palate, or when speech, chewing and other functions are affected. It is required to have approval from your dentist and to not have any cavities or gum disease.	Preapproval needed	Members under 21
<b>Fluoride treatment</b> A liquid is used to help stop cavities.  Two treatments every 12 months for pregnant people and members under 21.  Members through age 18: Twice a year *  Members through age 18 with high risk: Four times per year. *  Members 19 years old and up: Once a year. *	No preapproval required. Referral needed if not your PCD.	All members

<p>Members 19 years old and up with high risk: Up to four times per year. *</p> <p>*Additional services may be EPSDT benefit</p>		
<p><b>Oral X-rays</b> x-rays of teeth and bone. Once every 12 months for pregnant people and members under 21.</p>	No referral or preapproval is required	Members under 21 and pregnant people
<p><b>Sealants</b> A liquid is placed to stop decay on tooth. Only those under Age 16. On Adult Back Teeth Once Every 5 Years</p>	No referral or preapproval is required	Members under 16
<p><b>Fillings</b> A filling placed on a tooth to fix a cavity. As Needed for pregnant people and members under 21.</p>	No referral or preapproval is required	Members under 21 and pregnant people
<p><b>Partial dentures</b> A denture to replace multiple missing teeth.  Once Every 5 Years for pregnant people and members under 21.</p>	Preapproval required. Referral needed if not your PCD.	Members under 21 and pregnant people
<p><b>Complete dentures</b> A denture to replace all missing teeth. Once Every 10 Years for pregnant people and members under 21.</p>	No preapproval required. Referral needed if not your PCD.	Members under 21 and pregnant people
<p><b>Crowns</b> A tooth shaped cap to cover a tooth. Some Upper and Lower Front Teeth. 4 Crowns Every 7 Years for pregnant people and members under 21.</p>	Preapproval required. Referral needed if not your PCD.	Members under 21 and pregnant people
<p><b>Extractions</b></p>	No preapproval required. Referral needed if not your PCD.	Members under 21 and pregnant people

The removal of a tooth. As Needed for pregnant people and members under 21.		
<b>Root Canal Therapy</b> A procedure to replace infected pulp in a root canal. <ul style="list-style-type: none"> <li>• Not Covered on Third Molars (Wisdom Teeth).</li> <li>• Pregnant people Covered on First Molars.</li> </ul>	<ul style="list-style-type: none"> <li>• No preapproval required for Front Teeth &amp; Pre-molars.</li> <li>• Preapproval required for Molars.</li> <li>• Referral needed if not your PCD.</li> </ul>	Members under 21 and pregnant people
<b>Benefits for Adults (Not Pregnant, over 21 years)</b>		
<b>Oral Exams</b> A problem focused, periodic, or comprehensive exam. For <u>Advantage members</u> : Once every 12 months for adults over 21 For <u>ODS members</u> : Twice every 12 months for adults over 21	No preapproval required. Referral needed if not your PCD.	All members
<b>Oral Cleanings</b> A cleaning. For <u>Advantage Members</u> : Once every 12 months for adults over 21 For <u>ODS members</u> : Twice every 12 months for adults over 21	No referral or preapproval is required	All members
<b>Fluoride treatment</b> A liquid used to help stop cavities. For <u>Advantage Members</u> : Once every 12 months for adults over 21 For <u>ODS members</u> : Twice every 12 months for adults over 21	No referral or preapproval is required	All members
<b>Oral X-rays</b> x-rays of teeth and bone. Once a Year for adults over 21.	No referral or preapproval is required	All members

<b>Sealants</b> A liquid placed to stop decay on tooth	Not Covered	
<b>Fillings</b> A filling placed on a tooth to fix a cavity.  For adults over 21: As Needed for front teeth. One time every 5 years for back teeth.	No referral or preapproval is required	All members
<b>Partial dentures</b> A denture to replace multiple missing teeth.  Once Every 5 Years for adults over 21	Preapproval required. Referral needed if not your PCD.	All members
<b>Complete dentures</b> A denture to replace all missing teeth.  Once Every 10 Years for adults over 21.	No preapproval required. Referral needed if not your PCD.	All members
<b>Crowns</b> A tooth shaped cap to cover a tooth	Not Covered	
<b>Extractions</b> The removal of a tooth.  As Needed for adults over 21.	No preapproval required. Referral needed if not your PCD.	All members
<b>Root Canal Therapy</b> A tooth shaped cap to cover a tooth.  Only on Front Teeth and Pre-Molars for adults over 21.	No preapproval required. * Referral needed if not your PCD.	All members

The table above is not a full list of services that need preapproval or referral. If you have questions, please call your dental plan. Your dental plan is listed on your Member ID card. If you don't know which plan you have, please call EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call, 711).

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

If you are a member of the Veterans Dental Program or COFA Dental Program, EOCCO **only** provides dental benefits, care coordination, and free rides to dental appointments.

Members of the Veterans Dental Program and COFA Dental Program can also get prescription medications from their dental provider for a covered dental service. This is covered through OHP.

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

If you have questions regarding coverage and what benefits are available, contact Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711).

### **Services that OHP pays for.**

EOCCO 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. Sometimes CCOs call these services "noncovered" benefits. There are two types of services OHP pays for directly:

1. Services where you get care coordination from EOCCO.
2. Services where you get care coordination from OHP.

### **Services with EOCCO care coordination.**

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

#### **EOCCO will coordinate your care for the following services:**

- Planned Community Birth (PCB) services including 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 EOCCO
- Family Connects Oregon services
- Helping members to get access to behavioral health services. Examples of these services are:
  - Certain medications for some behavioral health conditions
  - Therapeutic group home payment for members under 21 years old
  - Long term psychiatric (behavioral health) care for members 18 years old and older
  - Personal care in adult foster homes for members 18 years and older
- And other services

For more information or for a complete list about these services, call Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711).

## Services that OHP pays for and provides care coordination.

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

- Doctor aided suicide (also called physician-assisted suicide) under the Oregon Death with Dignity Act
- Comfort care (hospice) services for members who live in skilled nursing facilities
- School-based services that are provided under the Individuals with Disabilities Education Act (IDEA). For children who get medical services at school, such as speech therapy.
- Medical exam to find out if you qualify for a support program or casework planning
- Procedure to end pregnancy (also called an abortion)
- And other services

Contact OHP's Acentra Health Care Coordination team at 800-562-4620 (TTY/OREGON RELAY users, please call 711) for more information and help with these services.

You can still get a free ride from EOCCO NEMT for any of these services. See page 46 for more information. Call EOCCO NEMT at 1-877-875-4657 (TTY/OREGON RELAY users, please call 711) to schedule a ride or ask questions.

### Moral or Religious objections.

EOCCO does not limit services based on moral or religious objections.

## Access to the care you need.

Access means you can get the care you need. You can get access to care in a way that meets your cultural and language needs. EOCCO 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.

Network providers provide physical access, reasonable accommodations, and accessible equipment for Medicaid members with physical or mental disabilities. You or a representative can request accommodations by calling your providers office.

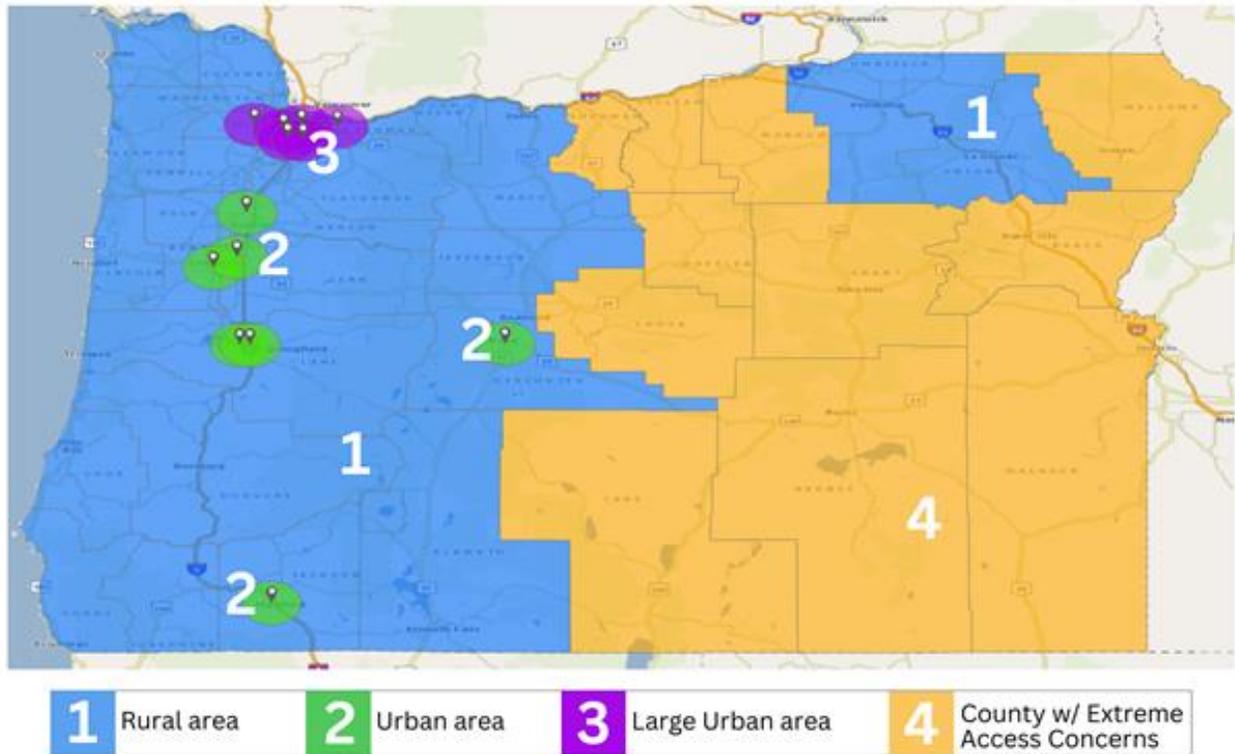
All our network providers offer hours of operation that are no less than the hours to Medicaid members that they offer to Medicaid FFS and commercial members. EOCCO follows the state's rules about how far you may need to travel to see a provider. The rules are different based on the provider you need to see and the area you live in. Primary Care Providers are "Tier 1", meaning they will be closer to you than a specialist like Dermatology, who is "Tier 3". If you live in a remote area it will take longer to get to a provider than if you live in an urban area.

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

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

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

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



## 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
<b>Physical health</b>	
Regular appointments	Within 4 weeks
Urgent Care	Within 72 hours or as indicated in the initial screening.
Emergency Care	Immediately or referred to an emergency department depending on your condition.
<b>Oral and dental care for children and non-pregnant people</b>	
Regular oral health appointments	Within 8 weeks unless there is a clinical reason to wait longer.
Urgent oral care	Within 2 weeks.
Dental Emergency services	Seen or treated within 24 hours
<b>Oral and dental care for pregnant people</b>	
Routine oral care	Within 4 weeks unless there is a clinical reason to wait longer.
Urgent dental care	Within 1 week
Dental emergency services	Seen or treated within 24 hours
<b>Behavioral health</b>	

Routine behavioral healthcare for non-priority populations	Assessment within 7 days of the request, with a second appointment scheduled as clinically appropriate.
Urgent behavioral healthcare for all populations	Within 24 hours
Crisis Behavioral Health Services	24 hours - 7 days a week
<b>Specialty behavioral healthcare for priority populations*</b>	
Pregnant women, veterans and their families, women with children, unpaid caregivers, families, and children ages 0-5 years, members with HIV/AIDS or tuberculosis, members at the risk of first episode psychosis and the I/DD population	Immediate assessment and entry. If interim services are required because there are no providers with visits, treatment at proper level of care must take place within 120 days from when patient is put on a waitlist.
IV drug users including heroin	Immediate assessment and entry. Admission for services in a residential level of care is required within 14 days of request, or, placed within 120 days when put on a waitlist because there are no providers available.
Opioid use disorder	Assessment and entry within 72 hours
Medication assisted treatment	As soon as possible, but no more than 72 hours for assessment and entry.

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

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

You may see out-of-network providers when services in-network do not meet your cultural, language, or medical needs.

If you have any questions about access to care, call Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711).

**Second opinions** Your provider will give you a diagnosis or treatment plan. If you want a second opinion, you can request one at no cost to you. Just call EOCCO Customer Service at 888-788-9821 and tell us you would like a second opinion. Our office hours are Monday through Friday, 7:30 a.m. to 5:30 p.m. PT. TTY/OREGON RELAY users, please call 711.

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 EOCCO customer service for help. We will arrange the second opinion for free.

## Transgender health

EOCCO respects the healthcare needs of all of its members. This includes members who identify as or are:

- Trans women
- Trans men

- Gender nonconforming
- Two-spirit
- Non-binary

We cover gender transition services. To learn more, call EOCCO Customer Service at: 888-788-9821 (TTY/OREGON RELAY users, please call 711).

Our providers will also make sure you will have physical access, reasonable accommodations and accessible equipment if you have physical and/or mental disabilities. If you have any questions about access to care, how to see an out-of-network provider, or to request any accommodations please contact EOCCO Customer Service at 888-788-9821. Our office hours are Monday through Friday, 7:30 a.m. to 5:30 p.m. PT. TTY/OREGON RELAY users, please call 711. Providers also make sure office hours are the same for EOCCO members and everyone else.

### **Rides to care.**

You can get free rides to covered appointments. See page 46 to learn how you can get free rides. Call EOCCO NEMT at 1-877-875-4657 (TTY/OREGON RELAY users, please call) for help or to schedule a ride.

If you would like to see our Free Ride guide please visit our website: [www.eocco.com/-/media/EOCCO/PDFs/Member/EOCCO-NEMT-Requirements-Rider-Guide.pdf](http://www.eocco.com/-/media/EOCCO/PDFs/Member/EOCCO-NEMT-Requirements-Rider-Guide.pdf)

### **Pick a provider.**

You have the right to choose your provider and where you get your health care. You can pick from the list of providers who work with EOCCO. The list of providers is called the EOCCO Provider Directory. Learn more about the directory on page 52.

### **Help organizing your care.**

Care coordination means you will get help to schedule your visits, get support and resources. Learn more about care coordination on page 53 or call Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711).

## **Free rides to care (NEMT)**

### **Free rides to appointments for all EOCCO members.**

If you need help getting to an appointment, call EOCCO NEMT for a free ride. You can get a free ride to any physical, dental, pharmacy, or behavioral health visit that is covered by EOCCO. Members with both Medicare and Medicaid can get free rides to appointments.

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

### **Schedule a ride.**

Call EOCCO NEMT at [1-877-875-4657 (TTY/OREGON RELAY users, please call, 711)

Hours: Monday through Friday, 8:00 am to 5:00 pm EOCCO NEMT is closed on the following holidays:

- New Year's Day – January 1st
- Memorial Day – Last Monday in May
- Independence Day – July 4th
- Labor Day – First Monday in September
- Thanksgiving Day – Fourth Thursday in November
- Christmas Day – December 25th

Please call at least 2 business days before the appointment to schedule a ride. This will help make sure we can meet your ride needs. Please call as soon as possible for longer distanced rides.

You can call to get a same or next-day ride. Please call EOCCO NEMT. It may be difficult to get a same day ride if you are traveling to a rural area. You still have the right to ask for a same day ride.

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

### **What to expect when you call.**

EOCCO has ride call center staff who can help in your preferred language and in a way that you can understand. This help is free.

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

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

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

We will check to see if you are an EOCCO member and if your appointment is for a service that is covered. You will get more information about your ride within 24 hours. You will get information about your ride request in a way you pick (phone call, email, or fax).

If you request a ride less than two (2) 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.

### **Pick up and drop off.**

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

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

- **First appointment of the day:** We will drop you off no more than 15 minutes before the office opens.
- **Last appointment of the day:** We will pick you up no later than 15 minutes after the office closes, unless the appointment is not expected to end within 15 minutes after closing.
- **Asking for more time:** You must ask to be picked up earlier or dropped off later than these times. Your representative, parent or guardian can also ask us.
- **Call if 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 the ride company. 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 1 hour after you call.

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

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

### **You have rights and responsibilities as a rider:**

You have the right to:

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

Your responsibilities are to:

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

### **Cancel or change your ride.**

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

You can call the EOCCO NEMT Monday through Friday, 8:00 a.m. to 5:00p.m. Leave a message if you can't call during business hours. Call EOCCO NEMT at 1-877-875-4657 (TTY/OREGON RELAY users, please call 711) if you have any questions or ride changes.

## **When you don't show up.**

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

Having a restriction means we might limit the number of rides you can make, limit you to one driver, or require calls before each ride.

## **If your ride is denied.**

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

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

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

You have the right to make a complaint or grievance at any time. Some examples of a complaint or grievance are:

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

Learn more about making a complaint or asking for an appeal on page 91.

## **Rider Guide**

Get the EOCCO NEMT Free Ride Guide at: [www.eocco.com/members/your-resources/non-emergent-medical-transportation](http://www.eocco.com/members/your-resources/non-emergent-medical-transportation) You or your representative can also call Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711) to ask for a free paper copy. It will be sent in 5 business days. The paper copy can be in the language and format 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.

## **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 EOCCO network. If you do not pick a provider within 90 days of becoming a member, EOCCO will assign you to a clinic or will pick a PCP for you. EOCCO will send you a letter with your provider's information.

### **In-network providers**

EOCCO works with some providers, but not all of them. Providers that we work with are called in-network or participating providers. Providers we do not work with are called out-of-network providers. You may be able to see out-of-network providers if needed, but they must work with the Oregon Health Plan.

Your PCP will work with you to help you stay as healthy as possible. They keep track of all your basic and specialty care needs. Your PCP will:

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

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

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

If you do not pick a PCP we will pick one for you, please call Customer Service if you would like to change your PCP. You can start seeing your new PCP on the day this change is made.

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

### **Picking a PCP**

As a member, you pick a clinic or doctor's office as your PCP. Pick your PCP by mailing us the PCP Selection Sheet you got with your welcome packet. EOCCO may also assign you a PCP if you do not pick one within 90 days of enrollment with EOCCO. If you later want to change the PCP EOCCO picked for you, please call Customer Service. If you did not receive a welcome packet, call us.

Once you pick a PCP or when EOCCO assigns one for you, you will get a new EOCCO ID card with your PCP's name and phone number.

Find your PCP's phone number and other information in the provider search tool at [www.eocco.com/eocco-provider-search/](http://www.eocco.com/eocco-provider-search/). You can also get your PCP's phone number and contact information from EOCCO Customer Service at 888-788-9821. Office hours are Monday through Friday, 7:30 a.m. to 5:30 p.m. PT. TTY/OREGON RELAY users, please call 711.

It is important that you know how to use your dental plan. Your dental plan may help you choose a dental clinic or office as your primary care dentist (PCD). Your PCD will work with you to take care of your dental needs. To contact your dental plan see page 40. Each member of your family must have a dentist that will be their primary care dentist (PCD). You will go to your PCD for most of your dental care needs. Your PCD will send you to a specialist if you need to go to one.

Your PCD is important because they:

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

## Changing your PCP

You can change your PCP at any time.

To pick a new PCP, use the provider search tool at [www.eocco.com/eocco-provider-search/](http://www.eocco.com/eocco-provider-search/). We can also help you in this process. Call EOCCO Customer Service at 888-788-9821 and tell us who you have picked to be your PCP. Office hours are Monday through Friday, 7:30 a.m. to 5:30 p.m. PT. TTY/OREGON RELAY users, please call 711. If approved, you can start seeing your new PCP on the day your PCP change is made. Each eligible member of your family must pick a PCP. Each person can have a different PCP.

***Any time you pick a new PCP, EOCCO will send you a new ID card in the mail. Please make sure your address is always updated with Oregon Health Plan.***

## Changes to your PCP

**If there is a change and your PCP stops working with EOCCO, we will send you a letter 30 days before the change happens. If this change was already made, we will send you a letter within 15 calendar days of the change.**

## Provider directory.

You can pick/change a PCP by:

- Going to our website and visit the provider directory at: [www.eocco.com/eocco-provider-search/](http://www.eocco.com/eocco-provider-search/).
- Call Customer Service

How to tell us who you picked to be your PCP:

- Filling out the online form: <https://www.eocco.com/providers/pcp>
- Mail us the PCP Selection Sheet you got with your welcome packet.
- Call Customer Service

EOCCO may assign you a PCP if you do not pick one in the first 90 days of enrollment with EOCCO.

If you did not receive a welcome packet, call us.

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 American Sign Language, translations, and interpreters).

- Accommodations for people with physical disabilities.

You can get a paper copy. You can get it in another format (such as other languages, large print, or Braille) for free. Call Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 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 EOCCO member.
- Your name and EOCCO ID number.
- What kind of appointment you need.
- If you need an interpreter and the language you need.

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

**You can get a free ride to your appointment.** Learn more about free rides to care on page 46.

## **Missed appointments.**

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

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

## **Get help organizing your care with Care Coordination.**

You can get care coordination from your patient-centered primary care home (PCPCH), primary care provider, or other primary care team. You or someone speaking on your behalf can ask for Care Coordination at anytime. You can talk to your provider or EOCCO Customer Service to ask for a care coordinator. You can also visit <https://www.eocco.com/members/your-resources/Coordinated-Care> for more information about Care Coordination.

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

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

Once you start getting Care Coordination, EOCCO will send you a letter to let you know who, from your care coordination team, is primarily responsible for coordinating your care and services.

You or your representative can ask us for a care coordinator. Call Customer Service at 888-788-9821 Monday through Friday, 7:30 a.m. to 5:30 p.m. (TTY/OREGON RELAY users, please call, 711)

### **Working together for your care.**

Your care coordinator team will work closely with you. It will include different people who will work together to meet your needs, such as providers, specialists, and community programs you work with.

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

Once you are assigned to a care coordinator, you will get a letter with their contact information so that you always know how to reach them. You and your assigned care team will make a plan called a care plan. This plan will help meet your needs. 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 it. You will get a copy of your care plan. If you have a representative, they are able to work with the care coordinator on these things for you.

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

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

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

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

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

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

## **Members with Medicare.**

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

## **Intensive Care Coordination**

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

You or your representative can ask for ICC services at any time and find out if this is right for you.

Some people who qualify for ICC services may be:

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

Intensive Care Coordination can also help children:

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

You and your ICC coordinator will make a plan called an Intensive Care Coordination plan (ICCP). This plan will be made within 10 days of starting the ICC program. It will help you meet your needs. It will also help you keep personal health and safety goals.

Your care plan will list supports and services needed to help you reach your goals. The care plan will be updated every 90 days, or sooner if your health care needs change. You can get a copy of your plan.

You will have an ICC team to help you. This team will include different people who will work together to meet your needs, such as providers and specialists you work with. This plan addresses medical,

social, cultural, developmental, behavioral, educational, spiritual, and financial needs so you have positive health and wellness results. Your care team's job is to make sure the right people are part of your care plan to help you reach your goals. We will all work together to support you.

Your care coordinator can also:

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

Call EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711) to get an ICC care coordinator. EOCCO will make sure that you or your representative get your ICC care coordinator's name and phone number.

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

## Comprehensive and preventive benefits for members under age 21

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for OHP members from birth to age 21. This benefit 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.

### The EPSDT benefit covers:

- Any services needed to find or treat illness, injury, or other changes in health.
- "Well-child" or "adolescent well visit" medical exams, screenings, and diagnostic services to determine if there are any physical, oral/dental, developmental and mental health conditions for members under age 21.
- Referrals, treatment, therapy, and other measures to help with any conditions discovered.

For members under age 21, EOCCO has to give:

- Regularly scheduled examinations and evaluations of physical, mental health, developmental, oral/dental health, growth, and nutritional status.

- If EOCCO doesn't cover oral/dental health, you can still get these services through OHP by calling 1-800-273-0557.
- Starting January 1, 2023, 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 29.

Under EPSDT, EOCCO 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. EOCCO may choose to cover the least expensive option that will work for you.

You should always receive 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
- 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 888-788-9821 (TTY/OREGON RELAY users, please call 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 EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY, users, please call 711) for questions about EPSDT.,
  - Call your dental plan to set up dental services or for more information. Please see page 40 for contact information.
  - You, an eligible family member, and/or guardian can free get rides to and from covered EPSDT provider visits. Call 877-875-4657 (TTY/OREGON RELAY users, please call 711) to set up a ride or for more information.
- You can also find this information on our website at: [www.eocco.com/members/your-resources/general-resources](http://www.eocco.com/members/your-resources/general-resources)

## Screenings.

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

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

Screening visits must have:

- Developmental screening.
- Lead testing:
  - Children must have blood lead screening tests at age 12 months and 24 months. Any child between ages 24 and 72 months with no record of a previous blood lead screening test must get one.
  - Completion of a risk assessment questionnaire does not meet the lead screening requirement for children in OHP. All children with lead poisoning can get follow up case management services.
- Other needed laboratory tests (such as anemia test, sickle cell test, and others) based on age and client risk.
- Assessment of nutritional status.
- Overall unclothed physical exam with an inspection of teeth and gums.
- Full health and development history (including review of both physical and mental health development). This will include information from your other providers.
- Vaccines (shots) that meet medical standards:
  - Child Immunization Schedule (birth to 18 years):  
[www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)
  - Adult Immunization Schedule (19+):  
[www.cdc.gov/vaccines/schedules/hcp/imz/adult.html](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.
- Recommended services and screenings at certain ages, from birth to age 21. See the Bright Futures schedule here: [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- And others.

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

## **EPSDT referral, diagnosis and treatment.**

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

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

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

Screenings may find a need for the following services:

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

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

Services not covered under EPSDT Services:

- You can find your PCP's phone number on your EOCCO ID card. You can also use EOCCO's provider directory: [www.eocco.com/eocco-provider-search/](http://www.eocco.com/eocco-provider-search/)
- These services include: Supplemental Nutrition Assistance Program (SNAP), education programs or other social services programs, etc.
- A care coordinator can also connect you to community and social services. To learn more about care coordination please see page 53.
- If you have questions about referral for treatment and services from your PCP, please contact EOCCO Customer Service 888-788-9821 (TTY/OREGON RELAY users, please call 711). You can also call to ask about care coordination.

## **Traditional Health Workers (THWs).**

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

There are a few different kinds of traditional health workers:

- **Birth Doula:** A person who helps pregnant 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 public 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):** A person who has life experiences with mental health, addiction and recovery. Or they may have been a parent of a child with mental health or addiction treatment. They give support, encouragement, and help to those facing addictions and mental health issues. They can help you through the same things. There are different types of Peer Support Specialists to help support you based on your needs. These specialists include Family Support Specialists who help families, Youth Support Specialists who work with youth, Recovery Peers who help people recovering from addiction, and Mental Health Peers who support people with mental health challenges.
- **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.
- **Tribal Traditional Health Workers:** A person who helps tribal or urban Indian communities improve their overall health. They provide education, counseling, and support which may be specific to tribal practices.

THWs can help you with many things, like:

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

THWs are available throughout all of EOCCO's service counties and can do virtual, in-office, and in some cases, home visits.

All EOCCO members have the right to get THW services. EOCCO members qualify for THW services at no additional cost. Members can request THW services through self-referral by emailing [THW@eoocco.com](mailto:THW@eoocco.com) or calling 503-952-4495 (TTY 711), through their primary care physician or care team, and through EOCCO's provider portal at <https://www.eoocco.com/eoocco-provider-search/>. After a request, a member will be connected to an appropriate THW to receive THW services.

You or your representative can call or email our THW liaison to find out more about THWs and how to use their services.

### **THW Liaison Contact Information:**

Hannah Briggs

Email: THW@eocco.com

Phone: 503-952-4995 (TTY/OREGON RELAY users, please call 711)

If we change the contact information for the THW liaison, you can also find up-to-date information on our website at: [www.eocco.com/members/your-resources/general-resources](http://www.eocco.com/members/your-resources/general-resources)

## **Extra services**

### **In Lieu of Services (ILOS)**

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

1) Diabetes Self-Management Program (DSM) with Livongo as a substitute for Diabetes outpatient self-management training services This program is provided by Livongo and may be appropriate for members 18 years and older with type 1 or type 2 diabetes.

- The Diabetes Self-Management Program is offered online to manage your diabetes. If you are eligible for this program, you can get:
  - Strips and lancets at no cost
  - Easy-to-use blood glucose meter
  - Help and guidance from health coaches
- Register today
  - Call 1-800-945-4355 (TTY/OREGON RELAY users, please call 711)
  - Or enroll at [getstarted.livongo.com/EOCCO](http://getstarted.livongo.com/EOCCO)
  - Registration code: EOCCO

Deciding if an ILOS is right for you is a team effort. We work with your care team to make the best choice. The choice, however, is yours. You do not have to take part in any of these programs. If you have any questions about any of the benefits or services above, call EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711)

If you are using the Diabetes Self-Management Program and EOCCO stops the program, we will let you know in writing. This letter will also have information on how to make a complaint, grievance and appeal.

## Health-Related Services

Health-Related Services (HRS) are extra services offered by EOCCO. HRS help improve overall member and community health and well-being. HRS are flexible services for members and community benefit initiatives for members and the larger community. The EOCCO HRS program aids in the best use of funds to address social risks factors, like where you live, to improve community well-being. Members with both Medicare and Medicaid can also get these services. Learn more about health-related services at [www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx](http://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx).

## Flexible Services

Flexible services are support for items or services to help members become or stay healthy. EOCCO offers these flexible services:

- Cooking supplies to help you make healthy meals at home
- A gym membership for recovery if your doctor recommends it, or
- Air purifiers to make sure the air you are breathing is clean if you have asthma or other similar conditions.

Examples of other flexible services:

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

## Community Benefit Initiatives

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

Some examples are food, housing or transportation vouchers. To learn more about any CBIs offered in your community, contact your local Community Advisory Committee. Please visit [www.eocco.com/members/cac](http://www.eocco.com/members/cac) Examples of other community benefit initiatives are:

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

- Training for teachers and child-specific community-based organizations on trauma informed practices

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

You can start the request, but your provider can help fill out the form for you. Your health advocate can also start the request for health-related services.

To ask for flexible services and to read our frequently asked questions, please see the EOCCO Flexible Services Request Form at [www.eocco.com/-/media/EOCCO/PDFs/EOCCO-Flexible-Services-Request-form.pdf](http://www.eocco.com/-/media/EOCCO/PDFs/EOCCO-Flexible-Services-Request-form.pdf)

If you have questions about flexible services or need the form in another language or format to fit your needs, please call EOCCO Customer Service at 1-888-788-9821. TTY/OREGON RELAY users, please call 711. You can also talk to your provider about these services and form. They can help fill out the form for you.

Decisions to approve or deny flexible services requests are made on a case-by-case basis. If your flexible service request is denied, you will get a letter. You can't appeal a denied flexible service but you have the right to make a complaint. Learn more about appeals and complaints on page 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](mailto:OHA.OmbudsOffice@odhsoha.oregon.gov) or leave a message at 877-642-0450 (TTY/OREGON RELAY users, please call 711).

Another resource for supports and services in your community is 211 Info. Call 2-1-1 or go to the [www.211info.org](http://www.211info.org) website for help.

## Health Related Social Needs

Health-Related Social Needs (HRSN) are barriers to health, like housing or access to food. Please contact EOCCO to see what free HRSN Services are available. HRSN Services include:

- Housing Services: Help with rent and utilities, to get or keep housing, moving costs, and home modifications.
- Climate Services: Help to get health related air conditioners, heaters, air filters, portal power supplies and mini fridges. This will begin March 2024.
- Nutrition Services: Includes nutrition education, medically tailored meals, meals or pantry stocking, fruit and vegetable prescriptions.

Start dates for Health-Related Social Needs (HRSN) services are as followed below:

- Housing: This will begin no sooner than November 1, 2024, and will be for members at risk of becoming houseless. For others, this service will start at a later date.
- Climate: This will begin March 2024.

Need help? Call 1-888-788-9821 (TTY/OREGON RELAY 711) or visit [www.eocco.com](http://www.eocco.com)

- Nutrition: This will begin January 1, 2025.

You may be able to receive some or all of the HRSN Services if you are an OHP Member, and:

- Are homeless or at risk of being homeless;
- Are being discharged from an Institute for Mental Disease;
- Are being released from incarceration;
- Are a youth transitioning out of the child welfare system;
- Are a Youth with Special Healthcare Needs (cannot get services until 2025);
- Are an individual who is transitioning to dual status with OHP and Medicare; or

You must also meet certain criteria. To be screened for HRSN, please contact EOCCO. EOCCO can help you to schedule appointments for HRSN Services, including the screening.

You can ask to be screened for eligibility or to deny screening for eligibility. If approved, you can choose to receive or not receive HRSN Services. If approved, HRSN Services are free to you and you can opt out at any time. If you receive HRSN Services, your care coordination team will work with you to make sure your care plan includes the services you receive. See page 53 for Care Coordination and care plans.

Please note that to be screened for and receive HRSN Services, your personal data may be collected and used during referrals. You can limit the way in which your information is shared.

## Other programs available

### Online pain school

EOCCO is happy to launch a new chronic pain treatment program. This is offered through our website.

*Pain School* is a four-week program. It is one day per week for two hours. Here's what the class provides:

- |                                      |   |
|--------------------------------------|---|
| • Pain education                     | • Ways to improve your quality of life            |
| • Movement therapy                   | • Ways to help you return to the things you enjoy |
| • Tools and resources to reduce pain |   |

This program is focused on the total person. It is not focused on just the pain. A physician or PCP referral is helpful. However, it is not required to join. Learn more at [painschool.co/pain-schools-about/](http://painschool.co/pain-schools-about/).

Online Pain School is a pilot program sponsored by EOCCO. It is a complement to the existing pain clinic programs. Existing programs are in La Grande and Baker City.

### Health coaching for quitting tobacco

You can get a health coach to help you quit tobacco use. Coaching is available at no cost. Tools and services are included in the program to help you make healthy choices and to take care of yourself. To contact a tobacco quit coach, please call:

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

## EOCCO Health Promotion and Wellness

Email: [careprograms@modahealth.com](mailto:careprograms@modahealth.com)  
877-277-7281 (TTY/OREGON RELAY users, please call 711)

## Getting care by video or phone.

Telehealth (also known as telemedicine and tele-dentistry) 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. EOCCO will cover telehealth visits. Telehealth lets you visit your provider using a:

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

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

## How to find telehealth providers.

Not all providers have telehealth options. You should ask about telehealth when you call to make your appointment. You can also check our provider search tool at [www.eocco.com/eocco-provider-search/](http://www.eocco.com/eocco-provider-search/). Click the telehealth provider box shown in the picture below. This list is not complete so you can also call your provider to double check.



The image shows a search interface with the heading "What medical provider or facility are you looking for?". Below the heading is a search box with the placeholder text "Search by name, specialty or location." and "Name of provider or clinic". A dropdown menu is open, showing a list of providers. One provider is highlighted, and a tooltip is visible over it, stating "Appointments for medical care that can be done on the phone, text, and/or video are available." Below the search box is a checkbox labeled "Include d" (partially visible) and "Telehealth provider" with an information icon.

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

## When to use telehealth.

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

Some examples of when you can use telehealth are:

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

Telehealth is not recommended for emergencies. If you feel like your life is in danger, please call 911 or go to the nearest emergency room. See page 68 for a list of hospitals with emergency rooms.

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

### **Telehealth visits are private.**

Telehealth services offered by your provider are secure. Each provider will have their own system for telehealth visits, but each system must follow the law.

Learn more about privacy and the Health Insurance Portability and Accountability Act (HIPAA) on page 13.

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

### **You have a right to:**

- Get telehealth services in the language you need.
- Have a providers that respects your culture and language needs.
- Get qualified and certified interpretation services. This can include those who are deaf and hard of hearing patients or those with limited English proficiency. Learn more on pages 2-3.
- Get in-person visits, not just telehealth visits. If Oregon is in a state of emergency or your clinic is in a disaster plan, your provider may only offer telehealth visits for a short time.
- Get support and have the tools needed for telehealth. EOCCO can help cover the cost of some tools and resources that you may need through health-related service funds. If you need special tools, programs, or devices to help with telehealth visits, HRS/Flex Services might be able to give you those and cover the cost. Please see HRS/Flex Services on page 61 for more information.

Talk to your provider about telehealth. You can also Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call, 711). We are open Monday through Friday, 7:30 a.m. to 5:30 p.m.

## **Prescription medications**

To fill a prescription, you can go to any pharmacy in EOCCO's network. You can find a list of pharmacies we work with in our provider directory at: [www.eocco.com/eocco-provider-search/](http://www.eocco.com/eocco-provider-search/).

For all prescriptions covered by EOCCO bring to the pharmacy:

- The prescription.
- Your EOCCO 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.**

EOCCO List of covered medications is at: [www.eocco.com/members/your-resources/pharmacy](http://www.eocco.com/members/your-resources/pharmacy).

- 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.

- EOCCO 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.

EOCCO 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 EOCCO to cover prescriptions.

When your provider asks EOCCO to approve or cover a prescription:

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

If EOCCO decides to not cover the prescription, you will get a letter from EOCCO. 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.

## Prescription medications.

If you need a prescription filled, you can go to any pharmacy in EOCCO's network. A list of pharmacies we work with can be found in our provider directory at: [www.eocco.com/eocco-provider-search/](http://www.eocco.com/eocco-provider-search/)

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

### Covered prescriptions

EOCCO list of covered medications is at: <https://www.eocco.com/members/your-resources/pharmacy>.

- 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.

- EOCCO 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.

EOCCO 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.

Call EOCCO Pharmacy Customer Service at 888-474-8539 (TTY/OREGON RELAY users, please call, 711) if you have questions.

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

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

### **Getting prescriptions before a trip.**

If you are planning on traveling out of the state and need a prescription refill while you are gone, you may be able to get a refill early. This is called a vacation override. This will make sure you have enough medication for your trip. EOCCO will allow two vacation overrides per member per calendar year. Please call EOCCO Pharmacy Customer Service 888-474-8539 (TTY/OREGON RELAY users, please call, 711) to find out if this is a good option for you.

### **Mail-order pharmacy**

Some medications can be mailed to your home address. This is called mail-order pharmacy. If you have a hard time going to the pharmacy to pick up your prescriptions, this may be a good option for you. EOCCO members can use Costco or Postal Prescription Services (PPS) for mail-order pharmacy. To learn more and get set up with mail-order pharmacy, please call EOCCO Pharmacy Customer Service at 888-474-8539 (TTY/OREGON RELAY users, please call 711). Our office hours are Monday through Friday, 7:30 a.m. to 5:30 p.m. PT.

If you are traveling outside of the state, this may also be a good option for you. Please contact EOCCO to find out if this is a good option for you.

### **OHP pays for behavioral health medications.**

Most medications used to treat behavioral health conditions are paid for by OHP, not EOCCO. The pharmacy sends your prescription bill directly to OHP. EOCCO 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 EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users please call 711).

### **Prescription coverage for members with Medicare.**

EOCCO and OHP do not cover medications that are covered by Medicare Part D.

If you qualify for Medicare Part D but choose not to enroll, you will have to pay for these medications. If you have Part D, show your Medicare ID card and your EOCCO ID card at the pharmacy.

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

Learn more about Medicare benefits on page 81.

## Services we do not cover with or without Care Coordination.

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

You only pay if you sign a form before you get the service that says you agree to pay for it. The form must name or describe the service, list the approximate cost, and include a statement that OHP does not cover the service. Learn more about bills on page 77.

Always contact EOCCO Customer Service first to discuss what is covered. If you get a bill, please contact EOCCO 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, , seasonal allergies, corns, calluses, etc.)
- Cosmetic surgeries or treatments for appearance only.
- Services to help you get pregnant.
- Treatments that are not generally effective.

Orthodontics, except to treat cleft palate in children. If you have questions about covered or non-covered services, please contact EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711).

## Hospitals.

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

County	Hospital	Phone number
Baker County	<b>St. Alphonsus Medical Center</b> 3325 Pochontas Rd Baker City, OR 97814 Website: <a href="http://www.saintalphonsus.org/location/saint-alphonsus-baker-city-emergency-department">www.saintalphonsus.org/location/saint-alphonsus-baker-city-emergency-department</a>	877-341-2121 TTY/OREGON RELAY users, please call: 711
Gilliam County	N/A	N/A
Grant County	<b>Blue Mountain Hospital</b> 170 Ford Rd John Day, OR 97845 Website: <a href="http://www.bluemountainhospital.org">www.bluemountainhospital.org</a>	541-575-1311 TTY/OREGON RELAY users, please call: 711
Harney County	<b>Harney District Hospital</b> 557 W. Washington St. Burns, OR 97720 Website: <a href="http://www.harneydh.com">www.harneydh.com</a>	541-573-7281 TTY/OREGON RELAY users, please call: 711
Lake County	<b>Lake District Hospital</b> 700 S. J St.	541-947-2114

	Lakeview, Oregon 97630 Website: <a href="http://www.lakehealthdistrict.org">www.lakehealthdistrict.org</a>	TTY/OREGON RELAY users, please call: 711
Malheur County	<b>St. Alphonsus Medical Center</b> 351 S.W. Ninth St. Ontario, OR 97914 Website: <a href="http://www.saintalphonsus.org/location/saint-alphonsus-medical-center-ontario-1">www.saintalphonsus.org/location/saint-alphonsus-medical-center-ontario-1</a>	877-341-2121 TTY/OREGON RELAY users, please call: 711
Morrow County	<b>Pioneer Memorial Hospital</b> 564 E. Pioneer Dr. Heppner, OR 97836 Website: <a href="http://www.morrowcountyhealthdistrict.org/pioneer-memorial-hospital">www.morrowcountyhealthdistrict.org/pioneer-memorial-hospital</a>	800-737-4113 TTY/OREGON RELAY users, please call: 711
Sherman County	N/A	N/A
Umatilla County	<b>St. Anthony Hospital</b> 2801 St. Anthony Way Pendleton, OR 97801 Website: <a href="http://www.sahpendleton.org">www.sahpendleton.org</a>	541-276-5121 TTY/OREGON RELAY users, please call: 711
	<b>Good Shepherd Hospital</b> 610 N.W. 11th St. Hermiston, OR 97838 Website: <a href="http://www.gshealth.org">www.gshealth.org</a>	541-667-3400 TTY/OREGON RELAY users, please call: 711
Union County	<b>Grande Ronde Hospital</b> 900 Sunset Dr. La Grande, OR 97850 Website: <a href="http://www.grh.org">www.grh.org</a>	541-963-8421 TTY/OREGON RELAY users, please call: 711
Wallowa County	<b>Wallowa Memorial Hospital</b> 601 Medical Pkwy Enterprise, OR 97828 Website: <a href="http://www.wchcd.org">www.wchcd.org</a>	541-426-3111 TTY/OREGON RELAY users, please call: 711
Wasco County*	<b>Mid-Columbia Medical Center</b> 1700 E. 19th St. The Dalles, OR 97058 Website: <a href="http://www.mcmc.net">www.mcmc.net</a>	541-296-1111 TTY/OREGON RELAY users, please call: 711
Wheeler County	N/A	N/A

\*Wasco County is not a part of the EOCCO service area. EOCCO members can go to Mid-Columbia Medical Center (MCMC) in The Dalles for care.

## Urgent care.

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

**You can get urgent care services 24 hours a day, 7 days a week without preapproval.**

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

## Urgent physical care.

Some examples of urgent physical care are:

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

### If you have an urgent problem, call your primary care provider (PCP).

To find your PCP's contact information you can look on your ID card, call EOCCO customer service, or use our online provider directory at [www.eocco.com/eocco-provider-search/](http://www.eocco.com/eocco-provider-search/).

You can call anytime, day or night, on weekends and holidays. Tell the PCP office you are an EOCCO 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 EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711).

### If you don't know if your problem is urgent, still call your provider's office, even if it's closed.

If you need help when your PCP's office is closed, call your PCP's office phone number. You may get an answering service. Say you are an EOCCO member. You will get advice or a referral of somewhere else to call or go.

If you leave a voicemail:

- You will get a call back no more than 30 minutes if your call is considered urgent
- You will get a call back within 60 minutes if your call was not considered to be urgent. They will call to get more information from you

You should call your PCP after hours only for urgent medical conditions. For routine advice and appointments, please call during business hours. You do not need a referral or preapproval for urgent or emergency care.

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

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

County	Urgent care	Phone number
Baker County	<b>St. Luke's EOMA</b> 3950 17th St. Baker City, OR 97814	541-523-1152 TTY/OREGON RELAY users, please call 711
Gilliam County	<b>Sherman County Medical Clinic</b> 110 Main St. Moro, OR 97039	541-565-3325 TTY/OREGON RELAY users, please call 711

Grant County	<b>St. Luke's EOMA</b> 3950 17th St. Baker City, OR 97814	541-523-1152 TTY/OREGON RELAY users, please call 711
Harney County	<b>Harney District Hospital Family Care</b> 557 W. Washington St. Burns, OR 97720	541-573-2074 TTY/OREGON RELAY users, please call 711
Idaho County*	<b>St. Luke's Urgent Care</b> 1000 State St. McCall, ID 83638	208-452-8600 TTY/OREGON RELAY users, please call 711
	<b>Saint Alphonsus Urgent Care</b> 10583 W. Lake Hazel Rd. Boise, ID 83709	208-452-8050 TTY/OREGON RELAY users, please call 711
Lake County	<b>Lake Health Clinic</b> 700 S. J Street Lakeview, OR 97630	541-947-3366 TTY/OREGON RELAY users, please call 711
Malheur County	<b>St. Luke's Walk-in Fruitland, Idaho</b> 1210 N.W. 16th St. Fruitland, ID 83619	208-452-8600 TTY/OREGON RELAY users, please call 711
	<b>St. Alphonsus Regional Urgent Care</b> Fruitland, Idaho 910 N.W. 16th St. #101 Fruitland, ID 83619	208-452-6851 TTY/OREGON RELAY users, please call 711
Morrow County	<b>Pioneer Memorial Clinic</b> 130 Thompson St. Heppner, OR 97836	541-676-5504 TTY/OREGON RELAY users, please call 711
Sherman County	<b>Sherman County Medical Clinic</b> 110 Main St. Moro, OR 97039	541-565-3325 TTY/OREGON RELAY users, please call 711
Umatilla County	<b>CHI St. Anthony Hospital Family Clinic</b> 3001 St. Anthony Way Pendleton, OR 97801	541-966-0535 TTY/OREGON RELAY users, please call 711
	<b>Good Shepherd Urgent Care</b> 610 N.W. 11th St. Hermiston, OR 97838	541-567-2995 TTY/OREGON RELAY users, please call 711
Union County	<b>Grande Ronde Walk-in Clinic</b> 506 Fourth St. La Grande, OR 97850	541-663-2300 TTY/OREGON RELAY users, please call 711

Wallowa County	<b>Winding Waters</b> 603 Medical Pkwy. Enterprise, OR 97828	541-426-4502 TTY/OREGON RELAY users, please call 711
Wheeler County	<b>Pioneer Memorial Clinic</b> 130 Thompson St. Heppner, OR 97836	541-676-5504 TTY/OREGON RELAY users, please call 711

This is not a full list. Please use our Provider Search tool at [www.eocco.com/eocco-provider-search/](http://www.eocco.com/eocco-provider-search/) for a full list of urgent care centers and walk-in clinics.

\*EOCCO does not serve members in Idaho County, but EOCCO members may go to St. Luke’s Urgent Care in Idaho County for care.

### Urgent dental care.

Some examples of urgent dental care include:

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

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

If you cannot reach your PCD or you do not have one, call:

#### Advantage Dental

[www.advantagedental.com/](http://www.advantagedental.com/)

866-268-9631 (TTY/OREGON RELAY users, please call 711)

Hours: Monday through Thursday, 8 a.m. to 6 p.m.; Friday, 8 a.m. to 5 p.m.

#### ODS Community Dental

[www.odscommunitydental.com/members](http://www.odscommunitydental.com/members)

800-342-0526 (TTY/OREGON RELAY users, please call 711)

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

They will help you find urgent dental care, depending on your condition. You should get an appointment within 2 weeks, or 1 week if you’re pregnant, for an urgent dental condition.

## Emergency care

**Call 911 if you need an ambulance or go to the emergency room when you think you are in danger.** An emergency needs immediate attention and puts your life in danger. It can be a sudden injury or a sudden illness. Emergencies can also cause harm to your body. If you are pregnant, the emergency can also cause harm to your baby.

**You can get urgent and emergency services 24 hours a day, 7 days a week without preapproval. You don’t need a referral.**

## Physical emergencies

Emergency physical care is for when you need immediate care, and your life is in danger.

Some examples of medical emergencies include:

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

More information about emergency care:

- Call your PCP or EOCCO Customer Service within 3 days of receiving emergency care.
- You have a right to use any hospital or other setting, within the United States.
- An emergency is covered in the United States. It is not covered in Mexico or Canada.
- Emergency care provides post stabilization (after care) services. After care services are covered services related to an emergency condition. These services are given to you after you are stabilized. They help to maintain your stabilized condition. They help to improve or fix your condition.

See a list of hospitals with emergency rooms on page 68.

## Dental emergencies

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

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

For a dental emergency, please call your primary care dentist (PCD). You will be seen within 24 hours. Some offices have emergency walk-in times.

If you cannot reach your PCD or you do not have one, 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 68.

## 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. EOCCO 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.

**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.**

## Local and 24-hour crisis numbers, walk-in and drop-off crisis centers

County	Community Mental Health Provider	After-Hours Crisis Number	Non-Emergency Dispatch
<b>Baker</b>	New Directions Northwest 541-523-3646	988 or 541-519-7126	541-523-6415
<b>Gilliam</b>	Community Counseling Solutions 541-384-2666	988 or 541-240-8030	541-351-9530
<b>Grant</b>	Community Counseling Solutions 541-575-1466	988 or 541-240-8030	541-575-0195
<b>Harney</b>	Symmertry Care 541-573-8376	988 or 541-573-8376	541-573-6156
<b>Lake</b>	Lake District Wellness 541-947-6021	988 or 877-456-2293	541-947-6027
<b>Malheur</b>	Lifeways, Inc. 541-889-9167	988 or 541-889-9167	541-473-5126
<b>Morrow</b>	Community Counseling Solutions Boardman Office: 541-481-2911 Heppner Office: 541-676-9161	988 or 541-240-8030	541-676-5317
<b>Sherman</b>	Mid-Columbia Center for Living 541-296-5452	888-877-9147 or 541-384-2080 or 988	541-565-3622
<b>Umatilla</b>	Community Counseling Solutions Pendleton Office: 541-276-6207 Hermiston Office: 541-567-2536	988 or 541-240-8030	(541) 966-3651
<b>Union</b>	Center for Human Development 541-962-8800	541-962-8800, option 6 or 988	541-426-3131
<b>Wallowa</b>	Wallowa Valley Center for Wellness 541-426-4524	541-398-1175	509-527-1960
<b>Wheeler</b>	Community Counseling Solutions 541-763-2746	988 or 541-240-8030	541-384-2080

\*EOCCO does not serve members in Wasco County, but EOCCO members may go to Mid-Columbia Center for Living for care.

Below are other numbers you can call to talk to non-network providers:

## Other Lines

**National Suicide Prevention Lifeline:** 888-628-9454

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**National Spanish Suicide Prevention Lifeline**Línea de Prevención del Suicidio y CrisisLifeline: 888-628-9454

**Drug & Alcohol Help Line:** 800-662-4357

**Drug & Alcohol Text Line:** text “recoverynow” to 839863

**Youth Line:** 877-968-8491

**Youth Text Line:** text “teen2teen” to 839869

**Military Hotline:** 888-457-4838

**Trevor Project (LGBTQ Youth):** 866-488-7386

**TransLifeline:** 877-565-8860

**Lines for Life:** 800-273-8255 or text 839863

**National Domestic Violence Hotline:** 800-799-7233

### Not in crisis:

**David Romprey Warm Line:** 800-698-2392

**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 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 EOCCO can do to support stabilization in the community:

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

See more about behavioral health services offered starting on page 37.

## **Suicide prevention**

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

### **Common suicide warning signs**

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

Here are some suicide warning signs:

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

**Never keep thoughts or talk of suicide a secret!**

**You can also get help by:**

- Dialing 988

- Searching for your county mental health crisis number online. They can provide screenings and help you get the services you need. For a list of additional crisis hotlines, see page 74 or go to [www.eocco.com/members/your-resources/behavioral-health/Crisis-help](http://www.eocco.com/members/your-resources/behavioral-health/Crisis-help)
- Dial 2-1-1 or 1-866-698-6155 (TTY/OREGON RELAY users, call 711 or 1-866-698-6155). They can help connect you with behavioral health resources.

## Follow-up care after an emergency

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

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

## Care away from home

### Before you travel out of state

We always recommend members to call EOCCO before traveling to learn more about your benefits and emergency services out of state. EOCCO does not cover services outside the United States, including Canada and Mexico.

To learn more about how you may be able to get a prescription refill before your trip, please see page 66.

### Planned care out of state

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

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

## Emergency care away from home

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

**Do not pay for emergency care. If you pay the emergency room bill, EOCCO is not allowed to pay you back.** Call EOCCO as soon as possible at 888-788-9821 (TTY/OREGON RELAY users, call

711) , so we can work with the emergency room provider. See pages 77 for what to do if you get billed.

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

1. Make sure you have your Oregon Health ID Card and EOCCO ID card with you when you travel out of state.
2. Show them your EOCCO ID Card and ask them to bill EOCCO.
3. Do not sign any paperwork until you know the provider will bill EOCCO. Sometimes EOCCO cannot pay your bill if an agreement to pay form has been signed. To learn more about this form please see pages 79 - 81.
4. You can ask the Emergency Room or provider's billing office to contact EOCCO if they want to verify your insurance or have any questions.
5. Please call your PCP if you need nonemergency care away from home.

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

## **Bills for services**

### **EOCCO 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 EOCCO. Let them know if you have other insurance, too. This will help the provider know who to bill. Take your ID card with you to all medical visits.

No EOCCO 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 EOCCO for services you are not responsible for to the contracted provider. Please see our Provider Directory at [www.eocco.com/eocco-provider-search/](http://www.eocco.com/eocco-provider-search/) for a list of in-network providers.

Members cannot be billed for missed appointments or errors.

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

### **Members cannot get balance or surprise billing.**

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

If you have any questions related to billing, call Customer Service 888-788-9821 (TTY/OREGON RELAY users, please call 711) For more information about surprise billing go to <https://dfr.oregon.gov/Documents/Surprise-billing-consumers.pdf> for more information.

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

Call EOCCO for help right away at 888-788-9821 (TTY/OREGON RELAY users, please call 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 EOCCO, you will not have to pay any medical bills. Sometimes though, you do have to pay.

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

- **You get routine care outside of Oregon.** You get services outside Oregon that are not for urgent or emergency care.
- **You don't tell the provider you have OHP.** You did not tell the provider that you have EOCCO, another insurance or gave a name that did not match the one on the EOCCO ID at the time of or after the service was provided, so the provider could not bill EOCCO. Providers must verify your EOCCO 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 EOCCO you may have to pay for your services. Before you see a provider that is not in-network with EOCCO 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 go to our Provider Directory at [www.eocco.com/eocco-provider-search/](http://www.eocco.com/eocco-provider-search/)
- **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 EOCCO. 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.

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, , seasonal allergies, corns, calluses, etc.)

- Cosmetic surgeries or treatments for appearance only.
- Services to help you get pregnant.
- Treatments that are not generally effective.
- Orthodontics, except for handicapping malocclusion and to treat cleft palate in children.

**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 EOCCO or OHP. The form is also called a waiver. You can see a copy of the form at <https://bit.ly/OHPwaiver>.

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

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

If EOCCO denies a certain service, you have the right to ask us to change it. This is called an appeal because you are appealing our decision. To learn more about appeals, please see page 91.

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

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

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

- Do not ignore medical bills.
- Contact EOCCO Customer Service as soon as possible at 888-788-9821 (TTY/OREGON RELAY users, please call 711).  
Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PT
- 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 EOCCO, contact Customer Service. Learn more about denials, your rights, and what to do if you disagree with us on page 92.

## **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 EOCCO.
- EOCCO pays for all covered services in accordance with the Prioritized List of Health Services, see page 29.
- For a brief list of benefits and services that are covered under your OHP benefits with EOCCO, who also covers case management and care coordination, see page 44. If you have any questions about what is covered, you can ask your PCP or call EOCCO customer service.
- All services must be medically or orally appropriate
- No EOCCO 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 EOCCO for services you are not responsible for.
- Members are never charged for rides to covered appointments. See page 56. 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 EOCCO 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.
- If EOCCO were to go out of business (permanently close), you will not be responsible to pay for services we cover or provide.

## Members with EOCCO and Medicare.

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

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

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

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 EOCCO (Medicaid), or to get help finding a provider and how to get services.

### Providers will bill your Medicare and EOCCO.

EOCCO 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 EOCCO. If they still say you owe money, call Customer Service at [888-788-9821 (TTY/OREGON RELAY users, please call 711). We can help you.
- Learn about the few times a provider can send you a bill on page 78.

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.

## **When you can change or leave a CCO.**

The CCO you have depends on where you live. Some areas have more than one CCO. In those areas, there are rules about when you can change your CCO. You can choose to change or disenroll (leave) during these times, without cause:

- Within 30 days if:
  - You don’t want the plan you were enrolled in, or
  - You asked for a certain plan and the state put you in a different one.
- In the first 90 days after you join the CCO, or
  - If the state sends you a “coverage” letter that says you are part of the CCO after your start date, then you have 90 days after that letter date.
- After you have been with the same CCO for 6 months.
- When you renew your OHP, usually once per year.
- If you lose OHP for less than 2 months, are reenrolled into a CCO, and missed your chance to pick the CCO when you would have renewed your OHP.
- When a CCO is suspended from adding new members.
- At least once every 12 months if the options above don’t apply.

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

- The CCO has moral or religious objections about the service you want.
- You have a medical reason. When related services are not available in network, and your provider says that getting the services separately would mean unnecessary risk. Example: a Caesarean section and a tubal ligation at the same time.
- Other reasons including, but not limited to, poor care, lack of access to covered services, or lack of access to network providers who are experienced in your specific health care needs.
  - You move out of the service area.
    - If you move to a place that your CCO does not serve, you can change plans as soon as you tell OHP about the move. Please call OHP at 800-699-9075 (TTY/OREGON RELAY users, please call 711) or use your online account at <https://ONE.Oregon.gov>.
  - Services are not provided in your preferred language.
  - Services are not provided in a culturally appropriate manner; or
  - You’re at risk of having a lack of continued care.

If you move out of EOCCO’s service area, please call OHP’s Virtual Eligibility Center at 800-699-9075 (TTY/OREGON RELAY users, call 711) or Client Services Unit at 800-273-0557 (TTY/OREGON RELAY users, call 711).

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

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

You can ask about these options by phone or in writing. Please call OHP Client Services at 800-273-0557 (TTY/OREGON RELAY users, call 711) or email [Oregon.Benefits@odhsoha.oregon.gov](mailto:Oregon.Benefits@odhsoha.oregon.gov)

## How to change or leave your CCO

**Things to consider:** EOCCO wants to make sure you receive the best possible care. EOCCO 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 EOCCO.

If you still wish to leave there must be another CCO available in your service area for you to switch your plan. You can ask to leave to EOCCO through the phone or in writing by you or your representative.

**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 800-273-0557 (TTY/OREGON RELAY users, please call 711) from Monday through Friday, 8 a.m. to 5 p.m. PT. Use your online account at [ONE.Oregon.gov](http://ONE.Oregon.gov) or email [Oregon.Benefits@odhsoha.oregon.gov](mailto:Oregon.Benefits@odhsoha.oregon.gov)

You can get care while you change your CCO. See page 84 to learn more.

## EOCCO can ask you to leave for some reasons.

EOCCO may ask OHA to remove you from our plan if you:

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

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

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

For more information or questions about other reasons you may be disenrolled, temporary enrollment exceptions or enrollment exemptions, call EOCCO at 888-788-9821 (TTY/OREGON RELAY users, call 711) or OHP Client Services at 800-273-0557 (TTY/OREGON RELAY users, call 711).

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

## **Care while you change or leave a CCO**

Some members who change plans can still get the same services, prescription drug coverage and see the same providers even if not in-network. That means care will not change when you switch CCOs or move from OHP fee-for-service to a CCO. This is sometimes called "Transition of Care" (TOC).

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

## **Who can get the same care while changing plans?**

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

- Members who need end-stage renal disease (ESRD) care.
- Medically fragile children.
- Breast and cervical cancer treatment program members.
- Members getting Care Assist help due to HIV/AIDS.
- Members who had a transplant. This includes services before and after a transplant
- Members who are pregnant or just had a baby.

- Members getting treatment for cancer. This includes radiation or chemotherapy services.
- Any member that if they don't get continued services may suffer serious detriment to their health or be at risk for the need of hospital or institution care.

The timeframe that this care lasts is:

<b>Membership Type</b>	<b>Access to care TOC will last</b>
Medicaid and Medicare Members (Full Benefit Dual Eligible)	90 days
Medicaid only	30 days for physical and oral health*
Medicaid only	60 days for behavioral health*

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

If you are leaving EOCCO, 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 any questions about Transition of Care please call EOCCO Customer Service at: 1-888-788-9821 (TTY/OREGON RELAY users, call 711) Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

EOCCO will make sure members who need the same care while changing plans get:

- Continued access to care and rides to care.
- Allow services from their provider even if they are not in the EOCCO network until one of these happen:
  - The minimum or approved prescribed treatment course is completed, or
  - The reviewing provider decides that the care is no longer medically needed. If the care is by a specialist, the treatment plan will be reviewed by a qualified provider.
- Some types of care will continue until complete with the current provider. These types of care are:
  - Care before and after you are pregnant/deliver a baby (prenatal and postpartum).
  - Transplant services until the first year post-transplant.
  - Radiation or chemotherapy (cancer treatment) for their course of treatment.
  - Medications with a defined least course of treatment that is more than the transition of care timeframes above.

You can get a copy of the EOCCO Transition of Care Policy, call Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711). It is also on our website at: [www.eocco.com/-/media/EOCCO/PDFs/Member/Resources/EOCCO-TOC-Summary.pdf](http://www.eocco.com/-/media/EOCCO/PDFs/Member/Resources/EOCCO-TOC-Summary.pdf) You can also find it on the General Resources page under the title, Transition of Care at [www.eocco.com/members/your-resources/general-resources](http://www.eocco.com/members/your-resources/general-resources) . 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 have the right to fill out this form however you would like. EOCCO follows State and federal laws related to 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 EOCCO Customer Service at 888-788-9821. TTY/OREGON RELAY users, please call 711.

EOCCO also offers Advance Directive Training sessions throughout the year. To learn more about these free trainings are offered, just call customer service, or visit the EOCCO website. This training is for EOCCO members, member representatives, providers or anyone who wants to learn more about filling out an Advance Directive. You can also learn how to have a conversation about Advance Directives with a loved one or friend.

Please visit our website for a list of upcoming trainings: [www.eocco.com/members/your-resources/general-resources](http://www.eocco.com/members/your-resources/general-resources)

To download the Advance Directive form, please visit: [www.oregon.gov/oha/ph/about/pages/adac-forms.aspx](http://www.oregon.gov/oha/ph/about/pages/adac-forms.aspx)

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

### Other helpful information about Advance Directives

- Completing the advance directive is your choice. If you choose not to fill out and sign the advance directive, your coverage or access to care will stay the same.
- You will not be treated differently by EOCCO 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.

- EOCCO will honor any choices you have listed in your completed and signed Advance Directive.
  - EOCCO does not limit services based on moral or religious objections.
  - Due to your provider’s moral or religious beliefs, they may not want to follow your Advance Directive EOCCO can help you find a provider that meets your needs. If you have a case manager, you or your representative can contact them. You or your representative can also contact EOCCO Customer Service.

To learn more about EOCCO’s Advance Directive policy, please visit our website: [www.eocco.com/-/media/EOCCO/PDFs/providers/2022\\_EOCCO-Advance-Directive-Summary.pdf](http://www.eocco.com/-/media/EOCCO/PDFs/providers/2022_EOCCO-Advance-Directive-Summary.pdf)

## How to complain if EOCCO or your provider did not follow advance directive requirements.

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

### Health Licensing Office

503-370-9216 (TTY/OREGON RELAY users, please call 711)

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

Mail a complaint to:

1430 Tandem Ave NE, Suite 180

Salem, OR 97301

Email: [hlo.info@odhsoha.oregon.gov](mailto:hlo.info@odhsoha.oregon.gov)

Call EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711) to get a paper copy of the complaint form.

You can find complaint forms and learn more at: [www.oregon.gov/oha/PH/HLO/Pages/File-Complaint.aspx](http://www.oregon.gov/oha/PH/HLO/Pages/File-Complaint.aspx).

## How to Cancel an Advance Directive.

To cancel, ask for copies of your advance directive back so your provider knows it is no longer valid and tear them up. You can also write CANCELED in large letters, sign, and date them. For questions or more info contact Oregon Health Decisions at 800-422-4805 or 503-692-0894 (TTY/OREGON RELAY users, please call 711).

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

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

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

	Advance Directive	POLST
What is it?	Legal document	Medical order

<b>Who can get it?</b>	For all adults over the age of 18	Anyone of any age with a serious illness
<b>Does my provider need to approve/sign?</b>	Does not require provider approval	Needs to be signed and approved by healthcare provider
<b>When is it used?</b>	Future care or condition	Current care and condition

To learn more, Please see: <https://oregonpolst.org/advance-directives> and <https://oregonpolst.org/>

Email: [polst@ohsu.edu](mailto:polst@ohsu.edu) or call Oregon POLST at 503-494-3965 (TTY/OREGON RELAY users, please call 711).

## Declaration for Mental Health Treatment.

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

### What does this form do for me?

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

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

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

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

If your provider does not follow your wishes in your form, you can complain. A form for this is at [www.healthoregon.org/hcrgi](http://www.healthoregon.org/hcrgi) Mark clearly on the envelope \*CONFIDENTIAL\* and send to:  
 Health Facility Licensing and Certification Program  
 800 NE Oregon Street, Suite 465  
 Portland, OR 97232  
 E-MAIL: [mailbox.hclc@odhsoha.oregon.gov](mailto:mailbox.hclc@odhsoha.oregon.gov)  
 FAX:(971) 673-0556

## Reporting Fraud, Waste, and Abuse.

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

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

**Medicaid Fraud is against the law and EOCCO takes this seriously.**

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

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

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

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

**How to make a report of fraud, waste, and abuse.**

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

Call or email EOCCO directly. **We report all suspected fraud, waste, and abuse committed by providers or members to the state agencies listed below.**

- Call our hotline: 855-801-2991
- Email: [stopfraud@modahealth.com](mailto:stopfraud@modahealth.com)
- Call Customer Service: 888-788-9821 (TTY/OREGON RELAY users, please call: 711)

**OR**

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

**DHS Fraud Investigation Unit**

P.O. Box 14150

Salem, OR 97309

Hotline: 1-888-FRAUD01 (888-372-8301) (TTY/OREGON RELAY users, please call 711)

Fax: 503-373-1525 Attn: Hotline

Website: [www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx](http://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx)

**OR** (for providers)

**OHA Office of Program Integrity (OPI)**

3406 Cherry Avenue NE

Salem, OR 97303-4924

Hotline: 1-888-FRAUD01 (888-372-8301) (TTY/OREGON RELAY users, please call 711)

Fax: 503-378-2577

Website: [www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx](http://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx)

**OR**

### **Medicaid Fraud Control Unit (MFCU)**

Oregon Department of Justice

100 SW Market Street

Portland, OR 97201

Phone: 971-673-1880 (TTY/OREGON RELAY users, please call 711)

Fax: 971-673-1890

**To report member and provider fraud online:** [www.oregon.gov/dhs/abuse/Pages/fraud-reporting.aspx](http://www.oregon.gov/dhs/abuse/Pages/fraud-reporting.aspx)

**EOCCO 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.**

## **Complaints, Grievances, Appeals and Fair Hearings**

EOCCO 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, appeal, and/or hearings process. We can also give you more information about how we handle complaints and appeals. Copies of our notice template are also available. If you need help or would like more information beyond what is in the handbook contact us at:

EOCCO Customer Service

888-788-9821 (TTY/OREGON RELAY users, please call 711)

Hours: Monday – Friday 7:30 a.m. to 5:30 p.m. PT

### **You can make a complaint**

- A complaint is letting us know you are not satisfied
- A dispute is when you do not agree with EOCCO or a provider
- A grievance is a complaint you can make. If you are not happy with EOCCO, your healthcare services, or your provider, you can complain or file a grievance.

You have a right to make a complaint if you are not satisfied with any part of your care. We will try to make things better. You can make a complaint over the phone or in writing. To make a complaint over the phone, you can call EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711). EOCCO Customer Service can help you with making a complaint.

You can also make a complaint with OHA or Ombuds. You can reach OHA at 1-800-273-0557 (TTY/OREGON RELAY users, please call 711) or Ombuds at 1-877-642-0450 (TTY/OREGON RELAY users, please call 711).

or

Write:

**EOCCO**

Attn: Appeal Unit  
601 S.W. Second Ave  
Portland, OR 97204

You may also find a complaint form at [www.eocco.com/-/media/EOCCO/PDFs/complaint\\_form.pdf](http://www.eocco.com/-/media/EOCCO/PDFs/complaint_form.pdf)

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 sent to EOCCO.

**Examples of reasons you may file a complaint or grievance are:**

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

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

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

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

If you are unhappy with how we handled your complaint, you can share that with the OHP Client Services Unit at 1-800-273-0557 (TTY/OREGON RELAY users, please call 711) 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](mailto:OHA.OmbudsOffice@odhsoha.oregon.gov) or leave a message at 877-642-0450 (TTY/OREGON RELAY users, please call 711).

Another resource for supports and services in your community is 211 Info. Call 2-1-1 or go to the [www.211info.org](http://www.211info.org) website for help.

**EOCCO, its contractors, subcontractors, and participating providers cannot:**

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

**You can ask us to change a decision we made.**

**This is called an appeal.**

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

**If you do not agree with our decision, you have the right to ask us to change it.** This is called an appeal because you are appealing our decision.

<b>Follow these steps if you do not agree with our decision</b>	
<b>Step 1</b>	<p><b>Ask for an appeal.</b> You must ask within 60 days of the date of the denial letter (NOABD).</p> <p>Call us at 888-788-9821 (TTY/OREGON RELAY users, please call:711)or use the Request to Review a Health Care Decision form. The form is sent with the denial letter. You can also get it at <a href="https://bit.ly/request2review">https://bit.ly/request2review</a>.</p> <p>You can also send us any notice in writing to ask for an appeal.</p> <p>You can mail the form or notice to:</p> <p style="padding-left: 40px;">EOCCO Attn: Appeal Unit 601 S.W. Second Ave Portland, OR 97204</p> <p>You can also fax the form or notice to 503-412-4003</p> <p><b>Who can ask for an appeal?</b> You or someone with written permission to speak for you. That could be your doctor or an authorized representative.</p>

<p><b>Step 2</b></p>	<p><b>Wait for our reply.</b>  Once we get your request, we will look at the original decision. A new doctor will look at your medical records and the service request to see if we followed the rules correctly. You can give us any more information you think would help us review the decision.</p> <p><b>How long do you get to review my appeal?</b>  We have 16 days to review your request and reply. If we need more time, we will send you a letter. We have up to 14 more days to reply.</p> <p><b>What if I need a faster reply?</b>  You can ask for a fast appeal. This is also called an expedited appeal. Call us or fax the request form. The form is sent with the denial letter. You can also get it at <a href="https://bit.ly/request2review">https://bit.ly/request2review</a>. You can also send us any notice in writing to ask for an expedited (fast) appeal. You can mail the notice to:</p> <p style="padding-left: 40px;">EOCCO  Attn: Appeal Unit  601 S.W. Second Ave  Portland, OR 97204</p> <p>You can also fax the notice to 503-412-4003</p> <p>Ask for a fast appeal if waiting for the regular appeal could put your life, health or ability to function in danger. We will call you and send you a letter, within 1 business day, to let you know we have received your request for a fast appeal.</p> <p><b>How long does a fast appeal take?</b>  If you get a fast appeal, we will make our decision as quickly as your health requires, no more than 72 hours from when the fast appeal request was received. We will do our best to reach you and your provider by phone to let you know our decision. You will also get a letter.</p> <p>At your request or if we need more time, we may extend the timeframe for up to 14 days.</p> <p>If a fast appeal is denied or more time is needed, we will call you and you will receive written notice within two days. A denied fast appeal request will become a standard appeal and needs to be resolved in 16 days or possibly be extended 14 more days.</p> <p>If you don't agree with a decision to extend the appeal time frame or if a fast appeal is denied, you have the right to file a complaint.</p>
<p><b>Step 3</b></p>	<p><b>Read our decision.</b>  We will send you a letter with our appeal decision. This appeal decision letter is also called a Notice of Appeal Resolution (NOAR). If you agree with the decision, you do not have to do anything.</p>

### **Still don't agree? Ask for a hearing.**

You can ask the state to review the appeal decision. This is called asking for a hearing. You must ask for a hearing within 120 days of the date of the appeal decision letter (NOAR).

#### **Did we send you a NOAR late?**

If you did not get a NOAR in the appropriate timeframe, you can ask the state to review the appeal decision. This is called asking for a hearing.

#### **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 <https://bit.ly/ohp-hearing-form> to ask to ask for a normal hearing or a faster hearing.

You can also call the state at 800-273-0557 (TTY/OREGON RELAY users, please call 711) or use the request form that was sent with the letter. Get the form at <https://bit.ly/request2review>. You can send the form to:

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 2 working days after getting your request.

#### **Who can ask for a hearing?**

You or someone with written permission to speak for you.

#### **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.

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.

Call EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711) if you should have received a denial letter (NOABD). We may need to check your mailing address.

### **What if EOCCO doesn't meet the appeal timeline?**

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

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

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

For advice and possible no-cost representation, call the Public Benefits Hotline at 1-800-520-5292; TTY/OREGON RELAY users, please call 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 <https://OregonLawHelp.com>

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

You will not be treated differently by EOCCO during the appeal and hearing process. If you have been getting the benefit or service that was denied and we stopped providing it, you can ask us to continue it during the appeal and hearing process.

You need to ask for this within 10 days of the date of the denial letter (NOABD) or by the date this decision is effective, whichever is later.

- You can use the Request to Review a Health Care Decision form. The form is sent with the letter. You can also get it at <https://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 also ask by phone, letter, or fax:
  - Call EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711).
  - Send a letter to: EOCCO, Attn: Appeal Unit, 601 S.W. Second Ave., Portland, OR 97204

- Or send a fax to: 503-412-4003

**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 EOCCO and Medicare, you may have more appeal rights than those listed above. Call Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711) for more information. You can also call Medicare at 800-633-4227 (TTY/OREGON RELAY users, please call 877-486-2048) to find out more on your appeal rights.

## Words to Know

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Walkers
- Canes
- Crutches
- Glucose monitors
- Infusion pumps
- 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.

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

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

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

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

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

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

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

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

**Grievance** – A complaint about a plan, provider or clinic. The law says CCOs must respond to each complaint.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**OHP Agreement to Pay (OHP 3165 or 3166) 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 <https://bit.ly/OHPwaiver> Unsure if you signed a waiver form? You can ask your provider's office. For additional languages, please visit: [www.oregon.gov/oha/hsd/ohp/pages/forms.aspx](http://www.oregon.gov/oha/hsd/ohp/pages/forms.aspx)

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

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

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

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

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

**Premium** – The cost of insurance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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