



MEMBER HANDBOOK

January 1, 2021

Advanced Health Office:



Coos County

289 LaClair Street

Coos Bay, OR 97420

8:00 - 5:00, Mon-Fri

(Mailing Address)



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:
- Email:
- Phone:
- Mail:

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: OCRComplaint@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: _____

Phone: _____

Email: _____

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.
البرنامج/ الاتصال: _____

هاتف: _____

البريد الإلكتروني (الإيميل): _____

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: _____

Telefon: _____

E-pošta: _____

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 သင်ပိုနှစ်သက်သည့် ပုံစံတို့ဖြင့် အခမဲ့ရရှိနိုင်ပါသည်။

အစီအစဉ်/အဆက်အသွယ် - _____

ဖုန်းနံပါတ် - _____

အီးမေးလ် - _____

တဆင့်ဆက်သွယ်သည့် ဖုန်းခေါ်ဆိုမှုများ အားလုံးကို ကျွန်ုပ်တို့ လက်ခံပါသည်။ သို့မဟုတ်
711 ကို သင်ဆက်နိုင်ပါသည်။

CAMBODIAN / ភាសាខ្មែរ

អ្នកអាចទទួលបានឯកសារនេះជាភាសាដទៃទៀត ជាអក្សរធំៗ អក្សរសំរាប់ ជនពិការភ្នែក ឬ ជាទម្រង់ណាមួយ ដែលអ្នកចង់បាន
ដោយមិនគិតថ្លៃ។

កម្មវិធី/ទាក់ទងទៅ: _____

ទូរស័ព្ទ: _____

អ៊ីម៉ែល: _____

យើងទទួលយករាល់ការបញ្ជូនទូរស័ព្ទបន្ត ឬអ្នកអាចចុចទៅលេខ 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: _____

Fon: _____

Email: _____

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

.....

FARSI/فارسی

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

برنامه/تماس: _____

تلفن: _____

ایمیل: _____

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

.....

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 : _____

Téléphone : _____

Email : _____

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

.....

GERMAN / DEUTSCH

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

Programm/Kontakt: _____

Telefon: _____

E-Mail: _____

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

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: _____

Nempehn Delepwohn: _____

E-mail: _____

Se kin alehda koahl karos me lelohng reht de komw kak eker 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: _____

Telefon: _____

E-mail: _____

Acceptăm toate apelurile prin serviciu de releu sau puteți suna la 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 _____

電話番号: _____

電子メール: _____

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。

KOREAN/한국어

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

프로그램/연락처: _____

전화번호: _____

이메일: _____

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

LAO / ລາວ

ທ່ານສາມາດໄດ້ຮັບເອກະສານນີ້ເປັນພາສາອື່ນ, ຕົວພິມຂະໜາດໃຫຍ່, ໜັງສືໂພງສຳລັບຄົນຕາບອດ ຫຼື ໃນຮູບແບບທີ່ທ່ານຕ້ອງການໄດ້ໂດຍບໍ່ເສັຽຄ່າ.

ໂຄງການ/ຕິດຕໍ່: _____

ໂທລະສັບ: _____

ອີເມວ: _____

ພວກເຮົາຍອມຮັບການໂທສຳລັບຄົນພິການ ຫຼື ທ່ານສາມາດໂທຫາ 711 ໄດ້.

MARSHALLESE / KAJIN MAJEL

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

Kōjelā in program/kepaake: _____

Telpon: _____

Email: _____

Kōmij bōk aolep kallok in relay ak kwomaroñ jiburi 711.

OROMO [CUSHITE] / AFAAN OROMOO

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

Sagantaa/kontoraata: _____

Bilbila: _____

Imeelii: _____

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

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: _____

Телефон: _____

Эл. почта: _____

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

电话：_____

电子邮箱：_____

我们会接听所有转接电话，或者您可以拨打 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: _____

Telefoonka: _____

Email-ka: _____

Waa aqbalnaa wicitaanada gudbinta oo dhan ama waxaad wici kartaa 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: _____

Teléfono: _____

Correo electrónico: _____

Aceptamos llamadas de retransmisión o puede llamar al 711.

.....

THAI / ไทย

คุณสามารถขอรับเอกสารนี้เป็นภาษาอื่น เป็นตัวอักษรขนาดใหญ่ อักษรเบรลล์ หรือรูปแบบที่คุณต้องการโดยไม่ต้องเสียค่าใช้จ่าย

โปรแกรม/ผู้ติดต่อ: _____

โทรศัพท์: _____

อีเมล: _____

เราขอรับสายโทรเข้าแบบพิมพ์เข้าและพูดตามทุกสายหรือคุณสามารถเลือกกดหมายเลข 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版本。

計畫/連絡人：_____

電話：_____

電郵：_____

我們會接聽所有傳譯電話，或者您可以撥打 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: _____

Телефон: _____

електронна пошта: _____

Ми приймаємо всі виклики через службу комутованих повідомлень або ви можете набрати 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: _____

Số điện thoại: _____

Email: _____

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


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):		

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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.

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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

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 Survey. We will call you soon to welcome you to Advanced Health. During this call, we will help you complete the Health Risk Survey 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 Survey.

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!



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Welcome to Advanced Health

Please review your Member Handbook. If you have any questions, please call us.

We make updates to this handbook every year. We will let you know when the handbook is updated. We will tell you about any changes to your benefits 30 days before the change, or as soon as possible.

You can ask for this handbook in other formats. See page 2 for a list of formats. You can ask for a printed handbook to be mailed to you at no cost. We will send it to you within 5 business days. You can find the most recent version this handbook at <http://advancedhealth.com/wp-content/uploads/2020/01/Complete-2020-Handbook-FINAL.pdf>. We can also email you an electronic version. You will have to approve this with us first. Please call Member Services for help.

You can get services as soon as you join Advanced Health. We will help you 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.

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
- 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,

Curry County

Brookings Curry Medical Center at 541-412-2044.

If you think you have an emergency, go to the nearest 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):

- 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
- 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. They are listed on page 16, Preventive Services. For more information, please call Member Services.

Interpreter Services, Alternative Formats, And Cultural Requests

Everyone has a right to know about Advanced Health's programs and services. All members and potential 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

Servicios de intérpretes, formatos alternativos y pedidos culturales

Todos tienen derecho a conocer los programas y servicios de Advanced Health. Todos los miembros y miembros potenciales tienen derecho a participar en nuestros programas y servicios. Brindamos ayuda gratuita cuando la necesita.

En sus citas, puede tener a disposición un intérprete de voz o intérprete

de lengua de señas aprobado y certificado por la OHA, si lo necesita. Cuando llame para programar una cita, informe al consultorio de su proveedor que necesita un intérprete y para qué idioma.

Algunos ejemplos de la ayuda gratuita que podemos ofrecerle son los siguientes:

- Intérpretes de lengua de señas
- Intérpretes de otros idiomas hablados
- Materiales escritos en otros idiomas
- Braille
- Letra de tamaño más grande
- Materiales en audio y en otros formatos

Si necesita ayuda, comuníquese con:

Coordinador del Programa de Servicios de Acceso a Idiomas

Llame al: 1-844-882-7889 (TTY, para personas con problemas auditivos): 711

Correo electrónico: Languageaccess.info@state.or.us

Sitio web: www.Oregón.gov/oha/oei

Servicios para miembros de Advanced Health

Llame al: 541-269-7400 o al 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 health care 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 an interpreter at your

appointments if you need one. When you call for an appointment, tell your provider's office that you need an interpreter. Or call Member Services and let us know what you need.

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 may make changes to policies, practices, and procedures by talking with you about your needs.

To report concerns or to get more information, please contact our diversity, inclusion, and civil rights executive manager:

Oregon Health Authority

Office of Equity and Inclusion

421 SW Oak St, Suite 750

Portland, OR 97204

Phone: 971-673-1284 | Fax: 971-673-1128 | TTY: 711

OHA.InternalCivilRights@dhsosha.state.or.us

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 how we use our members' personal information. We will send it to you if you ask. Call Member Services and ask for our *Notice of Privacy Practices* or visit

www.AdvancedHealth.com/members/forms.

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 small fee for copies. You can ask us for a copy of the records we have.

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

This statement can be found in an audio format on our website.

As an OHP client...

- You will be treated with respect and dignity, the same as other patients
- You can choose your provider
- You can get services and supports that fit your culture and language needs in the closest location possible
- We will give your healthcare providers all the information in your Member Handbook so you can get the best care. They will also help you if you need language assistance.
- You can tell your provider about all your health concerns
- You can have a friend or helper come to your appointments, and an interpreter if you want one
- You can ask for services as close to home as possible, and in a non-traditional setting that is easier to use
- You can actively help develop your treatment plan
- You can get information about all your OHP-covered and non-covered treatment options
- You can help make decisions about your health care, including refusing treatment, except for court-ordered services
- You will not be treated badly by Advanced Health or any of your healthcare providers or Oregon Medicaid by using any of your rights.
- You will be free from restraint or seclusion as a means of coercion, discipline, convenience, or retaliation
- You can complain about different treatment and discrimination
- You can get a referral to a specialist if you need it; get a second opinion free of charge

- You can get care when you need it, any time of day or night, including weekends and holidays
- You can get behavioral health and family planning services without a referral
- You can get help with addiction to cigarettes, alcohol and drugs without a referral
- You can get handbooks and letters that you can understand
- You will receive a Member Handbook within 30 days after you sign up with Advanced Health. You can ask for a new Member Handbook or any other information that helps you understand your benefits.
- You can get the care you want or need if you are a minor under the age of 18. To learn more, go to <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf> or <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/ls9541.pdf> to read Minor Rights: Access and Consent to Health Care
- Both males and females under 18 years old have the same rights for services and treatment and care in facilities
- You can 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
- You can request for your records to be amended or corrected
- You can limit who can see your health records
- You can let us know if it is okay to send your information to your providers using the internet.
- You can work with health care team members who follow Advanced Health's policies for things like Enrollment and Disenrollment; Fraud, Waste, and Abuse; Grievance and Appeals; Advance Directives; and Healthcare Interpreter Services.
- You can get a ***Notice of Adverse Benefit Determination*** letter if you

- are denied a service or there is a change in service level
- You can get information and help to file a complaint, appeal denials and ask for a hearing
- You can make complaints and get a response without a bad reaction from your plan or provider
- You can 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. Some things covered by OHP are:

- Medical Care
- Prescriptions
- Hospital Stays
- Dental Care
- Behavioral Health Services
- Help with Addiction to Cigarettes, Alcohol and Drugs
- Free Rides to Covered Health Care Services



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. For conditions not covered by OHP, they may be covered if treating them will help a members' covered condition.

Coordinated Care Organizations and Fee-For-Service

CCOs (Coordinated Care Organizations) are a type of managed care. The Oregon Health Authority (OHA) wants people on OHP to have their health care managed. Advanced Health is set up to do that. OHA pays managed care companies a set amount each month for their members to have 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) or open card. On this plan, OHA pays providers a fee for services they provide. American Indians, Alaska Natives, and people on both Medicare and OHP can be in a CCO or can ask to change to open card. Any CCO member who has a medical

reason to have open card can ask to leave managed care. Your caseworker or OHP Member Services can help you understand your choices. You can call OHP Member Services at 800-273-0557.

How We Coordinate Your Care

Advanced Health coordinates your care 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. We make sure our members have access to all different types of care. This is part of our whole-person approach. We offer members rides to appointments. You will learn about our providers in the following pages.

We want you to get the best care possible. Sometimes we provide health-related 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. Call our Member Services for more information.

Every member on Advanced Health has access to a PCP that is responsible for primary care and transitions. We ask our providers to be recognized by the Oregon Health Authority (OHA) as a Patient-Centered Primary Care Home (PCPCH). That means they can get to provide high quality patient centered care. These clinics offer case management and care coordination. You can ask at your clinic or provider's office if it is a PCPCH. If you need help finding a PCPCH call Member Services.

If you are eligible for Medicare and Medicaid, we help to coordinate your benefits. Please see page 9 for more details.

Access to Care

Access to healthcare impacts ones overall physical, social, and mental health status and quality of life. Now that you are on Advanced Health,

you have coverage that will help you access healthcare. As your health plan, it is our job to make sure you can get:

- Culturally and linguistically appropriate services close to where you live and get care
- A choice of providers
- Timely access to the care that you need
- Access to covered services 24 hours a day / 7 days a week when medically appropriate
- Extra help for members of priority groups (see page 14)
- A care plan for all your needs (see pages 10 and 14)
- A primary care team that will coordinate your care
- Adequate access to covered services you need that meet national guidelines

It starts with getting connected with your healthcare team. We will assign you a primary care provider (PCP) and a primary care dentist (PCD). See page 17 for more information. Sometimes people have other barriers that make it hard to access care. If you need help, please call Member Services at 541-269-7400.

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 your 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.

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 be assigned to a Primary Care Dentist (PCD). Please call your assigned providers for help with your healthcare needs. You can still get services your first month on our plan, even if you are unable to meet with your care team. 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. If you are new to Medicare

and on Advanced Health, we can still help you with your healthcare needs. Please call Advanced Health Member Services, we can help answer any questions you have. We will make sure you don't have any interruptions in care. We can connect you with a care coordinator or other resources. For more information on Medicare, please see page 9.

Transition Of Care

Advanced Health works with the Oregon Health Authority and other Coordinated Care Organizations in Oregon to ensure a smooth transition when members move from one plan to another. Some members who change Oregon Health Plan (OHP) plans can still get the same services and see the same providers. That means care will not change when you switch from another CCO to Advanced Health or move to from OHP open card to Advanced Health. If you have serious health issues, your new and old plans must work together to make sure you get the services you need.

Who can get the same care while changing plans?

- Members who are coming onto our plan from fee-for-service OHP or another CCO
- Members who have serious health issues, need hospital care or inpatient mental health care, for example, members who need end stage renal disease care, prenatal or postpartum care, transplant services, radiation, or chemotherapy services.

What kind of care is covered during my transition?

- Covered services that were approved by a previous plan. We will honor pre-authorizations from your previous plan. We will ask for the records from your previous plan.
- Prescription drugs
- Medically necessary covered services
- Care coordination services

How long does the “Transition Of Care” period last for?

- For members eligible for Medicaid and Medicare
 - 90 days from the date of enrollment with Advanced Health
- For everyone else, whichever is sooner
 - 30 days for physical and oral health, 60 days for behavioral health, OR
 - Until the member sees their new provider (physical, oral, or behavioral)

If you need care while you change plans, please call Member Services at 541-269-7400. To learn more about this special type of continued care in our Transition of Care policy, visit our website at

www.advancedhealth.com/members.

How to Change CCOs

If you want to change to a different CCO, call OHP Client Services at 1-800-273-0557. There are several chances for you to change as long as another CCO in your area is open for enrollment:

- If you do not want the CCO you’ve been assigned to, and you are new to the Oregon Health Plan, you can change during the first 90 days after you enroll.
- If you have been on OHP before, you have 30 days after you enroll in a CCO to change your CCO.
- When you renew your OHP coverage, you can ask to change your CCO.
- If you have been enrolled for 6 months in your CCO, you can request a change in CCOs.
- If you move to a place that your CCO doesn’t serve, as soon as you can, call OHP Customer Service at 1-800-699-9075 to change your address. To change your CCO, call OHP Client Services at 1-800-273-0557.

- You can change CCOs once each year for any reason.
- If you are an American Indian or Alaskan 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 and ask for a Care Coordinator. If you still want to leave or change your CCO, call OHP Client Services at 1-800-273-0557.

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 OHP Open Card.

You can request to disenroll from your CCO and move to OHP Open Card in the following time frames:

- If you are new to the Oregon Health Plan, during the first 90 days after you enroll;
- If you have been on OHP before, during the first 30 days after you enroll in a CCO;
- When you renew your OHP coverage (usually once each year);
- For any other reason, one time each year.

The following populations can request to disenroll at any time:

- American Indian and Alaska Native members can change or leave their CCO anytime.
- Medicare members can change or leave their CCO at any time but must have a CCO for dental and mental health care.

If you have an OHP approved medical reason, you can.

- First, call your us and ask for help. If we can't help, call OHP Client Services for help at 1-800-273-0557.
- For any other questions about disenrollment, please call OHP Client

Services at 1-800-273-0557. If the request is received by Advanced Health, Advanced Health will forward the request to OHA or DHS eligibility.

We can ask OHA to remove a member if:

- Abusive to CCO staff or providers or
- Commit fraud, such as letting someone else use your health care

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. We will give you 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.

Health Risk Survey

We will call you soon to welcome you to Advanced Health. During this call, we will help you complete the Health Risk Survey 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 Survey. We will do this when you come onto the plan, every year, and anytime your condition changes

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 Survey within 30 days of coming onto our plan to see if you have any 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.

Care Coordination

Advanced Health works with many community partners and providers to help coordinate care for our members. We provide coordination with behavioral health, oral health, and physical health. If you have Medicare, we coordinate your benefits and have agreements in place to work with your state caseworker. All members can receive help from a care coordinator on how to navigate CCOs and your benefits. You can call Member Services at 541-269-7400 and request help from a care coordinator.

We will contact you with a Health Risk Survey within 30 days of your enrollment. If we see that you may need care coordination, we will call you. Care coordination 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
- Refer you to Intensive Care Coordination (ICC)

Intensive Care Coordination

Advanced Health has an Intensive Care Coordination (ICC) program. Members who qualify for this program will work with an ICC team. They can meet with you to help with your needs. They will make sure that you get timely access to care. They will make a care plan with your help that includes your likes and goals. Your care plan will list supports and

services needed to help you reach your goals. You will get a copy of your plan when it is made and anytime it changes.

Your ICC team will include different people who will work together to address your needs. We understand you may have social, medical, cultural, educational, or financial needs. Our job is to make sure the right people are part of your care plan to help you reach your goals. We will all work together to support you.

If at any time your needs change, you may be eligible for ICC. You can also self-refer by calling Member Services. If you choose not to participate in the program, it will not affect your health coverage in any way.

These are some of the groups of people who qualify for ICC:

- Older adults, individuals who are hard of hearing, deaf, blind, or have other disabilities;
- Those who have complex or high health care needs, or multiple or chronic conditions, or SPMI, or are receiving Medicaid-funded long-term care services and supports (LTSS);
- Children ages 0-5:
- Who are showing early signs of social/emotional or behavioral problems or;
- Who have a Serious Emotional Disorder (SED) diagnosis;
- Those in medication assisted treatment for SUD;
- Women who have been diagnosed with a high-risk pregnancy;
- Children with neonatal abstinence syndrome;
- Children in Child Welfare;
- IV drug users, have SUD in need of withdrawal management;
- Those who have HIV/AIDS or have tuberculosis;
- Veterans and their families; and
- Those at risk of first episode psychosis, and individuals within the

Intellectual and developmental disability (IDD) populations.

*Call Member Services for more information on ICC.

Traditional Health Workers

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

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. You can also call our THW liaison, contact information is on page 42. If the information for our THW liaison changes, you will receive a notice.

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/members/wellness-education-program or contact Member Services.

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.

Note: Advanced Health does not limit services based on moral or religious objections.

Services Not Covered by Advanced Health, But May Be Covered by OHP With Care Coordination

These services are not covered by Advanced Health. You may be eligible for these services through OHP. They include, but are not limited to:

- 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
- Long term care services
- Out of Hospital birth

For more information, or for a complete list about these services, call Member Services.

We can still help coordinate the services for you. Please call Member Services for help coordinating access to these services.

Note: Advanced Health is responsible for Transportation coverage for any of the above services. Please call Bay Cities Brokerage at 1 - 877 – 324 – 8109 or Advanced Health Member Services to help with setting up your rides.

Services Not Covered by Advanced Health, But May be Covered by OHP Without Care Coordination

- Abortions
- Death with dignity
- Hospice services for members who live in a skilled Nursing facility
- 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

Please call KEPRO Care Coordination Team at 800-562-4620 if you have questions or need more information.

Note: Advanced Health is responsible for Transportation coverage for any of the above services. Please call Bay Cities Brokerage at 1 - 877 – 324 – 8109 or Advanced Health Member Services to help with setting up your rides.

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 Member Services.

Provider Incentives

Providers have an incentive to provide care 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. None of these things will impact your ability to access covered 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 specialists.



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 assign you a provider from your area. Your PCP must be a local participating Advanced Health network provider. You can find a current list of PCPs on our website at

www.AdvancedHealth.com/members/find-a-provider. Please call Member Services at 541-269-7400 to be assigned or change your PCP.

We will send you a 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 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.

American Indian and Alaska Native Members

American Indians and Alaska natives can receive their care from an Indian Health Service (IHS) clinic or tribal wellness center or the Native American Rehabilitation Association of the Northwest (NARA). This is true whether you are in a Coordinated Care Organization 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

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.

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.

Telehealth

Telehealth services are health care services provided using electronic forms of communication. Instead of going into the office in person, services can be provided by using the telephone, patient portal, or an audio and visual platform. These platforms keep your personal and health care information safe and secure. You will still get to meet and talk to your provider.

Providers may use tools like a tablet, smart phone, or computer to deliver their telehealth services.

To use Telehealth, you will need to have either a telephone or an electronic device with internet connection. For example, a tablet, laptop or smartphone.

Call your provider to find out if they offer telehealth. You can also check the Provider Directory on our website. If you need help when using telehealth call your provider's office. If you don't have access to needed technology, or you need other help with telehealth, call our Member Services team. We may be able to help you.

You have the right to receive telehealth services for various covered services. Physical, mental, and oral health may all be appropriate for telehealth services. Examples of visits where telehealth might work are:

- check in with provider for chronic condition
- dental consult

- counseling for behavioral health
- follow up on labs or imaging

Check with your provider to see if telehealth is right for your visit.

Providers are prohibited from limiting a member to the exclusive use of telehealth. Advanced Health works with our network providers to ensure telehealth services are appropriate for our members. Telehealth services must be culturally and linguistically appropriate.

If you need support using telehealth requesting health care supports, we offer certified sign and spoken language interpreters.

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 Don't Require Pre-Authorization

Many services do not need to be pre-authorized if you see providers in our network. To self-refer to any of these services, find the provider you want to see. You can look on our provider directory at <http://advancedhealth.com/members/find-a-provider/> or call member services and we can help you. Then, call the office of the provider you want to see. Let them know you need to make an appointment. These services include:

- Routine vision exams for pregnant members and children 0-20 years old
- In-Network Behavioral Health Services
- Drug and alcohol treatment
- Sexually transmitted infection (STI/STD) care
- Sexual abuse exams

For sexual abuse exams, you may present to any hospital emergency room. Children who are victims of sexual abuse may also self-refer to the Kids Hope Center, 541-266-8806

- Female annual exams
- Family planning services and supplies
- Emergency Services
- Urgent services
- Intensive Care Coordination
- Traditional Health Workers

Services That May Require Pre-Authorization

Many services need authorization. You can look at the provider directory on our website to see which providers are in our network.

*Please look at the table below to see if the service you need requires a pre-authorization.

Doctor Visits	Authorization/Referral?	Limits to Care?
Primary Care Provider (PCP) visits (MD, PA, NP)	No PA required	No limit

Specialty visits	<p>Medicare Primary – No PA required</p> <p>Special Health Care Needs – No PA required</p> <p>Non-Special Health Care Needs - PA required for Out of Network provider</p>	Some limits
Preventative Services	Authorization/Referral?	Limits to Care?
Well Child visits for babies, children, and teens	No PA required	As recommended
Routine physicals	No PA required	As recommended
Well-women annual visits	No PA required	As recommended
Mammograms (breast x-rays)	No PA required	As recommended; 3D mammograms PA required
Family Planning	No PA required	No limit
OB care and Newborn care: Prenatal visits with your provider; Postpartum care (care for the mother after the baby is born)	No PA required	No limit
Prostate exams	No PA required	No limit
Sexually transmitted infection (STI) screening	No PA required	No limit
Testing and counseling for HIV and AIDS	No PA required	No limit
Prescription Drugs	Authorization/Referral?	Limits to Care?

Many drugs are available with a prescription. A full list of prescription drugs can be found on Advanced Health's formulary. You can view the formulary on our website at http://advancedhealth.com/members/pharmacy-info/	PA may be required for non-formulary drugs	Some limits
Most Mental health prescription drugs are not covered by Advanced Health. They are covered by OHP. Your pharmacist will know where to send the bill.	Contact OHP	Contact OHP
Immunizations/Shots	Authorization/Referral?	Limits to Care
Vaccines	No PA required	Travel vaccines are not covered
Hospital Stays	Authorization/Referral?	Limits to Care
Urgent Care / Emergencies	No PA required	No limit
24/7 emergency care; ambulance	No PA required	No limit
Hospital Inpatient Care	Notification from Hospital required	No limit
Elective surgery; inpatient or outpatient	PA required	Some limits
Vision	Authorization/Referral?	Limits to Care?
Routine eye exams	No PA required	Some limits; Covered only for pregnant women and people aged 20 and under

Eye glasses	No PA required	Some limits; Covered only for pregnant women and people aged 20 and under
Medical eye exams	No PA required	Some limits
Contact Lenses	PA required	Some limits
Other Services	Authorization/Referral?	Limits to Care?
Transportation to medical appointments	No PA required	Some limits; contact Bay Cities Brokerage
Durable Medical Equipment	May require PA	Some limits
Hearing Aids and hearing aid exams	PA required	Some limits
Physical, occupational, speech therapy, chiropractic, and acupuncture	No PA required	30 visits annually combined for covered condition
Transgender Health	May require PA	Approval based on OHP guidelines; Contact Advanced Health
Home Health Care	PA required	Some limits
Skilled Nursing Facilities	PA required	Some limits
Hospice Services	PA required	As recommended
Inpatient Rehabilitation	PA required	Some limits
Behavioral Health (mental health and substance use disorder treatment)	No PA required	No limits

Emergency Dental Care	Authorization?	Pregnant women and	All other members
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		members under 21	
Urgent or immediate treatment Emergency stabilization (in or out of service area) Examples: extreme pain, infection, bleeding, swelling or injuries to the teeth or gums	No PA required	Covered	Covered
Preventive Care	Authorization?	Pregnant women and members under 21	All other members
Primary Care Dentist visits (exams)	No PA required for preventative services for specific ages	Up to 2 visits a year for age 18 and under; 1 visit a year for age 19 through 21	1 visit per year
Cleaning	No PA required	Covered	Covered
Fluoride Treatment	No PA required	Up to 2 visits a year for age 18 and under; 1 visit a year for age 19 through 21	1 visit per year
X-rays	No PA required	Covered	Covered
Sealants for children under age 16	No PA required	1 Sealant treatment per molar every 5 years	Not covered
Restorative and Prosthodontic Care	Authorization?	Pregnant women and	All other members

		members under 21	
Fillings	No PA required	Covered	Covered
Dentures	PA required	Full dentures once every 10 years if appropriate; partial dentures once every 5 years	Covered; limited
Crowns	PA required	Covered; limited	Covered; limited
Oral Surgery	Authorization	Pregnant women and members under 21	All other members
Extractions	May require PA	Covered; limited	Covered; limited
Root canals	May require PA	Covered; limited	Covered; limited

***Please note the above tables are for in-network providers. Care from out-of-network providers usually require a pre-authorization. Please call Member Service for more information.**

*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.

*Members who receive long term services and supports from Aging and People with Disabilities can see a specialist without pre-authorization. We provide direct access to specialists for these people. If you are not sure if you are getting these services, please call Aging and People with Disabilities at 541-756-2017.

Behavioral Health Self-Referrals

Many services do not need to be pre-authorized and you do not need a referral from your provider. For the following services, you can make a self-referral:

- Outpatient Behavioral Health Services – members can go to our website or call Member Services
- MAT – contact Adapt directly
- Wraparound Support Services – Contact Kairos or Curry Community Health directly
- Assertive Community Treatment – Contact Coos Health and Wellness or Curry Community Health directly

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. If you need help with this, you can call Member Services.

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

If you are having a true emergency, please call 911 or go straight to the hospital.

If you're not sure, you can call your doctor, or primary care provider's (PCP) office first. Someone will be able to help you day and night, even on weekends and holidays. If you can't reach your doctor'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

<https://www.nbmchealth.com/services/immediate-care-clinic/>

Brookings Curry Medical Center

500 5th St | Brookings, OR 97415

Phone: 541-412-2044

<http://www.curryhealthnetwork.com>

Contracted Hospitals

Bay Area Hospital

1775 Thompson Road | Coos Bay, OR 97420

Phone: 541-269-8111

TDD Hearing/Speech: 541-269-1115

<https://www.bayareahospital.org/>

Coquille Valley Hospital

940 E 5th St | Coquille, OR 97420

Phone: 541-396-3101

<https://www.cvhospital.org/>

Southern Coos Hospital

900 11th St SE | Bandon, OR 97411

Phone: 541-347-2426

<https://southerncoos.org/>

Curry General Hospital

94220 4th St | Gold Beach, OR 97444

Phone: 541-247-3000

Toll Free: 800-445-8085

<http://www.curryhealthnetwork.com/>

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

Our members have access to Urgent and Emergent care 24 hours a day, 7 days a week without pre-authorization.

If you think you have an 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 will not stop
- Broken bones
- Or a behavioral health emergency.

Please don't use the ER for things that can be treated in your doctor'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, call 911, or go to the ER.

Care after an Emergency (Post-Stabilization Care)

Emergency care is covered until you are stable. Care after an emergency might include hospitalization. It might also include, after hospitalization,

following up with your PCP, behavioral health provider, or specialist. Call your PCP or behavioral health provider 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 911 for an ambulance if you believe you have an emergency. Call your Primary Care Provider or the Nurse Hotline if you are not having an emergency.

Out of State 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 an 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.

These are the steps to take during an out of state emergency room visit:

1. Make sure you have your CCO ID card with you when you travel out of state;
2. Present your card as soon as you can and ask if they are willing to bill your CCO (Medicaid);
3. Contact your CCO and discuss the situation and ask for advice on what to do;

4. Do not sign any paperwork until you know the provider is willing to bill your CCO (Medicaid);
5. If possible, have your CCO speak with the providers office while you are there;

In times of emergency the steps above are not always possible. Being ready for an emergency while you are out of state can help billing issues later. For more details on billing, please see page 33.

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 ID 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/members/pharmacy-info. 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.

Mail-Order Medications

Please contact Postal Prescription Services (PPS) at 800-552-6694 to start a new member profile. Advanced Health members are enrolled under “Doctors of the Oregon Coast” plan. New member profile and prescription transfer requests may be made by phone. You can also set up a new profile online. To do this, please go to our website at <http://advancedhealth.com/members/pharmacy-info/> and look for the section called Mail-Order Medications.

Non-Participating Pharmacies

Advanced Health can only pay for medications from pharmacies that are registered with Oregon Health Authority (OHA). The prescribing provider must also be registered with OHA. Ask your pharmacist or call Member Services 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. They may not be able to fill your prescription. Plan ahead and fill your prescriptions before you travel. Advanced Health may be able to provide a Vacation Override if needed. Please call Member Services for help.

If you need emergency medication while you are out of the state, please call Member Services 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. You do not need a referral from your Primary Care Provider (PCP) to get women's routine and preventative health care services. Members have 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 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 by phone or in person to any provider in the state of Oregon for family planning services. You can see 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 a specialist for your pre-natal care. Check our provider directory for a list of choices. 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. Your child can be covered at the time of birth. **Call OHP when 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. 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:** diabetic exam once every year with a referral from your Primary Care Provider (PCP)
- **Medical Conditions such as:** Glaucoma, Cataracts, Pseudophakia, Aphakia, Congenital Aphakia, or Keratoconus
- Visit for a diagnosis of a medical condition

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 1-866-268-9631 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. When you know the provider you want to see, you can self-refer by calling them directly. You can also call our Member Services.

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. You can contact Kairos of CCH for youth wraparound services. You can contact CCH or CHW for assertive community treatment. You can self-refer to any of these services by calling them.



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

<https://currych.org>



Kairos Coastline Services

2020 Thompson Road, Coos Bay, OR
97420

Phone: 541-267-3511

<https://kairosnw.org>

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
- Assertive Community Treatment

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.

Access to crisis post-stabilization services and urgent care are available 24 hours a day, 7 days a week by calling 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. These crisis services will help you in your own community. You can call 911 **at any time if someone is having a behavioral health emergency or you can go to the emergency room.**

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 | Fax: 971-673-0556 | TTY: 971-673-0372

Email: mailbox.hls@state.or.us

Dental Services

Advanced Health covers dental care. You will be assigned a Primary Care Dentist. Call your Primary Care Dentist (PCD) to make an appointment as soon as you can. Tell your PCD's receptionist when you make your appointment if you have a disability or if you need an interpreter. Call Member Services if you have questions.

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). 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 Member Services if you want to change your Primary Care Dentist (PCD). A list of dentists can be found on our Provider Directory on our website.

Immediate Dental Services in the First Month of Enrollment

If you have an immediate dental need, call Member Services.

How to Get Dental Care

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

Sometimes 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.

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.

Call Bay City Brokerage 48 hours in advance at 1-888-518-8160 if you need a ride.

Covered Dental Services

Your Oregon Health Plan (OHP) dental plan includes:

- Exams and Cleanings (Children up to age 20 and pregnant members can have more frequent cleanings)
- X-rays
- Fillings
- Extractions

OHP offers limited coverage for:

- Root Canals
- Partial
- Dentures
- Crowns

Routine Dental Care Away from Home

Routine Dental Care will only be paid for if you see your Primary Care Dentist. If you away from home, follow up with your Primary Care Dentist (PCD) when you get home.

Dental Emergencies

Emergency care is paid for any time. Pre-authorization is not required for a dental emergency. Care to stabilize your condition is covered.

Dental emergencies include:

- Serious infection
- Abscess or Severe tooth pain
- Unusual swelling of the face or gums
- A knocked-out tooth

Call your Primary Care Dentist (PCD) if you are not sure if you have an emergency. If you can't reach your PCD, you can call Member Services.

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:

- Follow-up care is not an emergency. Call your PCD for follow-up care
- A toothache that is not severe (over the counter pain medication takes the pain away)
- Cavities
- Broken teeth
- Routine dental care

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. Speak with the dentist on call, even if the dentist is not your PCD.

Out-of-Town Emergencies

Call your Primary Care Dentist (PCD) if you are not sure if you have an emergency. If you can't reach your PCD, you can call Member Services.

You can call 911 or go to the nearest emergency room if you can't reach your PCD.

After Emergency Follow-up Care

Call your PCD to arrange for care after an emergency. Care to stabilize your condition is covered. You might need follow up care after the emergency. Follow-up care is also covered.

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. You or your representative can set up your ride. You can schedule your ride up to 90 days in advance. Set up your ride at least two days before your appointment. If you have more than one appointment, you can schedule future appointments up to 90 days in advance. If you have an urgent appointment, you can call the

same day for a ride. If transportation cannot be made the same day, please call Advanced Health Member Services.

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

Children age 12 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 13 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.

Your driver will pick you up at your scheduled pick up time. The driver

will wait 15 minutes if you are late. The driver will leave after 15 minutes. Your trip will need to be rescheduled. Call Bay City Brokerage if the driver is late. Return rides will pick you up within 60 minutes.

You will not be dropped off at your appointment more than 15 minutes before the office opens for business. You will be picked up within 15 minutes of the office closing.

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. Any denial will be reviewed by another staff member. You will receive a letter called a Notice of Adverse Benefit Determination (NOABD) that states the rule and reason for the denial. Your NOABD will be mailed within 72 hours of the denial decision. 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 NOABD 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.

Riders Guide

There is a transportation guide that you can look at. It is called the Bay Cities Brokerage Riders Guide and has more information including:

- Rights and Responsibilities
- Grievance / Filing a complaint
- The Appeal Process
- Unexpected weather
- Vehicle safety

You can see the Riders Guide on our website at

<http://advancedhealth.com/members/> or you can call Member Services to get a copy.

Billing

Advanced Health pays for services that are covered by the Oregon Health Plan (OHP). Some things 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. OHP members do not have any copays. You may receive a notice from us saying we will not pay your provider for the service. This notice does not mean you have to pay. Your provider still can't bill you. If you have any questions call Member Services. If we tell you that the service isn't covered by OHP, you have the right to ask for an appeal and hearing. See page 34 for more information.

What a Provider Can Bill You For

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

- The 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 3165 (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
- The provider knows you have OHP

These protections usually only apply if the provider knew you had OHP. Always show your Advanced Health ID card. These protections apply if the provider participates in OHP.

What to Do if You Get a Bill

Please do not ignore medical bills—call us right away. Many providers send unpaid bills to collection agencies. It is much more difficult to fix the problem once that happens. If you get a bill for a service that you received while you were on OHP, you should:

1. Call the provider and tell them that you were on OHP. Ask them to bill Advanced Health.
2. Call Member services and tell them that a provider is billing you for an OHP service. We will help you. Do not wait until you get more bills.
3. You can appeal by following the steps on page 34. Keep a copy of the letter for your records.
4. Follow up to make sure we paid the bill.
5. If you get court papers, call us right away. You may also call a lawyer or the Public Benefits Hotline at 1-800-520-5292. They offer legal

advice and help.

Bills from Providers During Hospital Care

If you go to the hospital you may end up with bills from different providers. For example, the surgeon, the lab, and the hospital may send you a bill. Do not ignore bills from people who treated you in the hospital. If you get other bills, follow steps 1 through 5 above for each bill you get.

When You Will Need to Pay a Bill

- If you see a provider that does not take OHP, you will have to pay
- 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 if you sign a detailed Agreement to Pay form (also called a waiver) 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 may pay for your copays and deductibles. Make sure the provider you see accepts the Oregon Health Plan. If you are unsure, please ask the provider or call Member Services. If you get care that is not covered by OHP, you will have to sign an Agreement to Pay form explaining the charges.

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 Member Services.

Complaints, Appeals, and Hearings

To access complaint and appeals information and templates, go to www.AdvancedHealth.com.

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. Call Member Services or send us a letter at:

Advanced Health

Attn: Member Services
289 LaClair Street
Coos Bay, OR 97420

You also have the right to submit your complaint to the Oregon Health Authority at:

Oregon Health Authority

Office of Equity and Inclusion

421 SW Oak Street, Suite 750
Portland, OR 97204
(971) 673-1284
TTY Relay 711

OHA.InternalCivilRights@dhsoha.state.or.us

Department of Human Services

Office of Equity and Multicultural Services

500 Summer Street NE, E-15
Salem, OR 97301-1066
503-945-7842

Bureau of Labor & Industries

800 NE Oregon St., Suite 1045
Portland, OR 97232

971-673-0761 | TTY Relay 711

help@boli.state.or.us

<https://www.oregon.gov/boli/workers/Pages/complaint.aspx>

We will look into your complaint and respond to you in writing 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 written resolution to you within 30 days. We will not tell anyone about your complaint unless you ask us to.

Your provider can file a grievance on behalf of the member with the member's written consent.

Appeals and Hearings

If we deny, stop, or reduce a medical service your provider has ordered, we will mail you a **Notice of Adverse Benefit Determination (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 NOABD letter.

If you did not receive written notice of your denial, you can ask us to send you one. Please call Member Services.

Your provider can appeal on your behalf if your provider has your written consent to do so.

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
- 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 Adverse Benefit Determination (NOABD) 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 NOABD letter.

If Advanced Health fails to follow the required time frames for processing appeals, the member can move on to ask for a state fair hearing.

If an extension of an appeal resolution has been requested and Advanced Health does not follow the required time frame for the resolution, the member can move on to ask for a state fair hearing.

Expedited (Fast) Appeals

If you think you have an urgent need, you can ask for a fast (expedited) appeal. You can call us to do this or you can fill out the form. If we agree it is urgent, we will call you with a decision within 72 hours of receipt of the appeal. Otherwise, we will have a decision in 16 days.

How to Get an Administrative Hearing

After an appeal, you or your representative (which can include your provider) can ask for a 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 for a hearing. Your Notice of Adverse Benefit Determination (NOABD) and NOAR letter will have a form that you can send in. This form is called the Denial of Medical Services Appeal and

Hearing Request Form 3302. Or you can 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. 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 <http://www.oregonlawhelp.org/>.

A hearing takes more than 30 days to prepare. While you wait for your hearing, you can keep getting a service that was started before our original NOABD. You must ask the state to continue the service within 10 days of getting our Notice of Appeal Resolution. If you continue the service and the judge agrees with the denial, you may have to pay the cost of the services that you got 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 think you have an urgent need, you can ask a fast (expedited) hearing. You can 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. We make sure that those that we work with to do the same. We need to make sure that the bills we pay for your health care services are correct. We follow the False Claims Act laws. When someone breaks a False Claims Act law, it may be 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 will 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:

Information on where to and how to report fraud, waste, or abuse by a provider-

Medicaid Fraud Control Unit (MFCU)

Oregon Department of Justice

100 SW Market Street

Portland, OR 97201

Phone: 971-673-1880

Fax: 971-673-1890

OHA Office of Program Integrity (OPI)

3406 Cherry Ave. NE

Salem, OR 97303-4924

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

Fax: 503-378-2577 Attn: Hotline

<https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx>

Information on where and how to report fraud, waste, or abuse by a member-

DHS/OHA Fraud Investigation Unit

PO Box 14150

Salem, OR 97309

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

Fax: 503-373-1525 Attn: Hotline

<https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx>

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

An Advance Directive is a form where you can write down your wishes for care. Adults can make decisions about their own care, including refusing treatment. If you are awake and alert, your providers will listen to what you want. But you could become unable to tell your providers 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://www.oregon.gov/oha/PH/ABOUT/Documents/Advance-Directive.pdf>. A Spanish version can be found at

<https://www.oregon.gov/oha/PH/ABOUT/Documents/Advance-Directive-SP.pdf>. If you write an Advance Directive, be sure to talk to

your providers and your family about it and give them copies. They can only follow your instructions if they have them.

You can cancel or change your Advance Directive anytime. For questions or more information, contact Oregon Health Decisions at 800-422-4805 or 503-692-0894, TTY 711.

Advanced Health will give written information about Advanced Directives to our adult members. This includes information about federal and state laws and member rights.

If you think Advanced Health or any of your healthcare providers did not follow these Advance Directive requirements, you can complain to the Oregon Health Authority. You can call or send your complaint to these offices:

If the complaint is about Advanced Health, you can contact:

Oregon Health Authority

500 Summer Street NE, E-35

Salem, OR 97301

800-527-5772

TTY: 711

Fax: 503-945-5872

If the complaint is about a healthcare provider, you can contact:

Oregon Public Health Division

Health Care Regulation and Quality Improvement

P.O Box 14450

Portland, OR 97293

Phone: 971-673-0540

Fax: 971-673-0556

Email: mailbox.hclrc@state.or.us

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

ICC – Intensive Care Coordination

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 Line 800-273-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