



WVCH

Quality Coordinated Care

Willamette Valley Community Health, LLC
Serving Marion and Polk Counties

2015-2016
Member Handbook

If you need this booklet in another language, large print, Braille, on tape, or another format, call 1-800-359-9517 or TTY 7-1-1.

Si necesita este folleto en otro idioma, letra más grande, Braille, cinta de audio, o en otro tipo de formato, llame al 1-800-359-9517 o al 7-1-1 (TTY).

Spanish

Если Вам нужна эта брошюра на другом языке, напечатанная большими буквами, на брайле, на кассете или в каком-нибудь другом формате, пожалуйста, позвоните по телефону 1-800-359-9517 или TTY 7-1-1.

Russian

Nếu quý vị cần tập tài liệu này bằng một ngôn ngữ khác, in khổ chữ lớn, chữ nổi (Braille), băng ghi âm, hoặc hình thức khác, xin gọi điện thoại số 1-800-359-9517 hoặc TTY (dành cho người bị điếc) 7-1-1.

Vietnamese

Dacă doriți această broșură în altă limbă, caractere mari, Braille, înregistrată pe casetă audio, sau în alt format, telefonați la 1-800-359-9517 sau TTY la 7-1-1.

Romanian

បើអ្នកត្រូវការកូនសៀវភៅនេះជាភាសាមួយទៀត ជាអក្សរព្រុំធំៗ ជាច្រៀង ជាខ្សែអាត់សម្លេង ឬតាម ចំរំរង្ស៊ីសម្រាប់អ្នក ឮមិនសូវល្អទេ 1-800-359-9517 ឬ TTY 7-1-1.

Cambodian

ຖ້າທ່ານຕ້ອງການປຶ້ມນ້ອຍໆຫຼືມີ ເປັນພາສາອື່ນອີກ, ແບບຕົວເມັດໃຫຍ່, ເປັນແບບໜັງສື ສຳຫຼັບຄົນຕາບອດ, ແບບເທບອັດສະລັງ, ຫຼືແບບອື່ນໆອີກ, ໃຫ້ໂທຫາ 1-800-359-9517 ຫຼື TTY 7-1-1.

Lao

Yog haistia koj xav tau phau ntawv no ua lwm yam lus, luam tus ntawv kom loj, ua Ntawv ig muag (Braille), kaw rau hauv kab xev, los yog lwm yam, hu rau 1-800-359-9517 los yog TTY 7-1-1.

Hmong

Se gorngv meih qiemx zuqc longc naaiv buonv sou fiev dieh nyungc nzangc, fiev hlo nyei, Hluo nyei nzangc, siou waac hlaang, fai dieh nyungc, heuc 1-800-359-9517 fai TTY 7-1-1.

Mien

만일 다른 언어나 큰 활자, 점자, 녹음 테이프, 또는 다른 형식으로 된 이 안내서를 원하는 경우에는 전화 1-800-359-9517 또는 TTY 7-1-1 번으로 연락하시기 바랍니다.

Korean

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Welcome to Willamette Valley Community Health

If you need this handbook in another language, large print, Braille, CD, tape or other format, please call Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1. If you want to look at a Member Handbook on the computer, you can see it at WVCHHealth.org. If you want us to send you a Member Handbook, please call Customer Service.

Office Location:

Willamette Valley Community Health
2995 Ryan Dr SE Suite 200
Salem Oregon 97301
www.wvchealth.org

Open from 8 AM to 5 PM, Monday – Friday, except Holidays.

Customer Service Phone:

Local: 503-584-2150
Toll Free: 1-866-362-4794
TTY 7-1-1
Fax number: 503-566-9801 or 866-566-4905

Open from 8 AM to 5 PM, Monday – Friday, except Holidays.

When Do I Call Willamette Valley Community Health?

Call Customer Service if you:

- Need help picking a Primary Care Provider (PCP)
- Need help picking a provider for mental health or chemical dependency treatment
- Need to change your PCP
- Need a prescription, supplies, or other necessary items or services in the first month of enrollment if you are unable to see a PCP
- Have questions about the Plan
- Have questions about a medical bill
- Have questions about a claim
- Have questions about your benefits
- Need a new WVCH ID card
- Have a complaint about WVCH providers or services

If you need help, please call us at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1.

When Do I Call OHP?

For help with these questions or problems, call your case manager:

- If you recently moved or had a name change
- If you have recently had a baby and want to add him or her to the Oregon Health Plan
- If you need to find out if you are still eligible or will be eligible next month
- If you need to change your managed care plan
- If you have questions about your premium bill, call OHP Premium Billing Office 1-888-647-2729 (1-888-**OHP**-2PAY), OTRS 7-1-1.
- If you want to apply for the Oregon Health Plan, call 1-800-359-9517 or OTRS 7-1-1.
- If you are checking the status of your Oregon Health Plan application call 1-800-943-9249 or TTY 7-1-1.

REPORT FRAUD

Fraud, Waste and Abuse

The WVP Health Authority and companies have set a high priority for prevention, detection and reporting of fraud, waste and abuse.

Fraud

Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.

Examples:

- Billing for services the member did not receive.
- Member receives medical care using another person's medical ID card.
- A member who gives false information in order to get benefits.

Waste

Provider practices that are inconsistent with sound business, fiscal or medical practices that result in unnecessary costs to the Medicare and/or Medicaid programs.

Abuse

Reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. Physical abuse, sexual abuse, neglect or inappropriate treatment by a medical provider.

You may report any suspected fraud, waste and/or abuse by calling the Fraud, Waste and Abuse Hotline at 503-485-3228 or toll free 1-877-462-7931. You do not have to give us your name and all of the information is confidential.

For hearing impaired, please send information in writing to:

Confidential: Compliance Officer
WVP Health Authority
2995 Ryan Drive SE, Suite 200
Salem, OR 97301

What is Willamette Valley Community Health?

Willamette Valley Community Health (WVCH) is a Coordinated Care Organization (CCO). This is a group of all types of healthcare providers who work together for people on OHP in our area. The groups in our CCO are listed below.

WVCH providers include medical clinics, local hospitals, and the public health departments in Marion and Polk Counties. They can take care of you while you are pregnant. They can also take care of you when you are sick. WVCH has providers to help with drug or alcohol problems. Often the same provider can help with your mental health and drug or alcohol problem.

WVCH coordinates the care you receive by helping all of your providers work together to make sure you have the care you need. There may be added services for you if you have a chronic condition like diabetes, asthma or other health need. CCOs can also help you stay out of the hospital and emergency room.

- You will get the tools and support you need to stay healthy.
- Your care and the advice you get will be easy to understand and follow.
- Local groups will work together to improve health and healthcare.

We have several healthy living programs and activities for you to use. For more information on these services, please call Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1.

Who are the CCO Partners?

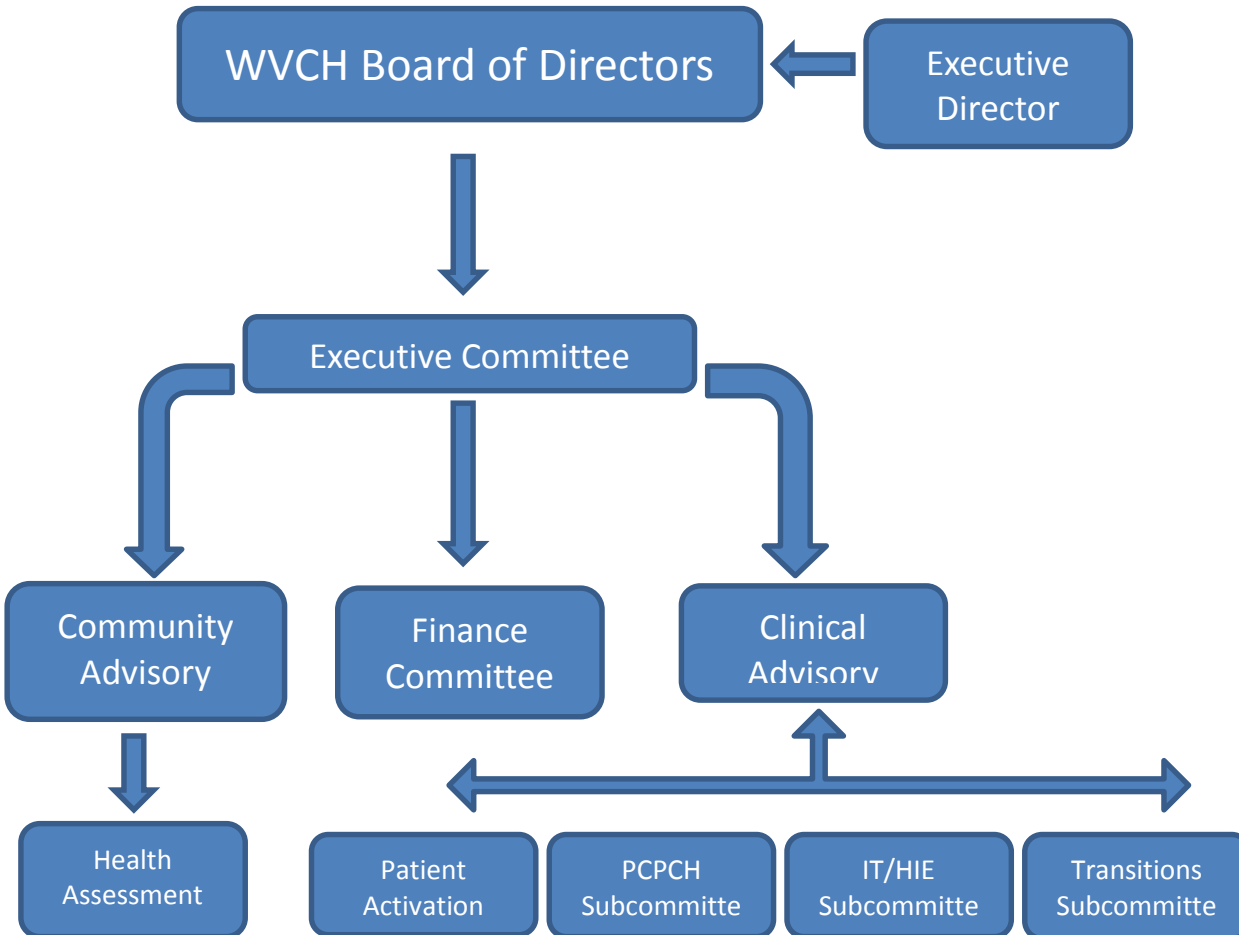
WVCH is a group of the best providers here to take care of you. Doctors, nurses, dentists, mental health and public health providers are all part of the group. WVCH is made up of 11 partners

CCO Partner Organizations	Services Offered	Website
ATRIO Health Plans	Offers Medicare Plans for eligible WVCH Members.	http://atriohp.com/
Capitol Dental Care	Dental care network with over 300 dentists in 18 counties.	http://capitoldentalcare.com/
Marion County	WIC, public health, mental health, addiction, developmental disabilities, & community and providers services.	http://www.co.marion.or.us/
Mid-Valley Behavioral Care Network	Managed behavioral healthcare organization serving OHP members.	http://www.mvbcn.org/
Northwest Human Services	Medical, dental, mental health clinics, homeless & runaway youth services.	http://www.northwesthumanservices.org/
Polk County	WIC, public health, mental health, addiction, and juvenile services.	http://www.co.polk.or.us/

Salem Clinic, P.C	Medical clinics & urgent care with multiple locations throughout Salem and Keizer.	http://salemclinic.org/
Salem Health/Salem Hospital	Hospital in Salem with clinics in Marion & Polk Counties.	http://www.salemhealth.org/
Santiam Memorial Hospital	Hospital in Stayton with clinics in Stayton, Sublimity, and Santiam areas.	http://santiamhospital.org/
Silverton Health	Hospital in Silverton with clinics in Silverton, Woodburn, and Mt. Angel.	http://silvertonhealth.org/
West Valley Hospital	Hospital in Dallas that is part of Salem Health.	http://www.salemhealth.org/wvh/home.php
WVP Health Authority	Pays claims for WVCH, Independent Physician Association, primary care clinics in Marion and Polk Counties.	http://www.wvphealthauthority.org/
Yakima Valley Farm Workers Clinic	Medical, dental, behavioral health, counseling, pharmacy, community health, and nutrition services.	http://www.yvfwc.com/

How is WVCH Structured?

Willamette Valley Community Health (WVCH) has a board of directors that makes decisions. One person from each of the groups on pages 6-7 and some community members are on the Board.



Involvement in CCO Activities

Willamette Valley Community Health has a Community Advisory Council to help shape the decisions of the CCO. We invite you to apply to serve on the Council. Most of the Council members are Oregon Health Plan 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 Customer Service at 503-584-2150 or email cac@mvipa.org.

About Oregon Health Plan and Coordinated Care

What is the Oregon Health Plan (OHP)?

The Oregon Health Plan (OHP) is a program that pays for low-income Oregonians' healthcare. The State of Oregon and the US Government's Medicaid program pay for it.

OHP covers doctor visits, prescriptions, hospital stays, dental care, mental health services, and help with addiction to cigarettes, alcohol and drugs. OHP may also provide glasses, hearing aids, medical equipment, home health care, and transportation to healthcare appointments.

OHP does not cover everything. A list of the 476 diseases and conditions that are covered, called the Prioritized List of Health Services, is online at www.oregon.gov/OHA/OHPR/HERC. The diseases and conditions below line 476 usually are not covered by OHP. Something that is "below the line" could be covered if the patient has an "above the line" condition that could get better if their "below the line" condition gets treated.

What are managed care and fee-for-service?

CCOs (Coordinated Care Organizations) are a type of managed care. The Oregon Health Authority (OHA) wants OHP members to have their healthcare managed by private companies set up to do just that. OHA pays managed care companies a set amount each month to provide their members the healthcare services they need. Most OHP members receive managed medical, mental health and dental care.

Health services for OHP members not in managed care are paid by OHA and called open card, or fee-for-service (FFS) OHP. Native Americans and Alaska Natives on OHP can choose to receive managed care or have an open card. Any CCO member who has a good reason to have an open card can ask to leave managed care. Talk to your case manager about the best way to receive your medical care.

What is a Patient-centered Primary Care Home (PCPCH)?

We want you to get the best care possible. One way we try to do that is to ask our providers to be recognized by the Oregon Health Authority (OHA) as a Patient-Centered Primary Care Home (PCPCH). That means they can receive extra funds to follow their patients closely, and make sure all their medical and mental health needs are met. You can ask your clinic or provider's office if it is a PCPCH.

Enrollment/Disenrollment

Enrollment

Oregon Health Plan (OHP) Customer Service can help you sign up for WVCH for your Oregon Health Plan coverage. If you want to change plans, call OHP Customer Service or you can email them at oregonhealthplan.changes@state.or.us.

OHP Coverage Letter and Oregon Health ID

When you are enrolled in OHP, you will receive an Oregon Health ID Card. Take this ID Card with you to your appointments and when you fill prescriptions. All eligible members in your household receive their own Oregon Health ID. You will also get a WVCH Welcome Packet and WVCH ID card.

You will also get an OHP Coverage Letter that tells you who your case manager is and their phone number. It will tell you your benefit package and if you have copay. You do not need to take this letter to your appointments or the pharmacy, just your Oregon Health ID and WVCH ID card.

How to Change CCOs

If you want to change to a different CCO, call OHP Customer Service or you can email them at oregonhealthplan.changes@state.or.us. There are several chances for you to change as long as another CCO is open for enrollment:

- If you, or a family member, do not want the CCO you've been assigned to, you can change during the first 30 days after you enroll.
- If you are new to OHP, you can change CCOs during the first 90 days after you enroll.
- If you move to a place that your CCO doesn't serve, you can change CCOs as soon as you tell OHP about the move.
- You can change CCOs each time you meet the requirements to stay on OHP. This is called *recertification* and usually happens about the same time once each year.
- Once during each enrollment period

Disenrollment

When you have a problem getting the right care, please let us try to help you before changing CCOs. Call our Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1 and ask for an Intensive Case Manager (ICM). If you still want to leave or change your CCO, call OHP Customer Service. A CCO may ask Medical Assistance Programs (MAP) to remove you from their plan if you:

- Are abusive to CCO staff or your providers
- Commit fraud, such as letting someone else use your healthcare benefits

If you want open-card OHP instead of managed care

OHP wants you to get managed healthcare from a CCO like WVCH. CCOs can provide some services that OHP can't. But you can change to fee-for-service OHP at any time if:

- You are an American Indian or Alaska Native
- You are also on Medicare in addition to OHP

Native Rights

American Indians and Alaska natives can receive their care from an Indian Health Service (IHS) clinic or tribal wellness center. This is true whether you are in a CCO or have an open card.

WVCH ID Card

When you are enrolled in Willamette Valley Community Health, you should receive a Coverage Letter and WVCH ID card. We will mail you a WVCH Medical Identification (ID) Card. This card is very important. It shows who your primary care provider is and what to do in an emergency. If we do not know who your Primary Care Provider (PCP) is we will send you a card with no PCP listed. Please call and tell us who your PCP is. We will send you a new card. Take this card whenever you need medical, mental health or dental services. If you lose your WVCH ID card, please call our Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1.

This is what your WVCH Coverage letter looks like:



Today's Date

First Name Last Name

Address

Dear First Name Last Name

Welcome to Willamette Valley Community Health. We manage your Oregon Health Plan (OHP) benefits. Attached is your ID with your selected or assigned clinic for primary care.

Primary care contact information.

If you would like to change to a different provider or clinic, please call us within 30 days. We can be reached from 8 a.m. to 5 p.m. Monday through Friday at 503-584-2150 or 1-866-362-4794 or TTY 7-1-1.

Sincerely,

Willamette Valley Community Health

FRONT OF YOUR CARD:

Medical Coverage

Member ID: ABC123D4

Primary Care Provider:Peppermint
Patty**Phone :**

503-555-5555

Card Issued: October 9, 2015

Customer Service:(503) 584-2150 TTY 7-1-1
or toll free (866) 362-4794Mental Health Coverage**Plan name:**

Super Mental Health

Member ID: ABC123D4

Card Issued: October 9, 2015

Customer Service:(503) 584-2150 TTY 7-1-1
or toll free (866) 362-4794**Send claims to:**Willamette Valley Community Health
PO Box 5550
Salem, OR 97304**Pre-Authorization:**503-581-7010 or (866)362-4794
(TTY) 7-1-1Dental Coverage**Plan name:**

Super Clean Teeth

Member ID: ABC123D4

Card Issued: October 9, 2015

Customer Service:

«dental_contact»

Send claims to:

«dental_address»

Pre-Authorization:

«dental_auth_contact»

BACK OF YOUR CARD:

«dental_back_card»

More details about
your dental careKeep your ID card with you at all times.
Please show your ID card to your
provider at each visit.**If You Have An Emergency:**Call 911, or go to the nearest hospital or
emergency room. If you are not sure
your condition is an emergency, call
your Primary Care Provider's office. Do
not go to the emergency room for care
that should take place in your provider's
office.This card is for identification and does
not guarantee eligibility. See member
handbook for eligibility and benefits.**Send claims to:**Willamette Valley Community Health
PO Box 5550
Salem, OR 97304**Pre-Authorization:**503-581-7010 or (866)362-4794
(TTY) 7-1-1Pharmacy program is administered by
MedImpact.

Pharmacy Help Desk:

1-800-788-2949

RxBIN: 003585

PCN: ASPROD1

RxGroup: WVP01

If you have insurance primary to Medicaid such as Medicare, you will receive this letter. WVCH will be your Secondary Coverage.



Today's Date

First Name Last Name

Address

Dear First Name Last Name

Welcome to Willamette Valley Community Health. We manage your Oregon Health Plan (OHP) benefits. Attached is your ID with your primary care doctor.

You will see that your card shows ***Secondary Coverage***. Our records show that you have other insurance that you should use first. Your Willamette Valley Community Health card should be presented as your secondary payer. This includes Medicare coverage and group health plan coverage. Please notify us right away if you feel that you do NOT have other insurance.

Primary care contact information.

If you would like to change to a different provider or clinic, please call us within 30 days. We can be reached from 8 a.m. to 5 p.m. Monday through Friday at 503-584-2150 or 1-866-362-4794 or TTY 7-1-1.

Sincerely,

Willamette Valley Community Health

FRONT OF YOUR CARD:

*****WVCH Is Secondary Coverage-please obtain primary insurance information from cardholder*****

Medical Coverage

Member ID: ABC123D4

Primary Care Provider:
Peppermint
Patty

Phone :
503-555-5555

Card Issued: October 9, 2015

Customer Service:
(503) 584-2150 TTY 7-1-1
or toll free (866) 362-4794

Mental Health Coverage**Plan name:**

Super Mental Health

Member ID: ABC123D4

Card Issued: October 9, 2015

Customer Service:

(503) 584-2150 TTY 7-1-1
or toll free (866) 362-4794

Send claims to:

Willamette Valley Community Health
PO Box 5550
Salem, OR 97304

Pre-Authorization:

503-581-7010 or (866)362-4794
(TTY) 7-1-1

Dental Coverage**Plan name:**

Super Clean Teeth

Member ID: October 9, 2015

Card Issued: October 9, 2015

Customer Service:

«dental_contact»

Send claims to:

«dental_address»

Pre-Authorization:

«dental_auth_contact»

BACK OF YOUR CARD:

«dental_back_card»

More details about
your dental care

Keep your ID card with you at all times.
Please show your ID card to your
provider at each visit.

If You Have An Emergency:

Call 911, or go to the nearest hospital or
emergency room. If you are not sure
your condition is an emergency, call
your Primary Care Provider's office. Do
not go to the emergency room for care
that should take place in your provider's
office.

This card is for identification and does
not guarantee eligibility. See member
handbook for eligibility and benefits.

Send claims to:

Willamette Valley Community Health
PO Box 5550
Salem, OR 97304

Pre-Authorization:

503-581-7010 or (866)362-4794
(TTY) 7-1-1

Pharmacy program is administered by
MedImpact.

MedImpact

Pharmacy Help Desk:

1-800-788-2949

RxBIN: 003585

PCN: ASPROD1

RxGroup: WVP01

Getting Care

If You Need Services Now

In the first month of enrollment, if you are unable to see a Primary Care Provider (PCP) and you need:

- Prescriptions
- Supplies
- Other medically necessary items
- Urgent Services

Call Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1.

How do I get care?

When you are sick or need medical care, call your PCP to be seen. If you need help finding a provider of any type, you can call Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1.

Your OHP benefits also cover mental health services. Your benefits cover treatment for problems with drugs and alcohol. Some services may be more helpful than others. It depends on the person's needs and concerns. WVCH Customer Service can help if you need to find a treatment agency. Or you can find a treatment agency on the WVCH provider list at www.wvchealth.org.

You do not need a referral from a doctor or anyone else for routine pregnancy care, mental health or treatment for drug and/or alcohol dependency services.

Coordination of Benefits

Please tell Customer Service if you or someone in your family has other insurance with any other companies (besides Medicare). We need to make sure the correct insurance pays for any services.

Third Party Liability

Please let us know if you are injured in an automobile, at work, or if someone else is responsible to pay for your injury. We need to make sure the correct insurance is billed. We will generally make payment on claims only when other means are not available for your medical needs.

Primary Care Provider (PCP) Selection

When you enroll in WVCH, you will need to choose a PCP. We send you ID cards and a letter with your PCP listed. If no PCP is listed on your card you must call us within 30 days to list your PCP. The change will be effective the first day of the next month. A list of our PCPs is in the WVCH Provider Directory we sent you. You can see the Provider Directory online at <http://www.wvchealth.org/find-a-provider>.

Your PCP will coordinate all of your medical care except for emergencies and self-referred services. These services are listed under Specialist Care and Referrals. Your PCP will refer you for specialty care and hospital care, if necessary. Do not go to a provider other than your PCP unless she or he tells you to. If you go to a provider who is not your PCP and it is not a true emergency, you may have to pay for the care yourself. If you go to a provider without a referral, you may have to pay for the care yourself.

If you become pregnant, see a doctor right away. It is very important that you get care early in your pregnancy. A list of providers is in the WVCH Provider Directory we sent you. You can see the Provider Directory online at <http://www.wvchealth.org/find-a-provider>.

Changing Your Primary Care Provider

- If you want to change your PCP, call Customer Service. You may change your PCP up to two times per year.
- You must call WVCH before you see a new PCP. Your new selection will be effective on the first of the following month. WVCH can make the change immediately if you have an urgent need.
- A new WVCH ID card will be sent to you with the name of your new PCP on it.
- **Do not see any provider other than your PCP until you have called WVCH.** Any doctor you see on your own will not be paid and may refuse to see you.

Utilization Management

WVCH has Medical Management and Utilization Management Programs to review the healthcare you receive. We look at services to make sure they are right for your healthcare needs. We also want to make sure that the services you receive are in line with what most other providers would do.

Preauthorization or Approval

We review certain services before you have them. The review tells us: (a) what benefits you would get, (b) whether you medically need the service, and (c) whether the level of care and length of stay meet national guidelines.

Remember: You must contact your PCP for all of your healthcare, except for an emergency, mental health, chemical dependency or family planning services, or for care not covered by WVCH. If you see other specialists without a referral from your PCP, WVCH will not pay for your care. You may be billed for those services.

Specialist Care and Referrals

If it is necessary for you to get specialty care, **for most services your PCP must refer you. See your PCP first.** He or she may need to contact WVCH for approval for that referral. Some services do not require a referral and are listed below in the “Non-Referral Services” section of this handbook.

Cancelled/Missed Appointments

If you cannot make it to a scheduled appointment, call that office as soon as possible.

If you miss an appointment and do not call, you may prevent another patient from receiving a needed appointment. Your health is important. Be sure to follow-up with your doctor when he or she says they need to see you. If you miss too many appointments, your doctor can decide not to be your PCP.

This also applies to mental health and chemical dependency services. If you have problems keeping your appointments, talk with your provider. Together you may come up with solutions.

Copayments

WVCH does not collect copayments.

Getting A Ride

If you need help getting to your appointments, please call Triplink at 503-315-5544, toll free 1-888-315-5544, TTY 7-11. Some people may be able to get help paying for rides.

It is your responsibility to get to and from your appointments. If you transport yourself, WVCH may reimburse you for your mileage. See www.wvhealth.org for more details. If transportation is a problem, you might:

- Take the bus.
- Ask a friend or relative to drive you.
- Find a volunteer from a community service agency.
- Call the transportation call center, Triplink that serves OHP clients free of charge.

TripLink: 503-315-5544

Toll-free: 1-888-315-5544

Oregon Relay Service: 7-1-1

The TripLink Call Center is available Monday through Friday from 6 AM. to 7 PM and is closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.

TripLink services are provided 24 hours per day, 365 days per year. To arrange after hours or weekend transportation call as far ahead as possible. If you cancel or change your appointment, call right away to cancel or change your ride.

Ambulance

If you have an emergency, call 911. WVCH will pay for medically necessary ambulance transportation in an emergency. This means WVCH will pay for an ambulance only when transportation in another vehicle could endanger your health. If you use the ambulance for something that is not an emergency, you may have to pay the bill.

Medical Health Benefits

If you have questions about what is covered, please call Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1.

Here is an example of what OHP covers:

- Chemical dependency and mental health services
- Preventive care (shots, regular checkups, family planning)
- Hospital care for urgent, emergent or non-emergent services
- Medical equipment and supplies
- Medical vision care
- Hearing services, hearing aids and batteries
- Home health
- Physical, occupational and speech therapy
- Private duty nursing
- Routine vision testing and eyeglasses for pregnant women and children under 21 years old.
- Transportation to healthcare services

Some of these services may require a referral or prior-approval before getting the services. If you have questions about what is covered or what requires a referral or approval, please call Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1.

If you become pregnant, see a doctor right away. It is very important that you get care early in your pregnancy. A list of providers is in the WVCH Provider Directory we sent you. You can see the Provider Directory online at <http://www.wvchealth.org/find-a-provider>.

Culturally Sensitive Care

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

How to access Interpreter Services

You can have a voice or sign language interpreter at your appointments if you want one. When you call for an appointment, tell your provider's office that you need an interpreter and in which language. Information on Health Care Interpreters is at www.Oregon.gov/oha/oei.

Preventive Care

Preventive services are a very important part of the care you receive from your PCP. This includes regular check-ups, immunizations (shots), and any tests to tell you what is wrong. Your PCP recommends these services. Please discuss the recommended schedule for health checkups with your provider.

Preventive care is an important part of your healthcare. This includes periodic health examinations and screenings. Here are your benefits:

Service	Frequency	Age
Breast Exam	Once every 1 year	Women all ages
Cholesterol Screening	Baseline Once every 5 years or as recommended by doctor	Baseline 19-23 Screening 24 and older
Colon Cancer Screening	Once every 1 year	All ages as needed
Diabetic/Nutritional Counseling	Once per lifetime	
Living Healthy Program	Unlimited	For patients with chronic conditions
Pelvic Exam/Pap Test	Once ever year	Women onset of sexual activity to age 65
Physical Exams	Unlimited	Birth to 18
	Once every 4 years	19-34
	Once every 2 years	35 and older
Immunizations	Depends	Depends
Mammograms	One baseline	Women 35-40
	Once every 1 year	Age 40 and older
	No Limit	If ordered by PCP or specialist
Prostate Cancer Screening	Once every 1 year	Men 50 and older
Well-Child Care	9 visits	Birth – 24 months
	One every 1 year	2-18

Coverage includes medically appropriate treatments for conditions that are expected to get better with treatment. Some examples of medical conditions that you might get treatment for include but are not limited to:

- Appendicitis
- Asthma
- Broken bones
- Heart disease
- Burns
- Infections
- Kidney stones
- Eye diseases
- Diabetes
- Pneumonia
- Ear infections
- Rheumatic fever
- Epilepsy
- Stomach or leg ulcers
- End of Life Care/Hospice

Family Planning

For family planning services and supplies (birth control and contraceptives), you may see a provider in the plan or go to the County Health Department or any provider that will take your DMAP medical care ID. If you want to have a sterilization, a WVCH provider must do the surgery for it to be covered by the plan.

Examples of covered family planning services include:

- Birth control
- Condoms
- Diaphragm
- IUD
- Spermicide
- Sterilizations

Pregnancy Care

If you become pregnant, see a doctor as soon as possible. It is important to see a doctor during the first trimester or within 30 days of getting insurance.

WVCH wants both a healthy mother and a healthy baby. If you become pregnant, you should see a plan provider right away. You should also contact OHP Customer Service as soon as possible; they will make sure you have medical coverage for the birth of your baby.

Your care will include:

- Regular office visits
- Medically necessary services
- Routine lab work

If you cannot get an appointment with a provider, call Customer Service and we will help you get an appointment quickly. **It is very important to get prenatal care in your first trimester.**

Your provider will help you understand the changes in your body and how your baby is growing. If possible, try to stay within the service area during the last 30 days of your pregnancy. If you must travel outside the service area, you will be covered for only emergency care outside the plan's service area. The delivery of the baby and the baby's newborn check-up in the hospital will be covered but no other routine care.

Newborn Coverage

Call OHP Customer Service as soon as your baby is born. Your baby has medical coverage until his or her first birthday, even if you are no longer eligible for OHP. When you call OHP Customer Service, give the following information about your baby:

- Baby's Name
- Date of birth
- Baby's sex
- Baby's Social Security number (as soon as your baby gets one)
- Both parents' names

After you have your baby, you will get a developmental screening in the mail. Please fill out this form when you take your baby to the doctor for his or her checkup.

Well-Child Care

Well-Child Care is available for children and young people to help them stay healthy. Even if your child is not sick, he or she needs to see the PCP for regular check-ups.

Included in Well-Child Care are:

- Routine exams
- Developmental screenings
- Lead testing
- Immunizations (shots)
- Hearing testing
- Developmental screenings
- Vision testing
- Dental referral
- Health education
- Nutrition information

Diagnostic Services

We cover exams to find what is wrong with you and whether or not the treatment for the condition is covered. WVCH may pay for lab and x-ray when your PCP or specialist (with approval when needed) orders them. You may get these services in your doctor's office, clinic, or in a hospital outpatient department.

Second Opinion

We cover second opinions. If you want a second opinion about your treatment options, ask your PCP to refer you for another opinion. If you want to see a provider outside our network, you or your provider will need to get our approval first.

Skilled Nursing Facility

If you are eligible, skilled nursing is covered for up to a maximum of 20 days following a three day qualifying hospital stay. The hospital stay is "qualifying" if it is medically appropriate. Your WVCH nurse case manager works closely with Northwest Senior and Disabilities Services and your provider to coordinate your healthcare if you need medical care in a nursing home setting for longer than 20 days.

Prescription Drugs

WVCH covers prescription drugs for conditions paid for by the Oregon Health Plan. Family planning drugs (birth control and other contraceptives), some-over-the-counter products, and some devices are also covered. Most items for covered conditions require a prescription from your PCP or specialist. Most Marion and Polk County pharmacies participate with WVCH. Walgreens pharmacies do not take WVCH. If you have specific questions about a pharmacy provider near you please call Customer Service.

WVCH does not cover all prescriptions. Most drugs that people take for mental illness are paid for by OHP "fee-for-service." They are not paid by WVCH. Please show your pharmacist your Oregon Health ID and your Willamette Valley Community Health ID cards. The pharmacy will know where to send the bill.

WVCH has developed a list of prescription drugs and some over-the-counter drugs that are available to you. This list is also called a drug formulary. It includes both brand name and generic medications that are safe and effective. You will receive generic drugs if available. If you want to know if a certain drug is on the list, ask your provider.

He or she will be able to tell you. You can also find a current list on our website at www.wvchealth.org.

If your provider feels you should get a drug that is not on the list, he or she may request an exception. The request would ask WVCH for approval to cover the drug. If WVCH reviews the request and decides to deny it, we will notify you and your provider.

When you become eligible for Medicare, the Oregon Health Plan (OHP) will stop paying for your prescription drugs. Instead, a federal program called the Medicare Prescription Drug program will pay for your drugs. This drug benefit will be Part D of your Medicare coverage as soon as you are enrolled with Medicare. Medicare requires co-payments for Part D drug coverage. Most of the plans that provide a drug benefit will charge a co-payment from \$1 to \$6.

Stop Using Tobacco

WVCH will pay for services to help you quit smoking. This benefit includes pharmacy products (such as nicotine patches and other prescribed drugs). Through a partnership with Salem Hospital, WVCH offers a FREE support program at Salem Hospital.

TO REGISTER PLEASE CALL 503-561-5639 (or for local OTRS calls 7-1-1)
WVCH wants to reward you for quitting and offers a one-time \$50.00 gift certificate to individuals who successfully complete the support program.

The **Quit Line** is another option to help you quit tobacco. This is a free counseling service that you may access 4:00AM to 12:00AM (Pacific Time).

Call 1.800.QUIT.NOW (1-800-784-8669) or visit www.quitnow.net/oregon/ to get started.

Spanish Quit Line: 1-877-2NO-FUME (1-877-266-3863) or www.quitnow.net/oregonsp/.

TTY: 1-877-777-6534

If you have Medicare and Medicaid (Dual Eligible Member)

Some people have Medicaid (OHP) and Medicare. To find out more about which benefits are paid for by Medicare and which benefits are paid for by Medicaid, call Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1.

Additional Services

Intensive Care Coordination Services (ICCS),

Formerly Exceptional Needs Care Coordination (ENCC)

We have Intensive Care Managers (ICM) to assist members who have complex medical or other special needs. The ICM helps coordinate health care services for members age 65 or older and members who have special medical supply or equipment needs. Members with disabilities or who need help getting care may request ICM help by calling WVCH at the following numbers:

Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1.

Care Helpers

There may be times when you need help getting the right care. Your primary care team may have people specially trained to do this. These people are called Care Coordinators, Community Health Workers, Peer Wellness Specialists, and Personal Health Navigators. Please call Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1.

Health Education & Self-Management Programs

We have several healthy living programs and activities for you to use.

Our health education programs include self-care, prevention, and disease self-management. Please call Customer Service at 503-584-2150, toll Free: 1-866-362-4794 TTY 7-1-1 for more information.

MOMS Program

MOMS is a program designed to help pregnant women and new mothers who struggle with alcohol and/or drugs. The program has a mentor and a nurse case manager who help the woman provide a stable, drug-free lifestyle for themselves and their family.

MOMS is available to all women enrolled in WVCH who are pregnant. MOMS is designed to support pregnant women who are at-risk of using alcohol or drugs during their pregnancy. Although women who participate in MOMS may have mandates requiring them to be in treatment, their involvement with MOMS is on a voluntary basis.

Call WVCH Customer Service to enroll in moms.

Living Healthy

What is Living Healthy?

Living Healthy with Chronic Conditions is a six-week workshop that teaches practical skills for living a healthy life with an ongoing health condition. Designed around an evidence-based program from Stanford University, classes are held locally in our service area. They take a fun and interactive approach towards learning. Participants share their successes and build a common source of support. The workshop builds confidence for managing one's health, staying active and enjoying life. Classes are also provided in Spanish.

Living healthy is open to adults (and their caregivers) with the following conditions:

- Heart Disease
- Asthma
- Depression
- Diabetes
- Fibromyalgia
- Arthritis
- And any other chronic health concerns

How do I participate?

Classes are offered free to WVCH members. Physician referral is preferred, but we can get that at the time of enrollment in the class. Members must be willing to participate in the class. The ability to read is not required. To locate and enroll in a class in your area, call 503-587-5130. For Spanish-speaking members, call 503-587-5153 or Customer Service and someone will help you.

Mental Health Benefits

Mental health services are available for all OHP members. You can get help with depression, anxiety, family problems, and difficult behaviors, to name a few. The services we offer include:

- Assessment/evaluation
- Counseling
- Case management
- Individual, group and family therapy
- Peer support services
- Medication management
- Crisis services
- Hospital services
- Programs to help with daily and community living

Usually the first step is for the person to get an assessment from a mental health provider. Information from the assessment helps to identify the person's needs and concerns. Decisions about which services may be helpful are made together by the person and their mental health provider.

Important: *You do not need a referral from your PCP or anyone else to get mental health services.* Please see <http://wvchealth.org/medicaid-ohp/for-patients> for a list of mental health providers in our network.

Routine Services

Mental health services are provided by public and private agencies listed in the WVCH provider directory. Members can call Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1 for help finding a treatment agency.

Members must have prior authorization to get services from any agency not on the provider list. Call Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1 to get help with prior authorization for mental health services.

Adult Mental Health Initiative (AMHI) is a program to help adults in residential settings get better mental health care. It also helps adults with mental illness get more and better services in the community. The goal is to keep people healthy outside of the State Hospital. Members can call 503-361-2647 to get more information about AMHI.

Services for Children with Intensive Mental Health Needs

We have a family-friendly way to help children with intensive mental health needs.. We use a service model called wraparound. Wraparound is a process for working together with a child and their family. It is based on the idea that services are most helpful when they are tailored to the needs of the child and family.

To see if this model is right for your child, we need to get information about their current needs. The process to do this is called a screening. The child's parent or guardian must sign a consent form before the screening process begins. Here's what happens in the screening:

- We do telephone interviews with people who know the child best

- We review a recent mental health assessment report for the child
- The parent or guardian gives information to help us pinpoint the child's mental health needs
- We review other risk factors for the child and family. These include risk of out of home placement, family stress and school disruption

Who is Eligible? Children and youth whose mental health needs have not been met through usual services, and their families.

What Should Families Expect? The family will learn new ways to help their child. Part of this includes putting together a Child and Family Team. Team members can be the child's family and friends. Team members can also be people who provide health care and other services to the child. The team has regular meetings with the child and family. In the meetings, the team learns about the child's strengths and what the child and family need. The team helps with setting goals and finding ways to help the child and family succeed.

Want to Know More? Each county in our service area has its own wraparound staff. The staff is part of each county's mental health program. For free information, assistance or screening, call the number below for your county. Ask for the wraparound care coordination staff.

Marion County: 503-361-2724 Polk County: 503-623-9289

Early Assessment & Support Alliance (EASA)

We have a special program to help young people ages 12-25 who may have new problems in thinking and behavior. This program is called the "Early Assessment and Support Alliance" or EASA.

Examples of problems with thinking and behavior are: Things that used to be easy, like talking to people, reading or doing sports, may now be a lot harder. The person may keep to themselves and stay away from people more than in the past. They may hear or see things that other people don't. They may have new beliefs or behaviors that don't make sense to other people. They may have problems with sleep.

Our program can help these young people get counseling, medical services, family support, help with school or work, and other services. You can find information about this program at: www.easacommunity.org

To find out if this program is right for you or for a young person you care about, call the number below for your county:

Marion County: 503-576-4690 Polk County: 503-385-7417

Chemical Dependency

OHP covers services to treat problems with alcohol or drugs. Some of the chemical dependency services covered by OHP are:

- Assessment/evaluation
- Counseling
- Case management
- Medication
- Detoxification services
- Individual, group and family therapy

A person may need treatment if their use of alcohol or other drugs is causing problems in their life such as:

- Fighting with loved ones
- Missing work
- Having problems with the law
- Getting sick or having medical problems

Decisions about which services may be helpful are made together by the person and their treatment provider.

Chemical dependency services are provided by public and private agencies listed in the WVCH provider directory. *Members do not need a referral from their PCP or anybody else to make an appointment for routine services.* Members can call Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1 to get help with choosing an agency. Members must have prior authorization to get services from any agency not on the provider list.

Non-Covered Services (Exclusions)

OHP covers the healthcare services most likely to help a person get better. This information comes from the experiences of healthcare providers and consumers. It comes from scientific evidence about what is proven to be helpful. OHP also looks at how much it costs for the services most likely to work.

The conditions and services covered by OHP are put onto a list called the *Prioritized List of Health Services*. OHP does not have enough money to pay for everything on this list. For this reason, OHP only pays for the most important conditions and services on the list. In addition, the federal government has rules on what OHP can and cannot pay for. If you have questions about covered or non-covered services, contact Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1.

Some of the healthcare services not covered by OHP include:

- Services not included in the OHP benefit package
- Services for conditions not covered on the Prioritized List unless treatment will make a covered condition get better
- Services for a person who is in law enforcement custody (jail or prison)
- Services requested solely for legal reasons
- Services requested for reasons other than diagnosis or treatment
- Services provided in another country
- Services provided in an emergency room if the problem or concern is not an emergency
- Personal comfort or convenience items (radios, telephones, hot tubs, treadmills, etc.)
- Services that are primarily cosmetic
- Services performed by an immediate relative or member of your household
- Non-emergency care if you go to a provider who is not a Willamette Valley Community Health provider
- Newborn Circumcision

If you have questions about covered or non-covered services, contact Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1.

OHP places limits on or restricts coverage for certain kinds of services. For example:

- OHP limits services that are more than what is needed to diagnosis or treat a health condition
- OHP limits services that cost more if a less expensive service is likely to be helpful
- OHP limits services that are for the convenience of the member but doesn't help diagnose or treat a health condition

Emergency Care

Emergency, Crisis & Urgent Definitions

Urgent: Always call your PCP's office first about any health problem. Someone will be able to help you day and night, even on weekends and holidays. If you can't reach your PCP's office about an urgent problem or they can't see you soon enough, you can go to:

Silverton Urgent Care
335 Fairview St
Silverton Oregon

Molalla Urgent Care
861 W. Main St
Molalla Oregon

Monday-Friday 5pm-9pm, Saturday 12-8pm, Sunday 12-6pm
Or

Urgent Clinic South
3777 Commercial St SE
Salem, Oregon

Monday-Friday 9am-5pm, Saturday 9am-3pm, Sunday Closed

Salem Clinic Urgent Care
2020 Capitol St NE
Salem Oregon

Salem Clinic Urgent Care at Inland
Shores
5900 Inland Shores Way NE
Keizer Oregon

Monday-Friday 10am-7pm, Saturday and Sunday 10am-5pm

*If you are not a Salem Clinic patient you will need to call your PCP before you go to a Salem Clinic Urgent Care.

Urgent problems are things like severe infections, sprains, and strong pain. If you don't know how urgent the problem is, call your PCP.

Emergency: An emergency is when a person needs help right away to avoid serious harm or injury. An emergency is a sudden, severe change in your health problem. If you are pregnant, this also means avoiding harm to your unborn child. The serious harm can be to the person's physical or mental health.

What to do if you have an Emergency or Crisis

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

A **mental health crisis** is when a person needs help quickly so that their mental health problem does not become an emergency.

- **If you already have a mental health provider:** Your provider will tell you how to reach them during a mental health crisis. If you are having a crisis, follow the plan made with your provider.
- **If you do not have a provider or cannot reach your provider call:**
 - If you live in Marion County:**
24 hours a day, 7 days a week: 503-585-4949
 - If you live in Polk County:**
During business hours: 503-623-9289
8:00a.m to 5:00p.m., Monday – Friday
Outside of business hours: 503-581-5535

A **mental health emergency** is when a person is feeling or acting out of control, or a situation that might harm yourself or someone else. If you or someone you know may hurt themselves or someone else, call 911. There are several ways to get help in a mental health emergency. These are available 24 hours a day, 7 days a week:

- Call 911
- Call the Northwest Human Services Crisis & Information Hotline at 503-581-5535 or 800-560-5535
- Go to the nearest ER

In a mental health emergency, some services may be more helpful than others. It depends on the person's mental health problem or concern. There are non-hospital services, such as crisis respite, that may be helpful. In some cases, the person may need to be admitted to the hospital.

Out Of Area Care

If you need care out-of-town

If you get sick when you are away from home, call your 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.

Emergency care when you are away from home

If you have a real medical or mental health emergency when you are away from home, go to the nearest ER or call 911. Your care will be covered until you are stable. Emergency services are only authorized as long as the emergency exists. Please call your PCP's office to arrange for further medical care if it is needed while you are out of the service area. You can also get some mental health crisis services when you are out of the service area.

Tell the hospital or provider about your OHP coverage as soon as you can. They must tell us when one of our members get services so we can pay their bill. OHP covers emergency and urgent care anywhere in the United States, but not in Mexico, Canada, or anywhere else outside the US.

Care after an emergency

Emergency care is covered until you are stable. Call your PCP or mental health provider for follow-up care after the emergency. Follow-up care once you are stable may be covered but is not considered an emergency.

Billing Information

OHP members don't pay bills for covered services. Do NOT ignore your medical bills. Your medical provider can send you a bill only if all of the following are true:

1. The medical service is something that your OHP plan does not cover
2. Before you received the service, you signed a valid Agreement to Pay form (also called a waiver)
3. The form showed the estimated cost of the service
4. The form said that OHP does not cover the service
5. The form said you agree to pay the bill yourself

These protections usually only apply if the medical provider knew or should have known you had OHP. Also, they only apply to providers who participate in the OHP program (but most providers do).

Sometimes, your medical provider doesn't do the paperwork correctly and won't get paid for that reason. That doesn't mean you have to pay. If you already received the service and we refuse to pay your medical provider, your provider still can't bill you. You may receive a notice from us saying that we will not pay for the service. That notice does not mean you have to pay. The provider will write-off the charges.

If we or your provider tell you that the service isn't covered by OHP, you still have the right to challenge that decision by filing an appeal and asking for a hearing.

What should I do if I get a bill?

Even if you don't have to pay, **DO NOT IGNORE MEDICAL BILLS** - call us right away. Many providers send unpaid bills to collection agencies and even sue in court to get paid. It is much more difficult to fix the problem once that happens. As soon as you get a bill for a service that you received while you were on OHP, you should:

1. Call the provider, tell them that you were on OHP, and ask them to bill your CCO.
2. Call our Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1 right away and say that a provider is billing you for an OHP service. We will help you get the bill cleared up. Do not wait until you get more bills.
3. You can appeal by sending your provider and us a letter saying that you disagree with the bill because you were on OHP at the time of the service. Keep a copy of the letter for your records.
4. Follow up to make sure we paid the bill.
5. If you receive court papers, call us right away. You may also call an attorney or the Public Benefits Hotline at 1-800-520-5292 for legal advice and help. There are consumer laws that can help you when you are wrongfully billed while on OHP.

I was in the hospital, and OHP paid for that, but now I am getting bills from other providers. What can I do?

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

When will I have to pay for medical services on OHP?

- You may have to pay for services that are covered by OHP if you see a provider that does not take OHP or is not part of our provider network. Before you get medical care or go to a pharmacy, make sure that they are in our network.
- You will have to pay for services if you weren't eligible for OHP when you received the service.
- You will have to pay for services not covered by OHP if you sign an Agreement to Pay for that specific service before you receive it.
- Even if your service is covered by OHP, you may have to pay a co-payment. You can't be denied services if you can't make your co-payment, but you will still owe the money to your provider.

Member Rights and Responsibilities

As an OHP client, you have the right to be...

- Treated with respect and dignity, the same as other patients
- Free to choose your provider
- Urged to tell your provider about all your health concerns
- Able to have a friend or helper come to your appointments, and an interpreter if you want one
- Told about all of your OHP-covered and non-covered treatment options
- Allowed to help make decisions about your healthcare, including refusing treatment, without being held down, kept away from other people, or forced to do something you don't want to do
- Given a referral for specialty care or a second opinion, if you need it
- Given care when you need it, 24 hours a day and 7 days a week
- Free to get mental health and family planning services without a referral
- Free to get help with addiction to cigarettes, alcohol and drugs without a referral
- Given handbooks and letters that you can understand
- Able to see and get a copy of your health records, unless your doctor thinks it would be bad for you
- Able to limit who can see your health records
- Sent a *Notice of Action* letter if you are denied a service or there is a change in service level
- Given information and help to appeal denials and ask for a hearing
- Allowed to make complaints and get a response without a bad reaction from your plan or provider
- Free to 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 let them know 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 your case worker when you move, are pregnant or no longer pregnant
 - Report Medicaid fraud. Please tell us, or OHP, if you think you see fraud, like charging for a services you don't get or someone using another person's ID to get OHP benefits. Call to one of the numbers below if you think you see fraud:
 - WVCH Fraud, Waste or Abuse Hotline: 1-844-319-9343
- To report fraud to OHP:
- Provider Fraud: DHS Provider Audit Unit 1-888-372-8301
 - Member Fraud: DHS Investigations Unit 1-888-372-8301

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

Adults 18 years and older can make decisions about their own care, including refusing treatment. It's possible that someday you could become so sick or injured that you can't tell your providers whether you want a certain treatment or not. If you have written an Advance Directive, also called a Living Will, your providers may follow your instructions. If you don't have an Advance Directive, your providers may ask your family what to do. If your family can't or won't decide, your providers will take the usual steps in treating your conditions.

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

You can get an Advance Directive form at most hospitals and from many providers. You also can find one online at http://cms.oregon.gov/dcbs/shiba/docs/advance_directive_form.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. Some providers and hospitals will not follow Advance Directives for religious or moral reasons. You should ask them about this.

If you change your mind, you can cancel your Advance Directive anytime. To cancel your Advance Directive, ask for the copies back and tear them up, or write CANCELED in large letters, sign and date them. For questions or more information contact Oregon Health Decisions at 800-422-4805 or 503-241-0744, TTY 711.

If your provider does not follow your wishes as stated in your Advance Directive, you can call 503-945-6467 or 503-378-8966, or write a complaint to:

State Survey and Certification Agency
Office of Licensing and Quality Care
500 Summer Street NE, E-13
Salem, OR 97301

Declaration for Mental Health Treatment

In a crisis or emergency, a person may be unable to make decisions about their mental health treatment. There is a form to say ahead of time what services the person does and does not want. This form is called a Declaration for Mental Health Treatment.

The Declaration lets the person give the name of an adult who will make decisions for them. It lets the person say what hospital or other facility they prefer. It lets the person say what medications are okay to use. It also lets the person say what they do not want. The Declaration is only valid in Oregon since other states have different rules.

A declaration form is only valid 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 Provider, Primary Mental Health Provider and the person you name to make decisions for you.

For more information on the **Declaration for Mental Health Treatment** go to the State of Oregon's website at: <http://cms.oregon.gov/oha/amh/forms/declaration.pdf>

Your mental health provider can tell you about the Declaration. They can give you a copy and even help you to fill it out. Or you can call the OHA Addictions and Mental Health Division to get a copy: 503-945-9700, TTY 503-945-9836.

If your provider does not follow your wishes as stated in your Declaration for Mental Health Treatment, you can call 503-945-6467 or 503-378-8966, or write a complaint to:
State Survey and Certification Agency
Office of Licensing and Quality Care
500 Summer Street NE, E-13
Salem, OR 97301

Appeals and Grievances

Definitions

Administrative Hearing: A Department hearing related to an action, including a denial, reduction or termination of benefits that is held when requested by the Oregon Health Plan (OHP) client.

Advance Directive: A form that allows a person to have another person make health care decisions when he/she cannot make decisions and tells a doctor if the person does not want any life sustaining help if he/she is near death.

Appeal: A request for the health plan to change a decision or action against the Oregon Health Plan client

Complaint: A Division member's or representative's expression of dissatisfaction to contractor or to a participating provider about any matter other than an action.

Emergency Grievance: A complaint the member feels will put their health in danger if the grievance (complaint) goes through the standard grievance (complaint) process.

Notice of Action or Action: Letter mailed to a member telling them of a pre-authorization denial, claims denial, limit on service(s) that is less than requested, or decision to stop a previously approved service, or any other action

Urgent Care: Covered services that are needed to prevent serious worsening of a Division member's health that is a result of a sudden illness or injury. Services for conditions that the member knows about early on are not considered urgent services. For these the member should make an appointment to see their PCP during office hours.

WVCH wants to give you the best care possible. If you are not satisfied with any aspect of the healthcare you receive through WVCH, we want to know about it. This includes prescriptions, supplies, or equipment. Help begins with a phone call to one of our Customer Service Representatives. If you need help, please call us toll free at 1-866-362-4794 or locally at 503-584-2150. Oregon Telephone Relay Service (OTRS) services are available by calling toll free at 7-1-1 or locally at 503-584-2180, or in writing:

Willamette Valley Community Health (WVCH)
2995 Ryan Drive Suite 200
Salem, OR 97301

Customer Service is available from 8 AM to 5 PM Monday through Friday, during regular workweeks, except Holidays. We will review your complaint and give you a decision.

How to make a complaint or grievance

If you are very unhappy with Willamette Valley Community Health, your healthcare services or your provider, you can complain or file a grievance. We will try to make things better. Just call Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1 or send us a letter to the address on page 2.

We will send you a letter in 30 days explaining how we will address your complaint. We will not tell anyone about your complaint unless you ask us to.

Appeals and Hearings

If we **deny**, **stop** or **reduce** a medical service your provider has ordered, we will mail you a **Notice of Action** letter explaining why we made that decision. The letter will explain how to appeal (ask us to change our decision). You have a right to ask to change it through an appeal, a state fair hearing, or both. You must ask no more than 45 days from the date on the **Notice of Action** letter.

How to Appeal a Decision

In an appeal, a different healthcare professional at Willamette Valley Community Health will review your case. Ask us for an appeal by:

- Calling Customer Service at 503-584-2150, Toll Free at 1-866-362-4794 or TTY 7-1-1 or
- Writing us a letter

If you want help with this, call and we can fill out an appeal form for you to sign. If you have a case manager you can ask them for help. You can ask the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292, TTY 711, for advice and possible representation. Information on free Legal Aid can also be found at www.oregonlawhelp.org.

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.

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

If You Need a Fast Appeal

If you and your provider believe that you have an urgent medical problem that cannot wait for a regular appeal, tell us that you need a fast (expedited) appeal. Include a statement from your provider or ask them to call us and explain why it is urgent. If we agree that it is urgent we will call you with a decision in 3 work days.

Provider Appeals

Your provider has a right to appeal for you when their physician's orders are denied by a CCO.

How to get an Administrative Hearing

You can have a state fair hearing with an Oregon Administrative Law Judge. You will have 45 days from the date on your **Notice of Action** or **Notice of Appeal Resolution** to ask the state for a hearing. Your **Notice of Action** letter will have a Hearing Request form that you can send in. You can also ask us to send you a Hearing Request form, or call OHP Client Services at 800-273-0777, TTY 711, and ask for a form.

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

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

Fast (expedited) Hearing

If you and your provider believe that you have an urgent medical problem that cannot wait for a regular hearing process, say that you need a fast (expedited) hearing and fax the Hearing Request form to the OHP Hearings Unit. Include a statement from your provider explaining why it is urgent. You should get a decision in 3 workdays. The Hearings Unit's fax number is 503-945-6035.

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*.

Privacy Policies

Privacy Practice Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

*If you have any questions about this notice, please contact the Privacy Officer at:
Willamette Valley Community Health Plan*

P.O. Box 12887

Salem OR 97309

(888) 462-2708 TTY (800) 735-2900

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, staff and other office personnel.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services you receive. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose health information for the following purposes:

For Treatment.

We may use health information about you to provide prior authorizations for medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your PCP may be treating you for a medical condition that he would like a Specialist to consult to decide what treatment is best for you. Also doctors may tell another doctor about your condition so that doctor or Specialist can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

For payment.

We may use and disclose health information about you so that the treatment and services you receive may be billed to, a Primary insurance company or a third party source.

For example, we may need to give your health plan information about a service you received so your Auto or Worker Compensation carrier will reimburse the provider for the service.

For Health Care Operations.

We may use and disclose health information about you in order to run the office and make sure that you receive quality care.

For example, we may use your health information to evaluate the performance of our providers. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

For Fund Raising.

We may contact you to ask for your help with different fund raising campaigns.

Please notify us if you do not wish to be contacted during fund raising campaigns. If you advise in writing (at address listed at the top of this notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

Treatment Alternatives.

We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

SPECIAL SITUATIONS

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety.

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law.

We will disclose health information about you when required to do so by federal, state or local law.

Research.

We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

Organ and Tissue Donation.

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence.

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation.

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks.

We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities.

We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes.

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement.

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors.

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable.

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Data Breach Notification Purposes.

We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Family and Friends.

We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions or medical supplies.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. If you give us *Authorization* to use or disclose health information about you, you may revoke

that *Authorization, in writing*, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as HIV, substance abuse, mental health, and genetic testing information. The following uses and disclosures of your Protected Health Information will be made only with your written *Authorization*: uses and disclosures of Protected Health Information for marketing purposes; and disclosures that constitute a sale of your Protected Health Information As for “Psychotherapy” Note, any private notes of mental health kept separate from the record, must receive authorization in order to use and disclose

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy.

You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to our *Privacy Officer* in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

We may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to, health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend.

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT/CORRECTION FORM to our Privacy Officer.

We may deny your request for an amendment if your request is not **in writing** or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment

- Is not part of the health information that we keep
- You would not be permitted to inspect and copy
- Is accurate and complete

Right to an Accounting of Disclosures.

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures we have made based on your written authorization.

To obtain this list, you must submit your request **in writing** to our Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions.

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information.

To request restrictions, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION to our Privacy Officer

Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice.

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, contact our Privacy Officer.

Right to an Electronic Copy of Electronic Medical Records.

If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach.

You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

DUTIES

It is the duty of our health plan to maintain the privacy of protected health information in concordance with this notice. We will provide all members with a copy of this notice and abide by this notice. In the event that changes are made to this policy which effect health information disclosure, individuals will be notified via mail e-mail or through the website. It is hereby stated that we will hold true to these duties and abide by all things in this notice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with DHS or to learn more submit a letter in writing to:

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

200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

To file a complaint with our office, contact our Privacy Officer, 503-587-5142. ***You will not be penalized for filing a complaint.***

**If you have questions about any of the material in this handbook,
you can always call Customer Service:**

Local: 503-584-2150

Toll Free: 1-866-362-4794

TTY 7-1-1

Fax number: 503-566-9801 or 866-566-4905

Open from 8 AM to 5 PM Monday – Friday, except Holidays.

If you become pregnant, see a doctor right away.

It is very important that you get care early in your pregnancy.

A list of providers is in the WVCH Provider Directory we sent you. You can see the Provider Directory online at <http://www.wvchealth.org/find-a-provider>.