

MEMBER HANDBOOK 2020

Advanced Health Offices:



Coos County

289 LaClair Street
Coos Bay, OR 97420

8:00 - 5:00, Mon-Fri
(Mailing Address)



Curry County

29821 Colvin Street
Gold Beach, OR 97444
By appointment only



Phone Numbers

Local Phone:.....541-269-7400
Toll Free:800-264-0014
TTY:877-769-7400
Fax:.....541-269-2052

www.AdvancedHealth.com



Nondiscrimination Policy

We must follow state and federal civil rights laws. We cannot treat people unfairly in any of our programs or activities 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 to get more information, please contact us in one of these ways:

- Web: www.advancedhealth.com
Email: customerservice@advancedhealth.com
- Phone: 541-269-7400 / 1-800-264-0014
- Mail: 289 LaClair St. | Coos Bay OR 97420

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: www.hhs.gov | Email: OCCRCComplaint@hhs.gov
- Phone: 1-800-368-1019, 1-800-537-7697 (TDD)
- Mail: 200 Independence Ave., SW, Room 509F HHH Bldg. Washington, D.C. 20201



Language Access Statement

ENGLISH

You can get this document in other languages, large print, braille or a format you prefer free of charge.

Program/contact: Advanced Health

Phone: 541-269-7400 or 1-800-264-0014

Email: customerservice@advancedhealth.com

We accept all relay calls or you can dial 711.

ARABIC / اللغة العربية

يمكنكم الحصول على هذا المستند مجاناً في لغات أخرى، أو بخط كبير، أو بلغة البريل أو بصيغة تفضلونها.

Advanced Health البر نامج / الاتصال:

541-269-7400 or 1-800-264-0014

هاتف: البريد الإلكتروني (الإيميل): customerservice@advancedhealth.com

نستقبل جميع المكالمات الهاتفية المعمولة بواسطة خدمات الاتصال المكتوب (relay calls) أو يمكنكم الاتصال بالرقم 711.

BOSNIAN / BOSANSKI

Možete besplatno dobiti ovaj dokument na drugim jezicima, štampan velikim slovima, Brajevim pismom ili u formatu koji želite.

Program/kontakt: Advanced Health

Telefon: 541-269-7400 or 1-800-264-0014

E-pošta: customerservice@advancedhealth.com

Primamo sve specijalne telefonske pozive od ljudi sa problemima sa sluhom ili govorom ili možete birati 711.

BURMESE / မြန်မာ

ဤစာကို အခြားဘာသာစကားများ၊ ပုံနှိပ်စာလုံးကြီးများ၊ မျက်မမြင်များအတွက် ဘရေးလ် သို့မဟုတ် သင်ပို့နှစ်သက်သည့် ပုံစံတို့ဖြင့် အခမဲ့ရရှိနိုင်ပါသည်။

အစီအစဉ်/အဆက်အသွယ် - Advanced Health

ဖုန်းနံပါတ် - 541-269-7400 or 1-800-264-0014

အီးမေးလ် - customerservice@advancedhealth.com

တဆင့်ဆက်သွယ်သည့် ဖုန်းခေါ်ဆိုမှုများ အားလုံးကို ကျွန်ုပ်တို့ လက်ခံပါသည်။ သို့မဟုတ် 711 ကို သင်ဆက်နိုင်ပါသည်။

CAMBODIAN / ភាសាខ្មែរ

អ្នកអាចទទួលបានឯកសារនេះជាភាសាដទៃទៀត ជាអក្សរធំៗ អក្សរសំរាប់ជនពិការភ្នែក ឬ ជាទម្រង់ណាមួយ ដែលអ្នកចង់បាន ដោយមិនគិតថ្លៃ ។ កម្មវិធី/ទាក់ទងទៅ: Advanced Health

ទូរស័ព្ទ: 541-269-7400 or 1-800-264-0014

អ៊ីម៉ែល: customerservice@advancedhealth.com

យើងទទួលយកការបញ្ជូនទូរស័ព្ទបន្ត ឬអ្នកអាចចុចទៅលេខ 711 ។

FARSI / فارسی

شما می‌توانید این متن را به زبان‌های دیگر، با حروف درشت، خط بریل یا فرمتی که می‌خواهید، به طور رایگان دریافت کنید.

Advanced Health: برنامه/تماس:

541-269-7400 or 1-800-264-0014

customerservice@advancedhealth.com

ایمیل: ما تمام تماس‌های دریافتی را می‌پذیریم یا می‌توانید با شماره ۷۱۱ تماس بگیرید.

GERMAN / DEUTSCH

Sie können dieses Dokument kostenlos in verschiedenen Sprachen, extra großem Druck, Braille oder einem von Ihnen bevorzugten Format bekommen.

Programm/Kontakt: Advanced Health

Telefon: 541-269-7400 or 1-800-264-0014

E-Mail: customerservice@advancedhealth.com

Wir akzeptieren alle Relais-Anrufe oder Sie können 711 wählen.

KOREAN / 한국어

본 문서는 다른 언어로도 제공되며, 큰 활자, 점자 등 귀하가 선호하시는 형식의 문서를 무료로 받아보실 수 있습니다.

프로그램/연락처: Advanced Health

전화번호: 541-269-7400 or 1-800-264-0014

이메일: customerservice@advancedhealth.com

청각/언어 장애인을 위한 통신중계 서비스 (relay calls)를 지원하고 있습니다. 또는 711 번으로 전화 주시기 바랍니다.

MARSHALLESE / KAJIN MAJEL

Kwomaroñ bōk peba in ilo kajin ko jet, jeje kōn leta ko rekilep, ilo braille ak ilo bar juon wāween emmanlōk ippam ejjelōk wōñāān.

Kōjelā in program/kepaake: Advanced Health

Telpōn: 541-269-7400 or 1-800-264-0014

Email: customerservice@advancedhealth.com

Kōmij bōk aolep kalloḷ in relay ak kwomaroñ jiburi 711.

CHUUKESSE / CHUUKESSE

Ke tongeni omw kopwe angei noum kapin ei taropwe, ese kamo, non fosun fonuom, ika non “large print” (weiweita ika mak mei kan mese watte), ika non “braille” (faniten ekewe mei chun), ika ren pwan ekoch sakkun pisekin ika angangen awewe.

Meeni pirokram/io kopwe poporaus ngeni: Advanced Health

Fon: 541-269-7400 or 1-800-264-0014

Email: customerservice@advancedhealth.com

Aipwe etiwa “relay calls”, ika ke tongeni pwisin kori 7-1-1.

FRENCH / FRANÇAIS

Vous pouvez obtenir ce document, sans frais, en d'autres langues, en gros caractères, en braille ou dans un format de votre choix.

Programme/contact : Advanced Health

Téléphone : 541-269-7400 or 1-800-264-0014

Email : customerservice@advancedhealth.com

Nous acceptons tous les appels relais, ou bien vous pouvez composez le 711.

JAPANESE / 日本語

この資料は、他の言語に翻訳されたもの、大型活字、点字、その他ご希望の様式で、無料で入手可能です。

プログラム／連絡先 Advanced Health

電話番号: 541-269-7400 or 1-800-264-0014

電子メール: customerservice@advancedhealth.com

全ての電話リレーサービスを受け付けていますが、711にお電話いただいても結構です。

LAO / ລາວ

ທ່ານສາມາດໄດ້ຮັບເອກະສານນີ້ເປັນພາສາອື່ນ, ຕົວພິມຂະໜາດ

ໃຫຍ່, ໜັງສືໂພງສຳລັບຄົນຕາບອດ ຫຼື ໃນຮູບແບບທີ່ທ່ານຕ້ອງການ

ໄດ້ໂດຍບໍ່ເສັຽຄ່າ.

ໂຄງການ/ຕິດຕໍ່: Advanced Health

ໂທລະສັບ: 541-269-7400 or 1-800-264-0014

ອີເມວ: customerservice@advancedhealth.com

ພວກເຮົາຍອມຮັບການໂທສຳລັບຄົນພິການ ຫຼື ທ່ານສາມາດໂທຫາ 711 ໄດ້.

OROMO [CUSHITE] / AFAAN OROMOO

Galmee kana afaanoota biraatiin, barreefama qube gurguddaatiin, bireelii ykn barreefana warra qaroo dhabeeeyyii ykn haala atii barbaadduun kanfaltii malee argachu ni dandeessa.

Sagantaa/kontoraata: Advanced Health

Bilbila: 541-269-7400 or 1-800-264-0014

Imeelii: customerservice@advancedhealth.com

Waamicha bilbilaa hunda ni fudhanna ykn 711 irratti bilbilu ni dandeessa.

POHNPEIAN / LOKAIA EN POHNPEI

Komwi kak alehda doaropwe wet ni lokaia tohrohr akan, ni nting laud, braille (preili: nting ohng me masukun), de ni ehu mwohmw tohrohr me komw kupwurki, ni soh pweipwei oh soh isipe.

Pwurokirahm/koandak: Advanced Health

Nempehn Delepwohn: 541-269-7400 or 1-800-264-0014

E-mail: customerservice@advancedhealth.com

Se kin alehda koahl karos me lelohng reht de komw kak eker 711.

RUSSIAN / РУССКИ

Вы можете бесплатно получить текст этого документа на другом языке, набранный крупным шрифтом или шрифтом Брайля либо в предпочитаемом вами формате.

Название программы и контактное лицо: Advanced Health

Телефон: 541-269-7400 or 1-800-264-0014

Эл. почта: customerservice@advancedhealth.com

Мы отвечаем на любые вызовы по линии трансляционной связи; кроме того, вы можете набрать номер 711.

SOMALI / SOOMAALI

Waxaad heli kartaa dokumentigan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee braille ama qaabka aaad doorbidayso oo lacag la'aan ah.

Barnaamijka/halka la iskala soo xiriirayo: Advanced Health

Telefoonka: 541-269-7400 or 1-800-264-0014

Email-ka: customerservice@advancedhealth.com

Waa aqbalnaa wicitaanada gudbinta oo dhan ama waxaad wici kartaa 711.

THAI / ไทย

คุณสามารถขอรับเอกสารนี้เป็นภาษาอื่น เป็นตัวอักษรขนาดใหญ่ อักษรเบรลล์ หรือรูปแบบที่คุณต้องการโดยไม่ต้องเสียค่าใช้จ่าย

โปรแกรม/ผู้ติดต่อ: Advanced Health

โทรศัพท์: 541-269-7400 or 1-800-264-0014

อีเมล: customerservice@advancedhealth.com

เราขอรับสายโทรเข้าแบบพิมพ์เข้าและพูดตามทุกสายหรือคุณสามารถเลือกกดหมายเลข 711

UKRAINIAN / УКРАЇНСЬКА

Ви можете отримати цей документ іншими мовами, великим шрифтом, шрифтом Брайля або в будь-якому форматі, якому ви надаєте перевагу.

Програма/контактна особа: Advanced Health

Телефон: 541-269-7400 or 1-800-264-0014

електронна пошта: customerservice@advancedhealth.com

Ми приймаємо всі виклики через службу комутованих повідомлень або ви можете набрати 711.

ROMANIAN / ROMÂNĂ

Puteți obține acest document în alte limbi, într-un font mărit, în limbajul Braille sau într-un alt format preferat, în mod gratuit.

Program/contact: Advanced Health

Telefon: 541-269-7400 or 1-800-264-0014

E-mail: customerservice@advancedhealth.com

Acceptăm toate apelurile prin serviciu de releu sau puteți suna la 711.

SIMPLIFIED CHINESE / 简体中文

您可以免费获得本文件的其他语言版本，或者大号字体、盲文及您所喜欢格式的文本。

计划/联系人: Advanced Health

电话: 541-269-7400 or 1-800-264-0014

电子邮箱: customerservice@advancedhealth.com

我们会接听所有转接电话，或者您可以拨打 711。

SPANISH / ESPAÑOL

Puede obtener este documento en otros idiomas, en letra grande, en braille o en un formato que usted prefiera sin cargo.

Programa/contacto: Advanced Health

Teléfono: 541-269-7400 or 1-800-264-0014

Correo electrónico: customerservice@advancedhealth.com

Aceptamos llamadas de retransmisión o puede llamar al 711.

TRADITIONAL CHINESE / 繁體中文

您可以免費獲得本文件的其他語言版本，或者大號字體、盲人點字及您所喜歡格式的文本。

計畫/連絡人: Advanced Health

電話: 541-269-7400 or 1-800-264-0014

電郵: customerservice@advancedhealth.com

我們會接聽所有傳譯電話，或者您可以撥打 711。

VIETNAMESE / TIẾNG VIỆT

Quý vị có thể có tài liệu này miễn phí bằng ngôn ngữ khác, bản in khổ lớn, chữ nổi hoặc một định dạng khác.

Chương trình/liên lạc: Advanced Health

Số điện thoại: 541-269-7400 or 1-800-264-0014

Email: customerservice@advancedhealth.com

Chúng tôi chấp nhận tất cả các cuộc gọi chuyển tiếp hoặc quý vị có thể bấm số 711.

WELCOME TO ADVANCED HEALTH

Getting Started.

We want you to get the most from your health plan right away.

Start with these three easy steps:

- 1** Call your Primary Care Provider (PCP) and schedule a
checkup

Regular checkups are important for good health. You will get a letter in the mail with your assigned provider. Or you may call us and request a provider you choose. Call Member Services at 541-269-7400. We are here to help

- 2** Take your Health Assessment.

We will call you soon to welcome you to Advanced Health. During this call, we will help you complete the Health Risk Assessment over the phone. It is a short and easy way to get a picture of your current health and needs. This will help us match you with benefits and services available to you. If we can't reach you, we will mail you the Health Risk Assessment.



3


Get to know your health plan.

Look through this book to get to know some of your benefits, including dental care, transportation, and behavioral health. Keep this booklet handy, for future reference.

We look forward to working with you!




This identification card is for the convenience of members and providers. It does not confer the rights to services of other benefits under the OHP. Please complete and cut out one of the forms below to bring to your medical, dental and mental health appointments. Keep this form with you always. You can download and print additional copies at www.advancedhealth.com.

 www.advancedhealth.com	Member Name:	
	Member ID#: (from OHP ID Card)	
Primary Care Provider:		
Primary Dentist:		
Mental Health Provider(s):		

Urgent & Emergency Services: Call 911 if you have an emergency. If you need urgent care, please call your PCP. You can also call the NBMC Immediate Care Clinic in Coos Bay at 541-266-1789 or the Brookings Curry Medical Center in Brookings at 541-412-2000.

Advanced Health Member Services: 800-264-0014 or 541-269-7400 **TTY:** 877-769-7400
See reverse side for additional important phone numbers.

This card has member information and does not guarantee eligibility.

 www.advancedhealth.com	Member Name:	
	Member ID#: (from OHP ID Card)	
Primary Care Provider:		
Primary Dentist:		
Mental Health Provider(s):		

Urgent & Emergency Services: Call 911 if you have an emergency. If you need urgent care, please call your PCP. You can also call the NBMC Immediate Care Clinic in Coos Bay at 541-266-1789 or the Brookings Curry Medical Center in Brookings at 541-412-2000.

Advanced Health Member Services: 800-264-0014 or 541-269-7400 **TTY:** 877-769-7400
See reverse side for additional important phone numbers.

This card has member information and does not guarantee eligibility.

Bring your Advanced Health ID card when you go to a medical, dental, or mental health appointment. Call Advanced Health Member Services if you need a replacement card.

IMPORTANT PHONE NUMBERS:

Health Care Category	Provider	Phone Numbers	
Physical Health & Behavioral Health	Advanced Health	800-264-0014	541-269-7400
Pharmacy PCN#: 38900 / BIN#: 003585	MedImpact Help Desk	800-788-2949	
Non-Emergent Medical Transportation	Bay Cities Brokerage	877-324-8109	541-266-4323
Dental	Advantage Dental	866-268-9631	TTY: 711
Substance Use: Coos County	ADAPT	800-866-9780	541-751-0357
Substance Use: Curry County	Curry Community Health	877-739-4245	541-425-7545

Bring your Advanced Health ID card when you go to a medical, dental, or mental health appointment. Call Advanced Health Member Services if you need a replacement card.

IMPORTANT PHONE NUMBERS:

Health Care Category	Provider	Phone Numbers	
Physical Health & Behavioral Health	Advanced Health	800-264-0014	541-269-7400
Pharmacy PCN#: 38900 / BIN#: 003585	MedImpact Help Desk	800-788-2949	
Non-Emergent Medical Transportation	Bay Cities Brokerage	877-324-8109	541-266-4323
Dental	Advantage Dental	866-268-9631	TTY: 711
Substance Use: Coos County	ADAPT	800-866-9780	541-751-0357
Substance Use: Curry County	Curry Community Health	877-739-4245	541-425-7545

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Welcome to Advanced Health

Please review your Member Handbook to find out what Advanced Health does and does not cover, what to do if you become sick, and what to do in a medical emergency. If you have any questions, please call us.

Advanced Health updates this handbook every year. We will send you a notice when our annual update is available. We will tell you about any changes to your benefits 30 days before the change, or as soon as possible.

You can request this handbook in another language, large print, braille, CD, tape, or other formats. You can also ask for a printed handbook to be mailed to you at any time at no cost. You can always find the most recent version this handbook at www.AdvancedHealth.com/handbook.

You can get medical services as soon as you join Advanced Health; even within the first month. We will help you to get a Primary Care Provider (PCP) as soon as you join. You will see your PCP for all your basic health care. If you don't have a PCP, Advanced Health will still pay for some services in the first month. If you have questions call Member Services at 800-264-0014 to find out what services Advanced Health will pay for.

Important Instructions

- If you become sick, contact your Primary Care Provider (PCP).
- If you do not know who your PCP is, contact our Member Services at 800-264-0014.
- If you become sick after normal business hours, please call the free Nurse Help Line at 888-647-3627
- Or call an Urgent Care Clinic:

Coos County

North Bend Medical Center Immediate Care Clinic at 541-266-1789,
Monday through Friday 7am-7pm. Saturday at 10am-3pm.

Curry County

Brookings Curry Medical Center at 541-412-2044.
Monday through Saturday 8am-8pm

If you think you have a life-threatening emergency condition, go to the nearest hospital emergency room or call 911.

Changing Your Address

When you change your address or phone number, tell all your health care providers, your CCO and the Oregon Health Authority (OHA) immediately:

- Email at Oregonhealthplan.changes@state.or.us
- Call Oregon Health Plan Processing Center (1-800-699-9075, TTY 1-800-735-2900)
- Call Advanced Health Member Services
- Call your PCP's office

Culturally-Sensitive Health Care

We respect the dignity and the diversity of our members and the communities where they live. We want to serve the needs of people of all cultures, languages, races, ethnic backgrounds, abilities, religions, genders, sexual orientation, gender identification, and other special needs of our members. We want everyone to feel welcome and well-served in our plan.

We have several healthy living programs and activities for you to use. Our health education programs include self-care, prevention, and

disease self-management. They are listed on page 9, Preventive Services. For more information about these services, please call Member Services at 800-264-0014.

Interpreter Services, Alternative Formats, And Cultural Requests

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

You can have an OHA approved and certified voice or sign language interpreter at your appointments if you need one. When you call for an appointment, tell your provider's office that you need an interpreter and for which language.

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 help, please contact:

Language Access Services Program Coordinator

Call: 1-844-882-7889 TTY: 711

Email: Languageaccess.info@state.or.us

Web: www.oregon.gov/oha/oei

Advanced Health Member Services

Call: 541-269-7400 or 800-264-0014

TTY: 877-769-7400

Language Line

The language line is an interpreter service for all languages. This service is free to you. Tell the provider's office what language you need. An interpreter will call to answer any questions. They can also help with any doctor visits you have. The phone number is 800-523-1786.

Advanced Health Healthcare Interpreter Services

This service is an in-person interpreter service for Spanish speaking members. This service is free to you. You can have a healthcare interpreter at your appointments if you need one. When you call for an appointment, tell your provider's office that you need a healthcare interpreter. If you have questions, call Member Services at 541-269-7400.

Unfair Treatment

Do you think Advanced Health, 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 a 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 our diversity, inclusion, and civil rights executive manager:

Office of Equity and Inclusion

21 SW Oak St, Suite 750

Portland, OR 97204

Phone: 971-673-1240

Fax: 971-673-1128 | TTY: 711

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

Web: 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

Confidentiality And Your Medical Records

Your Records Are Private

We only share your records with people who need to see them for treatment and payment reasons. You can limit who sees your records. If there is someone you don't want to see your records, please tell us in writing. You can ask us for a list of everyone 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 in detail how we use our members' personal information. We will send it to you if you ask. Just call Member Services and ask of our *Notice of Privacy Practices* or visit www.AdvancedHealth.com.

A Copy of Your Records

You can have a copy of the following records:

- Medical records from you Primary Care Provider (PCP)
- Dental records from your dentist's office
- Records from Advanced Health

Your Primary Care Provider (PCP) may charge a reasonable fee for copies. You can ask us for a copy of the records we have. We will not charge you a fee for the copies.

You can have a copy of your behavioral health records unless your provider thinks this could cause serious problems.

Member's Rights and Responsibilities Statement

As an OHP client, you can...

- Be treated with respect and dignity, the same as other patients
- Choose your provider
- Get services and supports that fit your culture and language needs
- Tell your provider about all your health concerns
- Have a friend or helper come to your appointments, and an interpreter if you want one
- Ask for services as close to home as possible, and in a non-traditional setting that is easier to use
- Actively help develop your treatment plan
- Get information about all your OHP-covered and non-covered treatment options
- Help make decisions about your health care, including refusing treatment, except for court-ordered services
- Be free from any form of restraint or seclusion
- Complain about different treatment and discrimination
- Get a referral to a specialist if you need it
- Get care when you need it, any time of day or night, including weekends and holidays
- Get behavioral health and family planning services without a referral
- Get help with addiction to cigarettes, alcohol and drugs without a referral
- Get handbooks and letters that you can understand
- See and get a copy of your health records, unless your doctor thinks it would be bad for you. You may be charged a small copying fee
- Request for your records to be amended or corrected
- Limit who can see your health records
- Get a ***Notice of Adverse Benefit Determination*** letter if you are

- denied a service or there is a change in service level
- Get information and help to file a complaint, appeal denials and ask for a hearing
- Make complaints and get a response without a bad reaction from your plan or provider
- Ask the Oregon Health Authority Ombudsperson for help with problems at 503-947-2346 or toll free 877-642-0450, TTY 711

As an OHP client, you agree to...

- Find a doctor or other provider you can work with and tell them all about your health
- Treat providers and their staff with the same respect you want
- Bring your medical ID cards to appointments, tell the receptionist that you have OHP and any other health insurance, and tell them if you were hurt in an accident
- Be on time for appointments
- Call your provider at least one day before if you can't make it to an appointment
- Have yearly check-ups, wellness visits and other services to prevent illness and keep you healthy
- Follow your providers' and pharmacists' directions, or ask for another choice
- Be honest with your providers to get the best service possible
- Call OHP Client Services at 800-699-9075 when you move, are pregnant or no longer pregnant.
- Report other health insurance at www.ReportTPL.org.

If you have other health insurance, please tell the State of Oregon. Other insurance is sometimes called **Third Party Liability** (TPL). To report your TPL or other insurance and to apply for premium assistance, please go to www.ReportTPL.org and follow the instructions.

The Oregon Health Plan (OHP)

What is the Oregon Health Plan?

The Oregon Health Plan (OHP) is a program that pays for low-income Oregonians' health care. The State of Oregon and the US Government's Medicaid program pay for it. OHP covers doctor visits, prescriptions, hospital stays, dental care, behavioral health services, help with addiction to cigarettes, alcohol and drugs, and free rides to covered health care services. OHP can provide hearing aids, medical equipment and home health care if you qualify.



OHP does not cover everything. A list of the diseases and conditions that are covered, called the Prioritized List of Health Services, is online at <https://www.oregon.gov/oha/hpa/dsi-herc/Pages/index.aspx>. Other diseases and conditions usually are not covered by OHP. Those conditions could be covered if treating them will help a patient's covered condition.

Coordinated Care Organizations and Fee-For-Service

CCOs (Coordinated Care Organizations) are a type of managed care. The Oregon Health Authority (OHA) uses CCO's to manage care for most Oregon Health Plan members. OHA pays coordinated care organizations set amount each month to provide their members the health care services they need.

Health services for OHP members not in managed care are paid directly by OHA. This is called fee-for-service (FFS) because OHA pays providers a fee for services they provide. It is also called an open card. Native Americans, Alaska natives, people on both Medicare and OHP can be in a CCO but can ask to change to FFS anytime. Any CCO member who has a medical reason to have FFS can ask to leave managed care. Your caseworker or OHP Member Services at 800-273-0557 can help you

understand and choose the best way to receive your health care.

How We Coordinate Your Care

Advanced Health coordinates the care you receive by working with your providers. We help you get medical, dental, and behavioral health services. When you enroll with Advanced Health, you may have benefits for these different services. Advanced Health has agreements with local providers to ensure our members have access to all different types of care. This is part of our whole-person approach. We also provide medical transportation for members. You will learn about our different providers in the following pages.

We want you to get the best care possible. Sometimes we provide health-related services (formerly called flexible services) that Oregon Health Plan doesn't cover. These are non-medical services that Coordinated Care Organizations (CCOs) may pay for in special situations. Health-related services can be for one person, or for a community, to benefit the broader population. Call Advanced Health Member Services for more information at 800-264-0014.

Another way we coordinate your care is ask our providers to be recognized by the Oregon Health Authority (OHA) as a Patient-Centered Primary Care Home (PCPCH). That means they can receive extra funds to follow their patients closely, and make sure all their medical, dental, and behavioral health needs are met. These clinics partner with the member to provide case management and care coordination. You can ask at your clinic or provider's office if it is a PCPCH.

If you are eligible for Medicare and Medicaid, we help to coordinate your benefits. Please see page 7 for more details.

The Oregon Health Plan and Medicare

OHP Members New to Medicare

When you go on Medicare your Oregon Health Plan benefits change or end. As soon as you learn that you are or will be on Medicare, contact one of the following for help with this change:

- Aging and People with Disabilities (APD)
2675 Colorado Ave, North Bend OR 97459
541-756-2017

Or

- Area Agency on Aging (AAA)
93781 Newport Ln, Coos Bay OR 97420
541-269-2013

Show all of your healthcare ID cards at you provider visits. This could include your Medicare ID, Oregon Health ID, CCO ID, Medicare Advantage ID, Medigap card, and Medicare Part D plan card.

Prescription Drug Benefits

Medicare Part D is your Medicare prescription drug benefit. Your OHP benefits do not include drugs 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 drugs that Medicare Part D would cover if you had it.

Medicare Part D has copayments on covered drugs. OHP does not pay these copayments for Medicare Part D. OHP also does not pay your Medicare Part D premiums or deductibles.

Out-of-Pocket Costs for Medicare Members

If you are a Qualified Medicare Beneficiary (QMB), you are **not** responsible for Part A or B copays, deductibles, or co-insurance charges. You do not have to pay for any services covered by Medicare Part A or B.

To learn more about what to do if a provider expects you to pay a bill, see page 28 under Billing.

Full Benefit Dual Eligibles (FBDE)

An FBDE is a member who receives both Medicare and full Medicaid (OHP) benefits. FBDE members can receive care coordination benefits. See page 9 for The Care Coordination Program. For all FBDE members, Medicare pays for covered medical services first. Advanced Health will cover any remaining costs. Some services need to have a pre-authorization for us to pay for them. Your provider has information about when a pre-authorization is needed. If you have questions, you can call member services.

Medicare Advantage Plans

Advanced Health has an agreement with Pacific Source Medicare Advantage. We work closely to coordinate your benefits. Choosing Pacific Source as your Medicare Advantage plan may benefit you. Please call APD/AAA for help making these choices.

Help for Medicare Members

- Call the APD or AAA office at the numbers above. Oregon's APD program helps people learn about Medicare and OHP benefits. They can help you use your coverage in the best way.
- You can also call the Senior Health Insurance Benefits Assistance (SHIBA) line at 800-722-4134. SHIBA counselors will help you understand and make decisions about your care.

What is a Coordinated Care Organization (CCO)?

Advanced Health is a Coordinated Care Organization (CCO). We are a group of all types of health care providers who work together for people on the Oregon Health Plan (OHP) in our community. Some groups in our CCO are:

- Advantage Dental
- Coos Health and Wellness
- ADAPT
- Curry Community Health
- Bay Cities Brokerage

You have the right to ask questions about how Advanced Health works and pays providers. Call Member Services if you have questions.

Transitional Process for New Members

When you are new to our plan, you will be assigned a Primary Care Provider (PCP). You will also have access to a Primary Care Dentist (PCD). Please call your assigned providers for help with your healthcare needs. If you need help sooner than your provider can offer, please call our Member Services. Tell Member Services what you need help with; it could be prescriptions, medical supplies, or other items. Member Services can connect you with a care coordinator who can help with your needs.

How to Change CCOs

If you want to change to a different CCO, call OHP Member Services at 503-378-2666 or 800-699-9075. 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. The number is 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 our Member Services at 800-264-0014 and ask for a Care Coordinator. If you still want to leave or change your CCO, call OHP Member Services. Their numbers are at 503-378-2666 and 800-699-9075.

A CCO may ask the Oregon Health Authority to remove you from enrollment if you:

- are abusive to CCO staff or your providers
- commit fraud, like letting someone else use your health care benefits

How to Request Disenrollment

If you no longer want to be a member of a CCO, you may request a disenrollment. The request must be made to the state. Call 1-800-273-0557 to request Fee for Service.

If the request is received by Advanced Health, Advanced Health will forward the request to OHA or DHS eligibility.

Involvement in Your Coordinated Care Organization

Advanced Health has a Community Advisory Council. We invite you to apply to serve on the Council. Most of the Council members are Oregon Health Plan (OHP) members.

Other members are from government agencies and groups that provide OHP services. If you are interested in being a member of the Community Advisory Council, please call Member Services at 800-264-0014 or toll free at 1-800-264-0014 for an application.



Services of Advanced Health And Contacting Member Services

Member Services is happy to help you with all your health care questions. Please call us if you have questions about:



- Services covered by Advanced Health
- How to choose a Primary Care Provider (PCP)
- How to make an appointment
- How to use preventative health care services
- How to see a specialist
- Which hospital or pharmacy to use
- Claims and bills
- An accident you were in (motor vehicle, workers comp, falls in a store, etc.)
- Help for a disability
- Address and phone number changes
- How and when to use emergency services
- Getting an interpreter for an appointment
- How to make a complaint or file an appeal
- Any of the services Advanced Health offers

Calling Member Services

When you call Member Services, be ready with:

- Oregon Health ID Number or Social Security Number
- Date of birth
- Any information that will help us answer your questions

Advanced Health Plan Program Referrals

Advanced Health has free programs to help you be healthy. Some programs require a referral from your PCP and some do not. Call Member Services for information about these services.

Primary Care Case Management

Advanced Health members have access to a Primary Care case manager. A case manager is someone who can help you with your needs. We will contact you with a Health Risk Assessment within 30 days of your enrollment to see if you have case management needs. If you need case

management, someone from Advanced Health or your provider's office will contact you. They will work with you as a team member to make a care plan based on your needs and goals. For more information about Primary Care Case Management, please call Member Services.

Intensive Care Coordination

Some Advanced Health members can also qualify for Intensive Care Coordination "ICC" benefits. Members who qualify for this program will work with a Care Coordinator. A Care Coordinator is someone who can meet with you on a regular basis to help with your needs. This service is more intensive than the Primary Care Case Management program. We will contact you with a Health Risk Assessment within 30 days of your enrollment. If we identify that you may need care coordination, we will call you to find out if you want to participate. If at any time your needs change, you may be eligible for care coordination. You can also self-refer by calling Member Services at 1-800-264-0014 or 541-269-7400. If you choose not to participate in the program, it will not affect your health coverage in any way. ICC can help you:

- Choose your providers
- Get your medical equipment
- Connect with community agencies
- Make sure your providers are working on the same care plan for you
- Make sure you get the health care that's right for you
- Make sure all your needs are met

Care coordinators help you navigate the health care system. They work with you to access services covered by Advanced Health. This includes dental services, behavioral health services, transportation benefits and physical health services. They can also help you engage with community services and programs.

Call Member Services at 541-269-7400 or 1-800-264-0014 for more information on ICC.

Traditional Health Care Workers

There may be times when you need help getting the right care. Your primary care team may have people specially trained to do this. These people are called Traditional Health Care Workers.

Who is a Traditional Health Worker (THW)?

A Traditional Health Worker (THW) is a person that helps other people from their community with their health. They do this by working with community partners. There are 5 types of THWs. They are,

- Birth Doula – A person who supports women and their families during a woman's pregnancy.
- Peer Support Specialist – A person who supports people that need help with their behavioral health and addiction treatment.
- Peer Wellness Specialist – A person who supports the overall health of people in their community, both primary health and behavioral health
- Personal Health Navigator – A person who guides people to resources in the community
- Community Health Worker – A person who is from the community and has a good understanding of the community

Advanced Health offers different Traditional Health Worker services to members. You can contact member services or our THW liaison for more information.

Benefits of using a Traditional Health Worker (THW)

Using a Traditional Health Worker (THW) has many benefits, like:

- Support in receiving the care you need

- Understand Oregon Health Plan (OHP) and related benefits
- Advice on health education and information
- Advice on community resources you could use
- Someone to talk to from your community
- Someone who might be going through what you are going through

How to contact a Traditional Health Worker (THW)?

THWs may serve you as part of your primary care team. You can ask for the services of a THW by asking your Primary Care Provider (PCP). You can also ask for the services of a THW by calling our Member Services at 541-269-7400 or 1-800-264-0014.

Active Living Program

Advanced Health offers FREE programs that focus on physical activity, healthy eating, and wellness education. For more information, visit www.advancedhealth.com or contact Member Services at 541-269-7400.

Oregon Health Plan Coverage

Covered Services

The Oregon Health Plan (OHP) covers many services, like:

- Care to keep you healthy, such as annual exams, well care visits, and vaccinations (shots)
- Visits to your PCP's office and treatment from your PCP
- Services that should treat a condition that is covered by OHP
- Nursing home care up to 20 days for conditions covered by OHP
- Vision services for pregnant people and children under 21 years old
- Family Planning Services and Supplies
- Prescriptions

- Hospital and Emergency Care
- Medical tests (like X-rays and lab testing)
- Home Health Services
- Hospice Care
- Physical, Occupational, and Speech Therapy
- Alcohol and Drug Treatment outside a hospital
- Dental Care
- Behavioral Health Care
- Intensive Care Management (ICM)
- Emergency Transportation
- Transportation to OHP covered appointments

Note: Some services may need prior approval from Advanced Health.

Services Not Covered by Advanced Health, But May Be Covered by OHP

These services are not covered by Advanced Health. You may be eligible for these services through other programs. We can still help coordinate the services for you. Please call Member Services for help coordinating access to these services:

- Foster or Group Homes for Members under 21 years of age
- Adult Foster Home care
- Behavioral rehabilitative services through DHS Child Welfare and Oregon Youth Authority
- Behavioral health medications (“7&11 drugs”)
- Long term psychiatric care and related services
- Personal care services
- Community behavioral health programs for adults
- Abuse investigations and protective services
- Death with dignity

- Hospice services for members who live in a skilled Nursing facility
- Long term care services
- School-based services that are covered under Individuals with Disabilities Education Act (IDEA)
- Administrative examinations requested or authorized by another government agency or approved by the Health Systems Division
- Services provided to Citizen Alien Waived Emergency Medical (CAWEM) recipients or CAWEM Plus-CHIP Prenatal Coverage, for emergency medical services only

What OHP Does Not Cover

The Oregon Health Plan (OHP) has limited funds. The Oregon Health Authority (OHA) uses those funds to pay for covered items on the Prioritized List of Health Services.

The Prioritized List is a list of conditions and their treatments. OHP covers treatments above the funding line. OHP does not pay for treatments that are ranked lower on the priority list. “Below the line” conditions may sometimes be covered if treatment will help an “above the line” condition to improve. The Prioritized List of Health Services is online at <https://www.oregon.gov/oha/hpa/dsi-herc/Pages/index.aspx>.

Call your Primary Care Provider (PCP) or clinic when you think you need medical treatment. Your PCP will advise you what to do. Call Member Services if you have any questions.

Some things that OHP does not pay for include:

- Things that get better without going to a doctor (like colds, diaper rash, sunburns)
- Diseases or conditions that don’t have an effective cure
- Treatments without any health purpose
- Services to help you get pregnant

Preventive Services



Vaccinations for Children

Call your child's Primary Care Provider (PCP) as soon as possible if your child has not received their vaccines (shots). Vaccines help protect your child against diseases that could harm them. It is *extremely* important that your child receives their vaccinations on time. Children who go to day care or school are required by law to have them. **Please call your child's PCP today to find out when your child is due.**

Quitting Tobacco

We can help you quit tobacco! We offer support classes and will pay for medicines to help you quit tobacco. Call Member Services for location and times. You can also go to www.AdvancedHealth.com.

Oregon Quit Line (help to quit smoking)

- 1-800-784-8669
- (Spanish) 1-877-266-3863
- (TTY) 1-877-777-6534
- www.quitnow.net/oregon

Health Care Providers

Advanced Health works with some providers, but not all of them. Providers that we contract with are called In-Network or Participating providers. You may be able to see other providers if needed, but they must be registered with the Oregon Health Plan. You can find a current list of In-Network providers on our website at www.AdvancedHealth.com/members/find-a-provider. If you would like for us to mail you a printed copy, please call our Member Services department at 800-264-0014.

Provider Incentives

Providers are incentivized through value-based contracts for better health outcomes. One incentive they have is to increase access to care for our members. We do not have any incentive programs or payment structures that reward limiting or denying services.

Primary Care



You will see your Primary Care Provider (PCP) for all your basic health care needs. Your PCP may also refer you to specialty providers.

If you are a new member and already have a PCP, please let us know. We will confirm that with the provider's office. If you do not have a PCP, we will automatically assign you a provider from your region. Your PCP must be a local participating Advanced Health network provider. Please refer to our Provider Directory on our website or call Member Services at 800-264-0014 if you have questions.

We will send you a notification letter whenever your PCP changes (for example, if they move or retire).

Please make a new patient visit with your PCP within 90 days. This first visit helps your provider get to know you. They will also need to get your medical records from your previous doctor(s). They need to know you and your medical needs before you get sick.

Once you are established with your PCP, please make an appointment for a routine visit at least once per year.

What your Primary Care Providers Do for You

Your Primary Care Provider (PCP) will:

- Get to know you and your medical history
- Provide your routine medical care

- Keep your medical records up-to-date and in one place
- Help keep you healthy with wellness visits
- Send you to a specialist (if needed)
- Admit you to a hospital (if needed)

Primary Care Categories

Primary Care providers focus on one of three categories:

- Family Practice (children and adults),
- Internal Medicine (adults 18 and older),
- Pediatrics (children 21 and younger).

Types of Primary Care Providers

There are many types of Primary Care Providers (PCPs) who can help you:

- Medical Doctor (MD)
- Doctor of Osteopath (DO)
- Nurse Practitioner (NP)
- Family Nurse Practitioner (FNP)
- Physician's Assistant (PA)

Changing Your Primary Care Provider

Advanced Health wants you to have a good relationship with your Primary Care Provider (PCP). If you can't work with your PCP, you can change your PCP two times a year. We hope you will stay with your PCP longer. Staying with one PCP makes it easier to get care.

You must call Advanced Health before you see a new PCP. You will be reassigned to your new PCP on the first of the next month.

Native American and Alaskan Native Members

American Indians and Alaska natives can receive their care from an Indian Health Service (IHS) clinic or tribal wellness center. This is true whether you are in a CCO or have FFS (fee-for-service) OHP. The clinic

must bill us the same as our network providers.

Patient Portals

Your Primary Care Provider (PCP) may have a free patient website or smart phone app called a Patient Portal. It is a fast and easy way to safely see your information at any time. Ask your PCP how to sign up.

- Send a message to your provider
- Ask for or change an appointment
- See lab results
- Ask for medication refills
- See a visit summary and medical records

Specialty Care

A specialist is a provider with extra training. A specialist can treat a certain body part, disease, or injury. Specialists help in ways your Primary Care Provider (PCP) can't. Your PCP can call the specialist to refer you. The specialist's office will call you to set up an appointment. Advanced Health works with almost all specialists in Coos and Curry Counties.

Providers Outside the Advanced Health Network

Advanced Health works with many out of area providers. Your Primary Care Provider (PCP) will refer you if you need to see a specialist. Services from out of area providers must be approved by Advanced Health first. Ask your PCP who you should see for more services. Your PCP will know if you should be referred.

Pre-Authorizations

You need a referral from your Primary Care Provider (PCP) to see other health care providers. Some services must also be approved by Advanced Health first. This is called a pre-authorization or P.A. You might not get the service if it is not approved (pre-authorized). We

review pre-authorizations as quickly as your provider tells us to. Most decisions are made within 14 days. Sometimes a decision may take up to 30 days. This only happens when we are waiting for extra information. Pharmacy decisions are made within 24 hours, unless additional information is required. Call Member services if you have questions about pre-authorizations.

Services That May Require Pre-Authorization

Many services need authorization. These include:

- Specialist care
- Physical therapy
- Speech therapy
- Occupational therapy
- Home Health Services
- Hospice
- Out of area providers
- Durable Medical Equipment
- Non-emergent Surgery

Services That Don't Require Pre-Authorization

Many services do not need to be pre-authorized if you see providers in our network. These include:

- Routine vision exams for pregnant members and children 0-20 years old
- Behavioral health treatment
- Drug and alcohol treatment
- Sexually transmitted infection (STI/STD) care
- Female annual exams
- Family planning services and supplies

***Members with Special Health Care Needs can see a specialist without a pre-authorization. We provide direct access to specialists for these**

people. If you are not sure if have Special Health Care Needs, please call Member services.

Second Opinions

You have the right to get a second opinion about your condition or treatment. Second opinions are at no cost to you. Call our member services for assistance getting a second opinion or you can talk to your primary care provider. They can refer you for a second opinion. To see a provider outside our network, you and your provider will need to get our approval first.

Urgent Care, Emergencies and Crises at Home and Away

Call your PCP if you are sick. Your PCP (or the doctor on call) may:

- Schedule an appointment with you
- Send you to an Urgent Care facility or hospital
- Give you medical advice over the phone

Always call your doctor, primary care provider's (PCP) office, first about any health problem. Someone will be able to help you day and night, even on weekends and holidays. If you can't reach your PCP's office about an urgent problem or they can't see you soon enough, you can go to an urgent care clinic without an appointment. Urgent problems are things like severe infections, sprains, and strong pain. If you don't know how urgent the problem is, call your doctor.

Contracted Urgent Care

Immediate Care Clinic at North Bend Medical Center

1900 Woodland Drive

Coos Bay, OR 97420

Phone: 541-266-1789

Toll Free: 800-234-1231 ext 1789

Brookings Curry Medical Center

500 5th St

Brookings, OR 97415

Phone: 541-412-2044

Contracted Hospitals

Bay Area Hospital

1775 Thompson Road

Coos Bay, OR 97420

Phone: 541-269-8111

Coquille Valley Hospital

940 E 5th St

Coquille, OR 97420

Phone: 541-396-3101

Southern Coos Hospital

900 11th St SE

Bandon, OR 97411

Phone: 541-347-2426

Curry General Hospital

94220 4th St

Gold Beach, OR 97444

Phone: 541-247-3000

Toll Free: 800-445-8085

Asante Rogue Regional Medical Center

2825 E Barnett Rd

Medford, OR 97504

Phone: 541-789-7000

Toll Free: 800-944-7073

Asante Three Rivers Medical Center

500 SW Ramsey Ave

Grants Pass, OR 97527

Phone: 541-472-7000

Toll Free: 800-944-7073

Asante Ashland Community Hospital

280 Maple St

Ashland, OR 97520

Phone: 541-201-4000

24 Hr. Nurse Helpline

The Nurse Helpline is for your health questions that aren't an emergency. You can call any time about your health and the medicines you are taking. The Nurse Helpline is staffed by trained nurses who will ask about your symptoms and give you advice. All calls are private. Their phone number is 888-647-3627. Their TTY number is 800-735-2900.

Emergency and Crisis

If you think you have a real emergency, call 911 or go to the emergency room (ER) at the nearest hospital. You don't need permission to get care in an emergency. An emergency might be chest pain, trouble breathing, bleeding that won't stop, broken bones, or a behavioral health emergency. Please don't use the ER for things that can be treated in your provider's office. Sometimes ERs have a long, uncomfortable wait and take hours to see a doctor, so you should only go there when you have to.

A behavioral health emergency is feeling or acting out of control, or a situation that might harm you or someone else. Get help right away, do not wait until there is real danger. Call the Coos Health and Wellness Crisis Hotline at 888-543-5763, Curry Community Health's 24-hour Crisis Line 877-519-9322 or 911 at any time if someone is having a behavioral

health emergency or go to the ER.

Care after an Emergency

Emergency care is covered until you are stable. Call your PCP, behavioral health provider, or specialist for follow-up care. Follow-up care once you are stable is covered but not considered an emergency. Please get follow-up care from your PCP or regular doctor. If you are not sure who you should follow up with, please call Advanced Health Member Services.

Ambulance Services

You can call an ambulance if you believe you have an emergency. You might have to pay for ambulance rides for problems that are not emergencies. Call Member services before you pay any ambulance, medical, dental, or behavioral health bill. Call your Primary Care Provider or the Nurse Hotline if you are not having an emergency.

Out of Town Emergencies and Urgent Care

If you get sick or injured when you are away from home, call your Primary Care Provider (PCP). If you need urgent care, find a local doctor who will see you right away. Ask that doctor to call your PCP to coordinate your care.

If you have a real emergency when you are away from home, call 911 or go to the nearest emergency room. Your care will be covered until you are stable. For follow-up care after the emergency, call your PCP.

The Oregon Health Plan (OHP) covers emergency and urgent care anywhere in the United States, but not outside the US. That means OHP will not pay for any care you get in Mexico or Canada.

Prescriptions

You can go to any pharmacy in Advanced Health's Pharmacy Network. A list of in-network pharmacies can be found on our Provider Directory on

our website.

To fill a prescription, bring your:

- Prescription from your provider
- Oregon Health ID Card
- Advanced Health Identification Card (optional)

The pharmacist cannot fill your prescription without your Oregon Health ID Card. You do not have to pay any copays for covered medicines.

The drugs Advanced Health pays for are listed on the Drug Formulary. You can find this list at www.advancedhealth.com. Ask your provider about your options. Some medicines need Pre-Authorization from Advanced Health before they can be paid for. These medicines are not on our drug formulary. Your provider can request pre-authorization for you.

Over-the-counter drugs are not covered by Advanced Health unless you have a prescription. The prescription needs to be filled by your pharmacy.

Most behavioral health medicines are paid for by the Oregon Health Authority (OHA), not Advanced Health.

Most prescriptions are filled for 30-days. You can ask for a refill 23-days after you last filled your prescription.

Call Member services if you have any questions.

Non-Participating Pharmacies

Advanced Health cannot pay for medications from pharmacies that are not registered with the Oregon Health Authority (OHA). The prescribing provider must also be registered with OHA. Most pharmacies in Oregon are registered. Ask your pharmacist or call our Member services department to check.

Please note that Walgreens Pharmacies are NOT part of the Advanced Health Pharmacy Network.

Out of State Pharmacies

Most out of state pharmacies are not registered with OHA and may not be able to fill your prescription. Please plan ahead and fill your prescriptions in advance (when possible) if you are traveling out of state. Advanced Health may be able to provide a Vacation Override if needed. Please call our Member services Department to arrange for an override before your trip.

If you need emergency medication while you are out of the state, please call our Member services Department at 800-264-0014 or ask the pharmacy to call the MedImpact Help Desk at 800-788-2949.

Durable Medical Equipment (DME)

Advanced Health works with Rick's Medical for Durable Medical Equipment (DME). This equipment includes:

- Diabetic supplies (if you do not have Medicare)
- Lancets, strips, meters, syringes
- Incontinent supplies
- Pull-ups and tab diapers
- Gloves and pads
- Nebulizer supplies
- Cups
- Spacers

Remember to re-order every month at **541-672-3042**.

We also work with other DME suppliers as needed.

Medicare members can order their diabetic supplies. Call **Medicare** at **1-800-MEDICARE** (1-800-497-5819) to ask about diabetic supplies.

Women's Health and Family Planning

Advanced Health covers many services for female and reproductive health care needs. We provide members with direct access to a women's health specialist within the network for covered care. We cover a yearly physical exam that might include:

- Pap test
- Breast exams
- General health assessment
- Mammograms (breast X-Rays)
- Sexually transmitted infection (STI/STD) testing and treatment

You may go to your Primary Care Provider (PCP) or a women's health specialist such as a gynecologist, Certified Nurse Midwife (CNM), or women's health Nurse Practitioner (NP) for your annual exam. You need a referral for a gynecologist if you have any other female health concerns.

Family Planning

Advanced Health covers both family planning services and birth control supplies.

Important: You do NOT need a referral from your primary care provider to get family planning services.

You can self-refer to any provider in the state of Oregon for family planning services, including those providers not in our network. Family Planning services include:

- Family planning visits (includes physical exam and birth control education)
- Birth control supplies
- Pregnancy testing

Pregnancy and Prenatal Care

Call your Primary Care Provider (PCP) if you think you might be pregnant. It is very important that you begin prenatal (before-birth) care early. Starting your pre-natal care early and going to regular pre-natal checkups is the best way to keep you and your baby healthy. Advanced Health pregnancy benefits include:

- Pre-natal visits
- Labor and delivery (childbirth) services
- Post-partum (after delivery) care

You may see your PCP or an obstetrician (OB—a doctor who specializes in pregnancy care) for your pre-natal care. Your OB doctor does not provide treatment of everyday illnesses and injuries. Call your PCP for these illnesses and injuries. Advanced Health will not pay for pre-natal (before-birth) care outside the service area.

Childbirth

Advanced Health will cover delivery and the baby's newborn check-up in the hospital. Try to stay within Advanced Health's service area during the last 30 days of your pregnancy. Advanced Health will pay for only emergency and urgent care outside the service area.

Newborn Enrollment

Call the Oregon Health Plan (OHP) central office at 1-800-699-9075 as soon as you think you might be pregnant. You can also call your Department of Human Services (DHS) caseworker. Call again when the baby is born.

Your child can be covered at the time of birth. **Call your DHS case worker or OHP as soon as the baby is born.** Then your child can get covered by OHP. Your child might be eligible for coverage for a year even if you aren't.

Hearing Care

Advanced Health pays for some hearing care. You will need a referral from your Primary Care Provider (PCP) to see a hearing specialist. Call Member services if you were seeing a hearing specialist before you came onto our plan. Advanced Health will pay for some hearing aids and batteries. Call Member services about hearing aid benefits.

Vision Care

Advanced Health provides limited vision services, including:

- **Pregnant members:** routine eye exams and glasses
- **Children under 21:** routine eye exams and glasses (not contact lenses)
- **Diabetes, Glaucoma, or Cataracts:** diabetic exam once every year with a referral from your Primary Care Provider (PCP)
- **Medical Conditions such as:** Pseudophakia, Aphakia, Congenital Aphakia, or Keratoconus

Alcohol and Drug Treatment

Advanced Health pays for treatment to help you stop using alcohol and drugs.

Important: You do NOT need a referral from your primary care provider to get services from Adapt.



*You may need a referral for alcohol and drug treatment that is not through Adapt.

Alcohol and drug treatment services include:

- Outpatient treatment
- Detoxification
- Medication assisted treatment (like Methadone or Buprenorphine)

- Counseling for you and your family members
- Case management
- Acupuncture

If you live in Coos County, call ADAPT Drug and Alcohol Treatment Center at 541-751-0357 or 1-800-866-9780 or call ADAPT Opioid Treatment Program at 541-492-0200.

If you live in Curry County, call Curry Community Health at 541-247-1082.

Confidentiality: Federal and state laws protect your privacy. Information about a member's addiction will not be given out to anyone without the member's written consent. Advanced Health and its providers will not give information except when required by law or by the Oregon Health Authority.

Behavioral Health Services

Behavioral health services are available to all Oregon Health Plan (OHP) members. We cover behavioral health assessment services to find out what kind of help you need. We offer a wide range of care to help you and your family.

Important: You do NOT need a referral from your primary care provider to get behavioral health services.

Behavioral Health Providers

For a list of outpatient behavioral health therapists, see our Provider Directory on www.advancedhealth.com. You can also call Member services at Advanced Health at 1-800-264-0014.

Please contact Coos Health and Wellness (for Coos residents) or Curry Community Health Services (for Curry residents) for more intensive services than outpatient behavioral health.



Coos Health and Wellness

281 LaClair Street,
Coos Bay, OR 97420
Phone: 541-266-6700/
1-888-543-5763
TTY: 800-735-2900
24 Hours Crisis Line: 541-266-6800/
1-888-543-5763

www.cooshealthandwellness.org



Curry Community Health Services

29821 Colvin Street,
Gold Beach, OR 97444
Phone: 541-247-4082/
1-877-739-4245
TDD: 800-735-2900
24 Hours Crisis Line: 1-877-519-9322

Covered Behavioral Health Services

Advanced Health covers many behavioral health services, including:

- Outpatient behavioral health services
- Crisis intervention and crisis respite
- Individual, group, and family therapy
- Assessment and evaluation
- Psychiatric hospital care
- Supported employment
- Supported housing
- Case management services
- Family support and parenting classes
- Wraparound services for youth and family
- Child and youth day treatment
- Residential /Acute care
- Medication management

Behavioral Health Emergency and Crisis Services

Emergency behavioral health and crisis services are available 24 hours a day, seven days a week. You do not need prior approval. A behavioral health emergency is feeling or acting out of control, or a situation that might harm you or someone else. Get help right away.

Do not wait to get care if you or someone you know:

- Has thoughts of self-harm
- Wants to hurt others
- Loses self-control
- Loses contact with reality
- Has any other behavioral symptom that needs attention.

Contact Coos Health and Wellness Crisis Hotline at 541-266-6800 or 888-543-5763, Curry Community Health's 24-hour Crisis Line 877-519-9322 or 911 or go to the emergency room **at any time if someone is having a behavioral health emergency.**

Adult State Delivered Behavioral Health Services

Adults from Coos and Curry County with serious behavioral illness are enrolled in Choice Model Services (formerly "Aim high"). The goal is to prevent going back to the state hospital. The Choice Model brings together care for adults with serious behavioral illness when they leave the Oregon State Hospital to live in the community. These services could be:

- Outpatient or residential treatment
- Adult foster care or living in a supported apartment

Children's Behavioral Health Services

Children with behavioral health needs are given a service called Wraparound or Intensive Care Coordination. Intensive care coordination services help bring together care to meet the child's and family's needs.

System of Care and Wraparound planning involve everyone in a child's life such as schools, community organizations, doctors, criminal justice, and others forming a team around the child and family to plan supportive services.

Behavioral Health Prescriptions

Most medications that people take for behavioral illness are paid directly by the Oregon Health Authority (OHA). Please show your pharmacist your Oregon Health ID and your Advanced Health ID cards. The pharmacy will know where to send the bill.

Declaration for Behavioral Health Treatment

Oregon has a form for writing down your wishes for behavioral health care if you have a behavioral health crisis, or if for some reason you cannot make decisions about your behavioral health treatment. The form is called the Declaration for Behavioral Health Treatment. You can complete it while you still can understand and make decisions about your care. The Declaration for Behavioral Health Treatment tells what kind of care you want if you ever need that kind of care but are unable to make your wishes known. Only a court and two doctors can decide if you are not able to make decisions about your behavioral health treatment.

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 generally only good for three (3) years. If you become unable to decide during those three (3) years, your declaration will remain good until you can make decisions again. You may change or cancel your declaration when you can understand and make choices

about your care. You must give your form to your Primary care physician and the person you name to make decisions for you.

Both Coos Health and Wellness and Curry Community Health can assist you in completing a Behavioral Health Declaration.

For more information on the Declaration for Behavioral Health Treatment go to the State of Oregon's website at:

<http://www.oregon.gov/oha/amh/forms/declaration.pdf>.

If your provider does not follow your wishes in your Declaration for Behavioral Health Treatment, 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

Phone: 971-673-0540

TTY: 971-673-0372

Email: mailbox.hls@state.or.us

Fax: 971-673-0556

Dental Services

Advanced Health covers dental. Members can go to Advantage Dental Services. Call your Primary Care Dentist (PCD) to make an appointment as soon as you have a PCD. Tell your PCD's receptionist when you make your appointment if you have a disability or if you need an interpreter. Call the Advantage Dental Member services for all your dental health care questions:



Advantage Dental Services

866-268-9631; TTY 711

Monday-Thursday, 8:00 AM-6:00 PM, Friday, 8:00 AM-5:00 PM

Mailing: PO Box 867, Redmond, OR 97756

www.advantagedentalservices.com

You can also call the Oregon Telecommunications Relay System for help by calling 800-735-1232 or TTY 711.

Primary Care Dentist

Each member of your family must have a dentist who will be their Primary Care Dentist (PCD). You will have the same PCD if you left the plan and are now returning. All your dental records will be up-to-date and in one place. Your PCD will take care of most of your dental care needs. Your PCD will also coordinate care with your doctor and send you to specialists.

How to Change Your Primary Care Dentist

Call Advantage Dental Customer Service at 866-268-9631 or TTY 711 if you want to change your Primary Care Dentist (PCD). You can also write to Advantage Dental Services at P.O. Box 867, Redmond, Oregon 97756. A Customer Service Representative will help you make the change.

Provide the name and the Oregon Health ID Number of the member who wants to change. Provide the reason for the change. Know the name of the PCD you want if you have someone in mind. Advantage Dental Services will review the change. Approved changes are effective on the first of the following month. Advantage Dental Services allows one PCD change every 6 months.

Immediate Dental Services in the First Month of Enrollment

Contact your dentist. If you don't have one or are unable to reach your Primary Care Dentist (PCD) call Advantage Dental Services Customer Service Department at 866-268-9631 or TTY 711 for:

- Prescriptions
- Dental services
- Supplies
- Other necessary items

How to Get Dental Care

When you or your family needs care, call your Primary Care Dentist (PCD). You can call 24/7. Your PCD will take care of most of your dental care. Your PCD will send you to a specialist if needed.

Try to call your PCD during normal office hours. An on-call Customer Service Representative will pick up after hours. They will contact a dentist and arrange for them to call you back.

Often, another dentist may take calls for your PCD. Talk to the dentist "on-call," even if it is not your usual dentist. Let the on-call dentist help you take care of your dental needs. Make sure to write down the name of the on-call dentist and who you talked with.

How to Make an Appointment

Call your PCD's office for an appointment. Tell the receptionist your PCD's name, your name, and why you need to see your dentist. The receptionist will make your appointment for you. Remember to tell the receptionist that you are a member of Advantage Dental Services.

Specialist Care

You must be referred by your Primary Care Dentist (PCD) for all specialist care. See your PCD first. Your PCD will refer you to the specialist if they can't perform certain services. The specialist will call you to schedule an appointment.

Keeping Your Appointments

Try to keep all your appointments with your dentist. Cancel by calling the dentist's office **at least the day before** if you won't be able to make it. They can let other patients fill your appointment time. You will not be able to make another appointment if you miss more than one appointment without calling. You will need to explain why you missed an appointment before you can make another appointment.

Call Bay City Brokerage at 1-888-518-8160 if you need a ride.

Covered Dental Services

Your Oregon Health Plan (OHP) dental plan includes:

- Exams
- X-rays
- Cleanings
- Fillings
- Extractions
- OHP offers limited coverage for:
 - Root Canals
 - Partial
 - Dentures
 - Crowns

Children up to age 20 and pregnant members can have more frequent cleanings.

Routine Dental Care Away from Home

Advantage Dental will not pay for routine or follow-up care if you are away from home. You might have to pay for routine care away from home. Call Advantage Dental or your Primary Care Dentist (PCD) to get all your follow up care.

Dental Emergencies

Emergency care is paid for any time. Advantage Dental will pay for your care during real emergencies. Prior approval is not required for a dental emergency. Care to stabilize your condition is covered.

Dental emergencies include:

- Serious infection
- Abscess
- Severe tooth pain;

- Unusual swelling of the face or gums
- A knocked-out tooth

Call your Primary Care Dentist (PCD) if you don't know if there is an emergency. Do not go to the emergency room or urgent care for services that you should get in your PCD's office. Call Advantage Dental Services at 866-268-9631, TTY 711, if you can't reach your dentist. The Customer Service Department will help you decide if you should go to the emergency room.

Go to the emergency room if your PCD and Advantage Dental can't help you with your dental emergency. Tell the emergency room staff the name of your dentist.

Follow-up care is not an emergency. Call your PCD or Advantage Dental Services for follow-up care if needed.

Dental Emergencies

DO NOT use the hospital emergency room or urgent care for things that aren't emergencies. Call your PCD as soon as possible to keep the pain from getting worse. Non-emergency dental problems are things like:

- A toothache that is not severe (over the counter pain medication takes the pain away)
- Cavities
- Broken teeth

DO NOT wait until after office hours to get routine care for you and your family. You may call your PCD anytime of the day or night if you have an urgent question or need advice. Someone is always available to give you advice. Speak with the dentist on call, even if the dentist is not your PCD.

Out-of-Town Emergencies

Call your Primary Care Dentist (PCD) for advice. Call Advantage Dental Services at **866-268-9631** or **TTY 711** if you can't reach your PCD. You can call 911 or go to the nearest emergency room if you can't reach Advantage Dental or PCD.

After Emergency Follow-up Care

Call your PCD or Advantage Dental Services to arrange for care after an emergency. Care to stabilize your condition is covered. Advantage Dental will pay to treat your dental problem when the emergency is over. You might need follow up care after the emergency.

Medical Appointments

Scheduling Appointments

Call your Primary Care Provider (PCP) to make an appointment. Call Member services if you can't get an appointment. Schedule regular checkups to make sure you stay healthy. Tell your PCP all your health care needs. This includes emergency room visits or hospital stays.

Cancelling and Rescheduling Appointments

Call your PCP's office no later than the day before if you can't make it to an appointment. Your PCP might not see you again if you don't show up without calling first.

Missed Appointments

It is important to call your provider to cancel an appointment. You should cancel your appointment at least a day before. Your provider might dismiss you if you cancel or miss too many appointments. Call Advanced Health Member services if you need help keeping up with appointments. We will help you figure out how to get to your appointments.

Transportation

If you need help getting to your appointments, please call Bay City Brokerage at 1-877-324-8109. We can pay for rides to OHP-covered services. This is called “non-emergent medical transportation” or “NEMT”. We may give you a bus ticket or taxi fare. We may pay you, a family member, or a friend for gas to drive you. We can help if you don’t have a way to get to your doctor, dentist, or counselor, and in some emergencies, to a pharmacy.



Scheduling a Ride

Rides are from Bay City Brokerage. Set up your ride at least two days before your appointment. Call between 8 a.m. and 5 p.m., Monday through Friday. Their phone number is **1-877-324-8109**. You can also visit Bay City Brokerage online at: www.bca-ride.com.

To pick you up, Bay City Brokerage will need to know:

- Your full name
- Your address
- Your phone-number
- Doctor/clinic/hospital name
- Date of appointment
- Time of appointment
- Pick-up time after appointment
- Any special mobility needs (like a wheelchair or service animal)
- Clear directions to your home and medical clinic or hospital

Rides should be booked at least two business days in advance. Any call after 4pm the day before the appointment will not be allowed. Advanced Health (Advanced Health) will need to confirm the ride. Refund requests follow the same guidelines.

Children age 11 and under must have an adult with them. The adult can be a parent, guardian, or relative. A guardian can write a note for another helper. A Department of Human Services (DHS) employee can be a helper.

Children age 12 and over do not need an adult helper for transportation. One adult helper can still travel with the children under 18 for free. If an adult rider needs another adult to go with them, that person can ride for free.

Car seats are required by law. Drivers do not provide or install car seats for children. Adults must provide and install the car seats. Car seats may not be left in the car during your child's appointment.

Be ready 15 minutes before your scheduled pick up time. Your driver should pick you up within 15 minutes of your scheduled pick up time. Return rides will pick you up within 60 minutes. Call Bay City Brokerage if the driver is late. The driver will wait 5 minutes if you are late. The driver will leave after 5 minutes. Your trip will need to be rescheduled.

Safety Belts are required by law. Show an Oregon Department of Transportation safety belt exemption card to the driver if you can't use a seatbelt. Bay City Brokerage offers seatbelt extenders.

Types of Transportation

Your ride is scheduled with the least costly type of service that meets your needs. Based on your needs, this could be:

- Bus (tickets/pass)
- Mass transit
- Wheelchair van
- Car
- Secure transport
- Stretcher car
- Mileage refund

Sharing Rides

Bay City Brokerage 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 also be asked to have a friend or family member drive you to the appointment. They would receive mileage payment.

Cancelling or Changing Your Ride

Call Bay City Brokerage when you know you need to cancel your ride. You can call the Bay City Brokerage offices between 8 AM and 6 PM. The offices are open Monday through Friday. Leave a message if you can't call during business hours. You can call drivers directly for return rides. Call Bay City Brokerage if you have any questions or ride changes.

No-Show Policy

A "no-show" is when you aren't ready to be picked up on time. Canceling with less than two (2) hours' notice is also a no-show. Too many no-shows may restrict your future rides. Restrictions might limit the number of rides you can make, limit you to one driver, or require calls before each ride.

Being Denied a Ride

You will receive a call to let you know that your ride is denied. You will receive a letter that states the rule and reason for the denial. You can file for an appeal with Advanced Health if the reason seems unfair. After the appeal, you also have the right to request a State hearing. There will be more information with your denial letter.

What to Expect from Your Driver

Your driver will:

- Meet you at your front door or the main entrance

- Assist you into or out of the car (not into or out of a building)
- Help you up and down the stairs if you are in a mobility device

Your driver will not:

- Enter your room except for hospital discharge or a stretcher transport
- Help you get ready
- Transfer you to or from your wheelchair
- Accept fares or tips

Wheelchairs and Other Mobility Aids

Let Bay City Brokerage know what you will need help with, so your driver can prepare.

Wheelchairs – Drivers will assist you up and down curbs if you ask. Tell Bay City Brokerage if you have an oversized wheelchair. The right vehicle will be sent. An oversized wheelchair is more than 30 inches wide or 48 inches long. A wheelchair more than 600 pounds in use is oversized.

Scooters – You may be asked if you want to transfer into a vehicle seat for your own safety. You are not required to.

Walkers and Canes – Your walker or cane must be stowed in the vehicle once you have been seated. The driver will help you secure your equipment if needed.

Portable Oxygen Tanks – Your oxygen tank must be secured while being transported.

Service Animals – Animals trained to assist people with disabilities are allowed in all Bay City Brokerage contracted vehicles. You must notify Bay City Brokerage when you call if you need to bring a service animal with you.

Emergency Ambulance Transportation

Ambulances are covered if you think you have a real emergency. A real

emergency is an injury or illness you think might kill you or hurt you long-term. Call 911 if you have an emergency. An ambulance will come to pick you up. Bay City Brokerage will not take you to the emergency room. Call 911. Bay City Brokerage will take you to immediate care clinics. They will also take you to a dental clinic for dental emergencies.

Travel Reimbursement

Bay City Brokerage may pay you back for gas and other travel costs. This is called *travel reimbursement*. Reimbursement is based on how many miles you need to drive to get to your appointment. You do need to call them before your appointment to get it approved.

Billing

Advanced Health pays medical providers for services that are covered by the Oregon Health Plan (OHP). Some things need a referral before Advanced Health can pay for services. Other things may need to be approved by Advanced Health. We do not pay providers to limit services that you need.

OHP Members Do Not Pay Bills for Covered Services

Your provider can't bill you for covered care. Sometimes, your provider doesn't do the paperwork correctly and won't get paid for that reason. That does not mean you have to pay. If you already received the service and we refuse to pay your medical provider, your provider still can't bill you. You may receive 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 all charges. OHP members do not have any copays. If we or your provider tell you that the service isn't covered by OHP, you still have the right to challenge that decision by asking for an appeal and hearing.

What a Provider Can Bill You For

Oregon Health Plan (OHP) members don't pay bills for covered services. Your medical or dental provider can send you a bill only if all the following are true:

- The medical service is something that your Oregon Health Plan (OHP) plan does not cover
- Before you received the service, you signed a valid Agreement to Pay, OHP form number 3165 (also called a waiver)
- The form showed the estimated cost of the service
- The form said that OHP does not cover the service
- The form said you agree to pay the bill yourself

These protections usually only apply if the medical provider knew or should have known you had OHP. Always show your Advanced Health ID card. These protections apply if the provider participated in the OHP program (but most providers do).

What to Do if You Get a Bill

Even if you don't have to pay, please do not ignore medical bills—call us right away. Many providers send unpaid bills to collection agencies and even sue in court to get paid. It is much more difficult to fix the problem one that happens. As soon as you get a bill for a service that you received while you were on OHP, you should:

- Call the provider and tell them that you were on OHP. Ask them to bill Advanced Health.
- Call Member services right away and tell them that a provider is billing you for an OHP service. We will help you get the bill cleared up. Do not wait until you get more bills.
- You can appeal by sending your provider and us a letter saying that you disagree with the bill because you were on OHP at the time of the service. Keep a copy of the letter for your records.

- Follow up to make sure we paid the bill.
- If you receive court papers, call us right away. You may also call an attorney or the Public Benefits Hotline at 1-800-520-5292 for legal advice and help. There are consumer laws that can help you when you are wrongly billed while on OHP.

Bills from Providers During Hospital Care

When you go to the hospital or the emergency room, you may be treated by a provider who doesn't work for the hospital. For example, the emergency room doctors may have their own practice and provide services in the emergency room. They may send you a separate bill. If you have surgery in a hospital, there will be a separate bill for the hospital, the surgeon, and maybe even the lab, the radiologist, and the anesthesiologist. Just because we paid the hospital bill doesn't mean that we paid the other providers. Do not ignore bills from people who treated you in the hospital. If you get other bills, call each provider and ask them to bill Advanced Health. You should follow steps 1 through 5 above for each bill you get.

When You Will Need to Pay a Bill

- You may have to pay for services that are covered by the Oregon Health Plan (OHP) if you see a provider that does not take OHP or is not part of our provider network. Before you get medical care or go to a pharmacy, make sure that you are in our provider network.
- You will have to pay for services if you weren't eligible for OHP when you received the service.
- You will have to pay for services not covered by OHP if you sign a detailed Agreement to Pay for that specific service before you receive it.

Members with Medicare and OHP

Advanced Health will coordinate your Medicare. Medicare is your first insurance to be billed. Advanced Health will pay for your copays and deductibles. You may have to pay them if you get care that was not for an emergency or was not referred by an Advanced Health provider. You might also have to pay for seeing a provider that is not with Advanced Health. You will have to sign an Agreement to Pay form (financial waiver) explaining the charges before the service.

Physician Incentives

We pay a bonus or reward our providers for keeping you healthy. We do not pay or reward our providers for limiting services or referrals. If you have questions, please call our Member services.

Complaints, Appeals, and Hearings

How to Make a Complaint

If you are unhappy with Advanced Health, your health care services or your provider, you can make a complaint. We will try to make things better. Just call Member Services for help at 800-264-0014 or send us a letter at:

Advanced Health

Attn: Member services

289 LaClair Street

Coos Bay, OR 97420

We will look into your complaint and respond to you within 5 work days. If we can't identify a resolution in 5 work days, we will send you a letter to explain why. We will provide a resolution to you within 30 days. We will not tell anyone about your complaint unless you ask us to.

Appeals and Hearings

If we deny, stop, or reduce a medical service your provider has ordered, we will mail you a **Notice of Action – Benefit Denial (NOABD)** letter explaining why we made that decision. You have the right to ask to change it through an appeal and a state fair hearing. You must first ask for an appeal no more than 60 days from the date on the Notice of Action letter.

How to Appeal a Decision

In an appeal, a different health care professional at Advanced Health will review your case. Ask us for an appeal by:

- Calling Member services at 800-264-0014, TTY 877-769-7400
- Writing us a letter
- Filling out an Appeal and Hearing Request, [OHP form number 3302](#).

If you want help with this, call and we can fill out an appeal form for you to sign. You can ask someone like a friend or case manager to help you. You may also call the Public Benefits Hotline at 1-800-520-5292 for legal advice and help. You will get a Notice of Appeal Resolution from us in 16 days letting you know if the reviewer agrees or disagrees with our decision. If we need more time to do a good review, we will send you a letter saying why we need up to 14 more days.

You can keep on getting a service that already started before our decision to stop it. You must ask us to continue the service within 10 days of getting the Notice of Action letter that stopped it. If you continue the service and the reviewer agrees with the original decision, you may have to pay the cost of the services that you received after the Effective Date on the Notice of Action letter.

Expedited (Fast) Appeals

If you and your provider believe that you have an urgent medical problem that cannot wait for a regular appeal, tell us that you need a

fast (expedited) appeal. We suggest that you include a statement from your provider or ask them to call us and explain why it is urgent. If we agree it is urgent, we will call you with a decision within 72 hours of receipt of the appeal.

How to Get an Administrative Hearing

After an appeal, you or your representative (which can include your provider) can ask for a state fair hearing with an Oregon Administrative Law Judge. You will have 120 days from the date on your Notice of Appeal Resolution (NOAR) to ask the state for a hearing. Your NOAR letter will have a form that you can send in. You can also ask us to send you an Appeal and Hearing Request form or call Oregon Health Plan (OHP) Client Services at 800-273-0557, TTY 711, and ask for form number 3302.

At the hearing, you or your representative can tell the judge why you do not agree with our decision and why the services should be covered. You do not need a lawyer, but you can have one or someone else, like your doctor, with you. If you hire a lawyer, you must pay their fees. You can ask the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292, TTY 711, for advice and possible representation. Information on free Legal Aid can also be found at www.oregonlawhelp.org.

A hearing takes more than 30 days to prepare. While you wait for your hearing, you can keep on getting a service that already started before our original Notice of Action decision to stop it. You must ask the state to continue the service within 10 days of getting our Notice of Appeal Resolution that confirmed our denial. If you continue the service and the judge agrees with the denial, you may have to pay the cost of the services that you received after the date on the Notice of Appeal Resolution.

Send your hearing request forms to:

OHP Hearings Unit

500 Summer Street NE, E49

Salem, OR 97301-1079

Fax 503-945-6035

Fast (Expedited) Hearing

If you and your provider believe that you have an urgent medical problem that cannot wait for a regular hearing process, say that you need a fast (expedited) hearing and fax the Hearing Request Form to the Oregon Health Plan (OHP) Hearings Unit. You should get a decision in 2 work days. The Hearing Unit's fax number is 503-945-6035.

Fraud, Waste and Abuse

Advanced Health follows all required laws and makes sure that those that we work with to do the same. There are many laws that we must consider. Some of these laws need us to make sure that the bills we pay for your health care services are correct. These laws are sometimes called "False Claims Act" laws, and both the State of Oregon and the federal government need us to comply with them. When someone breaks a False Claims Act law, it is sometimes called fraud, waste or abuse.

Examples of Fraud, Waste, or Abuse:

- Someone not telling the truth in order to be on our plan;
- Someone using another person's identification to receive health care services;
- A health care provider billing for a service that was not provided at all.

You have the right to report activities that you think might be against the law. There are other laws that would protect you if you report a concern. These are called “Whistleblower” laws. They allow you report your concerns without giving your name or any other information you do not want to share.

Ways you report a concern if you think someone has broken a fraud, waste, or abuse law:

- Call Advanced Health at (800) 264-0014 and ask for the Compliance Officer.
- Write a letter to Advanced Health with your concern addressed to:
Advanced Health
289 LaClair Street
Coos Bay, OR 97420
ATTN: Compliance Officer

If you want to report your concerns to the State, you can contact any of the following by mail, phone, or fax. You can give your name or choose not to give your name:

Medicaid Fraud Control Unit
Oregon Department of Justice
100 SW Market Street
Portland, OR 97201
Phone: 971-673-1880
Fax: 971-673-1890

OHA Program Integrity Audit Unit
3406 Cherry Ave. NE
Salem, OR 97303-4924
Fax: 503-378-2577
Hotline: 888-372-8301

DHS/OHA Fraud Investigation
PO Box 14150
Salem, OR 97309
Hotline: 1-888-372-8301
Fax: 503-373-1525 Attn: Hotline

End-of-Life Decisions and Advance Directives (Living Wills)

Adults 18 years and older can make decisions about their own care, including refusing treatment. It's possible that someday you could become so sick or injured that you can't tell your providers whether you want a certain treatment or not. If you have written an Advance Directive, also called a Living Will, your providers can follow your instructions. If you don't have an Advanced Directive, your providers may ask your family what to do. If your family can't or won't decide, your providers will give you the standard medical treatment for your condition. Some providers may not follow Advance Directives. Ask your providers if they will follow yours.

If you don't want certain kinds of treatment, like a breathing machine or feeding tube, you can write that down in an Advance Directive. It lets you decide your care before you need that kind of care—in case you are unable to direct it yourself, like if you are in a coma. If you are awake and alert, your providers will always listen to what you want.

You can get an Advance Directive form at most hospitals and from many providers. You can also find one online at <https://healthcare.oregon.gov/shiba/topics/Pages/advance-directives.aspx>. If you write an Advance Directive, be sure to talk to your providers and you family about it and give them copies. They can only follow your instructions if they have them.

If you change your mind, you can cancel your Advance Directive anytime. To cancel your Advance Directive, ask for the copies back and tear them up or write CANCELED in large letters, sign and date them. For questions or more information, contact Oregon Health Decisions at 800-422-4805 or 503-692-0894, TTY 711.

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

Healthcare Regulation and Quality Improvement

800 NE Oregon St., #305

Portland, OR 97232

E-mail: mailbox.hclp@state.or.us

Fax: 971-673-0556

Phone: 971-673-0540

TTY 971-673-0372

Glossary

Words to know

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.

Copay – An amount of their own money that a person must pay for health services. Oregon Health Plan members do not have copays. Private health insurance and Medicare sometimes have copays.

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.

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 behavioral health condition is feeling out of control or feeling like hurting yourself or someone else.

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

ER and ED – Emergency room and emergency department, the place in a hospital where you can get care for a medical or behavioral health emergency.

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

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.

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

Rehabilitation services – Special services to improve strength, function or behavior, usually after surgery, injury, or substance abuse.

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.

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 their family. Hospice is flexible and can include pain treatment, counseling and respite care.

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.

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.

Network – The medical, behavioral health, dental, pharmacy and equipment providers that a coordinated care organization (CCO) contracts with.

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).

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.

Physician services – Services that you get from a doctor.

Plan – A medical, dental, behavioral health organization or CCO that pays for its members' health care services.

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.

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

Primary care provider or Primary care physician – Also referred to as a “PCP,” this is 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 – 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.

Skilled nursing care – Help from a nurse with wound care, therapy, or taking your medicine. You can get skilled nursing care in a hospital, nursing home, or in your own home with home health care.

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

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.

Abbreviations and Acronyms

CCO – Coordinated Care Organization (Advanced Health)

ED/ER – Emergency Department/Emergency Room

MCE – Managed Care Entity (for example, Advanced Health)

OHA – Oregon Health Authority

OHP – Oregon Health Plan

PCD – Primary Care Dentist

PCP – Primary Care Provider (doctor)

Important Phone Numbers

Assistance for Persons with Hearing or Speech Disabilities

Oregon Telecommunications Relay Service..... 800-735-1232
.....(TTY) 711

Emergencies

Emergency / Fire911
National Suicide Prevention Lifeline –
24 / 7 Crisis Line800-273-TALK (8255)
Crisis Suicide Text Line741741
Poison Control Center 800-452-7165

Urgent Care

North Bend Medical Center Immediate Care Clinic..... 541-266-1789
Brookings Curry Medical Center 541-412-2044

Advanced Health Partners

Member services.....(Toll Free) 800-264-0014
..... (Local) 541-269-7400
.....(TTY) 877-769-7400
Traditional Health Worker Liaison, Samyukta Vendrathi.....541-269-7400
24 HR Nurse Hotline 888-647-3627
Bay Cities Brokerage..... 877-324-8109
ADAPT Drug and Alcohol Treatment..... 541-751-0357
Advantage Dental..... 866-268-9631

Additional State Agencies

Oregon Health Plan Statewide Processing Center	800-699-9075
Oregon Health Plan Client Services Unit	800-273-0557
Oregon Health Authority Ombudsperson	877-642-0450
Department of Human Services	(Coos County) 541-888-2667
.....	(Curry County) 541-247-7036