



eocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Member Handbook

March 2018



www.eocco.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

Welcome

Your CCO is 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 program, how to get care and how to get the most from your plan.

Need a printed copy of this handbook? Call EOCCO Customer Service at 1-888-788-9821. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711.

To access this handbook online, please visit our member resources page at <http://eocco.com/members/resources.shtml>

For the Oregon Health Plan Handbook, call the State of Oregon at 1-800-273-0557. The office is open Monday through Friday, 8:00 am to 5:00 pm PST. TTY users, please call 711. The Oregon Health Plan Handbook tells you about:

- Covered and non-covered medical services
- Behavioral health services
- Your rights and responsibilities
- Other important information

Contact EOCCO

EOCCO is in downtown Portland at 601 S.W. Second Ave., Suite 700. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. There is access for members that have a disability. You also can visit our website at www.eocco.com or e-mail us at ohpmedical@modahealth.com. Our customer service fax number is 503-948-5577.

Do you have a question about your medical benefits? Call EOCCO Customer Service at 1-888-788-9821. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711.

Questions about your benefits for behavioral health, drug or alcohol dependency, or substance use disorder treatment? Call Greater Oregon Behavioral Health, Inc. (GOBHI) at 1-800-493-0040. The office is open Monday through Friday, 8:00 am to 5:00 pm PST. TTY users, please call 711.

GOBHI is in The Dalles at 401 East 3rd Street, Suite 101. There is access for members that have a disability. You can find more information on the website www.gobhi.org.

Do you have a question about your pharmacy benefits? Contact EOCCO Pharmacy Customer Service at 1-888-474-8539. The office is open Monday through Friday, 8:00 am to 5:00 pm PST. TTY users, please call 711.

Do you have a question about your dental benefits? Go to page 23 in this handbook to learn about the plans you can get through EOCCO.

Need a ride to your appointment? You can get a ride for a medical, dental, or behavioral health appointment. Call Mid-Columbia Council of Government Transportation Network at 1-877-875-4657. The office is open Monday through Friday, 8:30 am to 5:00 pm PST. TTY users, please call 711.

Other formats

You can get this handbook in a different format. You can also get any letter from us in a different format. You can ask for another language, large print, a computer disk, audio tape, spoken presentation or Braille.

Please call EOCCO Customer Service at 1-888-788-9821. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711. You also can visit us online at www.eocco.com.

Otros formatos

Usted puede recibir este manual del miembro y cualquiera de nuestra otra información en un diferente formato. Usted puede pedir por otro idioma, letra grande, disco, cinta de audio, presentación oral o Braille.

Por favor llame Servicio al Cliente al 1-888-788-9821 para solicitar el formato que usted necesita. Están abiertos de lunes a viernes, de 7:30 am a 5:30 pm PST. Usuarios de TTY marque 711. Usted también puede visitarnos en nuestro sitio web al www.eocco.com.

Words to Know

1. **Appeal** - To ask a plan to change a decision you disagree with about a service your doctor ordered. You can write a letter or fill out a form explaining why the plan should change its decision; this is called *filing an appeal*.
2. **Copay** – An amount of money that a person must pay themselves for health services. Oregon Health Plan members do not have copays. Private health insurance and Medicare sometimes have copays.
3. **Durable medical equipment (DME)** – Things like wheelchairs, walkers and hospital beds. They are *durable* because they last a long time. They don't get used up like medical supplies.
4. **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 right.
An emergency mental health condition is feeling out of control, or feeling like hurting yourself or someone else.
5. **Emergency transportation** – Using an ambulance or Life Flight to get medical care. Emergency medical technicians (EMT) give care during the ride or flight.
6. **ER and ED** – *Emergency room* and *emergency department*, the place in a hospital where you can get care for a medical or mental health emergency.
7. **Emergency services** – care that improves or stabilizes sudden serious medical or mental health conditions.
8. **Excluded services** – things that a health plan doesn't pay for. Services to improve your looks, like cosmetic surgery, and for things that get better on their own, like colds, are usually excluded.
9. **Grievance** – a complaint about a plan, provider or clinic. The law says CCOs must respond to each complaint.
10. **Rehabilitation services** – special services to improve strength, function or behavior, usually after surgery, injury, or substance abuse.
11. **Health insurance** – a program that pays for health care. After you sign up for the program, a company or government agency pays for covered health services. Some insurance programs require monthly payments, called *premiums*.
12. **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.

13. **Hospice services** – services to comfort a person who is dying and their family. Hospice is flexible and can include pain treatment, counseling and respite care.
14. **Hospital inpatient and outpatient care** – Hospital inpatient care is when the patient is admitted to a hospital and stays at least 3 nights. Outpatient care is surgery or treatment you get in a hospital and then leave afterward.
15. **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 accepted by the medical profession as standard treatment.
16. **Network** – The medical, mental health, dental, pharmacy and equipment providers that a coordinated care organization (CCO) contracts with.
17. **Network provider** – Any provider in a CCO’s network. If a member sees network providers, the plan pays the charges. Some network specialists require members to get a referral from their primary care provider (PCP).
18. **Non-network provider** - A provider who has not signed a contract with the CCO, and may not accept the CCO payment as payment-in-full for their services.
19. **Physician services** – Services that you get from a doctor.
20. **Plan** – a medical, dental, mental health organization or CCO that pays for its members’ health care services.
21. **Preapproval (preauthorization, 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.
22. **Prescription drugs** – Drugs that your doctor tells you to take.
23. **Primary care provider (PCP)** – A medical professional who takes care of your health. Your PCP can be a doctor, nurse practitioner, physician’s assistant, osteopath, or sometimes a naturopath.
24. **Primary care dentist** – The dentist you usually go to who takes care of your teeth and gums.
25. **Provider** – Any person or agency that provides a health care service.
26. **Skilled nursing care** – help from a nurse with wound care, therapy, or taking your medicine. You can get skilled nursing care in a hospital, nursing home, or in your own home with home health care.

27. **Specialist** – A medical professional who has special training to care for a certain part of the body or type of illness.
28. **Urgent care** – Care that you need the same day for serious pain, to keep an injury or illness from getting much worse, or to avoid losing function in part of your body.

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INTRODUCTION AND FREQUENTLY ASKED QUESTIONS

What is the Oregon Health Plan?

The Oregon Health Plan (OHP) pays for people with low-income to have healthcare. The State of Oregon and the U.S. Medicaid program pay for it. OHP covers doctor visits, prescriptions, hospital stays, dental care and behavioral health services. It also helps with drug and alcohol treatment, and substance use disorders. OHP can provide glasses, hearing aids, medical equipment and home healthcare. It also can help you get to appointments.

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. Find it at <http://www.oregon.gov/OHA/HPA/CSI-HERC/Pages/Prioritized-List.aspx>. The lines below 469 are not funded. This means they are not usually covered. Something that is not funded can be covered if it will help a funded condition.

For help with other coverage, such as food stamps, please visit your local DHS office. Go to <http://www.oregon.gov/dhs/assistance/Pages/index.aspx> for more information.

What is a coordinated care organization?

A coordinated care organization (CCO) is a group of healthcare providers. They work together to help people get their healthcare from the Oregon Health Plan. EOCCO is a coordinated care organization. We work together for OHP members in our community. The providers in our CCO include:

- Greater Oregon Behavioral Health, Inc. — Behavioral healthcare and treatment for drug, alcohol and substance use disorders
- Moda Health — Medical and pharmacy care and services
- Advantage Dental — Dental services for members in Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler counties
- Capitol Dental Care — Dental services for members in Umatilla County
- ODS Dental — Dental services for members in Baker, Grant, Malheur, Umatilla, Union, Wallowa and Wheeler counties
- Mid-Columbia Council of Governments Transportation Network — Nonemergency medical transportation

What is managed care and fee-for-service?

The Oregon Health Authority (OHA) wants OHP members to have their care managed by private companies. OHA pays managed-care companies a set amount each month to provide healthcare services to members. Most OHP members must get managed medical, mental health and dental care. CCOs are a type of managed care organization.

If you do not have managed care, OHA pays for your care as fee-for-service (FFS). This is also known as open card. It means that providers are paid for each service separately. American Indians and Alaska Natives on OHP can choose managed care or FFS. Any CCO member can ask to leave managed care. They just need a good reason to leave managed care for FFS. Talk to your doctor or case worker about the best way to get your healthcare.

What Counties does EOCCO serve?

EOCCO offers care in these counties:

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

What does EOCCO do?

EOCCO works with providers to give you the best care we can. Our staff may contact you to:

- Help set up your care
- Help you understand your care plan after an appointment
- Remind you about appointments
- Ask how we can help you get healthier
- Set up care when you see more than one provider
- Suggest you see your provider for routine care

What is Intensive Care Management?

Intensive Care Management (ICM) is for people that have complex needs. It helps members who are elderly. It also helps people who are blind or have other disabilities. There is also help for children with special needs. You can ask our ICM team for help getting care. They can also help you get medical supplies and equipment.

Please call EOCCO Customer Service at 1-888-788-9821 to reach a member of the ICM team. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711.

What is a Patient-Centered Primary Care Home?

A Patient-Centered Primary Care Home (PCPCH) is a healthcare clinic that has been recognized for their focus on the member. In a PCPCH, you are the most important part of your care. Your PCPCH will better coordinate your care to help get you the services you need. They will listen to your concerns and answers your questions. Your PCPCH offers after-hours help. They also make it so you don't have to go to the emergency room. They want to help you play an active role in your health. These are PCPCH standards of care:

- **Accessible:** Care is available when you need it
- **Accountable:** Clinics take responsibility for their community and provide quality care
- **Comprehensive:** Patients get the care, information and services they need to stay healthy
- **Continuous:** Providers know their patients and work with them to improve their health over time
- **Coordinated:** Providers help their patients get the care they need in a safe and timely manner
- **Patient and Family Centered:** Patients and their families are the most important part of healthcare. Care is focused on the patient's strengths so that they can set goals. Providers talk about your healthcare in a way that you understand. They also take into account your culture.

How to get the provider directory

Visit our website to find providers in our network at <http://eocco.com/members/resources.shtml>. You can find out who our medical, dental, and behavioral health providers are.

You can also call EOCCO Customer Service at 1-888-788-9821 for assistance in finding a provider. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711.

Printed copies of the directory are available. Please feel free to contact Customer Service and we will help you.

What is a Community Advisory Council?

A Community Advisory Council (CAC) is a group of volunteers in each EOCCO county. CACs ask members for ideas to improve services from EOCCO. They give us ideas to improve EOCCO programs. CACs also set up practices to get EOCCO members involved with their own health. The CAC is open to the public and public comment is encouraged. Call Greater Oregon Behavioral Health to get involved. Their number is 1-800-493-0040. They are open Monday through Friday, 8:00 am to 5:00 pm PST. TTY users, please call 711. You can ask for a written detail of the CAC functions and rules (charter and bylaws). Contact them to share an idea, or visit <http://eocco.com/community/index.shtml> to learn more.

What if I get a bill for covered services?

If your provider sends you a bill, don't pay it. Please call EOCCO Customer Service at 1-888-788-9821 right away. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711. **DO NOT IGNORE MEDICAL BILLS.** Many providers send unpaid bills to debt collectors. Sometimes they sue in court to get paid.

When you must pay

If you see a provider who does not take OHP, you must pay. Before an appointment or going to a pharmacy, make sure the provider accepts your insurance card. Also make sure the provider is in-network. Also, you have to pay when:

- You were not an OHP member when you received a service
- If you sign an "agreement to pay" form for a service that OHP does not cover
- If you have private insurance, and the insurance company pays you (not the provider) back for health care services. You must give the payment back to the provider. If OHP paid the provider for this same service before this happens, you must give the payment you received to OHP.

If you do have to pay a bill, call your provider. Ask if they have any hardship options to help you pay the bill.

Do I have a copay?

No, OHP does not have copays. If your provider asks for a copay, don't pay it. Please call EOCCO Customer Service at 1-888-788-9821 right away. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711.

Some people who also have Medicare may have a small copay for prescriptions.

New members

If you need medical care before you get your ID card, covered services will be paid. These include prescriptions, supplies and other items you need. Please call EOCCO Customer Service at 1-888-788-9821. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711. We will help you find a provider and get the care you need.

HOW YOUR PLAN WORKS

EOCCO is a managed-care plan. As a member, you choose a clinic or doctor's office as your primary care provider (PCP). EOCCO also can assign you a PCP. Your PCP will work with you to take care of your medical needs. You get access to medical care any time of day or night, every day of the week, through your PCP. Call your PCP before you get medical care. See the Provider Directory for your PCP's phone number or call Customer Service.

Your PCP will:

- Provide all of your routine care
- Look after all your healthcare needs
- Arrange for specialty or hospital care when needed
- Write prescriptions
- Keep your medical records in one place to give you better service

Do not wait until you are sick to call your PCP's office. As soon as you know who your new PCP is, call and say you are an EOCCO member and have been assigned to them. Schedule a visit so you are comfortable with your doctor before you are sick. Ask about office hours and how to get help after hours or when you have an emergency.

Care teams

We respect the dignity and diversity of our members. It is our goal to make sure our services meet the needs of people of all different backgrounds. We respect all cultures, languages, races, and ethnic backgrounds. Also we do not judge based on ability, religion, gender identity or sexual preference. We want everyone to feel welcome and well served.

EOCCO has a team of health care coordinators. Included are nurses and behavioral health specialists. These teams are ready to help with your specific needs. We will work with you and your providers. Community resources are used to make sure you feel comfortable, safe and cared for. Our care programs help you manage chronic health conditions. They help with issues such as diabetes, heart disease, asthma. We also help with issues like depression and substance use. If you have been in the hospital, our care teams can talk with you about how to live well and feel better. We can help you make the most of your provider visits. Also we will show you how to reach community resources. Our team will help you understand your PCP's treatment plan. To talk with a care team member, call Health Care Services. The number is 1-800-592-8283. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711.

Oregon Health ID card

When you enroll in OHP, you will get an Oregon Health ID card. This is mailed to you from the Oregon Health Authority (OHA). Each OHP member in your household gets an ID card. Take your ID card with you to medical appointments and the pharmacy. If you lose your ID card, contact your Department of Human Services (DHS) case worker. They can help you get a new card. You can also call the OHA Client Services unit at 1-800-273-0557. The office is open Monday through Friday, 8:00 am to 5:00 pm PST. TTY users, please call 711.

Coverage Letters

You will receive an important coverage letter from OHA that shows:

- Your case worker's ID and phone number
- Your OHP benefit package
- Your managed care plans
- Everyone in your household who has an Oregon Health ID card

You will receive a coverage letter for these reasons:

- When you first join OHP
- If there are any changes to your OHP benefits
- You have a new CCO
- You have changes in your name or household members

Please note that the letter will be the same each time, except where it says “Reason for letter”.

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 the Oregon Health Authority 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 <http://www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/Pages/tpl-hig.aspx>.

You can also call the Health Insurance Group (HIG) for more information. They are open Monday through Friday, from 8 am to 5 pm PST. Their number is: 503-378-6233

Tell your PCP or other health care providers about the coverage you have. This includes private insurance and EOCCO.

- By law, Medicaid pays for health care costs last. That means that other insurances will pay for services first. EOCCO pays whatever costs are left when there is no other insurance. Sometimes OHP will pay for services that EOCCO does not cover.

If you pay monthly for your private insurance, help may be offered. The Health Insurance Premium Payment Program (HIPP) may help pay for it. For more information or to apply for premium help, visit: <http://www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/Pages/tpl-hipp.aspx>

You can also call the Health Insurance Group (HIG) for more information. They are open Monday through Friday, from 8 am to 5 pm PST. Their number is: 503-378-6233

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 tells you what to do in an emergency and lists the Customer Service phone numbers. Be sure to show your EOCCO ID card and Oregon Health ID card each time you go to the doctor or pharmacy.

Members assigned to Advantage Dental or Capitol Dental Care will get a separate ID card. Use it every time you see a dentist. To learn more about dental plans through EOCCO, please see page 23 in this handbook.

Your PCP assignment

If you live in Morrow or Umatilla County, we will assign you a PCP. If you want to choose a different PCP, you have 30 days. Choose from the Provider Directory or on <http://eoocco.com/members/resources.shtml>. Call Customer Service and tell us your new PCP's name. If approved, you can start seeing your new PCP on the day your PCP change is made.

Members living in all other service areas can choose their own PCP. You will have 30 days to choose one from the Provider Directory in the back of this book. Call Customer Service and let us know which PCP you have chosen. If approved, you can start seeing your PCP on the day your PCP selection is made.

If you do not choose a PCP within 30 days of enrollment, we will choose one for you. Call Customer Service if you need help choosing a provider.

Changing your PCP

If you want to change your PCP, you can do it within 30 days of enrollment. You also can change your PCP up to two times every six months.

To choose a new PCP, use the Provider Directory at <http://eoocco.com/members/resources.shtml>. We can also assist you in this process. Call EOCCO Customer Service at 1-888-788-9821 and tell us your selection. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY 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 choose a PCP. Each person can have a different PCP.

GETTING CARE

How to make a doctor's appointment

- Call your PCP during office hours (normally 9 am to 5 pm)
- Find your PCP's phone number online in the Provider Directory at <http://eoocco.com/members/resources.shtml>
- You can also call EOCCO Customer Service at 1-888-788-9821, Monday through Friday, from 7:30 am to 5:30 pm PST
- Tell the office you are an EOCCO member and why you want to see a provider
- If possible, give a phone number where you can be reached
- Remember to bring your Oregon Health ID card and EOCCO ID card to your appointment
- If you need language or sign language interpretation, tell the clinic staff
- They can have an interpreter at your appointment free of charge

- Be sure to let them know of your language needs one or two days before your appointment
- If you need help getting to your appointment, Call Mid-Columbia Council of Government Transportation Network at 1-877-875-4657 for a free ride
- The Mid-Columbia Council of Government Transportation Network office is open Monday through Friday, 8:30 am to 5:00 pm PST
- TTY users, please call 711

How to see a behavioral health provider

Sometimes you do not need a referral from your PCP. Like to get behavioral health services. You can call any behavioral health provider. Use the EOCCO Provider Directory to get their number.

If you cannot keep your appointment

- Call the provider's office as soon as you can. The office will reschedule your appointment. This gives someone else a chance to use your cancelled time.
- If you miss too many appointments, your provider may dismiss you as a patient. Your provider also may see if there are ways to help you keep your appointments.

Interpreter and translation services are free

If you are hearing or sight impaired you can get an interpreter. Your provider can get this for you. You can also get help with English. Be sure to let them know of your needs one or two days before your appointment.

Another option is to call EOCCO Customer Service. They can help you get translation or an interpreter. Call them at 1-888-788-9821. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711.

If you want to know if your interpreter is qualified and/or certified in Oregon, go to <http://www.oregon.gov/OHA/oei/Pages/index.aspx>

Your PCP's office can get an interpreter after hours. They are available for an urgent or emergency call.

Seeing a specialist or other provider

Do you think you need to see a specialist or other provider? In most cases, you must see your PCP first. Your PCP will decide if you should see another provider. Then your PCP will write a referral. EOCCO must approve the referral before you can go to your appointment.

Your PCP also needs to give you a referral to see an out of network provider. Please check with EOCCO Customer Service if you need network status. Call them at 1-888-788-9821. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711.

Out-of-network providers

You must see an in network EOCCO provider. A referral is needed to see an out of network provider. Your PCP will get you one if there is not an in network provider within 60 miles. They will also get you a referral if there is not one within 60 minutes. EOCCO will work with your provider to approve the referral.

Call EOCCO Customer Service for help finding an out of network provider at: 1-888-788-9821

The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711.

Services that do not need a referral

For some services, you do not need a referral. You can see any network provider. Here are some examples:

- Urgent and emergency care
- Family planning and birth control
- Routine vision exam
- Prenatal (pregnancy) care
- Immunizations (shots)
- Outpatient services for drug or alcohol problems
- Women's annual gynecological exams
- Routine laboratory and radiology services
- Mental health services
- Substance use disorder (addiction) treatment (With the exception of residential, detox, or specialty medically assisted treatment (MAT))

Services that need prior approval

Some services need approval before they are given. Your PCP will request approval from EOCCO. Here are some examples of services that need approval:

- In-patient hospital stays
- Surgeries
- Medical equipment
- Most specialist services

How to get a second opinion

Your provider will give you a diagnosis or treatment plan. If you want a second opinion, you can request one. Just call and tell us you would like a second opinion. Call EOCCO Customer Service at 1-888-788-9821. The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711.

After-hours medical care

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.

You should call your PCP after hours only for urgent medical conditions. For routine advice and appointments, call during business hours.

Emergency care

An emergency is a condition that puts your life in danger. It can be an injury or a sudden illness. The emergency can also cause harm to your body. If you are pregnant, the emergency can involve your baby. Here are some examples of emergencies:

- Broken bones
- Bleeding that does not stop
- Possible heart attack
- Loss of consciousness
- Seizure
- Severe pain

Call 911 or go to the emergency room when you think you are in danger.

- Emergency care is covered day or night. It is covered every day of the year. You have the right to get services at a hospital in an emergency. An emergency is covered in the United States. They are not covered in Mexico or Canada. It must be a true emergency.
- Emergency care includes services that maintain and stabilize your condition
- You don't need a referral or approval for emergency care

Please call your PCP or EOCCO Customer Service within three days of receiving emergency care

After an emergency, you may need follow up care. This includes anything you need after being discharged from the emergency room. Follow up care is not an emergency. Call your PCP's office to schedule any follow up care.

Do not go to the emergency room for care you should get from your PCP. Here are some examples of nonemergency care:

- Sore throat
- Cold
- Flu
- Back pain
- Tension headache

If you are not sure whether you should go to an emergency room, call your PCP's office. Someone can give you advice 24 hours a day. Speak to the provider on call, even if he or she is not your usual provider.

Emergency care away from home

You may need care when away from home or outside of the EOCCO service area. Call 911 or go to the emergency room. If it is a true emergency it is covered. Please call your

PCP if you need further care away from home. We do not cover services outside the United States, including Canada and Mexico.

Behavioral health emergency

A behavioral health emergency is when you are not safe. It can also concern the safety of others. The danger means it needs help right away. An example is feeling out of control. You might threaten to hurt yourself or others. Emergency services do not need approval. Call 911 or go to the emergency room if you are in danger. Get help after an emergency. A behavioral health provider will improve your condition with post stabilization services.

A behavioral health crisis is when a person needs help quickly. If not treated, their condition can turn into an emergency.

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

- You are considering suicide
- You are hearing voices to hurt yourself or another person
- You hurt other people, animals or property
- You have dangerous or very disruptive behaviors at school or work, with friends or family

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 warning signs:

As many as 80 percent of people thinking about suicide want help. A warning sign does not mean a person will attempt suicide. However, you should take it 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 talk of suicide a secret!

If you want to talk with someone outside your mental health plan, contact any of the following:

- **1-800-SUICIDE (784-2433)**
- Suicide Prevention Lifeline: 1-800-273-TALK (8255) or suicidepreventionlifeline.org
- David Romprey Oregon Warmline: 1-800-698-2392
- Youthline 1-877-968-8491

Urgent medical care

An urgent condition is serious enough to be treated right away. However, it's not serious enough for the emergency room. If you have an urgent problem, call your PCP's office. You can call anytime, day or night, on weekends and holidays. Tell the office you're an EOCCO member. You will get advice or a referral. If you can't reach your PCP about an urgent problem or your PCP can't see you soon enough, go to an urgent care center. You don't need an appointment. Urgent problems are things like severe infections, sprains and strong pain. If you don't know whether your problem is urgent, call your PCP.

Childbirth education

EOCCO will pay up to \$50 for a child birth preparation class. See your local hospital. Call Customer Service for details.

PLAN BENEFITS AND SERVICES

Oregon Health Plan coverage

OHP covers a full range of services. This includes preventive and routine care, drug and alcohol dependency, and more. The following services are covered.

Preventive care

Your PCP will give you general and preventive care. Preventive care includes checkups and some tests. Talk about your schedule for checkups with your provider. Other preventive care includes:

- Well-child exams
- Immunizations (shots) for children and adults (not for foreign travel or employment purposes)
- Routine physicals
- Pap tests
- Mammograms (breast X-rays) for women
- Prostate screenings for men
- Maternity and newborn care
- Colorectal Screenings

Specialty care

If you need specialty care, your PCP will refer you to a specialist. You must have a referral to see a specialist.

Lab tests, X-rays and other procedures

Labs, X-rays and other tests are covered if your PCP orders them. An authorized specialist may also order them.

Prescription medications

You can fill prescriptions at in network pharmacy. A list of pharmacies is in the provider directory. The pharmacy must also be registered with the State.

Show both your EOCCO ID card and Oregon Health ID card when filling a prescription. Some medications require both cards. You may not be able to fill a prescription without them.

A pharmacist may recommend a generic medication. They are recommended instead of a brand name. Brand name medications are sold under a trademark. The trademark is protected by name. A generic medication is the same as the brand name drug but costs less. They are approved by the Food and Drug Administration (FDA).

Ardon is our specialty pharmacy. They distribute drugs that need to be handled with special care and follow up.

Some medications are covered only if approved first. Your provider will ask us for approval if it is needed. Some over the counter drugs are covered with a written prescription. Contact us if you have questions:

EOCCO Pharmacy Customer Service

1-888-474-8539

Hours: Monday through Friday, 8:00 am to 5:00 pm PST

TTY users, please call 711

Home-delivery pharmacy

EOCCO typically uses Postal Prescription Services (PPS) for mail order pharmacy. For more information, please contact:

EOCCO Pharmacy Customer Service

1-888-474-8539

Hours: Monday through Friday, 8:00 am to 5:00 pm PST

TTY users, please call 711

Prescription coverage for members on Medicare

OHP is not the primary plan for prescription coverage for members also enrolled in Medicare. Instead, you will use a federal program called Medicare Prescription Drug Coverage. This is Part D of Medicare. EOCCO will not pay for any part of your Part D copays. If you have Part D, show your Medicare ID card and your EOCCO ID card to the pharmacy. The pharmacy must bill your Part D plan first. EOCCO will not pay for drugs covered by Part D. If your medication is not covered, your pharmacy can bill EOCCO to see whether the medication is covered under OHP. EOCCO will continue to pay for all other covered services.

You can choose not to enroll in a Part D drug plan. If you do you pay out of pocket for most of your prescriptions.

Prescription coverage for behavioral health

We do not cover all prescriptions. OHP pays for most medications people take for behavioral health and may require up to a \$3 copay. Please show your pharmacist your Oregon Health and EOCCO ID cards. The pharmacy will know where to send the bill.

Site of Care Program

EOCCO works with Magellan Rx. They help you get some specialty IV medications. This is called the Site of Care program. With this program you can get an infusion outside of the hospital. The site of service will be either at home or in an office. Infusions for the specified drugs will not be covered in an outpatient hospital. Authorizations are still required in this program.

You do not need to change prescribers for this program. What will change is the place where you go for medicine. Your infusion will change from a hospital outpatient setting to a home or office.

Your prescriber might believe an outpatient hospital setting is best for you. We will consider an exception. This is done case by case. It depends on the information the prescriber gives us about your medical needs.

Magellan Rx and EOCCO will give members a preferred site of service. Coram is the preferred home infusion provider in most cases. However, OHSU prescribers may refer patients to OHSU Home Infusion Services.

For more information on the Site of Care program, please call:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

Family planning

For family planning, you can see:

- Your PCP
- Any EOCCO provider
- The county health department
- A family planning clinic
- Any provider who will take your EOCCO ID card

You do not need a referral from your PCP for family planning. Covered services include:

- Physical exams
- Lab and X-ray services
- Birth control education

- Birth control supplies
- Sterilization

Hospital care

If you need hospital care, your PCP will get approval for a hospital stay. Call your PCP before you go to the hospital. It is not required in an emergency.

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 runs for 2 hours, 1 day per week. Here's what's provided:

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

This program is focused on the total person. It is not focused on just the pain. A physician or primary care provider referral is helpful. However, it is not required to join.

For more information, please visit: <http://www.painschool.co/eocco>

Pain School Online 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.

Substance use disorder treatment

You can get substance use disorder treatment without a referral from your PCP. See the provider directory for a list of providers. If you need help finding a provider, call your PCP or Customer Service. Treatment includes:

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

Stop smoking and tobacco use

Help to stop smoking and using tobacco is covered. This includes:

- Individual and group counseling (outpatient)
- Nicotine patches, gum and lozenges
- Prescriptions commonly used for quitting smoking and tobacco use

We will pay for 10 counseling sessions every three months. You do not need a referral for treatment and counseling. Nicotine patches must be prescribed by your provider. This includes gum and lozenges.

Health coaching for quitting tobacco

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

EOCCO Health Promotion and Wellness

1-877-277-7281

Email: careprograms@modahealth.com

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

Behavioral health services

You can get behavioral health services. Ask for help with depression and anxiety. Help is also offered for family problems. We cover mental health assessment to find out what kind of help you need.

You can get help in a psychiatric hospital. Seek case management, therapy and care if you need it. We will help with your care when you enter a psychiatric hospital. Part of our help is to make sure the services work together to improve your health. We shall work with community mental health programs to manage your health. When you are in a long term psychiatric care program, you shall receive follow up services. The services help with discharge. Discharge be as soon as possible.

For a list of behavioral health providers please visit:

<http://eocco.com/members/resources.shtml>

You can also call us for help:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

Important: You do not need a referral to get behavioral health services from an in network provider

Adult behavioral health services***Choice Model Program***

The Choice Model Program helps adults get better care. Help is in a residential setting. It also shows adults how to get help in the community. The program's goal is to keep people healthy outside of state hospitals.

Children's behavioral health services

Children that need behavioral help are served through wraparound. This is known as intensive care coordination. Services are personal to meet the child and family needs.

System of Care and wraparound planning involve everyone in the child's life. Involved are:

- Schools
- Community organizations
- Doctors
- Criminal justice
- Etc.

A team is formed around the child and family. They plan supportive services.

Intensive Outpatient Services (IOS) is a program that helps children who have severe mental health conditions. It helps them get the right care.

For details, please call:

Greater Oregon Behavioral Health, Inc. (GOBHI)

1-800-493-0040

Hours: Monday through Friday, 8:00 am to 5:00 pm PST

TTY users, please call 711

Mental health prescriptions

We don't cover all prescriptions. Most medications for mental illness are paid by the Oregon Health Authority (OHA). Please show your pharmacist your Oregon Health ID and EOCCO ID card. The pharmacy will know where to send the bill.

Dental services

Dental benefits are with one of our dental care plans. EOCCO works with three dental care Plans:

- Advantage Dental
- Capitol Dental Care
- Oregon Dental Service (ODS)

Your plan will send you an ID card. If you have ODS, this will be listed on your EOCCO medical card. If you are assigned Advantage Dental or Capitol Dental, you will receive a separate ID card directly from them.

If you need care right away and do not know which plan you have, please call:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

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

Advantage Dental

www.advantagedental.com

1-866-268-9631

TTY: 711

Hours: 8:00 am to 6:00 pm Monday through Thursday, 8:00 am to 5:00 pm on Fridays

Counties served: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler

Capitol Dental Care

www.capitoldentalcare.com

1-800-525-6800

TTY: 711

Hours: 7:00 am to 6:00 pm Monday through Friday

County served: Umatilla

ODS Dental

www.modahealth.com/ohp

1-800-342-0526

TTY: 711

Hours: 7:30 am to 5:30 pm Monday through Friday

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

Getting Started

It is important that you know how to use your dental plan. Your dental plan may help you choose a clinic or dental office as your primary care dentist (PCD). Your PCD will work with you to take care of your dental needs.

Don't wait until you have pain or have a dental emergency. Please call your PCD to schedule an appointment after you are assigned to your dental care plan. To make an appointment, call your PCD. Tell them you are an EOCCO member and which dental care plan you are with.

Good oral health helps with overall health. You should make appointments to see your dentist at least once per year. They will talk with you about what kind of care you might need, and how often you should see them.

Referrals to specialists

Talk with your PCD if you need to see a dental specialist. Also talk with them if you need to see another dental provider. Your PCD will decide which services you will need. They will also decide if you need to see a dental specialist to have them done.

If you need to see a specialist or other provider, your PCD will refer you. If you go to a provider who you were not referred to, you may have to pay for the care yourself. Get help in an emergency if you cannot contact your dentist.

Urgent and emergency dental care

An urgent dental condition is can be treated right away. It does not require emergency room care. If you have an urgent dental problem, call your PCD's office. Examples of urgent dental conditions are:

- A toothache
- Swollen gums
- A lost filling

It can take up to two weeks to get an appointment for an urgent condition. However, urgent care normally happens much sooner than two weeks. When you call or visit your dentist they will decide how to best treat you. They will make an appointment based on your needs.

Emergency care is covered 24 hours a day, seven days a week. In a dental emergency call your dentist day or night. Speak to the dentist on call even if he or she is not your primary care dentist. You don't need prior authorization to get emergency care. A dental emergency, like the following examples, requires immediate treatment:

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

Please note that emergency dental care does not usually require a trip to the Emergency Department. This should be handled by the on-call dentist.

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 do so, call:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

A CCO member may change their dentist without changing their dental plan.

Covered services

Some services may need to be approved in advance. They must be necessary to be covered. For more detailed information on your dental benefits, call your dental plan. Your dental plan is listed on the front of your Member ID card.

Benefit	Pregnant women and members under 21	All other adults
Emergency services		
Emergency stabilization <i>Examples:</i> <ul style="list-style-type: none"> • Extreme pain or infection • Bleeding or swelling • Injuries to the teeth or gum 	Yes	Yes
Preventive services		
Exams	Yes	Yes
Cleaning	Yes	Yes
Fluoride treatment	Yes	Yes
X-rays	Yes	Yes
Sealants	Yes (Up to age 16)	Not Covered
Restorative services		
Fillings	Yes	Yes
Partial dentures	Yes*	Yes*
Complete dentures	Yes* (Age 16 and older)	Yes*
Stainless steel crowns	Yes*	Yes*
Oral surgery and endodontics		
Extractions	Yes*	Yes*
Root canal therapy	Yes*	Limited*
Prescription medication		
EOCCO covers prescription medications ordered by your dental provider in most cases		

*Dentures, crowns, extractions and root canal therapy coverage are subject to OHP guidelines

Vision services

Vision services are not always covered. They are covered only for members who are under 21 years old or pregnant. We pay for routine vision exams and glasses. Contact lenses can also be covered. To find a provider for routine care, look in the directory. The provider directory can be found online at: <http://eooco.com/members/resources.shtml>

For help finding a provider or a copy of the directory, call:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

If you have an eye injury or infection, call your PCP for care or a referral.

- Pregnant women (21 or older) can have an eye exam and new glasses or contacts (lenses and frames) every 24 months
- Members age 20 and younger can have an eye exam and new glasses or contacts (lenses and frames) every 12 months
- Members age 20 and younger: exams and glasses may be covered more often if your physician or optometrist recommends it

Hearing services

Hearing aids, hearing tests and batteries are covered. If you need hearing services, your PCP will make a referral.

Skilled nursing facility care

Nursing home (skilled nursing) care is covered after you have been in the hospital. It is covered for up to 20 days after discharge from the hospital. Your provider will get approval from us. Additional care may be covered if you have Medicare.

Transportation

Ambulance rides are covered. They are only covered in an emergency. They can also be covered when your PCP has approved the ride before your appointment.

You may be able to get free rides if you have no other way to get to your appointment. You can get a ride for a covered service. Included are:

- Pharmacy
- Medical
- Dental
- Behavioral Health

If you need a ride, call:

Mid-Columbia Council of Government Transportation Network

1-877-875-4657

Hours: Monday through Friday, 8:30 am to 5:00 pm PST

TTY users, please call 711

*Call at least two days before your appointment!

Services covered by OHA

Some services are covered only by OHA. Even if you are a member of EOCCO. These include:

- Elective abortion and related services
- Prescription drugs for mental health conditions

Contact OHP Client Services to learn how to get these services:

1-800-273-0557

Hours: Monday through Friday, 8:00 am to 5:00 pm PST

TTY users, please call 711

Indian health services

If you are American Indian you have more access to care. The same is true for Alaskan Natives. You can use clinics that are not in our network. This includes tribal wellness centers and IHS clinics. They must follow the same rules as network providers. Only covered benefits will be paid. If a service needs approval they must request it first. To find out which services need approval, call customer service:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

Rights of minors (under age 18)

Sometimes people under age 18 (minors) may want to get health care 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 minors’ health care information may be shared.

You may find this booklet online at <http://OHP.Oregon.gov>. Click on “Minor rights and access to care.”

Non-covered services

Not all medical care is covered. When you need care, contact your PCP. If you have questions about covered or non-covered services, call our Customer Service line. If you receive a service that is not covered, you may have to pay the bill. You only have to pay if you signed a form before you got the service saying you agree to pay for it. It must show the name of the service and the approximate cost.

You may not be covered by a provider not in our network. The exception is in an emergency. An out of network provider can bill you directly if it is not covered.

If you get services that are not in an emergency you may be billed. This is when they are not from an EOCCO provider. The charges may include Medicare deductibles and coinsurance. You only have to pay if you signed a form before you got the service saying you agree to pay for it. It must show the name of the service and the approximate cost.

The following are examples of non-covered services:

- Treatment for problems that get better on their own, such as colds
- Treatment for problems that can be treated at home, such as sprains
- Cosmetic surgeries or treatments
- Treatments that are not generally effective
- Services to help you get pregnant
- Weight-loss programs

- Orthodontics, except to treat cleft palate in children
- Buy ups*

*A buy up is when a member pays a difference. It is when something is covered by OHP but you want a more expensive, non covered treatment. You try to pay the difference between the covered and non covered service. An example is a basic pair of eyeglasses. They are covered by OHP, but the pair you want is not. You cannot buy up by paying the difference.

Changes in access to benefits

We will notify you of changes in access to a benefit. You will be notified in writing 30 days before the change. Or as soon as possible.

Transgender health

EOCCO respects the health care needs of all of its members. This includes members that 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

1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

IF YOU ARE PREGNANT

If you become pregnant, call your DHS worker right away. Your DHS worker will make sure you do not lose medical coverage. If you don't have a DHS worker, call OHP Client Services. If you are pregnant or think you might be, see a provider right away. Regular checkups are important for your baby's health.

Call your DHS worker or OHP Client Services as soon as your baby is born. They will enroll your baby in OHP.

Maternity services outside the service area

Please try to stay within our service area for the last 30 days of your pregnancy. Care might not be covered outside of our service area. The birth and newborn checkup is covered. They are covered in the hospital. Emergency care for your baby is covered. Prenatal (pregnancy) care is not covered outside the service area.

OTHER IMPORTANT INFORMATION

Changes to your address or phone number

If you move or change your phone number, it is important that we know of this change. With the correct address on file you will receive important updates. We will tell you if there are any changes to your benefits.

The best way to get your information updated is at the website: <http://ONE.Oregon.gov>

To learn how to sign up and use your ONE account, visit:
<http://www.oregon.gov/oha/hsd/ohp/pages/splash.aspx> (click ONE Account Help)

Follow these steps to tell us about an address or phone number change:

1. Send a secure email to OregonHealthPlan.Changes@dhsoha.state.or.us
2. To send a secure email, go to <https://secureemail.dhsoha.state.or.us/encrypt>, then enter your email address
3. In the subject line, write “address change” and the date of the change

OR

1. Ask a community partner for help
2. Community partners are providers that help people apply for OHP
3. To find a partner, go to <http://www.OregonHealthCare.gov> and click “Find local help”
4. You can search by ZIP code for partners near you

OR

1. Call 1-800-699-9075
2. Listen carefully to find out which number to press for address changes

Also, make sure to give your PCP’s office your new address or phone number.

Information and privacy

We will now describe how medical information about you may be used and shared or disclosed. We will also tell how you can get this information.

There is a law that protects your medical records and keeps them private. It is called HIPAA. We also have a notice that says how we use your personal information. This is included in the member welcome packet you receive when you enroll in EOCCO. It is called the Notice of Privacy Practices. You may request a copy from Customer Service. Ask for our Notice of Privacy Practices.

All of your records are private. This includes when you talk with someone from EOCCO. These records will not be shared without your permission. Except as requested by OHA.

The Notice of Privacy Practices tells you how we can use or disclose (share) information about you. Not all situations are listed.

We may use and disclose information without your permission in these situations:

- To providers to help with your treatment
- To get payment or to pay for services you received
- To help manage our programs and activities
- During inspections or investigations of our services
- When required or permitted by federal or state law or by court order
- For abuse reports and investigation as required by law
- To law enforcement to avoid a serious threat to the health and safety of a person or the public

You have the right to ask us not to share your medical information with certain people. Tell us in writing who you do not want to see your records.

Dual-eligible members (Medicaid and Medicare)

If you have Medicaid and Medicare you are dual eligible. Certain services may be paid for by Medicaid while other services may be paid for by Medicare. If you have it is possible that you have more appeal rights.

For more information, call:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

Leaving managed care

OHP members can ask to leave EOCCO for any reason. You can do this during the first 30 days of enrollment. Your head of household can ask for disenrollment by phone or in writing. It will take effect on the first of the month following approval. When you eligibility is renewed you can choose to leave EOCCO.

American Indians and Alaska Natives can change plans at any time. People who have Medicare can also ask to change plans at any time. You can request to be moved from CCO to open card enrollment. Talk to your provider or caseworker about the best choice for you.

How to change CCOs

If you want to change to a different CCO, call:

OHP Customer Service

1-800-699-9075

Hours: Monday through Friday, 8:00 am to 5:00 pm PST

TTY users, please call 711

There are several chances for you to change as long as another CCO is open for enrollment:

- If you do not want the CCO you've been assigned to, you can change during the first 90 days after you enroll
- If you move to a place that your CCO doesn't serve, you can change CCOs as soon as you tell OHP Member Services about the move
- OHP Member Services phone number is: 1-800-699-9075
- You can change CCOs once each year
- If you are a Native American or Alaska native, or are also on Medicare, you can ask to change or leave your CCO anytime

When you have a problem getting the right care, please let us try to help you before changing CCOs. Just call customer service and ask for a care coordinator at:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

If you still want to leave or change your CCO, call OHP Customer Service at:

1-800-699-9075

Hours: Monday through Friday, 8:00 am to 5:00 pm PST

TTY users, please call 711

Plan disenrollment request

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

- Lose your eligibility for OHP
- Move out of the EOCCO service area
- Commit fraud or illegal acts
- Abuse staff or property

Advance directives

Every adult has 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 and family members about the care you want to receive. Oregon law allows you to state your wishes 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 an advance directive. You can make a complaint if your provider does not do what you ask in your advance directive.

Health Care Regulation and Quality Improvement

971-673-0540

TTY 771

Hours: 8:00 am to 5:00 pm

Mail a complaint to:
800 N.E. Oregon St, #305
Portland, OR 97232

Email: mailbox.hcl@state.or.us

You can find complaint intake forms and additional information at:
<http://www.oregon.gov/OHA/PH/ProviderPartnerResources/HealthcareProvidersFacilities/HealthcareHealthCareRegulationQualityImprovement/pages/index.aspx>

Completing the advance directive is your choice. If you choose not to fill out and sign the advance directive, this will not affect your coverage or access to care.

We can give you a free booklet on advance directives. It is called Making Health Care Decisions. Just call customer service to learn more:

EOCCO Customer Service
1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

You also can learn about advance directives by calling Oregon Health Decisions at:
503-692-0894 or 1-800-422-4805

Hours: Monday through Thursday, 9:00 am to 3:00 pm PST

TTY users, please call 711

Declaration for mental health treatment

Oregon has a form for writing down your wishes for mental health care. It is for when you have a mental health crisis. It can also be used if you can't make decisions about your mental health treatment. The form is called the Declaration for Mental Health Treatment. You can complete it while you can understand and make decisions about your care. The form tells what kind of care you want if you ever unable to make decisions on your own. Only a court and two doctors can decide if you cannot make decisions about your mental health.

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

A declaration form is only good for three (3) years. If you become unable to decide during those three (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 to your PCP and the person you name to make decisions for you.

For more information on the Declaration for Mental Health Treatment go to the State of Oregon's website at: <http://www.oregon.gov/oha/HSD/AMH/Forms/Declaration.pdf>

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

Health Care Regulation and Quality Improvement
800 NE Oregon St, #305
Portland, OR 97232

Email: Mailbox.hcls@state.or.us Fax: 971-673-0556

Member records

Each provider will your record. Your record will include a history of your health. It will also include services received and referrals. You have the right to ask for and receive copies of your records. You can ask either your provider or EOCCO for the copies. We may charge a fee for copies. You also have the right to ask that the record be changed or corrected.

MEMBER RIGHTS AND RESPONSIBILITIES

As a member of EOCCO, you have the right to:

- Be treated with dignity and respect
- Be treated by providers the same as other people seeking healthcare benefits to which they are entitled
- Be encouraged to work your care team, including providers and community resources appropriate to your needs
- Have a consistent and stable relationship with your care team that is responsible for comprehensive care management
- Select or change your PCP as permitted in EOCCO's administrative policies
- Be involved in creating your treatment plan
- Receive information about your condition as well as covered and non-covered services, so you can make an informed decision about care
- Agree to care or turn down care, except for court-ordered services
- Be told what will happen if you turn down care
- Receive covered care under OHP
- Help make decisions about your healthcare
- Refuse treatment without being held down, kept from other people or forced to do something you don't want to out of fear that someone might hurt you
- Receive covered preventive care
- Receive certified or qualified health care interpreter services
- Have access to urgent and emergency care 24 hours a day, seven days a week without prior authorization
- Be referred to specialty providers for medically appropriate coordinated care covered services

- Refer oneself directly to mental health, substance use disorder or family planning services without getting a referral from a primary care practitioner (PCP) or other provider
- Have a clinical record that documents conditions, services and referrals
- Have a friend, family member or support person with you during office visits and as needed within clinical guidelines
- Have access to your own medical record, unless restricted by law
- Request and receive a copy of your medical records
- Request that your records be amended or corrected
- Transfer a copy of your medical record to another provider
- Make a statement of wishes for treatment (advance directive), including the right to accept or refuse medical, surgical, chemical dependency or mental health treatment, and the right to obtain a power of attorney for healthcare established under ORS 127
- Receive written notice before a denial of, or change in, a benefit or service level is made, unless such notice is not required by federal or state regulations
- Know how to make a complaint or appeal about any aspect of your care or the plan and receive a response
- Request an administrative hearing with OHA
- Receive written materials describing rights, responsibilities, benefits available, how to get care and what to do in an emergency
- Have written materials explained in a way that is understandable to the member and be educated about the coordinated care approach being used in the community and how to navigate the coordinate health care system
- Receive culturally and linguistically appropriate services and supports close to where you live or seek services as possible
- Have a choice of providers that are, if available, offered in non-traditional settings that are accessible to families, diverse communities, and underserved populations
- Receive oversight, care coordination and transition and planning management from EOCCO within the targeted population of Addiction and Mental Health to ensure culturally and linguistically appropriate community based care is provided in a way that serves you in as natural and integrated an environment as possible and that minimizes the use of institutional care
- Receive necessary and reasonable services to diagnose your condition
- Receive integrated person centered care and services designed to provide choice, independence and dignity and that meet generally accepted standards of practice and are medical appropriate
- Receive a notice of an appointment cancellation in a timely manner
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- Report any violations to EOCCO or OHP

As a member of EOCCO, you must:

- Choose your primary care provider or clinic, once enrolled

- Be on time for appointments, call in advance if you are going to be late, or cancel if you can't keep the appointment
- Tell providers that you are covered under OHP before you receive care and, if requested, show your Oregon Health ID
- Treat all providers and their staff with respect (including EOCCO staff)
- Seek regular health exams, checkups and preventive care from your PCP
- Use urgent and emergency care the right way, and notify the plan or your PCP within 72 hours of an emergency
- Get a referral to a specialist from your PCP before seeking care, unless self-referral is allowed
- Use your PCP for diagnostic and other care, except in an emergency
- Give accurate information for the clinical record
- Help your provider get clinical records from other providers and sign a release if needed
- Ask questions about conditions, treatments and your care if you do not understand
- Use information by CCO providers or care teams to make informed decisions about treatment before it is given
- Help create a care plan with your provider
- Follow prescribed, agreed-upon treatment plans and actively engage in your health care
- Tell the DHS or OHA worker if you change your address or phone number
- Tell the DHS or OHA worker if you become pregnant and when your baby is born
- Tell the DHS or OHA worker if any family members move in or out of the household
- Tell the DHS or OHA worker if you have any other insurance
- Pay the monthly OHP premium on time, if required
- Help get any other resources available to pay for your care; if you receive money for an injury, you must pay the plan for benefits paid to care for that injury
- Tell EOCCO about problems, complaints and grievances
- Sign a written release of medical information so that EOCCO and OHA can respond to an administrative hearing request
- Pay for non-covered services that you agreed to pay for before you received them

INFORMATION AVAILABLE UPON REQUEST

EOCCO

If you would like information about EOCCO's structure and operation, call customer service at:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

Provider payments

You can ask if we pay our physicians bonuses. You can ask if they get a bonus for limiting referrals. Or you can ask about any other bonuses.

To get this information, please call our customer service and ask for information about our physician payment arrangements:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

PROVIDER APPEAL RIGHTS

Your provider can appeal a decision by us. The can appeal when we deny a requested service. Providers can call Customer Service to request the appeal at:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 am to 5:30 pm PST

TTY users, please call 711

Providers also can help you submit appeals to EOCCO. If you would like help from your provider, please contact his or her office.

COMPLAINTS AND APPEALS

If you are not happy with the care from your provider you can file a complaint. You can also file a complaint if you are not happy with your service from EOCCO. A denial is a decision to not pay for a service. If you receive a denial you can appeal that too. If your appeal is upheld, you can request a hearing. This is called an administrative hearing.

If you need help with a complaint or an appeal we will help you. We will also help you with an administrative hearing request. Your caseworker can help you as well.

You can call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at:

1-800-520-5292

TTY users, please call 711

They will give advice and possible representation. Available hours are posted in the hotline message. You also can find Legal Aid information online at:

<http://www.oregonlawhelp.org/>

Follow these steps to file a complaint or appeal or to request an administrative hearing:

Complaint

1. To file a complaint, call EOCCO Medical Customer Service or write:

EOCCO
Attn: Appeal Unit
601 SW Second Ave
Portland, OR 97204

Telephone: 1-888-788-9821
Hours: 7:30 am to 5:30 pm PST
Monday - Friday
TDD/TTY: 711

1. We will tell you in five working days that we received your complaint and will either provide our decision at that time or explain the delay.
2. We will respond to your complaint within 30 calendar days of receiving it. You may need to give EOCCO permission to request your medical records. All information about your complaint is confidential.

If you are not satisfied with the response to your complaint, you can file a complaint with the State of Oregon by writing to:

Oregon Health Authority Ombudsman
500 Summer St NE, E17
Salem, OR 97310-1097
Telephone: 1-503-947-2346 or 1-877-642-0450
TTY: 771

You may also present the grievance to:

Oregon Health Plan (OHP) Client Services Unit (CSU)
1-800-273-0557

They are open from 8:00 am to 5:00 pm, Monday through Friday.

Appeal

1. To file an appeal, call EOCCO Customer Service within 60 days of the date of the written denial. Or you may file your appeal in writing by sending us an EOCCO appeal form or other written documentation. You should receive this form with your denial. If not, call or write:

EOCCO
Attn: Appeal Unit
601 SW Second Ave
Portland, OR 97204

Telephone: 1-888-788-9821
Hours: 7:30 am to 5:30 pm PST
Monday - Friday
TDD/TTY: 711

If you call in an appeal, you must follow up with a written, signed appeal. Use the EOCCO appeal form that you received with a copy of your denial. EOCCO can help you write your appeal.

2. We will acknowledge the receipt of your appeal within five working days.
3. We will complete the review and respond to your appeal within 16 calendar days. If EOCCO cannot resolve your complaint within 16 calendar days, you will receive another letter explaining the delay. Your complaint will be resolved within 14 calendar days from the date the original 16 calendar days ended.
4. If you believe your problem is an emergency and cannot wait for a review, ask EOCCO for an expedited or “rush” appeal. If EOCCO agrees that your appeal is an emergency, we will respond to your request within 3 days (72 hours).
5. You may need to give EOCCO your consent to investigate the appeal and request your medical records. All information about your appeal is kept private.
6. If you do not agree with the response to your appeal, you can ask for an administrative hearing. You must ask for it within 90 days from the date of the appeal letter.
7. You have the right to continue services during the appeal process, but you will be responsible for payment of those services if the denial is upheld.
8. You have the right to have someone file an appeal and speak for you. Please give us in writing the name of the person who will represent you.

Administrative hearing

To request an administrative hearing, call EOCCO, OHP Client Services or your DHS worker within 120 days of the date of the denial.

1. To contact EOCCO, call 1-888-788-9821 and request an Appeal & Hearing Request form (DMAP 3302). The office is open Monday through Friday, 7:30 am to 5:30 pm PST. TTY users, please call 711. You should receive these forms with your denial letter.
2. Read the Appeal & Hearing Request form completely. It tells you how to ask for an expedited or “rush” hearing and how to continue services during the hearing process.
3. Complete the Appeal & Hearing Request form and return it to OHA, your DHS worker or the nearest Department of Human Services office within 120 days from the date of the denial.
4. You have the right to continue services during the administrative hearing process, but you will be responsible for payment of those services if the appeal denial is upheld.

Unfair treatment

Do you think EOCCO or a provider treated you unfairly?

We must follow state and federal civil rights laws. We cannot treat people unfairly in any program or activity because of a person's:

- Age
- Color
- Disability
- Gender Identity
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. We will make reasonable changes to policies, practices and procedures by talking with you about your needs.

To report concerns or get more information, please contact us at: 888-788-9821

You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Contact that office one of these ways:

Web: <http://www.hhs.gov/>

Email: OCRComplaint@hhs.gov

Phone: 800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Avenue SW, Room 509F HHH Bldg, Washington, D.C. 20201

Disability rights

The Americans with Disabilities (ADA) law ensures that people with disabilities get full and equal access to health care. If you have a disability you have a right to reasonable changes to gain equal access. You can ask OHA or EOCCO for accommodation. For help with this, contact OHA's Office of Equity and Inclusion.

Email OHA.PublicCivilRights@state.or.us or call 1-844-882-7889, 711 TTY

EOCCO nondiscrimination notice

EOCCO and network providers must treat you fairly. We and our providers must follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's: age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation

Everyone has a right to know about EOCCO's programs and services. All members have a right to use our programs and services. We give free help when you need it.

Some examples of the free help we can give are: sign language interpreters, spoken language interpreters for other languages, written materials in other languages, braille, large print, audio and other formats.

If you need any of the services listed above, contact:

EOCCO Customer Service,
888-788-9821 (TDD/TTY 711)

If you feel that EOCCO has not treated you fairly you may file a written grievance by mailing or faxing it to:

EOCCO
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help or need help filing a grievance, please call:

EOCCO Customer Service,
888-788-9821 (TDD/TTY 711)

You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR). Contact that office one of these ways:

Web: www.hhs.gov

Email: OCRComplaint@hhs.gov

Phone: 800-368-1019, 800-537-7697 (TDD)

Mail: OCR
200 Independence Avenue SW
Room 509F HHH Bldg
Washington, DC 20201

To report your concern or get more information please contact our Civil Rights Manager one of these ways:

Email: compliance@modahealth.com

Phone: 855-232-9111, TTY: 711

Mail: Tom Bikales, VP Legal Affairs
601 SW Second Ave.
Portland, OR 97204



ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.



This member handbook is also available online at
<http://www.eocco.com/members/resources.shtml>

601 SW Second Avenue
Portland, Oregon 97204-3156

503-765-3521 or 888-788-9821